

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
Call to Order 4:30 PM	The following members were present on the attached sign-in roster.	A quorum was present and the meeting was called to order.	None.
Introduction(s)			
	None	None	None.
Public Comments			
	None	None	None.
Minutes			
Meeting Minutes	Approval of April 1, 2019 MEC minutes.	None	Motion to approve: Dr. Perezalonso Second the motion: Dr. Padron All approved
Old Business			
Bun and Creatinine 1. Do we move forward with this 2. What is the age range?	Dr. Marino brought the policy that he currently uses and stated that under 60 they do not do bun and creatinine.	None	Tabled Motion to move creatinine to 1.7 in the ER.: Dr. Padron Second the Motion: Dr. Perezalonso Dr. Marino to send me the policy for creatinine for MEC approval.
Initiative to increase EMR notes to 100% and eliminate hand written notes/orders by contracted In-house staff (Peds, Ob, Med).	Anesthesiologists are getting in-serviced on the EHR system. Goal: 100% Pediatrics are getting in-serviced on the EHR system. Goal: 100%	None	Give ER physicians access to the HMS system similar to the Resident Physician.
Report			
Credentialing Department Report	MEC members were given a list of all practitioners moving on to provisional privileges.	None	Motion to approve initial appointments and

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	MEC members were give a list of all practitioners moving on to active privileges.		resppointments. 1 st motion: Dr. Padron 2 nd motion: Dr. Perezalons
Treasurer Report	Amount in PNC account: \$60,079.99	None	None
Committee Reports			
CCU Committee	All MEC members were given a copy of the CCU reports and reviewed the March data comparing it to their prior year data.	None.	None
P&T Committee	Charlene discussed the April P&T summary report and the policies that were updated. Charlene discussed medication variances, adverse drug event, antimicrobial stewardship, ISMP Safety, Policy Update, and formulary consideration.	None	None
New Business			
Peer Review New Process / Form	A consultant firm reviewed the peer review process. The Peer review will now be named as PPEC (Professional Practice Excellence Committee). There is a new process in place.		Tabled New process to be approved next MEC meeting
Department Reports			
Delinquent Medical Records	Discussed the Delinquent Medical Records report with the members of MEC. The list has continues to go down. Dr. Cardinal has been sent a letter. She is currently out of country. Will complete when she is back. Dr. Adame currently has a delinquent report.	Going forward, chief resident will be responsible for all residents behind on their notes. Residents behind on notes will have to stay behind after didactics to complete all notes and there will be no PTO request if there are delinquent reports.	Dr. Padron to speak with Dr. Ottino and the Locums providers on signing off on their notes before their last day.
Emergency Department Report	Discussed the ED Report for March and April in MEC packet that is pulled from the EDIS. Turn-around time has been decreased for	None.	None

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	hospitalization. Trying to fine tune the AMR system.		
Anesthesia Report	LMC received a proposal on 04/23/19.	None.	None.
Radiology Service Report	None.	None.	None.
Surgery Services Report	Permanent group is expected to start 05/01/19. Provider getting credentialed.	None.	None.
OB Services Report	All members of MEC were given a copy of The OB reports.	None.	None.
Pediatric Services Report	All members of MEC were given a copy of The OB reports.	None	None
Laboratory Service Report	Dr. Bolton discussed the Laboratory report that the MEC has received with their MEC packet. Documentation transfusion report has gone down to 96% and then to 84% due to vials not being documented and waste of products. Dr. Mathews has been having an issue with taking packed cells and returning the unused back. Due to the packed cells not in their proper temperature for return, they are considered to be waste in product.	Suggestion: to provide a cooler to the OB room during delivery.	Tabled Dr. Padron to talk to our OB staff to get their input and Dr. Mathew to get his input.
Chief Medical Officer	Working with the FM residents as part of an action plan to improve HCHAP scores and overall patient experience through focusing on pain control and communication in the hospital. Transition of Care (spearheaded by the FM Residents) Real-Time Surveys to start in the ER to assess Perception of Care and Comfort Met with Dr. Alonso and Brenda Gile, Director of School Health to discuss how we may be able to collaborate in the future.	None.	None

