

PFAC Meeting Minutes

October 19, 2022

Attendance

Peter Alotta (Advisor, SCS), Jo Ann Ausmus (Advisor, SCS), Craig Baldwin (Advisor, SCIS), Cindy Bennett (Advisor, Main), Joe Decamp (Advisor, Main), Bobbie Dolp (Advisor, Main), Shane Emmert (Director of Nursing), John English (Advisor, Main), Joan Kaiser (Director of Quality Care Management), David Kaufman (Advisor, SCS), Ericka Kingsbury (Corporate Development & Promotions Manager), Jacci Lamkey (Director of Health Plan Services), Ian Loewen-Thomas (Family Medicine Physician/Medical Director), Gene McIntyre (Advisor, SCIS), Linda McIntyre (Advisor, SCIS), Coulette Robinson (PSS Supervisor), Debrah Sanders (Advisor, SCIS), Suzanne Smith (Advisor, SCS) and minutes by Erin Rose Alexander (Operations Analyst).

The meeting was called to order at 5:30 p.m. in the Conference Center at 2020 Capitol Street NE.

Welcome

Ms. Kingsbury welcomed all council members, new and seasoned, to the second meeting in 2022 Salem Clinic's PFAC. Each advisor, staff member and physician was thanked for volunteering their time for the betterment of safety, quality and the patient experience at Salem Clinic. Ms. Kingsbury explained no matter how hard staff try to focus on patients and place themselves in patient shoes when making decisions about processes, technology and facilities, they cannot substitute receiving first hand input from patients.

New advisors were informed that they were hand-selected by their doctor to join this council. The doctors were asked to thoughtfully consider their panel of patients and nominate one or two patients, family members or caregivers who both represent the demographics of their patient population and who would be interested in participating in our patient experience and quality improvement endeavor. The staff and physicians here are representing our many patient-facing departments to include, providers, nursing, reception, etc.

Ms. Kingsbury explained that the PFAC has been operating for just over 5 years now; the first gathering was February 23, 2017. The meeting structure and attendance have changed over time. All present were asked to introduce themselves. Staff shared their role and longevity with the Clinic; advisors shared what Clinic they attend appointments at and gave a brief personal or work history.

General Information

Major Changes

- Drive-Thru Closure- The Main Clinic closure occurred in June. Patients with COVID exposure and/or symptoms are directed go to the South clinic for care. COVID testing at the South clinic occurs before the appointment, so that providers have results during the appointment, as well as computer access to aid in prescribing. Dr. Loewen-Thomas shared hat over the course of the 2 ½ years of drive-thru operations, 97,000 patient encounters occurred.
- Covid 19 Updates- As of Thursday, October 20th the Clinic will stop screening patients for Covid at the entry points. Patients will instead be screened at admitting desks during appointment

check-in. Screening will no longer require a temperature check. Patients will still be asked to wear a mask when inside the building.

- Union Street Update- In February of 2021 (during the ice storm) a fire broke out at Union Street office. While the clinic has been open to imaging patients for MRI and CT studies much of this time, earlier this week construction began, working toward restoration of the entire facility to functional medical office space.
- Phone Bank Update- In December of 2021, Salem Clinic purchased the old US Bank building across the street from the Main Clinic. In early 2023, this will be the new home of the call center. This building was home to the US Bank branch from 1972 until 2019 and a church from 2020 until June of 2022. Some original bank-specific elements remain intact, however most will be repurposed. Work is on-going to paint, fix and improve the space.

Recruiting Update

- Recruiting continues to be difficult across all position types (handout attached). The Clinic's current openings list still includes approximately sixty job openings, down from a high of ninety-two last fall.
- Lab Assistant Training Program - In response to the current recruiting environment and the lack of quality phlebotomy programs in the area, Salem Clinic has started an in-house training program. The first class began in September; recruit efforts are underway for a second cohort to start in January. Advisors were invited share the opportunity in their networks and direct interested parties to Ms. Kingsbury.
- The Clinic regally engages in community outreach, particularly in the healthcare and education arenas. Last week a team went with Ms. Kingsbury to the North Salem High School (NSHS) where they presented to a classroom of health occupations students informing them of health care career opportunities and advice for preparing for further healthcare education. Outreaches like this often turn into opportunities to passively recruit.
- The Salem Clinic Medical Foundation is working on a project to improve the pool of healthcare staff in our community. The foundation is building a website, rack card and traveling presentation to introduce young people to lesser known healthcare career paths.

