

HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	1/16/19	Time:	8-9am
Location:	421 Fallsway, 3 rd Fl Large Conf. Room	Minutes prepared by:	Kate Mehl & Jen Tate
Attendees			
Chauna Brocht, Jan Caughlan, Wynona China, Aisha Darby, Barbara DiPietro, Margaret Flanagan, Catherine Fowler, Tonii Gedin, Katie Healy, Meredith Johnston, Nilesh Kalyanaraman, Taylor Kasky, Kate Leisner, Kevin Lindamood, Eddie Martin Jr., Hanna Mast, Kate Mehl, Lauren Ojeda, Amber Richert, Bilqis Rock, Sheila Roman, Cyndy Singletary, Jen Tate, Gabbi Thacker, Adrienne Trustman, Lawanda Williams, Malcolm Williams			
Agenda and Notes, Decisions, Issues			
Topic	Discussion		
Dashboard Updates	<ul style="list-style-type: none"> Colorectal Cancer Screening rate in December was the highest ever at 59%! The agency missed appointment rate in December was 29%. No significant change in this measure. Our Flu Immunization rate for September – December is 32%, which is lower than last year and well below our goal. On a monthly basis, many of our community sites are doing well, so planned interventions are targeting on Fallsway clients. 		
Cervical Cancer Screening	<p>The Cervical Cancer Screening rate was 68% in December – the highest monthly rate ever. The subcommittee with Amber’s leadership did a tremendous job improving this rate by 30% since last year.</p> <ul style="list-style-type: none"> Of particular note, the last two months saw a great improvement at Baltimore County, Harford County, and Mobile Clinic. A slide was presented of site-specific rates in October and December to demonstrate this improvement. Cervical Cancer Screening improvement will be retired from PI work but will be sustained within the Population Health Department. Catherine presented the objectives and deliverables for the cancer screening champions group. Catherine also presented information about the Women’s Health Day event taking place on January 30th at Fallsway. 		
Diabetes A1c	<p>In December 71% of our Diabetic Clients had an A1c at or below 9.0%.</p> <ul style="list-style-type: none"> Sheila Roman, a volunteer with HCH, shared her work and lesson learned from a chart review of Diabetic Clients. Some organizational recommendations included improving empanelment, medication adherence, empowering RNs to titrate medication, and reducing missed appointments. Catherine and Adrienne shared their work to address Medication Adherence by printing off Medication Lists for clients. Adrienne’s team has found significant barriers to providing lists for patients 		

	<p>while in-clinic and are working with operations to have the Clinical Visit Summary given to patients at checkout.</p> <ul style="list-style-type: none"> • Population Health purchased education tools for the medical exam rooms that display meal composition recommendations from My Plate Recs. • Population Health met with the Director of Dining Services from Our Daily Bread to continue a partnership towards healthier meal options. So far HCH has put table tents with nutritional information on every table, and will create educational posters to go around the Dining Room. The Director at ODB is relatively new, and is planning to look through the recipes that are served and see if there are opportunities to increase nutritional value. He is also monitoring which meals are more popular. Other suggestions from HCH is to restructure how dessert is served, maybe having clients have to go get it rather than having it be served automatically. • Diabetes will no longer be a PI project but will live with Population Health moving forward.
<p>Client Experience: “I can reach a provider when the clinic is closed”</p>	<ul style="list-style-type: none"> • HCH scored 3.3 on the November 2018 Client Experience Survey for this question, which is short of the goal (4.0), and only slightly above our baseline score of 3.2. In the past two years, much effort has gone into speaking to clients about the dissatisfaction with reaching a provider when the clinic is closed, as well as increasing advertisement of the after-hours line. Most recently, the subcommittee tested whether it was the actual experience people were dissatisfied with, but found that was not an issue. • One lesson learned in working on this goal was to use a validated survey question in the future. When speaking with clients, there was a wide variation of how this question was interpreted, which then led to difficulty understanding and addressing the root causes of dissatisfaction. • Suggestions from the group included clinicians giving business cards to clients and looking at whether there is a difference when people have easier access to the ER.
<p>November 2018 Client Experience Survey</p>	<p>Jen shared the results of the Client Experience Survey- where HCH excels, where HCH improved, and where HCH still needs improvement. Results will be shared with staff at the brown bag conversations on Thursday, January 17th and on the portal. Fliers have been made and posted at each site for clients. On 1/25, the CRC meeting will be open to all clients to discuss the 4 questions related to provider communication, on which we scored in the bottom quartile. The conversation will then be brought to staff on 1/31 as part of an agency-wide root cause analysis to begin our improvement work.</p>

2019 Subcommittee Update	PI projects are not all beginning in quarter 1 this year due to the amount of projects and staff capacity. The 6 projects that are kicking off all have clinical leaders. The clinical leaders will all meet together with Jen to discuss their roles and expectations, and then the project teams will get started. <ul style="list-style-type: none">• If you are interested in working on any of the 2019 projects and have not yet talked to Jen about it, please do so!
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Next Meeting: Wednesday, February 20, 2019