

Meeting Name	CNO Advisory Council				
Location	Atrium  8/21/2019  3:00 pm - 5:00 pm  Helen Renck, MSN, RN, CJCP, JCC			Please check off all components and indicators that relate to each topic being discussed.	
Date			<b>Council/Meeting Minutes</b>		
Time					
Conducted By					
Recorder	Kathleen Calabro, Magnet Data Analys	t			
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of previous minutes from 7/17/19	July minutes still a work in progress.		Moved review and approval to the September 18, 2019 Meeting.	<ul> <li>☒ Transformational Leadership</li> <li>☒ Structural Empowerment</li> <li>☒ Exemplary Professional Practice</li> <li>☒ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient         Experience</li> <li>☑ Quality</li> <li>☑ Financial         Performance</li> <li>☑ Operations</li> </ul>
RN Satisfaction Results from Survey Taken in June shared by Judy Dillworth, PhD, RN, CCRN-K, NEA- BC, FCCM	*** Reason to Celebrate *** We Met the Magnet Requirement for RN Satisfaction - EP2EO! 4 Categories we outperform the benchmark the majority of the time: • Autonomy • Professional Development- Access • Fundamentals of Quality Nursing Care • Adequacy of Resources & Staffing RN Satisfaction is very important. Judy shared that there is typically a direct correlation between RN Satisfaction and Patient Satisfaction.		Directors and Managers received unit level results and should be sharing results with the nurses. Each unit will then determine their next steps for action plans, "What does great look like"?	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient         Experience</li> <li>☑ Quality</li> <li>☑ Financial         Performance</li> <li>☑ Operations</li> </ul>



RN Satisfaction Opportunities - Interprofessional Pharmacists Rollup	Helen invited Brian Mcgrinder to the meeting to discuss the RN Survey results for Interprofessional - Pharmacists rollup Would like an open discussion of how we can make communication better Brian shared that he has 5 sisters who are nurses along with his wife so he definitely understands the pressure nurses feel. Brian asked the questions, "When you call down to pharmacy, do you get what you want?"	The council members responded that the communication with pharmacy is for the most part great. Candice Johnson, BSN, RN from 5 North felt that just in the past 2 months there has been improvement with responsiveness. Steve Giammettei, AAS, RN, shared that the dedicated pharmacists for infusion center are great.  Jacklyn also shared that tiger text would be helpful and Helen shared that we are working on adopting here.	Suggestions for improvements by the council members were discussed with Brian. Brian will research possible solutions:  Pyxis Machines They are budgeted in the future for other areas, it is just space is the issue. Opportunities: -Brian to run a report of the meds in the machine and what was used in the past 6 months for 1south and BRU. Doreen Wall, MS, RN-BC is the point person. If this proves helpful, we could roll out to all units. With 3North temporarily moving to 2North there have been some challengesBrian to look if can store in pockets - IV Tylenol and IV Caldolor Follow up - now a non-issue with 3 North back on 3 North. When using the 2n space -pyxis on 2n has less capacity, and can only fit 2 tylenol IV.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>✓ People</li> <li>✓ Patient         Experience</li> <li>✓ Quality</li> <li>✓ Financial         Performance</li> <li>✓ Operations</li> </ul>
		Metroprolol - Katherine Urgiles BSN, RN, would like a standard for Metroprolol.  Concern with diabetic patients and checking insulin prior to meal. Candice shared they check patients at same time. Jaclyn Wylie, BSN, RN on 2 Center suggested that we have set meal times for diabetic patients.  4:00 meds often not there.	Timing of meds: Synthroid - Timing on the MAR is often 9:00 am and typical time for patients is 6p or 7p. Brian to research possibility of changing order set? Metroprolol –The Doctor who orders to put in parameters.  - Brian to follow-up		



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	Jaclyn asked - Could meds			
	be stocked prior to surgery?			
		Brian to follow-up		
		•		
		Communication:		
		-Brian to enforce with the staff for the		
		pharmacist to contact the physician		
		directly for medication questions to		
		limit nursing interruptions.		
		-Brian to enforce with the staff that		
		medication deliveries to the floor need		
	There was discussion	to be handed off to the nurse, not left on		
		the unit.		
	regarding the increased length			
	of infusion time for Zosyn	Medication Administration:		
		Zosyn – Brian explained that the change		
		•		
	Residuals- Concern with	over to a 4 hour period is the best		
	medication administration and	practice so understands difficult but		
	residual meds being left in the	need to follow this standard of care.		
	tubing.			
		Residuals- Concern with medication		
		administration and residual meds being		
		left in the tubing. This has been		
		discussed at the CNO Council meeting		
		in the past as well as other shared		
		governance meetings. Neethu		
		Gopinadh, MSN, RN, OCN, VA-BC		
		(not in attendance here but shared at		
		New Knowledge) Clinical Educator for		
	Alaris Pumps - Susanne	Infusion is going to research best		
	Neuendorf, BSN, RN,	practice. Should then be brought to		
		Med Safety and P &T.		
	NCC-EFM from MCH			
	shared her frustration with	-Brian will ask what other hospitals		
	delivering Pitocin. Wants to	within Northwell do.		
	deliver the medication right			
	however needs to do a	-Judy can also ask her MPD group.		
	work-around.			



Jaqueline Pisano was wondering the they could get the smaller dosages of labetalol stocked	Labetalol Brian said he would but larger doses are often purchased to ensure drug availability when there are drug shortages.  Medication Safety: Check on your units, if you do not have	
	Check on your units, if you do not have an updated memo (2018), email Brian and he will send you the updated poster.	



RN Satisfaction Opportunities - RN to RN Interaction	We shared the overall results of the NDNQI RN Survey for RN-RN Interaction. While the results improved from 2018-2019, we are below the All Hospitals Mean (Benchmark).	Council members thought the recognition boards would help. Sue shared how Alexandra Reale a nurse on 3 North helped her. Sue was so appreciative and she let Alexandra's manager know. Sue felt the "My Recognition" is too difficult and others agreed. 2 Center has "In the Moment" award and 3 north has a monthly "Star" award. Katherine shared how PT is so awesome and it	Discuss with Mary for nurse's week a team award. them?	□ Transformational Leadership     □ Structural Empowerment     □ Exemplary Professional Practice     □ New Knowledge, Innovations and Improvements	<ul> <li>☑ People</li> <li>☑ Patient         Experience</li> <li>☑ Quality</li> <li>☑ Financial         Performance</li> <li>☑ Operations</li> </ul>
		north has a monthly "Star" award. Katherine shared how PT			



Board Management on your units	Jud shared that discussions at previous shared governance council meetings today occurred regarding communication board Management on every unit:  • Recognition Boards • Magnet Boards • Strategic Boards with Pillars The recognition board was an idea sparked by the RRR council. Like to have family participation and that would mean the boards are on the unit for all to see.	With a concern for space, Helen suggested the existing pillar board be split in half (half pillars with strategic goals, half Magnet communication). Some members said pillar boards have not been updated. Discussed need for clarification between hospital and nursing strategic plan.	Each unit should have a recognition board. Members to check out the recognition board in MCH for inspiration. Planning is needed for the Magnet and Strategic pillar boards.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural</li> <li>Empowerment</li> <li>☑ Exemplary</li> <li>Professional Practice</li> <li>☑ New Knowledge,</li> <li>Innovations and</li> <li>Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient         Experience</li> <li>☑ Quality</li> <li>☑ Financial         Performance</li> <li>☑ Operations</li> </ul>
Telesitter Program	Helen shared a presentation regarding the Telesitter program at Phelps. There was a concern with the increased fall rate. At Northern Westchester, the Telesitter program reduced their falls by 30%. Helen appreciated the clinical nurse involvement with visiting Northern and participating in the planning.		Please reference presentation at end of meeting minutes The program went live last week and we are happy to report that the patients are listening to the trained technicians.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>✓ People</li> <li>✓ Patient         <ul> <li>Experience</li> </ul> </li> <li>✓ Quality</li> <li>✓ Financial         <ul> <li>Performance</li> </ul> </li> <li>✓ Operations</li> </ul>
Nursing Website Updates by Kathy Calabro	Kathy reviewed updates to the Nursing Website: - Journal Club - Awards - Events - Hot Topics		Please remember to reference the website and check out the articles in the journal club.  Kathy to put the Nursing News in August Hot Topics on 8/22/19.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural</li> <li>Empowerment</li> <li>☑ Exemplary</li> <li>Professional Practice</li> <li>☑ New Knowledge,</li> <li>Innovations and</li> <li>Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient Experience</li> <li>☑ Quality</li> <li>☑ Financial Performance</li> <li>☑ Operations</li> </ul>



