

Meeting Name	Professional Practice & Development				
Location	ATRIUM Conference Room			indicators that relate to each topic being discussed.	
Date	2/20/2019		Council/Meeting		
Time	1100-1300		Minutes		
Conducted By	Tammy Wilson, BSN, RN Coordinator 5S Carolynn Young, MS, RN-BC (Monitor)				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
1. Call to Order A. Welcome B. Identification of Timekeeper and Recorder C. Introductions D. Review of previous meeting minutes 2. Attendance Carolynn Young, MS, RN-BC	 Meeting called to order @ 11:10 AM by Tammy Wilson, BSN, RN Recorder/Timekeeper, Candice Johnson, RNII, 5N New Members/Welcome January minutes distributed via email. January 2019 meeting minutes reviewed. Must attend 60% of meetings for maintaining career ladder requirement. Include committee participation and staff meetings. 	 Call-in: Sherin Ninan, MS, RN CNRN; Dianna Pollock, RNIII, ICU. No new members Minutes approved with updates Unit based councils can use 60% attendance/phone-in as a guideline. Read-&-Sign of meeting minutes is not acceptable. Staff must participate in the discussion & decisions. Recommendation to alternate times of staff & council meetings between days/nights to promote attendance. 	Attendees Conference call-in number: 9-1-888-602-0202 Then press passcode: 9143663502# • Post on Nursing Website Important that staff participate in discussion, not just listening in on the phone.	□ Transformational Leadership □ Structural Empowerment ⊠ Exemplary Professional Practice □ New Knowledge, Innovations and Improvements □ Transformational Leadership □ Structural Empowerment ⊠ Exemplary Professional Practice □ New Knowledge, Innovations and Improvements	□ People □ Patient Experience □ Quality □ Financial Performance □ Operations □ People □ Patient Experience □ Quality □ Financial Performance □ Operations
3. Nursing Standards of Care Committee Carolynn Young, MS, RN-BC Doreen Wall, MS, RN-BC	 New policy under development: Leech Therapy; revise Fecal and Gastric Hemoccult policy. Blood Product Administration Policy (Northwell Policy). COW-Clinical Opioid Withdrawal Scale 	 New practice in ICU-used Northwell site policy for reference; send specimen/cards to laboratory for resulting (new lab regulations) Await approval by Phelps Medical Board. 	 C. Young to work with A. Whyte to create policy; C. Young to work with lab. Education/Implementation pending approval. Policy draft in progress. 	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	 ☑ People ☑ Patient Experience ☑ Quality ☐ Financial Performance ☐ Operations



A Cl		BRU and 1South units will officially begin to use scale; championed by clinical nurses. By the second			
4. Changes to Clinical Ladder Celest Duncalf BSN, RN, CCRN Kathy Calabro, Data Analyst	 Reviewed promotions, as listed on Nursing Website. I PASS the BATON / TeamSTEPPS 	 Discussed certification rates. Shift handoff (report) at the bedside and patient report sheets are changing. 	 Certification rates are improving. New paradigm for patient handoff. 	 ☑ Transformational Leadership ☑ Structural Empowerment ☑ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements 	☐ People ☐ Patient Experience ☑ Quality ☐ Financial Performance ☐ Operations
5. Certification and BSN Rates Kathy Calabro, Data Analyst	Each unit is to set realistic goals. March 19 th is National Certification Nurses Day. Information table will be in the cafeteria. Clinical Educators will be available to answer questions and assist with searching clinical websites.	 Rates fluctuate with changing staff members (new staff, resignations & transfers). Goal to increase certification by the organization (41%). Judy (OR) received an award for being certified. Certification Day table will include information and a laptop to show candidates how to apply for certification & websites for information. 	 K. Calabro distributed graphs of unit-based certification rates. Members asked to post on their Magnet boards-KUDOs to All! Create an action plan / strategies to entice coworkers to become certified: Study group, sharing study materials, & celebrating newly certified nurses. Celebrate nurses who are certified with a plaque to be displayed on the unit. 	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ People ☐ Patient Experience ☑ Quality ☐ Financial Performance ☑ Operations
6. 2019 Magnet Follow-up Judy Dillworth, PhD, Magnet Director Kathy Calabro, BS, Data Analyst	 A. Magnet document help needed. Provide an example of patient care associated with communication between CNO & AVP, Director, or Manager. B. Culture of Safety (free of Violence) to document how we promote safety of nurses. C. Example of an improved patient outcome by a clinical nurse. 	A. CNO advisory meeting →New WOWs (COWs). →RN advanced 2 levels of clinical ladder criterion was met. →Mary McDermott walk around units and talk with staff. B. Creating policy about Safety-for Nursing/Staff when staff are threatened, code silver drill. C. Kierra Gonzalez, MSN, RN-BC suggested "Falls". Doreen Wall, MS, RN-BC suggested the "SANE program"	A. CNO Advisory meeting discussion → New sink on 5 North → Support of professional advancement → Improves communication → B. Collaboration with Security. Can we use this for a Magnet story? What can we measure? C. "Did falls decrease after the implementation of Enhanced Supervision?" (measurable).	⊠ Transformational Leadership ⊠ Structural Empowerment ⊠ Exemplary Professional Practice □ New Knowledge, Innovations and Improvements	 ☑ People ☑ Patient Experience ☑ Quality ☐ Financial Performance ☑ Operations

