The MetroHealth System

Board of Trustees

Wednesday, February 26, 2025

11:00am - 1:00pm

The MetroHealth System Board Room K-107 or via YouTube Stream

Quality, Safety and Experience Committee

Regular Meeting

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: 2/26/2025
TIME: 11:00am – 1:00pm
PLACE: MetroHealth Board Room K107 / Via YouTube Stream: https://www.youtube.com/@metrohealthCLE/streams

AGENDA

I. Approval of Minutes

Committee Meeting Minutes of October 23, 2024

II. Information Items

A. Patient Safety Story – *S. Booker*
B. Review System Quality Assurance Performance Improvement (QAPI) Plan – *Dr. Golob*
C. Antibiotic Stewardship Program - Annual Update Antibiotic Stewardship – *Dr. Hecker*
D. Stroke Certification with Resolution – *Dr. Ardelt*

III. Executive Session

Return to Open Meeting

IV. Recommendation / Resolution Approvals

A. Reaffirmation of Support for Certification of Stroke Care Programs

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 Poulios-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

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.

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 ICRAs 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

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. Dziedicki 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.

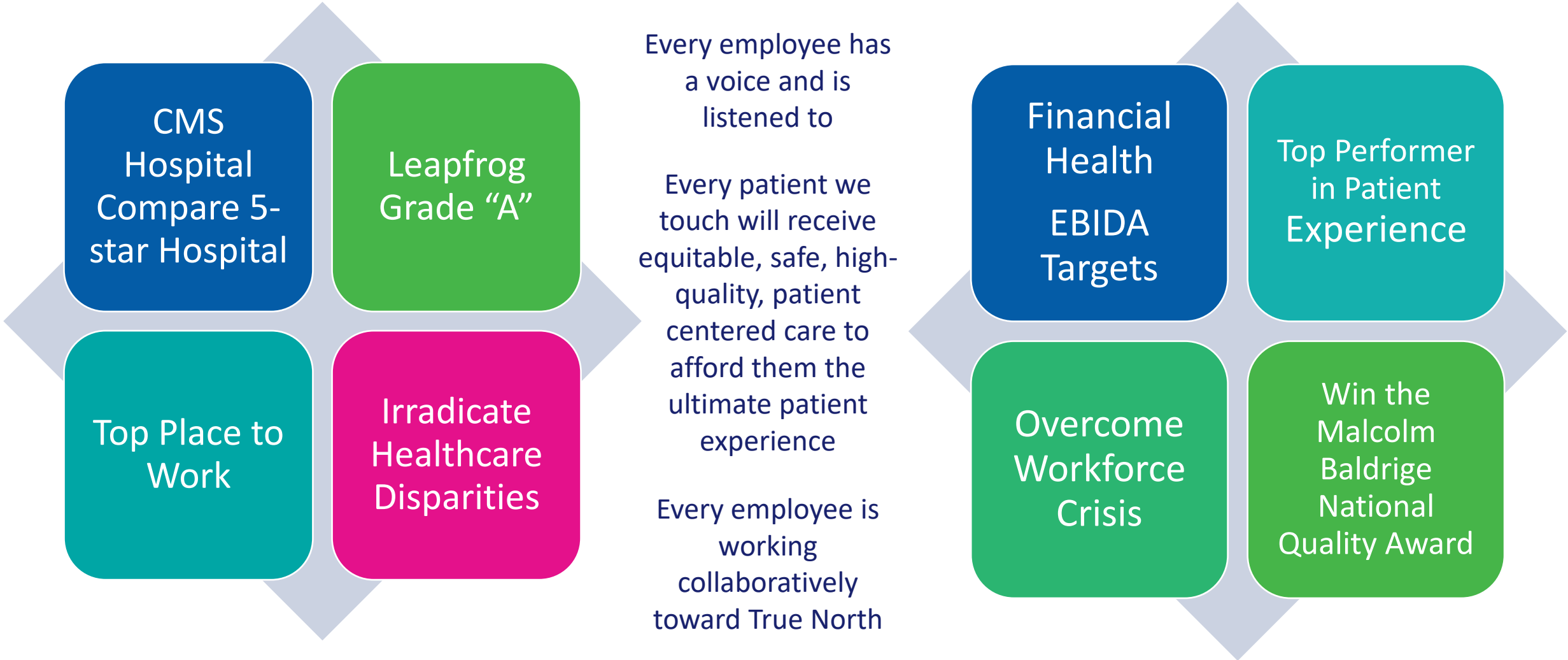
Following executive session, the meeting reconvened in open session at 1:34 pm.

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

THE METROHEALTH SYSTEM

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

MetroHealth True North



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Patient Safety Story
Great Catch Video

Stacey Booker-Director, Patient Safety & HRO

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Quality Assurance Performance Improvement (QAPI) Plan

Dr. Joseph Golob-EVP, Chief Quality & Patient Safety Officer

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Antibiotic Stewardship Program
Annual Update Antibiotic Stewardship

Dr. Michelle Hecker-Medical Director, Antimicrobial Stewardship

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Antimicrobial Stewardship

Michelle Hecker MD

Medical Director, Antimicrobial Stewardship

MAST (MetroHealth Antimicrobial Stewardship Team)

Andrea Son, Morgan Morelli, Nina Murphy, Christina Wadsworth, Laura Cummings, Brian McCrate, Lewis Hunter Reese, Haley Bajdas

Antimicrobial stewardship programs

- Implement interventions to optimize necessary antibiotic use and decrease unnecessary antibiotic use.
- Measure and track antibiotic use.
- Contribute to the provision of safe and high-quality patient care and population health.

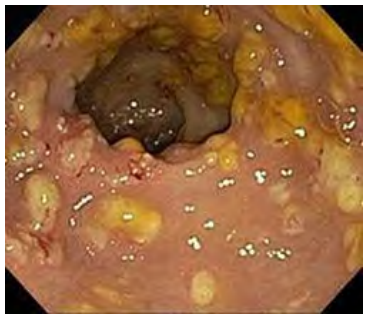
Dyar et al. What is antimicrobial stewardship? Clinical Microbiology and Infection 2017;23:793-398

Why do we need an antimicrobial stewardship program?

Antibiotics are:

- Precious, often life saving resources
- Commonly prescribed
- Commonly prescribed sub optimally
- Use affects not only the individual patient but the population as whole
- Potential for significant adverse effects

	Klebsiella pneumoniae (CP-CRE)			
		MIC	ETEST	
Amikacin	>=64 MIC	Resistant		
Amoxicillin + Clavulanate	>=32 MIC	Resistant		
Ampicillin + Sulbactam	>=32 MIC	Resistant		
Aztreonam	>=64 MIC	Resistant *		
Cefazolin	>=64 MIC	Resistant		
Cefepime	>=64 MIC	Resistant		
Cefotaxime	>=64 MIC	Resistant *		
Cefoxitin	>=64 MIC	Resistant *		
Cefpodoxime Proxetil	>=8 MIC	Resistant *		
Ceftazidime	>=64 MIC	Resistant		
Ceftazidime/Avibactam			>=256 MIC	Resistant
Ceftizoxime	>=64 MIC	Resistant *		
Ceftriaxone	>=64 MIC	Resistant		
Ciprofloxacin	>=4 MIC	Resistant		
eCim(CRE confirmation)		Positive *		
ESBL confirmation		Negative *		
Gentamicin	>=16 MIC	Resistant		
Imipenem/Cilastatin	8 MIC	Intermediate *		
Levofloxacin	>=8 MIC	Resistant *		
mCim(CRE confirmation)		Positive *		
Meropenem	>=16 MIC	Resistant		
Nalidixic Acid	>=32 MIC	Resistant *		
Nitrofurantoin	>=512 MIC	Resistant		
Norfloxacin	>=16 MIC	Resistant *		
Piperacillin	>=128 MIC	Resistant *		
Piperacillin + Tazobactam	>=128 MIC	Resistant		
Tetracycline	>=16 MIC	Resistant *		
Tobramycin	>=16 MIC	Resistant		
Trimethoprim + Sulfamethoxazole	>=320 MIC	Resistant		

