

PATIENT EXPERIENCE BOARD OF TRUSTEES
DATE: SEPTEMBER 13, 2017

CHAIR: MAUREEN DEE

CHAIR: THOMAS M. McDONALD

RECORDER: MJ CARTER

PLACE: K-107

CALLED TO ORDER: 10:15 A.M.

ADJOURNED: 11:30 A.M.

E Akram Boutros, MD, FACHE

X Michael Stern

X Dan Lewis

X Bernard Boulanger

X Sara Laskey, MD

E Melissa Kline

X John Moss

X Reverend Tony Minor

X Nabil Chehade, MD

X Laurel Domanski Diaz, PFA

X 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 Sarah Hendrickson

TOPIC	DISCUSSION	ACTION ITEM/FOLLOW UP
Review of Minutes	Minutes from the June 14, 2017 meeting approved as written.	
SRS – VOCA Update	<p>Sarah Hendrickson provided an update on victims of crime (VOCA) program.</p> <p>After receiving the first round of grant funds on a short cycle Survivor Recovery Services, hired a VOCA coordinator. The coordinator was hired to support the program. The coordinator provides a <i>warm</i> hand-off of the patient after making contact with agencies within Cuyahoga county who can help the patient get back on their feet.</p> <p>The application was submitted for \$400,000, as our second request of grant funds. An official award announcement from the Attorney General's office will be made in September. With the additional grant funds, Survivor Recovery Services will be hiring another coordinator. According to the State of Ohio attorney General, the grant is renewable for the foreseeable future.</p> <p>Grant monies cover emergency housing, transportation, food, clothing, phones and minutes, trauma-informed therapy, community case management, legal advice/support and hospital programming for victims, including support groups, identification and engagement programs and safe spaces.</p> <p>Since February of 2017, 1,841 patients have been identified. Most notably our data indicates that 33% of these victims have been identified victimization via medical record.</p>	

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OneMetroX - Update	<p>Sara Laskey, MD presented an update on the OneMetro Experience to the board of trustees. The MyMetro program is a service promise between the organization and the customer.</p> <p>MyMetro programming will support other hospital initiatives such as My Metro and Best in Class.</p> <p>Patient journey mapping has led to key findings:</p> <ul style="list-style-type: none"> • Patients feel confident in the quality of care that they receive from providers. This high-care quality helps minimize other challenges that the patient may encounter a long way. • Both patients and MetroHealth staff value the diversity of patients served by MetroHealth. Patients also expressed they like feeling the part of a community <p>On July 25th, a practice sprint was launched with Orthopaedic clinic around the communication of wait times. The sprint team decided to test a dry erase board where provider's names would be listed and an indication of whether they were on time, or delayed by x minutes. The sprint received positive feedback.</p> <p>Consultant, Thrive At Work (Thrive) has been conducting interviews with groups and individuals. They have learned:</p> <ul style="list-style-type: none"> • Micro-cultures within the system impact an individual's behavior. • Staff need to be connected to <i>why</i>, they are specifically interested in see the impact that they create. <p>Thrive also launched a survey and collected responses from 10 respondents. The survey helped to clarify:</p> <ul style="list-style-type: none"> • Current level of capability around Welcome. Listen. Care. Behaviors. • Desire to learn Welcome. Listen. Care. Behaviors • Preferred methods to learn and grow behaviors. <p>Two MIV communications have been published to-date, May 23rd a story introduction One Metro Experience and on August 11th Creating a Welcoming, Caring, Listening Culture, featuring How Do You Hello? Five different How Do You Hello posters have been created and have been distributed to managers via the Best in Class programs.</p> <p>Training for all MetroHealth employees will be delivered using a train-the-trainer format. There will be role specific, site/clinic specific, and leadership training.</p> <p>In addition to the training, various communications will be created to help maintain momentum around</p>	

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	<p>the goals of creating a Welcoming, Listening, Caring, culture.</p> <ul style="list-style-type: none"> • Pre-launch • Launch • Sustaining • Ongoing support. 	
Data and Strategic Goals - Update	<p>Complaints and grievances year to day information:</p> <ul style="list-style-type: none"> • 1895 complaints • 308 grievances • Of the 1895 complaints 802 of them have been calls for information, suggestions, and concerns. • Based on year-to-date results, 2017 volume of complaints is expected to be lower than in the previous year, and volume grievances is expected to be higher. <p>Ambulatory network's strategic target is based on <i>patient's likelihood to recommend provider's practice</i>. MetroHealth is expected to reach the annual target of top box score 90.7%.</p> <p>Fifty-one percent of our clinics have reached the target top box score and twenty-six percent reached the stretch target of 91.7% on likelihood to recommend provider's practice. Outpatient clinics with the largest volume of patients show only a 38% rate on likelihood to recommend.</p>	
Grievance Examples	<p>Dr. Laskey presented two examples of grievances, one reported through the CRM and one via Connect Service Alerts provided by our survey vendor, NRC. One example involved a provider the other involved a patient's perception. Both of the patient concerns were addressed.</p>	

Next Meeting: December 6, 2017; K-107; 10:00 a.m. - Noon