Quality, Safety & Experience Committee Meeting - Copy

The MetroHealth System
MetroHealth Board Room K107 - 2500 MetroHealth Dr., Cleveland, OH 44109
2026-02-23 17:00 - 18:00 EST

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QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: Wednesday, February 25, 2026
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 22, 2025

II. Information Items

A. Patient Safety Great Catch - S. *Booker* (5 min.)
B. What is QAPI? – *Dr. Golob* (20 min.)

III. Executive Session

IV. Return to Open Meeting

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING
Wednesday October 22, 2025
1:00 pm – 3:00 pm
MetroHealth Cleveland Heights A2-2016 / Virtual

Meeting Minutes

Committee Members:	Ronald Dziedzicki-I, E. Harry Walker, MD-I
Other Trustees:	John Moss-I, Dolores (Lola) Garcia-R, Michael Summers-I
Staff:	Christine Alexander-Rager, MD-I, Michelle Block-I, Doug Bruce, MD-R, Stacey Booker, RN-R, Kevin Chagin-I, Nabil Chehade, MD-I, Corryn Firis-I, Joseph Golob, MD-I, Matthew Kaufmann-I, Jennifer Lastic-I, Claire Mack-I, Dr. Candy Mori-I, Nicole Rabic, RN-I, Amy Ray, MD-I, Brian Rentschler-I, Jeff Rooney-I, Tamiyka Rose-I, Deborah Southerington-R, Maureen Sullivan, RN-I, James Wellons-I
Invited Guests:	None
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 12:59 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 August 27, 2025 Quality, Safety, and Experience Committee meeting as presented, which was given, seconded and unanimously approved.

II. Information Items

A. Patient Experience Story – J. Lastic

Mr. Dziedzicki introduced Jennifer Lastic, Director of Experience Excellence, who presented a Patient Experience video to the Committee, highlighting shared medical appointments for osteoporosis led by Dr. Maria Antonelli. Shared medical appointments provide multiple benefits, including enhanced patient education, peer-to-peer learning, and improved health outcomes through shared experiences. Patients reported that these group visits allowed more frequent access to Dr. Antonelli and fostered a sense of community.

Patients credited the program with improving quality of life, increasing awareness of health behaviors, and supporting informed decision-making about medications and increasing awareness of health behaviors. Testimonials praised Dr. Antonelli's compassionate care and MetroHealth's longstanding commitment to patient-centered service, with one patient calling the experience "one of the best" in 45 years of care at MetroHealth.

B. Annual Infection Prevention Update – A. Ray, MD / C. Mack

Mr. Dziedzicki introduced Dr. Amy Ray, VP Infection Prevention & Epidemiology, to present the annual infection prevention update. Dr. Ray outlined the overarching goal of infection prevention: to eliminate infectious complications across the continuum of care. Hand hygiene remains the cornerstone of infection prevention, with MetroHealth striving for 100% compliance, exceeding the Joint Commission's 90% benchmark. MetroHealth's compliance rates consistently remain in the high 80s, supported by a robust auditing system that collects between 8,000 to 12,000 observations annually. Audits are conducted in both inpatient and ambulatory settings, with point-of-care feedback provided to staff, fostering a culture of continuous improvement. Dr. Ray discussed the challenges of observational bias, such as the Hawthorne effect, and the importance of random, unannounced audits to ensure accurate data.

Dr. Ray then reviewed multiple healthcare-associated infection (HAI) metrics:

1. CAUTI – Catheter-Associated Urinary Tract Infection

Year-to-date, 15 CAUTI infections were reported which falls below the 19 cases predicted by the NHSN benchmark. While favorable, Dr. Ray noted opportunities for improvement. Utilization of Foley catheters has increased, especially in non-intensive care units, with a 36% rise compared to 2023. The team now conducts huddles on every CAUTI case, implements chlorhexidine bathing more widely, and focuses on reducing catheter use. Confusion caused by eight different catheter-related order sets in the electronic health record has been addressed by consolidating and simplifying them in collaboration with the clinical informatics team. Dr. Ray emphasized that the most effective prevention strategy remains timely catheter removal. Non-invasive external urine-collection devices for both men and women are in use systemwide, although they require additional staff effort.

2. CLABSI – Central-Line Associated Bloodstream Infection

MetroHealth traditionally maintains low central-line utilization and currently has a standardized infection ratio (SIR) of 0.56, with nine CLABSI infections year-to-date. Infections appear split between early insertion-related causes and

later maintenance-related causes, indicating opportunities for improvement in both areas.

3. Surgical Site Infections (SSI)
Colon SSI rates are historically much improved, from 16% several years earlier to 3.4%. For the current year, five infections have occurred against a prediction of four. Dr. Ray explained that the population served includes many patients with trauma, including gunshot wounds, which greatly increases infection risk. Hysterectomy SSI volumes are low, with only one infection year-to-date.

4. C. difficile Infection
C. difficile infections are being addressed through multidisciplinary efforts involving environmental services, antimicrobial stewardship, and nursing. Although MetroHealth is currently at the 50th percentile nationally, the trend is downward, indicating progress.

5. MRSA Bacteremia
Twelve hospital-acquired MRSA bloodstream infections have been reported. Expanded use of daily chlorhexidine bathing was implemented in August 2025 and is expected to reduce rates going forward.

6. Personal Protective Equipment (PPE) Compliance
Personal protective equipment (PPE) compliance was also discussed, with audits showing adequate inventory but room for improvement in usage. Similar to hand hygiene, national studies show 40–60% compliance is typical.

Dr. Ray concluded the presentation by highlighting additional responsibilities of the infection prevention team, including monitoring immunization rates and preparing for potential outbreaks of vaccine-preventable diseases such as measles. With immunization rates among kindergartners in Cuyahoga County falling below 90%, the team has developed protocols for rapid identification and isolation of suspected cases, including the use of negative pressure rooms. The team also oversees high-level disinfection processes, ensuring safety and efficiency across the system.

C. **Patient Experience Update** – J. Lastic / M. Sullivan
Next, Mr. Dziedzicki introduced Maureen Sullivan, VP Patient Experience & Service Excellence and Jen Lastic, Director of Experience Excellence, who presented a comprehensive update on patient experience initiatives, focusing on reputation, survey participation, outpatient surgery improvements, empathy training, and advisory council engagement.

Reputation & HCAHPS Performance:

- MetroHealth remains at three stars overall but achieved notable gains in nurse communication, ranking first among local competitors (Cleveland Clinic and University Hospitals).

Survey Participation:

- Response rates improved from 13% to 18.5% following adoption of multi-modal outreach (web, mail, and phone).
- Phone surveys, though costlier, yielded richer feedback and enhanced demographic diversity, supporting equity in quality improvement efforts.

Outpatient Ambulatory Surgery:

- Public reporting anticipated soon; internal metrics show significant improvement in patient understanding of procedures, pain management, and discharge instructions.
- Persistent challenges include anesthesia side-effect communication and courtesy at check-in, addressed through revised guides, enhanced verbal communication, and staff training.

Empathy in Action Curriculum:

- Launched in the Emergency Department (ED) to address low patient experience scores and cultural concerns.
- Training emphasizes presence, validation, and listening, reinforced through role-play and real grievance scenarios.
- Results: ED scores improved dramatically (e.g., communication metrics rose from 58% to 65%), with palpable cultural transformation noted by leadership.
- Expansion underway for inpatient nursing (integrated into 2026 Nurse Education Days) and ambulatory settings, with CEUs offered.

Provider Communication:

- Collaboration with Internal Medicine Residency and Simulation Institute to teach best practices: introductions, role clarification, eye-level engagement, and clear explanations of next steps.

Ambulatory Enhancements:

- Focus on reducing frustration through proactive communication about wait times and improving provider listening and explanation skills.
- Steering committee monitors progress monthly, supported by multidisciplinary workgroups.

Patient & Family Advisory Council (PFAC):

- PFAC members contribute to quality, safety, service excellence, technology usability, and educational material development.
- Recent collaborations include falls prevention education, empathy curriculum design, and surgical guide revisions.
- Specialized councils address unique populations (e.g., Pride, Neurodevelopment, Senior Health).

- PFAC involvement in charity care discussions underscores its role in shaping policy and practice.

D. **Charter Language** – C. Firis
Mr. Dziedzicki introduced Corryn Firis, Senior Counsel - Dir Insurance & Claims, to provide an update on the committee charter. Proposed language clarifies that all Trustees may attend Quality, Safety & Experience Committee meetings, but only committee members may vote on matters before the committee. This aligns with broader governance efforts to standardize charters across all committees.

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 Dr. Walker and seconded by Mr. Moss. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 1:47 pm.

Return to Open Meeting

Following executive session, the meeting reconvened in open session at approximately 2:57 pm. There being no further business to bring before the Committee, the meeting was adjourned at approximately 2:58pm.

THE METROHEALTH SYSTEM

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

MetroHealth True North

MetroHealth
Devoted to Hope, Health, and Humanity

Patient Safety Great Catch

Stacey Booker-Director, Patient Safety & HRO

MetroHealth
Devoted to Hope, Health, and Humanity

What is QAPI?

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

Quality, Safety and Experience Regulatory Oversight

There are many organizations with regulatory oversight → Below are 3 critical ones

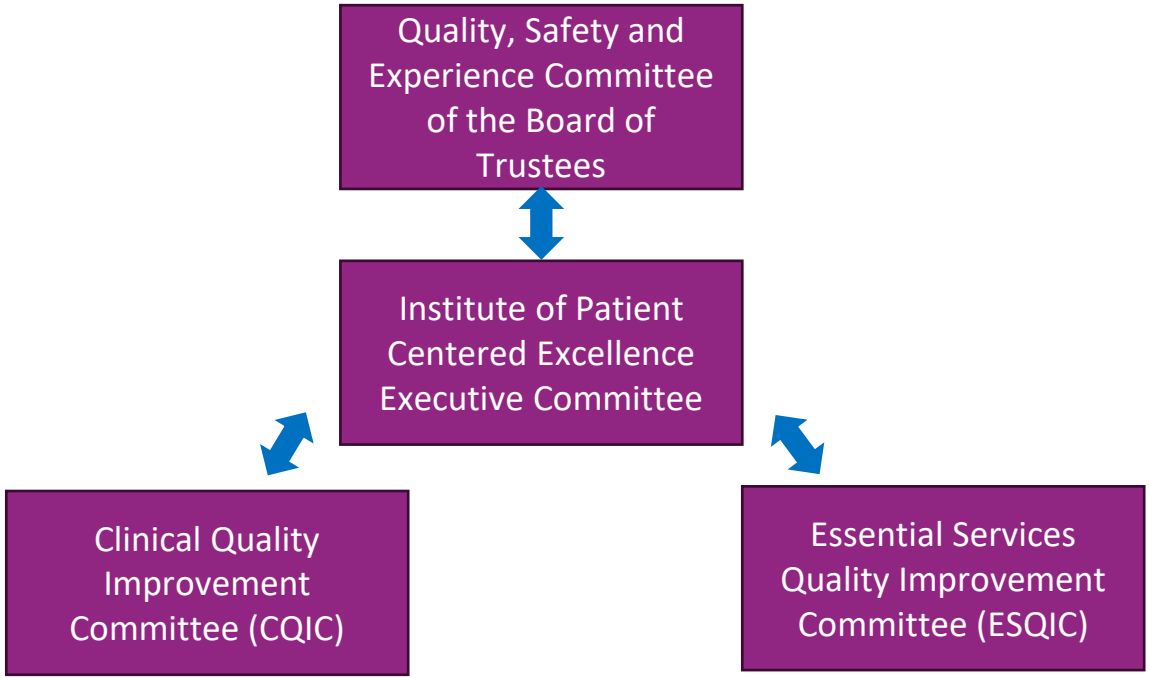
The Joint Commission (Accreditation)	Centers for Medicaid and Medicare Services (CMS)	Ohio Department of Health (Licensure)
Joint Commission Standards	Conditions of Participation (CoP)	Ohio Administrative Code
Approved by CMS to evaluate CoP		Approved by CMS to evaluate CoP

Quality Assurance Performance Improvement (QAPI) Plans

- Under CoP 42 CFR Section 482.21 (CMS) & O.A.C 3710-22-07 (State) hospitals must develop, implement, and maintain an ongoing, data-driven QAPI Program that:
  - Is hospital-wide and addresses **all departments and services**
  - Is **ongoing** rather than episodic
  - **Reflects the complexity** of the hospital's organization and services
  - Focuses on **patient safety, quality of care, and reduction of medical errors**
  - Includes QAPIs targeting high-risk, **high-volume or problem-prone areas**
  - Demonstrates **Governing Body oversight** and accountability
  - **Uses data and analytics** to drive improvements and track effectiveness

CQIC & ESQIC are an Essential Piece of the System QAPI Plan

Flow of QAPI Plan Information



MetroHealth

Area/Department QAPI Plans

CQIC and ESQIC are the Mechanism of Meeting QAPI Regulatory Compliance

- CQIC – 23 Department/Areas with 29 A3 QAPI plans reviewed
  - 45% are ongoing
  - 31% are complete
  - 24% are in 30-60-90-day reviews
  - 93% looked to improve clinical outcomes
  - 31% looked to decrease adverse events
  - 62% looked to improve operational efficiency

Area/Department QAPI Plans

CQIC and ESQIC are the Mechanism of Meeting QAPI Regulatory Compliance

- ESQIC – 13 Areas with 13 A3 QAPI plans reviewed
  - 15% are ongoing
  - 8% are complete
  - 77% are in 30-60-90-day reviews
  - 31% looked to improve clinical outcomes
  - 54% looked to decrease adverse events
  - 100% looked to improve operational efficiency