

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	2/20/2019				
Time	3:00 pm - 5:00 pm				
Conducted By	Mary McDermott, MSN, RN, NEA-BC				
Recorder	Kathleen Calabro, Magnet Data Analyst				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of Minutes from 1/16/19 Topic - Workstation on Wheels (WOWs)	Mary McDermott reported that WOWs continue to be upgraded throughout the hospital.	Council members shared they are not aware of any issues regarding the upgraded WOWs	After all the WOWs are upgraded, in approximately another month, we will investigate whether the wireless scanners that are currently used by 3 North can work with the upgraded WOWs.	<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 1/16/19 Topic - Discharge Instructions	M. McDermott understands all the challenges to meeting the 11:00 patient discharge target time. M. McDermott met with Cheryl Burke, RN, clinical educator to discuss education of the nurses who work night shift regarding discharge planning.	Katherine Urgiles, RN from 3 North shared how impressed she is with the night shift’s new focus to getting the patients ready for discharge. Katherine said this is really helpful. She gave an example where patients must void prior to discharge. If the foley is not removed first thing in the morning, then foley removal causes delays.	All staff need to work together in effort to meet the 11:00 am discharge target.	<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>Review of Minutes from 1/16/19</p> <p>Topic - TeamSTEPPS</p>	<p>M. McDermott shared that Nancy Fox, MS, RN, NPC-BC, NEA-BC, CNML, director of organization development and her team of super users continue to provide TeamSTEPPS education. Phase 1: Brief, Debriefs and Huddles. Phase 2: I Pass the Baton (replacing the current SBAR).</p> <p>Mary felt that since Phelps implemented a daily brief at 8:45 am, communication has greatly improved and provides a great way to match resources with activity.</p>	<p>Kelly Perish, BSN, RN, clinical nurse on MCH shared how her unit created a TeamSTEPPS board. Katherine Urgiles shared that Keirra Gonzalez, MSN, RN - BC, clinical nurse on 3 South has been working with Education to create a unit specific I Pass the Baton as well as a new board.</p> <p>Roxanna McKenna, BSN, RN, clinical nurse on 5 North shared they already started using the I Pass the Baton. The new process takes longer but they just started.</p> <p>Lilly Mei, RN, clinical nurse in Wound Care Institute shared that the nurses on her unit find the brief very helpful in planning the day. They also find huddles useful. The unit is working together to create a bedside shift report, but find this challenging due to their patient flow.</p> <p>Judy Dillworth, RN, shared that at the Recruitment, Retention</p>	<p>All are encouraged to check out the new TeamSTEPPS board in MCH. Once you get off the elevator, it's on the left.</p> <p>Suggest adding a "shout out" of recognition to peers at the end of unit briefs</p>	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input checked="" type="checkbox"/> Structural Empowerment</p> <p><input checked="" type="checkbox"/> Exemplary Professional Practice</p> <p><input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input checked="" type="checkbox"/> People</p> <p><input checked="" type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p> <p><input checked="" type="checkbox"/> Financial Performance</p> <p><input checked="" type="checkbox"/> Operations</p>
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		and Recognition (RRR) Council, a clinical nurse said that at the end of a brief on their unit, they give a “shout out” to someone who did something special for a patient, family or peer, as a means of recognition.			
Review of Minutes from 1/20/19 Topic Uniforms	M. McDermott, RN explained that there have been delays due to unforeseen obstacles.	Techs and HUCs will have the same colors/same benefits as they currently have.	Mary will keep us updated regarding the “try-on” schedule.	<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
Review of Minutes from 1/20/19 Topic - Reimbursement of Certification.	M. McDermott said that it took time to evaluate who had ECCO, who needed ECCO and whose ECCO expired. She reiterated the plan for those Nurses who took Essentials of Critical Care Orientation (ECCO): If you are currently ECCO Certified, then we are including the \$.50/hr into your base salary so that the 4 th certification can be compensated.		Starting in 2019 ECCO will be provided but not compensated. Because ECCO is part of orientation, it is considered a basic competency.	<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
Follow up to per-diem rate.	Last meeting Tammy Wilson, BSN, RN, clinical nurse on 5 South questioned the pay of per-diems. M. McDermott discussed this with her directors who agreed that it is difficult to hire per-diems at the current rate.		M. McDermott to pursue the per diem rate.	<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

