

**Chief of Staff**  
David Bohorquez, DO



**Chief Medical Officer**  
Daniel Padron, DO

**Secretary/Treasurer**  
Melissa Carlson, MD

**Chief of Staff-Elect**  
Roman Skylar, MD

**Medical Executive Committee Meeting Agenda**  
**September 23, 2019**  
**4:30 p.m. – 6:00 p.m.**

1. **Call to Order**
2. **Introduction(s)**
3. **Public Comment(s)**
4. **Approval of Previous Minutes**
  - a) August 5, 2019 minutes
  - b) September 12, 2019 Emergency MEC minutes
5. **Treasurer Report**
6. **Old Business**
  - a) Ongoing update on the Initiative to increase EMR notes to 100% and eliminate hand written notes/orders by contracted In-house staff (Peds, Ob, Med).
  - b) Physician's Lounge
7. **New Business**
8. **Graduate Medical Education Report – Dr. Jennifer Dorce-Medard**
  - a) GMEC July Meeting Minutes
9. **Delinquent Medical Records - Manuel Diaz**
  - a) Unresolved Chart Deficiencies & Delinquent Count
10. **Committee Reports**
  - a) CCU Committee- *Dr. Yaw Abu*
  - b) P&T Committee- *Charlene Murray*
    - i. P & T Summary Report – July 2019
11. **Emergency Services Report- Dr. Scheppke / Dr. Perezalonso**
12. **Radiology Services Report – Dr. Thomas Marino**
13. **Laboratory Department Report – Dinaliza Calderon/ Dr. Thomas Bolton**
14. **OB Department Report – Dr. Sherida Williams**

15. **Pediatrics Department Report-** *Dr. Yolanda Cosme*
16. **Chief Medical Officer-** *Dr. Daniel Padron*
17. **Risk Management** -*Alyssa Tarter*
18. **Continuous Quality & Patient Safety Improvement Committee Report** – *Sylvia Hall*
19. **Hospital Administrator** - *Janet Moreland*
20. **Closed Session**
21. **Adjournment:** Next scheduled Medical Staff Meeting is on October 7, 2019

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
Call to Order 12:35 PM	The following members were present on the attached sign-in roster.	A quorum was present and the meeting was called to order.	
<b>Report</b>			
Credentialing Department Report	All members present were given the credentialing report attached to review all medical staff applying for Provisional Privileges or Active Privileges or Allied Health Professional.	None	1 <sup>st</sup> Motion: Dr. Daniel Padron 2 <sup>nd</sup> Motion: Dr. Melissa Carlson All approved
Adjournment	Meeting adjourned at 12:46 PM Next meeting September 23, 2019		

DRAFT

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.
<b>Introduction(s)</b>			
	Janet Moreland introduced Regina Stolpman as the new Director of Nursing for Lakeside Medical Center. Regina was previously the Nursing Manager for ED at Lakeside Medical Center and has previous nursing manager experience in state and out of state and we welcome her to continued success as our new Director of Nursing for LMC.	None	None.
<b>Public Comments</b>			
	None	None	None.
<b>Minutes</b>			
Meeting Minutes	Approval of July 1, 2019 MEC minutes.	None	First Motion: Dr. Carlson Second Motion: Dr. Padron All Approved
<b>Old Business</b>			
	Ongoing update on the Initiative to increase EMR notes to 100% and eliminate hand written notes/orders by contracted In-house staff (Peds, Ob, Med). There are some physicians who are still writing their EMR notes. This will continue to be an ongoing process.		Ongoing Process
<b>Report</b>			
Treasurer Report	Amount in PNC account: \$66, 064.00 \$15 were taken out due to a check that bounce and some checks were returned due to the check not being deposited before the 90 day expiration date on the date. A discussion was had of the process for	None	Debbie Hall to check on the process for Dr. Carlson to receive checks from Dr. Carlson for MEC.

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	Dr. Carlson receiving the checks from the credentialing department.		
<b>Committee Reports</b>			
CCU Committee	All MEC members were given a copy of the CCU reports and reviewed the June data comparing it to their prior year data.	None.	None.
P&T Committee	Tabled for next MEC meeting as Charlene was not able to attend this MEC meeting.	None	None
<b>New Business</b>			
2019 Medical Staff Bylaws	All members were given a copy of the latest updated medical staff bylaws for review.	None	Tabled for next meeting Joe-Ann to cross out Rules and Regulations from the Medical Staff Bylaws title and Joe-Ann to send a copy of the Rules and Regulations of all Medical Staff members for review prior to MEC meeting.
Reportable Diseases / Conditions	Jennifer Glisson gave all MEC members a copy of the latest and greatest report of all reportable diseases. If Jennifer is not here all nursing managers including Sylvia Hall can provide a copy to all who request for one.	None	None
Physician's Lounge	Joe-Ann and Janet Moreland has walked through the Physician's Lounge to check the overall condition of the Physician's Lounge. Joe-Ann has been working on getting a quote from JC White and IT is currently working on updating the IT portals for EMR use in the physician's lounge. Joe-Ann is	Dr. Padron suggested for MEC members to decide on who will be responsible for updating the Physician's Lounge. As of right now there are 2 chairs that are broken. The lounge was refurbished on 2013. All furniture and floor were refurbished during that time.	Tabled for next meeting Motion for all 10 chairs to be updated in the physician's lounge. 1st motion: Dr. Gunawardene 2nd motion: Dr. Padron All approved

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	working with IT to purchase a printer that is capable of printing EMR notes.		Joe-Ann to provide a quote for 10 new chairs next meeting.
Request Change of date for November MEC meeting	Dr. Bohorquez as requested for the November meeting to be changed from Monday, November 4, 2019 to Tuesday, November 12, 2019. Dr. Bohorquez will be out of town and will not be able to attend MEC November 4, 2019.	None	Motion to move November MEC meeting from Monday, November 4, 2019 to Tuesday November 12, 2019. 1st Motion: Dr. Padron 2nd Motion: Dr. Carlson All approved
<b>Department Reports</b>			
Delinquent Medical Records	Discussed the Delinquent Medical Records report with all members of MEC. The list has continued to go down. There's nothing that stands out. Dr. Philogene has stayed in the single digit. There are doctors who do not rotate as often. Some doctors who does not rotate through LMC are typically the ones that fall in the delinquent report. All ED physicians have access to Physicians Experience in HMS.	None	Deborah Hall and Janet Moreland will be working on the 90 day Windows access.
Emergency Department Report	Discussed the ED Report for June in MEC packet that is pulled from the EDIS. Left without being seen has gone down to 0. ED will not continue to track AMAs. They have been doing pretty well for turnaround time. total census has gone up.	None.	None
Radiology Service Report	All members were given the monthly Quality Metrics for Radiology.	None	None
OB Services Report	All members of MEC were given a copy of the June OB reports. Dr. Carlson has discussed that all perimeters have shown some improvement in nurses documenting better. OB numbers were	None.	None.

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	increased since Dr. Mathews was on vacation for the month of July.		
Pediatric Services Report	All members of MEC were given a copy of the May Pediatric reports.	None	None
Laboratory Service Report	All members of MEC were given a copy of the Continuous Quality Patient Safety Improvement Laboratory reports for April. All indicators were met (pending newborn screening data).	None	None
Chief Medical Officer	<ul style="list-style-type: none"> <li>• Ongoing OPPE/FPPE processing, chart reviews, and meeting with the providers</li> <li>• AKI pharmacy review with Pharmacy and Sylvia</li> <li>• ALTO guidelines with Dr. Perezalonso and Regina as part of HCHAP improvement strategy in the ER – presented at MEC 07/01/19 for implementation in 08/01/19 with ongoing monitoring</li> <li>• Creation of Dashboard for Narcotic prescribing by ER physicians – January 2019</li> <li>• Ongoing ER Real-Time Survey with Regina as part of HCHAP improvement strategy - &gt;95% positive feedback</li> <li>• Addiction Stabilization Committee</li> <li>• Webinar FHA DOH for House Bill 451 Non-Opioid Alternatives</li> <li>• Meeting with Chief of Staff to discuss HB 451 and pamphlet disbursement to medical staff</li> <li>• Credentialing/Clinical Privileges Review for incoming providers - Onrad</li> </ul>	None.	Peer review to be moved to November 12, 2019.

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	<ul style="list-style-type: none"> <li>• Involved in interviewing Director of Nursing candidate</li> <li>• Worked with Dr. Gunawardene to facilitate detox patient received yesterday from Lantana Clinic.</li> <li>• Meeting with Terri Calsetta and Rose from Brumbach Clinic coordinating physical exams for the back to school bash at West Tec</li> <li>• Review of facility CMS Measures 04/01 – 06/30 Top 5 Outliers</li> <li>• Birth Placed for Adoption Meeting – Janet, Alyssa, Skip, call-in from Val (Legal)</li> <li>• Meeting with Alyssa to discuss denial by Prestige Insurance, requesting feedback from radiologist for an omission in a reading.</li> <li>• Phone call with Valerie Shahariari - HCD Legal Counsel to discuss performing detox service at LMC</li> <li>• Pre-Training Meeting with David Especiale, James DelaPietra, Alonso Cruz – prior to launch of telemedicine for psych.</li> <li>• Ongoing Sepsis, AMI and Stroke quality review and physician engagement in improvement of these quality metrics.</li> <li>• Review and assistance in mediation of multiple RiskQual/ Complaints.</li> <li>• Active Med Staff engagement and mediation.</li> </ul>		
Family Residency Report	All MEC members were given the June GMEC meeting minutes for review. Dr. Dorce-Medard	None	None



TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	<p>will be coming back from Maternity Leave tomorrow, August 6, 2019. LMC is currently working on getting a contract and a program letter of agreement for all Family Medicine Residents to complete their Peds Rotation at their location. All residents are able to ePrescribe. All residents has been volunteering at the back to school events in the Tricity Glades Area and throughout the Palm Beach County that LMC and HCD has approved.</p>		
<p>Director of Nursing / Administrator Report</p>	<p><b>QUALITY</b></p> <ul style="list-style-type: none"> <li>• New format - 2<sup>nd</sup> Quarter Quality Core Measure Report</li> </ul> <p><b>SERVICE</b></p> <ul style="list-style-type: none"> <li>• Vacant position – Women, Infant Children Manager</li> <li>• Vacant position – ED Manager</li> <li>• Gift Shop Manager – Anne Gray</li> <li>• Radiology Manager – Jacques LaGrange Sr.</li> <li>• Director of Nursing and Patient Safety and Quality Improvement – Regina Stolpman</li> </ul> <p><b>GROWTH</b></p> <ul style="list-style-type: none"> <li>• CT Scanner Project – fully operational</li> <li>• Contract(s) update i.e. Dialysis etc. (3 machines and up to 80 -90 services)</li> <li>• The Joint Commission (CY 2020 Standards) – approximately 12 webinars</li> </ul>	<p>None</p>	<p>None</p>

TOPIC	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	<ul style="list-style-type: none"> <li>• Lakeside Health Advisory Board Meeting – 8/13/2019 ( Community Needs Assessment)</li> <li>• Anesthesia Contract – pending</li> <li>• Blue Medical Services Contract – Surgeon – Dr. Davis started on 8/3/2019</li> <li>• User Request Form (URF) meeting – initial meeting held on 7/29/2019</li> <li>• Baxter Pumps – wireless feature enhancements</li> <li>• Medication Reconciliation process review</li> <li>• LMC 10<sup>th</sup> Anniversary Planning Meeting – initial meeting held on 7/29/2019</li> </ul>		
<p>Continuous Quality &amp; Patient Safety Improvement Committee Report</p>	<p>The report for June has been given to all members of MEC. Sylvia discussed quality events and reports comparing prior years to current year.</p>	<p>None</p>	<p>None</p>
<p>Risk Management</p>	<p>The risk report for June has been given to all members of MEC. Alyssa will be having a meeting to discuss policies and procedures on the adoption process.</p>	<p>None.</p>	<p>None</p>
<p>Adjournment</p>	<p>Meeting adjourned at 6:10 PM Next meeting September 23, 2019</p>		

# Business Checking Plus

PNC Bank



For the Period 08/01/2019 to 08/30/2019

Primary Account Number: 12-3155-7919

Page 1 of 2

Number of enclosures: 0

LAKESIDE MEDICAL CENTER MEDICAL  
EXECUTIVE COMMITTEE INC  
39200 HOOKER HWY  
BELLE GLADE FL 33430-5368

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## Business Checking Plus Summary

Account number: 12-3155-7919

Lakeside Medical Center Medical  
Executive Committee Inc

Overdraft Protection has not been established for this account.  
Please contact us if you would like to set up this service.

## Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
66,064.99	14,450.00	2,700.00	77,814.99
		Average ledger balance	Average collected balance
		76,126.65	76,099.39

## Deposits and Other Additions

Description	Items	Amount
Deposits	1	14,450.00
Total	1	14,450.00

## Checks and Other Deductions

Description	Items	Amount
Checks	1	2,700.00
Total	1	2,700.00

## Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
08/01	66,064.99	08/06	80,514.99	08/09	77,814.99

# Business Checking Plus

For 24-hour account information, sign-on to  
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For the Period 08/01/2019 to 08/30/2019  
Lakeside Medical Center Medical  
Primary Account Number: 12-3155-7919  
Page 2 of 2

Business Checking Plus Account Number: 12-3155-7919 - continued

## Activity Detail

### Deposits and Other Additions

#### Deposits

Date posted	Amount	Transaction description	Reference number
08/06	14,450.00	Deposit	031405366

### Checks and Other Deductions

#### Checks and Substitute Checks

Date posted	Check number	Amount	Reference number
08/09	1005 *	2,700.00	076857695

### Detail of Services Used During Current Period


Note: The total charge for the following services will be posted to your account on 09/03/2019 and will appear on your next statement as a single line item entitled Service Charge Period Ending 08/30/2019.

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	17	.00	Included in Account
Checks Paid	1	.00	Included in Account
Deposited Item - Consolidated	15	.00	Included in Account
Deposit Tickets Processed	1	.00	Included in Account
Cash Flow Insight Waive Fee	1	.00	Included in Account
Total For Services Used This Period		.00	
Total Service Charge		.00	

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- Select a store -

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<b>Subtotal before delivery</b>	<b>\$1,290.00</b>
Delivery	\$79.99
<b>Total For This Order</b>	<b>\$1,369.99</b>

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### × Product description

403.809.51

Soft, hardwearing and easy care leather, which ages gracefully.

You sit comfortably thanks to the high back and seat with polyester wadding.

The chair legs are made of solid wood, which is a durable natural material.

For increased stability, re-tighten the screws about two weeks after assembly and when necessary.

May be completed with FIXA self-adhesive floor protectors to protect the underlying surface against wear.

This chair has been tested for home use and meets the requirements for durability and safety, set forth in the following standards: EN 12520 and EN 1022.

#### Designer

Karl Malmvall

### × Product size

Tested for: 243 lb

Width: 21 1/4 "

Depth: 22 7/8 "

Height: 38 1/4 "

Seat width: 21 1/4 "

Seat depth: 16 1/2 "

Seat height: 18 1/2 "



× **Care instructions**

**Frame**

Wipe clean using a damp cloth and a mild cleaner.

Wipe dry with a clean cloth.

**Cover**

Wipe clean with a damp cloth.

For best possible result, treat with ABSORB leather cleaner.

× **Environment & materials**

**Materials**

**Main parts:**

Dyed through top-grain leather with a treated, embossed and pigmented surface

**Leg:**

Solid beech, Stain, Clear acrylic lacquer

**Back and seat frame:**

Solid wood, Molded layers of fiberboard

**Seat:**

High-resilience polyurethane foam (cold foam) 2.2 lb/cu.ft., Polyester wadding

**Back:**

Polyurethane foam 1.4 lb/cu.ft.

**Cover:**

Split leather

**Graduate Medical Education Status for MEC**

**September 23, 2019**

- **GMEC May 2019 Meeting Minutes**

- Hurricane Coverage
- Retreat Postponed to September 27, 2019
- Update on Pediatric Rotation at St. Mary's.

