


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	10/16/2019				
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 9/18/2019	<p>September minutes reviewed</p> <p>Welcomed new attendees:</p> <ul style="list-style-type: none"><li>Pat Bonanno, BSN, RN, CEN clinical nurse from the ED</li><li>Jade Santiago, BSN, RN clinical nurse from 5 North</li></ul> <p>Mary and Helen Renck, MSN, RN, CJCP, JCC both mentioned that they recently saw Pat’s name mentioned at the Care Leaders Meeting.</p> <p>All positive comments are shared at the weekly Wednesday meeting and managers are encouraged to use the recognition points to highlight the positive comments from the patients.</p> <p>All negative comments are also reviewed and we try to get in touch with the patients to better understand their concerns. We do make changes as part of our service recovery efforts.</p>	<p>Pat thanked Mary and Helen for the recognition and shared that Alayna Davis, BSN, RN, PCCN manager of the ED usually highlights that as well in the ED weekly brief.</p>	<p>Kathy incorporated Mary’s corrections to the meeting minutes.</p> <p><i>Kudos to our council members who are often mentioned at the Care Leaders meetings!</i></p> <p><i>Congratulations to Jacqueline Pisano BSN, RN, CGRN for advancing to an RNIV</i></p>  <p>Kathy to post the ED Nurses Week video on the nursing website when the website back in action. Congratulations to Jessica Facenda, BSN, RN and all those involved with the video production.</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 checked="" 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>RN Satisfaction Opportunities - RN to RN Interaction</p>	<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>	<p>Council members shared that they appreciated the email Mary sent out after the Joint Commission Survey.</p> <p>Judy Dillworth, PhD, RN, CCRN-K, NEA- BC, FCCM shared that the week of Nov. 10 is NP week.</p> <p>Members asked if the RRR Council would plan nurse’s week next year and Mary replied that she hoped so.</p>	<p>Due to the short notice, Mary was unable to email and/or plan a breakfast to celebrate PT and NPs and thank them on behalf of clinical nurses.</p> <p>Too short notice for a banner(s) but maybe this is something the RRR Council will plan for in 2020.</p> <p>Kathy to google hospital events and create a calendar to share with the RRR council.</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>ANCC National Magnet Conference</p> 	<p>Mary shared at the 2018 Magnet Conference they met the parents who started the DAISY Award. Their son J. Patrick Barns died at 33 and the family was so impressed with the nursing care that they started the DAISY Foundation in his memory.</p> <p>The family was recognized at the 2019 Magnet Conference to celebrate the 20 year anniversary. Mary was happy that they got to meet the family again and posed for a picture.</p> 	<p>The request to bring the DAISY award here at Phelps came from the Shared Governance Councils.</p> <p>We have adopted the DAISY Program and will officially kick-off in 2020. Each quarter one winner will be selected and all nominees will receive a DAISY pin.</p>	<p>Kathleen Scherf, BSN, MPA, RN, NEA-BC Director of Surgical Services recommended we plant daisies on the hill.</p> <p>Kathy suggested we take pictures of our DAISY winners and nominees in front of the daisies.</p> <p>Mary suggested we give them daisies from our garden.</p> <p>We shared the Magnet Conference video which features the infamous Candice Johnson, BSN, RN from 5 North. Here’s the link if you would like to share on your units.</p> <p><a href="https://magnetcon.org">https://magnetcon.org</a> (Highlight video).</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>

