

QSPE COMMITTEE MEETING MINUTES – April 9, 2021

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

Friday, April 9, 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 172 822 3571

The QSPE Committee meeting was called to order at 8:03 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 (Telephonic)

Stephanie Meyer, RN, BSN Board Member (Telephonic)

Asif Azam, MD, Physician Member (In Person)

Leah Boyette, MD Physician Member (Telephonic)

Larry Hobbs, DO, Physician Member (In Person)

Keri Mason, MD, Physician Member (In Person)

Yanet Rios, MD, Physician Member (Telephonic)

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

WELCOME FROM COMMITTEE CHAIR

Therese Everly welcomed all the newly appointed QSPE Committee members:

- Kathy Bridge-Liles, Board Member has replaced Dr. Stephen Brown.
- Dr. Leah Boyette, Physician Member has replaced Dr. Orlando Escarcega.
- Dr. Yanet Rios, Physician Member has replaced Dr. Eric Eason.

FOLLOW UP: New member QSPE Committee orientation will be scheduled by Genny White.

Therese Everly informed the committee that the Florida Hospital Association meeting date has changed in October 2021, which Lee Health Board members attend, and we needed to move the October 8, 2021 QSPE to another date. A poll was taken and the new scheduled date is Friday, October 15 at 8:00 AM.

FOLLOW UP: The Board office will update the October 8, 2021 QSPE meeting invite to October 15, 2021.

PUBLIC INPUT STATEMENT

Therese Everly read the Public Input statement.

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Therese Everly asked for approval of the January 15, 2021 QSPE Committee meeting minutes.

A motion was made by Dr. Hobbs to approve the January 15, 2021 QSPE meeting minutes. The motion was seconded by Dr. Azam and carried with no opposition.

Sanford Cohen, MD, Board Member, left the meeting at 8:30 AM and did not return.

PERFORMANCE OVERSIGHT AND FY21 SYSTEM STRATEGIC SCORECARD

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Dr. Scott Nygaard gave an overview System Scorecard. Committee liked the new addition of “directional trend arrow” added to current performance. The system is currently in red percentile rank in the following areas:

- Patient Experience IP (3 Stars at 49th percentile rank).
- Mortality (3 Stars at 48th percentile rank).
- Medicare Payor 30-Day Readmission Rate (1 Star at 1st 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 74.0% percentile rank).
- Excellent Health Outcomes MRSA SIR (3 Stars at 0.864% percentile rank).
- Excellent Health Outcomes Medicare Readmit 30-Day All Causes (1 Stars at 16.03% percentile rank).

We maintained A ranking in LeapFrog in all adult acute care facilities and he reviewed the run charts.

HOSPITAL-ACQUIRED CONDITION - MRSA UPDATE

The presentation was given by Mary Beth Saunders, DO. She reviewed the Methicillin-resistant Staphylococcus Aureus (MRSA) improvement and 90-day action plans; we are currently performing at a 3 Star ranking. There has been an uptick in the MRSA blood stream cases (laboratory identified events) which a deeper dive into the issues has occurred; they looked at all facilities, have seen sicker patients, and identified CNA turnover issues. They started a Back-to-the Basics campaign, created blood culture tool for ED physicians, and have met with Chief Nursing Executives to address issues.

The committee discussed staffing, ratio models, and turnover issues due to the COVID crisis.

PHYSICIANS REPORT

Dr. Larry Hobbs presented how the GCMC Emergency Department and GCMC Skilled Nursing Facility (SNF) leadership collaboratively worked together to address the readmission of patients going from the hospitals into SNF units, and then back to the hospital. The pilot ran from 10/20/20- 1/21/21 readmission rate from SNF was 19% of overall readmission rate, pre pilot the rate was 23%. After reviewing they learned that communication was an issue. To improve communication prior to transporting patients from SNFs into our facility, they have created a new EPIC tool for communication and workflow. They have been working with Lee Health SNFs and piloted the process at GCMC; it will be tested at other locations to make sure the right process is in place.

Dr Hobbs and Dr. Kole answered questions and discussion continued on what factors increase readmission to the ER increase of mortality rates, timely referral to Palliative and Hospice Care, EMS coordination with SNF admissions, scalability to non-Lee Health SNF.

FOLLOW UP: SNF Pilot update will be presented at the next update by Dr. Hobbs.

MEDICARE 30-DAY READMISSION UPDATE

The presentation was given by Marilyn Kole, MD, Vice President, Clinical Performance. The Medicare 30 Day Readmission Rate currently is 16.15% (1 star), she reviewed the metrics, improvement workgroups, new pilot programs underway, and Home Health collaborative launched. Population Health Nurse Navigator program goes live 24/7 on Jan 4, 2021. New CMS bundles program live on Jan 1st focused on readmissions. 90-day action plan workgroups: streamline EPIC and Discharge Process, SNF and Home Health, ED U-Turn Program (ID patients

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that can be DC with OP services in ER) Improving OP access, New COPD order sets., LPG Cardiology post discharge appointment redesign.

Marcelo Zottolo reviewed the updated Medicare 30-Day Readmission 2019 national benchmark has increased (worsened); there are no changes to target percentiles (meets: 60th and exceeds 80th), only change is to the raw readmission percentiles (meet is currently 14.17% and updated to 15.05% and exceeds is currently 13.86% and updated to 14.74%).

The committee asked various questions, issues, and observations which were addressed by Dr. Kole, Marcelo Zottolo, and Dr. Scott Nygaard.

QUALITY AND SAFETY GOLISANO CHILDREN'S HOSPITAL (GCH)

The presentation was given by Stephanie Stovall, MD Interim Chief Quality and Safety Officer. She reviewed various improvements projects; Nutritional assessment for all pediatric patients, HPC vaccine, and Chlamydia/gonorrhea testing. Staff safety has been a big focus at GCH this year and Behavioral Response Team (BRT) training event is being scheduled this summer and the Resilience Education Support Teams (REST) initiative is underway. An update on the Milk Lab Process Improvement and Reduce Milk Lab Safety Events projects and an overview of the Inpatient Peds data and metrics was provided. Patient Satisfaction ranking for Inpatient Peds 70.6% (176 respondents).

Dr. Stovall answered questions, committee discussion topics included patient satisfaction scores and the need to provide trends for comparison. Dr. Rios advised they are still collecting and assessing the scores based on the new survey vendor and the impact of COVID with limited visitation policy. The committee also expressed the benefit of extending BRT training to the Adult acute care campuses.

FOLLOW UP: Present Inpatient Peds year trend at next presentation.

CMS STAR RATINGS AND ROADMAPS TO 5 STAR

The presentation was given by Marcelo Zottolo, VP, Data and Analytics. He reviewed the data we have received from CMS on hospital star ratings and external framework we use to improve our performance. CMS implemented new methodology January 2020. April 2021 All LH hospitals have achieved CMS 4 star; he discussed the current performance at each location and improvement roadmap to achieve 5 stars. Improving patient experience to national average will move GCMC from 4 to 5 stars. Improving Readmission to national average and Patient Experience to national average with move CCH from 4 to 5 stars. Improving Patient Experience with move LMH and HPMC from 4 to 5 stars it only needs to move 0.5 standard deviation below the national average to achieve.

The committee asked various questions on our scorecard which was addressed by Marcelo Zottolo and Dr. Scott Nygaard.

CELEBRATIONS

Dr. Scott Nygaard reviewed Lee Health's accomplishments and awards.

COMMITTEE MEMBERS REPORT/MEETING FEEDBACK

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The committee felt the meeting went well, learned a lot about the projects and efforts underway, and expressed frustrations with moving the Patient Satisfaction Score metric which Dr. Nygaard provided an update of efforts underway.

NEXT REGULAR MEETING

The next meeting will be held on Friday, June 4, 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 10:20 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: **6/4/21**