

QSPE COMMITTEE MEETING MINUTES – June 4, 2021

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

Friday, June 4, 2021 at 8:00 AM

Location: 13685 Doctors Way, Suite 190, Fort Myers, FL, 33912 Board Office or

Teleconference: 1-415-655-0002, Access Code 172 547 4861

The QSPE Committee meeting was called to order at 8:02 a.m. by Therese Everly, Committee Chair.

MEMBERS PRESENT

Therese Everly, BS, RRT, Board Vice Chair, Committee Chair (In Person)

Kathy Bridge-Liles, RN, Board Member (In Person)

Sanford Cohen, MD, Board Member (In Person)

Stephanie Meyer, RN, BSN Board Member (Telephonic)

Larry Hobbs, DO, Physician Member (In Person)

Asif Azam, MD, Physician Member (Telephonic)

Keri Mason, MD, Physician Member (In Person)

Yanet Rios, MD, Physician Member (Telephonic)

Scott Nygaard, MD, Chief Operating Officer and Committee Sponsor (In Person)

MEMBERS NOT PRESENT

Leah Boyette, MD Physician Member (Excused Absent)

PUBLIC INPUT STATEMENT

Therese Everly read the Public Input statement.

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Therese Everly asked for approval of the April 9, 2021 QSPE Committee meeting minutes.

A motion was made by Dr. Cohen to approve the April 9, 2021 QSPE meeting minutes. The motion was seconded by Dr. Hobbs and carried with no opposition.

PERFORMANCE OVERSIGHT AND FY21 SYSTEM STRATEGIC SCORECARD

Dr. Scott Nygaard gave an overview System Scorecard.

The system is currently in red percentile rank in the following areas:

- Patient Experience IP (3 Stars at 48th percentile rank).
- Medicare Payor 30-Day Readmission Rate (2 Star at 22nd percentile rank).

The CMS 5 Star Dashboard is currently in red percentile rank in the following areas:

- Adult IP Patient Experience (HCAHPS) Willingness to Recommend (3 Stars at 74.8% percentile rank).
- MRSA SIR (1 Stars at 1.407% percentile rank).
- Medicare Readmit 30-Day All Causes (2 Stars at 15.80% percentile rank).

All Adult hospitals performed at a 4 Star CMS overall hospital quality; next update will be in 2022. As of Spring 2021, we have maintained an A ranking in LeapFrog in all adult acute care facilities. The run charts were reviewed and improvement initiatives discussed.

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PHYSICIAN REPORT: CAPE CORAL EMERGENCY DEPARTMENT QUALITY IMPROVEMENT INITIATIVE

The presentation was given by Tim Dougherty, MD, Medical Director of CCH Emergency Dept. He reviewed their initiatives, collaboration efforts among Physicians, Nurses & Techs, metrics for the 1st quarter exceeded all goals, Patient Experience 98.5%, ED overcrowding which is a system-wide issue, excess days by disposition graphs, performance trends, and ED patient experience. CCH volunteers supply Hallway Care Kits for boarded patients in the hallways, the kits have eye mask, ear plugs and lip balm, this is greatly appreciated by patients. Perhaps this could be a system wide initiative. He shared a letter from a patient's family thanking them for the respect they shown for their family member who was a high-ranking military veteran. As they brought him to the morgue, they had draped a flag over him to honor his life. The family was touched by the kindness, caring, and compassion they received.

The committee thanked Dr. Dougherty for the quality of the report and progress they have made. They also thanked him and his team for the work they done during the COVID crisis. The committee discussed ED boarding, Baker Act, mental health issues among adult and children, and coordination of care rendered. CER is in the process of developing a dedicated psych room in the ED, GCMC ED has two dedicated rooms these rooms are designed for safety purposes.

INFORMATIONAL ITEM

At this time Therese brought forth an item to discuss in regards to the QSPE charter: Code 15, which is a significant safety event within the system. Under the previous governance model Code 15 was reported to the Quality & Safety liaison, Risk Management liaison, and Board Chair. Due to the new board reporting structure, it is no longer in place. She proposed adding Code 15 notification to the QSPE Chair duties in the QSPE charter.

Discussion followed during which a question also arose in regards to the Chair of QSPE being required by DNV to participate/prepare in the DNV survey. Dr. Stovall stated that DNV is just interested in the structure of the Safety reporting process and feels the current QSPE structure would suffice, she will verify if the Chair of QSPE is required to prepare for the DNV survey and participate as in years past. The committee agreed that Code 15 should be added to the QSPE Charter. Therese, with the assistance of George, will author a corresponds to the governance committee explaining the recommended charter addition.

EXECUTIVE QUALITY SAFETY COUNCIL

The presentation was given by Stephanie Stovall, MD Interim Chief Quality and Safety Officer. She reviewed the monthly EQSC meeting standard agenda items, restraints, grievances, and patient experience, patient safety performance graphs, and discussed the patient safety improvements underway. GME leadership has been added as members to the EQSC committee. Current SSER: 0.0786 benchmark: 0.06 goal: 0.0 (lower is better).

