Meeting Name	CNO Advisory Council Meeting Min	utes				
Location	Family Medical Conference Room5/16/20183:00 - 5:00 pmMary McDermott, MSN, RN, NEA-BC					
Date			Council/Meeting Minutes	indicators that relate	Please check off all components and indicators that relate to each topic being	
Time				discussed.		
Conducted By						
Note Taker	Kathleen Calabro			'		
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator	
Review of Minutes 4/18/18	Minutes were emailed in the morning and reviewed at beginning of meeting.	Minutes Approved	Kathleen Calabro to post on the nursing website.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural</li> </ul>	⊠ People □ Patient	
Review of Charter	We did not received any corrections to the Charter.	Charter Approved		Empowerment Exemplary Professional Practice New Knowledge, Innovations and Improvements	Experience Quality Financial Performance Operations	
Review of Nurses Week M. McDermott	M. McDermott reviewed the highlights week. It was a busy and eventful week <u>Monday</u> – keynote speaker: "Mentorsh Vance, EdD, RN, FAAN. Feedback wa Vance clarified the difference between Preceptor. <u>Tuesday</u> – "Magnet Journey" informatian and K.Calabro educated the hospital sta There were 7 Research/EBP/PI Prese Nurse's Week Theme of Inspire, Innova <u>Wednesday</u> – Nurses week luncheon a nominations were read for each award of were very well written and heartwarmin decision for the award review committee Everyone nominated is a Winner!	ip in a Nutshell" Connie as very positive and C. being a Mentor vs. a ion table. Judy Dillworth aff and patients on Magnet. Intations that matched the ate and Influence. nd award ceremony. All the category. The nominations ng. It was a very difficult	M. McDermott asked the council members if they had any changes or additions for next year's nurse's week. At this time there were no changes that they could think of <b>Action</b> : M. McDermott asked the council members to email her suggestions if they thought of or heard of from other staff members. The council members shared that the following events were well received by all: certification breakfast, massages, yoga and Bingo.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient Experience</li> <li>☑ Quality</li> <li>☑ Financial Performance</li> <li>☑ Operations</li> </ul>	

<ul> <li>3 peer nomination award winners:</li> <li>Phelps Pride Award" - David Walters, BSN, RN - 4 North</li> <li>"Rising Star Award" - Samantha Weldon, BSN, RN - 5 North</li> <li>"Nurse of Distinction Award" - Adele Whyte, BSN, RN, CCRN - ICU</li> <li>2 Newly added this year peer awards:</li> <li>"Excellence in Nursing Leadership Award" - Shirley Beauvais, MSN, RN, CCRN - Assistant Director Endoscopy/Pain/Sterile Processing</li> <li>"Friend of Nursing Award" - Giovanna Conti-Robles, Manager of Procurement/Materials Operations</li> <li>Other award winners:</li> <li>"Nursing Hero Award" - Kerry O'Neill, BSN, RN - Case Management. A touching story how Kerry tried to rescue someone in a car accident.</li> <li>"Roy Zuckerberg Family Award for Nursing Service Excellence"</li> <li>Christopher Moon, BSN, RN - 5 South. The very generous Zuckerberg family awards each recipients within the Northwell system \$1,000 (23 hospitals)</li> <li>"Hudson Valley Magazine's Excellence in Nursing Award" - Deborah Reynolds, AAS, RN, CCCN, CWCN, WOCN The Senator Terrance Murphy Nursing Award which recognizes the contributions of nurses in the 40<sup>th</sup> Senate District of NY State was given to our very own CNO Advisory Council member Jaqueline Pisano, BSN, RN, CGRN and Clara Karas, BSN, RN, NCC-EFM.</li> <li>There were all over 40 gifts (baskets, gift certificates,) generoush donated to our well deserving clinical nurses.</li> <li>Thursday - Certification breakfast where badge buddies were given to all nurses with a professional certification. Certification sparked additional discussion - see below.</li> <li>Friday- Professional Practice Model (PPM) brainstorming session, BINGO, and Nicole Narduzzi, RN, LCSW did a presentation on "Mindfulness". N. Narduzzi stressed the importance of being present, taking care of ourselves so that we can care for others especially our patients. Relaxation strategies were suggested that could be used to help the RN and the patients.</li> </ul>	J. Dillworth would like to plan/schedule time with the night staff to deliver the Magnet message. Dates to be established. So far she has heard that 1:00 – 3:00 am is probably the best time. J. Dillworth also asked the council members to ensure they go back to their units and spread/share the information. If anyone did not receive their hospital gift of a wireless speaker, they should go to HR (gift was much appreciated and a big hit).	
---	--	--

