

Meeting Name	Quality & Safety Council Meeting				
Location	Atrium Conference Room				
Date	10/16/2019		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Time	1 PM – 3 PM		lymutes		
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: Welcome	-Meeting called to order @ 1:00pm.	-Call-in: Terry Kilfoile, BSN, RN		☐ Transformational Leadership	⊠ People
Recorder Review of October meeting minutes/ C. Daley, MSN, RN, CNML	-Recorder: Rachel Ansaldo, BSN, RN -February meeting minutes discussed.	-No corrections at this time.	-Members to review and send any changes.	☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ Patient Experience ☐ Quality ☐ Financial Performance ☐ Operations
In-patient Wound Care Update/ D. Reynolds, CWOCN September 2019 HAPIs	-Skin Champions: New cohort; nursing supervisor has list of skin champions on shift -9 HAPIs (PEG, BIPAP): respiratory therapy will be alternating bipap masks (3 choices); day and night shift will trial different style masks -last year 34 total HAPIs, year to date 33 total HAPIs	-Carol Daley, MSN, RN, CNML contributing an article in AACN regarding unavoidable pressure injuries	-education on tighten masks and acceptable leak	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ People ☐ Patient Experience ☑ Quality ☐ Financial Performance ☐ Operations



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Nurse Interruption	-data collected from the units				
Log: Review of	regarding phone calls directly to			☐ Transformational Leadership	
data, Next	nursing during medication pass time			1	
steps/Kathy	-concern for interruptions leading to			☐ Structural Empowerment	
Calabro, Data	errors			•	
Analyst	-every unit except behavioral and			☐ Exemplary Professional Practice	
	maternal child health				
	-HUCs tracked how often a phone			☐ New Knowledge, Innovations and	
	call came in where the nurse was			Improvements	
	interrupted				
	-calls classified as: ED, family,				
	pharmacy, physician, and other				
	-3N – did not affect unit as much due				
	to low volume of phone calls				
	- DATA:	-data only from phone calls to			
	\rightarrow 2C – highest calls from pharmacy,	HUCs, not direct to vocera			□ People
	family, physician; peak times 8-	The es, not direct to voccia			☐ Patient
	8:59am and 8-8:59pm				Experience
	\rightarrow 5N – highest calls from family, ED				☐ Quality
	and other; peak times 7-11:59am				-
	\rightarrow 5S – 4 times the amount of other				☐ Financial Performance
	units, highest calls from pharmacy,				□ Operations
	other, physician, and family; peak				△ Operations
	times				
	→ ICU – volume of calls not as high;	-Katherine Urgiles, BSN, RN asked			
	peak times 9-11am	if phone calls could possibly be less			
	peak times y-11am	due to presence of Intensivist on			
		unit			
	-Solutions:	unit			
	→ setting aside time for no	-Carol Daley, MSN, RN, CNML			
	interruptions reinforced by staff	suggested script for HUCs to triage			
	interruptions remitorced by starr	phone calls			
	Ashering regults to staff	phone cans	Canal Dalay MCN DN		
	→sharing results to staff		- Carol Daley, MSN, RN,		
			CNML and Cherry		
			Fuentes, MSN, RN-PC are		
			liaisons to HUC committee,		



	→ possibly removing nurses as the "middle man" for phone calls → pharmacy can fill meds in pyxis earlier		will present data at next meeting -Candice Johnson, BSN, RN suggested to send the provider list to all departments including ancillary staff -speak to Brian from Pharmacy		
Medication Education/Candice Huggins, RN ANA Conference/ Candice Huggins, RN ED "Rap" Video/	-in the process of a literature review -survey sent out to staff regarding medication education → what do they use to provide medication education → what physical/language limitations or barriers → educational barriers -NYS delegates -Topics: → "no nurse left behind" → certifications → pediatric sepsis → codes -product of the Recruitment and			☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	 □ People □ Patient Experience ☑ Quality □ Financial Performance □ Operations
Candice Huggins, RN	-product of the Recruitment and Retention Committee -Intitiative: "First 10 minutes" →opportunity to standardize care → ER staff able to create a script and presented it as a rap video	-it was presented in the cafeteria during emergency nurses' week			



Magnet	- Kim Lidke-Ahlberg, BSN, RN said				
Conference/ Kim	it was a great experience, very			☐ Transformational	
Lidke-Ahlberg,	inspiring; wants to encourage fellow			Leadership	
BSN, RN; Judy	nurses to get involved in shared			☐ Structural Empowerment	
Dillworth, PhD,	governanace			•	
RN, NEA-BC,	- Kim Lidke-Ahlberg, BSN, RN			☐ Exemplary Professional Practice	
CCRN-K	focused on psych aspect of			☐ New Knowledge,	
	conference			Innovations and	
	→Broset Violence Checklist			Improvements	
	(evidence-based practice) – predicts				□ People
	violence before it happens; decreases				☐ Patient
	restraints and violence				Experience
	→documentation system that				□ Quality
	eliminates double documentation				☐ Financial
	- Judy Dillworth, PhD, RN, NEA-				Performance
	BC, CCRN-K said it was amazing				☐ Operations
	→poster presentations – sustaining				
	initiatives; submitting abstracts,				
	research or EBP, sharing and				
	networking				
	→ Daisy Award – launching 1 st				
	quarter of 2020				
	-closing video from Magnet				
	conference featuring Candice				
D 1 : : /	Johnson, BSN, RN				
Readmissions/	-article about patient engagement to		-reviewing social	☐ Transformational	
Kerry Kelly, BSN,	reduce readmissions		determinants of health	Leadership	
RN	-social determinants of health		handout	☐ Structural	□ People
	-screening questions added to the nursing interview (8 questions)		possibly adding these	Empowerment	☐ Patient
	- questions determine a way to refer		-possibly adding these questions to the interview	☐ Exemplary	Experience
	to case management for social work		questions to the interview	Professional Practice	□ Quality
	referral			☐ New Knowledge,	☐ Financial
	-social determinants are things in the	-for example: noncompliance to		Innovations and Improvements	Performance
	community that impact a patient's	medications due to lack of money		Improvements	☐ Operations
	health	for food or rent			
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	-Candice Huggins, RN suggested that this will tie in nicely to the vulnerability assessment -Rachel Ansaldo, BSN, RN stated that in PSA during the interview some screening questions are similar, does case management get referred -Perhaps Informatics can be involved to help find a way to refer to case management for positive answers to questions	-discussion with informatics	
-Readmissions: →Sepsis (largest is from oncology population) -Follow up Phone Calls (post-op, discharge)	-Katherine Urgiles, BSN, RN stated that discharge phone calls were the responsibility of the coordinator. With the dissolvement of the position, the follow-up phone calls are not being done consistentlyPhyllis Vonderheide, Patient Experience Director stated that a company is being explored to do the follow-up phone calls, but it lacks the human touch of nurses who know the patients -Rachel Ansaldo, BSN, RN stated that for post-op phone calls, the nurses who do the calls have the discharge instructions in hand so they can properly assess post-op needs.	-will discuss with nursing leadership regarding discharge phone calls and process	



Nursing Quality Indicators Report/ Unit Representatives, Clinical RNs	(PACU - ECTs) Kelly Roush, BSN, RN, CPAN → problem with patients who are not booked → Sept 2019: 163 patients (inpatient > outpatient), 157 patients or 96.32% met criteria → New protocol now finished - Scheduling in time blocks (max 15 total patients) - All patients must be booked - MD responsible for booking (1-SOUTH - Rehab) Kim Lidke- Ahlberg, BSN, RN → increase unexpected discharges - 59 total admissions - 8 AMA - 6 administrative discharges - 1 master benchmark → Aug 25% in unexpected discharges	-Kim Lidke-Ahlberg, BSN, RN feels this will be very helpful in the flow of the inpatient ECTs -Rachel Ansaldo, BSN, RN stated that this will also help the flow on the Periop side;		☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	 □ People □ Patient Experience ☑ Quality □ Financial Performance □ Operations
Press Ganey Report — Quiet Initiative/ Phyllis Vonderheide, Patient Experience Director	-poster for "Quiet at Night" for all the units -Oct 2019 → Phelps is #2 likely to recommend; ED is #3 likely to recommend in the system		-all unit representatives to assess where they can display poster and copies will be provided to them	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ People ☑ Patient Experience ☐ Quality ☐ Financial Performance ☐ Operations

Respectfully Submitted,

Rachel Ansaldo, BSN, RN_____



Date	Date
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