



## PATIENT EXPERIENCE BOARD OF TRUSTEES

**DATE:** SEPTEMBER 9, 2015  
**CHAIR:** MAUREEN DEE  
**CHAIR:** THOMAS M. McDONALD  
**RECORDER:** MJ CARTER  
**PLACE:** K-107  
**CALLED TO ORDER:** 10:10 A.M.  
**ADJOURNED:** 11:35 P.M.

<b>Invited:</b>		<b>Presenter:</b>
Dr. Larry L. Macon, Sr.		Behnam Bina
Terence Monnolly		Beth Clegg
John Moss	X	Kate Ruggiero
Dr. J. B. Silvers	E	Rivera, Mary Linda
Charles H. Spain, Jr.	X	Jennifer Lastic
Vanessa L. Whiting	X	Linda Jackson
		Becky Moldaver

	X Akram Boutros, MD, FACHE	
	X Amy Delp	
	X Lourdes Negron-McDaniel	
	X Mavis Bechtle	X
	X Dr. Tom Collins	E
	X Debbie Waman	X
	X Mary Weir-Boylan	
	X Laurel Domanski Diaz, PFA	
	Patricia Morgan, PFA	
	X Johanna Hamm, PFA	
	X Michael Stern	
	X Dan Lewis	

TOPIC	DISCUSSION	ACTION ITEM/FOLLOW UP
<b>Review of Minutes</b>  <b>CAHPS Scores:</b>	June minutes available.  <b>HCAHPS Trends, CAPHs and Transition to Top Box Scores:</b> <i>Presented by Peter Lawson and Behnam Bina</i> The quarter-to-quarter performance ending Q2, 2015 shows improvements in top box scores. From where MetroHealth started with scores, we can see there is progress. <ul style="list-style-type: none"> <li>If scores stay stagnant, MetroHealth is essentially moving backward in relationship to other hospitals who improve their scores.</li> </ul> Our percentile rank gives us the picture of where we stand. We currently rank in the 18 <sup>th</sup> percentile. Top box scores indicate how many patients rate us 9-10 when surveyed on rating the hospital, 0-10. In our model we see where we fall out and where the growth rate for 5 year plan will take us. <p><b>Growth Rate:</b></p> Optimistic Rate: <ul style="list-style-type: none"> <li>2014-2017 = growth rate top 20%</li> <li>2018-2020 = growth rate top 40%</li> </ul> Realistic Rate: <ul style="list-style-type: none"> <li>2014-2017 = growth rate top 30%</li> <li>2018-2020 = growth rate top 50%</li> </ul> Pessimistic Rate <ul style="list-style-type: none"> <li>2014-2020 = growth rate top 50%</li> </ul>	

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<p><b>CAHPS Scores Continued:</b></p>	<p>Actual (Linear Trend)</p> <ul style="list-style-type: none"> <li>• 2014-2020 average increase extended</li> </ul> <p>Realistically, MetroHealth should be looking for our performance to reach the 55<sup>th</sup> percentile by 2020. An optimistic scenario would be to reach the 85<sup>th</sup> percentile by 2020.</p> <p>Board Chair, Maureen Dee inquired if the question, 'rate the hospital 0 – 10 score' related to questions 2 - 10?</p> <ul style="list-style-type: none"> <li>• The questions are asked as individual items on the surveys that our inpatients receive. We know there is a strong correlation between other scores.</li> </ul> <p><b><u>Financial Model: A Quantitative Sense of the Impact of Patient Experience: Presented by Peter Lawson</u></b></p> <p>Patients come to MetroHealth for diagnosis, treatment, and follow up care. A positive experience impacts their decision to seek medical care with MetroHealth in the future as they have the choice to return or choose to seek treatment elsewhere. If we can retain them in the system it impacts revenue positively.</p> <p>The financial model presented at the board meeting was made using the following assumptions:</p> <ul style="list-style-type: none"> <li>• Patients with a visit in 2013 with no visit in the following 18 months and not deceased were considered 'lost' to MetroHealth (n=58,537).</li> <li>• Number of unique patients 229,000</li> <li>• Net patient service revenue, \$793,345,000</li> <li>• Revenue per customer, \$3,464</li> </ul> <p>MetroHealth currently has a 74% retention rate. (Decline in community in either deaths not reported to the hospital or patients moving out of the community were not taken into consideration in calculating the number of lost patients.)</p> <p>Based on published research and MetroHealth's historical financial data, the model suggests that earning an average of 8.5 for 'rate the hospital 0-10' (i.e. 1% improvement from MetroHealth's current score) would allow The MetroHealth System to retain 3% of lost patients, resulting in a \$5.2m revenue increase. An increase of 3% in scores would produce a net revenue increase of \$14m. \$23m in additional revenue could be generated if PX scores were improved by 5%.</p> <p>Recommendations for the Board and Executive leaders for 2016 Patient Experience performance goal-setting</p>	

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	<p>and communication:</p> <ul style="list-style-type: none"> <li>• Collaboration with the Office of Patient Experience to develop achievable targets</li> <li>• Translate percentile ranks to top box percent target</li> <li>• Measure and communicate top box percent to MetroHealth leaders</li> </ul> <p>Dr. Boutros noted that he is interested in evaluating the impact of the unique traits of our patient population, such as poverty levels, to our scores. In addition, he would like to increase our survey response rates.</p> <p><b>HCAHPS Score Transparency:</b> <i>Presented by Beth Clegg and Kate Ruggiero</i>                      Business Strategy and Planning and Marketing and Communications worked with the Office of Patient Experience to survey our patients to understand the patient interest in patient survey scores, how best to display the scores on our website and identify what consumers want to see on-line.</p> <p>A short survey was compiled along with a draft page of the website and sent to our Online Community. The Online Community is an ongoing, online community panel who Business Strategy and Planning and Marketing and Communications work with to solicit ideas and feedback from. Seven hundred and twenty-eight emails were sent starting on June 2, 2015. The survey closed on June 10<sup>th</sup> by which time we had received 388 surveys in response, or a 53% response rate.</p> <p>Key Findings:</p> <ul style="list-style-type: none"> <li>• The site set up was on point and feedback of our online community response confirmed our findings.</li> <li>• Patients’ feedback keyed in on both specifics and high level concepts.</li> <li>• Thirty percent of patients surveyed have previously viewed patient experience scores on the web.</li> <li>• Sixty-six percent show that patients want to complete the paper survey because they believe their feedback makes a difference and matters.</li> </ul> <p>Design Consideration and Recommendations on the look of the Website:</p> <ul style="list-style-type: none"> <li>• Keep information simple, basic, and clear. Add sections separated by blue space for clear definition.</li> <li>• Reduce the length of the introduction and make language more consumer friendly</li> <li>• Include in/out patient information</li> <li>• Consider adding a place to compare to local hospitals because patients have a choice as to where to seek their care.</li> </ul> <p>The site is a work in progress. Moving forward the focus could progress to working together with patients to improve MetroHealth instead of focusing on ‘how can we please you (the patient)’.</p>	

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	<p>The page is being visited and currently has had 300 hits. On average people are staying on the site 4.5 minutes which is higher than the national average of 2 minutes. Specific information regarding the type of individuals who visit the site is unavailable. General information such as, gender, zip code and geography of who is visiting is gathered.</p>	
<p><b>Grievance Data Q2</b></p>	<p><u>Presented by Mary Linda Rivera</u></p> <p>Total calls received by the Department of Patients Relations in Q2 was 1870. Total complaints/grievances were up in Q2 of 2015.</p> <p>The top 3 Complaints/Grievances by Incident Type:</p> <ol style="list-style-type: none"> <li>1. Communications Issues</li> <li>2. Service Issues</li> <li>3. Clinical issues</li> </ol> <p>Top 5 Complaints/Grievance by Parameter:</p> <ol style="list-style-type: none"> <li>1. Rude/Offensive Behavior</li> <li>2. Excessive wait time for prescription</li> <li>3. Lack of information or miscommunication</li> <li>4. Unable to reach a clinical staff or live person</li> <li>5. Communication Physician, i.e., forms/letters or documents not completed.</li> </ol> <p>Managing the Grievance resolution process.</p> <ul style="list-style-type: none"> <li>• A grievance letter and 7-day extension letter templates are available to the Customer Service Ambassadors (CSA).</li> <li>• Weekly delinquent lists are sent to our Customer Service Ambassadors (CSA). Patient Relation staff coordinate with our CSAs for resolution of grievance.</li> <li>• Patient Relations stays connected to our CSAs by meeting quarterly.</li> </ul> <p>Top 3 Grievances by Incident Type:</p> <ol style="list-style-type: none"> <li>1. Communication Issues</li> <li>2. Clinical Issues</li> <li>3. Service Issues</li> </ol> <p>Top 5 Grievances by Parameter:</p> <ol style="list-style-type: none"> <li>1. Communication – Physician, courtesy and respect</li> <li>2. Clinical Dissatisfaction, improper medical technique/inadequate skill</li> </ol>	

