

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	11/20/2019				
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>October minutes reviewed</p> <p>Mary welcomed new nurses:</p> <ul style="list-style-type: none"> Sally Atari, MSN, RN clinical nurse from 1 South Anetta James, RN clinical nurse from 1 South <p>Mary gave a little background of the purpose of the CNO Advisory Council as well as the other shared governance councils. Mary suggested they look at the meeting minutes on the nursing website to see which council they would like to join.</p> <p>-----</p> <p>Staffing: For 2019 we did hire additional resources for 2 Center because that is where the census surge was. In 2020 - Possible RN Float Pool is still being considered. Mary did share that there are many challenges to having a float pool - Hard to maintain competencies.</p>		<p>Outstanding action item for Kathy:</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>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?</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>Helen Renck, MSN, RN, CJCP, JCC shared that the 5 additional tech positions for this year did receive CPI training to contribute to the resources that can provide constant observation. Telesitter program - there have been challenges with placing the cameras. Seems to have had a positive impact on reducing falls - in particular 5 North.</p>	<p>Helen asked for everyone to Help with moving the patients next week to help facilitate the brackets for the cameras to be installed. Brackets can only be installed when room is empty and hopefully during thanksgiving our census will be lower.</p>		

	<p>“I pass the baton” Mary asked if the nurses have seen improvement.</p> <p>Black out period is 7:00-& 7:30 so no patients are transported to the inpatient units at that time</p> <p>Mary shared that our goal to get an ED Admitted patient to the inpatient room in 60 min. Our current average is 157 minutes. We have seen improvement since initiating “I pass the baton”.</p>	<p>Katherine Urgiles, BSN, RN, on 3 North shared that the process is so much better. The critical information that was once missing is no completed on the form.</p> <p>Sally Atari, MSN, RN from 1 South is new but shared that there is a nice tool in psych however not all the info is completed. Pat Bononno, BSN, RN from ED shared that there is info that is in the computer that the ED nurses then do not complete in the form. Sally thought for some types of patients concerns (i.e. non-cooperative pt.) , a phone call is needed.</p> <p>Pat also shared her concern with the communication between the ED physician and the Hospitalists.</p>	<p>ENDO prefers phone calls to the form.</p> <p>Helen shared that the Patient Flow committee reviews outliers and agreed communication is key.</p> <p>All Joint Commission Action plans due 11/29/19.</p>		
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<p>Movement within the hospital</p>	<p>Based on this council feedback, Mary wanted to ensure that she shared the movement within the hospital plan (although things can change).</p> <p>Starting in end of November:</p> <ul style="list-style-type: none"> • L&D will leave 3 North and go back to 4 Center. • 2 North will go back to 3 North • 5 North will split between 2 North and 5 North <p>Goal is to have private patient rooms for our medical surgical patients.</p>		<p>Mary asked that council members please communicate with your units.</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>Updates to the Nursing Website presented by Kathy Calabro</p>	<p>Kathy reviewed the following:</p> <ul style="list-style-type: none"> - Journal Club 2 new articles posted. - Stress for the pt. during hospital stay - End-of-life conversations <p><i>(identified in needs assessment from 2018)</i></p> <ul style="list-style-type: none"> - In the spotlight <p style="text-align: center;">*** Newly Added ***</p> <ul style="list-style-type: none"> - Phelps 360 - Phelps Sprouts 		<p>Please encourage your unit to view the nursing website, read journal articles and post your comments.</p> <p>If you travel and take a picture with your phelps logo, please send picture with a brief description to kcalabro@northwell.edu.</p> <p>Be on the lookout for our next Phelps Sprout interview.</p> <p>Thank you!</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>Update on the shared governance councils presented by Judy Dillworth, PhD, RN, CCRN-K, NEA- BC, FCCM</p>	<p>Judy shared that today's shared governance council day was really inspirational due to the council member's energy and collaboration!</p> <p>Recruitment, Retention, and Recognition (RRR) Council met at 8:00. Yve Lauture-Jerome, BSN, MA, RN, SANE, Director of Maternal Child Health, chair of the RRR Council shared with Judy that they had a great meeting. Unit level and organization level turnover was reviewed.</p> <p>New Knowledge & Innovation met at 9:00. Dr. Peggy Tallier, RN who is normally in</p>		<p>We know that all units have different challenges with spacing which is why we did not create a set recognition or magnet board across the units. All units can be unique and creative just please make sure you have a recognition area/board on your unit.</p> <p>Please participate in the mindfulness study. We need 71 nurses! See last page of meeting minutes or go to website under Shared Governance - NK.</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>attendance is in Austria presenting. We are so blessed to have Peggy available to our clinical scholars and all nurses. Candice Huggins, MSN, RN, Asst. Director of the ED shared her experience and involvement with the Mindfulness study. EBP is a lot of work but purposeful work.</p> <p>Professional Practice and Development met at 11:00 and reviewed the peer review tool. When we rolled the new tool out last year, we realized we didn't do such a good job. The activities today were to better define and give examples of the Northwell values and professional development.</p> <p>Quality & Safety at 1:00 had a packed house with great dialogue. As Helen stated, Denise did a wonderful job presenting the Joint Commission Findings. It is very important to look at outcomes. Everything you do you want to highlight. Need to plan for what you are going to measure (pre-data) before rolling out a project. i.e. Aromatherapy.</p>		<p>Kathy would be happy to take a look at the aromatherapy log. Maybe you could document the pain score pre and then document the pain score post in your log book?</p>		
<p>Review of NDNQI RN Survey Results presented by Kathy Calabro - Focus on Nursing Leadership</p>	<p>In September we reviewed the NDNQI RN Survey results from the survey the nurses completed in June 2019.</p> <p>The council members came up with some out-of-the-box, creative strategies for the CNO and Director. We are now looking for ideas on ways the Nurse Manager could improve the nurse practice environment.</p> <p>The detailed questions and scores from the NDNQI RN Survey Nurse Leadership results were shared. - see results on pg. 7.</p> <p>We asked the council members for what they were thinking when completing the survey and suggestions.</p> <p>We asked if the managers use the "My recognition" enough and didn't get a definitive answer one way or another.</p>	<p>Catherine shared that when she did the survey that when she sees the word "supervisor" that she is thinking the supervisors in the nursing office. Kathy shared that we created a Who's Who to guide the nurses on who they are evaluating. We cannot change the wording of the survey and will need to think of another approach for future surveys.</p> <p>When someone goes above and beyond (i.e. took the lead during Joint</p>	<p>If you think of other ideas/suggestions for the nurse manager to improve the practice environment, please send email to kcalabro@northwell.edu and I Will add to our action plan strategies for leadership.</p> <p>Jasmine xxx in the nursing office is available to help with entering information into Kronos.</p> <p>Some qualities the council members believe an excellent manager should possess:</p> <ul style="list-style-type: none"> - Not a micro manager - Laid back but in charge - supportive to the staff - Positive - During am brief "You guys are going to have a good day!" - sets the tone. 	<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>Commission Visit) it would be nice to reward them somehow.</p>	<ul style="list-style-type: none"> - Expresses appreciation - Steps in to help with patients when needed (i.e. pass out meds) - genuinely cares - Allow the nurses to self-schedule. Nurses then feel empowered and autonomous - More available to staff - less time spent in meetings if possible. - More available or visible to the night staff. 		
<p>Open Discussion Staffing and Scheduling</p>	<p>Sally shared that on 1 South and in particular the weekends that there is opportunity for the supervisors to look at the numbers as well as the acuity. Maybe we could have nurses on call to support the census surges/high acuity surges.</p> <p>Katherine shared that if they call out sick that they themselves try to find a replacement and if unable, escalate to their manager, Ellen Parise. If they call out on a weekend they do have to make that up on a future weekend.</p> <p>On 3 North they self-schedule and have schedule completed 1 month in advance.</p> <p>Pat shared that in ED the manager, Asst. Director and the 2 people that fill out the assignment sheet are not always on the same page. Currently in process of refining.</p> <p>Lizeth Cervantes, BSN, RN, ICU, shared that when there are sick calls that they often have to float. ICU nurses float out since can care for all patients yet there is no floating into the unit.</p> <p>Perception is that the manager has the schedule planned out and the night supervisor changes that schedule.</p>	<p>Mary shared that she hasn't seen effective acuity systems. They are still subjective with loose guidelines.</p> <p>Mary shared that t this past weekend we had 13 staff call outs. When 1/3 of the staff call out sick that has an enormous impact on the hospital and very challenging to manage.</p> <p>Judy shared the RRR council is trying to pull the sick time data. Soon will be able to see numbers and graph which then speaks volumes. Unhappy nurses leads to turnover and that is a concern.</p> <p>Helen shared that at 3:30 the managers come down to the nursing office for a brief to review staffing for that night. If things change after that then it is very difficult for the night supervisor to manage.</p>	<p>All agreed that the sooner a schedule is created, finalized and shared the better.</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

