HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	2/27/19	Time:	8-9am
Location:	421 Fallsway, 3rd Fl Large Conf. Room	Minutes prepared by:	Katie Healy

Attendees
Lilian Amaya, Laveda Bacetti, Chauna Brocht, Rena Card, Kim Carroll, Wynona China, Margaret Flanagan, Catherine Fowler, Mona Hadley, Katie Healy, Meredith Johnston, Eddie Martin Jr., Hanna Mast, Amber Richert, Cyndy Singletary, Jen Tate, Gabbi Thacker, Gretchen Tome, Adrienne Trustman, Malcolm Williams

Agenda and Notes, Decisions, Issues	
Topic	**Discussion**
Dashboard Updates	- Blood Pressure Control Rate for Jan 2019: **56%** - Average: **57%** - Adult Weight Screening and Follow-Up Rate for Jan 2019: **84%** - Average: **76%** - Dramatic improvement after EHR Training-2 and CMA workflow change - Child Weight Screening and Counseling Rate for Jan 2019: **58%** - Average: **55%** - We still need to do some work on this but have a good starting plan based off the success of the Adult Screening and Follow-Up - Pediatric Dental Varnish Rate for Jan 2019: **36%** - Average: **39%** - Slight drop from the high monthly rates seen in Feb 2018 – Jun 2018 but is likely due to the provider turnover that occurred - Incident Reporting Rate for Jan 2019: **17%** - Percentage of reported incidents in categories "near miss", "treatment/diagnostic/procedure related", or "medication errors"
Flu Update	- Overall Flu Immunization Rate for Sep 2018 – Jan 2019: **33%** - Monthly Flu Shot Immunization Rate for Jan 2019: **39%** - Pediatric Flu Immunization Rate for Sep 2018 – Jan 2019: **60%** - Satellite sites flu immunization rates have been good because, as smaller clinics, front desk staff asks all clients about receiving a flu vaccine in addition to providers - Replicating this did not work at 421 Fallsway - Site-Specific Flu Immunization Rates (Jan 2019|Trailing Season): 421 Fallsway: **39%**	**34%** Baltimore County: **48%**	**33%** Harford County: **50%**	**37%**

- West Baltimore: **44%** | **39%**
- CCP: **35%** | **39%**
- Mobile: **15%** | **10%**
  - Fridge issues in the Mobile clinic were main cause of low numbers this month
- The rate of flu immunization has plateaued over the past few months. Beginning in December, the following outreach activities have been tested in an effort to spur continued improvement.
  - Flu vaccination buttons worn by staff
  - Flu vaccination stickers for clients
  - Department champions from Behavioral Health and Case Management sent out encouraging emails to their team members
  - Clarified to staff that flu shots should still be offered to every client through Mar 31, 2019
- Lessons learned:
  - Need intermediary measure of "offer rate" to see where improvement opportunities lie
  - More systematic approach needed to roll out for next season
    - Staff competency training
    - Communication campaign
- What's next:
  - PDSA – March "Check Day"
  - All-Staff training at Aug 29th In-Service
  - Develop reporting for "offer rates" for 2019-2020 flu season
  - Create schedule for flu shot outreach groups for 2019-2020 flu season
  - Need more flu champions
    - Planning will begin in early June
- Discussion/Suggestions
  - Can deferred/declined button be added to the preventative health tracker for immunizations? Currently it takes 5 clicks.
  - Clients may not be going directly to medical to get shot when they are asked about and agree to flu vaccination at different department. When a CMA came to MAT group there was an increase in flu acceptance rates. Having CMAs go to other departments' groups may be effective there as well.
  - CMAs could go to lobby early in morning when clients are waiting for their appointment to see if that increases acceptance rates of helps increase the number of clients receiving a flu vaccine.

Missed Appointment Update	• Missed Appointment Rate for Jan 2019: **27%**
	    ○ Average: **28%**
	    ○ We have seen a lot of fluctuation in the monthly rates
	• Updates
	    ○ Root Cause Analysis exercise was done at Jan 2019 In-Service that provided a lot of feedback
	    ○ Missed Appointment Rate subcommittee has been diversified this year
	    ○ In next 2 months, subcommittee members will be focusing on feedback from the Jan 2019 In-Service RCA exercise

Provider Communication Update	• Provider Communication Composite Score for Nov 2018 – **80%**
	    ○ Average: **77%**
	    ○ This measure looks at the percentage of the time that a client answered "always" to one of the 4 questions related to provider communication on the Client Experience Survey
	    ○ Feedback from clients suggests that issues in communication aren't between the client and their provider but are more related to miscommunication between providers and workflows, and staff turnover
	• Updates
	    ○ Root Cause Analysis exercise was done at Jan 2019 In-Service that provided a lot of feedback
	    ○ In next 2 months, subcommittee members will be focusing on feedback from the Jan 2019 In-Service RCA exercise, analyzing problems, and planning the order of changes to test

PI Communication Discussion	• Current mechanisms used for communicating PI work to staff:
	    ○ Portal
	    ○ Bulletin boards
	    ○ Weekly updates via Laura's email to providers
	    ○ Monthly emails to medical providers with individual data
	    ○ Monthly PI Committee Meetings and Management Team Meeting
	    ○ Ad-hoc department meetings, all-staff meetings, in-service opportunities
	• Feedback on communication of PI work to staff
	    ○ The number of methods of communication is very sufficient, shows that we are communicating outward. This hopefully caters to different learning styles.
	    ○ Because there are lots of meetings and paper associated with PI work, a small blurb summarizing all PI work that is sent to supervisors and staff would be very helpful (similar to what is done by Laura Garcia).

	- The ability to see results and data in real time and not just after a project is over would give us the ability to identify measures we're falling short on and make corrective tweaks when there is still time to potentially improve to the goal. - There could be improvements in how expectations of staff for PI projects are communicated out. Not all projects have a discrete start and end date. We need to reinforce the distinction between PDSAs and an adopt/adapt decision. - It may be helpful to disseminate data to more staff outside beyond just the PI committee when there is an ongoing PDSA. Data could be shared within care teams. - To make sure projects that are adopted or adapted are integrated in day-to-day practice, it would be beneficial to incorporate permanent changes into training. • Current mechanisms used for communicating PI work to clients: - Website - Fliers with Client Experience Survey Results - Ad-hoc Community Relations Committee Meeting - Bulletin board in 421 Fallsway lobby (in past) • Feedback on communication of PI work to clients - It would be beneficial to bring questions around communication with clients to CRC meetings. - Clients should be made aware of any communication changes that are made and also of what services are being added in real time. - Letting clients know how PI is related to them is important information to communicate. - Hanna Mast and her team are starting a communication cohort with people across departments. They will be meeting next month to talk about the re-launch of the TV in the lobby of 421 Fallsway and what content to include. They will also be receiving feedback from the CRC. - Feedback and suggestions from the group related to the re-launch of the TV included monthly updates to the displayed content so clients do not become desensitized, taking into account clients with literacy issues, and using the TV as a way to push flu vaccination.
PI Committee Agenda Discussion	• Future PI Committee Agenda Required Components - PI Dashboard Review - BI-monthly project updates - Discussion (open for topics) - Bonus PI work • Future PI Committee Agenda Possible Discussion Categories

	- o PI KPI quarterly reports
	- o Innovation Challenge
	- o Client Experience Survey Results
	- o PI in depth: Measurement, Root Cause Analysis, PDSA cycles, Implementation
	- Discussion/Feedback/Suggestions
	  - o It was suggested that we have more trainings on tools to be used as ambassadors of the Quality team. They would then be comfortable enough to facilitate PI discussions at meetings within their specific department. We should also ensure staff know that this meeting is open to anyone, as are any trainings conducted during the meeting. To make this information available to all staff, we can be put the meeting agenda for that month on the portal.
	  - o It was also suggested that issues that arise related to PI be brought to the meetings for discussion, similar to what is done in the Safety Committee.

Next Meeting: Wednesday, March 20, 2019