

Meeting Name	CNO Advisory Council Meeting Minutes		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Auditorium				
Date	7/18/2018				
Time	3:00 – 5:00 pm				
Conducted By	Mary McDermott, MSN, RN, NEA-BC				
Recorded By:	Kathleen Calabro				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of Minutes 6/20/18	Meeting minutes were distributed via email and posted on the nursing website	No changes	Kathy Calabro posted on the nursing website.	<input checked="" 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
Follow up to Action Items from the 6/20/18 CNO Advisory Council Meeting #1 Security M. McDermott	1) <u>Concern with security</u> (especially in the ED) due to the various points of entry – M. McDermott shared that Northwell Health is treating security as a top priority. By year end, all Northwell Health Hospitals will have armed security guards along with metal detectors.	This effort and investment will make us all feel safer!	On 7/20/18 Northwell Health’s E-New bulletin shared the plans for, “Northwell Health to Place Armed Security Officers in All 23 Hospitals Any eligible officer must be a former law enforcement officer and must take an eight-hour training course on shooting protocol...”	<input checked="" type="checkbox"/> Transformational Leadership  <input checked="" type="checkbox"/> Structural Empowerment	<input checked="" type="checkbox"/> People  <input type="checkbox"/> Patient Experience  <input type="checkbox"/> Quality

			K. Calabro posted link on nursing website under CNO Advisory Council / July	<input checked="" type="checkbox"/> Exemplary Professional Practice  <input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> Financial Performance  <input type="checkbox"/> Operations
Follow up to Action Items from the 6/20/18 CNO Advisory Council Meeting # 2 Staffing option M. McDermott	2) <u>Flex staff</u> – M. McDermott shared Flex staff is an agency provided by Northwell. Staff that work at Northwell can sign up to be Flex Staff (although that employee cannot work as Flex Staff at his/her own hospital). M. McDermott especially interested in having 2 or 3 sitters provided by Flex Staff. The benefit would be that it would reduce the amount of time our techs would be pulled from the unit to watch patients 1:1.	Flex staff cannot be assigned to constant observations patients.	We are currently developing the competencies for Phelps.	<input checked="" type="checkbox"/> Transformational Leadership  <input checked="" type="checkbox"/> Structural Empowerment  <input checked="" type="checkbox"/> Exemplary Professional Practice  <input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	<input checked="" type="checkbox"/> People  <input checked="" type="checkbox"/> Patient Experience  <input checked="" type="checkbox"/> Quality  <input checked="" type="checkbox"/> Financial Performance  <input checked="" type="checkbox"/> Operations
Follow up to Action Items from the 6/20/18 CNO Advisory Council Meeting # 3 Admission Nurse M. McDermott	3) <u>Admission Nurse request (nights) from 2 Center</u> – M. McDermott explained that we currently do not have additional positions for Admission Nurses. However, she suggested that since we are currently preparing the budgets for 2019, we may consider borrowing RN FTE's and using them to build a Pre-Medical Assessment (PMA) team.	Rosemary Walsh, RN, representing the ICU stated that Northern Westchester has admission nurses who complete admission assessments instead of the floor nurses. This program has been successful. M. McDermott suggested that family members might be willing	Mike Palazzo and Rose Marie Rose will discuss this option with 2 Center Nurse Manager, Marilyn Maniscalco; if she agrees, next step would involve writing a justification for a PMA position.	<input checked="" type="checkbox"/> Transformational Leadership  <input checked="" type="checkbox"/> Structural Empowerment  <input checked="" type="checkbox"/> Exemplary Professional Practice	<input checked="" type="checkbox"/> People  <input checked="" type="checkbox"/> Patient Experience  <input checked="" type="checkbox"/> Quality  <input checked="" type="checkbox"/> Financial Performance

