

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

DATE: Tuesday, October 27, 2015

TIME: 10:00 a.m.

PLACE: MetroHealth Medical Center
K107, Business Services Building

COMMITTEE TRUSTEES: Mr. Fountain, Mr. Moss, Mr. McDonald, Ms. Kiedio, Dr. Silvers

STAFF: Dr. Boutros, Dr. Curley, Dr. Connors, Ms. Delp, Dr. Hecker, Ms. Jakovic, Mr. Kaufmann, Ms. King, Dr. Laskey, Dr. Misak, Mr. Phillips, Mr. Richmond, Mr. Stern

(ABSENT): Ms. Bechtel, Dr. Emerman, Daniel Lewis, Mr. Spain, Ms. Dee, Dr. Macon, Ms. Whiting

Mr. Moss called the regular meeting of the Quality & Safety Committee to order at 10:04 a.m.

I. APPROVAL OF MINUTES – July 21, 2015

The minutes of the July 21, 2015 Quality & Safety Committee were approved as presented.

II. DISCUSSION ITEMS

A/B. PQRSC Update/Quality Report Card - Mr. Kaufmann

Mr. Kaufmann stated that he wanted to start with the Quality Report Card since Dr. Emerman was not available to attend today's meeting. There were no falls with major injuries reported. C-section rates remain the same. The Comprehensive Stroke Center Certification is one of the best in the country. There was overall improvement in harmful events and they will continue to focus on problematic areas. HCAHPS scoring have been trending up. Dr. Laskey is working on physician communication. Mr. Stern stated Senior Leadership Rounding five days a week for new patient admissions will start tomorrow. The average patient is getting two or three order sets. C-Diff is down and the past three months have been the best we have seen. Room cleaning has a lot to do with this. We are the lowest in the State of Ohio.

C. TJC Visit – Ms. Jakovic

Ms. Jakovic stated that we anticipate the survey will occur in November. This will be a five day survey with 9 surveyors for a total of 264 hours of survey time. The arrival plan has been established. An immediate Response Plan has been developed. Arrival documents are in binders and the goal is to get off to a good start and eliminate risks.

Teams have been established and “practice” sessions have been held. There is a management team involved to ensure staff has the tools to be successful. Weekly “We Are Ready” tip sheets are sent via email to all staff and posted on the MIV. The anticipated areas that the survey will focus on will be medication management, infection control, emergency preparation, staff competency, equipment safety and maintenance, environment of care and life safety measures. Ms. Jakovic stated that we are ready to showcase the excellent care and services we provide daily.

D. Improving Adult HIV Screening in Primary Care – Dr. Misak

Dr. Misak stated that the United States Preventive Services Task Force recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. The HIV screening rates for adult patients of the 14 MetroHealth System primary care sites is less than optimal based on USPSTF guidelines. The goal is to improve the HIV screening rates in all sites by at least 5% from baseline rates. HIV screening rates were generated from reports of data in the electronic health record and these reports were distributed to all site QI teams on a monthly basis. All 14 sites improved their adult HIV screening rates over the course of the 4 month PDSA cycle. These preliminary results demonstrate that a minimal amount of quality improvement training and coaching, combined with the formation of multidisciplinary, primary care site-based QI teams, can produce significant improvements in the rate of adult HIV screening in the primary care environment. This approach can also be expected to improve other patient care measures relevant to primary care medical practice.

E. MH Antimicrobial Stewardship Program – Dr. Hecker

Dr. Hecker stated that as of 2014 it is required that all hospitals have this program. The goal is to decrease unnecessary antimicrobial therapy and optimize necessary antimicrobial therapy. This program is needed because over 50% of patients received at least one day of antimicrobial therapy during their inpatient stay. At least 30% of inpatient antimicrobial therapy days may be unnecessary and up to 50% may be incorrectly administered. Some consequences of inappropriate use would be adverse patient outcomes, increasing rates of multi-drug resistant organisms and increased costs. Models predict that a 30% decrease in broad spectrum antibiotics would lead to a 26% decrease in *clostridium difficile* infections. Future efforts include extended infusion of certain antibiotics, microbiology laboratory interventions and enhanced use of EPIC.

F. Inpatient Services Readmissions Team – Dr. Curley

Dr. Curley stated that she has all good news. The Patient Safety and Quality goal is to reduce hospital acute care readmission rates from 10.7% to 9.8% by December 31, 2015. The transitional care coordinator program was chosen as best supported intervention. The program

served 477 patients in 2014, 47% Medicaid, 33% Medicare, 8% commercial, 7% uninsured and 5% dual coverage. New initiatives include: collaborate with Advisory Board on study to determine best practices for care transitions and to participate in Project ACHIEVE study to evaluate the effectiveness of transitional care. Future steps include: continue our transitional care coordination, implement nursing home communication improvements, review AMI readmissions for opportunities to improve, ACO specific: home visit with NP post discharge, hospital at home development, Medicaid and total joint program with Dr. Wilber.

G. Environment Safety – Ms. King

Ms. King stated that sharp injuries are considered any sharp object contaminated with blood. Sharp injuries are being reported more. The goal is to reduce monthly sharp injuries 50%. Initially the OR was the main focus since the largest of injuries occurred there. They conducted an assessment of the OR and found that there was lack of adequate preventative training, sharps training for medical students was taking place in a conference room using foam and inadequate equipment, residents rotated from different hospitals and had varying levels of skill and guarded technique commonly used to pass sharps opposed to recommended neutral zone technique. The next improvement cycle will include: standardization of sharps throughout the facility, ongoing training on proper use of safety devices, provide monthly data to stakeholders and increase CNS involvement with Sharps Injury Reduction Committee and stress the importance of sharps safety on the floors.

III. NON-CONSENT ITEMS

None

IV. CONSENT ITEMS

None

There being no further business to come before the Committee, the meeting was adjourned at 12:06 p.m.

Respectfully submitted,

Mr. John Moss, Chairperson
Board of Trustee