

The MetroHealth System Board of Trustees

QUALITY, SAFETY & EXPERIENCE COMMITTEE

May 11, 2022

12:00 – 2:00 pm

Meeting held at MetroHealth Board Room (K-107) or Via Zoom

Meeting Minutes

Committee Members Present: Dr. JB Silvers, Maureen Dee, John Hairston, Dr. E Harry Walker

Other Trustees Present: Inajo Davis Chappell

Staff Present: Dr. Bernard Boulanger, Dr. Nabil Chehade, Craig Richmond, Laura McBride, Michael Stern, Matthew Kaufmann, Maureen Sullivan, Tracy Greenberg, Melissa Kline, Nicholas Sukalac, Dr. Brook Watts, Dr. Joseph Golob, Dr. William Lewis, Dr. Christine Alexander, Regina Sawyer, Katrina Dubovikova, Jennifer Lastic

Dr. Silvers called the meeting to order at 12:04 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 February 9, 2022, Committee meeting were approved as submitted.

II. **Information Items**

Patient Story – Jennifer Lastic

Ms. Lastic read a featured story that was on the MetroHealth Instagram page regarding a young man with Down Syndrome who was hit by a minivan while riding his bicycle. He was immediately transported to the trauma center and after 103 days he finished his last day of inpatient therapy and went home. The family stated that there is no doubt he would not be where he is today without the help of MetroHealth.



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Quality Goals – Matthew Kaufmann

Mr. Kaufmann stated there is a new dashboard for 2022. The targets will not remain the same as data will be pulled once a month, but the scoring will be similar. Diabetes is not at threshold yet, but we are closing the gap. Colorectal Cancer Screening is just below stretch. Pediatric Immunization is still making progress. No CAUTI in March and continuing to trend well.

Experience Goals -Katrina Dubovikova

Ms. Dubovikova stated that the experience goals were below goal for March. The scores are reported with a one-month lag due to delay in survey return. HCAHPS results are finalized with a two-month lag due to the mail survey delay. HCAHPS monthly results may change as additional surveys are received. Monthly sample size meets the minimal CMS requirement, however, is not statistically representative of patient population. The Emergency Department reached target for cleanliness. Patient Experience Compliance and Provider Goals met stretch performance.

Summary of Improvement Efforts – Maureen Sullivan

Ms. Sullivan discussed the evidence-based patient experience best practices which include purposeful hourly rounding, service excellence training/simulations, multi-disciplinary rounding, bedside handoff, leader rounding, patient communication boards and no pass zone. Teams/Key Drivers include care transitions, consistent communication, cleanliness and responsiveness.

III. Recommendation/Resolutions Approvals

None

Dr. Silvers indicated that all further matters to be considered at this meeting involved discussions of trade secrets, matters required to be kept confidential by law, personnel matters, as well as information subject to the attorney-client privilege. Upon unanimous roll call vote, the Committee went into Executive Session to discuss such matters at 12:41 pm.

Following Executive Session, the meeting reconvened in open session at 1:19 pm.

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The 2022 Culture of Safety Results were shared and discussed in executive session with the board and senior leadership. This included risks and hazards, culture measurement, and progress towards resolution of opportunities.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 1:25 pm.

Brook Watts, M.D., MS
SVP, Chief Quality & Safety Officer
CMO, Community and Public Health

Melissa Kline, RN, DNP
SVP, System Chief Nurse Executive