

## 11-15-17 PI Committee Minutes

**Attendance:** Ted Ramsay, Barbara DiPietro, Jen Marsh, Josh Brusca, Taylor Klasky, Aaron Shapiro, Vanessa Borotz, Adrienne Trustman, Chauna Brocht, Tobie Smith, Meredith Johnston, Lawanda Williams, Cindy Cabales, Tyler Gray, Kevin Lindamood, Niles Kalyanaraman, Lisa Stambolis, Margaret Flanagan, Cyndy Singletary, Kate Leisner, Tonii Gedin, Katie League, Catherine Fowler, Tracy Russell, Jan Ferdous.

### **General Announcements**

- The 2018 PI plan remains unchanged from when last presented, accepting any additional feedback on it at this time.
- Customer satisfaction survey is currently being distributed in person and by phone. Results will be available in January of 2018.

### **Non-Presentation PI Goal Announcements**

- Diabetes rate remains stable.
- CRC continues to exceed its goal.
- Flu vaccination hit a YTD rate of 33%, the highest we have ever been.
- Missed appointments remain stable.
- Universal screenings remain stable. We lost our rapid tester, teams worked efficiently to devise a new workflow to not allow this to interrupt the process.

### **Hospitalization Follow Up**

- Approximately 10% of CRISP list patients follow up with either a medical provider or psychiatrist within 7 days of their appointment. Within this, only 3% are direct results of efforts by our scheduling team.
- We are currently experimenting with transitioning this work to our community outreach team. They are following up with clients in person in addition to by phone.
- This is a time consuming process, requires about 30 minutes per client.
- Outreach workers are using 7 day follow up appointment type when scheduling these clients.

### **Hepatitis C Treatment**

- Working on addressing individuals who have tested positive but not engaged since, as well as individuals who have not re-tested in past 12 months.
- Medical assistants are calling these individuals to encourage them to come in for bloodwork.
- Working on improving documentation of those who are treated elsewhere.
- Focusing on continuity efforts since this will not be a 2018 PI goal.

### **Behavioral Health**

- Continuing to use mindfulness, has shown slight improvement for reducing anxiety.
- Compliance rose to 71 %, challenging the team to reach the 75% goal with a pizza party as incentive.
- Currently examining drivers and possible interventions. Experimenting currently with diagnosis education.

### **Housing**

- Have re-evaluated how we screen and assess using the PRAPARE tool.
- Have utilized the housing access workgroup to standardize the use of this assessment.
- Focusing on looking at housing data through a population health lens.
- Exploring how to link PRAPARE assessments to housing services.

### **After Hours Contact**

- Focus groups found that clients are generally unaware of the after hours number.
- The group tested the number and found it to be usable and reliable.
- The number was posted on the website, and shared on the client information board.
- Schedulers have started a new practice of circling the number on the appointment card and bringing it to client's attention.
- "Winter is here" flyer circulated, highlighting among other things the after hours number.
- Call volume has remained constant.

### **PI Communication**

- Minutes will be shared on the portal henceforth.
- Considering providing weekly updates to medical directors; updates at all staff meetings; and PI screen savers.
- Received feedback that the subcommittee structure has worked well, and that meetings have been more engaging.
- Received suggestions that PI establish subcommittee goals early, and spread those goals across the organization early as well.

### **Client Engagement**

- Watched a video focused on asking clients more frequently and informally their thoughts on ideas for improvement.
- Suggested that we invite clients to the PI committee meetings.
- Suggested that we ask clients how they want to be involved in PI.