

QSPE COMMITTEE MEETING MINUTES – 08/13/20

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

Thursday, August 13, 2020

Teleconference: 1-415-655-0002, Access Code 479 493 525

MEMBERS PRESENT

Therese Everly, BS, RRT, Board Vice Chair, Committee Chair
Stephen Brown, MD, Board Member
Sanford Cohen, MD, Board Member
Stephanie Meyer, RN, BSN Board Member
Asif Azam, MD, Physician Member
Eric Eason, DO, Physician Member
Orlando Escarcega, MD, Physician Member (Joined at 9:15am)
Larry Hobbs, DO, Physician Member
Keri Mason, MD, Physician Member
Scott Nygaard, MD, Chief Operating Officer and Committee Sponsor

The QSPE Committee meeting was called to order at 8:35 a.m. by Therese Everly, Board Vice Chair, Committee Chair.

WELCOME FROM COMMITTEE CHAIR

Therese Everly welcomed all the QSPE Committee members. She recognized Dr. Escarcega as a new member of our committee and this was his first meeting in attendance.

PUBLIC INPUT STATEMENT

Therese Everly read the Public Input statement.

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Therese Everly asked for approval of the June 5, 2020 Quality, Safety, & Patient Experience Committee (QSPE) meeting minutes.

A motion was made by Dr. Sanford Cohen to approve the June 5, 2020 QSPE meeting minutes. The motion was seconded by Stephanie Myers and carried with no opposition.

PERFORMANCE OVERSIGHT & FY20 SYSTEM STRATEGIC SCORECARD

Dr. Scott Nygaard gave an overview of the system's performance against the 2020 System Strategic scorecard, including that the system is currently Does Not Meets in the following areas:

- Patient Experience (2 Star at 68.6%, 31st percentile)
 - o Meets is 75.8% Likelihood to Recommend (54th percentile)
- Patient Access (67.0%- 50th percentile)
 - o Meets is 69.5% (60th percentile)

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- Mortality (1.72% - 87th percentile)
 - o Meets is 1.53% (90th percentile)
- Adult IP Ambulatory Care Sensitive Conditions Rate (15.06%, 60th percentile)
 - o Meets 14.6% (70th percentile)
- Operating Margin % (-3.0%)
 - o Meets 3.0%

Dr. Nygaard reviewed the CMS Hospital Acquired Conditions (HACs) which has not changed. LeapFrog shows all adult acute care facilities as maintaining their A ranking as of the latest report at the end of Spring 2020.

COVID-19 UPDATE

Dr. Scott Nygaard gave an overview of COVID-19 showing the system dashboard that is monitored regularly. As our state opened we did see an increase in the number of cases for a time and now starting to trend back down. Unfortunately, this week we did lose the first member of our team who died of COVID. With school and school sports opening soon there will be challenges with increase cases. We do have a surge plan in place. Masks are proving to be effective in reducing transition and spreading the disease. Vaccine is on a fast track in development. Dr. Brown complimented Dr. Antonucci and his team for spreading the word on the importance of wearing a mask and social distancing. Dr. Daneshmand shared the challenges of the flu season starting in October along with COVID and potential increase.

CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID-19

Dr. Douglas Brust presented an overview of the convalescent plasma treatment program for our patient with COVID-19. As of August 12, 2020 we have enrolled and transfused 430 patients with no serious adverse events. At the request of Mayo, our data is being submitted as part of a multi-center, case-controlled efficacy analysis they are conducting for publication. When Mayo completes their analysis, Dr. Brust would be happy to share that report and results with the committee. He thanked the entire Lee Health community for supporting this project. The committee asked various questions on donation criteria, demand, antibody modules, and expressed their thanks.

Follow Up: Dr. Doug Brust – Mayo Publication on Convalescent Plasma Analysis – future meeting.

PHYSICIAN REPORTS

Dr. Asif Azam, from LMH, gave a report on the LMH FY 2020 HAC totals through June 2020. He reviewed the current status in comparison from last year and there has been an overall improvement in all areas. He spoke about the clinical fatigue many are experiencing due to the pandemic and ways they are addressing to ensure everyone continues to follow the protocols. Dr. Alex Daneshmand stated these are incredible results dropping hospital infections and the positive impact on patient safety. He also addressed Dr. Brown's question about C. diff testing and education provided. Therese asked Dr. Alam what can be done to help offset the fatigue issue and he stated there is a committee in place looking at this issue.

Dr. Orlando Escarcega, from HPMC, presented the Medicare 30-day IP readmission rate and volumes which has seen a steady decrease. Dr. Sandy Cohen commented on the trend lines which Dr. Alex Daneshmand addressed. Dr. Azam stated that the Complex Care Center (CCC) in place has made a difference in reducing readmissions.

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Dr. Alex Daneshmand, Marcelo Zottolo, and Lisa Sgarlata provided an overview of the programs that are in place in reducing readmission. Therese Everly appreciated the work they have been doing and requested a CCC presentation in October.

Follow Up: Dr. Scott Nygaard – Impact of Complex Care Center on the system – October 22, 2020.

LPG QUALITY UPDATE

Dr. Leah Lynch, LPG System Medical Director of Value Transformation presented an overview and update of MIPS (Merit Based Incentive Payment System) quality program. Each reporting year affects the Medicare reimbursement 2 years later. Our MIPS score in 2019 is 91.06 and the Medicare reimbursement adjustment in 2021 will be 1.18% in the positive. Discussion helped frame dialogue for System Scorecard Development.

LEE COMMUNITY HEALTHCARE REPORT

Bob Johns, Lee Community Healthcare Executive Director presented their 2020 LCH quality improvement plan on the 16 clinical measures. This year they are focusing on Type II Diabetes Control, Coronary Artery Disease, Depression Screening, and Hypertension/Blood Pressure Control. Bob shared an update on mental health services provided through LCHC. Since this was the first time some of committee members has heard about the clinical, Therese Everly asked him to explain the relations between Lee Community Healthcare and Lee Health.

EXCEPTIONALLEE PATIENT EXPERIENCE & ENGAGEMENT

Lisa Sgarlata presented an update on ExceptionalLee Patient Experience-Likelihood to Recommend goal which was reported as 68.7% which has not changed and does not meet goal. She reviewed physician and nursing communication targets, provided an update on Cipher Health Go-Live, Nurse/Leader rounds reports, and CareGrams recognition program. Communication continues to be the priority of their focus and improving the patient experience. The committee provided their input; Dr. Brown is impressed on how fast patient evaluations come to the home, Dr. Cohen thanked Lisa for the information provided, and Stephanie Myers thanked her for all the hard work. Therese Everly asked the physician members if they used Cipher Health to provide input with their feedback; Dr. Azam has had no experience with Cipher Health, Dr. Mason also had no experience with Cipher Health and shared her thoughts on the drop in nursing rounding with physicians due to COVID, Dr. Hobbs shared at his last GCMC MEC they had a discussion on physician communication and they motion to have it handled by PLC because it's a system-wide issue. He discussed the communication issue challenges with family members who are not allowed with their loved one in the Emergency Room because it would be a DNV violation on social distancing during COVID, Dr. Eason asked if it was possible to break out the data for GCHSWF and has not had any exposure to Cipher Health. Therese Everly asked Lisa about physician to nurse or nurse to physician messaging option and recognition program rewards.

Follow Up: Dr. Scott Nygaard – Patient Experience for GCHSWF will be added – Future Meeting.

Follow Up: Dr. Lisa Sgarlata – Provide additional information on recognition options – October 22, 2020.

EXCELLENCE FRAMEWORKS: FALL 2020 LEAPFROG HOSPITAL GRADE PREDICTIONS AND IBM WATSON HEALTH

Marcelo Zottolo reviewed the two initiatives on how we are defining excellence for our system and the elements to achieve it. He reviewed the Leapfrog Hospital Safety Grade and Watson Health 100 Top Hospitals

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framework aligning with our strategic plan. The committee provided their input; Dr. Brown was impressed with the information provided, Therese asked for clarification on the Cape Coral ALOS performance on ED wait time which was provided, and Dr. Hobbs shared there is an ongoing evaluation for all emergency department to see how they can improve throughput and identify issues.

