

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	Family Medical Conference Room				
Date	8/15/2018				
Time	3:00 – 5:00 pm				
Conducted By	Judy L. Dillworth, PhD, RN, FCCM, CCRN-K, NEA-BC Mary McDermott, MSN, RN, NEA-BC on vacation				
Note Taker	Kathleen Calabro				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of Minutes 7/18/18	Meeting minutes were distributed via email Judy restated how important the meeting minutes are to communicate information shared.	No changes to the minutes. Discussed with next steps to ensure actions are goal-oriented and initiatives are followed.	Before minutes are posted, we want to make sure the meeting minutes are clear and concise, that if policies are referenced we have the correct name and make sure the dates are correct. Kathy Calabro will post approved minutes on the nursing website. Clinical nurses reminded to please send the unit council meeting minutes to Judy.	<input checked="" 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 checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Purpose of CNO Advisory Council:	J. Dillworth shared that the CNO Advisory Council was created to ensure dedicated time for M. McDermott, RN, our CNO and clinical nurses with the venue to share unit projects and accomplishments. discuss challenges and obtain support for unit initiatives. With the information discussed at CNO Advisory, M. McDermott can better advocate for nursing in various venues, each clinical nurse is	Samantha Weldon, RN (5N) stated that her peers say, “Ask Mary about this.” S. Weldon feels there is good communication regarding all council activities with her 5N peers Tammy Wilson, RN (5S) felt that the nurses who work on nights may not know Mary or Helen.	Clinical nurses were reminded to please continue to: -Represent peers regarding unit accomplishments and issues. -Share any barriers which may impede the achievement of project goals -Invite M. McDermott to your unit for coffee or breakfast so that both day and	<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>important and has a key role to bring concerns that may require support of Mary or other nurse leaders. M. McDermott also attends the Nursing Leadership Council (NLC) the 4th Wednesday of every month. McDermott shares topics discussed at CNO council with NLC, to ensure communication at all levels of nursing (e.g. Nurse Managers, Educators).</p>	<p>Mary D’Almeida, RN (2C) shared that the staff appreciated M. McDermott attending their unit based meetings. Nurses agreed that it would be beneficial if M. McDermott conducted walking rounds. The nurses would say “Mary was here” and that would mean something.</p> <p>Josephine Nappi, MA RN shared that she has worked professionally with M. McDermott since 1991 and suggested nurses use the Outlook Calendar and extend an invite to Mary.</p>	<p>night staffs have the opportunity to meet Mary.</p> <p>J. Dillworth, RN encouraged council members to access the nursing website</p> <p>Clinical nurses can email M. McDermott, RN directly from the website. J. Dillworth, RN encouraged nurses to bring suggestions for the upcoming Nursing Town Hall sessions.</p>		
	<p>The CNO Council Charter was reviewed: “Representatives and alternates are elected annually in December by shared governance unit councils. Membership to be re-evaluated every six months.”</p>	<p>Nurses discussed how changing and adding new members to the council would provide more RN’s “face time” with M. McDermott.</p>	<p>CNO Advisory council members will consider changing membership every 6 months.</p>		

Professional Practice Model (PPM) Update	<p>In May of 2018 we started the developing of the PPM. Our goal was to create a PPM that was reflective of nursing at Phelps. J. Dillworth summarized the current status of the PPM. The definition and background to the development of the PPM was posted in Healthstream. At the end of the Healthstream education, clinical nurses responded to: “I have reviewed the Professional Practice Model and agree that this PPM is an accurate depiction of Nursing at Phelps Hospital:</p> <ul style="list-style-type: none"> - Yes - No - Comment” <p>M. McDermott has been reading the comments and is so excited by the nurses’ feedback.</p>	<p>As of 8/15/2018, 163 clinical nurses completed the healthstream module regarding the PPM. 100% of the respondents agreed that the PPM depicts Nursing at Phelps. A majority of the nurses provided comments. J. Dillworth printed out the comments and shared a few of them.</p>	<p>Clinical nurses to encouraged peers to please complete the healthstream education if not yet done.</p> <p>The responses/comments will be compiled to determine if the image needs to be modified or enhanced. The image will be purchased.</p> <p>Members of the Professional Practice & Development Council will help write the narrative to describe the PPM using nursing theorists (e.g. Watson, Benner) and characteristics of Phelps nursing.</p>		
Recruitment, Retention, Recognition Council	<p>J. Dillworth explained that one of the nurses of the Professional Practice and Development Council suggested having a Recruitment and Retention Council. The idea was brought to Nursing Leadership Council and was well received. At that council meeting, Angela Adjetey Appiah, RN suggested adding an additional “R” for “Recognition”.</p>	<p>There was much interest and agreement with the formation of a RRR council and including the ideas which came out of the Shared Governance Councils. Suggestions included implementation of the DAISY Award and a Shadowing program.</p> <p>K. Calabro pulled up the DAISY Award Website... Heartwarming story of</p>	<p>J Dillworth will investigate possibility of forming a Recruitment, Retention, & Recognition Council.</p>	<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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>why the DAISY Foundation was created. https://www.daisyfoundation.org/daisy-award D- Diseases A -Attacking I- Immune SY-System</p>			
Shortcut to the Nursing Website	<p>K.Calabro demonstrated how to easily create a shortcut to the nursing website.</p> <p>Shortcut to the website is as follows: 1) Go to the Phelps website 2) Right click - and add shortcut.</p>		Nurses encouraged to create shortcuts on the computers in their units to facilitate nursing website access.	<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
Clinical Nurse Updates -Closed Unit (2C)	Mary D’Almeida, RN (2C) explained that 2C is still seeking to become a closed unit.		Nurse staffing needs to be addressed before piloting this program.	<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
Understanding of Medications (2N)	Katherine Urgiles, RN (2N) shared that 2N is focusing on patient education regarding medications. Nurses track how they educate patients and the usage of the Allen TV for medication, which is still low (10%).	Press Ganey scores improved in July 2018.	Nurses will continue to monitor the Press Ganey scores regarding medication		

Patient Satisfaction	<p>Tammy Wilson, RN (5S) presented their unit's goal to improve patient education by a multimodal approach.</p> <ul style="list-style-type: none"> -Video was approved by the Patient Education Council -Brochure was also brought to Patient Education Council and obtained recommendations for modifications - The idea of a Life-sized poster was withdrawn. - A tech was added to be a Rounding Champion and help with hourly rounding. Flex staff will also allow for purposeful rounding to be accomplished. 		<p>C. Moon, RN will follow-up with modifications to the brochure.</p> <p>C. Moon will bring video and brochure to marketing for approval.</p>		
Policies and Clinical Practice	<p>S. Weldon, RN (5N) was looking for guidance from M. McDermott regarding two topics:</p> <p>1) Recently a patient came from the ED with a Bair Hugger. The staff on 5 North are not trained on how to care for a patient with this device. The Bair Hugger policy indicates that the device is for patients in the PACU and should be removed prior to transfer to the inpatient unit.</p> <p>2) Comfort Care – S. Weldon, RN was advocating for an improved process of supporting the patient, family, nurse and team when the patient is dying. She suggested that we provide more privacy for dying patients, particularly in the semi-private rooms, by closing a bed. She added that the nursing supervisors are focused on getting patients beds and</p>	<p>Nurses discussed whether the Bair Hugger could be used on 5N in addition to the ED and PACU.</p> <p>If so, there was discussion that a competency on the use of Bair Huggers and management of the patient would be needed.</p> <p>S. Giammattei, RN (1South) added that occasionally on the Behavioral Health Units (BRU) there are violent patients who may require a private room to protect other patients and staff.</p>	<p>1.Explore whether the Bair Hugger policy should be revised to include the ED and other select units.</p> <p>2.Explore revision of the “bed utilization” policy and whether “closing a bed” would be feasible for select patients.</p>		

	forget to consider the needs of the dying patient and family.	<p>T. Wilson, RN shared that the nurse supervisors are often supportive and shared her approach when communicating with nurse supervisors:</p> <ul style="list-style-type: none"> - give the facts - share that you don't believe the environment is safe - give time for the nursing supervisor to process the information. 			
TeamSteps	J. Dillworth RN shared that there was a 2 day TeamSteps course earlier this year. The focus of TeamSteps is to highlight communication strategies and the best way to convey your message.	<p>The council members were all familiar with SBAR which is a subset of Team Steps.</p> <p>J Dillworth,RN explained that Team Steps also included CUS:</p> <p>C - Concerned</p> <p>U - Uncomfortable</p> <p>S – Safety Issue</p>	<p>There was agreement that communication tools are needed.</p> <p>Further information is needed regarding implementation of TeamSteps at Phelps Hospital.</p>		
Technical Skill: IV insertion	K. Urgiles, RN questioned whether RNs could insert IVS as an additional skill and competency.	<p>There was discussion regarding the ability of nurses to draw blood from the IVs, PICC and ports and interest in inserting IVs.</p>	<p>Explore whether interested RNs can become competent to insert IVs.</p>		

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Staffing/ Scheduling; Flex Staff	<p>S. Giammattei, RN told his peers about Flex Staff at his unit council meeting. He was then told that Flex Staff was not available for Behavioral Health.</p> <p>He heard that FlexStaf could not be used to supplement Behavioral Health nurses nor would the Phelps BRU nurses be eligible to work Flex Staff shifts.</p>		Need clarification from M. McDermott, RN regarding FlexStaf and the inclusion of Behavioral Health.	<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
Staffing/ Scheduling; Suggestion of texting	<p>K. Urgiles, RN stated that she was at dinner with two nurse friends from other hospitals. Each received a text message, “Would you be available to work overtime on xx/xx?” These nurses said that, “if you reply “Yes” you are put on the schedule to work that day/time/unit”.</p>	<p>According to the council members, texting is the preferred form of communication. There was discussion regarding the advantages of texting: receiving information ahead of time, provides nurses the ability to plan their schedules around dates/times.</p> <p>J. Nappi, RN was wondering if this could be done in Kronos?</p>	Explore whether texting to facilitate staffing could be implemented 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

Next meeting			Next Meeting will be held Wed, September 19, 2018 from 3p-5p in the FMCR.		
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