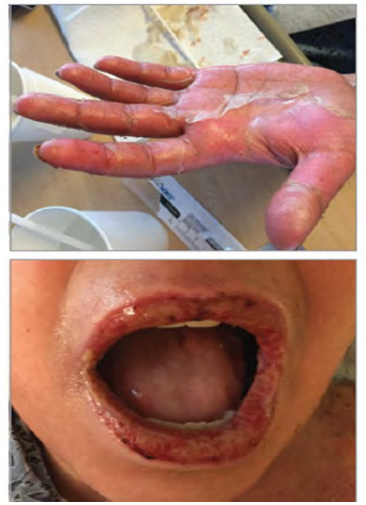


C. difficile infection

$$$

134 (H)	158 (H)	178 (H)	137 (H)
140	141	139	141
3.6	3.6	4.1	4.5
24	25	22	12 (L)
105	106	109	114 (H)
20	20	20	52 (H)
1.01	1.06	1.07	3.80 (H)
8.2 (L)	7.9 (L)	7.6 (L)	6.7 (L)
15 (H)	14 (H)	12	20 (H)
63	59 (L)	59 (L)	13 (L)

Acute kidney injury



Allergic reactions

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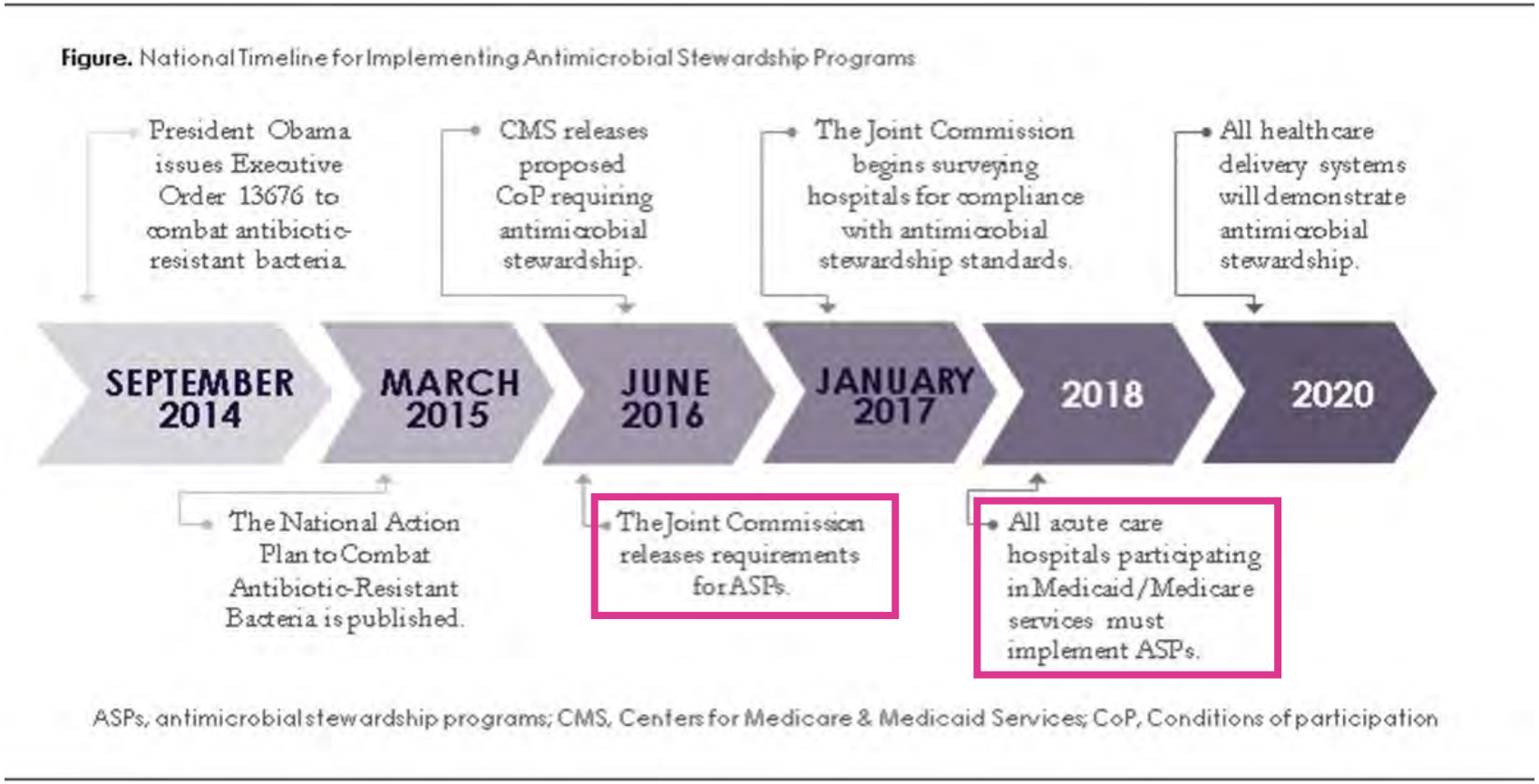
Dyar et al. What is antimicrobial stewardship? Clinical Microbiology and Infection 2017;23:793-398

Why do we need an antimicrobial stewardship program?



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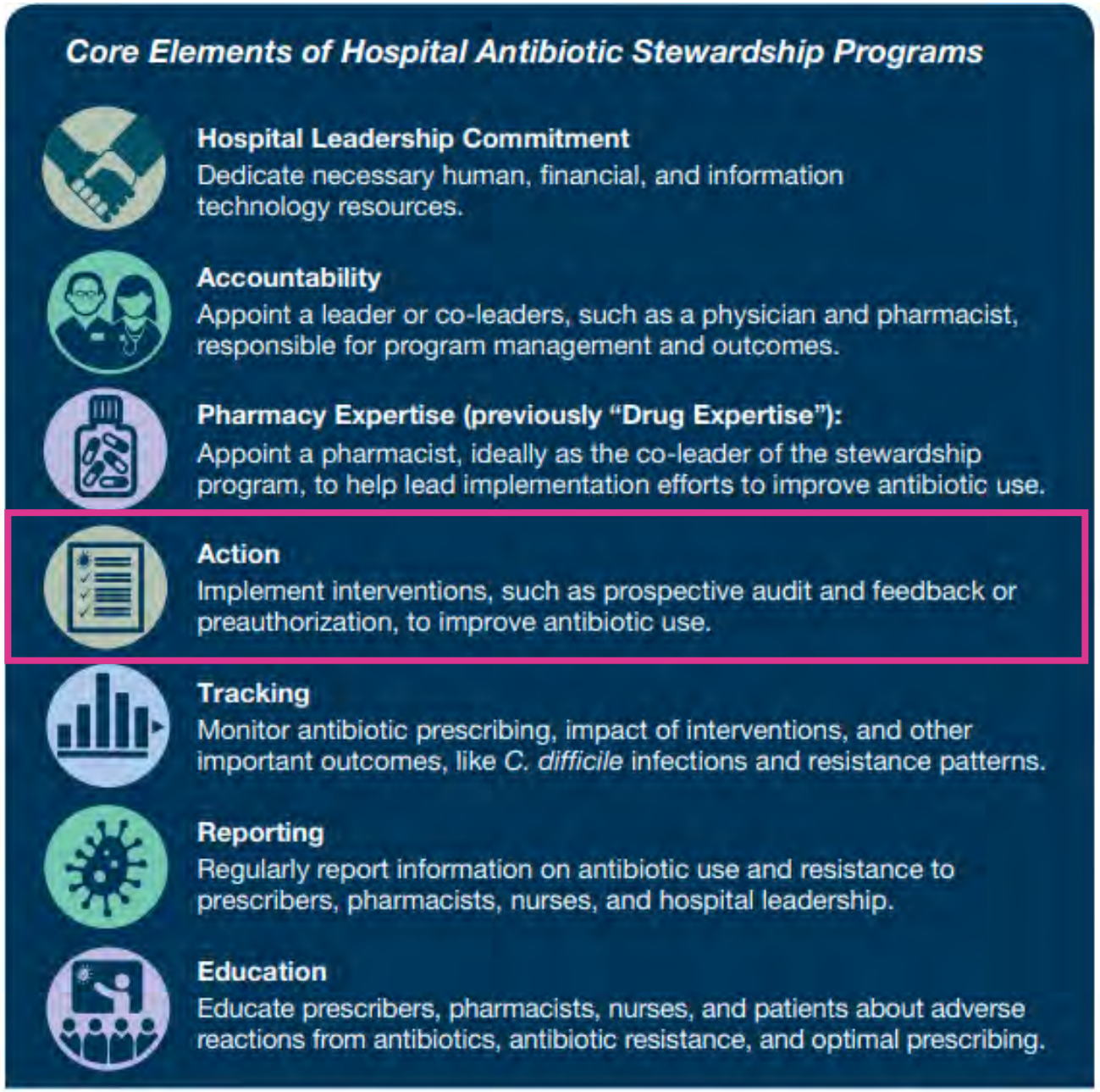

MetroHealth Antimicrobial Stewardship Program formally established **January 2012**

MAST (MetroHealth Antimicrobial Stewardship Team):

Michelle Hecker MD and Andrea Son PharmD

Morgan Morelli MD, Nina Murphy PharmD, Christina Wadsworth PharmD, Laura Cummings (Pharmacy) Brian McCrate (Pharmacy), Lewis Hunter Reese PharmD, Haley Bajdas PharmD

Monitor antibiotic prescribing through internal data and external data (NHSN and Vizient)

Report and Educate providers daily via prospective audit and feedback, division/department lectures/meetings, annual medical staff updates

Core Elements of Hospital Antibiotic Stewardship Programs | Antibiotic Prescribing and Use | CDC

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Action

Adult Stewardship

- Prospective audit & feedback: restricted antimicrobials, positive blood cultures (inpatient and outpatient), positive *C. difficile* tests (inpatient and outpatient), select patients on IV vancomycin, select medical services
- Guidance document development
- Support antibiotic management questions from unit-based pharmacists
- Antimicrobial drug shortage management
- Review of antibiotics for new and existing order sets
- Collaboration with microbiology laboratory
- Projects

Action

Emergency Department (ED) Stewardship

- “Culture Call Back” Program: throat, urine, wound, molecular tests for STIs (sexually transmitted infections), positive syphilis tests
- Pre-operative review of pre-procedural antibiotic orders for select urologic procedures
- Part of sepsis management team
- ED order set review
- Projects

Action

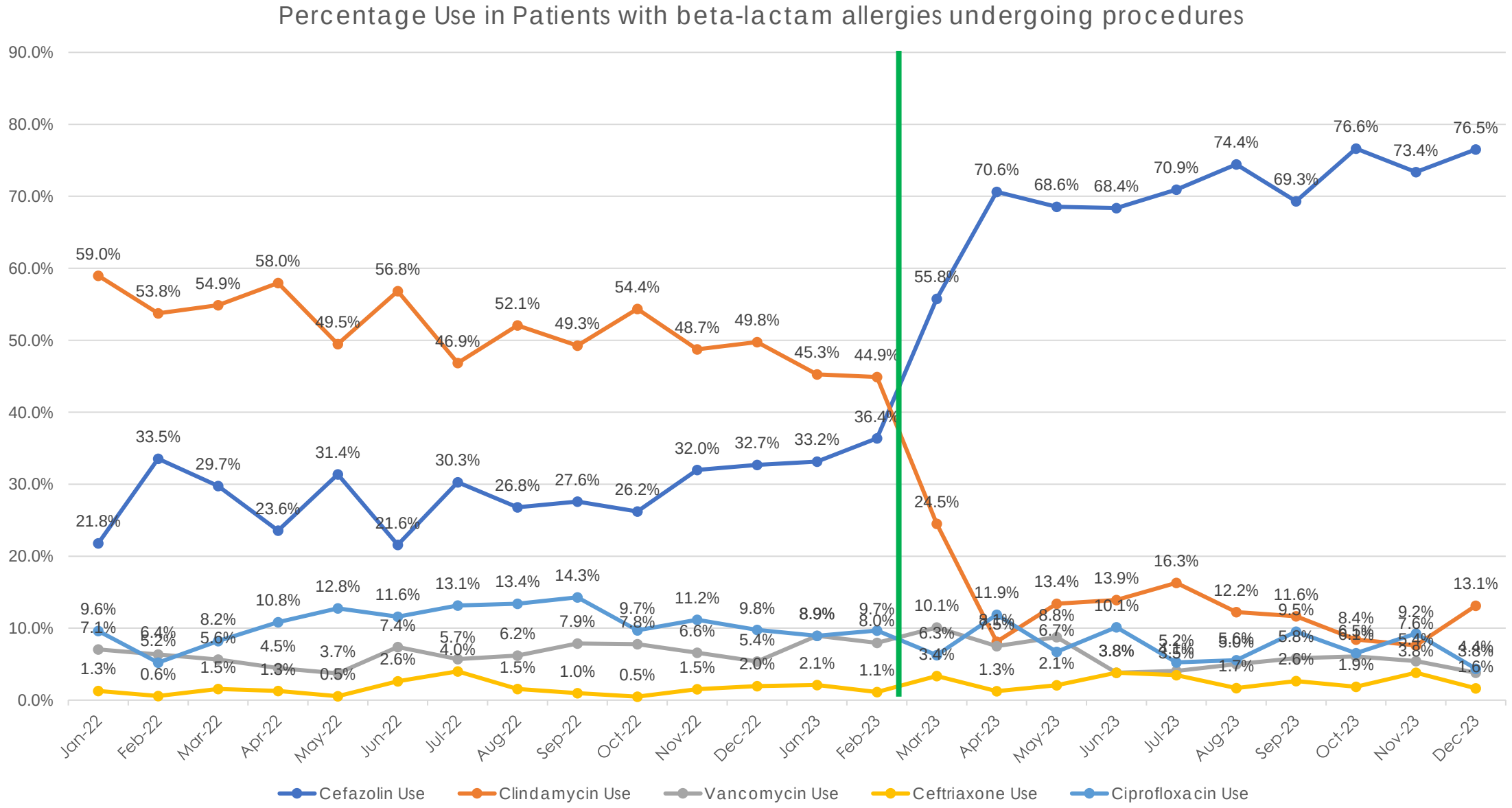
Pediatric/Neonatal Stewardship

- Rounds with Neonatal Intensive Care Unit team
- Participates in development of guidelines related to antibiotic use in pediatrics/neonatology
- Projects

Action/Tracking Example

Optimizing Cefazolin Use for Surgical Antimicrobial Prophylaxis in Beta-Lactam Allergic Patients: A Multidisciplinary Quality Improvement Project

- Cefazolin is preferred for surgical antimicrobial prophylaxis for many surgeries
- Studies have shown that cefazolin is often unnecessarily avoided in patients with beta-lactam allergies
- A Quality Improvement Project was implemented with Anesthesiology, Allergy, and Antimicrobial Stewardship
- Algorithm development, Educational sessions, Electronic Medical Record optimizations, Prospective audit and feedback


Percentage Use in Patients with beta-lactam allergies undergoing procedures
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
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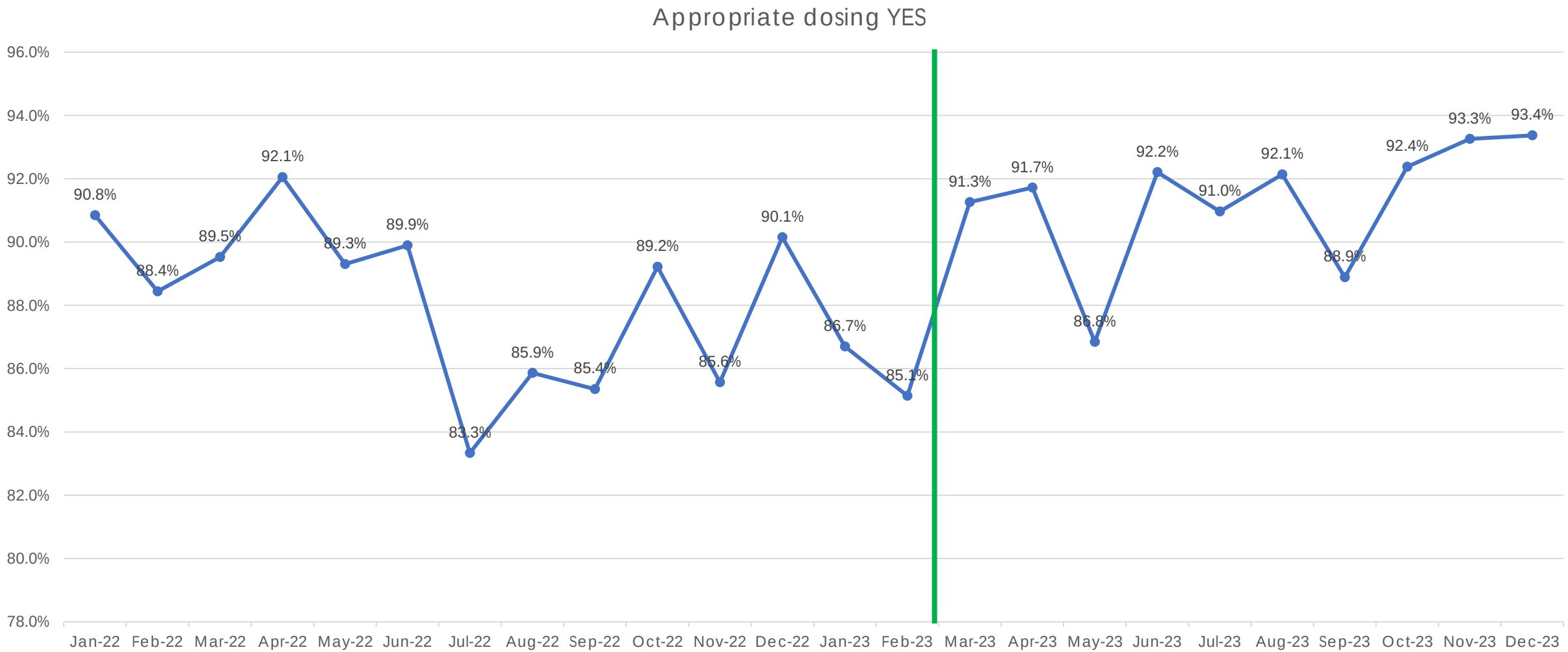
Cefazolin Use
Clindamycin Use
Vancomycin Use
Ceftriaxone Use
Ciprofloxacin Use


Appropriate dosing YES
96.0%
94.0%
92.0%
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
90.8%
88.4%
89.5%
92.1%
89.3%
89.9%
83.3%
85.9%
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92.2%
91.0%
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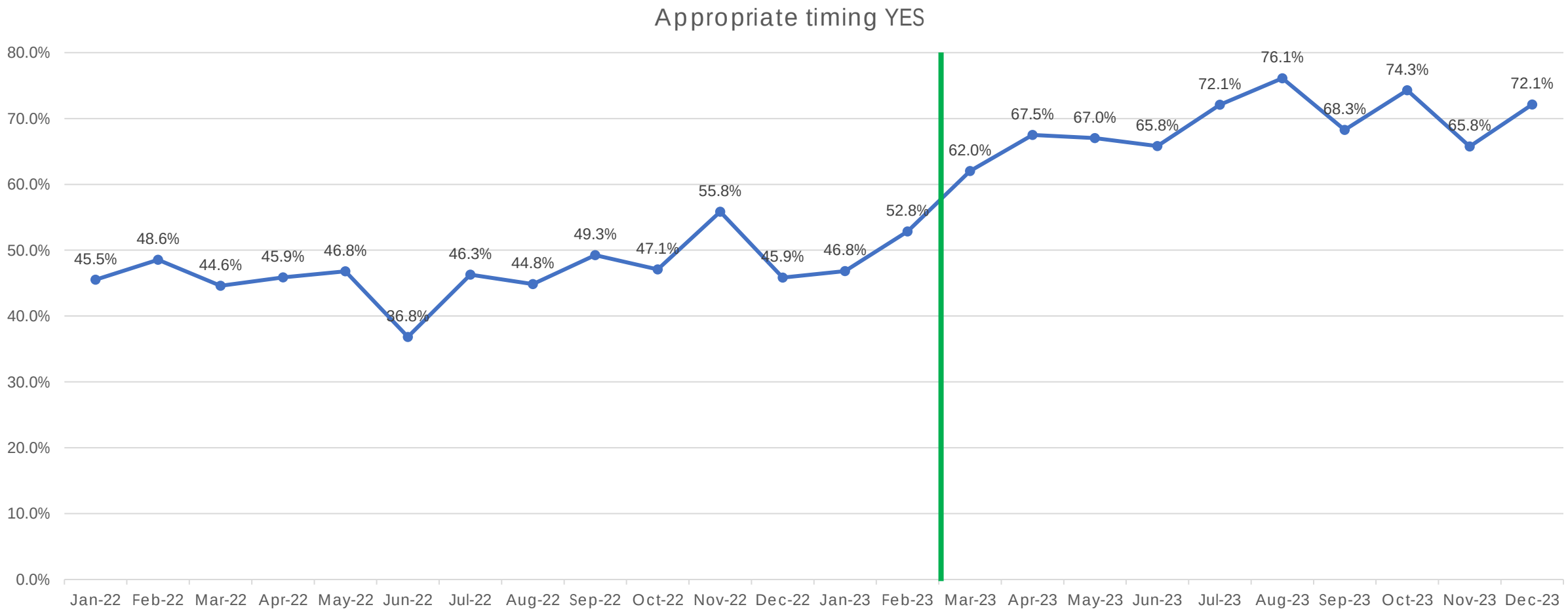
Appropriate timing YES
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
45.5%
48.6%
44.6%
45.9%
46.8%
36.8%
46.3%
44.8%
49.3%
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45.9%
46.8%
52.8%
62.0%
67.5%
67.0%
65.8%
72.1%
76.1%
68.3%
74.3%
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Future Directions

- Optimize pediatric/neonatal antimicrobial stewardship
- Expand outpatient antimicrobial stewardship activities

Extra Slides

- Antibiotic Resistance Trends
- Antimicrobial Purchasing Cost Data Trends
- Additional Action/Tracking Example

Antibiotic Resistance Trends

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
PSDA-FQ	76	75	76	77	78	82	86	85	88	88	91	90	91	89	89	87*	90
PSDA-meropenem				86	86	89	91	90	94	92	92	92	93	92	90	91	92
PSDA-PT	93	91	92	90	90	99	97	90	91	92	94	94	92	89	91	94*	95
E. coli-FQ	84	84	84	84	84	84	85	86	84	85	84	85	85	86	86	83*	81
E. coli-TS	82	81	81	80	79	79	79	79	78	78	78	77	78	80	79	80	78
E coli - nitrofurantoin	98	98	95	93	91	91	92	94	96	96	94	95	96	96	96	97	96
Klebsiella -FQ	95	95	90	93	95	95	96	95	96	96	96	96	95	94	95	89*	88

PSDA = *Pseudomonas aeruginosa E. coli = Escherichia coli* FQ = fluoroquinolone PT = piperacillin-tazobactam TS = trimethoprim-sulfamethoxazole

UTI/FQ stewardship

MAST

*Updated CLSI breakpoints applied compared to year prior

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Antimicrobial Purchasing Cost Data

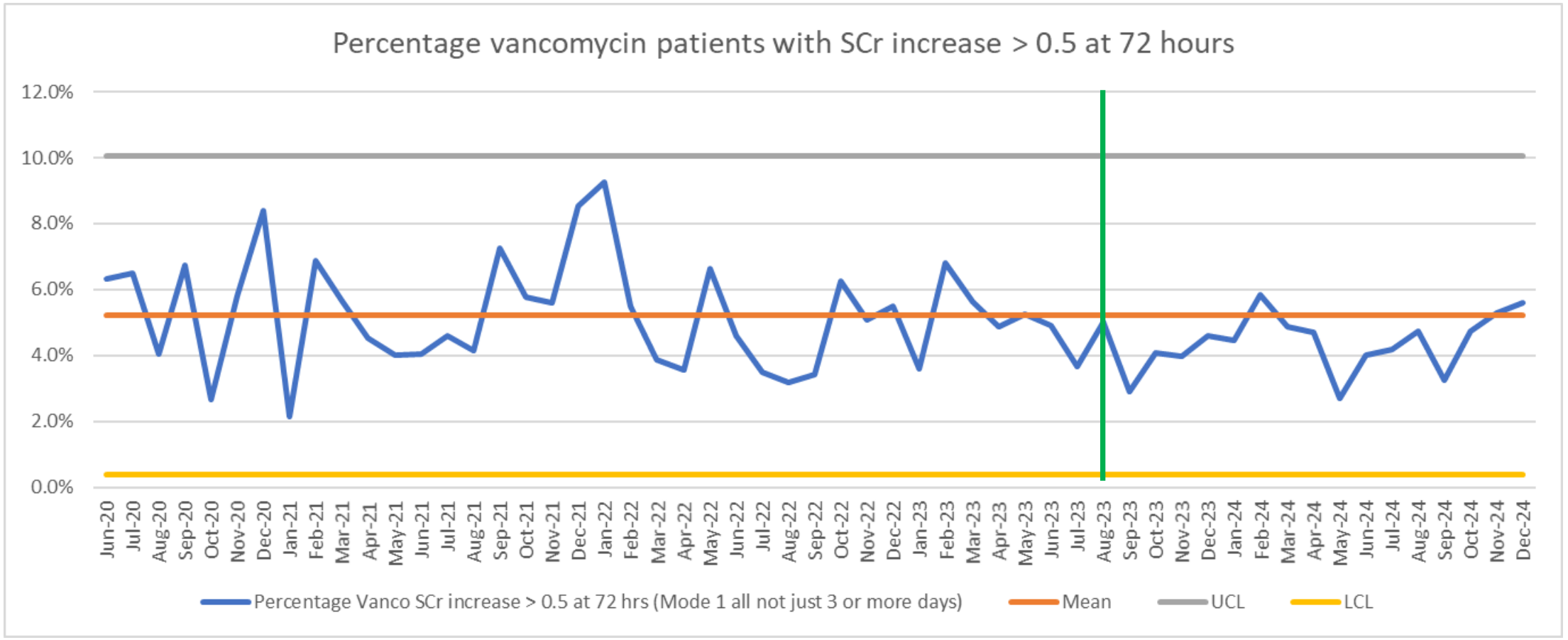
	Cost Savings per Year (Compared to 2010)	Cost Savings per Year (Compared to Prior Year)	Actual Annual Expense
2011	$166,241	$166,241	$1,976,377
2012	$474,261	$308,020	$1,772,386
2013	$859,692	$385,431	$1,640,343
2014	$705,814	-$153,878	$2,035,553
2015	$898,102	$192,288	$2,119,340
2016	$1,237,608	$339,506	$2,217,628
2017	$1,093,176	-$144,432	$2,296,575
2018	$1,653,838	$560,662	$2,156,889
2019	$903,506	-$750,332	$2,776,742
2020	-$161,961	-$1,065,468	$3,726,846
2021	-$860,233	-$698,271	$5,573,579
2022	$1,409,366	$2,269,598	$4,007,744
2023	$1,645,176	$235,811	$4,392,040
2024	$2,775,721	$1,130,544	$3,839,181
TOTAL	**$10,024,587**	**$1,645,176**	

Remdesivir included

Action/Tracking Examples

Optimizing Use of IV Vancomycin

- Optimizing Dosing – AUC dosing pharmacists
- Decreasing the unnecessary use of IV Vancomycin for diabetic foot infections and on the medical step-down unit



Green line = Vancomycin AUC
Go Live Date 8/22/23

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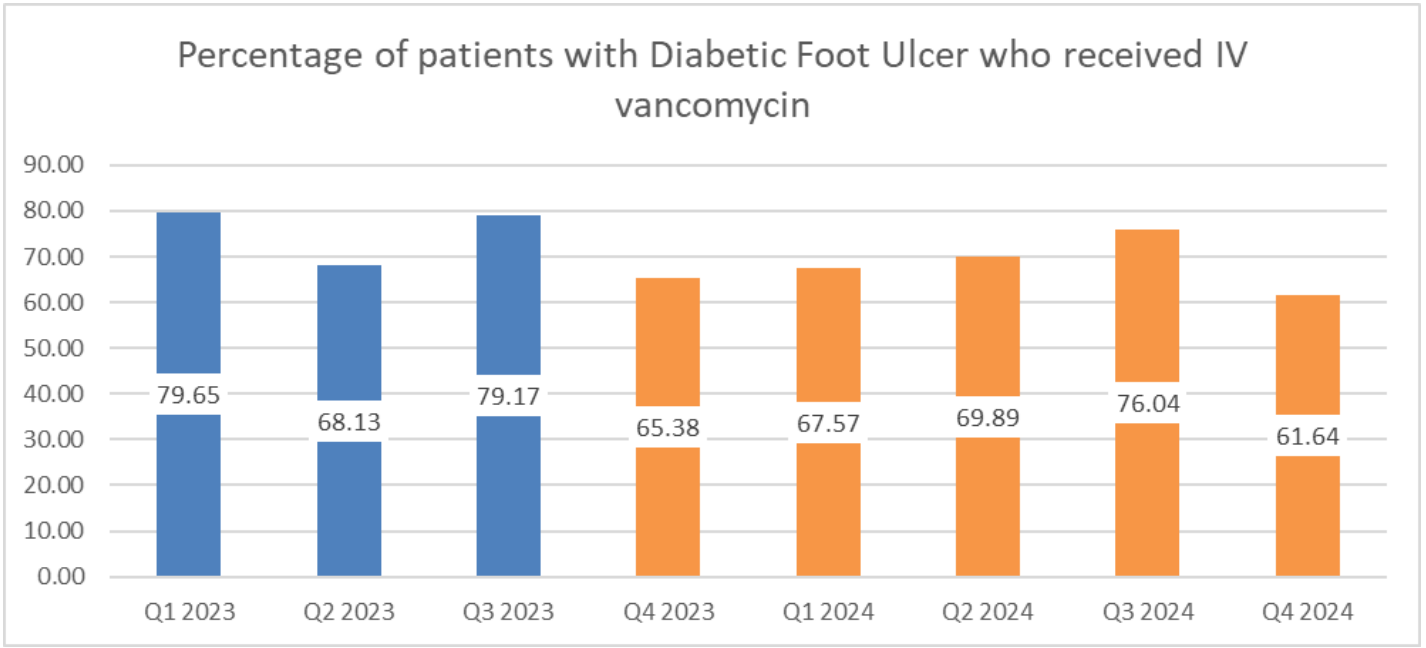
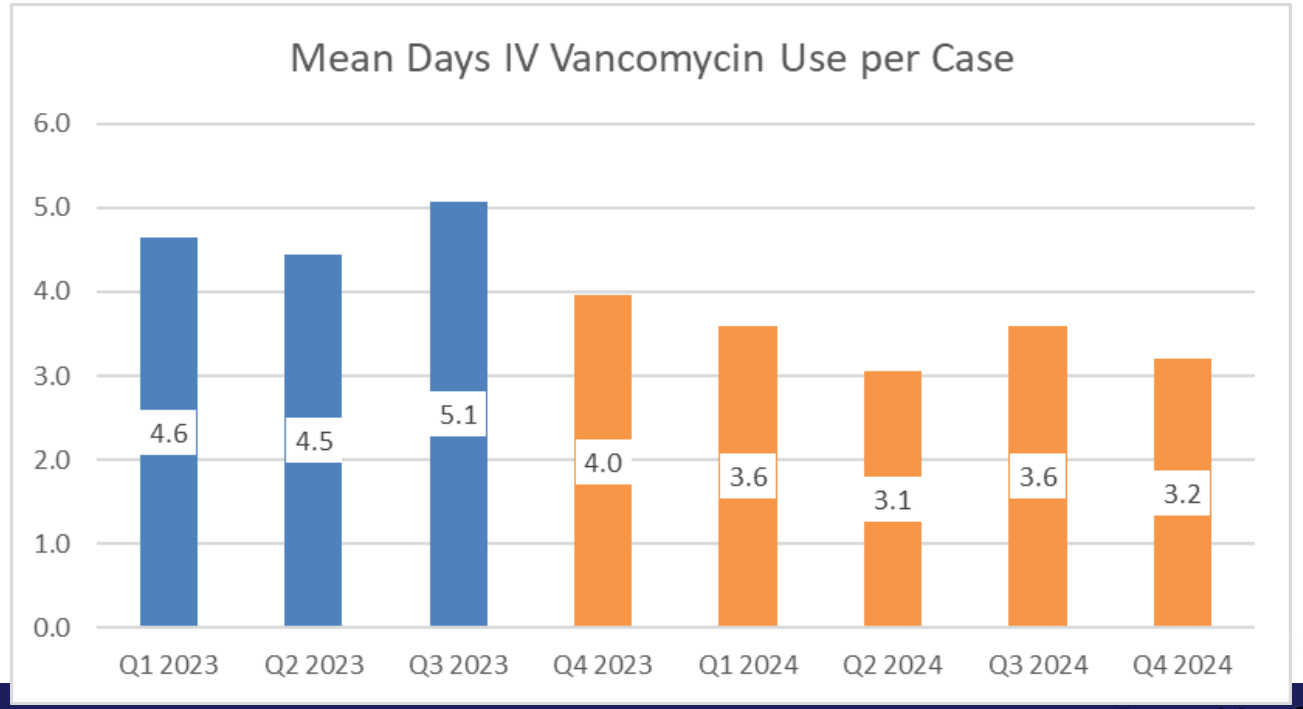
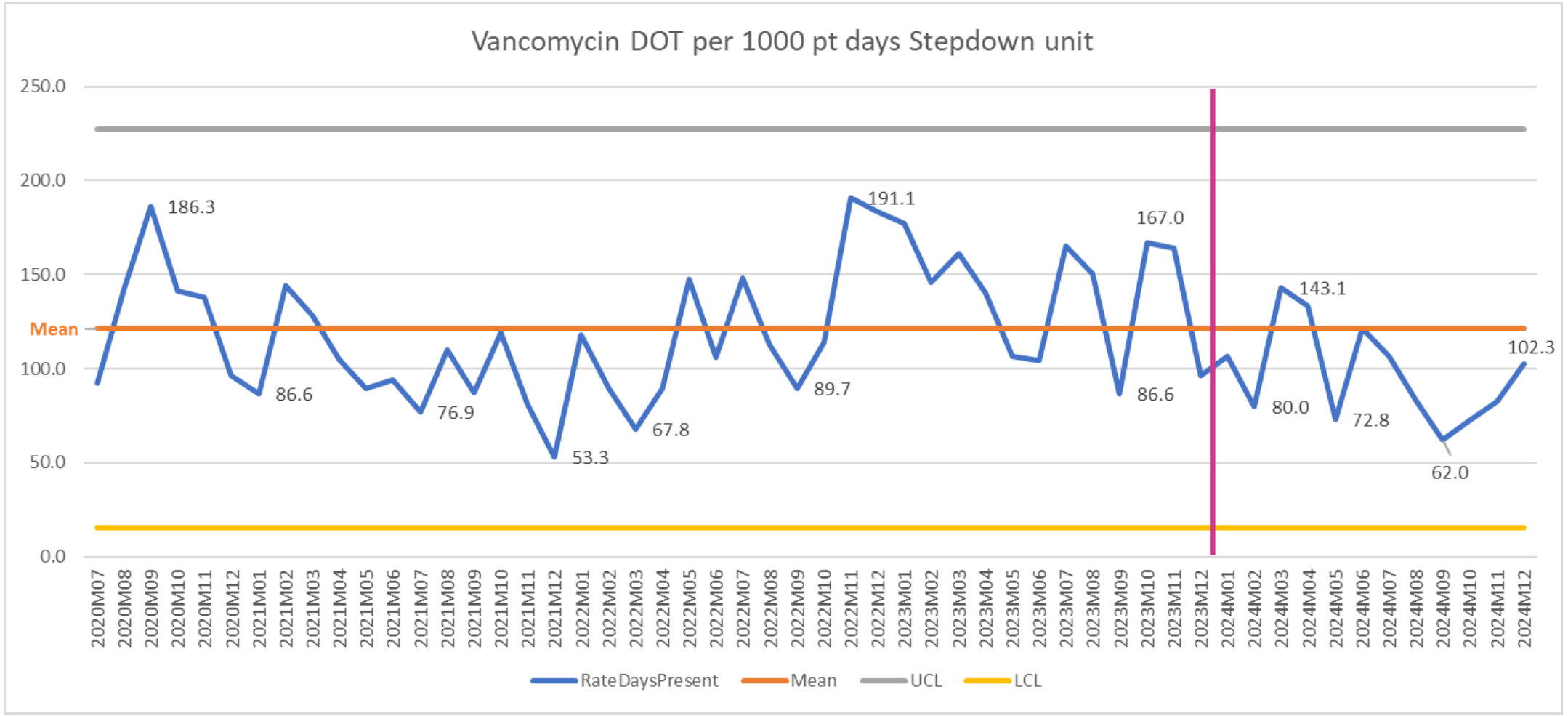


Pre-Intervention Period: Blue Bars
Intervention Period: Orange Bars



Medical Step-down Unit IV Vancomycin Use



Pink line = Vancomycin stewardship reviews stepdown unit (1/2/24) and for ABSSSI/Bone/Joint any location (1/15/24)

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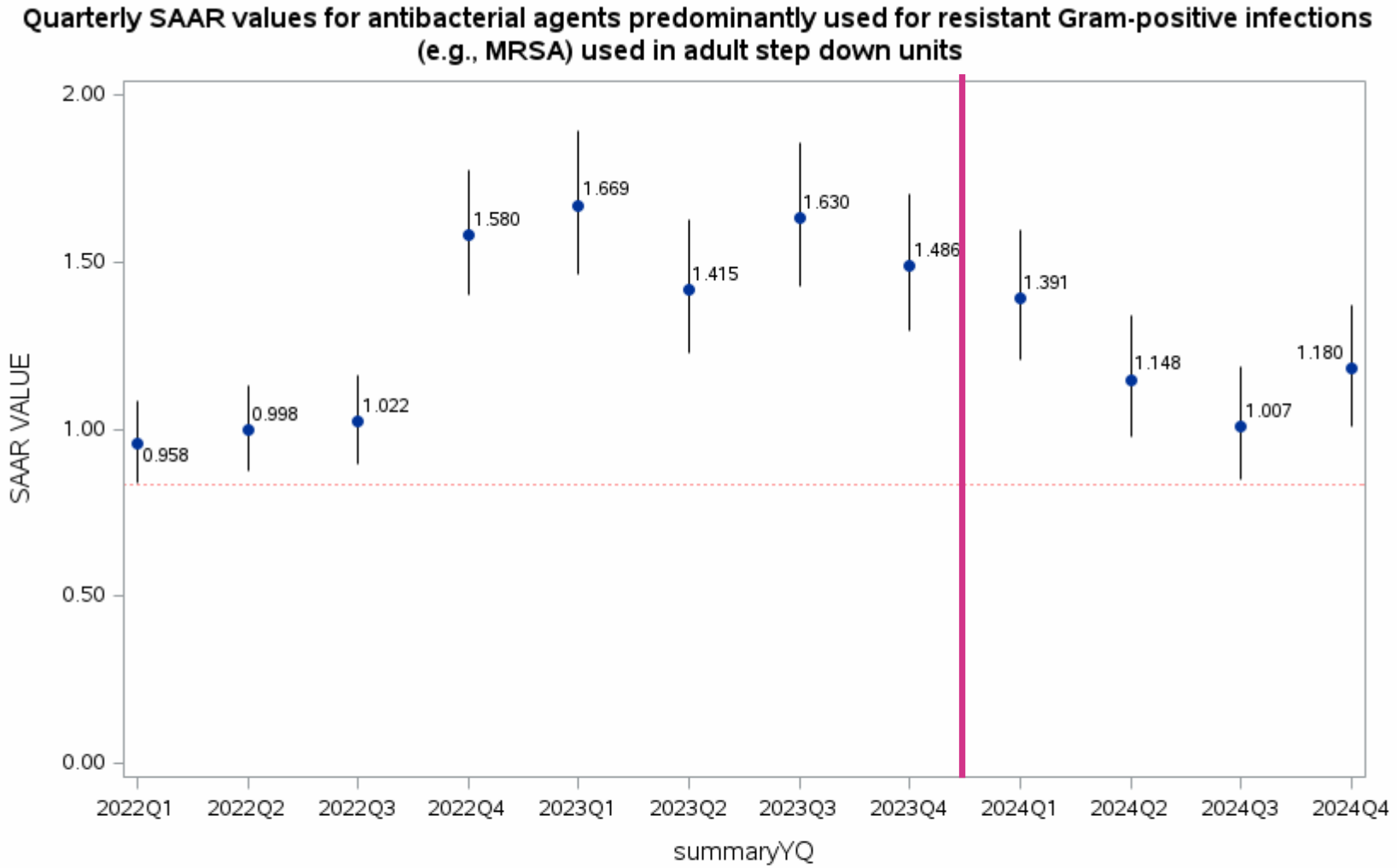
Medical Step-down Unit IV Vancomycin Use



Includes data for January 2017 and forward. The SAAR is only calculated if the number of predicted antimicrobial days (numAUDaysPredicted) is >=1.

If antimicrobial days exceed days present for any SAAR categories except the All Antibacterial SAAR, a SAAR will not be calculated and data should be validated for accuracy.

If a SAAR 95% confidence interval (vertical line) includes 1.0 (dashed horizontal line), this indicates that reported antimicrobial use is not statistically significantly different from predicted antimicrobial use.

Data restricted to medical, medical-surgical, surgical, step down and oncology locations.

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Stroke Certification with Resolution

Dr. Agnieszka Ardelt-Chair of Neurology

MetroHealth Comprehensive Stroke Center Certification

Agnieszka A. Ardelt, MD, PhD, MBA, FAHA
Chair, Department of Neurology, MetroHealth
Professor, Department of Neurology, Case Western Reserve University SOM
Medical Director, MetroHealth Stroke Programs

MetroHealth Stroke Programs: Certification

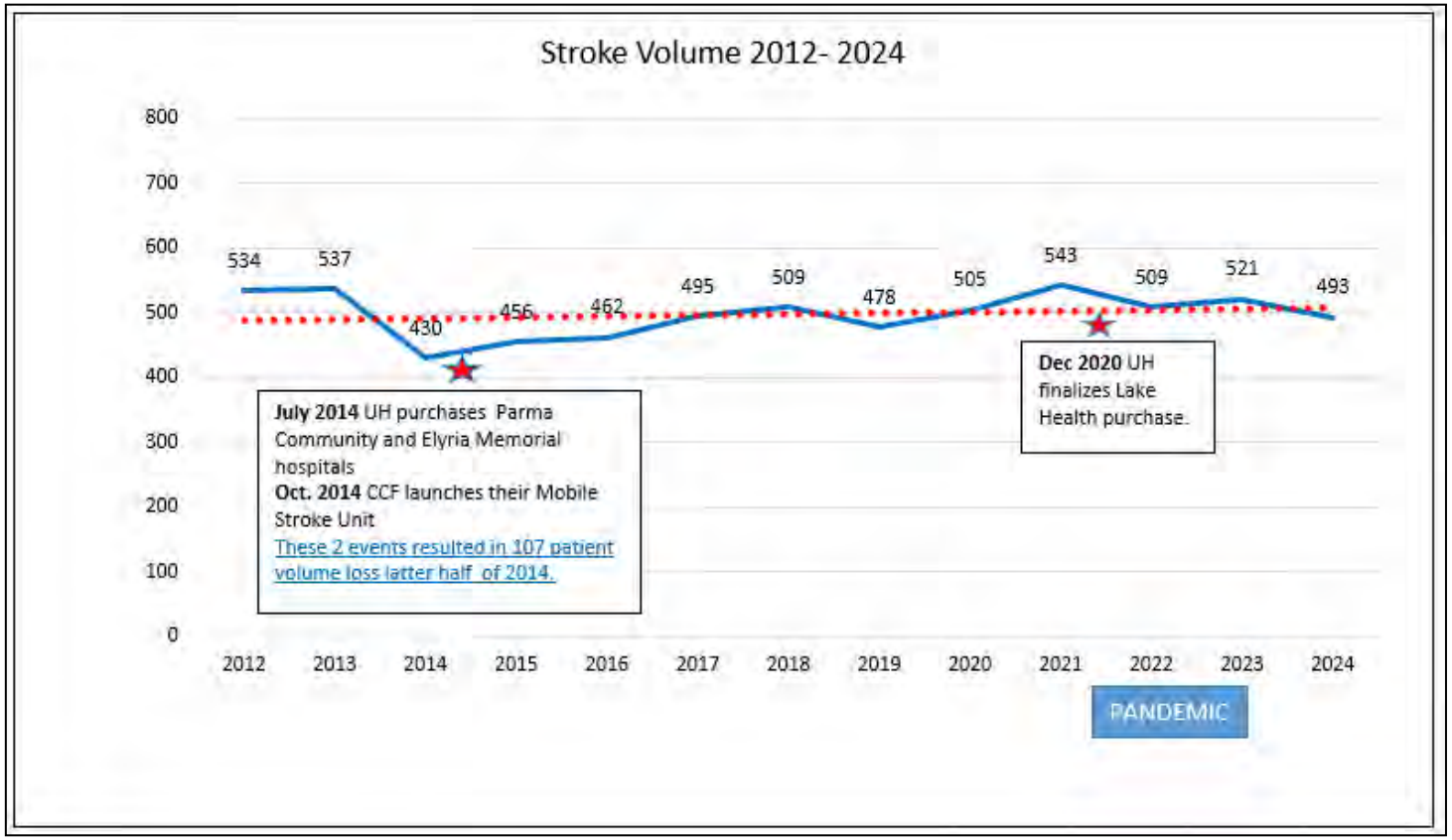
- Continuous certification (2-year recertification cycle) by The Joint Commission (TJC) since 2014 as a Comprehensive Stroke Center (CSC; center providing the highest level of stroke care)
- Parma and Brecksville Community Emergency Department (CED) certification by TJC in 2019 as Acute Stroke- Ready Emergency Departments
- Parma, Brecksville, and Cleveland Heights Emergency Department certification (3-year certification cycle) by ACHC as Acute Stroke-Ready Emergency Departments in 2021 and recertification in 2024

ACHC

- Two accreditation agencies, Healthcare Facilities Accreditation Program (HFAP) and Accreditation Commission for Health Care (ACHC), merged in 2020 under the ACHC name
- Diverse beginnings of ACHC and HFAP, but HFAP was the original hospital accreditation organization starting in 1945
- ACHC philosophy is focused on education and outcomes which is in alignment with the MetroHealth Stroke Program vision

MetroHealth Stroke Programs: Threat

- TJC requires **specific minimums** for certain diagnoses and procedures
- MetroHealth (MH) is at risk for not meeting the minimums
  - MH is the smallest of the health systems in the Cleveland region subject to external forces that affect the number of acute stroke patients for whom we care



1. Decreasing overall stroke volume leads to decreasing volume of patients requiring procedures.
2. MH Stroke Program's threshold for procedures is appropriate based on guidelines and comparative institutions.

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MetroHealth – TJC Minimums

1. Subarachnoid hemorrhage treatment: The CSC demonstrates that care is provided to 20 or more patients per year with a diagnosis of subarachnoid hemorrhage caused by an aneurysm.
   Note: *Care provided to 40 or more patients over a two-year period is acceptable.*
2. Aneurysm treatment: The CSC has treated 15 or more aneurysms per year using an FDA-approved device.
   Note: *Treating 30 or more aneurysms over a two-year period using an FDA-approved device is acceptable.*
3. Intravenous (IV) thrombolytic therapy: The CSC demonstrates that IV thrombolytic therapy is administered 25 or more times per year for eligible patients.
   Note 1: *Providing IV thrombolytic therapy to a total of 50 eligible patients over a two-year period is acceptable.*
   Note 2: *IV thrombolytic therapy administered in the following situations can be counted in the requirement of 25 administrations per year:*
   - *IV thrombolytic ordered and monitored by the CSC via telemedicine with administration occurring at another hospital*
   - *IV thrombolytic administered by another hospital, which then transferred the patient within 24 hours to the CSC*
4. Mechanical thrombectomy: The CSC demonstrates its ability to treat patients requiring mechanical thrombectomy by meeting the following criteria:
   - The organization has performed mechanical thrombectomy and post-procedure care for at least 15 patients with ischemic stroke in the past 12 months.
     Note: *Performing 30 or more mechanical thrombectomies and providing post-procedure care over the past 24 months is acceptable.*
   - All physicians at an organization applying for CSC certification or recertification have performed 15 mechanical thrombectomies each over the past 12 months or 30 over the past 24 months. (In evaluating the number of mechanical thrombectomies performed by individual physicians, procedures performed at hospitals other than the one applying for CSC certification can be included in the individual physician's total.)

MH CSC was last recertified in 2024 based on rolling average minimums through Q2 of 2024. Minimums are not negotiable.

	2023	2024	2 -year volume	minimum required
IV thrombolysis	53	64	**117**	50
Mech. thrombectomy	35	31	**66**	60
Physician 1	18	9	27	30
Physician 2	17	22	**39**	30
Aneurysmal SAH	26	20	**46**	40
total procedures	18	10	28	30
CEA/CAS	41	50	**91**	60

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Concerns Regarding TJC Minimums

- Little information from specialty associations is available
- There is no demonstration of causation between TJC minimums and **outcome**
- Minimums are not data-driven but are based on **selected** expert opinion without opportunity for on-going public comment

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Concerns About Losing CSC Certification and Being Certified as a Primary Stroke Center

- Loss of sickest stroke patients
- Loss of advocacy for the sickest underserved stroke patients
- Loss of talented stroke care providers
- Domino effect on other MetroHealth programs, e.g., loss of neurocritical care and downstream negative effect on neurosurgery and trauma in terms of patient outcome and recruitment/retention
- Loss of reputation

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Recommendation: Certify with ACHC

STANDARD

The Stroke Program is appropriately staffed to perform a defined minimum number of stroke and cerebrovascular procedures.

REQUIRED ELEMENTS

The comprehensive stroke center has a written policy that outlines neurosurgical and neurointerventional staffing coverage, including support personnel. This policy is approved by the neurosurgeon(s) and the leadership of the stroke center. For thrombectomies, staffing includes a nurse and a technician trained in the procedure.

A call schedule for neurosurgery and neurointerventional radiology is available to all departments, providers, and staff involved in stroke care. Neurosurgeons, neurointerventionalists, surgical and interventional qualified support personnel are available 24 hours a day, seven days a week, along with equipment and supplies to provide stroke and cerebrovascular care. Surgical and interventional staff must be onsite within 30 minutes of the identified emergency.

To maintain proficiency, annual case volume requirements per provider should minimally include:

- Subarachnoid hemorrhage (excluding trauma).
- Elective and emergent aneurysmal clippings and/or endovascular coilings.
- Carotid stents and/or endarterectomies.
- Thrombectomies.

The goal of a thrombectomy procedure is reperfusion as early as possible within the therapeutic window. Mechanical thrombectomy should not be delayed for thrombolytic administration and should be performed for acute ischemic stroke (AIS) patients with large vessel occlusion (LVO) within 24 hours of time last known well.

Case volume requirements should align with evidence-based guidelines and outcome data. When case volumes are unmet, other means of maintaining competency must be defined. If case volume requirements are otherwise specified in state regulation, these volumes must be met.

- ACHC aligns better with MH Stroke Program's vision in terms of emphasis on education and outcome
- There is a proven track record of collaboration between MH and ACHC
- ACHC directs organizations to determine and justify individualized minimums to achieve excellent outcomes

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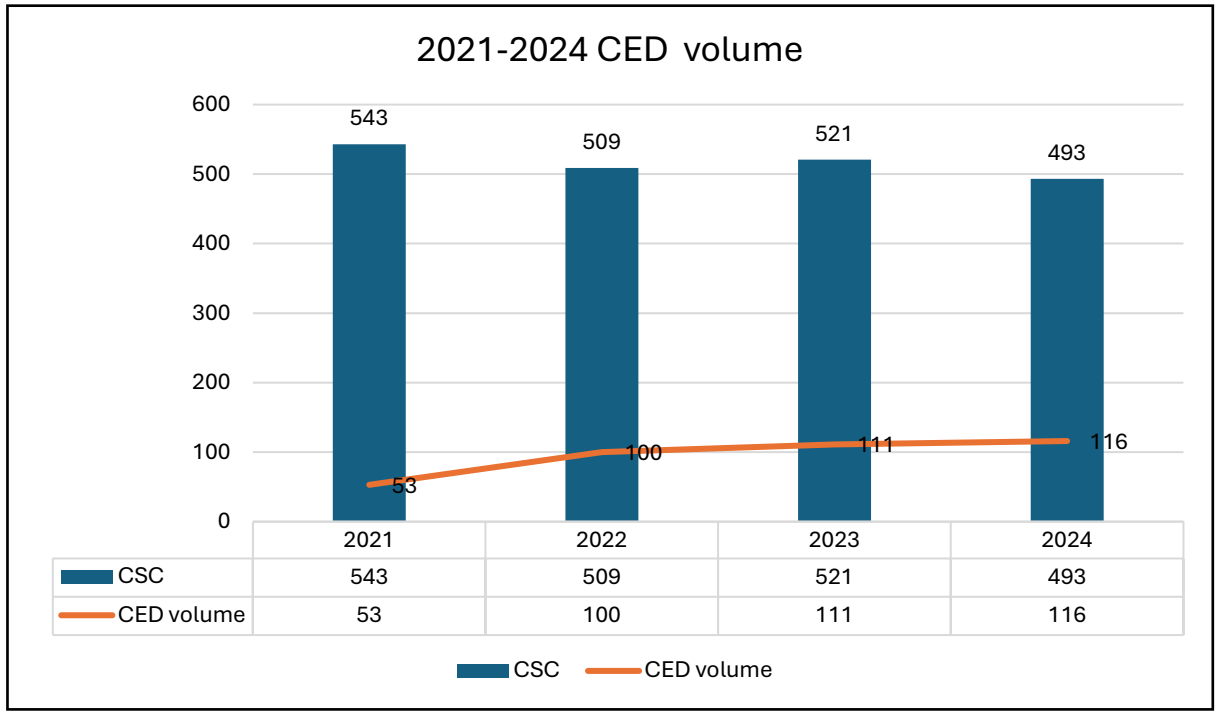
Concerns About Switching From TJC to ACHC: Loss of EMS Traffic



- Prior switch from TJC to ACHC in 2021 did not affect EMS traffic (this was the beta test)
- Still need to mitigate any decrease, and even increase, stroke transports to MH
  - Enhance MH – Cleveland EMS collaboration
  - Enhance educational collaborations with independent fire stations
  - Open house and town halls for EMS
  - Regional advertising, e.g., **all** MH Emergency Departments are stroke-certified
  - Certification of CED as an Acute Stroke-Ready Hospital or Primary Stroke Center (Parma or Cleveland Heights)
  - Mobile Stroke Unit

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Concerns About Switching From TJC To ACHC: Negative Effects on MH Reputation

Ohio Department of Health 2024 Hospital Stroke Level Recognition

	ACHC	DNV	TJC
CSC	1 (Kettering)	1	12
TC	0	0	7
PSC	10	1	43
SR	5	2	9
Total	16	4	71

Note: Each agency established CSC certification in 2012 for institutions accreditation by their individual company. Several years later, all agencies opened certification to any program with accreditation in good standing

At this moment, we don't have a choice. If there are changes in the future, re-certifying with TJC can be reconsidered.

- Relationships with UH and CCF
  - UH-MH Neurology Grand Rounds
  - UH-MH Research Day
  - Stroke Net Clinical Studies participation with UH, CCF, and other centers
- Relationship with ODH
- Regional and national presence
  - Stroke program with LWHS
  - Brain Health reframing

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Timeline and Cost

MAR 1
CEO/BOD approval and signed document(s). **AA/JS**

MAR 31
- Application and fee to ACHC (6 month prior to survey) **RC**
- Approved program budget signed by leadership. **AA/JS/RC**

**TNK, aSAH, Elec. Aneurysm clip/coil, CEA/CAS, MT: volumes, outcome and quality metrics.*
JS/SW/JP/DR/Persky

APR 30
Appointment letter for Medical Directors with specified fixed lines of authority and oversight. **AA/JS**
Community and EMS education. **RC/KG**

JUN 1
All staff Stroke education hours + RN competencies. **Dept. Leaders**

JUL 31
Resident/Fellow NIHSS and Stroke education complete **Dept. Leaders**

August
ACHC ONSITE CSC CERTIFICATION SURVEY

Once RFI action plans approved, CSC is certified by ACHC until **AUG 2028**.

Cost:

ACHC	$42K 3-year certification cycle.
	No surveyor travel fees for any on-site visits.
	Includes 18-month on-site intracycle review.
	Certification fee is due at application.
TJC	$44.5K 2-year certification cycle.
	Additional $5K surveyor travel fees.
	Certification fee is billed annually.
	Intracycle review is a video call.

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Thank you


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REAFFIRMATION OF SUPPORT FOR CERTIFICATION OF STROKE CARE PROGRAMS

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RESOLUTION XXXXX

WHEREAS, the Board of Trustees ("Board") of The MetroHealth System ("The System"), along with its executive leadership, administrative, and medical staff, has previously affirmed its commitment to delivering the highest standard of stroke care to residents of Northeast Ohio through its Comprehensive Stroke Center and Acute Stroke-Ready Community Emergency Departments; and

WHEREAS, the Board has received a recommendation to reaffirm its commitment to providing top-tier stroke care for the residents of Northeast Ohio by securing ACHC certification for its Comprehensive Stroke Center, in alignment with the certification of the Acute Stroke-Ready Community Emergency Departments; and

WHEREAS, the Quality, Safety & Patient Experience Committee has reviewed and now recommends approval of this proposal;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees of The MetroHealth System hereby reaffirms its dedication to supporting the provision of the highest level of stroke care available to residents of Northeast Ohio through its Comprehensive Stroke Center by obtaining ACHC certification.

BE IT FURTHER RESOLVED, that the President and Chief Executive Officer, or their designee, is authorized to take any necessary actions to implement this resolution.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

February 2025