

Meeting Name	CNO Advisory Council		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Atrium				
Date	1/16/2019				
Time	3:00 pm - 5:00 pm				
Conducted By	Mary McDermott, MSN, RN, NEA-BC				
Note Taker	Kathleen Calabro, Magnet Data Analyst				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of Minutes from 12/18/18  Topic - Workstation on Wheels (WOWs)	M. McDermott started the meeting with a Happy New Year and great news! On 1/22/19 we will be upgrading all existing WOWs. At last month’s meeting Katherine Urgiles, BSN, RN from 3 North (the new unit) shared how beneficial the wireless scanners are. M. McDermott did research and the upgraded WOWs are compatible with the wireless scanners! In addition by end of 1 <sup>st</sup> Q we will have extra WOWs available (26) due to Surgical Services restructure with bedside computers.	Council members were happy with the upgrade to the WOWs since they have such an impact on their work flow. They were also hoping the WOWs due to navigating the WOWs in the rooms.	After all the WOWs are upgraded, we will order the wireless scanners.	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
Review of Minutes from 12/18/18  Topic - Discharge Instructions	M. McDermott reminded us how Michael Palazzo BSN, RN from 2 Center shared that the night shift RNs are not familiar with the steps taken for discharge. Improving discharge process is a key initiative across the hospital.	M. Palazzo shared that Doreen Wall MS, RN-BC clinical educator for Behavioral Health sent him the check list their unit created and found very useful. Thank you D. Wall for sharing! M. Palazzo said that on the Ortho Unit, in particular,	M. Palazzo and the 2-Center staff will tweak the checklist to make it coincide with their discharge process. Discharge education for the night staff to occur along with education on the new check list for all staff. K. Calabro to track Patient Experience before and after the new intervention.	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

		<p>there is a lot of new information for the patient and reinforcement is needed by all shifts throughout the patient's stay.</p> <p>Tammy Wilson BSN, RN coordinator from 5 South thought a folder with all the information would be helpful. M. McDermott shared that Northwell is developing a patient folder.</p> <p>Irma Tertulien, MSN, RN, C-EFM from Infusion understood they are unique. She added that they can be printed so that the information can be discussed with the patient during the infusion.</p>			
<p>Review of Minutes from 12/18/18</p> <p>Topic - TeamSTEPPS</p>	<p>M. McDermott shared that the TeamSTEPPS was developed by the Department of Defense. We are rolling out the training this month. M. McDermott wanted to clarify:</p> <ul style="list-style-type: none"> <li>- Brief is communication that occurs in the morning.</li> <li>- Debrief is communication that occurs end of day.</li> <li>- Huddle is communication that occurs after an event (i.e. pt. fall)</li> </ul> <p>Physicians will attend the training as well.</p>	<p>D. Wall shared that there is a TeamSTEPPS application you can download on your phone that may help with understanding all the TeamSTEPPS concepts.</p>	<p>All staff reminded to register and attend the TeamSTEPPS educational sessions.</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Transformational Leadership</li> <li><input checked="" type="checkbox"/> Structural Empowerment</li> <li><input checked="" type="checkbox"/> Exemplary Professional Practice</li> <li><input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> People</li> <li><input checked="" type="checkbox"/> Patient Experience</li> <li><input checked="" type="checkbox"/> Quality</li> <li><input checked="" type="checkbox"/> Financial Performance</li> <li><input checked="" type="checkbox"/> Operations</li> </ul>

<p>Review of Minutes from 12/18/18</p> <p>Topic Uniforms</p>	<p>Uniforms - status from M. McDermott... a little background.</p> <ul style="list-style-type: none"> <li>- project start in August and Glenn Delau the Director of Material Ops</li> <li>- G. Delau left Phelps Hospital</li> <li>- Contact at the company providing uniforms left the company.</li> <li>- Now have new contact.</li> </ul> <p>We are scheduling a try-on session. Even though uniforms will be distributed in 2019, it is a 2018 benefit. If you don't wear scrubs you will be allocated the following:</p> <ul style="list-style-type: none"> <li>- Full Time, 5 Tops</li> <li>- Part Time, 3 Tops</li> <li>- Per Diem, 1 Top</li> </ul> <p>Other areas will receive a lump sum in their paycheck to purchase shoes. Techs and Hospital Unit Clerks (HUCs) will get their benefits as well.</p>	<p>T. Wilson inquired whether we could embroider our name on the Tops. M. McDermott said the white antimicrobial tops are not customizable and all will have the Phelps/Northwell logo.</p>		<input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
<p>Review of Minutes from 12/18/18</p> <p>Topic - Reimbursement of Certification.</p>	<p>M. McDermott shared the plan for those Nurses who took Essentials of Critical Care Orientation (ECCO). If you are ECCO Certified then we are rolling the \$.50 into your base pay. Starting in 2019 ECCO will be provided but not compensated. ECCO is now treated as a basic competency.</p>			<input type="checkbox"/> Transformational Leadership <input checked="" 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 checked="" type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Tammy Wilson, BSN, RN questioned the pay of per-diems.	T. Wilson mentioned that when retirees leave and desire to work per diem that the per diem rate is not alluring enough to keep them here at Phelps.	M. McDermott shared they do a market analysis or various job categories annually. M. McDermott felt a flat per diem rate was fair as opposed to higher rates for certain skill sets.	Judy Dillworth, PhD, RN, CCRN-K, NEA-BC Magnet Program Director will bring this topic to the Rewards, Retention, Recognition Council in February. Will verify when was the last time we did a market analysis for per diem RNs.	<input type="checkbox"/> Transformational Leadership <input checked="" 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 checked="" type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Tammy Wilson, BSN, RN discussed the timing of the raises.	T. Wilson discussed how some raises are delayed.	M. McDermott shared that she reviews EVERY portfolio and impressed with many... However, some portfolios do have gaps. Clinical ladder advancement and raises will not occur until portfolio is completed.		<input checked="" type="checkbox"/> Transformational Leadership <input checked="" 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 type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
M. McDermott reviewed the new review process.	<p>M. McDermott started the conversation with - Everyone should have received an email <a href="mailto:performancemanager@healthcaresource.com">performancemanager@healthcaresource.com</a> with the self-appraisal task assigned to you.</p> <p>The self-appraisal and peer feedback tool need to be completed by 2/28/19. The completed tool will be used to determine goals for professional development. The peer feedback tool is the tool the CNO council members reviewed and was made anonymous based on your recommendation.</p>	<p>Many council members did not receive this email. M. McDermott phoned Patrizia Musilli Director of HR during the meeting</p> <p>Roxanna McKenna, BSN, RN on 5North voiced that if you are on night shift, the peer who evaluates you should be on night shift. The day shift nurse may be able to evaluate a hand off but not necessarily the values you display while caring for your patients.</p>	<p>P. Musilli will create a list of those who did not receive the self-appraisal task and send to them.</p> <p>M. McDermott will clarify with all the Directors and Managers that submission of the Professional Portfolio remains with the anniversary date and the new appraisal time frame remains in March.</p>	<input checked="" type="checkbox"/> Transformational Leadership <input checked="" 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 type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

Irma Tertulien, MSN, RN, C-EFM presented the administration of IV Meds	I. Tertulien from infusion mentioned that a patient noticed that she had ensured all the meds that were in the line were given to him. He stated that he did not observe this practice on the inpatient units.	Council members discussed the existing practice on their units and concurred with I. Terutlien. They believed that the inpatient units would need a Flush Back order from the physician in order to follow the process I. Tertulien follows.	Need to have standards of practice across the board. This topic will be discussed with Cheryl Burke and or Carolyn Young.	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Career Ladder	Some clinical nurses expressed concern that participation in Shared Governance Councils do not count in the Career Ladder.	Shared Governance Councils <b>DEFINITELY</b> meet the Career Ladder Meeting criteria.  Journal Club <b>DEFINITELY</b> counts; since this meeting is virtual, criteria are being developed for the Career Ladder.	All CNO Council members to go back to their units and squash the rumor!  K. Calabro to add the word shared governance councils to the Career Ladder grid.  K. Calabro to pursue adding clarification to the Organizational Development List of Councils/Committees.	<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 type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Attendance for Shared Governance Council Meeting Day	K. Calabro shared that the charters were reviewed at all the shared governance council meetings held today. Minor changes need to be made. The 60% attendance requirement was questioned. Some councils thought the number was low and should be increased. Other councils agreed to increase the percentage with excused absences (patient care priority, approval of nurse manager) allowed (subtract from denominator).	Council members discussed feasibility of 75% attendance with excused absences removed from the denominator.	We need to be consistent with all the shared governance councils. Consensus was not reached among all the council so will continue with 60% for the rest of 2019 and re-evaluate in 2020.	<input type="checkbox"/> Transformational Leadership <input checked="" 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

Unit Level Shared Governance	<p>Confusion still exists with the unit level councils:</p> <ul style="list-style-type: none"> <li>- Staff meetings are forums by which information is provided (e.g. announcements, policy updates, procedure changes)</li> <li>- Shared governance councils (unit based councils and nursing councils held on shared governance council meeting day) provide a forum which empowers clinical nurses to share knowledge, discuss and participate in shared decision-making</li> </ul> <p>RNs should attend both the staff meetings and unit-based shared governance council meetings.</p>	<p>Council members shared they really struggle with attendance. 2 North's shared governance attendance increased when the manager said she will attend the meeting.</p> <p>Some of the units have not established a shared governance structure yet. Goal for 2019.</p>	<p>M. McDermott to research conference phones for the units.</p> <p>J. Dillworth offered her guidance and support for the unit level shared governance councils. Unit level goals need to be established for 2019 and discussed as well as ensuring communication across councils.</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Transformational Leadership</li> <li><input checked="" type="checkbox"/> Structural Empowerment</li> <li><input checked="" type="checkbox"/> Exemplary Professional Practice</li> <li><input type="checkbox"/> New Knowledge, Innovations and Improvements</li> </ul>	<p>People</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Experience</li> <li><input checked="" type="checkbox"/> Quality</li> <li><input type="checkbox"/> Financial Performance</li> <li><input checked="" type="checkbox"/> Operations</li> </ul>
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