Follow up to the new peer review and appraisal process.	M. McDermott was happy to hear the glitch with the self-appraisals was resolved.	Irma Tertulien, MSN, RN, C-EFM, clinical nurse in Infusion was very impressed that she got the self-appraisal the next day after the council brought up the issue!	M. McDermott requested everyone complete the self and peer (if you were assigned) by the due date. The anonymous peer feedback process will be used as part of the goals which include professional development.	<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
Follow up to administration of IV Meds	Last month Irma Tertulien, MSN, RN, C-EFM, 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 all agreed on the importance that the patient receive all their medicine. Some nurses said that they are infusing the entire medication. All agreed that we need to implement best practice and standardize.	I. Tertulien to follow up with Cheryl Burke.	<input 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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
ENDO Unit Report presented by Jaqueline Pisano, BSN, RN, CGRN	J. Pisano, BSN, RN, CGRN, clinical nurse from ENDO shared that the patient brochure for education regarding certain procedures is almost complete. They are hoping to improve on-time starts and reduce cancelations.	The council members were impressed with J. Pisano's article regarding information she learned at the Society of Gastroenterology Nurses and Associates (SGNA) conference (held in Dec 2018) in February's Nursing News. The information regarding Colon Rectal Cancer was so informative yet scary at the same time. K. Calabro shared how she's looking forward to that BIG COLON in the Lobby!	When you attend a conference we encourage everyone to share what they learned in the various venues. Thank you Jaqueline for sharing what you learned!	<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 type="checkbox"/> Operations

MCH Unit Report presented by Susan Neuendorf, BSN, RN, NCC-EFM	<p>Susan Neuendorf, BSN, RN, NCC-EFM, clinical nurse in MCH shared that the scales are in! The scales are the needed tool in order to implement quantitative blood loss instead of the estimated (qualitative) blood loss, currently used.</p> <p>Susan said the unit is also working on converting their current SBAR tool to the new I Pass the Baton.</p> <p>She added that another exciting initiative is the use of the sepsis calculator (Dec '18/Jan '19). The tool allows us to better detect early onset sepsis based on a score. The desired outcome of the sepsis calculator is reducing unnecessary newborn admission to the special care nursery and also reducing administration of unnecessary antibiotics.</p>		<p>Council members are looking forward to hearing more about the outcomes of these exciting initiatives,</p> <p>Results to date will be presented at the next meeting.</p>	<input 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 type="checkbox"/> Operations
Infusion Unit Report presented by Irma Tertulien, MSN, RN, C-EFM	<p>Irma Tertulien, MSN, RN, C-EFM, clinical nurse in infusion, shared that the work flow project has stalled due to turnover on the unit. The goal of the project was to decrease wait time and improve the patient experience.</p>	<p>There are such great things going on in infusion that we would want to highlight, especially the Patient Family Advisory Council. The patient had the ability to change the menu! Hospitality here is just awesome and the patients feel special.</p>	<p>Judy and Irma to discuss opportunities to measure the outcomes of the infusion unit. As Judy so eloquently stated, <i>"Nurses are the bridge to making things happen!"</i></p>	<input 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 type="checkbox"/> Operations
2 Center Unit Report presented by Michael Palazzo BSN, RN	<p>Michael. Palazzo BSN, RN, clinical nurse on 2 Center shared how challenging things have been on his unit. The census is extremely high. Michael stated he is finding it difficult meeting the 11:00 am discharge target time as well as</p>	<p>Mary supported Michael by adding that patients' FIM scores have decreased 14%, meaning patients are less functional and the orthopedics volume has increased. When we don't</p>		<input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input checked="" type="checkbox"/> Exemplary Professional Practice	<input checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

