

Meeting Name	Professional Practice Shared Governance Council		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Atrium Conference Room and Microsoft Teams				
Date	5/19/21				
Time	11:00 - 1300				
Conducted By	Candice Johnson, BSN, RN, MEDSURG-BC				
Facilitated By	Carolynn Young, MS, RN, GERO-BC, ONC Judy Dillworth, PhD, RN, NEA-BC, CCRN-K, FCCM				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Call to Order	Welcome Attendance sheet distributed & signed. Record Taker Erin Brady		Welcome!	<input type="checkbox"/> X Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> X Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> X People <input type="checkbox"/> Patient Experience <input type="checkbox"/> X Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> X Operations
Mindfulness Moment Candice Johnson, BSN, RN	5 Minute Mindfulness- thoughts on starting the meeting with a 5-minute meditation session.	Practice is continued from last meeting.	You Tube meditation video played. Some audio difficulties for staff not present in room.	<input type="checkbox"/> X Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> X New Knowledge, Innovations and Improvements	<input type="checkbox"/> X People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Age Friendly Update- The 4 M's model (What Matters the Most, Mobility, Mentation and Medications) Judy Dillworth	Pilot study to be finished on 3N (3 months' worth of data). Thank you to 3N staff. iLEARN on the 4M's to be rolled out in May (next week). Go LIVE for Meditech will be on June 7th.	Next step will be to pursue Level II Age friendly Health System (AFHS)	**PPD Council Representatives should continue to share this information at their unit council meetings.	<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
Healthy Work Environment Judy Dillworth	Healthy Work Environment Challenge: Daisy Award (RRR Council), Care Leaders, Go Clear (OR services), or Lantern (ED). Voting performed / Nomination selected	Judy, some council members did vote in response to Survey Monkey email (Cherry helped pick 4 questions out of 10 item questionnaire). Thank you to those individuals. Kathy C. pulled together votes from Survey Monkey. OR – GO Clear was selected by PPD council. Ten item questionnaire & rubric were brought to Exec. Nurse Council (ENC) It was a close vote.	Based on feedback from both PPD council members and Executive Nurse Council (ENC), the OR Collaborative Care Council, GO Clear initiative was put forward as the official nomination for the Healthy Work Environment Challenge from Phelps.	<input type="checkbox"/> X Transformational Leadership <input type="checkbox"/> X Structural Empowerment <input type="checkbox"/> X Exemplary Professional Practice <input type="checkbox"/> X New Knowledge, Innovations and Improvements	<input type="checkbox"/> X People <input type="checkbox"/> Patient Experience <input type="checkbox"/> X Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> X Operations

Employee Engagement Study Judy Dillworth	Employee Engagement Survey has been sent out via email.	Many surveys are circulating. Staff have received employee engagement survey email.	Please encourage staff members to complete their survey.	<input type="checkbox"/> X Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> X Exemplary Professional Practice <input type="checkbox"/> X New Knowledge, Innovations and Improvements	<input type="checkbox"/> X People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> X Operations
Strategies to increase Certification rates at Phelps Judy Dillworth Nancy Fox Kathy Calabro PPD Council Members	<p>Goal: To improve Nursing certification rates. Recommendation was to bring this issue back to PPD. Need ideas to bring back to Mary McDermott, CNO.</p> <p>Certification – Success Pays is only for ANCC certifications (e.g. Med/Surg, etc.).</p> <p>There are other certifications, that don't fall under ANCC (e.g. Ortho, Emergency Dept., CEN) where nurses have to pay upfront and pass exam in order to be reimbursed.</p> <p>Need suggestions for options to have nurses get paid upfront to take exam, in order to increase certification rates.</p> <p>Kathy Calabro: Phelps currently out performs benchmark. Certification focuses on professionalism. There may be only 4 units that remain below benchmark.</p> <p>Nancy Fox:</p>	<p>A lengthy discussion occurred, w/ lots of input and many ideas were proposed.</p> <p>Erin Brady: For the CEN, ED nurses have to pay upfront & get reimbursed. Staff verbalize many challenges, fear, \$\$, time commitment, etc.. Staff feel as if it's a complicated process (e.g Chrome River, etc.) What if staff member resigns. Staff seem uninformed about process. Who is resource for questions? Is there a Credentialing Council point person for ED? Suggestion to send out Survey Monkey to poll nursing staff about perceived barriers. However, many surveys are currently being conducted (e.g.</p>	<p>Nancy would like the PPD Council to come up with plan.</p> <p>Per Nancy Fox – would like to identify barriers, survey monkey, how to minimize barriers, and what strategies can we use. Create a guide or a resource for credentialing process.</p> <p>Action Items:</p> <p>1) Create Survey Monkey</p> <p>a.) Draft Questions</p> <p>2) Consider role of a Certification Coach. Can this serve as a Mentor function.</p> <p>3) Review results of survey...</p> <p>Will present ideas back to Nancy Fox</p> <p>Review of proposed Ideas:</p> <p>Look at process across all of Northwell. What are other institutions doing.</p>	<input type="checkbox"/> X Transformational Leadership <input type="checkbox"/> X Structural Empowerment <input type="checkbox"/> X Exemplary Professional Practice <input type="checkbox"/> X New Knowledge, Innovations and Improvements	<input type="checkbox"/> X People <input type="checkbox"/> X Patient Experience <input type="checkbox"/> X Quality <input type="checkbox"/> X Financial Performance <input type="checkbox"/> X Operations

	<p>Success pays was created to facilitate new Certifications: A minimum # of nurses need to get certified per annual agreement. Staff member can take exam twice, w/o cost to organization or employee. If we do not meet minimum # of certifications, we still need to pay for exams. In the past Phelps had to pay for 3 exams even though staff did not take exams. Therefore, there is a cost to organization if we don't meet minimums.</p> <p>Vouchers can be pre-purchased. Most vouchers are good for 1 year to register for exam.</p> <p>Or if employee does not follow through and take exam after registering then organization loses money. Example: gave out 3 vouchers and only 1 staff member took exam.</p> <p>If voucher is not used to register for exam, then the voucher is transferable.</p> <p>Voucher programs are currently used by several other organizations.</p>	<p>Engagement survey)...timing?</p> <p>Judy Dillworth: NWH has created a pilot program, where corporate credit card is provided for nurses to use to pay for test up front. We need to be strategic in how \$ is allotted. NWH is different as they have extra funds allocated for education, etc. If we had \$ allocated for certification, where would best utilization be, Salary increase, Exam Reimbursement, etc..</p> <p>Suggestion to use Microsoft Teams for monthly Certification learning sessions.</p> <p>Doreen Gallagher: Certifications should be seen as equal among all specialties. Staff still struggle w/ taking exam. Staff verbalize there is not enough increase in compensation for certification. Surveys data may need to be pieced out to differentiate ANCC certifications vs. Non ANCC.</p>	<p>Dedicate 2 hours on Teams for staff to check in and see where they are in process, have questions answered. Can be hosted by PPD council members or Credentialing Council members.</p> <p>Create a formal process:</p> <ol style="list-style-type: none"> 1) Begin Study 2) Submit a timeline 3) Staff are only given a voucher when all criteria have been met. 		
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		<p>Carolyn Young: Certification is not required for ladder. Many staff are comfortable remaining at a Level I or Level II. Some areas require certification. If that is case should hospital pay for it? Discussion of units where certification is required vs. where it's not.</p> <p>Anyely Cancu-Guzman - Certification for Ambulatory Peri-Anesthesia (CPAN)- review of process, have to fill our form, and get pre-approved, pay, send in application, manager is contacted to confirm # of hours completed. They recently had a staff member pass who did a review class.</p> <p>Candice Johnson – Difference between ANCC certifications and non ANCC creates a perceived disparity, as other nurses have been getting paid upfront. Should be same process for all certifications.</p>			
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		<p>Guiseppe Roma – OR gave examples of how nurses receive increased compensation (e.g. \$2,500) for certain certifications. ***** NEEDS clarification. In order to be successful he sees this as a 3-step process: 1) Study independently. 2) Group Study w/ a promise to take exam. 3) Take Exam w/in 2 or 3 months.</p> <p>Celeste Duncalf: ICU, read a copy of policy or email response from Nancy Fox ????? ***** NEEDS clarification.</p>			
<p>Medication Reconciliation</p> <p>Carolyn Young</p> <p>Kathy Calabro</p> <p>Judy Dilworth</p>	<p>Carolyn initiated discussion on the importance of completing medication reconciliation.</p>	<p>Several issues noted by staff re: compliance.</p> <p>Phelps Nursing website reviewed in mtg. to identify resources for Med Reconciliation. These are attached to Northwell Policy.</p> <p>Judy Dillworth relayed story providing example of how poor med. Rec. can negatively impact pt. Care.</p>	<p>1) Review where gaps in the current process lie.</p> <p>Outline current processes in various departments, What's working vs. What's not.</p> <p>2) Invite Pharmacy Tech or their manager to attend next month's meeting. Determine coverage (e.g. what hours do they work, staffing, process for which patients are selected etc.</p>	<p><input type="checkbox"/> X Transformational Leadership</p> <p><input type="checkbox"/> X Structural Empowerment</p> <p><input type="checkbox"/> X Exemplary Professional Practice</p> <p><input type="checkbox"/> X New Knowledge, Innovations and Improvements</p>	<p><input type="checkbox"/> X 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"/> X Operation</p>

		<p>Erin – ED decreased compliance due to work flow and multiple staff members involved (RN, Pharmacy Tech, Providers).</p> <p>Inability to verify correct med list, due to pt. being poor historian, non-verbal, or lack of info.,pt from Nursing home/ sending facility. Also, no simple way to determine if it's been done from main tracker.</p> <p>Immense value of pharmacy techs. Their work hours are somewhat irregular.</p> <p>Carolyn Young: Pharmacy Techs are best resource for Med. Rec completion. Pre-surgical does Med. Recs. ED is biggest place for process improvement. Need more pharmacy techs.</p> <p>Ashley Sanda– For night staff, can be difficult to complete from a Nursing perspective. Heavy workloads, and confirmed</p>	<p>3) Determine the Provider's role in process. Are they also completing Med. Rec?</p>		
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		<p>difficulty obtaining correct info. from pts..</p> <p>Anyely Cancu-Guzma – Recounted process for Med. Rec in ASU. This task is prioritized in their dept.. High compliance rate for completion.</p>			
Adjournment	Meeting adjourned at 1300	Refer to TEAMS information.			
Next meeting	The next PPD Council is June 16th, 2021 from 1100-1300 in the Atrium.				

Respectfully Submitted, Erin Brady, RN, CEN, BS