

HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	12/19/18	Time:	8-9am
Location:	421 Fallsway, 3 rd Fl Large Conf. Room	Minutes prepared by:	Taylor Kasky & Jen Tate
Attendees			
Chauna Brocht, Jan Caughlan, Aisha Darby, Catherine Fowler, Tonii Gedin, Mona Hadley, Katie Healy, Meredith Johnston, Taylor Kasky, Katie League, Kate Leisner, Iris Leviner, Ann Marler, Eddie Martin Jr., Hanna Mast, Kate Mehl, Lauren Ojeda, Tracy Russell, Cyndy Singletary, Jen Tate, Lawanda Williams, Malcolm Williams			
Agenda and Notes, Decisions, Issues			
Topic	Discussion		
Dashboard Updates	<ul style="list-style-type: none"> • Cervical Cancer Screening rate was 66% in November, the highest ever by 3 percentage points. Baltimore County and Mobile were responsible for driving this improvement, as they both did improvement work in November. • Diabetes A1c \leq9.0% was 69% in November, which is in normal range. • Client Experience: After Hours Access – the score on our November survey was 3.3, short of our goal and lower than previous surveys. • Flu shot rate for September – November is 31%. This is an improvement from October but still well short of our goal of 45%. 		
Colorectal Cancer Screening	<p>The Colorectal Cancer Screening rate was 54% this year and has been above goal all year. Tracy detailed the work done by the Colorectal Cancer Screening subcommittee this year:</p> <ul style="list-style-type: none"> • In January, the Preventive Health Tracker EHR form was built, and we partnered with Baltimore City Cancer Program (BCCP) on a patient navigation program to increase colonoscopies. • In April there was a training for providers on the Preventive Health Tracker • In May a PDSA was done on mailing in FITs, which was successful, so the practice was expanded at Fallsway. • In July we ended the partnership with BCCP, and decided to focus our efforts on internal resources and workflows. • In the fall started a pilot for a Nurse Navigation program for clients needing colonoscopies. The work has evolved to include CHW escort to GI appointments and prep kits for clients with the proper foods and drinks they need prior to the procedure. • The Pop Health team noticed gaps in how screenings were being prescribed and underwent a competency review and testing with CMAs and RNs. <p>Lessons learned:</p> <ul style="list-style-type: none"> • Focus on internal resources – external partners are not always best. • It is difficult to implement workflows across sites 		

	<ul style="list-style-type: none"> • Training needs to happen multiple times, not just once <p>Next steps:</p> <ul style="list-style-type: none"> • In 2019, the Population Health team will lead Joint Cancer Screening meetings to sustain the success of this year’s work and focus on some unresolved parts of the follow-up process. <p>Catherine gave us some examples of the competency questions to test the group’s knowledge and demonstrate some of the CRC screening training.</p>
<p>Missed Appointment Reduction</p>	<p>Last year the average missed appointment rate was 31%, after Televox was implemented the average dropped to 28%.</p> <p>This year the following changes were tried:</p> <ul style="list-style-type: none"> • Providers called clients to remind them of their appointments, leveraging their provider-client relationship. This was shown to reduce missed appointment rates but required a sustainable workflow • Changes scheduling templates to provide more flexibility in appointment type • Baltimore County created a transportation guide to reduce transportation as a barrier for missed appointments. The PDSA was inconclusive in addressing the root cause. <p>Lessons learned:</p> <ul style="list-style-type: none"> • Televox resulted in a 3% decrease in missed appointments • Scheduling templates did not reduce missed appointment rate • Some clients with high missed appointment rates also have a lot of nursing visits with many providers <p>Next steps:</p> <ul style="list-style-type: none"> • Will look at a multi-pronged approach to reminding clients of their appointments • Looking to involve more clinical staff on the subcommittee and in the work • Aiming to create a more person-centered approach to scheduling
<p>General Updates</p>	<ul style="list-style-type: none"> • Client Experience Survey results are back and will be distributed in January <p>Reflections from staff who went to IHI:</p> <ul style="list-style-type: none"> • Aisha: It is nice to see the healthcare industry taking a person centered approach to care; “what matters to you” rather than “what’s the matter with you”. Also learned about a Lean strategy of the Gemba walk to flatten distance between management and front line staff. • Katie League: Importance of having similar convos with staff regarding “what matters to you” and think about how to improve morale and satisfaction.

	<ul style="list-style-type: none"> • Margaret: The approach of “better not best” – don’t let the perfect get in the way of the good. Focus work more clearly on a few actions. Need to focus on staff safety as a means of enhancing patient safety. • Jen: Was reminded that to change behaviors, need to first change hearts and minds (what matters to people), and create wins for all sides in order to drive change.
Year in Review	<ul style="list-style-type: none"> • Jen will be sending out an annual survey on our culture of continuous quality improvement via survey monkey. Please participate. <p>The group did an activity to reflect on the following questions:</p> <ul style="list-style-type: none"> • What is one thing you learned this year? • What is one thing you liked about PI/PI work this year? • What is one thing you didn’t like about PI/PI work this year, or questions you have about it? • What would you like to see happen in PI in 2019? <p>Some members shared their reflections.</p> <ul style="list-style-type: none"> • Kate M – Learned so much about clinical processes just being part of HCH • Iris – Role of medical assistants in client care is super important • Margaret – Cervical cancer screening rates help break assumptions about what people experiencing homelessness will and will not do • Kate M – Collaboration with teams is great. Seeing what can be accomplished helps build morale with staff • Aisha – Not all interventions have to be super complex; sometimes simple ones are best.

Next Meeting: Wednesday, January 16, 2019