

<b>Meeting Name</b>	<i>Quality &amp; Safety</i>		<b>Council/Meeting Minutes</b>	<i>Please check off all components and indicators that relate to each topic being discussed.</i>	
<b>Location</b>	<i>Atrium</i>				
<b>Date</b>	<i>July 21st, 2021</i>				
<b>Time</b>	<i>1:00-3:00</i>				
<b>Conducted By</b>	<i>Kelley Kissane &amp; Rachel Ansaldo</i>				
<b>Topic/ Facilitator</b>	<b>Discussion</b>	<b>Staff Input &amp; Feedback</b>	<b>Action</b>	<b>Magnet Components</b>	<b>Strategic Plan Indicator</b>
Minutes	<i>Motion to approve minutes made by Alex Xelas</i>		<i>Minutes approved</i>	<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
Cut & Paste Charting	<ul style="list-style-type: none"> <li><i>Has resulted in erroneous charting e.g. catheter care when patient does not have a catheter</i></li> <li><i>Don't want to remove functionality – needed for efficiency but more review of pasted information needed before finalizing in the chart</i></li> <li><i>Regulatory &amp; legal issue</i></li> </ul>	<i>Michelle Horvath echoed same dilemma from MD side</i>	<i>None identified- encouraged sharing of caution with cut and paste</i>	<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 checked="" type="checkbox"/> Operations

<p>Infection Prevention &amp; Control</p>	<ul style="list-style-type: none"> <li>• <i>PPT presentation by Alex Xelas</i></li> <li>• <i>Red biohazard bins: L&amp;D, 5S, 2/3N and ED- Alex covered the appropriate placement of the bin and how to use. She showed pictures of the correct &amp; incorrect way</i></li> <li>• <i>Numerous observations of storage of medical equipment, supplies and devices: showed example photos of noncompliance for single patient use device storage</i></li> <li>• <i>Biohazard bags hanging from wows is also not acceptable</i></li> <li>• <i>Observations of equipment going from room to room. Alex covered what can go room to room and what cannot- especially in isolation rooms</i></li> <li>• <i>Look for the IFU or call infection control if you need to know the proper wipe to clean equipment</i></li> <li>• <i>A canister missing from a BP machine is a red flag that we are not using the wipes</i></li> <li>• <i>Separate clean and dirty! There should be 3 feet (3 floor tiles) between clean and dirty- for instance between supplies and a garbage can</i></li> <li>• <i>EVS stocks linen carts- please put the covers DOWN. It is annoying to staff but important</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Yes, Alex answered the pictures were taken herein response to a question</i></li> <li>• <i>Reminder we have visitors again- it creates a bad impression</i></li> <li>• <i>The group was supportive of using pictures. Members in the room thought they are helpful and need to be shared.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Next week the same information will be presented to NLC</i></li> <li>• <i>Infection Control does reinforce with staff, just-in-time education, reach out to nurse managers...it takes everyone</i></li> <li>• <i>Maybe posting pictures in areas with a red "x" thought helpful.</i></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Transformational Leadership</i></li> <li><input type="checkbox"/> <i>Structural Empowerment</i></li> <li><input type="checkbox"/> <i>Exemplary Professional Practice</i></li> <li><input type="checkbox"/> <i>New Knowledge, Innovations and Improvements</i></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <i>People</i></li> <li><input type="checkbox"/> <i>Patient Experience</i></li> <li><input checked="" type="checkbox"/> <i>Quality</i></li> <li><input type="checkbox"/> <i>Financial Performance</i></li> <li><input type="checkbox"/> <i>Operations</i></li> </ul>
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	<i>to keep linen clean and comply with the standards.</i>				
Falls	<ul style="list-style-type: none"> <li>• Paula absent so report highlights given by Co-chair Kelley Kissane</li> <li>• Changes in falls go live tomorrow</li> <li>• Giovanna has the new red socks in stock and the yellow bracelets</li> <li>• IL earn still not 100- keep encouraging</li> <li>• Fall rates are going down however we are still in the red zone</li> <li>• Increased in telesitter being seen response times 14-15 seconds which is improved</li> <li>• In terms of clinical alarms- she is missing many- please go back and remind the audits need to go to Paula</li> <li>• Posters shown that highlight the changes</li> <li>• The yellow band says “fall risk” right on it</li> <li>• Meditech fields reviewed</li> </ul>	<ul style="list-style-type: none"> <li>• Michelle Horvath underscored the continuing need to assess for impulsivity beyond taking the patients working at face value e.g. superficially appropriate responses from Alzheimer’s patients can cover an impulsivity risk, same with patient with historic noncompliance in other areas- like medications and patients with active substance use but not currently showing signs of detox. Difficult to predict noncompliance. Chair comment that Meditech questions should help guide that assessment.</li> </ul>	None additional identified	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