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<p><b>Grievance Data Q2 Continued</b></p>	<p>3. Communication, rude and offensive behavior.                      4. Clinical Dissatisfaction, Misdiagnosis/no diagnosis                      5. Communication, lack of information/miscommunication                      Resolution of grievances within seven days is at 37% down from 46% in Q1. Patient Relations is close to having a new system for collecting and analyzing data. Grievances resolved in fourteen days is currently at 75% for Q2.</p>	
<p><b>Pathways To Caring</b></p>	<p><u>Presented by Jennifer Lastic</u></p> <p>In 2014 every employee at MetroHealth participated in Pathways to Patient Experience customer service training. As a follow-up to Pathways to the Patient Experience program, Patient Experience partnering with the Santalucia Group, an expert in customer service, has launched Pathways to Caring. This is a customized interactive training program to advance patient experience and employee engagement.</p> <ul style="list-style-type: none"> <li>• Focused on embedding the Code of Conduct behaviors and STAR IQ Values. Pathways to Caring is composed of 12 customer service modules</li> <li>• Modules will be led by trained managers and champions.                             <ul style="list-style-type: none"> <li>○ Eight hour training sessions for managers and directors started on September 9<sup>th</sup> and roll out to the organization will begin in November.</li> <li>○ Eight hours of CEUs are being offered for our Nursing managers and directors attending the training sessions.</li> </ul> </li> <li>• Modules are designed to be completed in 20-minute sessions fitting into currently scheduled department huddles or meetings.</li> <li>• One module should be rolled out per month.</li> <li>• The Santalucia Group will provide future ongoing coaching and support, i.e., quarterly lunch and learn sessions.</li> </ul> <p>Dr. Collins requested that the program should be presented to the Medical Staff.</p>	
<p><b>Goals – Update</b></p>	<p><u>Arts in Medicine: Presented by Linda Jackson</u></p> <ul style="list-style-type: none"> <li>• The Metro music program has expanded. An additional 12 hours of music programming has been added per month exceeding the original goal of increasing programming by 6 hours by the end of 2015.                             <ul style="list-style-type: none"> <li>○ Expanded music program to serve 7 additional units/sites/clinics where the goal was to expand programming by 5.</li> </ul> </li> <li>• Arts in Medicine Director, Linda Jackson, is working with School Health Program and Cleveland Print Room to present visual arts workshops in two Cleveland Metro School Districts, reaching the goal to</li> </ul>	

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	<p>identify and partner one event by end of 2015</p> <p><b><u>Volunteer Services:</u></b> <i>Presented by Becky Moldaver</i></p> <ul style="list-style-type: none"> <li>• Adding and focusing on patient experience to the role of MetroHealth volunteers, Director, Becky Moldaver has added volunteers to Language Access and Communication Services' Center programs, increasing volunteers by 6.</li> <li>• Forty-four volunteers have been added to the existing Infant comforter and Emergency Department volunteer roles. The goal for adding volunteers to this program is 70.</li> <li>• Fifteen, Cleveland State University fall semester students are the first in a pilot program promoting undergraduate students interested in health care professions. This program was developed in collaboration with Cleveland State University and supports MetroHealth's volunteer pipeline program.</li> </ul> <p><b><u>Patient Centered Healthcare:</u></b> <i>Presented by Mary Linda Rivera</i></p> <ul style="list-style-type: none"> <li>• Currently, Patient Centered Healthcare has completed instruction, education, and observations of purposeful hourly rounding (PHR) on 8 medical/surgical units. We are on track to complete PHR on 14 Medical/Surgical units by end of 2015.</li> <li>• Standardization and expansion of complaint reporting throughout the organization is in progress, including the development of an EPIC based data collection and management system. Final design of all reports with regular report distribution will be complete by end of 2015.</li> <li>• Patient Centered Health is receiving more and more requests for Patient and Family Advisors (PFA) to be added to committees supporting MetroHealth initiatives. Currently there is PFA involvement on 44 committees or activities, meeting our goal of placing PFA's on 30 committees/ activities.</li> </ul>	

Next Meeting: December 15, 2015; 10 a.m. – Noon, K-107