

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

Friday, January 6, 2023 at 8:00 AM

Location: GCMC Board of Directors or Teleconference

The QSPE Committee meeting was called to order at 8:02 a.m. by Kathy Bridge-Liles, Committee Chair.

### **MEMBERS PRESENT**

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

Nancy McGovern, Board Member

Dane Allen, Board Member

Larry Hobbs, DO, Physician Member

Yanet Rios, MD, Physician Member

Scott Nygaard, MD, Chief Operating Officer and Committee Sponsor

### **VIRTUALLY PRESENT**

Asif Azam, MD, Physician Member

Keri Mason, MD, Physician Member

Leah Boyette, MD Physician Member

Therese Everly, BS, RRT, Board Vice Chair

### **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 October 21, 2022 QSPE Committee meeting minutes.

**A motion was made by Nancy McGovern to approve the October 21, 2022 QSPE meeting minutes. The motion was seconded by Dr. Larry Hobbs carried with no opposition.**

*Dr. Yanet Rios joined at 8:06 AM*

*Therese Everly joined at 8:11 AM*

Kathy welcomed Dr. Iahn Gonsenhauser, our new Chief Medical Officer who started this week. He will be transitioning into the QSPE Administrative sponsor in the near future.

### **PERFORMANCE OVERSIGHT**

Dr. Scott Nygaard shared the FY23 system strategic scorecard and current performance. Leapfrog Grades Fall 2022 scores published Nov 22 are A for each facility, there was a 0.01 increase in System SSER from previous month, and LMH/HP and GCMC maintain CMS 4 Star Performance with CCH dropped to high 3-star. Overall, we have a good start and trending in the right direction.

### **FY23 SYSTEM STRATEGIC SCORECARD**

Dr. Scott Nygaard presented the FY23 System Strategic Scorecard and briefly reviewed the details.

### **QUALITY MANAGEMENT SYSTEM**

## **QSPE COMMITTEE MEETING MINUTES – 01/06/2023**

The presentation was given by Dr. Stephanie Stovall. A sheet containing Acronyms for QMS (Quality Management System) used during the presentation was provided for reference. She walked the committee through a flow chart, which overviewed the Quality Management System, how each area handles issues, and information flow. The Quality Management System is the best practice (best care for patients), CMS Conditions of Participation, Accreditation Standards (DVN), and State Relations (FDOH, AHCA). It ensures standardization and maintains accreditation. It is accomplished through ISO, NIAHO, and internal audit and monitoring. The presentation was informative and well received.

### **UPCOMING HOSPITAL QUALITY REPORTING REQUIREMENTS**

The presentation was given by Marcelo Zottolo. The focus of the presentation was how we use external quality frameworks to identify and guide hospital improvement efforts. We use them to improve our patient outcome which helps us prioritize patient quality and safety improvement efforts, be recognized and sustain national leader performance where achieved, develop data-driven operational roadmaps for improvement, measure our progress and milestones towards becoming national leader, and engage and inspire the people doing the work. He overviewed the advance equity that is CMS strategic pillar, Lown Institute portal, the measures added to the CMS Hospital (Pay for) Reporting and how we are proactively looking at upcoming hospital quality reporting to CMS requirements, and discussed Hospital Commitment to Health Equity. It was questioned how we were going to accomplish and measure health equity in which Selynto Anderson, Chief Equity & Inclusion Officer provided an overview.

**Follow up: Selynto Anderson will provide education on Health Equity at April's meeting.**

### **PFAC AND PATIENT EXPERIENCE UPDATE**

The presentation was given by Darcy Allen, Chief Nursing & Operations Executive-GCMC and Marsha Sipes, Patient Experience & Engagement Specialist-GCMC. They provided an overview of their current status and work underway. They reviewed the Would Recommend Year over Year, Likelihood to recommend, OP Surgery data and Patient Experience FY23 Key Drivers. Focus areas include new Patient Experience Model, Physician and Nurse Communication, exploring and applying a system wide service excellence model, providing input into multiple patient facing digital applications, continue development of PFACs, and expansion of Cipher Application. Additional information was provided on the PFAC community which started back again in April 2022. A review of the PFAC community members, projects they are involved in, and 2023 goals ensued. In 2023 they would like to introduce LH PFAC to leaders and staff, continue recruitment, and development of service line specific PFACs (Oncology begin this process in Dec 2022).

### **GOLISANO MEDICAL STAFF REPORT**

The presentation was given by Dr. Yanet Rios. She provided an overview on the Pediatric Baker Acts and behavioral health issues, and expansion of Pediatric Services within the hospital which included Therapeutic Crisis Intervention training by Cornell University and Pediatric Behavioral Health Task Force. She shared a very powerful story on how the crisis intervention training made a difference in the life of an 11-year old Baker Act patient. They are also focusing on Autism credentialing and continuing education standards and overviewed the Pediatric Behavioral Health Outpatient strategic plan.

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

The presentation was given by Dr. Stephanie Stovall. She highlighted the areas that were discussed at the EQSC October, November, & December 2022 meetings. Reviewed the System SSER event rate, which is

## **QSPE COMMITTEE MEETING MINUTES – 01/06/2023**

currently at 0.057. Provided data on Active Cause Analysis Progress, discussed general analysis findings top key processes and key activates and chapter reviews and conformities info.

### **CELEBRATIONS**

Dr. Scott Nygaard reflected on the complexity our high-level scorecard, complexity of the measurements, and flow of activities/committees. After he reviewed Lee Health's accomplishments and awards.

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

Overall consensus was the presentations were very helpful and informative.

### **NEXT REGULAR MEETING**

The next meeting will be held on Friday, April 14, 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 10:15 a.m. by Kathy Bridge-Liles, Committee Chair. Minutes were recorded by Denise Sentner, Assistant to Chief Operating Officer.

Signed by:

Date:



Kathy Bridge-Liles  
04/19/2023 18:56 EDT