The MetroHealth System

Board of Trustees

Wednesday, August 23, 2023

1:30 - 3:00 pm

MetroHealth Brooklyn Heights Campus - Building B (Room B102) or via Zoom

Quality, Safety and Experience Committee

Regular Meeting

The MetroHealth System Board of Trustees

QUALITY, SAFETY & EXPERIENCE COMMITTEE

DATE: Wednesday, August 23, 2023

TIME: 1:30 pm - 3:00 pm

PLACE: Brooklyn Heights Campus Building B102/ Via Zoom, https://us02web.zoom.us/j/85433011025

AGENDA

I. Approval of Minutes

Committee Meeting Minutes of April 26, 2023

II. Information Items

- **A.** Patient Story – Jennifer Lastic
- **B.** Annual Accreditation Continuous Readiness and Environment of Care Update – Kelly Connelly

III. Executive Session

IV. Recommendation/Resolution Approvals

A. Recommendation to the President and Chief Executive Officer for the Reaffirmation of Commitment to Maintain a Level I Adult and Level II Pediatric Trauma Center for The Metrohealth System

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True North and Patient Story

Jennifer Lastic

MetroHealth True North

- CMS Hospital Compare 5-star Hospital
- Leapfrog Grade "A"
- Best Place to Work
- Eliminate Healthcare Disparities

Every patient we touch will get equitable, safe, high quality, patient centered care to afford them the ultimate patient experience

- Top Performer in HCAHPS
- Top Performer in CMS Quality Incentive Programs
- Eliminate Patient Harm
- Win the Malcolm Baldrige National Quality Award

Patient Story – Donald Bass

https://vimeo.com/840249588/4cdd51aec8

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Quality Assurance and Accreditation Updates 8.23.2023

Kelly Connelly, Director of Quality Assurance and Accreditation

Objectives:

- Provide an overview of the new Veoci electronic rounding tool and data collection features.
- Review three types of survey readiness rounds and/or audits performed by the Accreditation team and the Environmental Safety Officer.
- Provide update on recent survey outcomes.

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Veoci Electronic Rounding Tool

Veoci: New Electronic Rounding Tool

Cloud Based Desktop and Mobile Application

- Customizable application that can create audits (checklists) to fit various needs.
- Replaces paper auditing process for Environmental Safety, and Accreditation resulting in increased efficiency and decreased time spent for staff.
- Automatically emails managers and directors the results of auditing completed in their areas. Will also email weekly reports of outstanding items and tracks status of action plans.
- Allows directors to review data for their assigned areas, identify strengths and opportunities through various dashboards.
- Able to place Facilities Management Word Order requests and track status (i.e. Stained ceiling tile).
- EOC Rounds go-live was January 2023 and Continuous Survey Readiness rounds began in July 2023.
- Will add other areas in the future including A-Tags, Infection Prevention and Laser Safety.

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Types of Rounds/Audits

Continual Survey Readiness

To ensure continual survey readiness, both the Accreditation team , and the Environmental Safety officer performs audits throughout the year and use data to drive change.

TYPES OF AUDITS PERFORMED:

- Environments of Care Rounds
- Continual Survey Readiness Rounds
- A-Tag medical chart review

