

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday August 28, 2024

12:00 pm – 1:30 pm

In-person K107/Via Zoom

Meeting Minutes

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

Other Trustees: Inajo Davis Chappell-R, Michael Summers-R,

Staff: Christine Alexander, MD-I, James Wellons-I, Joseph Golob, MD-I, Amy Ray, MD-I, Jennifer Lastic-I, Nicole Rabic, RN-I, Ivan Berkel-R, Nabil Chehade, MD-I, Derrick Hollings-I, Tamiyka Rose-I, Michelle Block-I, Corryn Firis-I, Barbara Kakiris-I, William Lewis, MD-I, Joseph Frolik-I, Matthew Kaufmann-I, Nisrine Khazaal-R, Dalph Watson-I, Candace Mori, RN-I, Olusegun Ishmael, MD-I, Mary Jo Murray, RN-I, Charles Emerman-I, Charles Modlin, MD-I, Kathleen Rizer, RN-R, Katrina Conine-R, Robert Bruce, MD-R, Natalie Joseph, MD-R, Richard Palmisano, MD-I, Brandon Carrico-R, Douglas Bruce, MD-R,

Mr. Dziedzicki 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 May 22, 2024, Quality, Safety, and Experience Committee meeting were approved as presented.

II. Information Items

A. Patient Video

Ms. Lastic presented a video of Pastor Marcus Martin who became a patient at MetroHealth January 2024. Pastor Martin suffered fourth degree burns and spent six-weeks on the MetroHealth Burn Unit. Pastor Martin shared his experience in the Burn Unit which captures the essence of the high quality, compassionate care that he received while an inpatient. Pastor Martin spoke of the care team and how they made him feel safe and secure. He felt the entire team was invested in his wellness

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and he has found great comfort in the MetroHealth Burn Survivor Group led by Dr. Fratianne.

B. Patient Safety

Dr. Golob presented the results of the 2024 Culture of Safety Survey. The organization partnered with Perceptyx to conduct the survey. The survey included thirteen scaled items and one crowdsourcing item. It was divided into four domains: psychological safety, continuous improvement, teamwork, and overall safe care. The survey was compared to the national healthcare database, which had responses from 3.85 million healthcare employees from 532 organizations. The results showed a favorable response rate of 55% (4617 respondents), making this the highest response rate for a culture of safety survey at MetroHealth in over 10 years.

The survey results demonstrated that 82.6% of MetroHealth employees would recommend the hospital as a safe place to receive care (20 percentile above the benchmark). The measures of safety culture are above benchmark with over 70% of the workforce expressing favorability. Teamwork and collaboration results showed that 9 of 10 employees felt comfortable reaching out to team members when needed.

Perceptyx uses the overall safe care score to identify the drivers of patient safety by comparing all the survey questions of the 83% who would recommend the hospital to the remaining 17% who would not recommend the hospital.

Three questions rose to the top as having the largest difference when comparing those employees who would recommend MetroHealth to those who would not recommend the organization. These questions were:

1. Employee safety is a high priority in my department.
 2. When a change is made to improve safety, our team reviews the change to see how well it worked.
 3. It is safe to speak up regarding safety concerns no matter who is involved.
- Focusing on improving the response to these three questions will help the organization improve the overall safety culture.

The psychological safety domain has an overall favorable result of 70% (seventh percentile above benchmark). Continuous improvement scored at 73% (ninth percentile above benchmark). Finally, teamwork scored 70% (sixth percentile above benchmark).

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The Perceptyx survey also utilized a crowd sourcing question. Survey participants had the opportunity to answer the following open-ended question: “What is one action your leader and/or team can take to make it safer to speak up.” Participant answers were then shown two at a time to survey takers who voted on the response, they liked best. A total of 996 answers were entered and 11,749 votes were placed. The results of this crowd sourcing question supported the results of the overall survey identifying psychological safety as an opportunity for improvement.

C. Quality Assurance & Accreditation

Ms. Connelly presented a review of the 2024 survey readiness preparations, provided updates on recent survey outcomes, and discussed the upcoming Joint Commission triennial survey.

Continual survey readiness rounds are completed with both the Accreditation Team and the Environmental Safety Officer. The three types of audits that are performed include environment of care rounds, continuous survey readiness rounds, and A-tag medical chart reviews. The team which includes Environmental Safety Officer, Facilities, Infection Prevention, Privacy, Clinical Engineering and Life Safety visit each site twice a year. The audit tool utilized covers The Joint Commission Standards and other regulatory requirements by the Occupational Safety and Health Administration (OSHA) and the Ohio Department of Health (ODH). The environmental safety officer leads the team, managing, scheduling, and ensuring the right people are present at various sites. If struggling areas are identified, more people are engaged to ensure the organization's compliance.

During the first six months of the year, these environment of care visits are announced to ensure the managers are present, while the second half of the year there is no announcement. An electronic rounding tool is used to record and follow issues identified. This audit tool shows how many issues are completed, if the action plan has been created, the director approval of the action plan, and making sure the corrective action has been implemented.

Over a three-year period, we have analyzed our data as well as reviewed high-risk areas focused on by the Joint Commission and identified eight areas of opportunity. Surrounding these eight areas of opportunity, the accreditation team conducted an interactive education program for over four hundred staff, including providers, medics, environmental services, nurses, and administrative staff. Virtual education was also provided for smaller sites. A quarterly meeting with directors was held to share data on environment of care rounding, survey readiness, and A-tag data, highlighting strengths and assisting with barriers. Six out of eight opportunity areas

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have improved, but more progress is needed. The team is still auditing and bringing stakeholders together to address issues, including equipment needs and concerns owned by managers and directors.

A-tag audits (medical record reviews focusing on CMS requirements) for January 2024 - July 2024 were reviewed. The overall monthly compliance is currently at 91%, and the data is sent to the monthly regulatory affairs meetings, nursing governance and the applicable leadership.

An update on recent Ohio Department of Health (OSH) Surveys was shared. Several surveys were conducted, including an ODH maternal licensure survey, which resulted in four minor citations and one deviation from policy. An action plan was submitted to ODH to address these issues. The ODH Health Care Services Survey that was focused on the adult cardiac catheterization program, the open-heart surgery program and the pediatric intensive care program was completed with no findings. During this Health Care Services survey, we also had two ODH complaints being reviewed. These complaint surveys were also completed with no findings.

Dr. Golob mentioned that during these ODH surveys and complaint investigations MetroHealth also had multiple locations without power and internet due to severe storms and tornados across Cuyahoga County. We had many of the same people working directly with ODH surveyors while managing the critical power issues. This demonstrated the true resilience of System.

Mr. Dziedzicki 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 Ms. Dee and seconded by Dr. E. Harry Walker. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 12:44 pm.

III. Executive Session

Following executive session, the meeting reconvened in open session at 1:38 pm.

IV. Recommendations/Resolutions Approval

A. Approval of a Claim Settlement

Mr. Dziedzicki noted that the Committee received background information on the proposed settlement in executive session from counsel and had the opportunity to ask questions. Mr. Dziedzicki asked if there were any additional questions or

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discussion. With none, the Committee unanimously approved the recommendation for full Board action.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 1:40 pm.

THE METROHEALTH SYSTEM

Joseph Gallop, M.D.
EVP, Chief Quality and Safety Officer