

Clinton Regional Hospital

MINUTES FOR THE MEDICAL EXECUTIVE COMMITTEE– Date December 4, 2023

Present: Janae Chittum, Brenda Jennings, Cris Hickerson, David Barnett, Holly Masqulier, Mike Thomas, Jeff Barlow, Dr. B Abernathy, Dr. Dave, DR. Carl Lafoom

Excused:

Called to order at Boardroom December 04,2023 at 5pm By Len Lacefield

Meeting adjourned by Len Lacefield at 5:36pm

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------|
| Previous Minutes | Previous quarter MEC minutes presented for review | Motion to approve minutes by | GB | Next GB meeting |
| Old Business | | | | |
| | Nothing to report | | | |
| | | | | |
| New Business | | | | |
| First new meeting since rewrite of the Medical Bylaws | | | GB | |
| | | | | |
| Standing QA/PI Items | | | | |
| Privileges | | | | |
| 1. Privilege Request for Emergency Room and Moderate Sedation | <p>Privilege Request for Emergency Room and Moderate Sedation</p> <p>Barlow Jeffery APRN-CNP Barlow (Bliss) Coty APRN-CNP Rothwell David MD Gallegos Fabian APRN-CNP Williamson Ross APRN-CNP Karlin John APRN-CNP</p> | _Len__made motion to approve all Privileges Dr. Dave_Second and all in favor. | GB | 1. Governing Body will be asked to approve the physicians nominated for privileges |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|------------------------------------------------------------------------------------|
| 2.Hospitalist | Laffoon Carl APRN-CNP Laakman Daniel APRN-CNP Scruggs Deanna APRN-CNP Miller Laura APRN-CNP Carter Randall APRN-CNP Potter Susan APRN-CNP Hospitalist Bodenhamer Yumee APRN-CNP | | GB | 2. Governing Body will be asked to approve the physicians nominated for privileges |
| 3.Medical Director and Emergency Room Manager/Emergency Medicine | Medical Director and Emergency Room Manager/Emergency Medicine Abernathy Bob DO | | | 3. Governing Body will be asked to approve the physicians nominated for privileges |
| 4.Medical Director and Emergency Room | Medical Director and Emergency Room Dave Mayank MD | | | 4. Governing Body will be asked to approve the physicians nominated for privileges |
| 5.Emergency Medicine, Hospitalist and Moderate Sedation | Emergency Medicine, Hospitalist and Moderate Sedation Sparks Audrianna APRN-CNP | | | 5. Governing Body will be asked to approve the physicians nominated for privileges |
| 6.Emergency Medicine, Moderate Sedation and Family Medicine | Emergency Medicine, Moderate Sedation and Family Medicine Mann Mark MD | | | 6. Governing Body will be asked to approve the physicians nominated for privileges |
| 7.Pathology Lab Director | Pathology Lab Director Luu Ly MD | | | 7. Governing Body will be asked to approve the physicians nominated for privileges |
| 8.Pathology | Pathology Irwin Derek MD | | | 7. Governing Body will be asked to approve the physicians nominated for |
| 9.Pediatrics | Pediatrics | | | 7. Governing Body will be asked to approve the physicians nominated for |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Umobuarie Ejechi MD | | GB | privileges 8. Governing Body will be asked to approve the physicians nominated for privileges 9. Governing Body will be asked to approve the physicians nominated for privileges |
| Upcoming Appointment Renewals | No appointment renewals present for the reporting period. | No action needed at this time. | GB | Prior to next GB meeting |
| Peer Review | | | | |
| Physician Peer Review | Nothing to report at this time | N/A – no action necessary | N/A | GB |
| Anesthesia Peer Review | Nothing to report at this time | N/A – no action necessary | N/A | GB |
| Unexpected Outcomes | No unexpected outcomes identified for this reporting period. | N/A – no action necessary | N/A | N/A |
| Supply Chain Management | | | | |
| Product Recalls/Backorders | No backorders affecting patient flow or current inventory were reported. <ol style="list-style-type: none"> 1. Lab I-Stat Cartridge Product Notification - there was an update to cartridge-based instructions – the notice was sent to Arlene for future application. 2. Lab Immunohematology Reagent Product Notification – there were updates made to printer barcode labels for certain lots – the notice was sent to Arlene for future reference. 3. Surgery Valleylab FT10 Energy Platform Product Notification – this item was unable to be found in our facility – if it is found when surgery reopens, a software upgrade will need to take place for this item – the materials director completed the business reply form and emailed | No action needed at this time. | Material Management will present report to Medical Staff for approval | Medical Staff will recommend to Governing Body |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------|---------------------------|
