

QSPE COMMITTEE MEETING MINUTES – January 15, 2021

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

Friday, January 15, 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 172 634 1389

MEMBERS PRESENT

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

Sanford Cohen, MD, Board Member (In Person)

Stephen Brown, MD, Board Member (In Person)

Stephanie Meyer, RN, BSN Board Member (Telephonic)

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

MEMBERS NOT PRESENT

Keri Mason, MD, Physician Member

Eric Eason, DO, Physician Member, has resigned from the committee. A replacement will be appointed by the Golisano Children's Hospital Medical Executive Committee.

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

Larry Hobbs, DO, Physician Member, arrived at 8:05 AM.

WELCOME FROM COMMITTEE CHAIR

Therese Everly welcomed all the QSPE Committee members.

PUBLIC INPUT STATEMENT

Therese Everly read the Public Input statement.

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

Therese Everly asked for approval of the October 22, 2020 QSPE Committee meeting minutes.

A motion was made by Stephanie Meyer to approve the October 22, 2020 QSPE meeting minutes. The motion was seconded by Dr. Larry Hobbs and carried with no opposition.

Asif Azam, MD, Physician Member, arrived at 8:10 AM.

PERFORMANCE OVERSIGHT & FY21 SYSTEM STRATEGIC SCORECARD

Dr. Scott Nygaard gave an overview of the new 2021 system's scorecard and orientated the committee to the new approved modifications; anything in red is 1, 2, or 3 stars, yellow is 4 stars, and green is 5 stars. He presented the Board of Directors CMS 5 Star Dashboard, we maintained A ranking in LeapFrog in all adult acute care facilities, and reviewed the run charts. The system is currently in red percentile rank in the following areas:

- Patient Experience IP (3 Stars at 53rd percentile rank).
- Mortality (3 Stars at 56th percentile rank).
- Medicare Payor 30-Day Readmission Rate (1 Star at 1st percentile rank).

QSPE COMMITTEE MEETING MINUTES – January 15, 2021

Dr. Nygaard was asked to provide the committee with a COVID update. Dr. Stephanie Stovall, Interim Chief Quality and Safety Officer, who was in attendance, provided the following update: the acute care admissions for acute COVID is relatively flat for the past two weeks and very few pediatric admissions. The school district is starting to see an uptick in cases. We are actively addressing the monoclonal antibody infusion; the community demand exceeds the capacity of the complex care center and so the ED is seeing these patients which is negatively affecting throughput. Vaccine is another big challenge; dealing with challenges of expected allocation from the suppliers and infrastructure to administer additional vaccine when supply is received. Dr. Stovall confirmed there is a “Wait List” for Lee Heath employees awaiting first dose.

Dr. Antonucci noted that we may not get direct supply from the state in the future but rather through the DOH. He additionally noted that the structure established by the DOH can handle 8-10k vaccines daily once they have supply. Dr. Nygaard noted that we are also prepared to further collaborate with community medical practices who are established in Florida Shots once we have supply. Previously we shared with Millennium group and plan to share with others when able.

QUALITY AND CLINICAL STANDARDIZATION UPDATE

The presentation was given by Cora Murphy, RN, System Director, Quality and Clinical Standardization.

Highlights of this presentation include:

- Hospital-Acquired Conditions (HACs) star rating for CAUTI is 5 star, CLABSI is 4 star, SSI COLO is 3 star, and no star rating for CDIFF and MRSA. Going forward a bar graph will be added to the report.
- Central Line-associated Bloodstream Infections (CLABSI) and Methicillin-resistant Staphylococcus Aureus (MRSA) improvement and 90-day action plans.
- Colon Surgical Site Infection (SSI) bar graph, improvement and 90-day action plans.

The committee asked various questions which were addressed by Cora Murphy.

Orlando Escarcega, MD, Physician Member, joined the meeting telephonically at 8:35 AM.

PHYSICIANS REPORTS

Dr. Orlando Escarcega, HPMC presented HPMC Medicare 30-day IP Readmission Rate. Year to Day Medicare 30-Day Readmission Rate is 15.88%, Medicare 7-Day Readmission Rate is 5.43%, All Payor 30-Day Readmission Rate is 15.88%, and All Payor 7-Day Readmission Rate is 5.43%. He reviewed the current work underway. The committee asked various questions and observations which was addressed by Dr. Escarcega.

Dr. Asif Azam LMHS presented LMH Medicare Year to Day Medicare 30-Day Readmission Rate is 17.29%, Medicare 7-Day Readmission Rate is 5.63%, All Payor 30-Day Readmission Rate is 13.50%, and All Payor 7-Day Readmission Rate is 4.66%. He reviewed the current work underway. The committee asked various questions and observations which was addressed by Dr. Azam.

MEDICARE 30-DAY READMISSION UPDATE

The presentation was given by Marilyn Kole, MD, Vice President, Clinical Performance. Highlights of this presentation include:

- System’s Year to Day Medicare 30-Day Readmission Rate is 16.69%, Medicare 7-Day Readmission Rate is 5.43%, All Payor 30-Day Readmission Rate is 13.88%, and All Payor 7-Day Readmission Rate is 4.65%. Medicare and All Payor 30-day Readmissions statistics.

QSPE COMMITTEE MEETING MINUTES – January 15, 2021

- Current trends and diagnoses and impact of COVID on readmission.
- Reviewed 90-day action plan.

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

FOLLOW UP: Dr. Kole will bring back the social determinants of health and Innovaccer tool information.

PATIENT EXPERIENCE PROGRAM UPDATE

Dr. Appelgren and Darcy Allen have taken over the responsibilities for the system on Patient Experience initiatives towards the end of September 2020. A presentation was given by Eric Appelgren, VP of Operations and Chief Physician Executive, LMH. Highlights of this presentation include:

- Initiatives that have impacted the IP patient experience performance.
- YTD 'Likelihood to Recommend FY21' scores: Lee Health System - 76%, CCH – 71%, GCH 85.5%, HPMC – 82%, and LMH 68%.
- Patient Experience Accomplishments in FY21 Q1 and Program Plans for each quarter.

The committee asked various questions, issues, and observations which were addressed by Dr. Appelgren.

FOLLOW UP: At the January 28, 2021 BOD meeting Therese Everly, during the Passion for the Promise agenda item, she will bring up a discussion to use the budget to provide something to the staff to show support and appreciation, due to a very difficult year, from the Board.

LEE COMMUNITY HEALTHCARE

The presentation was given by Bob Johns, Lee Community Healthcare Executive Director. Highlights of this presentation include:

- Quality improvement plan and key clinical measures.
- Reviewed Type II Diabetes Controlled, Coronary Artery Disease, Depression Screening, Hypertension/ Blood Pressure Control, and Patient No Show Rates graphs.

The committee asked various questions which were addressed by Bob Johns.

FOLLOW UP: Bob Johns will forward information to Therese Everly for the committee with summary graphs for the visits conducted in the four family medicine offices over the past twelve months.

OUTPATIENT RADIOLOGY, LAB, AND UROLOGY AMBULATORY SURGERY CENTER SERVICES

Outpatient Radiology Services presentation was given by Rendy Petrin, System Director, Radiology and Respiratory Services. Highlights of this presentation include:

- Quality, Safety, and Patient Experience initiatives.
- Patient Experience Acute Care Imaging dashboard on CCH, COCO, GCMC, HPMC, and LMH PX loyalty.
- Patient Experience Outpatient Imaging dashboard on HPCOM RVWK, SANC, and SURF PX loyalty.

The committee asked various questions which were addressed by Rendy Petrin.

FOLLOW UP: Rendy Petrin will look into why the Patient Experience Outpatient 'Overall Safety' is not doing well and will provide an update on his next report.

QSPE COMMITTEE MEETING MINUTES – January 15, 2021

Outpatient Laboratory Services presentation was given by Lynn Gott, Interim System Director, Laboratory Services. Highlights of this presentation include:

- Overview of Outpatient Laboratory Services.
- Patient Experience in Offsite Draw Stations
- Outpatient Call Back stats, quality indicators, and reasons for call backs.
- Initiatives to improve Patient Experience scores.
- The shortage of phlebotomists in the community and the partnership with FSW

The committee asked various questions which were addressed by Lynn Gott.

Urology Ambulatory Services Center (ASC) presentation was given by Dave Cato, Chief Officer Outpatient and Hospital Operations, and Post-Acute Care. Highlights of this presentation include:

- Overview of Urology ASC practice which was acquired in September 2019.
- Patient Experience scores on Quality, Likelihood to Recommend, and Safety.
- Reviewed scorecard which was not part of the slide deck.

The committee asked various questions which were addressed by Dave Cato.

QUALITY AND SAFETY GOLISANO CHILDREN'S HOSPITAL (GCH)

Quality and Safety GCH presentation was given by Stephanie Stovall, Interim Chief Quality and Safety Officer. She reviewed an NICU Infection Cluster situation that took place on December 9, 2020, the immediate actions taken to address the issue, and the ongoing actions in place. There has not been no further outbreak in NICU.

The committee asked various questions and observations which was addressed by Dr. Stovall. They also congratulated her on her new role at Interim Chief Quality, and Safety Officer.

EARLY LEAPFROG SPRING 2021 PREDICATIONS

Early Leapfrog Spring 2021 Predications presentation was given by Marcelo Zottolo, VP, Data and Analytics. Highlights of this presentation include:

- Measures of early predications for the Spring 2021.
- Prediction assumptions.

COMMITTEE FEEDBACK

The committee felt the meeting went very well, information was informative, complimented the Chair on managing the meeting, felt it was more productive to be here in person, asked if we could add a pharmacy report, and Dr. Hobbs informed the committee on the four process improvement plans in the ED that are underway, readmissions, patient satisfaction, acute care flow.

CELEBRATIONS

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

FOLLOW UP: Dr. Scott Nygaard will send the committee the Healthgrades report.

QSPE COMMITTEE MEETING MINUTES – January 15, 2021

A request was made to have a weekly vaccine updates to the Board. Dr. Larry Antonucci, CEO & President will be doing another media update on Monday, January 18, 2020.

COMMITTEE MEMBERS REPORT

Dr. Azim Azam recognized an employee who worked in his area that passed away this weekend from Covid and the effect on the staff. Dr. Scott Nygaard noted there was a memorial service today for another employee who has passed away from COVID complications. He has reached out to Mike Warthen, System Director, Spiritual Services on conducting a Lee Health Memorial Services for staff to recognize the members we have lost.

NEXT REGULAR MEETING

The next meeting will be held on Friday, April 9, 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 11:07 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: **April 9, 2021**