

Meeting Name	Quality and Safety		Council/Meeting Minutes		
Location	Classroom 1 in HOCH center				
Date	9/19/2018				
Time	1300-1500				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of August meeting minutes C. Daley and R. Ansaldo			Minutes accepted	<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
Clinical Indicators – updates with 2 nd Quarter data Kathy Calabro, data analyst	Falls with injury have outperformed benchmark both inpatient and outpatient HAPIs (stage 2 and above) have outperformed benchmark except for 5North Central line blood stream infection meets magnet requirement, however there was one CLABSI on 5 North Catheter related UTIs – none for this quarter	Discussed how injury with falls includes even abrasions, ecchymosis Judy Dilworth pointed out how careful units must be with trying to prevent falls with injury for the next quarter, especially 5 south and 5 north Kathy Calabro showed committee wonderful, easy to follow graphs on how all units are doing with each clinical indicator		<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

	<p>*2 Center and 5 South had zero HAPIs this quarter – horray!</p> <p>*5 North went 100 days without a HAPI in August!</p>				
HAPIs- August Skin Champion Program	<p>Month of august there were 3 ICU had one due to an ET tube holder</p> <p>ICU had a DTI on a womans left foot</p> <p>2 North had a patient who acquired a DTI on sacrum</p>	<p>Respiratory therapy provided softer holders for patients that required the alternate tube holder</p> <p>Since patient had an operation at one point of stay and was using a gel pack for her heel after the procedure, discussed with Lorri Presby, RN (OR) to use pillow to elevate (patient had also refused a heel bootie during length of stay)</p> <p>Staff was a bit perplexed with this find since the patient was ambulatory however it was documented patient was getting IV Ativan 3x a day so maybe with discomfort and staying in bed for that initial time she received that med</p>		<p><input type="checkbox"/> Transformational Leadership</p> <p><input checked="" type="checkbox"/> Structural Empowerment</p> <p><input type="checkbox"/> Exemplary Professional Practice</p> <p><input checked="" 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 type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

	<p>Skin Champions – 1 year program with 2 classes that are 6 hours each the first starting this Friday and there are 18 members already signed up! CEUs are included as well!</p>	<p>Everyone agreed this will be very helpful for the hospital when Debbie isn't available, especially with night admissions to have a second opinion if nurse is not sure</p> <p>Kathy Calabro suggested to post names of the skin champions on the intranet somewhere so other staff will know who they can call when needed.</p>	<p>Names will be posted on intranet in time of the names of the people who have completed the skin champions program</p>		
<p>HAIs/C.Diff case Alex, Xelas Infection Control Director</p>	<p>5 North broke their 75 day streak of HAI due to a hospital acquired cdiff case; a patient came in because she was having nonbloody diarrhea for the past 5 days, the diagnosis was hypovolemic shock secondary to gastritis, patient did not have a stool sample tested until 14 days into their hospital stay when their symptomatic diarrhea started up again. Patient did receive 3 different antibiotics, two of which are used to treat cdiff</p>	<p>Ritzel Boer, RN (ED) made a point that initially in the ED they focus on the main diagnosis, in this case hypovolemic, that they might've forgotten to collect a sample for the gastritis and also what sometimes happens is the patient isn't able to produce a sample right away</p> <p>Other staff members were surprised to hear a sample wasn't asked for initially since the GI doctors are usually very on board with getting a sample quick – however in this case a GI doctor wasn't consulted until later on</p>	<p>Timing of the test for cdiff is very important, after 3 days without testing for cdiff, if a sample is positive it is considered hospital acquired</p> <p>More than likely this patient had colonized cdiff and had we collected a sample sooner, it could've been prevented especially because the patient was afebrile, without an elevated WBC when tested</p> <p>Testing 14 days later after patient has had these symptoms wasn't necessary and could've been prevented from a HAI</p> <p>Have GI consulted sooner rather than later with a sample if GI issues especially diarrhea are involved</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 type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

