

Council/Meeting Agenda

Council / Meeting Name	Quality and Safety Council			Please check off all components and indicators that relate to each topic being discussed.
Location	Family Residency Conference Room			
Date	4/18/2018			
Time	1p-3pm			
Conducted By	Carol Daley RN, MSN, CNML and Rachel Ansaldo, RN, BSN			
Topic	Time Allotted	Facilitator	Strategic Plan Indicator	
Introductions. Introduce Rachel Ansaldo, RN, BSN as Co-Chairperson	10 min	C. Daley	<input checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	
Review of March meeting minutes	2 min	C. Daley	<input checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	
Rapid Response Team Report 1 st Quarter 2018	5 min	C. Daley	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations	
HAPI's March 2018	5 min	D. Reynolds, RN, CWOCN	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	
Inpatient Falls	10 min	C. Daley	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	
Clinical Alarms	5 min	Paul Keenan, RN, Director	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations	
PI Indicators	20 min	Unit representatives/ clinical nurses	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	

Council / Meeting Name	Quality and Safety Council		Please check off all components and indicators that relate to each topic being discussed.
Location	Family Residency Conference Room		
Date	4/18/2018		
Time	1p-3pm		
Conducted By	Carol Daley RN, MSN, CNML and Rachel Ansaldo, RN, BSN		
			<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations