The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING
Wednesday February 26, 2025
11:00 am – 1:00 pm
In-person K107/Via Zoom

Meeting Minutes

Committee Members:	Ronald Dziedzicki-I, E. Harry Walker, MD-I
Other Trustees:	Sharon Dumas-I, Michael Summers-I,
Staff:	Christine Alexander-Rager, MD-I, Agnieszka Ardelt, MD-I, Robin Barre-I, Ivan Berkel-I, Michelle Block-I, Stacey Booker, RN-I, Chris Briddell-I, Robert Bruce, MD-I, Nabil Chehade, MD-I, Joseph Golob, MD-I, Michelle Hecker, MD-I, Derrick Hollings-I, Matthew Kaufmann-I, Nisrine Khazaal-I, William Lewis, MD-I, Srinivas Merugu, MD-I, Charles Modlin, MD-I, Candy Mori, RN-I, Allison Poulios-I, Nicole Rabic, RN-I, Amy Ray, MD-I, Brian Rentschler-I, Tamiyka Rose-I, Jon Schrock, MD-I, Deborah Southerington-I, David Stepnick, MD-I, Maureen Sullivan, RN-I, James Wellons-I, Donald Wiper, MD-I
Guests:	Mike Cronin (Deloitte)

Mr. Dziedzicki called the meeting to order at 11:01 am 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 October 23, 2024, Quality, Safety, and Experience Committee meeting as presented, which was given, seconded and unanimously approved.

II. Information Items

Patient Safety Story Video

Mr. Dziedzicki introduced Dr. Golob, EVP, Chief of Quality and Safety and Stacey Booker, Director of Patient Safety and High Reliability, who presented a video to the committee discussing the MetroHealth Great Catch Program. The video highlighted the importance of near miss or great catch reporting. A near miss is a patient safety event that is caught by staff members, by process, or even by

chance, before it reaches the patient to avoid harm to the patient. These events are crucial to proactively identify issues and finding solutions to prevent patient harm. An example of a near miss is when a nurse was about to administer a medication and used barcode scanning which alerted her that it was the wrong patient. This incident was reported by the nurse, which prompted a closer look at the process and identify areas where intervention could have been made earlier to prevent harm to the patient. This process is not limited to inpatient care but also extends to ambulatory services such as Radiology and Laboratory.

The patient safety team reviews all safety events and takes a report of all near misses from the month. The patient safety committee votes on the great catch of the month in collaboration with the Office of Professional Affairs. Last year, a great catch of the year was incorporated in patient safety week to allow caregivers to vote on the great catch of the year.

Last year, over 2,100 near misses were reported throughout the organization, which is important because the Great Catch program seeks to improve patient safety measures and reach the true north goal of eliminating patient harm.

Review System Quality Assurance Performance Improvement (QAPI) Plan
Dr. Golob directed the Committee's attention to the QAPI plan that was included in the meeting material. Dr. Golob explained that the QAPI plan does not require a resolution but provides a summary of the Quality Safety Experience Group. The QAPI plan is reviewed by the Joint Commission at the start of a survey and recently the Quality team was complimented by the Joint Commission on the QAPI plan.

Antimicrobial Stewardship Program
Mr. Dziedzicki introduced Dr. Michelle Hecker, Medical Director of the MetroHealth Antimicrobial Stewardship Team, who discussed the Antimicrobial Stewardship Program (ASP) and its mission and purpose. The program was established to combat antibiotic resistant bacteria and was mandated by the Joint Commission in 2016 to establish an antimicrobial stewardship program in all hospitals. MetroHealth formally established an antimicrobial stewardship program in 2012, one of the first programs established in the region. The antimicrobial stewardship program aims to optimize necessary antibiotic use and decrease unnecessary use, contributing to the provision of safe and high-quality patient care and population health. Antibiotics are commonly prescribed and used sub-optimally, affecting not only individual patients but the entire population. Antibiotics also have the potential for causing significant adverse effects, such as C. difficile infection, acute kidney injury, and allergic reactions. To ensure the proper use of antibiotics, the

program has implemented interventions such as prospective audits, feedback, division/department lectures/meetings, and annual medical staff updates.

The Adult stewardship program includes collaboration with the Emergency Department (ED), comprised of 3 ED pharmacists who closely monitors and reviews pre-procedural antibiotic administration. The team reviews order sets and manage the "Culture Call Back" program, reviewing culture results or microbiologic tests to determine if a patient has not received the appropriate antibiotic treatment. They also collaborate closely to optimize processes and outcomes to manage sepsis cases.

The Pediatric/Neonatal Stewardship program involves working with the Neonatal Intensive Care Unit team and participating in the development of guidelines related to antibiotic use in pediatrics/neonatology with one pharmacist who reviews order sets and manages the pediatric/neonatal stewardship program.

Stroke Certification with Resolution
Mr. Dziedzicki introduced Dr. Agnieszka Ardelt, Chair, Department of Neurology, and Dr. Jon Schrock, Co-Chair, Stroke Program, to discuss the importance of stroke certification. Dr. Ardelt explained that MetroHealth has been certified as a comprehensive stroke center, providing the highest level of stroke care, by The Joint Commission since 2014. In 2019 MetroHealth Parma and MetroHealth Brecksville were certified by the Accreditation Commission for Health Care (ACHC) as stroke ready emergency departments. The Joint Commission requires specific minimums for certain diagnoses and procedures, which MetroHealth is at risk of not meeting the minimums requirement.

Due to The Joint Commission requiring specific minimums for certain diagnoses and procedures, as MetroHealth is the smallest of the major health systems in the Cleveland region, external forces have affected the number of acute stroke patients for whom we care. As a result, some of these diagnosis and procedures require minimums that are very small outside of the entire stroke population. Because the minimums are not negotiable, MetroHealth is at risk of losing comprehensive stroke center certification which could lead to the loss of the sickest stroke patients, loss of talented stroke care providers, and cause a domino effect on other MetroHealth programs, and loss of reputation.

Switching certification requirements from The Joint Commission to the Accreditation Commission for Health Care could result in loss of EMS traffic, but there is still a need to mitigate any decrease or increase in stroke transports to MetroHealth. To address this, the recommendation is to certify our comprehensive

stroke center with the ACHC which aligns better with MetroHealth's stroke program's vision.

The timeline and cost for the ACHC certification cycle are $42K for a 3-year certification cycle, no surveyor travel fees for on-site visits and includes an 18-month on-site intracycle review. The timeline and cost for The Joint Commission certification cycle are $44.5K for a 2-year certification cycle and an additional $5K for surveyor travel fees. A resolution for the reaffirmation of support for certification of stroke care programs will be presented for committee level approval and then submitted to the Board for full approval.

Executive Session

Mr. Dziedzicki asked for a motion to move into executive session to discuss hospital trade secrets as defined by ORC 1333.61 and to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee, or the investigation of charges or complaints against a public official, and to conference with the public body's attorney to discuss disputes involving the public body that are the subject of pending or imminent court action as defined by ORC 121.22(G). 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 11:50 am.

Following executive session, the meeting reconvened in open session at approximately 12:59 pm.

Recommendation / Resolution Approvals

A. Reaffirmation of Support for Certification of Stroke Care Programs

Mr. Dziedzicki called for a motion for the approval of the Reaffirmation of Support for Certification of Stroke Care Programs, which was given, seconded and the resolution was passed to be presented to the Board of Trustees for full approval.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 12:59pm.

THE METROHEALTH SYSTEM

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