

QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE MEETING MINUTES

Friday, October 21, 2022 at 8:00 AM

Location: GCMC Board of Directors or Teleconference

The QSPE Committee meeting was called to order at 8:00 a.m. by Kathy Bridge-Liles, Committee Chair.

MEMBERS PRESENT

Kathy Bridge-Liles, RN, Board Member, Committee Chair

Therese Everly, BS, RRT, Board Vice Chair

Scott Nygaard, MD, Chief Operating Officer and Committee Sponsor

VIRTUALLY PRESENT

Chris Hansen, Board Member

Asif Azam, MD, Physician Member

Keri Mason, MD, Physician Member

Larry Hobbs, DO, Physician Member

Yanet Rios, MD, Physician Member

Leah Boyette, MD Physician Member

Donna Clarke, Board Chair

MEMBERS NOT PRESENT

Nancy McGovern, Board Member

PUBLIC INPUT STATEMENT

Kathy Bridge-Liles read the Public Input statement.

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Kathy Bridge-Liles asked for approval of the August 5, 2022 QSPE Committee meeting minutes.

A motion was made by Therese Everly to approve the August 5, 2022 QSPE meeting minutes. The motion was seconded by Chris Hansen carried with no opposition.

PERFORMANCE OVERSIGHT AND FY22 SYSTEM STRATEGIC SCORECARD UPDATE

Dr. Scott Nygaard briefly shared the FY22 system strategic final scorecard and performance. Additional information will be provided within the committee meeting.

PROPOSED FY23 SYSTEM STRATEGIC SCORECARD

Dr. Scott Nygaard presented the proposed FY23 System Strategic Scorecard. He reminded that the quality focus is shifting from MIPS Quality Score to Ambulatory Quality Composite Score. We are no longer required to report MIPS and the Ambulatory Quality Composite Score is a better measure for Medicare Shared Savings Program (MSSP) with a focus on value-based care and includes all LPG patients, providers, and payers. The Ambulatory Quality Composite Score consist of six specific MIPS quality metrics: (1) Performance of Medicare Annual Wellness Visits, (2) Controlling High Blood Pressure, (3) Diabetes: Hemoglobin A1c (HbA1c) Control, (4) Depression Screening and Follow Up, (5)

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Colorectal Cancer Screening, and (6) Breast Cancer Screening. We also have historical performance from the past two years. Average from the last 12 months is 46.93% or 55th Percentile. Board Scorecard goal at 51.11% for 60th Percentile and 66.64% for 80th Percentile. The proposed FY23 System Strategic Scorecard has no changes except the replacement of MIPS with the Ambulatory Quality Composite Score.

A motion to approve the proposed FY23 System Strategic Scorecard was made by Therese Everly. The motion was seconded by Chris Hansen. Discussion ensued on the quality composite current score, CEO compensation metrics, and creating a LH community health improvement metric. Following the discussion, the motion was carried with no opposition.

Follow up: Dr. Nygaard will send *LH System Strategic Scorecard FY2023 Proposal Recommended for Board Action* and presentation to Katie Fournier, Board Office to present at October 27, 2022 BOD meeting.

HPMC MEDICAL STAFF REPORT

The presentation was given by Dr. Leah Boyette. She acknowledged the providers that participated in the HP quality improvement Triage Project and discussed the ED barriers to decrease crowding and causes. She overviewed the Provider in Triage (PIT) process to address the flow of patients through the department. Physicians are placed in the triage between 11a-7p targeting the high traffic hours of patient arrivals, they see the patient at time of initial triage with triage RN, conduct exam, place orders, and designate where the patient would be assigned to. She reviewed the PIT metrics collected and the system goal is within 24 minutes. Going forward their goal is to build a robust PIT process, adjust staffing model to run the process efficiently, and streamline the process.

Various questions on physician and physician satisfaction, impact the Provider in Triage program has on 'Left Without Treatment' (LWOTS) data, and safety of our patients. The PIT project will start next at GCMC and information will be shared at MEC meetings.

Follow up: Dr. Stovall will present LWOTS rates for facilities at January's meeting.

Donna Clarke joined the meeting at 8:32 AM.

PROGRESS (AND PLANS) TOWARDS NATIONAL LEADER

The presentation was given by Dr. Stephanie Stovall and Marcelo Zottolo. The focus of the presentations was the Leapfrog Hospital Safety Grades Fall 2022 predicated scores and 2023 CMS Hospital Star Ratings predictions improvement efforts.

Leapfrog Fall 2022 updated predictions, based on preliminary numerical scores and estimated A/B national threshold, predicate letter scores for CCH, HPMC, GCMC, and LMH is A. All grades will be made public by early November. Dr. Stovall reviewed the improvements efforts in CLABSI (all facilities), MRSA (GCMC, CCH), CAUTI (GCMC, HPMC), and SSI-Colon (LMH, HPMC) are key outcome drivers for numerical improvements. Strong improvements in Survey measures of ICU Physician Staffing (CCH, LMH), Culture of Safety, and Culture Measurement. The patient experience scores remain mostly flat. Internal NHSN data showed improvement from 2021-2022 in CLABSI and MRSA but worsening in CAUTI and SSI-Colo. She discussed recommended items they are pursuing which includes tying safety and hand hygiene to leader's performance reviews, hand

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hygiene training/competency, utilize self-reporting demographic data to review quality objectives, OR revise policies, and HH compliance data review all levels of QMS. She reviewed the areas recommended not to pursue. Various questions on hand hygiene process/improvement efforts, SSI Colon improvements efforts and physician involvement, additional discussion on recommend to not pursue items regarding Medical Staff by-laws, staff privileges, board certification, and Medical Staff peer review process followed. George Knott provided additional Medical Staff information and clarity. He reminded the committee, from a governance standpoint, the important work this committee does and the issues raised at these meeting are reported to the Board for their awareness. The physician leaders will be bringing the information discussed to their perspective MECs meetings.

Marcelo Zottolo reviewed the 2023 CMS Hospital Star Ratings predictions roadmap to 5 stars. He reviewed the CMS measures for 2023 (Mortality 22%, Readmission 22%, Pt. Experience 22%, Safety of Care 22%, Timely and Effective Care 12%). By understanding our performance as it compares to national leaders, it helps to improve operational roadmaps; gives a more robust operational roadmap to 5 star. He's predicting CCH will advance to 4 stars and LMH/HP and GCMC to sustain 4 stars: LMH/HP possible 5 stars and CCH driven by readmissions and PtXP improvements. He provided a comparison to other 5 star hospitals in Florida within our region and shared a CCH roadmap sample to 5 stars. Improving from 1-4 stars requires focusing on a few set of measures and getting to 5 stars requires tweaking our performance on many more measures, and maintaining 4 and 5 stars requires constant effort since others elsewhere are improving.

The committee commented that it was an excellent report and gives clear measures/targets and discussed the comparison to other 5 Star rating hospitals in Florida.

EQSC (EXECUTIVE QUALITY & SAFETY COUNCIL) UPDATES

The presentation was given by Dr. Stephanie Stovall. The system serious safety event (SSE) rate is currently 0.045/10,000 and we had 2 SSE that are being evaluated. She highlighted EQSC report out from the clinical areas. At the October meeting they discussed the cause analysis action plans, respiratory services, ED services, dietary, and medication improvements, drug division and pharmacy report, IP-C diff update, medical imaging changes, stroke program DNV report, and safety coach merit badge program.

We just came out of a hurricane and it was asked from a quality safety perspective, was there any events to share with the committee? Dr. Stovall provided a general overview. Our biggest concern from a safety perspective was we did lose utilities but all facilities went on the generated power before - so we were never without power and the generators did perform appropriately, all facilities had boiled water notices (except Coconut Point) initially but have all been removed, GCMC, HP, and Children's Hospital did lose running water for a period of time and workarounds were created, a facility fire watch was created, received a lot of extra water supplies, received state, county, and partnership support when we did have to evacuate certain facilities due to low water pressure, the Children's hospital was the only place we completely evacuated, received an outpouring of team support, assistance with FMEC teams placement, a field hospital was set up, followed our hurricane policy and was prepared. There was no serious safety event. They continued a discussion on mental health support within Lee County. SalusCare, our safety net mental health provider within our community is unable to function due to the damage to their structures. It was asked since there is no crisis stabilization unit within Lee County how are we addressing the issue. Dr. Nygaard shared they are currently being appropriately treated at the temporary shelters and within the system, we have seen low baker act stats.

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VOLUNTARY EMPLOYEE TURNOVER

The presentation was given by Mike Wukitsch and his team. Mike Wukitsch shared a few comments and introduced his team; Kristy Rigot presented information on Workforce Planning and Development (Recruiting and Retention), Carol Simonds presented information on Learning & Organizational Development, Amy Ortiz and Kelly Davis, HR Strategic Business Partners presented information on HR Direct Operational Leader Support and Development, and Mike presented information on Total Rewards Strategies. Highlights included information on our Total Rewards strategy that optimizes the health, wellbeing and productivity of Lee Health employees and their families while focusing on staff satisfaction through market competitiveness; Workforce Development offers employees/candidates many opportunities to explore career pathways, programs, support of new graduate programs, strong community partnerships, overviewed their retention strategies, and selection/hiring processes; Learning & Organizational Development programs include onboarding of new employees, divisional orientation, new leader onboarding, staff development, and engaging and retaining talent; and our HR Business Partners overviewed the operational leadership support including the Nursing leadership restructure pilot at GCH, talent management programs, employee relations support, work from home options, and KPI incentive plans for the Contact Center.

A brief discussion followed. The QSPE thanked Mike and his team for the information provided and the efforts to address turnover.

SNF/SNU UPDATE

The presentation was given by Ray Cyr. He presented for Leslie Vollmer, Senior Administrator, Skilled Nursing Service who was on vacation. They earned two National Quality Awards: HPCC 2022 received the silver award and GC SNU, HPCC, LH SNU received a bronze award. The Patient Satisfaction ‘My Building’ score is 80.4% which is higher than the national average of 70.9%. They have seen a significant decrease trend since Feb 2022 in SNF/Nursing Homes (LMHS) average excess days and overviewed the process. All facility maintained CMS 5-star quality rating.

Dr. Nygaard complimented Leslie Vollmer as an exceptional leader and recognized her achievements.

CELEBRATIONS

In the interest of time Dr. Nygaard asked the committee to review the accomplishments in their packet.

COMMITTEE MEMBERS REPORT/MEETING FEEDBACK

Due to time constraints, no input was provided.

NEXT REGULAR MEETING

The next meeting will be held on Friday, January 6, 2023 at 8:00 a.m. pending approval at the Lee Health BOD meeting on Oct 27, 2022 It will be a flex model where Committee members can attend in person at Gulf Coast Medical Center, Medical Office Building, Boardroom, 13685 Doctors Way, Fort Myers, FL 33912 or by WebEx.

ADJOURNMENT

The QSPE Committee Meeting was adjourned at 11:07 a.m. by Kathy Bridge-Liles, Committee Chair. Minutes were recorded by Denise Sentner, Assistant to Chief Operating Officer.

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Signed by:

Date:

A handwritten signature in black ink, appearing to read 'K. Bridge-Liles', written in a cursive style.

Kathy Bridge-Liles
01/19/2023 08:36 EST