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	<p>05/23/19 FM Residents providing PE for 8th graders at Carver Middle School</p> <p>Ongoing OPPE/FPPE processing, chart reviews, and meeting with the providers</p> <p>In contact with KidzMedical to facilitate a Pediatric Rotation for the FM Residents</p> <p>Ongoing process improvement collaborating with the ER team, Hospitalist team, Cardiologists, and Nephrologists to assure appropriate and timely discharge of inpatients prior to 11am on the day when they are to be discharged.</p> <p>Collaborating with Ob/gyn physicians and Nursing to improve quality of care and patient satisfaction</p> <p>Ongoing process improvement for our AMAs and LWBS through weekly meetings and real time provider feedback.</p> <p>Ongoing Sepsis, AMI and Stroke quality review and physician engagement in improvement of these quality metrics.</p> <p>Review and assistance in mediation of multiple RiskQual/ Complaints.</p> <p>Active Med Staff engagement and mediation.</p>		
<p>Family Residency Report</p>	<p>Scheduled ACGME site visit: June 19, 2019</p> <p>New DIO voted and approved by GMEC members: Jennifer Dorcé-Medard, DO</p> <p>New Chair of GMEC voted and approved by GMEC: Karen Harris</p> <p>Resident Salary</p> <ul style="list-style-type: none"> ▪ PGY-3: \$51,000 ▪ PGY-2: \$48,500 	<p>None</p>	<p>None</p>

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	<ul style="list-style-type: none"> ▪ PGY-1: \$46,000 Chief Stipend <ul style="list-style-type: none"> ▪ Peer Selected Chief: \$4,000 		
Director of Nursing	<p>QUALITY</p> <p>New Quality Measure – PC-06 (effective 1/1/2019)</p> <p>Revised the Quality Core Measure Report – CY 2019</p> <p>Revised the Press Ganey Clinical List</p> <p>The Joint Commission Sustainability Calendar - ongoing monitoring for Joint Commission Findings</p> <p>HAIs – Environment of Care Rounds</p> <p>Refining the process for Provider OPPE and FPPE</p> <p>Exclusive Breastfeeding Initiative Action Plan</p> <p>Infection Prevention and Control Plan – CY 2019</p> <p>CDC NHSN Influenza Report – due May 2019</p> <p>DON registered for the Agency for Health Care Administration’s (AHCA) Emergency Status System (ESS) – 4/4/2019</p> <p>SERVICE</p> <p>Vacant position – Women, Infant Children Manager</p> <p>Developing an action plan to Cross Training Women, Infant and Children staff</p> <p>Preceptorship – School Health Nurse – MSN Leadership Program at Nova Southeastern University</p> <p>GROWTH</p> <p>Creating or revising policies and procedures Based on budget approvals for FY starting October 2018, equipment and supplies are being processed via contracts and purchase orders.</p> <p>Updated the Education Calendar – located on sharepoint</p>	None.	None.

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	<p>Review of all Service line performance improvement dashboards</p> <p>Revised the Wound Care Policy and Procedure.</p> <p>Developed documentation in HMS PE and order sets</p> <p>Staff Training/Education: Wound Care – March 2019</p> <p>Infection Prevention/Control Nurse participated in a webstream NHSN training course on “HAI Surveillance 2019” on March 25-29, 2019</p> <p>Assistant Nurse Manager, Women, Infant and Children - AWOHNN Conference attendance – June 2019</p> <p>Assistant Nurse Manager, Surgical Services - AORHN Conference attendance – April 2019</p> <p>Staff Training/Education- “Stop the Bleed” – March 2019</p> <p>Webinar: “Preparing the new Joint Commission Standard effective July 1, 2019: Best Practices in Anticoagulant Therapy”</p> <p>Collating nursing report related to achievements i.e. degree(s) and certifications</p> <p>Staff Training/Education – Safety Updates for Educators of Newborn Parents – April 11, 2019 (Children’s Services Council)</p> <p>Webinar – “Hospital IQR Program Requirements for CY 2019 Reporting (FY 2021 Payment Determination) – April 29, 2019</p> <p>Participated in a Career Fair hosted by Street Beat – May 2, 2019</p> <p>Clinical Educator and Risk Manager participated in a</p>		

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	Career Fair at Glades Central Community High School – April 25, 2019		
Continuous Quality & Patient Safety Improvement Committee Report	None	None	None
Risk Management	Report has been given to all members of MEC. Alyssa was not able to attend MEC meeting. If there are any questions or concerns they can contact Alyssa Tarter at any time.	None.	None.
Administrator Report	<p>Peer Review – There is a Peer Review Work Group that is reviewing/revising all of the new Peer Review documents. These revised documents will be sent to MEC for approval in May.</p> <p>Blue Radiology – new permanent radiology group started on 2/1/19 – proposal received on 4/13/19 to expand services – in progress and tbd.</p> <p>AMR – currently in HCD Compliance Department.</p> <p>Travel Medicine and Infectious Diseases – new group of 5 providers getting credentialed – expected start date is 5/1/19 – contract currently in HCD Compliance Department.</p> <p>Blue Medical – new permanent surgical group – expected start date is 5/1/19 – provider getting credentialed.</p> <p>Anesthesia – proposal received for permanent group on 4/23/19 – in progress.</p>	None.	None.
Adjournment	Meeting adjourned at 6:10 PM		

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	Next meeting June 3, 2019		
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APPROVE