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## In Attendance

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Natalie Cruse	John Larson	Gina Superczynski
Dr. Marcia Jones	Mary Ellen Wilkinson	Sandy Westbo
Lee Fisher	Dr. William Bird, CMO	Philip Joines

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## Approval of Minutes

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The minutes from May 2017 were approved by Mary Ellen Wilkinson and John Larson.

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## Discussion

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The meeting was started at 1237 by Natalie Cruse. Natalie introduced Gina, Sandy, and Phil to the group.

The annual meeting is to renew the Jostent Heroic device used in the CGH cath lab when the patient has a rupture of the vessels in their heart during a cardiac procedure in the catheterization lab. Natalie reported the device has not been used in the last year, and that the devices in stock will be expiring in the fall, necessitating purchases for new ones in October and November. Dr. Jones signed the renewal form for the Jostent device for the 2018-2019 year. Natalie will inquire on the number of times the device has been used since its approval with the IRB and report back to the group with her findings.

In old business, Natalie updated the group on the current IRB studies that Dr. Toth is currently utilizing. It was reported that Dr. Toth is not participating in any further outside IRB studies, and the only one he currently has going is the STRENGTH study, which studies the effects of fish oil in selected patients.

Sandy, Gina, and Phil gave information on some changes to the fecal transplant policy. It was explained that due to new FDA requirements, the changes were necessary in order to align with the current guidelines. Most notable were the criteria that the patient required: 3 C. Diff episodes confirmed by testing that have failed appropriate antibiotic treatment with the dates of the positive results and antibiotic treatment, along with requiring an Infectious Disease doctor to be consulted, prior to the patient undergoing the fecal transplant. This doctor will be able to guide antibiotic therapy prior to the transplant. Dr. Bird has spoken with the GI doctors and they are aware of the changes. Sandy explained there would be no delay in treatment due to the ID doctor being promptly available for consults when needed. It was noted that there were 14 cases in 2016, 3 cases in 2017, and 1 case in 2018, leading to discussion on why the numbers were declining. It was explained that this was most likely due to treating the patient with Vancomycin rather than Flagyl. Sandy mentioned that future fecal transplants may be done simply by taking capsules of stool orally, rather than undergoing a colonoscopy.

No other new studies were discussed. No updates on the CPAP study requested by Dr. Grazulis.

There being no further business to discuss, the meeting ended at 1250 with adjournment by Dr. Marcia Jones.

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## Next Meeting

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Our next meeting is tentatively scheduled for May 14, 2019.