

Meeting Name	Quality and 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	2/20/2019				
Time	1 PM- 3PM				
Conducted By	Carol Daley, MSN, RN, CNML and Rachel Ansaldo, BSN, RN				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of January meeting minutes/ R. Ansaldo Council Charter/ C. Daley	Jan meeting minutes discussed. For attendance expectations--- decision made to indicate that members are expected to attend 60% of meetings planned annually. Excused absences would not be included—approved vacation time, ect.	No corrections at this time.	Minutes approved. Charter will be updated to reflect this. All Magnet council charters are accessible through the Nursing Website on the Phelps Intranet.	<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 checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Inpatient Falls/ C. Daley for P. Keenan	Carol reported on the Inpatient Fall data sent by Paula Keenan (Chair of Falls committee). In January: 15 Falls 0 Falls with injury. No NYPORTS		The Telesitter program is underway. We've been approved to hire 5 FTE's for the program. This will free up a good number of the Flex staff techs who are currently caring for the Enhanced Supervision patients. We are moving ahead with the Northwell Fall Risk Assessment. The new assessment has been built into Meditech and is in "Test" The Education plan is being developed. We anticipate going live with the new	<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

Clinical Alarms/ C. Daley for P. Keenan	The compliance for responses to immediate clinical alarms (ventilators, bipap machines, cardiac monitors, bed alarms) was 93.75% in December 2018. Overall in 2018 there was a few months where our compliance was below 90%.	Helen Renck made the suggestion to view the Care Connect Report (response time through Vocera calls—bed alarms)	assessment and policy by the 2 nd quarter. Our response time to immediate clinical alarms is immediate or less than 1 minute. Interventions: individualize alarm parameters to the patient. Share clinical alarm data and response expectations with clinical nurses and staff at unit staff meetings.		
January HAPI Incidences and Prevalence data/ D. Pollock, BSN, RN	In February: 1st Quarter NDNQI data: 70 patients surveyed No HAPI'S!!! January 2019: 6 HAPI's 1- 5S 2- 3N 2- 5N 1- 2C Rehab		2 patients were over the age of 100 and had hospital stays of 37 and 50 days, both transitioning to Hospice or Palliative Care and ultimately expiring. 1 patient was admitted on 4 separate occasions during January, moved to Hospice care and ultimately expired.	<input checked="" 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

Infection Prevention Report/ Alex Xelas, RN	Alex presented the components of a Hospital acquired C Diff case---a 3North patient on Feb. 11 th .		<p>The C Diff MD order set is live in Meditech. PCR will be a hard stop.</p> <p>0 CIABSI's 0 Hospital onset MRSA in the blood 3 CAUTI'S in January.</p>	<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
Renal Care Indicators/ J. Breen, RN	<p>January 2019: 58 HD treatments done.</p> <p>Chart accuracy 100%</p> <p>Safety audit completeness: 100%</p>		<p>Janice shared some of the JCAHO survey questions upon survey at another hospital recently.</p> <ol style="list-style-type: none"> How do the Renal Care nurses document? Paper form and electronic. How is the HD water checked between patients? <p>For patients with Hep B surface antigen detected—separate HD machine, case usually will be done last of the day. Renal Care nurses cannot obtain consent for HD. Need 1 consent for dialysis for hospital stay.</p>	<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
Patient Experience Report/ Phyllis Vonderheide, RN	Phyllis discussed the new open visitation policy going into effect in March.		<p>We've adopted the Northwell visitation policy.</p> <p>Plan to have an overhead announcement that reflects the beginning of "Quiet Time" at 9:30 pm. There is a team of night staff working on Noise reduction.</p>	<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 checked="" type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Unit Council Reports				<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	
ED/ Candace Huggins, RN and Pat Bonanno, RN	<p>The ED will be monitoring metrics on Door to Doc time, Door to needle time, ect.</p> <p>Primary indicators:</p> <ol style="list-style-type: none"> 1. Maintain Patient satisfaction: “Likelihood to recommend” 2. Compliance with documentation of blood cultures 3. Fluid documentation: for severe sepsis and septic shock 4. 				
PACU/ Kelly Roush, RN	The PACU will be working on and monitoring the safe management of ECT booking of patients.		The ECT policy is being revised currently.		<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
ASU/ Lynda Neary, Coordinator, RN	The ASU dept. is working on Patient Satisfaction related to Post-discharge/ follow up phone calls				
MCH/ Theresa Kilfoile, RN	Theresa presented the work the MCH unit is doing on identifying mothers at risk for Post-Partum Depression.		<p>They will be implementing and utilizing the Edenberg Depression Scale (a reliable and validated tool) with all post-partum mothers.</p> <p>A brochure has been developed and is now included in the discharge packet given to all patients.</p>		

Respectfully Submitted,

_Carol Daley, MSN, RN, CNML_____

Date: March 14, 2019_____