Next Meeting

Ms. Kingsbury shared that the next meeting is scheduled to occur next year, specific date is TBD.

Patient Safety Update

Critical Walk-Through Results

Walk-throughs of the clinic are encouraged and advisors can participate at their convenience. Based on feedback from previous walk-throughs changes have been made such as repairing furniture at the South location. Other reported issues are being reviewed, such as reducing the volume of forms given out at check-in process. The Patient Experience Observation document will be sent out to all advisors again via email. Interested advisors are invited to complete the report when coming in for visits and return the completed copy to Ms. Kingsbury for review and follow-up.

Quality Initiatives

Diabetes Management Collaborative Project

Dr. Loewen-Thomas shared that the clinic has developed committee of practicing physician advisors, representing all specialties and locations, who gather monthly to review and revise workflows and

provide input and direction quality care issues. One of the issues that the clinic has been participating in over the past year has been the Diabetes Management Project with Salem Health (SH). Our providers can refer our patients to a Clinical Pharmacist (CP) who assists providers with adjusting medical diabetes treatment (including completing the preauthorization work for these medications as needed). The CP works from SH and patients can be seen via video visit or in-person. There is no co-pay for the visit. Patients have been able to get their recommended medicines easily.

- As of September 2022, 152 patients have been referred to this clinic.
 - High Risk (hgb a1c >9%): 81
 - Lower Risk (hgb a1c <9%): 71
- Percentage of High Risk patients achieving hgb a1c under 9%: 79%
 - Baseline hgb a1c average:10.8% and current average: 8.0%
- Change in Hgb a1c for lower risk: baseline average 7.6% and current average 7.0%

AVS Proposed Changes and Inquiry

Mr. Emmert discussed the *Nursing Ingenuity Initiative* project that was presented to the nursing team asking them to submit project ideas that would improve efficiencies within the clinic, specifically those ideas that had to do with improvement of staff workflows or patient experience, or both. A total of 43 ideas were submitted and the ideas were rated based on their greatest impact and the top two are listed below.

- Providing patients with their After Visit Summary (AVS) to increase their understanding of their visit. In case they have any questions about a medication, referral, vaccine, follow-up appointments and more. This would help with call volumes in the call center so that the patient does not need to call to clarify anything.
- Improve the Salem Clinic website. Provide more resources for patients, such as articles about common diseases, resources to print such as blood pressure logs or blood sugar logs.

Mr. Emmert said that he was interested in getting feedback from the Advisors present at the meeting as to what they would like included in their AVS.

- A summary of the visit is key, that way if the patient forgets what the provider said, or if a family member is trying to help care for the patient, then it is clearly identified what is needed. Dr. Carp does a good job at this.
- Mr. Alotta said that when he looks at his medical record he does not understand it at all, which is why the summary is a better communication tool for him.
- Dr. Loewen-Thomas asked out of our Advisors present, how many of them were receiving AVS' after their appointments. 4 of 12 of them are.
- Advisors noted that they do have access to MyChart, however finding the AVS on this platform is difficult.
- The important information on the AVS should be on the first page, not the immunizations and other things there now.
- Dr. Loewen-Thomas said that some things go automatically onto the AVS while others have to be added and asked if Advisors felt it was important to get something on the AVS or if they needed everything.
- Advisors said it was okay to get something but it would be nice to have a note on there that said that the AVS was incomplete and more information would be available soon.
- Advisors asked Dr. Loewen-Thomas what his process was for completing notes and if they are done by the end of the visit. Per Dr. Loewen-Thomas, it depends on the schedule that day.

When the schedule is busy notes are usually completed after the visit. But when he knows a particular patient needs a hard copy, he does it right away.

Mr. Emmert discussed the website improvement project and said there are a few places on the website where the focus will be, mainly at the Resources tab. Some of the options at the Resources tab are Covid 19 Guidelines, Web Resources, Forms (English/Spanish/Russian) and the Immunization Schedules for both pediatric and adult. Mr. Emmert asked Advisors what resources they would like to have available to them on the website.

- A majority of the Advisors were not aware that we had a website and had never gone to it.
- Some suggestions for additions to the website included having Covid Booster information available. Mr. McIntyre said that when they were looking for Covid booster shots it was very difficult to find. Eventually he was contacted by Salem Health and made arrangements to go to another clinic site to get the shot. Mr. McIntyre said he would have preferred to come here for the shot but did not know if we have this shot available.
 - Mr. Emmert said that we sign-up to receive large doses of some vaccines, but OHA distributes them and often distributes much fewer than we have requested, so we run out quickly.
 - A suggestion was made that perhaps when we know we are going to get a shipment of vaccines, we could put that message on our website that said "Coming Soon!" so that patients are aware that we are expecting to give this service here.
 - Dr. Loewen-Thomas said we are trying to integrate the Covid vaccine into regular office visits.
 - Per Dr. Loewen-Thomas, we had to pick a supply chain and we chose Pfizer instead of Moderna. Receiving both would have been much more complicated.
- We do have flu shots available.
- Perhaps we could incorporate signage in the clinic rooms that advertises our website.
- Perhaps renaming the Web Resources tab on the website to Medical Resources would be more accurate. Web Resources is ambiguous.
- Dr. Loewen-Thomas said that perhaps including some trusted websites on our website would also be helpful, so that patients know which websites we trust.
- Ms. Kingsbury will send an email to Advisors after the meeting asking them to visit our website <https://salemclinic.org/> and look around. Please send feedback to Ms. Kingsbury.

Access Project Updates

Ms. Kaiser discussed the various access improvement projects that we have been working on.

- Returning portal messages within 48 hours.
- Looking at 3rd next available appointments for both urgent and preventive care visits. 3rd next available is an industry standard.
- Increase appointment availability when scheduling appointments using MyChart.
- Wait time report showing how long patients wait from check-in to being seen by provider. Currently at 20 minutes, which is more than we would like to see, however it was better than what we had expected it to be. We continue to look at ways to decrease this wait time.
- We have been discussing various ways to improve the education around MyChart and how to use it. There are various notification settings on your personal phone that can keep patients from receiving messages. There are also various rules about appointments that you can or cannot schedule, etc.

- The EHR is working on adding a FAQ page on our website regarding MyChart. Continued participation was solicited.
- Salem Clinic Phone Tree improvements - The phone tree was very long with a lot of information given. The introduction message was shortened and is now less than 60 seconds. There are options to put in your call back number so you do not have to stay on the phone waiting. There is discussion around staff leaving their direct extensions for patients so that they can skip the phone tree altogether.

Telephone Changes & Secret Shopper Project Update

Based on feedback received from staff after we shared our Patient Experience of Care survey first quarter scores and asked them where we could improve, our clinic phone tree was identified as needing to be improved. Some feedback was that the welcome message was too long, that there was no way to back-up once in the phone tree and that hold times were too long. We made some improvements to the phone tree in September and invited the patient advisors to call in and secret shop the phone tree. Several call debriefs have occurred; more were solicited. A summary of results and follow-up will be presented at the next PFAC meeting.

In addition to the secret shopper call, Ms. Kingsbury encouraged the continued outreaches via phone and email for with any feedback they may have regarding their clinic experience between meetings. All feedback is welcome both positive and opportunities for improvement are encouraged.

2022 Patient Experience Survey Update

Over 7,000 survey engagements have occurred in 2022 so far. This will be discussed at a later PFAC meeting due to time constraints.

Adjournment at 7:00 p.m.