

# The MetroHealth System Board of Trustees

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## QUALITY, SAFETY & EXPERIENCE COMMITTEE

November 10, 2021

Time: 12:00-2:00 pm

Meeting held at MetroHealth Board Room (K-107) or Via Zoom

### Meeting Minutes

**Committee Members Present:** Dr. Silvers, Mr. Hairston, Ms. Whiting

**Other Trustees Present:** Ms. Kirk, Dr. Walker

**Staff Present:** Dr. Boulanger, Dr. Chegade, Mr. Kaufmann, Mr. Stern, Ms. Goerndt, Ms. Goerndt, Dr. Golob, Ms. Greenberg, Ms. Kiedio, Ms. McBride, Ms. Seabold, Dr. Stepnick, Dr. Watts, Ms. Black, Ms. Lastic, Ms. Moldaver, Ms. Khazaal

Dr. Silvers called the meeting to order at 12:02 pm

(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.)

#### I. **Approval of Minutes**

The minutes of the August 11, 2021 Committee meeting were approved as submitted.

#### II. **Information Items**

##### **Patient Story – Seona Goerndt**

Ms. Goerndt shared a story of a patient who had a stroke which caused her to have no sensation in her right leg. She was transferred from Cincinnati to MetroHealth for rehabilitation. She spent a month in the inpatient rehabilitation and a year in the outpatient rehabilitation. Ms. Goerndt showed a photo of the patient (with her permission) running and completing a marathon. She is forever grateful to MetroHealth.



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### **Quality & Experience YTD Goals Performance – Seona Goerndt & Matt Kaufmann**

Ms. Goerndt reported that YTD we are at threshold performance. There was a higher level of satisfaction of video visits than telephone visits. Early in the pandemic patients felt safer not having to go to the hospital so baseline was set at what patients were comfortable with. Cleanliness has changed since August. We have increased traffic; the ER is busier, and we have significant staffing shortages. Grievance Resolution is showing slow improvement. Prescription refill turnaround time is above the 50%tile.

Mr. Kaufmann reported that the quality goals have reached stretch performance. Immunizations continue with flu and the vaccines. Pediatric Immunization still needs work. Clinics are doing more outreach to get more children in for the vaccines, but there is some resistance. Colorectal Cancer Screening will be discussed in further detail in this meeting. The Essential Quality Improvement Committee (ESQIC) and the Clinical Quality Improvement Committee (CQIC) provide governance structure.

### **Patient and Family Advisor Council (PFAC) – Jennifer Lastic**

Ms. Lastic stated that the Patient and Family Advisor Program provides a platform for patients and families to share insights from their lived experiences. The PFA leader boards include Glenville Community Health Center FQHC, Patient Experience/Quality Board and Diversity Board. The PFAC focus is to co-create experiences which leads to safe, quality and equitable care.

### **Discharge Folders – Jennifer Lastic**

Ms. Lastic reported that the Health Care Folder Project is led by Patient Experience (PE) Care Champions. The purpose was developed as a tool to inform, educate and engage patients with their care to support smooth care transitions. The folders are provided to patients upon admission and are referenced throughout the inpatient stay by the care team. Patients are encouraged to bring their folder to outpatient follow-up visits as well. The folders were presented to PFAs for feedback prior to pilot and system-wide rollout. PFAs identified three key areas that are important for patients to know prior to discharge:

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- Phone number to call for questions after discharge
- Information about medication
- Discharge education

The folder was modified based on PFA feedback. Development of the hospital discharge line, development of a checklist section entitled “Are You Ready To Go”, development of an updated infographic “How to Know Where to Go” to include virtual care and development of dividers to include the following sections:

- Discharge Information (AVS)
- Medications
- Education Materials
- Blank Tab for specific education

The folder implementation was scheduled to begin in November 2021 and included Med-Surg, Critical Care and Rehabilitation. Further folder versions will reflect new brand standards. Folders will also be translated into Spanish.

### **Colorectal Cancer Prevention Program – Nisrine Khazaal**

Ms. Khazaal stated that the Fecal ImmunoChemical Testing (FIT) kits were implemented in September of 2017. Bulk ordering was implemented monthly with patient messaging to have kit mailed to them. Because of COVID they created a new workflow for Telehealth visits and future order of mail kits were sent to patients. They have worked with a vendor to mail kits to 6000 patients in the last quarter of 2020 and started bulk order monthly to all MBH patients due for FIT and mail to them in October 2021. J. Glen Smith Community Health increased completion rate from 30% to 70%, Buckeye had a completion rate from 67% to 72% in 2020 and Ohio City went from 64% to 66% for CRC screening. Outreaching to patients after mailing FIT kits has proven to be best approach in the process. Next steps include SmartSet, and Note Template created for Nurses/MTS’s for those patients who have the FIT kits and reminding them to return kits, initiate handing FIT kits to patients in specialty clinics and a cost analysis on outsourcing FIT kit mailings to patients on a monthly basis versus creating a position to do that internally.

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## **Recommendation Loving Paws – Visiting Dog Program – Becky Moldaver**

Ms. Moldaver stated that the Loving Paws Program has increased in popularity. Teams of dogs and handlers visit for short meet-and-greet sessions with patients, visitors and staff. Visits provide stress reduction and other proven benefits. Interest in visits for staff increased when program returned September 2021 following hiatus since March 2020. Dog/handler teams are certified and registered by Bright and Beautiful Therapy Dogs, Pet Partners or Therapy Dogs International. Dogs must meet registration requirements annually and handlers are onboarded as MetroHealth volunteers. The current program has four teams volunteering with four more interested. The Program plans to offer training and evaluation on-site for teams interested in joining Loving Paws, recruit teams already certified, engage MetroHealth employees in recruiting family, friends, themselves to volunteer, research and develop a plan to establish facility dog program at MetroHealth and provide visits at other MetroHealth locations.

## **Patient Safety – Dr. Joseph Golob**

Dr. Golob stated the Swarm process is a critical incident event, which could include near misses, sentinel events or serious harm events. Email notification is set up with a distribution list that includes Executives, Service Line, Nursing and Department leaders and is sent within 24 hours of the event. A detailed Swarm summary is sent to leadership monthly. The Leadership Role respects the integrity and confidentiality of the safety event process, fosters a Just Culture, ensures the SER is assigned with action completion, removes barriers to Swarm/CIR participation and is accountable to action implementation and sustainment.

The 2022 Culture of Safety Survey will be in March. The response rate in 2020 was 6% due to COVID. The goal is to increase participation, identify strengths and opportunities for improvement and develop a system plan to improve the culture of Safety.

### **III. Recommendation/Resolutions Approvals**

None

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Dr. Silvers indicated that all further matters to be considered at this meeting involved discussions of matters required to be kept confidential by law. Upon unanimous roll call vote, the Committee went into Executive Session to discuss such matters at 1:14 pm.

Following Executive Session, the meeting reconvened in open session at 1:55 pm.

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

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Brook Watts, M.D., MS

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Melissa Kline, RN, DNP