Open Discussion - Reminder from Mary	Mary wanted to make sure that you all are aware that mandatories are due 12/1/19.		Please make sure you complete your mandatories or you will be unable to work.		
Open Discussion - Employee Engagement Survey & Culture of Safety Survey	Mary shared that the results from the Employee Engagement and the Culture of Safety Survey are in. Good news - Phelps results went up; Bad news - Northwells results went down.		Action plans will be developed for those area required.		
Open Discussion Opportunities for Nursing Research	Jacqueline Pisano (Jackie) inquired about the clinical trials in the cancer center.	Mary shared the Cancer Center has expanded. Barbara Turner, RN, is the new system clinical trial research advisor who will report to the new Genetics Chair, Dr. Kauf. Kathy suggested Jackie do the Collaborative Institutional Training Initiative (CITI) training that is required for all research projects.	Abstracts due to Magnet on 11/25/19. Please contact Judy if you think you have a project we could submit an abstract for. For more information on CITI Training you can go to our nursing website - shared governance - NK Link to CITI Program: https://about.citiprogram.org/en/homepage/		

Nurse Manager Ability, Leadership, and Support of Nurses	2015	N.D.	3.05	The higher the score, the more positive the rating on a scale of 1-4
	2016	N.D.	3.08	The higher the score, the more positive the rating on a scale of 1-4
	2017	2.88	3.09	The higher the score, the more positive the rating on a scale of 1-4
	2018	3.08	3.10	The higher the score, the more positive the rating on a scale of 1-4
	2019	3.06	3.12	The higher the score, the more positive the rating on a scale of 1-4
A supervisory staff that is supportive of the nurses	2015	N.D.	3.10	The higher the score, the more positive the rating on a scale of 1-4
	2016	N.D.	3.13	The higher the score, the more positive the rating on a scale of 1-4
	2017	2.84	3.14	The higher the score, the more positive the rating on a scale of 1-4
	2018	3.12	3.15	The higher the score, the more positive the rating on a scale of 1-4
	2019	3.07	3.17	The higher the score, the more positive the rating on a scale of 1-4
Supervisors use mistakes as learning opportunities, not criticism	2015	N.D.	3.02	The higher the score, the more positive the rating on a scale of 1-4
	2016	N.D.	3.05	The higher the score, the more positive the rating on a scale of 1-4
	2017	2.82	3.06	The higher the score, the more positive the rating on a scale of 1-4
	2018	3.03	3.07	The higher the score, the more positive the rating on a scale of 1-4
	2019	2.95	3.08	The higher the score, the more positive the rating on a scale of 1-4
A nurse manager who is a good manager and leader	2015	N.D.	3.15	The higher the score, the more positive the rating on a scale of 1-4
	2016	N.D.	3.18	The higher the score, the more positive the rating on a scale of 1-4
	2017	3.00	3.19	The higher the score, the more positive the rating on a scale of 1-4
	2018	3.23	3.21	The higher the score, the more positive the rating on a scale of 1-4
	2019	3.23	3.22	The higher the score, the more positive the rating on a scale of 1-4
Praise and recognition for a job well done	2015	N.D.	2.88	The higher the score, the more positive the rating on a scale of 1-4
	2016	N.D.	2.90	The higher the score, the more positive the rating on a scale of 1-4
	2017	2.80	2.91	The higher the score, the more positive the rating on a scale of 1-4
	2018	2.83	2.92	The higher the score, the more positive the rating on a scale of 1-4
	2019	2.87	2.96	The higher the score, the more positive the rating on a scale of 1-4
A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician	2015	N.D.	3.11	The higher the score, the more positive the rating on a scale of 1-4
	2016	N.D.	3.14	The higher the score, the more positive the rating on a scale of 1-4
	2017	2.97	3.15	The higher the score, the more positive the rating on a scale of 1-4
	2018	3.20	3.16	The higher the score, the more positive the rating on a scale of 1-4
	2019	3.15	3.16	The higher the score, the more positive the rating on a scale of 1-4



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| 2. Glen Cove Hospital | 8. Plainville Hospital |
| 3. Huntington | 9. Southside Hospital |
| 4. Lenox Hill | 10. Syosset Hospital |
| 5. Long Island Jewish Medical Center | 11. Long Island Jewish Valley Stream |
| 6. North Shore University Hospital | 12. Zucker Hillside Hospital |

Site PI: Candace Huggins, RN

Visit link for details and enrollment

<https://redcap.northwell.edu/surveys/?s=WDFNBCC3P>



11/13/2019