## **HCH Performance Improvement Committee Meeting Minutes**

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| Date of Meeting: | | 4/16/2020 | Time: | 8:15-9am |
| Location: | | Zoom Call | Minutes prepared by: | Ziad Amer |
| **Attendees** | | | | |
| (Unclear due to nature of format) | | | | |
| **Agenda and Notes, Decisions, Issues** | | | | |
| **Topic** | **Discussion** | | | |
| **Breast Cancer Screening** | * We have yet to begin our testing of improvements for our Mammogram completion project, and due to Covid-19 we will continue our planning phase into April. Our baseline Mammogram Completion rate for March was 60%. | | | |
| **Medication Errors** | * We also attribute our lack of medication error incidents in the month of March to the Covid-19 pandemic. In March we saw 0 incidents related to medication errors reported – out of a total of 8 incidents reported. | | | |
| **Food Insecurity** | * Our goal to address food insecurity measurement is:   + By December 2020, 90% of clients who identify as having food insecurity on the PREPARE tool will be connected to Case Management * Our specific measurement, being developed by Health Informatics, currently being finalized shows:   + 69% of clients who answered “yes” to difficulty getting food on the PREPARE tool had a completed case management appointment in the following 6 months (N=725). * We will also be exploring the role of CHWs in addition to case management in helping clients address food insecurity | | | |
| **Provider Communication** | * We have identified one of the four questions that scored worse in the November survey than the May survey:   + “My provider explains things in a way that is easy to understand” * This is the only question in which all sites scored in the bottom quartile for (others remained the same or improved) * We have spoken with CRC about this particular question * We will reconvene Provider Communication Subcommittee to focus on short-term changes while we work as an agency to implement the following longer-term solutions identified last year:   + Communication Training for Providers & Client-facing Staff   + Improving access via telephone * Unfortunately, due to the Covid-19 pandemic we will not be conducting a May survey for clients. We will be looking ahead to October as our next survey period. | | | |
| **Depression Remission** | * This year we will not only be tracking and improving the depression remission rate of our clients, but the screening rate and the connection to behavioral health therapists as well * Additionally we will be expanding our remission efforts beyond just adult clients to include pediatric clients ages 12-17. * Our rate of remission thus far remains low at 0%, due to a number of factors, namely the significant challenges of seeing remission for a diagnosis of depression in six months from a clinical perspective * However, we have a number of strategies for our project that will help us move toward our goal: * **Depression Screening + Follow up Strategies:**    + Focus on repeated PHQ-9 administration at 5-7 months   + Improving the PHQ-9 form in the HER   + Improved client connection to Behavioral Health   + Currently 51% of clients who screened positively in a medical visit on the PHQ-9 were connected to BH   + Exploring clinical approaches to achieving remission * We are however, seeing strong screening rates in our adult population at 86% (of our 86% goal) in March! * We are currently at a 50% screening rate with our pediatric clients   Our survey tool for BHTs is designed to get a better understanding of which clinical approaches have been working well at finding symptom improvement in clients. | | | |
| **Medication Adherence** | * Our 2020 Medication Adherence goal is: By December 2020, 80% of eligible clients will be screened for medication adherence barriers using a validated tool (ASK-12). * We have made some initial progress with the project, developing a subcommittee and convening to discuss strategies and test workflow options for providers * The ASK-12 will automatically calculate the results and present a final score for each client’s medication adherence level – however due to competing priorities related to Covid-19 - this has stalled understandably. * We have developed a one-pager for clients relating to prescription refills, pharmacy access, and frequently asked questions. * We hope to get this one-pager in front of clients next week | | | |
| **Flu Vaccination** | * We have concluded our 2019-2020 flu campaign in the middle of the Covid-19 pandemic and many of our late stage strategies were disrupted. However, in March we finished the campaign at 43% thanks to the hard work of everyone involved in the project. This is 11% better than where we ended out campaign last season.   + Lessons Learned:   + Distributing and unvaccinated clients list, pulled and delivered to care teams helped to shed light on clients who fell through the gaps   + We’ve seen increased rates among care teams when they know who needs a flu shot prior to the client’s arrival * Repeated messaging to staff is critical! Workflows can be improved upon only if staff understand how they are designed – clear communication is needed when staff are inundated with their other assignments. | | | |
| **Phone Access** | * We have seen significant disruption to our phone system access as a result of the Covid-19 pandemic. Nearly a 40% decrease in number of answered calls in scheduling at Fallsway from the week prior to our Work from Home Mandate. * However, we have seen an increase in our CMA workgroup answer rate during this Covid-19 pandemic. * Thus far, pre Covid-19, we have:   + Explored data on phone systems   + Met with Aisha, Crystal, Schedulers, LaVeda, Mona   + Met with ShoreTel representative to discuss reporting and functionality   + Discussed experience with phone access with the CRC   + Shadowed schedulers to get data behind their top issues   + Lobby day PDSA * Our next steps (that were planned before Covid-19):   + Work with Aaron on workgroup/phone tree configuration   + Continue working with ShoreTel to optimize phone system   + Continue working with Scheduling on workflow optimization   + Incorporate client feedback into improvement work   + Confirm voicemail data methodology | | | |
| **Joy in Work** | * Our efforts thus far for our Joy in Work goal of, by December 2020, the agency’s level of Joy in Work will improve by 20%, have been to develop our vision for the journey:   + Measure our agency’s level of burnout using the CBI   + Develop and use a simple measurement tool for joy in the agency (monthly)   + Break out into “Joy Squads” to ASK, IDENTIFY, and COMMIT to improving joy in work   + ASK what matters to staff (what are the bright spots in your day)   + IDENTIFY what impedes those bright spots (what are pebbles in your shoe)   + COMMIT to testing and implementing change ideas to address those pebbles   + Joy squads will be led by a trained facilitator to host these conversations with staff   + Staff on Care Teams will have additional opportunities to meet with their department to ASK, IDENTIFY and COMMIT * The Copenhagen Burnout Index Results   + 140 Staff completed the survey   + 87.5% of respondents had a mostly good day   + Total CBI Score is 37 (on a 0-100 scale, with 0 being low and 100 being high)   + Dimension Scores are as follows:     - Work- Related Burnout Score: 44     - Client/Customer- Related Burnout Score: 26     - Personal Burnout Score: 42 * Interestingly, the highest burnout index results were from staff who did not disclose their job role – we feel this may be related to a lack of psychological safety which can increase the rate of burnout. It will be challenging to address concerns with staff regarding Joy in Work if staff members do not feel comfortable sharing their concerns. * We want to ensure, even during this challenging time of the Covid-19, and indeed especially now, that we are maintaining the framework of improvement for Joy in Work. | | | |

**Next Meeting:**

Wednesday, May 20, 2020

8am – 9am

3rd Floor Large Conference Room or via Zoom (TBD)