

<b>Meeting Name</b>	<b>Quality and Safety</b>		<b>Council/Meeting Minutes</b>	Please check off all components and indicators that relate to each topic being discussed.	
<b>Location</b>	<b>Hoch Center Conference Room</b>				
<b>Date</b>	4/18/2018				
<b>Time</b>	<b>1:00-3:00pm</b>				
<b>Conducted By</b>	<b>Rachel Ansaldo, BSN, RN and Carol Daley, MSN, RN, CNML</b>				
<b>Topic/ Facilitator</b>	<b>Discussion</b>	<b>Staff Input &amp; Feedback</b>	<b>Action</b>	<b>Magnet Components</b>	<b>Strategic Plan Indicator</b>
Review of March Meeting Minutes  C.Daley,RN	<ul style="list-style-type: none"> <li>Minutes for March reviewed</li> </ul>	It was noted that the presentation by K. Calabro on the clinical indicators required for Magnet submission was not reflected in these minutes.	<ul style="list-style-type: none"> <li>KCalabro will amend the March meeting minutes to include her presentation.</li> <li>Minutes accepted with this correction.</li> </ul>	<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 type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Good Catch Program	<ul style="list-style-type: none"> <li>Eileen Egan, RN and Bernadette Hogan, RN described the Good Catch program (an event that occurs but does not affect/harm the patient). Council Members recognized the Nurses and other members of the staff who identified Good Catches</li> </ul>	Winners of Black Cow gift certificates: Irene Kaminskava,HUC Endo Jie Xu, RN, MCH Pauline Tedesco, RN IVT Catherine O'Hanlon, RN PACU Lisa Papacharisis, RN ICU  Winner of the Kindle was Ali Reale, RN, 2North	<ul style="list-style-type: none"> <li>Congratulations to the winners and thanks to all of the RNs who ensure patient safety every day.</li> </ul>	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

<p>Nursing Quality and Safety Council Charter</p> <p>C.Daley</p>	<ul style="list-style-type: none"> <li>A draft of the Charter was presented for council member's review.</li> <li>Members of the council include Nursing representatives from all units and members of other departments, ad hoc.</li> <li>Department heads and observers may also attend.</li> </ul>	<ul style="list-style-type: none"> <li>The charter serves to clarify the purpose of the council and council membership</li> </ul>	<ul style="list-style-type: none"> <li>Charter to be reviewed by all members</li> <li>Council members to submit any requests for changes to Carol Daley by 4/27/18</li> </ul>	<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
<p>Rapid Response Summary</p>	<ul style="list-style-type: none"> <li>Carol presented RRT report 1<sup>st</sup> quarter 2018.</li> </ul>	<ul style="list-style-type: none"> <li>Members asked if we are seeing a decrease in codes with an increase in RRT.</li> <li>Elaine explained code stroke and confirmed that code strokes will be paged overhead to alert radiology and ensure readiness</li> </ul>	<ul style="list-style-type: none"> <li>K. Calabro will obtain and graph Code Blues and RRT data to identify relationship</li> <li>The lab will call the units with critical labs to be reported to the MD with action to be taken</li> </ul>	<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>HAPIs March 2018</p> <p>C.Daley for D.Reynolds</p>	<p>C. Daley presented 3 HAPIs:</p> <ul style="list-style-type: none"> <li>Stage II Right ear from NC</li> <li>DTI from TED stocking</li> </ul>	<ul style="list-style-type: none"> <li>The purchase of Softer Nasal Cannulas was recommended to prevent injury and has just been approved by the Value Analysis committee</li> <li>Tammy Wilson added that Physicians order TEDs and SCDs on all patients (2N, 2C, 5N)</li> <li>TED stockings are being upgraded to "encompass". There</li> </ul>	<p>Implementation pending.</p> <p>Additional SCD machines may be needed if recommended as best practice</p> <p>Review of the literature is needed regarding best practices for DVT prophylaxis and the current evidence regarding the use of TED and SCDs</p>	<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

	<ul style="list-style-type: none"> <li>• BiPap mask- bridge of nose</li> </ul>	<p>were questions regarding the sizes in stock</p> <ul style="list-style-type: none"> <li>• Discussed limited availability of SCD machines</li> <li>• Our current practice is to apply a duoderm dressing over the bridge of the nose, followed by the placement of an Allevyn foam drsg (cut to conform to the contour of the nasal bridge)—to all patients requiring a Bipap mask.</li> </ul>	<p>Nurses continue to evaluate if there is a difference seen with the application of Duoderm/ Allevyn drsgs applied prophylactically, prior to placing a Bipap mask on any patient.</p> <p>Respiratory therapy has been educated in this practice—they proactively apply the dressings to our patients requiring Bipap therapy.</p>		
<p>Inpatient Falls</p> <p>Julie Yeager,RN</p>	<p>There were 2 falls with injuries in Jan/Feb – RCAs performed</p> <p>There were 9 Falls in March; no injuries.</p> <p>Paula Keenan explained that research has shown that 50% of the patients who fall are alert and oriented x3.</p> <p>Falls result not only in patient injury, but increase length of stay and cost to the hospital. One fall costs \$13,000.</p>	<p>Tammy stated that one fall was related to an ambiguous activity order and “moderate assist” to the Bathroom; she suggested having bedside commodes to prevent falls</p> <p>Carol asked about video monitoring for patients at high risk for falling.</p>	<p>The medical director and podiatrist are reviewing types of activity orders to clarify ambiguity.</p> <p>New program of video-monitoring to prevent falls is planned.</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input 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 type="checkbox"/> Operations</p>
<p>Infection Control</p> <p>C-Difficile</p> <p>Meredith Shellner,RN and Alex Posadas,RN</p>	<p>Meredith introduced Alex Posadas as the new Director of Infection Control.</p> <p>Meredith presented C-Difficile to members</p>	<p>Data analysis presented from Jan 2018.</p> <p>For Hospital acquired C-Dif, patients must be coming from home and in the hospital a minimum of 3 days without signs and symptoms on admission</p> <p>Denise (phone) stated that antibiotics are dialyzed out</p>	<p>S/s of C-Dif: diarrhea, Nausea/ vomiting, abdominal pain, fever</p> <p>Bleach wipes must be used to clean surfaces; surface has to stay wet 4 min. Rewet if the surface dries before 4 min are up.</p>	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input checked="" 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 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>

		and must be given after dialysis. Discussion ensued regarding antibiotics given for sepsis and the sepsis order set.	Meredith/Alex will review the sepsis protocol regarding antibiotic use in the ED and other units.		
Performance Indicators Various Unit Clinical Nurses -ECT  -ERAS  -Time measures  -Falls    Patient Safety -Restraints	<ul style="list-style-type: none"> <li>Kelly (PACU) monitoring orders for ECT patients</li> <li>PACU also collaborating with anesthesia to implement ERAS (Early recovery after surgery)</li> <li>Ritzel shared that the ED is reviewing door to doc time and time patient is seen; measure is patient satisfaction</li> <li>ED is also monitoring falls.</li> <li>Julie (5N) added that patient engagement helped to decrease falls at a conference and shared an information page that will be used on 5N.</li> <li>Kim (Psych) is monitoring patient safety and gave restraint use as an example.</li> </ul>	<p>Kelly is looking at the efficacy of signing prescriptions for ECT patients and ways to improve the process</p> <p>ERAS presented at ASPAN conference in 2016 and interdisciplinary meeting held with physicians</p> <p>Goal for door to doc is 9 min and time treated /released or admitted is 3 hrs. Last year 7/9 falls were related to ETOH. There have been 3 falls this year (1 patient discharged, 1 patient pulled chairstool to view CXR)</p> <p>5 North will initiate use of a page protector to engage patients/families this month</p> <p>Restraint incidences are currently captured on paper documentation.</p>	<p>Data collection being continued to identify the problem.</p> <p>Clinical nurses are working with Dr. Cullen with goal to reduce length of stay in PACU. Goal to measure LOS</p> <p>Interventions and Results to be shared in future meeting.</p> <p>Goal to decrease falls to zero.</p> <p>Falls data and patient satisfaction to be trended.</p> <p>Measures to be determined.</p>		

Staff Safety	<ul style="list-style-type: none"> <li>• 1 South is also exploring the need for education regarding contraband and code silver (patient came from the ER with a razor in his pocket).</li> </ul>	Further discussion regarding the need to convert paper documentation to computer to facilitate monitoring/data capture.	Staff safety is important as well as patient safety. More to follow.		
Depression	<ul style="list-style-type: none"> <li>• I south is also planning to implement yoga for PTSD</li> <li>• Dorit added that MCH does not routinely screen for suicide or depression on admission.</li> </ul>	Further discussion regarding a postpartum depression screening tool. Dorit and Doreen shared that Kara is searching the literature for information regarding perinatal mood disorder and follow-up in the community	MCH exploring use of the Edinburgh postnatal Depression scale or PHQ9 scale to establish risk and possible repeated screen.		
Patient satisfaction/wait times	<ul style="list-style-type: none"> <li>• Lily reported that Wound Healing is reviewing patient education, teach back and patient satisfaction related to wait times</li> <li>• Ambulatory surgery (Lynda) is also reviewing wait times and impact on patient satisfaction</li> <li>• Rachel shared that the infusion center is similarly looking at patient wait times (from time of arrival) and improving workflow to improve patient satisfaction</li> </ul>	Clinical nurses discussed collaborating to evaluate issues and workflow to improve wait times and patients satisfaction.	Clinical nurses to share thoughts and data being collected to identify opportunities for improvement.		

Adjourned	<ul style="list-style-type: none"> <li>Rachel and Carol Daley thanked all clinical nurses and guests for active attendance during the meeting.</li> </ul>		All council members to share information with their colleagues and during unit councils and staff meetings. Post minutes on unit boards.	<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
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**Respectfully Submitted by:**

**Karen Dondero, RN**