

# The MetroHealth System Board of Trustees

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## QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday October 25, 2023

1:30 pm – 3:00 pm

In-person K107/Via Zoom

### Meeting Minutes

**Committee Members:** Maureen Dee-I, JB Silvers-I, E. Harry Walker, MD-I

**Other Trustees:** Inajo Davis Chappell-R, John Corlett-I

**Staff:** Joseph Golob, MD-I, Airica Steed, EdD, RN-R, Laura McBride-I, Amy Ray, MD-I, William Lewis, MD-I, Maureen Sullivan, RN-I, Julia Bruner, MD-I, Jennifer Lastic-I, Stacey Booker, RN-I, Nicole Rabic, RN-I, Joseph Frolik-I, Laura Black-I, Charles Modlin, MD-I, Richard Blinkhorn, MD-R, Ivan Berkel -R, Robert Bruce, MD-I, Nabil Chehade, MD-I, Dalph Watson-I, Melissa Kline, DNP-I, Olusegun Ishmael, MD-I, Derrick Hollings-I, Julia Mason, RN-I, Regina Sawyer, DNP-R, Donald Wiper, MD-R, Claire Mack, RN-I, Katrina Conine-I, Luis Tollinche, MD-I

### **Guests:**

Dr. Silvers called the meeting to order at 1:30 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 25, 2023, Quality, Safety, and Experience Committee meeting were approved as presented.

### **II. Information Items**

#### **Patient Video – Jennifer Lastic**

Ms. Lastic presented a video of a patient named Ms. Joanne Messeri who has received care at MetroHealth since 1996. Ms. Messeri spoke of the exceptional treatment that she has received by Dr. Resnick and her care team during her five-year ovarian cancer journey.

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## **Committee Charter – Joseph Golob, MD**

Dr. Golob presented the proposed Committee Charter. There were no questions or additions recommended to the charter. The charter will now be submitted to the Governance Committee for approval.

## **Perioperative Quality Update – Katrina Conine/Luis Tollinche, MD**

Ms. Conine began by presenting the MetroHealth Outpatient and Ambulatory Surgery Center Consumer Assessment of Healthcare Providers & Systems (OAS CAHPS) scores through July 2023. In addition, utilization data was provided for the Main OR and the Ambulatory Surgery Centers including the budgeted expansion plans and volume targets.

Ms. Conine discussed the presurgical evaluation (PSE) changes with a focus on the patient experience, clinic access, patient risk stratification, and medical optimization. The PSE clinic is using the surgical readiness checklist to improve patient preparation for procedures and to decrease the day of surgery cancellation/no show rates.

Ms. Conine and Dr. Tollinche are working to improve intraprocedural throughput by initiating daily staff huddles, updating the OR status board with clear assignments, provide awareness of the day's volume, and an update to the status board to indicate if the OR patient is scheduled for an inpatient admission. They are working to coordinate and complete add-on cases using no show slots and establishing what rooms will take add-ons. Finally, they are working to improve case accuracy and efficiency through scheduling, OR utilization, first case on time starts, decreasing turnover time, and improving the Universal Protocol.

Preop and postop care improvements are also underway. Areas of focus include improving clinical workflow and efficiency through the integration of all OR, Endoscopy, Interventional Radiology, and Heart and Vascular patients, using a team-based staffing model to improve the patient experience.

## **Infection Prevention Update – Claire Mack, RN/Amy Ray, MD**

Dr. Ray began by thanking and congratulating Ms. Mack and the entire Infection Prevention team on all their outstanding work so far this year.

Ms. Mack presented on the importance of hand hygiene as it relates to the reduction of the incidence of infection. Hand hygiene also remains a Joint Commission priority as well as a National Patient Safety Goal. MetroHealth has

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a goal of 90% or better hand hygiene compliance and are currently at a compliance rate of 86%. We have had a 37% increase in the total audits which equates to over 1,000 additional audits this year as compared to 2022. A performance improvement initiative is in place for the bottom quartile inpatient units and ambulatory clinics to identify barriers or opportunities to get closer to the 90% compliance.

The Institute of Patient Centered Excellence (IPCX) Dashboard for hospital acquired infections is located on the MIV and is updated monthly. The intention of this dashboard is to introduce transparency as it relates to system metrics. Gender and race performance data are included for all infections and will be added for colon and hysterectomy surgical site infections. This will allow us to show improvement and identify care gaps.

Ongoing Infection Prevention initiatives include water safety, blood and marrow transplant, isolation audits, blood culture contamination, and construction collaborations.

### **Patient Experience Update – Maureen Sullivan, RN**

Ms. Sullivan presented on the patient experience improvement initiatives including the sustainment of best practices. Work has focused on EPIC technology enablement through the creation of the provider communication dashboard. In addition, the patient experience team is providing service excellence training for the Ambulatory Enterprise and the Emergency Department using Relationship Centered Communication, simulated clinical vignettes, TeamSTEPPS, Welle training and verbal de-escalation.

To address our lower scores on the “symptoms to watch out for” metric, an EPIC discharge process was modified to allow clear capture of these symptoms as well as instructions for when to call their provider or return to the ED. These will appear on the first page of the after-visit summary upon discharge.

Ms. Sullivan explained we have seen a 50% decrease in grievances related to communication which can be attributed to the ongoing training on service excellence. This training includes collaboration with our Simulation Center to strengthen communication skills and to enhance empathy, compassion, and respect.

Dr. Silvers 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 Dr. Walker and seconded by Mr. Corlett.

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Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 2:45 pm.

Following executive session, the meeting reconvened in open session at 3:00 pm.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 3:01 pm.

### **THE METROHEALTH SYSTEM**

Joseph Golob, MD  
SVP, Chief Quality and Safety Officer