Professional	J. Dillworth shared the definitions of a PPM directly from the			
Practice Model	Magnet Manual		⊠ Transformational	
(PPM) Update	The driving force of nursing care. "It is a schematic description of		Leadership	
(IIIWI) Opuate	a system, theory, or phenomenon that depicts how nurses practice,		Structural	
J. Dillworth &	collaborate, coordinate, and develop professionally to provide the		Empowerment	
			⊠ Exemplary	
M. McDermott	highest-quality care for people served by the organization (e.g.		Professional Practice	
	patients, families, communities)." Professional Practice Models		🛛 New Knowledge,	
	illustrate "the alignment and integration of nursing practice with the		Innovations and	
	mission, vision and values that nursing has adopted <sup>1</sup> <sup>1</sup> -American		Improvements	
	Nurses Credentialing Center 2008,28			
	On May 11 we held a PPM Brainstorming session. Josephine	The two groups had two very different		
	Nappi, MA, RN-BC Magnet Coordinator shared a power point	outcomes:		
	presentation to a group. We broke the attendees into two groups.	Group 1 – listed all the words that they		
	Two packets were then distributed to each group. The first packet	thought related to nursing. The group		
	contained tools to help build the PPM (i.e. Phelps Pride, Northwell	suggested a picture of the new Mario		🖾 People
	Values). The second packet contained examples of other	Cuomo bridge which could depict our		⊠ Patient
	hospitals PPM's and images that may inspire. J. Dillworth shared	PPM.		Experience
	how the PPM's need to have a Theoretical Foundation and	Group 2 – Suggested a tree to depict the		🛛 Quality
	discussed Pat Benner's novice to expert concept as well as Jean	PPM since there used to be a "Phelps		⊠ Financial
	Watson's theory of human caring.	Tree". They then attached Northwell		Performance
		values and the culture of care to the		☑ Operations
	1 <sup>st</sup> Drafts were hung up for review by the council members and	image. They used Tim Wages RN		•
	asked for them to add words that depict nursing at Phelps Hospital.	Senior Administrator, 1st draft of a		
		possible PPM as a reference.		
		r ·····		
		Next Steps:		
		- J. Dillworth emailed the two groups		
		3 peer-reviewed articles for their		
		review.		
		- The 2 groups are to bring back to		
		their own unit councils a summary		
		of their activities in the		
		brainstorming session and solicit		
		feedback to for the PPM.		
		- The two groups will reconvene to		
		further define and depict the PPM.		1

Certification & BSN Rate	Steven Giammattei from 1 South asked if Magnet is looking for a particular certification rate. K. Calabro said that Magnet encourages certifications but there is not a required rate to become a Magnet hospital. M. McDermott stated that there is evidence that supports that increased education correlates with better patient outcomes. J. Dillworth mentioned how Nancy Fox, Director of Education shared at the Professional Practice and Develop Council how much the hospital contributes to the professional certification. The hospital pays for the: study guide, materials, prep classes, and actual certification test which could total up to \$1,000. J. Dillworth said the \$.50 per certification/hour should be looked at more from a yearly perspective to total \$1000 extra per certification per year (with a max pay out for 3 certifications). Also the re-certification process is also paid for by the hospital. Per N. Fox there are pre-approved certifications from the ANCC where the RN has to contribute 0\$ for their certification. There are some areas like MCH where they would have to pay for the certification expenses but there is 100% reimbursement. The question was also posed – Why are certain units required to have certification? "Pre-Mary" (P.M.), there was a serious patient incident in MCH and thus the 100% certification requirement was established. With the goals of assuring RN competency and increasing standards of care. "Since Mary" (S.M.), OR was mandated to earn their CNOR to elevate the standards of care. Endo had established that requirement on their own. M. McDermott shared that our BSN Rate is <b>very high – 79%.</b> Our current strategy to increase our BSN Rate is to only higher new graduates with their BSN. If we do need to hire someone without their BSN, they will need to sign an agreement to enroll in BSN program in 2 years and complete the program within 5 years.	An outcome of the certification breakfast was to challenge everyone who has a certification to buddy up with someone that does not. The person who holds the certification could inspire, support and mentor a person who does not have a certification. Based on the discussion at the Certification Breakfast - The Certification Rate for the entire hospital in 1 <sup>st</sup> Q 2018 = 37%, the aggressive stretch goal established for 2019 = 50%! In June, K. Calabro will distribute graphs for RN Education to be posted on the unit: - Unit level BSN or higher rate along with the NDNQI All hospitals benchmark. - Unit level certification rate along with the NDNQI All hospitals benchmark We will request the units establish a unit level goal for both of the above measurements.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient Experience</li> <li>☑ Quality</li> <li>☑ Financial Performance</li> <li>☑ Operations</li> </ul>
-----------------------------	--	--	---	--

Clinical Nurse Agenda with Updates	Council member's re- introduced themselves and shared their units are focusing. See below			<ul> <li>Transformational Leadership</li> <li>Structural Empowerment</li> <li>Exemplary Professional Practice</li> <li>New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient Experience</li> <li>☑ Quality</li> <li>☑ Financial Performance</li> <li>☑ Operations</li> </ul>
MCH presented Kelly Perish	Kelly also shared a concern about how Anesthesia writes post op orders. A situation occurred about the route of administration for morphine in PACU (IVP vs IT Route). The nursing staff seeks clarification about these orders.		H. Renck to follow up with Pharmacy.		
Wound Center presented by Lilly Mei	<ul> <li>Focus is to reduce patient wait time.</li> <li>Implemented: <ul> <li>Charge nurse</li> <li>Improvements to documentation and tracking</li> </ul> </li> <li>Also have a suggestion box.</li> </ul>		On Monday they are having a PI Meeting to discuss improvements. Have a goal of reducing wait time by 10%		
5 South presented by Tammy Wilson	The unit focuses to improve pt. education by using a multi-facet approach: 1) video created by staff 2) brochure 3) life size posters	Waiting for Marketing's approval to use the video.	M. McDermott suggested checking with Bernadette		
1 South presented by Steven Giammattei	<ul> <li>S. Giammattei presents some positives that are being done to improve RN Satisfaction:</li> <li>Increased recognition from management</li> <li>Increased recognition from peers</li> <li>Suggestion box</li> </ul>	<ul> <li>H. Renck assured Steven that there is policy where we can restrict visitors and he acted appropriately</li> <li>H. Renck also added that lockers are being put outside the 1 South unit</li> </ul>			

	<ul><li>S. Giammattei also mentioned concerns he has with safety for himself, the patients, the staff</li><li>S. Giammattei did not let a visitor in based on concern for safety of the unit.</li></ul>	for visitors to use in order to improve safety on the unit.		
	During medication administration S. Giammattei is getting interrupted by ancillary staff.	There were a couple thoughts to reduce distractions/interruptions: 1) Invite ancillary staff to		
	1 South is unique since they are not at the bedside to do medications and there are not set times. Other units ask the HUCs to help limit the distractions.	<ul><li>the staff meetings so they could be part of the solution.</li><li>2) if administering meds, wear a bright colored vest</li></ul>		
		<ul><li>3) Section area off with Red tape "Red Zone"</li><li>4) display a sign</li></ul>		
2 North presented by	K. Urgiles discussed the challenges her unit has had with the patients with		H. Renck will bring to the attention of the Director of the Lab to see if better	
Katherine	sepsis. Hard to tell if the blood		process.	
Urgiles	cultures were done in the ER. "In		process.	
o i Bii o b	process" does not always mean the			
	lab processed. Unless lab calls, the			
	unit would not know if completed.			
PACU presented	E. Simms' discussed the units		In June the plan is to start the new	
by Eden Simms	continued focus on on-time starts.		ERAS protocol.	
	Kathleen Scherf, the director of		FYI:	
	surgical services brings those results		"ERAS is a multimodal perioperative	
	to the medical board. E. Simms is currently in the process of reviewing		care pathway designed to achieve early	
	Northern Westchester's pre-op check		recovery for patients undergoing major	
	list along with other hospitals. The		surgery. ERAS represents a paradigm	
	next steps will be to gather all the		shift in perioperative care in two ways.	
	evidence and craft the check list to		First, it re-examines traditional	
	best fit Phelps Hospital. The goal is		practices, replacing them with evidence-	
	to improve communication, teamwork		based best practices when necessary."	

	and efficiency and ensure patient safety		<sup>1</sup> ERAS® Society erassociety.org/		
2 Center presented by Michael Palazzo and Rose Marie Rose	2 Center will be doing a 3 month trial as a "closed unit". Closed unit means that staff will not float in or out. The staff have collaborated on how best to structure the unit to be successful. They will self-staff. They have created a list of dates they would be available to come in as needed. They have worked on plan so staff can attend meetings.	K. Calabro asked what inspired 2 Center to trial the closed unit. M. Palazzo stated that the RN's feel burnt out and the RN Satisfaction is low. The council members are curious on this will work. MCH is a closed unit and they rely on a per-diem pool especially during the vacation months.	<ul> <li>Multiple strategies to measure the closed units effectiveness:</li> <li>Compare the RN Satisfaction results from Oct '17 to Oct '18. (The trail dates fit perfectly with this measurement.)</li> <li>Measure sick calls.</li> <li>Press Ganey data</li> <li>Staff and Patient feedback in the suggestion box</li> </ul>		
	Also, R. Rose mentioned that she finds the floor in the lobby to be "tacky" and she herself has tripped. R. Rose is concerned for safety of the staff, patients and visitors.		M. McDermott to bring back to housekeeping.		
Northwell Leadership Retreat Strategic plan presented by Mary McDermott	<ul> <li>M. McDermott, H. Renck, and J. Dillworth all attended a leadership retreat on 5/14 and 5/15.</li> <li>M. McDermott shared the Northwell Health, Inc Star Rating Performance – Facility Level Scores</li> <li>M. McDermott thanked the council members for their positive impact on the ratings. Phelps was the <b>only</b> hospital to achieve a "5" (highest</li> </ul>	The council members were curious about the noise A particular focus on 5 North. M. McDermott stated that the feedback now is that it is not so much the call bells, nurse's station, but is the noise from the roommate.		<ul> <li>Transformational Leadership</li> <li>Structural Empowerment</li> <li>Exemplary Professional Practice</li> <li>New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient Experience</li> <li>☑ Quality</li> <li>☑ Financial Performance</li> <li>☑ Operations</li> </ul>

	level) in the HCAHPS question regarding Pain. Congratulations to All. We still have work to do (along with most of the hospitals) in the HCAHPS question regarding Quiet. We scored a "2".				
Nurses Website presented by Kathleen Calabro	<ul> <li>K. Calabro shared how the nursing website is now LIVE!</li> <li>Steps to access it from your desktop: <ul> <li>Phelps Intranet</li> <li>Patient Care</li> <li>Nursing</li> </ul> </li> <li>Scroll to the bottom and click on Nursing Website.</li> <li>K. Calabro demonstrated how to navigate through the site. K. Calabro's favorite section is "In the spotlight" which was Eden Simms idea!</li> <li>The other section that is informative is the Events page you can see what events are coming and past events your co-workers attended. Check out the AORN Conference - Matthew Thompson, BSN, RN in Surgical Services had a great presentation along with his notes.</li> </ul>	The website was well received. Mary McDermott's vision came to fruition!	<ul> <li>K. Calabro just added the Stroke Symposium based on feedback from the Professional Practice Council. I am not a nurse but that event looks awesome – held on 6/14 and in Tarrytown (Dinner included)!</li> <li>If you would like to add or suggest anything to <b>your</b> nursing website, just send me an email kcalabro@northwell.edu</li> <li>K. Calabro to present at the leadership meeting next week to help spread the word/site!</li> </ul>	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient Experience</li> <li>☑ Quality</li> <li>☑ Financial Performance</li> <li>☑ Operations</li> </ul>

you can open the file, click on edit and find function to search what you are looking for.		
To improve communication with the CNO there is also a contact page. Click on Mary's email address and it will send you directly into outlook.		