

PATIENT EXPERIENCE BOARD OF TRUSTEES

DATE: SEPTEMBER 12, 2016
CHAIR: MAUREEN DEE
CHAIR: THOMAS M. McDONALD
RECORDER: MJ CARTER

PLACE: K-107
CALLED TO ORDER: 8:05 A.M.
ADJOURNED: 10:55 A.M.

E Akram Boutros, MD, FACHE
 X Michael Stern
 X Dan Lewis
 E Bernard Boulanger
 X Sara Laskey
 E Melissa Kline
 X John Moss
 Reverend Tony Minor
 X Laurel Domanski Diaz, PFA
 X Patricia Morgan, PFA
 Johanna Hamm, PFA

Invited:
 Terence Monnolly
 Dr. J. B. Silvers
 Charles H. Spain, Jr.
 Vanessa L. Whiting
 Mr. Mitchell C. Schneider

Presenter:
 X Megan Bedo
 X Katrina Dubovikova
 X Jennifer Fragapane
 X Michelle Mencke

TOPIC	DISCUSSION	ACTION ITEM/FOLLOW UP
Review of Minutes	Minutes from the March 9, 2016 meeting approved as written.	
Integration / Experience Navigators	<p>Megan Bedo, Manager Patient Experience, explained how the HealthSpan acquisition fueled the need for to create the patient navigator positions. Prior to the integration on April 1st OPX worked with Strategy and Business Development to identify needs and to related to the transition.</p> <ul style="list-style-type: none"> • Four existing MetroHealth satellites were targeted because we felt these had the greatest probability of seeing Health Span patients: Beachwood, Brunswick, Middleburgh Heights and Westlake. • Focus groups were created and findings from Health Span groups conducted by Market Intelligence in December 2015. • Additional research, via staff interviews and focus groups, is activity underway to identify needs, opportunities and to create deliverables related to this transition. <p>The overall goal is to create patient loyalty and focus on patient retention. One initiative Patient Experience deployed to aide in patient retention was to create a new position and hire the appropriately to fill the Patient Navigator role. Patient Navigators were educated on MH policies and procedures focusing on insurance, MyChart enrollment, way-finding, pharmacy, and MetroHealth locations, service areas and general information.</p>	

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	<p>Patient Navigators are currently working at Cleveland Heights, Parma, and Brecksville and have already made a positive impact with our patients. Our patients are comfortable approaching the Navigators and already see them as experts who can assist them during open enrollment time.</p>	
EMMI Update	<p>Michelle Mencke, Project Coordinator, presented the EMMI update to the board. EMMI is a solution, business partner, a solution and a total patient engagement solution system consisting of:</p> <p>EMMI has three Modules/Solutions:</p> <ul style="list-style-type: none"> • EMMI Engage – An opportunity to use the interactive multimedia program and printed materials to educate our patients. Programs are a spoken at a 4th and 5th grade level and patients can view a program on their cell, laptop, at the library anywhere. • EMMI Transitions – Is a proactive and automated call campaigns, helps patients transition from hospital to home and reinforces key messages to patients and circle of care, caregivers. Interactive call campaign, i.e., are they filling prescriptions/medications, and scheduling up follow up appointments. Trying to cut down on readmission via interactive telephone call and with a report of who may be in trouble. • EMMI Prevent – Is a scalable, patient population-centered program reaching out to our patients to encourage them to have PM using interactive call campaigns, i.e., reminds patients to get their annual flu shot, schedule annual preventative appointments, etc. mammography. <p>Currently, EMMI Engage is up and running in the sleep clinic, Gastroenterology, Emergency Services as part of patient discharge process and Population Health reminding them to take care of yourself, see your doctor. Survey results show that 92% of the patients indicated that EMMI had answered questions they normally would have called the healthcare provider with. Ninety-one percent of patients indicated that the EMMI prepared them from their procedure and what to expect in recovery and after. We have MyChart messaging patient chart result filing and order creation. Soon anyone will be able to order an EMMI care coordinator and primary care.</p> <p>Moving forward we are expanding EMMI Engage to be active in the following clinical settings:</p> <ul style="list-style-type: none"> • Cancer Care • Cardiology • Emergency Services, • Hospital Services 	

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EMMI Update - Continued	<ul style="list-style-type: none"> • Population Health Initiatives • Primary Care <p>EMMI provides data to identify 'of patients who have watched an EMMI' if they are taking the next step and scheduling follow up appointments and or screenings i.e., colonoscopy and or mammograms. If 90% of these patients schedule a procedure from watching EMMI it would be a significant return on investment.</p> <p>Ninety-one percent of patients have been surveyed.</p> <p>Board members were concerned that patients may be overloaded with having access to PM notices already in place via MyChart.</p>	
Complaints and Grievances	<p>Dr. Laskey presented information on the current state of complaints and grievances to the board.</p> <ul style="list-style-type: none"> • Patient volume and the number of complaints are higher for the time period January through August of 2016 for the comparable eight months volume in 2015. • The number of complaints per 10,000 patients decreased for the hospital setting, but increased for the outpatient and ancillary services. • <i>Unable to Reach Clinic Staff, a Live Person and Excessive Wait on Hold</i> complaints increased significantly in 2016. 	
Access	<p>Jennifer Fragapane, Sr. Director Access presented an overview, current state, and future view of the Network Service Center.</p> <ul style="list-style-type: none"> • Much was accomplished in the last year. Metrics align to quality and patient experience standards instead of measuring <i>minutes on the phone</i>. • The network service center has built strong partnership with the Service Lines and they have absorbed the HealthSpan call volume. <p>Some challenges still facing the network service center include:</p> <ul style="list-style-type: none"> • Helping callers navigate the 25 plus scheduling entities at MetroHealth. • Cultural bias for localized scheduling and contact management. 	
Scores – Updates and Review	Rescheduled to the December board meeting.	

Next Meeting: December 21, 2016; K-107; 10:00 a.m. - Noon