

PI Committee Meeting



November 15, 2017



November 2017 PI Committee Agenda

Updates:

- 2018 PI Plan, Client Experience Survey, November Dashboard
- Bi-Monthly Project Progress:
 - Hospitalization Follow-up
 - Hep C Treatment
 - Behavioral Health: Coping & Anxiety
 - Standardized Housing Data
 - Client Experience: After Hours Phone Access

Discussion:

- PI Communication
- Workgroup Structure: Pros & Cons?
 - Involving Clients in PI
 - Involving Care Teams in PI
- Use of incentives in PI: Moving Beyond Pizza



Hospitalization Follow-up

Goal: Increase % of hospitalized clients (as identified by the CRISP list) who see a medical and/or psych provider within 7 days of discharge.

Team Members: Chauna Brocht, Katie League, Iris Leviner, Crystal Lee

Progress made since last committee presentation:

- 1) Data was collected in October and November for rate of clients seen within 7 days of hospital discharge. Rate was found to be 3% both months.
- 2) PDSA started on 11/13 to have CHWs outreach to clients discharged from an inpatient stay.
- 3) Appointments are now available on medical provider's schedules that are accessible 7 days out with the intent of using these for hospital and CCP follow-up appointments.
- 4) Did a PDSA with Case Management to identify patients recently discharged from the hospital and found that it was successful. The group will resume this intervention with Case Management in December.



Hepatitis C Treatment

Goal: Cure Hep C! (75% Treatment completion rate for anyone w Fibrosis Score F2 or greater).

Team Members: Tyler Gray, Catherine Fowler

Progress made since last committee presentation:

- 1) Hep C treatment form updated to allow us to document clients treated at outside locations so that our treatment rate is more accurate
- 2) The monthly data report is consistent
- 3) We have started discussions about how to sustain this work in 2018- who will coordinate/lead this?
- 4) A new medication is approved that will make most treatment 8 weeks and we hope this will help change Medicaid eligibility criteria.



Behavioral Health: Coping & Anxiety

Goal: Improve average score at 3rd assessment to ≥ 3.5 for coping and ≤ 2.2 for anxiety.

Team Members: Jan Ferdous, Sean Berry, Montse Ferrer

Progress made since last committee presentation:

1) Continuing to work toward goal of having a 75% on time assessment completion rate. Since this goal we have seen an increase in on time completion. Hoping to achieve this by end of November. We have offered the incentive of a pizza party if this goal is met.

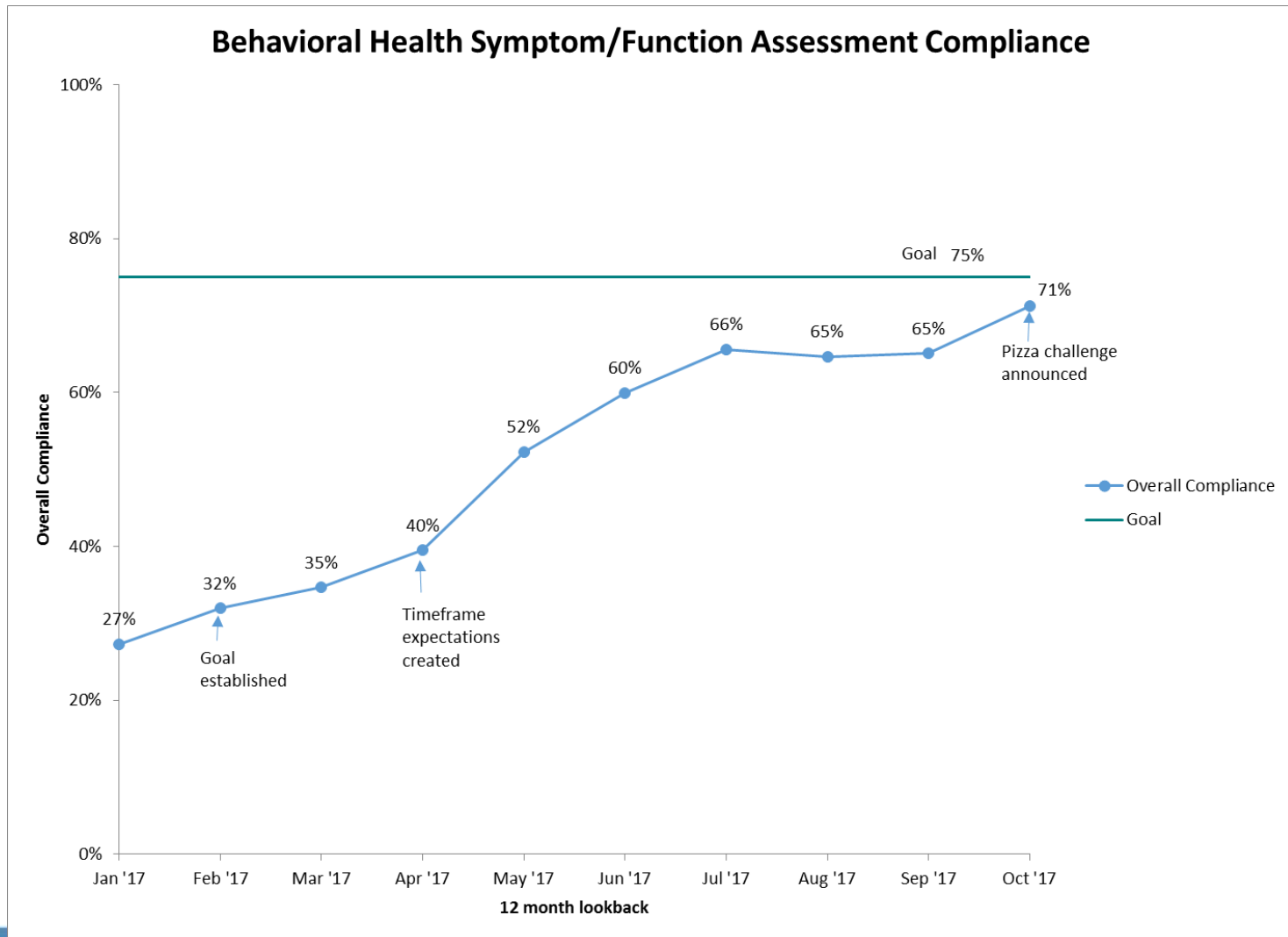
2) Continuing with the intervention of mindfulness to reach the set goals for clients to increase coping and reduce symptoms.

3) Beginning to explore the intervention of diagnosis education for clients. The prediction is that it will reduce anxiety for clients to understand their diagnosis better, but questions remain about when and how diagnosis education is most effective.

4) Have added the West Baltimore clinic to these goals, and they are beginning to use the mindfulness intervention, and Symptom Function Questionnaire.



Behavioral Health: Coping & Anxiety



Standardized Housing Data

Goal: Standardize housing data collection across teams

Team Members: Lawanda Williams, Katie League, Jan Caughlan, Denise Hanson

Progress made since last committee presentation:

- 1) PRAPARE will be used as a method to conduct housing screening
- 2) A comprehensive Housing Assessment is being developed to determine the housing status and needs of identified clients
- 3) Work targeted towards identifying housing status will continue through the Housing Access Workgroup



Client Experience: After Hours Phone Access

Goal: Raise the average score for the item “I can reach a provider when the clinic is closed” on the bi-annual client satisfaction survey from 3.4 (June 2017) to 4.0 in November 2017.

Team Members: Vanessa Borotz, Kate Leisner, Aisha Darby, Laveda Bacetti, Adrienne Trustman

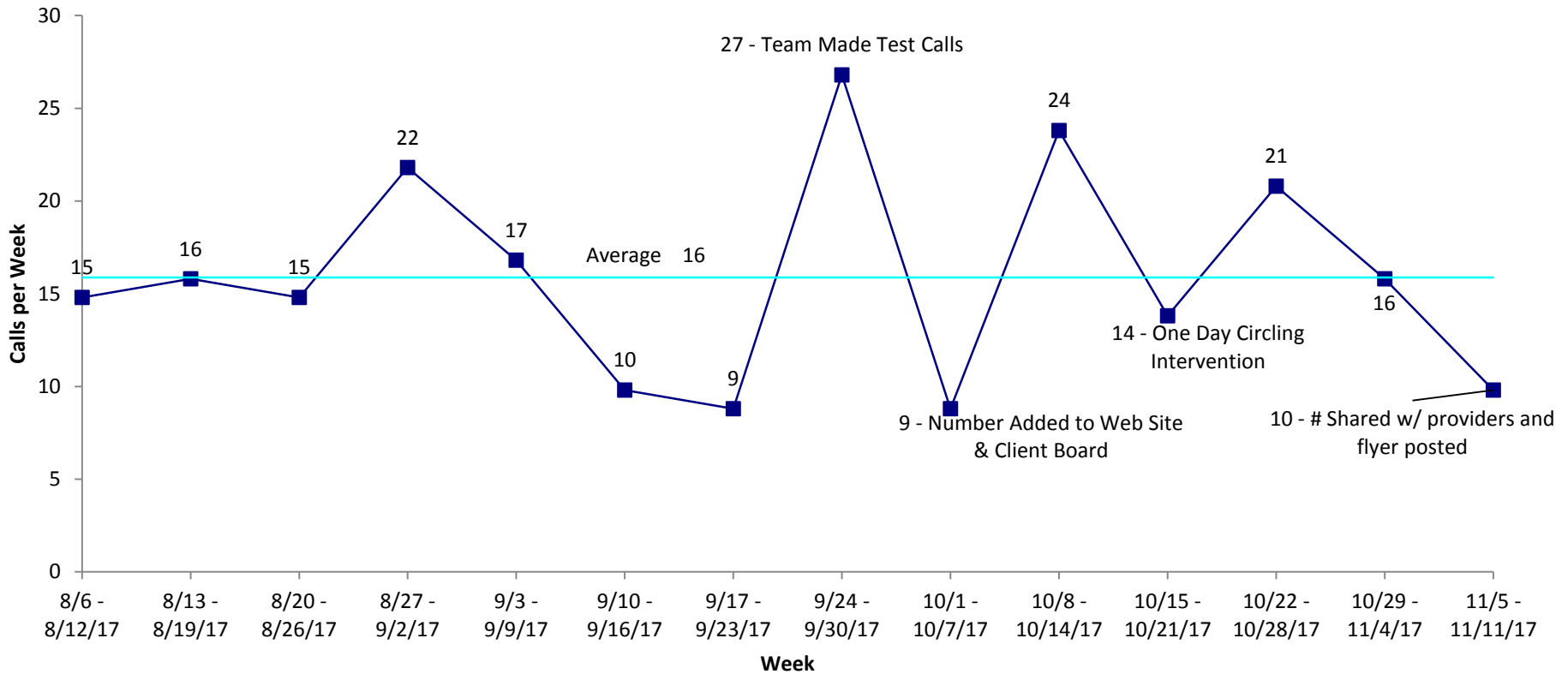
Progress made since last committee presentation:

- 1) Gathered client feedback from the CRC and from focus groups. Revealed that clients are generally unaware that the after hours number exists.
- 2) The group tested use of the after hours number at a variety of times, and found that it is generally reliable at connecting to the on call provider.
- 3) Schedulers have begun circling the after hours number on the back of appointment cards and bringing it to client’s attention.
- 4) Dr. Trustman brought the number to provider’s attention on 11/9/17.
- 5) A winter awareness flyer, highlighting the after hours number among other things, was circulated beginning 11-10-17.



Client Experience: After Hours Phone Access

After-Hours Clinical Emergency Call Volume
8/6/17 - 10/28/17



Discussion: PI Communication

- PI Committee Minutes on Portal
- Weekly talking points to Clinical Directors (example below):

Performance Improvement Projects

- Colorectal Screenings: Our goal is 45% for all of 2017. We hit 55% Sept. 2017.
 - Moving forward with pilot w/BCCC to support transportation/follow up for uninsured pts needing CRC screening. We will be sending out all the information once it is finalized.
- DM: Our goal is 70% of pts w/DM will have HA1C <9%. We hit 70% in Sept. 2017.
 - Formularies were handed out last week, has this changed anyone's practice yet? It changed mine!
- Flu shots: 2017 goal is 45% of eligible patients receive a flu shot. We hit 23.5% vaccinated in September
 - Flu shot clinics were completed at 3 shelters this week!
- Hep C: Our goal is to treat 75% of pt w/Fibrosis score of 2 or higher.
 - Donya is asking that we remember to send down the 3 and 8 wk treatment HCV VL labs as soon as possible. There have been delays due to labs not being sent expeditiously.



Discussion: Workgroup Structure

- Reflection: Pros & Cons
- Thoughts on involving clients in PI work ([Video](#))
- Thoughts on involving care teams in PI work



Next Month: December 20, 2017

Progress Updates:

- Diabetes
- Colorectal Cancer Screening
- Universal Screening
- Flu Vaccinations
- Missed Appointments