Speaking of 2020...	Mary reviewed all the new positions and created this year to help with staffing. In 2020 we will develop a RN Float Pool.	Kathy asked if Phelps ever considered a dedicated discharge nurse. Mary said that that role has never been requested but maybe something to think about.	Kathy will do some research regarding the pros and cons have a discharge nurse. Would that dedicated role improve our press ganey scores? Would it help with reducing re-admissions?	<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
	Katherine Urgiles, BSN, RN-BC clinical nurse on 3 North shared her concern with the coordinator role going away, not sure if the discharge follow-up phone calls are happening.	Mary shared that Mather Hospital has very high press ganey scores and they use an outside company to do their calls. We are currently looking into two companys that provide that service. Cypher Health is one of them.			
“I pass the baton” follow up from the council members	Because of the Joint Commission Survey, the action items assigned to Mary and Helen were moved out.	<p><b>New this month:</b></p> <p>Pat voiced her concerns representing the ED. Pat feels the 60 min rule in not working. Mary and Helen both shared it is a 60 minute goal, not a rule - Patient safety does come first.</p> <p>Helen shared how last Friday there were challenges in the ED. The ED nurse escalated to the supervisor and together they were able to safely get the patient up to the floor.</p> <p>The nursing office is adopting a white board which will facilitate pt. assignment staffing</p>	<p><b>Carried over from September:</b></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 15<sup>th</sup> 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>	<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

Clinical Nurse Involvement Requested.	<p>Based on last month's feedback, Mary wanted to share the tentative schedule and the need for the units to move again in order to comply with the needs of the OR and Labor and Delivery.</p> <p>5 North which is now split on 2 North and 5 North will go back to 5 North. 3 North will go back down to 2 North. L&amp;D will go to 3 North</p> <p>OR changes to start on 10/24</p>	<p>Council members shared that they completely understand and just appreciated being in the know.</p> <p>Security will be stationed on 3 North.</p>	<p>Mary asked that council members spread the word so there are less surprises on the unit.</p> <p>Maybe forwarding the email from Jeff Meade would be helpful?</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
Patient/Family Involvement	<p>Bill Reifer runs a Patient Family Advisory Council that he report back to senior management.</p> <p>The Cancer Institute has a Patient Advisory Council as well that is run by the Patients.</p>		<p>Mary to see if there are meeting minutes from Bill's meeting.</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
Board Management	<p>Judy networked during the Magnet Conference and one of her past colleagues uses a Gemba Board. The manager is assigned to update the board weekly.</p> <p>Kathy shared that she went to several unit and based on the constraints, there is not a one size fits all solution for the units. Some have Pillar boards, some do not. The units are working on creating Magnet boards and Recognition Boards.</p>	<p>Kathy goggled Gemba Board to better understand.</p> <p>A <b>Gemba board</b> is one type of tool that is used when attempting to keep track of the current status of the workplace. It is a visual management tool that helps you to be able to see the status of a variety of different types of tasks at a glance</p>	<p>The ED is going to order a shadow box (since space is an issue, removing a picture and replacing with a shadow box. Like that it is in a glass enclosure for safety and appearance. Need to figure out details of who updates/when. Candace liked the shadow box idea as well and may research for 5 North</p> <p>Jacqueline Pisano BSN, RN, CGRN clinical nurse from ENDO showed a shadow box that could be used where write the person's name on heard that you want to recognize.</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 checked="" type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations



<p>Infusion Center updated presented by Steven Giammattei</p>	<p>Steve shared that the Infusion Center has filled new positions:</p> <ul style="list-style-type: none"> <li>✓ Nurse Navigator - Jane Hearty works well with patients and nurses</li> <li>✓ Nurse Educator - Neethu Gopinadh a "Gem" of a nurse.</li> <li>✓ NP - Lindsey</li> </ul> <p>Continue to work on patient flow.</p> <p>Nurses are piloting a 10 hour shift. In 2020 plan to be open on Saturdays.</p> <p>Hoping to get an additional Pharmacist.</p>				
<p>Joint Commission Survey Results presented by Helen Renck, MSN, RN, CJCP, JCC</p>	<p>Mary thanked everyone for a successful Joint Commission Survey. Mary shared that one of the surveyors asked to have a luncheon with clinical staff. Mary had never heard of this but as it turned out it went very well and on the last day the surveyor stated how impressed she was with the nurses.</p> <p>Helen shared that the surveyors were impressed with our culture. Dan did a great job with a presentation to kick off the survey which gave the surveyors a great sense of what we do here at Phelps. When the surveyors came to the floor we did not scatter to a room but instead welcomed them to the unit. The surveyors could tell we are proud of what we do!</p> <p>The surveyors went through 30 charts and found nothing missing!</p> <p>On the last day, Northwell executives came to show their support. When asked why Northwell chose Phelps the reply was Phelps chose Northwell.</p>	<p>Candice asked if people knew there are joint commission meetings. Helen said anyone is welcome to join.</p>	<p>Helen shared the following Joint Commission Presentation in order to better understand the new scoring and their findings. Fortunately there were no immediate threats to life. If the surveyor saw it once (and even if we were able to correct on the spot), you still get sited. If you translated the score to a numeric value, our score = <b>98.8!</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Transformational Leadership</li> <li><input checked="" type="checkbox"/> Structural Empowerment</li> <li><input checked="" type="checkbox"/> Exemplary Professional Practice</li> <li><input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> People</li> <li><input checked="" type="checkbox"/> Patient Experience</li> <li><input checked="" type="checkbox"/> Quality</li> <li><input checked="" type="checkbox"/> Financial Performance</li> <li><input checked="" type="checkbox"/> Operations</li> </ul>

Telesitter Program presented by Helen Renck, MSN, RN, CJCP, JCC	<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> <p>- Over 250 STAT Alerts since we implemented.</p> <p>The Telesitter program will help in reducing patient falls as well as reduce floating the techs.</p> <p>Mary asked if the staff feel like there is more help on the unit with the new Telesitter Program?</p>	<p>Candice does like the program and feels the program is helping. They don’t feel so much that the staffing has improved yet but they feel the techs actually build a relationship with the patient are able to be proactive with handling a potential fall.</p> <p>5 North had 1 fall in September.</p>	Helen shared the following presentation regarding the Telesitter Program	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Transformational Leadership</li> <li><input checked="" type="checkbox"/> Structural Empowerment</li> <li><input checked="" type="checkbox"/> Exemplary Professional Practice</li> <li><input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> People</li> <li><input checked="" type="checkbox"/> Patient Experience</li> <li><input checked="" type="checkbox"/> Quality</li> <li><input checked="" type="checkbox"/> Financial Performance</li> <li><input checked="" type="checkbox"/> Operations</li> </ul>
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Reminder - Kathy to append both presentations with the meeting minutes once the minutes are approved.

# 2019 Joint Commission Survey Results

Helen Renck MSN, RN  
10/14/2019  
Quality Assurance Committee



**Phelps Hospital**  
Northwell Health<sup>SM</sup>

# TJC 2019 Survey - 9/24-9/27

- Four day triennial unannounced Survey with 5 surveyors focused on Quality and Patient Safety
- We were surveyed for compliance with the Hospital, Behavioral Health, OASAS and OMH standards
- Total of 18 Surveyor days/ 20 days in 2016
- 37 total recommendations for improvement/18 total recommendations in 2016
- 20 citations were corrected on site
- All standard level findings- no conditional findings



# New Scoring System

The Joint Commission

**SAFER™ Matrix**

Program: Hospital

**Likelihood to harm a Patient / Visitor / Staff**

Likelihood to harm a Patient / Visitor / Staff	ITL			
	High	EC.02.05.01 EP 15 IC.02.02.01 EP 2 MM.06.01.01 EP 3 NPSG.15.01.01 EP 1 PC.02.01.19 EP 1		
	Moderate	EC.02.02.01 EP 12 EC.02.04.03 EP 1 EC.02.04.03 EP 3 EC.02.05.01 EP 19 EC.02.05.01 EP 24 EC.02.05.05 EP 6 LS.02.01.10 EP 6 LS.02.01.10 EP 11 LS.02.01.10 EP 14 LS.02.01.20 EP 40 LS.02.01.35 EP 14 PC.01.02.03 EP 5	EC.02.01.01 EP 1 EC.02.02.01 EP 5	
	Low	EC.02.05.01 EP 9 EC.02.05.01 EP 16 EC.02.05.09 EP 11 HR.01.01.01 EP 1 HR.01.06.01 EP 3 IC.02.02.01 EP 4 LD.04.01.01 EP 2 LS.01.01.01 EP 3 LS.02.01.10 EP 1 LS.02.01.35 EP 5 NPSG.03.04.01 EP 1 PC.01.03.01 EP 23	EC.02.05.07 EP 9 PC.01.03.01 EP 1 PC.01.03.01 EP 5	
		Limited	Pattern	Widespread

# New Scoring System

The Joint Commission

**SAFER™ Matrix**

Program: Behavioral Health

Likelihood to harm a Patient / Visitor / Staff	ITL			
	High			
	Moderate			
	Low	CTS.03.01.03EP 1		CTS.02.01.11EP 1 CTS.03.01.09EP 1
		Limited	Pattern	Widespread
		Scope		

# Findings

Standard	Safer Matrix	Observation	Corrective Action
EC.02.05.01 EP16	High Limited	1 in 12 critical pressure relationships in the OR was negative pressure rather than positive pressure	Corrected during survey Risk Assessment Continuous audit to monitor compliance
IC.02.02.01 EP2	High Limited	A bottle of test strips used for quality testing did not have the opening date documented Inner peel pack of a sterilized instrument was folded over	Corrected during survey Risk Assessment Continuous audit to monitor compliance
MM06.01.01 EP3	High Limited	An ICU patient's level of sedation did not match the MD order.	Order set changed to include specific titration and an attestation that it matches the order Risk Assessment Continuous audit to monitor compliance

# Findings

Standard	Safer Matrix	Observation	Corrective Action
NPSG 15 EP1	High Limited	On Psych unit there was an alcove out of view of the Nursing station with a dropped ceiling and a closet with hinges, and drain covers in the shower that were not ligature resistant.	Risk Assessment Corrective actions being implemented Continuous audit to monitor compliance
PC 02.01.19 EP1	High Limited	In Dobbs Ferry clinic, the Cardiologist performs stress testing without additional support staff if the patients condition worsened- additional help with AED, defibrillator, and medications may be needed	Risk Assessment To determine if this testing is to continue at this site- as it is low volume
EC02.01.01 EP1	Moderate pattern	Generator 3&4 were not secured from unauthorized access	Corrected during survey Continuous audit to monitor compliance

# Findings

Standard	Safer Matrix	Observation	Corrective Action
EC.02.02.01 EP5	Moderate Pattern	Generator 3&4 had sulfuric acid based batteries which created a potential for exposure and there was not a plumed eyewash station available	Interim: Education and monitoring of staff conducting the battery testing utilizing proper eye protection LT plan: Replace batteries with sealed units and install battery monitors

# Next Steps

- Action Plans due to TJC by 11/29/2019
- Leadership involvement with preventative analysis
- Monitoring of compliance for the high level citations will be reported out at PICG meeting
- Higher level findings will be surveyed on subsequent onsite surveys
- Always a potential for a CMS validation survey

Three white line-art geometric shapes are positioned in the top right corner of the slide. They consist of a small right-angled triangle, a larger right-angled triangle, and a parallelogram, all oriented with their hypotenuses or slanted sides facing towards the center of the slide.

# Questions?

# Telesitter Program

## *President's Dinner*

Kenneth Taber, Chair  
Board of Directors

Thursday, September 18<sup>th</sup>, 2019  
6:00 p.m.  
Tappan Hill Mansion



**Phelps Hospital**  
Northwell Health<sup>SM</sup>



# Background

- The 2017 acute care fall index rate for Phelps hospital was 130% greater than the Northwell Health system average fall index.
- Nurse technicians were being assigned to provide 1:1 sitting with the patient to prevent harm rather than caring for 5-6 patients.
- This reduced the ability of the techs to round hourly on their patients.
- The average number of patients requiring 1:1 was approximately 8 per shift- 24 shifts per day 180 hours. The cost impact was approximately \$1.27M annualized.

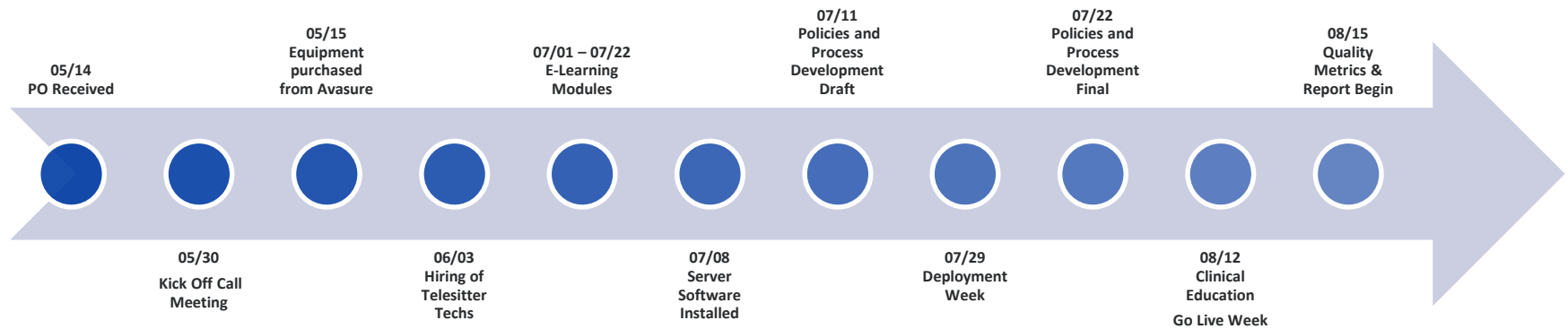
**THE 2018 FUND-A-CAUSE SUPPORTED THE PURCHASE OF THE  
TELESITTER PROGRAM**

# Telesitter Program

- Patients are remotely monitored through an audio and video camera system.
- Up to 14 patients , that meet inclusion criteria, can be monitored at one time by the telesitter monitor tech.
- The tech can speak to the patient in their preferred language-to redirect their behavior, immediately preventing harm.
- The tech can also speak directly to the patient's caregivers to attend to the patient-if the redirection is not effective.

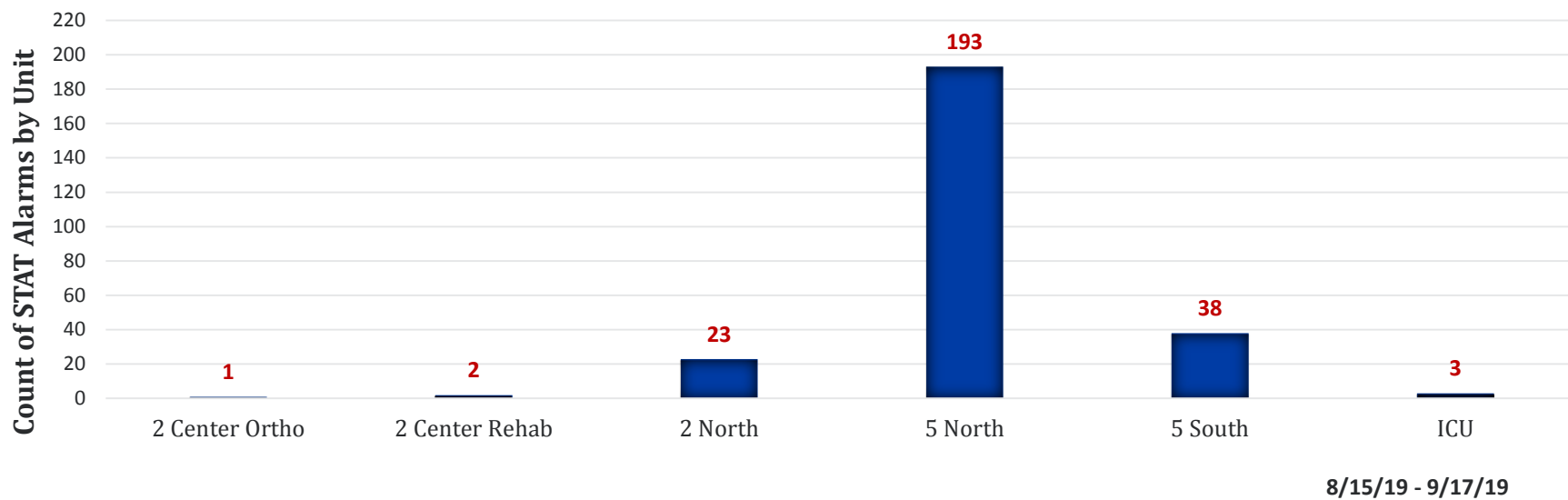


# Implementation Timeline (14 – 16 Weeks)



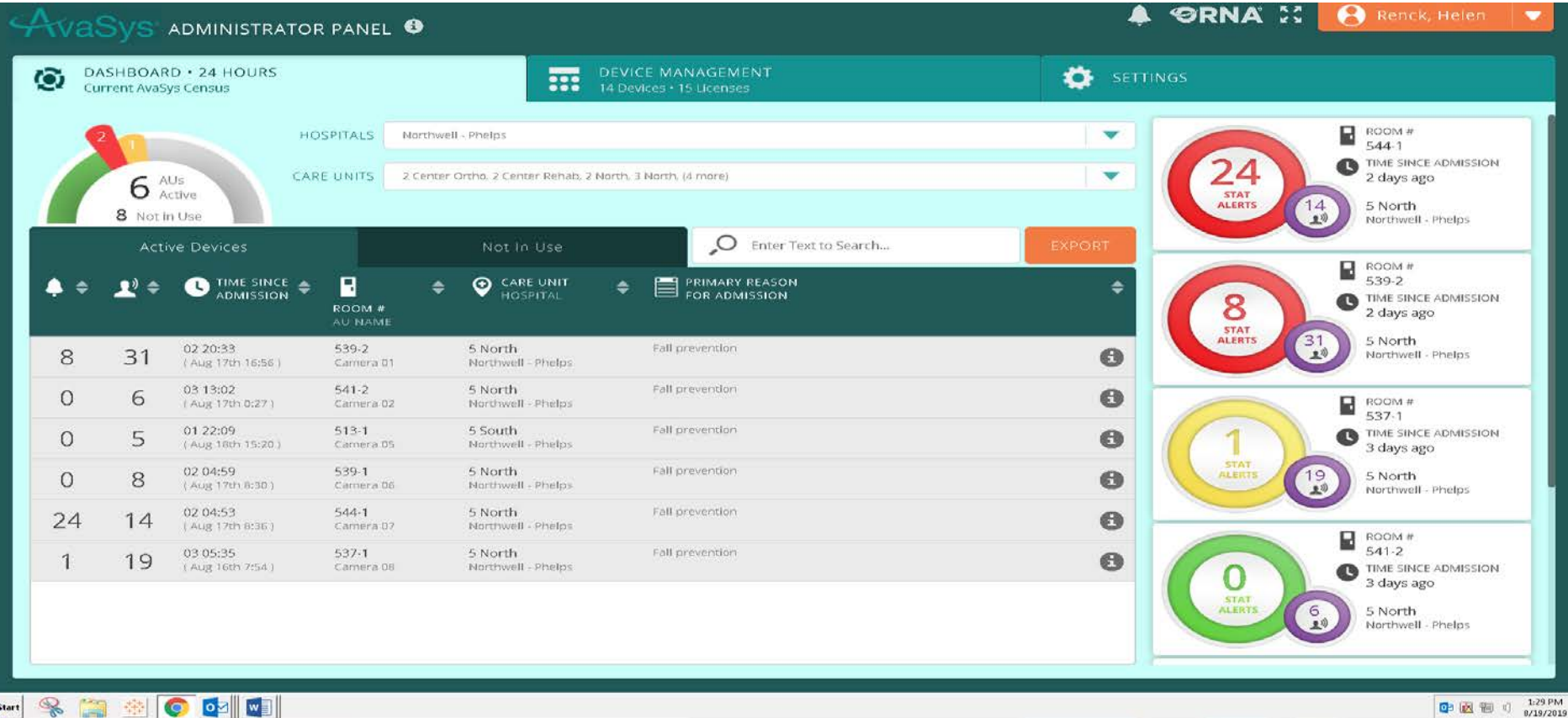
- **Week 1** – Statement of Work/ PO secured and Timeline developed.
- **Week 2 – 16** – As of 06/04 recurring project calls were conducted with both the Clinical and Technical teams to provide project updates, provide additional resources, and to answer questions. **Clinical and Technical Action Plan** includes the development of *Policies & Process, Patient Education, Internal Awareness, Training and GO Live*.

## Telesitter Program STAT Alarm Activation Intervention

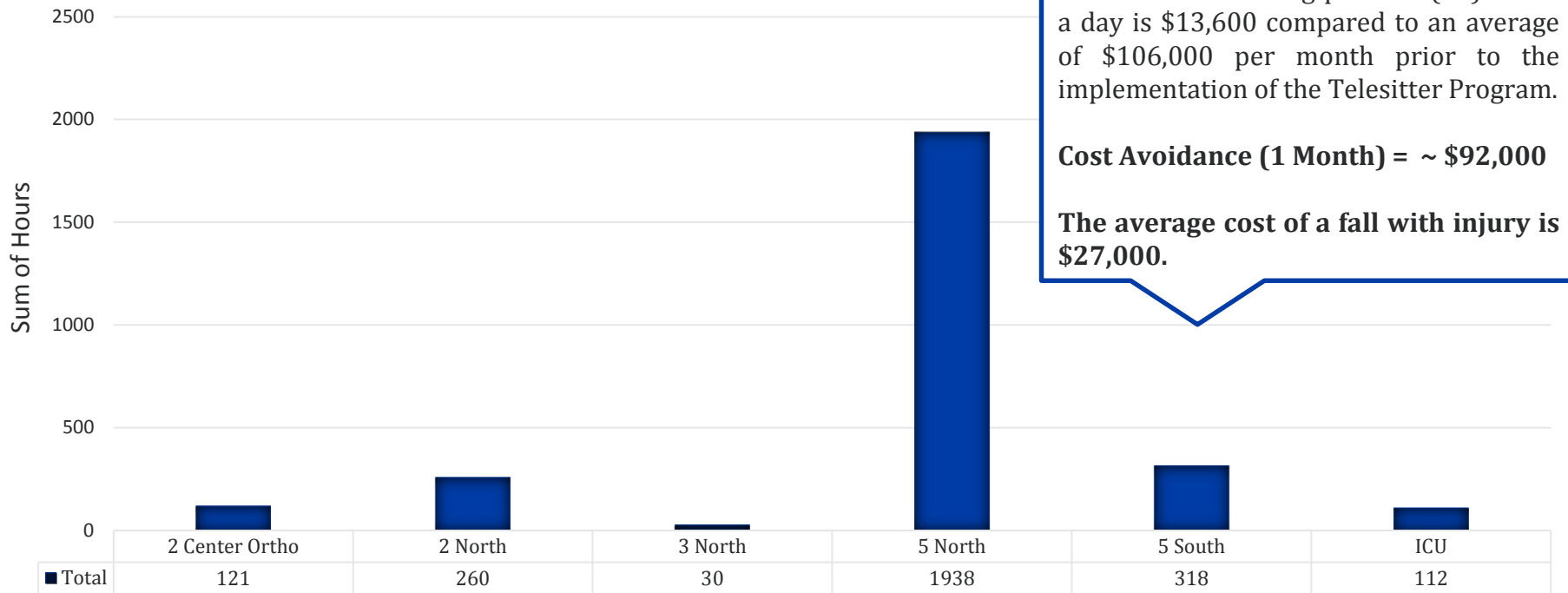


- A **stat alarm** sets off a loud siren which directs the caregivers to attend to the patient **immediately**.
- This is a depiction of the number of times the stat alarm was utilized per unit.
- From 8/15/19 to 9/17/19 there were **260** stat alarms activated which constitutes **260** near miss events where the patient could have been harmed (ie. Falling out of bed, removing invasive lines etc.)

# Real-Time Dashboard View (*Nursing Office*)



## Telesitter Program Cost Avoidance



8/15/19 - 9/17/19

# Measures of Success

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



# Questions?