

PI Meeting

12/15/2021

Attendees: Tracy Russell, Ziad Amer, Shannon Riley, Andrea Shearer, Sean Morrissey, Joanna Diamond, Malcolm Williams, Mona Hadley, Joe Vervalin, Margaret Flanagan, Hanna Mast, Eddie Martin, Tolu Thomas, Kim Carroll, Kat Acosta, Tyler Gray, Meredith Johnston, Julia Davis, Barbara DiPietro, Laura Garcia, Erick Torres

Agenda

Wake Up Trivia

2022 PI Goals

Client Experience Survey Results + Discussion – think about results being shared/consider 2022 Client Experience Goal

IHI Forum

Quality Improvement Trainings

75% will attend at least one PI training in 2022

75% of supervisors will have attended at least one real-time PI training and one Healthcare Source PI training in 2022

Innovation challenge: PI will orchestrate an agency-wide Innovation Challenge. Staff members can submit ideas/PI will support staff with ideas with learning about PI tools that will help them develop and implement ideas/equip them to become change agents

Establish Quality Key Performance Indicators for the Agency

UDS measures plus Agency Priorities

Q1: HCH create health disparities dashboard

Q1: Monthly meeting with departmental leadership to review trends

End of 2022: Conduct improvement on five quality measures

Client Experience Goal for 2022 – agency will create an annual CES goal in jan 2022 based on 2021 client survey responses

Resource Stewardship Goal – By end of 2022: Improve the number of clients 70 and older who are prescribed aspirin ONLY for secondary prevention (need baseline data)

Client Access Goal: *HCH will achieve 80% utilization across all departments (Goal might change as agency better establishes how this is tracked/baseline data)*

Client Experience Survey (began in August during Athena migration which affected client access)

Surveys by phone, person by third party vendor/volunteers

431 clients in total completed survey (283 by phone/148 in-person)

7th times using CAHPS survey- nationally standardized questions in order to compare our performance with other health agencies

5 Composites of Questions:

- 1) Getting timely appointments, care and information
- 2) How well providers communicate with patients
- 3) Helpful, courteous and respectful office staff
- 4) Providers use of information to coordinate care
- 5) Talking with you about taking care of your own health

Demographic Stats

Gender: 46% male, 50% female, 4% transgender male, transgender female or something else

Language 30% Spanish Speaking preference

Sexual Orientation: 90% heterosexual, 4% lesbian/gay/homosexual, 3% bisexual, 2% something else

Race: 50% Black/African American, 21% White, 5% American Indian/Alaska Native and 18% other. Many patients refused to answer.

Demographic Disparities

By race

Compared with patients who identified as White, patients who identified as Black or African American were:

- Significantly more likely to have been to their provider 10 times or more in the past 6 months
- Significantly more likely to have been going to their current provider for 5+ years
- Significantly less likely to have completed 8th grade or less level of education and more likely to have completed high school/GED

By language preference

Compared with patients who did not speak Spanish, patients who spoke Spanish were:

- Significantly more likely to have been going to their provider for less than 6 months and less likely to have been going to their current provider for 5+ years
- Significantly more likely to indicate their provider listened to them carefully
- Significantly more likely to indicate the clerks and receptionists at their providers' office were always as helpful as they should be
- Significantly more likely to indicate their provider always showed respect for what they had to say
- Significantly less likely to have taken prescription medicine (among those who took rx med)
- Significantly more likely to indicate someone from their provider's office NEVER talked with them about all the prescription meds they were taking
- Significantly less likely to have seen a specialist
- Significantly less likely to indicate that someone from their provider's office talked with them about specific goals for their health
- Significantly less likely to have contacted their provider's office with a medical question during regular office hours

Overall, we performed poorly in August 2021 compared with November 2020

The quartiles we fell most in were: Provider Communication and Patient Care Coordination

Did well talking with Clients about Taking Care of their Health

***West Baltimore performed really well as a site: clients had good access, helpful clerks/receptionists, good staff follow up with test results.*

Specific feedback Open-Ended Responses:

Access

Wait Times

Treatment of Clients

Overall clients felt they were treated well

Positive Feedback: usually for a specific role/department

Medical stood out when it came to the open-ended questions about what clients liked about HCH

Timeline for Dissemination of Client Experience Survey (CES) Results:

12/14: Share/discuss results with management team

12/15: Share/discuss results at monthly PI committee

1/14: Deadline for selecting the 2022 PI Goal r/t CES

Jan/Feb 2022: 2022 CES goal will be presented at P + PI Committee and full board

Jan/Feb 2022: Results and goal will be shared at all staff (update: on January agenda as Quality is hosting all staff)

For Additional Info and Details, please refer to: Health Care for the Homeless: Executive Summary Report October 2021 (with CAHPS Benchmark and Quartile Benchmark) by Research America.

Discussion about Client Experience Survey

- Clients sometimes come in with expectations about our services that they got from outside the agency. How realistic are they? How do we improve communication so that expectations don't fall short
- How is "significant" value interpreted? P-values?: 3rd party vendor sets that determination
- Some of the open-ended survey, some people were very specific: for example, several people expressed specifically concerns about the front porch (safety, people asking for money)
- The timing of the surveys makes results not surprising. We are in early phase of new EMR and learning to use it in order to have quality communication with each other in order to make workflows better/results in less waiting for services and higher satisfaction for clients
- Exploring the "why". CAHPS survey is a little limited. Can we get more feedback from CRC (1st meeting of the year is 1/14)
- CRC should be consulted to determine significant drop causes. Possibly move CRC meeting to 1/7

IHI Forum

Held 12/5- 12/8

Nursing, Peds, CSRs, Case Management, Dental, Benefits, Quality, HIT

Over 45 sessions attended

Largest contingency from HCH sent this year!

Google doc and 2 surveys in order to info share in the remote setting

Surveys – comments on how to use IHI takeaways and implement at work

“In every challenge there is an opportunity”/”always room to grow and improve and calculated ways to do so”

Joy at Work – very big theme at Forum and then within our contingency. Within the group, attendees expressed burnout/inability to turn work off even when attending the forum.

Recurrent theme: leadership must open doors/value work related to Joy in Work

Julia Testimonial:

First time attendee

Found the diversity of people who work in various areas of health care interesting

Joy in Work- negative impact that lack of this and burnout can have on people

Wants to work on strategies and implementation to increase Joy in Work

Coming back after 3 days, found the amount of work missed sitting there and still waiting for her

Realistically, everyone is burned out: It has been a difficult 2 years.

Erick Testimonial:

Enjoyed very much

Loneliness and its effects on illness. Helping to get people connected in the community.

The virtual format was okay, but could explore attendee reaction better in person (hard to get through all the questions people had in the chats).

Ziad will be able to share recordings from IHI with staff

Group that attended wants to meet again in about a month in order to explore how takeaways are being implemented. PDSAs? ID PI champions throughout the agency.

Tracy-one takeaway from IHI: If you add work, then you should evaluate what work can be dropped in order to be effective/keep focus/decrease weight/burnout.

