

**THE METROHEALTH SYSTEM
BOARD OF TRUSTEES
JOINT MEETING OF QUALITY & SAFETY AND
PATIENT EXPERIENCE**

DATE: August 28, 2019

TIME: 10:00 a.m.

COMMITTEE

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

STAFF: Dr. Boulanger, Dr. Watts, Mr. Kaufmann, Mr. Stern, Mr. Sukalac, Ms. Kiedio, Dr. Golob, Dr. Chehade, Dr. Werner, Ms. Goerndt, Ms. Morgan, Ms. Kline, Ms. Weston, Ms. McBride, Ms. Dee

ABSENT: Dr. Boutros, Ms. Platten, Mr. Moss, Mr. Hurwitz, Dr. Mercer, Mr. Gutridge, Ms. Svoboda, Ms. Hamm, Dr. Nemer, Mr. Monnolly, Ms. Anderson, Mr. Hairston

Dr. Silvers called the regular joint meeting of the Quality & Safety and Patient Experience Committees to order at 10:11 a.m.

I. Approval of Minutes – May 8, 2019

The minutes of the May 8, 2019 joint Quality & Safety and Patient Experience Committees were approved as presented.

Dr. Watts announced that Dr. Michelle Nemer will be the new Medical Director for Patient Experience. Dr. Nemer will help expand our setting in Ambulatory. She also sees 95% of patients who speak Spanish and will help set up MyChart for Spanish speaking patients. No other health system provides this.

Dr. Golob shared a Catch Story regarding an Emergency Room nurse treating a patient with high blood pressure. He retrieved two vials of medicine that look similar from the refrigerator. He realized that one vial would have stop the patient from breathing. A SER was placed, and change has been implemented to separate these medications in addition to bar scan coding. This was a great catch and it helped improve patient care.

II. INFORMATIONAL ITEMS

A. Failure Mode Effect Analysis Selection – Mr. Kaufmann

The Failure Mode & Effect Analysis (FMEA) is structured to identify and address potential problems, or failures, and their resulting effects on the system before an adverse event occurs. This is a Joint Commission requirement every 18 months. Prior projects have included prevention of surgical fires, DVT prevention in

surgical patients and prevention of work place violence. Mr. Kaufmann is now requesting the committee's guidance in selecting the next FMEA project.

Option 1: Variation in Medication Room Standards and Management

- Standardize organization of medication rooms
- Standardize required products/medications
- Establish good cleaning processes and responsible party: floors, pyxis, countertops, black buckets, med prep space, Silent Knight Pill Crushers, refrigerators/freezers
- Re-evaluate medication process at transfer and discharge
- Ensure appropriate storage/labeling and security of medications
- Meet requirements for appropriate disposal of medications

Option 2: Process Variation in Sterile Compounding Areas

- Standardize ordering process
- Establish a standard operating procedure
- Standardize the required PPE
- Meet requirements for competency and other required testing
- Meet requirements for performing aseptic technique
- Standardize cleaning process to meet requirements

After discussion with committee it was decided that Option 1 would be a better opportunity.

B. System Goals Performance – Mr. Kaufmann

Mr. Kaufmann presented the System Composite Goals for Adult and Pediatric Ambulatory Care and C. diff infections. Overall everything is good. C. diff is low because we have worked extensively on cleaning rooms twice and changed to a new standard of how to test for C. diff. Mr. Kaufmann also stated that the flu vaccine is now available.

C. CMS Payment Programs – Mr. Kaufmann

Mr. Kaufmann discussed Value Based Purchasing and Hospital Readmission Reduction Programs but stated there are several CMS programs available. These programs have certain amounts of money that they withhold. We have had significant improvement. The penalty system works on the fiscal year and access is based on performance. This is the first time since 2013 that we will not be penalized, so the hard work is paying off. Also, the Patient Safety Score is now on the MIV, so it makes it transparent to the staff.

D. Patient Experience System Goal Performance – Ms. Goerndt

Ms. Goerndt stated that we continue to perform at stretch performance. Performance is at 90% or better for the outpatient clinics but the express clinics feel they are rushed. This gives us an opportunity to target these areas and improve along with surveys that are sent to patients to provide additional feedback from their visit. Leadership rounding also allows us the feedback we need to remove barriers and improve patient care.

E. Patient Experience Regulatory Reporting Program – Ms. Goerndt

Starting with discharges in October 2019, CMS will remove domain “*Communication About Pain.*” Hospitals can continue asking pain and discomfort questions in the non-regulatory surveys. Communication about pain is a strong determinant of overall patient experience.

III. NON-CONSENT/ACTION ITEMS

None

IV. CONSENT ITEMS

None

There being no further business to come before the committees, the meeting was adjourned at 11:33 a.m.

Respectfully,

J.B. Silvers, Ph.D.
Board of Trustees