

<b>Meeting Name</b>	<i>Quality &amp; Safety Committee</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>09/15/2021</i>				
<b>Time</b>	<i>1:00pm-3:00pm</i>				
<b>Conducted By</b>	<i>Kelley Kissane, MA/MS, RN, CNOR</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>
Call to order  Minutes Approved	<i>Kelley Kissane</i>  <i>Judy Dillworth,</i>			<input checked="" 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
Review of clinical indicators	1. Falls  2. HAPI's-within benchmark 3. CLABSI-within benchmark	-3 units currently not outperforming benchmark on falls	Presented by Kathy Calabro	<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	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

<p>Roundtable Patient Falls Discussion</p>	<p>•Ann Moss: -Does the level of staffing influence the fall risk? -Majority of pt falls are within the first 3 days of the hospital stay</p> <p>•T-Charts: 1 way to see a process; is it stable &amp; predictable →How long can we go without a fall?</p> <p>• Units having difficulty with new fall assessment tool</p>	<p>-Data shows the majority of falls do occur earlier in the pt stay. -units are assessing and documenting fall risk within 24 hours</p> <p>•What influences the intervals? →pt census →staffing levels →medication →pt acuity →what else?</p> <p>•Debriefs →need to include staffing levels →are tech staffing levels included in the report</p> <p>•Lack of visitors also contributing to increase falls</p> <p>•What else was going on at the time in the unit: staffing might be great, but maybe everyone was involved in a code</p> <p>• Need to incorporate tool into post-fall huddle</p> <p>•What is different in new assessment? →impulsivity →numerical score/Hendricks</p> <p>•Feeling amongst staff is that the new tool is vague, not as clear-cut</p>	<p>•Average days between falls is 3.7</p> <p>•Looking at the number of days from 1 fall to the next.</p> <p>•a strong peak indicates a long period of time between each fall</p> <p>•Look at what was happening to cause both high and low peaks</p> <p>•the ED had a very high peak with 120 days between falls</p> <p>•is there a time of day falls more frequent?</p> <p>•Fill out Post-Fall huddle tool! (supplemental to the electronic system)</p> <p>•Choices are: 1). Fall precaution 2). Fall precaution with possible harm</p> <p>•Will encourage educators to reach out to staff about questions/concerns with new assessment</p> <p>•the new Fall Policy was put into effect July22nd</p>	<p><input checked="" 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 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>
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			<ul style="list-style-type: none"> <li>• Another new fall tool will be starting in later in the year; “Six Clicks”</li> </ul>		
DISCO Reflex Orders: derived from Lean Event	<p><i>Bundling orders together with goal of saving time (will no need to call MD:</i></p> <p><i>Ultimate goal is to decrease length of stay</i></p>		<p>-KVO with normal saline (morphine &amp; dilaudid drips)</p> <p>-CHG bathing orders</p> <p>-BP med guidance with dialysis orders</p> <p>-daily weight orders for loop diuretics and chemo orders (weight range was increased from 1-300 to 1-500)</p> <p>-Currently working on contrast for CT orders</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>
HAPI Report	<p><i>July: 1 HAPI from to tight ace wrap; surgeon had ordered do not touch dressing</i></p> <p><i>August: 1 ICU pt who had been admitted in July; refused turning by nurses</i></p>	-resulted in un-stageable heel PI	<p>-1/3 of all HAPI's are medical device related: TEDS, ACE Wraps too tight (surgeon wanting to do the 1<sup>st</sup> dressing change)</p> <p>-PICO questions: will application of padding under ace wraps prevent PI's; residents to explore</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 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>

Unit Reports:	<p>→Miska &amp; Jade: looking at telesitter use &amp; fall, systematic reviews, clinical falls</p> <p>→Karen (endo): specimen labelling. The tech assists, the circulator documents, then confirms with 2<sup>nd</sup> person</p>	-99.5 % are correct		<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 type="checkbox"/> Operations
Unit Reports (cont):	<p>→Alice (ICU): working on pain assessment for stroke &amp; vent pts = CPOT tool</p> <p>→Ritzel (Hyperbaric) =study to publish with compression table</p> <p>→Lynda(ASU)-Pt satisfaction scores low</p>		-there is a disconnect from what they hear when doing post-op phone calls, vs what the pt satisfaction scores are actually showing	<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 type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Risk Management Report	Michelle Hovrvath: recent case, pt deceased with heart & kidney disease; appetite and intake both decreased over time; BGM decreased, started dialysis. Was documented as at risk for intake and need for supplemental nutrition.	<p>-Was made NPO for a procedure</p> <p>-did pt "resign" from living?</p> <p>-</p>	-dialysis record is still paper -no automatic post-dialysis blood work done/reflex orders for blood work -look for signs of hypoglycemia/soft-signs of weakness	<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 type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations


**Respectfully Submitted,**

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(Type Name of Reviewer)

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(Type Name of person who took Minutes)