

<b>Meeting Name</b>	<b>Quality and Safety Council Minutes</b>		<b>Council/Meeting Minutes</b>	Please check off all components and indicators that relate to each topic being discussed.	
<b>Location</b>	<b>Family Residency Conference Room</b>				
<b>Date</b>	8/15/2018				
<b>Time</b>	1P- 3P				
<b>Conducted By</b>	<b>Carol Daley, MSN, RN, CNML and Rachel Ansaldo, BSN, RN</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 July meeting minutes 7/18/18 C. Daley, RN and R. Ansaldo, RN	Minutes distributed by email.	No corrections.	Minutes approved.	<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
Unit based dashboard K. Calabro	Kathy presented her well designed unit-based dashboard. NDNQI—National benchmark KQMI data---compared to Northwell.		The goal is to post these dashboards on all units for viewing by staff and visitors. Kathy will meet with all unit reps to discuss their data.	<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>Wound care update D. Reynolds, RN, CWOCN</p>	<p>Debi shared that in July 2018: one HAPI (Hospital acquired pressure injury), an ICU patient—DTPI over top of lip.</p> <p>Debbie led two unit celebrations in July: Telemetry—reached 100 days without a HAPI !!!! 2 Center—reached 200 days without a HAPI !!!!</p> <p>The upcoming Skin Champion program will be held September 2018</p>		<p>Debi has worked with the clinical nurses and Respiratory therapy to determine the best ETT (endotracheal tube) holder for each patient. She created a poster that defines and explains the steps.</p> <p>KUDOS to the staff on Telemetry and 2 Center!</p> <p>CEU's were approved by Northwell. Goal is to have Skin champions representing each shift on each unit</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 checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input type="checkbox"/> People</p> <p><input 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>Infection Control and Prevention A. Xelas, RN</p>	<p>Alex presented information in a PowerPoint on CDiff infections--- Risk factors, clinical care, appropriate orders based on symptomatology.</p> <p>Hand Hygiene audits: throughout the hospital, we are only 50% compliant upon completing hand hygiene going into patient rooms. Very close to 100% compliant when completing hand hygiene leaving patient rooms.</p>		<p>The C.Diff order set is being finalized in Meditech.</p> <p>Hospital onset C.Diff-- Zero cases in June and July!!!</p> <p>Audits continue on all units.</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 checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

PI Indicator reports Infusion Center: Tiffany Robertson,RN	Tiffany explained that the infusion center is hoping to improve Press Ganey patient satisfaction scores by improving discharge instructions and medication teaching (including follow up phone calls to patients).		Council recommended that the unit call patients 1 to 2 days post outpatient visit.	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	
2N: Rounding Katherine Urgiles,RN	Katherine explained that patient Rounding has improved on the unit—awareness by all staff has increased.		The designed Medication education tool will be laminated in both English and Spanish and placed at the bedside of patients.		
OR: IUSS Sterilization IUSS Lorrie Presby,RN	The monitoring of all 313 OR cases for IUSS (Immediate Use Steam Sterilization) for July was 0%....excellent!	Lorrie reports that the staff have a very good understanding of the indicator and make every effort to prepare the trays/equipment for each case so that immediate use steam sterilization is not necessary.	IUSS monitoring to continue.		<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Endo: Specimen Labeling Karen Dondero,RN	Karen reported that specimen Labeling compliance was 99.14% for July SBAR completion (Endo pre-procedure checklist)—95.35% in July.	Karen added that one patient arriving to Endo did not have a completed SBAR form. Another patient had a partially completed form (no RN signature).	Monitoring to continue.		
Renal Care: Janice Breen	Janice presented Hemodialysis (HD) data as follows: In July 2018 there were 64 treatments		Comparatively to date: July 2017: 615 cases July 2018: 554 cases		

	All preventative maintenance—100% compliance Weight measurements and documentation compliance during HD: 90% (1 record did not have complete documentation) Completion of Nursing Notes: 91%				
Inpatient Fall Report J. Yeager, RN	Numerous interventions are being implemented for Fall prevention.	Goal is to initiate and complete a post-Fall huddle immediately after any patient fall.	Fall prevention Healthstream course has been assigned to all clinicians. “Fall prevention” video is now available and accessible on the Allen TV’s.	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input checked="" 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

**Respectfully Submitted,**

**Carol Daley, MSN, RN, CNML**

**Date: Sept. 14, 2018**