



The MetroHealth System

Board of Trustees

Wednesday, October 25, 2023

1:30-3:00 pm

The MetroHealth System K-107 or via Zoom

Quality, Safety and Experience Committee

Regular Meeting

The MetroHealth System Board of Trustees

QUALITY, SAFETY & EXPERIENCE COMMITTEE

DATE: Wednesday, October 25, 2023
TIME: 1:30 pm– 3:00 pm
PLACE: MetroHealth Board Room/ Via Zoom
<https://us02web.zoom.us/j/85433011025>

AGENDA

- I. **Approval of Minutes**
Committee Meeting Minutes of August 23, 2023

- II. **Information Items**
 - A. Patient Story – Jennifer Lastic
 - B. Committee Charter – Dr. Joseph Golob
 - C. Infection Prevention Update – Claire Mack, R.N., Dr. Amy Ray
 - D. Patient Experience Update – Maureen Sullivan, R.N.
 - E. Perioperative Quality Update – Katrina Conine, Dr. Luis Tollinche

- III. **Executive Session**

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday August 23, 2023

1:30 pm – 3:00 pm

Brooklyn Heights Campus, Building B102/Via Zoom

Meeting Minutes

- Committee Members:** Maureen Dee-I, John Hairston-R, Dr. JB Silvers-I, E. Harry Walker, MD-I,
- Other Trustees:** Inajo Davis Chappell-I
- Staff:** Joseph Golob, MD-I, Dr. Airica Steed, RN-I, Laura McBride-I, Amy Ray, MD-I, Brian Rentschler-I, William Lewis, MD-I, Kelly Connelly, RN-I, Maureen Sullivan, RN-I, Julia Bruner, MD-I, , Jennifer Lastic-I, Stacey Booker, RN-I, Nicole Rabic, RN-I, Allison Poulos-I, Joseph Frolik-I, Aparna Roy, MD-I, Kimberly Green, RN-I, Alan Nevel-I, Laura Black-I, Charles Modlin, MD-I, Richard Blinkhorn, MD-R, Christine Alexander, MD-R, Abdulla Ghori, MD-R, Dr. Regina Sawyer RN-R, Ivan Berkel -R, Donald Wiper, MD-R
- Guests:** Arvind Suguness, MD-I, Lisa Polanski, RN-I, Rajendra Badgaiyan, MD-I, Derek Jordan-I

Dr. Walker called the meeting to order at 1:36 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 April 26, 2023 Quality, Safety, and Experience Committee meeting were approved as presented.

II. **Information Items**

Patient Video – Jennifer Lastic

Ms. Lastic showed a video regarding a patient named Donald Bass. Mr. Bass was the first patient to receive an endobronchial valve implant at MetroHealth. Mr. Bass spoke on how the procedure that Dr. Suguness performed improved his daily life, allowing him to live his best life. Dr. Suguness was present for the meeting and introduced Lisa Polanski, RN from pulmonary services. Dr.

The MetroHealth System Board of Trustees

Suguness then gave additional detail of the procedure and how it impacts the lives of patients with severe life-limiting chronic obstructive pulmonary disease (COPD).

Quality Assurance and Accreditation Updates – Kelly Connelly, RN

Ms. Connelly presented on Veoci, the types of continuous readiness rounds, and the results of our most recent Joint Commission surveys. Veoci is a software solution that replaces the paper auditing process for environment of care and accreditation auditing. Managers and directors are automatically emailed the results and work orders can be placed in real time resulting in increased efficiency. In the future A-tags (Joint Commission/CMS chart reviews), Infection Prevention, and Laser Safety will be added to the Veoci software.

To ensure survey readiness, the Accreditation team and the Environment of Safety Team perform audits throughout the year. Continuous Readiness Rounds are performed monthly throughout the organization by Accreditation Specialist focusing on inpatient, outpatient, and procedural areas. The audit tools are based on The Joint Commission, OSHA, and CDC regulatory requirements. A-Tag Documentation is the process of reviewing medical records focusing on the CMS regulatory requirements. Currently the data from these rounds are shared at the Regulatory Affairs Committee, Shared Governance, and with the department Chairs. To improve compliance of findings in continual readiness rounds, the Accreditation Team will meet with Directors on a quarterly basis to review rounding data. The team will look for trends that may identify a particular manager needing additional support/education, gaps in support services, and areas where the highest level of care is identified. Eight top opportunities were identified for improvement from environment of care and survey readiness rounding. These opportunities will be shared at the September Regulatory Affairs Committee meeting as well as the Shared Governance meeting and appropriate action plans for improvement will be created.

The recent Joint Commission Extension Survey focusing on the new Behavioral Health Center and the Glick Center identified two low level citations which were fixed on site and all sites received full accreditation. The organization also had a Joint Commission Point of Care survey where four low level citations were found. The action plans for these citations were accepted. The System's Point of Care testing received full accreditation. After the survey, MetroHealth was selected at random for a confirmatory Ohio Department of Health (ODH) survey of the Joint Commission findings. This ODH survey found no citations.

The MetroHealth System Board of Trustees

Dr. Walker then asked for a motion to move into Executive Session to discuss proprietary hospital trade secrets and quality information kept confidential by law. The motion was made by Mr. Hairston and seconded by Ms. Chappell. Upon unanimous roll call vote, the Committee went into Executive Session to discuss such matters at 2:05 pm.

III. Executive Session

Following Executive Session, the meeting reconvened in open session at 3:03 pm.

IV. Recommendation/Resolution Approvals

a. Recommendation for Reaffirmation of Commitment to Maintain a Level I Adult and Level II Pediatric Trauma Center at The MetroHealth System.

Dr. Golob presented the recommendation to reaffirm MetroHealth's longstanding commitment to maintaining a Level I trauma center, which commitment needs to be reaffirmed in connection with reaccreditation. The Committee unanimously approved the recommendation for full Board action.

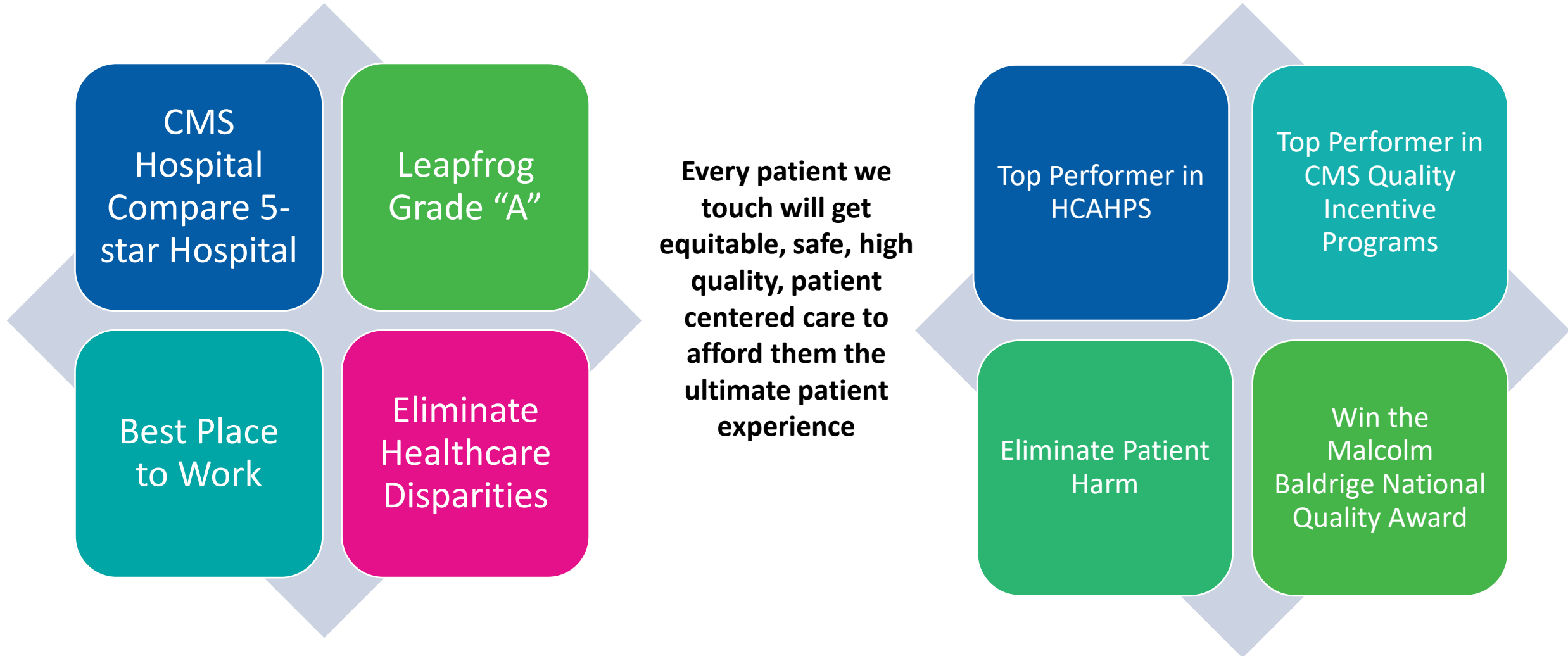
There being no further business to bring before the Committee, the meeting was adjourned at approximately 3:04 pm.

THE METROHEALTH SYSTEM

Joseph Golob, M.D.
SVP, Chief Quality and Safety Officer

NEXT MEETING: **Wednesday, October 25, 2023**
 12:00 pm – 1:30 pm
 MetroHealth Board Room K107/via Zoom

MetroHealth True North





MetroHealth
Devoted to Hope, Health, and Humanity

Patient Story - Video

Jennifer Lastic-Director of Experience Excellence



Patient Experience Story – Ms. Joanne Messeri



<https://vimeo.com/826004653/6b47e9bee8>



The Quality, Safety, and Experience Committee of the MetroHealth Board of Trustees

Charter

Purpose

The Quality, Safety, and Experience Committee is responsible for assessing and ensuring equitable, safe, high quality, and patient-centric care for MetroHealth patients. This committee shall assist in determining the need for policies and processes that result in achievement through continuous improvement in a patient-oriented and cost-effective manner.

Responsibilities

In fulfilling its charge, the Quality, Safety, and Experience Committee is responsible for the following activities and functions:

- Adopt and monitor the System's Quality Assurance Performance Improvement (QAPI) Plan.
- Recommend to the Board and review long-term and annual quality, safety, and experience performance goals based upon industry-wide and evidence-based best practices for optimal performance.
- Review performance measures for all care settings, including population health and value-based metrics (using dashboards, balanced scorecards, or some other standardized mechanism) to identify areas for improvement.
- Ensure all metrics and measures are evaluated through an equity lens.
- Review and ensure the proper management of the System's safety event data and analyses.
- Monitor the performance of hospital programs in developing and implementing quality improvement responsibilities and review to ensure compliance with accreditation standards.
- Ensure that measuring and improving quality, safety and patient experience is a System-wide expectation of all operating units.
- Ensure allocation of adequate resources to meet the quality, safety and patient experience needs of the System.
- Perform an annual committee self-assessment and review the committee charter to advance recommendations for any changes to the Board for approval.



