

Meeting Name	Quality and Safety		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Hoch Center Conference Room				
Date	3/21/2018				
Time	1:00-3:00pm				
Conducted By	Carol Daley, RN,MSN				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of February Meeting Minutes C. Daley	<ul style="list-style-type: none"> Minutes for February reviewed 	<ul style="list-style-type: none"> Minutes accepted 	<ul style="list-style-type: none"> Minutes for this March meeting to be recorded by Lilly Mei, RN Doreen Gallagher Wall, MS, RN volunteered to assist with minutes submission 	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Fall Report (February) C. Daley	<ul style="list-style-type: none"> Overall Fall Report given by C. Daley Clinical RNs from various units talked about fall related issues from their areas. Karen Dondero (Endoscopy), Ritzel B. (ED), Maria Ortiz, (Hospice), J.Wylie (2C) and others shared their various challenges preventing falls. Jennifer Eisenberg, (Infusion) suggested that patients can be cohorted for safety and that some other institutions use remote video monitoring to reduce falls; staff can 	<ul style="list-style-type: none"> Nurses agreed that continued vigilance surrounding falls is necessary Nurses agreed that plan to use Allen TVs and other patient education tools is helpful Nurses discussed Enhanced Supervision as a useful intervention along with Purposeful Rounding and the No Pass Zone to reduce falls 	<ul style="list-style-type: none"> Continue to review falls in April's Fall Report 5 North will update this council regarding the possibility of a new bed alarm next month Projects related to reducing falls are welcome 	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

	<p>then intervene quickly without the use of “sitters”</p> <ul style="list-style-type: none"> Ritzel B. (ED) reported that alarms in ED can be loud and frequent which can actually make it difficult to hear and differentiate alarms. She also reported that in spite of education and initiation of safety interventions, some patients and families ignore/forget safety teaching and ambulate without asking for help Most RNs present in the discussion agreed footwear and poor socks are also a cause of concern. They shared the example of patients who get up to go to the bathroom without using a bedside commode because they prefer independence and privacy. 	<ul style="list-style-type: none"> 5 North is investigating a new bed alarm Nurses noted their awareness of the Healthstream module; likely related to Falls in 2018 			
<p>Clinical Alarms Update</p> <p>C.Daley</p>	<ul style="list-style-type: none"> See Falls report above; this is a continuation of the above discussion 	<ul style="list-style-type: none"> Samantha Weldon (5N) reported the significant noise related to clinical alarms is an ongoing issue The group discussed the common concerns related to patient experience and noise from alarms, patients and families. There was an appreciation of the noise of alarms vs. the reason we rely on alarms to alert RNs of changes in patient condition and patient safety Kathy 	<ul style="list-style-type: none"> Those areas which have Quiet Time will consider announcing it beforehand, so that staff and visitors can prepare to be quiet. Bill Reifer supported the idea of the group that evidence based practice research be considered strongly as a way to improve patient experience by reducing noise 	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

		Calabro, Magnet Data Analyst suggested to prepare for Quiet Time by announcing it beforehand, so that staff and visitors can prepare to be quiet.			
Quality Update Bill Reifer	<ul style="list-style-type: none"> Bill Reifer reviewed the National Patient Safety Goals Bill Reifer emphasized the overall general measurements and benchmarks are related to good care 	<ul style="list-style-type: none"> Nurses listened to Bill Reifer and commented about shared goals for excellence (general discussion) <ul style="list-style-type: none"> Lorrie Presby (OR) and Kelly Kissane (OR nurses) shared the significant improvement in the OR regarding metrics related to “flashing” and the increase in instrumentation, etc 	<ul style="list-style-type: none"> To ensure patient safety, everyone’s goal is to continue to adhere to national patient safety goals. <ul style="list-style-type: none"> OR will continue to monitor the frequency of flash sterilizations and will report status at a future meeting. 	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
POIC 2018 Indicators C.Daley Various Unit Clinical Nurses Anticoagulation Falls reduction	<ul style="list-style-type: none"> Kim Lidke (1 South) shared the low incidence of Restraints and Seclusion on 1 South, as well as new exercise and yoga/meditation projects RNs are developing in Behavioral Health to reduce falls and restraints, etc. Jaclyn Wylie (2 C) shared that 2C is working on an anticoagulation project and fall risk awareness/reduction 	<ul style="list-style-type: none"> The clinical RNs participated actively in discussion about each idea and unit presenting Arlene Kritzer (5S) and others added that the “Mary had a little lamb” alarm and how people fail to respond to report or check because the song is not “alarming” 	<ul style="list-style-type: none"> Each month each clinical RN will provide the council with updates on each project including progress, potential problems/barriers, best practice, etc. 	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Patient Satisfaction	<ul style="list-style-type: none"> Jennifer Eisenberg said that the Infusion Center nurses want to improve patient satisfaction and measure that with a new tool (to be determined) 	<ul style="list-style-type: none"> Kathrine E.(2N) added that the 2N nurses are developing a new unit based Purposeful Rounding tool to improve patient satisfaction regarding medication education and how they are using Allen TV to support outcomes 			
Pediatric Medication Reconciliation	<ul style="list-style-type: none"> Elizabeth Wiley (via call-in) reported pediatric nurses in her area are working on ways to improve pediatric medication reconciliation upon discharge 				
Massive blood transfusion	<ul style="list-style-type: none"> Dorit Lubek-Walsh (MCH) called in and shared that MCH RNs are working together on a project to identify risk factors related to Massive Blood Transfusion as well as detecting and treating perinatal/post partum mental health problems like depression 				
Post partum mental health					
Sepsis	<ul style="list-style-type: none"> ED RN Ritzel Boer reported her team is working on collecting Sepsis data and improving outcomes 				
Early Mobilization	<ul style="list-style-type: none"> Adele Whyte and Carol Daley (ICU)—discussed interdisciplinary work with the Early Mobilization of patients on mechanical ventilation. 				

<p>HAPIs February 2018 Adele Whyte for D.Reynolds -device-related -TEDS</p>	<ul style="list-style-type: none"> Adele reported that most Pressure injuries result from devices She gave examples of pressure ulcer injuries related to Bipap and the intranasal cannula. TEDS stockings: Adele reported that on certain units (e.g. 2C, 2N) some surgeons continue to prefer and only use TEDS post-surgery. RNs are diligent performing skin checks and remove TEDS per policy 	<ul style="list-style-type: none"> The group engaged in active discussion related to the risk of pressure injuries in hospital environments and discussed the importance of the clinical bedside RN in early intervention and prevention RNs reviewed the various products available at Phelps and elsewhere to reduce pressure injuries RNs discussed the value of using evidence based practice (EBP) to encourage physicians, surgeons and others to change practice at Phelps Judy Dillworth encouraged RNs to perform a literature review that is supportive of best (nursing) practice and positive patient outcomes 	<ul style="list-style-type: none"> Adele with other nurses and the respiratory department are exploring other products available that may be safer and avoid injuries, as well as other practices related to attaching equipment, etc. RNs are working with Debbie Reynolds and respiratory staff to create a daily alert list for patients at risk for pressure injury related to Bipap use RNs will continue to use EBP to advocate for resources which will promote best practice and patient outcomes. 	<p><input type="checkbox"/> Transformational Leadership</p> <p><input type="checkbox"/> Structural Empowerment</p> <p><input type="checkbox"/> Exemplary Professional Practice</p> <p><input type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input type="checkbox"/> People</p> <p><input type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>
<p>Nurse-Sensitive Clinical Indicators</p> <p>Kathy Calabro Magnet Data Analyst</p>	<p>Kathy Calabro reviewed the nurse-sensitive clinical indicators that would fulfill Magnet requirements. For inpatient units(4):</p> <ul style="list-style-type: none"> Falls with injury HAPI CLABSI CAUTI <p>Outpatient Units(2):</p> <ul style="list-style-type: none"> Falls with injury 	<p>Kathy explained how we always need to review the most recent 8 quarters of data. She gave the example that for all 4 quarters of 2016 and all 4 quarters of 2017, the majority of the units outperform the benchmark (using NDNQI all hospital</p>	<p>K. Calabro will continue to update and present the graphs with the most recent quarters as the national benchmarks become available to the council.</p> <p>Kathy will meet with Kathleen Scherf, RN, Surgical Services Director and Lorrie Presby, RN, OR Educator regarding possible indicators/outcomes for the OR</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input checked="" type="checkbox"/> Structural Empowerment</p> <p><input checked="" type="checkbox"/> Exemplary Professional Practice</p> <p><input type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input checked="" type="checkbox"/> People</p> <p><input checked="" type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p> <p><input checked="" type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

	<ul style="list-style-type: none"> To be determined 	mean) the majority of the time. Besides falls with injury, another outpatient indicator is required.			
Adjourned	<ul style="list-style-type: none"> Rachel Ansaldo, Infusion Center, volunteered to be co-chair for the Quality and Safety Council! Thank you Rachel! Carol Daley thanked all clinical nurses and guests for active attendance in the council process. 	<ul style="list-style-type: none"> Council members thanked Carol for Chairing this meeting 		<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Respectfully Submitted,

Manager Signature

Date _____

Director Signature

Date _____