# LAKESIDE MEDICAL CENTER

## Graduate Medical Education Committee Meeting Minutes

### JULY 25, 2019 MEETING MINUTES

Topic/Group: Graduate Medical Education Committee		Location: Lakeside Medical Center			
Date: July 25, 2019		Time: 2:00 PM			
Facilitator: Karen Harris, Chair of GMEC		Recorder: Joe-Ann Hyppolite, Program Coordinator			
Karen Harris, Chair of GMEC / VP of Field Operations*	P	Bryan Dawkins, MD, Assistant Program Director *	P	Cynthia Oxley, Interim DIO   Program Coordinator   Contract Manager	P
Jennifer Dorcé-Medard, DO, FM Program Director / DIO *	P	Janet Hamstra, Ed.D, CEME/OPTI KPCOM-NSU *	A	Joe-Ann Hyppolite, Institutional / Program Coordinator	P
Janet Moreland, APRN, MSN, LHRM Hospital Administrator	P	Sylvia Hall, RNC, BSN, Quality Improvement Coordinator	P	Dr. Sherida Williams OB/GYN Faculty	P
Luis Perez-Alonso, MD Emergency Medicine Physician	P	Alyssa Tarter, RN, LHRM, Risk Manager / Patient Safety	P	Joanna Drowos, MD, Florida Atlantic University	P
Daniel Padron, DO, Chief Medical Officer*	P	Christal Santos Landeros, DO, Peer Selected Resident*	P	Ishan Gunawardene, MD, Internal Medicine Preceptor	P
Robert Parkes, MD., MPH., Assistant CHD Director   Chief Medical Director & Epidemiologist Florida Department of Health – Palm Beach County	A	Sonya Dusseault, DO, Peer Selected Resident*	P		
Alina Alonso, MD, HCD Governing Board Representative*	A	Samuel Espinal, DO, Peer Selected Resident*	A		
Present, Absent			Present, Absent		

<p><sup>1</sup> <b>Regarding GME Committee Responsibilities (ACGME Institutional Requirements I.B.4), the GMEC must:</b></p> <p>Have oversight of:</p> <ol style="list-style-type: none"> <li>1) The ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs</li> <li>2) The quality of the GME learning and working environment</li> <li>3) The quality of educational experiences in each program that lead to measurable achievement of educational outcomes</li> <li>4) The programs' annual evaluation and improvement activities</li> <li>5) All processes related to reductions and closures of programs, major participating sites, and the Sponsoring Institution</li> </ol> <p>Review and approve:</p> <ol style="list-style-type: none"> <li>6) Institutional GME policies and procedures</li> <li>7) Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits</li> </ol>	<ol style="list-style-type: none"> <li>8) Applications for ACGME accreditation of new programs</li> <li>9) Requests for permanent changes in resident/fellow complement</li> <li>10) Major changes in programs' structure or duration of education</li> <li>11) Additions and deletions of programs' participating sites</li> <li>12) Appointment of new program directors</li> <li>13) Progress reports requested by a Review Committee</li> <li>14) Responses to Clinical Learning Environment Review reports</li> <li>15) Requests for exceptions to duty hour requirements</li> <li>16) Voluntary withdrawal of ACGME program accreditation</li> <li>17) Requests for appeal of an adverse action by a Review Committee</li> <li>18) Appeal presentations to an ACGME Appeals Panel</li> </ol>
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<i>TOPIC &amp; PRESENTER</i>	<i>DISCUSSION</i>	<i>RECOMMENDATIONS &amp; ACTIONS</i>	<i>Voting Item</i>	<i>Approved</i>	<i>GMEC Responsibilities</i>	<i>FOLLOW-UP Responsible Parties / Deadline</i>
<b>Call to order 2:03 PM</b>	The above GMEC members were present on the attached sign-in roster.	A quorum was present and the meeting was called to order.		None	I.B – GMEC I.B.1 - Membership	None
<b>Approval of the Minutes from June 27, 2019 meeting</b>	June 27, 2019 meeting minutes was sent to the GMEC members prior to the GMEC meeting via email	Janet Moreland: Motion to April 28, 2019 minutes as written. Dr. Padron: second the motion	X	Approved = All Unapproved = 0	I.B.4.b) – Review and Approval of GMEC responsibilities	None
<b>Old Business</b>						
<b>Poster Display at LMC</b>	Joe-Ann and Plant Operations Dept. is currently working on finding a location in the hospital to display all resident posters that were presented during the poster competition.	Recommended location discussed is the back hallway where all staff commutes from the ER to the lab or cafeteria. Joe-Ann has discussed with the residents to bring their posters prior to attending their didactics meeting.		None	None	Residents to bring their posters prior to attending their didactics meeting.
<b>Family Medicine Application update sent 06/23/2019</b>	Family Medicine application has been sent on 06/23/2019 and we are currently waiting on approval. ACGME asked some questions about the relocation application and the FM application pertaining to the attending.	None		None	I.B.4.b).(3)	Pending status from ACGME for the Family Medicine Application and the relocation application.
<b>Update on Golisano Children's Hospital of Southwest Florida as a location for resident rotation</b>	Dr. Dawkins spoke to his contact at Golisano Children's Hospital of Southwest Florida. Currently waiting on the outcomes from St. Mary's before proceeding to continue	None		None	None	Tabled

<b>TOPIC &amp; PRESENTER</b>	<b>DISCUSSION</b>	<b>RECOMMENDATIONS &amp; ACTIONS</b>	<b>Voting Item</b>	<b>Approved</b>	<b>GMEC Responsibilities</b>	<b>FOLLOW-UP Responsible Parties / Deadline</b>
	to contact Golisano Children's Hospital.					
<b>Update on inpatient peds rotation at St. Mary's Medical Center</b>	<p>St. Mary's informed Karen indication that they will approve the residents rotating at their location pending further discussion pertaining to expenses.</p> <p>Darcy and Karen also had a discussion with Nicolas Children's Hospital and they are very open to approving the peds. Rotation to be located at their location. Darcy and Karen will be visiting their location to further discuss the details of the peds. Rotation.</p>	None		None	None	<p>Karen to further discuss peds. Rotation at St. Mary's with Janet, Joe-ann, and Dr. Dorcé-Medard.</p> <p>Currently waiting on St. Mary's to contact Karen to further discuss Peds. Rotation</p> <p>Karen and Darcy to visit Nicklaus Children's Hospital for further discussion on peds. Rotation.</p>
<b>Wellington Regional Medical Center</b>	Wellington Regional to give Karen Harris a call back to further discuss possible pediatric rotation at their location and Wellington Regional's program coordinator to give Joe-Ann a call to collaborate in assisting in the pediatric rotation process.	None		None	None	Dr. Ishan Gunawardne to contact Wellington to further discuss possible pediatric rotation.
<b>Medical Assistance at After School Sport Games</b>	Residents are able to provide medical assistance to public school students at the after school sports games but it will have to be under their own accord as it is not covered	None		None	None	Karen to discuss with Darcy on sovereign immunity coverage to elective in private offices outside of

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
	under sovereign immunity in their contract between LMC and the resident.					Palm Beach County.
<b>New Business</b>						
<b>PEC meeting</b>	PEC meeting scheduled for August 1st to create APE  <u>PEC Member</u>  Bryan Dawkins, MD Seneca Harberger, MD John D. Adame, DO Ishan Gunawardene, MD Jennifer Dorcé-Medard, DO Joe-Ann Hyppolite	None		None	None	PEC members to attend 1 <sup>st</sup> PEC meeting on August 1, 2019 to begin the APE process.
<b>Community Outreach</b>	All residents are currently involved in the Back to School Bash and has volunteered to provide a first aid station and/or school physicals at the event.	Information of Back to school Bash events and residents volunteering are as follows:  <u>July 27th – Back to School Bash</u> <b>Location:</b> West Tech <b>Address:</b> 2625 NW 16th St, Belle Glade, FL 33430 <b>Time:</b> 8:00 AM – 2:00 PM <b>Volunteers:</b> <b>First Aid Station:</b> Christal Santos Landeros, DO – PGY-2 Jesse Grieb, DO – PGY-1 <b>Appointment Table for Physicals:</b> 1 Belle Glade Staff Terri Calsetta Joe-Ann Hyppolite  <u>August 3rd – Back to School Bash</u> <b>Location:</b> Boost Mobile in Belle		None	None	Residents and Program Coordinator to attend Back to School events on August 3, 2019 and August 10, 2019.  Going forwards all to request for volunteers prior to making a commitment with the event.

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
		<p>Glade  <b>Address:</b> 551 SW 16th St, Belle Glade FL, 33430  <b>Time:</b> 9:00 AM – 2:00 PM  <b>Volunteers:</b>            First Aid Station:            David Lepoff, DO – PGY-3            John D. Adame, DO – PGY-2            Kerlan St. Prix, DO – PGY-2</p> <p><b><u>August 3rd - 19th Annual TLJMS Community Health Fair</u></b>  <b>Location:</b> Max. M. Fisher Boys &amp; Girls Club  <b>Address:</b> 221 W 13th St, Riviera Beach, Florida 33404  <b>Time:</b> 8:00 AM – 2:00 PM  <b>Volunteers:</b>            Providing School Physicals:            Samuel Espinal, DO – PGY-3            Thy Bui, DO – PGY-1            William Draper, DO – PGY-1</p> <p><b><u>August 10th – Pahokee Back to School Bash</u></b>  <b>Location:</b> Pahokee High School  <b>Address:</b> 900 Larrimore Rd, Pahokee, FL 33476  <b>Time:</b> 9:00 AM – 3:00 PM  <b>Volunteers:</b>            First Aid Station:            David Lepoff, DO – PGY-3            Quanecia Beasley, DO – PGY-2            Anna McClain, DO – PGY-1</p> <p>Recommended to discuss the events requesting for</p>				

<i>TOPIC &amp; PRESENTER</i>	<i>DISCUSSION</i>	<i>RECOMMENDATIONS &amp; ACTIONS</i>	<i>Voting Item</i>	<i>Approved</i>	<i>GMEC Responsibilities</i>	<i>FOLLOW-UP Responsible Parties / Deadline</i>
		volunteers prior to making a commitment with the event.				

**ACGME Correspondence & Updates**

<b>New Draft of Milestones for CCC members</b>	A new draft of the Family Medicine Milestones is now available for review. The Milestone reporting data, along with your other survey results and comments were used to lead these changes. Each of the Milestones (19 total) have four questions in which we ask your level of agreement with the statement. We also include a question at the end asking you to indicate your preferred year to start using the new milestones. New information has been given to all GMEC members for review.	None		None	None	CCC members to review prior to next scheduled PEC meeting prior to the midyear milestones.
<b>Annual ADS update due August 09, 2019</b>	Annual ADS update due August 09, 2019	Joe-Ann is currently updating all information in ADS for LMC Family Medicine Program and on the Sponsoring Institution side.		None	None	Joe-Ann and Dr. Dorcé-Medard to approve and update all information in the ADS prior to August 30, 2019 for the program side and August 9, 2019 for the SI side.

**GMEC Responsibilities**



<b>TOPIC &amp; PRESENTER</b>	<b>DISCUSSION</b>	<b>RECOMMENDATIONS &amp; ACTIONS</b>	<b>Voting Item</b>	<b>Approved</b>	<b>GMEC Responsibilities</b>	<b>FOLLOW-UP Responsible Parties / Deadline</b>
<b>ACGME Status of the SI</b>	Currently waiting on the approval status from the IRC. Site visit was held on June 19, 2019. The SI Accreditation Status is currently Initial Accreditation with Warning.	None		None	I.B.4.a (1) - ACGME accreditation status of the Sponsoring Institution	Pending Accreditation Status from the IRC. Informed that we will be notified in October 2019.
<b>ACGME Faculty / Resident Survey</b>	All members were given a copy of the ACGME Faculty / Resident Survey results for review.	GMEC members to review and collaborate on how to proceed with the survey results.		None	I.B.5.a (2) ACGME Surveys of residents and core faculty members.	Continued discussion on ACGME Faculty / Resident Survey results on the next GMEC Lunch & Learn meeting after the execution of the 2019 APE by the PEC members.

### Reports

<b>Family Medicine</b>	<p>There has been no violations in Clinical and Educational Work Hours for any FM resident physician.</p> <p>Relocation Application for FMP Clinic has been submitted to the ACGME for approval.</p>	None		None	<p>I.B.4.b).(10) - clinical and educational work hour requirements</p> <p>I.B.4.b).(5) - major changes in each of its ACGME-accredited programs' structure or duration of education</p>	Dr. Dorcé-Medard to await the approval status of the FMP Relocation Application from ACGME.
<b>Lakeside Medical Center</b>	<p><b>QUALITY</b> The following are the established measurable goals for the 2019 – 2020 calendar year:</p> <ul style="list-style-type: none"> <li>2<sup>nd</sup> Quarter Quality Core Measure Report</li> </ul> <p><b>SERVICE</b></p> <ul style="list-style-type: none"> <li>Vacant position –</li> </ul>	None		None	I.B.1.b).(4) - individual or designee responsible for monitoring quality improvement or patient safety	The Joint Commission webinars invites to be extended to all LMC managers who would like to attend.

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
	<p>Women, Infant Children Manager.</p> <ul style="list-style-type: none"> <li>• Vacant position – ED Manager</li> <li>• Gift Shop Manager – Anne Gray</li> <li>• Radiology Manager – Jacques LaGrange Sr.</li> <li>• Director of Nursing and Patient Safety and Quality Improvement – Regina Stolpman</li> </ul> <p><b>GROWTH</b></p> <ul style="list-style-type: none"> <li>• CT Scanner Project – anticipated to be fully operational middle/end of next week</li> <li>• Contract(s) update i.e. Dialysis etc. (3 machines and up to 80 -90 services)</li> <li>• The Joint Commission (CY 2020 Standards) – approximately 12 webinars</li> <li>• Lakeside Health Advisory Board Meeting – 8/13/2019 ( Community Needs Assessment)</li> <li>• Anesthesia Contract – pending</li> <li>• Blue Medical Services Contract – Surgeon – anticipated start date 8/5/2019</li> <li>• User Request Form (URF) meeting – 7/29/2019 @ 2:00 p.m.</li> <li>• Baxter Pumps – wireless feature enhancements</li> </ul>				<p>III.B.2. - Quality Improvement:</p> <p>III.B.2.a) - access to data to improve systems of care, reduce health care disparities, and improve patient outcomes</p> <p>III.B.2.b) - opportunities to participate in quality improvement initiatives</p>	

<b>TOPIC &amp; PRESENTER</b>	<b>DISCUSSION</b>	<b>RECOMMENDATIONS &amp; ACTIONS</b>	<b>Voting Item</b>	<b>Approved</b>	<b>GMEC Responsibilities</b>	<b>FOLLOW-UP Responsible Parties / Deadline</b>
	<ul style="list-style-type: none"> <li>Medication Reconciliation process review</li> <li>LMC 10<sup>th</sup> Anniversary Planning Meeting – 7/29/2019 at 1:00 p.m.</li> </ul>					
<b>Resident</b>  - Samuel Espinal, DO – PGY 3 - Christal Landeros, DO – PGY 2 - Sonya Dusseault, DO – PGY 2	Residents are currently planning there Resident retreat.  On July 4 <sup>th</sup> , Dr. Dusseault, Dr. Taheri, and Dr. Parsons volunteered at the first aid station during the July 4 <sup>th</sup> event. The event was a success.	MEC has agreed to assist in paying for their resident retreat in full and has also extended their assistance to pay for the second retreat held after the Boards in April.		None	<b>I.B.1.b).(3)</b> - a minimum of two peer-selected residents/fellows from its ACGME-accredited program	Residents to provide a resident retreat proposal, which will be held in April, to the MEC meeting held in February 2020.
<b>CLER</b>						

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
<p><b>Updates from Quality</b></p> <p><b>CLER Pathways</b></p> <p><b>Patient Safety</b></p>	<p>Introduction of Quality Improvement Coordinator: <b>Sylvia Hall, RNC, BSN</b></p> <p>All members were given a copy of CLER PS Pathway 1 - Reporting of adverse events, near misses/ close calls, and unsafe conditions</p>	<p>Alyssa provides education on adverse events, near misses/close calls and unsafe conditions during orientation for new hires.</p> <p>During the annual skills fair, Alyssa educates all staff on documenting adverse events and why it's so important to report it immediately.</p> <p>During New Hire, Alyssa educates new staff on the 2019 or the following year National Patient Safety Goals, top 10 hazard, technology, and patient safety goals and what we do in the hospital.</p> <p>Alyssa, the Quality team (Kim Randall and Sylvia Hall) and residents involved created a spread sheet to assign patient safety topics to each member to discuss what needs to be done for their topic and what does Ekry recommends.</p> <p>Sylvia Hall discussed the meeting she had with all the residents on quality event reporting and the types of incidents that are considered quality events.</p>		None	<p><b>I.B.1.b).(4)</b> - the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director</p> <p><b>I.B.4.b).(9)</b> – responses to Clinical Learning Environment Review (CLER) reports</p> <p><b>I.B.4 –</b> Reporting of adverse events, near misses/ close calls, and unsafe conditions</p>	<p>Alyssa Tarter to bring patient safety topic spreadsheet to the next GMEC meeting for review and discussion.</p> <p>Alyssa to provide a report for what will be discussed next GMEC meeting in August.</p> <p>Alyssa to provide information on adverse events, how does it work and how we manage adverse events.</p> <p>Sylvia to provide a copy of the guidance training for quality events and the screen shots of Risk Qual software.</p> <p>Alyssa and Sylvia to provide training to all residents on how to use Risk Qual to report quality and patient safety events.</p> <p>CLER Pathway 1 to be tabled for next GMEC meeting.</p>
<b>Open Discussions – Affiliate Updates</b>						
<p><b>FAU</b></p> <p><b>Joanna Drowos</b></p>	None	None		None	None	None

