

QSPE COMMITTEE MEETING MINUTES – 10/22/20

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

Thursday, October 22, 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
Larry Hobbs, DO, Physician Member
Keri Mason, MD, Physician Member
Scott Nygaard, MD, Chief Operating Officer and Committee Sponsor

MEMBER NOT PRESENT

Orlando Escarcega, MD, Physician Member

The QSPE Committee meeting was called to order at 8:00 a.m. by Therese Everly, Board Vice Chair, Committee Chair.

WELCOME FROM COMMITTEE CHAIR

Therese Everly welcomed all the QSPE Committee members.

PUBLIC INPUT STATEMENT

Therese Everly read the Public Input statement.

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Therese Everly asked for approval of the August 13, 2020 QSPE Committee (QSPE) meeting minutes.

A motion was made by Dr. Asif Azam to approve the August 13, 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 68.8%, 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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- Patient Impact (140 – 74th percentile)
 - o Meets is 137% (74th percentile)
- Mortality (1.96% - 83rd percentile)
 - o Meets is 1.53% (90th percentile)
- Medicare Payor 30-Day Readmission Rate (14.53%, 39th percentile)
 - o Meets 14.32% (50th percentile)
- Operating Margin (-1.0%)
 - o Meets 3.0%

The FY21 system strategic scorecard will include the changes previous discussed and input from the Board of Directors. Dr. Nygaard reviewed the CMS Hospital Acquired Conditions (HACs) changes. LeapFrog shows all adult acute care facilities as maintaining their A ranking as of the latest report. Anticipating the same ranking for the next update in November 2020.

COVID-19 UPDATE

Dr. Scott Nygaard gave an overview of COVID-19 showing the system dashboard that is monitored regularly. The In-house test ordered data through October 11, 2020 for 14-day confirmed cases as a percentage of all patient tested is 7.5%. Lee Health has been showing a slight upward trend of new cases. Dr. Alex Daneshmand explained the conversation rates, current therapy drugs, and new clinical studies. Dr. Nygaard discussed the anticipated staffing scenarios during season/potential surge due to COVID 19 and PPE supplies. Dr. Daneshmand, Dr. Stovall, and Dr. Saunders have been writing articles for the News Press on flu & COVID; the importance of masking, hand washing, and flu vaccination.

Follow Up: Invite Paul Simeone, VP Medical Director Behavioral and Mental Health to share an update on the behavioral health manifestation of this disease on healthcare workers.

CULTURE AND PERFORMANCE

Dr. Scott Nygaard provided a high level overview on the Medical Staff Engagement and Alignment. Highlights of this presentation include:

- Lee Health Medical Staff Compact
- Improvement opportunities by campuses
- Quality and process improvement initiatives
- Fall 2018 Medical Staff Engagement Survey Results and Actions
- Communication

Input was provided by QSPE committee members. They discussed the Medical Staff Compact; it's visibility to physicians, initial rollout initiative, and communication. The committee suggested to review the compact on a frequent basis, have the Medical Staff individually email all the providers the compact with the indent to improve patient experience, and communication that would highlight key points on the compact. Dr. Nygaard shared practical application and usage of the compact.

Both Dr. Alex Daneshmand and Cora Murphy, System Director, Quality and Clinical Standardization provided input on quality improvement initiatives and workgroup structures.

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Dr. Nygaard discussed the physician communication initiatives in which Dr. Stovall is leading. The next Medical Staff survey will be conducted in the Spring 2021. The committee suggested conducting the survey every other year along with communicating the changes, due to the providers input, that has happened since the last survey.

PATIENT EXPERIENCE

Dr. Scott Nygaard reviewed that the Patient Experience system wide for adult acute care hospitals have declined. There is a correlation between workforce and patient experience which Armando Llechu, Chief Officer Hospital Operations/Women and Children has assumed responsibility to address performance. The Nursing engagement is being addressed by Dr. Scott Nygaard and Jen Higgins, Interim Chief Nurse Officer who are identifying nursing gaps to improve outcomes. Information on Employee Engagement Scores by Position was reviewed and concerns were address by the committee on the low employee engagement survey results in Nursing and if there is a correlation with staff turnover and use of locums. A review of patient experience improvement plans followed.

Follow Up: January 2021 QSPE meeting (1) Invite Armando Llechu to present patient experience and staff engagement action plan. (2) Invite Press Ganey to present a benchmark that show how we would correlate our patient experience verses our employee engagement and include response rate information.

At 9:30 AM a recess was called by the Chair for a 10-minute break.

The committee resumed back at 9:40 AM.

INFECTION PREVENTION

The presentation was given by Cora Murphy, RN, System Director, Quality and Clinical Standardization. Highlights of this presentation include:

- CLABSI (Central Line Associated Bloodstream Infections) star ratings
- CLABSI Improvement and tracker 90-day action plans
- MRSA (Methicillin-resistant Staphylococcus aureus) hospital-onset bloodstream infection rates
- MRSA Improvement and tracker 90-day action plans

The committee asked various questions and observations which was addressed by Cora Murphy.

30-DAY READMISSION

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

- Medicare and All Payor 30-day Readmissions statistics
- Medicare Readmission performing at a 3-star level
- Medicare Readmissions 90-day action plan

The committee asked various questions, issues, discharge, and observations which was addressed by Dr. Kole. Dr. Kole is working with 16 area SNFs and rolling out the Pont Right software to prevent readmissions. Dr.

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Hobbs shared GCMC ER is working on a study of ER patients that readmit within 30-days, Dr. Hobbs will share with the committee when completed.

Follow Up: At a future meeting Dr. Hobbs will present the ‘ER patients that readmit within 30-day’ study.

LEE HEALTH HOME HEALTH

The presentation was given by Jonathan Hollander, RN, Interim System Director/Administrator, Home Health. Highlights of this presentation include:

- Home Health QAPI Dashboard for FY2020 included Exceptional Patient Care, Telehealth, Fall Rate, and Value Based Purchasing
- Patient Satisfaction is 82.2% currently
- 4 Star Rating

The committee asked various questions which was addressed by Jonathan Hollander. A suggestion for the next report is to include what the percentages of falls are by events, hospitalization rate with benchmarks.

LEE HEALTH SKILLED NURSING (SNF) QUALITY IMPROVEMENT PERFORMANCE

The presentation was given by Leslie Vollmer, Senior Administrator, HealthPark Care Center. Highlights of this presentation include:

- All facilities are 5-Star rating
- Reviewed COVID-19 resident and employee testing data
- AHCA Regulatory Services survey results and regulatory changes
- Skilled Nursing strategic scorecard goal results for 2020

A suggestion for the next report under Exceptional Experience to include who the benchmark metric is.

PHYSICIAN REPORTS

Dr. Eric Eason, GCHSWF and Stephanie Stovall, Medical Director of Quality & Safety at GCHSWF, gave a report on the Quality and Safety Golisano Children’s Hospital. They overviewed the Pediatric Patient Experience, safety champion programs, AAP Better Antibiotic Selections in Children quality improvement projects, and Hospital associated infection ranking. Dr. Eason informed the committee two physicians have joined the "Safety Coach" program. Dr. Stovall presented on the development of the Behavioral Response Team to assist with patients and families. The committee asked various questions which was addressed by Dr. Eason and Dr. Stovall. A suggestion for the next report to include board level dashboard with trends.

Due to time constraints the information contained in the meeting packet under Patient Safety Scorecard and Cost of Quality Under Hospital CMS Pay-for-Performance Programs was not presented. Dr. Nygaard suggested any questions the committee have should be emailed to him and he will incorporate into the next QSPE presentation.

CELEBRATIONS

Due to time constraints the information was not presented but is provided in the packet.

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COMMITTEE MEMBERS REPORT/MEETING EVALUATION

Due to the amount of information presented to the QSPE committee, Therese Everly surveyed the committee to ask if adding a 5th meeting in 2021 was an option to consider. The committee agreed to a 5th meeting in June.

Follow Up: Add an additional meeting to the 2021 schedule.

NEXT REGULAR MEETING

The next meeting will be determined after approval at the Lee Health Directors meeting on October 29, 2020. 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 11:08 a.m. by Therese Everly, Committee Chair. Minutes were recorded by Denise Sentner, Assistant to Chief Operating Officer

Signed by: **Therese Everly**

Date: **1/15/21**