ALL MEETINGS ARE OPEN TO THE PUBLIC AND THE PUBLIC IS INVITED TO ATTEND
Any Public Input pertaining to an agenda item is limited to three minutes and a “Request to Address the Board of Directors” card must be completed and submitted to the Board Assistant prior to the meeting.
TENTATIVE AGENDA

1. **CALL TO ORDER** *(Steve Brown, MD, Quality & Education Chairman)*
   The meeting of the Quality & Education Committee of the Whole of the Lee Memorial Health System Board of Directors will be called to order. Matters concerning the business of Lee Memorial Health System consisting of Gulf Coast Medical Center & Lee Memorial Hospital/ HealthPark Medical Center and its subsidiaries (HealthPark Care Center Inc., Lee Memorial Home Health, Inc., Cape Memorial Hospital, Inc. doing business as Cape Coral Hospital, and Lee Memorial Medical Management, Inc.) may be reported, discussed and recommended by the Committee of the Whole, then referred to the Full Board of Directors for final action.

2. **PUBLIC INPUT**: Any public input pertaining to items on the Agenda is limited to three minutes and a “Request to Address the Board of Directors” card must be completed and submitted to the Board Assistant prior to meeting.

3. Consent Agenda *(Approval)*
   A. October 8, 2009 Quality & Education Committee Meeting Minutes
   B. FY 2009, 4th Quarter Risk Management Report

4. Healthcare Performance Improvement (HPI) *(Verbal Update)*
   *(Craig Clapper, Senior Partner & Chief Operating Officer/Healthcare Performance Improvement - 5 min)*

5. HINI Virus (Swine Flu) *(Update)*
   *(Marilyn Kole, M.D., System Medical Director/Clinical Services – 10 min)*

6. Hospitalist Task Force *(Verbal Update)*
   *(Larry Antonucci, M.D., Chief Operating Officer/Hospital Services – 20 min)*

7. General Surgical Call *(Verbal Update)*
   *(Richard Akin, Board Chairman – 15 min)*

8. FY 2009, 3rd Qtr Organizational Performance Measures Scorecard *(Accept)*
   *(Chuck Krivenko, M.D., Chief Medical Officer/Clinical & Quality Services and Becky Watt, System Director/Clinical Decision Support – 15 min)*

9. Other Items

10. Date of the *next REGULAR* Quality/Education Committee of the Whole Meeting: *
    *To be determined.*
    Lee Memorial Hospital Boardroom, 2776 Cleveland Avenue, Fort Myers, FL

11. **ADJOURNMENT** of QUALITY & EDUCATION COMMITTEE
PUBLIC INPUT –
AGENDA ITEMS:

Any public input pertaining to items on the Agenda is limited to three minutes and a “Request to Address the Board of Directors” card must be completed and submitted to the Board Assistant prior to meeting.

Refer to Board Policy: 10:15E: Public Addressing the Board

Non-Agenda Item:
Individuals wishing to address the Board on an item NOT on the Agenda, the Board office must be notified of subject matter at least seven (7) days prior to the meeting to allow staff time to prepare and to insure the matter is within the jurisdiction of the Board.
Consent Agenda: \textit{(Approval)}

A. October 8, 2009 Quality & Education Committee Meeting Minutes

B. FY 2009, 4\textsuperscript{th} Quarter Risk Management Report
### LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS QUALITY & EDUCATION COMMITTEE OF THE WHOLE MEETING MINUTES Thursday, October 8, 2009

**LOCATION:** Lee Memorial Hospital Boardroom, 2776 Cleveland Avenue, Fort Myers, FL 33901  
**MEMBERS PRESENT:** Steve Brown, M.D., Quality & Education Chairman; Richard Akin, Board Chairman; Nancy McGovern, RN, MSM, Vice Chairman; Marilyn Stout, Board Treasurer; Linda Brown, MSN, ARNP, Board Secretary; Lois Barrett, MBA, Director; Dawson McDaniel, Director; Frank La Rosa, Director; David Berger, M.D., Community Representative/Quality & Education Committee; Margaret Byrnes, Community Representative/Quality & Education Committee (via teleconference); Denise Heinemann, DrPH, Community Representative/Quality & Education Committee; Tuck Wilson, M.D., Physician Leadership Council Consultant/Quality & Education Committee  
**MEMBERS ABSENT:** James Green, Director  
**OTHERS PRESENT:** James Nathan, CEO/President; Cathy Stephens, Board of Directors’ Liaison; Cathy Kahle, System Counsel; Chuck Krivenko, M.D., Chief Medical Officer/Clinical & Quality Services; Doug Luckett, Chief Administrative Officer/GCMC/CCH; Gaile Anthony, Chief Administrative Officer/LMH; John Iacuone, M.D., Executive Director/The Children’s Hospital; Mark Greenberg, M.D., System Medical Director/Clinical Effectiveness; Sharon MacDonald, Chief Foundation Officer and Vice President/Oncology Services; Angela D’Anna, System Director/Internal Audit; Steve Streed, System Director/Epidemiology and Infection Control; Mary Kirkwood, System Director/Medical Staff Quality; Sandy Wharton, System Director/Medical Staff Services; Marilyn Kole, M.D., System Medical Director/Clinical Services; Chris Crawford, RN, System Director/Standards and Quality; Karen Krieger, System Director/Public Affairs; Sally Jackson, System Director/Community Projects; Mary Beth Saunders, D.O., Medical Director/Infection Control; Elizabeth Paulson, RN, Clinical Regulatory Analyst/Medical Staff Quality; Marilee Mooney, Physician Leadership Council Consultant/Planning Committee; Patrick Comer, Reporter; Isabel Firth, Administrative Secretary/Board of Directors

**NOTE:** Documents referred to in these minutes are on file by reference to this meeting date in the Office of the Board of Directors and on the Board of Directors website at www.lememorial.org/boardofdirectors, for public inspection.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DISCUSSION</th>
<th>ACTION</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEETING CALLED TO ORDER</strong></td>
<td>Cathy Stephens announced that Margaret Byrnes, Community Representative to the Quality &amp; Education committee is joining the meeting via teleconference.</td>
<td>The Quality &amp; Education Committee of the Whole meeting was CALLED TO ORDER at 2:40 p.m. by Steve Brown, M.D. Quality &amp; Education Committee Chairman. The Board sits as the Lee Memorial Health System Board of Directors of Gulf Coast Medical Center, Lee Memorial Hospital, HealthPark Medical Center and the Board of Directors of its subsidiary corporations: Cape Memorial Hospital, Inc. doing business as Cape Coral Hospital; Lee Memorial Medical Management, Inc.; Lee Memorial Home Health, Inc.; and HealthPark Care Center, Inc.</td>
<td></td>
</tr>
<tr>
<td><strong>PUBLIC INPUT</strong></td>
<td>There was NO “Public Input”.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **CONSENT AGENDA** | Steve Brown asked if anyone wished to pull any items listed on the Consent Agenda for discussion.  
A. September 3, 2009 Quality & Education Committee Meeting Minutes  
B. Continuing Medical Education (CME) Mission Statement (Exhibit 1) | A motion was made by Marilyn Stout to approve the Consent Agenda consisting of the following items.  
A. September 3, 2009 Quality & Education Committee Meeting Minutes.  
B. Continuing Medical Education (CME) Mission Statement (Exhibit 1).  
The motion was seconded by Nancy McGovern and it carried with no opposition. |  |
<p>| <strong>SWINE FLU (H1N1 INFLUENZA)</strong> | Mary Beth Saunders said Steve Streed was unable to attend the meeting today and she will be providing the update in his place. She said the System has done a great job in preparing for the swine flu epidemic and for the upcoming flu season. She said the System is seeing about one hundred cases of influenza like symptoms in the emergency rooms each week and have had about ten suspect cases of swine flu in each hospital. The vaccines for swine flu will be available this month and they are recommending employees to receive the swine flu vaccine. If employees deny the swine flu vaccine they will be required to wear protective face masks when treating patients. Mary Beth stated the swine flu is affecting those in the age group between five and fifty-nine the most. Discussion ensued with regard to a swine flu disaster plan at each of the System hospitals and the swine flu tests currently available. Steve Brown said we need to become advocates for encouraging the community to receive their annual vaccinations and swine flu vaccination. |  |  |
| <strong>GRADUATE MEDICAL EDUCATION</strong> | John Iacuone and Marilyn Kole provided a verbal update on the research so far on the Graduate Medical Education program at LMHS. He said after researching the possibility of this program they have determined that at the current time it is financially viable. He said they have researched areas such as economic costs, economic impact to the community. |  |  |</p>
<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DISCUSSION</th>
<th>ACTION</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
</table>

**Research and centers for excellence, philanthropy, and medical staff involvement in training medical school graduates.** He said they have had several night meetings with various groups to discuss this possibility further. He said they have also discussed partnering with Florida State University in the future, once their medical program is approved. Marilyn Kole said the night meetings that were held were well attended and there was a lot of discussion and useful information gathered. She said the overall message from the employed and private physicians was to concentrate on developing a quality learning program. She said our next steps will include discussion with NOVA regarding a possible relationship with them in future. She said we are trying to strategically partner with schools that have medical education programs and to start planning for future funding of this program. She said the goal is to recruit and draw medical education students to this community to complete their school here and remain as residents of the community once they become practicing physicians. Jim Nathan said we need to determine our core need for physicians in our community and to develop specific programs to satisfy those needs. Discussion ensued with regard to developing a quality program to meet the needs of the community; and partnering options with Florida universities.

**Det Norske Veritas Healthcare (DNVHC) Accreditation Recommendations**

Chris Crawford said the information included in today’s presentation are the results of the Det Norske Veritas Healthcare (DNVHC) work group studies originally chartered February 2009 in effort to obtain DNVHC accreditation. Chris Crawford and Chuck Krivenko presented the information included in the request for approval of the DNVHC Accreditation Recommendations (Exhibit 2). Linda Brown said by employing the DNVHC as consultants we are starting to expand our horizons in many areas of care and in a much more detailed and focused manner. Discussion ensued regarding the DNVHC standards as benchmarks. Jim Nathan said by approving the DNVHC Accreditation recommendations the Board is not eliminating The Joint Commission but rather the System will be using a parallel course of accreditation. Discussion ensued regarding continuous quality assessment as a consistent standard.

A motion was made by Linda Brown to approve the recommendation to obtain Det Norske Veritas Healthcare (DNVHC) accreditation concurrently with The Joint Commission (TJC) accreditation. After accredited by DNVHC, re-evaluate continued TJC accreditation prior to next survey (2011) (Exhibit 2). The motion was seconded by Dawson McDaniel and it carried with no opposition.

**Hospitalist Program Models**

Chuck Krivenko said in response to major concern regarding the role of the Hospitalist, the System made an attempt to develop Hospitalist standards, which were consistent with the medical staff bylaws. He said there was much concern to improve the Hospitalist function in the organization and in doing so the Hospitalist Standard Task Force was developed. Chuck reviewed information included in the Hospitalist Program Models Presentation (Exhibit 3). Chuck said during the task force meetings the following requests were made:

- Administration is to develop a list of standards and accountabilities to be supported by the medical staff
- Requested Administration to develop criteria for assessing hospitalist performance to the above listed standards
- Avoid exclusive contracts to prohibit choice of hospitalist with the medical community
- To continue to have access to the unattached patients for hospitalists in the organization
- Review performance of hospitalist and ensure there is coordination of care

Chuck Krivenko said the hospitalist specialty is the fastest growing specialty in medicine and developing a codified system of standards is a national concern. Discussion ensued with regard to the following:

- The current exclusive contracted program model developed at Orlando Health
- Decreasing volume of physician complaints since the exclusive contracted program at Orlando health
- Follow-up on unassigned patients
- Contracting with local hospitalists and hospitalist groups for effective referral and effective credentialing
- Possibility of employing hospitalists in the System
- Traditional delivery of medical care is changing (i.e. primary care physicians, many of which no longer visit patients in the Hospitalist)
- Hospitalist groups versus the employed Hospitalist with regard to competition

**DET NORSKE VERITAS HEALTHCARE (DNVHC) ACCREDITATION RECOMMENDATIONS**

A motion was made by Linda Brown to approve the recommendation to obtain Det Norske Veritas Healthcare (DNVHC) accreditation concurrently with The Joint Commission (TJC) accreditation. After accredited by DNVHC, re-evaluate continued TJC accreditation prior to next survey (2011) (Exhibit 2). The motion was seconded by Dawson McDaniel and it carried with no opposition.

**HOSPITALIST PROGRAM MODELS**

Chuck Krivenko said the hospitalist specialty is the fastest growing specialty in medicine and developing a codified system of standards is a national concern. Discussion ensued with regard to the following:

- The current exclusive contracted program model developed at Orlando Health
- Decreasing volume of physician complaints since the exclusive contracted program at Orlando health
- Follow-up on unassigned patients
- Contracting with local hospitalists and hospitalist groups for effective referral and effective credentialing
- Possibility of employing hospitalists in the System
- Traditional delivery of medical care is changing (i.e. primary care physicians, many of which no longer visit patients in the Hospitalist)
- Hospitalist groups versus the employed Hospitalist with regard to competition
<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DISCUSSION</th>
<th>ACTION</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
</table>
|         | • Clarifying and defining the role of a hospitalist and coordinating care  
          • Following in the footsteps of Orlando Health, which is a well developed program  
          • Cogent performance plan and future improvements  
          • Provide support to avoid safety issues, provide quality coordinated care  
          • Improve lines of communication between hospitalists, specialists, and hospital staff  
          • Exclusive model contract and meeting all accountability via scorecard  
          • Board involvement in developing the hospitalist standards and contracts  
      | Steve Brown said it is important for the Board to be involved throughout the process of developing the Hospitalist standards and contracts. Jim Nathan said Richard Akin is actively involved in the Hospitalist task force and plays an important role as a liaison back to the Board. Chuck suggested leadership to submit an update memorandum to Cathy Stephens for dissemination to the Board prior to the October Board of Directors meeting for discussion during the meeting.  
      | Update memo to the Board on Hospitalist standards and contracts prior to Oct 29 Board meeting |
| GENERAL SURGERY EMERGENCY DEPARTMENT CALL STATUS SURGICAL SPECIALIST LETTER | Chuck Krivenko reviewed highlights included in the General Surgery Emergency Department (ED) Call Status update (Exhibit 4). Richard Akin said he has requested Tom Presbrey to send the ED call issue back to the Physician Leadership Council (PLC) for further review and resolution.  
      | Richard said he received a letter from the Surgical Specialists of Southwest Florida, P.A. (Exhibit 5), which includes insight and their opinion on the ED call status issue. He said the letter has been distributed to the Board today and he encourages the Board to read.  
      | |
| OTHER ITEMS | Cathy Stephens reminded the Board of the following upcoming events:  
          • Annual Medical Staff Appreciation and Recognition Dinner is being held Saturday, October 10, 2009, 6:00pm, at the Harbourside Event Center in downtown Fort Myers  
          • VIP Reception and Tour of the newly expanded Weigner Taeni Center for Emergency Services at Cape Coral Hospital held Sunday, October 11, 2009, 1:00pm  
      | Cathy said if you would like to attend, please RSVP through the Board office as soon as possible.  
      | |
| Upcoming Events | Cathy asked the community representatives who are present to introduce themselves to new Board member, Jason Moon.  
      | Jim Nathan said a local reporter is currently working on an article with regard to the current situation of uninsured people and developing methods and options for improvement. He said the LMHS Public Information department is well informed of this article and you may be contacted by this reporter in the future for your opinions.  
      | Steve Brown announced he will be providing an update on the new Sunshine Ambassadors Program at The Children’s Hospital in his liaison report at the October 2009 Full Board of Directors meeting.  
      | |
| REPORTER INVESTIGATION ON OPTIONS FOR THE UNINSURED | Steve Brown announced he will be providing an update on the new Sunshine Ambassadors Program at The Children’s Hospital in his liaison report at the October 2009 Full Board of Directors meeting.  
      | |
| Sunshine Ambassadors Program | The next REGULAR Quality & Education Committee of the Whole meeting is November 12, 2009, 1:00pm. Lee Memorial Hospital Boardroom, 2776 Cleveland Avenue Fort Myers, FL 33901  
      | |
| NEXT REGULAR MEETING | The Quality & Education Committee of the Whole meeting was ADJOURNED at 4:35p.m. by Steve Brown, M.D., Quality & Education Committee Chairman.  
      | |
| ADJOURNMENT | Minutes were recorded by Beth Kilgore (via tape recorder), Executive Secretary/Board of Directors Office  
      | |
| Linda Brown, MSN, ARNP  
      Board Secretary |
DATE: November 12, 2009

SUBJECT: FY 2009, 4th Quarter Risk Management Report

REQUESTOR & TITLE: Mary McGillicuddy, Chief Legal Officer

PREVIOUS BOARD ACTION ON THIS ITEM (IF ANY)


SPECIFIC PROPOSED MOTION:

Motion to Accept Quarterly Risk Management Report for the 4th Quarter, FY 2009.

PROS TO RECOMMENDATION

Not Applicable

CONS TO RECOMMENDATION

Not Applicable

LIST AND EXPLAIN ALTERNATIVES CONSIDERED

Not Applicable

FINANCIAL IMPLICATIONS

Budgeted ____  Non-Budgeted ____

No financial implications

OPERATIONAL IMPLICATIONS

No operational implications

SUMMARY

Quarterly Risk Management Report including:
- Incident Reporting per 1,000 patient days
- Injury Occurrences per 1,000 patient days
- Categories of incident reports
- Risk Management participation in LMHS System Committees and Education
- Liability Claims
- Recommendations
QUARTERLY RISK MANAGEMENT
REPORT TO THE BOARD
July – September 2009

The disclosure of this document and the contents herein does not constitute a waiver of any and all protections afforded Patient Safety Work Product under either Florida state and federal law including but not limited to those under the Patient Safety Quality Improvement Act of 2005 and implementing regulations, 45 C.F.R. Part 3; 42 U.S.C. § 11111; §§395.0193 F.S. and 766.101 F.S.
The graph below shows incident reporting rates for the system for the past 27 months. During this time range the reporting rate has exhibited a slight decline. The reason for this is demonstrated in the individual graphs.

The graphs on page 3 reflect the reporting rates for the four facilities individually. The four graphs also show the last 27 months of activity.
The Reporting Rates at CCH, HPMC and LMH have all demonstrated a slight increase in reporting, while the rate of reporting at GCMC has declined. The rate history for GCMC has been established by combining the data for SWRMC and GCH. This decline is attributed to a change in the types of matters reported which historically included medical observations, returns to the ER, Patient Complaints and other non-incidents. It is anticipated that the rate will eventually level out to a rate similar to those of the other facilities.
INJURY

The first graph shows the reporting rate and the injury rate for the four facilities during the last quarter.

The second graph shows the percentage of reports without injury.

Reporting of no injury incidents are highly encouraged so that “near misses” and potential areas of improvement can be identified. This information allows us to better understand where risks exist, and provides data used in our quality improvement activities throughout the system. More than 70% of the incident reports received involve no injury.

During this quarter, there was one report to AHCA, as required by the Risk Management statute.
The graph to the right shows the rate for the categories of reported incidents from July through September 2009 at all four facilities. Prior reports showed the number of incidents rather than the incident rate. Rates are now being utilized to be consistent with other system reporting. As indicated, the vast majority of these incidents did not involve any injury.

The most reported categories are:

- **Patient Falls**
- **Treatment & Testing** category includes reports of IV infiltrates, Delays and Omissions, Patient Identification issues, etc
- **Other** category includes Exposures, Complaints, burns, skin breakdown, ER issues, AMAs, etc
- **Medication Related Reports**

70% of all reported occurrences fall within one of these four categories.
Risk Management Educational Activities included:

- Radiology/CVS Nurses Risk Management/Transfer Issues
- Edison State College Nursing Risk Management presentation.
- GCMC ER Inservice Risk Management and AHCA
- Guest Lecturer at Edison College for Respiratory Students
- Risk Management Orientation for new hires
- Risk Management Inservice for the Nursing Intern Program
The fourth quarter of FY 2009, which ended September 30, 2009, saw an increase in the number of new malpractice claims brought against the Health System. As of June 30, 2009, there were 37 open liability claim files. In contrast, on September 30, there were 44 open files. Five claims were closed and 17 claim files were opened. Please note that due to a reporting issue, six of the new claims were actually opened during the third quarter, but were reported in the fourth quarter. The graph below reflects the correct quarter in which the claims were opened. The bottom line is there is an increase in the number of new claims beginning in the third quarter and continuing in the fourth quarter.

The variation in the bases for these professional liability claims is spread across a wide range, so that it is not possible to assign any particular cause or location as a source. For nearly two years, this report has predicted that an increase in claims would occur, simply because the Lee Memorial Health System has grown so large. The increase materialized during the third and fourth quarters of FY2009. It remains to be seen whether claims experience will continue on an upward path, or will stabilize at these levels.

Despite the increase in claims activity, Lee Memorial continues to have low numbers of claims given the increase in the number of care encounters. In addition, the terms under which malpractice claims against the System were closed continues to be very favorable to the Health System.
Continued participation in system committees including:

- Campus Specific ADE Work Groups
- Patient Safety Measurement Committee
- Employee Safety and Wellness
- Ethics Committee
- GCMC Ethics Committee
- Back Safety Sub-committee
- Standards and Compliance
- Policy & Procedure Committee
- Advance Directive Process Committee
- Medication Safety Committee
- Tobacco Free Lee Steering Committee
- Tobacco Free Outpatient Committee
- Tobacco Free Lee Patient Care Committee

Participated in various Intense Analysis Teams
RECOMMENDATIONS

• Continue the implementation of the SoftMed Risk Management Module. In this effort, the last quarter has seen the following activity:
  ➢ Expansion of the program to include Lee Physician Services and Medical Staff Offices
  ➢ Development of a Customer Service module within the SoftMed application
  ➢ Plans to begin education for implementation of SoftMed Risk Management at Gulf Coast Medical Center.
• Continue to track and trend incidents, provide summary data and work closely with various departments and committees engaged in performance improvement and patient safety activities.
• Continue to work with Education and Organizational Development and management staff to assure that all employees are meeting the annual education requirement for risk management and to provide a module for the Competency activities.
• Continue to utilize pre-litigation procedures to resolve legitimate claims as quickly as the interests of the System and claimants allow.
• Continue development of specialized training materials for risk.
• Collaborate with HPI with regard to patient safety initiatives.
Healthcare Performance Improvement (HPI)

(Craig Clapper, Senior Partner & Chief Operating Officer/HPI)

(Verbal Update)

There is no documentation for this item.
LMHS Board of Directors
nH1N1 Influenza Activity Update

Dr. Marilyn Kole
November 12, 2009
System Total ED Patients With Flu-like Symptoms
9/1/09 to Present
Other nH1N1 Facts

• Daily Inpatient Census (with ILI)
  ➢ 5-10 ICUs
  ➢ 20-30 general nursing units

• LMHS Employee & Volunteer Vaccination
  ➢ Seasonal vaccine – 4,250 doses (supply exhausted)
  ➢ nH1N1 – More added daily with release by LCHD

• LMHS/LCHD Partnership
  ➢ 1,000 doses released for OB vaccination clinics held on 11/7/09
Doses Administered*
Annual and nH1N1 Influenza

* EH statistics through 10/21/09
Other Related Activities

• Limited visitation for <12 y/o to intensive care units
• Bilingual signage at public entrance points
• Numerous public service announcements, press updates, etc.
• Continuous monitoring of new cases, vaccine supplies and allocation, PPE supplies, etc. to anticipate System needs and ability to respond
Questions & Discussion

Thanks!
Mystery Solved!

How swine flu first infected humans!
Hospitalist Task Force
(Larry Antonucci, M.D., Chief Operating Officer/Hospital Services)

(Verbal Update)

There is no documentation for this item.
General Surgical Call
(Richard Akin, Board Chairman)

(Verbal Update)

There is no documentation for this item.
**DATE:** 11/12/09

**LEGAL SERVICE REVIEW?** YES___ NO_X

**SUBJECT:** FY 2009, 3rd Quarter Organizational Performance Measure Scorecard

**REQUESTOR & TITLE:** Chuck Krivenko, M.D. Chief Medical Officer/Clinical & Quality Services  
Becky Watt, RN, System Director/Clinical Decision Support

**PREVIOUS BOARD ACTION ON THIS ITEM (IF ANY)**  
(Justification and/or background for recommendations – internal groups which support the recommendation i.e. SLC, Operating Councils, PMTs, etc.)

The Quality Safety and Management Council reviewed and approved several of the indicators within the Organizational Performance Measure Scorecard on October 14, 2009.

**SPECIFIC PROPOSED MOTION:**

Acceptance of the Organizational Performance Measure Scorecard: 3rd Quarter Fiscal Year 2009.

<table>
<thead>
<tr>
<th>PROS TO RECOMMENDATION</th>
<th>CONS TO RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**LIST AND EXPLAIN ALTERNATIVES CONSIDERED**

N/A

**FINANCIAL IMPLICATIONS**  
(Budgeted ____ Non-Budgeted ____  
(including cash flow statement, projected cash flow, balance sheet and income statement)

N/A

**OPERATIONAL IMPLICATIONS** (including FTEs, facility needs, etc.)

N/A

**SUMMARY**

N/A
## Performance Measures
### Third Quarter Fiscal Year 2009

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEASURE</th>
<th>CURRENT QUARTER</th>
<th>PRIOR QUARTER</th>
<th>FISCAL YTD RATE</th>
<th>PREFERENCE</th>
<th>TARGET</th>
<th>CURRENT QUARTER PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Outcomes</strong></td>
<td><strong>Acute Care</strong></td>
<td>1.46%</td>
<td>1.83%</td>
<td>1.65%</td>
<td>Lower</td>
<td>1.91%</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- Overall Mortality Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Acute Care</strong></td>
<td>5.54%</td>
<td>5.22%</td>
<td>5.38%</td>
<td>Lower</td>
<td>5.68%</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- Overall Complication Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Acute Care</strong></td>
<td>9.37%</td>
<td>9.18%</td>
<td>9.43%</td>
<td>Lower</td>
<td>8.72%</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>- 30-Day Readmissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safety Outcomes</strong></td>
<td><strong>Acute Care &amp; Rehab</strong></td>
<td>1.4</td>
<td>1.2</td>
<td>1.9</td>
<td>Lower</td>
<td>≤ 5 errors</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- Severity II Medication Errors Per 10,000 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Acute Care</strong></td>
<td>2.47</td>
<td>2.19</td>
<td>2.45</td>
<td>Lower</td>
<td>4.50</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- Patient Falls Per 1,000 Days/ED Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Acute Care &amp; Rehab</strong></td>
<td>3.73%</td>
<td>5.15%</td>
<td>4.78%</td>
<td>Lower</td>
<td>4.76%</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- Hospital Acquired Pressure Ulcers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY:** Stars assigned on Current Quarter values
* Worse than Expected  ** As Expected +/- 5% variance  *** Better than Expected
# Performance Measures
## Third Quarter Fiscal Year 2009

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEASURE</th>
<th>CURRENT QUARTER</th>
<th>PRIOR QUARTER</th>
<th>FISCAL YTD RATE</th>
<th>PREFERENCE</th>
<th>TARGET</th>
<th>CURRENT QUARTER PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>Acute Care</td>
<td>0.76</td>
<td>0.75</td>
<td>0.74</td>
<td>Higher</td>
<td>Joint Commission Benchmark Pending</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>- Joint Commission Core Measure Appropriate Care Measure Indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Care</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>Lower</td>
<td>1.5%</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- Surgical Site Infections (LMH, HP, &amp; CCH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ICU Central Line Blood Stream Infections Per 1,000 Central Line Days</td>
<td>2.37</td>
<td>2.84</td>
<td>2.55</td>
<td>Lower</td>
<td>0 CLBSIs</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>- ICU Ventilator Associated Pneumonia Infections Per 1,000 Ventilator Days</td>
<td>2.39</td>
<td>1.30</td>
<td>2.35</td>
<td>Lower</td>
<td>\leq 3 VAPs</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- ICU Urinary Tract Infections Per 1,000 Foley Catheter Days</td>
<td>3.70</td>
<td>4.75</td>
<td>4.14</td>
<td>Lower</td>
<td>\leq 4 UTIs</td>
<td>***</td>
</tr>
</tbody>
</table>

**KEY:** Stars assigned on Current Quarter values
- * Worse than Expected
- ** As Expected +/- 5% variance
- *** Better than Expected
# Performance Measures
## Third Quarter Fiscal Year 2009

## ORGANIZATIONAL

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEASURE</th>
<th>CURRENT QUARTER</th>
<th>PRIOR QUARTER</th>
<th>FISCAL YTD RATE</th>
<th>PREFERENCE</th>
<th>TARGET</th>
<th>CURRENT QUARTER PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>Acute Care - Unadjusted Average Length of Stay</td>
<td>4.63 days</td>
<td>4.55 days</td>
<td>4.54 days</td>
<td>Lower</td>
<td>4.60 days</td>
<td>**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Care - Medicare Unadjusted Average Length of Stay*</td>
<td>5.35 days</td>
<td>5.18 days</td>
<td>5.21 days</td>
<td>Lower</td>
<td>≤ 5 days</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Care - System Delay Days Per 1,000 Acute Care Days</td>
<td>39</td>
<td>39</td>
<td>34</td>
<td>Lower</td>
<td>&lt; 30</td>
<td>*</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Emergency Department - &quot;Left Before Evaluated&quot; Incidents</td>
<td>1.6%</td>
<td>4.4%</td>
<td>2.7%</td>
<td>Lower</td>
<td>≤ 2%</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Emergency Department - Wait Times (Door to Doc)</td>
<td>1:01</td>
<td>1:42</td>
<td>1:19</td>
<td>Lower</td>
<td>45 minutes</td>
<td>*</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>HCAHPS - Overall Hospital Rating</td>
<td>58.6%</td>
<td>53.0%</td>
<td>55.9%</td>
<td>Higher</td>
<td>63.0%</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>HCAHPS - Likelihood To Recommend</td>
<td>66.5%</td>
<td>60.4%</td>
<td>63.2%</td>
<td>Higher</td>
<td>66.3%</td>
<td>***</td>
</tr>
</tbody>
</table>

**KEY:** Stars assigned on Current Quarter values
* Worse than Expected
** As Expected +/- 5% variance
*** Better than Expected
PATIENT SAFETY WORK PRODUCT

Acute Care

- Day Readmission
  - Data Unavailable for September due to FY 2008 DRG Restructure

Beginning March 2004, the Hospital Acquired Pressure Ulcers indicator includes data from Southwest Florida Regional Medical Center and Gulf Coast Hospital. Data collection process revised and indicator edited to mirror the methodology utilized by NDNQI. Stage I & > pressure ulcers are currently being monitored when previously Stage II & > ulcers were tracked.

Beginning July 2008, the Patient Falls indicator excludes data from the Rehab Hospital.
Beginning June 2007, the ICU Ventilator Associated Pneumonia indicator includes data from Southwest Florida Regional Medical Center/Gulf Coast Medical Center.

Beginning June 2007, the ICU Urinary Tract Infection indicator includes data from Southwest Florida Regional Medical Center.

Beginning June 2007, the ICU Central Line Infection indicator includes data from Southwest Florida Regional Medical Center/Gulf Coast Medical Center.

Beginning June 2007, the ICU VAP Infection rate includes data from Southwest Florida Regional Medical Center/Gulf Coast Medical Center.

Beginning June 2007, the ICU Urinary Tract Infection rate includes data from Southwest Florida Regional Medical Center/Gulf Coast Medical Center.

Beginning June 2007, the ICU's unadjusted average length of stay for acute care includes data from Southwest Florida Regional Medical Center/Gulf Coast Medical Center.
Questions
OTHER ITEMS
DATE OF THE *NEXT REGULARLY SCHEDULED MEETING

QUALITY & EDUCATION Committee of the Whole MEETING

*To Be Determined

Lee Memorial Hospital Boardroom
2776 Cleveland Ave, Ft. Myers, FL 33901