MINUTES OF THE MEDICAL EXECUTIVE BOARD COMMITTEE
Harris Health System
March 10, 2015   4:00pm

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
CALL TO ORDER	The Medical Executive Board Meeting was called to order at 3:57 p.m. by Dr. Maya Suresh, Chair of the Harris Health System Medical Executive Board.	**As reported.**
MINUTES OF THE PREVIOUS MEETING	The minutes of the January 13, 2015 meeting of the Harris Health Medical Executive Board were reviewed and approved.	**A copy of the minutes is appended. A summary of the minutes was submitted to the Harris Health Board of Managers for review and acceptance.**
APPROVAL OF AGENDA ITEMS IDENTIFIED AS CONSENT AGENDA ITEMS	It was moved and seconded to approve the consent agenda items listed below. Motion carried. • 1308 Infection Prevention Protocols for Refrigerators, Freezers, and Warmers	**Approved.**
UNFINISHED BUSINESS	**Information Security** Mr. Jeff Vinson presented the Information Security Phishing Report. Phishing attempts are seen in the Harris Health System daily. He presented information on the Information Security Department. The majority of the attacks come from China with there being 19 million attempts in one 24-hour period. They have recorded up to 30 million attempts from all countries in one given day. Phishing emails try to bait the user to click a link and then ask the user to go one further step. He presented stats by department. Examples of phishing emails were shared with the Medical Executive Board. Phishing emails not only attempt to trick you into giving out sensitive information, but can also include malicious software. He stated that no links should be clicked on from emails that are not from known sources. Dr. Mattox asked Mr. Vinson to speak to the BT Medical Staff at the March 31, 2015 Townhall Meeting.	
STANDING BUSINESS	**Reports from the Chiefs of Staff** • *Ben Taub General Hospital (BTGH)* Dr. Mattox presented the Ben Taub Chief of Staff Report. The committee had significant discussion on the issue of unsigned orders. They discovered early in the week that there were close to 4,000 unsigned orders, which was then cut down to 3,400 by Wednesday afternoon. He called many physicians on the list to go through the records and many of their in-baskets were empty in terms of unsigned orders although they are showing up on the report as having unsigned orders. Seventy percent of the unsigned orders related to another physician were	**A copy of the BTGH Chief of Staff Report is appended to the archived minutes.**

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	for blankets, soap, and other miscellaneous items. They looked at the patient's medical record and the resident's in-basket and were still unable to find an unsigned order. He spoke with Mr. Tindle who is aware that this was an IT problem. It was found out yesterday that the 3,000 unsigned orders had again increased to 4,300. In addition, it was found that the BT EC can easily generate 2,000 orders in their area in one day. The medical staff wants to help solve this problem, but cannot help if they cannot find the orders to sign. Dr. Suresh stated that the Board of Managers is focusing on this issue and they do need to find a solution. Dr. Mattox referred back to his report, stating that they addressed eligibility changes. A report was given on Ethics consultations. Mr. Masi summarized the 5 overriding governing principles, which were: 1. We face a daunting financial challenge 2. Possible profound negative impact 3. We are committed to serving our patients 4. We are committed to regional trauma 5. We are a safety net for the ill and injured • *Lyndon B. Johnson General Hospital (LBJGH)* Dr. Dyer presented the LBJ Chief of Staff Report. She stated that they also spent time discussing unsigned orders. They have yet to finalize the Transport Policy for Harris Health System, and the document should go to the BT MEC meeting in April. There was discussion regarding the elimination of presumptive eligibility. There was also a nice presentation on UHC, which is a great way to provide benchmarks within Harris Health. • *Community Health Program (CHP)* Dr. Zare presented the CHP Chief of Staff Report. He stated that Dr. Brown and Mr. Masi gave a detailed budget update. The Epic redesign group has been working to improve efficiency in documentation. This redesign will reduce 25% of the workload for pediatrics. A presentation was given from GI on the collaborative work between them and the CHP physicians.	**A copy of the LBJGH Chief of Staff Report is appended to the archived minutes.** **A copy of the CHP Chief of Staff Report is appended to the archived minutes.** **As reported.**
	Performance Improvement Dr. Sutton presented the Performance Improvement Report. He stated that the scorecard was included in packet and thanked the medical staff for their work in improving compliance rates.	**A copy of the QMS Scorecard is appended to the archived minutes.**
	Affiliated Medical Service Report Dr. Chu presented the AMS Report. AMS is working carefully to make budget neutral decisions. They are currently discussing the staffing plan for the budget year starting	**As reported.**

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	in June. They are reviewing vacancies and there have been some DSRIP modifications. **Administrative Report** Dr. Brown presented the Administrative Report for Mr. Masi. New eligibility changes started March 1 and meetings are being held to educate staff on the new process. She stated that Mr. Masi is currently in Austin lobbying for Harris Health. Discussion ensued regarding presumptive eligibility. Dr. Canfield stated that there is some confusion among the services. Dr. Brown stated that this is a new initiative and there are some process issues that need to be worked out. They are working with the medical staff to address all issues.	**As reported.**
COMMITTEE REPORTS	**Bylaws Committee** The minutes from the February 5, 2015 Bylaws Committee meeting were included in the packet and accepted by the Medical Executive Board. **Cancer Committee** The minutes from the November 14, 2014 Cancer Committee meeting were included in the packet and accepted by the Medical Executive Board. **Credentials Committee** Dr. Brad Scott presented the Credentials Committee Report. There were 19 initial applications, 78 reappointments, 3 resignations, and 3 change/add privileges/affiliations. **Emergency Center Committee** Dr. Hoxhaj stated that the minutes from the January 12, 2015 Emergency Center Committee were included in the packet. The report was accepted by the Medical Executive Board. **Medical Records Committee** Dr. Hyman stated that the minutes from the January 21, 2015 Medical Records Committee were included in the packet. The following forms were presented and approved: ▪ Medical History Aquatics ▪ Aquatic Therapy Guidelines Waiver ▪ Consent to Family Planning Services for Child ▪ Consent to Medical, Dental, Psychological, and Surgical Treatment for Child	**A copy of the Bylaws Committee Report is appended to the archived minutes.** **A copy of the Cancer Committee Report is appended to the archived minutes.** **A copy of the Credentials Committee Report is appended to the archived minutes. The following is a list of actions made by the Medical Executive Board.** **Approved:** • **19 initial applications** • **78 reappointments** • **3 resignations** • **3 change/add privileges/affiliations** **A copy of the Emergency Center Committee Report is appended to the archived minutes.** **A copy of the Medical Records Committee Report is appended to the archived minutes.**

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	Pharmacy and Therapeutics Committee Dr. Hyman presented the Pharmacy & Therapeutics Committee Report, stating that the minutes from the February 24, 2015 meeting were included in the packet. He noted that there were no formulary changes at the meeting and six minor policy changes. The report was approved by the Medical Executive Board.	**A copy of the Pharmacy and Therapeutics Committee Report is appended to the archived minutes.**
	Physician Advisory Committee Dr. Riggs stated that the minutes from the January 26, 2015 Physician Advisory Committee meeting were included in the packet. The report was accepted by the Medical Executive Board.	**A copy of the Physician Advisory Committee Report is appended to the archived minutes.**
	Utilization Review Committee Dr. Foringer stated that the minutes from the February 6, 2015 Utilization Review Committee meeting were included in the packet. Dr. Babber addressed discharging patients without orders. This issue was brought up at previous meetings regarding patients, mostly from clinic, being hospitalized without hospitalization orders. At the time of discharge, they really need to have those hospitalization orders (inpatient versus observation). They reviewed funded (or pending funded) patients from September 2014 to mid-January 2015. There were thirty patients and only two of those did not have orders. Any admits from clinic need to have an order and work is being done to change the current workflow. There are four recommendations: ▪ Coordination with IT ▪ Case Management Review Process ▪ Escalation Process ▪ Physician Education It was noted that the first three recommendations have already been addressed. The Utilization Review Committee Report was accepted by the Medical Executive Board.	**A copy of the Utilization Review Committee Report is appended to the archived minutes.**
NEW BUSINESS	**Standing Delegated Orders/Standing Medical Orders** Ms. Robbie Bookman addressed standing delegated orders/standing medical orders. There is an established and approved policy (7.32) for standing delegation orders/standing medical orders. A process has been established and there is an algorithm showing the approval process. She reviewed the process with the Medical Executive Board. Dr. Mattox stated that he looked back at past records and saw that only two services gone through this process (EC and neonatology). He suggested all existing standing delegation orders go through this process.	

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	Epic Orders Management Mr. David Burnett provided a presentation on Epic - Orders Management Initiative. Mr. David Burnett presented the Epic Orders Management Initiative Report. Mr. Burnett reported this is an upcoming enhancement for Epic coming out April 6, 2015. This enhancement will change inpatient orders look and feel to the users. The impact for non-providers is still being evaluated. IT is working with nursing and allied health to determine how it will impact them. Currently the enhancement is for inpatient encounters only. Orders management is a cleaner way to manage orders. It will be the central hub from which clinicians review and place orders. Orders management will replace most of the current inpatient Order Navigator sections and replaces all core features of the Order Entry activity. Orders Management helps prevent duplicate orders by color highlighting groups of similar orders. It will bring together, in one place, multiple functions that are disparate in the current build for Epic. Orders Management is the way Epic inpatient orders should be set up. The Informatics Team has been working with IT on this project. Mr. Burnett stated the Manage Orders activity shows a clinician all of a patient's active orders, while also giving access to other ordering information, such as details about the patient's home medication or signed and held orders. A sorting feature is also included in this activity. The cosign tab will be changed to unsigned orders. This will allow physicians to see all of their unsigned orders in one place. Currently, this information is located across different reports. Order history will also be available. Examples of how the Manage Orders activity will look were presented. Physicians will be able to enter orders while viewing other parts of the Medical Record. Within the Manage Orders activity, similar orders will be highlighted green and duplicate orders will be highlighted in purple. Epic Orders Management will allow physicians to review all of a patient's orders more easily and with less scrolling, review clinical documentation such as flow sheets and results while queuing up orders, color coding to highlight similar and duplicate orders, and medication dose warnings will appear as soon as a clinician enters order details. IT has looked to the physician informatics for decisions made regarding this. Testing will begin the second week in March. Dr. Riggs stated that this has been available through Epic since 2012, but is just now being implemented at Harris Health. It should eliminate some of the confusions that we have had historically with orders.	
ANNOUNCEMENTS/INFORMATION	**Annual Affiliation Agreements Report** Dr. Cleveland Black presented the Annual Affiliation Agreements Report for information. There are currently 139 executed affiliation agreements. Of the 139 agreements, 9.3% are out of state agreements. Dr. Mattox stated that in keeping with the mission statement, they are educating healthcare leaders of the future beyond the medical schools.	

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	Medical Staff Services Dr. Sutton announced that Christa Finnell has resigned and March 13 will be her last day with Harris Health.	
ADJOURNMENT	There being no further business to come before the Medical Executive Board, the meeting adjourned at 5:05 p.m. The next Medical Executive Board meeting will be held on Tuesday, March 10, 2015.	

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Maya Suresh, M.D., Chair

Minutes recorded by Medical Staff Services