

Meeting Name	Quality and Safety		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Family Residency Conference Room				
Date	2/21/2018				
Time	1pm-3pm				
Conducted By	Carol Daley, RN, MSN, CNML				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of January 2018 meeting minutes/ C. Daley	Minutes discussed briefly.		Jan. 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 type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Introductions Unit based activities C.Daley	Every member introduced themselves by name, title, work location; and shared their specific plans for unit based projects.	PACU: Kelly Roush discussed their unit's plan for focusing on the safe management of all ECT patients. 2N: Katherine Urgiles shared her unit's plan to further emphasize patient Rounding. Wound Healing: Lilly Mei spoke about the need for her department to work on measures that will reduce wait times for patients.	Outcome measure to be determined for PACU 2N nurses are in the process of developing a new Rounding tool. Measures to reduce wait times to be identified.	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input checked="" 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>OR: Lorrie Presby discussed her department's success with Immediate Use Steam Sterilization over the course of 2017 and currently.</p> <p>ED: Jessica Facenda and Sherin Ninan discussed their PI indicators for 2018: 1) Door to doc time 2) Sepsis—Accurate fluid documentation in severe sepsis and septic shock patients, 3) Pain reassessment</p> <p>Inpatient Psych: Kim discussed the department's continuation of an adult coloring project for the purpose of reducing anxiety and ultimately limiting the need for code green pages.</p> <p>Infusion Center: Rachel Ansaldo discussed the Center's plan for ensuring safe medication administration and compliance with thorough patient education in relation to prescribed medications and discharge instructions.</p>	<p>Current measures will continue for best practice and outcomes.</p> <p>The Shared Governance council will focus on: 1) strategies to reduce falls, 2) purposeful rounding and 3) measures to improve the procedure for collecting blood cultures.</p> <p>Coloring of mandalas to reduce anxiety has been identified as a future research study. Code green pages to be assessed.</p> <p>Outcomes to be monitored and reported at a future date.</p>		
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KQMI Prevalence data/ D. Reynolds, CWOCN		Debi reported on the Prevalence data collection done on Feb. 7 th . 73 patients were assessed. 1 patient- 5 North with a DTI	“No Harm Across the Board” program will continue in 2018. The number of days each unit continues without a HAPI (hospital acquired pressure injury) will be displayed on every unit. Specific units are recognized and celebrated when they reach (and exceed!) 50 days without a single patient developing a HAPI.	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input checked="" 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
Inpatient Falls/ Paula Keenan, Director Falls Committee Chairperson	Paula shared the data for our inpatient falls. In 2017: 111 inpatient falls In Jan. 2018: 3 inpatient falls. 1 with injury---the patient required surgery	We are currently in the red for fall rates. Paula shared that the Falls committee meets monthly. A representative is needed from each unit. Nurse technicians are most welcome to join as unit representatives.	Plan to utilize the Fall Toolkit, located on the Northwell Intranet: this toolkit outlines best practices for fall prevention. Plan for 2018: initiate post fall huddles. Interested nurses and technicians should contact Paula to be added to the committee...ext.: 3385.	<input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input checked="" 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
Manager Signature

Date: March 16, 2018