



## SCC Ambulatory Professional Governance Council Monthly Meeting Minutes

**Date: 3.3.2023 (0800-0815)**

<b>Attendance:</b> See attached attendance (Addendum A)				
<b>Recorder:</b> Tracy Dalrymple				
Topic	Time	Discussion	Recommendations & Actions/Responsible Person	Date Due or Completed
Approval of minutes	1 min	Approved by Deanna Turns and Elisa Moore		
Old business	2min	F/U from St John presentation, “Establishing an Ambulatory Oncology Rapid Response Team.”  Need each unit’s vote for usage of PNEF Funds. See attached for options. (Addendum B)	Find your unit’s SOP2.5 and look for improvement and things to work on.  Discuss options with unit and send vote to Lisa.	
<b>Standing reports</b>				
<b>SCC Unit specific issues-Ambulatory Committees</b>				
<b>PI</b>	2min	BCMA rates, falls data, guardrails, culture of safety taskforce, standardizing how to respond to reactions, awaiting build on what to expect video for infusion, use tracking boards to capture how well using chairs.		
<b>QOPI</b>	--	Transitioning work to other committees/working groups.	Lisa, Anne and Deb A working on reassignment.	
<b>Patient Education</b>	2 min	Med Action Plan Pro training completed with SCC3 and Ambulatory. Provide pts with info on homegoing meds, schedules and calendars.		



<p><b>Clinical Practice</b></p>	<p>3 min</p>	<p>Working on two new SOPs, Documentation Requirements for Ambulatory Nursing and Systemic Cancer Therapy Administration. CC-8 Adult Pregnancy Testing Prior to Oncology Treatment approved, awaiting signature. Merged CC8 and CC11. Eliminated age of 18 now states age of menses. System Polices: CP 125 Radiological Interpretation of External Images- updated how images are requested. EH 7 Post Offer Health Assessment- Revised to reflect 90 day hold after positive marijuana test result and one year hold after other controlled substance positive test result. PH 29 Disposal, Removal or Re-Use of Equipment Containing PHI- minor changes to reflect current process. R-43 Research Conflicts of Interest- Significant updates to align with current ways of working, federal regulation shifts and industry standards. March Madness- something fun for RNs and UAPs for review. New challenge each week that you can earn UH Appreciates Points. IVIG- Pharmacy will dispense IVIG as one product, pooling IVIG vials into one empty container (Viaflex). Nursing should administer via secondary set. IVIG is not high alert medication. No double checking or cosigning rates required. VS are done Q30 mins in ambulatory flowsheet along with titration. Need clarification if non-onc Rituxiamb is high alert in EMR. Independent Double Checks (IDCs)- Prior to releasing orders the administering RN or APP and a second chemo privileged individual independently check that criteria is met. After that independent double check doesn't have to be chemo privileged provider. Can be any qualified clinician. Check consent tab in EMR for blood and chemo consents. Date changes for standing</p>		
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		<p>orders (IV and hypersensitivity). Now good for one year. SubQ medications with hyaluronidase- SOP approved and signed, awaiting posting. Using extension tubing is preferred method. Midline- can be removed by anyone anywhere. PICCS only removed at sites attached to an ER by credentialed staff.</p>		
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