<b>TOPIC &amp; PRESENTER</b>	<b>DISCUSSION</b>	<b>RECOMMENDATIONS &amp; ACTIONS</b>	<b>Voting Item</b>	<b>Approved</b>	<b>GMEC Responsibilities</b>	<b>FOLLOW-UP Responsible Parties / Deadline</b>
<b>NSU / CEME – Dr. Janet Hamstra</b>	None	None		None	None	None
<b>FLDOH – Cynthia Oxley</b>	Currently updating all information in ADS for LMC Family Medicine Program and on the Sponsoring Institution side.	None		None	None	None
<b>Dr. Daniel Padron</b>	Dr. Padron worked with the intern resident during the intern's ED rotation and intern is doing well so far. Dr. Padron also discussed the importance of residents being involved in the community outreach.	None		None	None	None
<b>Dr. Bryan Dawkins</b>	Currently using the Family Medicine Curriculum lectures with Dr. Gunawardene and the residents to further assist in the education and training of the residents during didactics.	None		None	None	None
<b>Dr. Sherida Williams</b>	Discussed the flow of the outpatient OB rotation at the rotation process and asked one of the residents present for feedback on the rotation. Dr. Landeros (PGY-2) stated that the attending are always available and provides great education and training to the	None		None	None	None

<i>TOPIC &amp; PRESENTER</i>	<i>DISCUSSION</i>	<i>RECOMMENDATIONS &amp; ACTIONS</i>	<i>Voting Item</i>	<i>Approved</i>	<i>GMEC Responsibilities</i>	<i>FOLLOW-UP Responsible Parties / Deadline</i>
	residents.					
<b>Dr. Ishan Gunawardene</b>	Dr. Gunawardene state that resident rotation is going great so far and enjoys the patient rounding session with the residents.	None		None	None	None
<b>Meeting Adjourned at 2:55 PM</b> <b>Next meeting on August 22, 2019 at 2 PM</b>						

**Hospital Medical Record Statistics Form  
(Determines compliance with RC.01.04.01 EP 4)**

Organization ID: LAKESIDE MEDICAL CENTER City/State: BELLE GLADE, FL 33430					Box #
<b>Average Monthly Discharge Rate (AMD):</b> Total number of inpatient discharges in the 12 months prior to survey ÷ 12. This number represents all inpatient records, and can include other records if they are observation visits, ambulatory surgery visits, endoscopy visits, cardiac catheterization visits, and Emergency Department visits. No other type of ambulatory or outpatient encounter may be included. Place this number in <b>Box #1</b> .					2116
<b>Medical Record Delinquency Timeframe:</b> Place the number of days within which a medical record must be completed, as specified within the Medical Staff rules and regulations, in <b>Box #2</b> . This value may not exceed 30 days. If the Medical Staff has not defined this value, or if the defined number exceeds 30, place the number 30 in <b>Box #2</b> .					2 30
<b>Monthly Delinquency Totals</b>					
Calculate the total number of medical records which are delinquent (not completed within the number of days specified in Box #2), on the last day of the month immediately preceding the survey. This is a cumulative number and includes all records still delinquent on the last day of that month, for any reason. This number represents all inpatient records, and <b>must</b> include other records such as observation visits, ambulatory surgery visits, endoscopy visits, cardiac catheterization visits, and Emergency Department visits, <b>if they were included in Box #1</b> . No other type of ambulatory or outpatient encounter may be included. Place this number in <b>Box #3</b> . Or, in other words: <b>Most recent month</b> of August 2019 →					3 69
• Use instructions for Box #3, for the mo. preceding the one in Box #3. This is the month of July 2019 Place # in Box #4. →					4 18
• Use instructions for Box #3, for the mo. preceding the one in Box #4. This is the month of June 2019 Place # in Box #5. →					5 24
• Use instructions for Box #3, for the mo. preceding the one in Box #5. This is the month of May 2019 Place # in Box #6. →					6 12
• Use instructions for Box #3, for the mo. preceding the one in Box #6. This is the month of April 2019 Place # in Box #7. →					7 29
• Use instructions for Box #3, for the mo. preceding the one in Box #7. This is the month of March 2019 Place # in Box #8 →					8 24
• Use instructions for Box #3, for the mo. preceding the one in Box #8 This is the month of February 2019 Place # in Box #9 →					9 28
• Use instructions for Box #3, for the mo. preceding the one in Box #9. This is the month of January 2019 Place # in Box #10. →					10 29
• Use instructions for Box #3, for the mo. preceding the one in Box #10. This is the month of December 2018 Place # in Box #11. →					11 85
• Use instructions for Box #3, for the mo. preceding the one in Box #11. This is the month of November 2018 Place # in Box #12 →					12 172
• Use instructions for Box #3, for the mo. preceding the one in Box #12. This is the month of October 2018 Place # in Box #13 →					13 257
• Use instructions for Box #3, for the mo. preceding the one in Box #13. This is the month of September 2018 Place # in Box #14 →					14 336
<b>Quarterly Numerator Averages</b>				<b>Total Numerator Avg.</b>	
<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>	
Add the numbers in boxes 3, 4, & 5, ÷ 3, and place below in Box #15	Add the numbers in boxes 6, 7 & 8, ÷ 3, and place below in Box #16	Add the numbers in boxes 9, 10 & 11, ÷ 3, and place below in Box #17	Add the numbers in boxes 12, 13 & 14 ÷ 3, and place below in Box #18	Add the numbers in boxes 15, 16, 17 & 18, ÷ 4, and place below in Box #19	
15. 37	16. 22	17. 47	18. 255	19. 90	
Completed by: Name/Job Title: Manuel L. Diaz, RHIA, Manager of Health Information Management Date: Sept 1, 2019					
The above numbers (Boxes 15 through 18 ) will be used by surveyors to compute your quarterly and total average delinquency rates. These numbers are entered into the surveyor's computer. The computer completes the calculations to arrive at your quarterly and total delinquency rates. If you would like to calculate your delinquency rates in the same way, use the formula provided below.					
Box 15 ÷ Box 1 =	Box 16 ÷ Box 1 =	Box 17 ÷ Box 1 =	Box 18 ÷ Box 1 =	Box 19 ÷ Box 1 =	
20. 1%	21. 1%	22. 2%	23. 12%	24. 4%	
<b>Scoring Rules at RC.01.04.01, Element of Performance 4:</b>					
The medical record delinquency rate averaged from the last four quarterly measurements ( <b>Box #24</b> ) is the following: <i>Not greater than 50% of the Average Monthly Discharge (AMD) rate and no single quarterly measurement (Boxes 20 through 23) are greater than 50% of the AMD rate-- the score is 2 -Compliance.</i>					

*Not greater than 50% of the AMD rate but one or more quarterly measurements (Boxes 20 through 23) is greater than 50% of the AMD rate-- the score is 1 -Partial Compliance.*

*Greater than 50% of the AMD rate (Box #24) but less than twice (that is, 200%) the AMD rate, the score is 0 – Insufficient Compliance.*



	A	B	C	D
	<b>Lakeside Medical Center Medical Records Report</b>			
	<b>Unresolved Chart Deficiencies by Provider - September 1, 2019</b>			
4	<b>Physician</b>	<b>Deficiencies &gt;30 days</b>	<b>Deficiency Types</b>	<b>Notice Mailed</b>
5	Abbas, Rahat	0	n/a	
6	Abu, Yaw	0	n/a	
7	Baldari, Duccio	0	n/a	
8	Barbosa-Rivera, Norma	0	n/a	
9	Bhattacharai, Manoj	0	n/a	
10	Cano, Dalia	0	n/a	
11	Chitturi, Srihari	2	Signatures	9/1/2019
12	Dawkins, Bryan	0	n/a	
13	Doviak, Susan	0	n/a	9/1/2019
14	Falestiny, Magdy	2	Signatures	9/1/2019
15	Feliciano, Aurelio	0	n/a	
16	Foucauld, Jean	11	Signatures	9/1/2019
17	Ghazala, Janan	0	n/a	
18	Gunawardene, Ishan	2	Dictations	9/1/2019
19	Hernandez, Eliezer	0	n/a	
20	Iftikhar, Asma	0	n/a	
21	Louis, Willine	0	n/a	
22	Mendez, Antonio	1	Dictation	9/1/2019
23	Morad, Mohamad	0	n/a	9/1/2019
24	Moradi, Bijan	0	n/a	9/1/2019
25	Ottino, Fernando	0	n/a	
26	Panchal, Rishi	0	n/a	
27	Pandit, Sunila	0	n/a	
28	Perez-Alonzo, Luis	0	n/a	
29	Philogene, Allaix	17	Dictations	9/1/2019
30	Prendergast, Suzette	0	n/a	
31	Samuel, Maritza	0	n/a	
32	Samuel, Monique	0	n/a	9/1/2019
33	Shah, Neerav	0	n/a	
34	Teplicki, Eric	0	n/a	
35	Vedere, Amarnath	0	n/a	
36	Venugopal, Chandra	29	Signatures	9/1/2019
37	<b>Total deficiencies:</b>	<b>64</b>		
39	<b>Physician</b>	<b>Deficiencies &gt;30 days</b>	<b>Deficiency Types</b>	<b>Notice Mailed</b>
40	Ackerman, Joshua	0	n/a	
41	Caravello, John	0	n/a	
42	Cardenal, Denise	0	n/a	
43	Carlson, Melissa	0	n/a	
44	Collins, Glenn	1	Dictation	9/1/2019
45	Farmer, Ada M.	0	n/a	
46	Fern, Steven	0	n/a	
47	Harding, Patricia	0	n/a	9/1/2019
48	Jean-Baptiste, Hans	0	n/a	
49	Masse, Patricia	1	Signature	9/1/2019
50	Mathews, Chacko	0	n/a	9/1/2019
51	Mejia, Jose	0	n/a	
52	Melendy, Sasha	0	n/a	
53	Mobed, Darayes	0	n/a	
54	Mondesir, Wilkens	0	n/a	
55	Morel, Marie	0	n/a	
56	Pass, Julie	0	n/a	
57	Shek, Gilberto	0	n/a	
58	Teagarden, Dana	0	n/a	9/1/2019
59	Tung, Chia-Ling	0	n/a	
60	Vazquez, Ramon	0	n/a	9/1/2019
61	Walker, Cecile Anne	0	n/a	
62	Wilkinson, Hugh	0	n/a	9/1/2019
63	Williams, Sherida	0	n/a	
64	Winterrowd, Samantha	0	n/a	
65	Zebrowski, Brian	0	n/a	
66	<b>Total deficiencies:</b>	<b>2</b>		
68	<b>Pediatric Physician</b>	<b>Deficiencies &gt;30 days</b>	<b>Deficiency Types</b>	<b>Notice Mailed</b>
69	Azan, Charles	0	n/a	9/1/2019
70	Barroso, Ithosvani	0	n/a	
71	Cosme, Yolanda	0	n/a	
72	Kowalski, Janet	0	n/a	
73	Kulatanga, Sudhira	0	n/a	9/1/2019
74	Orta Cobo, Manuel	0	n/a	
75	Oshier, Joseph	0	n/a	
76	Pena, Roman	0	n/a	
77	Shipman, Russell	0	n/a	
78	<b>Total deficiencies:</b>	<b>0</b>		
80	<b>Resident Medical Physician</b>	<b>Deficiencies &gt;30 days</b>	<b>Deficiency Types</b>	<b>Notice Mailed</b>
81	Abouekde, Danny	0	n/a	
82	Adame, John	3	Dictations	9/1/2019
83	Barski, Roy	0	n/a	
84	Beasley, Quanezia	0	n/a	9/1/2019
85	Dusseault, Sonya	0	n/a	9/1/2019
86	Espinal, Samuel	0	n/a	
87	Landeros, Christal	0	n/a	
88	Lepoff, David	0	n/a	
89	McClain, Anna	0	n/a	
90	Parsons, Terry	0	n/a	
91	St. Prix, Kerian	0	n/a	
92	Taheri, Negress	0	n/a	
93		3		
94				
95				*Suspended
96	9/1/2019	69	Pend. Coding Only	
97	<b>Total number of Unbilled Accounts</b>	<b>346</b>	<b>2</b>	
6563	<b>Total \$\$ amount of Unbilled Accounts</b>	<b>2,559,800.55</b>	<b>10,491.86</b>	



## Pharmacy & Therapeutics Committee Meeting

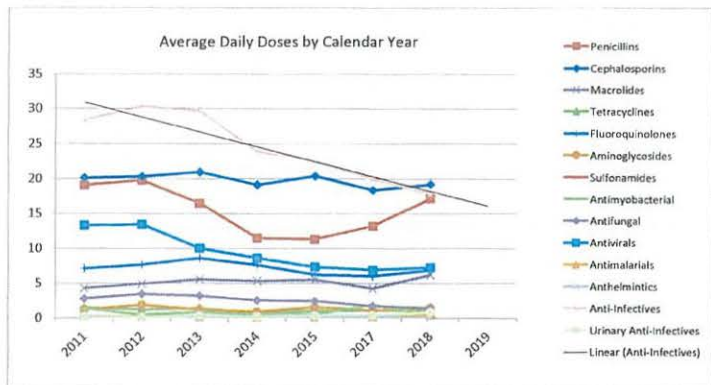
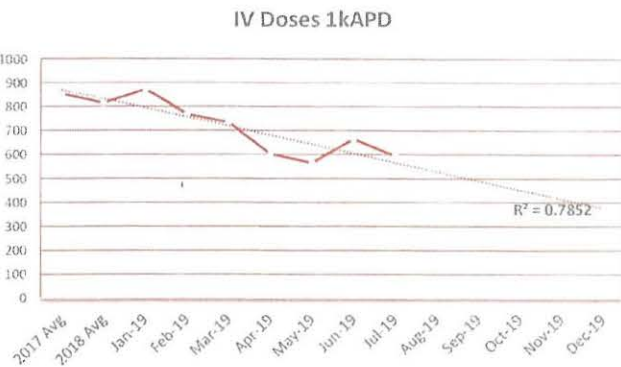
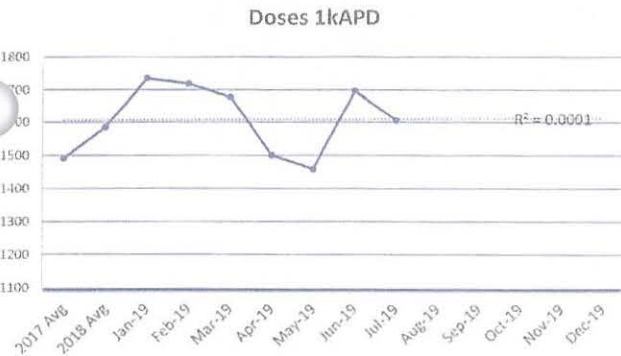
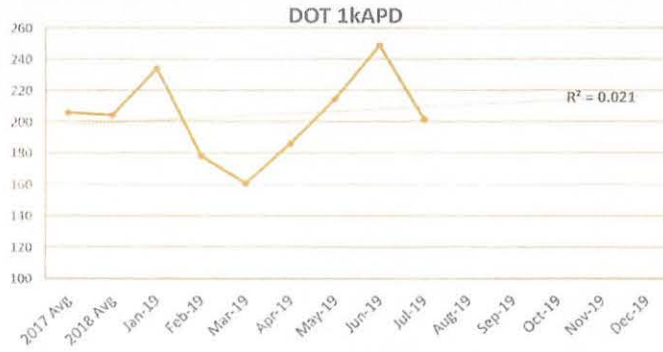
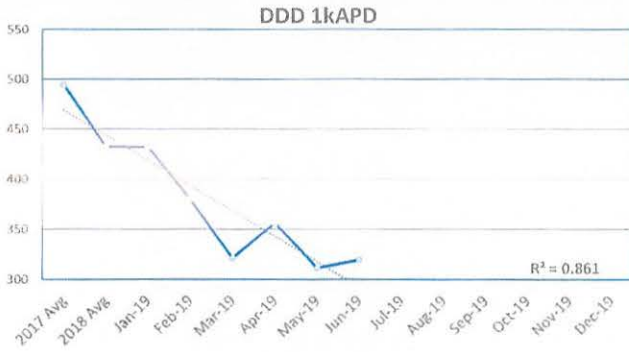
### SUMMARY