DRAFT SYSTEM SCORECARD DEVELOPMENT FY 2021

Dr. Scott Nygaard provided an overview of the current system strategic scorecard and presented the draft FY2021 proposed system scorecard metrics. The committee reviewed the three sections and provided the following input.

Exceptional Patient Experience: Therese Everly asked on the previous Patient Access metric there was a CG-CAHPS question, so with the proposed new 'likely to recommend' is that a CG-CAHPS (Clinician & Group – Consumer Assessment of Healthcare Providers and Systems) metric. Regina Eberwein explained when we start with our new vendor on Oct 1 we are switching all our questionnaires. Since CG-CAHPS is not mandate we are not deploying that questionnaire in our physician clinics but deploying a loyalty questionnaire and it has a 'likelihood to recommend' question on it. CG-CAHPS is required for our ACO and they will be conducting a yearly survey. Therese expressed concerns and asked the committee for their input on whether the Patient Experience Outpatient could be broken into two categories; the ones presented and tie into the annual ACO CG-CAHPS. The committee provided their input; Dr. Cohen felt even though it is not required it would be useful information to gather for a few more years, Dr. Eason questioned does the new metric include pediatric data. Dr. Nygaard provided an explanation on what is included in the system scorecard and Therese requested GCHSWF annual quality report be developed and brought to the committee.

Follow Up: Dr. Scott Nygaard – Provide a recommendation on adding the ACO CG-CAPHS metric – October 22.

Follow Up: Dr. Scott Nygaard – Present the GCHSWF Annual Quality Reports – Future Meeting.

Excellent Health Outcomes: There is no change to the first two measurements and added MIPS Quality Score for LPG Outpatient. No additional comments were provided by the committee.

Coordinated Care Model: There is no change to first metric but a revision to the second metric to align with CMS measurement.

Therese asked the committee since the strategic scorecard is being presented to the Board of Directors on September 24, 2020 for a full vote and the next QSPE meeting is not until October 22, 2020 to allow administration to determine the measurements for the second metric which they agreed.

Action Item for Full Board Consideration: Dr. Asif Azam made a motion to recommend that three domains; (1) Exceptional Patient Experience be approved as presented with some addition of the CG-CAHPS around ACO, (2) Excellent Health Outcomes be approved as presented, and (3) Coordinated Care Model should be determined based on the alignment of the current metric with CMS guidelines and diagnosis. The motion was seconded by Dr. Steven Brown and carried with no opposition.

Dr. Scott Nygaard presented slides on the FY 2021 proposed system scorecard metrics and trending charts.

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Follow Up: Dr. Scott Nygaard – Present proposed system scorecard metrics for discussion – October 22.

CELEBRATIONS

Dr. Scott Nygaard reviewed Lee Health's accomplishments.

Dr. Alex Daneshmand informed the committee that yesterday they received news that the HPCC received the bronze award for excellence in quality because of the work they have done with Baldrige and instituting quality improvement changes.

NEW BUSINESS

Dr. Scott Nygaard informed the committee of the Medical Staff Bylaws project which Dr. Mark Greenberg will be presenting at the MECs to determine if they would like to move forward. If they agree, it will come to the QSPE committee for review and approval and recommendation to the Board of Directors.

COMMITTEE MEMBERS REPORT/MEETING EVALUATION

No committee member input was provided due to the meeting running over.

NEXT REGULAR MEETING

The next meeting will be held on Thursday, October 22, 2020 at 8:30 a.m. The Lee Health Board of Directors will be determining if the meeting 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 11:20 a.m. by Therese Everly, Committee Chair. Minutes were recorded by Denise Sentner, Assistant to Chief Operating Officer

Signed by: Therese Everly

Date: October 22, 2020