

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 and Microsoft Teams				
Date	12/16/2020				
Time	1PM- 3PM				
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 Recorder  Review of November meeting minutes/ C.Daley, MSN,RN, CNML	Meeting called to order @ 1:00pm Recorder: Benjelyn M. Sumague, BS, RN, CWCN November meeting minutes discussed	Call-in: Please see attendance  No corrections at this time.	Members to review and send any changes.	<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
Kathleen Calabro- Data Analyst		Kathleen to e-mail Carol Daley- reminder for staff to put on mask after eating in breakrooms.		<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

Safe Handling Cherry Lyn Fuentes, Education Specialist	<p>Cherry Lyn Fuentes reported-for Safe Handling: I-Learn portion=88%; Annual competencies=73.3%; New hire=72.5%; Supervisor reports=86%</p> <p>Every time an employee has injury, the manager/supervisor gets a link to complete a report which is being tracked by corporate</p>	<p>Carol Daley- for work-related injuries, the managers go to “Safe Patient Handling” meeting, respond to what was done, follow up, etc. Cherry Fuentes- invite managers to meeting where managers will describe what happened, things that can be done to avoid this from happening again, actions taken Kathleen-For next Magnet® in 2024, use “reduction in injuries”. Cherry-Safe patient handling annual competency related to proning, no incident, video included</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
Accomplishments for 2020 Kathleen Calabro	<p>2020 Annual Report— Include pictures for councils; successful Magnet® site visit hospital designation with annual reports, specific dashboards with metrics, ongoing review of data, patient’s satisfaction Nurse sensitive quality indicator, performance improvement, PICG.</p> <p>Discussed idea for phone interruption</p>	<p>Carol Daley—Phone interruption analysis-not final; HUCS-talked about “script” when these incidents occur to avoid interruption when RN administering medications unless absolutely necessary, calls that can wait and can’t, to return back calls another time. Goal for 2021 to be proactive about that.</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

		<p>Ex—Using Red Zone to avoid medication errors          Michelle H—providing scripting is wonderful thing; looking at strategies so nurses are not interrupted during this process          Helen Renck-Shared experience of seeing in some hospitals-nurses wearing red vest when giving out medications-          Kathleen-Medication error before vest, then intervention of vest-maybe medication error will go down.          Michelle-suggested to measure other than medication errors, survey of nurses how many times were they interrupted during medication administration—collect pre-data, do an intervention, then collect post data in addition to medication errors-doing a pilot instead of process change and waiting over the next year          Kathleen-Reported that they did measure interruptions over a 2 week period on all</p>	<p>Helen Renck will follow-up with Giovanna Conte from Materials Management regarding procurement of vests.</p> <p>Helen Renck will talk to Pharmacist when loading carts-regarding medication error—putting meds in pyxis incorrectly</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input type="checkbox"/> Structural Empowerment</p> <p><input 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 type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>
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		<p>inpatient units but they could do it again—it will be in scope for Magnet ® round 2. A lot of phone calls not just from pharmacy but from other areas.</p> <p>Doreen—HUCs to keep track of how many times they interrupted the nurse during med administration</p>			
<p>Managers Helen Renck</p>	<p>Heightened focus on Falls—implement new tracker on call bell system, color coded of tracking of the lights and different tones to call bell system piloting this to the ED, and to places that need it like 2 Center</p>	<p>Heightened awareness of falls. To add infection things to the list including Covid-related things designed for safety—windows, doors, modified PPE,</p> <p>Alex—questioned if Covid topic was talked about by this committee</p> <p>Judy—stated that we did talk about Covid-and said to add it</p>	<p>Kathleen-to add these with infection prevention initiatives that occurred at this meeting in the council’s 2020 Annual Report.</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input type="checkbox"/> Structural Empowerment</p> <p><input 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 type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>
<p>Kathy Calabro</p>	<p>Patient Satisfaction Data—Magnet® -identified 4 categories, this is one of them. We want to stay on that “high” even though Magnet® is over, Kathy looked at what was submitted to Magnet® and every quarter she looked to see if we are out performing bench mark. We continue to do amazing job-For inpatient-Patient engagement = 67%, Service &amp; Recovery-we went up to 78%, Courtesy &amp; Respect from 44% to</p>		<p>All nurses are able to access inpatient units and ambulatory services scores on the Nursing website. Thank you Kathy! All to continue to implement initiatives to sustain these excellent outcomes.</p>		