		to stay with the patient until the patient is situated in the inpatient room. The family member could help complete and expedite the admission process on the inpatient unit.		<input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	<input checked="" type="checkbox"/> Operations
Follow up to Action Items from the 6/20/18 CNO Advisory Council Meeting Writing for Publication  J Dillworth	4) <u>Need education on how to write for publications.</u> – J. Dillworth stated that both Dr. Peggy Tallier, EdD, RN, MPA and Josephine Nappi, MA, RN-BC are valuable assets to the organization. Peggy can assist with writing abstracts and publications and Jo is willing to assist with writing meeting minutes.		K. Calabro will post P. Tallier's and J. Nappi's work schedule on the nursing website, when confirmed they will be here at Phelps.	<input checked="" type="checkbox"/> Transformational Leadership  <input checked="" type="checkbox"/> Structural Empowerment  <input checked="" type="checkbox"/> Exemplary Professional Practice  <input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	<input checked="" type="checkbox"/> People  <input checked="" type="checkbox"/> Patient Experience  <input checked="" type="checkbox"/> Quality  <input checked="" type="checkbox"/> Financial Performance  <input checked="" type="checkbox"/> Operations
Professional Practice Model (PPM) Update  J. Dillworth & K. Calabro	Members from the original PPM brainstorming session and a sub-group from the Professional Practice and Development Council met on July 11. The objective of that meeting was to obtain feedback from all the units. Overall, there was consensus of the unit representatives to use the tree as the depiction of Nursing at Phelps. Some nurses suggested to also include the river and the bridge in the model. The ICU RNs prioritized the words they felt best	CNO Council members agreed there was considerable progress from the last version of the PPM they viewed. They commented that the PPM clearly captured the essence of Nursing at Phelps without being too busy. Discussion ensued regarding how the tree reminded the nurses of the	R. Ansaldo will present the draft of the PPM on July 25 at the Nursing Leadership council. R. Ansaldo will share how the image and words were developed by clinical nurse to create the PPM which would represent nursing at Phelps. Thank You to Rachel and all nurses involved with the PPM development in record time!  K Calabro and J Dillworth will explore the use of HealthStream with Nancy Fox, RN	<input checked="" type="checkbox"/> Transformational Leadership  <input checked="" type="checkbox"/> Structural Empowerment  <input checked="" type="checkbox"/> Exemplary Professional Practice	<input checked="" type="checkbox"/> People  <input checked="" type="checkbox"/> Patient Experience  <input checked="" type="checkbox"/> Quality  <input checked="" type="checkbox"/> Financial Performance  <input checked="" type="checkbox"/> Operations

	<p>represented nursing at Phelps Hospital. Rachel Ansaldo, RN from infusion and Dianna Pollock RN from ICU created images of the PPM's. K. Calabro presented the draft from R. Ansaldo (The bridge took 4 hours to create) on the computer screen. R. Ansaldo volunteered to merge the two drafts together and was invited to present the PPM at the Nursing Leadership council (NLC) meeting on 7/25.</p>	<p>Phelps tree and the traditions and values of Phelps Hospital. Judy shared that at the PPD council meeting, the nurses suggested using HealthStream instead of survey monkey, to obtain feedback from more RN's.</p>		<input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	
<p>Clinical Nurse Updates: MCH Susanne Neuendorf</p>	<p>Susanne explained that <b>the policy</b> was updated to ensure family members are not present during circumcision.</p> <p>-----</p> <p>The clinical nurses are continuing to work on changing practice from EBL (Estimated Blood Loss) to QBL (Quantitative Blood Loss). The scales for measuring blood loss were purchased. The plan is to initiate the practice change <b>September 2018</b> with vaginal deliveries.</p>	<p>M. McDermott stated the updated policy ensures patient safety as well as family safety.</p> <p>-----</p> <p>J. Dillworth shared how impressed she was with MCH taking the initiative to create their own Magnet section/board. J.Dillworth shared a picture of the unit's board with the council members. Kudos to MCH!</p>	<p>Policy was implemented <b>xx</b></p> <p>-----</p> <p>Susanne will keep the council informed regarding the progress and status of the EBL to QBL project.</p> <p>-----</p> <p>Clinical nurses should post their shared governance council's meeting minutes on the units. Members to remind and encourage their colleagues to go to the nursing website.</p>		