	Flu season in effect	<p>A staff member last week was tested positive for influenza</p> <p>ED mentioned how influenza has the same symptoms as sepsis at times which causes them to administer antibiotics when it could just be a virus. There was discussion about possible signs to go up in the hallways to discuss importance of no antibiotics for viruses</p> <p>Concerns about flu swab shortage was asked</p>	<p>Get your flu shots ☺</p> <p>Alex Xelas RN (Infection Control) informed committee that there have been steps in place in preventing that as much as possible</p>		
<p>Press Ganey/ Patient satisfaction update</p> <p>Phyllis Vonderheide, Service Excellence</p>	<p>Promote Culture of C.A.R.E (Connectedness, Awareness, Respect, Empathy)</p> <p>Initiatives: culture, care delivery, hospitality and accountability</p> <p>Every Wednesday morning there is a meeting with care leaders discussing patient feedback</p> <p>Inpatient YTD we are at 70%</p> <p>Outpatient YTD we are at 59%</p>	<p>Aiming to be in the 90% percentile for 2020</p> <p>Discussed building the culture of CARE by starting with the basics</p> <p>Outpatient scores alone did remarkably well however when compared with other Northwell</p>	<p>Keep doing what we are doing with care and compassion and encourage patients that we'd love to hear from them through our survey</p> <p>Encourage patients to respond to survey</p> <p>On stage/off stage</p> <p>Say hello in the hallways</p> <p>Don't use cellphone in hallways</p> <p>Every moment, every encounter matters</p> <p>S M I L E ☺</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 type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

	Throughout the Northwell Health system, Phelps Hospital is 79.2% for overall patient satisfaction, making us number 3!! YAY!	facilities the percent isn't as high since it is such a competitive area			
Reports on unit PI Indicators	<p>OR- Lorrie Presby, RN- August had 0% flash sterilization, September has 1%</p> <p>2 Center- Jacklyn Wylie, RN- Barcode Medication, July 1-26 patient and medication not scanned there were 14 incidents, 2 which med was scanned but patient wasn't. Jacklyn discussed the importance of the nurses to leave comments when they aren't able to scan either the patient or med or both</p> <p>Rhea San Luis, RN (Vascular) - increase in midline placements, there have been incidents where midlines have been taken out prematurely</p> <p>Telemetry (5 South)- Tammy Wilson, RN rounding video was submitted but there's been a hold up with correcting the video due to staff compliance being shown in video, explains to patient that someone will be coming in and checking on them.</p>	Committee discussed how this seems to be a communication issue between transfers about ports, midlines or PICCs to keep them or discontinue them	<p>OR will continue to monitor flash sterilization.</p> <p>Look into transfer or discharge intervention for more detail regarding IV placement – if the line is still needed or not and why – also ALWAYS double check if midline needs to be taken out or not</p> <p>This video will be shown upon admission</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 type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

	Renal Care- Janice Breen,RN - YTD 375 dialysis treatments, 61 dialysis in August which is 17 less than last August, outpatient unit cannot take off more than 3 kilos but is accepting 4 treatments a week which isn't in the patients best interest, there was one patient complaint about a heparin ordered "as needed" once they were discharged				
Inpatient fall report and update – Julie Yeagar,RN	<p>Improved activity orders that are now more specific</p> <p>Post fall huddle on intranet – should be done within 15min of fall</p> <p>Moving to Northwell fall protocol in 2019 which doesn't use the hendrick tool</p> <p>If patient has a history of dementia/fall to use bed alarm</p> <p>For the fall prevention committee that meets every 4th Friday of each month – please attend!!!</p> <p>Helen Renck, RN described the tele-sitter program which includes 12 patient monitors, a dedicated tech for continuous monitoring with voice commands to prevent falls.Northwell had a 40% reduction in falls since implementing this program.</p>		<p>Make sure Dr. are ordering specific activity orders</p> <p>Under hospital information then safety on intranet</p> <p>Use bed alarm if any history of dementia or falls</p> <p>Nurses on the fall prevention committee please attend – poor attendance lately</p> <p>Tele-sitter program will be further discussed in October at the Champagne Ball</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 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,

Manager Signature

Date _____

Director Signature

Date _____