

Meeting Name	Quality & Safety Council		Council/ Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Atrium Conference Room				
Date	2/17/2021				
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
Introduction	-New co-chair of Quality & Safety.	-Welcome Kelley Kissane, RN!		<input type="checkbox"/> Transformational Leadership	<input type="checkbox"/> People
Review of meeting minutes	-Meeting minutes sent and reviewed. -Volunteer for meeting minutes for 2021.	-Any changes please submit to the co-chairs.		<input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Clinical Documentation of Pressure Injuries/Angela Sniffen, RN, MPA, CCDS	-clinical documentation improvement department monitors how accurately we capture the severity and complexity of pressure injuries (PIs) in hospitalized patients - providers have the responsibility to document and identify PIs, including type of ulcer, location, and the state of the PI during admission - accurate documentation by the nurse is important to capture the present on admission (POA) status of the ulcer	- Rachel Ansaldo, BSN, RN asked if documentation was reviewed in regards to surgical patients who are being admitted into the hospital - Angela Sniffen, RN, MPA, CCDS stated that if PIs can be captured and documented pre-op, it would help with capturing whether they were POA, rather than mistakenly attributing the injury to the OR - Kelley Kissane, RN included that they revised the time out process in the OR and several areas for documentation regarding skin assessment to help identify whether any injury truly occurred in the OR. - Bill Reifer stated that we do relatively well in regards to CMS ratings in these measures		<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>Employee engagement survey – Safety questions and responses/Helen Renck, VP Patient Operation</p>	<p>- Helen Renck, VP Patient Operations presented the Culture of Safety questions in the engagement survey (all staff/all titles)</p> <ul style="list-style-type: none"> - we overall increased 0.02% from last year to 4.08% and the nation average is 4.0% - there was an 82-83% response rate, which is very good; nationwide the response rate is roughly 30% - 3 Categories: <p>>Pride and Reputation increased >Prevention and Reporting decreased >Resources and Teamwork increased</p> <p>-Which items do we want to focus on and what recommendations can be made to create an action plan as an organization?</p> <p><i>-Comments and Recommendations:</i></p>	<p>- Bill Reifer stated that our raw scores look relatively high but not as good against the national average, and some of our scores look low but are better than the national average</p> <p>- Judy Dillworth wanted to make sure the clinical nurses are looking at data and understand what they are looking at</p> <p>- the lowest scores we had:</p> <p>#29 (When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person.) #32 (My work unit works well together.) <i>*lowest compared to the national average</i> #35 (My unit is adequately staffed.) #36 (Communication among work units is effective in this organization.) #37 (The amount of job stress I feel is responsible.) #38 (Communication among physicians, ACPs, nurses, and other medical personnel is good in this organization.)</p> <p>- Regarding #32, Jade Santiago, BSN, RN stated that perhaps the staff redeployed to other units could have accounted for the score</p> <p>- Helen Renck, VP Patient Operations stated that the medical staff were surprise in the low score of #38; medical staff perception and nursing staff perception is very different</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements 	<ul style="list-style-type: none"> <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>- Helen Renck, VP Patient Operations stated that as an organization we will focus on communication.</p> <p>- ED is starting the interdisciplinary committee (ED, Radiology, Pharmacy) to meet to improve communication</p>				
<p>NDNQI Prevalence data Feb 2021, HAPI Incidence Jan 2021/Debi Reynolds, CWOCN, RN</p>	<p>- HAPIs:</p> <ul style="list-style-type: none"> • 15 in Jan 2021 • 13 were Covid + • Total Covid +, 8 expired • Longest length of stay 62 days • Most were DTIs (Purple) – difficult to differentiate covid and coagulation related • 3 related to Bipaps • 45 patients came in with PIs (POA) • 4th Quarter prevalence data collection (one day in the life of Phelps) – 80pts <ul style="list-style-type: none"> ○ 4 HAPIs ○ All in ICU ○ 1 survived, 3 expired ○ All were covid + 	<p>- Were they Kennedy Ulcers?</p> <p>- Debi Reynolds, CWOCN, RN explained that it is difficult to determine; it is only determined in litigation and we do not have that privilege to say whether an ulcer is unavoidable</p> <p>- Debi Reynolds, CWOCN, RN stated that once they are on hospice, we do not count them</p> <p>- Doreen Wall, RN asked if there were trends regarding wound documentation and whether if the nurse is a known Phelps RN or flex staff; should a skin champion review documentation of a flex staff nurse for new admission?</p> <p>- Jade Santiago, RN stated that flex staff definitely need support</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>

		- Judy Dillworth suggested maybe an FAQ for flex staff to help them succeed			
Press Ganey scores (Patient Experience)/ Phyllis Vonderheide, Director Patient Experience	<ul style="list-style-type: none"> - Top Box 70-80 - as of Feb 3, 76.6 top box score (goal 77), 68th percentile nationally - we are 4th place in Northwell system for recommend and rate - Recommend score: Top box 80.5 (goal 81.1), 80th percentile nationally - Nurse Communication Domain: <ul style="list-style-type: none"> • Nurses listen carefully • Nurses treat you with respect • Nurses explain in a way you understand • 82.1% (83.7 goal), 68th percentile - Strategic Plan for 2021: <ul style="list-style-type: none"> • Culture <ul style="list-style-type: none"> ○ Culture of care ○ Relationship centered communications (physicians) ○ Patient and family partnership councils ○ Team lavender and Schwartz Rounds • Care Delivery <ul style="list-style-type: none"> ○ Patient and family centered care delivery ○ CAHPS/Star ratings driven process improvements ○ Post covid work ○ Experience driven tech and solutions • Hospitality <ul style="list-style-type: none"> ○ Food transformation 	- Phyllis Vonderheide, Director Patient Experience suggested that maybe families could be answering the surveys so we can improve communication and teaching with families as well		<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

	<ul style="list-style-type: none"> ○ Healing arts integrations ○ Consistent execution of hospital standards ○ First impressions <p>-New question on the inpatient survey: How well were we able to connect caregiver to patient?</p> <ul style="list-style-type: none"> • 121 answered • 80 of them chose very good 	<p>- Rachel Ansaldo, BSN, RN stated that a family member of a surgical patient mentioned obtaining a “day pass” for waiting family when they come from a far distance</p> <p>- Phyllis Vonderheide, Director Patient Experience stated that they will be looking into that</p> <p>- Pads in motion: 360 calls made</p>			
Inpatient Fall Report – Jan 2021/ Paula Keenan, Director	<p>- Jan 2021:</p> <ul style="list-style-type: none"> • 16 falls • 4 falls Covid + • System-wide we did well, we reached our goal • Documentation in ImproveNorth must match documentation on the chart in Meditech • Fall Policy will change in a few months to the Northwell Policy • Clinical Alarm audits – telesitter will be added – rates increasing 			<ul style="list-style-type: none"> <input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements 	<ul style="list-style-type: none"> <input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Respectfully Submitted,

Rachel Ansaldo, BSN, RN

Manager Signature

Date _____

Director Signature

Date _____