	<p>scheduling the unit shared governance council.</p> <p>He said that the patient volume is 40% higher than this same time last year and can be attributed to the hire of the new ortho group. Michael felt that travelers and new hires should help with staffing.</p>	<p>adhere to the 11a discharge time, patients back up into the PACU.</p> <p>Rose commented that surgical NPs are available to discharge patients early but the number of medical patients has increased.</p> <p>S. Neuendorf shared that her unit taped the meeting which she found very helpful. She was able to listen to the meeting at her own convenience.</p> <p>Katherine Urgiles suggested using what they used at the Magnet Conference, “WhatsApp”. It’s a great communication tool that you can use on your phone.</p>	<p>Mary and Dr. Gottluck are exploring the feasibility of hiring more NPs for the medical-surgical units. Discussion to continue.</p> <p>M. Palazzo appreciated everyone’s support and will research the two ideas for dispersing information to the unit.</p> <p>If anyone wants to do extra shift work, there is an availability list in the Nursing Office.</p>	<input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	
<p>5 North Unit Report presented by Roxanna McKenna, BSN, RN</p>	<p>Roxanna shared that 5 North’s focus is still reducing noise on the unit by measuring the Press Ganey questions - “Quietness of Hospital Environment” - Top Box%.</p> <p>The 5 North score dropped in 4th Q ’18. The addition of noise reduction during the night will hopefully make an impact.</p>	<p>M. McDermott recognized that 5 North had a lot of challenges in 4th Q ’18:</p> <ul style="list-style-type: none"> - increased volume - pts. in the hallway due to push to get pt. out of ED - push to discharge pts. at 11:00 am. 	<p>H. Renck, RN suggested to research traffic light with noise measurements and have 5 North pilot.</p>	<input 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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
<p>3 North Unit Report presented by Katherine Urgiles, BSN, RN</p>	<p>K. Urgiles stated the unit has been very busy. The removal of the foley catheter required a physician’s order and can sometimes cause delay of discharging the patient by 11:00.</p> <p>Katherine shared a concern with the saddle from the room to the bathroom</p>	<p>K. Calabro added that there were 2 falls in Dec and 2 falls in Jan on 3North. If we could prevent future falls by fixing the saddle, we should. Given the volume</p>	<p>K. Urgiles, RN will investigate more about the 4 falls and relationship to the bathroom saddle. She will bring this information and concern to Ellen Parise, MSN, RN, CNML, nurse manager.</p>	<input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input checked="" type="checkbox"/> Exemplary Professional Practice	<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

	and how it is especially difficult to get the pt. and IV pole over the saddle.	of patients on 3 North, one fall will result in a fall rate that exceeds the benchmark.		<input type="checkbox"/> New Knowledge, Innovations and Improvements	
PACU Unit Report presented by Eden Simms, RN, BSN	E. Simms shared that the PeriOp shared governance council is meeting this week to review and obtain feedback on the new surgical check list. The updated form indicates who's responsible for what. Ideally, they would like to use computer and go paperless. ECT's are still a challenge to manager, especially the unscheduled ones. If not on schedule, then will not be able to treat. They are also designing a patient education tool for nerve blockers. PACU - Hired a new manager - Alayna Smalley.	There was discussion regarding the accommodation of unscheduled ECT patients and its impact on patient/staff satisfaction. Mary shared that patients back-up into the OR due to the use of long-acting anesthesia (ketamine) for ECT patients and that Kathleen Scherf BSN, MPA, RN, NEA-BC, CAPA, director of surgical services is looking at Zucker's policy to update the Phelps policy (e.g. limit max # ECT cases to 12).	Eden will follow-up with Kathleen and identify outcome measures related to change in policy.	<input 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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
Helen Renck, MSN, RN, CJCP, JCC shared her hospital stay story.	H. Renck share how she recently was a patient here and was in several different units and everyone is AMAZING! When H. Renck received the inpatient Press Ganey survey she was eager to fill out an in a good frame of mind because of the cover letter written by Daniel Blum. D Blum's cover letter explains how we read the survey comments at care leaders meeting every week and use patients' input to drive changes.	The benefits of having the cover letter were discussed. For example, other Press Ganey surveys are mailed without a cover letter and patients may be less likely to complete. We should look into sending a cover letter for all the units Press Ganey survey.	K. Calabro will email this feedback to Phyllis Vonderheide, Sr. Director of Patient Experience.	<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

Open Discussion	<p>How can we improve patient satisfaction when patients are being delayed?</p> <p>Would a discharge nurse help the facility with patient flow and satisfaction?</p> <p>M. McDermott shared that Mr. Dowling was at Phelps on 2/19. The main take away message was to always ask - “Why?” and “Do we really need to do this?”</p> <p>J. Dillworth shared that the RRR Council would like all the units to have a recognition board. The board can be different and creative.</p>	<p>Suggestions was made to have the harp player available or provide diversions such as coloring books.</p> <p>S. Neuendorf, RN suggested when RNs come back from time off and required light duty, could they be utilized as a discharge nurse?</p>	<p>Further discussion needed.</p> <p>This was acknowledged as a good idea and will be considered on an individual basis but depends on the individual’s situation.</p> <p>All encouraged to think of how we practice and opportunities to use evidence based practice (EBP) learned from conferences, professional meetings etc., as well as being cost efficient.</p> <p>Recognition boards are under development and all members were reminded to communicate this with their unit shared governance councils.</p>		
Next Meeting			<p>Wednesday, March 20, 2019</p> <p>3p-5p</p> <p>Atrium Conference Room</p>		