Joint Commission Update	Helen reiterated that we are in the window and the Joint Commission could walk in any day.  Due date = October 21 but they are running early.		Please read the yellow booklet that was distributed.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient         <ul> <li>Experience</li> </ul> </li> <li>☑ Quality</li> <li>☑ Financial</li> </ul>
				<ul><li>☑ New Knowledge,</li><li>Innovations and</li><li>Improvements</li></ul>	Performance      Operations
Suggestions for the CNO Council	Judy asked the council members if they felt having an invited guest each month would be good.	Doreen shared she thought that it was more important for the staff to have the	If you have agenda items for the CNO Council, please send to Kathy Calabro via email <a href="mailto:kcalabro@northwell.edu">kcalabro@northwell.edu</a>	<ul><li>☑ Transformational</li><li>Leadership</li><li>☑ Structural</li></ul>	<ul><li>☑ People</li><li>☑ Patient</li></ul>
		time with Mary McDermott.		Empowerment  Exemplary Professional Practice  New Knowledge, Innovations and Improvements	Experience  Quality  Financial Performance  Operations
Open discussion	Helen asked for feedback on the "I pass the baton"	Clinical nurses shared that overall the process is getting better but there are still some areas of opportunity: - EKG but don't get a copy - Labs - need to specify what was sent and what was completed Incomplete, missing data	Helen to research  Lab orders have to come from the Physician.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient         Experience</li> <li>☑ Quality</li> <li>☑ Financial         Performance</li> <li>☑ Operations</li> </ul>



	Phil Dinkler, AAS, RN, in ED shared the concern with bed management/flow. He said the ED does not see the info tracked by the Nursing supervisors. Phil described a situation where they sent a patient to the room however the room was not ready. Possibly the comment sections is being completed before the bed is appropriately being assigned? Jaqueline shared her concern with patients being discharged from the ED and then coming back shortly thereafter. This seems like it is happing more frequently. Katherine agreed with a personal experience	Helen to research.	<ul> <li>☑ Transformational Leadership</li> <li>☑ Structural</li> <li>Empowerment</li> <li>☑ Exemplary</li> <li>Professional Practice</li> <li>☑ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>☑ People</li> <li>☑ Patient         Experience</li> <li>☑ Quality</li> <li>☑ Financial         Performance</li> <li>☑ Operations</li> </ul>
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#### Nursing Leadership Council Meeting

**Phelps Hospital Project** 





## Background

- Concerns regarding fall rate.
- Nurse technicians being utilized for enhanced supervision rather than taking a full patient assignment. This impacted hourly purposeful rounding.
- High cost using agency staff.



## Many Thanks!

- Lauraine Szekely, DNP, MBA, BSN, RN, SVP, PCS, CNO
- Susana Dealmeida, Director Patient Care Services
- NWH Staff
  - A site visit was scheduled on July 1<sup>st</sup>, 2019.
  - NWH Policies/Workflows were shared with the Phelps Team.

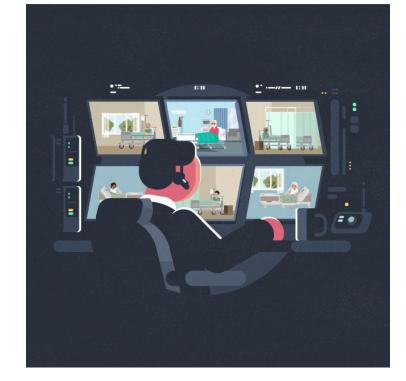




## Telesitter Program

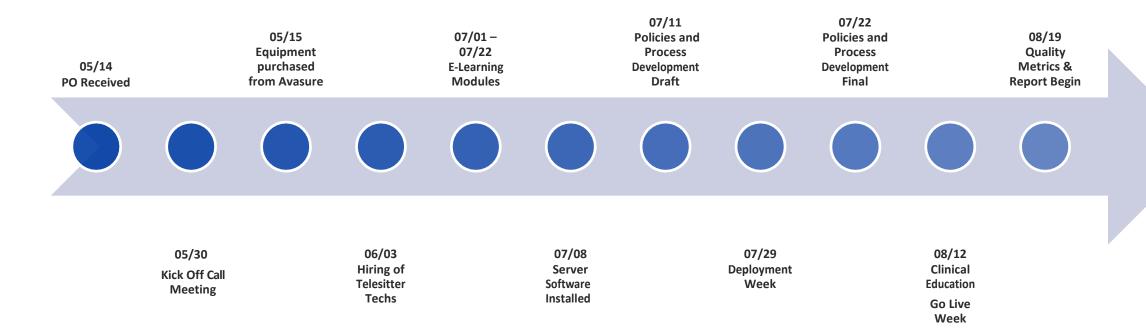
 Improve patient safety, contain costs related to sitter usage, and to decrease the fall with injury rate, by implementing a Telesitter program (patient monitoring technology)

(patient monitoring technology).





# Implementation Timeline (14 – 16 Weeks)



- Week 1 Statement of Work/ PO secured and Timeline developed
- Week 2 16 As of 06/04 recurring project calls were conducted with both the Clinical and Technical teams to provide



project updates, provide additional resources, and to answer questions. <u>Clinical and Technical Action Plan</u> includes the development of *Policies & Process, Patient Education, Internal Awareness, Training and GOLive.* 



#### Measures of Success

- Fall rate
- Fall with injury rate
- Patient Family Satisfaction
- Reported near misses
- Overtime expense reduction \( \blacksquare
- Agency usage (sitter pool)



