I. Call to Order

II. Guest Speaker – Dr. Glassman (Device Interrogation Policy) (pg. 2-3)

II. Approval of February 6, 2103 Minutes (pg. 4-6)

III. Committee Reports
   a. MEC Excerpts (February 2013) – Dr. Leff (pg. 7-10)
   b. Administrative Report (March/April 2013) – Dr. Leff (pg. 11)

IV. New Business
   a. Review Cesarean Section Protocols – Angie Howard (pg. 12)
   b. EPIC (Shadow Charting & L&D Monitoring) – Leon Arens
   c. Physician Website/EPIC (eLearnings) – Jessica Schrader
   d. Epidural Catheter Discontinuation following administration of Lovenox or Heparin – Dr. Leff

V. Next Meeting Wednesday, May 8, 2013, 0700 in Mercy Neuhaus Board Room

VI. Adjournment
DATE: July 27, 2012

TO: Care Providers at Mercy Medical Center

FROM: David Glassman, M.D., Electrophysiology Cardiology Medical Director

SUBJECT: Device interrogations for pacemakers and defibrillators

Fellow Care Providers and Nurse Managers:

The electrophysiology lab at Mercy Medical Center is growing. We have already begun to perform some more complex ablation procedures. To accommodate this growth, and provide the best care for all of our patients throughout the hospital, we are changing the procedure for obtaining device interrogations in all service locations of the hospital.

Beginning Monday, August 6, 2012 device interrogations for all patients in all areas of the hospital will be performed by industry representatives. This is a standard process nationally. We have prepared an algorithm to assist you in this process. Telephone numbers for each of the three major device vendors are attached. These numbers will place you in contact with a national customer service representative who will put you in contact with the clinical device rep on call for the Cedar Rapids territory. The industry reps will be issued Mercy badges and will continue to check in through RepTrax.

Most patients carry their pacemaker or defibrillator cards with them so that you can identify which company is the correct one to call. If the patient does not have his or her card and does not remember what type of device they have, the phone numbers will put you in touch with someone who can look up your patient in the registry and tell you if the patient has one of their devices. Usually, all they require to look up the patient is a full name and birthdate.

If you have any questions or concerns please contact me at 319-832-2328 or Cathi Miller at 319-398-6608.

Thank you,

David Glassman, M.D.
Electrophysiology Cardiology Medical Director
Mercy Medical Center
Device Interrogation

Pacemaker or ICD Device Interrogation is ordered by physician.

Need to determine which company representative to call for device check.

1. Ask the patient or family members if they have their device identification card.

Or

2. Ask the patient or family members if they know the company name of their device.

Possible options:
Boston Scientific/Guidant
Medtronic
St. Jude Medical

After identifying device company call number listed and they will notify the device representative.

If unable to determine pacemaker or ICD company:
Call the toll free number of each device company - give them the patient name and DOB.
They will tell you if the patient has a device from their company.

Boston Scientific/Guidant
1-800-227-3422

Medtronic
1-800-633-8766

St. Jude Medical
1-800-722-3423

Information to have available:
Patient Name and location within Mercy
Type of device (ICD or pacemaker)
Reason for interrogation
Brief History
**Meeting Minutes for: Anesthesia Department Meeting**
**Chair:** Dr. Leff / **Recorder:** Kathy Holmes

**Date:** February 6, 2013

**Present:** Drs. Almasi, Anderson, Botkin, Buffo, Franklin, Humphreys, Kelley, Kemen, Lorenzini, Maze, Murtha, Schmidt, Shires, Steine, Teggatz, and Walsh. **Also Present:** Dr. Valliere, Jo Ellen Cook, Molly Newhouse.

<table>
<thead>
<tr>
<th>Discussion/Leader</th>
<th>Expected Result</th>
<th>Content/Agenda Item</th>
<th>Meeting Notes/Decisions/Actions or Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALL TO ORDER</strong></td>
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<tr>
<td>Dr. Leff</td>
<td>Action</td>
<td>Call to Order</td>
<td>Dr. Leff called this regularly scheduled meeting of the Anesthesia Department of Mercy Medical Center, a peer review committee, to order at 0702.</td>
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<table>
<thead>
<tr>
<th><strong>APPROVAL OF MINUTES</strong></th>
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<tbody>
<tr>
<td>Dr. Leff</td>
<td>Action</td>
<td>Approval of November 7, 2012 minutes.</td>
<td>The minutes were reviewed and approved as distributed.</td>
</tr>
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<thead>
<tr>
<th><strong>QUALITY ASSESSMENT &amp; IMPROVEMENT REPORTS</strong></th>
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<tbody>
<tr>
<td>Dr. Leff</td>
<td>Information</td>
<td>Medical Executive Committee (December 2012 and January 2013)</td>
<td>Included in packets. Reminder to continue diligence in completing medical records in a timely manner. Discussion surrounding standardization of Airway carts throughout the hospital to ease involvement with hospital-wide sedation.</td>
</tr>
<tr>
<td>Dr. Valliere</td>
<td>Information</td>
<td>Administrative Report (January/February 2013)</td>
<td>Included in packets.</td>
</tr>
<tr>
<td>Dr. Valliere</td>
<td>Information</td>
<td>Influenza Memo</td>
<td>Included in packets. Influenza appears to have peaked and is beginning to decline.</td>
</tr>
<tr>
<td>Dr. Valliere</td>
<td>Information</td>
<td>Joint Commission Memo</td>
<td>Included in packets. TJC survey week of January 7th. Few findings in timing of orders that should resolve once Epic is implemented. <strong>ACTION:</strong> Record of Care reviewed this meeting.</td>
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<tr>
<th><strong>OLD BUSINESS</strong></th>
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<tbody>
<tr>
<td>Dr. Leff</td>
<td>Discussion</td>
<td>Bylaws Update</td>
<td>Mercy and Medical Staff attorneys finalizing and bylaws should go out to MEC for review in spring.</td>
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<tr>
<td>Meeting Minutes for:</td>
<td>Anesthesia Department Meeting</td>
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<tr>
<td><strong>Chair:</strong> Dr. Leff / <strong>Recorder:</strong> Kathy Holmes</td>
<td><strong>Date:</strong> February 6, 2013</td>
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<thead>
<tr>
<th>Dr. Leff</th>
<th>Discussion</th>
<th>Epic Updates</th>
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<tbody>
<tr>
<td></td>
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<td>Anesthesia work stations changing with addition of Electronic Anesthesia Records. Touch screen monitor will be added next to heart monitor along with additional computer and keyboard.</td>
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<thead>
<tr>
<th>Dr. Leff</th>
<th>Discussion/Action</th>
<th>Order Set Questions</th>
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<tbody>
<tr>
<td></td>
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<td>Peds Post-PACU okay to default 92% for O2 Sats; Pre-op follow-up diabetes section-March agenda; Epidural, Continuous Infusion, there was a motion to pre-check &quot;Notify Anesthesia if epidural becomes disconnected&quot; and remove &quot;may follow approved procedure to reconnect epidural catheter if disconnected&quot;, motion carried; Total Knee/ Hip Rapids PACU order set removed.</td>
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| NEW BUSINESS |

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<thead>
<tr>
<th>Dr. Leff</th>
<th>Discussion/Action</th>
<th>Case Review Criteria</th>
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<tbody>
<tr>
<td></td>
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<td>Included in packets. Members were asked to review policy and criteria triggers. There was a request to possibly add spinal headache to triggers. To reduce unplanned transfer to ICC document possible transfer to ICC in Anesthesia records. <strong>Action: Item will be added to next agenda to discuss further.</strong></td>
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<tr>
<th>Dr. Leff</th>
<th>Discussion/Action</th>
<th>Credentialing Criteria Review</th>
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<tbody>
<tr>
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<td>Included in packets. Members were asked to review privileges form. There was a request to possibly add ultrasound. <strong>Action: Item will be added to next agenda to discuss further.</strong></td>
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<tr>
<th>Dr. Leff</th>
<th>Discussion/Action</th>
<th>VTE Measures</th>
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<tr>
<td></td>
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<td>Included in packets. Members reviewed VTE order set. Either MECHANICAL or PHARMACOLOGIC must be completed. Compression Stockings (TED's) to be removed. It was noted this order set has been incorporated in post-op orders.</td>
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<thead>
<tr>
<th>Dr. Walsh Jo Ellen Cook</th>
<th>Discussion/Action</th>
<th>Record of Care/Physician Documentation (TJC)</th>
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<td></td>
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<td>TJC survey noted noncompliance with date and time on medical record entries. HIM Department completed audit and found that overall providers are not routinely documenting time.</td>
</tr>
<tr>
<td>Dr. Leff</td>
<td>Information</td>
<td>The next meeting will be held on Wednesday, March 6, 2013, 0700 in St. Luke's Room 163.</td>
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Respectfully submitted by,
Dr. Kirsten Leff
MERCY MEDICAL CENTER
Cedar Rapids, Iowa

Medical Executive Committee
Excerpts
February 5, 2013

Review of Department Minutes
Dr. Wilbur reviewed the department meeting minutes for Emergency Medicine, Family Medicine, Pediatrics and Surgery. There were no action items for the Medical Executive Committee.

Administrator's Report
Tim Charles had the following comments:

• The recent Joint Commission Survey went very well. He thanked the Medical Staff as a whole for their commitment to quality care, and individual Medical Staff leaders for their participation on various survey sessions.

• It is with mixed emotion that Mercy recently announced the resignation of Laura Reed as Chief Nursing Officer. Laura has accepted an exciting new opportunity as Chief Nursing Executive at University of Minnesota Medical Center, Fairview Health System. Her last day at Mercy is March 1. Her leadership in nursing at Mercy will be deeply missed. He congratulated Laura on this exciting opportunity and thanked her for her commitment to further the culture of patient safety within the organization.

• Mr. Charles also announced the resignation of David Basel, MD as Executive Director of Cedar Rapids Medical Education Foundation and Chief Medical Office of Linn Community Care. Dr. Basel will be relocating to Sioux Falls to be closer to family. He congratulated Dr. Basel on the success of the rebuild of the program and thanked him for his commitment to the medical community.

Credentials Committee
The Credentials Committee meeting report of January 15, 2013.

The committee accepted the resignation of Dr. Acarregui.

The committee reviewed the recommendation from the OB/Gyn department chair to waive Neonatal Resuscitation Program (NRP) certification requirements until the next department meeting. Discussion was held regarding patient safety, hospital staff certification requirements, frequency of which the obstetrician would practice these skills and the content and burden of recertification. The committee recommended continuing the NRP certification requirement for obstetric privileges and that the listed practitioners complete recertification at the next offered course.

The committee recommended the proposed revisions to the initial application for medical staff membership included in the agenda packet. The proposed revisions originated from the recent Joint Commission survey.
The committee recommended the proposed revisions to delineation of privileges specific to spinal cord stimulators for trial or implant.

**Bylaws Committee**

Dr. Schweiger provided an update on the proposed rollout of the revisions. The document recently circulated with the original intent of bringing before the committee for vote tonight has gone through a final revision, mainly clerical in nature. This final revision will be reviewed by leadership this week and brought before the Bylaws Committee at their meeting next week. This new document will be provided to Medical Executive Committee membership and brought to vote at the next meeting. The Medical Executive Committee was strongly encouraged to review and have a working knowledge of the revised bylaws as they will serve as a first resource to their departments. Dr. Schweiger and the Bylaws Committee membership are available for any questions regarding the revisions.

**Joint P&T Committee**

The minutes summary of the January 22, 2013 Joint P&T Committee was given.

**Formulary additions:**
- Indomethacin suppository for prevention of post ERCP pancreatitis approved to formulary. Will be reviewed in 6 months.
- Ofirmev (acetaminophen IV) approved to formulary for use in the perioperative phase of care, preoperatively, during surgery, and postoperatively for the 1st 24 hours. There are restrictions to the use of this medication and it will be reviewed in 6 months.
- Fosfomycin (Monurol) for the treatment of Enterococcal UTIs and simple cystitis due to E-coli when there are limited therapeutic options. Approved to formulary.
- Combigan (brimonidine/timolol) ophthalmic solution approved to formulary.

**Formulary interchanges:**
- Any lactobacillus for an adult interchanged to the lactobacillus product of choice at this hospital for an adult.
- A lactobacillus product will be carried for use in pediatrics interchanged to none.
- Insulin glulisine (Apidra) any dose interchanged to Novolog or Humalog at the same dose.
- Treximet (naproxen 500mg/sumatriptan succinate 85 mg interchanged to Naproxen 500mg and sumatriptan 100 mg at same frequency.

**Formulary deletions:**
- Cafergot (caffeine/ergotamine)
- Meclofenamate
- Parnate (tranylcypromine)
- Scopolamine ophthalmic solution

**Denied admission to formulary:**
- Neupro (rotigotine patch) denied addition to formulary.

**Adult Vancomycin Protocol revisions:**
1) All pneumonia patients will be dosed to achieve a trough of 15-20.
2) Dosing in greater than/equal to 75 year old patients is changed to avoid high troughs.
3) Every 48 hours will not be a dosing option when starting a patient. A level will be drawn every 24-48 hours to determine the dosing interval to avoid missing the target trough.

Azithromycin IV is in short supply. To provide IV product for patients who cannot take oral the pharmacist will review patients based on a set of criteria and patients who meet that criteria will be switched to oral azithromycin.

Scheduled policy reviews:
• High-Alert Medication Management
• Look-alike, Sound-alike Medication Management Plan
• Conflict of Interest Policy
• Formulary Approval Ladder

Graduate Medical Education Program
Dr. Basel provided an annual report on the committee including:
• Reporting structure of the program including the leadership transitioning plan
• Function and activities over the past year
• Patient Safety
• Patient Volumes
• Resident recruiting, satisfaction, challenges and performance
• Recent accreditation survey results and action items

Medical Education Advisory Committee
The committee recommended the proposed revisions to the Supervision of Professional Graduate Education in Mercy Medical Center Policy.

Other Committees
Dr. Wilbur reviewed the committee meeting minutes for Cancer, IRB Cancer, IRB General and Medical Director Council. There were no action items for the Medical Executive Committee.

Quality, Safety, and Clinical Outcomes
Dr. Valliere reviewed the Monthly Performance Scorecard included in the agenda packet:
• Raw Mortality Rate continues to be greater than target. There has not been a notable change in the total amount of deaths. Increases may be attributed to seasonal change in severity of illness, challenges in timeliness of patient families considering palliative care options and patient families choosing not to aggressively treat conditions. Two cases have been sent on for further review.
• Average Length of Stay is longer than target. This may be attributed to several long stay patients due to severity of illness and difficulty in discharge placement.
• Falls Rate continues to be greater than target. The Falls PI team continues to perform drill downs on all incidents. It has been found that many times all patients on a floor are being assessed at a level of greatest risk for falls. This becomes a staffing challenge when all patients on a floor are requiring one on one care.
• The 1 miss on Acute Myocardial Infarction was due to an aspirin being missed both in the hospital and the office setting. He congratulated practitioners on the long history perfect scoring prior to this event, and encouraged all care givers to be vigilant of details in the future.
• He spoke regarding the turnaround in Heart Failure measures and the success of the Storm Team that has championed this initiative.
• Percentile for Press Ganey results remains below target even though mean scores are 90% satisfaction or greater. He discussed the scoring system and the competitiveness of the database.

Dr. Valliere provided a brief explanation of the Value Based Purchasing program, how the withholding works currently and the changes to the future model of reimbursement. He drew attention to the reports included with the agenda packet.
• Pain Management and Call Light Responsiveness continue to be a challenge.
• Communication with both Nursing and Physicians continues to be a priority. He stressed the importance of availability to patients, follow up on concerns and questions and actually sitting down with the patient vs. remaining standing.

**Epic and Meaningful Use**
Dr. Hilliard provided a summary of the work completed for Epic rollout over the past nine months. He outlined future projects over the next three months including Super Users, registration for training, a general outline of what the training sessions will include and the differences between the St. Luke’s Epic module and the module Mercy will be implementing. He encouraged groups of physicians to sign up together to assist in tailoring the training to their specific practice patterns and uses.

The committee endorsed the recommendations from the physician advisory groups as presented.

**Joint Commission Survey Highlights**
Dr. Valliere congratulated the membership on the recent successful survey. He gave an overview of survey process, finding, plans of correction and accreditation process. Finding of Medical Staff interest include:
• Timing and dating of orders. He asked practitioners to be vigilant in this area and the solutions that Epic will provide for this challenge.
• Procedural time outs. Time outs were good in the Operating Room, however the Birthplace time out did not go as well. He emphasized the importance of everyone ceasing activity and focusing solely on the time out process.
• Timing of post-operative notes. This topic will be discussed at tomorrow’s Anesthesia Department meeting.

**Emergency Department Medical Care Policies and Procedures**
Dr. Aucutt reported that there have been no changes to the Emergency Department medical care policies and procedures.
EPIC Update: Mercy Care clinics are going live with EPIC on March 1, 2013. Special thanks to Dr. Don Hilliard and Dr. Bradley Beer for serving as physician champions for this massive undertaking.

Registration for providers who conduct inpatient work is open. Several physicians have expressed concern over the required training time. Please know that the Physician Advisory Councils established the parameters to ensure that all practitioners are receiving appropriate levels of training.

In order to gain access to EPIC, you will need to complete three things:

1. Review assigned eLearnings
2. Attend EPIC Classroom Trainings
3. Pass the assessment test

Prior to Go-Live, be thinking about your practice patterns and preferences. Your transition to EPIC will be easier if you have already thought through whether or not you will be using the Note Writer function, system smart tools and customized text.

In the 2 weeks prior to Go-Live: All providers will have access to labs to complete desired customization. Those times are being established and more information will be forthcoming.

Last but not least, EPIC will be available on your iPhones through a tool called Haiku. You will be able to view your schedules, review a patient chart and many other functions. Stay tuned for more information on mobile devices.

Bylaws: The Medical Staff Bylaws continue to be in legal review.

Joint Commission Update: TJC surveyed MMC January 7 – 11th. Overall the survey was very successful.

Surveyors gave the hospital 19 requirements for improvement (RFIs). Four items were fixed during the survey. Six items will be compliant by 3/8. Seven items will be compliant by 3/23. The last item will be compliant by the end of the summer.

If you would like further information on those specific projects, please feel free to reach out to Susan Wagner Hecht at 319.398.6138.

Thank you: To the over 30 physicians who participated in the MMC Capital planning scoring process. Your insight is helpful to our team to assist in the prioritization of capital spending.
To: All OB-Gyn Physicians
Re: Cesarean Section Definitions/Protocol

As a reminder, our policy states the cesarean section definitions and guidelines to be the following:

“POLICY STATEMENT
The purpose of this policy is to define types of cesareans and their urgency so they are performed in the safest manner for the patient.

DEFINITIONS
"Go Now": An unscheduled cesarean of an emergency nature due to non-reassuring and/or life threatening fetal or maternal status. Examples of indications may include hemorrhage from placenta previa, abruptio placenta, cord prolapse and uterine rupture, or non-reassuring fetal well-being.

"30 minute protocol": An unscheduled cesarean that is non-emergent at this time, but has potential to become emergent. Examples may include failure to descend or failure to progress with reassuring fetal well-being.

"Unscheduled/Scheduled": Any cesarean that is non-emergent and can be scheduled at a future time. Examples of indications may include repeat cesarean in early labor.”

When reviewing charts, key points we look at from a nursing staff perspective:

- Was the C/Section category declared by the MD and charted by the RN

- Go Now: Patient will be out of the room in 5 minutes or less and Decision to Incision <30 minutes.

- 30 Minute Protocol: Patient will be out of the room in 10 minutes or less.