

West Ascension Parish Hospital

Service District

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September 17, 2024

MEDICAL EXECUTIVE COMMITTEE MEETING Minutes

- I. Call to Order-12:10 PM**
- II. Roll Call**
- III. Public Comment**
- IV. Reading and Approval of Minutes of August 20, 2024**
- V. Reports of Standing Committees**
 - A. Monthly Reports
 - 1. Utilization Review
 - 2. Operative and Invasive Committee
 - 3. Emergency Room Committee
 - 4. Safety Committee
 - 5. Cyber-Security Committee
 - 6. Leadership Team
 - 7. Administrative
- VI. Old Business**
 - A. Emergency Department Report
 - B. Electronic Medical Records
 - C. Radiology Services
 - D. Tele-Stroke
 - E. The Joint Commission (Hospital)
 - F. Applications for Approval for Temporary Privileges and Reappointment.
 - G. Dr. Idowu's Presentation on Stroke Protocols
 - H. Hospital Committee Appointments and Reappointments
- VII. New Business**

- A. Applications for Review and Approval for Temporary Privileges and Reappointments.
- B. Facility Updates
- C. Advance Preparation for EKG orders
- D. IV Fluids/ Infusions with hard start and stop times
- E. Physician and Nurse Communications each day

VIII. Executive Session

- A.

IX. Adjournment

**PREVOST MEMORIAL HOSPITAL
MEDICAL STAFF/MEC MEEETING**

This is a confidential report as it is a report of this Medical Staff/MEC and the exercise of its functions.

DATE: September 17, 2024

TIME: 12:10 PM

PLACE: Prevost Memorial Hospital Conference Room

MEMBERS:

Dr. Glenn Schexnayder, Chief of Staff
Dr. Sumanth Punukollu, Secretary & ER/Hospitalist
Dr. Andrew Gruezke, ER/Hospitalist
Dr. Benedict Idowu, ER/Hospitalist
Mr. Shelton Anthony, CEO
Mr. James Breaux, COO
Mr. Kevin Causey, CAO

ABSENT: _____

GUEST:

I. CALL TO ORDER

A. The meeting was called to order by Dr. Idowu 12:10 PM (Time)

II. ROLL CALL

A.

III. READING AND APPROVAL OF MINUTES

A. Reading of Minutes from August 20, 2024. On a motion by Dr. Idowu and seconded by Dr. Gruezke the minutes have been accepted as read.

IV. REPORTS OF STANDING COMMITTEES

A. MONTHLY REPORTS

1. Utilization Review Committee

a.

SOCIAL SERVICES	August 2024
Total Patient Visits	28
Admits	2
Consultations	12
Observations	5
Referrals	10

b.

MEDICAL REVIEW	August 2024
Medicaid Admits	0

c.

MONTHLY DENIALS	August 2024
Denials	0

d.

PHYSICIAN QUALITY PROBLEMS	August 2024
Acute / Observation Chart	1
Hospice Charts	0
Swing Charts	0
An incomplete chart would be missing one or more of the following: H & P, Discharge Summary, Unsigned Orders. 1 Chart noted	

e. Notice of Facility Quality Problems: None for August 2024.

f. Notice of Admission Denial: None for August 2024.

g.

MEDICARE / LHCR REVIEW	August 2024
Acute	0
Swing	0
Hospice	0
Inpatient Charts Requested for Review	0

h.

QA/I REVIEW	August 2024
ADMISSIONS (Observations not included)	
Acute Admissions	2
Observations	0
Swing Admissions	0
Hospice Admissions	0
DISCHARGES	
Acute Discharges	
● Acute Discharged - Home	2
● Acute Discharged – Another Facility	0
● Acute Discharged – Nursing Home	0

● Acute Discharged – Swing	0
● Acute Discharged – Hospice	0
● Acute Discharged – Left AMA (against medical advice)	0
Swing Discharges	0
Hospice Discharges	0
DEATHS	
Acute Deaths	0
Swing Deaths	0
Hospice Deaths	0

The Medical Staff/MEC accepts this report as presented.

2. Operative and Invasive Procedures Committee

a. Wound Care Clinic

WOUND CARE CLINIC	August 2024
Patients seen	37
Specimen submitted	0

b. Emergency Department

EMERGENCY DEPT.	August 2024
Specimens received	0

c. Pathologist Review

PATHOLOGIST REVIEW	August 2024
Wound Care Specimens	0
OP/Emergency	0
Non-Gyn Cytologies	0

The Medical Staff/MEC accepts this report as presented.

3. Emergency Room Committee

- a. The Medical Executive Committee reviewed the minutes of the Emergency Room Committee meeting. Motion to approve the minutes as presented by Dr. Idowu. Second by Dr. Gruezke. There were 0 objections to the minutes as presented.

ER STATS	August 2024
Total Patients Registered	490
Total Patients Seen	469
Admissions	0
Observations	12
Transfers to another facility	28
Code	1

Positive Outcomes	1
Expired (DOA)	0
AMA	9
Left without being seen (includes triage)	4
Left prior to triage	3
Eloped (LDTX)	9
Returns to ED within 72 Hours	17
Returns w/same symptoms	16
Returns w/different symptoms	1
Patients received x-ray(ER)	83
# of x-rays (ER)	94
Outpatients received X-rays	97
# of x-rays (outpatient)	110
All Patients received X-ray	94
Total # of X-rays	94
Interpretations differed from radiologist.	1 (Dr. P)
Patients received CT Scans (ER)	2
# of CT scans (ER)	2
Outpatients Received CT Scans	1
# of CT scans	87
Ultrasounds ER	1
Ultrasound Patients (Out)	17
Total number US tests	26
Interpretations differed from radiologist.	0
Cardiac Thrombolytic administrations	0
Stroke Thrombolytic administration	0
Mammograms	63

Monthly ER Test Totals/Positive Results August 2024			
Test Name	Total orders	Positive Results	% Positive
Flu A&B, Rapid	100	0	0%
Strep A, Rapid	80	4	0.05%
RSV (≤ 18 yrs. & ≥ 60 yrs)	11	1	0.09%
COVID-19 Swab, PCR/NAA	152	54	35.52%

The lab also reported there were zero (0) patients without armbands.

The Medical Staff/MEC accepts this report as presented.

4. **Safety Committee (8/01/2024 to 8/31/2024)**

a. Committee Reports

1. Environment of Care

	Environment of Care Plans	Date Tested /Checked
1.	Equipment Management Plan	
	❖ Kenwood P25 Radio Test	Every 3 rd Thursday Next call September 19, 2024
	❖ Generator Test	8-6-24
2.	Safety/Risk Management Plan	
	❖ No activity – will continue to monitor	On Going
3.	Utilities Management Plan	
	❖ Line Isolation Test	8-30-24
	❖ Medical Gas Testing	8-30-24
4.	Fire Prevention Plan/Life Safety Management Plan	
	Fire Drill Successfully done for August	8-22-24
	❖ Fire Extinguisher Inspection	8-25/30-24
	❖ Oxygen Cut Off Valves	8-30-24
	❖ Louisiana Fire Extinguisher Tagged all Fire Extinguishers ❖ Next inspection unless a problem occurs	All clear until 8-2026
	❖ Fire Marshall Annual Visit (ANNUALLY)	She will return when Hot water project is complete
	❖ Ground Fault Testing & Hospital Electrical Panels	8-25-24
5.	Security Management Plan	
	❖ In-Service for Lofton Workers	On-going
	❖ Mr. Enoch Daily Rounds	On-going
6.	Hazardous Materials and Waste Management Plan	
	❖ Emergency Showers	8-30-24
	❖ Red Bags cameras ongoing	On-going

	❖ Need to get more employees training to sign for red bags	
7.	Emergency Management Plan	
	❖ Continuously Monitoring	On-going

Administrative Update

We are preparing for our Open House on September 26, 2024 at 4 PM

Reports

a. Incident Reports

August 2024	
INCIDENTS	No. of Incidents
➤ Employee	0
➤ Physician	0
➤ Outpatient	0
➤ Visitor	0
➤ Occurrence	1
➤ Patient Complaint	8-11-24

b.

Security Reports

1. Minor security concerns have been brought up the last several weeks- have all been addressed by staff and the security team. We are actively working to ensure that we can have 24hr security on the premises.

2. Cameras have been installed to ensure that we have visibility throughout the campus.

3. Helipad lights are on 24 hours until the eye is fixed. Update from Maintenance (on-going at this time). This is moving to the second phase so that we can have the electrician to ensure it is wired properly.

c. No Product Recalls to report currently.

d. General Safety

1. Safety Skills Team is planning to host our Annual Skills Fair Mid November for all staff.

- 2. Internal and External drills will be actual events held thus far this year. These drills will be presented at a future Safety meeting. Quarterly Fire Drills and Safety Inspections will be closely monitored.
- 3. Fire Panel has been inspected and is functioning properly at this time.
- 4. Relias Learning- we have implemented the program and now in the planning phase for the team. Go-Live is tentatively for October 1st so staff can complete mandatory training prior to the Skills Fair.

5. Cyber-Security Committee

- a. No Cyber-Security issues have been noted for this timeframe.

6. Leadership Team

- a. Relias Education to start 10/1//2024

7. Administrative Update

a. Complaints

- 1. There was 1 complaint received in June 2024 and 1 in July 2024- both addressed by Mr. Shelton.

b. Pending Claims

NAME	FILED	CLOSED
Henry Mitchell	07/17/23	On Going
Jonathan Junior	11/07/2023	On Going
Donna Phillips	04/10/2024	On Going
Diggs-Causey	12/13/2022	Closed

- c. Inpatient Unit- furniture is being delivered and we are awaiting the tv.

V. Old Business

- A. Emergency Department Report**
- B. Electronic Medical Records**
- C. Radiology Services**
- D. Tele-Stroke**
- E. The Joint Commission (Hospital)**
- F. Applications for Approval for temporary privileges and Reappointment**

- A. Prevoist Memorial Hospital Emergency Department
 A copy of the Patient Volume Report was given to each MEC member for review.

Dr. Michael Moser	StatRad	Virtual Radiology	Review
Dr. Hassan Al-Balas	StatRad	Virtual Radiology	
Dr. Janet Amundson	StatRad	Virtual Radiology	
Dr. Neil Anand	StatRad	Virtual Radiology	
Dr. Shannon Bownds	StatRad	Virtual Radiology	
Dr. Jonathan Coll	StatRad	Virtual Radiology	
Dr. Robert Farrell	StatRad	Virtual Radiology	
Dr. James Frencher	StatRad	Virtual Radiology	
Dr. Xavier Garcia-Rojas	StatRad	Virtual Radiology	
Dr. Howard Heller	StatRad	Virtual Radiology	
Dr. Matthew Hermann	StatRad	Virtual Radiology	
Dr. Richard Hollis	StatRad	Virtual Radiology	
Dr. Michael Karachalios	StatRad	Virtual Radiology	
Dr. David Karlin	StatRad	Virtual Radiology	
Dr. Kambrie Kato	StatRad	Virtual Radiology	
Dr. Archana Lucchesi	StatRad	Virtual Radiology	
Dr. Olufolajimi Obembe	StatRad	Virtual Radiology	
Dr. Zachary Roeder	StatRad	Virtual Radiology	
Dr. Jason Shou	StatRad	Virtual Radiology	
Dr. Dustin Simpson	StatRad	Virtual Radiology	
Dr. Ajay Singh	StatRad	Virtual Radiology	
Dr. Daniel Strauchler	StatRad	Virtual Radiology	
Dr. Gregory Thalken	StatRad	Virtual Radiology	
Dr. Shota Yamamoto	StatRad	Virtual Radiology	
Dr. Theresa Yuk	StatRad	Virtual Radiology	

PREVOST MEMORIAL HOSPITAL EMERGENCY DEPARTMENT
DATE:2024 **PATIENT VOLUME REPORT BY MONTH**

MONTH	PTS REGISTERED	PTS SEEN	LWBS	DC	ADM	LDTX	TRANS	OBS	EXP	AMA	.72 HR RETURN
JAN	463	461	2	416	0	6	24	4	2	9	10
FEB	428	423	5	384	0	4	23	1	1	9	6
MAR	476	469	7	412	0	4	33	7	0	13	15
APR	454	440	14	394	0	3	33	5	0	8	14
MAY	439	434	5	405	0	7	29	7	1	5	15
JUN	432	427	5	375	1	5	36	6	1	3	7
JUL	465	459	6	404	2	4	28	8	1	12	18
AUG	494	490	4	450	0	1	28	12	0	9	17
SEPT											
OCT											
NOV											
DEC											
TOTAL	3651	3603	48	3240	3	34	234	50	6	68	102
		99%	0%	89%	0%	0%	1%	0%	0%	0%	0%

