

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday October 23, 2024

12:00 pm – 1:30 pm

In-person K107/Via Zoom

Meeting Minutes

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

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

Staff: Christine Alexander, MD-I, Joseph Golob, MD-I, James Wellons-I, Chris Briddell-I, Robert Bruce, MD-I, Katrina Conine-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-R, MD-I, Derrick Hollings-I, Donald Wiper, MD-R, Tamiyka Rose-I, Michelle Block-I, Natalie Joseph, MD-I, Barbara Kakiris-I, William Lewis, MD-I, Joseph Frolik-I, Matthew Kaufmann-I, Candy Mori, RN-I, MaryJo Murray, RN-I, Allison Poullos-I, Kathleen Rizer, RN-I, Micaela McSpadden-I, Darlene White-R, Brandon Carrico-R, Nisrine Khazaal-R, Charles Modlin, MD-R, Olusegun Ishmael, MD-R

Guests:

Mr. Dziedzicki called the meeting to order at 12:00 pm with a quorum present.

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

Mr. Dziedzicki requested a motion to approve the minutes of the August 28, 2024, Quality, Safety, and Experience Committee meeting as presented, which was given, seconded and unanimously approved.

Mr. Dziedzicki turned the meeting over to Dr. Golob and team.

II. Information Items

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Patient Video

Ms. Lastic presented a video of patient Mike Contu and the innovative treatment he has received from the MetroHealth Rehabilitation Institute. Mr. Contu suffered a severe spinal cord injury and has undergone multiple surgeries and therapies including having a functional electrical stimulation device implanted.

The device, developed by MetroHealth Center for Rehabilitation Research, uses electrical stimulation to activate paralyzed muscles in the body, providing functional movement. He has been able to eat with a fork without adaptive equipment, drink from a cup, and use the computer. This innovative treatment has been both hopeful and exciting, impacting the future of the care provided by the research team. The experience has been a testament to the potential of technology in improving the lives of patients with spinal cord injuries.

Patient Experience Update

Maureen Sullivan, VP of Patient Centered Excellence, began the presentation with an overview of MetroHealth's current patient experience CMS star rating. MetroHealth is currently ranked three out of 5-stars. She next reviewed our monthly and year to date performance which demonstrated a score of 3.5 putting us on the borderline of achieving CMS 4-Stars.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) metrics change in 2025 and will include emailed surveys and live phone interviews for survey completion. In addition, the data collection period is being extended from 42 to 49 days. A proxy will now be able to complete the survey on the patient's behalf. Requesting hospitals collect the patient's preferred language and if the preferred language is Spanish the survey must be sent in the patient's preferred language.

Ms. Lastic, Director Experience Excellence, next reviewed the MetroWay *Forward* Leadership Listening Rounds. These rounds are a joint effort sponsored by Patient Experience, Patient Safety, Human Resources, and Equity & Inclusion. Rounds entail a group of leaders and facilitators going throughout the system to listen to patients and our frontline staff. This is one of the many ways we ensure everyone's voice is heard. Rounding presents several opportunities to remove barriers, provide recognition of the great work being done as well as an opportunity to hear from patients and family members firsthand. It has allowed for leadership to build trust and make real time changes when possible.

One of the core concepts of patient and family centered care is collaboration. Our Patient and Family Advisory Councils (PFACs) are a best practice to engage volunteer participants to partner with staff to shape care through shared experiences. Patient and family-centered care is enhanced when patients and families have a seat at the table.

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Infection Prevention Update

Claire Mack, RN, Director of Infection Prevention began the presentation recognizing the Infection Prevention Specialists who have recently obtained their CIC (Certification in Infection Control). This professional certification is a standardized measure of the knowledge, skills, and abilities expected of professionals working in the field of infection prevention and control.

Hand hygiene is a key player in the reduction of hospital acquired infections. Hand hygiene remains a Joint Commission priority as well as a national patient safety goal. At MetroHealth we perform direct continuous auditing which is an in-person audit and compliance coaching with feedback that is provided in real time. Our current compliance rate is 89%, a 3% increase over 2023. The increase is due to the continued collaboration with nursing and the ongoing leadership support of improvement initiatives throughout the inpatient units and ambulatory clinics.

Personal Protective Equipment (PPE) compliance audits are being completed to ensure adherence to transmission-based precautions and ensure adequate availability. Year-to-date 576 audits have been completed with compliance data being captured in Veoci (computer software system), which gives the ability to trend compliance by role and location and provide coaching and feedback. In 2024, PPE equipment availability in nurse servers is 94% with a compliance of wearing the equipment at 77%. This compliance rate has triggered initiatives for improvement.

Lastly the Infection Prevention team collaborates with Construction and Facilities Management to apply an Infection Control Risk Assessment (ICRA) to planned and unplanned work in our facilities. The scope of work is evaluated and the risk and containment measures that are needed to keep all safe from construction debris and potential contamination is ensured. 190 ICRA's have been completed in 2024.

Amy Ray, MD, VP of Infection Prevention and Hospital Epidemiology, went on to discuss the impact of hand hygiene on patient outcomes. One of the greatest challenges when improving hand hygiene compliance, is the that the direct consequences of the lack of hand hygiene are not immediately apparent. Dr. Ray continued with her presentation of the hospital acquired infections (HAI). Catheter associated urinary tract infections (CAUTIs) are currently at a rate of fewer than one infection per one thousand urinary catheter days. Central line associated blood stream infections (CLABSIs) have seen a significant reduction from sixteen observed infections in 2023 to just three year-to-date. The implementation of chlorhexidine impregnated central line caps is associated with the significant improvement. Surgical site infections during colon surgery have decreased nicely, and hysterectomy surgical site infections are at a historically low rate. Hospital acquired C. difficile infections

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have demonstrated an overall decreasing incidence. Methicillin resistant *Staphylococcus aureus* infections remain an opportunity for improvement with a standardized incidence ratio of 1.29 year to date with is above the 0.793 National Healthcare Safety Network (NHSN) benchmark of 0.793.

Mr. Dziedzicki congratulated patient experience and infection prevention on all their great work. Mr. Dziedzicki then asked for a motion to move into executive session to discuss proprietary 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 Dr. Walker and seconded by Mr. Summers. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 12:53 pm.

Following executive session, the meeting reconvened in open session at 1:34 pm.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 1:35pm.

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