	56%. For Care coordination=78%-highest. For all categories for patient satisfaction for inpatient- we meet Magnet® requirement for Ambulatory –ED, cancer center, ambulatory surgery patient engagement=56%, patient education—we had a decrease from 89% to 78%, Safety = we increased to 89%, Courtesy & Respect-from 78% to 67%.				
Helen Renck	This month, Phelps went live with the Cypher Health tool in the OAS areas (went live 2 weeks ago). Goal is to assess rounding and its impact on the Press Ganey/HCAPHS scores.		A meeting for the first result will be held and forwarded to Kathy.		
Deborah Reynolds as reported by Carol Daley	Hospital acquired Pressure Injury (HAPI) data Nov 2020—Total of 6 pressure injuries. Majority of them-device-related: 3 on 5 North, 2 on 2 North, 1 on 2 Center. 2 Stage 2 on ear related to o2 tubing. Magnet ® story-we changed our product from hard tubing to soft tubing—educated staff; 2 Deep Tissue injury at the ankles related to ted stocking devices-if STD in placed, ted stockings not indicated; 2 heel pressure injuries	Carol—Reported that skin champions - very active. Debbie did a skin champion renewal-a refresher course, existing skin champions performing wound care with Debi. Judy- reported Nurse Lisa who works at night-behavioral nurse is proud to be part of the skin champion team	Continue to monitor HAPI and Pressure injury prevalence on every unit.		

Clinical RNs  Kelly Kissane--OR	Post Anesthesia- shared challenge that they are facing now—discharging ambulatory surgery patients who normally would go to inpatient. Now, patients will be discharged from the recovery room. If patient will not be able to be discharged, they will return to PACU where they will be discharged, Another challenge- no bathroom in PACU-they use stretcher or wheelchair; patient satisfaction-they have TV for patients to watch, patient hear everything-watching patients come out of the OR, challenge with privacy	Helen-reported that Pad in motion can play tv shows and they can take them from ASU. Also, Helen reported that Dr. Goldstein was very pleased that his patient was discharged from PACU instead of inpatient which would mean that patient had to spend the night in the hospital.			
Kate Scherf- 3 North	They are doing the TV, Patient education, tablets. Some staff still need to learn how to use them. Patients are getting medication education as well as entertainment. Reported challenge when a patient refused to move-risk for pressure injury	Carol—discussed importance of good documentation especially with patients that are refusing the interventions.			
Cherry Fuentes- Utilization report—Pad in motion	Reported that they get 2 reports: 1. Pad in motion—reports easy call, tv, internet 2. Wellness report-give details of what videos are being watched by patient.	Liz Wiley added that there is a need to have the videos available in Spanish, giving the example of the DOH mandate to provide a shaking baby video.	Cherry will reach out to rep for Spanish videos to help the Spanish population		

	Judy Dillworth mentioned that at the New Knowledge and Innovation council, it was reported that cords are very short in the units.	Carol suggested that utilization report for pad in motion be sent to this committee as well.  Helen—spoke to Neil about that and engineering working on getting longer lines/cords.			
Benjelyn Sumague-WHI	Reported no falls @ Wound Healing Institute in the month of November. Patient satisfaction improved.		The WHI unit is working on improving wait time for patients in the waiting room.		
Maria—Maternal Child Health	Maria reported that they are monitoring 2 Quality Indicators: 1. Early onset sepsis documentation; 2. QBL monitoring. Nurses are very thorough in counting every piece of gauze and supplies used in c-sections. The icon for early onset sepsis is uploaded in the computer-rate of documenting went up to 78%. Pad in motion Spanish video will be a great asset for patient education.				
Phyllis Vonderheide-Patient Experience	Power Point HCAHPS—benchmark—willingness to recommend, we went a little low on our goal.  2 Questions going on the survey for all of Northwell: 1. Degree to which you are able to stay connected with family/caregiver during your stay?		We have pads in motion in every room. Recommendation: let all patients know about it.; RN to take time to call patient's family to help patient.		

	<p>2. Are there any hospital team members you would like to recognize for the excellent care he/she provided during your stay?</p> <p>Ambulatory Surgery, Endo, Interventional Radiology, Pain clinic Survey areas were just below goal and above last year's performance. We ranked 55<sup>th</sup> percentile on the nation.</p> <p>ED—77% will recommend, putting us in the 90 percentile</p> <p>Senior Leader Rounding is coming back.</p>	<p>Senior Staff rounding with staff, managers rounding with staff, nurses rounding with patients—offer reassurance, listen to concerns, answer questions and thank staff or patient for letting us know</p>	<p>Continue to make use of the white boards for patients to remember the names of the team members who care for them.</p> <p>Phyllis suggested we all use the <b>RELATE</b> acronym: <b>R</b>eassure, <b>E</b>xplain, <b>L</b>isten, <b>A</b>nswer questions, <b>T</b>ake action and <b>E</b>xpress appreciation.</p>		
Kathleen Calabro	<p>Slide—Nurse Heroes Concert on Thanksgiving—available on YouTube Northwell Nurse Choir—2 or 3 members from Phelps</p> <p>Sounds of Caring Video Made about the pandemic</p> <p>Played interview- Phelps Sprouts</p>				



Carol	Organ Donation—In ICU, 40 year old died and family consented to organ donation-harvested and transplanted both kidneys for a 57 year old woman and a 57 year old man, liver given to a 38 year old man, one lung harvested and given to a man, bone and cornea also given. The amount of communication that went on was intense, a team effort.	Judy—good to look at data as outcomes are awesome, to turn a horrible experience to a beautiful gift to a lot of people.			
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**Respectfully Submitted,**

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