Meeting Name	CNO Advisory Council Meeting Minutes Family Medical Conference Room 11/14/2018				
Location					
Date			Council/Meeting Minutes		ll components and e to each topic being
Time	3:00 – 5:00 pm			discu	issed.
Conducted By	Mary McDermott, MSN, RN, NEA-BC				
Note Taker	Kathleen Calabro			'	
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Human Resources guests Patrizia Musilli Director of Human Resources Operations and Maria Bueti Human Resources Specialist were invited to share the new Peer Feedback Tool.	 Patrizia Musilli shared the overview of the Peer Feedback Tool. Would meet the Magnet ® requirement as well as the anonymity requirement the CNO Council members thought the peer feedback tool should have. We will be adding the peer feedback tool to the current existing system used called Performance Manager - 360 feedback. In Performance Manager a "Facilitator" is assigned. The facilitator is usually your Manager. The Manger will suggest the people they feel appropriated to complete a peer feedback. These people identified will receive a task to complete a peer feedback. The Manager will also assign a Self- Appraisal for the person being reviewed. Manager has the ability to track who completed the Peer Feedback Tool. 	 M. McDermott clarified that the Self-Appraisal will not change. The Peer Feedback tool is a new additional component to the Performance Manger Process. That's why it is called 360 review since now includes: Self Peer Manager J. Dillworth said instead of using the paper feedback tool it was much better to incorporate in the Performance Manager. Looks user friendly and not tedious. T. Wilson asked if this is to replace the multi-rater. No, this is in addition to 	Patrizia asked the CNO Council member for feedback on the Peer Feedback Tool and process before developed any further. In 2019, Performance Evaluations will be doing same time, same date. No longer tied to anniversary of hire date. January 2019, self-appraisals and peer feedback will be going out with completion due date in 3 months. End of March you will have your evaluation with your manager. Nice schedule since everyone will be done at the same time. A lot of nice things to look forward to.		

When you receive the task to do the	Multi-rater is more
peer review you must acknowledge	designed to help the
that you understand the process. Only	manager build the
the manager (facilitator) will receive	performance evaluation
the completed peer review back.	review.
There are two questions that need to	
be completed in the peer feedback	Applause for P. Musilli
tool (Northwell Values are displayed	and M. Bueti before
on the top):	leaving the shared
1. Which Northwell Health value(s)	governance council
stand out most when you think about your peer's strength(s)?	meeting.
2. Which Northwell Health value(s)	J. Dillworth asked - How
stand out most when you think	awesome is that? You all
about your peer's opportunities	gave feedback to this new
for growth?	process!
Have ability to add more comments,	
wanted to make simple and quick.	Samantha Weldon RN
	from 5 North felt this is
Re-iterated you are able to review all	especially beneficial for
the comments while they remain	the night staff. The
anonymous.	managers are not usually
	with the night staff and the
The Peer Feedback Tool is a great	peers know the night staff
way to provide input into your	best.
professional development goal setting	
with your manager.	
Goal will be tied back into the goal	
worksheet.	

Review of Minutes 10/17/18	Meeting minutes were emailed and also reviewed on Nursing Website	No changes		 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice □ New Knowledge, Innovations and Improvements 	 ☑ People □ Patient Experience ☑ Quality □ Financial Performance □ Operations
Outstanding topics from October meeting reviewed by M. McDermott	 Uniforms - Update M. McDermott reached out to housekeeping and said the scrubs could not be gender specific. Clinical Ladder - Update The Credentials Committee, your peers, decide on the ability to move up the ladder based on what is submitted. Mary is not involved in the approval process to move up the ladder. Karen Barger, RN is currently the chair of the Credentials Committee. Question from last month - If you meet the requirements, can you jump from one level to an additional level. (i.e. Could you jump from a Level I to a Level III). M. McDermott brought the question to the Nursing Directors group and they agree that if you fulfill those requirement of the ladder level then you should be able to jump to that level. Need to meet the requirements before you can move up. If you jump up 2 levels you will get the 10% increase (5% + 5%). 	Clinical Ladder All questions regarding the clinical ladder were answered. Quarterly town halls: Council members asked if it's only for nurses and M. McDermott replied that it's for anyone in our division - techs, HUCs, since all part of the team. Yes, they think it would be helpful. Recommended times: - Change of shift 6:00-7:00 and 7:30-8:30 J. Dillworth heard location (Auditorium) may be difficult. OR thought maybe M. McDermott could come to OR. Some thought HOCH Center good.	M. McDermott to ask Rosendy to send out a schedule for the Nursing Town Halls. Maybe will focus on a week in a quarter and try to do as many as we can. Will possibly do a combo of Auditorium and HOCH Center. PPM Narrative: If you receive feedback from your units, please send to <u>jdillworth@northwell.edu</u> . Ideally within the next 2 weeks. Can write about a particular leaf or the entire picture.	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice □ New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality □ Financial Performance ☑ Operations

	Quarterly town halls: M. McDermott received positive feedback from the town halls. The			
	town halls focused on our successful accomplishments in 2018. The list was pretty impressive! Mary thought she would propose for 2019 a			
	quarterly town hall where she would have a schedule ahead of time so nurses can attend. M. McDermott			
	asked the CNO Council members what they thought. Everyone is doing great things yet not everyone knows.			
	 (i.e. 2 improved IRB approved studies +, 2 in the process). Professional Practice Model (PPM)			
	Narrative: J. Dillworth shared that Rachel			
	Ansaldo RN gave Judy a narrative draft AND Jo Nappi RN wrote a draft as well. Goal is to have the Narrative reflective of the PPM completed by			
Reviewed how	end of 2018. Will receive an email that you have a			
to get into	task - There will be a link		⊠ Transformational Leadership	
Performance Manger	Need to sign into performance manager:		Structural Empowerment	⊠ People
	Phelps IntranetDepartments		Exemplary Professional Practice	☑ Patient Experience
	HRLinksPerformance Manager		New Knowledge, Innovations and Improvements	☑ Quality☑ Financial
	 PMHCEmployee ID, Password Tasks will be displayed. 			Performance
	Peer Feedback - hopefully will get at least 1 or 2 responses.			

Shared	Councils Charter:	Unit Level Goals:		
Governance	Every unit should have a unit council		⊠ Transformational	
Updated from	charter - can reference the shared	Use outcomes and make realistic goals.	Leadership	
Judy Dillworth	governance charter on the nursing	Professional development goals,	Structural Empowerment	
5	website.	increase in BSN and higher and	1	
	Shared Governance Charter - We	professional certification goals should	Exemplary Professional Practice	
	stated that the council member	be defined at the unit level.	⊠ New Knowledge,	
	attendance would be 1 year however,		Innovations and	
	since the council are gaining		Improvements	
	momentum, we would like to extend	We will try to post the videos of the		
	the council members by another year.	great information that was shared on the		
		nursing website.		
	If you have an agenda item you would			
	like added to the CNO Advisory			
	Council, please send M. McDermott			
	an email.			🖾 People
				⊠ Patient
	December Meetings:			Experience
	For all the shared governance			🖾 Quality
	councils we should identify all the			⊠ Financial
	accomplishments from 2018 as well			Performance
	as the goals for 2019.			☑ Operations
	Disseminating Information:			
	When you attend a conference there is			
	always the question with how to do			
	you share what you learned.			
	2 Magnet champions summarized			
	their experience from attending the			
	ANCC Magnet ® Conference at the			
	shared governance meetings today:			
	- Rachel Ansaldo RN shared her			
	Magnet take away at Professional			
	Practice and Development.			
	- Catherine Urgiles RN shared her			
	Magnet take away at Quality &			
	Safety.			

Open discussion	Ann Marie Trainer RN and Senior Administrative Supervisor shared new information and updates from the ANA conference she attended at the New Knowledge and Innovation Council. <i>It was great to hear what they had to</i> <i>say - We have great nurses here!</i> Patients have been commenting on the Computers On Wheels (COWs). Ultimate goal is an in-room solution. We had nurses from 2north look into the solutions on 3north. COWs take up space, how do we clean them, 5south will be getting a new PYXIS to improve work flow. What pharmacy does they take inventory of the most commonly used drugs and they can store that in the PYXIS System. C. Urgiles mentioned concern with medication (in glass).	We need to get an assessment as to what is feasible in the rooms. M. McDermott to find out if we ordered WOWs on 2 Center (short term solution). M. McDermott will find out if digoxin manufactured any other way besides glass. M. McDermott to find out 2019? PYXIS plan for all the units.	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations
2018 ANCC Annual Magnet ® Conference held in Denver Colorado from 10/23/18- 10/26/18	 M. McDermott shared the people who attended the Magnet ® Conference: Mary McDermott, MSN, RN, APRN, NEA-BC; SR. VP Patient Care Services/CNO Judy Dillworth, PhD, RN, CCRN-K, NEA-BC, Magnet Program Director 	M. McDermott encourages everyone to Go onto u-tube and search Cy Wakeman - "What does great look like?" When you are trying to problem solve could resonate with you on both personal and professional level. If you would like to be involved in the aromatherapy research, please let your managers know. Cheryl Burke is looking for staff that would like to participate.	 Transformational Leadership Structural Empowerment Exemplary Professional Practice New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations

Clinical Nurses (names given by mgrs.
and directors and then picked out of a hat):
• Rachel Ansaldo, BSN, RN,
Infusion
Diana Ferguson, BSN, RN, 5 South
• Judith Kennedy, BSN, RNC-MN,
Maternal Child Health
Susan Kuznicki, BSN,RN,PCN, Maternal Child Health
Katherine Urgiles, BSN, 2 North
Opening session and great key note
speaker - Cy Wakeman
Decided who attended which sessions
based on what we were interested in
and what was the added value.
Several magnet awards that were given
out to individual nurses with
remarkable stories. Very inspiring.
Honored about 100 hospitals that either
achieved Magnet for the first time or
redesingnation. Very celebratory. 2 hospitals within the Northwell System:
 North Shore (initial) Mather (3rd designation)
- Wratter (5 designation)
200 staff members from Northwell.
MPD suggested RN's from Northwell
where same outfit - white jackets.

