

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday May 28, 2025

11:00 am – 1:00 pm

MetroHealth Board Room K107 / Virtual

Meeting Minutes

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

Other Trustees: John Corlett-I, Michael Summers-I

Staff: Christine Alexander-Rager, MD-I, Robin Barre-I, Michelle Block-I, Stacey Booker, RN-I, Victoria Bowden-I, Nabil Chehade, MD-I, William Dube-R, Joseph Golob, MD-I, Derrick Hollings-I, Matthew Kaufmann-I, Jennifer Lastic-I, William Lewis, MD-I, Candy Mori, RN-I, Nicole Rabic, RN-I, Brian Rentschler-I, Tamiyka Rose-I, Deborah Southerington-I, David Stepnick, MD-I, Maureen Sullivan, RN-I, James Wellons-I

Invited Guests: N/A

Other Guests: Guests not invited by the Board of Trustees are not listed as they are considered members of the audience and some were not appropriately identified.

Mr. Dziedzicki called the meeting to order at 11:00 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 February 26, 2025, Quality, Safety, and Experience Committee meeting as presented, which was given, seconded and unanimously approved.

II. Information Items

A. Patient Experience Story (Video) – J. Lastic

Mr. Dziedzicki introduced Jennifer Lastic, Director of Experience Excellence, who presented a patient experience story to the committee. The video highlighted the experience of Jim Highland, a burn victim who received care at MetroHealth's Burn Unit after a house fire. Mr. Highland's niece, Kelly, who is also a MetroHealth employee, praised the comprehensive and compassionate care provided by all staff, including environmental services, dining, social work,

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and clinical care teams. The video illustrates MetroHealth's commitment to holistic, empathetic care and the importance of every employee's role in patient experience. Mr. Highland's recovery journey, supported by his family and the burn center team, was a testament to MetroHealth's excellence in trauma and burn care, reinforcing the burn center's legacy as a critical regional resource.

B. Improving the Patient Experience – M. Sullivan

Mr. Dziedzicki introduced Maureen Sullivan, VP, Patient Experience & Service Excellence, who presented an update on patient experience, focusing on four key areas: reputation, survey methodology changes, complaints and grievances, and the year's theme of empathy. The reputation analysis compared MetroHealth's performance against local competitors, using a five-star rating system based on ten dimensions of care. MetroHealth held a middle position in several domains, ranked first in a few, and identified areas for improvement in discharge processes and communication. These insights were derived from patient surveys, which had a 14% response rate, which is considered low. Survey methodology was updated to improve survey participation and data quality. The data collection period was extended from 42 to 49 days, resulting in a significant increase in response rates—from 13.5% in 2024 to 22.5% in Q1 2025. Ms. Sullivan explained that the hospital had standardized survey questions and adopted a four-point scale to improve data consistency and comparability. Although this change initially led to a drop in scores, it was seen as a necessary recalibration to better reflect patient experiences and drive meaningful improvements. MetroHealth also demonstrated excellence in handling complaints and grievances, resolving 100% of 432 grievances within 30 days in Q1 2025, with no citations during The Joint Commission Triennial Survey in December 2024. Additionally, accessibility complaints were addressed by implementing several initiatives, including infrastructure upgrades such as automatic door repair and installation, improved language access services, and enhanced communication methods for patients with visual impairments. A major focus of the improvement strategy, the "Empathy in Action," training program builds on previous service excellence initiatives. This 50-minute, in-person and interactive training session helps staff understand and practice empathy through interactive role-playing and reflection. The goal is to foster a culture of emotional intelligence and compassionate care. National Patient Experience Week 2025 further emphasized the commitment to empathy through creative and engaging events such as poetry workshops, a drum circle, and a keynote by Dr. Adrienne Boissy, a nationally recognized speaker on empathy in healthcare.

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C. Nursing Annual Quality Review – Dr. Mori

Mr. Dziedzicki introduced Dr. Candy Mori, Chief Nursing Officer, and Dr. Vickie Bowden, Director, Evidence-Based Practice and Quality. Dr. Bowden provided an overview of MetroHealth's Nursing Department quality improvement (QI) process, emphasizing its long-standing focus on patient outcomes. The current framework for evidence-based practice (EBP) projects utilizes the Iowa Model, with increasing adoption of the FOLD model from Ohio State University. The program differentiates between quality improvement, which focuses on evidence-based practice and patient-centered outcomes, and performance improvement (PI) focuses on continuous improvement. The process begins with nurses completing a standardized form, ensuring frontline staff and interdisciplinary involvement to define problems and desired outcomes. A new initiative implemented in 2024 is the Table of Evidence, requiring staff to cite two literature sources for interventions, which fosters evidence-based practice within nursing and supports MetroHealth's Magnet journey by providing documented quality improvement projects. Similarly, a process improvement project planning form was implemented to capture continuous PI efforts, incorporating Lean Six Sigma principles and utilizing a fishbone diagram to capture feedback from the interdisciplinary team. The Knowledge and Innovation Council, comprised of frontline staff and co-led by Dr. Bowden, reviews submitted projects, provides guidance, and approves initiatives. This council helps differentiate between QI and PI projects, ensuring a focus on patient satisfaction and safety outcomes for QI. Nurse managers and clinical ladder participants are expected to lead or contribute to QI projects, which are tracked through quarterly and monthly reporting, with the goal of completing projects within 6 to 12 months. To encourage frontline engagement, a QR code system was developed that allows staff to submit project ideas directly from their units. This initiative aims to capture grassroots innovations and ensure they are funneled through the appropriate channels for support and implementation. Dr. Bowden acknowledged the challenges of providing protected time for project work but noted that staff are supported through flexible scheduling and assistance from the clinical quality team. Examples of successful projects include reducing wait times in Express Care, improving patient education in endoscopy, and enhancing communication on inpatient units. The Life Flight team also participates in the QI process and focused on improving first-pass intubation success, while the Internal Medicine clinic implemented early retinal screening for diabetic patients using Luminetics Core technology. Other notable projects include the Enhanced Recovery After Surgery (ERAS) protocol to reduce length of stay, inpatient pediatric initiatives to improve pain management, and ongoing efforts to prevent patient falls and pressure injuries. The "Picture This" project, which involves photographing skin

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conditions on admission, has helped accurately document pre-existing conditions and prevent misclassification of hospital-acquired injuries. The Leaf Project, using wearable sensors to monitor patient repositioning, has expanded from ICUs to med-surg units, demonstrating the value of centralized QI oversight in spreading best practices. Projects that reduce harm, improve outcomes, and enhance patient satisfaction are not only ethically imperative but also reduce legal risks and operational costs. Dr. Bowden expressed pride in the nursing team's dedication to continuous improvement and the collaborative spirit that drives innovation across the organization.

III. 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 Mr. Summers and seconded by Mr. Corlett. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 11:49 am.

Return to Open Meeting

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

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

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