



The MetroHealth System

Board of Trustees

Wednesday, August 28, 2024

12:00 pm - 1:30 pm

The MetroHealth System Board Room 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, August 28, 2024

TIME: 12:00 pm – 1:30 pm

PLACE: The MetroHealth System Board Room (K-107) or via Zoom:
<https://us02web.zoom.us/j/86052982002>

AGENDA

I. Approval of Minutes

Committee Meeting Minutes of May 22, 2024

II. Information Items

A. Patient Story - J. Lastic

B. Patient Safety – Culture of Safety Survey Results – S. Booker

C. Quality Assurance & Accreditation – Annual Accreditation Readiness and
Environment of Care Update – K. Connelly

III. Executive Session

Return to Open Meeting

IV. Recommendations/Resolutions Approvals

A. Approval of a Claim Settlement

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday May 22, 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-I, Ronald Dziedzicki-I, John Corlett-I

Staff: Airica Steed, EdD, RN-I, Joseph Golob, MD-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, Tamiyka Rose-I, Corryn Firis-I, Barbara Kakiris-I, Christine Alexander, MD-I, William Lewis, MD-I, Matthew Kaufmann-I, Nisrine Khazaal-I, Patricia Gallagher-R, Brandon Carrico-I, Olusegun Ishmael, MD-I, Robert Bruce, MD-R, Jessica Pippen, MD-R, Christopher Briddell-R, Kathleen Rizer-R, Charles Modlin, MD-R,

Guests: Akram Boutros, MD-R, Tess Boutros-R

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 February 28, 2024, Quality, Safety, and Experience Committee meeting were approved as presented.

II. Information Items

Patient Video – Jennifer Lastic

Ms. Lastic presented a video of Ms. Che'tyra Lewis who became a MetroHealth patient in June 2023. Ms. Lewis spoke of her high-risk pregnancy journey and the excellent care she received from Dr. Gibson, Director of Maternal Fetal Medicine. Che'tyra's experience demonstrates how caregivers across the continuum of care ultimately made her and her partner Lewis feel seen and heard.

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Patient experience update – Maureen Sullivan and Jennifer Lastic

Maureen Sullivan, VP of Patient Centered Excellence, began the presentation with an overview of MetroHealth's current patient experience CMS star rating. The first comparison is to local hospitals which MetroHealth is currently ranked at 3 out of 5-stars. The Cleveland Clinic received 4-stars and University Hospital achieved 3-stars. A second comparison was shown comparing MetroHealth to similar size safety net hospitals (Parkland Hospital in Dallas, TX and John H Stroger Jr Hospital in Chicago, IL). Parkland received 3-stars and John H. Stroger Jr received 2-stars.

The specific Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) ten inpatient metrics were reviewed. These demonstrate continued improvement in 2024. Ms. Sullivan then demonstrated a visual management dashboard being used on the inpatient units that includes real time patient experience survey results. The dashboard results are reviewed at the twice daily nursing huddles.

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAPHS) collects patient feedback from ambulatory surgery centers and is mandatory to report in 2024. The data reported will reflect June 2022-July 2023. This transparency motivates high performance and encourages patients to make informed decisions when selecting a facility for surgery.

Ms. Lastic, Director of Experience Excellence, concluded the patient experience update with the 30-day grievance resolution performance. The data demonstrates that 100% of grievances were closed within 30 days from May 2023 – May 2024.

Care Innovation and Community Improvement (CICIP) update - Brandon Carrico, Matthew Kauffman

CICIP is a program administered by the Ohio Department of Medicaid (ODM) designed to improve outcomes for Medicaid patients. MetroHealth works collaboratively on performance improvement projects with the other program participants (The Ohio State University Wexner Medical Center, The University of Toledo Medical Center & University of Cincinnati Health), community partners, ODM, IPRO and the Medicaid Management Care Organizations. CICIP targets underserved areas of need allowing for innovative projects. ODM has contracted with IPRO to provide program evaluation to ensure participating health systems are meeting the expectations of the program.

Two CICIP measures have been incorporated into our System goals which are timeliness of prenatal care and postpartum care. MetroHealth continues to maximize performance on both measures for CICIP by measuring and understanding

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where health inequities exist and eliminating existing disparities while not decreasing the overall performance metrics.

Dr. Pippen, a MetroHealth OB/Gyn physician, continued the presentation on CICIP by describing the Healthy Birth Outcomes program. The objective is to have patients enter prenatal care by 12-13 weeks gestation and to complete postpartum visit within 7-84 days post-delivery by improving access and utilizing technology with patients in various settings. Decoupling the nurse and provider visit by having the RN complete the new OB intake via a video visit prior to the clinic appointment limits the time patients need to be present in the clinic on their first visit. This video visit helps with pregnancy risk stratification and sets the expectations for the provider visit prior to arrival.

Data has identified a disparity gap in care for Black patients compared to other races. The community health worker (CHW) team was identified as a group that could help bridge the gap since they are present at the three busiest OB clinics and are able to assist patients with their social needs. Internal data has shown improvement in perinatal outcomes since beginning the program. The CHW program continues to grow and one additional CHW has joined the team.

Postpartum visits are scheduled prior to discharge from the hospital. A patient that has missed at least one postpartum appointment is offered a video visit option after hours (5-7 pm). Video visits are a preferred option as this allows for more time spent on addressing questions without feeling rushed. Current stay at home mothers would like morning and afternoon times added as well.

III. Recommendations/Resolutions

A. Recommendation for Reaffirmation of Infection Prevention and Control

Leadership – Dr. Golob presented the recommendation to reaffirm Dr. Amy Ray as Infection Prevention and Control Leadership. The committee unanimously approved the recommendation for full board approval.

Dr. Walker then asked for a motion to move into Executive Session to discuss hospital trade secrets – as defined by ORC 1333.61, to discuss quality information kept confidential by law, and to conference with the public body's attorney to discuss a pending or imminent court action. The motion was made by John Corlett and seconded by Maureen Dee. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 1:00 pm.

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IV. Executive Session

Return to open meeting.

Following the executive session, the meeting reconvened in open session at approximately 1:30 pm and Dr. Walker welcomed back the public via Zoom and those members of the public who remained in-person. We are now back on the record.

V. Recommendation/Resolutions Approvals

A. Approval of Claim Settlement – Dr. Walker asked for a motion on the resolution for the approval of a Claim Settlement. The Committee unanimously approved the recommendation for full Board approval.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 1:31 pm.

THE METROHEALTH SYSTEM

Joseph Golob, MD
EVP, Chief Quality and Safety Officer

NEXT MEETING: **Wednesday, August 28, 2024**
 12:00 pm – 1:30 pm
 MetroHealth Alfred Connors Jr., MD Learning Center
 Rammelkamp R170 or via Zoom

MetroHealth True North

CMS
Hospital
Compare 5-
star Hospital

Leapfrog
Grade "A"

Top Place to
Work

Irradicate
Healthcare
Disparities

Every employee has
a voice and is
listened to

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

Every employee is
working
collaboratively
toward True North

Financial
Health
EBIDA
Targets

Top Performer
in Patient
Experience

Overcome
Workforce
Crisis

Win the
Malcolm
Baldrige
National
Quality Award



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Patient Story - Video

Jennifer Lastic-Director of Experience Excellence

Patient Experience Story – Pastor Marcus Martin



<https://vimeo.com/999275436/ffcba60f4f>



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Patient Safety-Culture of Safety Survey Results

Stacey Booker, Director Patient Safety & HRO

SURVEY CONTAINS

- 13 Scaled Items
- 1 Crowdsourced Item

SURVEY PERIOD

April 29 - May 20, 2024

DRIVERS OF SAFE CARE

Drivers of Safety are those items with the strongest connection to the Overall Safe Care item. These are items the data indicated can influence an employee's willingness to recommend the organization as a place to receive safe care.

CATEGORIES

- Psychological Safety (SCS)
- Teamwork and Collaboration (SCS)
- Continuous Improvement (SCS)
- Overall Safe Care (SCS)

COMPARISON

National Healthcare Database 50th Percentile (external): 3.85 million healthcare employees from 532 healthcare systems surveyed from January 2022 – December 2023

AGREEMENT RESPONSE OPTIONS

- | | | | | |
|--|--|---|---|--|
| 5 Strongly Agree
The employee almost always agrees | 4 Agree
The employee agrees with the question, but there is room for improvement | 3 Neither Agree Nor Disagree
The employee agrees/ disagrees nearly as often with the question; neutral response | 2 Disagree
The employee's expectation of the question is not met the majority of the time | 1 Strongly Disagree
The employee's expectation of the question is almost never met |
|--|--|---|---|--|

Favorable

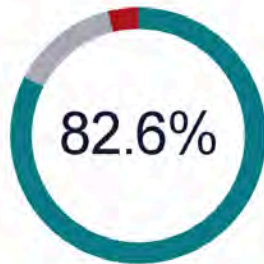
Neutral

Unfavorable

Executive Summary

Overall Safe Care (SCS)

Drivers of Safety are those items with the strongest connection to the Overall Safe Care item. These are items the data indicated can influence an employee's willingness to recommend the organization as a place to receive safe care.



Response Rate

8,466
Invited to Participate

4,617 (55%)
Responded

2 min 41 sec
Avg. Completion Time

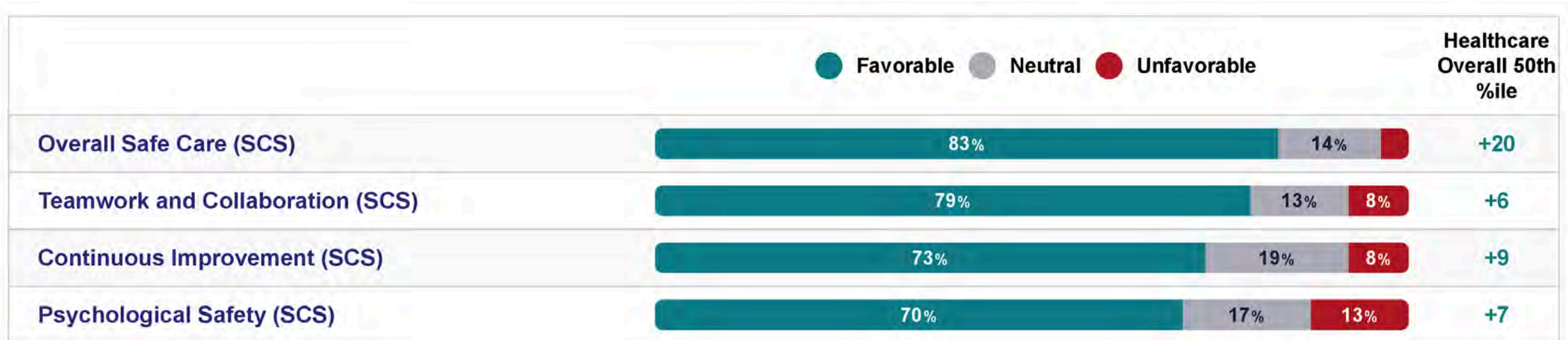
Good News

- **Overall Safe Care:** Employees are strong advocates of MetroHealth's ability to provide safe care with more than 8 in 10 employees willing to recommend MetroHealth as a place to receive safe care, outpacing industry standards (+20).
- **Safety Culture:** All measures of safety culture - teamwork and collaboration, continuous improvement, and psychological safety - are above benchmark, with 70%+ of the workforce expressing favorability in these areas.
- **Teamwork and Collaboration:** 9 in 10 employees expressed they are comfortable reaching out to team members for help when needed.

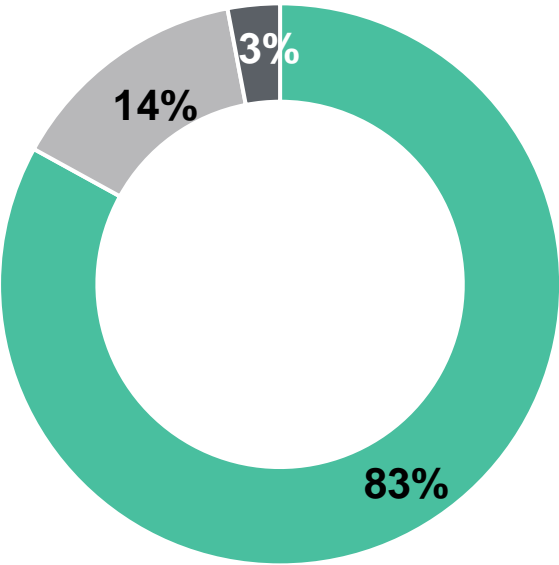
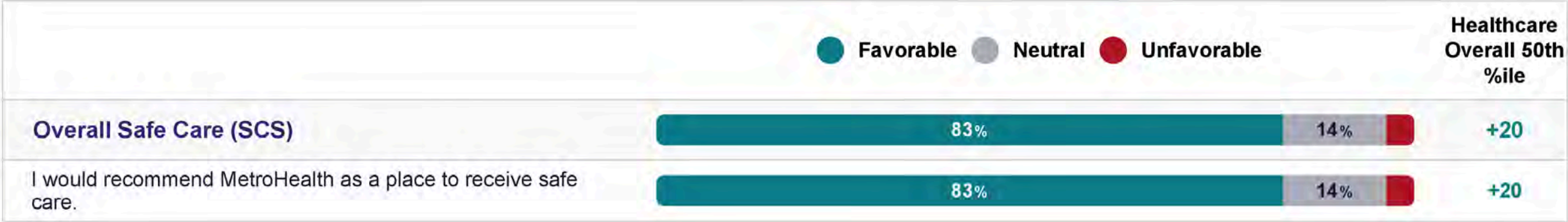
Focus Areas