Sessions on:		
- Data - Research - EBP		
- New Magnet Manual and changes		
+		
 Vendor products 100 + posters on display 		
About 12,000 attendees.		
K. Urgiles shared how this was her first Magnet ® conference she attended and it was very inspiring. She liked how she was able to identify other Northwell RNs and how friendly everyone was. An oncology nurse that was diagnosed by Cancer said how it wasn't until she herself had cancer was she then able to		
really understand her patients. She wrote letters to her previous patients apologizing. Another nurse who was a princess who helped reduce HIV. K. Urgiles was inspired by the aroma		
therapy program. Started in PACU and then throughout the med surge units. Northwell is currently doing research to bring aroma therapy programs here. Cheryl Burke will be having education		
in December. Our focus is Aromatherapy and Sleep, there focus was Aromatherapy and impact on Nausea. Besides the health benefits		
there are cost benefits as well.		

Additional Discussion: Flex Staff and In-House Availability List.	Flex staff is a regional agency that is part of Northwell. It allows Northwell staff to sign up with agency so if any facility accept the one they work for needs staff then you could work for them. Cricket is closing so we are asking Flex Staff to build up that pool as well (sitters). Different rates based on area of specialty, shift, In-House: An availability list is just started by Rensy Mathew RN in the nursing office - if someone is available you call or stop by and put your name on the list. Question on the salary - Generally over 40 hrs. It is time and a half.	M. McDermott will share her con for flex staff with all the CNO cou members. M. McDermott will share at the N Leadership Council the In-house availability list.	Incil Transformational Leadership Structural Empowerment	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations
Additional Discussion: Concerns by the staff nurses of Beds in the Hallways	M. McDermott acknowledged the concerns with beds in the hallways - Not ideal and last resort. Residents and hospitals encouraged to discharge the patients earlier. Make sure interdisciplinary rounds are occurring. Directive - same level of care whether in ED or on unit.	M. McDermott to ask if the reside can round with the staff. Need to careful what we say to the patient in am regarding discharge. Whatever you can do to help expe discharges (including the night sh would be great. List of pts. That are supposed to b discharged should be rounded firs	be early dite ift) e	

	 Message is we need everyone to work together to make it happen from housekeeping to hospitalists. K. Urgiles noticed on her unit the hospitalist are more available. Would like to see the Residents and staff working together. Infection control is an additional concern with the beds in the hallway. M. McDermott shared that we look at detailed information regarding delays in discharge. Need to make sure all interdisciplinary education occur on time and align transportation earlier. Steven Giammattei RN on 1South that planning for discharge the night before is helpful. Especially with case workers schedule. The sooner you can plan for discharge the better. Case management is aware 		
Concern with Patient Safety and Infection Prevention	of early communication is ideal. Katherine Urgiles RN on 2 North had a pt. that was in a bed with rule out C.Diff. The RN on nights did not want to assign the additional bed until the test was results were back. The night supervisor felt that based on the pt. diagnosis of colitis that waiting for the test result was unnecessary and wanted to assign a pt. to that room. Patient was assigned to that room. The following day the results were	 M. McDermott to find out if we can get the C.Diff results during the night. M. McDermott to ask Alex Xelas RN Director of Infection Prevention to educate the Nursing Supervisors on when to cohort and when not to. M. McDermott to ask A. Xelas to revisit policy on transporting patients that are on contact precautions. 	

	 back and the patient test came back positive. RNs would like to support from the night supervisors. T. Wilson felt there should be a formal policy so the nurses can reference to not co-hort. Opportunities - education, lab and clinical staff. 		
	Revisit when to gown the patient that are traveling on contact isolation. ESBLs - Extended Spectrum Beta Lactamases		
M. McDermott wanted to share the exciting news	Advance Day on 11/15/18 We invited the council chairs along with Director and Managers and someone from North Shore to discuss their Magnet ® journey. Goal is to identify all the Magnet ® examples that best fit each Magnet ® component.		
	Recruitment, Retention and Recognition Council starting on 12/19/2018. Based on your recommendation will be held on the same day as shared governance council day from 8:00 am - 9:00 am. Marisol Antunez, Sr. Talent Acquisition Specialist will be joining that council. She is also a career		

	coach and will be great on that committee. Planning sessions with Dr. Peggy Tallier, EdD, RN, MPA on How to write an abstract, and will be working 2 nd and 4 th Fridays starting in December.			
Open Discussion	 T. Wilson was wondering if we could get a noise canceling machine at the nurse's station. If we turn lights out - it's a lot quieter. Quietness in the hospital is a challenge. M. McDermott appreciates all the efforts you make to reduce noise. Announcement at nights to visitors would be helpful. Does scrubs include mental health workers - Yes. White antimicrobial scrub by end of year Looks very professional. Try on session: (no pants) Full time - 5 tops Part time - 3 top Per diem - 1 top Reduction of infections attributed to antimicrobial scrubs Wash and Dry - no fabric softener. 	M. McDermott will check with Ann Marie Trainer RN regarding noise reducers.	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations