

Meeting Name	<i>Quality and Safety Council Meeting</i>		Council/Meeting Minutes	<i>Please check off all components and indicators that relate to each topic being discussed.</i>	
Location	<i>Atrium</i>				
Date	<i>5/15/2019</i>				
Time	<i>1:00-3:00 PM</i>				
Conducted By	<i>Carol Daley, MSN, RN, CNML</i>				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of April meeting minutes/Carol Daley	<i>Are minutes acceptable?</i>	<i>Yes</i>	<i>Minutes accepted</i>	<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 type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Nursing Quality Indicators/Terry Kilfoile, RN MCH	<i>1. Continuing use of Oxytocin checklist</i> <i>2. Post-partum hemorrhage being tracked</i> <i>3. Edinburgh scale for post-partum depression being used</i>	<i>Being done by Dorit Lubeck-Walsh.</i> <i>Use of discharge brochure is pending</i>	<i>Many of the providers listed on the brochures have started charging fees or increased their fees. Social Services is trying to determine how to deal with payment or at least work out a fee reduction. Screening is definitely taking place.</i>	<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 type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

<p>NQI/EllenParise -3 North</p>	<p>1. Medication Communication PI Indicator—what percentage is being performed using the Allen TV technology.</p> <p>2. Rounding: patient outcome on the Press Ganey report</p>	<p>Allen TV being used 50% of the time.</p> <p>70%-Staff rounding 90%-Leadership rounding</p>	<p>If a pt is confused, the clinical nurse will include the family in the teaching process. Leadership is encouraging the staff to use the TV's. 3N has a pharmacist on the unit who does medication discharge teaching w/the patient</p> <p>Every patient discharged from 3N gets a Press Ganey survey sent to him/her.</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>NQI/Karen Dondero-Endoscopy Unit</p>	<p>1. New Test preparation Pamphlets for both upper and lower endoscopies have been published and put into use.</p> <p>2. Construction: impacted use for overflow on busy day, which can slow down room turnover time, and the ability to turn procedure rooms around.</p> <p>3. Staffing issues</p> <p>4. Hand-off: Still using SBAR for inpatients but looking to transition to IPASSTHEBATON</p> <p>5. Specimens</p>	<p>Includes doctor information & phone #, date & time.</p> <p>2 traveling nurses New nurse manager to start shortly</p> <p>ER is still also using SBAR, endo also usually gets a phone report from the ER</p> <p>2nd RN to check accuracy of labels before going to pathology</p>	<p>N/A</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Operations</p>

NQI/Kelley Kissane-Operating Room	<p>1 IUSS in the month of April</p> <p>2. On time starts/turnover time</p>	<p>0.2% rate, still very low and within acceptable levels</p> <p>Surgeons showing up on time continues to be the biggest factor to delayed starts. Turnover times is more of a nursing issue.</p>	<p>Repackaged item separately (had dropped on floor) to help minimize possibility of happening again</p> <p>Surgeon being spoken to and some block time being re-arranged for chronic offenders. Turnover times a continuing problem and being addressed by nursing leadership.</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 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 checked="" type="checkbox"/> Financial Performance</p> <p><input checked="" type="checkbox"/> Operations</p>
NQI/Kelly Roush-Recovery Room	<p>ECT</p> <p>-rewriting policies</p> <p>-PI: 88% of pts in April were scheduled cases, is an improvement over historical data</p> <p>-Pt complaints: Increased waiting time now that doing in the main PACU</p>	<p>All in-patients are receiving ECT even if not scheduled</p>	<p>-Changing documentation for JCAHO compliance</p> <p>-All out-patients not scheduled are not done</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input checked="" 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 checked="" type="checkbox"/> People</p> <p><input checked="" type="checkbox"/> Patient Experience</p> <p><input type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>
NQI/Kelly Mason-5 South	<p>1. Implemented a new brochure and video on purposeful Rounding.</p> <p>2. Staff doing purposeful rounding on both shifts.</p> <p>3. Continually looking at alarm management and sensitivity, # of reports from GE</p>		<p>Will have data for next meeting.</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input type="checkbox"/> Structural Empowerment</p> <p><input checked="" 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>

NQI/Rhea-Vascular Access	<p><i>Tryouts of new IV catheter</i></p> <p><i>Just in Time documentation</i></p>	<p><i>Braun type not being used; Switching to BD type = wing vs. non-wing</i></p>	<p><i>Most IV team members and nsg staff seem to prefer the winged catheters, usually more stable</i></p> <p><i>Looking at buying tablets that “talk” to Meditech so the IV ns can immediate chart her IV access and not wait until getting back to office</i></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 type="checkbox"/> Operations</p>
Skin PI/Debbie Reynolds	<p><i>6 Pressure Injuries in the month of April</i></p> <p><i>4 celebrations for prevention</i></p> <p><i>Skin Champions</i></p>	<p><i>5 of 6 related to services provided</i></p> <p><i>17 throughout hospital</i></p>	<p><i>1st-stage 2-pressure vs. moisture (shoulder)</i></p> <p><i>2nd-stage 2-surface related</i></p> <p><i>3rd-stage 2-skin tear vs. pressure (shoulder)</i></p> <p><i>4th-deep tissue pressure (buttock)</i></p> <p><i>5th & 6th same pt, 2 dif’t admissions</i></p> <p><i>5th-immobile, h/o lymphoma; family did not want pt moved</i></p> <p><i>6th-peripheral artery disease/surgery/TED’s injury (foot)</i></p> <p><i>2 pizza parties</i></p> <p><i>2 candy parties</i></p> <p><i>Call nsg supervisor to ask about Skin Champions working on a particular shift.... they will be able to come to give a second opinion on any new or existing pressure injury.</i></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 checked="" 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>Interruptions during medication administration by clinical RN's/Carol Daly</p>	<p><i>Nurses on units are constantly being interrupted , esp. by vocera, while giving medications. This can result in an increase in medication errors.</i></p> <p><i>Most common calls seem to be from pharmacy, dietary, or radiology</i></p>	<p><i>Pharmacy calls the nurses to clarify physician orders instead of calling the doctor directly.</i></p>	<p><i>HUC's should be encouraged to try to limit call to nurses during med pass times.</i></p> <p><i>Can put on "do not disturb." All alarms are now being sent to vocera which has resulted in an increase in interruptions. Fall risk pts do need to be immediately attended to.</i></p> <p><i>Ask HUC's to create a log with date, time, reason, discipline & comment to track who is calling most during these times. Need to track frequently offenders and try to develop a plan to minimize interruptions</i></p> <p><i>At next HUC meeting Carol Daley will again ask HUC's to try not to disturb nurses during Medication administration as much as possible.</i></p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input checked="" 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 checked="" 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>Patient Experience Update/Phyllis Vonderheide</p>	<p><i>Developing a handout to give to patients when admitted to tell them what we (nurses) do and what to expect.</i></p>		<p><i>1.Bedside shift report</i></p> <p><i>2.Rounding</i></p> <p><i>3.Pt. communication boards</i></p> <p><i>4.Ns. Manager rounds</i></p> <p><i>5.Quiet Initiative</i></p>	<p><input checked="" 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 checked="" type="checkbox"/> People</p> <p><input checked="" type="checkbox"/> Patient Experience</p> <p><input type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

Respectfully Submitted,

Kelly Kissane, BSN, RN