

PATIENT EXPERIENCE BOARD OF TRUSTEES

DATE: JUNE 8, 2016 CHAIR: MAUREEN DEE CHAIR: THOMAS M. MCDONALD RECORDER: MJ CARTER **PLACE:** K-107 **CALLED TO ORDER:** 10:15 A.M. **ADJOURNED:** 11:50 A.M.

- Akram Boutros, MD, FACHE
- E Michael Stern
- E Dan Lewis

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- E Bernard Boulanger
- X Sara Laskey
- E Melissa Kline
- X John Moss
- X Reverend Tony Minor
- X Laurel Domanski Diaz, PFA Patricia Morgan, PFA Johanna Hamm, PFA

- Invited:
- Terence Monnolly
- X Dr. J. B. Silvers
 - Charles H. Spain, Jr. Vanessa L. Whiting

Mr. Mitchell C. Schneider

Presenter:

- X Katrina Dubovikova
- X Sarah Hendrickson
- X Michelle Mencke

Торіс	DISCUSSION	ACTION ITEM/FOLLOW UP
Review of Minutes	Minutes from the March 9, 2016 meeting approved as written.	
Scores – Updates and Review	 Katrina Dubovokiva presented scores and data from Q1. Scores – Inpatient: MetroHealth compares well with essential hospitals nationally in the following categories: nurse communication; physician communication and discharge information. A vast majority of the patients feel that they are always or usually visited by a nurse every 2 hours, results which are supported by patient experience surveys. Scores – Ambulatory: MetroHealth scores above Teaching Hospitals and slightly below essential hospitals for top box scores in: recommend provider's office, access to care; provider communication and office staff communication. 	
	Reports: Hospital staff reporting is now set up online and the feedback from staff has been positive. The reports are: • User friendly • More focused and in-depth patient feedback • More flexibility access different metrics • Access to all responses and not just Top Box	

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Scores – Updates and Review	Monthly reminder e-mails are sent to all nursing leaders to log on and view/print scores. A link is provided in the reminder emails to the site which includes instructions and example of the survey, nursing reporting structure, the purposefully hourly rounding report and patient comments. Manager, Patient Centered Healthcare, Megan Bedo contacts nurse leaders to set up regularly monthly meetings with staff to discuss data driven improvement opportunities.	
	Other available reporting offered:	
	 Ambulatory Network Providers 	
	 Service Line Leaders Custom Reporting 	
Survivor Recovery Services	 Custom Reporting Survivor Recovery Services is the newest department to join the Office of Patient Experience. Originally started as a research project to address non-clinical items for trauma patients, Survivor Recovery Services provides a bridge from the acute side of trauma to the community. The program is unique to MetroHealth. Trauma patients from both the Cleveland Clinic and University Hospitals are recommend to MetroHealth for its survivor recover services programs. Services available to MetroHealth and the Community: Trauma Survivors network Community support groups Patient and family education Peer mentorship Community outreach Program consultation and development Provider debriefing Research initiatives 	
	 Accomplishments (May 2015 – May 2016) Provided services to over 575 patients and families Provided in excess of 545 peer visits. Volunteered 450 hours. 	
	Going forward Survivor Recovery Services will focus on: • Expanding programming to other specialties within The MetroHealth System; NICU, Infectious	

Patient Experience Board of Trustees Committee Minutes – June 8, 2016 Continued

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	 Disease, Bariatric Services, and Oncology. Continuing to research and develop new ways of impacting our patients and the community. Growing the Peer Volunteer Program in size and availability Assisting in the ongoing support of patients and families experiencing brain injury throughout our region. Consulting all subspecialties and sharing our mentorship expertise and successes. Providing national support, represented as the flagship system, supporting patients in acute and ongoing care. 	
Complaints and Grievances	MetroHealth's patient population has increased 7% from Q1 2015 to Q1 2016 and complaints and grievances have increased by 16% during that time frame. The majority of the complaints are about services at the main campus versus our satellites. The top five areas of complaints continue to center around, rude or offensive communication, inability to reach clinic staff, service; excessive wait for prescriptions and service: patient forms, letters or documents are not received in a timely fashion or are incomplete.	
Integration / Experience Navigators	Rescheduled to the September board meeting.	Will be put on the September agenda.
Integration of OPX in Cancer Care – Volunteers Services; Arts in Medicine; Patient and Family Advisors	 Patient Experience departments of Volunteer Services, Arts in Medicine and Patient and Family Advisors have brought their services and programs to the patients of Cancer Care. <u>Volunteer Services:</u> The Wig salon, a program sponsored by the American Cancer Society provides wigs at no cost to women undergoing treatment for those who cannot afford them. The Wig salon is staffed by eight MetroHealth volunteers trained by the American Cancer Society. Volunteer Services also provides volunteers to Cancer Care during National Cancer Survivor Day events. On a daily basis, volunteers also provide courtesy rounding on patients in treatment areas. Arts in Medicine: Fifteen hours of art therapy is done weekly with cancer care patients and group sessions were held on National Cancer Survivor Day on June 6th. 	

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	Both patients and providers are positively affected by having Arts in Medicine program in Cancer Care. Patients are able to shift their focus off of their pain and enjoy the activities provided. Providers are seeing their patients become more involved in their treatments. A win-win for both. Patient and Family Advisors:	
	 Currently the Patient and Family Advisor has expanded to include two members one on the breast and one on the colorectal cancer survivor committees. Two to three Patient and Family advisors serve on the Cancer Care Community Outreach committee where they uniquely contribute their opinions and views from the patient's perspective. 	
EMMI Update	Rescheduled to the September board meeting.	Will be put on the September agenda.

Next Meeting: September 14, 2016; K-107; 10:00 a.m. - Noon