


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	9/18/2019				
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 previous minutes from 8/21/19	<p>July minutes still a work in progress.</p> <p>Mary thanked Helen for running the August meeting while Mary was on vacation.</p> 		August meeting minutes reviewed during meeting - no changes noted.	<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
RN Satisfaction Opportunities - RN to RN Interaction	<p>From the August meeting minutes -</p> <p>“Maybe we could discuss with Mary for nurse’s week a team award. Katherine shared how PT is so awesome and it would be wonderful to recognize them. Doreen shared October is Physical Therapy Month - maybe a breakfast for them?”</p>		Did not discuss at today’s meeting. Kathy will send Mary an email since October is right around the corner.	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

<p>Telesitter program presented by Helen Renck, MSN, RN, CJCP, JCC</p>	<p>We started the Telesitter program on 8/15/19 and already seeing great results. The Telesitter program was the “Fund a Cause” from the 2018 Ball.</p> <ul style="list-style-type: none"> - Over 250 STAT Alerts since we implemented. <p>The Telesitter program will help in reducing patient falls as well as reduce floating the techs.</p> <p>Helen also shared more great news - In mid-October, an experienced nighttime phlebotomist will start. The shift will be 12-8 and will help with the nighttime and mornings.</p>		<p>Share Telesitter data with the CNO council members at the October meeting.</p>	<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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>Enhancements to Staffing presented by Mary</p>	<p>Mary shared the other initiatives that have been approved to improve staffing:</p> <ul style="list-style-type: none"> - Float pool of Techs (5) who will receive CPI Training - Float pool of HUCs (5) - Additional RNs hired for 2 Center - September hired 13 new RNs -(10 FT, 1 PT, 2 PD) - 5 new grads started the residency program - the new and improved program has an EBP focus which will allow for a smoother transition to the unit and organization. - OR Residency/fellowship programs is enhanced with using the Zoom technology to connect with Northwell Educational Activities. 	<p>Candice Johnson, BSN, RN, Clinical nurse on 5 North thought all these additions were great and what would really be helpful would be an RN Float pool.</p> <p>Mary replied that they are working on it and is advocating for the additional FTEs.</p> <p>Helen added that she knows how difficult it is for the units when an RN is floated and the float pool would reduce floating.</p>		<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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>“I pass the baton” follow up from the council members</p>	<p>Alice Mulligan, BSN, RN from ICU thought I pass the baton was going well. Having the patients with all the drips and other important info is really helpful.</p> <p>Candice and Tahler Cambriello, AAS, RN, Clinical nurse on 5 North felt the information is not a detailed as needed. They also shared sometimes inaccurate. Tahler misses that 1-1 communication and is afraid not getting the full picture. They have had patients:</p> <ul style="list-style-type: none"> - come up before seeing a doctor. - With STAT blood transfusions and meds never given. - they have had to admit when shouldn't have. - come to the unit before the 15 minute time frame. <p>Candice added that things are slowly starting to get better.</p>	<p>Kathy mentioned in June we had wondered if IT could help us with accurately exporting the critical info from the ED record.</p> <p>Helen handed out a proposed I Pass the Baton flow sheet - see page 8 - the council members questioned the blackout time period and requested 6:50 - 7:20 as opposed to 7:00-7:30</p>	<p>Mary and Helen to bring the concerns to the patient flow meeting as well as a scheduled as the 60 Min rule meeting held on Fridays.</p> <p>Kathy sent Maureen Lopez and email on 9/19 inquiring if IT could help and inviting Maureen to the October 15th meeting.</p> <p>Helen to bring the suggested blackout time to the flow committee meeting.</p> <p>If you find yourself in a bind with supervisors insisting on receiving a patient you feel is putting you and the patient in an unsafe situation, let your manager know and Helen.</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 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>
<p>Clinical Nurse Involvement Requested.</p>	<p>Candice shared her feeling about the move from 5 North to 2 North and felt that the clinical nurses should have been involved in the planning of the move. If clinical nurses were involved there would have been less stress and the units more prepared. When they moved to 2 North supplies were not there and staffing was an issue. Also would have liked to have had input regarding the timing of the move.</p> <p>Tahler was on 2 north and it was a learning curve with the med cart vs the Pyxis. The staffing on 2 North was unsafe with a new grad nurse alone with 10 patients and then that was addressed.</p>	<p>Mary and Helen both responded with we hear you and know it has been disruptive. Move was planned but then staffing did not suffice. Then when the decision was made to move it was rushed.</p> <p>Jaclyn Wylie, BSN, RN, Clinical nurse on 2 Center shared 2 Center has had staffing challenges and recently hired 5 new nurses. She recently worked last Sunday and the extra nurse made all the difference.</p>	<p>Sick calls are crippling. If you call out on a weekend, our policy is that you will have to make up a weekend. This policy is not for punishment but for safe staffing.</p> <p>Mary shared that every needs to be prepared for more moves in next few months. L&D needs to move to third floor in order to bring the operating rooms up to specs. Will include clinical nurses.</p> <ul style="list-style-type: none"> - Helen looking into moving bed to storage. - Need to fix the rooms on 5 North with heating issues. 	<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 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>

Frustration with Press Ganey Scores	<p>Tahler shared how when she sees the press ganey scores that it is really disheartening. The scores don't reflect the comments.</p> <p>Tahler suggested that upon admission that we ask for the family liaison. We then could speak with that person during the patients stay and maybe build that relationship.</p> <p>Is it possible to schedule a family brief with the doctor?</p> <p>Barbara does a great job in recognizing the nurses.</p> <p>Alice shared how some area hotels offer discounts to family members. - Good to know.</p>	<p>Judy Dillworth, PhD, RN, CCRN-K, NEA- BC, FCCM shared how the Cancer Center has a Patient/Family Advisory Council - chaired by the patient. Maybe ICU and/or the med surg units would consider something like this?</p> <p>Mary stated how the comments are reviewed every Wednesday at the Care Leaders meeting. 5 north and the nurses are often mentioned!</p>	<p>Share discussion with Phyllis and ask for her help...</p> <p>When you are given a my recognition - maybe post that on your recognition boards.</p>	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
Open Discussion	Are techs going to transfer to 12 hour shift?	Mary responded no. We would have to budget for more FTEs. We want to keep the 7.5 hour days. If you had a sick call on a 12 hours shift it would be very difficult to function.		<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations
Open Discussion - Floating - Acuity - Continuity of Care	<p>Alice shared how when the one tech is pulled from the ICU it is frustrating.</p> <p>Alice stated that when looking at staffing we should not just look at census but should include acuity.</p> <p>Jaclyn shared how her unit is challenging. You are assigned based on location and acuity not really taken into account. Currently the more seasoned nurses have the ortho patients and the newer nurses have the rehab patients. There is an element of</p>	<p>Mary understands and hopes that the float pool and the Telesitter program will reduce the amount of times we need to float out a tech.</p> <p>Judy shared that we should always be focused on what is best for the patient.</p>	Candice would like to work with Alice to research evidence based acuity level tools to adopt here at Phelps.	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

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	<p>orientation to the unit that is then missing. Night shift have a different process to assign patients. When handling off to the night shift usually give report to 3 nurses.</p> <p>Jaclyn shared that since she has participated on the shared governance councils that she has such a better idea of what is going on. She feels like her voice matters and feels informed.</p> <p>Candice concurred by sharing that since she had become more involved, she feels the same way...</p> <p><i>“We are made for this!”</i></p> <p>Tahler shared how she would like to keep her patients whenever possible to increase the continuity of care. When the patients see her and she is no longer their assigned nurse she feels terrible.</p>	<p>Kathy was so impressed how expressive Jaclyn was with sharing how getting involved has made a difference for her. Her enthusiasm is contagious!</p> <p>Mary suggested to Tahler since she is on the 2 North to trial keeping her patients whenever feasible.</p>	<p>Jaclyn should share her new found positive feelings at her unit shared governance council meeting.</p> <p>The more people are involved the better!</p>		
<p>RN Satisfaction Opportunities - Nursing Leadership</p>	<p>Kathy shared the 2019 NDNQI RN Survey results for questions related to nursing leadership. While we improved from 2018 - 2019, we are still below the benchmark (All Hospitals Mean) in some of the sub-scales.</p> <p>We reviewed the Nursing Participation in Hospital Affairs along with the sub questions.</p> <p>Mary wanted to elicit creative, out-of-the-box strategies from the clinical nurses how we can improve RN perception for the : CNO, Directors and Managers . Mary knew our CNO Council Members were the right people to ask!</p> <p>We were able to focus on CNO and Directors and will move managers to next month's agenda. - See below</p>		<p>Add brainstorming of the NDNQI RN Survey with the Supervisor/Manager focus to the October CNO Council Agenda.</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 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>