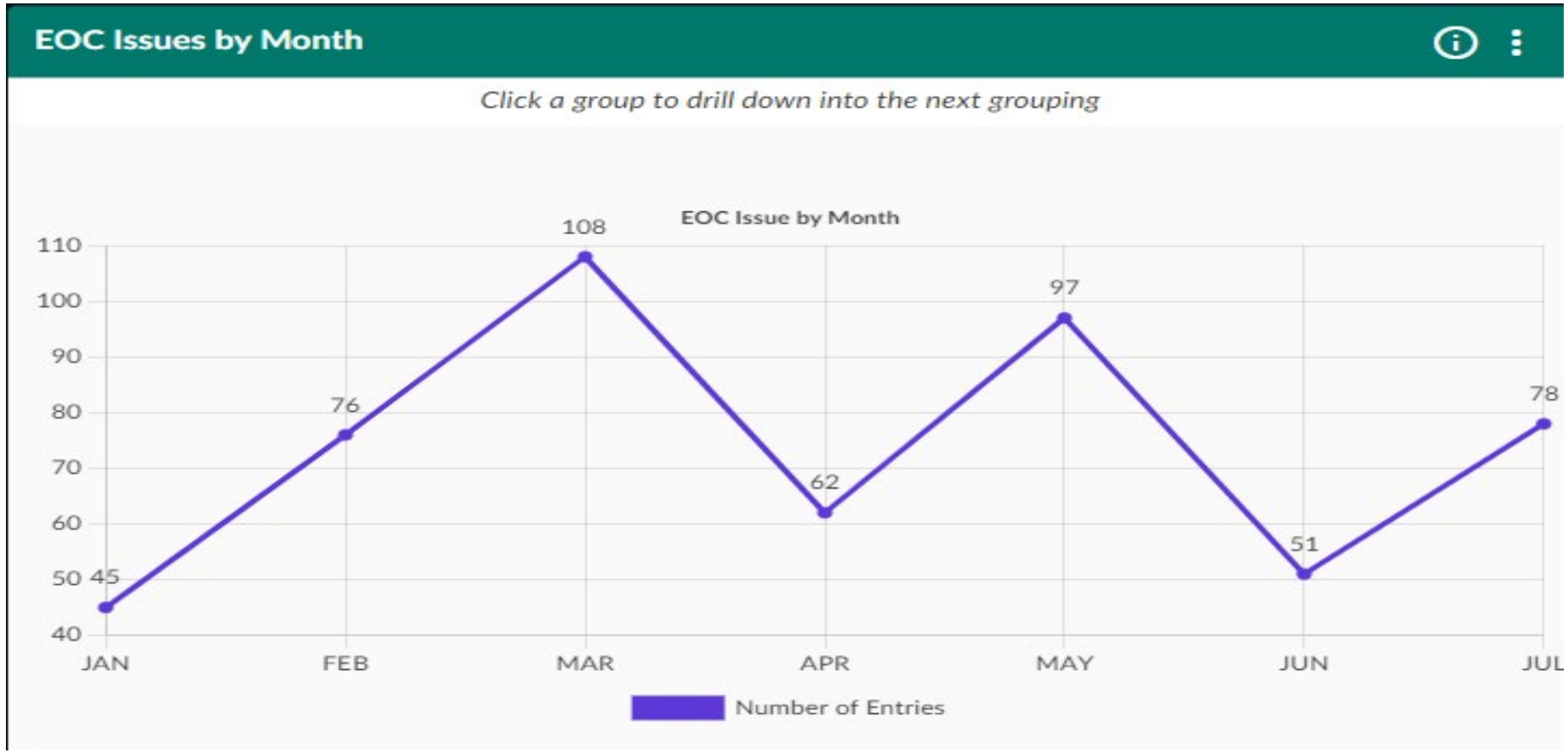
Continual Survey Readiness

Environment of Care Rounds:

- The rounding team includes the Environmental Safety Officer, Facilities, Infection Prevention, Privacy, and Life Safety
- Perform two visits a year/site
- The audit tool is also based on applicable Joint Commission Standards and other regulatory requirements (OSHA, CDC).

