

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
Call to Order 4:40 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)			
	Heather Bokor, Chief Compliance and Privacy Officer		None
Public Comments			
	None		None
Minutes			
Meeting Minutes	Approval of August 2, 2021 MEC minutes.	None	Motion to approve August 2, 2021 MEC meeting minutes 1 st Motion: Regina Stolpman, DON 2 nd Motion: Dr. Luis Perezalonso All approved
Old Business			
HCD Recognition Program	None	None	Janet Moreland was absent and will present at the next MEC meeting.
New Business			
	None	None	None
Report			
Treasurer Report	Amount in PNC account: [\$ 97,702.21] Medical Staff dues were deposited from Dr. Abouekde, Megan McCartney, PA and Johnny "Jay" Terry, PA. PNC access was received today and will	None	None

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	work on the budget for next meeting. Normally there is a "Outing for Residents" but hasn't heard anything yet. Will follow up with the accountant regarding the taxes.		
Committee Reports			
Pharmacy Report	Insulin pens will be replaced with vials. New Business: Pyxis issues <ul style="list-style-type: none"> We are working with IT and MHS on these issues. Continue to notify pharmacy and log tickets with IT to communicate issues. Medication Backorders/Shortages <ul style="list-style-type: none"> Please review the backorder list for updates. Email communication will be sent concerning any changes due to backorders/shortages. Process Changes Rhophylac workflow <ul style="list-style-type: none"> Pharmacy will not dispense until an in-basket message is sent with the appropriate labs. If nursing sees it on the MAR, please have them confirm with lab and/or pharmacy. 	None	Motion to approve Insulin pens to be replaced with vials 1 st Motion: Dr. Luis Perezalonso 2 nd Motion: Dr. Jennifer Dorce-Medard All approved

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	<ul style="list-style-type: none"> • Further discussions to be had with Dr. Pass and order set review before October to determine any changes that affect patient safety. <p>Insulin pens will be replaced with vials</p> <ul style="list-style-type: none"> • Cost savings switching to vials • EPIC does not recognize pen barcode and new label must be provided multiple times for the same pen for the same patient. • Dated vials will be kept in Pyxis • Draw up dose with witness for verification in the med room • Barcodes will be provided for scanning • Expedite administration time • Once approved, communication will be provided to nurse managers and posted in the med rooms once the vials are loaded into Pyxis for administration. • Key EPIC staff will be notified to remove the pens from formulary so the correct product is ordered by providers. • Final approval needed from MEC to proceed. (See approval at the top before New Business) <p>Old Business:</p> <ul style="list-style-type: none"> • No meeting held in July due to EPIC go live. • Glucagon has been removed from the crash carts. Still available in Pyxis. <p>Medication Variances:</p>		

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	<ul style="list-style-type: none"> • One Pyxis Miss-Fill <p>Antimicrobial Stewardship:</p> <ol style="list-style-type: none"> a) Due to EPIC go live on July 1st and the transition from Clinical Measures to entering I-vents in EPIC, we recorded 3 interventions for Antimicrobials for July. Two of the interventions fell in the categories for clinical interventions. b) Antimicrobial purchases are meeting goal. Increase Remdesivir purchases due to increased prescribing in July. (24 orders July vs. 5 orders in June) c) Days of therapy and Length of therapy will be reported in next months dashboard due to report creation in progress. <p>ISMP Safety</p> <ul style="list-style-type: none"> • TN Board of Nursing’s unjust decision to revoke nurse’s license: Travesty of top of tragedy! • Weapon of mass destruction? • Update on the need for a (Neulasta) pegfilgrastim formulation for pediatric dosing. <p>Barcode Medication Administration Report</p> <ul style="list-style-type: none"> • Improvement shown in PED, MED and OB with a decrease in OBO. • New report from EPIC shows 90.6% combined scanning compliance with 92.3% 		

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	<p>Medication compliance and 95.1% Patient compliance.</p> <ul style="list-style-type: none"> The highest non-compliance scanning reason is barcode unreadable. This will be monitored closely every month to determine if unreadable barcodes are a recurrent issue. <p>Scanned Flushes Report</p> <ul style="list-style-type: none"> Flushes scanned and Patients scanned have increased since last month. July report not available from EPIC but reports are in the process of being built. 		
Department Reports			
Family Residency Report	<p>Provided a copy of the approved Minutes from July 22, 2021 GMEC meeting is attached. The Family Medicine Program Site Visit was August 23, 2021 - Stage 2 status. Been an increased but manageable clinical demand. Attached is the Annual Program Evaluation 2020-2021. More faculty support is needed to get the word out about Lakeside Medical Center. Also, in need of a Family Medicine Doctor for the clinics.</p>	None	None
Delinquent Medical Records	<p>All MEC members received the Delinquent Medical Records report for August 30, 2021.</p>	None	None
Emergency Department Report	<p>All MEC members received the ED Report for the month of July 2021. Dr. Perezalonso reported the ER seen 1,611 for the year compared to 1,120 last year. Transfers -- 78 compared to 66 last year. Hospitalized – 229 with turn-around time at 394. Worse, due to staffing and holds. AMA – 37, due to</p>	None	None

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	social situations and not wanting to stay in the hospital.		
Radiology Report	All MEC members received the Radiology Report for July and August 2021.	None	None
Surgery Services Report	All MEC members received the Surgical Report for July and August 2021.	None	None
Credentialing Report	Credentialing & Privilege Report for September 13, 2021 – Provisional and Reappointment	None	Motion to approve Credentialing & Privilege Report for September 13, 2021 – Temporary Privileges 1 st Motion: Dr. Jennifer Dorce-Medard 2 nd Motion: Dr. Ishan Gunawardene All approved
Lab Report	All MEC members received the Laboratory report for July 2021. Transfusion slip documentation is pending. EPIC needs to build the report. Wastage: 3 units PRBC – expired on stock; 1 unit of CCP – patient left AMA and 16 units of plateletpheresis – expired on stock, totaling \$10,615.43 for July. OneBlood states there is a CCP shortage. No longer allowed to stock on hand - only order as needed.	None	None
OB Services Report	All MEC members received the OB report for July and August 2021: 6 deliveries, 5 vaginals, 1 C-section and 2 transfers.	None	None
Pediatric Report	All MEC members received the Pediatric report for July 2021.	None	None
Associate CMO Report	Mock Joint Commission visit findings on August 3 rd and 4 th <ul style="list-style-type: none"> • FPPE/OPPE (M.S.08.01.01, EP1, M.S.08.01.03 EP1- EP3) - Evaluations to be 	None	

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	<p>completed every 8 months (to include 10 chart reviews and/or 3 procedure reviews, if provider has low volume, all available charts will be reviewed and case log requested) KPI must be included.</p> <ul style="list-style-type: none"> • Radiology personnel (M.S.03.01.01, EP 16) – Qualifications of radiology staff must be approved by medical staff. Dr. Marino has approved the P&P and will go into ConvergePoint. • Bylaws recommended changes (M.S.01.01.01, EP10) - Address how issues will be resolved between organized medical staff and executive committee, describe composition of the representative charged with reviewing issues and how issues will be investigated and what will happen if conflict is not resolved. • Individual health concerns (M.S.11.01.01, EP1): Define process for identifying and managing concerns regarding individual practitioner’s health. <p>Lucina is in house and ready to deliver!</p> <p>PPEC (Professional Excellence Committee) 1st meeting</p> <ul style="list-style-type: none"> • 1 Peer review completed • Discussed KPI 		

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	<p>Heme/Onc started - Dr.Fein is seeing patients in person. Telemedicine on hold until approved. APRN for his practice is getting credentialed.</p> <p>Request to terminate privileges should be accompanied by an official letter to the credentialing department.</p> <p>Hospitalist excused from huddle if Patient census is greater than 25 during COVID surge. Senior resident on service to notify Dr. Medard of discharges.</p> <p>AMR started Regen-COV infusions this month, referral required with positive COVID-19 results.</p> <p>EPIC updates:</p> <ul style="list-style-type: none"> • Do not shred EKGs, be careful not to order duplicate EKGs. • Do not document in patient chart that you spoke to risk manager. <p>Reminders:</p> <ul style="list-style-type: none"> • Refrain from scheduling provider who has not had confirmed Epic access granted. 		
Quality Report	All MEC members received a copy of the Quality Core Measures Report – Q2.	None	None
Director of Nursing Report	None	None	Nothing to report.

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Risk Management	All MEC members received a copy of the Risk Management Dashboard – Quarter 3 - July 2021. There were 41 incidents for this quarter.	None	None
Associate VP Report	All MEC members received a copy of the Executive Summary.	None	None
Adjournment	Meeting adjourned at 5:40 p.m. Next meeting October 4, 2021		

APPROVED