

**THE METROHEALTH SYSTEM  
BOARD OF TRUSTEES  
JOINT MEETING OF QUALITY & SAFETY  
AND PATIENT EXPERIENCE**

**DATE:** August 12, 2020

**TIME:** 12:00 p.m.

**COMMITTEE**

**TRUSTEES:** Dr. Silvers, Ms. Dee

**STAFF:** Dr. Watts, Mr. Kaufmann, Mr. Stern, Mr. Sukalac, Ms. Kiedio, Dr. Golob, Ms. Goerndt, Ms. Whiting, Ms. Kline, Dr. Chehade, Dr. Stepnick, Dr. Margolius, Ms. Jackson, Ms. Rajki

**ABSENT:** Dr. Boutros, Dr. Boulanger, Mr. Moss, Ms. Platten, Mr. McDonald, Dr. Werner, Dr. Nemer, Mr. Moreno, Dr. Alexander, Ms. Seabold, Ms. Lovich-Sapola, Mr. Monnolly, Mr. Hairston, Ms. McBride, Ms. Greenberg

Dr. Silvers called the regular joint meeting of the Quality & Safety and Patient Experience Committee to order at 12:10 p.m.

**I. Approval of Minutes – May 12, 2020**

The minutes of the May 12, 2020 joint Quality & Safety and Patient Experience Committee were approved as presented.

**II. INFORMATIONAL ITEMS**

**A. Engaging through the Arts – Ms. Jackson**

Ms. Jackson discussed several Visual Art Programs that patients, employees and the community are involved in. Artists of Tremont did portraits of frontline workers. Ohio City Health Center at Urban Community School has 80% artwork displayed by local artists. Progressive Arts Alliance at the Broadway Health Center has a HOPE Mural displayed and Interactive Chalk Art by Hector Castellanos Lara is displayed on the Business Services Building.

**B. Quality/Safety YTD Performance – Mr. Kaufmann**

Mr. Kaufmann stated that the System Goals for 2020 have been adjusted due to COVID-19, but it seems to be a promising season of getting goals completed. Preparing now for the flu season. The HAC Reduction Penalty for 2020 saw improvement in all admission rates and we are doing well with all of them. The penalty assessment is not very large, and we have worked consistently on all.

**C. Experience YTD Performance – Ms. Goerndt**

Ms. Goerndt stated that we are at stretch performance. Telehealth satisfaction is strong, and information is reassuring. Overall year to date we are above last year. Majority of visits are telephone video which reduces the no show rate.

**D. Care Gap Optimization – Dr. Chehade**

Dr. Chehade stated that the Care Gap Optimization Team was formed to identify important at-risk populations within the MetroHealth System and to develop tactics to coordinate care that leads to a healthier community. This was not driven from Quality or System goals. It was for the concern of patients with care gaps. They reviewed over 40 ideas from Service Line/Ambulatory leaders and then narrowed it down to 14 initiatives consisting of nine teams. The teams submitted 20 initiatives to the Prioritization Team to calculate a Health Impact Score which will assist senior leadership with prioritizing initiatives not taken on by the Care Gap Optimization Team. The team developed specific marketing/communication/education to patients and family members, established patient centric outreach to minimize telephone calls to patients, reallocated institutional resources impacted by COVID-19, identified additional resources needed in order to close Care Gaps and built a monthly scorecard to track progress.

**E. Experience Across Patients – Ms. Goerndt**

Ms. Goerndt gave a summary of gaps identified in Patient Perception of Experience. Race, gender, age, payer and language were looked at. Black patients generally perceived their experience lower across the care continuum, with significantly lower perception in the inpatient and Emergency Department settings. There is little variation in perception of experience by gender overall. Patients in the 19-49 age group have lower perception of experience across the continuum of care. Patients with Medicaid perceive their experience significantly lower than those with other coverage. Patients with Limited English Proficient (LEP) are significantly less likely to recommend MetroHealth. The top two types of patient complaints received in 2017, 2018 and 2019 were: Rude or offensive behavior and lack of information/miscommunication. The proposed next steps would be to expand existing work in de-escalation training, focus on inpatient and emergency department settings, coupling with unconscious bias training (HR-driven), identify and implement with operational partners best practices in communication with the focus on more vulnerable (Medicaid) population and partner with Human Resources to match up patient experience data with employee experience data so this can identify areas of highest opportunity and greatest initial outcomes.

**III. NON-CONSENT/ACTION ITEMS**

None

**IV. CONSENT ITEMS**

None

There being no further business to come before the committee, the meeting was called into Executive Session at 1:29 p.m.

Respectfully,

J.B. Silvers, Ph.D.  
Board of Trustees