

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	Atrium Conference Room				
Date	4/17/2019				
Time	1:00 PM-3:00 PM				
Conducted By	Carol Daley, MSN, RN, CNML				
Recorder	Amanda Dayton, BSN, RN-BC				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of March Meeting Minutes- Carol Daley, MSN, RN, CNML ICU	Review of March Meeting Minutes		Minutes approved	<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 type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
Inpatient Falls- Paula Keenan, MSN, RN	<p>Paula Keenan RN commented that the inpatient fall forms have to be sent back to the RN's who completed them, due to all the green star components not being done. As per Paula Keenan RN, approximately 95% of the forms are not completed correctly.</p> <p>-Paula Keenan RN stated that March 2019 had 17 falls (12 inpatient, 1 in the ED, and 4 outpatient). One comfort care patient fall resulted in death, due to patient having a "burst of energy."</p>	<p>Helen Renck, RN did a library literature search, and found the "rallying" patients do before death is called terminal lucidity. "Terminal Lucidity" refers to an unexpected return of mental clarity and memory, which happens in the time shortly before death occurs.</p> <p>-We will now have yellow fall risk socks for bariatric patients.</p>	<p>Improve North (electronic incident reporting) effective March 2019. Remember to use this instead of paper.</p> <p>Telesitter Program to be implemented this year: Helen Renck, RN feels that when we roll out our Telesitter Program, this will help decrease our falls. This Program will allow us to have more techs available on the unit to do purposeful rounding, instead of multiple Enhanced Supervisions. A Telesitter tech will be able to observe 12 patients at a time that need to be on Enhanced Supervision so</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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

		<p>-Katherine Urgiles RN from 3 North stated that she and the 3 North nursing staff feel the bathroom saddles need to be removed, to reduce falls.</p> <p>-Alice Mulligan RN from ICU stated that the CAM Delirium Assessment is a tool that the ICU RN's use to assess and recognize delirium quickly, to help reduce the number of falls in ICU. Alice also share that the ICU RN's use weighted blankets to help reduce anxiety in their agitated patients. Educational brochures on Delirium and the CAM Assessment Tool, are given to patient family members in ICU.</p>	<p>that only one tech has to be used, to allow more techs to be available on the unit. Helen also suggested that RN's document their shift assessments, and interventions at the patient's bedside. This would maximize the amount of time the RN is at the patient's bedside, and could in turn reduce the number of patient falls.</p> <p>-Judy Dillworth RN suggested that it may be helpful to display fall graphs on the units for staff to see.</p>		
<p>-Hospital – acquired infection (HAI) Data and Documentation-</p> <p>Alex Xelas, MSN, RN- Infection Control Director and Rachel Valdez-Vargas BSN-RN</p>	<p>Alex Xelas RN and Rachel Valdez-Vargas RN presented a PowerPoint on CLABSI rates, CAUTI rates, Sure Step Foley implementation, Curoc IV cap implementation, hand-hygiene, early discontinuation of medical devices to reduce hospital acquired infections, urinalysis and urine culture orders, and implementation of an “I did it” nursing intervention for techs to show that indwelling catheter care for the Sure Step Foley was done with</p>	<p>There was discussion that CHG bathing occurs for all patients in the ICU with central lines and pre-admission for surgery.</p> <p>Alex met with Kathy Pappas, RN, Ellen Parisi, RN, members of the Value Analysis Committee and Gerry Bathen, RN regarding the Curoc Caps.</p>	<p>Please see attached PowerPoint.</p> <p>Rachel and Carolyn Young, RN will meet regarding the policy for Curoc Caps.</p>	<p><input 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 type="checkbox"/> People</p> <p><input checked="" type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input checked="" type="checkbox"/> Operations</p>

Infection Control	the five step wipes, and an “I did it” nursing intervention for peri-care.	Discussed use of the Curos Caps. Kelly Kissane, Rn asked “what do you do if you have a lot of meds?” Plan to monitor usage since this Curos cap is single use only			
Nursing Quality Indicators- Roxanna McKenna BSN, RN (5 North), Alice Mulligan BSN,RN (ICU), Ritzel Tuazon-Boer BSN, RN-BC (Hyperbaric Medicine) Kelly Kissane MSN, RN-CNOR (OR)	<p>-Report and Discussion of Nursing Quality Indicators</p> <p>-Hyperbaric Chamber- Ritzel said there were eight dives that had to come up.</p> <p>Roxanna shared that on 5 North fourth quarter 2018 had a dip on Quiet Time. As a result, the following interventions were implemented in the 1Q19:</p> <p>- 5 North posted quiet time interventions on the unit, so patient and families can see.</p> <p>-5 North’s Quiet Time announcement is now in English and Spanish.</p> <p>-The Staff on 5 North now close the patient’s door at night if both patients are not confused in the room, and are Alert and Oriented x3.</p> <p>Roxanna shared some concerns experienced with quiet time:</p> <p>-Patients on 5 North also complain about the families that visit for example at 3:00 AM, due to visiting</p>	<p>Quiet time is being implemented throughout the hospital. Members of this council appreciated and may implement some of the interventions Roxanna discussed.</p>	Continue to review and report.	<input type="checkbox"/> Transformational Leadership <input 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 type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

	hours now being 24 hours. Patients on 5 North also complain about the noise of bed alarms at night, and having a noisy roommate is also a common complaint. (Doesn't even have to be a roommate, it could be a patient down the hall screaming).				
Patient Experience and Service Excellence Update- Phyllis Vonderheide BS, MS, RN-BC, Service Excellence Director	Phyllis Vonderheide RN stated that patient satisfaction survey, not getting a lot of returns. The ED and Ambulatory Surgery uses paper, text, and e-mails for patient satisfaction survey. The inpatient unit uses a paper patient satisfaction survey. Behavioral Health uses paper patient satisfaction surveys distributed by the units.	100% of our patients receive the patient satisfaction survey.	Patient Satisfaction Survey-Please see attached PowerPoint. We should encourage patients to fill out our survey. Look at the Dashboard results for 2019 weekly. If you click on the drop down Dashboard for Phelps, click on it and it turns blue, and then a graph appears. If staff needs help with the Dashboard website, please call Phyllis Vonderheide RN at X3168.	<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 type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
HAPI (Hospital Acquired Pressure Injury) Report for March 2019- Carol Daley, MSN, RN, CNML ICU for Debi Reynolds, CWOCN, RN	- HAPI (Hospital Acquired Pressure Injury) Report for March 2019		Congratulations Phelps had no HAPI's for the month of March!!	<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 type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations