

Meeting Name	Patient Outcome Improvement Council (POIC)		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	755 Room 235				
Date	1/26/2018				
Time	11 AM				
Conducted By	Carol Daley, RN,MSN, CNML				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of Nov. 2017 meeting minutes/ C. Daley	Meeting minutes discussed.		Nov. 2017 meeting minutes approved.	<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
New meeting format/ Magnet Initiative/ C. Daley	We discussed the Magnet structure plan for the Nursing Dept. The schematic diagram for monthly meetings distributed. The emphasis will be placed on facilitating communication from the clinical nurses to senior nursing leadership. All units will develop unit councils and organize pertinent unit-based projects.		Our POIC meeting will be infused into the Nursing Quality and Safety Council which will begin meeting on the 3 rd Wed of the month from 1p-3p. Our next meeting will be Wednesday February 21 st at 1pm in the Family Residency Conference Room (755 MSB, 4 th Floor)	<input type="checkbox"/> Transformational Leadership <input checked="" 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

HAPI's (Hospital Acquired Pressure Injuries) 2017/ D. Reynolds, WOCN	Debi presented the Incidences of Hospital Acquired Pressure Injuries for 2017. She discussed and differentiated the Surface Related PI's from the Medical Device PI's (those that develop from Bipap masks, nasal cannula tubing, ect.). We adopted many prevention strategies and purchased new products		Our current Clinical tracking of pressure injuries (exclusive of the PI's present on admission) called: <u>No Harm Across the Board</u> , is done on all units---the poster is kept out of the view of the public due to the fact that we list the names of patients who do develop a HAPI...so that the association can be made by the staff with the individual patient(s). We discussed displaying the 'No Harm Across the Board' poster on the communication boards under the Quality pillar (without posting the names of any patients that may develop a HAPI)—the poster display the # of days the unit has gone without the detection of a new pressure injury.	<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
Fall Report/ C. Daley	The Fall Report for the 2017 year: 111 patient falls (includes inpatient, ED and psych). Several units continue to monitor patient falls while implementing ongoing and new strategies for the prevention of falls.		The plan for 2018 is to track the # of days the units go without a patient fall by posting a <u>No Harm Across the Board</u> poster.	<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
Quality updates/ B. Reifer, VP	Influenza vaccination: in Dec. 2017—3 fallouts with influenza documentation 3 reminders with the flu vaccine documentation: <ol style="list-style-type: none"> 1. Did the patient receive the flu vaccine this season 2. Is the patient eligible and receives the vaccine 		Hospital Readmissions (within 30 days): Northwell is devoting a lot of time to this initiative. Currently, an NP and an RN are following all Total Joint Replacement patients. The plan is for Cardiac and Pulmonary patients to be followed also in 2018.	<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

	<p>3. If not eligible, indicate the reason why.</p> <p>Patient Flow Initiative: Efforts toward a standardized discharge time. We have to decide on a time that is reasonable. Our average discharge time is 3pm.</p>		<p>Dr. Faltz will begin to review all readmissions occur within 7 days of discharge.</p> <p>New position: A nurse has been hired into the QA dept—this quality nurse will work closely with the data analysts and coordinate physician peer review.</p>		
Renal Indicators/ Janice Breen, RN	<p>Janice discussed the success with the numerous Renal Care Indicators being monitored on an ongoing basis. ~ weight measurement and documentation during Hemo Dialysis : 99%</p> <p>~Safety audit for completeness: 100%</p> <p>~Blood Transfusion for completeness: 100%</p> <p>~Machine PM's: 100%</p>		<p>December 2017: 22 Hemo Dialysis treatments.</p> <p>2017 total: 541 Hemo Dialysis treatments completed.</p>	<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>
PACU/ K. Roush, RN	<p>Kelly discussed the plan to perform PI monitoring on 3 specific criteria for all patients receiving ECT treatments (inpatients and outpatients)</p>		Noted	<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>

ASU/ L. Neary, RN Coordinator	Lynda asked council representatives to remind the clinical nurses of the following: For all patients going to surgery—all jewelry has to be removed. ~Every patient going to surgery needs to have IV fluid infusing---a saline lock alone is not adequate.		Noted	<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

Respectfully Submitted,

Carol Daley, RN, MSN, CNML
Manager Signature

Date: Feb. 19, 2018 _____