Composition

The Quality, Safety, and Experience Committee shall be led by a board member with an interest and background in quality improvement and consist of additional board members, as identified by the Board Chairperson.

The Committee shall be staffed by the CEO, Chief Quality and Safety Officer, and other relevant leaders of the executive team.

Meeting Schedule

The Committee shall meet at least quarterly.



MetroHealth
Devoted to Hope, Health, and Humanity

Infection Prevention Update

Dr. Amy Ray-VP Infection Prevention & Epidemiology
Claire Mack-Director Infection Prevention

Hand Hygiene

- Most common mode of transmission of pathogens is via the hands of healthcare workers
- There is substantial evidence that hand hygiene reduces the incidence of infections.

Hand Hygiene remains a Joint commission Priority (IC 01.04.01 EP 1) as well as a National Patient Safety Goal (NPSG 07.01.01)

Goal Compliance: 90%

Current Compliance:
86% systemwide

- Inpatient: 86% (3,525 audits; 37% increase over 2022)
- Ambulatory: 87% (4,191 audits; 38% increase over 2022)

Performance improvement initiative with with the bottom quartile inpatient units and ambulatory clinics

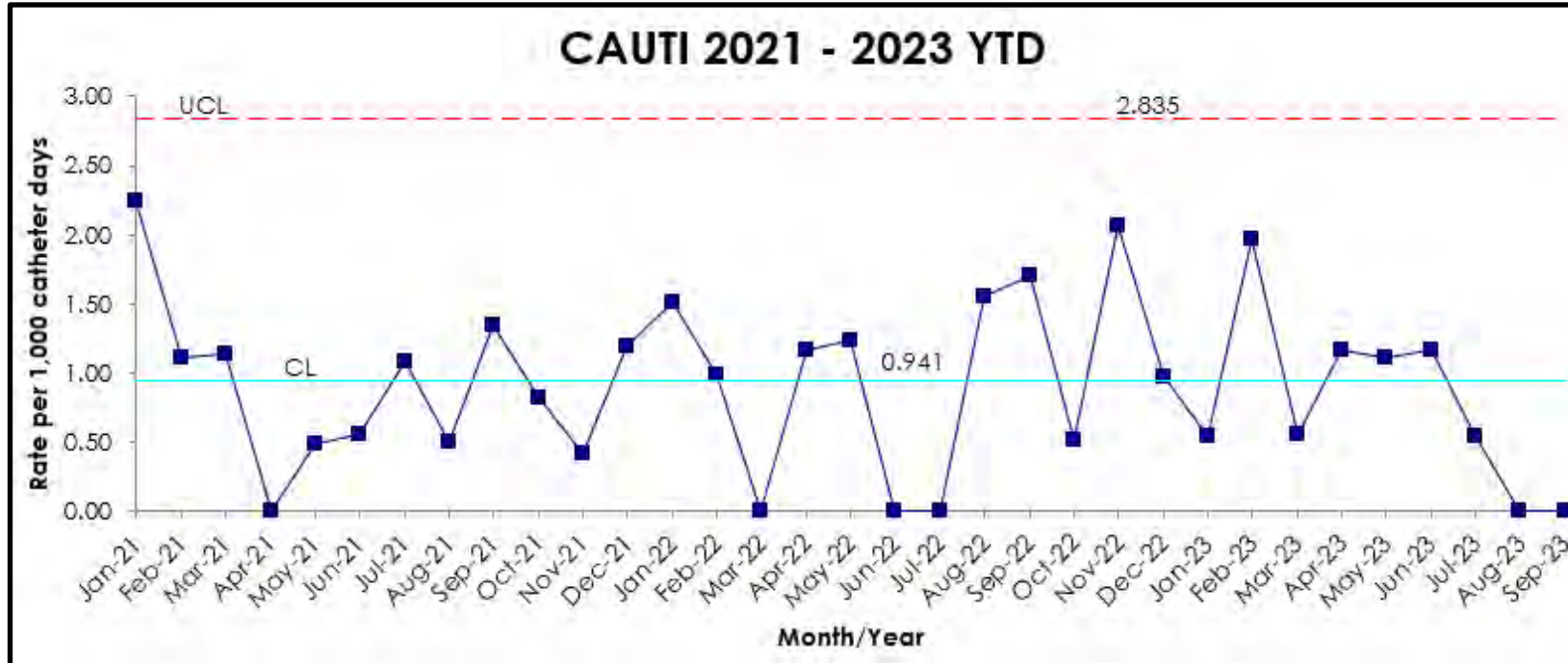


Hospital-Acquired Infections

IPCX Dashboard - HAIs

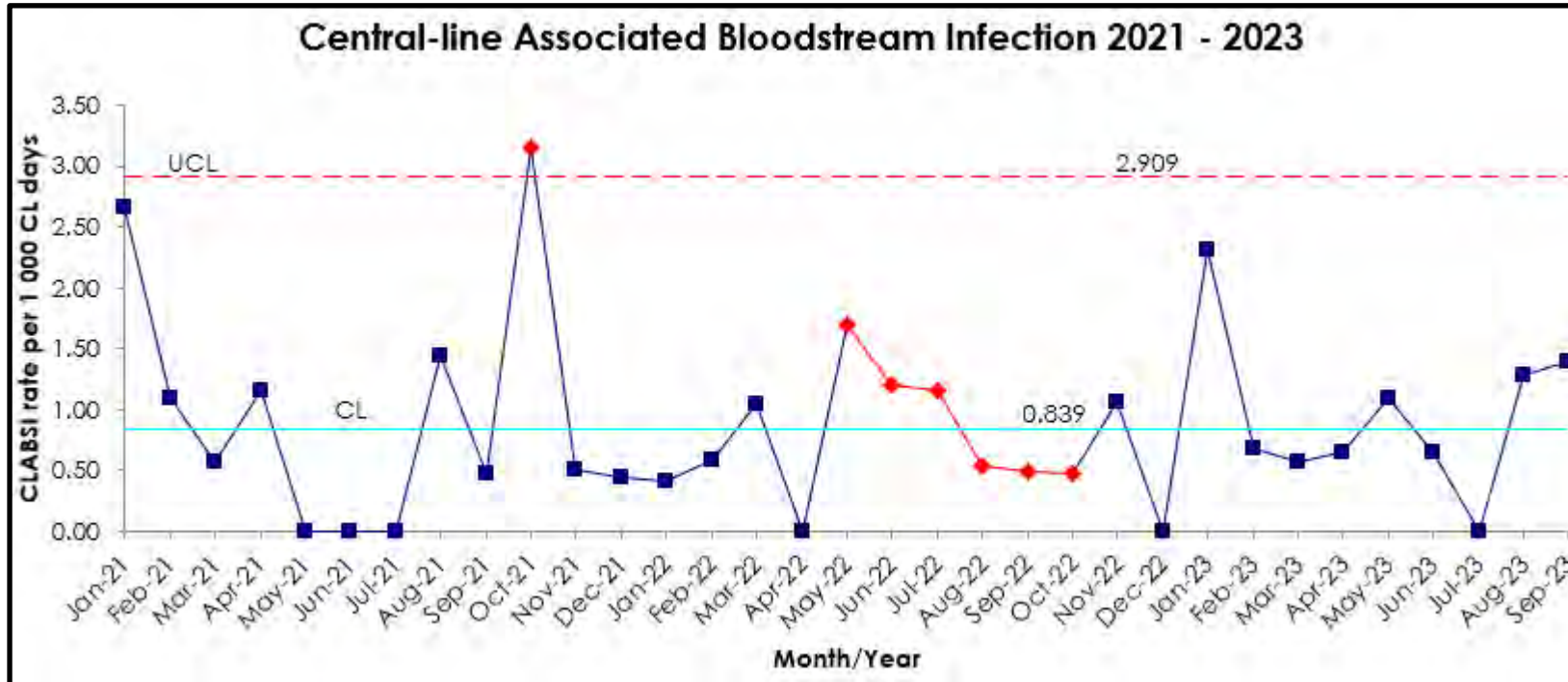
Hospital Acquired Infections (HAIs)	Target SIR (Internal)	2022 Baseline SIR	Recent Month- number of HAIs (September 2023) (Rolling 12- Total SSI (August 2023))	Rolling 12 months SIR (October 2022- September 2023)	Female CLABSI/CAUTI Rate per 1000 device days CDI/MRSA Rate per 1000 patient days (# Eligible)	Male CLABSI/CAUTI Rate per 1000 device days CDI/MRSA Rate per 1000 patient days (# Eligible)	African American/Black CLABSI/CAUTI Rate per 1000 device days CDI/MRSA Rate per 1000 patient days (# Eligible)	White CLABSI/CAUTI Rate per 1000 device days CDI/MRSA Rate per 1000 patient days (# Eligible)	Other CLABSI/CAUTI Rate per 1000 device days CDI/MRSA Rate per 1000 patient days (# Eligible)
HAI - CAUTI	0.725	0.725	0 (R: 18)	0.601	0.923 (10,829)	0.723 (11,064)	1.317 (6,836)	0.673 (13,365)	0 (1,692)
HAI - CLABSI	0.616	0.616	2 (R: 16)	0.713	0.575 (10,432)	1.083 (10,157)	0.785 (8,914)	0.979 (10,214)	0 (1,461)
HAI - Colon SSI* (CMS ONLY Deep & non-PATOS Organ space)	1.381	1.454	2 (R: 11)	1.087					
HAI - Hysterectomy SSI* (CMS ONLY Deep & non-PATOS Organ space)	1.339	1.409	0 (R: 2)	1.841					
HAI - Hospital Acquired C. diff*	0.519	0.519	1 (R: 21)	0.398	0.179 (61,405)	0.202 (54,397)	0.143 (42,093)	0.232 (64,721)	0.111 (8,988)
HAI Hospital Acquired MRSA*	1.527	1.607	1 (R: 15)	1.426	0.098 (61,405)	0.165 (54,397)	0.190 (42,093)	0.108 (64,721)	0.000 (8,988)

