## **Phelps Hospital** Northwell Health<sup>\*</sup>

Meeting Name	Quality & SafetyAtriumMay 19th, 20211:00-3:00Kelley Kissane, Sr. Mgr, Organizational Development				
Location				Please check off all components and indicators that relate to each topic being discussed.	
Date			Council/Meeting Minutes		
Time					
Conducted By					
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of April Minutes			Motion approved by Kathy Calabro	<ul> <li>☐ Transformational Leadership</li> <li>Ø Structural Empowerment</li> <li>☐ Exemplary Professional Practice</li> <li>☐ New Knowledge, Innovations and</li> </ul>	<ul> <li>People</li> <li>Patient Experience</li> <li>Quality</li> <li>Financial Performance</li> <li>Operations</li> </ul>
Possible Quality & Safety Fair; Patient Safety Week	-The idea of Phelps holding a Patient Quality & Safety Fair was presented by Kelley K. and Judy D.	-Most staff were not familiar with this idea. Held by other hospitals, usually in March during Patient Safety Week	Team members could present and showcase what units have achieved in the past year at the Patient Quality & Safety Fair. To be discussed further and possibility in March during Patient Safety Awareness Week (March 13-19, 2022)	Improvements Transformational Leadership Structural Empowerment Exemplary Professional Practice New Knowledge, Innovations and Improvements	<ul> <li>People</li> <li>Patient Experience</li> <li>Quality</li> <li>Financial Performance</li> <li>Operations</li> </ul>
NDNQI	Kathy Calabro presented indicators: She reminded all that there is one quarter of lag time (for benchmarks to be identified)		First quarter indicators all trending up; second quarter unofficially appears to be dropping. Falls with injuries for 2 <sup>nd</sup> quarter at 0 (as of May 19 <sup>th</sup> )	<ul> <li>□ Transformational Leadership</li> <li>□ Structural Empowerment</li> <li>⊠ Exemplary Professional Practice</li> <li>□ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>□ People</li> <li>□ Patient Experience</li> <li>☑ Quality</li> <li>□ Financial Performance</li> <li>□ Operations</li> </ul>

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Unit level dashboards ICU dashboard example	Alice Mulligan identified areas of opportunity when reviewing the ICU unit dashboard. -Falls: ↑ use of telesitter and enhanced supervision ICU 1fall = nurse was distracted ICU 1 pressure injury ↑ in CAUTI for 1 <sup>st</sup> quarter: trend slightly down	Alice asked what/if data shows correlation between falls & staffing levels. Judy responded that the purpose of reviewing each incident is to identify Pt on pressors, trying to wean off; malnourished which exacerbates skin breakdown	Goal is to identify opportunity, interventions to improve and outcomes, -Discussion as to how to minimize distractions. -Actions taken over course of year: •Decrease use of foleys (bladder scan & straight cath) •Education on foley maintenance to PCA's •Back to Basics: looking at what does & doesn't work	☐ Transformational Leadership ☐ Structural Empowerment ☐ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements	<ul> <li>□ People</li> <li>□ Patient Experience</li> <li>□ Quality</li> <li>□ Financial Performance</li> <li>□ Operations</li> </ul>
Inpatient CAUTI & CLABSI: Alex Xelas	Chasing Zero: -3 CAUTI's for 2021 -3 CLABSI for 2021 There has been an increased LOS	Changing the culture around these devices	CLABSI: Opportunities for improvement: -Adherence to central line checklist -Daily assessment & documentation of need -CHG bathing -Scrub the hub -Blood culture collection -Hand Hygiene -High Risk for Infection, Pt not managed up timely	<ul> <li>☐ Transformational Leadership</li> <li>☐ Structural Empowerment</li> <li>☑ Exemplary Professional Practice</li> <li>☐ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>□ People</li> <li>☑ Patient Experience</li> <li>☑ Quality</li> <li>□ Financial Performance</li> <li>□ Operations</li> </ul>
HAPI Incidence/ Celebrations	-One incident for the month of April -Trial of Purewick on 2North/ICU •looking to change with Primafit •Is softer, cheaper	<ul> <li>Was Covid Pos, had ↑ bowel movements; Developed 3 days prior to demise</li> <li>Downside: does not hold form, will not bend to pt's curves</li> </ul>	<ul> <li>Debbie has restarted the Unit Celebrations: looking at the # of days without a Pressure Injury</li> <li>Phelps chosen as a trial site; 6 hospitals participating in the trial</li> <li>The questionnaire/evaluation will be the same for all 6 hospitals</li> </ul>	☐ Transformational Leadership ☐ Structural Empowerment ☑ Exemplary Professional Practice ☑ New Knowledge, Innovations and Improvements	<ul> <li>□ People</li> <li>□ Patient Experience</li> <li>∞ Quality</li> <li>∞ Financial Performance</li> <li>□ Operations</li> </ul>

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Age Friendly Health Systems: Ellen Woods	-Phelps is the 3 <sup>rd</sup> hospital in the Northwell System to achieve Age Friendly level II -The focus is on the 4 M's	-What Matters most -Medications -Mentation -Mobility	-Best geriatric practice/dovetails with NICHE	<ul> <li>✓ Transformational Leadership</li> <li>□ Structural Empowerment</li> <li>□ Exemplary Professional Practice</li> </ul>	⊠ People ⊠ Patient
	-Should be discussed in IDR	-Documentation -Discharge: Did we address their needs as to what matters most to them?	-Staff has an obligation to follow up -The goal is communication!	☐ New Knowledge, Innovations and Improvements	Experience Quality Financial Performance Operations
	-Staff Education about the new process		-Unit Champions: staff will have laminated cards with the 4 M's -Outcomes: how can we keep improving -Goal: better communication!		
Pt. Experience, Press Ganey Scores: Phyllis Vonderheide	-Hospital's scores continue to be low •Communication with nurses a low score	-Discussion of grievance vs. complaint •Grievance: after the act, usually something serious. Has stayed with the pt even after discharge •Complaint is "in the moment"	<ul> <li>A grievance needs a response in writing within 7 days</li> <li>-Improvement plan: Goal for each department &amp; each employee to have improved pt satisfaction scores as one of their yearly goals</li> <li>-Goal: Rounding on a regular basis</li> </ul>	<ul> <li>☐ Transformational Leadership</li> <li>☐ Structural Empowerment</li> <li>Ø Exemplary Professional Practice</li> <li>☐ New Knowledge, Innovations and Improvements</li> </ul>	<ul> <li>People</li> <li>Patient Experience</li> <li>Quality</li> <li>Financial Performance</li> <li>Operations</li> </ul>
Inpatient Falls Report; Telesitter Program.	-Patient Falls still increasing -Telesitter orders: utilization rate only at 54%	By mid-May: 13 Falls, 10 of which were in-patient	-Plan: increase use of the telesitter program •Phelps has 14 cameras, only 7-8 are in use at any given time. •New Fall Policy will be rolling out shortly	Transformational Leadership Structural Empowerment Exemplary Professional Practice New Knowledge, Innovations and Improvements	<ul> <li>People</li> <li>Patient Experience</li> <li>Quality</li> <li>Financial Performance</li> <li>Operations</li> </ul>

Next Meeting	Atrium and MS Teams June 16, 2021	☐ Transformational Leadership	□ People
		□ Structural Empowerment	☐ Patient Experience
		□ Exemplary Professional Practice	□ Quality □ Financial
		☐ New Knowledge, Innovations and Improvements	Performance

**Respectfully Submitted,** 

Kelley Kissane, RN