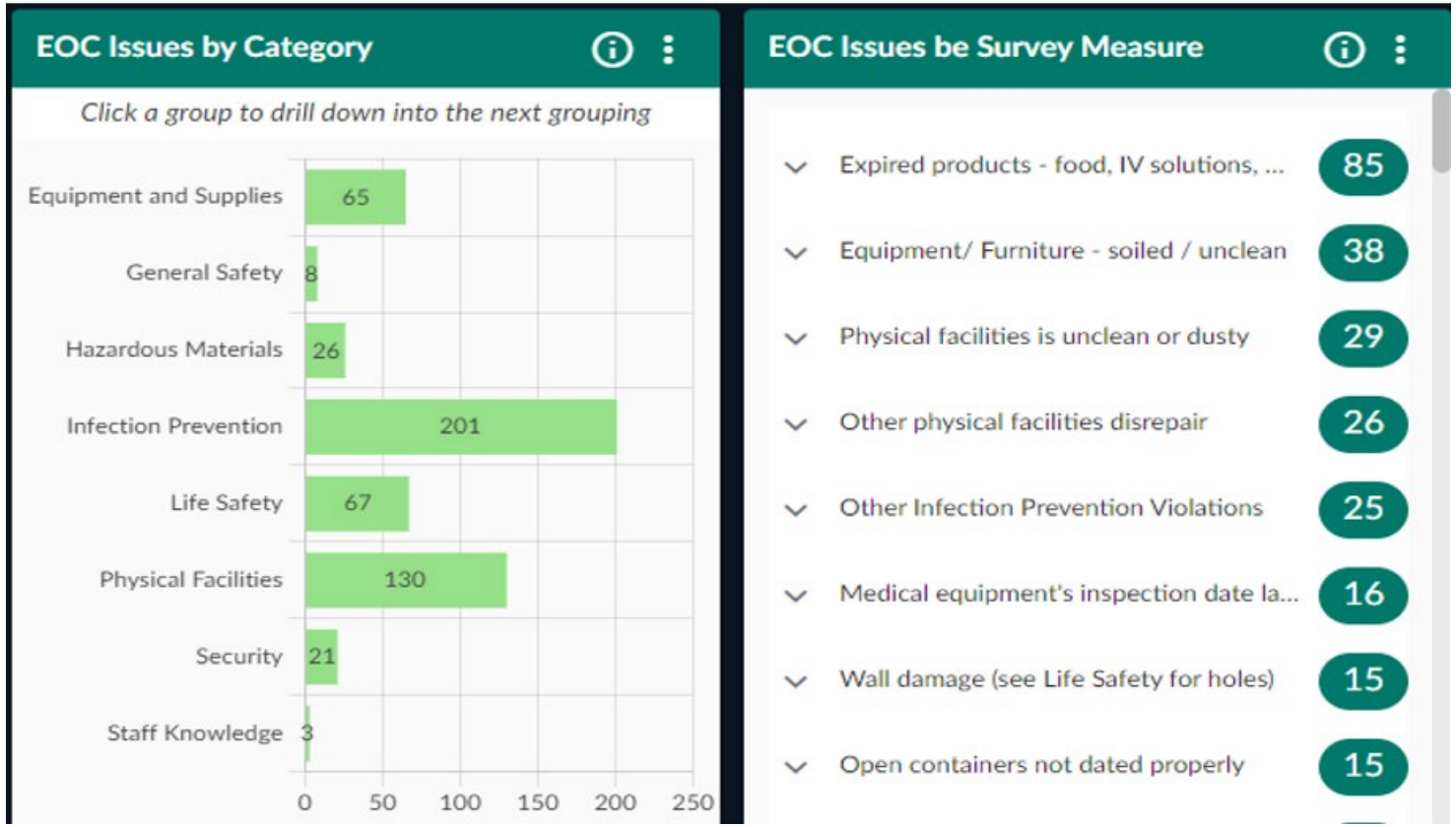
Data: EOC January- July 2023

Total EOC issues/month



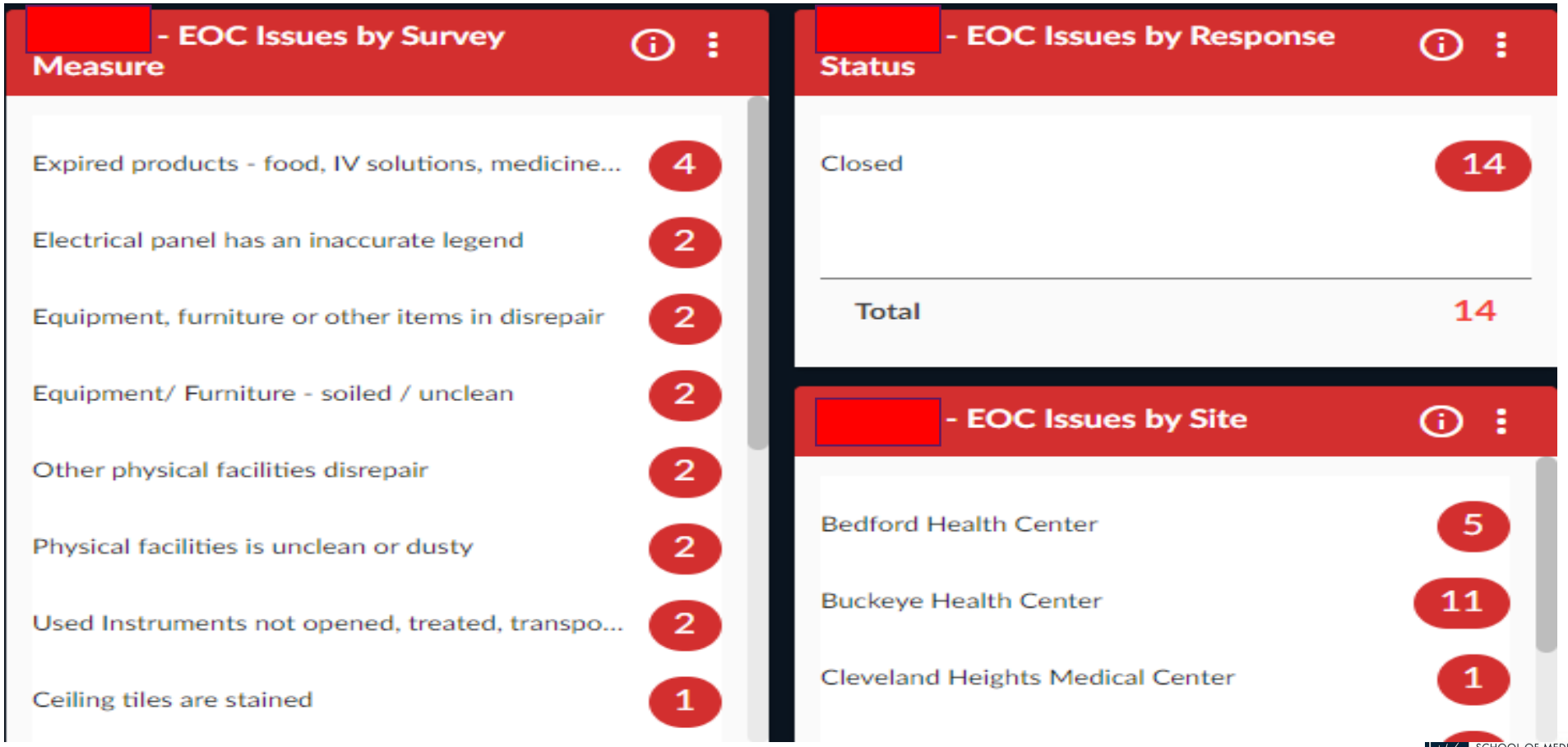
Data: EOC January- July 2023

Total Issue count by Category, Total issue count by Survey Measure



Data: EOC January- July 2023

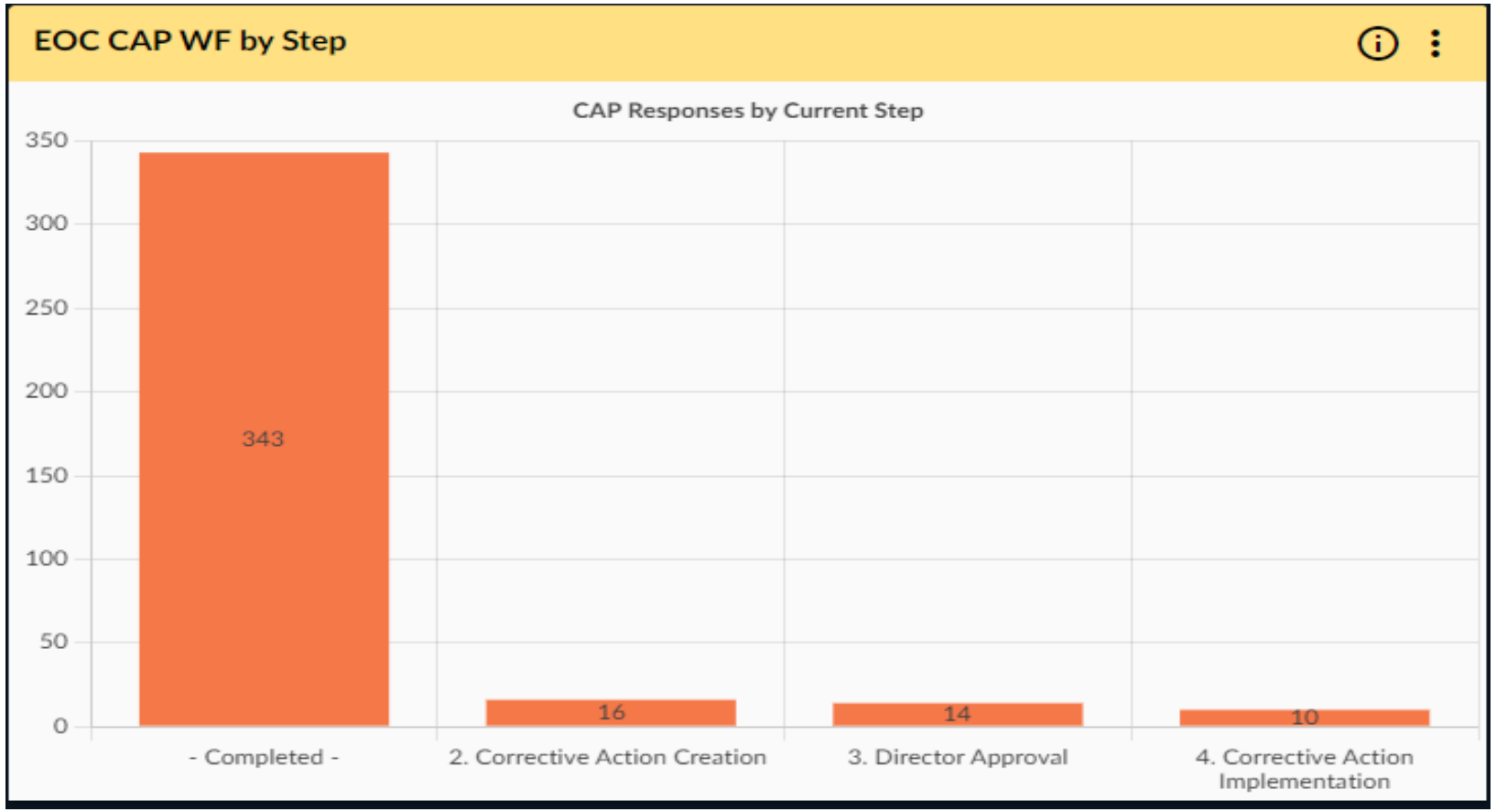
Individualized Director Data



SCHOOL OF MEDICINE CASE WESTERN RESERVE UNIVERSITY MetroHealth

Data: EOC January- July

