The MetroHealth System Board of Trustees Quality, Safety & Experience Committee Meeting

The MetroHealth System
MetroHealth Board Room K107 - 2500 MetroHealth Dr., Cleveland, OH 44109
2026-05-27 11:00 - 13:00 EDT

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QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: Wednesday, May 27, 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 February 25, 2026

II. Information Items
A. Patient Experience Story - J. Lastic (5 min)
B. Annual Antibiotic Stewardship Update – Dr. Hecker (20 min)
C. Annual Nursing Quality Update – Dr. Mori (20 min)

III. Executive Session

IV. Return to Open Meeting

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING
Wednesday February 26, 2026
11:00 am – 1:00 pm
In-person K107/Via YouTube Stream:
https://www.youtube.com/@metrohealthCLE/streams

Meeting Minutes

Committee Members:	E. Harry Walker, MD-I, Ronald Dziedzicki-I,
Other Trustees:	Michael Summers-I
Staff:	Christine Alexander, MD–I, Joeph Golob, MD-I, Amy Ray, MD-I, Maureen Sullivan, RN-I, Stacey Booker, RN-I, Nicole Rabic, RN-I, Nabil Chehade, MD-I, Tamiyka Rose-I, Corryn Firis-I, Matthew Kaufmann-I, Nisrine Khazaal-I, Michelle Block-I, Candy Mori, RN-I, Kate Nagel-I, Brian Rentschler-I, Jeffrey Rooney-I, Deborah Southerington-I, David Stepnick, MD-I, James Wellons-I, Claire Mack, RN-I, Sarah Partington-I
Guests:	

Ronald Dziedzicki called the meeting to order and note a quorum is present and we are streaming live on YouTube at 11:00 am. Mr. Dziedzicki started the meeting congratulating the Nursing Department on achieving Magnet with Distinction. MetroHealth is the only hospital system in the state of Ohio to achieve this prestigious nursing recognition.

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 22, 2025 Quality, Safety, and Experience Committee meeting as presented, which was given, seconded and unanimously approved.

II. Information Items

A. **Patient Safety Great Catch – Stacey Booker**

Mr. Dziedzicki introduced Stacey Booker, Director of Patient Safety & HRO and 7E Cardiac telemetry/stepdown nurses who shared a patient safety great catch story surrounding mislabeled specimens.

B. **What is QAPI – Joseph Golob, MD**

Joseph Golob, MD, EVP and Chief Quality & Safety Officer, provided an overview of the organization's Quality Assurance and Performance Improvement (QAPI) program and its regulatory framework. He outlined the primary oversight bodies: The Joint Commission, the Centers for Medicare & Medicaid Services (CMS), and the Ohio Department of Health, each of which plays a key role in accrediting, licensing, and evaluating compliance with federal and state quality standards.

Dr. Golob reviewed the regulatory requirements under CMS 42 CFR Section 482.21 and O.A.C. 3710-22-07, noting that hospitals must maintain a hospital-wide, ongoing, data-driven QAPI program that reflects organizational complexity, prioritizes patient safety and quality outcomes, reduces medical errors, and includes focused improvement efforts on high-risk and problem-prone areas. Governing Body accountability and the use of analytics for monitoring effectiveness are also required components.

He then explained the internal governance structure supporting systemwide QAPI activities. Quality data and initiatives flow from department-level committees through the Clinical Quality Improvement Committee (CQIC) and Essential Services Quality Improvement Committee (ESQIC), up to the Quality, Safety & Experience Committee of the Board of Trustees. These committees form a critical mechanism for meeting regulatory expectations and ensuring system-level oversight.

Dr. Golob concluded that both CQIC and ESQIC are functioning effectively as the organizational mechanisms for QAPI compliance, ensuring that improvement work is structured, measurable, data-driven, and aligned with regulatory requirements and system priorities.

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, 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 E. Harry Walker, MD and seconded by Michael Summers. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 11:19 am.

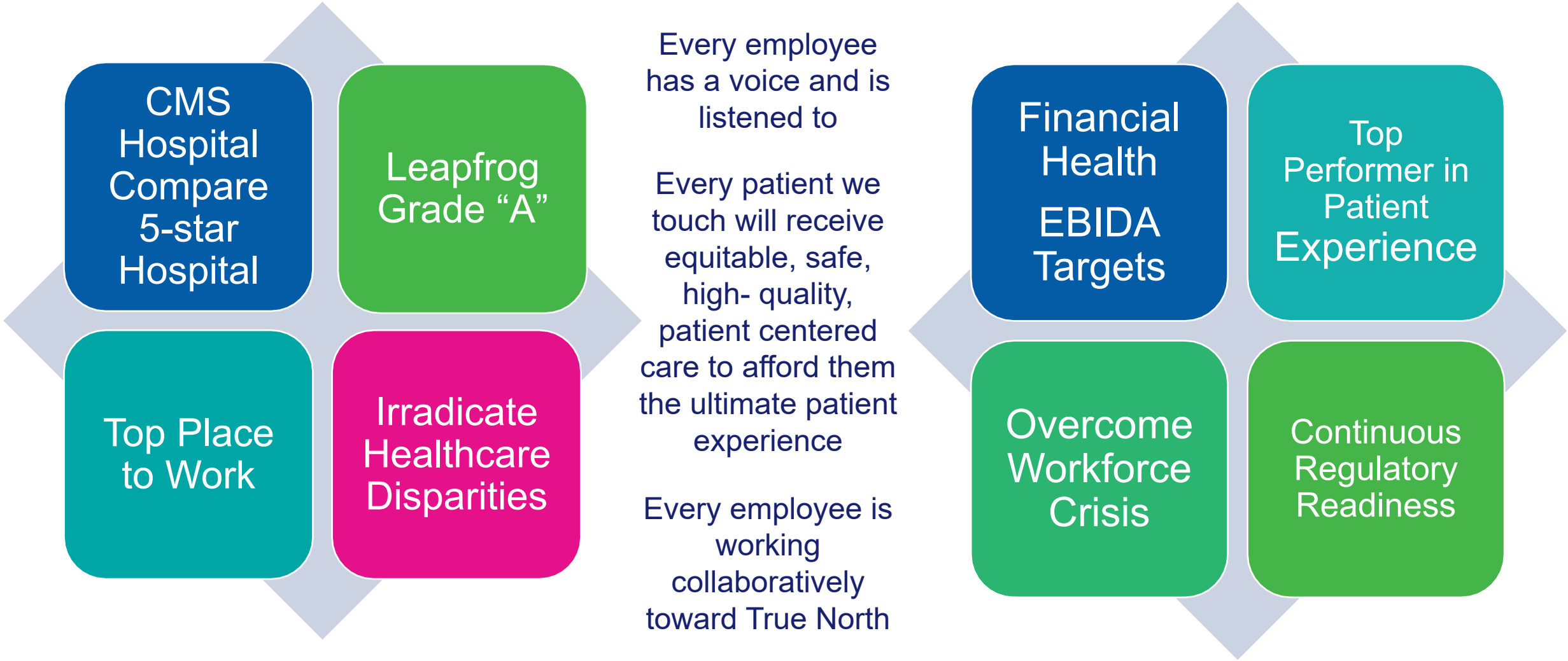
IV. Return to open meeting.

Following executive session, the meeting was reconvened in open session at approximately 12:46 pm. There being no further business to bring before the committee, this meeting is adjourned at 12:47pm

THE METROHEALTH SYSTEM

Joseph Golob, MD.
EVP, Chief Quality and Safety Officer

MetroHealth True North



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Patient Experience Story

Jennifer Lastic-Director, Experience Excellence

Patient Experience Story– Chris and Lisa Peterka

Text Bar

[Chris and Lisa Peterka on Vimeo]

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Annual Antibiotic Stewardship Update

Dr. Michelle Hecker-Medical Director, Antimicrobial Stewardship

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 PharmD, Brian McCrate PharmD, 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

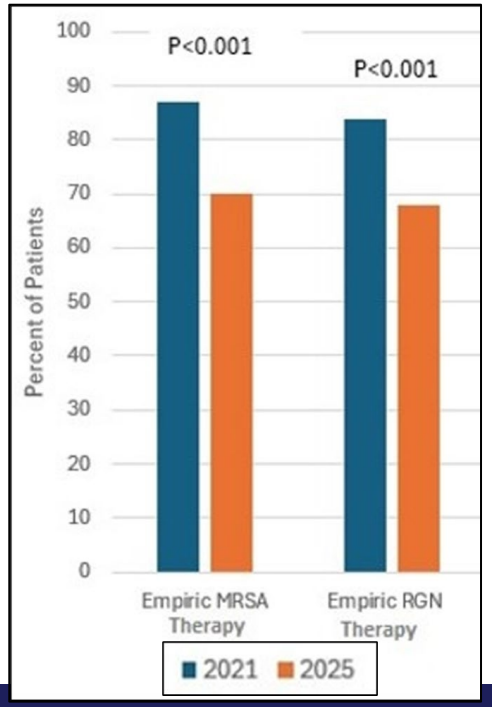
[Core Elements of Hospital Antibiotic Stewardship Programs | Antibiotic Prescribing and Use | CDC]

Action

JOMO: Joy of Minimizing Overuse

Optimizing the management of diabetic foot infections and lower extremity bone infections

- **Multidisciplinary Team:** Podiatry, Orthopedics, Vascular surgery, Hospital leadership, Antimicrobial stewardship
- **Interventions:** Algorithm development, inpatient specialty ID bone and joint service, audit and feedback IV vancomycin for skin/soft tissue/bone/joint, education



	2021	2025	p-value
MRSA	365	291	**<0.0001**
RGN	373	285	**<0.0001**

MRSA: methicillin-resistant *Staphylococcus aureus*
RGN: resistant gram-negative organisms
LOS: length of stay

	2021 (n = 259)	2025 (n = 242)	p-value
Median hospital LOS (days)	8	6	**0.002**
Oral antibiotics as definitive therapy	110 (42.5)	168 (69.4)	**<0.0001**
Antibiotic adverse event within 30d	10 (3.9)	8 (3.3)	0.582
Readmission within 30d	41 (15.8)	35 (14.5)	0.767

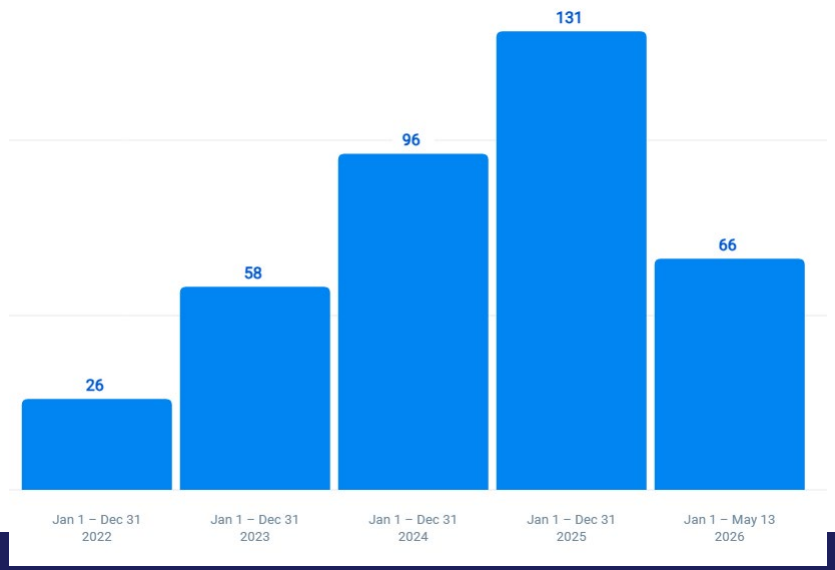
Action

Dalbavancin

Optimizing the use of a high-cost long-acting antibiotic approved for outpatient use

- **Multidisciplinary Team:** Pharmacy, Infusion nurses, Revenue Integrity, OPAT nurse, Antimicrobial stewardship
- **Intervention:** Development of a process for outpatient administration on the day of hospital discharge
- **Benefits:** Optimize patient access, clinical outcomes, reimbursement

Dalbavancin administrations



Patients receiving IV dalbavancin in the infusion center on day of discharge (1/1/24 – 10/1/25)	
Total	23
No Claims processed	3
No reimbursement	3
Reimbursement	17

Reimbursement that would otherwise have been unclaimed: $89,907

OPAT: outpatient parenteral antimicrobial therapy

CASE WESTERN RESERVE UNIVERSITY School of Medicine

MetroHec

Challenges

- Additional Joint Commission requirement for outpatient stewardship
- Oversight of OPAT (outpatient parenteral antimicrobial therapy)
- Lack of pediatric ID support for pediatric, especially neonatal, stewardship

The inappropriate use of antimicrobial medications contributes to antibiotic resistance and adverse drug events, and improving antimicrobial prescribing practices is a patient safety priority. As a result, The Joint Commission implemented an antimicrobial stewardship standard (MM.09.01.03) for the Ambulatory Health Care (AHC) accreditation program on January 1, 2020.

Joint Commission-accredited ambulatory health care organizations that routinely prescribe antimicrobial medications are required to address antimicrobial stewardship. These include organizations providing medical or dental services, episodic care, occupational/worksite health, urgent/immediate care, or convenient care. The requirements are not applicable to ambulatory surgery centers (ASCs) or the office-based surgery (OBS) program.

NICU	Year 2020	Year 2021	Year 2022	Year 2023	Year 2024	Year 2025
SAAR Total Antibiotics	0.72 (0.684-0.756) *	0.70 (0.669-0.718) *	1.28 (1.242-1.321) *	1.15 (1.110-1.185) *	1.64 (1.588-1.699) *	1.57 (1.526-1.624) *

SAAR = standardized antimicrobial administration ratio

R3 Report Issue 23: Antimicrobial Stewardship in Ambulatory Health Care | Joint Commission

Core Elements of Outpatient Antibiotic Stewardship | Antibiotic Prescribing and Use | CDC

Plans for academic year 2026

Continue all our current activities (see appendix)

Diagnostic stewardship

- Collaboration with microbiology/immunology laboratory
- Optimize testing and reporting
  - Reduce unnecessary testing that adds little value but increases cost of care
  - Introduce new testing that adds value to patient care
  - Optimize results reporting to optimize patient care

Obtain additional support for outpatient stewardship

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Annual Nursing Quality Update

Dr. Candy Mori-SVP, Chief Nursing & Patient Care Services Officer

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Nursing Excellence Quality & Safety Plan 2026

Magnet Recognition
with Distinction
American Nurses Credentialing Center

Action Items Addressing Falls/Falls with Injury

Development of Falls Forum

- Mini RCA focused on coaching and educational purposes

Process:

- All falls are reviewed for opportunities in documentation, intervention implementation, communication & notification
- During the forum→ reviewed for contributing factors, prevention measures, documentation and other gaps in care
- Forum follow-up→ “homework” includes but not limited to→ chart audits, peer education, sharing at huddles, education posters, EBP project

Call to Manager/DON

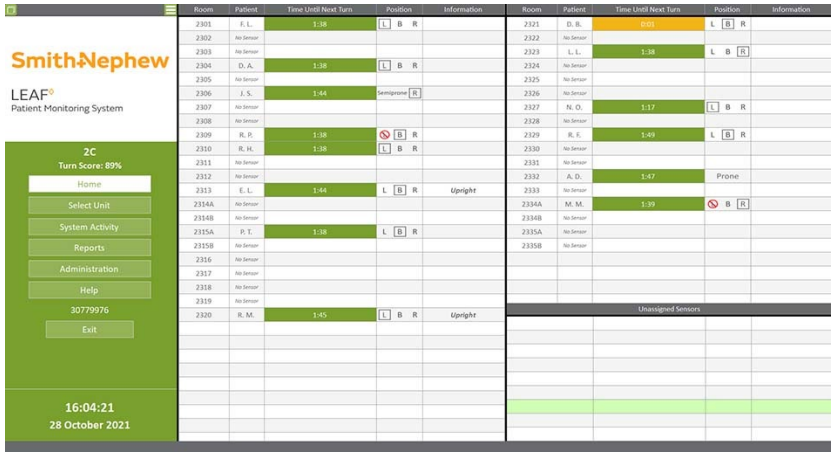
Last Day of Fall Poster

Purposeful Hourly Rounding

Predictive Analytics coming soon in EPIC

Pressure Injury Prevention Action Items

- Implementation of the LEAF monitoring Program
  - Real time unit Dashboard at nursing station
  - Compliance regarding turning/"off back" above benchmark each month
  - Continual auditing on selection of appropriate patients
- Implementation of auto high scoring for patients scoring a "1" on any section of the Braden tool
- Weekly preventative skin rounds by Nursing Excellence team on high incidence units
- Unit based HAPI huddles- mini-RCA with front line staff
- Monthly review of Safety Event Reports for unit and site-specific trends



CAUTI Prevention Initiatives

Nurse Driven Removal Procedure as the default order for all catheter orders or the provider must indicate reason (i.e. bladder injury, etc.)
CHG baths for all patients with any type of invasive lines such as indwelling urinary catheters, central lines, etc.
Daily assessment by bedside staff to have staff (both nurses and providers) to consider removal and state reason for continuation
Re-invigorating project with OR to remove unnecessary catheters prior to leaving OR
All CAUTIs are reviewed with Nurse Manager/CQES- weekly bed meeting
Required LEAP module addressing CAUTI prevention for all Med/Surg & ICU nurses and in person competency with verbal remediation
Reminder to staff to replace catheters in greater than 14 days prior to sending cultures

CLABSI Prevention Strategies

- CHG baths for all patients with any type of invasive lines such as indwelling urinary catheters, central lines, etc.
- Daily assessment by bedside staff to have staff (both nurses and providers) to consider removal and state reason for continuation
- All CLABSIs are reviewed with Nurse Manager/CQES- weekly bed meeting
- Required LEAP module addressing CLABSI prevention for all Med/Surg & ICU nurses and in person competency with verbal remediation
- Oncology auditing central line dressing compliance & CHG bathing audits
- Several units (including MICU) , EBP project in development

Restraint Compliance

- Education to staff /level setting
- Restraint Review in Med Surg & Critical Care Education Days to include hands on comp
- Auditing 100% of restraint documentation in real time at hand off
- Nurse Manager audits to ensure compliance
- CQES/CNS audits completed

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Questions?

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