

PFAC Meeting Minutes

April 27, 2023

Attendance

Peter Alotta (Advisor, SCS), Jo Ann Ausmus (Advisor, SCS), Craig Baldwin (Advisor, SCIS), Dr. Ryan Cooley (Family Medicine Physician, SCS), Shane Emmert (Director of Nursing), John English (Advisor, Main), Joan Kaiser (Director of Quality Care Management), Collien Kaseberg (Advisor, Main), Ericka Kingsbury (Corporate Development & Promotions Manager), Ian Loewen-Thomas (Family Medicine Physician/Medical Director), Gene McIntyre (Advisor, SCIS), Linda McIntyre (Advisor, SCIS), Coulette Robinson (PSS Supervisor), John Rollings (Advisor, Main), Herschl Sangster (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 first meeting in 2023 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.

The new advisors tonight were not hand-selected by their doctor to join this council, like others in the room, rather they responded to the invitation to get involved that they saw in their after visit survey. We can't wait to see what they have to offer in regarding patient experience, safety and quality improvement. The staff and physicians present represent many patient-facing departments to include, providers, nursing, reception, etc.

Ms. Kingsbury explained that the PFAC has been operating for just over 6 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

- US Bank – As mentioned at the last PFAC meeting in the fall, we purchased the old US bank building across the street from the Main Clinic. Since then, we conducted a remodel throughout the late summer and fall and moved our call center team in this past January. This upgraded the call center area from 1,700 square feet and one shared window to a window to the outside to over 6,000 square feet, with an 18 ft. high floor to ceiling window on the East and North sides. There have been some quirks to work through in the space, but the team is pretty happy and thankful for the grand space.
- Union Street Update – As you may recall, in February of 2021 (during the ice storm) we experienced a fire at our Union Street office. While we resumed partial operations in MRI rather quickly and CT some months later. We began large scale restoration work to the three-

story building last October, which largely wrapped up last month. We moved Ms. Kaiser's comprehensive care coordination team back to their home at Union on March 1st and earlier this month, we resumed performing fluoroscopy studies there. The lobby is now a beautiful, calming, Creekside oasis in which to wait for imaging services.

- Urgent Care Covid Separation - A week ago today, we stopped segregating patients with upper respiratory illness symptoms from other patients seen in Urgent Care (UC). The last tent on Salem grounds has come down!
- Urgent Care Expansion – In coming months, we will be embarking on an expansion of our Main Clinic UC. We never want to expose staff to working outdoors again. With this expansion, we will be better equipped to manage another pandemic or other condition that necessitates separating patients who are showing symptoms from those who are not. We are taking advantage of the space left behind when the call center relocated across the street to do this work.
- Masking – As of April 3rd; we followed OHA's updated guidance, lifting the mask mandate in all of our clinics.

Recruiting Update

- We made it down from a peak of 92 position openings mid-pandemic, to the 30's in January and back up to 60, following additional resignations in a few departments. This is by no means ideal, but a lot of effort is being put into stabilizing our teams to optimal levels for customer service and patient care.
- Our Lab Assistant Training Program sat a first class in September of last year; graduating one lab assistant who joined our team in January. The second class began last month and has an anticipated graduation at the end of June.
- Our medical foundation is continuing to work on a project to improve the pool of healthcare staff in our community. We are building a website, marketing collateral and traveling presentation to introduce young people to lesser known healthcare careers and local avenues to get into them.
- We have several new providers in various stages of hire right now. Dr. Easterly joined our family medicine department back in January. Dr. Sloan joined our urgent care team this month; Dr. Terry joins urgent care in July. Dr. Donovan will join our OB/GYN team in September as will Dr. Bhandari who will join our Internal Medicine team. In August, a familiar face, Ms. Johnson, will return to our OB/GYN team after spending a few years out of state. We are continuing to interview and hope to place more primary care providers in our community soon.

Patient Safety Update

Critical Walk-Through Results

Walk-throughs of the clinic are encouraged and advisors can participate at their convenience. Feedback from walk-throughs is reviewed and changes are made. 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. Completed forms can be given to the front desk staff and they will route it to Ms. Kingsbury for review and follow-up, or you can email her your feedback if you prefer. Mr. English submitted five reports occurring between 10/10/22 and 4/15/23; feedback from the reports will be provided to lab, reception and nursing teams.

Access Project Updates

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

- Urgent Care appointment scheduling can now be done on MyChart, up to a day in advance. Patients can also message the provider they saw in Urgent Care with questions for up to 48 hours following a visit.
- Added a new Family Medicine and Urgent Care provider.
- Family and Internal Medicine providers increased MyChart scheduling availability.
- Follow-up was done with providers who had a greater than two month wait for preventive care appointments in their schedules.
- Developed a process and opened up access for patients to see their own PCP when they have upper respiratory symptoms.
- Mr. Sangster said that he likes that patients will be able to see their own provider instead of having to go to urgent care.

Quality Initiatives

- MyChart FAQ Webpage – We have been working on this for a while, as it is an important resource to make available to patients. Tonight we have a list of questions compiled from your own suggestions, other patients and those made available directly from Epic. Please take this FAQ sheet home, review it and send in any additional questions or tips that you would like to see to Ms. Kingsbury.
- Patient Experience of Care and Return of Messages to Patients - In May of 2022 the PFAC had a robust discussion about expectations and desires for MyChart and phone message returns. Ms. Kingsbury brought that feedback to our performance management committee. In an effort to improve our responses to patient messages via MyChart and via phone, we updated our tracking and reporting and nursing administration deployed interventions to improve response time. Please see the attachment, entitled, Outside Inlook (OI). This is our staff-targeted information newsletter about quality improvement work being done. This edition of the OI focuses on gains we have made on response times to patients. When comparing our overall same day response times from March 2022 (47.63%) to March of 2023 (61.43%), we have made an improvement of 13.8%. In addition, we have shown improvement in response times at every clinical location.
- Another targeted improvement we focused on was improving our customer service at the South clinic location. Our customer service scores dipped low in 2022 and through targeted interventions we have seen a great rebound to higher scores and have been receiving positive feedback from our patients.
- Behavioral Health Program Update – Ms. Kaiser said that we have hired two licensed clinical social workers! This is a big accomplishment as we have been trying to find a second licensed clinical social worker for quite some time. Ms. Musillami started at Salem Clinic in August of 2021 and Mr. Williams started this year. Ms. Musillami will provide services at the Main clinic location while Mr. Williams will split his time between the Inland Shores and South locations. Each LCSW will have a behavioral health assistant as well. These people will assist in making calls to patients, sending letters, entering information, etc.
- Urgent Care MyChart Messaging – Mr. Emmert said that last week on Thursday, April 20th, we launched MyChart messaging which allows patients who were seen at Urgent Care to be able to send messages to the provider they saw up to 48 hours after their appointment.

Urgent Care Scheduled Appointments

Mr. Emmert gave an update on the changes to scheduling that have been made for our UC locations.

- Mr. Emmert said that on the 20th we implemented updated scheduling for urgent care appointments. There are now three ways patients can be scheduled in to see a provider in urgent care; 1. MyChart scheduling opens in the morning at 7:30AM each day and patients can schedule into an available appointment via MyChart. Appointments offered that day start in late morning and are offered at

both locations. 2. Patients can call into the clinic and speak to a call center representative and an appointment can be made for same day. 3. Patients can still walk-in to either urgent care site (Main and South) to request an appointment.

- Ms. Kaseberg said that when she goes to urgent care, she often needs to be seen urgently, so having to make an appointment for later in the day would not work for her. Mr. Emmert said that appointments are scheduled same day and if patients need to be seen quickly (based on symptoms they are presenting with) scheduling has criteria that they use for faster scheduling so that they can accommodate this.
- These changes allow for fewer patients having to sit in the waiting room for long periods of time and patients receive a better understanding of when they will be seen.
- Urgent Care at our Inland Shores location is not currently being done due to low staffing levels; however Dr. Loewen-Thomas said he would like to have UC at that site again in the future.
- As Ms. Kingsbury said at the beginning of the meeting we are now seeing all patients (even those with URI symptoms) at both UC locations. We think the changes made to scheduling and allowing for all patients to be seen at both locations will have a positive impact on our access to care.

After-Visit Summary (AVS) Update

Mr. Emmert gave an update to the AVS distribution process that was discussed at the PFAC last fall.

- Mr. Emmert said that after testing in clinic it was determined that handing out the AVS to patients at the end of their appointments was not beneficial.
- The AVS is not completed by the end of the appointment in most cases so AVS' that were handed out were incomplete.
- AVS' on MyChart after the visit were complete.
- We encourage patients to participate in MyChart so that they can readily access this information.
- If a patient would like their AVS at the end of the appointment, we will print it for them and let them know that the finalized copy would be available via MyChart.
- Mr. McIntyre asked if we would be offering the flu and COVID vaccinations in the future as a combination shot. Dr. Loewen-Thomas said that we have not year heard that this is being done but will let patient's know if it becomes an option.

Urgent Care Video Visits

Ms. Kingsbury discussed an opportunity for video visits in urgent care.

- Ms. Kingsbury asked if anyone would be interested in a video visit when needing to see Urgent Care (UC).
- Mr. Baldwin said that it would depend on the issue.
- Ms. Kingsbury asked Dr. Cooley to share under which circumstances he sees patients via video visit.
- Dr. Cooley said he only uses them for medication follow-up or psychiatric follow-up.
- Mr. Sangster said that he has had video visits with his provider and he prefers to do this only because his provider knows him and his medical history. If he was to see a provider for an UC visit, that provider would be "coming in cold" as the provider does not know you.
- Mr. Alotta said that he would be interested to see how many visits could be done via video, over a 60-90 day period of time.
- Dr. Loewen-Thomas said that there are a lot of platforms offering online appointments that it will be necessary to determine how to do this effectively so that we can meet patients where they are.
- Mr. Rollings said that the video visit is an admission at the start of the appointment that nothing in the visit would be benefited by a physical appointment in-person. A physician's examination skills are not fully utilized in this type of an exam. Mr. Rollings said that this may not be a question of if these

appointments are done but rather, should they be done. Mr. Rollings said that as a physician, we should be aware of what we are agreeing to when we agree to see patients in this manner. You commit in advance that the appointment would not benefit by physical examination. Mr. Rollings said that when you are seen via video visit, you agree that if the provider determines that you need to be seen in-person that you will be seen and when you get to the front desk, you sign a consent that says you agree to pay for the in-person visit, if insurance does not pay. Mr. Rollings expressed concern that insurance would be billed for one visit and that the patient would be billed for a second visit. Mr. Rollings said he refuses to sign that form when he comes into the office.

- Ms. Kingsbury said that is concerning and Dr. Loewen-Thomas said we do not bill for two appointments in the same day. **To-do: Ericka** please review the form that Mr. Rollings is referring to and see if any changes need to be made.
- Mr. Baldwin said that perhaps the younger “millennial” population would like video visits. Mr. Baldwin suggested that video visits may be better suited for Triage visits instead.
- Dr. Loewen-Thomas said we had not thought of that suggestion yet.
- Mr. Baldwin said that sometimes as a patient you’re not sure if you should go to UC, see your doctor for a regular appointment or go to the Emergency Department, so if you had a short visit with triage they could advise you of where to go. Perhaps they could even assist with scheduling that appointment during the video visit.
- Mr. Emmert said that staffing for triage would have to be evaluated prior to offering video visits.
- Mr. Baldwin said that he thinks Salem Health already does this, so it would be interesting to know what their feedback is.
- Dr. Loewen-Thomas said that follow-up for an office visit the next day is likely the outcome.
- Ms. Kaseberg said that sometimes a video appointment may not be the appropriate first step, if you’ve been seen in-person for an office visit, perhaps a video follow-up appointment may be helpful.
- Dr. Loewen-Thomas said that we do have some information on our website as to where to be seen based on your symptoms.

Patient Experience of Care (PEC) Survey Update

Ms. Kingsbury discussed our PEC survey and gave an update on our progress so far this year.

- The invitation to complete a PEC survey goes out via MyChart message.
- We have a goal to survey at least 6% of each provider’s panel of patients each calendar year. We are currently at 2% so far this year.
- We finished 2022 with 8,760 survey completions. Please see your handout entitled Patient Experience Survey Results.
- YTD volume – We have had 1,919 survey engagements in January 1st through March 31st.
- The second page of the handout shows our results regarding access.
- The scores show the percentage of time when patients select “Always” as their answer.
- The survey is a CAHPS survey and used nationally, so we are not able to change how the questions are asked or the order in which responses can be selected.
- Mr. Sangster asked if the survey is offered in other languages.
- The survey is only offered in English and in Spanish. **To-do: Ericka** please see if offering the survey in any other languages is possible.
- Dr. Loewen-Thomas said that we do use interpreters during visits and some of them connect via video visit.

Patient Feedback Requested

Ms. Kingsbury asked the advisors if they wanted to share any additional feedback with us.

- Mr. Allota said that a few weeks ago he cut his finger at home and it bled profusely. Mr. Allota came into the Urgent Care at South to be seen. He was getting out his insurance card when the staff at the front desk immediately called a nurse in the back. The nurse said to bring Mr. Allota back immediately. Mr. Allota was very pleased and surprised at caring and urgency in which he was taken care of as he had not even checked in yet. It wasn't until after he had been seen by the provider and was getting a shot that he was checked-in. The staff behind the front desk did not hesitate to help him right away. This was a nice experience considering he had cut his finger.
- Mr. English said that he went to UC with a burn and something similar happened to him when he arrived, he was seen right away without any delays.
- Mr. Rollings said that he brought his wife to an appointment last week at Family Medicine as his wife had received an email saying that she had an appointment. When they got to the front desk, they were told that the appointment was not scheduled for that day and that they needed to come back next week. Mr. Rollings said that he felt that the reaction at the front desk was one of acceptance that this perhaps happens regularly. Mr. Rollings asked if administration is aware that patients are receiving appointment reminders for the wrong dates.
 - Ms. Kingsbury and Ms. Robinson said they are not aware that this has been occurring. Ms. Kingsbury said she would be happy to follow-up on what happened but would need Mr. Rollings' wife's information so she could review our processes. Mr. Rollings declined this request for further assistance.
 - Ms. Kaiser said that we would hope that if this happens, staff would try to fit the patient in to the schedule so that they would not need to return on a different day.

Next Meeting

Ms. Kingsbury shared that the next meeting is scheduled to occur on the evening of Wednesday, October 25th.

Adjournment at 7:00 p.m.