| | <p>it back to the company, as requested on the product notification.</p> <p>4. Surgery Safelight Fiber Optic Cables (Clear and Gray) Voluntary Product Recall – these items were unable to be found in the facility – if they are found when surgery reopens, we can contact the manufacturer (Stryker) to get these replaced – certain lots lack adequate epoxy on proximal end, creating light output issues – the materials director completed the online business reply form and submitted it to the manufacturer, as requested on the recall notification.</p> <p>5. LifePak 15 AC Power Adapter (battery piece for defibrillators) – the materials director checked these for the facility – the facility did not have any of the effected serial numbers – this was a recall/replace situation as the effected serial numbers were not charging the defibrillators – the materials director completed the business reply form and emailed it back to the manufacturer (Stryker), as requested on the recall notification.</p> | | | |
| Equipment Management | <p>Equipment Management</p> <p>Stephen Cupps, Field Service Engineer with Space Labs, is on back on site today (11/30). He is continuing to unpack and assemble the new SpaceLabs equipment, in addition to installing QUBE devices in the MedSurge department. All old equipment removed from the PACU and ICU areas during his previous visit have been shipped back to SpaceLabs headquarters as of 11/28.</p> <p>Wednesday (11/29) an incident occurred in the lab, leading to the triage analyzer being broken. A new triage analyzer machine has been overnighted to the hospital and is expected to arrive today (11/30). Our</p> | No action needed at this time. | Material Management will present report to Medical Staff for approval | Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|
| | facility will ship the broken machine back to the manufacturer. New controls will be ordered today (11/30) to calibrate the new machine, and proceed with use for the triage analyzer. | | | |
| Medical Records | | | | |
| Clinical Documentation Findings | Issue with tracking AMA opened a help ticket with Evident to create AMA status | Ticket opened with Evident on Jan 22, 2023 not time given from Evident when it will be completed | Director of Nurses and Clinical Leadership will monitor | GB monitoring |
| Radiology | | | | |
| Radiology Report | Radiology Appointment letter for Supervisor of Radiology Services Dr. Bart Rowlett MD , MRI schedule for repair starting 12/5/2023 | Barlow__made motion to approve for Appointment letter for Supervisor of Radiology Services Dr. Rowlett _Abernathy_Second and all in favor | Radiation Safety Officer will present report to Medical Staff for approval | Ongoing |
| Pharmacy | | | | |
| Formulary requests and Standing Orders | Orders Sets to be approved General/Adult/Admit Non-ICU <ul style="list-style-type: none"> • Meningitis/Adult • Pneumonia/Adult • General/Peds/Admit Non-ICU • Respiratory Illness/Peds • Suspected Sepsis/Peds/Admit Non-ICU | _Abernathy__made motion to approve Standing orders _Barlow_____Second and all in favor | Pharmacist will present to Medical Staff for approval | GB will approve on 11/15/2023 meeting |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------|
| | <ul style="list-style-type: none"> • Severe Sepsis/Septic Shock/Adult • General/Adult/Admit ICU • PICC/Midline Insertion • Blood Product Administration/Adult • Altered Mental Status Protocol/Adult/ED • DKA/HHS/Adult • Ventilator Protocol/Adult • Insulin Infusion/Adult • Electrolyte Replacement/Adult • Heparin Therapy/Adult (AntiXa) • Overdose/Adult • Sepsis/SIRS/Adult • UTI/Adult | | | |
| Medication Errors | Nothing to report at this time | No action needed | Drug Room Supervisor | Ongoing |
| Backorders / Supply Issues Recalls | Ongoing shortages of lorazepam, lidocaine with epinephrine, bupivacaine with epinephrine, and clindamycin. | No action needed, however will continue to monitor, and manage our par levels assigned until DEA will allow more orders. | GB | |
| Pharmacists Report | See Minutes for the Pharmacy and Therapeutics Committee, Clinton Regional Crash Carts Medication list and | ___Barlow___ made motion to approve Pharmacy and Therapeutics Committee, Clinton | Pharmacist will provide report to Medical Staff | Report on narcotics will be |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|
| | Departmental Narcotic Boxes | Regional Crash Carts Medication list and Abernathy__Second and all in favor | | presented to board on 11/15/2023 |
