

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
Call to Order 4:32 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)			
	Asha Collier introduced Edgerty Pierre – Louis and informed members that Edgerty will present for Dr. Yaw Abu when he is unable to attend MEC.	None	None
Public Comments			
	None	None	None
Minutes			
Meeting Minutes	Approval of July 6, 2020 MEC minutes	None	Motion to approve July 6, 2020 MEC minutes 1 st Motion: Janet Moreland 2 nd Motion: Dr. Barry Davis
New Business			
Sepsis Presentation	Jennifer Glisson presented Sepsis Data from the months of April and May 2020. Presentation was provided to all MEC members	None	None
Ethics Committee	Dr. Davis suggested that the hospital needed to have an Ethics Committee to decide on the continuing of care for patients.	Janet will do research with cooperate, compliance and legal to follow-up with the previous committee that was established.	None
Provider to Provider Consultation Process	Dr. Davis suggested that consult needs to be between provider and provider not between staff and provider.	Dr. Ishan Gunawardene will speak with the Nephrology groups and Dr. Yaw Abu to inform them to provide provider to provider consults instead of staff to provider consults.	None

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		Asha will send providers the on-call calendars for the physician groups.	
Body Release Consent Form	Form was provided to MEC members a week before MEC to review.	None	Motion to approve the Body Release Consent Form: 1 st Motion: Dr. Davis 2 nd Motion: Dr. Carlson
Pelvic Exam Consent	Form was provided to MEC members a week before MEC to review.	None	Motion to approve the Pelvic Exam consent: 1 st Motion: Dr. Carlson 2 nd Motion: Dr. Davis
LMC RIS12 Patient Chaperoning Policy	Policy was provided to MEC Members a week before MEC to review.	Tabled until next MEC meeting.	None
LMC RIS12a Patient Chaperoning Procedure	Procedure was provided to MEC Members a week before MEC to review.	Tabled until next MEC meeting.	None
Post Mortem and Morgue Policy	Policy was provided to MEC Members a week before MEC to review.	None	None
Post Mortem and Morgue Procedure	Procedure was provided to MEC Members a week before MEC to review.	None	None
Report			
Treasurer Report	Amount in PNC account: \$ 87,111.99	None	None
Committee Reports			
CCU Committee	All members received the July 2020 vs July 2019 CCU report. Edgerty presented the report for Dr. Yaw Abu.	Janet wanted to know are we still conducting interdisciplinary rounds on the patients in ICU.	Interdisciplinary rounds on patients in the ICU started back up on August 24, 2020.
Department Reports			
Credentialing Report	All MEC members were given a copy of all physicians applying for Initial Appointment and Reappointment for review and approval	None	Motion to approve the list of physicians attached applying for Initial Appointment and Reappointment. 1 st Motion: Dr. Davis 2 nd Motion: Dr. Carlson

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Family Residency Report	<p>Provided a copy of the approved Minutes from June 25, 2020 GMEC meeting</p> <p>Residents continue to be involved with COVID Testing</p> <p>Most Recent ACGME Letter of Notification RE: Institution 8001101166</p> <p>O Annual Update due: August 7, 2020</p> <p>Most Recent ACGME Letter of Notification for the Family Medicine Program</p> <p>o Annual Update due: August 28, 2020</p> <ul style="list-style-type: none"> • New Peer Selected Residents to attend 2020 – 2021 GMEC meetings <p>O Sonya Dusseault, DO – PGY-3</p> <p>O Janaki Saoji, MD – PGY-2</p> <p>O Nzingha Saunders, DO – PGY-1</p> <p>New Peer selected Resident to attend 2020 – 2021 PEC meetings</p> <p>O Jesse Grieb, DO – PGY-2</p>	None	None
Delinquent Medical Records	<p>Discussed the Delinquent Medical Records report with all members of MEC</p> <p>Average Monthly Discharge rate has decreased from last month to the month of June 2020 with a rate being 1788.</p> <p>There are 36 deficiencies greater than 30 days and all physicians have been sent a letter notifying of their delinquent notes</p>	None	None

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Emergency Department Report	All MEC members received the ED Report for the month of June 2020.	None	None
Radiology Report	Dr. Marino and Michelle Bush provided the radiology report for the month of June.	None	None
Surgery Services report	Dr. Davis provided the surgical procedures comparing Current year 2020 to FY 2019 for the month of June.	None	None
Lab Report	Dinaliza provided the Laboratory report for the month of June 2020. Lab reviewed 40 blood transfusion records with 3 (8%) incomplete documentation.	None	None
OB Services Report	MEC members were given OB reports to all MEC members. OB reported 18 deliveries with 13 vaginal deliveries, 5 C-sections and 2 Primary.	None	None
Pediatric Report	Dr. Cosme provided the pediatric report for the month of May.	None	None
Risk Management Report	Risk Management provided the executive summary for the month of May 2020. Alyssa discussed the Body Release Consent Form, the Pelvic Exam Consent, LMC RIS12a Patient Chaperoning Policy and Procedure, and the Post Mortem and Morgue Policy and Procedure. See New Business meeting notes above	None	None
Continuous Quality & Patient Safety Improvement Committee Report	Sylvia Hall Provided the Quality Management Report to all MEC members which discussed	None	None

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	<p>updates on all quality reports, quality meeting dates and time, and staff development.</p>		
<p>Director of Nursing Report</p>	<p>QUALITY Working with Widline, the wound care nurse in revising the wound management/prevention policy and burn policy for next MEC. Admitting physician discusses wound with Widline and if the wound warrants a consult from surgery – this is done peer to peer (admitting physician to surgeon) IV policies were updated to acknowledge infiltrations and how to score the infiltrate</p> <p>SERVICE Overall patient satisfaction scores – HCAHPS comparison results: December 2019-February 2020 – rate hospital = 48% March 2020-May 2020 -- rate hospital = 72% April 2020-June 2020 -- rate hospital = 69% December 2019-February 2020 – recommend hospital = 59.7% March 2020-May 2020 -- recommend hospital = 67.9% April 2020-June 2020 -- recommend hospital = 65.5%</p> <p>DRIVERS</p>	<p>None</p>	<p>None</p>

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	<p>Interdisciplinary rounding staff/charge with hospitalist/residents Communicate clearly and often between nurses and physicians and educate patients We need to be the drivers for service excellence for Lakeside – “5” star GROWTH EPIC training has taken off with webex reviews all last week showing the different areas such as wound care, nursing documentation, dialysis, case management, radiology, etc. Physicians scheduled for the week of August 10 It is very exciting so far.</p>		
Executive Director Report	<p>GROWTH Lakeside Medical Center Dialysis Outpatient Unit Update – planning continues TJC Mock Survey Planning – budgeted for FY 2021 AHCA Risk Management Mock Survey – planning underway ANNOUNCEMENTS OB Services Update – service line will continue (meetings- HCD Board members, OB/GYN Administrative team, LMC staff, HR) Associate Chief Medical Officer/DIO – September 2020</p>	None	None

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	<p>COVID- 19 Planning and Information Screening and temperature reading – HCD School Nurses Monthly testing for employees – self scheduling process Hurricane Isaias Activation based on Executive Order – Saturday, 8/1/2020 through 8/2/2020 HCD Leadership conference calls COVID-19 physical distancing considerations Screening of all employees i.e. start and end of shift Screening of all visitors – upon arrival and evening (dinner) time Points of Entry into the hospital – ED. Employee entrance and PCC Staffing plan – Team and B Visitors/Family members – armband provided etc. Notification to contracted providers Sleeping arrangements i.e. employees and visitors Expenditure report – FEMA</p>		
Adjournment	Meeting adjourned at 6:24 pm Next meeting September 14, 2020		