

Meeting Name	<i>Quality & Safety Council Meeting</i>		Council/Meeting Minutes	<i>Please check off all components and indicators that relate to each topic being discussed.</i>	
Location	<i>Atrium</i>				
Date	<i>03/17/2021</i>				
Time	<i>1:00 PM-3:00 PM</i>				
Conducted By	<i>Kelley Kissane, MA/MS, RN, CNOR & Rachel Ansaldo, BSN/BN, RN</i>				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Welcome	-Welcome to meeting by Kelley Kissane			<input type="checkbox"/> Transformational Leadership <input checked="" 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 checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Review of Minutes	-February meeting minutes submitted and reviewed	-Any changes please submit to co-chairs	-February minutes approved by Helen Renck, VP Pt. Operations		
Charter Review	Review of Charter by Helen Renck -Purpose of the committee -Goals & Objectives -Authority to participate -Membership Responsibilities -Review Activities -QA/PI Programs -Performance Improvement Process -Communication of Relevant Information -Evaluation of Program -Confidentiality	-Presented to & accepted by staff		<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 checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Medication Time Flags	<p>Discussion of ideas to prevent interruptions to the nurse when giving medications by Helen Renck</p> <ul style="list-style-type: none"> -Found maroon paper vests, but need to order a minimum of 3000 -looking at dif't types, ie a bib, bright red, but these are not disposable: how to store, clean, etc 	<p>Looking at Northwell's "Do Not Disturb Initiative"</p> <ul style="list-style-type: none"> -Scripts & signage for both unit secretaries and nurses to use -What is the data, number of med errors 	<p>-Is it possible to get signs or flags to put on the WOW's when nurses are giving medications.</p> <ul style="list-style-type: none"> -Jade Santiago: nurses experience many interruptions, family calls, morning routine -Will continue to pursue initiative 	<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
InPatient Falls Report	<p>Paula Keenan, Director of Pt. Care:</p> <ul style="list-style-type: none"> -Phelps has seen an increase in # of Pt falls, March has seen 8 Falls already, most are in the bathroom <ul style="list-style-type: none"> ● If pt was assisted to the BR, that person MUST stay in the BR with the pt. -Look at new call bell system in the ED; pt call bells activates light tracking down the hallway; adds another visual; looking to place on nsg units, starting with 2 Center -Tele-sitter program: need to reevaluate use: <ul style="list-style-type: none"> ● If a pt is discharged or moved to another room, MUST notify the tele-sitter monitor of the change ● the monitor MUST know the pt's name, ID, assigned nurse ● ASA's can also fax/call the tele-sitter monitor -Looking at shower shoes for patients <ul style="list-style-type: none"> ● found 1, but very small opening and difficult to get on 	<p>Helen Renck:</p> <ul style="list-style-type: none"> -Tele-sitter monitor should also be looking at pt lines, catheters, etc. -Monitor alertness: events have happened and the alarm was not activated; alarm fatigue, 1 person watching 16 cameras, need for breaks, # of hours watching the monitors/shifts <ul style="list-style-type: none"> ● discussion with Paula K. on the need to use bed alarms even if using a tele-sitter. If the bed alarm is missing, call general services to retrieve ● discussion to try to use more tele-sitter in place of ES -1 South as possible pilot project -Rachel A.: something closer to an "aqua" shoe 	<p>-Looking to upgrade the system: wireless, smaller base, ceiling mounts (ligature free)</p> <p>-Will continue to look at alternatives</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input checked="" 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 checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

		-Also need to look at cost; initiative is follow-up to a RCA; looking at shower chairs as well			
Review of Dashboard Quality Indicators	<p>Cathy Calabro, Data Analyst: Most dashboard indicators have seen an uptick in incidents:</p> <ul style="list-style-type: none"> -Falls/Falls with injuries -CAUTIs -CLABSI -HAPIs -Peri-Op pt. burns <p>→This is the first time in many quarters that the majority of the nursing units did not hit their benchmark the majority of the time.</p> <p>Judy Dillworth, Magnet Prog. Director:</p> <ul style="list-style-type: none"> -Need to brainstorm at unit shared governance councils/what can we do differently? -What is the cause for the uptick? -Need 8 quarters that are above the national benchmark for Magnet Status; to show consistency for an extended period of time; still have time prior to next Survey 	<p>-Possible fatigue in nurses coming off a difficult year of COVID-19.</p> <p>-Techs are re-assigned from the units to cover an increase in CO's & ES.</p> <p>-Difficulty with access: The need to gown & glove prior to going into a room increases response time</p> <p>-Doors are closed for most rooms, making it more difficult to see/observe the pt</p> <p>-Rachel A.: influx of flex-staff who are new to the hospital and the units</p> <p>-Jade S.: they still need guidance, or still learning; however, they are becoming more confident</p>	<p>-Need for heightened awareness</p> <p>-Back to Basics: need to re-implement bedside shift report between nurses</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input checked="" type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

