

## **QUALITY, SAFETY & PATIENT EXPERIENCE COMMITTEE MEETING MINUTES**

Friday, June 2, 2023 at 8:00 AM

Location: GCMC Board of Directors or Teleconference

The QSPE Committee meeting was called to order at 8:01 a.m. by Kathy Bridge-Liles, 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

Iahn Gonsenhauser, MD, Chief Medical Officer and Committee Sponsor

Leah Boyette, MD, Physician Member

Larry Hobbs, DO, Physician Member

### **VIRTUALLY PRESENT**

Keri Mason, MD, Physician Member

Yanet Rios, MD, Physician Member

### **MEMBERS NOT PRESENT**

Asif Azam, MD, Physician Member

### **GUESTS**

Donna Clarke

Marilyn Kole, MD

Jessica Schofield

George Knott

Scott Nygaard, MD

Bill Knapp

Ryan Clark

Toni Wengel

Aimee Costanza

Michael Nachev

Rob Ortiz

Tracy Pyles

### **PUBLIC INPUT STATEMENT**

Kathy Bridge-Liles read the Public Input statement.

Kathy Bridges-Liles announced that due to her visual problems and reading the documents, David Klein would be her new Vice Chair of QSPE.

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

Kathy Bridge-Liles asked for approval of the April 14, 2023 QSPE Committee meeting minutes.

**A motion was made by Nancy McGovern to approve the April 14, 2023 QSPE meeting minutes. The motion was seconded by George Knott carried with no opposition.**

## **QSPE COMMITTEE MEETING MINUTES – 06/2/2023**

### **PERFORMANCE OVERSIGHT**

Dr. Iahn Gonsenhauser gave a brief overview of the Performance Oversight. Current Leapfrog Grades Spring 2023 - we are “A” across the board. This puts us in very fine company across the nation and a small subset of the approximately 5,000 hospitals nationwide that participate in Leapfrog.

In terms of our System Serious Safety events: 0.166 | 12-month rolling rate per 10,000 patient days.  
Goal  $\leq 0.060$ .

LMH/HP advanced to five stars, GCMC maintains their four stars and CCH advances to four stars in the CMS Overall hospital quality framework. Great job! We did a geographic assessment to understand how other hospitals in our region perform across the state of Florida and we are outperforming our competitor hospitals. They are not performing at this level so we are outperforming peer hospitals at a level of quality under these methodologies.

### **FY23 SYSTEM STRATEGIC SCORECARD**

Dr. Iahn Gonsenhauser shared the FY23 system strategic scorecard and trends for each metric. The Primary Care Patient Growth and Operating Margin percentage were discussed. These two metrics are important indicators that we keep track of. They do not have an impact on the Leapfrog or star rating. The three areas that Dr. Gonsenhauser focused on was inpatient patient experience, ambulatory quality composite as well as the Medicare, Medicare pay or 30-day readmission rate. We are closely watching these three areas. We are seeing some movement in the right direction. There are opportunities to keep our sites on and there is continue work to be done. In inpatient experience, this is a focus on a daily across all of our facilities. We are in constant review of local data within our facilities. We are seeking input from patients and seeking additional rounds from teams.

Discussion was ensured on patient experience and to suggest a longer session on item at the board where we focused exclusively on patient experience. CMS does give a star rating for patient experience. I believe we are three star inpatient and five star in outpatient. Keeping our patients informed is an opportunity for us in the inpatient world. If we do not communicate well, patients feel neglected.

Our huge opportunity is communication. It falls on medical staff. We need to find different avenues to look into communication. We have a different set of tools for our physicians and unemployed physicians. We need to do our own physician satisfaction evaluation. We will share the data that GCMC did.

### **GCMC MEDICAL STAFF REPORT: VALUE STREAM PROCESS IMPROVEMENT**

Dr. Larry Hobbs shared the Value Stream Process that they are doing now at GCMC ED to improve the ED process. The ED has gone from 42 beds to 74 beds in the ED when Trauma was added. We also became the comprehensive stroke center for SW Florida, a cardiac center of excellence and the oncological services at our hospital. We ended up with a greater volume of patients. This past season, we surpassed 300 daily visits occasionally averaging about 250 to 270 daily visit. This was an increase of almost 60 -70% from prior when we were 42 bed hospital prior to Trauma. We have many challenges with these increased volumes.

## **QSPE COMMITTEE MEETING MINUTES – 06/2/2023**

Dr. Hobbs and others spent four days in meetings to address issues, opportunities and they created PODS for a patient process flow. What's next? Each subgroup will begin to address the issues assigned to them and provide a PDCA process. Staffing adjustments will need to be evaluated to accommodate the development of the proposed POD system

Administrative approved the redesign and flow changes in the ED and it will be completed by September 1.

