

**MIAMI VALLEY HOSPITAL
MIAMI VALLEY SOUTH HOSPITAL
EMERGENCY DEPARTMENT
MEETING MINUTES
SEPTEMBER 23, 2010**

Physicians - Present

Keith Bricking, M.D.
Mary Chellis, M.D.
Laura Gottron, M.D.
Harold Guadalupe, M.D.
Ramesh Gupta, M.D.
Andy Hawk, M.D.
Scott Koncal, M.D.
Tim MacLean, D.O.
William Marriott, M.D.
D. Pangalangan, M.D.
Jon Riggs, D.O.
N. Schneiderman, M.D.
Kim Wascak, M.D.

Physicians – Excused

Carrie Arnold, M.D.
Steve Chapman, D.O.
Maribeth Coon, M.D.
Phyllis Doerger, M.D.
Corey Heitz, M.D.
C. Peter John, M.D.
Namchi Le, M.D.
Kathy Malone, M.D.
Dennis Mann, M.D.
Joseph Mauro, M.D.
Roger Pacholka, M.D.
J. Rasmussen, M.D.
William Wright, M.D.

Physicians Unexcused

Mike Ballester, M.D.
Mark Eilers, M.D.
Joe Leibold, M.D.
Richmond Lemos, M.D.
Jason Pickett, M.D.
Stephen Rymer, M.D.
Thomas Susec, M.D.
Brian Zimmerman, M.D.

PA-C Present

John Rigano

PA-C Excused

Greg Adkins
Robert Downs
Sean Haig
Greg Kooyman
Kristen Orosz-CNP
Melanie Price
Erika Williams

PA-C Unexcused

Ed Chance
Melanie Hembree

Staff Present

Bonnie Coalt
Cathy Hall
Cynthia Mason
Jason Merritt
Diane Pleiman
Judie Woods

I. Call to Order

1. Meeting called to order by Dr. Bricking.
2. Minutes were approved from the July 22, 2010 meeting.

II. Presentation

A. Dr. Patel – Valley Medical Research

1. For Cardio and Diabetic Study – contact Dr. Patel
2. Also conducting a back pain and chronic pain study contact Cyndi Whittington, RN at 208-8298
3. See attached information on the studies.

B. Laurie Chowayou – ProCESS Study

1. Conducting a study on Protocolized Care for Early Septic Shock (ProCESS), Go live January 1, 2011.
2. The study objective is to improve the management of septic shock by exploring the clinical, biological, and economic aspects of alternative resuscitation strategies.
3. See attached information.

C. Craig Pleiman – Clinical Pharmacist

1. Presented a Community Acquired Pneumonia antibiotic chart (CAP).
2. See attached information and chart has been posted at all stations.

III. Medical Staff Committee/Performance Improvement – Dr. Keith Bricking

1. Verbal orders - please minimize and sign order sets.
2. Dental – Please do not give appointments out the day of as the schedule is set by 8:00am.
3. Central Line Audit – for all central lines, new ODH reporting requirements
4. Access Center Update –
 - a. Total requests (calls) 453
 - b. 226 referrals to MVH
 - c. 32% were admits
5. See attached information.

IV. Medical Director – Dr. Darin Pangalangan

1. Press Ganey Award – Given to the Miami Valley South Hospital for keeping a

95% Patient Satisfaction score for three years.

2. August the percentage was lower due to increased LOS and LWOT's.
3. Adolescent admissions – Internal Medicine Service has agreed to admit adolescents ages 13-17 exclusively. If they are unwilling to admit Dr Chellis is working on transfer agreement with Dayton Children's Hospital

V. Careflight MICU – Dr. Andrew Hawk

1. A policy change has been developed to address the patient that is being transferred interfacility by Careflight air or ground.
2. Effective October 1st Careflight vehicle will be dispatched and the crew will obtain patient information for those non-ETC interfacility transfers without involving the MCP up front.
3. A DNR-CC patient is not appropriate for interfacility critical care transport.
4. Please see attached information.

VI. EMS Report – Dr. Randy Marriott

1. GCS should be reported in real time
2. CAP Lab exercise to take place in Dec 2010 for the Wright State Residents

VII. Nursing Administration – Bonnie Coalt

1. ICM/Care Coordinators are working with nursing leadership and administration on a community chronic pain policy

VIII Nursing Administration – South Hospital – Judie Woods/ Cathy Hall

1. Working on Triage issues at the hospital
2. Attended a Managers Forum where Dr. Leibold and Dr Riggs were recognized.

Keith Bricking, M.D. Chair

Cynthia Mason – Administration

Bricking Sept 2010 Dept Meeting Update

MSEC

- 1) Therapeutic Companions "Sitter Usage"
- 2) Funding to explore possible addition of patient tower at MVS
- 3) Medical Staff Lounge Policy

Department Updates

- 1) Verbal Orders – try to minimize
- 2) Signing orders – triage protocols, verbal orders: please sign and do not refuse
- 3) Order Sets – Chest pain, Pneumonia, ED/ACT Stroke Order Sets –Please use
- 4) Max Face Trauma-call attending or fellow for all referrals
- 5) Dental Update
 - a) Overall process is going smoothly
 - b) Please do not give appts day of as schedule is set at 8am when HUC faxes schedule to clinic. Open appts are given to walk-in
 - c) Increased rate of no shows (7/09 19% broken appts vs 36% 7/10)
- 6) Access Center update
 - a) Candy Skidmore monthly report
 - b) Isolated Ortho Trauma still needs to come to ED for evaluations
- 7) Hip Fractures:
 - a) All isolated hip fractures >65 yo should be admitted to a Medical service
- 8) MVES Journal Club
 - a) Thurs Sept 23rd Acute Stroke Emergencies
- 9) EKGs –Triage Protocols, tech to document handoff to physician
- 10) Adding Room 13 to Obs, 61 regular bed when 4 nurses working (no longer SC only)
- 11) PIT (Provider in Triage) Trials ongoing

Quality Updates

- 1) Stroke Update
 - a) Transfer process going smoothly. Protocol to have Neurologist discuss with ED Physician t-pa candidate, need for NIS, candidate for MRI and their ETA on phone
 - b) Call Hospitalist **Early** for all Acute Strokes as admit all t-pa patents, even if intubated
 - c) **You must page Neurologists separate** from Stroke Alert Page
 - d) New Stroke Order Set – "PHP **ED/ACT** Stroke Order Set"
 - i) please utilize for all Stroke Alerts
 - e) Call if symptoms <4.5 hours (or possible candidates for intervention after 4.5hrs)
 - f) Encourage Nurses to call alerts
 - g) New Smart Text = "Stroke Alert Screening Tool/tPA inclusion/exclusion criteria"
 - h) Acute Stroke MRI (possible need for intubation, sedation)

- i) Direct to CT from EMS is going well
- j) Stroke certification
 - i) -Documentation of tpa consideration/initiated from physician
 - ii) -Documentation of time last well known by physician
- 2) Sepsis Update
 - a) Drs Anderson, Thakore and myself collaborating on ProCESS Study (Approved June IRB)
 - b) Protocolized Care of Early Septic Shock Trial (ProCESS) studying three approaches to early (ED based) resuscitative care of those with sepsis.
 - c) NIH/NIGMS P50 grant
 - d) EGDT (based on the Rivers protocol) or PSC (protocolized standard care), or will be randomized to usual care
 - e) EGDT arm will receive PreSep® central venous catheter
- 3) Anticoagulated Head Injury
 - a) Compliance with 30 minute time to CT is trending downward
 - b) Order the anticoagulated head CT and Type and Screen up front (& platelet function screen)
 - c) Order blood products ASAP
- 4) Pneumonia
 - a) Proper Antibiotic selection – need **duel therapy** for ICU patients
- 5) Central Line Audits – for all central lines, new ODH reporting requirements
- 6) Hand Hygeine Audits – before and after patient contact. Only about 70% compliant
- 7) AMI
 - a) Several outliers in June-August at MVH and MVS
 - b) EKG techs to document which MD receives EKG
 - c) Document, document, document