- **Employees are more likely to recommend MetroHealth as a safe place to receive care when the following conditions are present:**
 - Employee safety is a high priority in the department.
 - When a change is made to improve safety, the team reviews the change to see how well it worked.
 - It is safe to speak up regarding safety concerns no matter who is involved.
- **Employees' top suggestions for improving speak up behaviors include:**
 - Acting on safety feedback
 - Involvement in safety discussions
 - Developing manager skills to facilitate constructive candid conversations

Survey Results by Category



Overall Safe Care



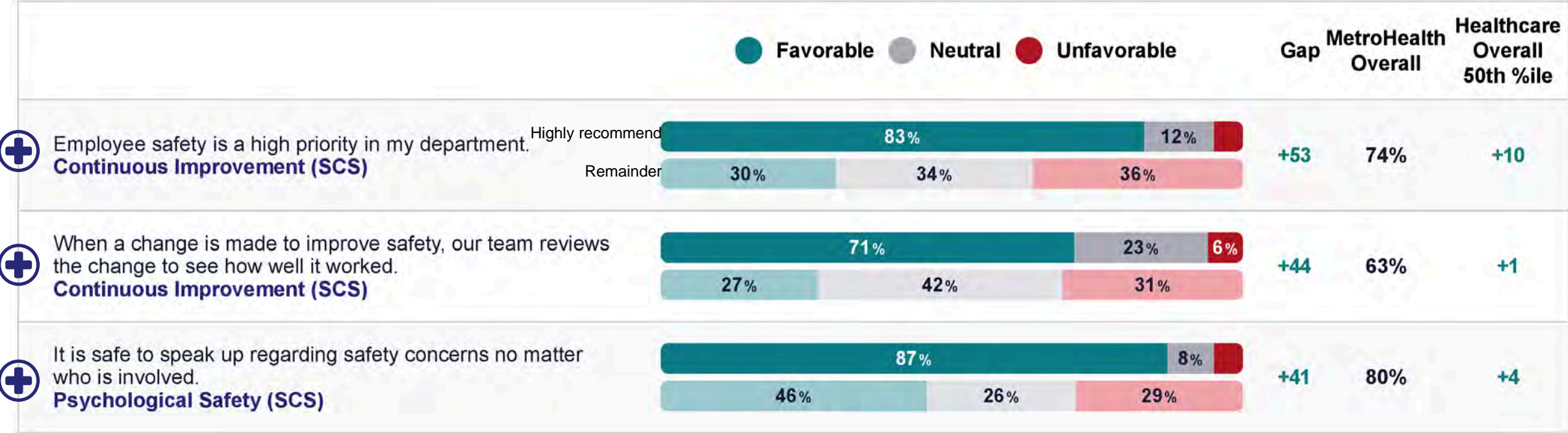
Highly Recommend
Agreed with the item "I would recommend MH as a place to receive safe care"

Remainder
Neutral on the item "I would recommend MH as a place to receive safe care"
Did not agree with the item "I would recommend MH as a place to receive safe care"

Understanding the **key differences** between those who **agreed with the overall safe care item** and the remainder will provide insight into **what can be done to make MetroHealth and even safer place to receive care.**

Drivers of Safe Care

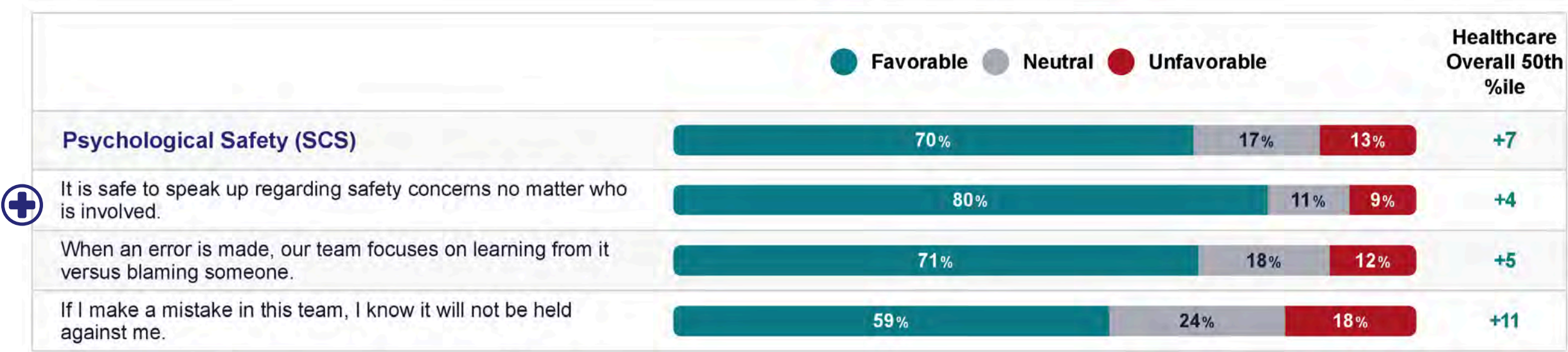
Employees are more likely to recommend MetroHealth as a safe place to receive care when they feel they work in an environment that prioritizes safety, continuous improvement, and psychological safety.



