

HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	5/15/19	Time:	8-9am
Location:	421 Fallsway, 3 rd Fl Large Conf. Room	Minutes prepared by:	Ziad Amer
Attendees			
Ziad Amer, Chauna Brocht, Wynona China, Aisha Darby, Joanna Diamond, Margaret Flanagan, Barbara DiPietro, Meredith Johnston, Kevin Lindamood, Hanna Mast, Parita Patel, Amber Richert, Tracy Russell, Jen Tate, Adrienne Trustman, Gabbi Thacker, Gretchen Tome, Lawanda Williams, Malcolm Williams			
Agenda and Notes, Decisions, Issues			
Topic	Discussion		
Monthly Dashboard	<p><i>Adult Weight Screening & Follow-up</i></p> <ul style="list-style-type: none"> We have continued to be above goal for 7 months in a row <p><i>Child Weight Screening & Counseling</i></p> <ul style="list-style-type: none"> We are below goal and have been hovering at average around 57%, but we have not yet started our improvement project (Looking to begin in June). <p><i>Missed Appointment Rate</i></p> <ul style="list-style-type: none"> We have seen no change from March to April 2019 at 25% It is still too early to see the impact of the changed reporting method completed in February. 		
Incident Reporting	<p>We have continued the tracking of incidents by type and frequency, focusing our efforts on the “Near Miss”, “Treatment/Diagnostic/Procedural Related”, or “Medication Errors” categories. April yielded a 34% of total incidents filed were in these categories, well above our goal of 25%. We have typically seen a 20 – 30 incidents filed per month.</p> <p>Subcommittee Progress: The subcommittee has identified the root causes for the lack of reporting as well as identified and prioritized change ideas to begin testing. We have also identified the need for an improved training as a yearlong goal and project as the onboarding and once a year In-Service trainings do not seem to be effective enough.</p> <p>Change Ideas: We have identified 2 change ideas to begin PDSA testing.</p> <ul style="list-style-type: none"> - Displaying guides on how to report both in poster form and at computer terminals will target the root cause of staff not knowing how to report an incident using GRC. - Distributing “Safety Stars” Pins to staff who repeatedly and efficiently report incidents each month at All-Staff meetings will address the culture of fear and dislike of reporting incidents. 		

	<p>Data: January and February of 2019 yielded identical figures in incident reporting as 2018 and while we still see the continuation that the majority of the incidents reported are criminal, physical, or verbal, we do see that percentage of the whole decreasing. This indicates that there are more treatment, near miss, and medication incidents are being reported. Additionally the total number of incidents have nearly doubled from 23 in January to 45 in April.</p> <p>Lessons Learned: We still see that there's only a small group of staff reporting which is why we need to continue to both spread awareness about the importance of reporting as well as improve the ease and access to the reporting system. We can also improve the staff satisfaction with the reporting system by ensuring a better feedback and follow up structure for incidents being reported.</p> <p>Next steps: Begin the PDSAs that address the change ideas listed above, as well as tracking the impact on staff workflow and ease of access. Lastly, we will begin to roll out the training plan that will address the shortcomings of the onboarding and In-Service trainings for incident reporting.</p>
<p>Pediatric Dental Varnish</p>	<p>The Pediatric Dental Varnish Goal that at least 50% of HCH clients age 9mo to 21yrs will have dental varnish applied by the end of 2019. The reasons for this initiative is because it is a powerful prevention that can aid in the limiting of childhood morbidity that is likely to follow the client into adulthood. It is also recommended by a host of national guidelines.</p> <p>Subcommittee Progress: The subcommittee has clarified an HCH approach to those national guidelines. Additionally, the completion of PDSA in which patient facing information about varnish and its benefits were made available. In process, the committee is working with HI to make EMR changes that will allow for the documentation and date stamping of dental varnish application as well as quickly identify the most recent varnish application.</p> <p>Change Ideas: We identified change ideas that could potentially address the barriers and root causes for lack of dental varnish application and prioritized them by their level of impact.</p> <p>Staff feedback: An anecdotal metric for our success has come from the staff who are now engaged in the application of dental varnish and the initiative. We have heard things like:</p>

	<p><i>“Patients come to me seeking dental care and I used to feel a little helpless. Now I offer varnish application as a way to do something to meet their stated needs”</i></p> <p>Lessons Learned: The full team involvement in the PI project helped further the success of the initiative significantly and in unexpected ways. We also discovered that dental care is a priority for our clients and we need to meet that demand.</p>
<p>Blood Pressure Control in Hypertensive Clients</p>	<p>The initiative goal: By December 2019, 65% of Hypertensive Clients will have adequately controlled blood pressure (<140/90mmHg) at their most recent medical visit.</p> <p>Currently we are just below our goal at 63% for the month of April but we have been steadily improving in recent months with the addition of workflow changes and CMA training.</p> <p>Subcommittee Progress: We have identified the root causes and developed possible change ideas as well as prioritized these change ideas by impact and resource costs.</p> <p>Barriers and Challenges: The largest overarching challenge is that the Hypertensive group of clients is so large and diverse it is difficult to navigate change ideas and identify barriers that are common among them all.</p> <p>The four major categories for challenges, under which many secondary drivers fall are:</p> <ol style="list-style-type: none"> 1. Lifestyle 2. EHR Documentation 3. Access/Clinic Procedures 4. Medication Adherence <p>A discussion of these challenges revealed that difficulty with medication adherence has a high likelihood with clients that have comorbidities that require a high number of medications. This introduces further challenges.</p> <p>Change Ideas: The subcommittee has identified a large number of change ideas and have prioritized them by impact and resource cost. A few examples we discussed were:</p>

	<p style="text-align: center;">High Impact and High Resource:</p> <ol style="list-style-type: none"> 1. Provide Pill boxes and other medication adherence tools to clients. 2. Provide clients home BP monitors 3. Increase RN visits after medication titration 4. Recall lists for clients who have missed their HTN appointments <p style="text-align: center;">Medium/High Impact and Low Resource:</p> <ol style="list-style-type: none"> 1. Retrain CMAs and RNs on BP best practices annually 2. Refer clients to counseling for alcohol and drug use 3. Increase Rx length from 30 – 90 days (where applicable) 4. Short-term follow-up appointment slots for HTN clients <p>Next Steps: We will begin testing the PDSA cycles on the change ideas we identify as possibly significant.</p>
<p>Bonus PI!</p> <p>Joy in Work</p>	<p>We discussed the importance of having joy in the workplace both at an organizational level but also at the individual level – finding joy in your work. This combats burnout and provides more connection to the work we do here at HCH.</p> <p>The IHI Approach: There is a scientifically proven connection to the improvement of care and the provider’s joy in the workplace – the IHI has developed frameworks and tools to improve joy in the workplace.</p> <p>Some of those tools are for the leaders and supervisors in an organization like the four steps:</p> <ol style="list-style-type: none"> 1. Ask staff, “What matters to you?” 2. Identify unique impediments to joy in work in the local context 3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization 4. Use improvement science to test approaches to improving joy in work in your organization. <p>Some of these tools have already been in place at team huddles and the results have been very positive. There is a consensus within the committee that this is something worth pursuing and should be developed at the agency level.</p>
<p>Discussion</p>	<p>We briefly discussed the Professional Development opportunities that are available to the agency through IHI and more. There are upcoming webinars both paid and free, including the School for Change Agents.</p>

Next Meeting:

Wednesday, June 19, 2019

8am – 9am

3rd Floor Large Conference Room