August 2019

- **Medication Variances**
  - Prednisone missed during medication reconciliation
  - Magnesium 2 mg IV ordered, for Magnesium level of 1.3
- **Adverse Drug Event**
  - None Reported in July
- **Antimicrobial Stewardship**
  - DOT 224
  - Antimicrobial purchases \$5,821 in July
  - No C. Diff or Hospital Acquired Infections (HAI) – in July
- **ISMP Safety**
  - Look-alike/Sound-alike error
    - Rocuronium, Metoprolol, Tranexamic Acid
  - Outpatient medication reconciliation
- **Formulary Advisory Update**
  - Cleviprex
  - New guideline for Metformin therapy
- **Policy/Form Update**
  - EMS Crash Cart Content
    - Removal of OI needles
- **Drug Library Update**
  - Labetalol – new drug library entry
  - Propofol (Diprivan) – added pediatric entry
  - Levaquin – added VTBI of 150

Lakeside Medical Center Antimicrobial Stewardship Dashboard (Baseline data average ASP started 1/1/17)

	2017 Avg	2018 Avg	2019 Avg	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	17-18 ASP Chg	16-18 ASP Chg	16-17 ASP Chg
CI	0.8	0.6	0	1	1	0	0	0	0	0						-48.28%	-60%	-63%
cDiff (Hospital)	0.1	1.0	0	0	0	0	0	0	0	0						-100%	+1	+1
Avg LOS	4.1	3.4	3.35	3.15	3.52	3.90	3.43	3.49	3.11	2.83						-2.62%	-18.53%	4%
DDD	752	621	464	572.0	493	457	525	418	318							-8%	-38.29%	-28%
DDD 1kAPD	494	432	353	431	380	320	356	311	319							-18%	-28.58%	-32%
DOT	312	291	255	310	231	229	274	288	248	224						-12%	-18.27%	-13%
DOT 1kAPD**	206	204	201	234	178	161	186	214	249	201						-1%	-2.21%	-17%
Cost	11459	9547	7221	5426.1	8391	8285	6637	7029	8955	5821						-24%	-36.98%	-22%
Cost 1kAPD	7508	6665	5759	4092	6464	5810	4500	5234	8982	5230						-14%	-23.30%	-24%
Disp'd	2267	2270	2082	2300.7	2231	2394	2212.5	1959	1692	1787						-8%	-8.15%	-7%
Doses 1kAPD	1490	1585	1628	1735	1719	1679	1500	1459	1697	1606						3%	9.23%	-11%
IV Disp'd	1301	1170	880	1157	995	1044	886	758	661	661						-25%	-32%	-10%
IV Doses 1kAPD	855	813	685	873	767	732	601	564	663	594						-16%	-20%	-5%
1kAPD	1.522	1.432		1.326	1.298	1.426	1.475	1.343	0.997	1.113						-7%	-100%	5%



## August ISMP & FDA Safety Alerts

### ISMP Alert – Medication Reconciliation Mix-up

▶ When a patient recently visited a hospital clinic, a practitioner was reconciling external medication information available in the patient's electronic health record (EHR) (Epic) via medication history data from Surescripts. Based on Surescripts information, the patient was taking oral Enalapril 5 mg daily. When the patient was asked if she was still taking this medication, she reported that the Enalapril was for her dog. The clinic staff called the patient's community pharmacy, which confirmed that the Enalapril was for the patient's dog.

## ISMP Alert – Medication Reconciliation Mixup

- ▶ Upon further investigation, the community pharmacist noted that it is company policy to use both the pet owner's last name and date of birth when creating a pharmacy profile for a pet. Also, the pet's owner was using a discount card (e.g., GoodRx for Pets)

## ISMP Alert –Sound-Alike Rocuronium, Metoprolol, Tranexamic Acid

There continue to be complaints about dangerous look-alike labeling of injectable:

- ▶ Since April, there has been reports about Tranexamic acid vials that look similar to Rocuronium. Tranexamic acid has a green cap but looks similar to the other Alvogen vials once the caps are removed. Also, the color band that lists the product strength may distract one's eyes away from the drug name. These drugs may be stored near one another in critical care areas, emergency room settings, and perioperative areas.

## ISMP Alert –Sound-Alike Rocuronium, Metoprolol, Tranexamic Acid (Cont'd)

- ▶ Since April 2019 vials of Rocuronium 50 mg/5 mL were found stored in an automated dispensing cabinet (ADC) drawer that normally holds vials of metoprolol tartrate 5 mg/5 mL. Rocuronium and metoprolol vials each have yellow caps and yellow labels.
- ▶ Warnings about Rocuronium being a paralyzing agent are included on the side panel, but this critical information could be missed if the drug is stocked in error and thought to be another drug.

## ISMP Alert –Sound-Alike Rocuronium, Metoprolol, Tranexamic Acid (Cont'd)



## Pediatric Crash Cart Non-Pharmaceutical Contents

	PAR	Size	Red	EXP	Size	Purple	EXP	Size	Yellow	EXP	Size	White	EXP
IV Cath 24g	4	24 g			24 g			24 g			24 g		
IV Cath 22g	2	22 g			22 g			22 g			22 g		
IV Start Kits	2	n/a			n/a			n/a			n/a		
Arm Boards	2	6 "Peds		n/a	6" Peds		n/a	6 "Peds		n/a	6 "Peds		n/a
J-Loops	2	n/a		n/a	n/a		n/a	n/a		n/a	n/a		n/a
O2 NRB Mask	1	Peds		n/a	Peds		n/a	Peds		n/a	Peds		n/a
O2 Cannula	1	Peds		n/a	Peds		n/a	Peds		n/a	Peds		n/a
O2 Sensor	2	Peds			Peds			Peds			Peds		
Nasal Trumpet	1	12			16			18			20		
	1	14			18			20			22		
Suction Cath	1	8			10			10			10		
BP Cuff	1	Neo		n/a	Infant		n/a	Infant		n/a	Infant		n/a
	1	Neo		n/a	Child		n/a	Child		n/a	Child		n/a
Electrodes	2 packs	Peds			Peds			Peds			Peds		
Oral Airways	2	0		n/a	1		n/a	1		n/a	1		n/a
Tape	4	1"		n/a	1"		n/a	1"		n/a	1"		n/a
Alcohol	10	each		n/a	each		n/a	each		n/a	each		n/a
NG Tube	2	5f & 8f			8f & 10f			10f			10f		
10 ml Flush	4	n/a			n/a			n/a			n/a		
<b>IO-Needle</b>	<b>4</b>	<b>18G/3cm</b>	-	-	<b>18G/3cm</b>	-	-	<b>18G/3cm</b>	-	-	<b>18G/3cm</b>	-	-

	PAR	Size	Blue	EXP	Size	Orange	EXP	Size	Green	EXP	Bottom Drawer		
											Item	PAR	Exp
IV Cath 24g	4	24 g			22 g			22 g			Trach Kit	1	
IV Cath 22g	2	22 g			20 g			20 g			5fr Cath	1	
IV Start Kits	2	n/a			n/a			n/a			Yankauer	1	n/a
Arm Boards	2	6 "Peds		n/a	6 "Peds		n/a	6 "Peds		n/a	STAT Pads	2	
J-Loops	2	n/a		n/a	n/a		n/a	n/a		n/a	Coban	1	n/a
O2 NRB Mask	1	Peds		n/a	Peds		n/a	Adult		n/a	IV Tubing	2	n/a
O2 Cannula	1	Peds		n/a	Peds		n/a	Adult		n/a	IV Sec Tube	2	n/a
O2 Sensor	2	Peds			Peds			Adult			Buretrol	1	n/a
Nasal Trumpet	1	22			22			28			Bulb Syr	1	
	1	22			28			28			4 x 4 bx	1	n/a
Suction Cath	1	10			10			12			<b>Needle Syringe Box</b>		
BP Cuff	1	Infant		n/a	Infant		n/a	Child		n/a	Item	Quant	EXP
	1	Child		n/a	Child		n/a	Sm Adult		n/a	TB syringe	10	n/a
Electrodes	2 packs	Peds			Peds			Peds			3 cc	10	n/a
Oral Airways	2	2		n/a	3		n/a	3		n/a	5 cc	10	n/a
Tape	4	1"		n/a	1"		n/a	1"		n/a	10 cc	10	n/a
Alcohol	10	each		n/a	each		n/a	each		n/a	18 g needle	10	
NG Tube	2	12f & 14f			14f & 16f			14f & 16f			Tourniquet	2	n/a
10 ml Flush	4	n/a			n/a			n/a					
<b>IO-Needle</b>	<b>4</b>	<b>18G/3cm</b>	-	-	<b>18G/3cm</b>	-	-	<b>18G/3cm</b>	-	-	-	-	-
<b>AMBU BAGS</b>	<b>PAR</b>	<b>EXP</b>											
Infant	1												
Pediatric	1												
Adult	1												

When Opened:  
Place Patient Label Here

Date Opened: \_\_\_\_\_

Unit Cart From: \_\_\_\_\_

Cart placed in pharmacy stock area by: \_\_\_\_\_

Clinical Validation: All Report

MDL Version: 8.1.1  
 Library Name: Lakeside - 15Aug19  
 Creation Date and Time: May 30, 2006 12:00:00 AM  
 Saved Date and Time: Aug 15, 2019 07:01:50 PM  
 Deployed Date and Time: Never Deployed  
 Drug Library Version: 0  
 Last Verifier: This library has not been verified  
 Total Care Areas: 4 (max of 32)  
 Total Drugs: 252 (max of 5000)  
 Total Modifiers: 14 (max of 500)  
 Total Advisories: 50 (max of 400)  
 Keypad Lock Code: 429

Wireless Configurations:

Library Check Interval: Continuous  
 -Pump ON: 6 hr  
 -Pump OFF (AC): N/A  
 -Pump OFF (no AC): N/A  
 Location Interval: N/A  
 -Pump ON: N/A  
 -Pump OFF (AC): N/A  
 -Pump OFF (no AC): N/A

Care Area: Lakeside Jan2018												
Patient Weight Lower Hard Limit	Patient Weight Lower Soft Limit	Patient Weight Upper Soft Limit	Patient Weight Upper Hard Limit	BSA Lower Hard Limit	BSA Lower Soft Limit	BSA Upper Soft Limit	BSA Upper Hard Limit	Require Weight/BSA Value Confirmation	Auto Keypad Lock	Downstream Occlusion Pressure Default Setting	Priming Volume (mL)	Drugs in Care Area
								Off	Off	Medium		1

Continuous Drugs		Concentration										Rate										Bolus										Loading Dose									
Drug	Modifier	Drug Amount	Diluent Volume (mL)	Conc.	Conc. Units	Lower Hard Limit	Lower Soft Limit	Upper Soft Limit	Upper Hard Limit	Dose Mode	Lower Hard Limit	Lower Soft Limit	Starting Rate	Upper Soft Limit	Upper Hard Limit	VBI (mL)	Delivery Bag	Secondary Callback	Units/Amount/Time	Lower Hard Limit	Lower Soft Limit	Starting Amount	Upper Soft Limit	Upper Hard Limit	Single Step Rate Increase	Audio Level Alarm	Bag Near Empty Alarm	Completion Alarms	Upstream Occlusion Alarm Suspension	RVD Rate (mL/hr)	Delayed Run	Advisory Name	Lakeside Jan2018	LMC Adult							
Do not use		1 mg	1	1 mg/mL	mg/mL	-	-	-	-	mL/hr	1					1	1	P or S	Optional																						

BASIC		Rate										Bolus										Loading Dose													
Drug	Modifier	Drug Amount	Diluent Volume (mL)	Conc.	Dose Mode	Lower Hard Limit	Lower Soft Limit	Starting Rate	Upper Soft Limit	Upper Hard Limit	VBI (mL)	Delivery Bag	Secondary Callback	Units/Amount/Time	Lower Hard Limit	Lower Soft Limit	Starting Amount	Upper Soft Limit	Upper Hard Limit	Single Step Rate Increase	Audio Level Alarm	Bag Near Empty Alarm	Completion Alarms	Upstream Occlusion Alarm Suspension	RVD Rate (mL/hr)	Delayed Run	Lakeside Jan2018	LMC Adult	LMC Neonatal	LMC Pediatric					
BASIC	-	User Selectable	User Selectable	User Selectable	User Selectable	0.5	-	-	-	999	User Selectable	P or S	Never	ml. min/sec	0.5	-	-	-	1000	60.00															

1 Available Dose Modes in BASIC include: mL/hr, mL/kg/min, mL/kg/hr, grams/hr, mg/hr, mg/kg/hr, mg/min, mg/kg/min, mg/kg/day, mcg/hr, mcg/kg/hr, mcg/min, mcg/kg/min, mcg/kg/day, ng/min, ng/kg/min, Units/hr, Units/kg/hr, Units/min, Units/kg/min, mUnits/min, mUnits/kg/hr, mUnits/kg/min, mEq/hr, mEq/kg/hr, mmol/hr, mmol/kg/hr

Care Area: LMC Adult												
Patient Weight Lower Hard Limit	Patient Weight Lower Soft Limit	Patient Weight Upper Soft Limit	Patient Weight Upper Hard Limit	BSA Lower Hard Limit	BSA Lower Soft Limit	BSA Upper Soft Limit	BSA Upper Hard Limit	Require Weight/BSA Value Confirmation	Auto Keypad Lock	Downstream Occlusion Pressure Default Setting	Priming Volume (mL)	Drugs in Care Area
30 kg	40 kg	150 kg	349 kg					On	Off	Medium		153

Continuous Drugs		Concentration										Rate										Bolus										Loading Dose									
Drug	Modifier	Drug Amount	Diluent Volume (mL)	Conc.	Conc. Units	Lower Hard Limit	Lower Soft Limit	Upper Soft Limit	Upper Hard Limit	Dose Mode	Lower Hard Limit	Lower Soft Limit	Starting Rate	Upper Soft Limit	Upper Hard Limit	VBI (mL)	Delivery Bag	Secondary Callback	Units/Amount/Time	Lower Hard Limit	Lower Soft Limit	Starting Amount	Upper Soft Limit	Upper Hard Limit	Single Step Rate Increase	Audio Level Alarm	Bag Near Empty Alarm	Completion Alarms	Upstream Occlusion Alarm Suspension	RVD Rate (mL/hr)											
Abutrin		-	-	mL mode	-	-	-	-	-	mL/hr	12.5	50	50				P or S	Optional																							
Alteplase (PA)	Stroke			1 mg/mL	mg/mL	-	-	-	-	mL/hr	15	25	61	81			P or S	Optional	ml. min																						
Alteplase (PA)	PE	100 mg	100	1 mg/mL	mg/mL	-	-	-	-	mL/hr	50	50	50	50	100		P or S	Never																							
Amikacin		-	-	mL mode	-	-	-	-	-	mL/hr	50	50	200	250			P or S	Optional																							
Aminophylline Drip		500 mg	500	1 mg/mL	mg/mL	-	-	-	-	mg/kg/hr	0.2		1.2	500		P or S	Never																								
Amphotericin B		-	-	mL mode	-	-	-	-	-	mL/hr	10		125	500		P or S	Optional																								
AMPIcillin		2 g	100	0.02 g/mL	g/mL	-	-	-	-	mL/hr	100	200	200	100		P or S	Optional																								
AMPIcillin		1 g	100	0.01 g/mL	g/mL	-	-	-	-	mL/hr	100	200	200	100		P or S	Optional																								
Ancef (ceftAZOLIN)		2 g	100	0.02 g/mL	g/mL	-	-	-	-	mL/hr	50	200	200	50		P or S	Optional																								
Ancef (ceftAZOLIN)		1 g	50	0.02 g/mL	g/mL	-	-	-	-	mL/hr	50	100	100	50		P or S	Optional																								
Ancef (ceftAZOLIN)		500 mg	50	10 mg/mL	mg/mL	-	-	-	-	mL/hr	50	100	100	50		P or S	Optional																								
Argatroban		250 mg	250	1 mg/mL	mg/mL	-	-	-	-	mcg/kg/min	0.1		10	12	250		P or S	Never																							



Table with columns for drug name, weight-base rate, concentration (0.1 mg/mL), and various units (mg/mL, mg/hr, mg/kg/hr, etc.). It lists numerous drugs such as Acetaminophen, Aspirin, and various antibiotics, detailing their dosing and clinical validation status.





