

## PATIENT EXPERIENCE BOARD OF TRUSTEES

**DATE:** DECEMBER 21, 2016

**CHAIR:** MAUREEN DEE

**CHAIR:** THOMAS M. McDONALD

**RECORDER:** MJ CARTER

**PLACE:** K-107

**CALLED TO ORDER:** 10:05 A.M.

**ADJOURNED:** 11:55 A.M.

E Akram Boutros, MD, FACHE

E Michael Stern

X Dan Lewis

X Bernard Boulanger

X Sara Laskey

E Melissa Kline

X John Moss

Reverend Tony Minor

X Laurel Domanski Diaz, PFA

X Patricia Morgan, PFA

X Johanna Hamm, PFA

**Invited:**

Terence Monnolly

Dr. J. B. Silvers

Charles H. Spain, Jr.

Vanessa L. Whiting

Mr. Mitchell C. Schneider

**Presenter:**

X Sarah Hendrickson

X Heather Vallier, MD

TOPIC	DISCUSSION	ACTION ITEM/FOLLOW UP
<b>Review of Minutes</b>	Minutes from the September 12, 2016 meeting approved as written.	
<b>Survivor Recovery Services - ROI</b>	<p>Dr. Heather Vallier and Sara Hendrickson, presented information on the return on investment the Survivor Recovery Services programs brings to MetroHealth. MetroHealth is a model for regional recovery service programs across the nation.</p> <p><b><u>Implementation of Trauma Recovery Services</u></b></p> <p>MHS patients exposed to Trauma Recovery Services were more likely to believe they were going to recover well from their injuries versus patients with no exposure to such services. Intervention patients were also highly satisfied with their care (4.41 on 5.0 Likert scale). (Presented at the Annual Meeting of the Orthopedic Trauma Association, 2014).</p> <p><b><u>Prevalence and Impact of Trauma Recidivism</u></b></p> <ul style="list-style-type: none"> <li>• 879 patients treated surgically for injuries including the pelvis, spine, and/or femur were studied. 19% of them sought care again within our System after a mean of 2.9 years for a trauma event <i>unrelated</i> to their initial injury. (Published in Orthopedics, 2016).</li> </ul> <p><b><u>Prevalence and Impact of Mental Illness of Trauma Patients</u></b></p> <ul style="list-style-type: none"> <li>• MetroHealth poly-trauma patients have 39% incidence of pre-existing mental illness, with</li> </ul>	

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	<p>depression most common. Depression is associated with complications. (Published in Journal of Bone and Joint Surgery, 2016).</p> <p><b><u>Poor Post-Discharge Follow-up after Trauma</u></b></p> <ul style="list-style-type: none"> <li>• Prior to TRS programming, of 607 consecutive trauma patients discharged from the hospital only 55% attended their scheduled follow up visit, while 22% cancelled, and 23% were no show. Implementation of a post-discharge follow-up phone call by the TRS team increased follow-up to 75% of all discharged patients attending their follow-up visit.</li> </ul>	
<p><b>Scores – Updates and Review</b></p>	<p>Q3 scores were discussed with the board members.</p> <ul style="list-style-type: none"> <li>• All scores were impacted by the Health Span merger and the onset of trauma residency program. Both influences resulted in a negative impact on scores.</li> <li>• Scores rebounded back to normal.</li> </ul> <p>Impact of My Metro on Patients’ perception of Access to Appointments</p> <ul style="list-style-type: none"> <li>• My Metro is a multi-media solution center driving effective navigation and patient requests resolution with the goal of less than 1 minute hold and 1 call resolution when patients call one number for MetroHealth.             <ul style="list-style-type: none"> <li>○ The program kicked off in October in the Family Care service line.</li> <li>○ Patient perception of access and access to appointments has improved</li> <li>○ Patient’s perception of phone responsiveness has improved.</li> </ul> </li> </ul> <p>HealthSpan Merger and MetroHealth Ambulatory Network</p> <ul style="list-style-type: none"> <li>• Mergers impacted customer service scores in the proximity of the merger footprint due to logistics and brand loyalty.</li> <li>• For existing locations within the footprint, service scores were expected to drop and recover within 3 – 4 months.</li> <li>• Newly merged locations scores were expected to be lower than overall scores, and will even out but have a longer recovery period than existing locations.</li> <li>• New locations, Parma, Cleveland Heights, and Bedford share of survey responses in Q2 was 22% and Q3 was 17%</li> </ul>	
<p><b>OPX – Year in Review</b></p>	<ul style="list-style-type: none"> <li>• Pathways To Caring – a yearlong training program on service values and behaviors ends this December and has a 75% completion rate.</li> <li>• Rounding by Executives and Nurse Managers on all admitted patients continues using the IRound tool. The Advisory Board plans a case study on the Executive Rounding program at MetroHealth.</li> <li>• ED comfort bags are now being distributed to patients with a delayed admission who remain in the ED for more than 20 hours. These bags include a warm blanket, phone charger, headphones,</li> </ul>	

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	<p>toiletries, meal and parking voucher. The program has been very well received.</p> <ul style="list-style-type: none"> <li>• Inpatient and outpatient pilots on point-of-care patient feedback were undertaken and provided over 3000 responses from patients. Service recovery by nurse managers and administrators, food service and housekeeping took place immediately for any low scores.</li> <li>• The relationship centered communication workshop for providers has trained 360 providers so far and is receiving excellent feedback from attendees.</li> <li>• The Patient and Family Advisor Program was featured nationally by the Institute for Patient and Family Centered Care and the Beryl Institute.</li> <li>• Advisors have participated in over 80 committees or activities including the design of the CCP, redesign of the patient discharge instructions and revamping of the patient bill.</li> <li>• The Emmi on-line education programs have been introduced in multiple service lines. To date the ROI is estimated at over \$260,000.</li> <li>• Ratings and reviews on providers began being posted on our external website in July. The overall rating for MH providers is 4.77 out of 5 stars.</li> <li>• Since the ratings were posted web traffic to the majority of those pages has increased by almost 5%.</li> <li>• Complaints and grievances per patient visit were higher for the first 3 quarters of 2016 in the outpatient area. The main area of complaint was the inability to reach a live person or excessive wait on hold. These complaints significantly decreased starting in September from approx. 180 in August to less than 60 in October and continue to diminish.</li> <li>• Survivor Recovery Services added the NICU, Gastric Bypass and HIV to their trauma recovery services programming.</li> <li>• Volunteer services had significant growth in the Cancer Center – opening a wig salon and starting courtesy rounding on patients and visitors.</li> <li>• Arts-in-Medicine had a major year.             <ul style="list-style-type: none"> <li>○ They provided live music to over 48,000 patients, visitors and staff.</li> <li>○ New art collections were installed in the Critical Care Pavilion, Brecksville, Lyndhurst and in the art gallery in the main hallway by the coffee shop.</li> <li>○ Arts therapies expanded to outpatient oncology and the ICUs.</li> <li>○ Funding for an additional music therapist and an art and music therapy fellowship was obtained from the Char and Chuck Fowler Family Foundation.</li> </ul> </li> </ul>	

Next Meeting: March 8, 2017; K-107; 10:00 a.m. - Noon