Discussion ensued – return after September and give an update.

### **FRAMEWORK FOR HEALTH SYSTEM QUALITY**

Dr. Stephanie Stovall shared the QMS/QAPI presentation. A reference slide of the acronyms (alphabet soup of healthcare) was reviewed.

Quality Assurance Process Improvement (QAPI) =

The Why = CMS Condition of Participation

What is it = Two mutually reinforcing parts of quality management system (quality assurance and process improvement)

Dr. Stovall also shared the infrastructure of QMS

How = QAPI program: ISO, NIAHO, Quality Manual, policies/procedures

Review by CMS: DNV is our accrediting organization

Oversight of QAPI: Infrastructure of quality management system (reporting from unit level through facility/location through system and QSPE/BOD)

Data frequency of reporting to the governing body was also shared.

Dr. Stovall also presented an example of a calendar placemat of topics that need to be shared at each QSPE meeting.

A recommendation was discussed that Dr. Stovall provide the quality management system and the placement to the board so they understand.

### **EQSC (EXECUTIVE QUALITY & SAFETY COUNCIL) UPDATES**

Dr. Stephanie Stovall gave the presentation. She highlighted the EQSC April and May 2023 meetings. Quality oversight that was done over the last two months were shared: Workplace violence, drug diversion report, reviewed CMS star ratings, CCC updates, external quality reviews (payer programs) and cause analysis tracker (progress appropriate).

Facility updates:

- CCH – Shared update on workplace violent committee and shared quality dashboard.
- Golisano Children's Hospital – Nurse engagement study – 12/14 areas outperformed in >50% and 6/14 outperformed in all areas, Baker Act up 107% in 5 months post hurricane, autism designation on target for summer 2023.
- LMH – Falls stat team – found OFI and acted on it, ALOS has improved over last year

## **QSPE COMMITTEE MEETING MINUTES – 06/2/2023**

- Community Based Care – OP surgery performance reviewed – green; and outpatient patient experience also highly scoring.

Quality and Clinical Standardization Report: We have a couple of different process improvement pilots going on (Reduce Mortality, Deterioration Index and C-Section Surgical Site Infection).

### **CENTER FOR CARE TRANSFORMATION: VALUE-BASED CARE UPDATES**

Dr. Marilyn Kole gave the presentation. Dr. Kole and Jessica Schofield overviewed How is Value Based Care Different, Center for Care Transformation Team, EPIC Care Companion, EPIC Provider Performance Dashboard, Risk Adjustment Coding, Skilled Nursing Updates, Navigation Team Updates and Best Care Alliance, A Clinically Integrated Network.

### **CMS HOSPITAL STAR RATINGS**

Marcelo Zottolo, VP, Data Analytics & Continuous Improvement gave the presentation. He overviewed CMS Overall Hospital Quality Framework (aka Star Ratings). We are in the process of deploying new tools in our system to understand much more in real time data. The mindset behind this is that we rarely use this framework to understand what measures we are performing at national level performance. Therefore, we should recognize the great work, monitor, and sustain. Our focus is on patient quality and safety improvement. Marcelo shared the Journey to Hospital National Leader and he also shared how the competition is expected to fare when the ratings are publicly released in July.

### **CELEBRATIONS**

Dr. Iahn Gonsenhauser reviewed Lee Health's accomplishments and awards.

### **COMMITTEE MEMBERS REPORT/MEETING FEEDBACK**

The committee felt it was an excellent meeting with information presentations.

### **QSPE (QUALITY, SAFETY & PATIENT EXPERIENCE) Committee Charter Review**

Kathy Bridge-Liles reviewed the revisions of the charter to reflect the system's Chief Medical Officer as the Administrative Sponsor. The proposed revisions align the Committee Charter with the Committee's discussion.

**A motion was made by Nancy McGovern to approve the charter changes. Leah Boyette carried with no opposition seconded the motion.**

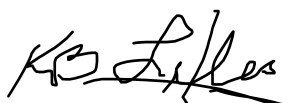
### **NEXT REGULAR MEETING**

The next meeting will be held on Friday, August 4, 2023 at 8:00 a.m. 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 10:51 a.m. by Kathy Bridge-Liles, Committee Chair. Minutes were recorded by Wanda Heit, Assistant to CNO & CMO.

Signed by:



Kathy Bridge-Liles  
11/22/2023 15:50 EST

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Date: