



## METHODIST

### Methodist Employee Forums – September 2017 Questions & Answers

Q: *When will the road construction be done on 84<sup>th</sup> Street?*

A: The City hasn't shared an exact date, but we do anticipate November 2017.

Q: *Did the Renaissance Health Clinic name change?*

A: Yes, the name was changed to Methodist Community Health Clinic when we changed locations to the Kountze Campus at 26<sup>th</sup> and Douglas.

Q: *Does the Methodist Community Health Clinic (MCHC) take other patients besides the uninsured or underserved?*

A: Yes, the Clinic also sees insured patients and has the ability to file with insurance carriers.

Q: *Where is the outdoor dining area going to be located and when is it open?*

A: This area is located right beside the current cafeteria. If you go to the cafeteria, you can see it right outside the windows. We anticipate opening this around November.

Q: *How are we handling patient statements?*

A: With dates of service after April 1, they will not receive an insurance pending statement. There could still be some instances where patients would still be receiving an insurance pending statement if dates of service prior April are still pending. This was identified as a sustainability effort and it has saved around \$240,000 a year in statement costs.

Q: *When does the ACS Hope Lodge open?*

A: January 2018

Q: *What is our sustainability plan for NMH?*

A: We have retained a national expert, the Verdis Group, to lead us through our sustainability strategy development. These strategies will be aimed at accomplishing our 2030 targets around waste reduction, water and energy consumption, mode split and engagement. By the middle of next year, we will have a well thought out roadmap that we can clearly communicate to our workforce, our patients, and our community.

The systems used in the new corporate headquarters were designed to Energy Star standards. Working with our engineering partners at ME Group, the principles of sustainability were considered from the early stages of design. This also includes the multiple phases of construction. Our contractor, JE Dunn, has a process during construction to minimize waste going to the landfill and maximize recyclables.



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**Q:** *The perception is our patient population is changing and inpatient units are seeing more suicidal and/or homicidal patients as well as patients suffering from addiction to/withdrawal from drugs and alcohol. Caregiver's values and beliefs regarding the care for these patients vary. What is our plan to better serve these patients until they are medically stable to discharge to treatment? Are there plans to roll out sensitivity training for caregivers (similar to the way provide sensitivity training for bariatric patients)?*

**A:** Methodist continues to focus on sensitivity training assuring we are approaching patients with a spirit of care and understanding and not judgement. Each patient has a story behind their addiction and disease. Sensitivity training is one approach to enhance our care and understanding. Our 2018 annual organizational review is being developed to include suicidal and/or homicidal patients as well as patients suffering from addiction to/withdrawal from drugs and alcohol.

We have also identified a need, related in part to the same concerns for staff to develop and apply ethical thinking in the care they provide. In those situations where the Ethical Issues Resolution process is applied, the Four Quadrant Tool worksheet, used to gather information, leads staff to consider the ethical principles involved. It also asks questions to help staff consider their own biases. We want to build on that process and strengthen the ability of staff to "self-check" in all situations. We want to validate staff's values and beliefs while giving them tools to provide excellent/sensitive care. We are developing a plan to provide education on ethical principles, virtues and morals for the Patient Rights and Ethics Committee as well as staff and other targeted groups. The education topics are being developed to include the suicidal/homicidal/addicted/withdrawal/difficult patients in mind as we move forward.

Patient and staff safety are our top priority. Behavioral or psychiatric care can be delayed until a patient is medically stable. The Behavioral Health Response Team (BHRT) is a resource that any staff member can activate in response to concerning patient behavior. The BHRT are trained to support staff. When a situation becomes urgent, security can also be contacted and a Dr. Major initiated.

**Q:** *Do we plan to open any other Urgent Care Centers? Is Methodist considering a clinic in the Missouri Valley area?*

**A:** No exact locations have been identified for Urgent Care Centers; however, we are developing strategies to increase access across the community. This has the possibility of going multiple directions, including urgent cares, extended hours, walk-in appointments, expanded visits, etc.