Meeting Name	CNO Advisory Council Meeting Minutes Family Medical Conference Room 12/19/2018 3:00 – 5:00 pm Mary McDermott, MSN, RN, NEA-BC			Please check off all components and indicators that relate to each topic being discussed.	
Location					
Date			Council/Meeting Minutes		
Time					
Conducted By					
Note Taker	Kathleen Calabro			I	
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of Minutes 11/14/18	Meeting minutes were emailed and also reviewed on Nursing Website	No changes	Meeting Minutes Approved.	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements 	 ☑ People □ Patient Experience ☑ Quality □ Financial Performance □ Operations
Outstanding topics from November meeting reviewed by M. McDermott	 Digoxin - supplied in glass and could it be plastic? M. McDermott confirmed with Brian McGrinder, Director of Pharmacy that Digoxin needs to be in glass and plastic not an option due to the chemistry of the product. C.Diff - could testing be at night? M. McDermott spoke to Carol Pileggi, Administrative Director of the Lab and with current staffing (one tech at night) this is not feasible. M. McDermott spoke to Alex Xelas Director of Infection Control to 	Council members were not aware of "white noise" available on the Allen TVs. Recruitment, Retention, and Recognition RRR Council had their first meeting on 12/19/18 at 8:00 am. This council will have input into Nurses week.	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. Possibly attend an OR meeting.	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations

	review and reinforce there is no cohort with suspected positive CDiff patients. 4) Flex Staff - M. McDermott distributed copy of Flex Staff business cards to the council members. 5) Pyxis System - M. McDermott discussed with B. McGrinder the plan for other units going to the Pyxis medication station. It is a lot of work and for 2019 the plan is to implement Pyxis in ICU and 5 South 6) Noise reducers - M. McDermott found that previously on the Allen TV there was white noise available - not sure if still there? Ann Marie Treanor BSN, RN, NE-BC is currently trialing a noise reducer 7) COWs (Computers on Wheels) - M. McDermott is optimistic we will be able to refresh the WOWs and The CIO - Chief Information Officer of Northwell is supportive of the				
ED presented by Amanda Benza BSN, RN	 initiative A. Benza shared that more efficient work flow and reduction of time spent in the ED is still a focus. Weekends are particularly challenging. It is a Northwell Health initiative to meet the 60 min rule - Door to Discharge. The 11:00 discharge time should help with reducing the times. A. Benza also shared that teams interview candidates for open 	M. McDermott shared there is a lot of effort with shifting the discharge time to 11:00 am.: - Flyers in room - Updates to pt. brochures - Dan Blum spoke to ancillary staff: environmental services, volunteers, 2 additional housekeeping staff	Interdisciplinary Rounding needs to happen consistently with discharge a focus.	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations

	and the DD This 1, 11			
	positions in the ED. This should	approved from 1pm - 9		
	improve the RN-RN Interaction.	pm.		
		We have improved room		
		turnover time to 33		
		minutes.		
		Rounding and the focus of		
		always preparing for		
		discharge will help reduce		
		LOS. Currently the		
		average discharge time is		
		2:30 so it a big		
		undertaking.		
		J. Dillworth shared how at		
		previous councils the		
		discussion of how night		
		staff is not familiar and/or		
		comfortable preparing		
		patients for discharge.		
		Catherine Urgiles and		
		Samantha Weldon shared		
		that Care Activity notes		
		written my case managers		
		hold key information. Not		
		sure if the night shift is		
		aware of how to access		
		those notes.		
MCH update	Dr. Manzen Khalifeh is the new		⊠ Transformational	
presented by	neonatologist. S. Neuendorf shared		Leadership	🖾 People
Susanne	how rounding with the physician		Structural	Patient
Neuendorf	makes patient care so much better.		Empowerment	Experience
BSN, RN,	The RNs know exactly what is going		\boxtimes Exemplary	⊠ Quality
NCC-EFM	on with the baby and there are no		Professional Practice	⊠ Financial
	surprises. Dr. Khalifeh uses rounding		⊠ New Knowledge.	Performance
	as an education opportunity as well.		Innovations and	☑ Operations
			Improvements	_ operations

	Quantitative blood loss (QBL) Project Update - Waiting for scales and tweaking the policy. Started a newborn sepsis scale which gives you a rating. Scoring determines need to treat newborn with antibiotics. This evidenced based scoring system prevents the overuse of antibiotics.				
5North presented by Samantha Weldon BSN, RN	S. Weldon shared how voicera works well on her unit. S. Weldon shared the quiet scanners help in noise reduction.	 C. Urgiles pipes in that 3north has quiet scanners AND they are wireless! The computers are in the room and you don't have to worry about cords when scanning. M. McDermott stated that computers in the room is happening in both ASU and PACU in 2019. Michael Palazzo BSN, RN from 2 Center shared that he's heard of the use of cell phones to scan (just for meds). M. Palazzo shared that he is a night nurse yet also helps our days and hence familiar with the discharge process. Because night nurses don't often discharge they are 	 M. McDermott to research if wireless scanners can be in other units as well. M. Palazzo to find out more about cell phone scanning. Educators for night shift to create an education training plan "How to Discharge a Patient" Doreen Wall MS, RN-BC from 1 South shared she had created a discharge checklist that other units may find helpful. Email D. Wall at dwall@northwell.edu if you would like her to send to you. 	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations

		unaware of what to look for and how to prepare. Rose Marie Rose BSN, RN from 2 Center added that discharge planning should start on DAY 1.			
Discussion lead by Doreen Wall MS, RN-BC	D. Wall shared that we have a "Meds to Beds" program here. Our pharmacy will bring the meds to the patient before leaving. If the patients live close by, our pharmacy can become the patient's community pharmacy. Mental Health Workers (MHW) are looking at career ladder for MHW. Every month the Behavioral Health Council will focus on a different topic.	K. Calabro never heard of this offering - how wonderful for the patients.	Pharmacy offering may be in orientation but may be worth re- educating the staff.	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements 	 ☑ People ☑ Patient Experience ☑ Quality ☑ Financial Performance ☑ Operations
Innovation:	 S. Weldon discussed the curtain with the plastic strip and what a great innovation. There is a mat that you can place under the bed that reads physiological signs. C. Urgiles mentioned the apple watch that can tell if patient is in Afib. 	All agreed - technology and safety has come a long way!	Need to find the most accurate way to measure temperature. Seems like different units have different equipment.	 Transformational Leadership Structural Empowerment Exemplary Professional Practice New Knowledge, Innovations and Improvements 	 People Patient Experience Quality Financial Performance Operations