<p>NDNQI RN Survey Specific question:</p> <p>A chief nursing officer who is highly visible and accessible to staff</p>	<p>Mary shared that she met with her directors this week and received great ideas. One idea that Mary shared to improve visibility is to tour the units. Mary meets with her directors every week. Mary will use that meeting time 1 week out of the month and walk through the units with the director.</p> <p>Mary then asked council members for their ideas and strategies to improve her visibility and accessibility.</p>	<p>Shadow Mary for the Day - maybe there are nurses who are looking to take the leadership path and what a wonderful opportunity to see what a day in the life of Mary would be.</p> <p>Use the “Get to Know Me Clouds” so nurses know more about Mary than just that she is the CNO.</p> <p>Margaritas Coffee with the CNO - “Mornings with Mary” ☺</p> <p>Have nurses interview Mary-Win/Win - Empower the nurses to think while getting to know the CNO.</p> <p>Info Card for Dan, Mary and Helen</p>	<p>Mary to work with Rosendy to make these strategies happen.</p> <p>If you are unable to attend the CNO Council, please try to find a unit representative to attend the meeting.</p>		
<p>NDNQI RN Survey Specific question:</p> <p>A chief nursing officer equal in power and authority to other top-level hospital executives</p>	<p>Mary asked council members what that means to them.</p>	<p>Council members all agreed we don’t really know what that question means...</p> <p>Mary shared how she fits on the Table of Organization and how she is on the same level with S.V.P. & Medical Director - Tobe Banc, MD</p> <p>Mary also shared how she reports to the board, ...</p> <p>Council members were not aware of the reporting structure.</p>	<p>Kathy to post the Table of Organization on the Nursing Webpage</p> <p>Add to the nursing news:</p> <ul style="list-style-type: none"> - table of organization - nursing table of organization - Mary’s reporting structure <p>The above strategies should improve the RNs understanding of Mary’s role.</p>		

<p>NDNQI RN Survey Specific question:</p> <p>Nursing administrators consult with staff on daily problems and procedures</p>	<p>Nursing administrators =Nursing Directors as outlined prior to the survey</p> <p>Candice asked - what time is the daily brief</p> <p>- Mary responded 8:45 every morning and clinical nurses are welcome.</p>	<p>Candice thought that if clinical nurse reported at the brief instead of or in addition to the nurse manager there would be many positive outcomes for the clinical nurse:</p> <ul style="list-style-type: none"> - give the them the opportunity to be more involved - feel empowered - hear what is going on hospital wide -give them the opportunity to work directly with the directors 	<p>We did not assign an action item on how to make this happen. Maybe could discuss with manager and at unit shared governance council.</p>		
<p>Nursing Website Updates by Kathy Calabro</p>	<p>Nursing Website Update</p> <p>New features coming down the pike:</p> <ul style="list-style-type: none"> - Password - added for security purposes PW - magnet2020 - Sprouts - Phelps 360° <p>Reviewed:</p> <ul style="list-style-type: none"> - NK <ul style="list-style-type: none"> • EBP Info - PPD <ul style="list-style-type: none"> • Career Ladder - Q&S <ul style="list-style-type: none"> • Clinical Indicators /Dashboard - Events - Journal Club <ul style="list-style-type: none"> • Co-Chair interest? 		<p>Reminder - you can access the website from home as well as your mobile devise. Just need to enter password - magnet2020 (lower case)</p> <p>Address: https://1065226.site123.me/</p> <p>Please remember to reference the website. If possible, pull up at your unit level shared governance meeting.</p> <p>If anyone is interested in co-chairing the Journal Club please let Kathy know.</p> <p>If you travel anywhere and have a Phelps logo somewhere - please send picture with brief descriptions for the new Phelps 360°</p>	<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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

