

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

DATE: October 24, 2017

TIME: 10:00 a.m.

PLACE: MetroHealth Medical Center
K107, Business Services Building

COMMITTEE

TRUSTEES: Mr. Moss, Dr. Silvers, Ms. Whiting

STAFF: Ms. Aulio, Dr. Boulanger, Dr. Chehade, Dr. Connors, Ms. Conti, Mr. Lewis, Mr. Kaufmann, Ms. Kiedio, Ms. Kline, Ms. Kocisko, Mr. Petranek and Ms. Rabic

(ABSENT): Dr. Boutros, Mr. McDonald, Dr. Minor, Mr. Monnolly, Ms. Platten, Mr. Schneider, Mr. Spain and Mr. Stern

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

I. Approval of Minutes – July 25, 2017

The minutes of the July 25, 2017 Quality & Safety Committee Meeting were approved as presented.

II. DISCUSSION ITEMS

A. 2017 Goals Performance – Mr. Kaufmann

Mr. Kaufmann presented the reports for ACO Quality Metrics, Hospital Performance for Decreased ED Time After the Decision to Admit, IP Discharge Time of Day, 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 YTD for 2017. To demonstrate the scent of a new cleaning solution for patient rooms, Mr. Kaufmann passed solution around to committee members.

B. Charges to the Critical Care Incident Review Process – Mr. Petranek

Mr. Petranek gave an update on the process of CIRs (Critical Incident Review) and how quickly they are handled. A harm score is given to the CIR with 9=death, 8=severe permanent harm, 7=permanent harm and 6=temporary harm. Action plans are formulated during the CIR process and then assigned to individuals to operationalize the action plan. The action plan is then followed up at the Patient, Quality, Risk, Safety and Compliance Committee (PQRSC) monthly meeting.

C. Lean Six Sigma Project: DVT Reduction – Diane Kocisko

Ms. Kocisko stated that the goals of this project are the prevention of deep vein thrombosis and pulmonary embolism (also known as blood clots), decrease the controllable risk factors, patient safety, decrease the number of DVT and PE that are reported to CMS, and improve hospital reputation and rating. The plan is to implement order sets to ensure each patient is formally evaluated for risk factors related to acquiring DVT/PE and standardize the processes for quality to evaluate medical records of patients that acquire a clot. Training will emphasize the importance of SCD (sequential compression device) use and the importance of timely administration of anticoagulation for high-risk patients. New SCD pumps have been purchased and a standardized process has been implemented in the event a patient refuses an anticoagulation medication. All cases are reviewed by a multi-disciplinary team. DVT/PE working group meets monthly to analyze trends and to ensure there is an ongoing evaluation of order sets.

D. Lean Six Sigma Project: Colorectal Surgical Site – Ms. Conti and Ms. Rabic

Ms. Rabic stated the goal of this project is to decrease the number of infections after an elective colon surgery, which will improve patient safety and standardize operating room practices. The project showed that antibiotics were not standardized and bowel prep was not pre-selected in the colon surgery order set. Based on the data collected the areas that require improvement were bowel prep, preoperative instructions, closure tray, and changing of gowns and gloves. Ms. Rabic stated that the team recognized that they were not utilizing a bundle for colon surgeries. They met with surgeons to understand OR practices. The team then reviewed all colon surgeries from 2015 to the first quarter of 2016 and met with EPIC members. The surgeons will now begin changing their gowns and gloves before closing. This standardized practice for colon surgeries can be implemented in other surgeries performed, thus providing a cost savings due to a reduction of infections.

E. Care Equitability Monitoring – Dr. Connors and Mr. Kaufmann

Dr. Connors stated that care needs to be equally effective and we are making sure we are not inequitable. The requirements for an equitability program include metrics on clinical process and outcomes, determination of comparison populations, define reporting parameter's and dissemination of data to relevant areas. Dr. Connors discussed the acute care mortality by ethnicity and the acute care readmissions in 30 days by gender. Next steps include quarterly run charts for all identified metrics and data sharing and analysis with Inclusion and Diversity.

III. NON-CONSENT/ACTION ITEMS

None

IV. CONSENT ITEMS

None

There being no further business to come before the Committee, the meeting was adjourned at 11:52 a.m.

Respectfully,

Mr. John Moss, Chairman
Board of Trustees