Corrective Action Plans completion tracking



Data: EOC January- July 2023

Action Plan by Priority

Action Plans: Three types

- **Non-urgent**: Addressed within 21 days
- **Urgent:** Addressed within 5 days
- **Critical:** Addressed within 24 hours (not shown)

Continual Survey Readiness

Continuous Readiness Rounds:

- Are performed monthly throughout the organization by the Accreditation Specialists.
- The audit tool is based on standards defined by The Joint Commission's 18-chapter manual.
- Focus on inpatient, outpatient and procedural areas.

Data: Continual Readiness Rounds new system data

July 2023 Data

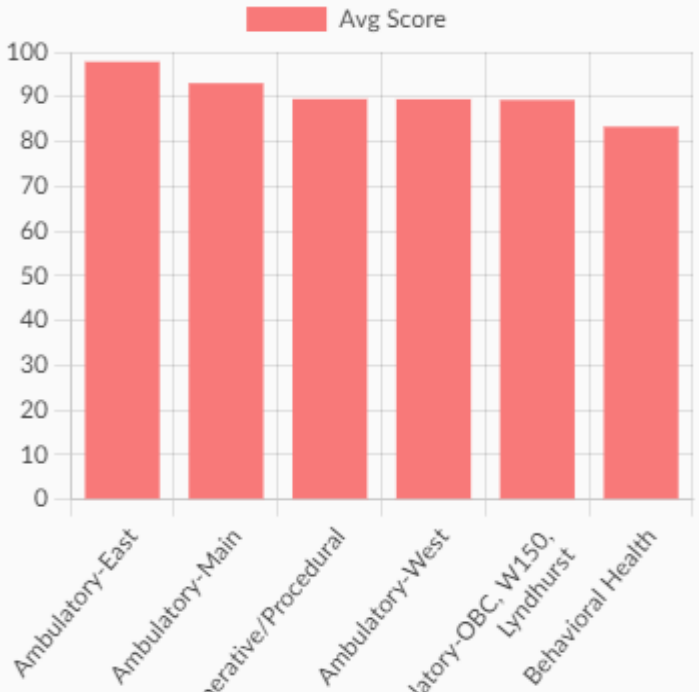
Organizational Aggregate

Score	
CRR Room	90.74

Averages by Organizational Division

Score	
Outpatient	90.95
Procedural	90.18

Compliance by Service/Specialty (Director Level)



Compliance by Service/Specialty (Director Level)

Score	
Ambulatory-East	97.83
Ambulatory-Main	93.04
Perioperative/Procedural	89.52
Ambulatory-West	89.47
Ambulatory-OBC, W150, Lyndhurst	89.30
Behavioral Health	83.33

Data: Continual Readiness Rounds new system data

July 2023 Data

Compliance by Survey Measure

Score	
P-Blood is administered per policy "PC-79-Blood Transfusion"--signed consent is present, pre/15 minute/post VS are documented, the blood product was documented in the I's & O's.	No Data
P-Staff identifies and defines the 3 steps in Universal Protocol (pre-procedure verification, site marking, and time out); states what occurs in each step and the timing of completion for each step.	50.00
C-Staff can locate manufacturer's instructions for use.	50.00
C-The area is free from visible dust and debris (includes high surface areas, bottoms of carts/equipment, floors).	50.00
C-Staff can locate MetroHealth System policies.	66.67
C-Equipment surfaces (including clinical equipment) are intact and free of tape residue/bioburden.	66.67
A-Staff explains how equipment is cleaned and returned after use; "Who Clean What? on IP Sharepoint site.	66.67

Created	Entry ID	Module	Site	Department	Organizational Division
P-Staff identifies and defines the 3 steps in Universal Protocol (pre-procedure verification, site marking, and time out); states what occurs in each step and the timing of con					
2023-Jul-27 14:47:57	840570696	Procedural	Brecksville Health and Su	Ambulatory Surgery Center	Procedural
2023-Jul-26 10:48:58	840072542	Procedural	Parma Medical Center	Perioperative (ORs)	Procedural

Continual Survey Readiness

A-Tag Documentation:

- Perform closed medical record reviews that focus on required CMS regulatory documentation requirements. (A-Tags, refers to the CMS regulation number)
- Focus on required provider, nursing, case management and dietary documentation
- Documentation categories includes restraints, history and physicals, informed consent, pre-anesthesia to name a few.
- Currently data is shared at Regulatory Affairs Committee, Shared Governance and with the department chairs
- Looking to build a more robust process on the provider end to enhance accountability.
- Overall compliance in old system: 92% year- to –date. Completed 292 audits
- Currently building form in to Veoci electronic system.

New Partnership with Assigned Director and Accreditation Team

- To help improve compliance and address identified gaps, the Accreditation team will be meeting with their assigned Directors quarterly to review rounding data.
- In addition to Nursing Directors, we will also review data with the Support Directors that provide services to the clinical areas (Issues with medications, cleaning, nutritional support).
- Initially, data to be reviewed include both the Survey Readiness Rounds and Environment of Care.
- We will be looking for trends that may identify:
  - a particular manager may need some additional support/education,
  - gaps in support services that lead to inefficiencies in the clinics/units or
  - identify which area provides the highest quality of care.

Accreditation Team DON Support Matrix

Directors	Department	Accreditation Oversight		
Kimberlee Legarth	Medical/Surgical, BH, Dialysis	Trish Tucker		
Patricia Pawlak	Nursing (Trauma, Burn, & Critical Care)	Stacy Gianakis		
Laura Schmidt	Main & Community ED's	Trish Tucker		
Kimberly Green	Women & Children's	Noreen O'Malley		
Debra Sparks	Regional Perioperative Services	Ken Salisbury		
Jeff Beers	Main Ambulatory Network	Noreen O'Malley		
Kelly Seabold	Ambulatory Network & OBC	Trish Tucker		
Mark Kohler	Ambulatory Network (West Side)	Stacy Gianakis		
Jennifer Bocci	Ambulatory Network (Parma)	Stacy Gianakis		
Michelle Simonelli	Ambulatory Network CH	Noreen O'Malley		
Rochelle Smith	Ambulatory Network (East)	Noreen O'Malley		
Jodi Finney	BH	Kelly Connelly		
Matthew Nelson	Rehabilitation	Trish Tucker		
Kevin Myers	EVS	Veronica King		
Diane Weber	Radiology	Ken Salisbury		
Patricia McClain	Nutrition	Noreen O'Malley		
Ryan Mezinger	Pharmacy	Stacy Gianakis		
Michael Barret	Facilities	Veronica King		
Michael Jones/Carol Mertz	Materials Management	Stacy Gianakis		
Robert Tackett	Clinical Engineering	Veronica King		