| Infection Prevention | | | | |
| Hand Hygiene Compliance | See Infection Control Minutes | No Action at this time | Infection Control Nurse reports to medical staff | Ongoing |
| Disinfectant Compliance | <p>Disinfectant compliance noted without trending issues and within defined threshold. The Infection Prevention nurse continues to observe disinfectant use so that education can be provided during missed process steps.</p> <p>Continue to utilize Sani-Cloths for disinfection, Dispatch for bleach, and Matricide as a high-level disinfectant. High level disinfectants monitored for temperature, disposal, testing, and timing to ensure compliance with manufacturer recommendations. The Infection prevention nurse continues to ensure staff are aware of disinfectant kill times and appropriate processes related to using the disinfectants.</p> | No Action at this time | Infection Prevention Nurse reports to medical staff | Ongoing |
| Sterilization | No Sterilization processes were reviewed and discussed. No sterilization equipment use for the month has been reported or identified. The Infection Prevention nurse continues to review and ensure | No approval of a report is needed at this time | Infection Prevention Nurse | Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| | appropriate processes are executed and maintained within the sterile processing area. | | | |
| SSI Identification | No SSI's reported or identified for the reporting period. Physician surveys continue to be forwarded to physician offices monthly, results aggregated, and investigations initiated to identify potential infections, sources of infection, trending, and any opportunities for improvement. | No approval of a report is needed at this time | Infection Prevention Nurse | Ongoing |
| Housekeeping | Housekeeping evaluated during rounding and daily through clinical workflow. No issues identified at this time. The housekeeping management team is notified of any findings. High-level dusting periodically validated, no concerns reported. | No action necessary at this time. Will continue to monitor and report any discrepancies noted with housekeeping during rounding. | Infection Prevention Nurse | Ongoing |
| Influenza Program | See Infection Control Minutes | No Action need at this time | Infection Prevention Nurse | Ongoing |
| Rounding Report | See Infection Control Minutes | No Action need at this time | Infection Prevention Nurse | Ongoing |
| Employee Health | | | | |
| Employee Illnesses | See Infection Control Minutes | No Action need at this time | Infection Prevention Nurse | Ongoing |
| Bloodborne exposures Sharp Injuries Employee Injuries | No bloodborne pathogen exposures were reported for this reporting period. Bloodborne pathogen exposures followed by the Infection Prevention nurse. No sharp injuries reported. No employee injuries reported or identified. | Will continue to actively encourage employees to understand there are protective structures in place to support reporting of quality and safety concerns while penalizing reprisals in response to reporting. | Infection Prevention Nurse | Ongoing |
| Employee Health Files | No pending/outstanding employee health files identified. Employee Health files remain complete. All employee health files | Continue to actively maintain employee health documentation compliance. | Infection Prevention Nurse | Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| | have been reviewed and are current. | | | |
| Process Improvement | | | | |
| Dashboard Review | Committee discussed indicators included on the dashboard. No trends identified at this time because this is the first month of patient care. Will continue to scrutinize identified indicators and make recommendations for action as warranted. | | GB | Prior to next GB meeting |
| PI Studies | Current performance improvement studies include the following: | | GB shall approve | GB will approve on 11/15/2023 |
| Patient Satisfaction | Currently working on a contract with Press Ganey to track Patient Satisfaction | Will bring back next meeting with contract | GB shall approve | GB will Approve on 11/15/2023 |
| Tumor Board Submissions Pathology | Nothing to report at this time | No Action need at this time | Clinical Leadership or designee | Ongoing |
| Contracted Services | | | | |
| Patient-Related Contracted Services | Currently working on contracted services with satisfaction goals | Will bring back to next meeting | Leadership | Ongoing |
| Risk Management | | | | |
| Incident Reports | No Incident Reports to at this time | No Action need at this time | Brenda Jennings | Ongoing |
| Root Cause Analysis | No Root Cause Analysis' were required to be conducted during this reporting period. | No action necessary, will continue to monitor incidents and conduct RCA's as appropriate. | Brenda Jennings | Ongoing |
| Complaints/Grievances | See AQPI/Performance Improvement Minutes | No Action Need at this time. | Brenda Jennings | Ongoing |
| Sentinel Events | See AQPI/Performance Improvement Minutes | No Action Need at this time. | Leadership | Ongoing |
| Education | | | | |
| New/Pending/Staff Meetings Annual Training Ongoing Education | MedTrainer training, Corporate Compliance, HIPPA, Emergency Preparedness and Response, Fire Safety, | Due date for Completion Dec 6,2023. | Clinical Leadership | Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|
| New Procedures or Techniques Laser Training | Grievance/Compliant, Hand Hygiene, OSHA airborne , droplet, Bloodborne pathogens, disaster preparedness were sent out to all staff to complete. | | | |
| Disaster Preparedness | | | | |
| Disaster Preparedness | See Life Safety/Emergency Management Committee Meeting minutes | _____made motion to approve See Life Safety/Emergency Management Committee Meeting minutes for _____Second and all in favor | Safety Officer | Ongoing |
| Drills | See Life Safety/Emergency Management Committee Meeting minutes | _Abernathy__made motion to approve See Life Safety/Emergency Management Committee Meeting minutes for __Barlow__Second and all in favor | Safety Officer Clinical Manager | Ongoing |
| Emergency Operation Plan | See Life Safety/Emergency Management Committee Meeting minutes | __Abernathy____made motion to approve See Life Safety/Emergency Management Committee Meeting minutes for _Barlow____Second and all in favor | Safety Officer | Ongoing |
| Environment of Care | | | | |
| Temperature & Humidity Levels | See Life Safety/Emergency Management Committee Meeting minutes temperatures, humidity levels, and airflows throughout the facility to ensure compliance. | __Barlow____made motion to approve See Life Safety/Emergency Management Committee Meeting minutes for __Dave____Second and all in favor | Safety Officer | Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------|
| Utility Management | Discussed vendors and utility management processes that were necessary for this reporting period. No utilities requiring repair at this time. | No Action at this time | Safety Officer | Ongoing |
| Fire Safety/Life Safety | See Life Safety/Emergency Management Committee Meeting minutes | _Abernathy _____ made motion to approve See Life Safety/Emergency Management Committee Meeting minutes for _Dave__ Second and all in favor | Safety Officer | Ongoing |
| Hazardous Waste/Chemical Management/SDS | No issues with hazardous waste or chemical management were reported. Staff instructed to query SDS hotline for any chemical SDS needs. SDS and IFU's are actively maintained in their respective binders for review. | No action at this time | Safety Officer | Ongoing |
| Log Management | Logs are reviewed and analyzed frequently for discrepancies and omission trends. The Safety Officer reviews any documented findings that are outside of the set parameters to ensure no systemic issues are present and that actions are documented. No deviations or concerns related to log management identified for this reporting period. | No action necessary at this time, notation only. Will continue to review logs frequently and regularly. | Safety Officer | Ongoing |
| Rounding Report | Discussed findings identified during life safety rounds. No significant trends or issues discovered. | | Safety Officer | Ongoing |
| Policies & Procedures/Forms | | | | |
| Forms | No new forms at this time to review | No Action at this time | GB | Prior to next GB meeting |
| Policy | Policies developed and/or modified to include: Medical Record/HIPPA/Security, | Barlow _____ made motion to | GB | Prior to next GB meeting |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|---------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| | Ethics, Rights and Responsibilities, Laboratory Policy and Procedures, Materials Management, Vendor Policy | approves Medical Record/HIPPA/Security, will bring next meeting Ethics, Rights and Responsibilities, Laboratory Policy and Procedures, Materials Management, Vendor Policy for Abernathy__Second and all in favor | | |
| Competencies/Education material | Departments are currently working on department Competencies and/or education material | Bring to next meeting | Each Hospital Departments | Prior to next GB meeting |

Next meeting will be announced.