

PI Committee Meeting



October 17, 2018



October 2018 PI Committee Agenda

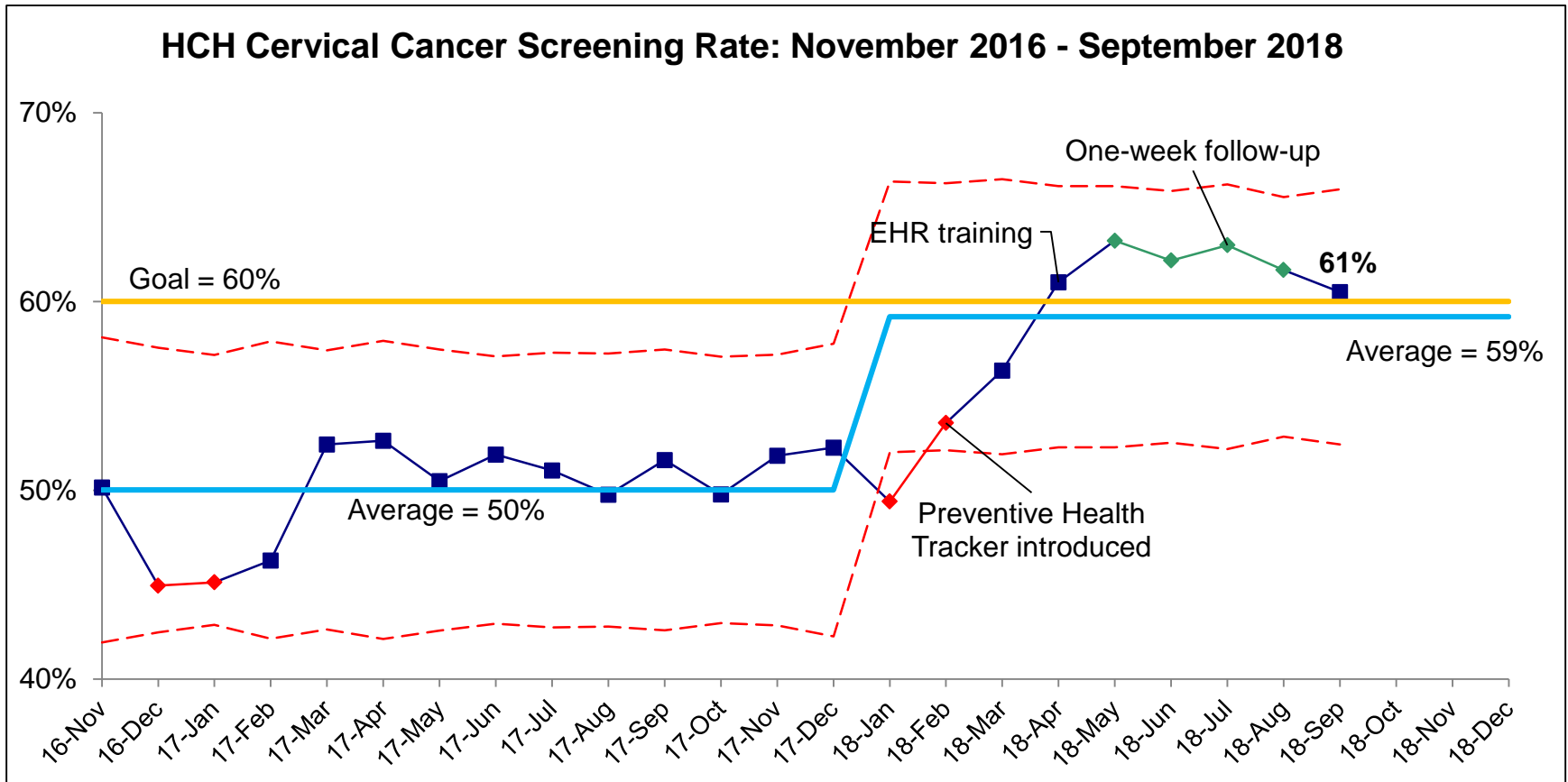
1. PI Dashboard Review
2. Progress Updates:
 - Colorectal Cancer Screening
 - Missed Appointments
3. Discussion:
 - Staff engagement in PI Efforts



PI Dashboard: September 2018



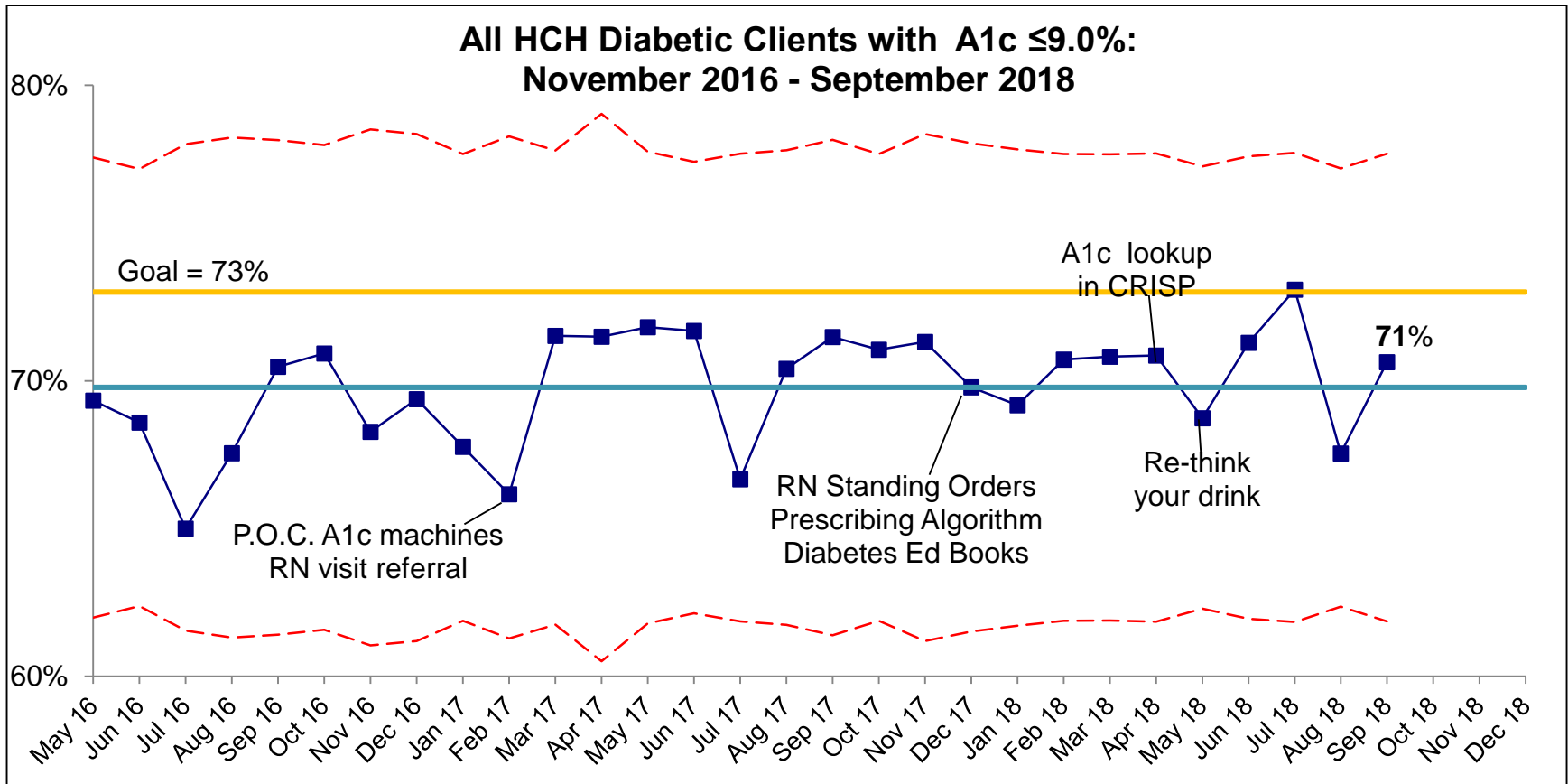
September 2018 Dashboard: Cervical Cancer Screening



Trailing Year (Health Indicators Report): 60%



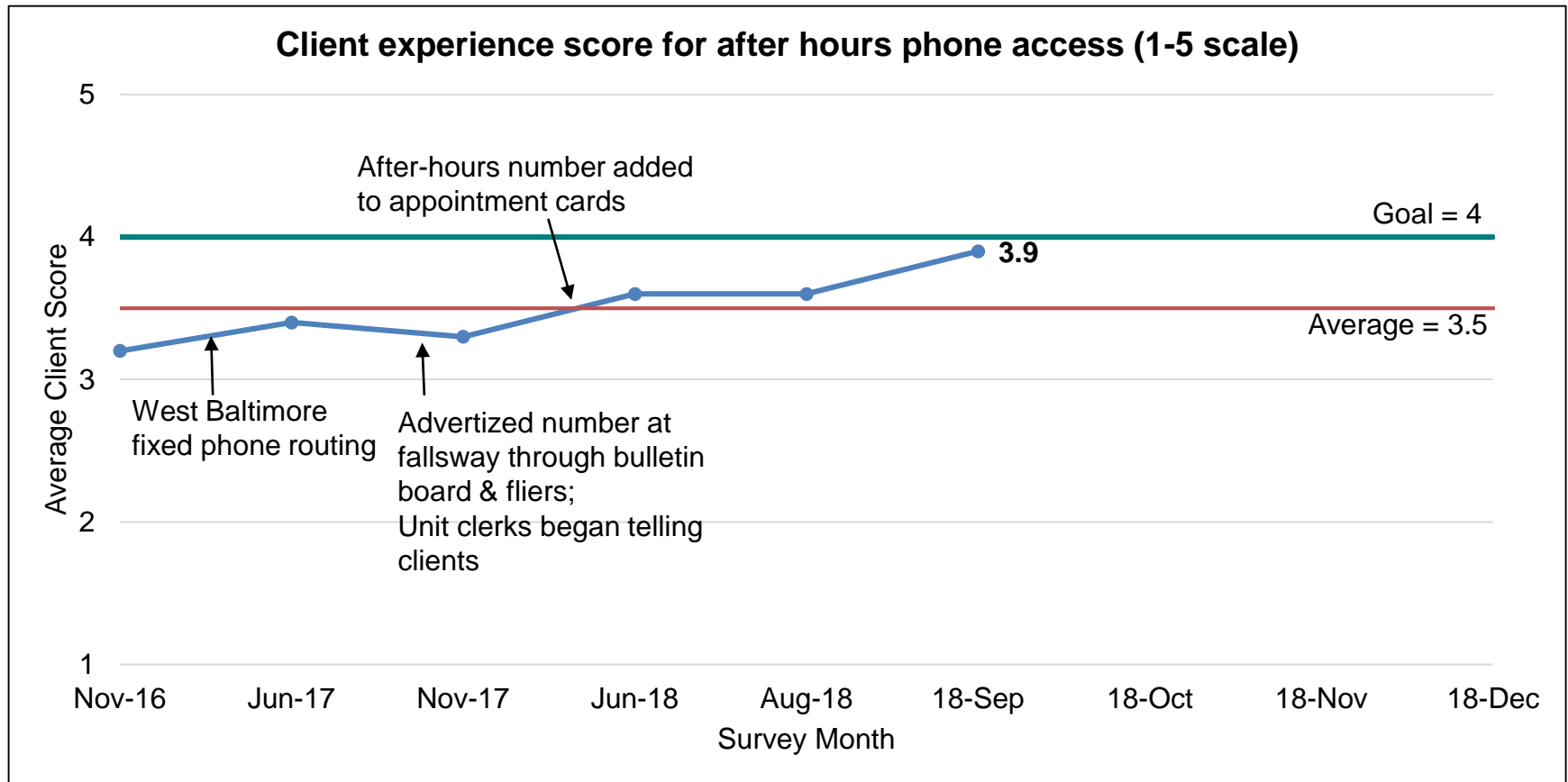
September 2018 Dashboard: Diabetes



Trailing Year (Health Indicators Report): 67%



September 2018 Dashboard: Client Experience



Subcommittee Updates

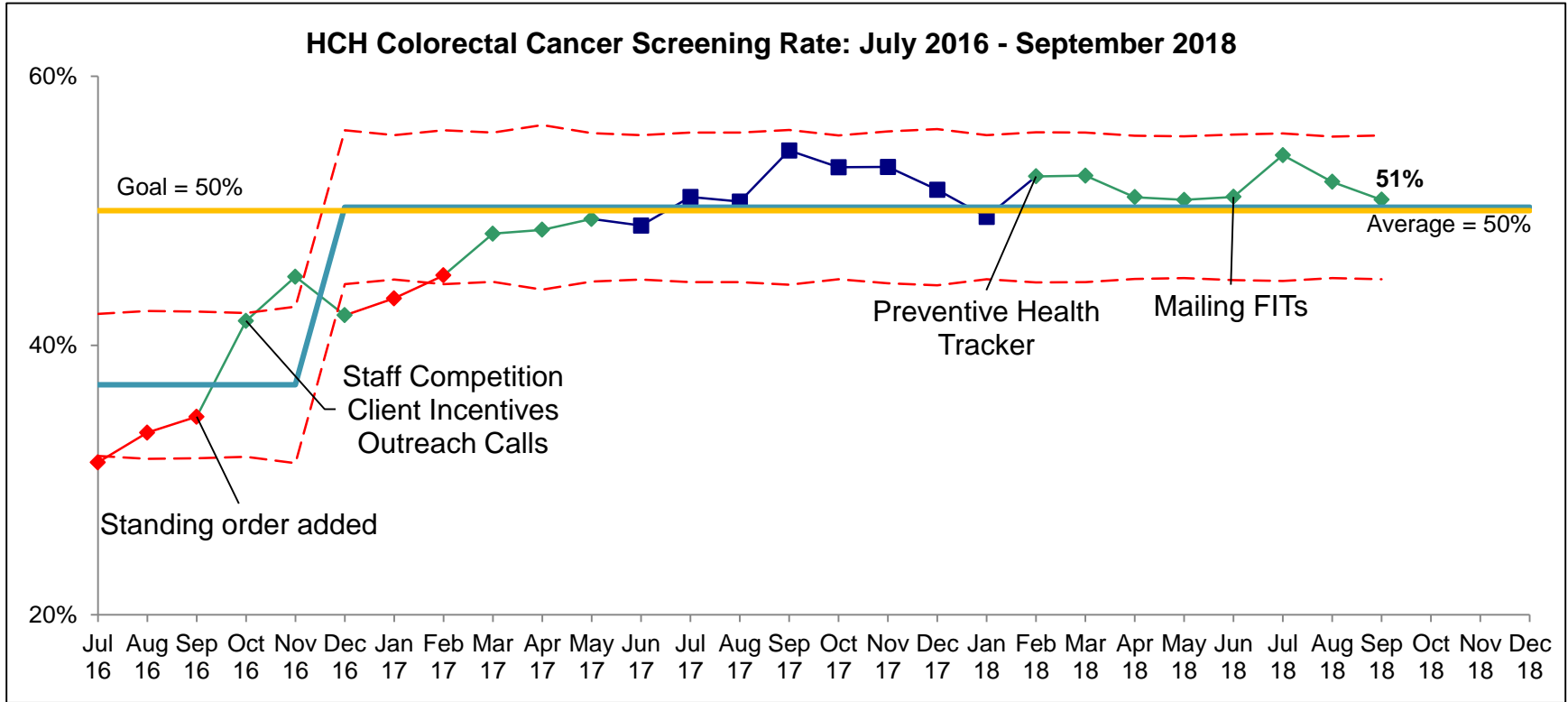


Colorectal Cancer Screening

Goal: By December 2018, **50%** of eligible medical clients will have an up-to-date colorectal cancer screening.

Team: Laura Garcia, Tracy Russell, Veronica Dennis, Justine Wright, Leonid Suarez, Lillian Amaya, Caitlin Synovec

Progress:



Trailing Year (Health Indicators Report): 44%



Colorectal Cancer Screening

Progress

- Developed and currently piloting the use of an assessment tool to allow nursing staff to identify and address client barriers to completing a colonoscopy
- Community Health workers are assisting with addressing barriers, including ensuring clients make it to GI consults at Mercy
- Occupational Therapy team is assisting with making bowel prep easier and more patient-friendly
- Planning to assemble bowel prep kits to be given to clients that contain all they need to eat and drink during the prep period
- Baltimore County piloted the use of follow-up calls after clients had received a FIT, which drove up their FIT completion rate but had minimal effect upon their overall screening rate



Colorectal Cancer Screening

Barriers

- Mail-in FIT's have had limited effect across sites, partially due to many clients being eager to bring their FIT's back in to acquire their incentive
- GI consults being offered by Mercy specifically for HCH clients are being under-utilized, only a 40% attendance rate

Questions

- What work flows can be put in place to ensure that more FIT's are being given out and returned across all sites?
- How to differentiate for HCH staff when to send a patient to a nurse versus the referrals navigator for referrals coordination?

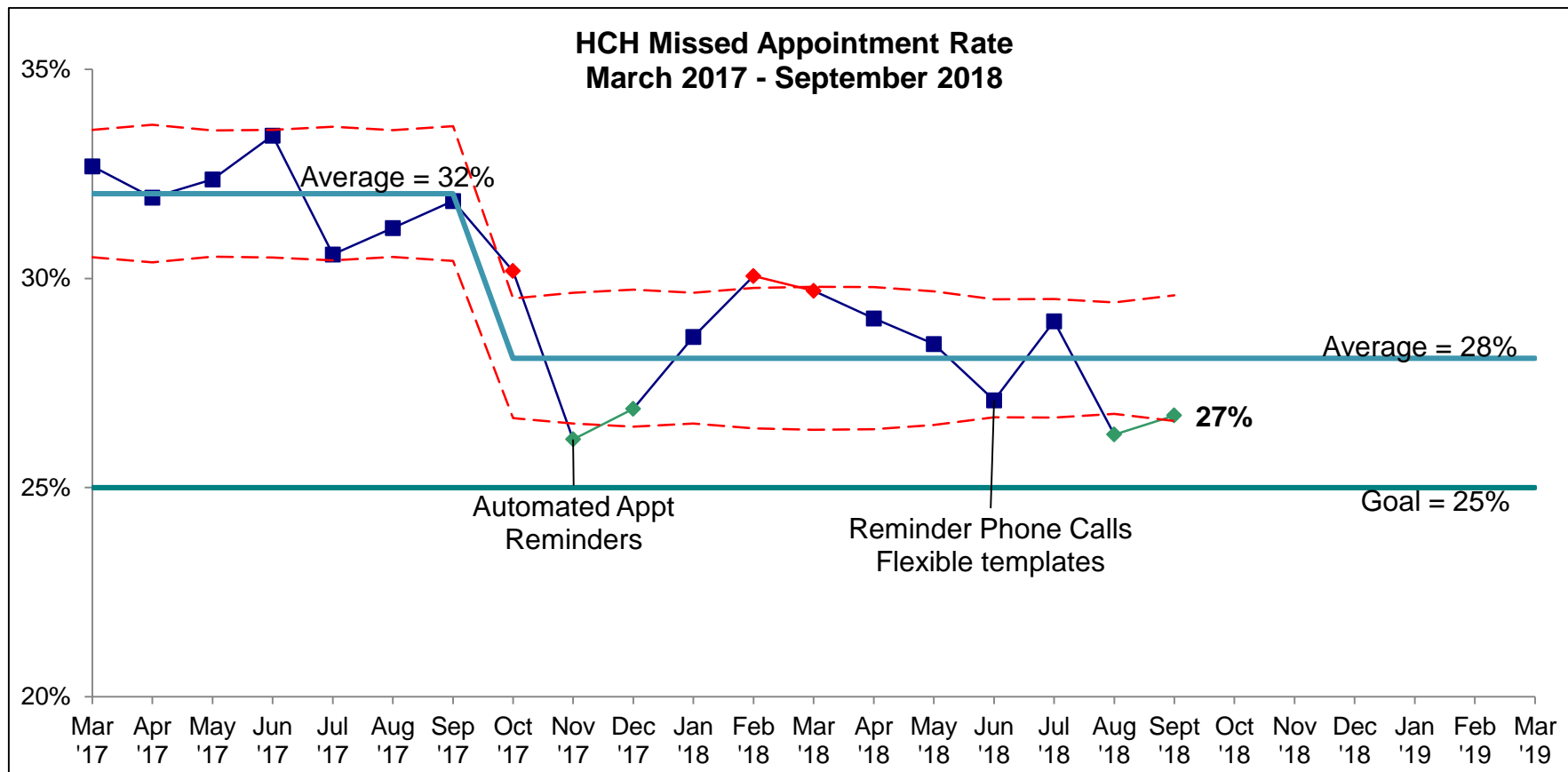


Missed Appointments

Goal: By December 2018, the organization will have a missed appointment rate at or below **25%**

Team: Aisha Darby, LaVeda Bacetti, Mona Hadley

Progress:



Missed Appointments: Reminder Phone Calls

Personalized Appointment Reminder Calls

- **June – August:** Tested with various departments and shown to be successful in reducing missed appointments.
- **Next steps: Move from testing to implementation**
 - Health Informatics is developing an automated list for each provider that includes all the appointments a client has that day.
 - The list will be piloted at West Baltimore and Baltimore County, and then we will explore implementing at Fallsway.



Missed Appointments: Transportation Guide

Transportation Guide @ Baltimore County

- The team at Baltimore County developed a transportation guide to help clients determine which options for assistance are best for them
- The group is going to test whether using the episodic SDH question about transportation is a good way to identify when to work with a client using the guide



Missed Appointments: Automated Notification

Using Televox for missed appointment notification

- In the past, clients who missed appointments would get phone calls and/or letters to notify them that they missed an appointment
- In Mid-September, the schedulers began using televox (our automated system) for this purpose. The schedule team reports that clients are calling to reschedule.



Missed Appointments: West Baltimore Tokens

Tokens for Dental Appointments at West Baltimore

- West Baltimore emailed to ask why we couldn't give tokens for clients who came to the clinic for dental visits.
- No one could identify why we weren't giving tokens for Dental. They will start this month.
- **Lesson Learned:** Always ask!



Discussions



Discussions: Staff Involvement in PI Efforts

IHI Suggestion for roles on an Improvement Teams:

Clinical: Team members who together understand the whole system; able to test changes and understand the clinical implications of changes and consequences to other parts of the system

Day-to-day leader: Driver of the project, assuring the tests are implemented, oversees data collection, ensures success of the project

Technical Expertise: Subject matter expert on improvement science



Discussions: Staff Involvement in PI Efforts

- *How do we balance the growing demand for staff engagement in Quality work with limited capacities for clinical staff?*
- *How can we ensure staff know about the opportunities available?*
- *What would the ideal recruitment process look like for diversifying staff who work on PI projects?*



Next Month: November 21, 2018

Dashboard Updates:

- Colorectal Cancer Screening
- Missed Appointment Rate
- Flu prevention is back!

Presentations:

- Diabetes
- Cervical Cancer Screening
- Client Experience: After-Hours

