

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

DATE: January 26, 2016

TIME: 10:00 a.m.

PLACE: MetroHealth Medical Center
K107, Business Services Building

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

STAFF: Ms. Bechtle, Dr. Boutros, Dr. Connors, Ms. Delp, Ms. Jakovcic, Dr. Kaelber, Mr. Kaufmann, Ms. Kline, Dr. Laskèy, Mr. Lewis, Mr. Roker, Mr. Phillips, Mr. Stern

(ABSENT): Ms. Dee, Dr. Emerman, Dr. Minor, Mr. Richmond, Mr. Schneider, Dr. Silvers, Ms. Whiting

Mr. Moss called the regular meeting of the Quality & Safety Committee to order at 10:03 a.m.

I. APPROVAL OF MINUTES – October 27, 2015
The minutes of the October 27, 2015 Quality & Safety Committee were approved as presented.

II. DISCUSSION ITEMS

A. Ohio Department of Health Survey – Mr. Kaufmann

Mr. Kaufmann stated the reason for the survey was to investigate a complaint regarding alleged misuse of restraints and seclusion. The initial complaint was unsubstantiated. Primary issues identified were 6B environment of care, restraint documentation and other documentation issues. The follow up visit occurred on January 4th. We are substantially compliant.

B. The Joint Commission Survey – Mr. Kaufmann & Ms. Jakovcic

The surveyors arrived on Monday, November 17th and the arrival plan was well executed. MH Leaders who were assigned to be with the surveyors were ready and the opening conference provided surveyors with an excellent over view of our services and values. There were 8 surveyors. Special Resolution meetings occurred as an opportunity for discussions and clarification. The findings were extremely positive. There were 7 Direct Recommendation for Improvements (RFIs) and 15 Indirect RFIs. There was 1 Indirect RFI for Behavioral Health and 17 Consultative Recommendations. The system tracers were conducted with leaders and staff to describe our processes, integration plus and opportunity for consultative advice with no findings overall. They identified vulnerabilities with

use of Protocols. A Comprehensive Corrective Action Plan was developed. The outcome is to strengthen delivery of evidence based patient care. The Behavioral Health Accreditation was overall excellent. There were 3 Life Safety RFIs that were all corrected during the survey. There were 5 Environment of Care RFIs. The findings were corrected during the survey or shortly thereafter. There will be ongoing compliance through the EOC Committee. Medication Management surveyed for opportunities for medication diversion and implemented use of individual pill splitters. Medication orders need to be clear and accurate. Infection Prevention had no findings. Usually over 50% of hospitals are cited. There were some challenges with dusting and cleaning and they challenged us to focus on improvement plan that includes all disciplines. They indicated that there needs to be clear identification of clean equipment, proper use of disposable cuffs and routine cleaning of water dispensers. In summary they surveyed nearly every inpatient unit (sometimes twice), surveyed approximately half of outpatient clinics and overall this was an excellent survey. A new policy defines and outlines the process for Order Set Establishment, Revision and Review. Formalized review process ensures appropriate nursing, medical and pharmacy oversight.

C. 2015 Patient Safety & Quality Goal Metrics – Matthew Kaufmann

Mr. Kaufmann stated we are trending well. There are a few issues but the numbers are going down. We have improved a great deal on ventilation associated pneumonia. We are coming up with new cleaning of vents and tagging. CLABSI: we are higher than goal, but all units performing well. We are focusing on the NICU and looking at getting good samples and continue educational programs. The NICU improved in the third and fourth quarter. The metrics are set at hospital level. CAUTI: We are performing better than last year. We are bringing in outside resources to evaluate processes. Testing catheters and UTI's has improved. SSI: Data not finalized for 4th Quarter. We are trending higher, but are starting UV lighting in OR rooms. We are also talking to providers working with surgeons and wound care and patient education. Pt. Falls: We performed better than last year. We are shifting focus to outpatient and looking for ways to keep patients safe. HAPU: We had a stellar year with new equipment, better documentation and hourly rounding. ADE: Performed well and met our goal. We will continue education and focus on medicine reconciliation and transfer. Hospital Acquired Thrombotic & Embolic Event: Analysis of all patients received. Looking at individual cases to find solutions. C-DIFF: Still looking for avenues for improvement. Order Sets: We will continue to look at order sets and offer best evidenced based decisions for them. Acute Care Readmissions Rate: The goal was 9.8% and we are at 9.8%. Readmissions moved a good distance. We are in the 80-90%ile but still have room for improvement. The Joint Commission Top Performer Measures to 95%. The general trend for Steam Sterilization is 11.7% to 10%. Our goal is 5%. We are working on making sure we have enough equipment to reach this goal. TeamSTEPPS Training: 60% of the staff has been trained. Outpatient Hand Hygiene: We reached the goal of 96%. Clinical Alarm Management Strategies: We have established guidelines for alarm setting and implemented nuisance alarm reduction best practices. A new policy has been developed. ACO Quality

Measures: 85% of metrics greater than the 30th percentile and 30% of metrics greater than the 90th percentile. Decrease Sharp Injuries: This can be challenging but we have improved. Environment of Care Rounding: We are at 96% with the average being 95%.

D. **2016 Patient Safety & Quality Goals – Matthew Kaufmann**

Mr. Kaufmann stated the 2016 Goals will be patient outcome and safety focused, aligned with organizational initiatives, new data collection tools and more individual measurements. Compliance on MSSP (ACO) Quality Metrics: Composite of 17 individual measures; scoring based on individual performance, outcome focused. Hospital Acquired Condition (HAC) & C-Diff: Measures number of nosocomial C-Diff infections; maintain/improve high performance. HAC/VAP: Measures number of VAP documented in ICU, PICU and NICU. HAC/MRSA: Measures the number of MRSA Bacteremia cases documented. HAC/Improve Performance on Inpatient Quality Metrics (PSI-90): Patient Safety Indicator (PSI)-90 is a publically reported metric on Hospital Compare; Contains 2 "Domains"; Domain1 – The PSI 90 composite metric and Domain2 the remaining infection metrics. Readmissions: Measures the number of acute care readmissions within 30 days; date source: Crimson Continuum of Care. Employee Safety: Decrease Sharp Injuries: Measures the total number of sharp injuries in 2016. Order Set Utilization: Measures disease specific order set utilization on the top 10 encounter diagnoses.

III. **NON-CONSENT/ACTION ITEMS**

None

IV. **CONSENT ITEMS**

- A. Reaffirmation of Commitment to Maintain a Level I Adult and Level II Pediatric Trauma Center at MetroHealth Medical Center

The Committee approved the recommendation for full Board action.

There being no further business to come before the Committee, the meeting was adjourned at 11:56 a.m.

Respectfully submitted,

Mr. John Moss, Chairman
Board of Trustee