<p>Inpatient CAUTI's</p>	<p><i>Alex Xelas, Director of Infection Prevention & Control: Chasing Zero Initiative:</i></p> <p>-2020: Phelps highest in the System for catheter assoc. UTI's</p> <ul style="list-style-type: none"> ●ICU = CMS threshold is 0.727, we are currently at 3.36 ● Non ICU floors = CMS threshold is 0.774, we are currently at 1.5 <p>-Need for culture change around indwelling catheters; avoid use whenever possible, limit length of use</p> <p>-Indwelling catheter Indications:</p> <ol style="list-style-type: none"> 1. Accurate I&Os = hemodynamically unstable 2. Prolonged immobility such as multiple trauma 3. Stage 3 or greater sacral perineal wound 4. Retention Obstruction 5. End of life Comfort Care 6. GU Surgery 	<p>-Bladder scan to straight cath best practice</p> <p>-Hand Hygiene: do prior to donning gloves!</p> <p>-Hospitalists & residents are being told to decrease use of foley catheters as much as possible</p>	<p>Alternative to indwelling catheters:</p> <ol style="list-style-type: none"> 1. Accurate daily weights 2. Use of female urinals, Primafit, Condom Catheter 3. Purposeful Rounding 4. Toileting schedule/collection hat for I&Os 5. Bladder scan to straight cath <p>Carol Daley: Need for "Back to Basics"</p> <p>-placing folders outside of ICU doors to track timing of BM's, catheter & line placement; everyone should easily see and be aware</p> <p>Alex X.:</p> <ul style="list-style-type: none"> -Proper Foley care -Keep foley bags off the floor -lines straight, not kinked, esp. when transporting pt 	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input checked="" 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 checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>
<p>HAPI Indicators</p>	<p>Debi Reynolds, Wound Care Specialist</p> <p>Increase in number of HAPI's</p> <p>-In February, 7 new pt's with HAPI's</p> <ul style="list-style-type: none"> ● 5 of 7 with Covid/4 expired <p>-Look at wound type/prevalence data</p> <p>-Most recent WOCN meeting shows that the data are "all over the place" in the Northwell system</p> <ul style="list-style-type: none"> ● Discussion of repercussion of COVID effect: increase in incidents 		<p>-Northwell/WOCN is looking at how the data are collected & reported; looking to standardize reporting</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 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>

	correspond to Covid pt's, end of life skin breakdown; on vasopressor support; mixed etiology			<input type="checkbox"/> New Knowledge, Innovations and Improvements	
Nursing Quality Indicators	<p>1. Kelly Roush, PACU: Delayed discharge of pt's from PACU</p> <p>2. Ritzel Tuazon-Boer, Hyperbaric Med: Qualitative monitoring/Dive stops</p> <p>3. Lynda Neary, ASU: Pt satisfaction in post-op follow-up calls</p> <p>4. Ashley Sanda, 3 North</p> <p>5. Jade Santiago, 5 North</p> <p>6. Maria Mendlovsky, Maternal Child Health</p>	<p>-Rooms not cleaned in a timely manner/bed assignments; examine surgical order sets</p> <p>-Accreditation for Hyperbaric Unit, in-person, on April 1st & 2nd.</p> <p>-Increased wait time for surgery</p> <p>-Dementia pt sent home with catheter, and pulled out</p> <p>-Focusing on the "4 M's" which include what "matters most", medications, mobility, and mentation</p> <p>-Focus on Falls: Need to increase tele-sitter use</p> <p>-reviewing metrics for the unit/what projects & initiatives can they do?</p> <p>-Estimated blood loss (EBL) vs Quantitative blood loss (QBL) calculation:</p> <ul style="list-style-type: none"> • Management of suction and tamponade • Use of Trilon; increased compliance 	<p>-The surveyors want to see all of the information/data prior to arriving at Phelps</p> <p>-Diabetic education</p> <p>-Elderly Care, most patients over 85</p> <p>-Looking at device to "clear" ears</p> <p>Pilot started February 2021 using paper documentation. This will eventually be in Meditech and then implemented housewide.</p>	<p><input type="checkbox"/> New Knowledge, Innovations and Improvements</p> <p><input type="checkbox"/> Transformational Leadership</p> <p><input checked="" 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 checked="" 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>

	7. Elizabeth Wiley, Pediatrics	<p>-Pt with reaction to Remicade</p> <p>-discussed use of Northwell's pediatric code & anaphylaxis calculator</p> <p>-weigh every pt, do the calculation, print out and post in chart</p> <p>-problems with larger children, guardrails/pump needs to be shut down for pt to receive the larger, weight-based bolus</p>			
Press Gainey Scores/Patient Experience	<p>Phyllis Vonderheide, Director Patient Experience</p> <p>-Those patient who would recommend Phelps Hospital, down slightly lower than last year</p> <ul style="list-style-type: none"> • # 1 issue is communication: patients want to know that their doctors & nurses are listening <p>-Phelps Culture of Care: COVID has made this past year difficult; now that it is decreasing, there is a need to return to those behaviors for which Phelps is known</p> <ul style="list-style-type: none"> • Communication with pt & family • Food/Dietary support <p>-Team Support: Team Lavender</p>		<p>Recommendations to improve the patient experience include:</p> <p>-Rounding: Senior staff visiting units, talking to employees</p> <p>-Communication:</p> <ul style="list-style-type: none"> • Phone etiquette • Team Steps • Managing Up <p>-Back to Basics:</p> <ul style="list-style-type: none"> • Smile/make eye contact • Verbal: say "Hi," Good Morning," Get off cell phones! 	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input checked="" 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 checked="" 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>
Medication History for Reconciliation	Candace Huggins, Manager, Quality Management: Will give report in April			<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 checked="" type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

Respectfully Submitted,

Kelley Kissane, Co-Chair, Quality & Safety
(Type Name of Reviewer)

Kelley Kissane, MA/MS, RN, CNOR
(Type Name of person who took Minutes)