Top bar: Highly recommend (3,769)
Bottom bar: Remainder (795)

+ Driver of Safety

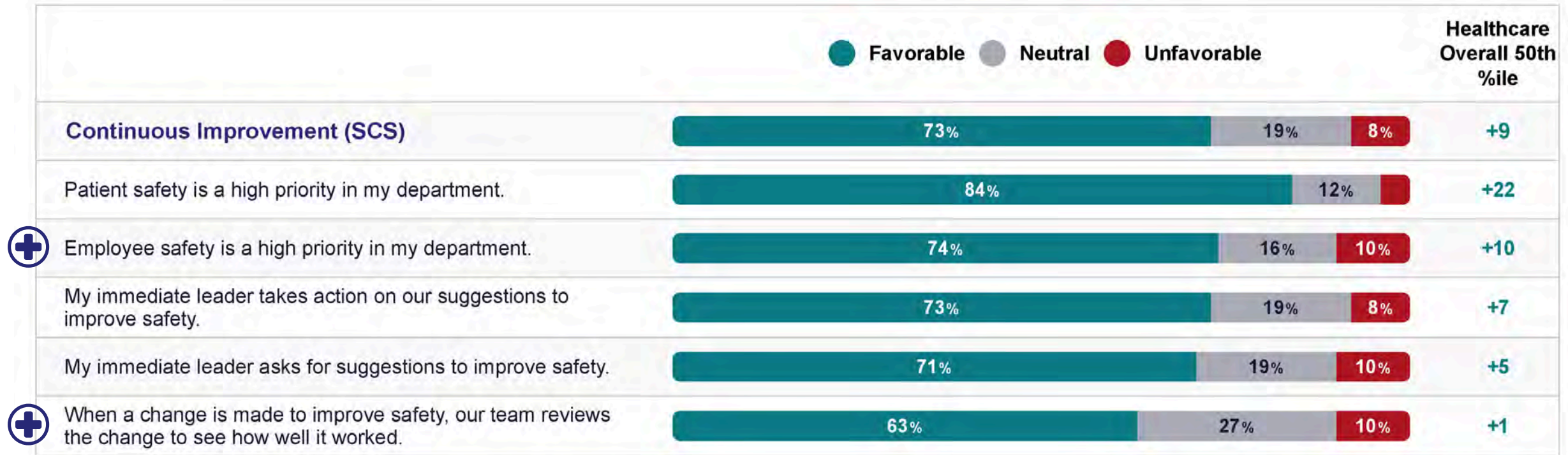
Psychological Safety



+

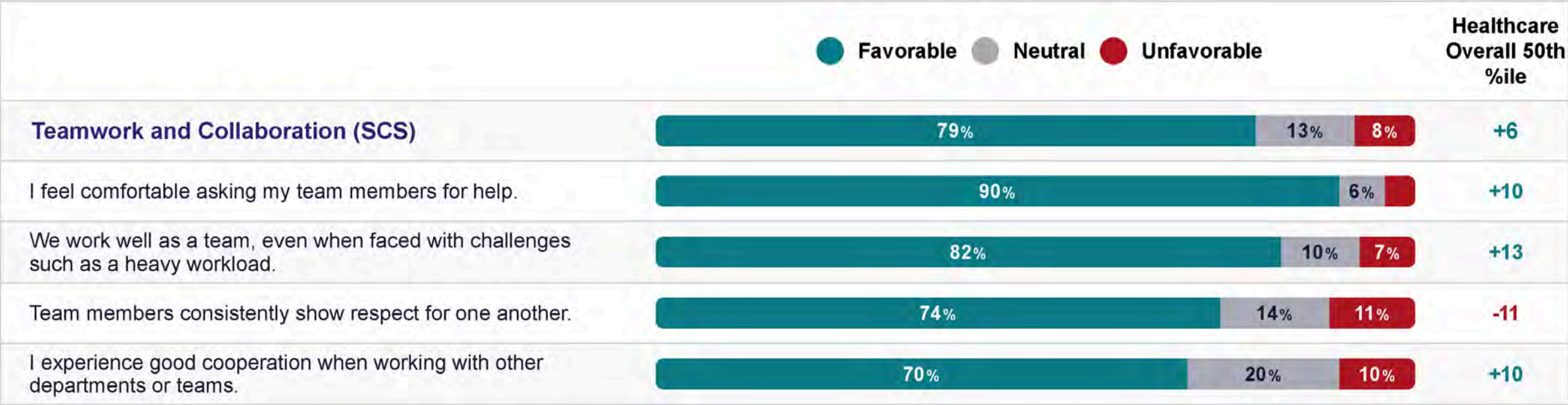
 Driver of Safety

Continuous Improvement



 Driver of Safety

Teamwork



+ Driver of Safety

Dialogue Key Facts

SUMMARY



DIALOGUE

Each Dialogue pulse includes one open-ended question that links to the voting. Through pairwise voting, responses are ranked and prioritized by the entire group.

Participants are permitted to submit more than one response.

Participants do not have to submit a response to participate in voting.

THE VOICE

WHAT IS ONE ACTION YOUR LEADER AND/OR TEAM CAN TAKE TO MAKE IT MORE SAFE TO SPEAK UP?



- 53% of participants provided at least one response
- 40 themes



Top Themes



Team Members



Safety

*



Suggestion Box



Patient Care



Address Concerns

Rank	What is one action your leader and/or team can take to make it more safe to speak up?
1	Address past or present problems brought to you so that in the future problems will be more likely to be shared because we trust that you will do something about them. If we bring up problems and they never get addressed or we here "that isn't a priority right now" or "that isn't in the budget right now" we stop bringing up concerns.
2	Have the staff participate in open discussions about safety and other concerns on a regular basis to facilitate morale and communication. In these meetings it is understood that people can speak freely as long as it is respectful. It is also understood that disciplinary action will not be taken against someone who is voicing their opinion.
3	Educate staff on professionalism - I shouldn't have to worry that the person that I am voicing my concerns to is gossiping to nonmanagement staff regarding concerns
4	Creating a comfortable open door policy, with no judgment. Having the understanding that the task or correction or issue at hand will be taken care of from both sides (leader and team member/co workers together)
5	Don't just listen to respond but listen to understand. Value the opinions and valid issues of the team that does the job every day

Psychological Safety by Job level descriptions

	MetroHealth	CLINICAL DIRECTORS	OTHER CLINICAL/ THERAPEUTIC	SUPPORT - PROFESSIONAL	MANAGERS	PHYSICIANS	DIRECTORS	INTERNS/ RESIDENTS	SPECIALISTS - CLINICAL	SUPERVISORS	COORDINATORS NON-LEADER	LPN'S
Count	4,617	14	30	481	255	321	141	188	416	106	218	52
Psychological Safety (SCS)	70%	81%	78%	78%	76%	76%	74%	74%	72%	71%	70%	70%
+ It is safe to speak up regarding safety concerns no matter who is involved.	80%	79%	77%	85%	85%	83%	77%	81%	79%	79%	79%	83%
When an error is made, our team focuses on learning from it versus blaming someone.	71%	79%	73%	79%	78%	78%	83%	74%	72%	74%	67%	75%
If I make a mistake in this team, I know it will not be held against me.	59%	86%	83%	69%	64%	68%	62%	68%	65%	61%	64%	52%

