



The MetroHealth System

Board of Trustees

Wednesday, April 26, 2023

12:00 - 1:30 pm

The MetroHealth System K-107 or via Zoom

Quality, Safety and Experience Committee

Regular Meeting

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: Wednesday, April 26, 2023

TIME: 12:00 – 1:30 pm

PLACE: MetroHealth Board Room (K-107) / Via Zoom,
<https://us02web.zoom.us/j/81089388270>

AGENDA

- I. **Approval of Minutes**
Committee Meeting Minutes of January 25, 2023

- II. **Information Items**
 - A. Patient Video – Jennifer Lastic
 - B. Joint Commission Extension Survey – Kelly Connelly
 - C. CICIP Introduction – Matthew Kaufmann
 - D. QAPI Plan – Dr. Joseph Golob

- III. **Executive Session**

- IV. **Recommendations/Resolution Approvals**
None

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

January 25, 2023

12:00 pm

MetroHealth K-107 Board Room or Via Zoom

Meeting Minutes

Committee Members Present: JB Silvers, PhD-I, Vanessa Whiting-I, Maureen Dee-I, Harry Walker, MD-R

Other Trustees Present: John Corlett-I

Staff Present: Joseph Golob, MD-I, Airica Steed, RN-I, Laura McBride-I, Stacey Booker-I, Maureen Sullivan-I, Brian Mercer, MD-I, William Lewis, MD-I, Jennifer Bailit, MD-I, Nabil Chehade, MD-I, Olusegun Ishmael, MD-I, Nichole Bernardo-I, Regina Sawyer-I, Christine Alexander, MD-R, Nicholas Sukalac-R

Dr. Silvers called the meeting to order at 12:05 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 November 9, 2022 Committee meeting were approved as submitted.

II. **Information Items**

Quality, Safety and Experience True North Goals – Joseph Golob, MD

Dr. Golob shared the vision for MetroHealth’s True North, which is a lean concept that started with Toyota. True North describes the ideal or state of perfection that seeks to ensure that every patient receives patient-centered, equitable, safe and the highest quality of care and the ultimate patient experience.

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¹ I-In-person, R-Remote

The MetroHealth System Board of Trustees

Patient Story – Maureen Sullivan

Ms. Sullivan highlighted a story regarding a patient who moved here from Guatemala and who described the wonderful care she received from Dr. Sailofsky. After symptoms, Dr. Sailofsky ordered tests that revealed a rare complication. But the patient was able to get the treatment she needed and delivered a healthy baby.

2022 Patient Experience Goals and Performance – Maureen Sullivan

Ms. Sullivan stated there have been some ups and downs but we did not meet threshold for Likelihood to Recommend the Hospital. There have been some technology issues that they are still working through and they are still receiving more surveys for 2022. They are also trying to close the gap with disparities and the voice of the patient helps guide them. HCAHPS scores were shared. True North will be involved in all measures.

2022 Quality Goal Performance – Nicole Rabic

Ms. Rabic stated we are at stretch performance for the year for the quality system goals. This is a great accomplishment. MetroHealth's current CMS Star Rating (3-stars) and the Leapfrog grade ("C") were also discussed. Goal will be to be a 5-Star Hospital and have a Leapfrog grade A.

New Quality Structure and Plan – Joseph Golob, MD

Dr. Golob provided an update on the Quality Institute, which is now the Institute of Patient Centered Excellence (IPCX). IPCX will have two main offices. The IPCX Office of Whole System Quality and the IPCX Office of Continuous Improvement. The Whole System Quality Office will work with Patient Safety and HRO, Infection Prevention, Quality Data Analytics, Quality Assurance, and Patient Experience. The IPCX Office of Continuous Improvement will be a new tool for the System. It will focus on Lean Six-Sigma and continuous improvement activities. The team will serve as consultants to clinical areas working on improvement projects.

III. Recommendation/Resolutions Approvals

None

Dr. Silvers indicated that all further matters to be considered at this meeting involved discussions of trade secrets and matters required to be kept confidential by law. Upon a motion and a second and a unanimous roll call vote, the Committee went into executive session to discuss such matters at 1:17 pm.



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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 1:35 pm.

Joseph Golob, MD
SVP, Chief Quality and Safety Officer



MetroHealth BOT Quality, Safety, & Experience Committee

April 26, 2023

MetroHealth Institute of Patient Centered Excellence



MetroHealth

MetroHealth's True North

- **Guarantee every patient we touch receives:**
 - Patient-Centered Care
 - Equitable Care
 - Safest Care
 - Highest Quality of Care
 - Ultimate Patient Experience

MetroHealth's True North

CMS Hospital
Compare 5-star
Hospital

Leapfrog Grade
"A"

Top Decile
Performer in
Vizient Quality
and
Accountability
Score Card

Eliminate
Healthcare
Disparities

MetroHealth's True North

Top Performer
in HCAHPS

Top Performer
in CMS
Quality
Incentive
Programs

Eliminate
Patient Harm

Win the
Malcolm
Baldrige
National
Quality Award



Patient Story - Video

Jennifer Lastic – Director of Experience Excellence



MetroHealth

Patient Experience Story - Ms. Lois Tyson



Joint Commission Extension Survey

Kelly Connelly– Director of Quality Assurance



MetroHealth



Joint Commission Extension Survey-Overview

- A Joint Commission extension survey is required by Metrohealth since it met the criteria that it offered services at a new location (CH BH Hospital) and there was a significantly altered physical plant (Glick).
- Extension surveys are done to ensure that the accreditation decision previously awarded to the Hospital is still appropriate under the changed conditions.
- An unannounced extension survey would be conducted within four-six months from the date of opening. We anticipate their arrival between May-June.
- We have been assigned one **life safety** surveyor and one **general** surveyor for **two** days.
- We anticipate one scheduled day at Glick and one at the BH hospital in Cleveland Heights.

Joint Commission Extension Survey Preparedness

- A Behavioral Health consultant was retained for a 2-day visit to CH BH hospital in January to identify gaps/opportunities.
 - Action plan created
 - Weekly huddles to discuss outstanding items
- General consultant scheduled for one day each in Feb/April/June
 - Focus on high-risk areas
 - Perform staff interviews related to education, new workflows, barriers and process improvement
 - Discussion of new safety features (RTLS badges, Evolve machines at entrances, and visitor badging)
 - Action plans to be generated when opportunities are identified

Joint Commission Extension Survey- Preparedness

- The Accreditation team has been performing weekly sweeps on the units with focus on the environment, equipment management, cleanliness and staff readiness.
- Huddles are occurring weekly to address gaps/barriers with Chief Nursing Officer, Nurse Directors, and representatives from EVS, Facilities and Materials Management.

Information Sharing Monthly:

- Regulatory Affairs Committee Meeting (Multidisciplinary departmental leaders)
- Environment of Care Meeting (Multidisciplinary team)
- Shared Governance (Nurse Leaders)



CICIP Introduction

Matt Kaufmann – Executive Director of Population Health



MetroHealth

Care Innovation and Community Improvement Program (CICIP)

- Improve health outcomes of Ohio's Medicaid population by developing innovative solutions to population health challenges in alignment with the Ohio department of Medicaid's Health Strategy.
- Priority Populations: Test innovative wellness, prevention initiatives designed to reduce inappropriate use of the emergency department, at risk of or suffering from an opioid or other substance abuse disorder, individuals living with mental illness, and at-risk mothers and babies
- MetroHealth works collaboratively on Performance Improvement (PI) projects with the other program participants, community partners, ODM, and Medicaid Managed Care Organizations



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MEDICAL CENTER



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WEXNER MEDICAL CENTER

Coalition Operational Structure

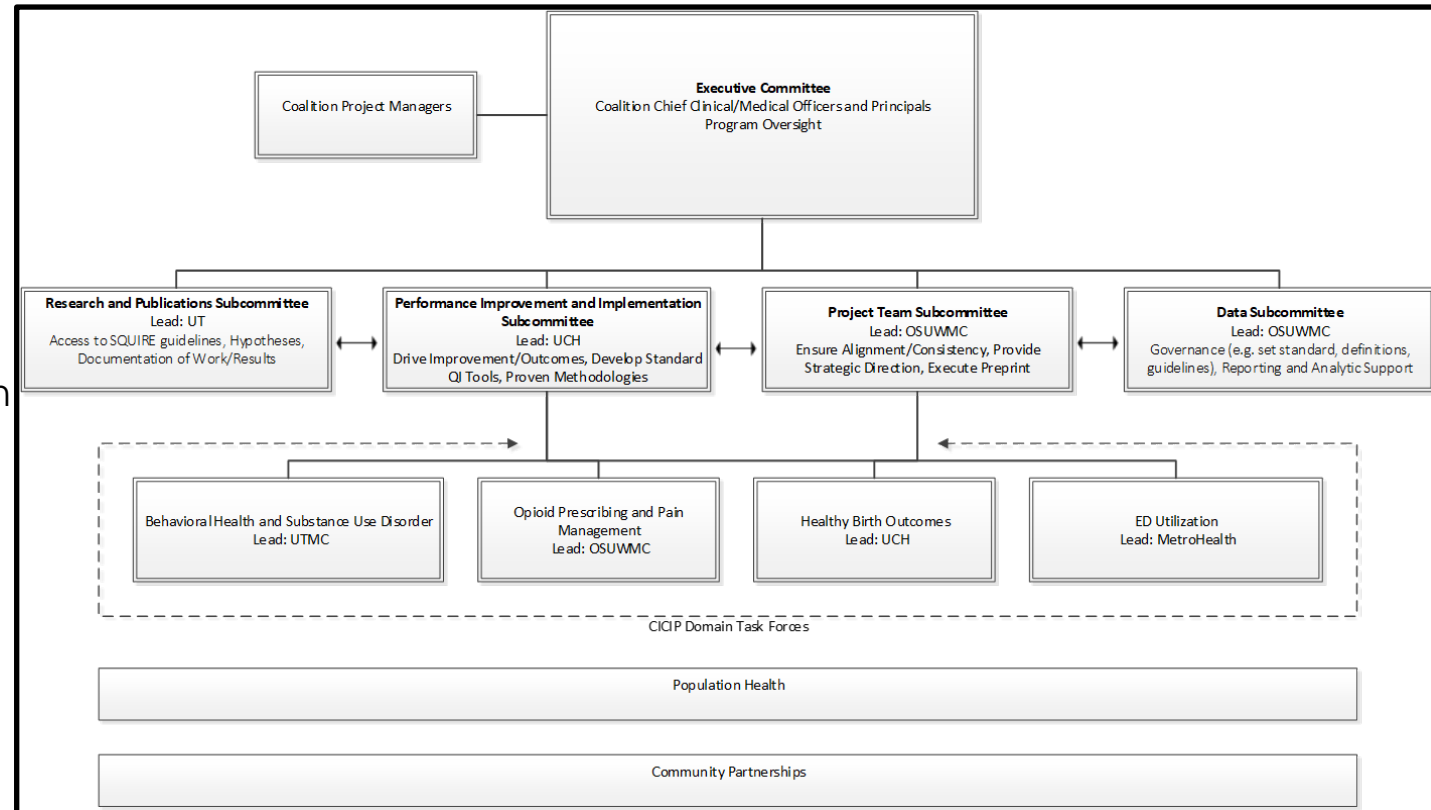
Coalition Meeting Requirements

Task Forces Owners

- MetroHealth – ED Utilization Task Force
- OSU – Behavioral Health / Addiction
- UC Health – Healthy Birth Outcomes
- UT – Opioid Prescribing

Committees

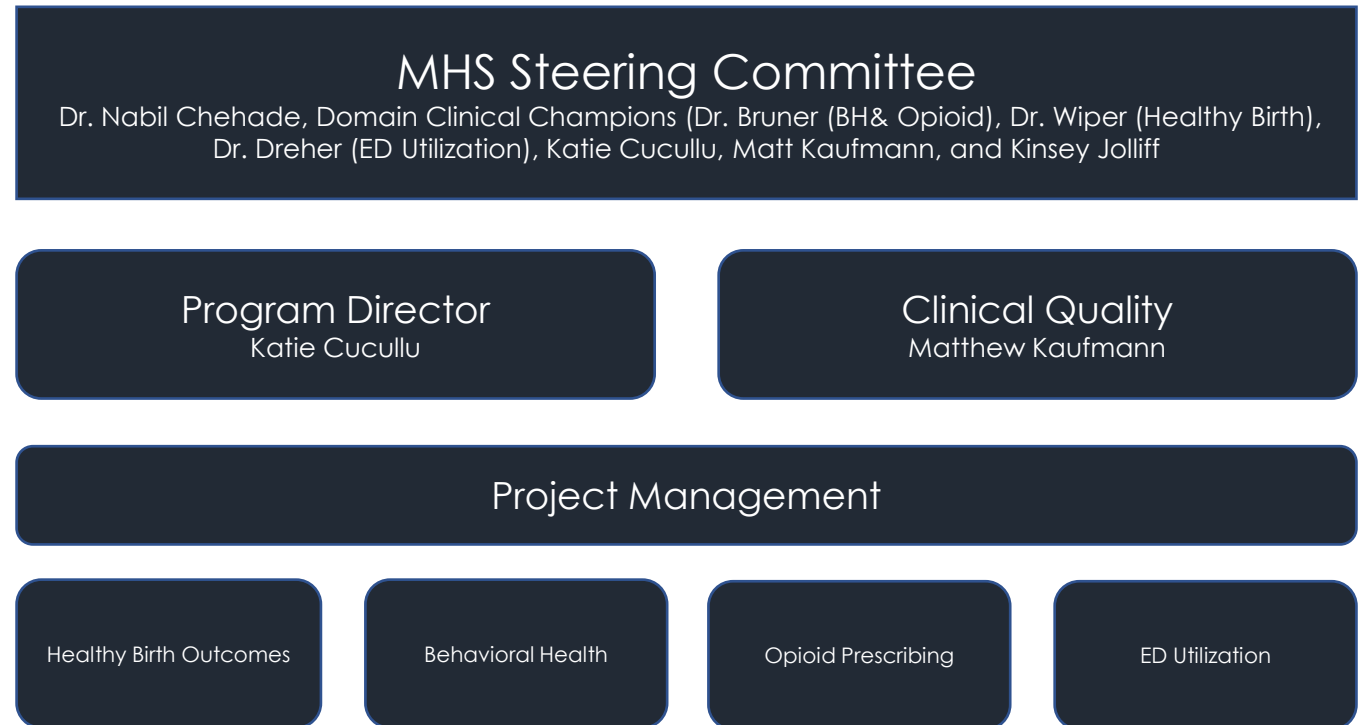
- Performance Improvement and Implementation
- Patient Engagement
- Collaborative Care
- Mom-Baby Dyad
- Data and Analytics
- Research and Publication
- Project Team
- CICIP/GRC Data Convener Project
- CICIP Executive Committee
- Social Work
- Population Health



MetroHealth CICIP Program

Program Office

- Created to implement and track the CICIP program
- Each domain has Operational and Clinical leaders develop new interventions and improve quality
- Program was modified from Stage Gate design focused on domain leader accountability
- Steering Committee approves projects and allocation of funds
- Developing a formal QI structure to meet program requirements



MetroHealth Trending Performance

CICIP Performance Dashboard - MetroHealth

2021 Metric Performance (January - December 2021)

| Metric | 2021 Standard | Coalition Performance | Met | MetroHealth Performance | Met |
|--|---------------|-----------------------|-----|-------------------------|-----|
| Rate of Opioid Solid Doses Dispensed (without Suboxone) Per Patient Among Eligible Prescribers | 7,090 | 7,593 | NO | 7,274 | NO |
| Rate of Patients Receiving > 80 mg MME among Patients Receiving Opioids | 7.4% | 5.1% | YES | 2.9% | YES |
| Rate of Patients with Concurrent Use of Opioids and Benzodiazepines Among Patients Receiving Opioids | 8.3% | 7.1% | YES | 7.1% | YES |
| Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET)—Total | 51.7% | 46.8% | NO | 52.2% | YES |
| Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up | 52.1% | 57.8% | YES | 56.1% | YES |
| Postpartum Care | 66.7% | 70.1% | YES | 86.3% | YES |
| Timeliness of Prenatal Care Reporting Only 2020 & 2021 | 79.3% | 74.1% | NO | 78.1% | NO |
| Ambulatory Care (AMB)—Emergency Department (ED) Visits Rate / 1000 member months Reporting Only 2020 & 2021 | 118.5 | 98.9 | YES | 87.3 | YES |

2022 Metric Performance (July - June 2022)

| Metric | Calendar 23 Targets* | Coalition Performance | Met | MetroHealth Performance | Met |
|--|----------------------|-----------------------|-----|-------------------------|-----|
| Rate of Opioid Solid Doses Dispensed (without Suboxone) Per Patient Among Eligible Prescribers | 8,151 | 7,226 | YES | 7,189 | YES |
| Rate of Patients Receiving > 80 mg MME among Patients Receiving Opioids | 8.0% | 5.7% | YES | 4.5% | YES |
| Rate of Patients with Concurrent Use of Opioids and Benzodiazepines Among Patients Receiving Opioids | 9.1% | 6.5% | YES | 5.4% | YES |
| Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET)—Total | 53.9% | 50.1% | NO | 57.1% | YES |
| Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up | 50.5% | 57.0% | YES | 55.5% | YES |
| Postpartum Care | 71.1% | 71.1% | YES | 88.7% | YES |
| Timeliness of Prenatal Care | 74.4% | 75.6% | YES | 80.7% | YES |
| Ambulatory Care (AMB)—Emergency Department (ED) Visits Rate / 1000 member months | 118.5 | 98.0 | YES | 86.3 | YES |

*Per ODM CY 23 is next eval period

Institute of Patient Centered Excellence

QAPI Plan

Joe Golob MD MHSE CPHQ FACS



MetroHealth

What is a QAPI Plan?

- Quality Assurance Performance Improvement Plan
- Data driven and proactive approach to quality assurance and performance improvement
- CMS Conditions of Participation requirement for health care systems to complete yearly
- Must be presented to State and Federal surveyors at each recertification visit or upon request

What is a QAPI Plan?



Demonstrates a hospital has an effective, ongoing system in place for identifying problematic events, policies, or practices, and is taking sustainable actions to remedy these problems for continuous improvement



The hospital governing body is responsible for the oversight of the QAPI program through its periodic review of the program

QAPI Plan – 5 Elements

1. Design and Scope

- It aims for safety and high quality with all clinical interventions within in all services including contracted services

2. Governance and Leadership

- Governance ensures the QAPI plan is a priority by expectations around quality and safety

3. Feedback, Data Systems, and Monitoring

- Appropriate data is monitored and utilized in feedback systems for improvement

QAPI Plan – 5 Elements

4. Performance Improvement Projects

- Lists performance improvement strategies and methodologies

5. Systematic Analysis and Systematic Action

- Facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change

MetroHealth QAPI Plan

- **Scope**

- The QAPI Plan encompasses all departments and services provided within the MetroHealth System (MHS) and across the continuum of care including contracted services.

- **Purpose**

- High quality and safe care require a wide range of services delivered by highly skilled team members with access to leading technology and research. This QAPI Plan supports all staff to constantly strive to reduce risks to patients while improving the appropriateness, effectiveness, and safety of services beyond current standards of care. It aims the System toward True North.

MetroHealth QAPI Plan Roles and Responsibilities

- **Board of Trustees**

- Review of the yearly QAPI plan
- Ensure management and governance of plan
- Ensure resources dedicated to the plan

- **Executive Leadership**

- System-wide Implementation of QAPI plan
- Institute of Patient Centered Excellence implementation team
- SVP, Chief Quality and Safety Office has responsibility for oversight

MetroHealth QAPI Plan Roles and Responsibilities

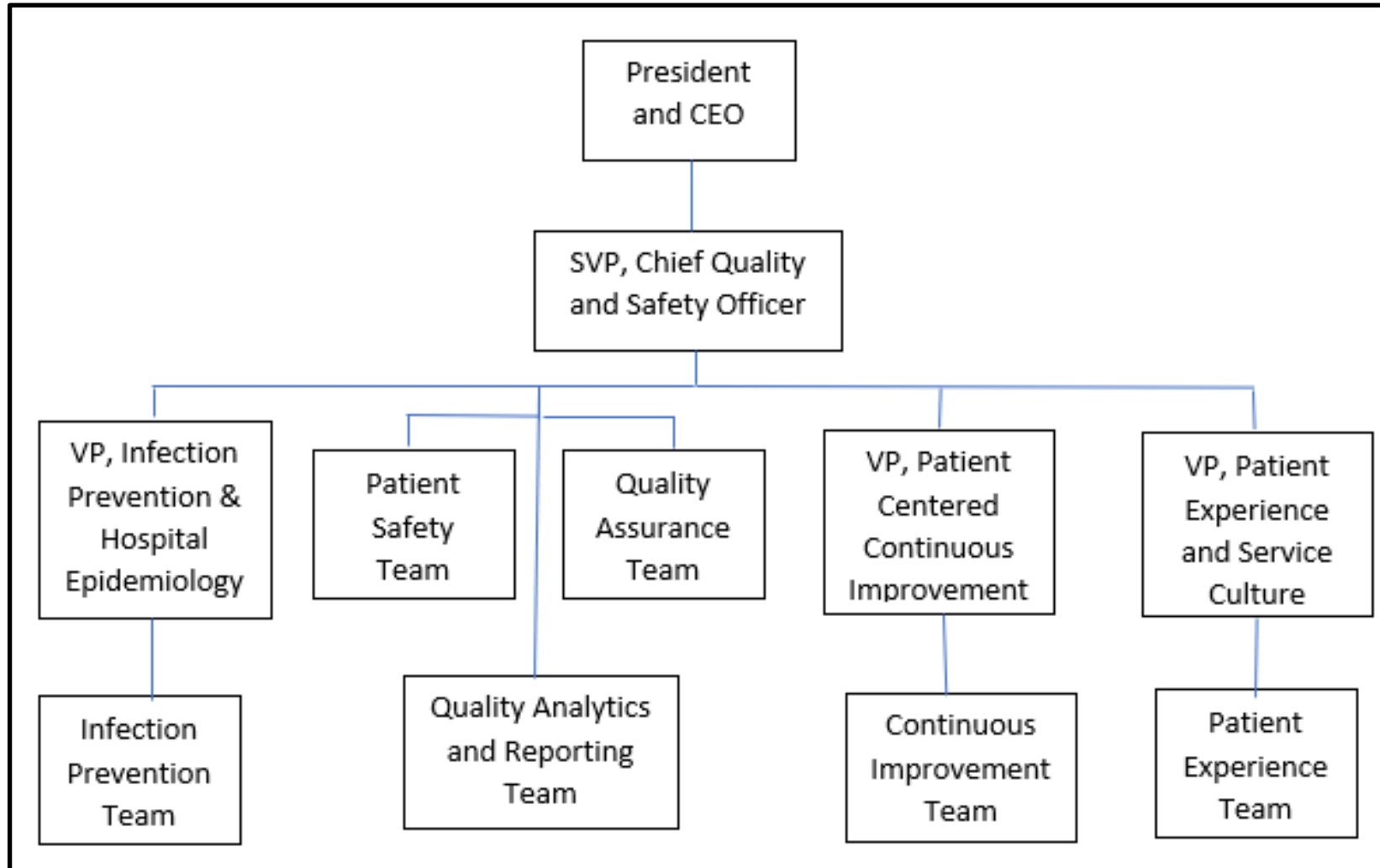
- Physician Leadership

- Department Chairs are responsible for QAPI implementation and clinical excellence

- MetroHealth Staff

- The responsibility for continuous improvement rests with ALL employees
- All employees should be striving toward True North and supporting QAPI Plan

MetroHealth QAPI Plan - IPCX



QAPI Plan – Committees and Governance

Flow of Information



IPCX Committees

- **13 IPCX Governance Committees**
 - **Patient Safety**
 - **Quality Improvement**
 - **Patient Experience / Relations**
 - **Infection Prevention**
 - **Regulatory**
- **All committees meet regulatory requirements**

MetroHealth QAPI Plan – Areas of Improvement

QAPI Plan



System Quality, Safety and Experience Goals

- 1. Eliminate Preventable Harm
- 2. Improve Ambulatory CMS Universal Foundation Measures
- 3. Improve HCAHPS Performance



Questions?



MetroHealth