

	Quality and Safety Council		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Atrium Conference Room				
Date	6/19/2019				
Time	1pm – 3pm				
Conducted By	Rachel Ansaldo, RN				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of May Meeting minutes Rachel Ansaldo	Review of May meeting minutes	Yes	Minutes approved	<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 type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Patient experience update	Phyllis Vonderheide, RN introduced volunteer and senior student, Olivia who is working with patient experience dept. to work on “welcome wagon “project. Kerry Kelly, RN, director of case management dept. discussed 30 day patient readmission rates and implications for the hospital	Council members introduced themselves and discussed what can be included in the welcome wagon Judy Dillworth, RN explained that prevention of patient readmissions (outcome) can be a good evidence based project.	Nurses will email ideas and suggestions to Phyllis. Staff suggest including teaching patient how to order food as an idea. Kathy Calabro will obtain data from Kerry and graph it to see how we are doing or can we do something to sustain the good job.	<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 type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

		<p>Helen Renck, RN added that we should look at readmission diagnosis. Paula Kennan, RN-If patient is in the high-risk group when patient was discharged, then we should call them back. Kerry- If patient readmitted too early then we will be looking into whether patient was discharged too early and why. Staff discuss how to look at data and how to reduce patient readmission rate. Helen – we should look into using Cypher Health and discharge phone calls. Nurse should look at high risk patient while doing the admission. Kerry has reached out to nursing homes to educate them on the goal of prevention of patient’s readmission. Judy—we should look at the number of patients going to nursing homes and their readmission rates,</p>	<p>Judy reiterated that we should graph/ review data (pre-predata), decide what interventions are needed and implement e.g. education and increase of awareness to all staff (intervention stage) and then review to see if readmission rate decreases (outcome; post- intervention)</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 type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
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<p>-Continue discussion patient experience update</p> <p>Phyllis</p>	<p>-Phyllis reported that Star rating scale form 1-5 by CMS will be released 10/2019. Phelps has lots of 4 stars but -patient medication education only scale 3 star we need to work on that. -</p> <p>-Quiet time only scale 2 star.</p> <p>-Patients also complain that doctors, and staff are not coordinating the communication. Patients think that staff are not listening</p>	<p>Rachael- what is patient's perception of "noise"</p> <p>Phyllis – each unit has night council for quiet at night so find out who is your council representative to discuss with them. Patients also complain that besides the roommate making noise the staff also contribute to noise.</p>	<p>Helen suggested use of vocera earpiece when communicating to others, nurses should use flashlight instead of turning light on when going patient's room.</p> <p>Staff should response to patient such as "I heard you" ...</p> <p>Use white board to communicate with patients</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input checked="" type="checkbox"/> Structural Empowerment</p> <p><input type="checkbox"/> Exemplary Professional Practice</p> <p><input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input type="checkbox"/> People</p> <p><input checked="" type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>
<p>Moderate Sedation PI- Pain assessment and reassessment</p> <p>Margaret Santos CNS, RN</p>	<p>Use pain scale to assess pain on admission.</p> <p>85% have pain scale done on admission.</p> <p>Noted concerns</p> <p>Multiple pain modalities (51%)</p> <p>Non-pharmacological modality (39%)</p> <p>Reassessment of non-pharmacological (32%)</p>	<p>Pain reassessment needs to be done.</p> <p>Multimodal approach to pain treatment is recommended.</p> <p>Non-pharmacological treatments need reassessment in one hour.</p> <p>Rates currently in 30 percentile range.</p>	<p>Pain assessment and reassessment will be reported quarterly.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Healthstream education given on times for reassessments • Boards placed on unit with updated pain management practice standards • Pain corner established in Nursing News for education • Pain committee and Quality and Safety members are encouraged to inform staff when fall outs occur. 	<p><input type="checkbox"/> Transformational Leadership</p> <p><input type="checkbox"/> Structural Empowerment</p> <p><input type="checkbox"/> Exemplary Professional Practice</p> <p><input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input type="checkbox"/> People</p> <p><input type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>
<p>Dashboard report for clinical indicator</p> <p>Kathy Calabro</p>	<p>Kathy reported that quarterly dashboards should be posted on every unit.</p> <p>If it is in the red indicator, then we need an action plan.</p> <p>Patient satisfaction data should also be posted for nurses to see.</p>	<p>Judy – please post your unit PI and dashboard in a visible location on your unit. Use UBC to discuss the report.</p> <p>Helen- data will help us to choose which project to work on</p> <p>Nurses requested definitions for the</p>	<p>Each unit should post dashboard report.</p> <p>Kathy will work on glossary definition /explanation of "data".</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input type="checkbox"/> Structural Empowerment</p> <p><input checked="" type="checkbox"/> Exemplary Professional Practice</p> <p><input type="checkbox"/> New Knowledge, Innovations and Improvements</p>	<p><input type="checkbox"/> People</p> <p><input type="checkbox"/> Patient Experience</p> <p><input checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

		benchmarks referenced on the dashboard			
<p>Nurse sensitive indicators: Falls report Hospital Infection prevention report Hospital acquired pressure injury report CAUTI report</p> <p>Kathy</p>	<p>Kathy report – 1st quarter NDNQI data report of inpatient fall injury still meets magnet requirements with majority of units outperforming the benchmark. 5S and 5N still present opportunities for improvement We are doing well with HAPIs. No additional report for central line blood stream infection. CAUTI report – It is not highlighted as an opportunity because majority of quarters are outperforming benchmarks, but we need to watch report on 2nd quarter.</p>	<p>5 south and 5 north use purposeful rounding every 15 minutes and discuss fall at daily brief as strategies to prevent falls.</p> <p>Judy – we still have 2 quarters to report in 2019. Even outpatient units are required to report data quarterly</p>	<p>Continue to monitor trends regarding these nurse sensitive indicators</p> <p>Kathy will continue to provide reports for each unit performance. If there is something your unit would like to measure or there is a concern, reach out to Kathy to create a graph.</p>	<p><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</p>	<p><input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations</p>
<p>Fall report-</p> <p>Rachel</p>	<p>Rachel presented falls report for Paula Keenan for May 2019- we are doing well but we are still monitoring clinical alarm and immediate response rate.</p>	<p>None</p>	<p>We are 85 to 92% for the immediate response rate, we should continue to monitor clinical alarm because it is Joint commission requirement</p>	<p><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</p>	<p><input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations</p>

Nursing Quality Indicators reports	ER nurse Pat – blood culture is under the benchmarks, so we brought the volunteer to monitor blood culture drawing. We have improved. Sepsis – 100% compliance of sepsis protocol. TPA data - draw TPA within 60 minutes We are 100% compliance	Judy- Good quality control	Continue to monitor for areas of opportunity.	<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
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Respectfully Submitted,

Lilly Mei, RN, WCC

Date _ July 11, 2019