	MetroHealth	NURSES CLINICAL	COORDINATORS	MANAGERS NON-LEADER	NON-PHYSICIAN PRACTITIONERS	ADMIN SUPPORT-NON-PROFESSIONAL	ADMINISTRATION	CLINICAL STAFF - NON-PROF	SKILLED TRADE - MAINTENANCE	SUPPORT SERVICES	TECHNICIANS
Count	4,617	658	42	19	146	605	46	235	87	139	413
Psychological Safety (SCS)	70%	70%	69%	68%	68%	66%	63%	63%	62%	61%	59%
+ It is safe to speak up regarding safety concerns no matter who is involved.	80%	79%	79%	68%	77%	80%	59%	80%	78%	76%	75%
When an error is made, our team focuses on learning from it versus blaming someone.	71%	72%	64%	74%	68%	65%	76%	65%	59%	62%	58%
If I make a mistake in this team, I know it will not be held against me.	59%	57%	63%	63%	60%	53%	54%	45%	51%	47%	44%

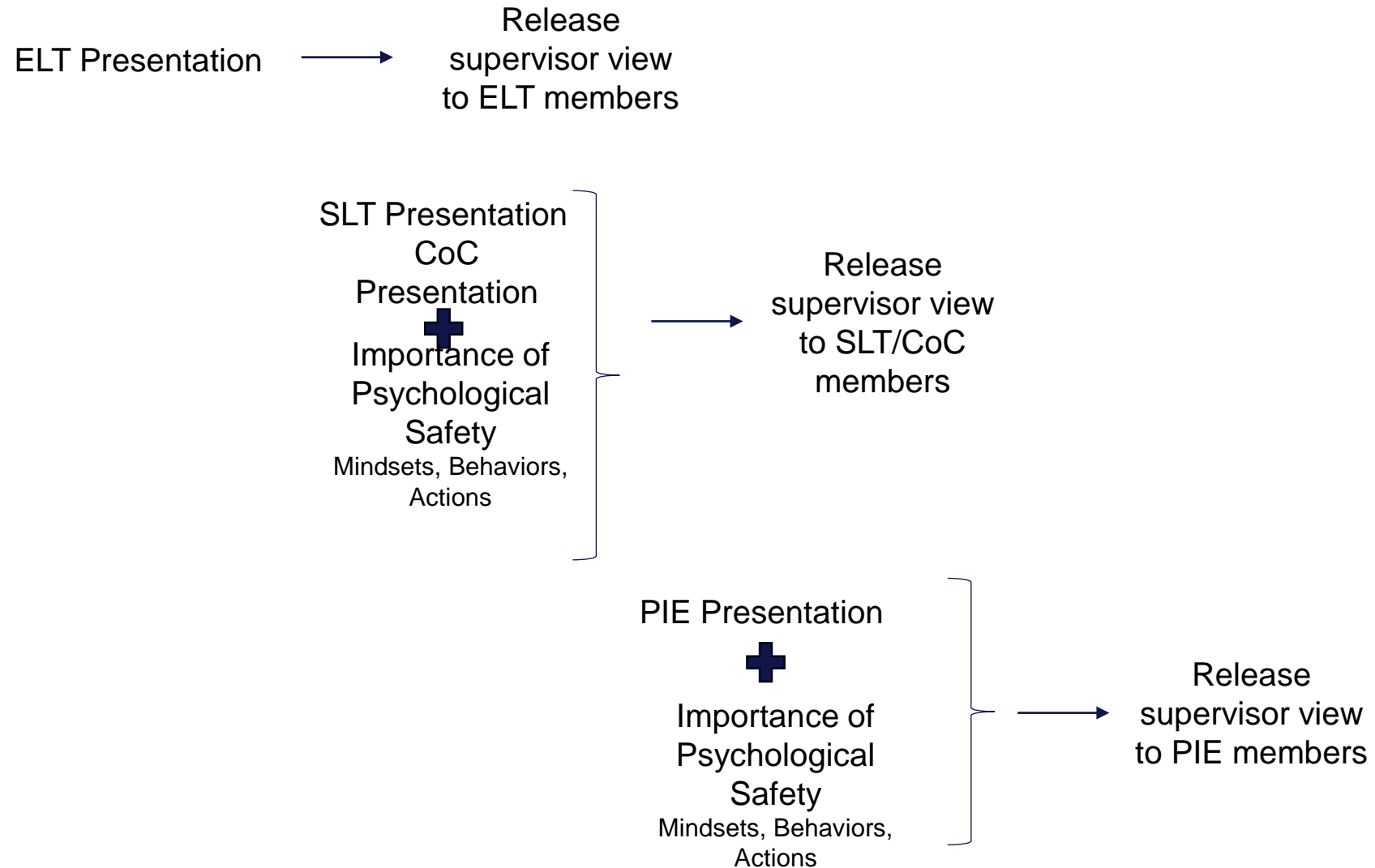
+ Driver of Safety

Psychological Safety by Tenure

	MetroHealth	Less than 1 year	1 - less than 3 years	3 - less than 5 years	5 - less than 10 years	10 - less than 15 years	15 - less than 20 years	20 years or more
Count	4,617	517	1,165	518	979	533	328	577
Psychological Safety (SCS)	70%	71%	70%	69%	70%	67%	70%	70%
 It is safe to speak up regarding safety concerns no matter who is involved.	80%	85%	80%	78%	80%	77%	77%	78%
When an error is made, our team focuses on learning from it versus blaming someone.	71%	71%	70%	71%	71%	70%	71%	71%
If I make a mistake in this team, I know it will not be held against me.	59%	58%	59%	58%	61%	53%	62%	59%

 Driver of Safety

Next Steps





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Quality Assurance & Accreditation Annual Accreditation & Environment of Care Update

Kelly Connelly, Director Quality Assurance & Accreditation

Objectives:

- **Review 2024 survey readiness outcomes performed by the Accreditation team and the Environmental Safety Officer**
- **Provide update on recent survey outcomes**
- **Discuss Triennial survey preparation**



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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 perform audits throughout the year and use data to drive change

TYPES OF AUDITS PERFORMED:

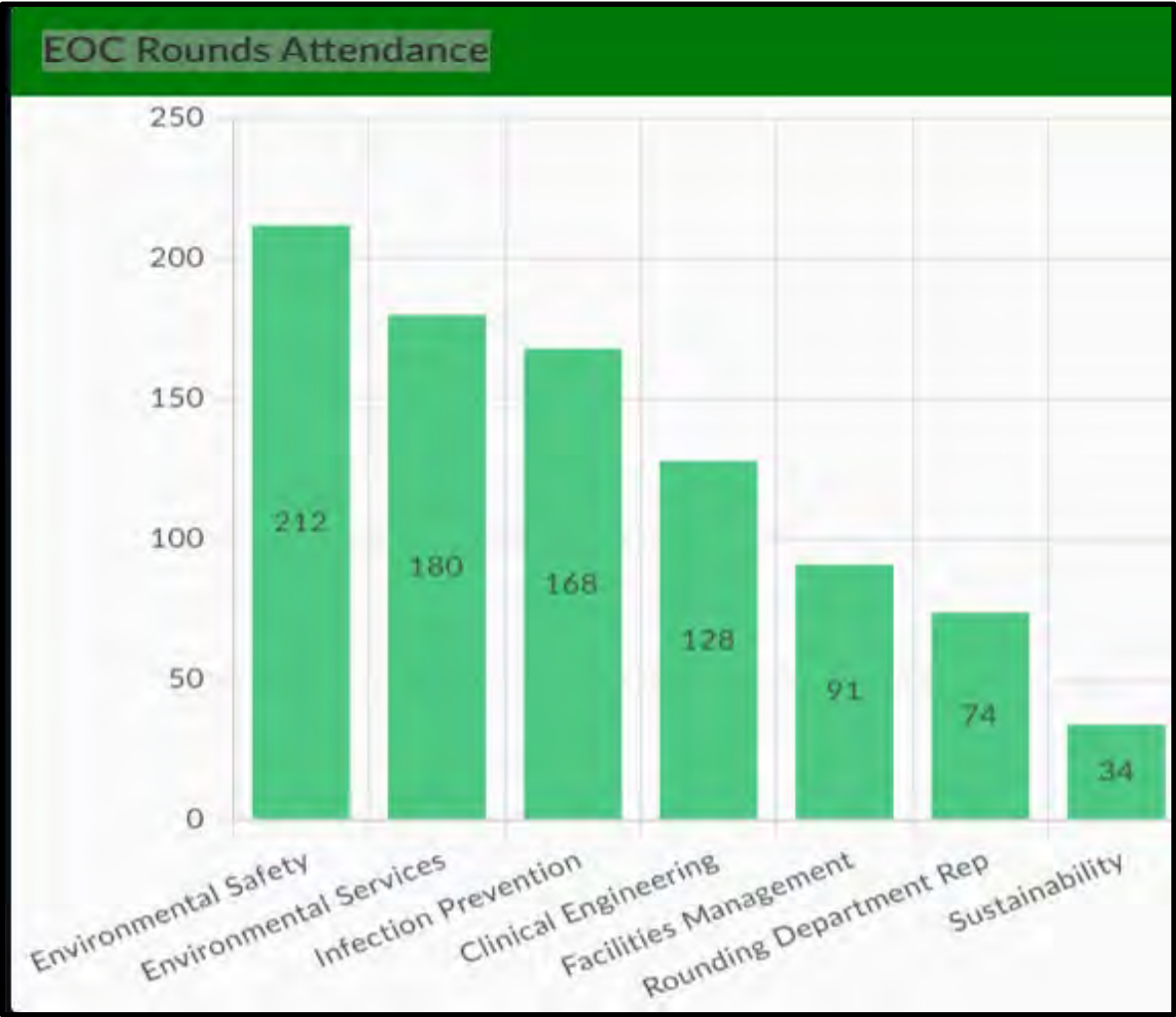
- **Environments of Care Rounds**
- **Continual Survey Readiness Rounds**
- **A-Tag medical chart review**

Continual Survey Readiness

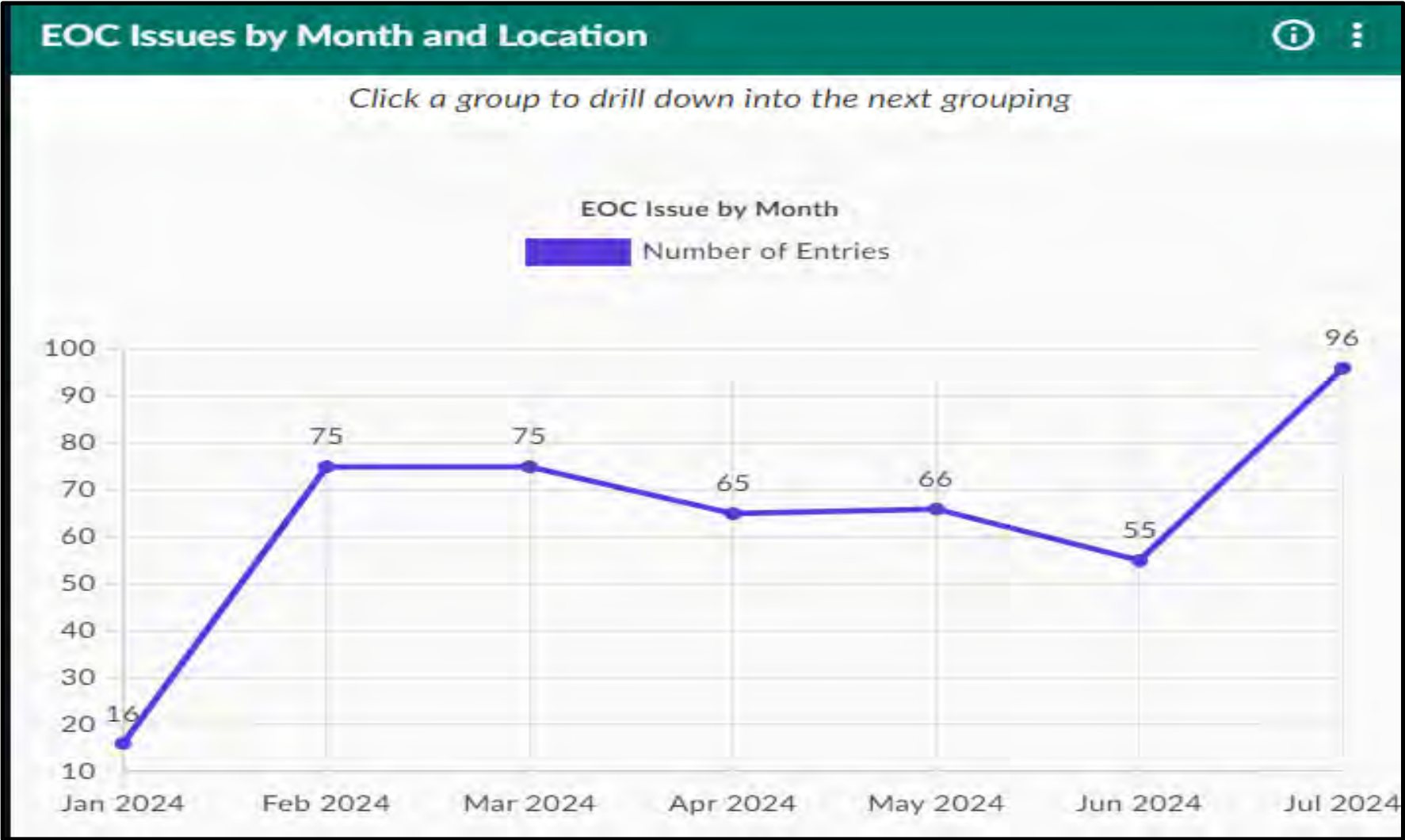
Environment of Care Rounds (EOC):

- The rounding team includes the Environmental Safety Officer, Facilities, Infection Prevention, Privacy, Clinical Engineering, and Life Safety
- Perform 2 visits a year/site
- The audit tool is also based on applicable Joint Commission Standards and other regulatory requirements (OSHA, CDC)

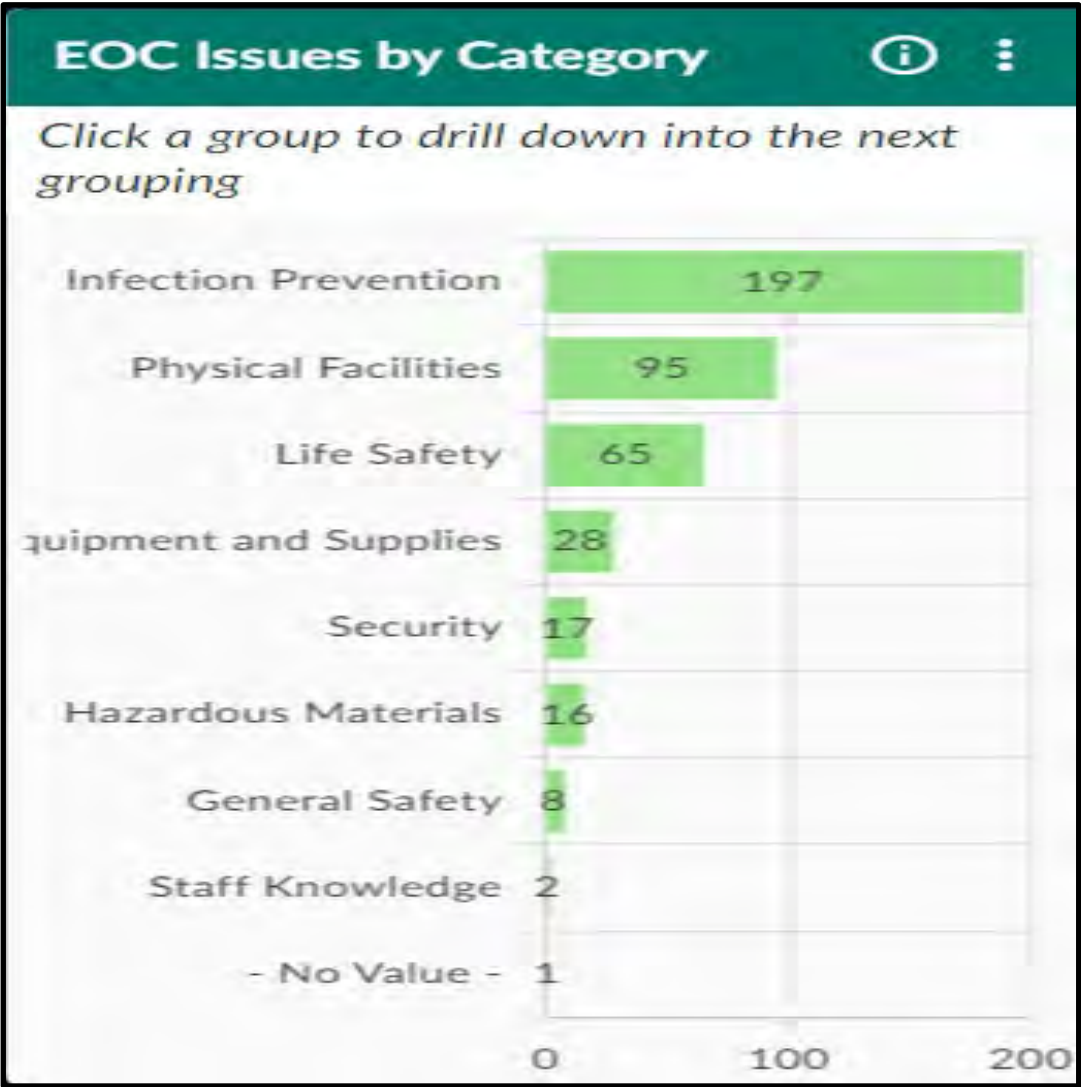
EOC Rounds Attendance



Data: EOC January- July 2024



Data: EOC January- July 2024



Data: EOC January- July 2024

Corrective Action Plans (CAP) completion tracking



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, diagnostic and procedural areas**









Continuous Readiness Rounds (CRR)



Org Aggregate All-Time w/ Monthly...	
Score	
▼ CRR Room	91.12

Compliance by Org Division with Drilldown	
Outpatient	91.50
Inpatient	89.26
Procedural	92.95
Diagnostic	92.58

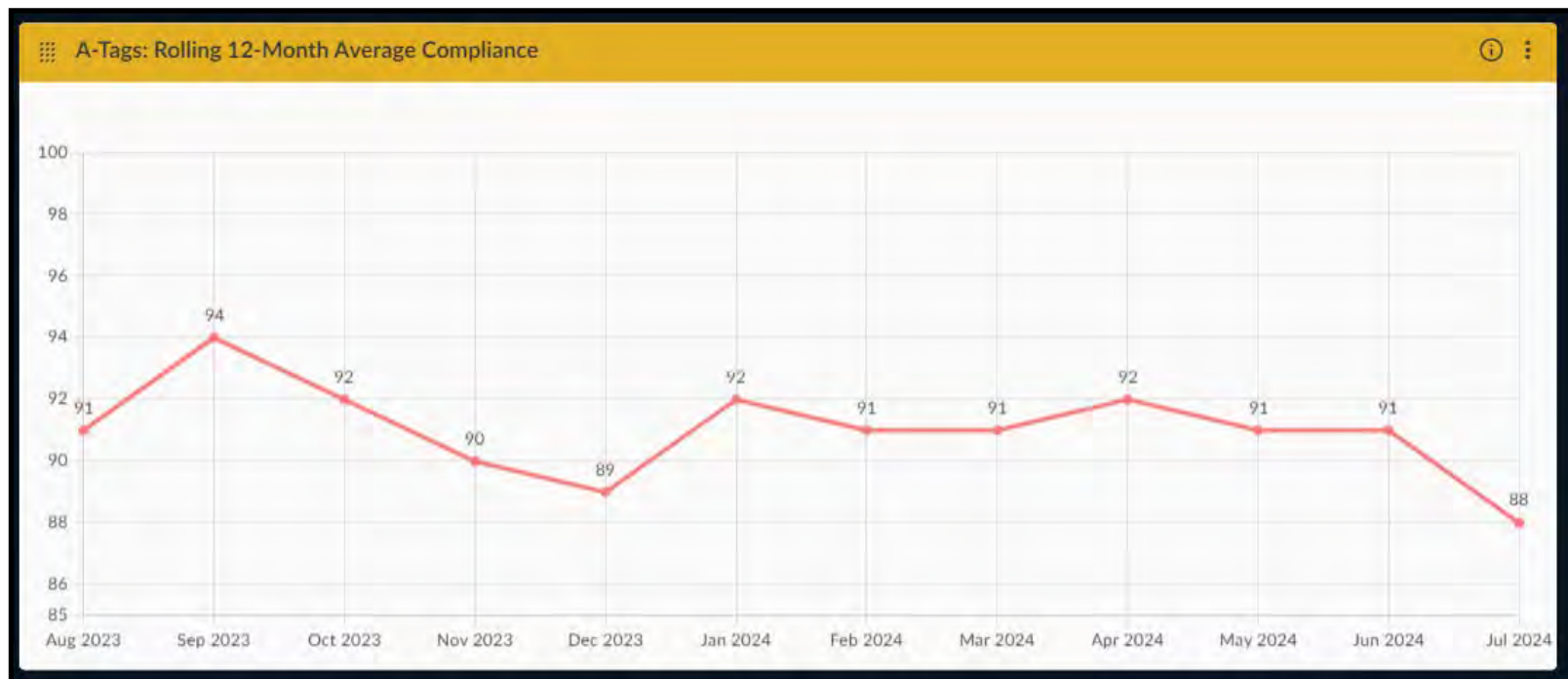
8 Opportunities Identified for Improvement from EOC and Survey Readiness Rounding Data

Opportunities	Compliance score prior interventions (Prior to 12/2023)	1/1/24-7/31/24
• No expired or open supplies found	76.83%	78.22% 
• External Emergency Carts logs are completed	74.32%	81.82% 
• Multidose vials are labeled with do not use beyond dates	71.64%	88.20% 
• Eye wash station is accessible, free from calcium build up and the log is completed	68.75%	80.18% 
• Are equipment surfaces intact and free of tape and bioburden	68.29%	61.33% 
• Is the order d/c when the restraint is d/c	67.57%	70.63% 
• Is unit free from visible dust and debris	60.98%	59.11% 
• Staff able to locate Manufacturer's Instructions for use (guidance for staff how to maintain/clean/store equipment)	35.06%	68.87% 

- Applicable stakeholders met to determine action plan/rollout to improve compliance (Dec 2023)
- Accreditation team engaged staff across the organization in an interactive traveling education roadshow addressing the 8 opportunities
- Interacted with over 400 different staff across the organization (Providers, Medics, EVS, administrative staff, RN, LPN, PCNA and CSP)
- Met with Director level leaders quarterly to review their data and to celebrate successes and discuss opportunities
- Improvements seen in 6/8 opportunities over the past 7 months

A-Tag Audit Outcomes Jan-July 2024

- Perform closed medical record review that focus on required CMS regulatory documentation requirements (A-Tags, refers to the CMS regulation number)
- Current overall monthly compliance since January 2024 is 91%
- Data shared at Regulatory Affairs Committee, Shared Governance and with applicable leaders when needed



A-Tag Audit Outcomes

Compliance by A-Tag Audit Measure	
A time-out was performed and documented.	100.00
An order is present for each episode of restraint/seclusion.	96.43
Consent for a minor is completed by parent or legal guardian.	96.43
Discharge planning is commenced within 24 hours of admission.	85.19
Documentation is present that "Freedom of Choice" was provided t...	93.15
For patients leaving AMA, all applicable documentation is complete...	78.79
For patients requiring a nutrition consult, the consult was completed.	92.93
For patients requiring discharge planning, the evaluation includes al...	94.44
If patient's preferred language is not English, there is documentatio...	82.61
Patient belongings have been removed and inventoried.	85.11



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Recent Survey Outcomes

ODH Maternal Child Licensure Survey: Preliminary Outcome

Survey Dates: 7/29-8/1/24

- **Cleaning of equipment**
 - **Not following policy for cleaning of Alaris pumps according to MIFU (including inside)**
- **Code Adam Drills**
 - **Missing drills (First half 2023)**
 - **Need to expand drills outside of Maternal child**
- **Emergency c-sections fell outside of the 30-minute decision to incision timeframe**



ODH Health Care Service Survey

Survey Dates: 8/5/24-8/12/24

- **Areas of focus included:**
 - **Adult Cardiac Catheterization Program**
 - **Open Heart Program**
 - **Pediatric Intensive Care Program**
- **Outcome: No findings**



ODH Complaint Survey

Survey Dates: 8/5/24-8/13/24

Two complaints related to CMS Conditions of Participation

- **Emergency and Nursing Services**
- **Patient Rights and Nursing Services**

Preliminary Outcome:

- **No findings**





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Triennial Survey Preparedness

Triennial Survey Preparedness

- Continue to perform Environment of Care, Survey Readiness rounds and A-Tag audits monthly
- Share data at Regulatory Affairs Committee, Shared Governance and at quarterly meetings with designated leaders
- Ensure Hospital Arrival List is completed, and all required documents are available and up to date
- Identify and prepare teams in advance for general sessions during the week of survey (Emergency management, Quality Improvement, Leadership..)
- Determine walking paths for survey teams
- Determine survey team lead and scribe for each assigned Joint Commission Surveyor
- Complete arrival plan including notification plan, meeting rooms....
- Prepare opening session presentation





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Questions?

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

Recommendation

The Executive Vice President & Chief Legal Officer recommends that The MetroHealth System approve the settlement of claim number 21-02-1120R in an amount not to exceed \$5,000,000 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 Chief Legal Officer. 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

RESOLUTION XXXXX

WHEREAS, the Board of Trustees Quality Committee of The MetroHealth System has been presented a recommendation for the settlement of Claim No. 21-02-1120R; and

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

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees Quality Committee of The MetroHealth System hereby approves settlement of Claim No. 21-02-1120R in an amount not to exceed \$5,000,000 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: