

## **QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE MEETING MINUTES**

Friday, April 14, 2023 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

David Klein, Board Member

Asif Azam, MD, Physician Member

Iahn Gonsenhauser, MD, Chief Medical Officer and Committee Sponsor

### **VIRTUALLY PRESENT**

Keri Mason, MD, Physician Member

Yanet Rios, MD, Physician Member

### **MEMBERS NOT PRESENT**

Leah Boyette, MD Physician Member

Larry Hobbs, DO, Physician Member

Nancy McGovern, Board Member

### **PUBLIC INPUT STATEMENT**

Kathy Bridge-Liles read the Public Input statement.

## **QUALITY, SAFETY, & PATIENT EXPERIENCE (QSPE) COMMITTEE MEETING MINUTES**

Kathy Bridge-Liles asked for approval of the January 6, 2023 QSPE Committee meeting minutes.

**A motion was made by Therese Everly to approve the January 6, 2023 QSPE meeting minutes. The motion was seconded by David Klein carried with no opposition.**

Dr. Nygaard shared we will be transitioning the QSPE administrative sponsor from himself to Dr. Iahn Gonsenhauser, Chief Medical Officer who has a strong background in quality patient safety experience.

### **PERFORMANCE OVERSIGHT**

Dr. Iahn Gonsenhauser shared the FY23 system strategic scorecard and current performance. We are currently below in the Patient Experience-IP, Ambulatory Quality Composite Score, Lee Health Primary Care Patient Growth, and Operating Margin performance ranking. There has been a lot of focus to improve the scores including team bedside rounding to assure that our patients are experiencing a plan of care that is cohesive and coordinated, expand primary care access for the health system as we open new sites and recruit physicians, and noted that Hurricane Ian has affected our financial performance. Discussion ensued on the strategy to recruit primary care physicians in which Kris Fay, Chief Officer Community Based Care provided input. Our current leapfrog grades and performance for all acute hospitals are back to A's. Our System SSER is currently 0.121; we are back down to a baseline of 1 event per month. A question ensued regarding the difference between a serious safety event and a code 15. Dr. Stephanie Stovall provided an overview and

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going forward the code 15 events will be indicated generically on the System SSER slide. LMH/HP and GCMC have maintain 4 star performance and CCH has dropped to high 3 star. It was noted these are complicated metrics and some vary in terms of timeliness of reporting. Marcelo Zottolo provided additional information and it was suggested to add a slide for a better understanding on the reporting lag for various metric domains.

### **FY23 SYSTEM STRATEGIC SCORECARD**

Dr. Iahn Gonsenhauser reviewed the details and trends for each metric. Discussion ensued.

### **GOLISANO CHILDREN'S HOSPITAL SCORECARD**

Dr. Stephanie Stovall gave the presentation. She reviewed the revised GCHSWF FY22 and FYTD scorecard; the team has done a lot of work with many measures matching the system scorecard. CLABSI SIR (NHSN only), unplanned extubations, mortality are currently below DNM status reviewed. They have changed their reporting on falls which has increased their numbers in the last six months. There is methodology change in overuse of antibiotics Dr. Stovall also gave an overview of their collaborative solutions with other Children's hospitals regarding patient safety efforts.

### **READMISSIONS**

Dr. Marilyn Kole gave the presentation. FYTD Medicare 30-day Readmission rate is 14.80% and Medicare 7-day Readmission rate is 4.87%; Medicare Readmission is performing at a 4-star level. She reviewed the current action plan including education, performance, consensus groups, referrals, discharge clinic and complex care center at CCH, recruitment, and meetings with independent skilled nursing facility efforts underway. Questions ensued regarding readmission penalties, risk factors, access points, PACE program, and available resources. All were discussed and addressed.

### **LMH MEDICAL STAFF REPORT**

Dr. Asif Azam discussed a new Fall Team Stat pilot project that started at a Lee Memorial Hospital on March 1, 2023 to improve patient safety. They have a rapid response code in place so when a patient falls it activates a series of events. He explained the first thing they do is to make sure the patient is safe and they get them back into bed, do a debrief, and communicate the situation during a morning safety huddle. Perioperative pain control pilot is also going on where patients are getting methadone to try to reduce pain thresholds. Brief discussion followed.

### **EQSC (EXECUTIVE QUALITY & SAFETY COUNCIL) UPDATES**

Dr. Stephanie Stovall gave the presentation. She highlighted the EQSC January, February, and March 2023 meetings. The committee had reviewed the DNV prep, non-conformance reports from last survey, and physical environment chapter review oversight. Various facility updates were presented, as well as the current and system 24-month SSER safety events and early warning system in place. Dr. Stovall also highlighted the Quality & Clinical workgroups improvements efforts and potentially preventable complications. Presentations regarding Healthgrades performance, CMS star ratings, and readmission were presented. Brief discussion followed.

### **AMBULATORY QUALITY AND SAFETY**

Cindy Drapal, Associate Chief Nursing Executive, Lee Physician Group gave the presentation. She overviewed patient experience regarding MyChart messaging. LPG experienced a significant increase in MyChart messaging (100K per month), particularly since the COVID pandemic. They added a Smart Message menu,

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eliminated replies to thank you messages, and updated Patient Advice Tune-Up Reports to support physician and office staff workflow. Brief discussion followed.

### **COMMUNITY-BASED CARE SERVICES**

David Rybicki, VP Outpatient Services, gave the presentation. Image Quality Assessment and X-Ray Repeat Rate information and goals were reviewed and exceeded the benchmarks. Opportunities for improvement include bar code process in hospital based care, closing communication gaps with referring offices, and level load radiology medical responsibilities were presented. Questions ensued regarding radiologist staffing issues and radiology quality ratings. Both were discussed and addressed.

### **CELEBRATIONS**

Dr. Iahn Gonsenhauser reviewed Lee Health's accomplishments and awards.

### **COMMITTEE MEMBERS REPORT/MEETING FEEDBACK**

The committee felt it was an excellent meeting with information presentations. Lee Memorial is doing exceptional work and they thanked Dr. Azam for his update. New members were pleased to be part of the committee and were able to ask clarifying questions.

### **NEXT REGULAR MEETING**

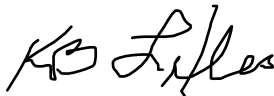
The next meeting will be held on Friday, June 2, 2023 at 8:00 a.m. It will be a flex model where Committee members can attend in person at Gulf Coast Medical Center, Medical Office Building, Boardroom, 13685 Doctors Way, Fort Myers, FL 33912 or by WebEx.

### **ADJOURNMENT**

The QSPE Committee Meeting was adjourned at 10:42 a.m. by Kathy Bridge-Liles, Committee Chair. Minutes were recorded by Denise Sentner, Assistant to the CEO.

Signed by:

Date:



Kathy Bridge-Liles  
08/07/2023 18:13 EDT