Table listing drug validation details including drug name (e.g., NAFOLIN, OXAFILIN), dose, concentration, rate, bolus, loading dose, and various alarm/limit settings.

Table titled 'BASIC' showing drug validation parameters. Columns include Drug, Modifiers, Drug Amount, Diluent Volume, Conc., Dose Mode, and various limit/alarm settings.

Available Dose Modes in BASIC include: mL/hr, mL/kg/min, mL/kg/hr, grams/hr, mg/hr, mg/kg/hr, mg/min, mg/kg/min, mcg/kg/day, mcg/hr, mcg/kg/hr, mcg/min, mcg/kg/min, mcg/kg/day, ng/min, ng/kg/min, Units/hr, Units/kg/hr, Units/min, Units/kg/min, mUnits/min, mUnits/kg/hr, mUnits/kg/min, mEq/hr, mEq/kg/hr, mmol/hr, mmol/kg/hr

Table titled 'Care Area: LMC Pediatric' showing patient weight ranges (Lower Hard Limit, Upper Soft Limit) and other care area parameters like BSA, Requires Weight/BSA, Auto Keypad Lock, etc.

Large table titled 'Continuous Drugs' with columns for Drug, Modifiers, Drug Amount, Diluent Volume, Conc., and various alarm/limit settings. It includes entries for Albumin, Aripiprazole Drip, Aminophylline Drip, Amphotericin B, AMPLIAIN, Ancef (Cefazolin), Bacrim > 240 mg, Bacrim 81 - 240 mg, Bacrim to 80 mg, Blood (FPF), Blood (PLTS), Blood (RBCs), Blood (white), Clocen (Clindamycin), DTIVV, DSW + KCl, DSW 1/2NS + KCl, DSW 1/2NS, DSW 1/4NS + KCl, DSW 1/4NS, DSW 1/4NS + KCl, DSWLR, DSWNS + KCl, DSWNS, DSW, Diccuan, Dobutamine Drip, Dopamine Drip (Ped), Epinephrine Drip, ERYTHRON (erythromycin), and FLAGYL (metronidazole).

Fortaz (CefTAZIDIME)	40 mg	1	40 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
GENAmicin	10 mg	1	10 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Heparin Drip	25000 Units	250	100 Units/mL	Units/mL	-	-	-	-	Units/kg/hr	3	25	40	P no S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off	advisor									
Inwanz	-	-	mL mode	-	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Isoprotarrenal Drip	6 mcg	1	6 mcg/mL	mcg/mL	-	-	-	-	mcg/kg/min	0.1	0.1	1	P no S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off	advisor									
Lidocaine Drip	1.2 mg	1	1.2 mg/mL	mg/mL	-	-	-	-	mcg/kg/min	20	20	50	P no S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off	advisor									
LR	-	-	mL mode	-	-	-	-	-	mL/hr	-	-	250	P w S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	3	Off										
NAFolin	40 mg	1	40 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Novolog Drip	Non-Weight Base Rate	100 Units	100	1 Units/mL	Units/mL	-	-	-	Units/hr	0.5	1	30	50	P no S	Never	Units min	0.5	1			15	20	2	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off		
Novolog Drip	Weight Base Rate	100 Units	100	1 Units/mL	Units/mL	-	-	-	Units/kg/hr	0.01	0.05	0.1	0.2	0.25	100	P no S	Never	Units min	0.5	1			15	20	1	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	1	Off
OXAclin	40 mg	1	40 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
PENicillin G	-	-	mL mode	-	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Pepcid (Famotidine)	-	-	0.4 mg/mL	mg/mL	-	-	-	-	mL/hr	25	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Potassium Cl Bolus	10 mEq	100	0.1 mEq/mL	mEq/mL	-	-	-	-	mL/hr	25	100	200	200	P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off									
Primaxin (Imipenem)	5 mg	1	5 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Propofol (Diprivan)	1000 mg	100	10 mg/mL	mg/mL	-	-	-	-	mg/kg/hr	7.5	9	18	100	P no S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	1	Off									
Retrovir (Zidovudine)	4 mg	1	4 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Rocephin(cefTRIAXONE)	50 mg	1	50 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Sod Cl 0.45% + KCl	-	-	mL mode	-	-	-	-	-	mL/hr	-	250		P w S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	3	Off										
Sod Cl 0.45%	-	-	mL mode	-	-	-	-	-	mL/hr	-	250		P w S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	3	Off										
Sod Cl 0.9% + KCl	-	-	mL mode	-	-	-	-	-	mL/hr	-	250		P w S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	3	Off										
Sod Cl 0.9%	-	-	mL mode	-	-	-	-	-	mL/hr	-	250		P w S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	3	Off										
Sodium Bicarb IVF	-	-	mL mode	-	-	-	-	-	mL/hr	-	250		P w S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	3	Off										
TOBRAMYcin	10 mg	1	10 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
TPN	-	-	mL mode	-	-	-	-	-	mL/hr	3	125	250		P no S	Never	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off									
VANCOMycin	5 mg	1	5 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100	200		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off									
ZITHromax	2 mg	1	2 mg/mL	mg/mL	-	-	-	-	mL/hr	20	250		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Zovirax (Acyclovir)	5 mg	1	5 mg/mL	mg/mL	-	-	-	-	mL/hr	1	100		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off										
Zyvox	-	-	mL mode	-	-	-	-	-	mL/hr	25	300	600		P or S	Optional	Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1	Off									

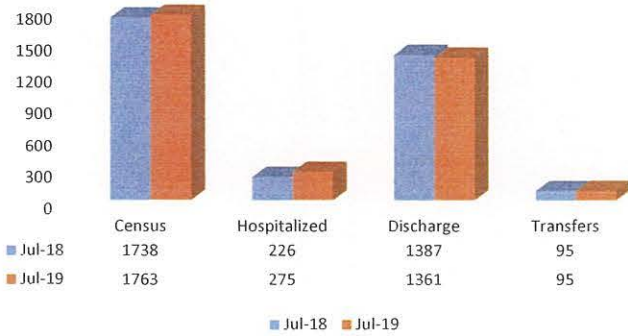
BASIC				Rate								Bolus					Loading Dose																
Drug	Modifier	Drug Amount	Diluent Volume (mL)	Conc.	Dose Mode	Lower Hard Limit	Lower Soft Limit	Starting Rate	Upper Soft Limit	Upper Hard Limit	VTBI (mL)	Delivery Bag	Secondary Callback	Units Amount Time	Lower Hard Limit	Lower Soft Limit	Starting Amount	Upper Soft Limit	Upper Hard Limit	Single Stop Rate Increase	Audio Level Alarm	Bag Near Empty Alarm	Completion Alarms	Upstream Occlusion Alarm Suspension	KVO Rate (mL/hr)	Delayed Run	Lakeside Jan 2018	LMC Adult	LMC Neonatal	LMC Pediatric			
BASIC	-	User Settable	User Settable	User Settable	User Selectable	0.5 mL/hr	-	-	-	999 mL/hr	User Settable	P or S	Never	mL min sec	0.5	00:01	-	-	-	1000	60:00	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	1	Off	x	x	x	x

† Available Dose Modes in BASIC include: mL/hr, mL/kg/min, mL/kg/hr, grams/hr, mg/hr, mg/kg/hr, mg/min, mg/kg/min, mg/kg/day, mcg/hr, mcg/kg/hr, mcg/min, mcg/kg/min, mcg/kg/day, ng/min, ng/kg/min, Units/hr, Units/kg/hr, Units/min, Units/kg/min, mUnits/min, mUnits/kg/hr, mUnits/kg/min, mEq/hr, mEq/kg/hr, mmol/hr, mmol/kg/hr

END OF REPORT

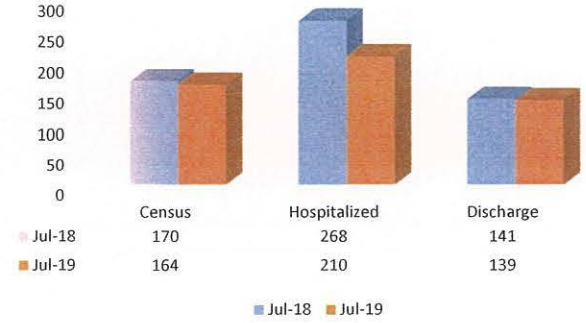
	Census	Hospitalized	Discharge	Transfers
Jul-18	1738	226	1387	95
Jul-19	1763	275	1361	95

Overall



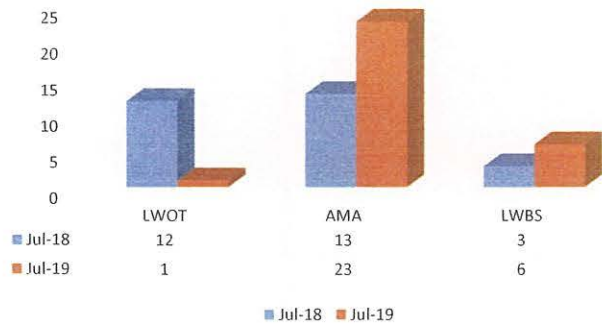
	Census	Hospitalized	Discharge	Transfers
Jul-18	170	268	141	349
Jul-19	164	210	139	389

Turnaround Time



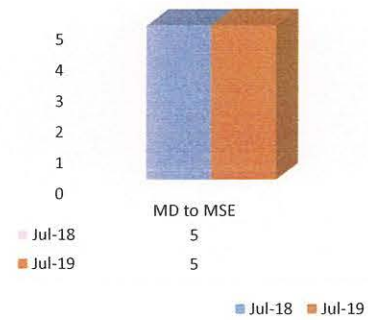
	LWOT	AMA	LWBS
Jul-18	12	13	3
Jul-19	1	23	6

Departs

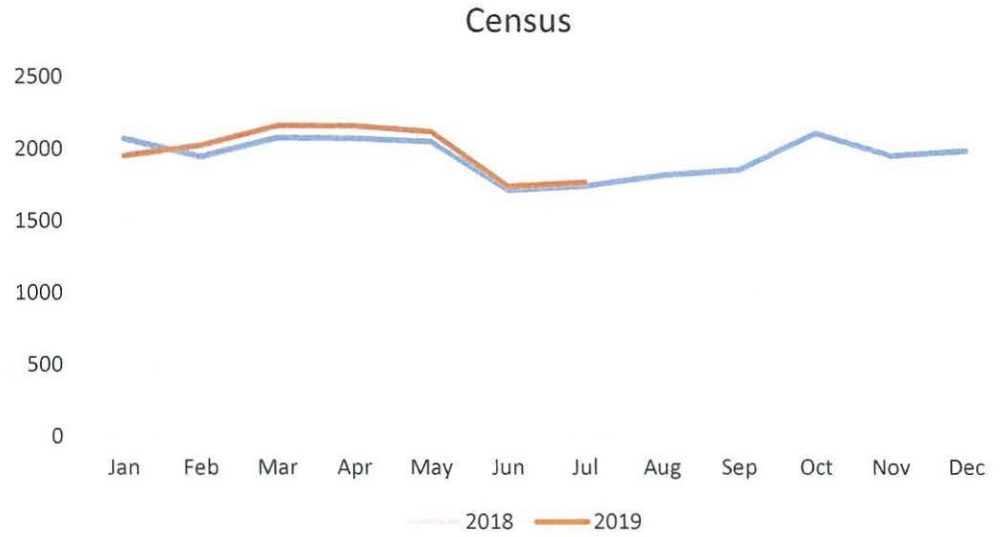


	MD to MSE
Jul-18	5
Jul-19	5

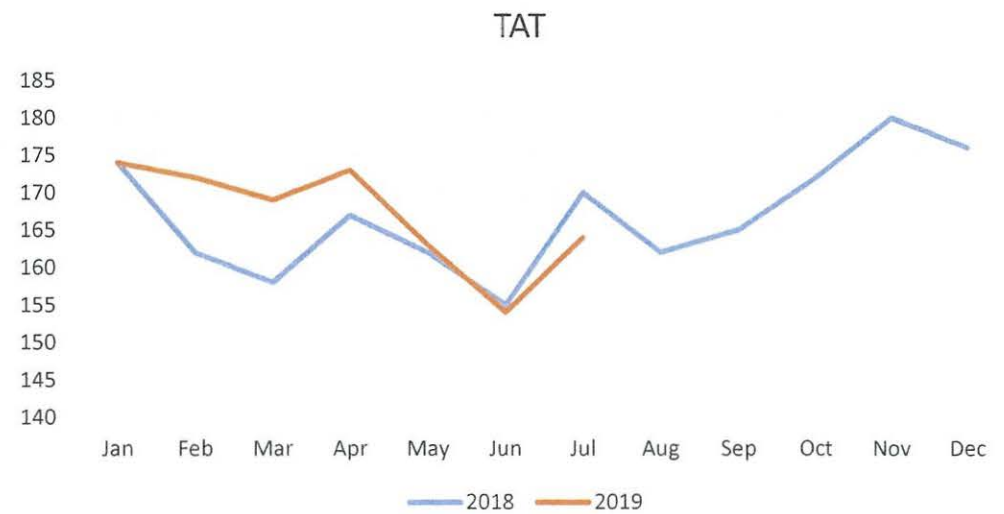
MSE TIME



Census	2018	2019
Jan	2071	1949
Feb	1946	2020
Mar	2074	2157
Apr	2071	2155
May	2049	2115
Jun	1710	1736
Jul	1738	1763
Aug	1813	
Sep	1851	
Oct	2103	
Nov	1950	
Dec	1983	

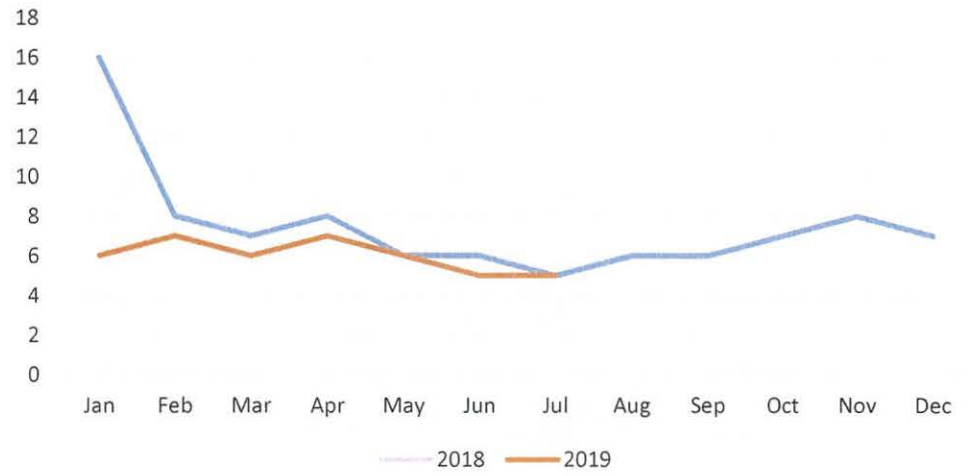


TAT	2018	2019
Jan	174	174
Feb	162	172
Mar	158	169
Apr	167	173
May	162	163
Jun	155	154
Jul	170	164
Aug	162	
Sep	165	
Oct	172	
Nov	180	
Dec	176	



