



MHS Board of Trustees Quality, Safety & Experience Committee Meeting

The MetroHealth System

MetroHealth Board Room K107 - 2500 MetroHealth Dr., Cleveland, OH 44109

2026-08-26 11:00 - 13:00 EDT

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The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: Wednesday, August 26, 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 May 27, 2026
- II. Information Items**
 - A. Patient Safety Great Catch - S. Booker (5 min)
 - B. Continuous Performance Improvement Training Update – D. Garcia (20 min)
 - C. Resolution – Support of Level 1 Trauma Center (3 min)
- III. Executive Session**
- IV. Return to Open Meeting**

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday May 27, 2026

11:00 am – 1:00 pm

In-person K107/Via YouTube Stream:

<https://www.youtube.com/@metrohealthCLE/streams>

Meeting Minutes

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

Other Trustees:

Staff: Christine Alexander, MD-I, Joseph Golob, MD-I, MD-I, Maureen Sullivan, RN-I, Stacey Booker, RN-I, Nicole Rabic, RN-I, Tamiyka Rose-I, Matthew Kaufmann-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, Robert Bruce, MD-I, Brandon Carrico-I, Cory Clay-I, Allison Poullos-I, Amanda Roe-I, Jennifer Lastic-I, Victoria Bowden, RN-I, Michelle Hecker, MD-I, Cindy Gallaspie,-R

Guests:

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 February 25, 2026 Quality, Safety, and Experience Committee meeting as presented, which was given, seconded and unanimously approved.

II. Information Items

A. Patient Experience Story – Jennifer Lastic

Joseph Golob, MD introduced Jennifer Lastic, Director of Experience Excellence, who shared a patient experience story highlighting the trauma team who provided immediate life-saving care and the coordinated multidisciplinary treatment throughout the recovery of the patients. Reinforcing MetroHealth's commitment to its True North: ensuring equitable, safe, high-quality, patient-centered care.

The MetroHealth System Board of Trustees

B. Annual Antibiotic Stewardship Update – Michelle Hecker, MD

Michelle Hecker, MD, Infectious Disease, presented the annual update on antimicrobial stewardship, emphasizing efforts to optimize antibiotic use and improve patient outcomes. The joy of minimizing overuse initiative reduced unnecessary broad-spectrum antibiotic use, shortened treatment durations, and decreased length of stay without increasing adverse outcomes. A second initiative optimized use of dalbavancin by shifting administration to the outpatient setting, improving access and generating approximately \$89,907 in reimbursement. Challenges include limited outpatient stewardship resources, the need for outpatient parenteral antimicrobial therapy coordination, and pediatric ID stewardship gaps. Plans include continuing our current activities, a diagnostic stewardship that collaborates with the microbiology/immunology lab, optimizing testing and reporting and also obtaining additional support for outpatient stewardship expansion.

C. Annual Nursing Quality Update – Candace Mori

Candace Mori, SVP System Chief Nursing and Patient Care Services Officer introduced Victoria Bowden, RN who reported on multiple initiatives aligned with the system quality goals including falls prevention, pressure injury reduction, infection prevention and restraint compliance. Falls prevention efforts include reimplementing of peer-led reviews, escalation protocols, and predictive analytics, with a milestone of 365 days without a fall on the postpartum unit. Pressure injury efforts focus on LEAF monitoring, prevention protocols, and device-related injury reduction. Infection prevention strategies include nurse-driven catheter removal, CHG bathing, and multidisciplinary reviews.

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 seconded by E. Harry Walker, MD. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 11:34 am.

IV. Return to open meeting.

Following executive session, the meeting was reconvened in open session at approximately 12:33 pm. There being no further business to bring before the committee, this meeting is adjourned at 12:34pm

The MetroHealth System Board of Trustees

THE METROHEALTH SYSTEM

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

MetroHealth True North

CMS
Hospital
Compare
5-star
Hospital

Leapfrog
Grade "A"

Every employee
has a voice and is
listened to

Every patient we
touch will receive
equitable, safe,
high- quality,
patient centered
care to afford them
the ultimate patient
experience

Every employee is
working
collaboratively
toward True North

Financial
Health
EBIDA
Targets

Top
Performer in
Patient
Experience

Top Place
to Work

Irradicate
Healthcare
Disparities

Overcome
Workforce
Crisis

Continuous
Regulatory
Readiness



MetroHealth
Devoted to Hope, Health, and Humanity

Patient Safety Great Catch

Stacey Booker-Director, Patient Safety & HRO



MetroHealth
Devoted to Hope, Health, and Humanity

Continuous Performance Improvement Training Update

Danielle Garcia-Principal-Continuous Performance Improvement

Expanding the Use of A3 Thinking Across the MetroHealth System

Continuous Performance Improvement Team



New Ways of Working. New Ways of Delivering Care.
*Challenging conventional models to discover ways to better
meet the needs of patients now and in the future.*

Move from Isolated Fixes to Systems Thinking

TODAY: WORKING IN SILOS

Local fixes create variation

Problems are often solved within departments, not always across the full system.

- Problems solved in **isolation**
- **Limited visibility** across departments
- **Focus on symptoms** rather than causes



TRANSITION: A3 THINKING

A3 creates the bridge

A shared method to see the work, understand root causes, test change, and learn.

- **Common framework** for structured problem solving
- Helps teams **solve problems** at the process level **using data** to guide decisions and monitor progress
- **Identifies root causes**



FUTURE STATE: SYSTEMS THINKING

One Team. One Mission.

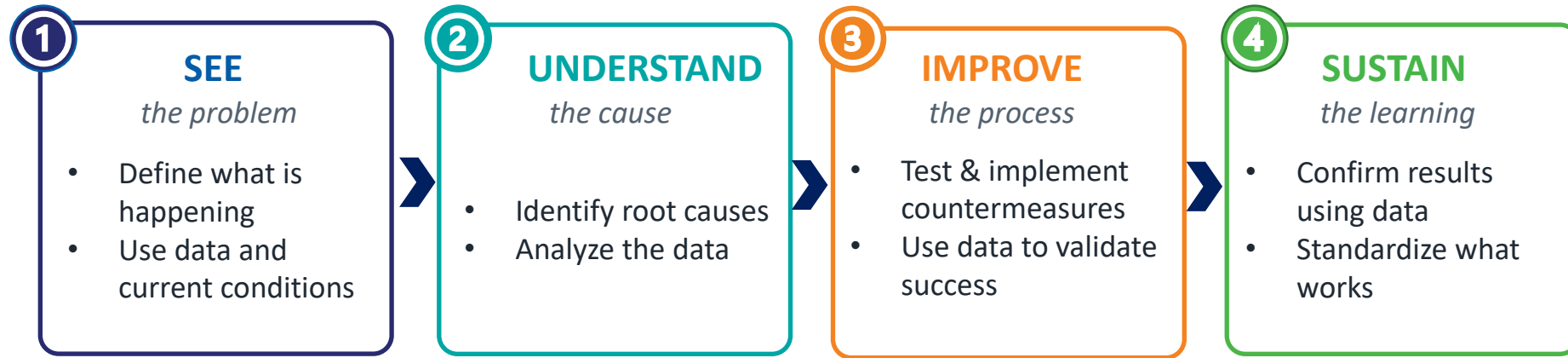
Teams understand how people, processes, technology, and environment interact to create outcomes.

- Leaders **facilitate** and **coach** problem solving
- Cross-functional **collaboration**
- **Continuous improvement**

From isolated fixes to an aligned system of continuous improvement through A3 learning

A3: Turning Systems Thinking into Action

A3 is a structured data driven way to define problems, find root causes, test countermeasures, and sustain improvement



What A3 does

Creates one **common framework** for problem solving

Uses **data** to understand the current condition

Focuses on **processes, not people**

Builds accountability for **learning and sustainment**

Title Date		Sponsor Team	
1	Background	PLAN	3
Why is this important, why should someone care and be motivated to improve it?		Countermeasures/Improvements (The What or Tactics)	
What is the <u>specific</u> problem?		Proposed solutions to address the root cause(s) and predicted result. • PDSA	
1	Current Conditions	PLAN	3
Describes the problem, its impact, and relevant data. • Surveys • Graphs • Run Chart • Interviews • Metrics (KPIs) • Control Chart • Observations • Value Stream • Histogram		Implementation Plan (The How)	
		Outlines the chosen solution and implementation steps. • Gantt Chart	
2	Analysis/Root Causes (The Why)	PLAN	4
Describes the problem, its impact, and relevant data. • Five Whys • Fishbone Diagram • Pareto Chart		Confirmation/Results of Improvement (What does success look like?)	
		Tracks the impact of the implemented countermeasure and compares it to the target condition	
3	Goal/Target Condition (Objectives)	PLAN	4
Defines the desired future state after improvement. • Use SMART Goals		Conclusion (Control and Sustainability)	
		What have we learned and what needs to be added or modified to sustain the improvement?	

Building A3 Capability Across MetroHealth

A3 Training Strengthens Leaders, Teams, and Departments Across Our Organization



Organizational Impact & Next Steps: Embedding A3 Capability Across MetroHealth



Next Steps

- Expand A3 education and coaching
- Leadership Training Day 3 on continuous performance improvement
- System wide training of the common language as part of Everyday Excellence

Success Looks Like

- Leaders coach A3 Methodology
- Teams use A3 to consistently solve problems
- Learning spreads across MetroHealth
- Improvement becomes self-sustaining & continuous

A3 Thinking – Improvement in Action



Saved 69 days for inpatient rehab hospital accelerated admission across 43 unique patients, resulting in \$122,406 in Acute Hospital cost avoidance.



Facilities completed system programming enhancements that reduced post-power-loss alarm notifications, minimizing nuisance alerts during generator transition periods.



Environmental Services improved first touch time for inpatient unit cleaning.



Reduced clinician efforts, cognitive load, and burn out with implementation of AI Scribe, an AI documentation tool.



Improved tray delivery of Glick Room Service trays within 45 minutes.



Standard work created and implemented for intake and discharge process in 39 clinics moving to OPHC.

RECOMMENDATION FOR REAFFIRMATION OF COMMITMENT TO MAINTAIN A LEVEL 1 ADULT TRAUMA CENTER

Recommendation

The President and Chief Executive Officer of The MetroHealth System and the Chair of the Quality, Safety and Experience Committee of the Board of Trustees recommends that The MetroHealth System approve the reaffirmation of its commitment to maintain a Level I Adult Trauma Center at MetroHealth Medical Center, according to the published standards and guidelines of the American College of Surgeons.

Background

The Board of Trustees of The MetroHealth System and administrative and medical staff of the institution have developed and supported a Level I Trauma Center since 1984.

**Reaffirmation of Commitment to Maintain a Level I
Adult Trauma Center at
The MetroHealth System**

RESOLUTION XXXXX

WHEREAS, the Board of Trustees of The MetroHealth System and the administrative and medical staff of the institution have maintained and supported a Level I Trauma Center since 1984;

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation from the President and Chief Executive Officer of The MetroHealth System and the Chair of the Quality, Safety and Experience Committee of the Board of Trustees to reaffirm its commitment to maintain a Level I Adult Trauma Center at MetroHealth according to the published standards and guidelines of the American College of Surgeons; and

WHEREAS, the President and Chief Executive Officer of The MetroHealth System and the Chair of the Quality, Safety and Experience Committee of the Board of Trustees has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby reaffirms its commitment to maintain a Level I Adult Trauma Center at The MetroHealth System.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer of The MetroHealth System is hereby authorized to negotiate and execute agreements and other documents consistent with this resolution.

AYES:

NAYS:

ABSENT:

ABSTAINED:

DATE:

August 2026

