

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

August 11, 2021

Meeting Minutes

Committee Members Present: Dr. Silvers, Ms. Dee

Other Trustees Present: Mr. Hairston, Ms. Kirk, Ms. Davis-Chappel, Ms. Whiting

Staff Present: Dr. Boutros, Dr. Boulanger, Dr. Chehade, Mr. Kaufmann, Mr. Stern, Ms. Goerndt, Ms. Greenberg, Ms. McBride, Dr. Stepnick, Mr. Sukalac, Dr. Watts, Dr. Nemer, Mr. Richmond, Ms. Booker, Ms. Khazaal, Ms. Cox and Dr. Ardelt

Dr. Silvers called the meeting to order at 12:07 p.m.

(The minutes are written in a format conforming to the printed meeting agenda for the convenience of correlation, recognizing that some of the items were discussed out of sequence.)

1. Approval of Minutes

The minutes of the May 12, 2021 Committee meeting were approved as submitted.

2. Information Items

Patient Story – Seona Goerndt

Ms. Goerndt read a letter from a patient who was on 10C for 11 days. The patient was pleased with the excellent care she received from everyone involved in her care. She continues to come back for long-term treatments and feels very comfortable here.



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Quality System Goals – Matthew Kaufmann and Dr. Brook Watts

Mr. Kaufmann stated that overall, we are on target for all goals. Influenza data will not start until October. Colorectal Cancer Screening continues to be strong with continued work with FIT mailings. Diabetes is showing great progress. Pediatric Lead Screening is also showing great progress.

Diabetes Care Initiative – Nisrine Khazaal

Ms. Khazaal stated that a leadership team was assembled in 2019 with the goal to improve diabetic care and outcomes for our patients with poor diabetic control. Three working groups were developed: 1) POC Testing Pilot; 2) Diabetes Education; and 3) Informatics. Internal Medicine and Glenville Health Center were piloted first for POC testing. Cleveland Heights was completed in May of 2021. They are now developing an EPIC interface so they can eliminate manual entry. Diabetes Education short-term goals were completed which included offering lower and higher literacy level material in different languages, standardize patient education material systemwide, and having information available for all ambulatory sites. Some long-term goals include developing Diabetes Manual, updating EMMI and diabetes education for nurses. The Informatics group worked with Patient Experience (Dr. Nemer) and created a nurse education visit and a DM SmartSet. Phase II of this program will work with clinicians.

Experience System Goals – Seona Goerndt

Ms. Goerndt stated the Patient Experience Strategic Goals are reported with a one-month lag due to the delay in survey returns and to allow 30-days for the grievance resolution. All achieved target level and are at stretch performance.

Improvement Program – Cleanliness of the ED and Hospital – Seona Goerndt

Ms. Goerndt stated that an interdisciplinary team started rounding with a standard checklist for the ED and Towers Units to ensure consistency. The patients found hand-made signs and items left on the windowsills as clutter and perceived as dirty. Improvements were made by removing old signage, removing furniture in disrepair, creating a process to routinely remove magazines and newspapers that are left in common areas. Labor & Delivery handouts were created in English and Spanish to help patients coming through the ED. Next steps to include continued hardware interdisciplinary rounding in both care settings, focus attention on floor maintenance, routine maintenance of wall repair/painting and continued emphasis on reducing clutter in patient rooms and in common spaces along with consistent use of communication boards in patient rooms.



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Proposal to change the Stroke Program Certification – Dr. Agnieszka Ardelt

Dr. Ardelt stated that MetroHealth, Comprehensive Stroke Center (CSC) and Acute Stroke-Ready (ASRH) are currently certified by the Joint Commission (TJC). TJC and AHA/ASA are moving to a Stroke Systems of Care model where one CSC serves multiple Primary Stroke Center programs in a geographic area. TJC is the largest CSC certifying agency because it was the first to develop a CSC certification program. HFAP (Healthcare Facility Accreditation Program) is the original CMS-accepted agency and continues to have an excellent rating for CMS accreditation and certification. HFAP Comprehensive and Acute Stroke Ready accreditation programs have minimum volumes that are attainable and sustainable for MetroHealth's current volume of stroke patients. HFAP is an outcome-driven certification program. HFAP standards include acceptance of a contingency plan for centers that do not meet the minimum volume requirements during a certification cycle. The cost is slightly less than TJC.

For community ED's at Parma, Cleveland Heights, and Brecksville for fall 2021, MetroHealth is further proposing to maintain TJC certification of the CSC for now (reduced eligibility volumes by TJC due to the pandemic have made it possible for feasibility of transitioning the CSC to HFAP Certification 2024). MetroHealth will continue to evaluate TJC and HFAP certification eligibility trends for CSC certification.

Upon consideration of the information presented by Dr. Ardelt and the team, the Committee agreed with the proposal to shift accreditation from TJC to HFAP as of 2021 for the three community ED's

Quality & Safety Institute – Stacey Booker

Culture of Safety Survey

Ms. Booker stated that the Culture of Safety Survey is a requirement for Leap Frog. Our response rate during COVID is not good but nationally they are seeing lower than usual results due to COVID. It was decided to go ahead with survey so we can plan for 2021.

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Life Cycle of Patient Safety Event – Stacey Booker

Ms. Booker stated that the (SER) icon is on every MetroHealth computer to report adverse events that happen. The reports can be made anonymously. The safety event is identified and then submitted. The Patient Safety Team Huddle reviews the SERS daily. The event type and severity are reviewed and properly coded. If severe the Patient Safety team launches investigation and determines disposition. Once completed, the action plan is reviewed and closed by Patient Safety. Lessons from the events are communicated through the MIV, Shared Governance and Safety Alerts.

3. Recommendation/Resolutions Approvals

A. None

There being no further business to bring before the Committee, the meeting was adjourned at approximately 2:00 p.m.

Brook Watts, M.D., MS

Melissa Kline, RN, DNP