Behavioral Health Doreen Wall	<p>Doreen asked how the Behavioral Health staff could be represented on the Credentialing Committee.</p> <p>-----</p> <p>D. Wall asked for clarification regarding the clinical ladder and ability of an RN II to advance directly to an RN IV level and the impact on salary change.</p>	<p>M. McDermott said that if the RN meets the criteria of the level based on the clinical ladder requirements, the salary should coincide with the level. Council members were curious about capped salaries. M. McDermott explained that “capping” occurred when an employee reached the maximum salary for their level in 2014/2015. In January 2018, M. McDermott and Jake Maijala, VP Human Resources &amp; Medical Group Operations Employee Health met and removed capping the RN Salaries.</p>	<p>M. McDermott agreed there should be representatives from every unit on the Credentialing Committee. She encouraged D. Wall to contact the Karen Barger, RN, chair of the Credentialing committee to follow-up with this request.</p>		
Cancer Program/ Infusion Mary Phiakhamta	<p>Mary P. stated that the rollout of the Meditech system in oncology is scheduled for July 31. This major initiative involved the collaboration of multiple disciplines, including pharmacy and took approximately 10 months to complete.</p> <p>Mary P. also shared that to improve communication, two huddles occur each day on the oncology unit: One at 8:45 am and another at 3:00 pm.</p>	<p>Mary described some of the huddle discussions, including delays in care, concerns of the</p>	<p>The Meditech system will be implemented on the oncology service July 31, 2018.</p> <p>Press Ganey data will be used to measure its impact.</p> <p>Huddles may be a good way to improve communication on other units and should be considered.</p>		

	These huddles are summarized weekly.	participants and good catches.			
ED Amanda Benza	<p>Amanda commented that there is change every week for the physicians and nurses. She highlighted the most recent activities:</p> <ol style="list-style-type: none"> <li>1) Nurses are signing up for classes to prepare for professional certification.</li> <li>2) Nurses are preparing for the telestroke program which is scheduled for implementation October 2018.</li> <li>3) Information is disseminated by “Read and sign” particularly for new graduates.</li> <li>4) Clinical nurses are excited about recent new hires to the ED: Cassidy Toben, Nurse Manager involved in everything. Alayna O’Connor, CN4 will serve as the educator for the ED.</li> </ol>	<p>Amanda commented that more nurses are becoming involved in more decisions as a result of shared governance.</p> <p>M. McDermott reiterated that the nurses closest to the bedside best know what is right and what makes sense for patients.</p>	Welcome to Cassidy and Alayna.		
2 Center Michael Palazzo and Rose Marie Rose	<p>M. Palazzo shared that 2 Center is focusing on:</p> <ol style="list-style-type: none"> <li>1) simplifying discharge instructions</li> <li>2) preparing to be a closed unit</li> <li>3) reviewing recommendations from suggestion box <ul style="list-style-type: none"> <li>o Many of the patient concerns are not directly related to nursing but more focused on the environment (i.e. size/clutter of the room).</li> </ul> </li> </ol>	<p>J. Dillworth encouraged more discussion regarding communication by asking how Michael and Rose share information with their colleagues. Rose explained that, if possible, two nurses attend each council. The council reps then meet beforehand to coordinate the information which is shared at the unit council meetings. Minutes are posted on their unit.</p>	All members will discuss the best means of communication with their unit colleagues and ensure consistent methods are used.		

<p>New Business</p> <p>Meeting Attendance</p>	<p>J. Dillworth reiterated how the commitment to attending and participating in council meetings is a component of professional nursing practice. She reminded council members of the importance of their role in actively participating in the meetings, sharing the information and discussing it with colleagues. She asked, “wouldn’t you want to be present 100 % of the time? If you miss a meeting and there is no representative from your unit, how would the critical information get disseminated? For example if you missed the last two CNO advisory council meetings then you would not be familiar with the PPM”. Judy clarified the difference between staff meeting minutes and shared governance council meeting minutes. Staff meetings provide more operational information while shared governance meeting minutes highlight dialogue, problem solving and decision-making. It is very important to capture names of individuals (for accountability and recognition) and the essence of the discussions.</p>	<p>Several nurses asked if it were acceptable to tape record the meetings. D. Wall stated she likes the nursing website but couldn’t we make it easier to access? D. Wall suggested that a nursing website icon be visible on all the desktops.</p>	<p>J. Dillworth recognized the time and the commitment meeting minutes take. Since it’s often difficult to remember the specific content, tape recording is acceptable (if council members agree) and minute takers should try to complete the meeting minutes within one week of the meeting. J. Nappi, using an objective perspective, can review the minutes with the minute takers and make recommendations. J. Nappi is generally at the hospital on Tuesdays; Kathy will post her schedule on the nursing website.</p> <p>K. Calabro will research an easier way for nursing to access the nursing website.</p>	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input checked="" type="checkbox"/> Structural Empowerment</p> <p><input checked="" type="checkbox"/> Exemplary Professional Practice</p> <p><input checked="" 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 checked="" type="checkbox"/> Operations</p>
<p>Quality &amp; Safety Shared Governance Council: Shadowing</p>	<p>J. Dillworth shared a discussion from the Quality &amp; Safety Council held earlier. Alice Mulligan, ICU RN spent time working in the ED. Alice said she had a new found appreciation for the ED nurses because of her time spent there. A. Mulligan felt that all nurses should have an opportunity to</p>	<p>M. McDermott thought this was a great idea and if it came from the staff then we should build the program! M. McDermott shared that the Professional Practice &amp; Development Council</p>	<p>K. Calabro to google shadowing and nurses.</p> <p>M. McDermott to reach out to Syosset Hospital Northwell Health to inquire if they have similar program.</p>	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input checked="" type="checkbox"/> Structural Empowerment</p>	<p><input checked="" type="checkbox"/> People</p> <p><input checked="" type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p>

	<p>“float” to another unit to increase the empathy among the nurses. As she shared more about her experience, council members thought that the term “shadowing” was more appropriate. The Quality and Safety members thought it would be a great program to provide nurses at Phelps the opportunity to spend time on other units for a “shadow experience”. Helen Renck, RN added that nurses may be interested in visiting other hospitals, giving examples of new programs at Phelps e.g. infusion center.</p>	<p>recommended we institute a Recruitment and Retention Committee. She suggested that the shadowing program be a part of this council. She added HR just hired a new Nurse Recruiter, who will be starting on July 31. She suggested that the nurse recruiter, who is also a professional coach with experience in hiring nurse managers and above, be part of the Recruitment &amp; Retention committee.</p>	<p>M. McDermott asked the council members to discuss this idea with their colleagues and see if they think there would be value to form a Recruitment and Retention Committee. The goal would be to have RNs come to Phelps and to want to stay!</p> <p>K. Calabro to add Recruitment and Retention to next month’s agenda.</p>	<p><input checked="" type="checkbox"/> Exemplary Professional Practice</p> <p><input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input checked="" type="checkbox"/> Financial Performance</p> <p><input checked="" type="checkbox"/> Operations</p>
<p>Additional Topics of conversation (sparked by the Quality &amp; Safety Shared Governance Council)</p>	<p><u>Communication</u> @ The Quality &amp; Safety Shared Governance Council: Phyllis Vonderheide, MS, RN BC Senior Director of Patient Experience expressed her concern that we took dip in our press ganey results for 2<sup>nd</sup> Q 2018. Phyllis shared that she had in increase in complaints as well. Phyllis highlighted communication with physician, nurse and coordination of care trended down. K. Calabro displayed the overall results for Press Ganey Data using the Nursing Excellence Solutions.</p> <p>Meredith Shellner, RN, BSN, MS, CIC Interim Infection Prevention &amp; Control shared a video regarding how communication can impact a patient’s outcome.</p>	<p>M. McDermott reiterated, “The first impression is critical and we are always on stage.” J. Dillworth shared how her mother was recently in the hospital and how purposeful rounding does have an impact on making patients and family members feel heard and respected.</p>	<p>K. Calabro posted the video shared by M. Shellner on the website under Quality &amp; Safety Shared Governance Council.</p>	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input checked="" type="checkbox"/> Structural Empowerment</p> <p><input checked="" type="checkbox"/> Exemplary Professional Practice</p> <p><input checked="" 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 checked="" type="checkbox"/> Operations</p>