

**THE METROHEALTH SYSTEM
QUALITY & SAFETY COMMITTEE
BOARD OF TRUSTEES
REGULAR MEETING MINUTES**

DATE: Tuesday, July 21, 2015

TIME: 10:00 a.m.

PLACE: MetroHealth Medical Center
K107, Business Services Building

COMMITTEE TRUSTEES: Mr. Fountain, Mr. Moss, Mr. McDonald, Mr. Spain, Ms. Dee, Ms. Kiedio

STAFF: Ms. Bechtle, Dr. Boutros, Dr. Carter, Dr. Creamer, Dr. Connors, Ms. Delp, Dr. Emerman, Ms. Evans, Ms. Hubbard, Dr. Khandelwal, Mr. Kaufmann, Mr. Lewis, Ms. Saridakis, Ms. Savage, Dr. Thomas

(ABSENT): Dr. Laskey, Mr. Phillips, Mr. Richmond, Dr. Silvers, Ms. Whiting

Mr. Moss called the regular meeting of the Quality & Safety Committee to order at 10:02 a.m.

I. APPROVAL OF MINUTES – April 21, 2015

The minutes of the April 21, 2015 Quality & Safety Committee were approved with a minor revision.

II. DISCUSSION ITEMS

A. Quality Report Card – Matthew Kaufmann

Ms. Delp introduced committee members to Mr. Kaufmann as the new Director for Quality Management.

Mr. Kaufmann discussed the 2015 Patient Safety & Quality Goals:

1. Mark each hospital stay safer by anticipating and preventing harmful events.
2. Reduce nosocomial Clostridium Difficile infections by 30% by 12/21/15.
3. Evidence based order set utilization.
4. Reduce hospital Acute Care Readmission rate from 10.7% to 9.8% by 12/31/15.
5. Increase all the Joint Commission Top Performance measures by 95% or greater by 12/31/15.
6. Decrease Immediate Use Steam Sterilization to less than 5% by 12/31/15.
7. Complete TeamSTEPPS training for 75% of all employees by 12/31/15.
8. Increase hand hygiene compliance across all outpatient settings to greater than 95% by 12/31/15.

9. Fully implement best practice clinical alarm management strategies as outlined by the Joint Commission by 12/31/15.
10. All ACO Quality Measures will be either within the acceptable range or above the 90th percentile by 12/31/15.
11. Decrease Sharp Injuries by 50%.
12. Increase the average Environment of Care rounding score to 95 in 2015.

B. 2nd Quarter PQRSC Review – Dr. Emerman

Dr. Emerman stated that the central line and blood stream infections are down from 44% from 2011-2014 to now 18 in total. The ventilator associated pneumonia is down from 73% with a total of 7 and catheter associated urinary tract infections is down 26% with a total of 92 for 2014. There was no change from 2013-2014 in C diff rate. Overall for the 1st quarter of 2015 the complaints/grievances were down by 14%. Communication issues were down 22% and the inability to get through on the phone was down by 82%. There was a total of 767 critical incident reviews with 186 at the highest risk with 75% of those indicating some temporary harm. There was zero safety events.

C. Evidence Based Order Sets & Care Plans – Dr. Creamer & Jill Evans

Dr. Creamer stated that 200 Evidence Based Order Sets are used in every inpatient care and now these are specific to the disease. Every admission order set is for specific primary diagnosis. The goal is to be at 90%. The challenge is getting them to use order set specific to diagnosis and getting order set after diagnosis. Top 10 diagnoses and procedures:

- Acute myocardial infarction
- Cellulitis
- COPD
- Cesarean Section
- Heart Failure
- Hysterectomy
- Major Joint Replacement
- Pediatric Asthma
- Pneumonia
- Stroke

Opportunities for improvement would be to increase disease specific care plan use in medical areas: assess barriers to usage, design/build any additional care plans and reeducate areas of care plan availability.

D. BICU Update – Dr. Anjay Khandelwal

Dr. Khandelwal stated that MetroHealth is the only adult and pediatric verified burn center in Ohio. The Burn Unit provides services for thermal/electrical/chemical burns, inhalation injuries, exfoliative skin diseases, complex wounds, frostbite injuries and burn reconstruction/scar management. It is a 14-bed unit. Dr. Khandelwal stated that hiring nurses can be challenging. Nurses have to be specifically trained to handle burn patients. There are currently three physicians, one nurse practitioner and they are currently looking for an additional nurse practitioner.

E. NICU – Central Line – Dr. Biju Thomas

Dr. Thomas stated that they have made great strides in CLABSI. There has been no long term morbidity and no increase in average length of stay. MetroHealth is in the top percentile for babies in NICU. Dr. Thomas indicated that our numbers are better than most in the country. NICU has had an increase in Central Line associated Blood Stream Infections (CLABSI) in 2015. The infections are occurring more than 2 days after insertion suggesting that they are not due to contamination at insertion but rather occur later during the maintenance and dressing changes. He stated that they have looked at many potential causes for the recent increases in CLABSI including changes in personnel, infective organisms, staffing, census, and equipment. Other causes are excess catheter length resulting in coiling under dressing change procedures. Current next steps will include competency testing of credentialed providers on central line insertion and central dressing, blind audits of RN IV tubing will be followed by IV tubing change checklist, procure central line product to allow for shortening to prevent coiling of line under sterile dressing and procure pre-packed one piece closed medication IV tubing system.

F. ENT Update – Dr. Joseph Carter

Dr. Carter came back to the committee to follow up on communication, documentation, equipment and policy issues. Process improvement efforts included timely appropriate notes by residents, which is now part of resident orientation. It is also now routine to use interpreter, phones and documentation. The Quality Initiatives included antibiotics one hour prior to surgery 97% for the year and 100% for the 4th quarter, antibiotics discontinued 24-hours after surgery 97% for the year, 100% for the 4th quarter and hand washing rates are 95% to 100%. The entire department has been trained for TeamSTEPPS. This includes a daily huddle, high level decontamination and treatment cart standardization.

G. CSPD Improvement & 6 Sigma Project – Gigi Hubbard

Ms. Hubbard stated that five projects were identified to improve the CSPD process by better satisfying OR needs or by eliminating waste in the creation of instrument trays and case carts. Several gaps have been identified in the current process for case cart completion. The initial chart showed that missing or incorrect soft goods were responsible for the majority of defective carts. An important part of this plan was to ensure that there is no additional financial requirement. To monitor this they compared the baseline data with the post intervention data. The average time spent assembling case carts should not increase. The average time spent on case cart assembly was 5.23 minutes per cart. They went to the actual site where the case carts were assembled and while there spoke directly with the staff member assembling the case carts. To try to determine how the carts could be wrong, they chose a random pick sheet and attempted to construct a case cart. They used the list to look for items, four of the five were wrong in at least one column. A plan was made to inventory the store room to determine accurate locations and to map out the store room for a better flow. Initially, the expectation was that most case cart errors/defects were related to the SSS part of the assembly phase. However, the surveys determined that the area that needed improvement was the CSPD part of the assembly. The OR staff have benefited from this project because there has been a marked decrease in the amount of defective case carts. Since all of the carts are more accurate, there is less time spent looking for

missing items. This will help to decrease the amount of late starts that the OR incurs. The project has provided an opportunity to foster a better working dynamic between all departments involved in the production of the case carts. This ensures that not only are the customers happy, the patients are safer.

III. NON-CONSENT ITEMS

None

IV. CONSENT ITEMS

None

There being no further business to come before the Committee, the meeting was adjourned at 12:02 p.m.

Respectively submitted,

Mr. John Moss, Chairperson
Board of Trustees