

Meeting Name	Quality & Safety Council Meeting		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	Atrium				
Date	6/16/2021				
Time	1:00 PM- 3:00 PM				
Conducted By	Kelley Kissane MA/MS, RN, CNOR & Rachel Ansaldo BSN, RN				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Review of May minutes	Accepted by Helen Renck			<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 checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Joint Commission Readiness	<p>-Northwell will send a group to do a Joint Commission mock survey August 3-4 at 8:00. Will be very intensive</p> <ul style="list-style-type: none">• Please bring up concerns/questions during this time. Best to ask with Northwell than wait for issues with the Joint. Is educational <p>-The Joint Survey</p> <ul style="list-style-type: none">• Window for Phelps survey is August-September 2022• takes its lead from CMS	<p>-looks at 12 months of data</p> <ul style="list-style-type: none">• have been doing virtual visits with Covid, and so have started asking for	<p>-Will bring survey information from other hospitals</p> <p>-Overhead to announce “Plan J”</p> <ul style="list-style-type: none">• this allows the more time to examine as they may get the documents ahead of time	<input checked="" 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

	<ul style="list-style-type: none"> Major focus will be on Infection Control <p>-Preparation:</p> <ul style="list-style-type: none"> starting with tracers/rounding each month actual drills starting in July Handbook coming out soon 	<p>documents in advance of “visit”</p> <ul style="list-style-type: none"> “adopt” a unit 	<ul style="list-style-type: none"> May decrease the amount of staff they interview 		
Nursing Quality Indicators	<p>Kathy Calabro: Most recent quarter (April-May) did meet the benchmarks overall</p> <p>→One South, falls ↓</p> <p>→5S/2C: did not out perform benchmark for Falls</p> <p>→2N has been reconfigured, will add back into the list</p> <p>→Ambulatory Services: 10/10 outperformed the benchmarks</p>	<p>-Pres Inj, HAPI, CLABSI, CAUTI = all categories hit the benchmark except the ICU</p> <p>-Peri-op: 1 incident (pt burn) first quarter; outperform 2nd quarter</p>	<p>Judy D.-keep track of any interventions done on the units; measure improvements</p> <p>-data trending down, indicators improving</p> <p>-encourage to discuss at staff meetings</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input 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 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>
Press Ganey Scores/Pt. Experience	<p>Phyllis V.: Quest used to track individual unit goals; 2021 goals are assigned by OPCE</p>	<p>Nurse Communication-at 16%; Phelps has always scored at 50% or higher</p> <p>→86% of hospitals in the database are scoring higher than us</p> <p>→4th quarter at 78%; historically at 3rd or 4th in the system, now down to 3rd or 4th from the bottom</p>	<p>Carolynn (2Center): many flex nurses, no TV’s working in the rooms; short staffed (Mary M: number of Flex ns’s decreasing as of May)</p> <p>→can’t correlate scores with just staffing; also need to look at quality of the nurses</p> <p>→feeling on the floors, low morale; ns’s floating to other units; last minute calls from nsg supervisor</p>	<p><input checked="" type="checkbox"/> Transformational Leadership</p> <p><input 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 type="checkbox"/> Quality</p> <p><input type="checkbox"/> Financial Performance</p> <p><input type="checkbox"/> Operations</p>

		May M: 40 positions currently open; interviewing PCA's; assessing needs, trying to accelerate hiring →re-dosing of Culture of Care, classes to be offered	Doreen G.-some staff disappointed due to nursing week being wrapped into Hospital week, felt it should have been separate		
Bedside Shift Report, Helen Renck	-Need to make bedside shift report a priority →introduce next ns to pt; fill in white board so is accurate →challenge, how do we get back to basics; what are the barriers to implementing	Misha-nurses called to float at last minute; many interruptions; last minute assignment changes; all prevent from happening Rachel-constantly trying to decrease interruptions from residents, HUC's, PCA's; not protected time 3N has ¾ pt's per ns while 2N has 5/6 pt's per ns 2N/5N in districts;2C assignments by acuity so makes harder to do bedside report; waiting for the ns to become available	Judy D.-3N always does a good job with it; "hard-wired" into the culture -brainstorm to make a part of the culture in every unit -is an expectation Mary M: -most nurses agree with the need to make it happen; each unit must set it as a standard, make it a part of their basic philosophy	<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	<input checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations

<p>Inpatient Falls Report/Telesitter Clinical Alarms Report</p>	<p>Paula K: May = 12 Falls 8 in-pt -1 with minor injury -rate is creeping downwards; do not see any trends relate to time of day, shift, etc</p> <p>-ilearn for the new Falls Policy; go live with policy in mid-July</p>	<p>-Nurses need to identify who needs a telesitter, bed alarms</p> <p>-assess the pt's; who is confused, need for CO vs telesitter</p> <p>-working to have every room equipped with brackets for telesitter camera</p> <p>-Clinical alarms: •managers doing audits •response time is observational</p>	<p>-Mary M: if pt on bed alarm, must use alarm if pt is moved to the chair as well; increase use of the alarms →looking to enhance to ring through Vocera →lights in the hallway leading to the room as in the ER</p>	<p><input type="checkbox"/> Transformational Leadership</p> <p><input 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 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>Infection Control Report: Alex Xelas</p>	<p>Hand Hygiene: NPSG #7-See attached Power Point</p>			<p><input type="checkbox"/> Transformational Leadership</p> <p><input 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 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 Incidence/Celebrations</p>	<p>Benjelyn S.: -5 HAPI's: →3 deep tissue, none a stage 3 or 4</p> <p>→emphasize the importance of micro-turning: small little movements just to shift the pressure, even this can prevent a PI</p>			<p><input type="checkbox"/> Transformational Leadership</p> <p><input 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 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>→1 med. device injury in the ICU</p> <ul style="list-style-type: none"> •gum above the upper teeth; <p>looking at types of bite blocks</p> <p>→Currently in the middle of the Purewic trial: 30 used in the ICU, 30 on 2N</p> <ul style="list-style-type: none"> •mixed reviews •25%cheaper <p>→PrimaFit: can bend and fit to the pt's anatomy much better; has wings to secure; does have a hard plastic piece at the very bottom</p>				

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Respectfully Submitted,

(Type Name of Reviewer)

(Type Name of person who took Minutes)