

PATIENT EXPERIENCE BOARD OF TRUSTEES

DATE: DECEMBER 15, 2015
CHAIR: MAUREEN DEE
CHAIR: THOMAS M. McDONALD
RECORDER: MJ CARTER

PLACE: K-107
CALLED TO ORDER: 10:07 A.M.
ADJOURNED: 11:45 P.M.

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

Invited:
 Terence Monnolly
 John Moss
 X Dr. J. B. Silvers
 Charles H. Spain, Jr.
 Vanessa L. Whiting
 Mr. Mitchell C. Schneider
 Reverend Tony Minor

Presenter:
 X Michael Stern
 X Sara Laskey
 X Rivera, Mary Linda
 X Peter Lawson

TOPIC	DISCUSSION	ACTION ITEM/FOLLOW UP
Review of Minutes	September minutes available.	
Executive Leadership Rounding	<ul style="list-style-type: none"> • Rounding was launched on October 29, 2015 with two-to-three executives on each team who round per unit. • Purpose is to welcome, problem solve, provide service recovery and improve survey response rates. • It is the responsibility of the executive who encounters an issue during rounding that is responsible for getting the issue resolved, i.e., room cleanliness or broken furniture. • Executives round on 80 - 85% of every new admission Monday through Friday. • We are seeing improvement in the 'Recommend to Friends and Family' score from early survey returns from November. • Our goal is move our survey score into the 40th percentile in either November, December or January 2016 on the question, 'Would you recommend this hospital to friends and family?' We are looking for Yes response. • Rounding to be expanded in the future to include additional senior staff in first quarter of 2016. • To improve response rate HCAHPS and ED CAHPS to pilot a phone survey to see if it will improve our survey response rate. • We'll compare mail to phone survey response rates. One goal would be to reach one population we currently do not receive responses from. 	

Patient Experience Board of Trustees Committee
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Continued

TOPIC	DISCUSSION	ACTION ITEM/FOLLOW UP
iRound	<ul style="list-style-type: none"> • Product of the Advisory Board Company, iRound is a digital tool that enables point-of-service that allows for electronic data collection of Nurse Manager Rounding and Executive Rounding on patients. • Documentation can include <ul style="list-style-type: none"> ○ Staff recognition. ○ Streamlined tracking, reporting and trending. ○ Opportunities for improvement/service recovery. • Pilot unit kick off and training started on Nov 3, with 5 nurse managers and 3 Executive Leaders. A month was used for the pilot and received feedback from those involved. With input from our nurse managers who participated on in the pilot we were able to update some of our questions. • Hospital-wide rollout begins in January 2016. • iRound can be used on either an iPad or iPhone. • iRound includes a service recovery component. We will be able to send off requests to appropriate departments to address patient concerns, i.e., broken shades, room temperature and or cleanliness. • Executive rounding as currently designed is unsustainable, but we wanted to give good examples before rolling out the program to include additional leaders. Executives will always be involved in rounding. 	
Review of Strategy	<ul style="list-style-type: none"> • Patient Experience is important to MetroHealth for clinical, financial and marketing reasons. <ul style="list-style-type: none"> ○ Clinical/health impact, i.e., patients have lower stress, higher levels of compliance and shorter hospital stays ○ Strategic and marketing impact, nonclinical experience is twice as important as the clinical reputation in making hospital choices (New England Journal of Medicine) ○ Financial impact, i.e., higher the patient retention reflects in higher revenues for the organization ○ Office of Patient Experience role in the organization will focus on: <ul style="list-style-type: none"> ▪ measuring, analyzing and monitoring patient experience data ▪ communication of this data to key stakeholders ▪ advising on initiatives and providing best practices • It is role of the entire organization to improve the patient experience. 	
Goal Setting for Organization with Regards to Patient Experience	<ul style="list-style-type: none"> • The committee discussed the impact of continuing to measure against percentile scores versus top box scores. • Data will be presented to the Board at their retreat to determine which metrics make the most sense for future goal setting around patient experience as it relates to growing the MH business and brand. 	

Next Meeting: March 9, 2016; K-107; 10:00 a.m. - Noon