Skin	<ul style="list-style-type: none"> <li>Debbie Reynolds unable to attend. Co-chair Kelley Kissane shared volume of HAPI and lessons learned from her previously submitted report</li> <li>Continue to train to keep diapers open</li> <li>Continue notify all skin conditions on admission, the bed type</li> <li>Call for wound consults whenever a suspicion of injury</li> <li>WONC's available to attend staff meetings...</li> <li>Circled back to Debbie at end of meeting when she arrived</li> <li></li> </ul>		<p>None identified</p> <p>Debbie working with managers of daily variance reporting</p> <p>Debbie continued to volunteer to attend huddles and meetings</p> <p>Reminded of skin champion programs</p>	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Patient Experience	<ul style="list-style-type: none"> <li>Phyllis Vonderheide reported on the patient experience numbers</li> <li>Many scores in the red, communication with nursing 15<sup>th</sup> percentile nationally, 30<sup>th</sup> percentile when compared to NY, 16<sup>th</sup> percentile compared to Northwell</li> <li>Responsiveness by staff, response to call bell also not improved</li> <li>New PCAs in August orientation</li> <li>The attendant on Phyllis'' flight (coach ☺) had a roster and spoke to every customer</li> </ul>	<ul style="list-style-type: none"> <li>ASU still does post calls but it is not the next day necessarily any more- it could be a few days--and anecdotally ASU rep reported that patients are unhappy if not the next day</li> <li>Caleb from 3 North reported the coordinators use to do the discharge phone calls and he is unclear who is making these calls. Phyllis reported Bill Reifer looking at call program.</li> </ul>	<p>None identified- many strategies being looked at by local and system leadership</p>	<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 checked="" type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

	<p><i>by name-we need to instill further this culture</i></p>	<ul style="list-style-type: none"> <li>• <i>The restriction still of visiting thought to be contributing</i></li> <li>• <i>Judy Dillworth reported a recent non-Phelps patient experience and felt that amplifying the handoff from shift to shift would help. It would have been very helpful to know what times to expect physician round, giving patients a pad and pencil, patients do not want to hear “I am watching you from the nursing station”</i></li> <li>• <i>Mather consistently scores well and has a loyal customer base. It was asked their ratio of PCAs to nurses as what one member hears is that there are not enough people to do the hospitality piece of care.</i></li> <li>• <i>Doreen Gallagher described a disgruntled and hysterical family member that was handled through a warm handoff to Melissa</i></li> </ul>			
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Unit Reports	<ul style="list-style-type: none"> <li>• <i>Caleb Wilson (2North) has been doing the “Get to Know me Cloud” for patients with dementia and their families. This was assigned last month on 2N but prior to that the same program was started on 3N.</i></li> <li>• <i>Linda (ASU)- 2<sup>nd</sup> Qtr. two fall-outs for patient satisfaction. We always ask if there is anything we could have done better and we share this in huddle. We had over 500 patients and for the most part, excellent reports- the beautiful feedback does not seem to jive with the patient experience scores. ASU has been trying to encourage all patients to do the survey- so that respondents to the formal survey are not just negative comments. We have a sheet that we give to patients that has the names of the nurses that took care of them during their stay so patients can recognize nurses. PACU is aware but OR has not formally been educated the form is available</i></li> <li>• <i>Fall out 1: cataract patient- procedure cancelled because issues with machine so she had to come back and of course was very upset.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Judy Dillworth reminded to track timing so we can see if it impacts patient experience scores</i></li> <li>• <i>Kelley Kissane commented that in prior hospital had little cards on card stock so the nurse could write a note such as “thank you for letting me care for you”</i></li> <li>• <i>Discussion of patient discomfort issues being verbalized- one possibility is that medicated patients nod and they could compromise the surgery. The discussion of discomfort with cataract surgery discomfort and awareness belongs with the surgeon and it appears the surgeon’s office has opportunity</i></li> <li>• <i>It was wondered why RN is not available related to recovery room report. One issue appears to be huddle and change of shift. This is understandable but sometimes the “can’t- we are in huddle” is followed by “can’t-rounding on our patients, can’t --passing meds...” With ASU huddle, maybe a nurse can stay back.</i></li> </ul>	None identified	<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 checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
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	<ul style="list-style-type: none"> <li>• <i>Fall out 2: patient complained of different messages from nurse and doctor. Recovering patients may mis-recollect conversations as well.</i></li> <li>• <i>Recovery room is monitoring delay in discharges e.g. no room assign. Assign not clean, floor or ASU RN unavailable for report. Results have been variable. Started in March. RR rep went over the results. This data does not include ECT patients.</i></li> <li>• <i>Alice (ICU) Improving-CAUTI -none, CLABSI-doing better at getting foleys out, spontaneous awakening and patient experience measures which are performing desirably. Northwell does not take cultures after discontinuing foley catheters but we do.</i></li> <li>• <i>Stephen Dow delinked current reporting</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Room zapping with UV lights can also impact.</i></li> <li>• <i>Discussion of how to turn these great reports into strategy. Candace Huggins identified the use of a GEMBA board in this circumstances.</i></li> <li>• <i>Judy Dillworth encouraged looking at an outcome indicator such as “delays in care” on patient satisfaction measures</i></li> <li>• <i>Member at another organization as a patient had a status board that showed status while waiting for their procedure. It was discussed that we have the capacity but we are not providing updates to family such as patient has not gone in on time. Families do not understand the lag times in different preparation and waiting phases.</i></li> <li>• <i>Discussion of practice versus policy as it relates to reflex cultures as discontinuing foleys. All agreed it is important to bring practices to this committee that are not aligned with policy.</i></li> </ul>			
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Adjournment	<i>The meeting was adjourned at 2:53</i>			<input type="checkbox"/> <i>Transformational Leadership</i> <input type="checkbox"/> <i>Structural Empowerment</i> <input type="checkbox"/> <i>Exemplary Professional Practice</i> <input type="checkbox"/> <i>New Knowledge, Innovations and Improvements</i>	<input type="checkbox"/> <i>People</i> <input type="checkbox"/> <i>Patient Experience</i> <input type="checkbox"/> <i>Quality</i> <input type="checkbox"/> <i>Financial Performance</i> <input type="checkbox"/> <i>Operations</i>