PERFORMANCE IMPROVEMENT STATISTICS 2024 --	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
TOTAL CENSUS	461	423	469	440	434	427	459	490				
ADMISSIONS FROM ER	0	0	0	0	0	1	2	0				
TRANSFERS TO ANOTHER FACILITY	24	23	33	33	29	36	28	28				
OBSERVATIONS	4	1	7	5	7	6	8	12				
MORTALITY/CODE REVIEW:												
CODES	2	2	0	1	1	1	1	1				
POSITIVE OUTCOMES	0	1	0	1	0	0	0	1				
EXPIRED	2	1	0	0	1	1	1	0				
CASE REVIEW:												
PTS LWBS BY MD	2	5	7	14	5	5	6	4				
% CENSUS NOT SEEN BY MD	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%				
PTS LEAVING WITHOUT NURSING ASSESSMENT	1	3	5	1	3	4	0	1				
PTS RECEIVING THROMBOLYTICS	0	0	0	0	1	0	0	0				
DOOR TO DRUG TIME <u>IN MINUTES</u>	N/A	N/A	N/A	N/A	31M	N/A	N/A	N/A				
STROKE PROTOCOL	3	1	2	0	1	1	0	1				
NURSING DOCUMENTATION % COMPLIANCE WITH CRITERIA	100%	99%	99%	99%	99%	98%	100%	100%				
COMPLAINTS:												
PATIENTS	--	--	--	--	--	--	--	--				
VISITORS	--	--	--	--	--	--	--	--				
STAFF	--	--	--	--	--	--	--	--				
PATIENT VISITOR FALLS	--	--	--	1	--	--	--	--				
MEDICATION ERRORS	--	--	--	--	--	--	--	--				
EQUIPMENT PROBLEMS	--	--	--	--	--	--	--	--				

REVISED 3/30/2024

- B. Electronic Medical Records
 - 1. Still reviewing the following: CPSI, Cerner community works and Meditech
- C. Applications for Review and Approval for Temporary Privileges and Reappointments.
- D. Radiology Services

August 2024	No. of Patients
Total X-ray Patients	103
CT-Scan Patients	123

Test	No of Discrepancies	Physician
X-Rays	0	N/A
CT Scans	0	N/A

- 1. There was one (1) mock stroke patient and zero (0) stroke patients seen in the emergency room in July (0) 2024. Thrombolytics were not administered.

VII. New Business

A. Applications for Review and Approval

Dr. Derrick Brooks	Blue Angels	ER/ Hospitalist	Emergency Temporary Privileges
Dr. Mark Clawson	Blue Angels	ER/ Hospitalist	Emergency Temporary Privileges
Dr. Sumanth Pudukollu	Blue Angels	ER/ Hospitalist	Permanent Full Privileges
Dr. Idowu Benedict	Blue Angels	ER/ Hospitalist	Permanent Full Privileges
Dr. Levie Johnson	Blue Angels	ER/ Hospitalist	Permanent Full Privileges

On a motion by Dr. Gruezke, seconded by Dr. Idowu, to affirm physicians for Full and/or Emergency Privileges.

On a motion by Dr. Gruezke, seconded by Dr. Idowu, to change Dr. Clawson status from Emergency Temporary Privileges to Permanent Full Privileges.

B. Facility Update

Inpatient Unit Opening: We are making significant strides toward opening our new Inpatient Unit. This unit features 10 fully functional rooms, newly renovated with the latest equipment and furniture. Our team is working diligently to ensure all aspects of the unit are operational and meet our high standards.

Infrastructure Improvements: We are nearing completion on the installation of dampers and the domestic water tank throughout the hospital. These updates are critical for maintaining optimal water quality and system performance.

Regulatory Compliance: We are collaborating closely with Crew's Construction to address ongoing minor requirements and ensure full compliance with regulatory agencies. This proactive approach will help us meet all necessary standards and avoid any compliance issues.

Interior Decorating and Signage: To enhance our facility's interior and ensure it aligns with regulatory requirements, I have engaged an outside firm specializing in interior decorating. They will assist us in creating a welcoming environment while ensuring all signage and other elements meet compliance standards.

ER Department Flooring: We are in the process of evaluating flooring options for the ER department. Our goal is to select a qualified contractor to install cold-welded flooring, which is essential for preventing splits and mitigating infection control risks.

- On a motion by Dr. Punukollu, seconded by Dr. Gruezke to have approval to fix the ER flooring.

Expanding Compliance Efforts: In addition to our work with the Joint Commission, we are exploring other agencies to further ensure our compliance with industry standards and best practices.

C. Advance Preparation of EKGs for ER Patients

As discussed in our recent Emergency Department Committee Meeting, one of the proposed improvements is to implement advance preparation orders for EKGs on all patients presenting with chest pain or other cardiac issues. Here's a detailed

explanation of why this practice is crucial for enhancing patient care and operational efficiency:

1. Timely Diagnosis and Treatment

Early Detection:

- **Prompt EKG administration** allows for the early identification of cardiac conditions such as myocardial infarction (MI) or arrhythmias. Rapid diagnosis is critical in these cases to initiate appropriate treatment swiftly.
- **Time-sensitive Conditions:** Certain cardiac conditions, like ST-Elevation Myocardial Infarction (STEMI), require immediate intervention. An advance EKG order ensures that these patients receive the necessary care without delay.

Improved Outcomes:

- **Reduced Morbidity and Mortality:** Early and accurate diagnosis through EKG can significantly improve patient outcomes by facilitating timely treatment and intervention. This can reduce the risk of complications and overall mortality rates.

2. Enhanced Efficiency and Workflow

Streamlined Processes:

- **Pre-emptive Orders:** By having advance orders for EKGs, the process becomes more streamlined. This reduces the need for repetitive ordering and ensures that the EKG is performed promptly, reducing wait times for patients.
- **Reduced Bottlenecks:** Advance preparation can help in avoiding bottlenecks in patient flow, allowing for smoother operations and more efficient use of resources.

Consistency and Reliability:

- **Standardization:** Implementing a standardized approach to EKG orders for patients with specific symptoms ensures consistency in care and reduces the risk of oversight or delay.

3. Enhanced Communication and Coordination

Improved Communication:

- **Clarity in Orders:** Advance orders make it clear to the entire ED team that an EKG is required as part of the initial assessment for patients presenting with cardiac symptoms. This fosters better communication among staff members and minimizes the chance of missed orders.

Coordination of Care:

- **Unified Approach:** With pre-established orders, care teams can work together more effectively, ensuring that diagnostic steps are coordinated and that subsequent treatments are based on timely and accurate diagnostic information.

4. Compliance and Quality Improvement

Adherence to Protocols:

- **Regulatory Compliance:** Ensuring that EKGs are ordered promptly and consistently helps meet regulatory standards and improves compliance with best practice guidelines for cardiac care in the ED.

Quality Assurance:

- **Ongoing Monitoring:** Implementing advanced orders allows for better tracking and monitoring of cardiac care quality metrics, contributing to overall improvements in patient care and safety.

5. Patient Satisfaction

Faster Service:

- **Reduced Waiting Times:** Patients presenting with chest pain or cardiac symptoms will experience reduced waiting times and faster diagnostic testing, contributing to an overall positive experience in the ED.

Informed Care:

- **Reassurance:** Timely and effective diagnostic procedures provide reassurance to patients and their families, enhancing their confidence in the care they receive.

Conclusion

Advance preparation orders for EKGs represent a proactive approach to managing patients with chest pain and cardiac issues. By incorporating this practice, we can ensure that we deliver timely, efficient, and high-quality care, ultimately leading to improved patient outcomes and satisfaction.

D. IV Hard Stops

Hard stops and starts for IVs (intravenous lines) and infusions in the ER are crucial for several reasons:

1. **Patient Safety:** Hard stops help prevent errors related to medication administration, such as administering the wrong drug, incorrect dosage, or infusion rate. By having clear protocols, the risk of such mistakes is minimized.
2. **Treatment Efficacy:** Properly timed starts and stops ensure that medications and fluids are administered in the right amounts and at the correct intervals. This is important for the effectiveness of treatments, as many medications need to be given within specific time frames to work properly.
3. **Monitoring and Adjustment:** In the ER, patient conditions can change rapidly. Hard stops allow for regular reassessment of the patient's condition and the treatment plan. This ensures that the infusion can be adjusted or stopped based on the patient's evolving needs.
4. **Preventing Complications:** Inappropriate or prolonged infusion can lead to complications such as fluid overload, electrolyte imbalances, or adverse reactions. Hard stops help mitigate these risks by ensuring that infusions are managed carefully and reviewed frequently.
5. **Operational Efficiency:** Clear protocols for starting and stopping IVs and infusions help streamline workflow in the busy ER environment. They facilitate better coordination among healthcare providers and reduce the likelihood of missed or duplicated tasks.
6. **Documentation and Compliance:** Accurate and timely documentation of infusion start and stop times is important for legal and medical record-keeping purposes. It also ensures compliance with hospital policies and regulatory requirements.

Overall, hard stops and starts in the ER are integral to providing safe, effective, and efficient care to patients in critical situations.

E. Physician and Nurse Communications

Effective communication between physicians and nurses during shift changes is vital in ensuring continuity and quality of patient care. Here's a detailed look at why this is important and how it should be implemented:

Importance of Communication Between Physicians and Nurses

1. Continuity of Care:

- **Seamless Handoffs:** Effective communication ensures that critical patient information is accurately transferred from one shift to the next. This continuity is crucial for maintaining treatment plans, monitoring progress, and addressing any emerging issues promptly.
- **Avoiding Gaps in Care:** Clear handoff notes help prevent lapses in care, which could otherwise lead to missed medications, overlooked symptoms, or delays in treatment.

2. Patient Safety:

- **Reducing Errors:** Comprehensive shift change notes and real-time communication help minimize the risk of errors, such as incorrect medication administration or misunderstanding of patient needs.
- **Immediate Action:** Timely communication allows healthcare providers to address urgent patient concerns or changes in condition quickly, enhancing overall safety.

3. Efficiency in Operations:

- **Streamlined Workflow:** Effective communication reduces the time spent on clarifying issues and allows for a smoother transition between shifts, thus optimizing the workflow in a busy clinical environment.
- **Improved Coordination:** When physicians and nurses are aligned on patient care plans and priorities, it fosters a more coordinated approach to patient management.

4. Comprehensive Documentation:

- **Shift Change Notes:** Writing detailed shift change notes ensures that all relevant information, including patient status, ongoing treatments, and any specific instructions, is recorded for the incoming team. This documentation serves as a reference point and aids in maintaining consistency in care.
- **Email and Message Checks:** Regularly checking and responding to emails and messages (such as those in Athena) ensures that any new updates or instructions are promptly addressed and incorporated into patient care plans.

Implementation Strategies

1. Structured Handoffs:

- **Standardized Protocols:** Develop and adhere to standardized handoff protocols that include essential elements such as patient demographics, medical history, current status, treatment plans, and any outstanding issues.
 - **Face-to-Face or Virtual Meetings:** Whenever possible, conduct face-to-face or virtual handoff meetings to allow for direct communication and immediate clarification of any questions.
2. **Comprehensive Shift Change Notes:**
- **Detail-Oriented Entries:** Ensure shift change notes are detailed and cover all aspects of patient care. Include updates on patient progress, changes in condition, and any actions taken during the shift.
 - **Use of Electronic Health Records (EHRs):** Utilize EHR systems to document and access shift change notes efficiently. Ensure that all entries are accurate and updated in real time.
3. **Regular Email and Message Monitoring:**
- **Scheduled Checks:** Designate specific times during shifts to check and respond to emails and messages. This helps in staying updated with any new orders, changes in protocols, or other important communications.
 - **Effective Communication Channels:** Utilize the communication tools within Athena or other platforms effectively to ensure messages are not missed and are addressed in a timely manner.
4. **Education and Training:**
- **Training Programs:** Provide training for both physicians and nurses on effective communication practices, proper documentation techniques, and the use of EHR systems.
 - **Continuous Improvement:** Encourage feedback on communication processes and make improvements based on experiences and suggestions from staff.

By prioritizing communication during shift changes and adhering to structured documentation and message-checking protocols, healthcare teams can enhance patient care, reduce the risk of errors, and improve overall efficiency in the clinical environment.

VIII. Executive Session

IX. Adjournment

A. On a motion by Dr. Idowu, seconded by Dr. Pununkollu, the meeting was adjourned at 12:40 PM.

Dr. Glenn Schexnayder, Chief of Staff

Mr. Shelton Anthony, CEO