

Meeting Name	Quality & Safety Council Meeting		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Atrium Conference Room				
Date	3/20/2019				
Time	1 PM – 3 PM				
Conducted By	Carol Daley, MSN, RN, CNML and Rachel Ansaldo, BSN RN				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Call to Order: A. Welcome B. Timekeeper and Recorder C. Review of February meeting minutes/ C. Daley	<ul style="list-style-type: none"><li>Meeting called to order @ 1:08pm.</li><li>Recorder: <b>Amanda Dayton, BSN, RN and Rachel Ansaldo, BSN, RN</b></li><li>February meeting minutes discussed.</li></ul>	<ul style="list-style-type: none"><li>Call-in: <b>Kim Ahlberg, BSN, RN and Dianna Pollack, BSN, RN</b></li><li>No corrections at this time.</li></ul>	<ul style="list-style-type: none"><li>Minutes approved.</li></ul>	<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 checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Nursing Website/K. Calabro  Charter/K. Calabro & J. Dillworth	<ul style="list-style-type: none"><li>Website now available on Phelps Intranet home page.</li><li>The icon is a heart.</li><li>In charter, it states that an annual report would be created and provided to all members and the Magnet Director after each year.</li><li>It was submitted for Quality &amp; Safety Council for 2018.</li><li>The report must reflect back on what we did the past year.</li></ul>	<ul style="list-style-type: none"><li>RNs like the new icon because it previously took multiple clicks to find the website.</li><li><b>Kathleen Calabro</b> will put it in Nursing News.</li><li><b>Helen Renck, MSN, RN</b> stated that it would be good to have ready to report to Maureen White.</li></ul>	<ul style="list-style-type: none"><li><b>Judy Dillworth, PhD, RN, UEA-BC, CCRN</b> stated going forward we need to highlight all our accomplishments because our councils are goal-driven and outcomes based.</li></ul>	<input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input 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

<p>Career Ladder/K. Calabro</p> <p>Journal Club/K. Calabro</p>	<ul style="list-style-type: none"> <li>• Shared governance meeting participation counts toward your RN career ladder requirements.</li> <li>• All RNs can participate in the journal club.</li> <li>• Regular members attend meetings.</li> <li>• Virtual members participate online.</li> <li>• Criteria for Journal Club are on the nursing website.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Carol Daley, MSN, RN, CNML</b> stated it would be ideal for RN night staff.</li> </ul>			
<p>NDNQI Results: 4<sup>th</sup> Quarter/K. Calabro</p>	<ul style="list-style-type: none"> <li>• Using the NDNQI national benchmark “all hospitals mean”, the majority of our units outperformed the benchmark a majority of the time for Falls with injury, HAPIs, CLABSI, and CAUTIs.</li> <li>• “Big 3” clinical indicators: <ul style="list-style-type: none"> <li>○ Patient satisfaction</li> <li>○ Clinical indicators (falls w/ injury)</li> <li>○ RN satisfaction</li> </ul> </li> <li>• “Fab 5” includes “Big 3” plus: <ul style="list-style-type: none"> <li>○ Inpatient (“Big 3”)</li> <li>○ Outpatient (clinical indicators and patient satisfaction)</li> </ul> </li> <li>• Prevalence Data vs Incidence Data: <ul style="list-style-type: none"> <li>○ <i>Prevalence Data</i>: data from one moment in time (random day)</li> <li>○ <i>Incidence Data</i>: data from every single day over time (24/7)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Judy Dillworth, PhD, RN, UEA-BC, CCRN</b> stated that we all have to look at trending data.</li> <li>• All data is compared to the benchmark.</li> </ul>	<p>These are nurse sensitive indicators which we will continue to monitor quarterly. Nurses of this council to share their unit data with the nurses of their unit councils. Congratulations to all nurses for providing excellent quality patient care.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Transformational Leadership</li> <li><input type="checkbox"/> Structural Empowerment</li> <li><input checked="" type="checkbox"/> Exemplary Professional Practice</li> <li><input type="checkbox"/> New Knowledge, Innovations and Improvements</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> People</li> <li><input type="checkbox"/> Patient Experience</li> <li><input checked="" type="checkbox"/> Quality</li> <li><input type="checkbox"/> Financial Performance</li> <li><input type="checkbox"/> Operations</li> </ul>

Quality of Evidence/J. Dillworth	<p>Tips about evidence:</p> <ul style="list-style-type: none"> <li>• Provides proof when you write.</li> <li>• Email is a good source of evidence.</li> <li>• We must improve how we package what we are already doing.</li> <li>• When submitting or presenting, you must make sure you include date, name and credentials.</li> <li>• Order of credentials: <ul style="list-style-type: none"> <li>○ Initial that is most likely to stay with you is closest to your name.</li> <li>○ Highest degree first.</li> <li>○ Ex: BSN, BA, RN</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Following some discussion, it was added that Northwell is adopting a Mentoring Program influenced by the New Grad Mentor Program that <b>Cherry Lyn-Fuentes, RN</b> presented.</li> <li>• The date is crucial for sequencing events.</li> </ul>	<p>Congratulations to Cherry</p> <p>All RNs reminded to keep “proof” or evidence of any initiative involving nurses (e.g. email trail, meeting minutes etc)</p>	<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 checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Report and Discussion of Nursing Quality Indicators	<ul style="list-style-type: none"> <li>• <b>Janice Breen, RN</b> (Manager, Renal Care) <ul style="list-style-type: none"> <li>○ 50 treatments in Feb, maintaining a high census.</li> <li>○ Weight measurement and documentations, 14/15 (pre-temp missing, RN was counseled)</li> <li>○ No CLABSI or hepatitis exposures.</li> <li>○ No cardiac or respiratory arrest, but one rapid response.</li> </ul> </li> <li>○ Joint Commission (JC): <ul style="list-style-type: none"> <li>▪ Visit at Northern Westchester</li> <li>▪ JC asked questions regarding who decides on the bath, what</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Patient came into ER with potassium of 7, pt treated in ER with dextrose, insulin and bicarb.</li> <li>• Pt came up for immediate dialysis, very lethargic and hypotensive; RN called RR, glucose was 70, repeat glucose 40; bolus of D50 given, pt recovered.</li> </ul>		<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

	<p>baths are available, what is done if a dialysis RN becomes incapacitated, and what is done with the machine if a patient has hepatitis.</p> <ul style="list-style-type: none"> <li>▪ Eye wash stations located in ER, ICU, and PACU/OR.</li> <li>▪ They must be checked and within 55ft of an area that uses caustic materials.</li> <li>▪ Problems with dialysis in double bed rooms in terms of availability of bathroom.</li> </ul> <p>• <b>Rhea Ma Teresita San Luis, RN (Vascular Access Team)</b></p> <ul style="list-style-type: none"> <li>○ Improvement since the addition of the biopatch</li> <li>○ Documenting on the IV assessment that biopatch was applied in comments</li> <li>○ Perhaps something can be added to intervention like “biopatch applied”</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Janice Breen, RN</b> educated some RNs on what to do if the dialysis RN becomes incapacitated. <ul style="list-style-type: none"> <li>○ You would shut the pump, clamp the venous line, and call Renal Care.</li> </ul> </li> <li>• <b>Janice Breen, RN</b> offered to educate RNs at Phelps.</li> <li>• <b>Helen Renck, MSN, RN</b> asked if portable eye wash stations can be used.</li> </ul> <p>• We can ask <b>Liz Casey</b> if it is possible to add the option to indicate that a biopatch was applied, as well as the curo caps, in the IV assessment intervention.</p>			
Infection Prevention Update/C. Daley reporting for A. Xelas	<ul style="list-style-type: none"> <li>• C. diff update: (#days of no onset) <ul style="list-style-type: none"> <li>○ ICU – 326 days</li> <li>○ 5 South – 156 days</li> <li>○ 5 North – 109 days</li> <li>○ 3 North – 37 days</li> <li>○ 2 Center – 216 days</li> <li>○ Xenex robots and not cohorting patients are helping</li> </ul> </li> <li>• Point of Care:</li> </ul>		Clinical nurses to share excellent results of low CDif rates on their units.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Transformational Leadership</li> <li><input type="checkbox"/> Structural Empowerment</li> <li><input type="checkbox"/> Exemplary Professional Practice</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> People</li> <li><input type="checkbox"/> Patient Experience</li> <li><input checked="" type="checkbox"/> Quality</li> <li><input type="checkbox"/> Financial Performance</li> <li><input type="checkbox"/> Operations</li> </ul>

	<ul style="list-style-type: none"> <li>○ Audits – great compliance</li> <li>○ When opening up strips for accucheck, you must date and time.</li> <li>○ Stool Occult and Gastric Occult specimen are sent to the lab for validation, not done on the unit.</li> </ul>			<input type="checkbox"/> New Knowledge, Innovations and Improvements	
Patient identification/C. Daley reporting for B. Reifer	<ul style="list-style-type: none"> <li>• All units should have a program of observation relating to proper patient identification (National Patient Safety Goal).</li> <li>• Very important to the joint commission.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Helen Renck, MSN, RN</b> stated that there was an audit tool that was sent out to all the units which was supposed to be submitted for 2018 data for pillar.</li> <li>• <b>Kathleen Calabro</b> asked if all units are doing unit PI and developing a process.</li> <li>• <b>Phyllis Vonderheide</b> stated that there was an incident with a physician and improper patient identification which turned into a HIPAA violation because results were given to the wrong patient.</li> <li>• <b>Helen Renck, MSN, RN</b> said that in Periop, a universal protocol audit tool was given to Kathleen Scherf.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Kathleen Calabro</b> will post audits on the Nursing website, under Quality &amp; Safety, so that RNs can have access to all audit tools.</li> <li>• <b>Helen Renck, MSN, RN</b> to develop the process for audits.</li> <li>• <b>Kathleen Calabro</b> to post dashboards for every unit to capture all important data and unit specific initiatives.</li> </ul>	<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 Results and Update/P. Vonderheide	<ul style="list-style-type: none"> <li>• <b>Phyllis Vonderheide</b> read a letter from a patient that was posted on the Facebook page.             <ul style="list-style-type: none"> <li>○ Patient had a procedure and noted how well she was treated during her stay.</li> </ul> </li> <li>• North Star 90 – Awards Ceremony (April)             <ul style="list-style-type: none"> <li>○ ICU and 2 Center are receiving awards</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Elana Coffey, RN</b> and <b>Nancy Pitzel, RN (ASU)</b>, <b>Dr. Degan</b> (Anesthesia), and <b>Dr. Budenz</b> were mentioned.</li> </ul>	Congratulations to the team!	<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 checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

	<ul style="list-style-type: none"> <li>• “Better Together” – now combined with Patient &amp; Family Partnership Council <ul style="list-style-type: none"> <li>◦ <b>Bill Reifer</b> and <b>Melissa Kaplan</b></li> </ul> </li> <li>• First Impression Education <ul style="list-style-type: none"> <li>◦ All security will be attending a special culture of care program to prepare for the enhanced security here at Phelps.</li> <li>◦ Enhanced security will be coming to Phelps.</li> <li>◦ New digital system in lobby and by the elevators.</li> </ul> </li> <li>• Patient Experience (PX) Assessment – secret shopper program <ul style="list-style-type: none"> <li>◦ Phelps was #1 in the system.</li> </ul> </li> <li>• Hospitality in Healthcare Internship: <ul style="list-style-type: none"> <li>◦ Our intern is working with Volunteer Service and Hospitality.</li> <li>◦ One of the projects is helping orient patients to the amenities kit.</li> </ul> </li> <li>• New Patient Bill of Rights: <ul style="list-style-type: none"> <li>◦ Already in the admissions packets.</li> <li>◦ New signage coming soon.</li> </ul> </li> <li>• Phelps is the only 4 star rating (CMS) in Westchester. <ul style="list-style-type: none"> <li>◦ However, the data is 8 months old.</li> <li>◦ Quiet is our lowest score (all system hospitals).</li> <li>◦ Quiet &amp; Healing Environment Improvement Plan was</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Ear buds are available in the amenities kit.</li> <li>• <b>Kathleen Calabro</b>, asked if there is a list of what is included in the amenities kits.</li> <li>• No list is included.</li> </ul> <ul style="list-style-type: none"> <li>◦ Causes of noise - roommate, staff, equipment, delivery of care and medications, and physical environment (i.e. TV)</li> </ul>	<ul style="list-style-type: none"> <li>◦ We need to improve on consistency when answering the phone in terms of identifying who we are and how to close the call.</li> </ul>		
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	<p>developed and will roll out in the 2<sup>nd</sup> Quarter.</p> <ul style="list-style-type: none"> <li>○ Night Council – needs assessment developed regarding quiet at night</li> <li>○ Visiting Policy – family has more access to patients</li> </ul>	<ul style="list-style-type: none"> <li>○ System is requiring action in regards to quiet.</li> <li>○ Quiet announcement at night – at 9:30pm quiet hours will start</li> </ul> <ul style="list-style-type: none"> <li>• <b>Carol Daley, MSN, RN, CNML</b> added that open visitation will open it up to young children visitors in areas like ICU.</li> <li>• <b>Phyllis Vonderheide</b> stated that only restricted area is the behavioral areas.</li> <li>• <b>Kim Ahlberg, BSN, RN</b>, asked if security will be requiring IDs for visitors at night.</li> <li>• <b>Phyllis Vonderheide</b> stated that the EZ Lobby system will be implemented, metal detectors, and limiting access to entrances at night.</li> <li>• <b>Tammy Wilson, BSN, RN</b> asked if a system can be placed at the nurse's station to create white noise to reduce noise.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Senior Leader Rounding:               <ul style="list-style-type: none"> <li>○ Team STEPPS – bedside shift report</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Kelly Kissane, RN, CNOR, MA/MS</b>, said that for an OR RN to come out to give bedside report to PACU RN takes time from their turnover time; stated that anesthesia gives report as well.</li> <li>• <b>Kelly Raush, BSN, RN, CCRN</b>, stated that crucial information regarding the patient may be missed without a bedside report, which can be a quick 1-2 minute report.</li> </ul>			

		<ul style="list-style-type: none"> <li>• <b>Kelly Kissane, MA, MS, RN, CNOR</b>, stated that perhaps telephone report can be done; the OR is under a time constraint and are being charged to decrease turnover time.</li> </ul>			
HAPI/D. Pollock	<ul style="list-style-type: none"> <li>• February data</li> <li>• 3 Pressure Injuries:               <ul style="list-style-type: none"> <li>○ 2 PIs on 5 North, 1 PI in ICU</li> <li>○ (ICU) related to ETT holder – working to re-educate the staff on other options for the holder to prevent pressure on upper lip.</li> <li>○ (5N) – Pt here for 43 days, expired at Phelps; came in with injury in that same areas, which resolved, and represented during her stage as a DTI; re-educate staff on re-evaluation of the injuries.</li> <li>○ (5N) – Pt here for 16 days, ended up going to rehab; had blisters on feet that later opened, required dialysis and blood transfusions that put him at a higher risk; need to do a thorough assessment of wounds/skin</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Carol Daley, MSN, RN, CNML</b> stated that there is a picture of the skin champions in the nursing office and the nursing supervisor is aware of which skin champion is available.</li> <li>• <b>Dianna Pollock, BSN, RN</b> is trying to track which skin champions are being utilized.</li> <li>• <b>Rachel Ansaldo, BSN, RN</b> asked how this is being monitored.</li> <li>• <b>Dianna Pollock, BSN, RN</b> does a chart audit and goes through documentation for better utilization.</li> </ul>	<ul style="list-style-type: none"> <li>○ All reports are digitized and reported to nurse manager to be available to the staff.</li> <li>○ Utilize skin champions if WOCN is not available.</li> </ul>	<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



Quality Indicators Reminder/C. Daley	<ul style="list-style-type: none"> <li>• We need representatives from all departments, we have reached out to the departments that have yet to send a member to report off.</li> <li>• If you cannot be at the meeting, you can send another representative or email data to Carol or Rachel.</li> </ul>		<ul style="list-style-type: none"> <li>• We ask for each unit to verify the Nursing Quality Indicators and email either Carol or Rachel.</li> </ul>	<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
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**Respectfully Submitted,**

**Rachel Ansaldo, BSN, RN**

**Date: April 3, 2019** \_\_\_\_\_