

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 Medicine Residency Conference Room				
Date	12/19/2018				
Time	1PM- 3PM				
Conducted By	Carol Daley, RN, MSN, CNML				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of November meeting minutes/ C. Daley	Nov. 2018 meeting minutes discussed.	No necessary corrections.	Minutes accepted as written.	<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
Renal Care Indicators/ J. Breen, RN	Janice shared the Performance Indicators with the council. Renal Care transitioned to Renal Care Inc. in November 2018 Total of 17 HD treatments done in Nov. # completed under Renal Care: 5 # completed under Renal Care Inc: 12 Quality of Hemodialysis fluids (HD Water and Dialysate) : Survellience, water analysis and machine PMs— 100% compliance. Chart audit and Safety audit for completeness: 100% compliance.		The same clinical RN's who worked with Renal Care are working with Renal Care Inc. New contact phone #.	<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 checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

Clinical Indicators/ K. Calabro	<p>Kathy reviewed our most recent Nurse Sensitive Indicators.</p> <p>Inpatient Falls with Injury: Majority of the units outperform the benchmark (all hospitals mean) the majority of the time. 6/7 86%.</p> <p>Hospital Acquired Pressure Injuries Stage 2 and above: Majority of the units outperform the benchmark the majority of the time.</p> <p>Central Line Blood Stream Infections: Majority of the units outperform the benchmark the majority of the time</p> <p>Catheter Associated Urinary Tract Infections: Majority of the units outperform the benchmark the majority of the time.</p>		<p>4Q 2018 Interventions: ~ Patient Education on purposeful rounding: video, brochure, rounding champions New opportunity as of 3Q '18 5 South.</p> <p>5North now outperforms the benchmark the majority of the time.</p> <p>ICU had 1 CLABSI in 4th Q'17. Chlorhexidine added to the Central Line bundle (Biopatch) 5North had 1 CLABSI in 2nd Q'18</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 checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Magnet application update/ J. Dillworth	<p>Judy announced the plan for submitting the Magnet document---our submission plan is targeted for April 2020. The data for all Nurse Sensitive indicators from the 4th Quarter of 2017, all of 2018 And through the 4th Quarter of 2019 will be submitted.</p>			<input checked="" type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input checked="" type="checkbox"/> Exemplary Professional Practice <input checked="" 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

<p>HAPI Incidences and Prevalence data/ D. Reynolds, CWOCN</p>	<p>Debi reported on the success with the recent Skin Champion program. 17 nurses were trained. The Skin Champions are a resource for the clinical staff to assist with the staging of pressure injuries, to provide guidance for new admissions with complex wounds, and to offer assistance with wound vacs.</p> <p>Prevalence data report: Nov. 7, 2018 64 patients surveyed Total # of HAPI's: 0</p> <p>Incidence data report: Nov. 2018 3 HAPI's in total 1 Stage II related to a Teds stocking 1 DTI 1 Stage II</p>	<p>Katherine Urgiles asked if all Skin Champions were members of the Pressure Injury Reduction Team (PIR Team)----it's not a requirement. 5 of them are members.</p>	<p>Debi developed a Skin/Wound Resource Reference manual for each clinical unit. The names and locations of all Skin Champions are located there (as well as on the Nursing website---accessed from the PMHC Intranet). The manual also contains references for staging pressure injuries and contains guidance for interventions.</p> <p>In the General Service dept. we now have 32 sizes of Teds stockings. Sizing charts for Teds stocking have been posted 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>
<p>Bedside Shift Report/ Nancy Fox, Director of Organizational Development</p>	<p>Nancy Fox presented the upcoming initiative: Team Steps. The Live training is 2.5 hrs. in length for nurses and techs. Team Steps 2.0 is an evidence-based program aimed at optimizing performance among teams of health care professionals, enabling them to respond quickly and effectively to whatever situations arise.</p>		<p>A component of Team Steps is Bedside Shift report. New hand off method/tool to be learned will be—I Pass the baton.</p> <p>Bedside Shift report will begin at the bedside with the off-going and on-coming nurses. The complete report will take place in front of a computer, allowing an opportunity for questions. Career Ladder Project Opportunity: Revising the Hand-off (Shift Report) tool for your unit. Each unit will need to modify their report tool to the “I Pass the Baton” format.</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>

Clinical Alarm response audit/ C. Daley for M. Maniscalco	Audits submitted from ED, ICU, 5N, 5S, 2N and 2C in October. 58 observances 52 met criteria 89.66% compliance	Gail Wilson inquired about the objectivity of the audit. The audits are done through real time observations in practice. Clinical nurses are being assigned the audits monthly.	Response time expectation for immediate alarms (cardiac monitor, ventilator, Bipap) is either immediate or less than 1 minute.	<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
PI Indicators/ Unit representatives	PACU---Kelly Roush, RN: Safe management of ECT patients. The staff is tracking the number of patients treated with ECT compared to the number of patients actually booked by the psychiatrist. Nov. 180 patients treated 155 patients booked 5North—Samantha Weldon, RN The team is working on a Quietness initiative.		Kelly and the PACU staff are working on the coordination (and the process) with the psychiatrists and the booking coordinator. Monitoring will continue.	<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 checked="" 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 Jan. 9, 2019