Eight Opportunities Identified for Improvement from EOC and Survey Readiness Rounding Data

Opportunities	Compliance Score
• No expired or open supplies found	76.83%
• External Emergency Carts logs are completed	74.32%
• Multidose vials are labeled with do not use beyond dates	71.64%
• Eye wash station is accessible, free from calcium build up and the log is completed	68.75%
• Are equipment surfaces intact and free of tape and bioburden	68.29%
• Is the order d/c when the restraint is d/c	67.57%
• Is unit free from visible dust and debris	60.98%
• Staff able to locate Manufacturer's Instructions for use (guidance for staff how to maintain/clean/store equipment)	35.06%

Future Initiatives to Enhance Organizational Compliance

- Identify top eight areas of opportunities
- Share opportunities at September's Regulatory Affairs Committee meeting and Shared Governance.
- Set up meeting to include representatives from Accreditation team, pertinent Director's, Nurse Educators and CQES to determine action plans.
- Educational traveling team to visit vulnerable units/clinics (inpatient, outpatient and procedural) to provide 1:1 interactive education.
- Directors to present at future Regulatory Affairs their successes and barriers related to the top 8 opportunities.

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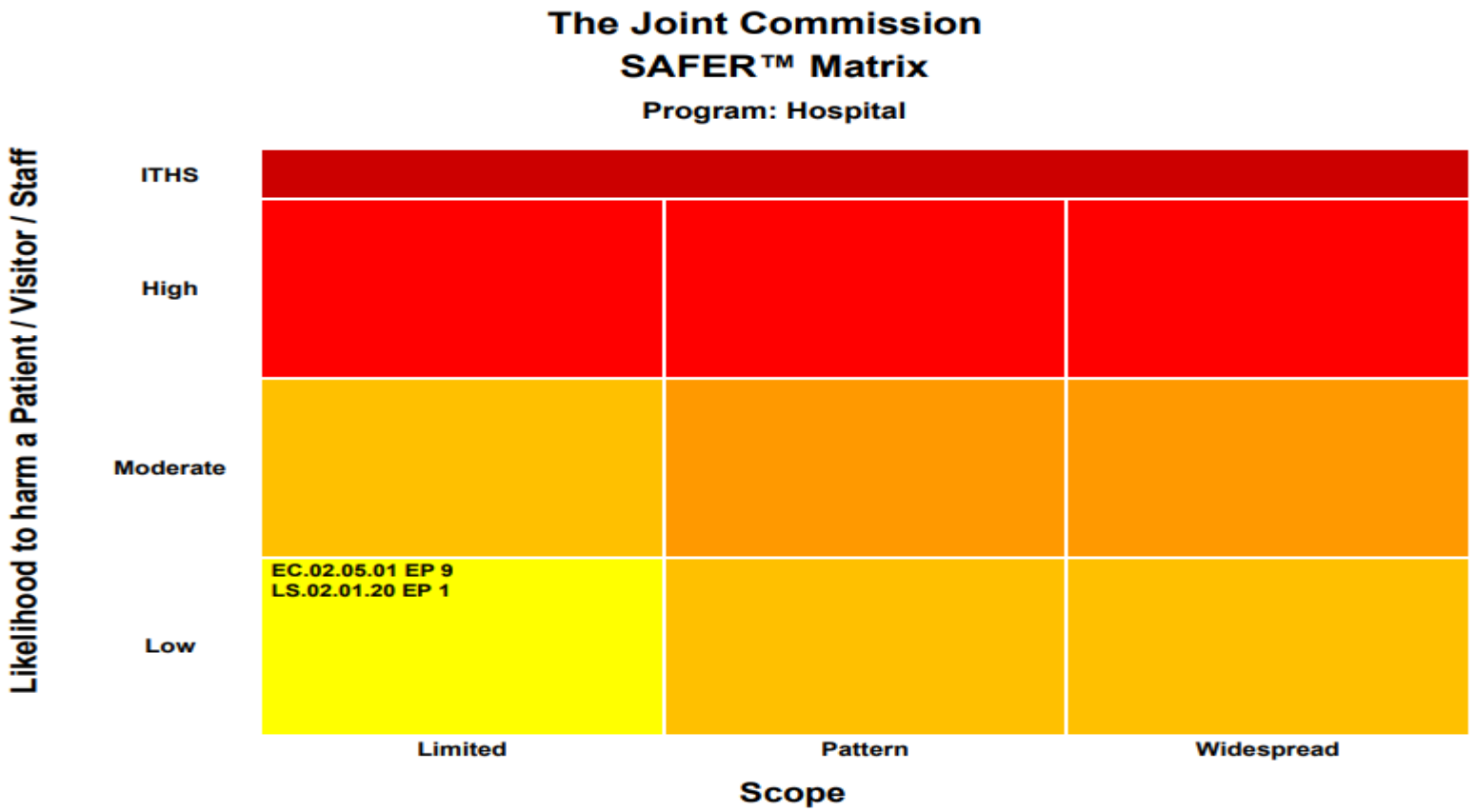
Survey Outcomes

TJC Extension Survey Findings



TJC Extension Survey Findings

1.) **EC.02.05.01 EP 9**: The Main Natural Gas Supply Shut Off Valve, located in the organization's kitchen cooking area was not labeled. This deficiency was corrected during survey.

2.) **LS.02.01.20 EP1**: There was an operational thumb latch lock on the organization's Main Lobby Emergency Egress sliding doors. This finding was observed during survey activity but corrected onsite.

7/11/2023 All responses accepted. All sites Accredited

TJC Point of Care Survey–Led by Darcy Rohr

DC.02.03.01 EP2 The ACT results reported in the MacLab were not accompanied with normal reference intervals. **Low -Widespread**

EC. 2.06.01 EP 13 The laboratory did not document the humidity of the room where the Coaguchek PT/INR analyzer was used. **Low- Widespread**

IC. 01.05.01 EP2 The laboratory created a significant risk of dispersed aerosolized biohazardous material by using a small fan located on the laboratory countertop where urinalysis testing was performed. **Low-Limited**

IC. 02.02.01 EP 1 The countertops in the laboratory had exposed bare wooden borders that were area where the Formica had been destroyed. **Low-Widespread**

Responses submitted 8/2/2023. One clarification requested by TJC. Response sent in 8/9/2023.

On 7/13/23-7/20/23, ODH was on site to perform a validation survey with focus on the Blood Gas CLIA. There were no findings and found to be in compliant.

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Questions??

RECOMMENDATION TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE METROHEALTH SYSTEM FOR REAFFIRMATION OF ITS COMMITMENT TO MAINTAIN A LEVEL 1 ADULT AND LEVEL II PEDIATRIC TRAUMA CENTER

Recommendation

The President and Chief Executive Officer recommends that The MetroHealth System approve the reaffirmation of its commitment to maintain a Level I Adult and Level II Pediatric Trauma Center at MetroHealth Medical Center, according to the published standards and guidelines of the American College of Surgeons.

Background

The Board of Trustees of The MetroHealth System and administrative and medical staff of the institution have developed and supported a Level I Trauma Center since 1984. The Board previously reaffirmed its commitment to maintain a Level I Adult and Level II Pediatric Trauma Center by Resolution 19319 dated September 25, 2019.

August 2023

Reaffirmation of Commitment to Maintain a Level I Adult and Level II Pediatric Trauma Center at The MetroHealth System

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RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System and the administrative and medical staff of the institution have maintained and supported a Level I Trauma Center since 1984;

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation to reaffirm its commitment to maintain a Level I Adult and Level II Pediatric Trauma Center at MetroHealth according to the published standards and guidelines of the American College of Surgeons; and

WHEREAS, the President and Chief Executive Officer has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby reaffirms its commitment to maintain a Level I Adult and Level II Pediatric Trauma Center at MetroHealth.

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:

ABSENT:

ABSTAINED:

DATE: