

	<b>Quality and Safety Council</b>		<b>Council/Meeting Minutes</b>	Please check off all components and indicators that relate to each topic being discussed.				
<b>Location</b>	<b>Atrium Conference Room</b>							
<b>Date</b>	7/17/2019							
<b>Time</b>	<b>1pm – 3pm</b>							
<b>Conducted By</b>	<b>Rachel Ansaldo, RN and Carol Daley, RN</b>							
<b>Topic/ Facilitator</b>	<b>Discussion</b>	<b>Staff Input &amp; Feedback</b>	<b>Action</b>	<b>Magnet Components</b>	<b>Strategic Plan Indicator</b>			
Review of May Meeting minutes Rachel Ansaldo	Review of June meeting minutes	Yes	Minutes approved	<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 type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations			
Video prepared by Candice Johnson, RN	Judy Dillworth, RN shared video that was prepared by Candice for this year's Magnet conference to describe our nurse's contribution to patient care.	Positive feedback offered by many members						
Education about medication -Candace Huggins, RN	Candace sought interest from this council to share best practices regarding medication education. Candace reiterated that the hospital's goal is to get a four-star rating in all domains. She asked if we were consistent with other Northwell hospitals. Our scores have been a little disappointing because they are not matching what we hear from patients.	Some council members are already working on improving education on medication. Katherine Urgiles, RN said that 2N/3N had improved medication education using the Allen TV and would recommend a nurse from 2N/3N to participate. Bill Rifer suggested to include a pharmacist.	Candice provided a sign-in sheet and will coordinate a time after 10a to set up a small group. She will explore the use of Skype.	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations			

	<p>Candace also informed the council that there is no standard way of providing food trays to patients who are at risk of self-harm. She added that the psych unit addresses these patients on an individual basis. Candace reviewed the literature and is exploring “SAFE trays”(styrofoam tray with finger foods – no spoons/forks/knives/hot food) so patients won’t hurt themselves.</p>	<p>Racheal Ansaldo said that at last year’s Magnet conf, a tablet was used to help with education.</p>	<p>Candace will provide an update on a standard method of obtaining SAFE trays for patients in the ED and other areas of the hospital.</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 type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
<p>Stroke Metrics- Elaine Gardner, RN</p>	<p>Elaine shared hospital data regarding time targets for Get with the guidelines stroke metrics.</p> <p>1.Dysphagia screening: Elaine reported that we are currently at 92% compliance; A new Northwell dysphagia screening tool will be coming out end of August, 2019.</p> <p>2.VTE prophylaxis: Elaine also reported that we are at 100% compliance year to date with (medication Lovenox and mechanical)</p> <p>3.Stroke education:Five (5) focus areas need to be printed for patients upon discharge including how to activate EMS, risk factors, medication education, follow-up</p> <p>Mechanical thrombectomies will be starting at Phelps in August 2019. There are 8 educational modules (36 hrs) which are available in iLearn</p>		<p>Time targets have improved. High acute patients are still being transferred to other hospitals.</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 type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Dashboard report for clinical indicator -Judy Dillworth, RN	Judy reminded the council members that they should have or will receive unit dashboards from Kathy Calabro. As per request from the last meeting, Kathy created a glossary of terms to assist with understanding of the dashboard.	Council members said that the glossary of terms were clear and helpful.	Council members to ensure that unit level dashboards are posted in a visible place on every unit.	<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 type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Patient Experience Hospitality internship Olivia Hale	Olivia Hale was being mentored by Phyllis Vonderheide, RN. Olivia interviewed patients and learned that patients felt that getting information on how to order food, how to use the TV, access to an amenities kit (e.g. shampoo, toothpaste, headphones, reading glasses) would be helpful. She suggested having a “welcome wagon”	Information was helpful.	Volunteers will be in-serviced on the welcome wagon. Council members will remind their colleagues to keep the information on the patient whiteboards current.	<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 type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
30 Day Readmission Rate -Kerry Kelly, RN	<p>Kerry shared data obtained regarding Phelps hospital 30-day readmission rates. As per the discussion at the last meeting, Kerry shared the data with Kathy Calabro, who created the attached summary. This presentation generated discussion around discharge phone calls.</p> <p>Kerry added that there will be a readmission committee meeting tomorrow to evaluate our readmission protocols.</p>	Council members shared their perception of discharge phone calls: patients at high risk are called more than once, not a lot of discharge phone calls are being documented. Members agreed that we need to ask “what can we learn from the discharge calls?” and “how can we refine our approach? And do a better job of making this information useful. Cipher health (used by Mather hospital) has an automated system for	Nurses can assist with ensuring follow-up appointments with the patient’s primary doctor. It would be helpful to have a list of phone numbers available to call the physician directly. Members of this council will seek colleagues who can join tomorrow’s readmission committee meeting.	<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 type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

		discharge which can be scripted with staff's voices.			
Nursing Quality Indicators reports	<p>OR – IUSS was O for last month ICU--Ongoing collaborative work (Clinical nurses, Intensivists and Respiratory therapists) with the ABCDEF initiative---specifically the coordination of the SAT's (spontaneous awakening trials) and SBT's (spontaneous breathing trials) for ventilator patients with the goal of reducing ventilator days. Our APACHE data reflects low ventilator days monthly. Biggest challenge continues to be the early mobilization of ventilator patients often due to our large radius of elderly patients admitted from skilled facilities.</p> <p>ED- Pat Bonanno reported that the ED is making sure that the IV fluids are documented as per sepsis requirements and including IPASS theBaton in communications to the units where patients are admitted.</p> <p>ED is also initiating “the first 10 minutes”- re-educating staff and making sure patients are undressed.</p> <p>1South- Kim shared that 1south is restraint-free. Visiting hours have been changed. Exploring NP role during code whites.</p>		Continued monitoring in progress	<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

--	--	--	--	--	--

**Respectfully Submitted,**

\_\_\_\_\_  
**Signature**

**Date** \_\_\_\_\_