The committee requested that the Patient Safety Performance Serious Safety Event Rate information be added to the QSPE agenda on a regular basis under Performance Oversight.

SURGICAL SITE INFECTIONS & WOUND CLASS INITIATIVES

The presentation was given by Stephanie Stovall, MD Interim Chief Quality and Safety Officer and Dr. Asorian. The data was provided by Dr. Asorian, Surgeon Advisory to Quality & Safety. Dr. Stovall reviewed the Wound Class Decision Tool created to improve communication with nursing and surgeons, SSI occurrence percentages, SSI COLO standardized infection ratio. This work drew national attention was selected to be presented at the

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American Society for Enhance Recovery meeting in April 2021. The Whipple procedure findings were discussed pre-ERAS LOS 11 vs post ERAS 6.7, Readmit 29% vs 10.1%, Re-operation 23.5% vs 11.6% All SSIs and Pancreatic leaks combined 29.4% vs 15.2%. Dr. Asorian also praised the work of the surgical gyn/onc program at Lee Health and feels it is performing at National Standards that should be considered as a Center of Excellence. The committee discussed the level of participation of surgeons practicing at Lee Health.

The committee appreciated the improvement initiatives underway and thanked Dr. Asorian for his efforts.

MORTALITY

The presentation was given by Stephanie Stovall, MD Interim Chief Quality and Safety Officer. Mortality, currently in the 60th percentile on our scorecard, is defined as the percentage of patients who expire at Lee Health hospitals for all ages and payers with the exclusion of chemotherapy, radiotherapy, hospice, inpatient transfers from other acute care facilities, and length of stay over one-year patients. She reviewed the administrative 1-month data, an article from Clinical Infectious Disease regarding Sepsis quality measure recommended revision, and mortality multi-centric approaches underway.

Larry Hobbs, DO, Physician Member left the meeting at 9:56 AM (excused for the remainder of the meeting)

LEE HEALTH OUTPATIENT SURGERY CENTERS UPDATE

The presentation was given by David Rybicki, VP, Outpatient Services. He reviewed Urology Ambulatory Surgery Center, Sanctuary Surgery Center, and Coconut Point Outpatient Surgery Center quality metrics. The committee discussed transferring from OP Surgery Center to Complex Care Center or to a hospital location.

FOLLOW UP – On future reports it will show the external benchmark for transfer rate and provide the external benchmarks for all data. David Rybicki will partner with Marcelo Zottolo and Kathy Fairfax to establish.

LEE HEALTH POPULATION HEALTH UPDATE

The presentation was given by Marilyn Kole, MD, Vice President, Clinical Performance. She reviewed the strategic priorities, overview of plans, CMS bundle quality metrics, Best Care Collaborative quality metrics, Vivida Health, and Behavioral Health. Population Health is a new presentation to QSPE meeting.

The committee discussed the Population Health business lines and collation to quality metrics and finances, as it is difficult to provide oversight when both are not presented in context of each other. Therese informed the committee that during the Governance Task Force the consultant recommend a full board report on Population Health. Lee Health has approximately \$320million at risk in Population Health. Dr. Kole mentioned they could bring back dashboard, data, and performance information. Therese asked the committee if they would like information brought to QSPE committee or to the full board. It was suggested by Dr. Nygaard that the information may best be brought to the full board in a workshop format and discussion by full board. The committee agreed with the recommendation.

MEDICARE 30-DAY READMISSION UPDATE

The presentation was given by Marilyn Kole, MD, Vice President, Clinical Performance. Currently performing at a 2-Star level (15.73% goal 14.04%) and reviewed the current 90-day action plans. ED U turn program live at LMH and GCMC. CCH to implement next. Working on development of a sustainable model for follow up appointments.

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PROGRESS (AND PLANS) TOWARDS NATIONAL LEADER / APRIL 2021 STAR RATINGS UPDATE

The presentation was given by Marcelo Zottolo, VP, Data and Analytics. He reviewed the quality framework used to identify improvement efforts, Lee Health is currently at a CMS 4-star and reviewed the roadmap to achieve 5 stars, and Healthgrades 2021 accomplishment.

The committee discussed the progress made, data, governance, and operational issues.

COMMITTEE MEMBERS REPORT/MEETING FEEDBACK

The committee felt the information was informative and thank Dr. Asorian and Dr. Dougherty for their input.

NEXT REGULAR MEETING

The next meeting will be held on Friday, August 6, 2021 at 8:00 a.m. It will be a flex model where Board 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 11:15 a.m. by Therese Everly, Committee Chair. Minutes were recorded by Denise Sentner, Assistant to Chief Operating Officer.

Signed by: **Therese Everly, Committee Chair**

Date: **8/6/21**