

## HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	2/18/2020	Time:	8-9am
Location:	421 Fallsway, 3 <sup>rd</sup> Fl Large Conf. Room	Minutes prepared by:	Ziad Amer
<b>Attendees</b>			
Z. Amer, C. Bauer, W. China, D. Dexter, J. Diamond, B. DiPietro, J. Ferdous, M. Flanagan, C. Fowler, T. Gedin, K. Healy, L. Hoffman, M. Johnston, H. Mast, T. Russell, M. Schneider, J. Tate, G. Thacker, A. Trustman, L. Williams, M. Williams			
<b>Agenda and Notes, Decisions, Issues</b>			
<b>Topic</b>	<b>Discussion</b>		
<b>Mammogram Completion</b>	<ul style="list-style-type: none"> <li>Currently in pre-planning and is set to begin in March for Community sites and April for the Fallsway clinic. Current baseline data shows we are at 56%.</li> </ul>		
<b>Flu Vaccine Campaign</b>	<ul style="list-style-type: none"> <li>We are continuing our campaign to reach 45% of our clients with the flu vaccine this season. In January we are currently at 43% thanks to the hard work of everyone involved in the project. There is still work to be done and we have identified key campaign strategies to achieve our goal. <ul style="list-style-type: none"> <li>Campaign Strategies: <ul style="list-style-type: none"> <li>Unvaccinated clients list, pulled and delivered to care teams</li> <li>We've seen increased rates among care teams when they know who needs a flu shot prior to the client's arrival</li> <li>Unassigned clients are still seeing the lowest rates of vaccination</li> <li>Will work with Steel Team/Supportive Housing on: <ul style="list-style-type: none"> <li>Tools for clients/providers</li> <li>Flu shots in the field? <ul style="list-style-type: none"> <li>We are unable to provide flu shots in the field at this time as our community health workers do not carry code boxes in the event of an adverse reaction to the vaccine.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>		
<b>Medication Adherence</b>	<ul style="list-style-type: none"> <li>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).</li> <li>We have made some initial progress with the project, developing a subcommittee and convening to discuss strategies and test workflow options for providers</li> <li>The ASK-12 will automatically calculate the results and present a final score for each client's medication adherence level</li> <li>The ASK-12 tool will be tested in Baltimore County in the EMR near the SDH</li> </ul>		

	<ul style="list-style-type: none"> <li>• The workflow will be the main focus of our work, testing and implementation will look different for all disciplines</li> <li>• We will be meeting with department representatives to develop workflows that will ensure sustainable success</li> <li>• We will continue to work through who is included in our “eligible clients” criteria</li> </ul>
<b>Depression Screening and Remission</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Additionally we will be expanding our remission efforts beyond just adult clients to include pediatric clients ages 12-17.</li> <li>• Our rate of remission thus far remains low at 1%, 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</li> <li>• However, we have a number of strategies for our project that will help us move toward our goal:</li> <li>• <b>Depression Screening + Follow up Strategies:</b> <ul style="list-style-type: none"> <li>○ Focus on repeated PHQ-9 administration at 5-7 months</li> <li>○ Improving the PHQ-9 form in the HER</li> <li>○ Improved client connection to Behavioral Health</li> <li>○ Currently at 51% of clients who screened positively in a medical visit on the PHQ-9 were connected to BH</li> <li>○ Exploring clinical approaches to achieving remission</li> </ul> </li> <li>• We are however, seeing strong screening rates in our adult population at 81% (of our 86% goal) in January</li> <li>• We are currently at a 42% screening rate with our pediatric clients</li> </ul>
<b>Joy in Work</b>	<ul style="list-style-type: none"> <li>• 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: <ul style="list-style-type: none"> <li>○ Measure our agency’s level of burnout using the CBI</li> <li>○ Develop and use a simple measurement tool for joy in the agency (monthly)</li> <li>○ Break out into “Joy Squads” to ASK, IDENTIFY, and COMMIT to improving joy in work</li> <li>○ ASK what matters to staff (what are the bright spots in your day)</li> <li>○ IDENTIFY what impedes those bright spots (what are pebbles in your shoe)</li> <li>○ COMMIT to testing and implementing change ideas to address those pebbles</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Joy squads will be led by a trained facilitator to host these conversations with staff</li> <li>○ Staff on Care Teams will have additional opportunities to meet with their department to ASK, IDENTIFY and COMMIT</li> <li>• Additionally, our preliminary results the Copenhagen Burnout Index are still coming in <ul style="list-style-type: none"> <li>○ 116 staff have taken survey so far</li> </ul> </li> <li>• We want to keep our measurement system as simple as possible: <ul style="list-style-type: none"> <li>○ “Did you have a mostly good day or a mostly bad day? Why? (5 words MAX)”</li> </ul> </li> </ul>
<b>Food Insecurity</b>	<ul style="list-style-type: none"> <li>• Our goal to address food insecurity measurement is: <ul style="list-style-type: none"> <li>○ By December 2020, 90% of clients who identify as having food insecurity on the PREPARE tool will be connected to Case Management</li> </ul> </li> <li>• Our specific measurement, being developed by Health Informatics, currently being finalized shows: <ul style="list-style-type: none"> <li>○ 67% 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)</li> </ul> </li> <li>• We will also be exploring the role of CHWs in addition to case management in helping clients address food insecurity</li> </ul>
<b>Provider Communication</b>	<ul style="list-style-type: none"> <li>• We have identified one of the four questions that scored worse in the November survey than the May survey: <ul style="list-style-type: none"> <li>○ “My provider explains things in a way that is easy to understand”</li> </ul> </li> <li>• This is the only question in which all sites scored in the bottom quartile for (others remained the same or improved)</li> <li>• We have spoken with CRC about this particular question</li> <li>• 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: <ul style="list-style-type: none"> <li>○ Communication Training for Providers &amp; Client-facing Staff</li> <li>○ Improving access via telephone</li> <li>○</li> </ul> </li> </ul>
<b>Phone Access</b>	<ul style="list-style-type: none"> <li>• Our goal for phone access from clients is: <ul style="list-style-type: none"> <li>○ By December 2020, 80% of calls will be answered by a human and 80% of voicemails will be returned within 1 business day.</li> </ul> </li> <li>• Thus far we have: <ul style="list-style-type: none"> <li>○ Met with Aisha, Crystal, Schedulers</li> <li>○ Exploring data on phone systems</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Met with ShoreTel representative to discuss reporting and functionality</li> <li>○ Working with CRC on their experience with phone access</li> <li>● Our next steps are: <ul style="list-style-type: none"> <li>○ Confirm measure definition</li> <li>○ Work with Aaron on workgroup/phone tree configuration</li> <li>○ Shadow schedulers to get data behind their top issues</li> <li>○ Continue working with ShoreTel to optimize phone system</li> <li>○ Incorporate client feedback into improvement work</li> </ul> </li> </ul>
<b>Pharmacy Navigation Tool for Clients</b>	<ul style="list-style-type: none"> <li>● Pop Health has developed a Pharmacy Navigation Tool for clients to aid in the refill and prescription process that includes information on when and how to pick up prescriptions, order refills, and contact the pharmacy</li> <li>● Communications will review the document and make literacy improvements before passing it along to clients</li> </ul>
<b>PI Committee Additions</b>	<ul style="list-style-type: none"> <li>● Population Health Goals/Updates</li> <li>● Peer Review Trends</li> <li>● Bonus PI! <ul style="list-style-type: none"> <li>○ TAP process Improvement</li> <li>○ Vaccine Management Improvement</li> <li>○ Changes from Incident Reporting</li> </ul> </li> </ul>

**Next Meeting:**

Wednesday, March 18, 2020

8am – 9am

3<sup>rd</sup> Floor Large Conference Room