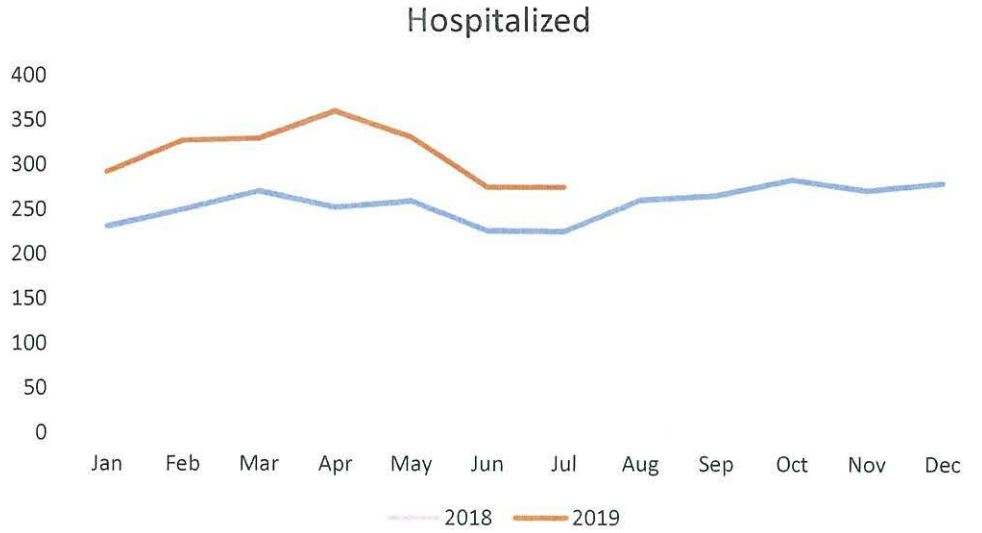
MD to MSE	2018	2019
Jan	16	6
Feb	8	7
Mar	7	6
Apr	8	7
May	6	6
Jun	6	5
Jul	5	5
Aug	6	
Sep	6	
Oct	7	
Nov	8	
Dec	7	

MD to MSE

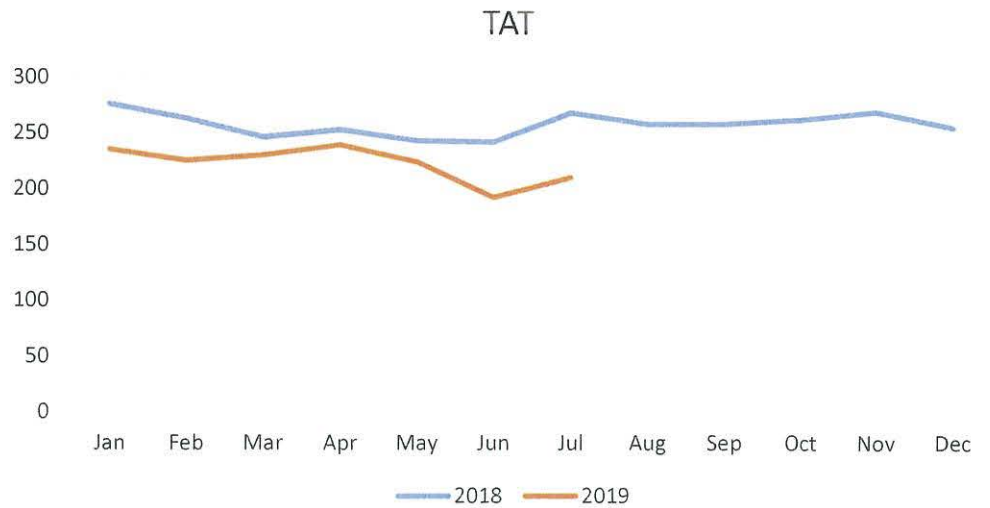




Hospitalized	2018	2019
Jan	231	292
Feb	250	327
Mar	271	329
Apr	253	360
May	260	331
Jun	227	275
Jul	226	275
Aug	261	
Sep	266	
Oct	284	
Nov	272	
Dec	280	

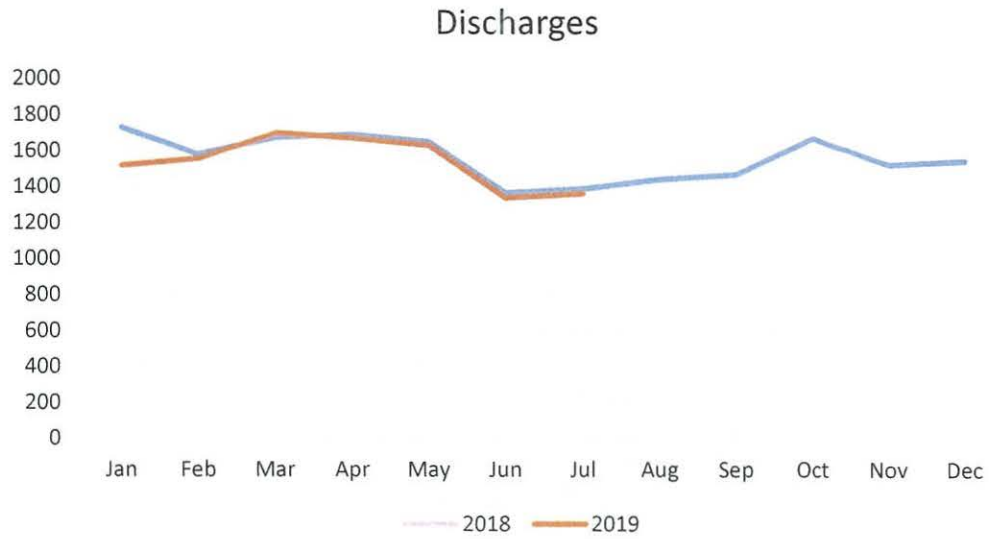


TAT	2018	2019
Jan	276	235
Feb	263	225
Mar	246	230
Apr	253	239
May	243	224
Jun	242	192
Jul	268	210
Aug	258	
Sep	258	
Oct	262	
Nov	269	
Dec	255	



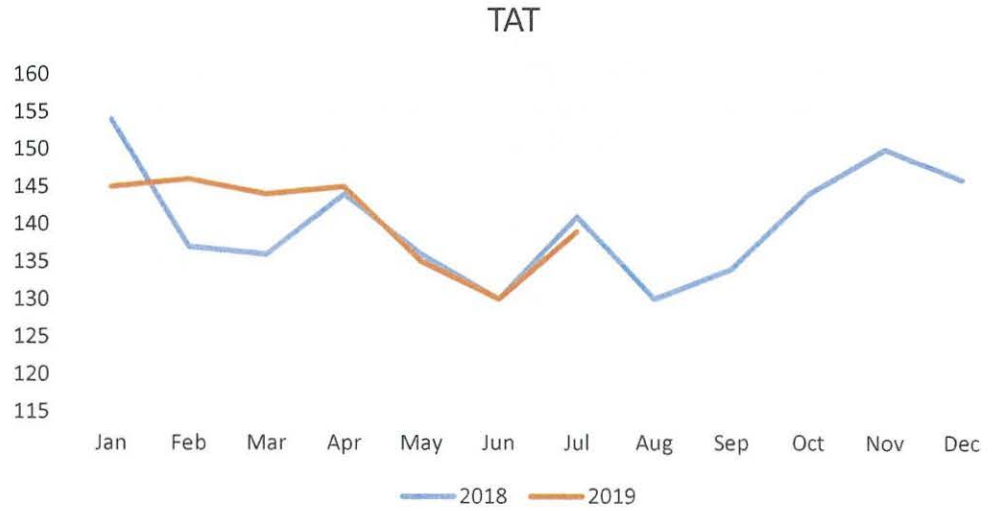
**Discharges**                      **2018**                      **2019**

	2018	2019
Jan	1727	1515
Feb	1578	1553
Mar	1672	1694
Apr	1686	1667
May	1648	1626
Jun	1364	1335
Jul	1387	1361
Aug	1442	
Sep	1468	
Oct	1669	
Nov	1524	
Dec	1545	



**TAT**                                      **2018**                                      **2019**

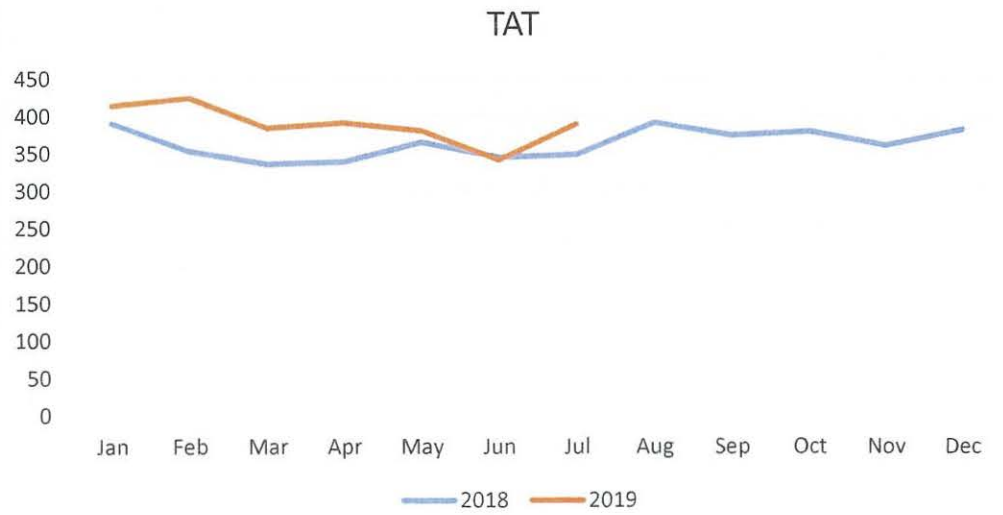
	2018	2019
Jan	154	145
Feb	137	146
Mar	136	144
Apr	144	145
May	136	135
Jun	130	130
Jul	141	139
Aug	130	
Sep	134	
Oct	144	
Nov	150	
Dec	146	



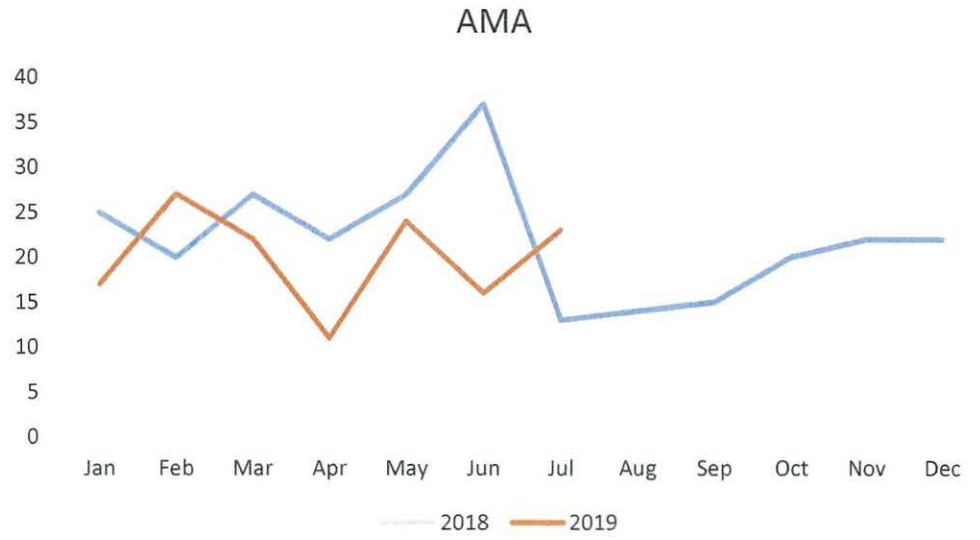
Transfers	2018	2019
Jan	54	113
Feb	76	93
Mar	85	105
Apr	98	104
May	103	124
Jun	70	103
Jul	95	95
Aug	89	
Sep	97	
Oct	113	
Nov	114	
Dec	117	



TAT	2018	2019
Jan	390	414
Feb	353	424
Mar	336	384
Apr	339	391
May	365	380
Jun	345	341
Jul	349	389
Aug	391	
Sep	374	
Oct	379	
Nov	360	
Dec	381	

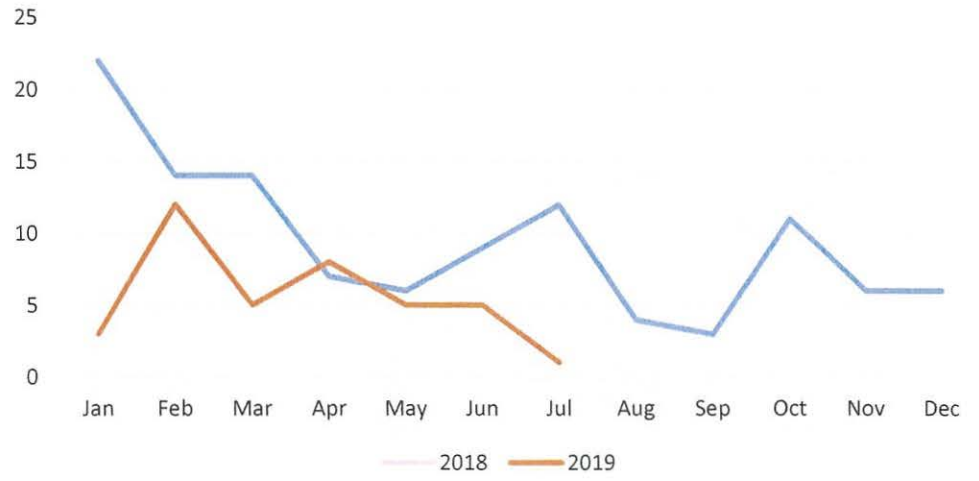


AMA	2018	2019
Jan	25	17
Feb	20	27
Mar	27	22
Apr	22	11
May	27	24
Jun	37	16
Jul	13	23
Aug	14	
Sep	15	
Oct	20	
Nov	22	
Dec	22	



LWOT	2018	2019
Jan	22	3
Feb	14	12
Mar	14	5
Apr	7	8
May	6	5
Jun	9	5
Jul	12	1
Aug	4	
Sep	3	
Oct	11	
Nov	6	
Dec	6	

LWOT

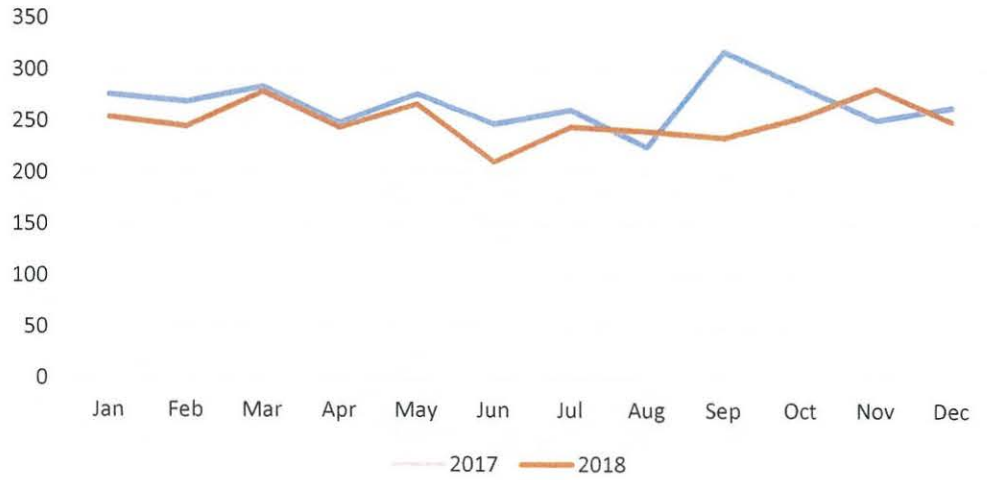


LWBS	2018	2019
Jan	10	8
Feb	3	6
Mar	3	2
Apr	4	2
May	1	4
Jun	3	0
Jul	3	6
Aug	2	
Sep	1	
Oct	5	
Nov	10	
Dec	9	



AMB	2017	2018
Jan	276	254
Feb	269	245
Mar	284	279
Apr	249	244
May	277	267
Jun	248	211
Jul	262	245
Aug	226	241
Sep	319	235
Oct	285	255
Nov	253	283
Dec	265	251

Ambulance: 2017-2018



AMB	2018	2019
Jan	254	271
Feb	245	287
Mar	279	273
Apr	244	260
May	267	254
Jun	211	212
Jul	245	221
Aug	241	
Sep	235	
Oct	255	
Nov	283	
Dec	251	

Ambulance: 2018-2019



Survey Comments July 1 – July 31, 2019

Satisfied Comments

- 1) I'm thankful for all the staff that came into my room today, made me feel at home
- 2) Great
- 3) Need food LOL
- 4) The nurse Kelly was very nice – the doctor (DAILA) were very good with explaining to me.
- 5) The service was awesome, love the care they gave me – keep smiling drew happy face
- 6) Mike was very kind and sweet, made me very comfortable and drew a hear
- 7) I was very satisfied with the service
- 8) Excellent – very happy with drawing of smiley face
- 9) Good job
- 10)Very satisfied and professional Paula & Karen – great job!
- 11)Excellent Doctor Perezalonso– very thorough
- 12)They was good
- 13)Staff was lovely
- 14)Thank you!
- 15)Great!
- 16)Everyone was great 1 very good #3
- 17)Great nurse !! – Kelly
- 18)Very pleased with service received today
- 19)Job well done
- 20)Great job

Dissatisfied Comments

"A long wait and nobody checked on my for a long time"



- 21)Excellent care from both the physician and nurse
- 22)The nurses are awesome and this hospital is great!
- 23)The nurses are awesome
- 24)They were very nice and treated my son very well
- 25)Bohorquez, David, DO his team was the best
- 26)I really appreciate my nurse, Jennifer and especially Dr. David and the patient drew a smiley face
- 27)They were very nice and helpful
- 28)Very satisfied with Lakeside Medical Center, doctor was excellent also the nurses who took care of me was wonderful. Explained everything to me. I'm very happy with the service. Thank you very much (this was night shift 7.15 to am 7.16)
- 29)I had great doctor and nurse – great services. Thank you very much. Everyone was respectful
- 30)All good, I was treated well
- 31)Very polite
- 32)Staff is excellent
- 33)Doctor and nurses were very kind and helpful. Showed lots of care and patience. Sonogram lady also
- 34)You got the right people for job. Keep up the good work
- 35)Thank you the visit was fast and pleasant
- 36)Very nice people
- 37)Excellent with a drawn smiley face
- 38)This was good
- 39)Everyone was nice and doctor explain as much as he could

## Monthly Quality Metrics for Radiology

			Month: <u>July</u> Year: <u>2019</u>
Radiology Quality Measure	National Average	LMC Average	
Critical Results turnaround time from completion of Stat CT study to reporting results to provider.	30 Min - 1 Hour	28 mins.	<u>Number Over 1 hour</u> <b>0 Out of 13</b>
Critical Results turnaround time from completion of Stat US study to reporting results to provider.	30 Min - 1 Hour	44 mins.	<u>Number Over 1 hour</u> <b>1 Out of 5</b>
Avg.TAT for STAT CT/US exams. Completed to Reported Peak hours (10am to 8pm) Audit 20 per month.	30 Min - 1 Hour	75 mins.	
Avg. TAT for STAT CT/US exams. Completed to Reported Non- Peak hours (8pm to 10 am) Audit 20 per month.	30 Min - 1 Hour	66 mins.	
Interpretation of CT Pulmonary Angiography (CTPA) for pulmonary embolism (PE)			<u>Number Performed</u> <b>57</b>
Follow-up computed tomography (CT) imaging for incidentally detected pulmonary nodules according to recommended guidelines.			<u>Number Performed</u>

**Continuous Quality Patient Safety Improvement  
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Measures	Goal	Q1	#	Q2	#	Q3	#	Q4	#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		AVG		AVG		AVG		AVG														
# Non-Compliance with Patient and Specimen ID	0	1		0						1	0	0	0	0	0	0						
Documentation of reporting critical results to RN or MD	100%	100%	276	100%	195		73			100%	100%	100%	100%	100%	100%	99%						
Documentation of confirmation for read backs	100%	100%	276	100%	195		73			100%	100%	100%	100%	100%	100%	100%						
Blood culture contamination rate	<3%	2.1%	923	1.1%	950		281			1.6%	3.6%	1.2%	1.2%	0.6%	1.4%	1.1%						
Newborn Screening (% unsatisfactory)	0%	3.9%	51	0.0%	36		17			8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						
Timeliness of critical result reporting from result availability (<30 min)	90%	98.3%	785	97.3%	795		179			98.6%	98.4%	98.1%	97.7%	96.1%	98.0%	97.0%						

\*\* Data not available

**1st Quarter:**

**Indicator/Analysis/Action:**

**January:** 1 patient mis-ID. Phleb mislabeled pt (2408496) tubes. Phleb failed to adhere in using 2 pt identifiers. Pt was redrawn and issued corrected reports. RN was notified. No adverse reaction noted. Involved phleb (BB) was counseled and educated on adherence to using 2 patient identifiers. Reported in RiskQual. NBS: submitted 25 screening with 2 unsatisfactory specimens due to QNS, incomplete saturation and repetitive spots. Involved phlebs were in-serviced and re-educated on proper collection.

**February:** BC cont: performed 281 bld cultures with 10 contaminations (4 collected by lab; 6 collected by RN). Shared data with nurse managers to discuss with involved staff. Will schedule re-inservice on collection as necessary.

**March:** All indicators were met.

**2nd QTR:**

**Indicator/Analysis/Action:**

**April:** All indicators were met.

**May:** All indicators were met.

**June:** All indicators were met.

**3rd QTR:**

**Indicator/Analysis/Action:**

**July:** 1 documentation missing the name of the staff called to of the critical value but has the title. Involved staff (new hire) educated.

**August:**

**September:**

**4th QTR:**

**Indicator/Analysis/Action:**



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Blood & Blood Product Utilization	Goal	Q1	#	Q2	Q3	#	Q4	#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		AVG		AVG	AVG		AVG													
Indication met for product	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Order on Chart	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Consent obtained	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Transfusion started within 30 minutes of removal from lab	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Transfusion completed within 4 hours	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Transfusion slip documentation completed	100%	92%	72	91%		18			96%	96%	84%	92%	88%	93%	94%					
Adverse/Transfusion Reaction		0		1					0	0	0	0	0	1	0					
Emergency Release		2		0					2	0	0	0	0	0	0					
Units Cross matched		172		126					55	66	51	47	32	47	32					
Units transfused		139		103					45	51	43	38	29	36	26					
% Transfused		81%		82%					82%	77%	84%	81%	91%	77%	81%					
Cross matched to Transfused (CT) Ratio		1.2:1		1.2:1					1.2:1	1.3:1	1.2:1	1.2:1	1.1:1	1.3:1	1.2:1					
Units returned to stock		33		23					10	15	8	9	3	11	6					
% Units returned to stock		19%		18%					18%	23%	16%	19%	9%	23%	19%					
Patient receiving PC		81		62					30	29	22	25	16	21	13					
Patient receiving single unit		37		27					12	14	9	13	7	7	5					
Packed Cells Wasted		0		0					0	0	0	0	0	0	0					
FFP		3		5					3	0	0	0	3	2	0					
Patient receiving FFP		2		4					2	0	0	0	2	2	0					
FFP wasted		3		0					3	0	0	0	0	0	0					
Platelets		5		0					4	1	0	0	0	0	0					
Patient Receiving Platelets		2		0					1	1	0	0	0	0	0					
Platelets wasted		0		0					0	0	0	0	0	0	0					
Cryoprecipitate		0		0					0	0	0	0	0	0	0					
Patient receiving Cryoprecipitate		0		0					0	0	0	0	0	0	0					
Cryoprecipitate wasted		0		0					0	0	0	0	0	0	0					



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**1<sup>st</sup> QTR:**

**Indicator/Analysis/Action:**

**January:** 1) reviewed 23 transfusion slips with 1 incomplete documentation. Given to nurse educator to discuss with involved staff. 2) 2 units PRBC given for emergency release, Pt # 2409655 (Browning, Lewishena) for emergency C-section with active bleeding; initial H/H-11/32.8. 3) 3 units of FFP wasted. Pt #2407508 (1 unit), transferred to PWH. Pt #2409655 (2 units), ordered as an emergency release. Not needed per physician. All 3 units were disposed appropriately.

**February:** 1) Reviewed 24 transfusion slips with 1 incomplete documentation. Given to nurse educator to discuss with involved staff.

**March:** Reviewed 25 transfusion slips with 4 incomplete documentation. Discussed with nurse educator for one to one review with the involved nursing staff.

**2<sup>nd</sup> QTR:**

**Indicator/Analysis/Action:**

**April:** 1) Reviewed 24 transfusion slips with 2 incomplete documentation. At 92% complete documentation-an improvement from last month.

**May:** Reviewed 25 transfusion slips with 3 incomplete documentation.

**June:** 1) Reviewed 27 transfusion slips with 2 incomplete documentation. Documentation education included at the nurses' skills fair. 2) 1 transfusion reaction reported (2419632-Jones, Charles) due to chills and fever (103.1). Transfusion reaction investigation was performed and reviewed by the Lab Medical Director. No immunophenotypic evidence of a hemolytic or immune mediated transfusion reaction. No evidence of significant intravascular hemolysis.

**3<sup>rd</sup> QTR:**

**Indicator/Analysis/Action:**

**July:** Reviewed 18 transfusion slips with 1 incomplete documentation. Documentation education included at the nurses' skills fair in July. Will monitor for improvement.

**August:**

**September:**

**4<sup>th</sup> QTR:**

**Indicator/Analysis/Action:**

**October:**

**November:**

**December:**

Jul-19	DELIVERIES	STILLBORN/DEMISE	LIVE BIRTHS	VAGINALS	C-SECTIONS	PRIMARY	REPEAT	Inductions	37-39WK NON-ELECTIV	PRETERM	Neonatal Death
<b>DRStoessel</b>											
Mathews	2	0	2	1	1	0	1	0	1	0	0
<b>Totals</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>OB/GYN SPECIALIST</b>											
Mondesir	3	0	3	2	1	1	0	0	2	1	0
Jean-Baptiste	1	0	1	1	0	0	0	0	1	0	0
Williams	9	0	9	6	3	3	0	1	5	1	0
Collins	1	0	1	0	1	0	1	0	0	0	0
Farmer	1	0	1	1	0	0	0	0	1	0	0
Teagarden	2	0	2	0	2	0	2	0	2	0	0
Wilkinson	1	0	1	1	0	0	0	0	1	0	0
<b>Totals</b>	<b>18</b>	<b>0</b>	<b>18</b>	<b>11</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>12</b>	<b>2</b>	<b>0</b>
<b>ALL Totals</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>13</b>	<b>2</b>	<b>0</b>
<b>DRStoessel</b>											
PRIVATE	10										
CLINIC	0										
OB/GYN ASSOC.	0										
LIMITED PRENATAL CARE < 4 VISITS	0										
WALK INS	0										
<b>OB GYN SPECIALIST</b>											
PRIVATE	2										
WALK INS	1										
BELLE GLADE CLINIC	7										
LIMITED PRENATAL CARE<4 VISITS	3										
Stoessel	8										
<b>Other Maternal</b>											
MOMS TRANSFERRED OUT	2										
MOMS TRANSFERRED / ICU	0										
HOME DELIVERIES/Outside	3										
MULTIPLE GESTATIONS	9										
Labor Checks	90										
<b>Other Newborns</b>											
Newborn in Nursery	6										
Newborns Transferred	1										
Newborns Sepsis	1										
Newborns Phototherapy	2										
Newborn Circs	2										

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**Continuous Quality & Patient Safety Improvement - Women, Infant's and Children Service Line Performance Improvement Report  
1st Quarter - 4th Quarter - 2019**

**OBSTETRICS**

MEASURES	GOAL	1ST QUARTER				2ND QUARTER				3RD QUARTER				4TH QUARTER				YEAR AVERAGE
		JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	
		AVG				AVG				AVG				AVG				
Discharge Call Backs (% Reached and Responses Analyzed)	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Phototherapy Temp Documented Every 4 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Alarm Checks in Nurse Both Shifts	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Nursery Observations - Standard Met	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Documentation of Sponge Counts for all Vaginal Deliveries	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Pain Re-assessment 30 or 60 Minutes (All Patients)*	100%	93%	86%	86%	88%	86%	90%	92%	89%	95%								
Hearing Screen Referrals**	<5%	1%	10%	0%	4%	1%	10%	0%	4%	0%								
Control Substance Discrepancy Access and Full Count	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
LIP Orders: Monthly Chart Audits (PC 02.01.03 EP 7)	100%	0/21	0/19	0/9	0/49	0/13	0/10	0/14	0/37	0/20								
Ordered by Provider (including Titration)		100%	100%	100%	100%	100%	100%	100%	100%	100%								
Signature of Provider		100%	100%	100%	100%	100%	100%	100%	100%	100%	99%							
Nurse Administered as Ordered by Physician		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%							
Magnesium Sulfate (MM 02.01.01 EP 9)	100%	0/2	1/2	1/2	2/6	1/3	1/2	0/1	2/6	1/1								
Ordered by Provider (including Titration)		100%	100%	100%	100%	100%	100%	100%	100%	100%								
Indication usage document by physician		100%	100%	100%	100%	100%	100%	100%	100%	100%								
Maternal Assessments (Signs of Toxicity) Care plan reflects diagnosis and assessments		100%	50%	50%	67%	33%	50%	100%	61%	100%								
Magnesium Level (Post Infusion)		100%	50%	50%	67%	33%	50%	100%	61%	100%								
		100%	100%	100%	100%	100%	100%	100%	100%	100%								

**Continuous Quality & Patient Safety Improvement - Women, Infant's and Children Service Line Performance Improvement Report**  
**1st Quarter - 4th Quarter - 2019**

**Action Plans:**

**Q1:**

**January:** The breast only quality indicator continues to be an on-going problem. We are at 50% for breast and bottle. The staff and I have reached out to Dr. Stoessel's office in an attempt to try to encourage and educate on breast feeding prior to delivery. The staff and I are providing literature offering free breast feeding classes in English and Spanish in Clewiston and Moore Haven to all patients. Maria Pritcher, IBLC has given her cell phone number and offered her help to clients breast feeding free of charge. Information on Breast Feeding resources is being given to antepartum patients with all the sites for assistance from Palm Beach County to Hendry County. Elaine Gulley and Rebecca Schrader are currently pursuing certification as IBLC. The pain assessment has improved tremendously. The current stats represent two nurses not following up documentation of pain relief both nurses informed of lack of documentation and given coaching/teaching training regarding the pain assessment.

**February:** Pain reassessment is an on-going issue. Three nurses did not document follow-up pain meds. The nurses were given coaching/teaching reinforcement and given chart audits to help to remind for proper documentation. The hearing screen results equal 2 referrals. Currently we are in the process to purchase a new machine. The magnesium chart audit reflects a nurse not completing vitals/assessment per policy. Coaching/teaching completed. Care Plan teaching and coaching completed on the nurses involved.

**March:** Pain assessment: Individual nurses given coaching/teaching reinforcements. The use of alarm clocks to provide reminders will be placed for use. Continued teaching and monitoring to reach 100%. Chart audits will continue staff currently reviewing charts visualizing lack of documentation, teaching and coaching provided on individual basis for care plans and assessments of MGSO4.

**Q2:**

**April:** The pain reassessment currently remains issue. Alarm clocks have been placed on the WOW to set by staff for a reminder to follow-up. Currently, there are only two on unit. We will be ordering additional alarm clocks for the remaining WOWs. Individual coaching provided and documented to involved staff. The MGSO4 chart reviews: Nurses aren't following policy guidelines. Policy revisited with individual nurse, coaching and documented teaching kept. Moving forward All MGSO4 audits will be done real time to catch any errors in documentation.

**May:** Currently, improving pre post pain. Nurse remediation and coaching one-on-one in progress. Currently, we have 2 Alarm clocks on the unit and working towards getting better and more clocks for the unit. The newborn hearing screen rate is currently at 10% and we had a total of 3 referrals. The staff had the newborns return for different screening one newborn did pass other two remained referrals. The percent is due to the low number of tests. **June:** Continuous improvement of Pre and Post pain documentation. Informed nurses of disciplinary actions for continued lack of proper documentation.

**Q3:**

**July:** The pre and post pain assessments are currently improving. New time clocks were ordered and received awaiting velcro to apply to WOWs to remind the nurses to follow-up. The nurses that failed to document the pre and post pain follow up were educated and informed of importance. One of the nurses is new just finished her orientation and the other nurse is per diem. The record with the missed provider signature, the MD has meet with Javi to for education on how to enter orders in the computer. The nurses are currently encouraging the MD to use computer for orders.

**Q4:**

\* 30 minutes was added to Pain Assessment.

\*\*According to the Quality Indicators of Appropriate Referral Rate from the Florida Newborn Screening Guidelines: 1) A minimum of 96% of newborns in the hospital should receive a hearing screen prior to discharge. 2) A maximum outpatient referral rate of 4% of all newborns screened prior to discharge should be achieved.

Revised: 2/22/2019

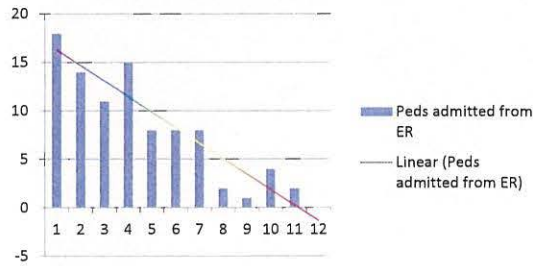


Lakeside Medical Center  
ER Pediatric Statistics  
FYE 9/30/19

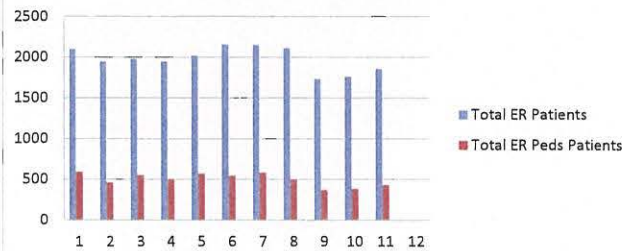
Unit Admission

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Totals
Total ER Patients	2103	1950	1983	1949	2020	2157	2155	2115	1736	1763	1860		21791
Total ER Peds Patients	596	465	557	503	571	549	587	505	374	384	435		5526
% of Pediatric Patients in ER	28%	24%	28%	26%	28%	25%	27%	24%	22%	22%	23%		25.4%
Peds admitted from ER	18	14	11	15	8	8	8	2	1	4	2		91
ER Peds admits as a percent of all ER Patients	0.9%	0.7%	0.6%	0.8%	0.4%	0.4%	0.4%	0.1%	0.1%	0.2%	0.1%		0.4%
ER Peds admits as a percent of all ER Peds Patients	3.0%	3.0%	2.0%	3.0%	1.4%	1.5%	1.4%	0.4%	0.3%	1.0%	0.5%		1.6%
OVS Peds Registered from ER	16	10	9	5	14	14	17	14	18	10	30		157
ER OVS Peds Registrations as a % of all ER Patients	0.8%	0.5%	0.5%	0.3%	0.7%	0.6%	0.8%	0.7%	1.0%	0.6%	1.6%		0.7%
ER OVS Peds Registrations as a % of all ER Peds Patients	2.7%	2.2%	1.6%	1.0%	2.5%	2.6%	2.9%	2.8%	4.8%	2.6%	6.9%		2.8%
Total OVS Peds and Admitted Peds Patients from ER	34	24	20	20	22	22	25	16	19	14	32		248
% of OVS Peds and Admitted Peds Patients from ER	1.6%	1.2%	1.0%	1.0%	1.1%	1.0%	1.2%	0.8%	1.1%	0.8%	1.7%		1.1%
% of OVS Peds and Admitted Peds Patients from ER Peds	5.7%	5.2%	3.6%	4.0%	3.9%	4.0%	4.3%	3.2%	5.1%	3.6%	7.4%		4.5%

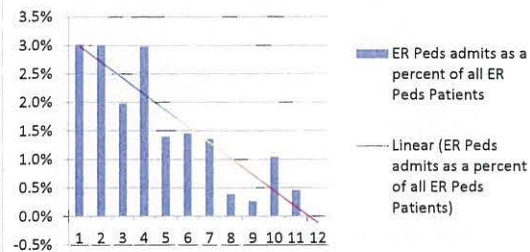
Peds Admitted from ER



ER Peds Patients Compared to Total ER Patients



ER Peds Admits as a Percent of All ER Peds Patients





**Continuous Quality & Patient Safety Improvement - Women, Infant's and Children Service Line Performance Improvement Report  
1st Quarter - 4th Quarter - 2019**

**PEDIATRICS**

MEASURES	GOAL	1ST QUARTER				2ND QUARTER				3RD QUARTER				4TH QUARTER				YEAR AVERAGE
		JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	
					AVG				AVG				AVG				AVG	
Effectiveness of IV Therapy (Avoidance of Infiltrations) (Risk Qual)	100%	100%	100%	100%	100%	99%	100%	100%	100%	99%								
Compliance to Barcode Scanning	>98%	98%	99%	98%	99%	99%	98%	98%	98%	98%								
Appropriate. Med Admin (Zero Variances) (Risk Qual)	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%								
Nutrition Area (Pantry) (No Storage in Front of Electrical Panel)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Crash Cart checked for Expired Items	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
IC 02.01.01 EP1 (2) Pediatric Treatment Room	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								

**Action Plans:**

Q1:
Action Plans: All goals were met.
Q2:
Action Plan: All nurses on units advised to assess iv frequently and secure to help prevent infiltrates.
Q3:
Action Plan: All nurses on units advised to assess iv frequently and secure to help prevent infiltrates.
Q4:

**CMO Report for MEC on 09/23/19**

- 08/03/19 - Preceptor for Family Practice Residents at Boys and Girls Club in Riviera Beach - Back To School Physicals
- Ongoing OPPE/FPPE processing, chart reviews, and meeting with the providers
- Creation of Dashboard for Narcotic prescribing by ER physicians – January 2019
- Ongoing ER Real-Time Survey with Regina as part of HCHAP improvement strategy - >95% positive feedback
- Addiction Stabilization Committee
- Credentialing/Clinical Privileges Review for Temporary/Provisional/Active providers
- Ongoing Sepsis, AMI and Stroke quality review and physician engagement in improvement of these quality metrics.
- Review and assistance in mediation of multiple RiskQual/ Complaints.
- Active Med Staff engagement and mediation.

*Daniel Padron DO, CPE  
Chief Medical Officer  
Lakeside Medical Center  
Belle Glade, Florida*

# RISK MANAGEMENT DASHBOARD



Location: Lakeside Medical Center

Reporting Period: 3rd Quarter 2019 (July-Sept)

## EXECUTIVE SUMMARY

	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	2018	2017
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
<b>Patient Events</b>	81	76	77	234	73	65	50	188	65								993	574
<b>Visitor Events</b>	0	1	2	3	1	1	2	4	1								8	11
<b>Near Miss/Good Catch</b>	0	0	0	0	0	0	0	0	0								0	0
<b>Other</b>	0	0	0	0	0	0	1	1	0								10	10
<b>Adverse Events (AHCA)</b>	0	0	0	0	0	0	0	0	0								1	1
<b>TOTAL:</b>	81	77	79	237	74	66	53	193	66	0	0	0	0	0	0	0	1012	596
<b>Patient Encounters (Inpatient/Outpatient)</b>	7,448			7,204			2,174			0			31,675			34,073		

# RISK MANAGEMENT DASHBOARD



Location: Lakeside Medical Center

Reporting Period: 3rd Quarter 2019 (July-Sept)

## PATIENT EVENT REPORTS

EVENT CATEGORY	JAN #	FEB #	MAR #	Q1 TOTAL	APR #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	OCT #	NOV #	DEC #	Q4 TOTAL	2018 TOTAL	2017 TOTAL
ADE: Adverse Drug Event	1	0	1	2	0	0	0	0	0									
Behavior	5	1	4	10	3	2	2	7	2									
Equipment Related	1	0	1	2	0	0	1	1	0									
Fall without Injury	2	1	3	6	0	2	1	3	2									
Fall with Injury	0	0	0	0	0	0	0	0	1									
HIPAA / Privacy	1	0	1	2	2	1	0	3	0									
IV Blood	2	6	3	11	4	8	4	16	6									
Lab	3	1	1	5	0	1	1	2	0									
Medication Variance	6	4	3	13	12	6	5	23	7									
Obstetrics/Delivery	2	1	0	3	0	0	1	1	2									
Other	0	0	0	0	0	0	0	0	0									
Patient Care	42	50	35	127	38	32	28	98	37									
Safety	2	2	3	7	2	1	5	8	3									
Security	2	0	0	2	0	0	0	0	2									
Pressure Injury - Admitted With	2	1	1	4	2	2	1	5	1									
Pressure Injury - Acquired	0	1	0	1	0	0	0	0	0									
Skin Issue/Skin Condition - Admitted With	5	5	15	25	7	8	1	16	2									
Skin Issue/Skin Condition - Occurred	1	1	3	5	0	0	0	0	0									
Skin Breakdown - Admitted With	0	0	1	1	1	2	0	3	0									
Skin Breakdown - Acquired	0	0	1	1	0	0	0	0	0									
Surgery	4	2	1	7	2	0	0	2	0									
<b>TOTAL</b>	<b>81</b>	<b>76</b>	<b>77</b>	<b>234</b>	<b>73</b>	<b>65</b>	<b>50</b>	<b>188</b>	<b>65</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## PATIENT EVENT ANALYSIS OF TOP REPORTED EVENTS

Category + #	Event Summary of Top Trends & Actions Taken To Prevent Re-occurrence
<b>IV Blood (6)</b>	Surgery: 0, Medical Surgical: 0, Radiology: 1, ED: 2, PCU: 1, Peds: 2. An occurrence report is submitted for all IV infiltrations and reviewed by the Risk Manager to ensure the Intravenous P&P was followed and that a photograph of the infiltrate was taken. IV infiltrations are monitored for tracking and trending also. First BD Nexiva Diffusics trial was held in December 2018 with great reviews of the product from ED, Surgical and Radiology staff. Second trial scheduled for August 29th and 30th to allow staff from the Medical Surgical, Pediatric, Critical Care, Telemetry and Obstetric Units trial and evaluate the product.
<b>Medication Variances (7)</b>	Controlled drug waste issue: 1, Omission/missed dose: 2, Wrong dose: 1, Wrong drug/IV fluid: 1, Other: 2. All medication variances are submitted as an occurrence report. Applicable Managers, Risk Manager and Director of Pharmacy review and investigate all medication variances. Investigation includes but is not limited to: Education, Root Cause Analysis, Meetings/Interviews, Witness Statements, and thorough follow-up. All medication variances are tracked and monitored for trends and addressed appropriately.
<b>Patient Care (37) AMA: 32</b>	AMA=32; OB: 10, Medical Surgical: 3, PCU: 11, ED: 8. Various reasons for patient's leaving AMA: Child care, things to do, do not wish to be admitted and will follow up with Primary Care Physician, family issues, leaving after dialysis treatment. Staff encourage patients to stay in the hospital and the providers explain the risks of leaving AMA to the patient and have them sign the AMA form. Patient Advocate follows up with all patient's who leave our facility against medical advice via follow-up phone call.

# RISK MANAGEMENT DASHBOARD



Location: Lakeside Medical Center

Reporting Period: 3rd Quarter 2019 (July-Sept)

## ADVERSE EVENTS REPORT (AHCA)

No Adverse Incidents this Quarter

## REGULATORY

<u>Survey Type &amp; Date</u>	<u>Survey Findings Summary &amp; Actions</u>
No survey this quarter	Summary of corrective actions: N/A

## NON-PATIENT EVENT REPORTS

<u>EVENT CATEGORY</u>	<u>JAN</u> #	<u>FEB</u> #	<u>MAR</u> #	<u>Q1</u> TOTAL	<u>APR</u> #	<u>MAY</u> #	<u>JUN</u> #	<u>Q2</u> TOTAL	<u>JUL</u> #	<u>AUG</u> #	<u>SEP</u> #	<u>Q3</u> TOTAL	<u>OCT</u> #	<u>NOV</u> #	<u>DEC</u> #	<u>Q4</u> TOTAL	<u>2018</u> TOTAL	<u>2017</u> TOTAL
Equipment Related	0	1	1	2	2	0	0	2	0									
Safety	3	0	1	4	1	1	2	5	0									
Security	2	0	0	2	1	0	2	2	1									
Medication Variances	32	39	31	102	26	14	10	50	18									
Visitor Events	0	1	2	3	1	1	3	5	1									
<b>TOTAL:</b>	<b>37</b>	<b>41</b>	<b>35</b>	<b>113</b>	<b>31</b>	<b>16</b>	<b>17</b>	<b>64</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## NON-PATIENT EVENT ANALYSIS OF TOP REPORTED EVENTS

<u>Category + #</u>	<u>Event Summary of Top Trends &amp; Actions Taken To Prevent Re-occurrence</u>
Medication Variances (18)	Pyxis Discrepancies, miscounted medication, Anesthesia Providers failed to or incorrectly tapped the Pyxis machine when removing medication. All medication variances are entered as occurrence reports and reviewed and investigated appropriately. Appropriate action is taken on an individual occurrence basis as needed. Tracking and Trending of all medication variances continue for trends.

## Sylvia Hall

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**From:** Validation <validation@hcqis.org>  
**Sent:** Friday, September 13, 2019 3:11 PM  
**To:** Validation  
**Subject:** Hospital Outpatient Quality Reporting (OQR) Program Chart-Abstracted Calendar Year (CY) 2021 First Quarter 2019 (1Q19) Case Selection  
**Attachments:** Providers selected for Hospital OQR Program CY 2021 validation  
**Importance:** High

The purpose of this e-mail is to inform hospitals selected for Calendar Year 2021 chart-abstracted outpatient validation that the Clinical Data Abstraction Center (CDAC) support contractor for Centers for Medicare and Medicaid Services (CMS) has mailed the 1Q19 Case Selections to hospitals.

Packets with detailed instructions and case listings were sent by the CDAC to the attention of "**Medical Records Director**", on **Friday, September 13th, 2019**. Please distribute this email to the appropriate medical records staff at your hospital.

Requested records not received by the CDAC within 45 calendar days from the original request will not be eligible for validation and will not be abstracted. **1Q19 medical records must be received at the CDAC by Monday, October 28th, 2019 prior to 4:30 p.m. Eastern Time.**

Related to information provided in the packet sent by the CDAC, a hospital's list of cases selected for validation each quarter, including all available patient identifiers, can be accessed via the QualityNet Secure Portal by a registered user. Please become familiar with this report, as it also displays the status of records received by the CDAC. To access the report:

1. Log in to the *QualityNet Secure Portal*.
2. Select **My Reports**, then **Run Reports**.
3. Select the **Run Reports** tab.
4. Under Report Program, select **OQR**.
5. Under Report Category, select **Hospital Reporting – Data Validation Reports**.
6. Under Report Name, select **Hospital Data Validation – Case Selection Report**.

Receipt of your medical records can be confirmed by contacting the CDAC Help Desk at [CDACHelpDesk@hcqis.org](mailto:CDACHelpDesk@hcqis.org). Please include your six-digit CCN/Provider ID when inquiring so they can assure they are providing information about your facility.

Keeping hospital contacts up-to-date is necessary to ensure submission deadline email reminders reach appropriate staff at your hospital. **The following contact types will receive validation-related notifications:** Hospital OQR, Medical Records, Medical Records–CDAC, Quality Improvement, and CEO/Administrator. If you would like to check who is listed for these contact types at your hospital, or make any updates, please send an email with your six-digit CMS Certification Number (CCN)/Provider ID to [oqrsupport@hsag.com](mailto:oqrsupport@hsag.com).

**Note:** The previously sent provider selection notification email (attached) contained the OQR Support contact email as ending in .org. It has since been corrected to .com. If you reached out to make contact changes between then and now, please ensure the list was received by emailing the correct address. Apologies for any inconvenience this may have caused.

Value Incentives and Quality Reporting Center (VIQRC): Validation Support Contractor  
[Validation@hcqis.org](mailto:Validation@hcqis.org)

**Hospital Administrator  
and  
Director of Nursing**

**Executive Summary  
September 23, 2019**

**QUALITY**

- 2<sup>nd</sup> Quarter Quality Core Measure Report completed
- HCAHPS Report – May 2019 – July 2019
- Providers selected for Hospital OQR Program CY 2021 Validation

**SERVICE**

- Vacant position – Women, Infant Children Manager  
2 applicants interviewed
- Vacant position – ED Manager  
2 applicants interviewed
- Gift Shop Manager – Anne Gray and Marilyn Vanamburgh  
Transition – 10/1/2019

**GROWTH**

- The Joint Commission (CY 2020 Standards) – webinar scheduled on 9/26/2019
- Community Needs Assessment – held on 9/19/2019
- Anesthesia Contract – pending
- LMC 10<sup>th</sup> Anniversary Planning Meeting – scheduled on 9/26/2019  
\* Event scheduled on 11/9/2019 from 1:00 – 4:00 p.m.
- CPI Trainings onsite at Lakeside Medical Center
- Human Trafficking In-Service at Lakeside Medical Center
- Quality Forum (employees) – 10/1/2019 @ 2:00 p.m.