

QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE MEETING MINUTES

Friday, October 13, 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, RN, Board Member, Committee Chair

MEMBERS PRESENT

Kathy Bridge-Liles, RN, Board Member, Committee Chair

Therese Everly, BS, RRT, Board Vice-Chair

David Klein, Board Member

Nancy McGovern, Board Member

Asif Azam, MD, Physician Member

Leah Boyette, MD Physician Member

Iahn Gonsenhausner, MD, Chief Medical Officer and Committee Sponsor

VIRTUALLY PRESENT

Donna Clark, Board Member

Keri Mason, MD, Physician Member

MEMBERS NOT PRESENT

Yanet Rios, MD, Physician Member

Larry Hobbs, DO, Physician Member

GUESTS

George Knott

Stephanie Stovall, MD

Blake Schofield

Marcello Zottolo

Jonathan Hollander

Leslie Vollmer

Cheri Cartwright

Dana Begley

Regina Eberwein

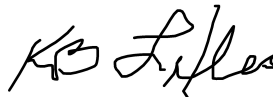
Scott Nygaard

Kris Fay – virtual

Marilyn Kole, MD – virtual

Lisa Martinez – virtual

David Berger - virtual



Kathy Bridge-Liles
01/20/2024 12:07 EST

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 August 4, 2023 QSPE Committee meeting minutes.

A motion was made by Therese Everly to approve the August 4, 2023 QSPE meeting minutes. The motion was seconded by Nancy McGovern and carried with no opposition.

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Dr. Iahn Gonsenhauser shared some thoughts:

Remaining focused. The main thing is to keep the main thing the main thing:

Priority Service Lines: Oncology, MSK, CV, Primary Care and Surgical Service Differentiation have to remain our laser focus. Every decision we make really needs to be linked to assuring the successful growth and differentiation of these elements of our system.

Assuring that we are deploying our capital to grow access deliberately and in alignment with our identified strategic priorities and informed by high quality analytics and consumer intelligence.

That being said, we have had 17000 BH/SUD ED visits YTD through August and 4000 Baker act arrivals over the same time period. This is a key issue not only because of the community need, but also because of the obstacles it introduces in achieving our stated goals and the stresses it places on all points of access especially our Eds and inpatient environments.

Capacity Utilization and Inpatient efficiency. We have opportunities to operate more efficiently. Whether LOS, Excess Days or low acuity admission we are not maximizing the capacity of our highest cost assets. A huge part of this is building the structures that will allow us to maximize Top of Site Care. Application of digital and virtual solutions and alternative and home-based sites of care.

Recruitment and Retention – Critical to support everything stated previously. We need to not only recruit high quality talent and a lot of it, but we need to retain this talent as well. Clinician turnover is disruptive and expensive.

Lastly, Med staff Alignment with goals. The BOD will have an opportunity in the near future to review a revision of our Med Staff Bylaws as part of the Med Staff Governance Unification process. I would challenge you to find a single statement of accountability or alignment by which our medical staff are expected to align their actions and intentions with the goals of the health system. This must be addressed and the BOD is the sole body that can voice this expectation. Hospital privileges are exactly that, a privilege, not a right and privilege comes with responsibility.

PERFORMANCE OVERSIGHT & SYSTEM STRATEGIC SCORECARD UPDATE

Dr. Iahn Gonsenhauser, Chief Medical Officer, provided an overview of Lee Health's performance on the FY 2023 Strategic Scorecard.

HPMC MEDICAL STAFF REPORT

Dr. Leah Boyette provided an overview of an innovative process developed in the HPMC Emergency Department (ED). The project allows the system to strategically deploy resources to more quickly assess patients and to care for lower acuity ED patients in a timely fashion during peak times. The goal of the project is to reduce patients wait times and decompress our EDs and Hospitals.

'24 BOD SCORECARD REVIEW

Dr. Iahn Gonsenhauser presented draft revisions to the FY 2024 Strategic Scorecard. Among the revisions are adding an Employee Engagement metric and modifying definitions to several metrics to align with best practices. Dr. Stephanie Stovall, Chief Clinical Officer Hospital-Based Care, Quality and Safety, explained one particular metric definition change: modifying from mortality score to mortality index which can be

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benchmarked to other high performing hospitals. Also proposed was replacing the current 30-Day Readmission metric with a new goal focused on Excess Days.

A motion to approve the Strategic Scorecard was made by Therese Everly. Nancy McGovern seconded the motion. The Committee unanimously approved the following motion: “Motion to recommend that the Full Board accept the FY 2024 Strategic Scorecard as presented to the QSPE Committee on October 13, 2023.”

QSPE PLACEMENT/PARKING LOT DISCUSSION

Dr. Iahn Gonsenhauser suggested, because we are behind schedule, to reconvene a smaller, sub-group or a special session to discuss the QSPE Placement. A date will be scheduled and published.

HOME HEALTH QAPI

Jonathan Hollander, System Director Home Health, presented an overview of the discharge process to Home Health Agencies. He also presented key performance metrics on the Home Health Agency program. The Committee reviewed the Home Health QAPI and unanimously approved the following motion:

A motion to approve and recommend to the Board of Directors the Home Health QAPI as presented to the QSPE Committee on October 13, 2023 was made by Kathy Bridge-Liles. The motion was seconded by David Klein.

SKILLED NURSING SERVICES OPTIMIZATION

Leslie Vollmer, Senior Administrator for Skilled Nursing Services, presented an overview of skilled nursing key performance metrics, including that all three Lee Health skilled nursing units are considered 5 Star.

ACCESS: SURGICAL SERVICE OPTIMIZATION

Cheri Cartwright, System Vice President for Surgical Services, provided an overview of improvements in the Surgical Services departments, including significant improvement in access, on time starts and sterilization work.

FALL 2023 LEAPFROG PREDICTIONS

Marcelo Zottolo, Vice President Data Analytics, provided an update on Lee Health’s projected Leapfrog scores for the upcoming reporting period. All Lee Health hospitals are currently projected to receive an “A” grade.

EQSC (EXECUTIVE QUALITY & SAFETY COUNCIL) UPDATES

Dr. Stephanie Stovall presented information on areas of opportunity, including current safety culture and methods to adjust. Dr. Stovall provided updates on audited areas and action plans to improve outcomes. Also provided were statistics on good catches, serious safety events and SafeLee reports.

CELEBRATIONS

Dr. Iahn Gonsenhauser presented a number of celebrations for units or facilities with consecutive months of quality achievement. Also presented was a number of publicly announced recognitions for various units, including U.S. News and World Report awards for several service lines.

COMMITTEE MEMBERS REPORT/MEETING FEEDBACK

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Members agreed it was a great meeting. Thank you all for presenting.

NEXT REGULAR MEETING

The next meeting will be TBD 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 10:48 a.m. by Kathy Bridge-Liles, Chair.
Minutes were recorded by Wanda Heit, Assistant to CNO & CMO.

Signed by:

Date: