Quality, Safety & Experience Committee Meeting

The MetroHealth System
MetroHealth Board Room K107 - 2500 MetroHealth Dr., Cleveland, OH 44109
2026-10-28 11:00 - 13:00 EDT

Table of Contents

I. Agenda....2

II. Approval of Minutes....3

III. Information Items

A. Patient Experience Story....6

B. Infection Prevention Update....11

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: Wednesday, October 28, 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 August 26, 2026

II. Information Items
A. Patient Experience Story - J. Lastic (5 min)
B. Infection Prevention Update – A. Ray, C. Mack (20 min)

III. Executive Session

IV. Return to Open Meeting

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING
Wednesday August 26, 2026
11:00 am – 1:00 pm
In-person K107/Via YouTube Stream:
https://us02web.zoom.us/j/85443481506

Meeting Minutes

Committee Members:	E. Harry Walker, MD-R, Ronald Dziedzicki-I,
Other Trustees:	Michael Summers-I, James Campbell, MD-I, Gail Long-I
Staff:	Christine Alexander, MD–I, Joeph Golob, MD-R, Maureen Sullivan, RN-I, Stacey Booker, RN-I, Nicole Rabic, RN-I, Nabil Chehade, MD-R, Tamiyka Rose-I, Matthew Kaufmann-I, Candy Mori, RN-R, 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, Amanda Calabrese-R, Corey Clay-I, Robert Bruce, MD-R, Veronica Graves-R, Peter Benkowski-I, Amanda Roe-I, Kelly Connelly, RN-I, Danielle Garcia-I, Jennifer Lastic-I, Joseph Greiner-I, Denise Mutti-I, Donald Wiper, MD-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.

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 May 27, 2026, 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**

Dr. Golob introduced Stacey Booker, Director of Patient Safety & HRO who shared a great patient safety catch story involving the inpatient pharmacy team. A pharmacist identified a potentially serious medication error after noticing that a TPN order contained 585 units of insulin instead of the intended 85 units. By pausing the process and verifying the order with the prescribing physician, the

pharmacist prevented potential patient harm. Subsequent investigation revealed that a medication safety alert had failed to activate, prompting collaboration among Pharmacy, Informatics, Information Services, and the software vendor to correct the issue. Leadership noted that this system improvement likely enhanced patient safety not only at MetroHealth but also at healthcare organizations nationwide that use the same vendor platform.

B. **Continuous Performance Improvement Training Update – Danielle Garcia**
Danielle Garcia provided an update on MetroHealth's Continuous Performance Improvement team presented an update on the organization's expansion of A3 problem-solving methodology, which promotes a structured, data-driven approach to addressing complex challenges that often span multiple departments. The program has been integrated into the Clinical Quality Improvement Committee (CQIC) and Essential Services Quality Improvement Committee (ESQIC), providing coaching and practical application opportunities for leaders and staff. To date, the initiative has engaged more than 150 employees, completed over 30 A3 projects, involved 40 departments, developed more than 25 standard work documents, and supported four rapid improvement events. Committee members also discussed the importance of measuring both operational and financial outcomes, with leadership confirming that project evaluations include outcome, process, balancing, and financial metrics to ensure sustainable improvements and organizational value.

C. **Resolution – Support of Level I Trauma Center – Joseph Golob, MD**
Dr. Golob presented the recommendation to reaffirm MetroHealth's longstanding commitment to maintaining a Level I trauma center. The Committee unanimously approved the recommendation for full Board action.

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 Ronald Dziedzicki and seconded by E. Harry Walker, MD. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 11:35 am.

IV. Return to open meeting.

Following executive session, the meeting was reconvened in open session at approximately 12:52 pm. With no further business coming before the committee, the meeting adjourned at 12:53pm

THE METROHEALTH SYSTEM

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

For Nearly 190 years, We Have Answered The Call to Serve Our Whole Community

METROHEALTH'S MISSION

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

The Same High-Quality Care for All

- Not either/or—access and excellence
- Community well-being, academics and discovery

Every Patient, Every Payer

- Regardless of ability to pay
- 2/3 of our 300,000 patients are uninsured or on Medicare or Medicaid—and more choose us every year

Everyone in Our Community

- Families choosing us for everyday care
- Foster children, Cleveland Public Schools, incarcerated individuals, un-homed individuals
- Neighbors others overlook

ONE TEAM. ONE MISSION.

Northeast Ohio's Home for Health

Easy Access. Compassionate Care. Every Time. *Make it easy to get care and deliver safe, high-quality experiences — owning results through continuous improvement.*

Invest in People. Develop the Workforce. *Build a strong culture of learning, developing people as caregivers, teachers, and innovators; earning trust, and supporting well-being.*

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

Growth with Purpose. Expand Our Reach. *Attract new patients and grow to serve more of our community.*

Everyday Excellence Means



We work as One Team, with One Mission to create **safe**, **reliable**, **respectful** and **coordinated** experiences for our patients, our people, and our community—every day.

Patient Experience Story

Jennifer Lastic-Director, Experience Excellence

Patient Story: Starla Daniels



https://vimeo.com/1233518124/c3e683e162?share=copy&fl=sv&fe=ci

Infection Prevention Update

Dr. Amy Ray-VP, Infection Prevention & Hospital Epidemiology

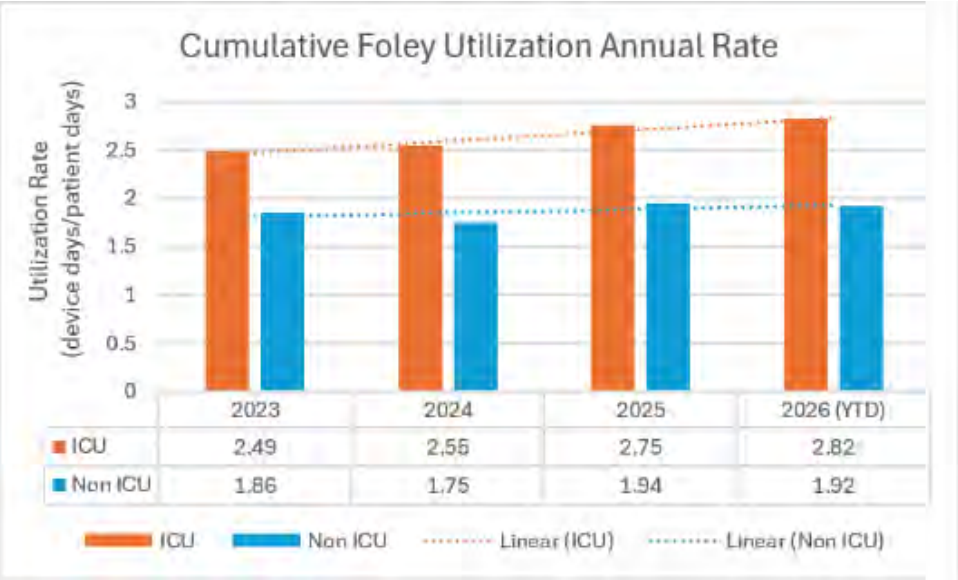
Claire Mack-Director, Infection Prevention

Healthcare-associated Infections Dashboard

Min	Target	Max
0.5	0.4	0.3

Preventable Harms	January	February	March	April	May	June	July	August	September	2026	2026 rate per 1,000 patient/device days or per 100 procedures	2025	2025 rate per 1,000 patient/device days or per 100 procedures
CAUTI	1	0	3	1	0	1	0	2	0	**8**	**0.5**	**19**	**0.9**
Foley Catheter Days	1,935	1,561	1,910	1,756	1,806	1,801	1,976	2,155	1,949	**16,849**		**22,540**	
CLABSI	3	1	0	2	0	0	4	3	0	**13**	**0.9**	**11**	**0.5**
Central Line Days	1,708	1,610	1,701	1,767	1,652	1,570	1,726	1,757	1,599	**15,090**		**21,795**	
C. diff	4	1	4	0	2	2	1	4	3	**21**	**0.2**	**24**	**0.2**
MRSA	0	1	0	0	2	1	1	1	0	**6**	**0.0**	**17**	**0.1**
SSI-Colon	0	0	1	4	0	1	1	1		**8**	**3.6**	**16**	**5.0**
Total Colon Procedures	16	25	29	30	25	26	38	34		**223**		**319**	
SSI-Hyst	0	0	0	0	0	0	0	0		**0**	**0.0**	**5**	**2.2**
Total Hyst Procedures	11	13	16	12	18	15	17	15		**117**		**231**	
Total HAIs	**8**	**3**	**8**	**7**	**4**	**5**	**7**	**11**	**3**	**56**		**92**	
Patient Days	13,562	12,523	13,793	13,283	13,415	13,316	13,624	14,220	13,638	**121,374**		**167,664**	
Rate (per 1,000 patient days)	**0.6**	**0.2**	**0.6**	**0.5**	**0.3**	**0.4**	**0.5**	**0.8**	**0.2**	**0.5**		**0.5**	

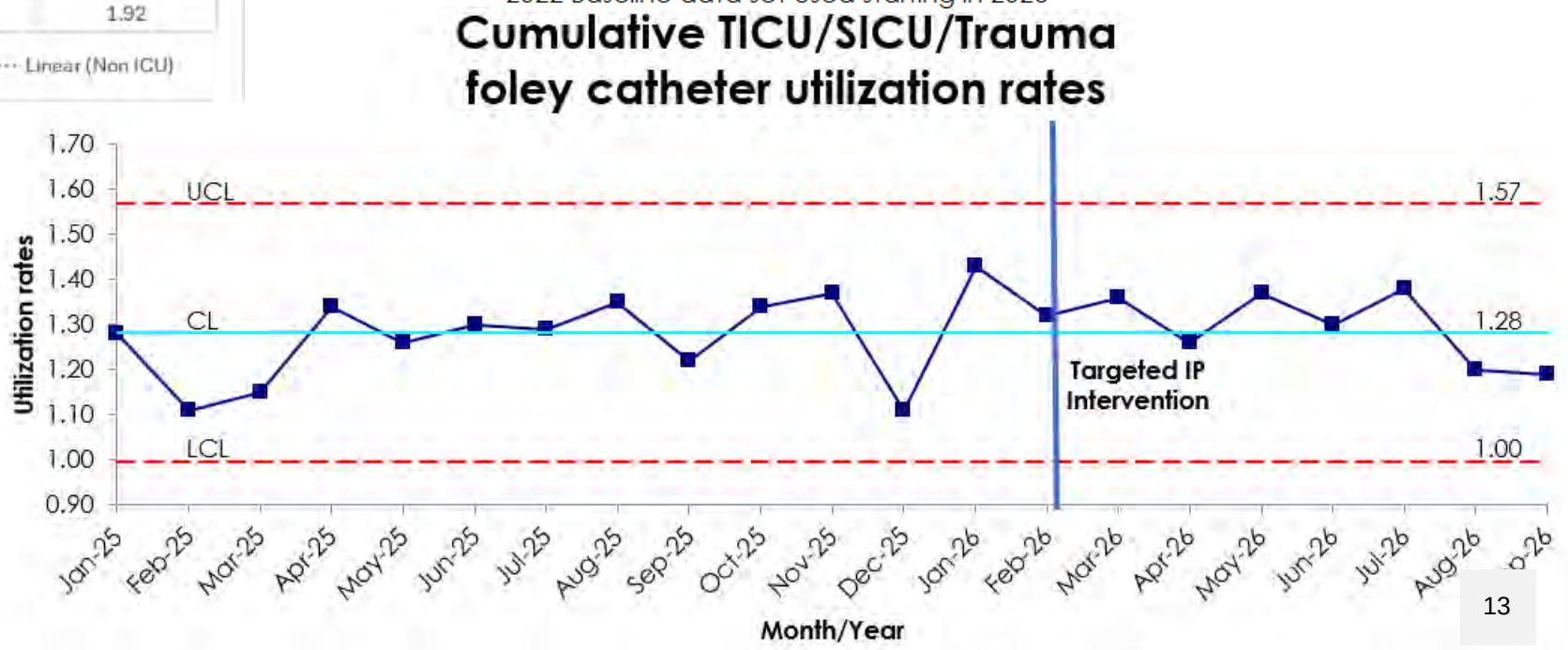
Urinary catheter utilization



CAUTI - NHSN	2023	2024	2025	2026 YTD*
Observed CAUTIs	14	13	19	8
Predicted CAUTIs	26	25	26	14
Rate (per 1000 catheter days)	0.709	0.652	0.904	0.514
Device Days	19,721	19,943	21,008	15,557
Patient Days	144,562	145,132	150,179	110,758
DUR	0.136	0.137	0.140	0.140
SUR	0.967	1.048	1.053	1.272
SUR 95% Confidence Interval	0.953, 0.980	1.034, 1.063	1.039, 1.067	1.252, 1.292
SIR	0.524	0.519	0.711	0.555
SIR 95% Confidence Interval	0.298, 0.859	0.289, 0.865	0.441, 1.090	0.258, 1.054

Green: 95% CI UL <1
Yellow: 95% CI crosses 1
Red: 95% CI >1

2022 Baseline data set used starting in 2026



Colon Surgical Site Infection Prevention

COLO - CMS	2023	2024	2025	2026*
Observed SSIs	9	9	16	8
Predicted SSIs	8	8	10	8
Procedure Count	269	261	319	225
YTD Rate	3.35	3.45	5.02	3.56
SIR	1.052	1.119	1.598	0.937
SIR 95% Confidence Interval	0.513, 1.930	0.546, 2.054	0.946, 2.540	0.435, 1.779

Green: 95% CI UL <1

Yellow: 95% CI crosses 1

Red: 95% CI >1

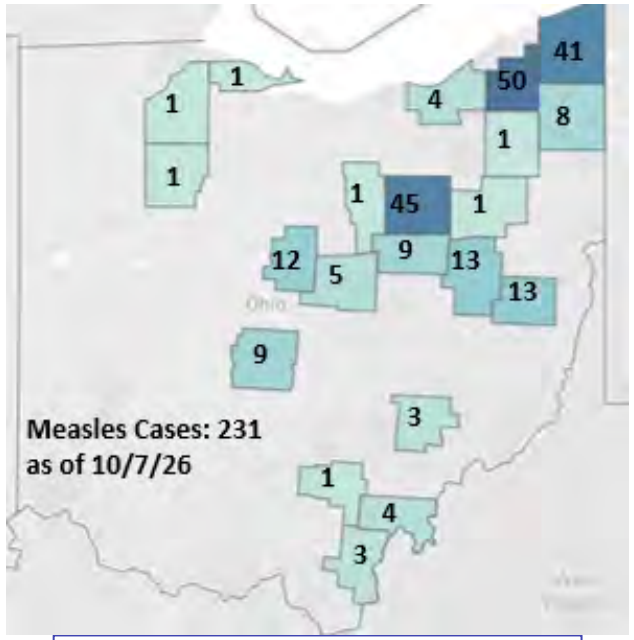
Excludes all Superficial Incisional SSIs, as well as Deep Incisional Secondary (DIS) SSIs

Excludes SSIs reported as 'present at time of surgery' (PATOS).

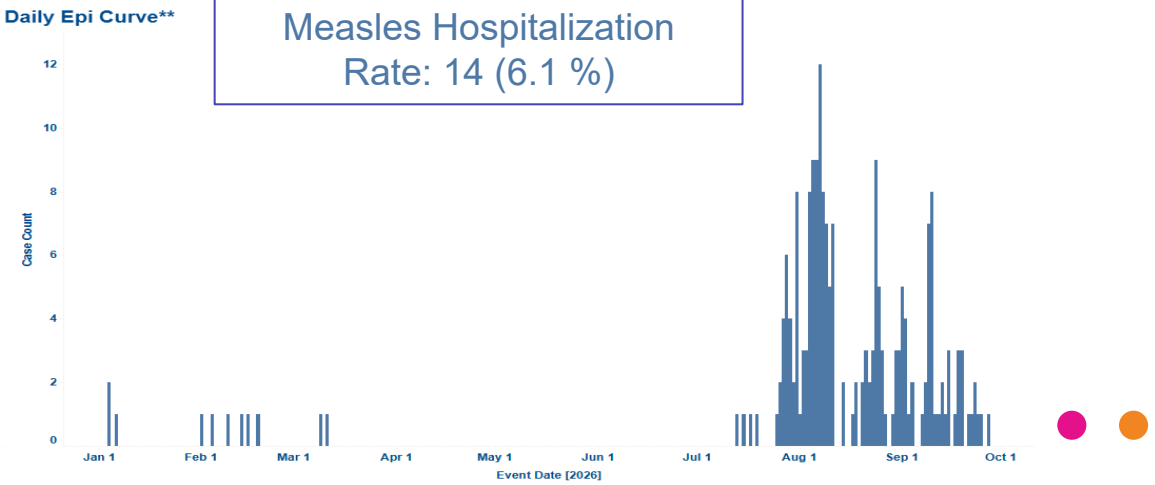
*Data through August 2026

Emerging Infectious Diseases

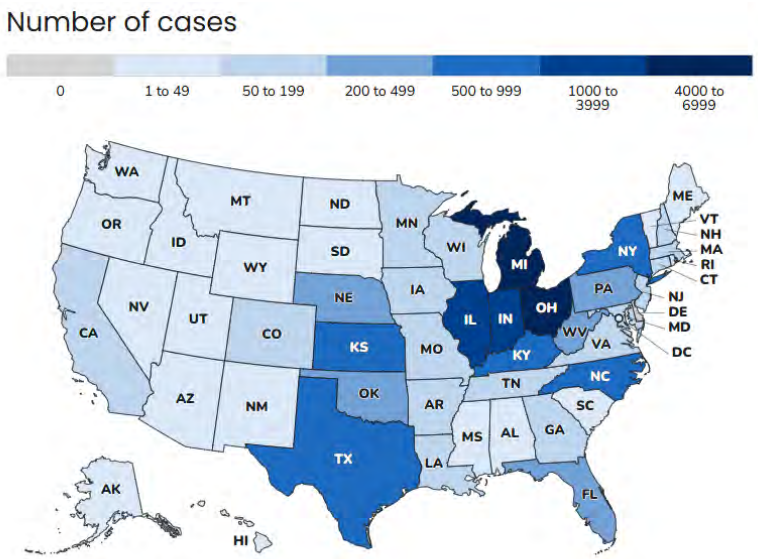
Measles



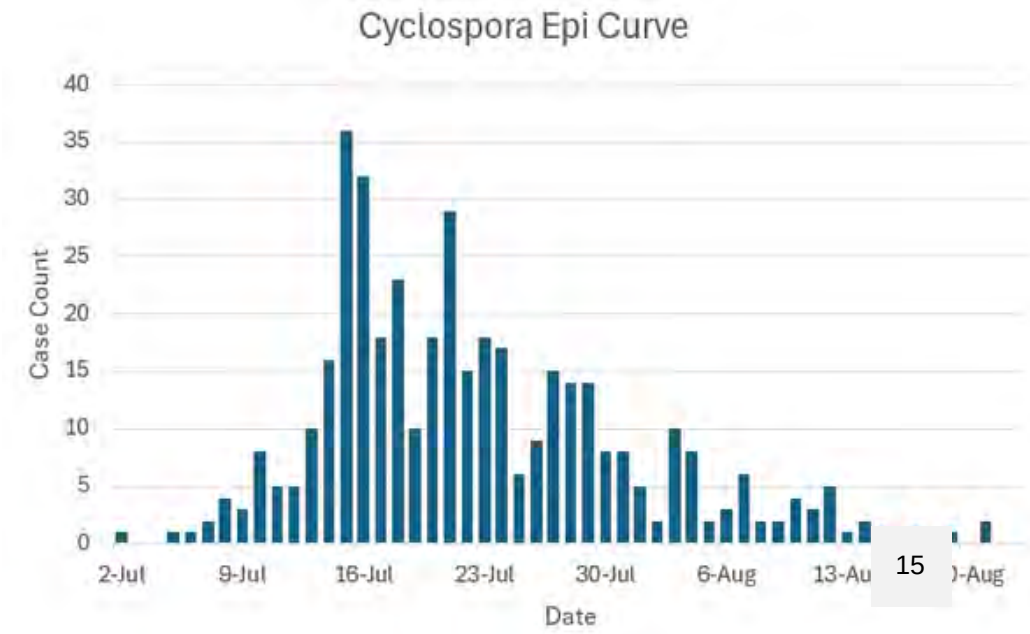
Measles Hospitalization Rate: 14 (6.1 %)



Cyclospora



Updated on September 15, 2026. The map shows data for 19,883 confirmed *Cyclospora* cases reported to CDC as of September 14, 2026.



Questions?



Thank you!