CAUTI



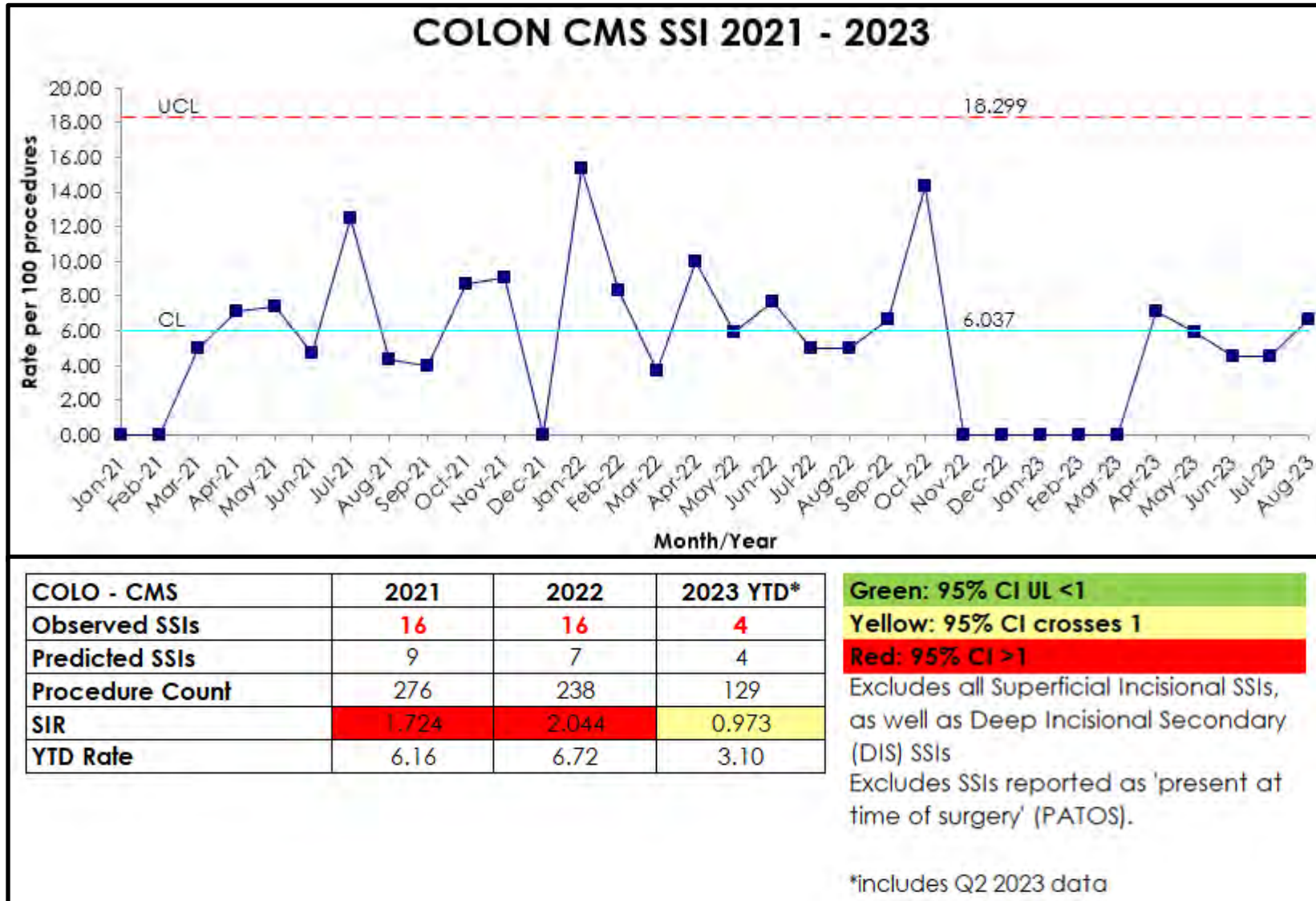
Year	2021	2022	2023 YTD*	Green: 95% CI UL <1
Observed CAUTIs	21	23	11	Yellow: 95% CI crosses 1
Predicted CAUTIs	36	31	21	Red: 95% CI >1
Number of Infections in Women	13	16	5	*data through September 2023
Device Days	23,306	21,881	14,900	
SUR	0.987	1.03	0.917	
SIR	0.573	0.725	0.510	

CLABSI



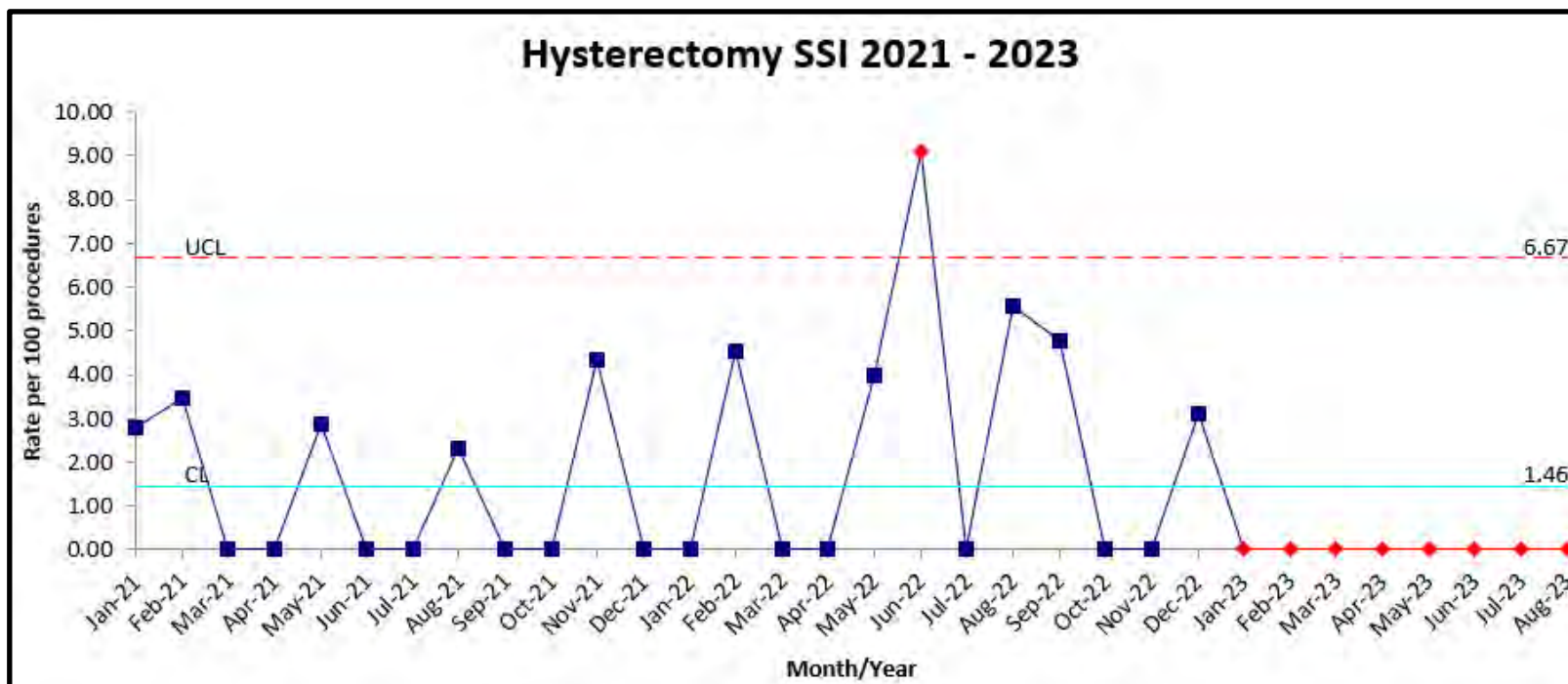
CLABSI	2021	2022	2023 YTD*	
Observed CLABSIs	23	15	13	Green: 95% CI UL <1
Predicted CLABSIs	26	24	15	Yellow: 95% CI crosses 1
SUR	0.738	0.804	0.714	Red: 95% CI >1
SIR	0.859	0.616	0.831	*data through September 2023

SSI - Colon



Due to lag in surveillance/reporting timeframe, data will be updated in November to reflect Q3.

SSI - Hysterectomy



HYST CMS	2021	2022	2023 YTD*
Observed SSIs	5	7	0
Predicted SSIs	3	2	1
Procedure Count	310	257	131
SIR	1.635	2.834	
Rate	1.63	2.72	0.00

Green: 95% CI UL <1
Yellow: 95% CI crosses 1
Red: 95% CI >1

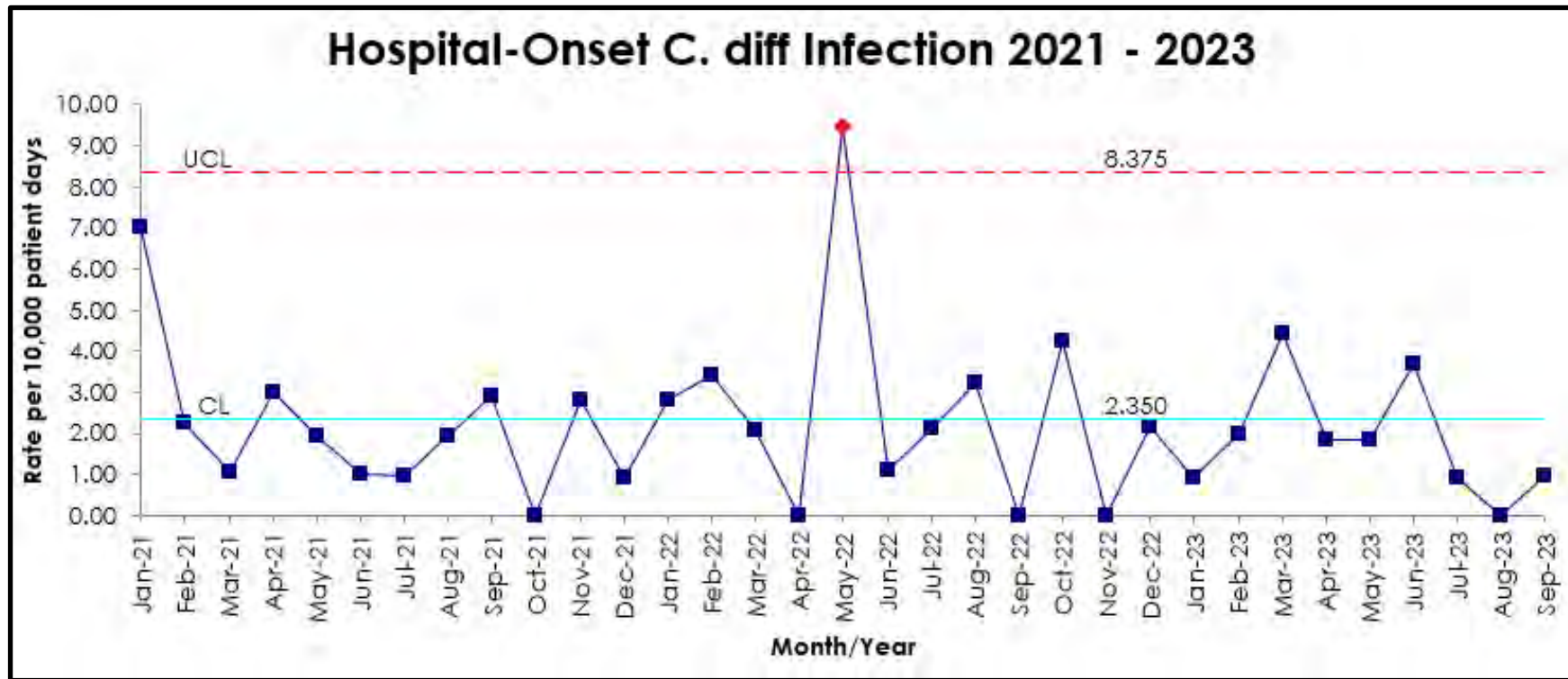
Excludes all Superficial Incisional SSIs, as well as Deep Incisional Secondary (DIS) SSIs
 Excludes SSIs reported as 'present at time of surgery' (PATOS).

*includes Q2 2023 data

Due to lag in surveillance/reporting timeframe, data will be updated in November to reflect Q3.

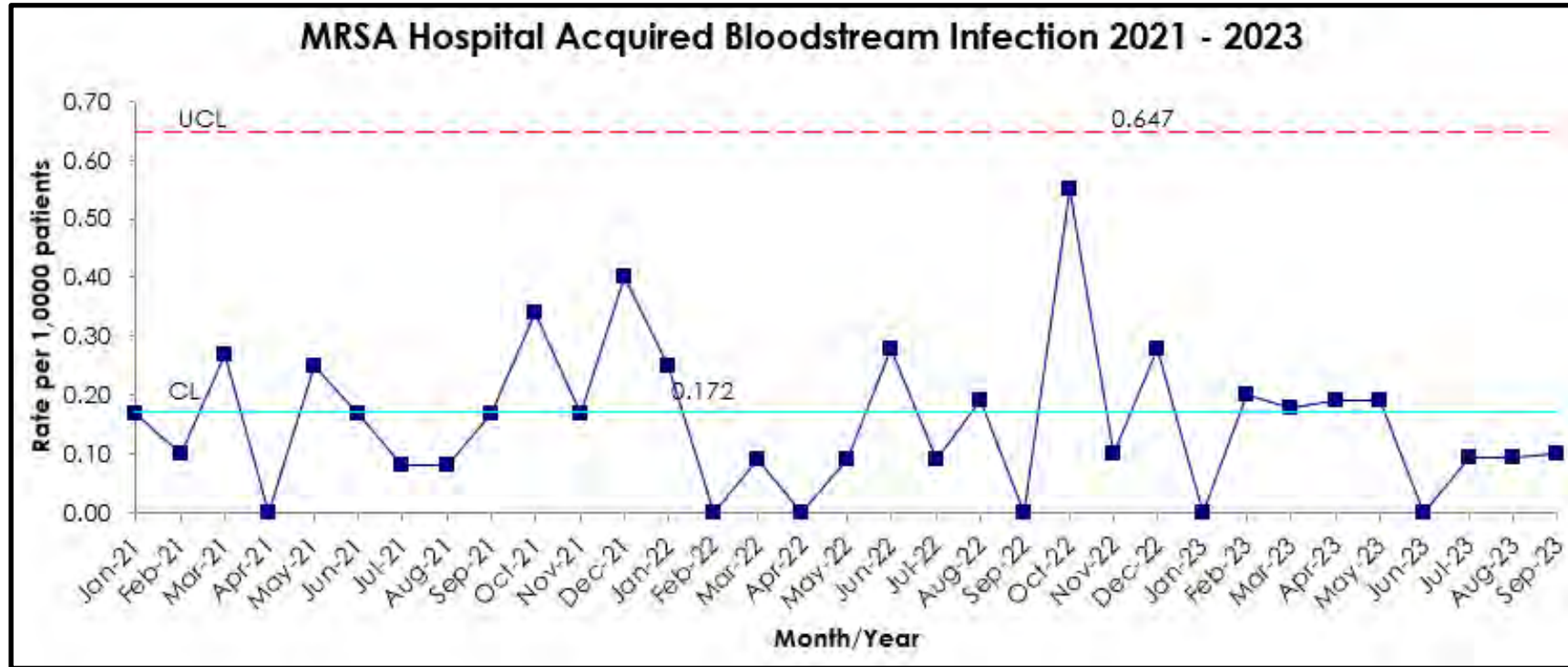


C. difficile



C. diff - NHSN/CMS*	2021	2022	2023 YTD**	Green: 95% CI UL <1
Observed HO C.diff	27	28	15	Yellow: 95% CI crosses 1
Predicted HO C. diff	55	53	38	Red: 95% CI >1
SIR	0.469	0.519	0.388	* Main Campus only **data through September 2023

Methicillin-Resistant Staphylococcus aureus Bloodstream Infection



MRSA - NHSN/CMS	2021	2022	2023 YTD*	Green: 95% CI UL <1
Observed HO MRSA	26	13	11	Yellow: 95% CI crosses 1
Predicted HO MRSA	8	8	7	Red: 95% CI >1
SIR	3.217	1.607	1.419	

Infection Prevention Initiatives

- **Water Safety**
- **Blood & Marrow Transplant**
- **Isolation Audits**
- **Blood Culture Contamination**
- **Construction Collaborations**



MetroHealth
Devoted to Hope, Health, and Humanity

Patient Experience Update

Maureen Sullivan-VP, Patient Experience & Service Excellence



Patient Experience Improvement Initiatives

A decorative graphic in the top right corner of the slide, consisting of a cluster of circles in various colors including orange, red, pink, purple, blue, teal, and green. The circles vary in size and are arranged in a pattern that suggests movement or a trail.

Sustainment of Best Practices

- Inpatient
 - Purposeful Hourly Rounding
 - Nurse Leader Rounding
 - Bedside Hand-off
 - Discharge Education
 - Multidisciplinary Rounding
- Ambulatory Surgery & Procedures
 - Scripting for Pre and Post Procedural Instructions
- Emergency Department
 - Purposeful Hourly Rounding

Focus Areas

- Technology Enablement
 - Provider Communication Epic Dashboard
 - Symptoms to Look Out for In Writing
- Service Excellence Training
 - Ambulatory Care Enterprise
 - Emergency Department
 - Simulated Case Vignettes

Provider Communication Dashboard

A decorative graphic in the top right corner of the slide, consisting of a cluster of circles in various colors including orange, red, pink, purple, blue, teal, and green. The circles vary in size and are arranged in a pattern that suggests movement or data points.

Provider Practice Dashboard

Patient Experience Survey Badges ^r



95.4 %

Composite
YTD

Click here to be able to view the Patient Experience Provider Dashboard

95.1 %

Explains
YTD

95.1 %

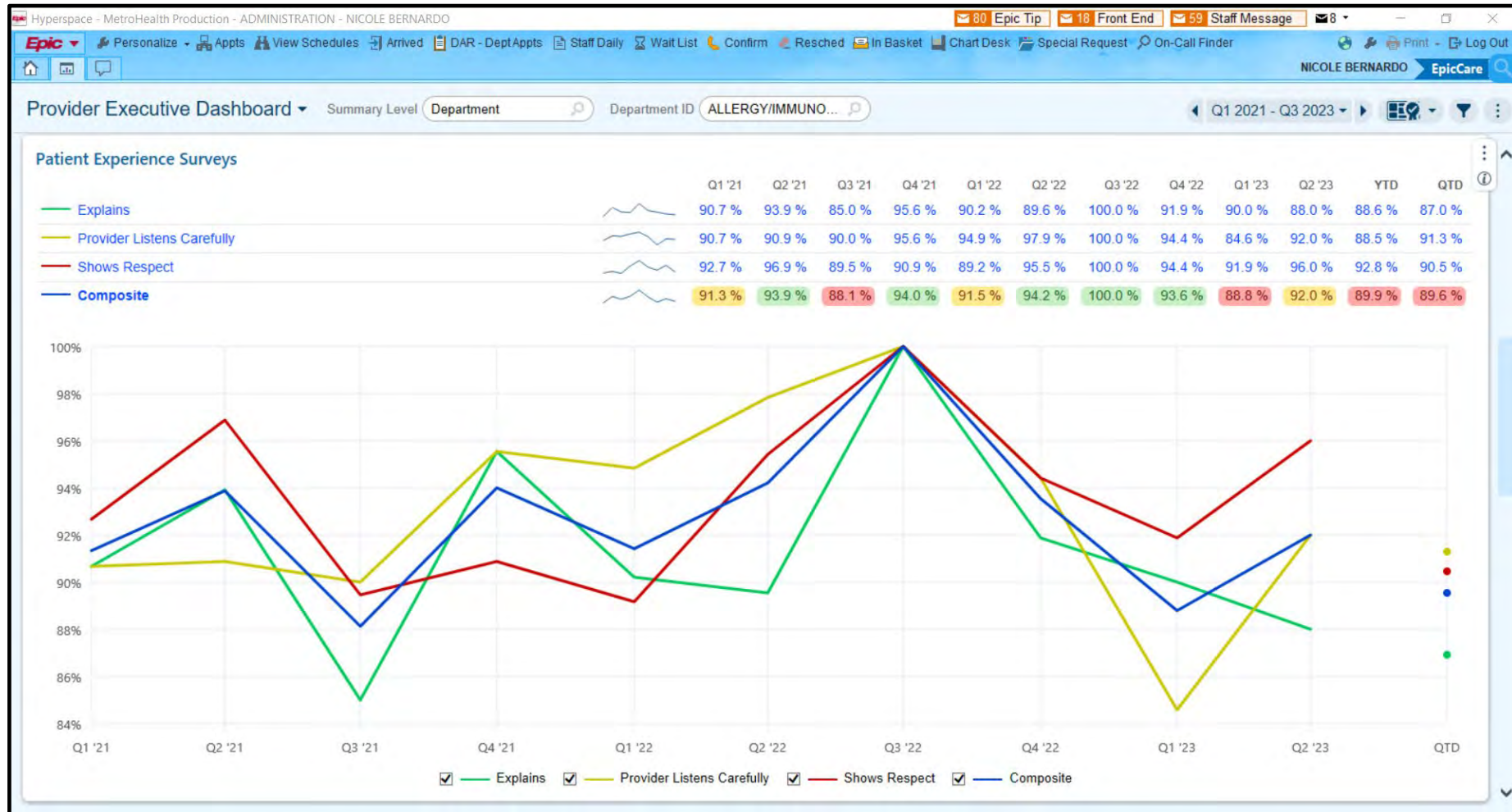
Provider Listens Carefully
YTD

96.2 %

Shows Respect
YTD



Provider Executive Dashboard



Provider Training Resources

- Relationship Centered Communication
 - 6-hour course as part of provider onboarding
 - 90-minute session(s) in development
- Simulated Clinical Vignettes
 - Difficult Conversations in ED
 - Women's Health (in development)
- TeamSTEPPS Communication (in development)
 - 90-minute "power session"
- Welle Training (Behavioral Safety Management for Healthcare)
- Verbal De-Escalation

Technology Enablement Symptoms to Look Out For



Intervention: Provider-Facing

Use the NOTE tab for NARRATIVE portion of discharge summary

Condition at discharge improved unchanged worse deceased

Symptoms to look out for - Call provider or return to ED (quick pick)

New or Severe Pain	Fever
Inability to urinate/empty bowel	Shortness of breath
Chest pain	Headache
Dizziness	Unable to keep down fluids

Symptoms to look out for - Call provider or return to ED (detail/Smart Tools)

Activity no restrictions no heavy lifting no strenuous activity
 other (see comments)

Diet no restrictions low cholesterol low saturated fat
 diabetic 2 gram sodium renal
 TPN tube feedings other (see comments)

Disposition home home with home care rehabilitation facility
 skilled nursing facility intermediate care facility hospital facility
 hospice facility

Functional status ambulatory ambulatory with assistance
 wheelchair bound bed bound

> Weight bearing Status

Pending tests at discharge

NOTE: For specialty or ancillary appointments, please place the appropriate order at discharge

Use the DISCHARGE NAVIGATOR (Follow-up section) to document follow-up plans



New: Symptoms to Look Out For – Call provider or return to ED (quick pick)



New: Symptoms to Look Out For – Call provider or return to ED (detail/Smart Tool)



New Location: Discharge Instructions (Smart Tool) to be placed at bottom of Smart Form (not shown)

AFTER VISIT SUMMARY

Mon BNM Date of birth: 9/15/1990

7/6/2023 - 10/9/2023 Metrohealth GC 5 East A

Instructions



Your medications have changed

START taking:
acetaminophen (TYLENOL)

ASK how to take:
ranitidine 150 MG tablet (ZANTAC)

Review your updated medication list below.

Instructions from your team

Diet	2 gram sodium
Activity	no strenuous activity

Who To Contact After Discharge

If you have recently been discharged from a MetroHealth hospital and have a question or medical concern, please call 216-778-6632, available 24/7.

What's Next

Schedule an appointment with
Catherine A. Curley, MD as soon as
possible for a visit in 1 week(s)

METROHEALTH
MEDICAL CENTER
216-778-3097

General information about taking your medications

- Continue taking your medications until your provider has told

Your Next Steps

Read

Read these attachments

- Preventing falls in adults (English)
- Dealing With Higher Risk of Falling From the Drugs You Take (English)
- Cast Care (English)

Page one of AVS

New: Symptoms to Look Out For

Call your provider or return to Emergency Department if you experience:

New Location: Discharge Instructions

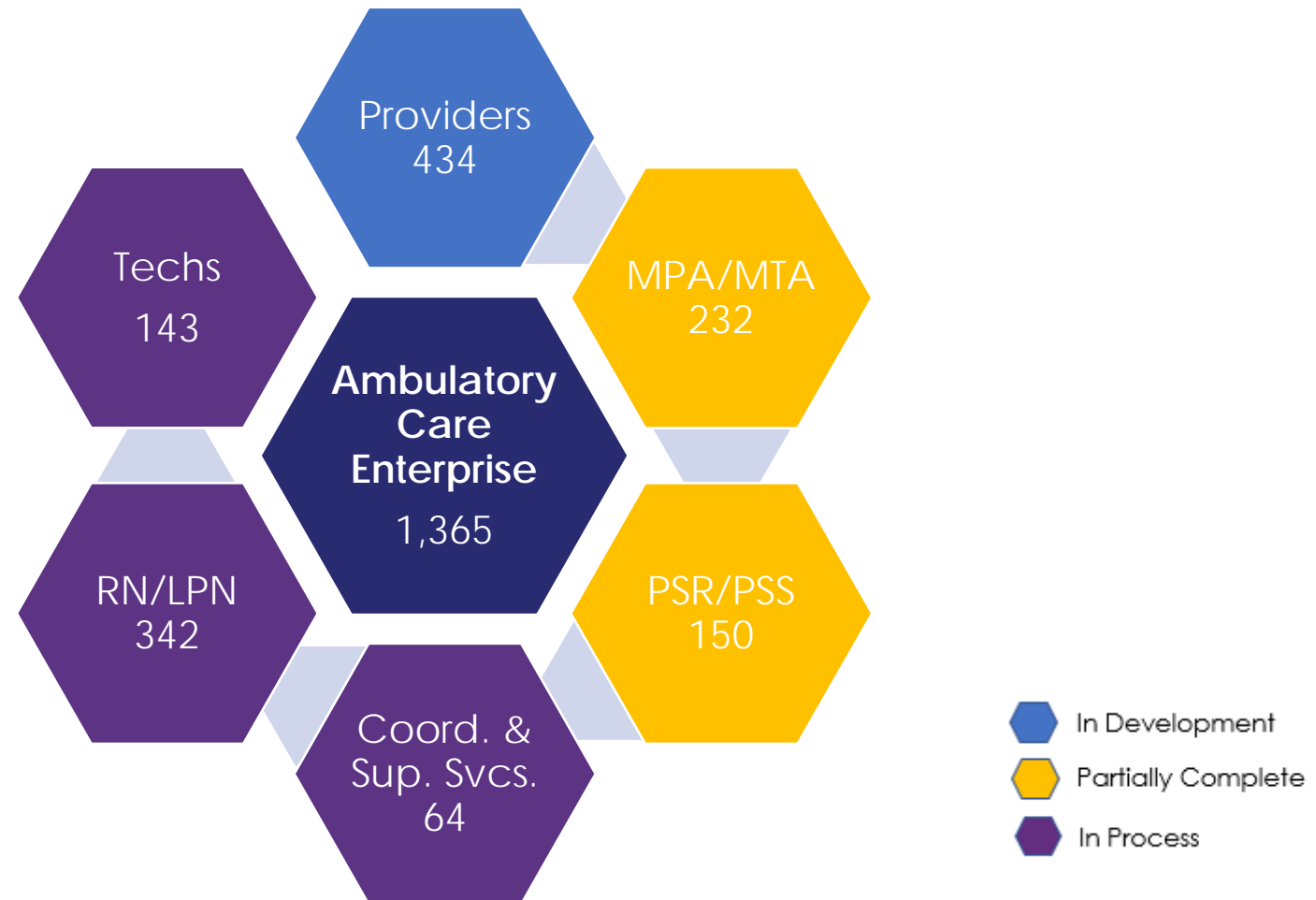
Ambulatory Care Enterprise Service Excellence Training



MetroWAY *Forward* Service Excellence



Ambulatory Care Enterprise Service Excellence



Service Excellence Impact

There has been a significant decrease in grievances related to communication so far in 2023. 50% decrease in communication grievances since January (70 to 35).



Clinical Vignettes

Women & Children Services



Women & Children Clinical Vignettes

- Collaboration among Simulation Institute, Nursing Education, Equity Inclusion & Diversity, Patient Experience, Nursing and Providers and Residents
- Experiential learning to strengthen communication skills and enhance empathy, compassion and respect
- Reduce disparities in communication metrics (e.g. listen, explain, respect)
- Clinical vignettes based on patient feedback

Mother-Baby Health Disparity Data (August 2023 YTD)

Mother-Baby Patient Experience Survey Results August 2023 YTD						
Black vs. White Respondents						
Survey Items	August 2023 YTD					
	Black Patients		White Patients		Black vs. White	
	Score	N-size	Score	N-size	Diff	Sig ¹
Clean room/bathroom	80.8	26	79.2	48	Low N	
Comfort talking with nurses	69.5	82	83.2	113	-13.7	S
Described new meds	76.9	39	83.7	49	-6.8	
Doctors courtesy & respect	72.7	77	80.9	110	-8.2	
Doctors easily understandable	74.3	74	82.4	108	-8.1	
Doctors listened carefully	69.7	76	79.6	108	-9.9	
Explained new meds	73.4	64	76.5	102	-3.1	
Explained side effects	64.7	34	65.1	43	-0.4	
Good communication b/w staff	67.6	71	72.9	107	-5.3	
Got help after call button	69.6	69	78.7	94	-9.1	
Got info in writing	73.1	67	83.3	102	-10.2	
Had enough input/say in care	77.5	71	78.5	107	-1.0	
Help needed	65.7	67	68.3	104	-2.6	
Included in discharge plan	71.6	67	73.5	102	-1.9	
Nurses courteous and respectful	69.2	91	79.8	119	-10.6	
Nurses explained things understandably	68.7	83	75.9	116	-7.2	
Nurses listened carefully	62.8	86	78.6	117	-15.8	S
Quietness	64.5	31	62.5	48	2.0	
Rate Hospital	65.1	63	73.5	102	-8.4	
Recommend hospital	65.6	64	75.5	102	-9.9	
Staff taught care at home	77.6	67	69.9	103	7.7	
Talked about how to treat pain	78.3	60	82.7	75	-4.4	

¹ Significance is determined based on a z-score of 1.96 (95% confidence level)



MetroHealth
Devoted to Hope, Health, and Humanity

Perioperative Services, Surgical and Ambulatory Surgery Strategy

Katrina Conine and Luis Tollinche, M.D.

OUTPATIENT SURGERY AND PROCEDURE PATIENT EXPERIENCE JULY 2023 YTD

OAS CAHPS Overall (July 2023 YTD)

SURVEY QUESTIONS	Vendor Average 2023	METROHEALTH OUTPATIENT SURGERY AND PROCEDURE OVERALL				
		2022 Positive	N Size	2023 Positive	N Size	2023 vs. 2022
Anesthesia side effects explained	83.3	80.4	429	82.4	261	2.0
Check-in process ran smoothly	94.8	94.7	474	91.2	284	-3.5
Clerks/receptionists were helpful	95.5	93.9	474	91.5	284	-2.4
Clerks/receptionists, courtesy/respect	97.3	95.5	471	95.1	284	-0.4
Drs/nurses explained procedure understandably	92.2	91.7	472	90.8	284	-0.9
Drs/nurses made patient comfortable	95.9	95.1	468	95	282	-0.1
Drs/nurses, courtesy/respect	97.6	97.7	473	96.8	284	-0.9
Facility was clean	97.3	93.6	471	97.2	283	3.6
Overall rating of facility	85.5	81.7	469	82.1	279	0.4
Prepared for what to expect during recovery	85.5	84.7	470	81.8	280	-2.9
Process of anesthesia explained understandably	92.9	92.3	426	89.7	261	-2.6
Received info about getting ready for procedure	93.1	94.5	472	90.7	281	-3.8
Received info about procedure	91.1	93.6	472	89.4	282	-4.2
Received info on what do re: bleeding	84.2	84.4	454	80.8	271	-3.6
Received info on what do re: nausea/vomiting	78.2	80.6	453	77.6	272	-3.0
Received info on what do re: pain	91.2	89.8	451	85.1	276	-4.7
Received info on what do re: signs of infection	82.6	78.2	459	77.4	274	-0.8
Received written discharge instructions	97.2	96.6	469	96.5	283	-0.1
Would recommend facility	82.4	78.3	469	75.5	282	-2.8

■ Below national benchmark
■ 3% or lower compared to 2022

■ At or above national benchmark
■ 3% or higher compared to 2022

Brecksville ASC

Hours of Operation	OR	PR	Pre	Post	PSE	CSPD	Shell	Site
<ul style="list-style-type: none"> OR: 7:30a-3:30p PP: 6:30a – 4:30p Starting 2024 OR: 7:30a-5:30p PP: 6:30a – 7:30p Overnight Mon-Thurs 	3	0	5	5	No	Yes	1 OR, 2 OR PR	ED, Rad, Lab, Amb
<h3>Current Services & Surgeons</h3> <p>Primary: Plastic, Oral, General, Ortho Hand, Podiatry, GYN, Vascular, Pain, UroGYN, Ortho Only Here: Plastics, Oral Surgery Not Supported: Cardiac, Trauma, Eye, ENT</p>		<h3>Ideal Program Change</h3> <ol style="list-style-type: none"> 1. Support Robotic Surgery 2. Add Bariatrics, Urology and IR programs 3. Add 24 hour Stay Capability 4. Increase surgical capacity 						

Case Volume	Actual/Target	
2023 YTD	2022	2021
1670/1388	1581/2073	1963/1566

Room Utilization	Target 75%	
September	2023 YTD	2022
57%	60%	48%

Block Utilization	Target 75%	
September	2023 YTD	2022
63%	61%	59%

Block Allocation is at 96%

Patient Experience

- Would Recommend 100%
- Overall Facility 92.9%
- Courtesy and respect 100%

Key opportunity:

- Improve patient education
- Receptionist helpfulness

Staff Experience

- Data Awareness and Discussions for Staff Education with Results

Budgeted Expansions

- Robotic Program
 - DaVinci Robot (leased)
 - Robotic Trays (purchased)
 - Orthopedic Surgeon (2023)
 - Bariatric Surgeon (2024)
- OR Day Expansion
 - Staffing positions posted
- 23-hour IP Short Stay
 - Staffing (2024) Tentative
 - Beds/equipment (purchased)

Planned Expansions

- Shell build out
 - 1 Operating Room
 - 2 OR Procedure Room
- 1 Additional Vascular/IR Suite
- 1 Vascular Surgeon
- Additional Orthopedic trays for hip arthroscopy, sports medicine procedures
- CSPD expansion for robotic instrumentation and growth

West 150th ASC

Hours of Operation

- OR: 7:30a – 3:30p
- PP: 6:30a – 4:30p

Procedure room has no assigned block and is not unused

OR	PR	Pre	Post	PSE	CSPD	Shell	Site
4	1	5	5	No	Yes	none	Rad, Lab, Amb

Current Services

Primary: Eye, GYN, Surgical Oncology, Podiatry, Pain
 Only Here: Eye
 Not Supported: Cardiac, Trauma, Ortho, Plastic, Urology
 Ortho Hand, General, Total Joint, Long Bone, Robotic

Ideal Program Change

1. Eye Service Growth
2. Pain Management

Case Volume

Actual/Target

2023 YTD	2022	2021
1670/1388	1581/2073	1963/1566

Room Utilization (4 ORs)

Target 75%

September	2023 YTD	2022
54%	49%	47%

Block Utilization

Target 75%

September	2023 YTD	2022
71%	68%	61%

Block Allocation is at 82%

Patient Experience

- Would Recommend 80.4%
- Overall Facility 83.9%
- Courtesy and respect 96.4%

Key opportunity:

- Improve patient education

Staff Experience

- Data Awareness and Discussions for Staff Education with Results

Budgeted Expansions

- none

Planned Expansions

- None Needs major renovations

Parma ASC

Hours of Operation

- OR: 7:30a – 3:30p
 - PP: 6:30a – 5:30p
 - Staff on-call for trauma
- 5th OR has no assigned block and is not unused; not useable

OR	PR	Pre	Post	PSE	CSPD	Shell	Site
4	1	5	5	No	Yes	none	Full

Current Services & Surgeons

Primary: Ortho, Ortho Hand, ENT, Urology, Dental, General Pediatrics, Acute General Surgery (Trauma)
 Only Here: ENT, Dental, Urology
 Not Supported: Cardiac, Total Joint, Long Bone, Robotic

Ideal Program Change

1. Outpatient pediatric orthopedics

Case Volume

Actual/Target

2023 YTD	2022	2021
1670/1388	1581/2073	1963/1566

Room Utilization

Target 75%

September	2023 YTD	2022
75%	75%	75%

Block Utilization

Target 75%

September	2023 YTD	2022
68%	78%	70%

Block Allocation is at 100%

Patient Experience

- Would Recommend 81%
 - Overall Facility 85%
 - Courtesy and respect 100%
- Key opportunity:
- Improve patient education

Staff Experience

- Data Awareness and Discussions for Staff Education with Results

Budgeted Expansions

- Expanded CSPD (2023)
- Plan to request full remodel of Parma Surgical Services when Volumes reach the expansion level

Planned Expansions

- Minimally Invasive Surgery equipment update
- Boom and light upgrade

Open Issues

- Trays stored outside of sterile corridor
- Undersized waiting room
- 5th OR concerns / Pillar in the middle of the room

Main OR

Hours of Operation <ul style="list-style-type: none"> OR: 24-7 Trauma Facility Running 17 rooms PP: Open 24-7 Starting 2024 Will be running 20 ORs with full staffing 	OR	PR	Pre/Post	PACU	PSE	CSPD	Shell	Site
	20	1/2	60	26	Yes	Yes	1 OR, 2 OR PR	ED, Rad, Lab, Amb

Current Services & Surgeons Plastic, Oral, General, Robotics, Hand, Podiatry, GYN, Vascular, Pain, UroGYN, Ortho, Plastics, Oral Surgery, Cardiac, Trauma, Eye, ENT, Thoracic	Program Expansion/Growth 1. Support Robotic Surgery and Growth 2. Bariatrics Growth and Expansion 3. Increase Surgical capacity and Efficiency
---	--

Case Volume	Actual/Target	
2023 YTD	2022	2021
8730/8871	11067/11494	10097/12032

Room Utilization	Target 75%	
September	2023 YTD	2022
73%	72%	69%

Block Utilization	Target 75%	
September	2023 YTD	2022
67%	70%	70%
Block Allocation is at 85%		

Patient Experience

- Would Recommend 69.2%
- Overall Facility 82.1%
- Courtesy and respect 96.4%

Key opportunity:

- Improve patient education
- Receptionist helpfulness

Staff Experience

- Data Awareness and Discussions for Staff Education with Results

Budgeted Expansions

- Robotic Program
 - DaVinci Robot (leased)
 - Robotic Trays (purchased)
 - Orthopedic Surgeon (2023)
 - Bariatric Surgeon (2024)
- OR Day Expansion
 - Staffing posted
- 24-hour IP Stay
 - Staffing (2024? Not posted)
 - Beds/equipment (purchased)

Planned Expansions when Volumes Meet Targets

- Shell build out
 - 1 Operating Room
 - 2 OR Procedure Room
- - 1 Additional Vascular/IR Suite
- 1 Vascular Surgeon
- Additional Orthopedic trays for hip arthroscopy, sports medicine
- CSPD expansion for robotic instrumentation and growth

PSE Changes

- Goal: Improve surgical readiness of patients and improve the overall experience.

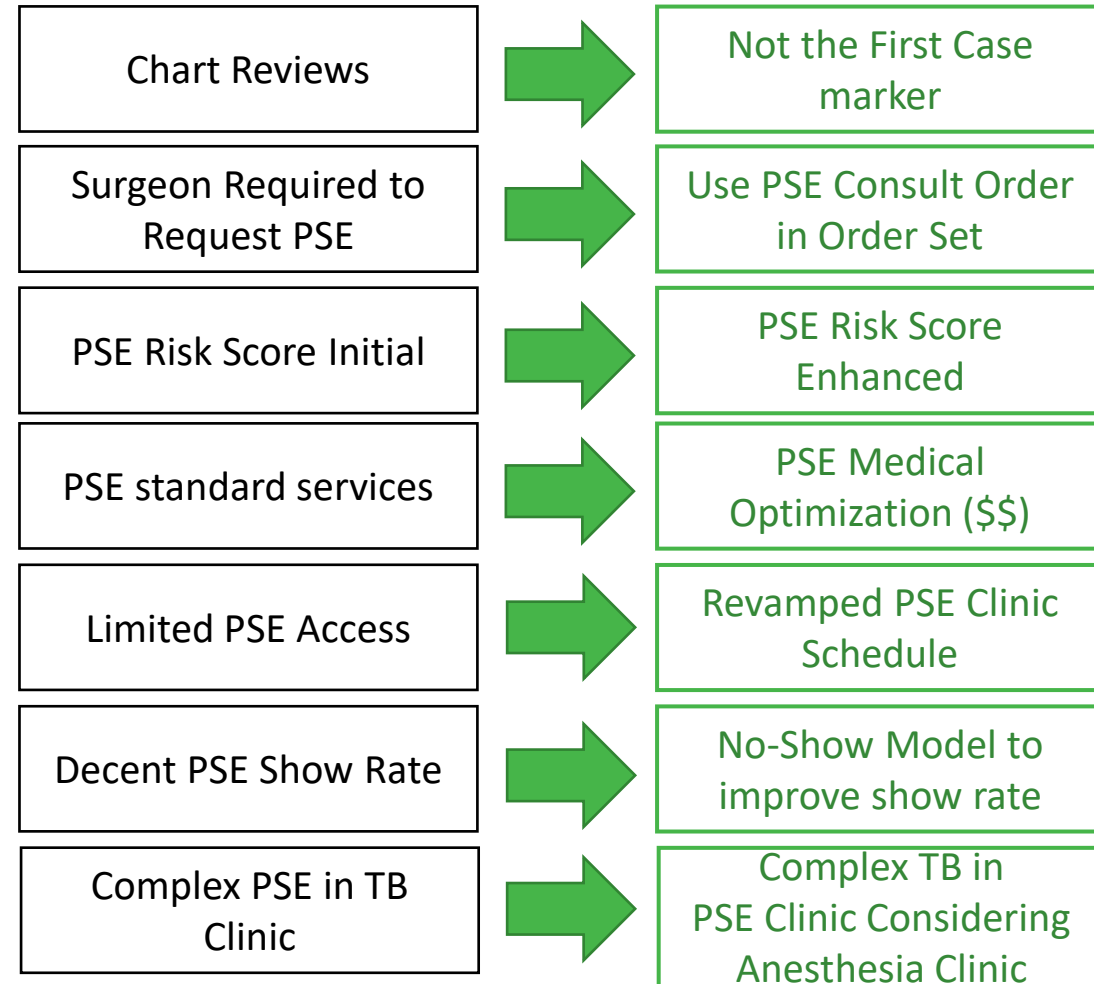
Areas of Focus

- Patient experience
- Clinic Access
- Patient Risk Stratification & Medical Optimization:
Surgeon enters consult order (default selected and filled in order set)
Scheduler continues to schedule Case and PSE. PSE Risk Score drives a message to the scheduler so that they know what type of appointment to select. PSE should be done 30-X days prior to procedure.

Planning

- Surgical Readiness checklist (Procedure Pass)
- PreSurgical Evaluation → Pre Admission Testing

What's changing?



Patient Readiness

Develop workflows that improve access and patient readiness for procedures.

Review PSE needs for the department, ensure patients at high risk for are managed

- Implemented updated PSE risk score (now in Epic for evaluation)
- PSE will be starting to manage endoscopy patients with plans to incorporate IR, Cath, EP
- Develop score to visit type allocations with PSE Department, train schedulers
- Address consult need for medical optimization within surgeon and scheduler workflow
- Currently capable of charging for services by the NP's, Increased revenue

For external PCP referrals, we use PSE instead of trying to align with Primary Care Access

Implement Epic Procedure Pass feature in Epic to improve communication between all teams involved in preparing a patient for endoscopy

Patient Readiness / CX Rates

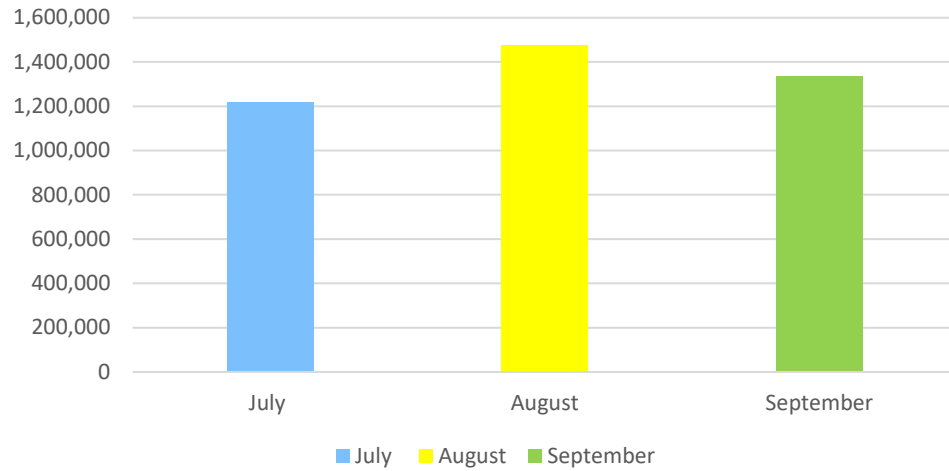
Develop workflows that improve access and patient readiness for procedures and decrease DOS cancelation

Initiate quality project to improve patient compliance with preps

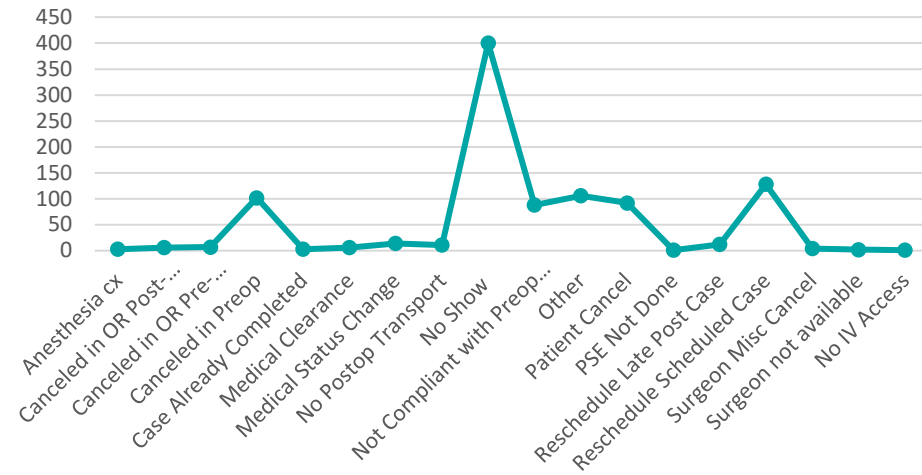
- Interview patients with incomplete preps that arrive for procedure. Identify barriers to success
- Assist pharmacy with project to send preps to patient two weeks prior to procedure
- Pull ALL patient instructions to ensure the patient is directed to the right location, to arrive the correct minutes prior to procedure and has the right phone numbers for questions
- Standardize prep instructions across providers, CCC, and pharmacy
- Standardize nurse calls three days prior to procedure and after procedure
 - Pre script and Post call script created.
 - Will be reviewed by 13th for data improvements for CX rates
 - Incorporating patient experience comments
 - Consider changing 3 days out to % days out or earlier....Evaluating
- Initiate text message to patients reminding them to start prep, direct them to call endoscopy nurse line with questions

Patient Readiness / CX Rates - Data

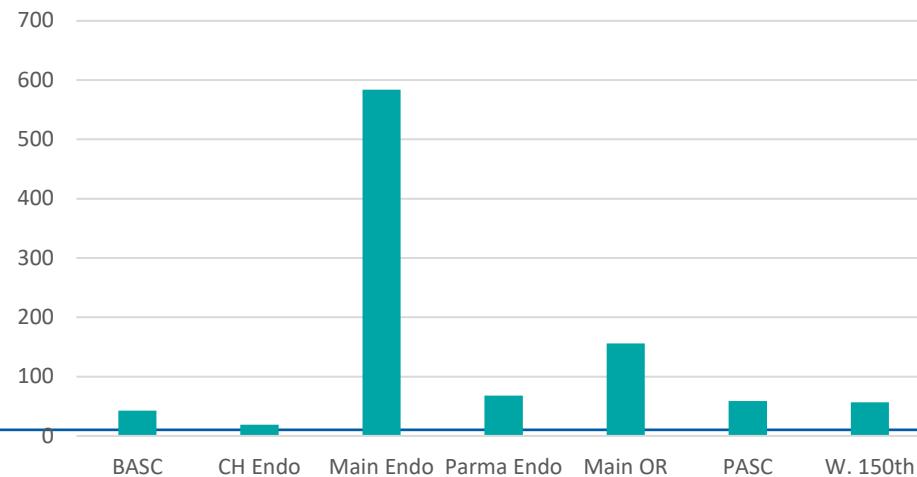
Unified Cost for Locations for 3rd Quarter



Cancellation by Reason for 3rd Quarter 2023



Cancellatin by Location for 3rd Quarter 2023



Intraprocedural Throughput the Patient Experience

Coordinate day and board management

Improve daily management of intraprocedural throughput

- Initiate daily staff huddles (Complete)
- Update board with clear assignments, provide awareness of day's volume and addons, work with staff to identify additional huddle topics
- Update status board icons to include inpatient icon (Complete)

Update the add-on workflow

Update the add-on workflow to improve coordination and completion of inpatient procedures

- Current state: Add-ons comprise 20% of the daily schedule
- Integrate cases should be integrated throughout the day
- Establish which rooms will take add-ons
- Charge nurse and proceduralist to coordinate
- Leverage no-show slots to maintain room flow

Operating Rooms

- Goal: Improve case accuracy and efficiency.

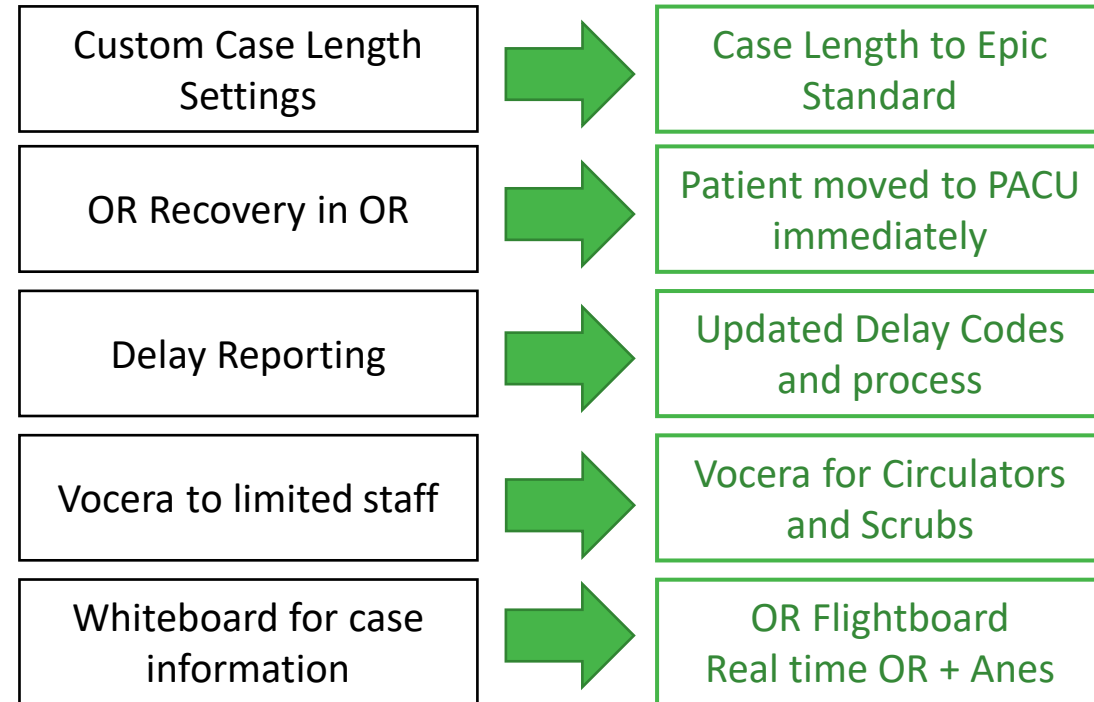
Areas of Focus

- Scheduling accuracy and DOS Cancellation
- OR Utilization is ~60%
Leading practice is 75%
- FCOTS: First Case on time start should be 100%
Area of focus: In room to cut time
- Turnover time should be less than 35 minutes (wheels in -wheels out)
Leading practice is 25-30 minutes
- Universal Protocol.
Huddle is inconsistent. Signout is not happening. We use too much paper.

Planning

- CSPD Communication
- OR support process: OR, Preop & PACU. Stocking, case pick and patient transport
- Anesthesia tech: turnover and other responsibilities

What's changing?



Preop & Postop Care

- Goal: Improve staff efficiency and safety of care

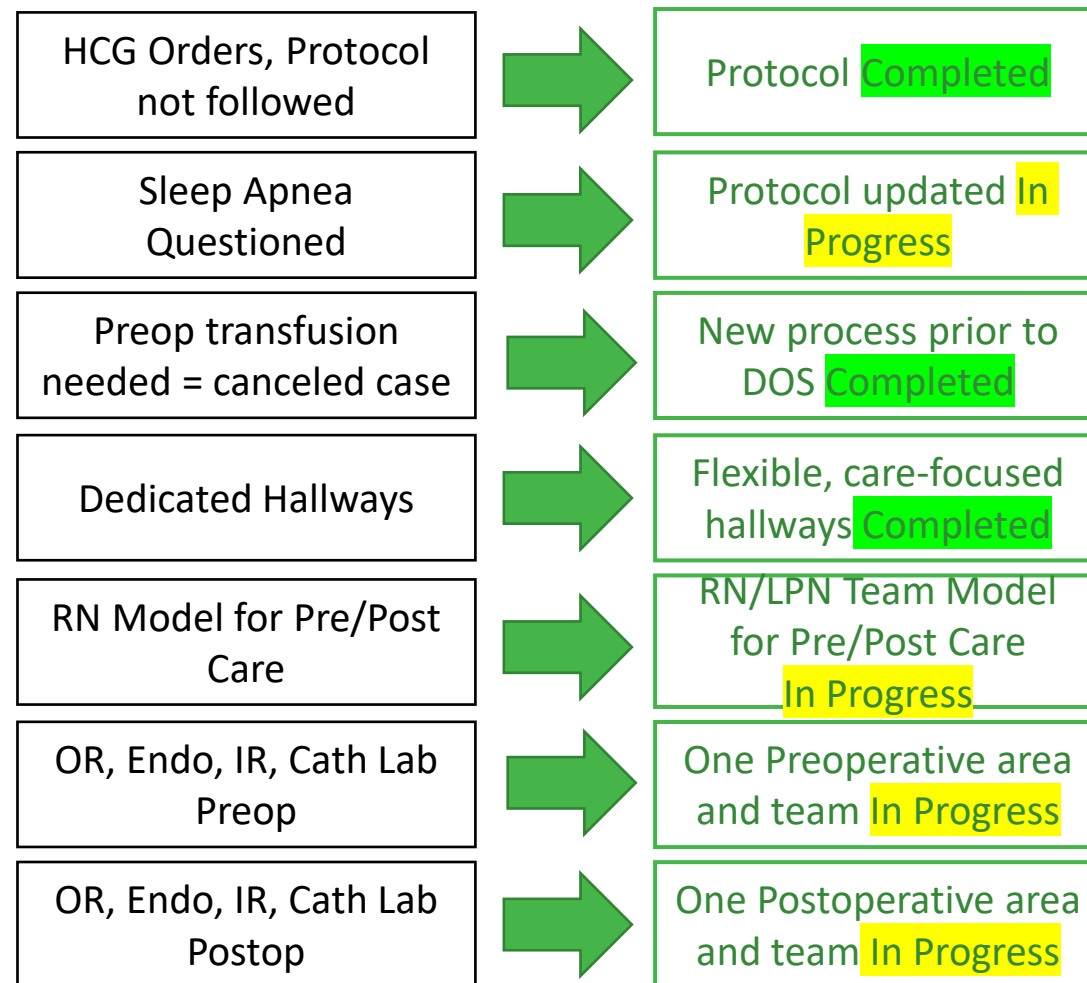
Areas of Focus

- Clinical workflow and efficiency
- Integration of OR, Endo, IR and H&V
- Staffing (team based, model, permanent staff)
- Patient experience

Planning

- Team integration
- PACU care when on hold – **REQUIRES ENTIRE TEAM**
Hiring is in progress. When no PACU nurse is available the sign-out in the OR is critical. Team must discuss what has to happen without delay. Surgical team may need to participate in care
- PACU length of stay
- Inpatient Length of stay
A surgical LOS committee has been established and is working through opportunities

What's changing?



Preop & Postop Care

Integrate preop and postop care across the perioperative platform

Standardize workflow, share space and resources across the interventional platform

- ✓ Update the status board to reflect new patient flows **Completed**
- Integrate preop care and postop care into PACU staffing
- ✓ Provide preop education on how to prepare patients - **Completed**
- ✓ Review patient acuity and staffing ratios. Develop safe process for patient evaluation and care - **Completed**
- Eliminate paper charting by nursing
- Establish standard charge nurse role functions for preop and postop
- Ensure proceduralist order entry to prevent delays to care
- Add PA1 staff to assist with transports, stocking and patient care

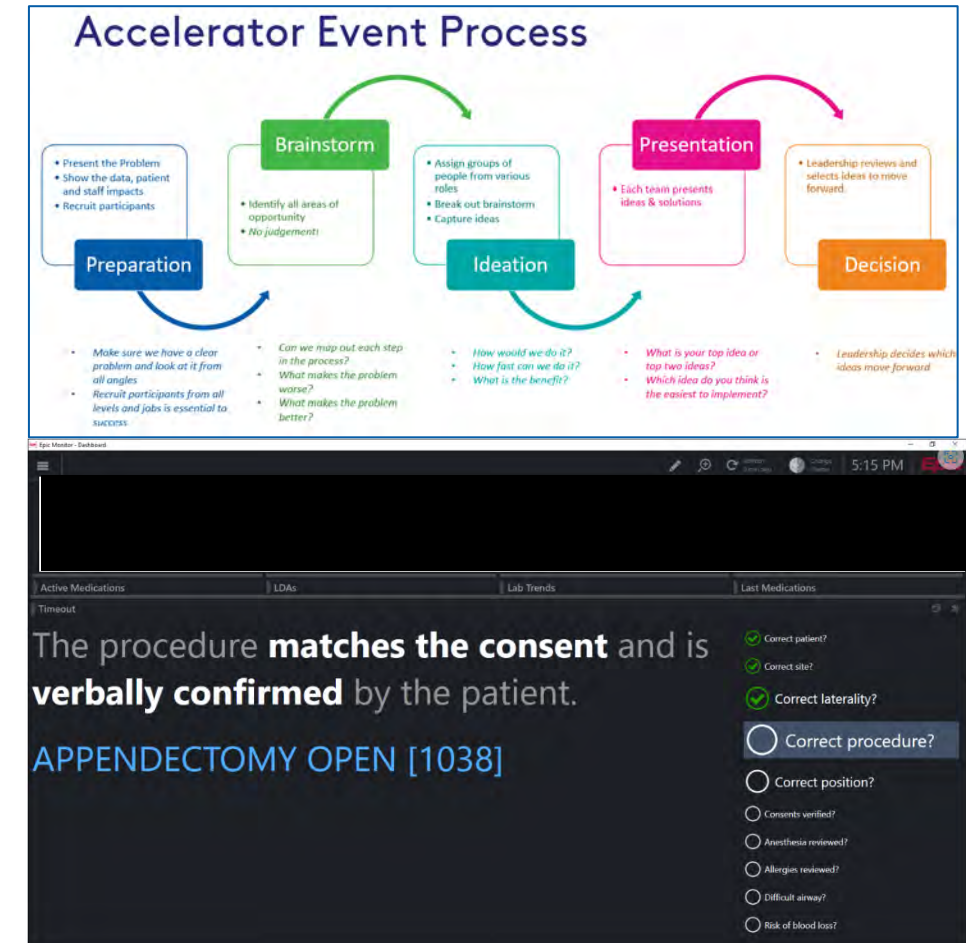
Pediatric Endoscopy

- ✓ Preop and PACU care should be assumed by PACU team, allows for increased access. **Completed**

Topic: Universal Protocol-Accelerator Event

Safe, effective surgical process

- Problem
 - Process observation illustrated lack of adherence to current process, paper processes, and hesitancy to speak up
 - Multiple safety events across the platform and organization in 2023
- Accelerator event held 9/26 to focus on barriers and opportunities
 - Multi-disciplinary, front line staff only. Well attended!
 - Additional events to take place for Inpatient and Ambulatory
 - Goal is to develop a process that meets Joint Commission and MH policy and remove as many barriers to success as possible
- Epic Monitor: OR Flighboard for intraprocedural situational awareness
 - Proposal: Add to every OR, replace whiteboard and use Epic in real time



Procedural Care

Integrate preop and postop care across the perioperative platform

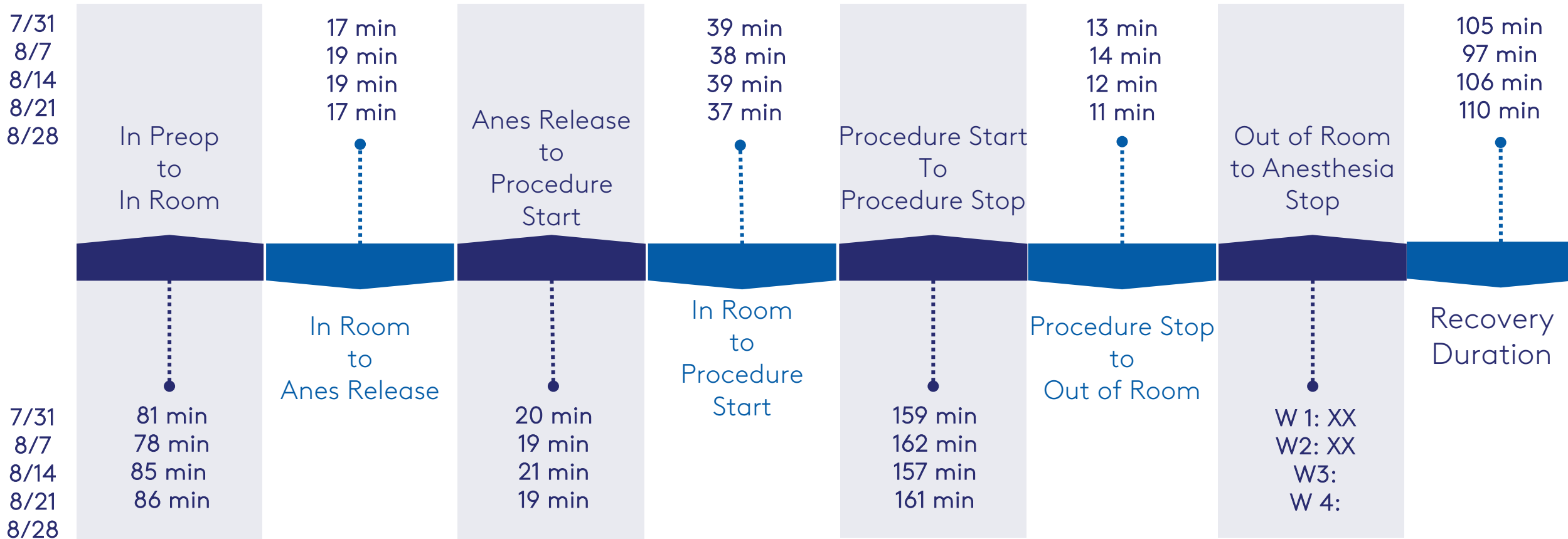
Optimize staff workflows

- ✓ Align intra-procedure staff shifts to the procedure schedule (complete)
- Train EVS staff to read the board to make cleanup more efficient
- Install wave mark in all rooms, currently available in 2 rooms
- Restart delay tracking, expand beyond first case
- Consider staggered lunches to enable greater productivity, including full day assignments for providers

Review the Universal Protocol process and evaluate tools that are standard to perioperative platform

- Participate in Accelerator event (complete)
- Implement the Epic Flight board to provide real time patient information
- Sign out for management of procedure and specimen reconciliation

Perioperative Efficiency KPIs



Process Improvements

