Phelps Hospital
Northwell Health®

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	**Boardroom**			
Date	**January 15, 2020**			
Time	**1PM-3PM**			
Conducted By	**Carol Daly, MSN, RN, CNML, and Rachel Ansaldo, BSN, RN**			

Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
C. Daley/R. Ansaldo Review of December meeting/Review council charter. Clinical goals for 2020.	The council members reviewed the existing Nursing Quality and Staff Council Charter to see if there are any revisions needed for 2020. Members are represented by clinical nurses from all areas.	Members clarified the following: calling in satisfies committee attendance for the career ladder.. Venue change—we will meet in the Boardroom in 2020. All unit representatives were reminded to discuss and identify unit goals for 2020 at their unit shared governance council meetings. *Patient identification 2019 *All dashboard metrics *Council members were concerned that we had a total of 54 falls last year (highest in the Northwell system) and all agreed that patient falls will be a priority goal.	Every unit representative to discuss at their unit shared governance council meetings: What concerns do we have for 2020… ~Process improvement for nursing practice ~Challenge what are we worried about on our units ~Identify areas for improvement ~Share that the 3rd Wed of every month shared governance council meeting venue updated to be in the Boardroom ~Encourage peer review, self appraisal ~Shared Governance Journey: every unit	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ People ☐ Patient Experience ☒ Quality ☐ Financial Performance ☐ Operations Service

| Inpatient Falls/ Helen Renck, RN Judy Dillworth, RN | Helen reviewed the inpatient fall data and shared that in December 2019, there were 22 inpatient Falls. While this is being addressed by the Falls committee, Helen expressed concern. | Council members asked Helen if the Telesitter program had an effect and she said that there have been between five to nine patients monitored on camera each day.Patient falls on units with telesitters have decreased. Emphasis is needed on purposeful rounding and on setting bed alarm parameters.

Jenna Harris, RN (1 South) said she has worked on a Fall prevention education brochure for patients and families. The brochure is going to be reviewed at the Patient Education committee. Jenna added that we need a competency for patients requiring Enhanced Supervision (ES) or Constant Observation (CO) | Members to remind nurses on their units to review and follow the Telesitter inclusion/exclusion criteria displayed on the units rather than make assumptions regarding whether or not to implement the Telesitter.

There needs to be a representative for every unit on the Falls Committee to ensure information is communicated. For example, the Fall Debriefing tool (what contributed to the fall---ie. Bed alarm not activated) needs to be completed following every fall.   The Debrief needs to be conducted with all unit staff and is then shared at the monthly Fall committee meetings.

Each unit should also identify at least one falls champion.

All were reminded that the difference between Enhanced supervision and Constant Observation is outlined in the Policy. Also, reference books | ☐ Transformational Leadership

☐ Structural Empowerment

☐ Exemplary Professional Practice

☐ New Knowledge, Innovations and Improvements | ☐ People

☐ Patient Experience

☒ Quality

☐ Financial Performance

☐ Operations |
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		For patients receiving Enhanced Supervision—nursing assesses and implements this need. The intervention is added in Meditech and the Plan of Care updated to reflect how the ES is implemented (by a tech or Telesitter). A new Northwell Fall Policy is going to be adopted this year…all staff will be educated on the new policy. Members discussed that everyone should be able to look at data: Examples included: *Call bell response report, *Observation report—purposeful rounding Jenna asked, "Can the Telesitter be used on 1South?	are available on all units—labeled ES/ CO. All components of this is addressed and will continue to be reinforced in competency. The possibility of telesitters on 1S is being investigated.		
Michelle Horvath, RN (Quality Mgmt) Med Reconcil-iation	Michelle reinforced the importance of accurate medication reconciliation. She provided examples: 1)Two patients were readmitted (within 30 days) for inappropriate lasix prescriptions at discharge. 2) All Home Medications are not being recorded into MediTech and patients can have adverse effects. There should always be consideration of co-morbidities: A patient on 1 South had comorbidities and was admitted for medical reasons with med rec but sometimes psych patients miss out on psych med reconciliation.	Members discussed the need for ways to better record medications for reconciliation.	Status update auditing relevant goals 2020 opportunity for reconciliation for inpatient and discharge patient. Definite focus for HCAP scores. Follow data days vs. night.	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	

Run Chart	Michelle conducted an exercise to interpret data Michelle had all council members roll two dice. Numbers were then plotted on a graph…Run chart Various definitions for common cause variation (what your process is designed to achieve) and special cause variation (when something out of the ordinary occurs) were provided as rules for quality improvement. Shift= 6 data points in a row; all under or all over the median Trend+ minimum of 6 data points all going in the same direction	Members commented on cause common variation and What are we measuring?	Council members to think: What is your process capable of? Does it need an intervention? The parameters are important to the process like dice rolling to create a run chart.	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ People ☐ Patient Experience ☒ Quality ☐ Financial Performance ☐ Operations
		Special cause variation	Need intervention for the process to actually benefit from it. What are the rules to read the chart? Determining the median for the graph? Table that tells how many data points you need to determine between common or special cause variation. Parameters for the graph are very important to make a determination.	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ People ☐ Patient Experience ☒ Quality ☐ Financial Performance ☐ Operations
Inpatient Fall report/ Paula Keenan,RN	Paula shared data on Falls: Inpatient Falls: Same patient with multiple falls Falls-there were 22 in house falls in December, 2019.	No further discussion since it was already discussed with Helen earlier.	* Remind clinical staff to check bed alarms * Reinforce consistent and purposeful rounding---all units.	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☐ People ☐ Patient Experience ☒ Quality ☐ Financial Performance ☐ Operations

| Phone interruptions

Carol Daley, RN | Carol shared the data regarding phone interruption during medication administration times with the hospital unit clerks (HUCs) at their meeting last month. | Data indicated calls to the RN from family are the highest. Calls from pharmacy and other departments is 2nd.
All agreed that we have to work on the best way to divert calls during medication administration times, so that medication errors can be avoided.
A suggestion was made for the HUCs to ask the caller (Family member) to call back so the call does not get forgotten. Another was to place the info into the admission pamphlet regarding the time periods that families should not call the units along with the reason for this.
Goal is to simplify the process with *explanation to family *emphasis on rules
*Is there a patient advisor committee who can go over the script?
*Does a clinical nurse need a project to work on?
*The Infusion Center has a Patient Advisory Council | -Goal is to minimize errors
-Needs structure.

Carol will follow up with nurse managers to provide script for the HUCs
8:30 a.m. to 10:30 am
6:00 p.m. to 8:00 p.m.
(Med pass time)

Carol will bring this information back to the NLC (Nursing Leadership Council) for a decision to be made on next steps. | ☐ Transformational Leadership

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Service Excellence/ Phyllis Vonderheide ,RN	Phyllis shared Press Ganey data regarding "Patient experience willingness to recommend" out performed in 2018. She added that most complaints for 1. Attitude courtesy, respect 2. Continuity of care Recommend composite measure: 78.5% Recommend hospital: 80.3% Top box	Michelle asked if data could be presented with more than 12 data points (preferably 14 or greater)	Remind unit staff to educate patients about headsets. -for quietness at night--- ~complaints 69.1 ~grievance 31.1 Living our culture of care! *narrate your care ~~Always strive for highest press Ganey scores		
Debi Reynolds CWOCN RN	Debi provided the HAPI Incidence review for 2019: Total of 45 pressure injuries in 2019. 7 HAPI's in Dec. 2019 ~Only 1 HAPI was related to Nasal cannula application in 2019. ~Surface related Pressure Injuries-24 in 2019 Debi reiterated that patients should never leave hospital with an ulcer if they did not come with it.	*Bipap HAPI's have increased since May of 2019 Members noticed that bipap related injuries were occurring at very short intervals—why? Pressure injuries have increased in 2019. What are the rates for pressure injury? Debi added that we currently have Skin champions on every unit! There are a total of 27 Skin Champions!	Stage 3 and 4 impact hospital reimbursement. Educating staff to alternate mask and identify new pressure injuries. Use debriefing tools for never events. Use EBP. Remember to utilize the Skin Champions on your units as a resource. You don't have to know the names of our Skin Champions…just a Vocera call to the group: "Call a skin champion".		
Next steps: Judy Dillworth, RN 2020 Quality Indicators/ Carol Daley	Goals and Data interpretation Carol asked all council members to discuss their quality/performance indicator plans with their nurse managers and teams.	Judy recommended having Michelle Horvath share information on interpreting data at next meeting and as a standing agenda item at our monthly meetings.	Everyone in agreement. Please be prepared to discuss your unit quality indicators at next month's meeting.	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	☒ People ☐ Patient Experience ☒ Quality ☐ Financial Performance ☐ Operations

			Our next council meeting will take place on February 19th from 1pm to 3pm in the Boardroom.		

 Respectfully Submitted,

Gaurav Malik, RN
Reporter/Transcriber Signature

Date _____January 15, 2020_____