



# The MetroHealth System

## Board of Trustees

Wednesday, May 22, 2024

12:00pm - 1:30pm

MetroHealth Brooklyn Heights Campus or via Zoom

### Quality, Safety and Experience Committee

### Regular Meeting

# The MetroHealth System Board of Trustees

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## QUALITY, SAFETY AND EXPERIENCE COMMITTEE

**DATE:** Wednesday, May 22, 2024

**TIME:** 12:00 pm – 1:30 pm

**PLACE:** MetroHealth Brooklyn Heights Campus, Building B, Room B-102 / Via Zoom  
<https://us02web.zoom.us/j/86052982002>

### AGENDA

- I. **Approval of Minutes**  
Committee Meeting Minutes of February 28, 2024
  
- II. **Information Items**
  - A. Patient Story -J. Lastic
  - B. Patient experience update – M. Sullivan
  - C. Care Innovation & Community Improvement Program (CICIP) update – B. Carrico
  
- III. **Recommendations/Resolutions**
  - A. Reaffirmation of Infection Prevention and Control Leadership - J.Golob
  
- IV. **Executive Session**  
  
Return to open meeting
  
- V. **Recommendation/Resolution Approvals**
  - A. Approval of a Claim Settlement

# The MetroHealth System Board of Trustees

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## QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday February 28, 2024

12:00 pm – 1:30 pm

In-person K107/Via Zoom

### Meeting Minutes

**Committee Members:** E. Harry Walker, MD-I, Maureen Dee-I

**Other Trustees:** Inajo Davis Chappell-R, JB Silvers-R, Vanessa Whiting -R

**Staff:** Airica Steed, EdD, RN-I, Laura McBride-I, Amy Ray, MD-I, Maureen Sullivan, RN-I, Jennifer Lastic-I, Stacey Booker, RN-I, Nicole Rabic, RN-I, Ivan Berkel -I, Nabil Chehade, MD-I, Melissa Kline, DNP-I, Derrick Hollings-I, Julia Mason, RN-I, Donald Wiper, MD-I, Tamiyka Rose-I, Michelle Block-I, Natalie Joseph, MD-I, Corryn Firis-I, Barbara Kakiris-I, Christine Alexander, MD-R, Lynn Milliner, MD-R, William Lewis, MD-R, Joseph Frolik-R, Matthew Kaufmann-I, Nisrine Khazaal-I, Thomas Collins, MD-I, Patricia Gallagher-R, Brittany Valenzeno-I

### **Guests:**

Dr. Walker called the meeting to order at 12:00 pm.

The minutes are written in a format conforming to the printed meeting agenda for the convenience of correlation, recognizing that some of the items were discussed out of sequence.

### **I. Approval of Minutes**

The minutes of the October 25, 2023, Quality, Safety, and Experience Committee meeting were approved as presented.

### **II. Information Items**

#### **Patient Video – Jennifer Lastic**

Ms. Lastic presented a video of Mr. Calvin Bealer who has been a patient at MetroHealth since 2013. Mr. Bealer spoke of the excellent care he received with Dr. Berko his psychologist and Kerri Black a clinical dietician in Weight Management. He has learned to manage his mental health and chronic health conditions, giving Mr. Bealer back his confidence. He has been paying forward by volunteering at Metrohealth as a patient family advisor.

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## **Continuous Improvement and MetroWAY Forward Update– Ivan Berkel**

Mr. Berkel began his presentation by reiterating our True North and the components that every employee has a voice and is listened to and every patient we touch will receive equitable, safe, and high-quality care.

Mr. Berkel went on to give an overview the MetroWAY *Forward* and what the Continuous Performance Improvement (CPI) team is going to focus on during 2024.

At the September 2023 leadership retreat there were five tactics that were agreed on to support this initiative. The first three focus on leader learning and listening. Focusing the mindsets, behaviors, and actions needed to create a culture of psychological safety. We agreed that we also need to extend our listening to talk with and engage the staff. The remaining two areas of focus are to standardize our approach to daily huddles and visual management and finally to standardize the way we problem solve as teams through rapid improvement events.

Daily huddles and visual management are the cornerstone of process improvement work. The five-minute huddles set the tone for the entire day and support teamwork.

Mr. Berkel also provided an update on the formation of the CPI team. In December 2023, the CPI team was formed and joined the Institute for Patient Centered Excellence. The CPI team will be working on the standardization of the rapid improvement events that are conducted. In 2023 the team worked on 38 projects to improve throughput, over 20 different workflows were mapped, and 12 process improvement events were conducted.

Dr. Walker then asked for a motion to move into executive session to discuss motion to move into executive session to discuss proprietary hospital trade secrets – as defined by ORC 1333.61, and to conference with the public body’s attorney to discuss a pending or imminent court action. The motion was made by Dr. Walker and seconded by Ms. Chappell. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 12:23 pm.

Following executive session, the meeting reconvened in open session at 1:33 pm.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 1:34 pm.

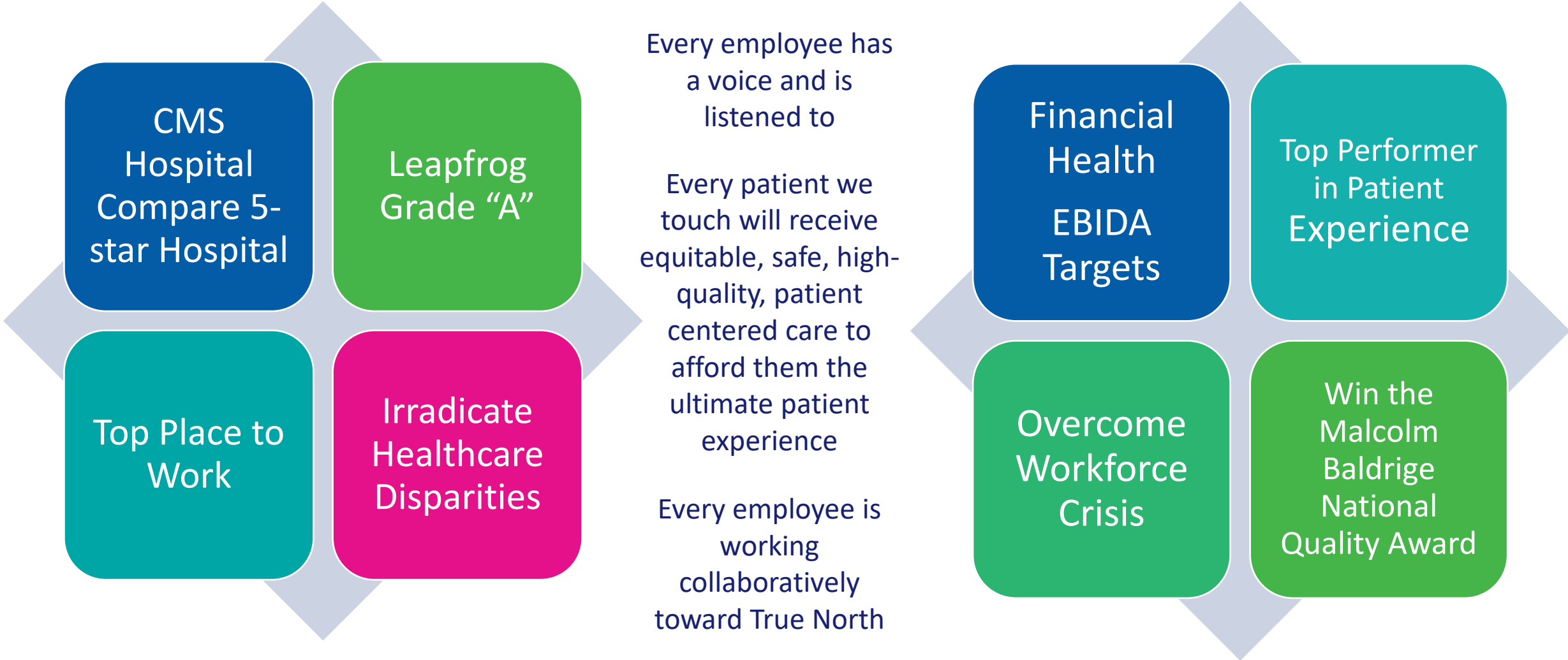
# The MetroHealth System Board of Trustees

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## THE METROHEALTH SYSTEM

Amy Ray, M.D.  
VP, Infection Prevention & Epidemiology

# MetroHealth True North





**MetroHealth**  
Devoted to Hope, Health, and Humanity

# Patient Story - Video

Jennifer Lastic-Director of Experience Excellence

## Patient Story – Ms. Che'tyra Lewis



[Stories of Hope: Che'tyra Lewis on Vimeo](#)





**MetroHealth**  
Devoted to Hope, Health, and Humanity



# Patient Experience Update







Maureen Sullivan—VP, Patient Experience & Service Excellence

## Topics

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- **Reputation: CMS Hospital Compare**
  - Patient Survey Star Rating
  - HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
  - OAS CAHPS – Ambulatory Surgery
- **Regulatory Compliance**
  - Grievance
    - Acknowledgement
    - 30 Day Resolution
- **Service Excellence**

# Medicare Care Compare














<p>✕ Remove</p> <p><b>Metrohealth System</b> </p> <p>2500 Metrohealth Drive Cleveland, OH 44109</p> <p>(216) 778-7800</p> <p> Save to Favorites</p>	<p>✕ Remove</p> <p><b>Cleveland Clinic</b> </p> <p>9500 Euclid Avenue Cleveland, OH 44195</p> <p>(216) 952-9829</p> <p> Save to Favorites</p>	<p>✕ Remove</p> <p><b>Uh Cleveland Medical Center</b> </p> <p>11100 Euclid Avenue Cleveland, OH 44106</p> <p>(440) 844-1000</p> <p> Save to Favorites</p>
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## HOSPITALS

### Overview

Distance from 44109	1.5 miles	6.0 miles	6.7 miles
Overall star rating			
Patient survey rating			
Hospital type	Acute Care Hospitals	Acute Care Hospitals	Acute Care Hospitals
Provides emergency services?	Yes	Yes	Yes

# Medicare Care Compare

	 Remove <b>Metrohealth System</b>  2500 Metrohealth Drive Cleveland, OH 44109  (216) 778-7800   Save to Favorites	<b>Parkland Health &amp; Hospital...</b>  5200 Harry Hines Blvd Dallas, TX 75235  (214) 590-8000   Save to Favorites	<b>John H Stroger Jr Hospital</b>  1901 W Harrison St Chicago, IL 60612  (312) 864-6000   Save to Favorites
<b>HOSPITALS</b>			
<b>Overview</b>			
<u>Overall star rating</u>			
<u>Patient survey rating</u>			
<u>Hospital type</u>	Acute Care Hospitals	Acute Care Hospitals	Acute Care Hospitals
<u>Provides emergency services?</u>	Yes	Yes	Yes

# Medicare Care Compare

	X Remove <b>Metrohealth System</b> 2500 Metrohealth Drive Cleveland, OH 44109  (216) 778-7800  Save to Favorites	<b>Parkland Health &amp; Hospital...</b> 5200 Harry Hines Blvd Dallas, TX 75235  (214) 590-8000  Save to Favorites	<b>John H Stroger Jr Hospital</b> 1901 W Harrison St Chicago, IL 60612  (312) 864-6000  Save to Favorites
HOSPITALS			
Patients who reported that their nurses "Always" communicated well.  National average: 79% OH average: 80%	78%	69%	65%
Patients who reported that their doctors "Always" communicated well.  National average: 80% OH average: 78%	75%	75%	76%
Patients who reported that they "Always" received help as soon as they wanted.  National average: 66% OH average: 65%	59%	47%	48%
Patients who reported that the staff "Always" explained about medicines before giving it to them.  National average: 62% OH average: 60%	57%	52%	49%
Patients who reported that their room and bathroom were "Always" clean.  National average: 73% OH average: 72%	68%	71%	56%

# Medicare Care Compare

	Metrohealth System	Parkland Health & Hospital...	John H Stroger Jr Hospital
	<p>Remove</p> <p><b>Metrohealth System</b></p> <p>2500 Metrohealth Drive Cleveland, OH 44109</p> <p>(216) 778-7800</p> <p>Save to Favorites</p>	<p><b>Parkland Health &amp; Hospital...</b></p> <p>5200 Harry Hines Blvd Dallas, TX 75235</p> <p>(214) 590-8000</p> <p>Save to Favorites</p>	<p><b>John H Stroger Jr Hospital</b></p> <p>1901 W Harrison St Chicago, IL 60612</p> <p>(312) 864-6000</p> <p>Save to Favorites</p>
<b>HOSPITALS</b>			
<p>Patients who reported that the area around their room was "Always" quiet at night.</p> <p>National average: 62% OH average: 58%</p>	56%	59%	50%
<p>Patients who reported that YES, they were given information about what to do during their recovery at home.</p> <p>National average: 86% OH average: 88%</p>	83%	86%	79%
<p>Patients who "Strongly Agree" they understood their care when they left the hospital.</p> <p>National average: 52% OH average: 52%</p>	51%	51%	44%
<p>Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).</p> <p>National average: 71% OH average: 72%</p>	67%	69%	61%
<p>Patients who reported YES, they would definitely recommend the hospital.</p> <p>National average: 69% OH average: 69%</p>	66%	70%	65%

# Monthly Composite Star Rating

MetroHealth 2024 Goal Tracking		2024 MARCH			
2024 Goal Tracking Metric	2023 Baseline	Jan 2024	Feb 2024	Mar 2024 Prelim. <sup>3</sup>	2024 YTD
<b>Inpatient Composite Measures (HCAHPS) <sup>1</sup></b>	<b>n=843</b>	<b>n=81</b>	<b>n=100</b>	<b>n=90</b>	<b>n=270</b>
Communication with Nurses	91.5%	90.4%	91.8%	91.5%	91.3%
Communication with Doctors	90.4%	91.7%	92.5%	90.7%	91.6%
Responsiveness of Hospital Staff	83.6%	83.1%	80.6%	85.6%	83.0%
Communication about Medicines	75.8%	76.1%	75.6%	76.2%	75.9%
Discharge Information	84.8%	86.8%	82.6%	87.7%	85.5%
Care Transitions	81.0%	82.1%	77.4%	81.8%	80.3%
Cleanliness of Hospital Environment	86.5%	85.4%	84.8%	89.1%	86.4%
Quietness of Hospital Environment	83.1%	84.0%	79.5%	82.0%	81.7%
Hospital Rating	88.4%	88.5%	88.5%	87.4%	88.1%
Recommend the Hospital	86.9%	89.9%	86.9%	88.0%	88.1%
<b>Inpatient Summary Star Average (Scale: 1-5)</b>	<b>3.25</b>	<b>3.56</b>	<b>3.25</b>	<b>3.75</b>	<b>3.56</b>
<b>Emergency Composite Measures (Real Time) <sup>2</sup></b>	<b>n=10,658</b>	<b>n=712</b>	<b>n=808</b>	<b>n=884</b>	<b>n=2,404</b>
Rate Emergency Department	60.4%	58.7%	59.3%	64.5%	61.0%
Good Communication B/W Staff	57.5%	57.4%	56.9%	60.4%	58.4%
<b>Ambulatory Composite Measures (Real Time) <sup>2</sup></b>	<b>n=88,942</b>	<b>n=7,540</b>	<b>n=7,595</b>	<b>n=7,311</b>	<b>n=22,446</b>
Would Recommend Office	91.3%	92.0%	91.8%	92.4%	92.1%
Routine Appointment When Wanted	89.7%	91.6%	92.3%	91.9%	91.9%
<b>Overall Summary Star Average (Scale: 1-5)</b>	<b>3.05</b>	<b>3.20</b>	<b>2.95</b>	<b>3.60</b>	<b>3.30</b>

<sup>1</sup> HCAHPS composite measures are based on mean scores per CMS Star Rating guidelines.

<sup>2</sup> Emergency and Ambulatory composite measures are based on percent of top box.

<sup>3</sup> Preliminary scores based on surveys received through 05/13/2024

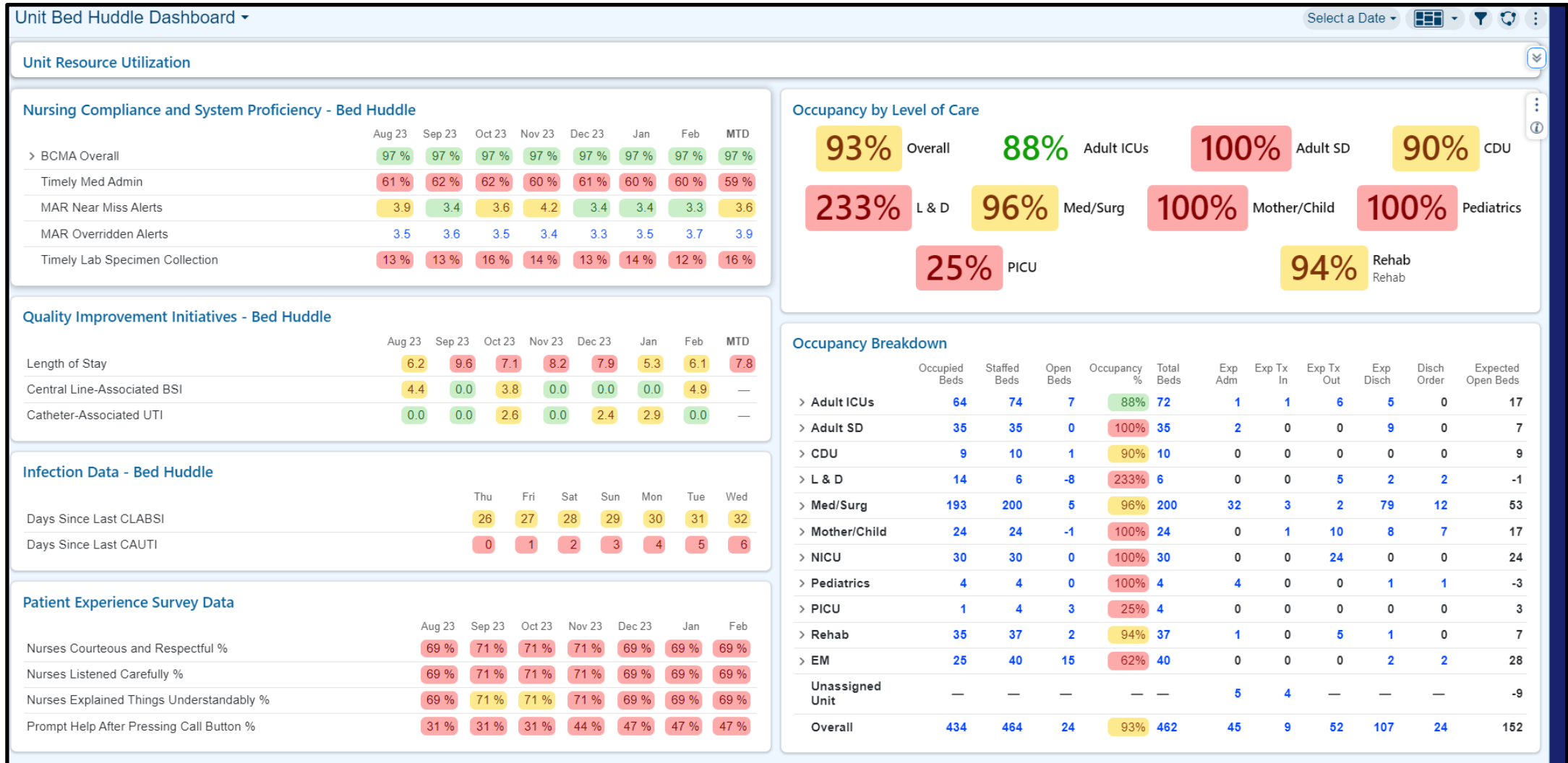
## Summary Star Average Tracking

Baseline	Threshold	Target	Stretch
3.05	3.15	3.20	3.30

## Individual Metric Tracking

1-2 Stars	3 Stars	4 Stars	5 Stars

# Visual Management Dashboard - Inpatient





## OAS CAHPS: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

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- Developed by the [Centers for Medicare & Medicaid Services \(CMS\)](#), the OAS CAHPS Survey collects patient care feedback in Medicare-certified hospitals. There is a 6-week reporting lag-time for results.
- OAS CAHPS asks about patients' experiences, including communications with doctors, nurses, and staff about a surgery or procedure, cleanliness, preparation for discharge and recovery, overall rating of the facility, and willingness to recommend the facility to others.
- CMS announced OAS CAHPS will be mandatory beginning in 2024 and all OAS CAHPS results will also be publicly reported on Medicare's Care Compare website. This data will reflect June 2022- July 2023 when reporting begins.
- This transparency motivates high performance and encourages patients to make informed decisions when selecting a facility for a surgery or procedure.

## OAS CAHPS Overall (February 2024 YTD)

OAS CAHPS: OUTPATIENT SURGERY AND PROCEDURE OVERALL								
Question	NRC Average	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024 QTD	QRTLTY TREND	2024 vs. 2023
		n=142	n=153	n=157	n=128	n=92		
Overall Rating of Facility	86.1%	80.7%	84.0%	85.9%	85.9%	90.2%	↑	6.1%
<b>Would recommend facility</b>	82.7%	77.9%	75.2%	80.6%	80.5%	81.3%	↑	2.9%
Drs/nrs made patient comfortable	96.3%	95.7%	93.4%	95.5%	96.1%	93.3%	↓	-1.8%
Drs/nrs courtesy and respect	97.8%	97.2%	97.4%	96.8%	97.6%	97.8%	↑	0.6%
Check in process ran smoothly	95.5%	90.8%	92.2%	91.7%	96.1%	92.3%	↑	-0.2%
Clerks/receptionists were helpful	96.0%	90.1%	84.1%	94.3%	96.9%	88.0%	↑	-5.8%
Clerks/receptionists courtesy and respect	97.7%	93.0%	96.7%	98.1%	99.2%	90.2%	↓	-6.5%
Facility was clean	97.5%	95.8%	97.4%	97.4%	98.4%	96.7%	↑	-0.5%
Drs/nrs explained procedure understandably	93.0%	91.5%	89.5%	93.6%	92.8%	91.3%	↑	-0.5%
Received info about getting ready for procedure	93.9%	92.9%	90.1%	92.1%	96.8%	95.7%	↑	2.9%
Received info about procedure	92.0%	94.3%	87.6%	89.6%	93.6%	92.4%	↑	1.3%
Process of anesthesia explained understandably	93.4%	89.9%	89.4%	92.2%	89.7%	96.4%	↑	6.1%
<b>Anesthesia side effects explained</b>	84.4%	84.5%	79.6%	85.8%	82.8%	89.3%	↑	6.2%
<b>Prepared for what to expect during recovery</b>	86.3%	85.2%	78.0%	90.3%	87.2%	87.0%	↑	1.9%
Received written discharge instructions	97.5%	97.9%	95.4%	98.7%	98.4%	98.9%	↑	1.3%
<b>Received info on what to do re: nausea/vomiting</b>	79.1%	79.7%	76.0%	81.5%	85.4%	88.0%	↑	7.6%
Received info on what to do re: pain	91.7%	89.9%	86.6%	86.3%	88.4%	90.1%	↑	2.4%
Received info on what to do re: signs of infection	83.6%	78.8%	76.4%	81.9%	82.0%	82.6%	↑	2.9%
Received info on what to do re: bleeding	84.6%	83.7%	81.0%	84.2%	91.0%	87.8%	↑	3.1%

## 30-DAY GRIEVANCE RESOLUTION PERFORMANCE

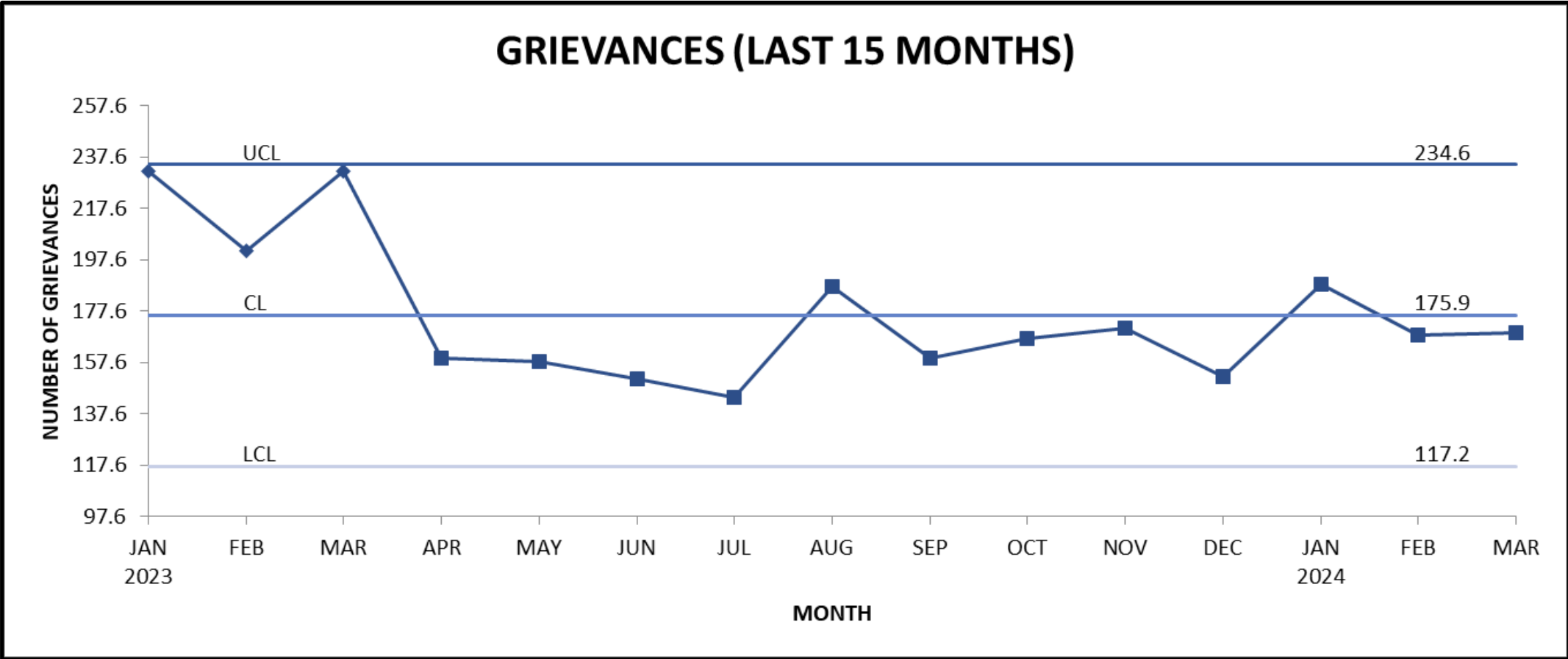
- 100% of grievances were closed within 30 days in May 2023 – March 2024
- 1,976 of 1,977 grievances were closed within 30 days in April 2023 – March 2024

Grievance Resolution	APR 2023	MAY 2023	JUN 2023	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	LAST 12 MONTHS
30-Day Grievance Resolution %	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%
Total Number of Grievances	159	160	153	144	188	159	167	171	152	186	169	169	1,977

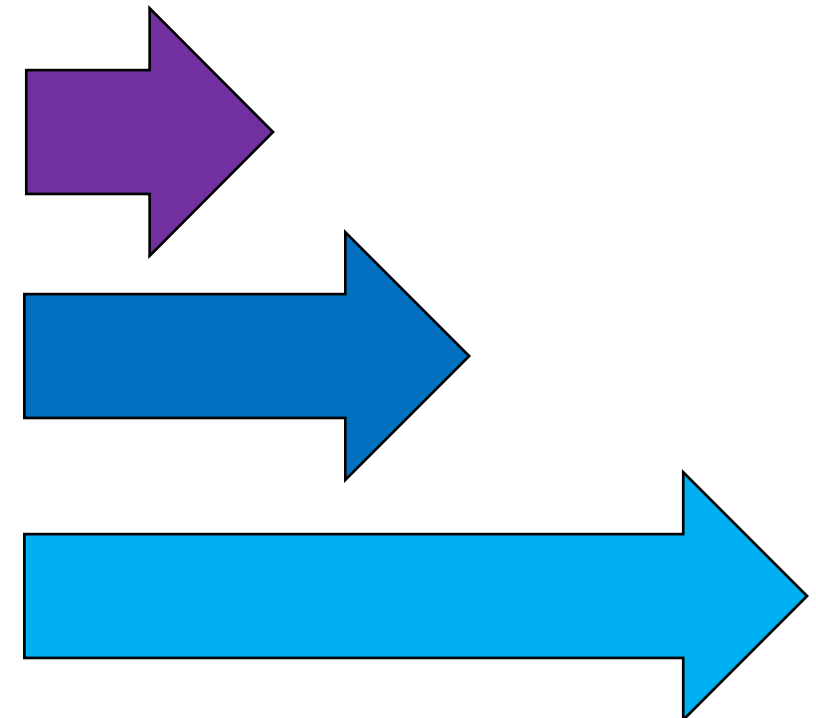
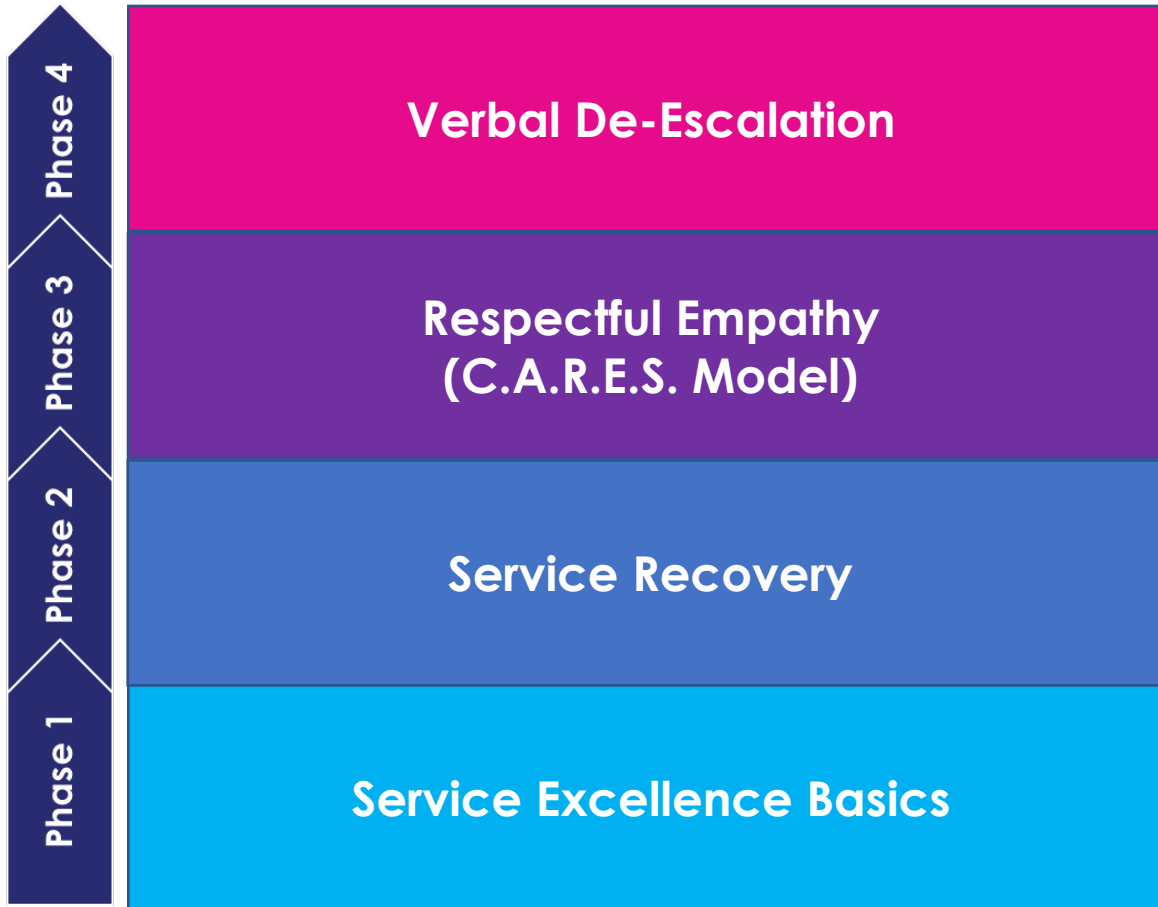
Data source: EPIC

# MONTHLY GRIEVANCES

- Clinical: 28.6%
- Communication: 21.0%
- Access to Care: 12.7%
- Billing: 12.6%

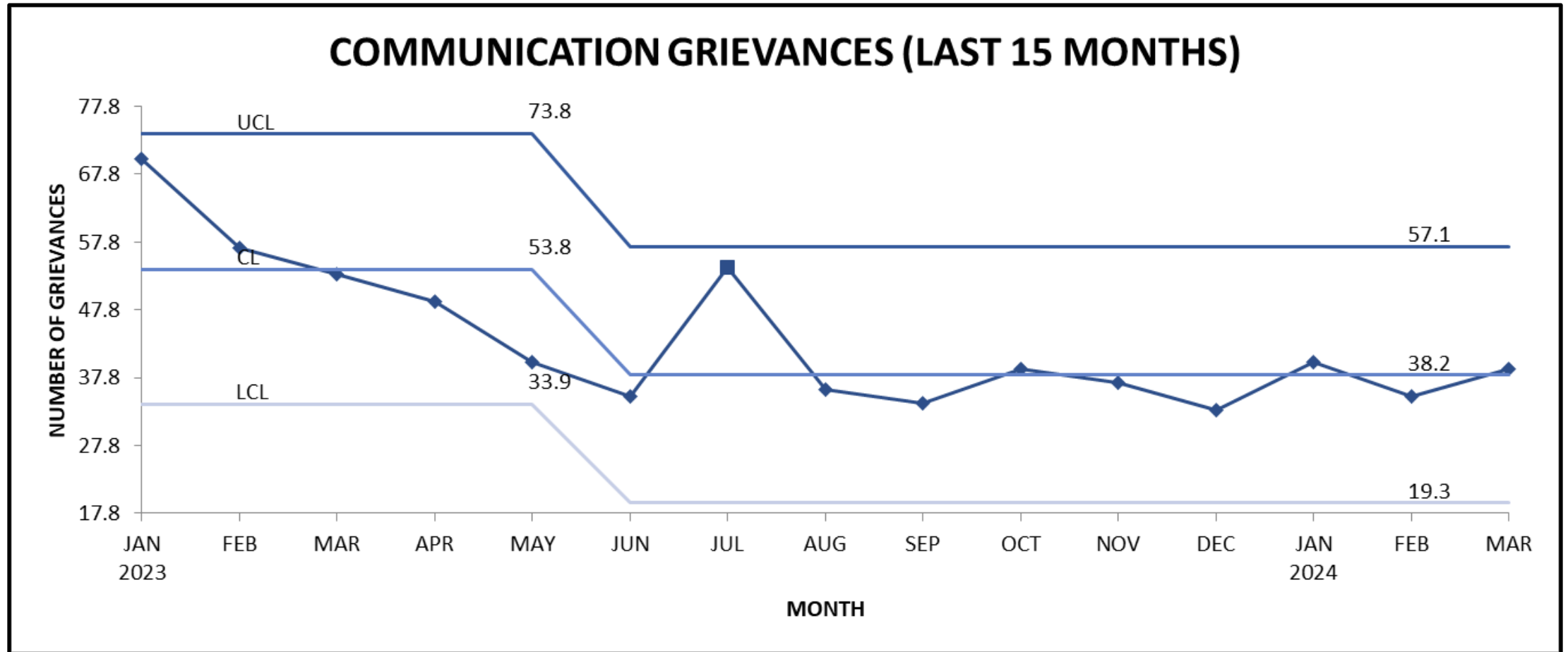


# Service Excellence Modules – Building Block Series



# COMMUNICATION GRIEVANCES PER MONTH

There was a significant decrease in grievances related to communication in 2023



# Care Innovation & Community Improvement Program (CICIP) Update

**Brandon Carrico MBA, BSN, RN**

Director of CICIP & Population Health

**Dr. Jessica Phippen MD, FACOG**

Maternal/Fetal Medicine physician & Director of the Mother Child Dependency Program & Antepartum Services

**Matthew Kaufmann MSN, RN**

Executive Director Population Health and Care Coordination

# Care Innovation and Community Improvement Program

- A program, administered by the Ohio Department of Medicaid, to improve the health of Ohioans and the quality-of-care patients receive
- MetroHealth works collaboratively on Performance Improvement (PI) projects with the other program participants, community partners, ODM, IPRO, and the Medicaid Managed Care Organizations

SECTION 333.320. CARE INNOVATION AND COMMUNITY IMPROVEMENT PROGRAM  
(A) As used in this section:  
(1) "Nonprofit hospital agency" means a nonprofit hospital agency, as defined in section 140.01 of the Revised Code, that is affiliated with a state university as defined in section 3345.011 of the Revised Code.  
(2) "Participating agency" means a nonprofit hospital agency or public hospital agency participating in the Care Innovation and Community Improvement Program.  
(3) "Public hospital agency" has the same meaning as in section 140.01 of the Revised Code.  
(B) The Medicaid Director shall establish the Care Innovation and Community Improvement Program for the 2018-2019 fiscal biennium. Any nonprofit hospital agency or public hospital agency may volunteer to participate in the program if the agency operates a hospital that has a Medicaid provider agreement.  
(C) Participating agencies are responsible for the state share of the program's costs and shall make or request the appropriate government entity to make intergovernmental transfers to pay for such costs. The Medicaid





# CICIP at a Glance

- **Targeted at underserved areas of need**
  - Healthy birth outcome
  - Substance use disorders
  - Behavioral health
  - High ED utilization
- **Allows for new innovative projects targeted at these populations**
  - Improving outcomes for Medicaid patients
- **Significant additional dollars to fund innovation**



# I PRO

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## Healthcare Quality Improvement Evaluator

- ODM contracted with I PRO to provide program evaluation to ensure participating health systems are meeting the expectations of the program



# IPRO

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## Annual Review

Recommendations for collaborative:

“suggest employing a population health approach... to increase alignment among CICIP activities... will allow the coalition to more effectively assess gaps in care and community needs within a population health framework...”

“...strategic planning for each system to commit to designing population health-driven interventions that meaningfully address Medicaid patient and community needs in innovative ways.”

“...using QIS [Quality Improvement Science] population health based approaches that will guide care improvement...”

“...Increased QI training across systems.”

Themes of capturing voice of the customer, and community engagement/partnerships.



# I PRO

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## Annual Review

**A MetroHealth key call out:** the alignment of CICIP with System level goals.

"The organization has continued to align CICIP projects with system health equity goals. When assessing the project goal, racial disparity gaps regarding postpartum visit completion and infant well-child visits, ages 0-15 months, were identified as rates to be monitored."

" MetroHealth's commitment to a culture of QI is evident through the organization's viewing CICIP projects as an opportunity to create a better standard of care."



# Aligning Quality Improvement and Health Equity

## CICIP Measures and Racial Inequity.

- **Two CICIP measures have been incorporated into our system goals:**
  - Timeliness of Prenatal Care
  - Postpartum Care
- **Program and Goal design:**
  - Continue to maximize performance on both measures for CICIP
  - Measuring and understanding where health inequities exist
  - Eliminate existing inequity while not decreasing overall metric performance

# **CICIP:** Healthy Birth Outcomes

**Dr. Jessica Phippen MD, FACOG**

Maternal/Fetal Medicine physician & Director of the Mother  
Child Dependency Program & Antepartum Services

# Objectives

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- **Timeliness of prenatal care**
  - Entry into care by 12-13 weeks' gestation
- **Adherence to postpartum care**
  - Completion of postpartum visit in 7 – 84 days post delivery
- **Strategy**
  - Improve access
  - Utilize technology to interface with patients in various settings

# Timeliness of Prenatal Care

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- **Old Model**
  - RN visit + provider visit +/- ultrasound visit
  - 3+ hours for the initial visit
  - Several limitations
- **New Model**
  - Decoupled nurse and provider visit
  - RN completes new OB intake via video visit prior to clinic appointment



# Timeliness of Prenatal Care

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- **Advantages**

- Limits time patient needs to be present in clinic
- Allows for more prompt risk stratification (ie PRAF)
- Sets expectations for provider visit prior to arrival

- **Patient Feedback**

- “Visit was convenient. Answered all my questions before I needed to ask them.”
- “Convenient and loved not having to come in person...”
- “Great for first time parents that need to get more education.”
- “Able to get visit scheduled quickly.”
- “Nice initial intake without having to be in person.”

# Timeliness of Prenatal Care

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- **Health Care Disparity**
  - Identified disparity gap in care for Black patients compared to other races.
  - The Community Health Worker team was identified as a group that could help bridge that gap.
- **Community Health Workers (CHW)**
  - Present at the 3 most populous clinic sites
  - Assist patients with SDOH needs
  - Internal data has showed improved perinatal outcomes
    - CHW program continues to grow: 1 additional CHW has joined the team.

# Adherence to Postpartum Care

- **Old Model**

- All patients scheduled 4-week postpartum visit prior to discharge from hospital
- If he/she/they NO SHOWS visit, it is automatically rescheduled within the 7 – 84 day timeframe (telehealth is an option in the rescheduling process)
- The rescheduling process still fails to capture some patients

- **New Model**

- Offer after hours (5 – 7 pm) video visits for patients that have at least ONE NO SHOW postpartum visit
- MFM and Low Risk Patient templates

# Adherence to Postpartum Care

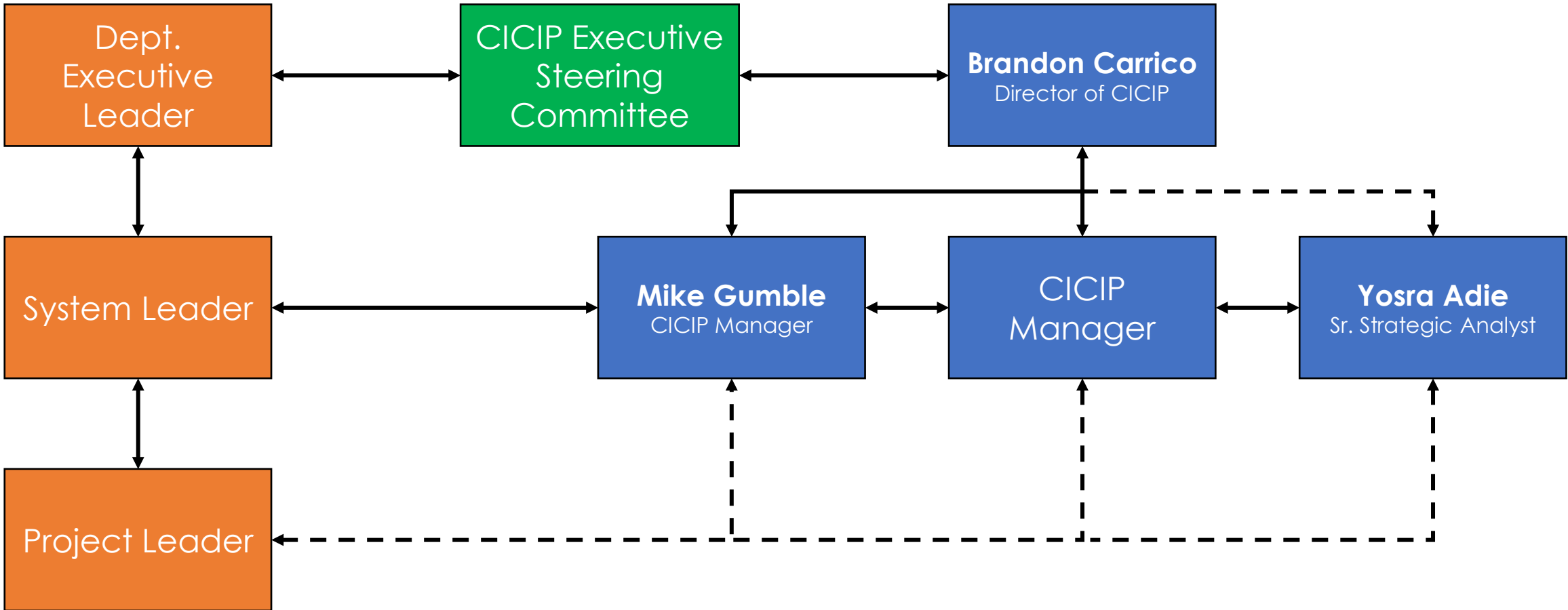
- **Pilot Data**
  - 1/3 patients completed visit
    - 1 no answer
    - 1 without MyChart Access
- **Patient Feedback**
  - Video visit preferred as initial option
  - More time spent addressing her questions; “not rushed”
  - Current SAHM; prefers morning or afternoon timeframe
- **Future Plans**

## Summary

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- We are working to improve our system and community perinatal outcomes by enhancing the ways that patients enter prenatal care and complete their pregnancy care
- These efforts have primarily focused on improving access and providing non-traditional methods to engage in care
- We will continue to modify our practices based on the needs of the patient

# Appendix



- Operational support
- CICIP Program Office

# CY22Q3 Data Report-Out

Measure	Dir	CY23 Target	CY21 Perf	CY22Q1 Perf	CY22Q2 Perf	Q3 Dir.	CY22 Q3 Performance				
							Coalition	Metro	OSU	UCH	UT
Rate of Opioid Solid Doses Dispensed (without Suboxone) Per Patient Among Eligible Prescribers	↓	8,151	7,539	7,091	7,226	↑	7,579	7,192	6,729	8,473	3,112
Rate of Patients Receiving > 80 mg MME among Patients Receiving Opioids	↓	8.0%	5.1%	5.9%	5.7%	↓	5.6%	6.1%	8.9%	4.3%	1.8%
Rate of Patients with Concurrent Use of Opioids and Benzodiazepines Among Patients Receiving Opioids	↓	9.1%	7.1%	7.9%	6.5%	↓	6.3%	5.4%	8.7%	5.2%	5.7%
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET)—Total	↑	53.9%	46.8%	49.4%	50.1%	↑	50.7%	58.8%	50.2%	39.2%	60.3%
Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up	↑	50.5%	57.8%	58.5%	57.0%	—	57.0%	58.9%	53.8%	56.7%	70.2%
Timeliness of Prenatal Care	↑	74.4%	70.1%	75.4%	75.6%	↓	74.9%	78.9%	71.0%	74.9%	76.4%
Postpartum Care	↑	71.1%	74.1%	69.9%	71.1%	↑	72.6%	88.9%	60.5%	69.6%	59.1%
Ambulatory Care (AMB)—Emergency Department (ED) Visits Rate / 1000 member months	↓	118.50	98.9	98.6	98.0	↓	94.5	82.9	104.8	104.2	109.9
Targets Met:							7/8				

Meeting Target
Not Meeting Target

QIP Payout Thresholds	
100%	6-8
75%	5
50%	54
25%	3
0%	0-2



**RECOMMENDATION TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER  
OF THE METROHEALTH SYSTEM  
FOR AFFIRMATION OF INFECTION PREVENTION &  
CONTROL LEADERSHIP**

**Recommendation**

The Chief Quality & Safety Officer, the Chief Physician Executive, and the System Chief Nurse Executive recommend that The MetroHealth System affirm Dr. Amy Ray's leadership of MetroHealth's Infection Prevention & Control Program.

**Background**

Infection prevention and control are important areas of focus for all hospitals, including MetroHealth. Strong infection prevention and control programs assure quality and safety of care, improve patient outcomes, reduce risk for staff, and promote the broader health of the community. Accordingly, hospital accrediting bodies, including The Joint Commission (TJC), direct significant attention on ensuring the breadth and depth of hospital programs. TJC's requirements include confirmation that the hospital's governing body clearly indicate their support for the hospital's infection prevention and control program leadership.

Since 2019 – and through an international pandemic, Dr. Amy Ray has successfully led MetroHealth's Infection Prevention & Control Program. She currently serves as Vice President, Infection Prevention & Hospital Epidemiology. Dr. Ray is an Associate Professor at Case Western Reserve University School of Medicine and is board-certified in Internal Medicine and Infectious Disease. She also has a Master of Public Health from Case Western Reserve University. Dr. Ray has been practicing in Infectious Disease for over 20 years and serves on committees of several national infection prevention and epidemiology societies including the Infectious Diseases Society of America, Society of Healthcare Epidemiology of America, and the National Quality Forum.

**Affirmation of Infection Prevention and Control  
Program Leadership at The MetroHealth System**

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System and the clinical, nursing, and administrative staff of the institution have maintained and supported an infection prevention and control program throughout MetroHealth’s history;

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation, with the support of MetroHealth’s medical staff and nursing leadership, to affirm its support of Dr. Amy Ray’s leadership of MetroHealth’s Infection Prevention & Control Program; and

WHEREAS, the Quality, Safety & Experience Committee has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby affirms Dr. Amy Ray’s leadership of the Infection Prevention & Control Program at MetroHealth.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

**RECOMMENDATION TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER  
OF THE METROHEALTH SYSTEM  
FOR APPROVAL OF A CLAIM SETTLEMENT**

**Recommendation**

The Senior Vice President, General Counsel recommends that The MetroHealth System approve the settlement of claim number 22-43-1022 in an amount not to exceed \$1,400,000 for The MetroHealth System, to be paid out of operations and to be submitted for reimbursement by Select Assurance Captive, LLC.

**Background**

The Board has reviewed this claim with the General Counsel. This authorization does not admit liability in this claim but expressly denies the same, and the settlement is authorized only in compromise of a disputed matter. The underlying facts and other considerations have been previously discussed with the Board of Trustees.

Approval of a Claim Settlement

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RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation for the settlement of Claim No. 22-43-1022; and

WHEREAS, the Board of Trustees Quality, Safety and Experience Committee has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves settlement of Claim No. 22-43-1022 in an amount not to exceed \$1,400,000 to be paid out of operations and to be submitted for reimbursement by Select Assurance Captive, LLC.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer is hereby authorized to negotiate and execute agreements and other documents consistent with this resolution.

AYES:

NAYS:

ABSTAINED:

DATE: