

Meeting Name	Quality and Safety Council Meeting		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Family Residency Conference Room				
Date	6/20/2018				
Time	1 PM-3 PM				
Conducted By	Carol Daley RN, MSN				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Appropriate use of OE: Interventions in PCS	<ul style="list-style-type: none"> Discussion led by Carol Daley MSN,RN Interventions that are automatically generated by Orders should be left on status board until order is discontinued Example: restraints don't complete intervention unless they are discontinued by MD If you complete the Intervention it will deactivate the order 		<ul style="list-style-type: none"> As long as order is active keep on intervention list Orders that are duplicates should be completed. 	<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 type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
Clinical Indicator Update with 1 st Quarter 2018	<ul style="list-style-type: none"> K. Calabro, Data Analyst, shared first quarter 2018 results from NDNQI --overall for indicators we are achieving the inpatient requirements for Magnet. 	<ul style="list-style-type: none"> Multiple staff were interested in seeing CAUTI and CLASBI data and K.Calabro stated that data could possibly be used for magnet examples 	<ul style="list-style-type: none"> We are outperforming the national benchmark and need to continue to do so (minimum of 5 Qtrs out of most recent 8 Qtrs of data). Graphs were distributed and clinical nurses to post on their units. 	<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

HAI's/Infection Control Update	<ul style="list-style-type: none"> Led by Alex Xelas, RN, Infection control CDiff patients must meet criteria before ordering, which is 3 loose stools in 24hrs, elevated WBC, and febrile. Meredith Shellner, RN, Infection Control, revised a Northwell tool for healthcare onset CDiff, which is a root cause analysis evaluation tool (RCA tool) it's not punitive but Nurses are now involved in process What puts patient at risk abdominal surgery, use of protective personal equipment (PPE's), long-term use of antibiotics, history of CDiff, and multiple use of antibiotics 	<ul style="list-style-type: none"> Helen Renck: we are looking into budgets to purchase disposable blood pressure cuffs and thermometers for each patient Meredith mentioned an ICU nurse (Lauren Martinez) who was able to systematically review patients symptoms and have order for stool for CDiff discontinued Tammy Wilson BSN,RN and Ritzel Boe,r RN (ED) had discussion of importance for Isolation for rule out CDiff patients. This information must be communicated prior to patient transfers to any unit. 	<ul style="list-style-type: none"> RCA is educational for Nurses at the unit level Copy of RCA tool to be attached Implication of dedicated equipment for each room and assurance of proper cleaning of each room, proper PPE used, proper handwashing to reduce hospital acquired CDiff. 	<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
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HAPI Report(May)	<ul style="list-style-type: none"> Debbie Reynolds RN, CWOCN reported three HAPI's in May'18. Last year there were 20 HAPIs (year to date) and so far this year, there have been 13 HAPIs. 	<ul style="list-style-type: none"> All three HAPIs in May were DTI's: two from ICU and one from 5N All discussed what we did right: low air loss mattress, Turning and positioning, heels were suspended 	<ul style="list-style-type: none"> Possible things to do differently: place allyevn foam and add to interventions When Allyevn dressings are placed on patients for prevention, nurses to mark dressing with a (P) 	<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
Clinical Alarms Audit	<ul style="list-style-type: none"> To be discussed next month 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 		
Inpatient Fall report (MAY)	<ul style="list-style-type: none"> Carol Daley Fall report 	<ul style="list-style-type: none"> ICU has reached 60 days and 4N/4S has reached 120 days without a patient fall. No Harm Across the Board Initiative 	<ul style="list-style-type: none"> Posters will be posted to mark the consecutive # of days each unit progresses without an inpatient fall. Celebrate units that accomplish 100 days or better without a fall. Still looking at pricing and purchasing of video monitoring to reduce falls 	<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
Unit PI Indicator updates	<ul style="list-style-type: none"> Kelly Roush RN (PACU) continue monitoring ECT patients and compliance of the booking of patients as well as the need for orders prior to patients' arrival. Samantha Weldon RN 5N Quiet project started May 1st on 6/12 banners were placed July 1st to review interventions and reeducate patients and staff 	<ul style="list-style-type: none"> Helen Renck and Kelly Roush addressed the issue of the NP completing the needed work up for these patients. For new patients the H & P is required to be done initially and every 30 days thereafter. 1 		<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

	<ul style="list-style-type: none"> • Janice(renal Care) YTD 217 TX QI 23 complete no hypotension episodes and no hepatitis risks • Jacklyn (2C) follow up d/c anticoagulation BMV scanning medications and comments • Theresa (Maternal child health) policy post-partum depression screening they are working on brochure • Tammy Wilson (5 south) clinical alarms adjustment of telemetry monitors to reduce alarm fatigue • Lorrie/Kelly (OR) looking on on-time starts need to be able to come in earlier to set up rooms • Elaine Gardner, RN, Stroke Coordinator reported that the Stroke conference was held at the Double-Tree in Tarrytown on 6/14/18. There were 130 attendees. 	South will retain the ongoing checklist.			
			The swallow screen will be modified to the Northwell policy—the documentation will be changing. The ER will be initiating TELE-stroke where neurologists will evaluate patients in the ED.		

Respectfully Submitted,

Tammy Wilson, RN, BSN, Telemetry Coordinator

Date: July 6, 2018