

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

**DATE:** April 25, 2017  
**TIME:** 10:00 a.m.  
**PLACE:** MetroHealth Medical Center  
K107, Business Services Building

**COMMITTEE**

**TRUSTEES:** Mr. Moss, Mr. McDonald

**STAFF:** Dr. Boulanger, Dr. Boutros, Dr. Chehade, Dr. Connors, Ms. Delp, Dr. Dunlap, Dr. Hanrahan, Mr. Kaufmann, Ms. Kiedio, Ms. Kline, Mr. Lewis and Mr. Stern

**(ABSENT):** Ms. Dee, Dr. Minor, Mr. Monnolly, Dr. Silver, Mr. Schneider, Mr. Spain and Ms. Whiting

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

**I. Approval of Minutes – January 24, 2017**

The minutes of the January 24, 2017 Quality & Safety Committee Meeting were approved as presented.

**II. DISCUSSION ITEMS**

**A. 2017 Quality & Safety Goal Progress – Mr. Kaufmann**

Mr. Kaufmann presented the ACO Quality Metrics, Hospital Performance for Decreased ED Time after the decision to admit, IP Discharge time, Care Pathways Developed and Implemented, PSI 90 Composite, HAI Reduction, SSI Reduction, 30-Day Readmissions, Sharp Injuries, Order Set Utilization, TeamSTEPPS implementation and care equitability for 2017. Dr. Boutros asked Mr. Kaufmann to create additional charts and noting which direction is better.

**B. 2016 Quality Review – Dr. Connors**

Dr. Connors showed the committee what has happened over the past seven years regarding quality improvement with hospital acquired infections, eliminating medication errors, readmissions' and 30-day mortality.

Initiatives for 2017 include:

- Optimize ACO measure performance
- Expand number of EBM order sets monitored
- Achieve consistent use of common order sets
- Create and implement 16-24 care pathways
- Expand efforts to reduce harm for falls with injury, pressure ulcers, medication errors and DVT/PE
- Reduce infections

**C. 1<sup>st</sup> Quarter Accreditation Review – Mr. Kaufmann**

Mr. Kaufmann reported that the hospital has had regulatory visits from MOHS Validation Survey, ODH Complaint Investigation, ODH Cardiology License Survey, POCT Lab Survey, TJC Mock Survey, CAP Accreditation Survey and ODH Brecksville ASC License Survey. All surveys went well.

**D. Heart Failure Program – Dr. Dunlap**

Dr. Dunlap stated that heart failure is common, serious, expensive and treatable. Currently 17,000 MetroHealth patients have a diagnosis of heart failure. Half the patients who develop heart failure die within five years. Therapies can improve outcomes but it's complicated. There has been a 44% reduction in heart failure 30-day readmissions from 2009 to 2016. Future needs and plans for the Heart Failure Program would include: increase options besides hospitalizations, use data analytics to help identify heart failure patients who present to the ED within 30 days of discharge, use data analytics to help identify heart failure patients at risk and develop collaborative agreements with PCPs.

**E. CAUTI Prevention Strategy – Dr. Hanrahan**

Dr. Hanrahan gave an update on what we are doing to prevent healthcare-acquired infections. Urinary tract infections are among the most common type of healthcare-associated infections. Most are due to instrumentation including catheters, stents and procedures. Urinary tract infections lead to complications. Some initiatives to decrease CAUTI include urine preservative project, new sure step foley system, standardized foley urometer bags, audits performed weekly, root cause analysis performed on every infection, education to all nursing staff regarding foley care, insertion and cultures, foley catheter check list and nurse driven foley removal protocol.

**F. Population Health Update – Dr. Chehade**

Dr. Chehade stated that Population Health is about individualized care. The Population Health Innovation Institute will leverage people and technology to deliver collaborative, integrated and affordable care. Dr. Chehade discussed the Red Carpet Care Program. The Red Carpet Care team member will see each Red Carpet enrollee admitted to MetroHealth. They will connect with the Case Management and Transitional Care Teams to prioritize patients' home-going plan and identify any additional patients who may benefit from the care of the Red Carpet Team. A patient should be clinically stable for a four month time frame and not actively participating in the plan of care in order to be discharged from the Red Carpet Care Team. Dr. Chehade also discussed the Employee ACO Custom Care Program.

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

None

**IV. CONSENT ITEMS**

Recommendation to the Board of Trustees of the MetroHealth System for the Observance of National Nurses Week, May 8, 2017 through May 12, 2017. Recommendation was approved.

There being no further business to come before the Committee, the meeting was adjourned at 12:00 p.m.

Respectfully,

Mr. John Moss, Chairman

Board of Trustees