

CGH MEDICAL CENTER
Physician Services Council
Meeting Minutes
May 19, 2021

Call to order

Dr. Matthew Cutter called to order the meeting of the Physician Services Council at 7:00 a.m. via Zoom.

The following members were present: Dr. Eric Kuhns, Dr. Thomas McGlone, Dr. Vincent Racanelli, Shane Brown, Concha Sitter, Jackie Greve, and Virginia Heal. Others present were: Dr. William Bird, Dr. Paul Steinke, and Dena Wheeler.

Approval of Minutes

The minutes of the previous meeting of March 10 were unanimously approved.

Unfinished business

A. Recruitment update

Recruitment is starting to pick up again. Dr. Mackay is leaving July 9. Kip Aitken is working hard to secure consistent Cardiology locums coverage, and keeping it to a small group of physicians. A search is being opened for a nurse practitioner for Dr. Joseph (Neurology) and will be posted internally. It is currently a challenge for patients to get an appointment in Neurology. A part-time MA position may also be added to help Dr. Joseph with EMGs, because those are backlogged also.

B. Update on New Patient Scheduler process

This process is accomplishing the goal of placing more patients with PCPs and in a timelier manner. Clinic administration continues to work through bugs, but it is working well.

C. Update on patient intake process

This is going ok, with a slow rollout. Other projects are currently taking priority, in addition to updates needed in PCIS.

New business

A. CEO update

The Cerner Community Works project continues to be demonstrated. An invitation was sent to all providers.

B. CMO update

Nothing to report.

C. FCC Telehealth grant application

Shane has applied to the FCC for a \$750,000 telehealth grant. This would cover anything used for telehealth, such as Zoom meeting fees, web cameras, etc.

D. NP-Full practice authority licensure

Several CGH nurse practitioners qualify to apply for this license. At this time, CGH still wants nurse practitioners to have collaborating physicians, but it is ok for those to apply. Virginia Heal reported she has applied. Required criteria includes 4000 hours clinical time with collaborating physician.

E. Main Clinic space planning

Clinic administration is looking at ways to expand the Oncology infusion center with the new oncologist coming in August. The changes will happen in phases, with the first being moving the main clinic coffee shop to the hospital cafeteria in the back seating area. The

Business Office will then move to the south side of the atrium. The current Business Office space will be converted into the Lab drawing area. The Oncology infusion area can then expand into the entire back area of the current Lab space, with 15 bays. There is no need to change Oncology waiting room and reception areas. There is no timeline yet, as this plan is awaiting approval.

F. Clinic operations updates

A first and second dose Covid vaccine (Pfizer) clinic is being held today. Every appointment slot is taken for first doses, including a large number of 12-17 year olds. 150 more Pfizer doses will be offered next week. These vaccine clinics will continue as long as people are scheduling. Vaccines are now also offered as a walk-in at the main clinic ENT department from 8:30-4:30, from which 35 doses were administered yesterday, and 11 scheduled for today. This may possibly be offered at the Morrison Clinic soon, and Dixon Clinic thereafter. Shane will send an email to everyone ahead of time, indicating the brand of vaccine.

ACTION: Shane will talk to Pediatrics providers about providing Pfizer doses to their department to be available for their 12-17 year old patients.

Cerner Community Works demos are available and Shane is notifying providers of those times. These will also be recorded and available for later viewing. EMR staff continues to visit departments to optimize training and utilization.

Mary Lott, Primary Care Supervisor, is retiring May 27 and will then work part-time remotely during the training of her replacement (Tabithia Whitebread).

Shane asked for feedback on the processes followed for patients who arrive late to appointments. Some departments have signs posted stating they will not be seen after a specific time period, which varies by provider. He suggested not posting signs, and for providers to work through these issues to accommodate the patient. Patients have voiced their dissatisfaction with this process when they wait a long period of time to see a provider. This group agreed the signs should be removed, and providers should try to work the patient in or reschedule if necessary. This should be addressed on a case-by-case basis, depending on the situation and whether it is a habitually late patient.

ACTION: Shane will work with Dr. Bird to address this.

Adjournment

The meeting adjourned at 7:28 a.m. into closed session.

MOTION:

A motion was made by Dr. McGlone, seconded by Dr. Kuhns, and unanimously approved TO MOVE TO CLOSED SESSION TO DISCUSS APPOINTMENT, EMPLOYMENT, COMPENSATION, DISCIPLINE, PERFORMANCE, OR DISMISSAL OF A SPECIFIC EMPLOYEE OR LEGAL COUNSEL FOR THE PUBLIC BODY.

After discussion, Physician Services Council came out of closed session and adjourned at 7:45 a.m.

Minutes submitted by: Dena Wheeler, Physician Services Assistant

Minutes approved by: Matthew Cutter, O.D.