# MetroHealth

# PATIENT EXPERIENCE BOARD OF TRUSTEES

**DATE:** AUGUST 8, 2018

**CHAIR:** MAUREEN DEE

**CHAIR:** THOMAS M. MCDONALD

**PLACE:** K-107

**CALLED TO ORDER:** 10:10AM

**ADJOURNED:** 12:00PM

**RECORDER:** CHRISTINE BUCKLEY

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|---|---|---|---|---|
| E | Akram Boutros, MD, FACHE | E | Patricia Morgan, PFA | |
| E | Michael Stern | X | Laurel Domanski Diaz, PFA | |
| X | Bernard Boulanger | X | Johanna Hamm, PFA | |
| X | Brook Watts, MD | X | Sandra Werner, MD | |
| X | Jane Platten | X | Kimberly Svoboda | |
| E | Melissa Kline | | | |
| X | Larry Chadwick | | | |
| X | Seona Goerndt | | | |
| E | Nabil Chehade, MD | | | |
| X | John Moss | | | |

**Presenters:**

Brook Watts, MD
Introduction/New Members
Seona Goerndt, Director of Patient Experience
Overview of Patient Experience
Katrina Dubovikova, Data Analyst Office of Patient Experience
Review 2018 YTD HCAHPS

Brook Watts, MD MD, Chief Quality & Experience Officer
Siddharth Shrivastava, Clinical Operations Project Administrator
Overview & Status Update IX Task Force
Michael Hansen, Supervisor Patient Relations, Office of Patient Experience
Review 2018 YTD Grievance/Complaint Data
Review Language Access Data/Interpretive Services
Michelle Mencke, Program Supervisor, Office of Patient Experience

| TOPIC | DISCUSSION | ACTION ITEM/FOLLOW UP |
|---|---|---|
| Review of Minutes | Minutes from the May 9, 2018 meeting approved as written. | |
| Introduction and New members Dr. Watts, MD, Chief Quality & Experience Officer | <ul><li>Introduced new members Sandra Werner, MD, Emergency Medicine and Kimberly Svoboda, Executive Director, Ambulatory Network Operations.</li></ul> | |

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| Overview of Patient Engagement & Experience Programs<br>Seona Goerndt, MBA,<br>Director of The Office of Patient Experience | • Data Acquisitions, Analytics and Reporting<br><br>  ○ Prospective Feedback ~ NRC Virtual Neighborhood<br><br>    ▪ Partner with Market Intelligence to develop focus group content. Recent focus groups include, Referral process and communication methods.<br><br>  ○ Real-Time Feedback ~ HUMM and GetWell Rounds +<br><br>    ▪ Both give patients the opportunity to identify what is going well and where there are gaps as inpatient patients.<br><br>    ▪ Happy or Not coming soon.<br><br>  ○ Post-Service Feedback ~ HCAPHS, Realtime-Ambulatory, Ancillary & ED Surveys & ACO CAHPS<br><br>    ▪ Patients provide their feedback after they have been discharged. The data is used to refine processes in the future.<br><br>• Patient Engagement Through Education<br><br>  ○ Language Access Services, Emmi & Patient Education Opportunity<br><br>• Care Experience & Engagement<br><br>  ○ ACO Experience<br><br>    ▪ Survey period November 2018 – February 2019. Patients are asked questions regarding their last 6 months of care experiences. Workgroups focused on ACO CAHPS domains of shared decision making. | |

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| | o Emergency Department<br><br>    ▪ Employee engagement and patient experience focused improvement. Phase 1 included interviews with physicians, nurses and front-line staff.  Targeted improvement efforts will include opportunities that are vital to both physicians, staff and patients.<br><br>o PFA ~ Patient Family Advisors<br><br>    ▪ The program continues to improve workflows & experience benefit from patient feedback. Jennifer Lastic lead a coaching call with other Ohio Hospital systems via OHA HIIN for how to develop the PFA program<br><br>o Inpatient Experience<br><br>    ▪ 4 Taskforce Teams which includes Physicians, Nurse Managers, Patient & Family Advisors, and Patient Experience. They focus on the cleanliness, pain management, getting help when needed and D/C understanding.<br><br>o Patient Centered Team Development<br><br>    ▪ WLC = Welcome. Listen. Care.  Workshops have rolled out to 10 locations. The program includes front-line RNs, Mas, and PSRs (Patient Service Reps) | |
| HCAHPS Overview & Key Touch Points in the Hospital Patient Experience<br>Katrina Dubovikova, Data Analyst<br>of The Office of Patient Experience | • CMS HCAHPS Survey<br><br>o Center for Medicare & Medicaid Services (CMS) evaluates over 4,000 hospitals based on measures of quality & patient experience.<br><br>o The results are published on the Hospital Compare website<br>https://www.medicare.gov/hospitalcompare<br><br>o Changes in the CMS HCAHPS Survey Pain Management happened in 2018 in response to the Opioid Crisis. Previous questions focused on *pain management*. Starting 2018 the focus was shifted to *communication* about pain. | |

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| | o Pain Management domain will not be published on Hospital Compare, will not impact Hospital Star Ratings or Value Based Purchasing starting FY2018.<br><br>• Metrohealth HCAHPS Performance past 5 years at a glance & Current state<br><br>   o MH Performance shows gradual improvement with a 1-2% decrease in performance in 2017.<br><br>   o Currently MetroHealth Hospital is a 2 star hospital. UH is a 3 star and CCF is a 5 star.<br><br>• Patient Loyalty Drivers – Overview<br><br>   o 2 out of 3 patients recommend Metrohealth Hospital.<br><br>   o 12-month overview ~ Metrohealth's high performing drivers are slightly below or at the 50% for the CMS HCAHPS<br><br>      ▪ 3 highly prioritized areas with the highest scores<br><br>         • Nurse Communication Discharging Unit & ICU<br>         • Doctor Communication Discharging Unit & ICU<br>         • Emergency Room Care Team Respect<br><br>      ▪ 4 highly prioritized areas with the lowest scores<br>         • Well-Coordinated Care Team<br>         • Care Transition<br>         • Responsiveness<br>         • Communication about pain<br><br>   o Steps to Improvement<br>      ▪ CMS HCAHPS survey is administered to a random sample of patients across the hospital, CMS then applies patient mix adjustments based of service line, patient demographics, and self-reported health status.<br>      ▪ Scores for medicine patients are not adjusted, while scores for surgical and labor patients are adjusted down due to tendency for these patient groups to respond more positively. | |

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| | ▪ Focus for the next steps: Low performing Medicine units are strategically important for improvement of MetroHealth CMS rating, due to high patient/survey volume and CMS methodology. | |
| Review 2018 YTD Grievance/Complaint Data Michael Hanse, Supervisor Patient Relations, Office of Patient Experience | • CMS Regulations and Interpretive Guidelines for Hospitals<br><br> o §482.13 Condition of Participation: Patient's Rights<br><br> o 482.13(a)(2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.<br><br>• Grievance Definition: A formal or informal written (including emails and faxes) or verbal complaint (including telephone following discharge) that is made to the hospital by a patient, or the patient's representative, regarding:<br><br>• Patient Relations Calls 2015 – 2018<br><br> o Complaints and Grievances are down from 2015.  3332 (2015) to 2878 (2018)<br><br>  ▪ The data in 2016 showed a spike at 4324 which was a result in a call center issue that was resolved.<br><br> o Monthly patient calls volume has increased since January. The Same day resolution (No CRM in EPIC) The Patient Relations team resolves that call while they have the patient on the line. This has increased from 70 in January to 161 in June.<br><br>• Patient Grievances 2015-Projected 2018 (2018 projection based on current volume)<br><br> o 2015 = 410 ~ Projected 2018 = 440 | |

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| | • CMS Resolution Percentages<br><br>    o CMS target for grievance resolution is within 7 days. Currently we are at 95% with extension letters<br><br>    o Top issues with grievances are Communication, forms and letters not being completed is another big issue. (FMLA paperwork, letters for work, signed documents for utilities etc) and access.<br><br>    o Going forward: Engage with system leaders by providing Service Line level reports, Process changes based on feedback from key staff and weekly call with leaders to review all unresolved issues. | |
| Review Language Access Data/Interpretive Services<br>Michelle Mencke, Program Supervisor, Office of Patient Experience<br>Gudiel Rodriguez-Hernandez,<br>Senior Interpreter | • LEP Patients = Limited English Proficient. MetroHealth adult patients are identified as having a preferred language other than English.<br><br>    o Language Access Services provides interpretation services either by:<br><br>        ▪ In Person<br><br>        ▪ Telephone<br><br>        ▪ Video<br><br>        ▪ Assistive Devices<br><br>• Vendor Volumes ~ 28% decrease in the number of calls Jan-June 2018. Majority of interpreter services are needed at Main Campus. 95% of different languages were interpreted in the first half of 2018. The majority of vendor interpretations were for Spanish speaking patients. Arabic is an additional 6% (volume) followed by Cantonese.<br><br>• Metro Health Staff Interpreters ~ Fully staffed March 2018. Have 3 full time and 2 part time interpreters. 3% increase in the number of calls handled by Language Access Services (LAS) Serve 27 different departments (Trauma to Births)<br><br>• Metrohealth has a team of interpreters to assist our largest Limited English Proficient patient population and all of our Limited English Proficient patients | |

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| Adjourned | | |