

## PI Committee Minutes

<b>Date:</b>	10/17/18
<b>Attendees:</b>	Joshua Brusca, Jen Tate, Malcolm Williams, Gabbi Thacker, Joanna Diamond, Aisha Darby, Taylor Kasky, Paul Beeker, Kate Leisner, Barbara DiPietro, Meredith Johnston, Tyler Gray, Tracy Russell, Hanna Mast, Katie Healy, Katie League, Iris Leviner, Chauna Brocht, Lauren Ojeda, Adrienne Trustman, Jan Caughlan, Nilesh Kalyanaraman, Kate Mehl, Mona Hadley, Tonii Gedin, Eric Fogt, Catherine Fowler, Lawanda Williams, Eddie Martin Jr.
<b>Non-presenting goal updates:</b>	<ul style="list-style-type: none"> <li>- Cervical Cancer screenings were at 61% for the month of September, continuing a six month above average trend</li> <li>- Diabetes was within its normal range at 71%, just below goal</li> <li>- Client Experience is on an upward trend, scoring a 3.9 in September; rising trend is mostly due to increasing awareness of the # at Fallsway</li> </ul>

<b>Presenting goal:</b>	Colorectal Cancer Screenings
<b>Updates:</b>	<ul style="list-style-type: none"> <li>- We have been setting up new processes for individuals receiving colonoscopies to help ensure their success in completing the process</li> <li>- Currently we are piloting the use of a screening tool that assesses for client barriers to completing a colonoscopy; pilot clients are being referred to Lenny for use of this tool, which involves two points of contact and referring out to other services as necessary</li> <li>- The team is working on the creation of bowel prep care packages, to help simplify the steps a client must take prior to a colonoscopy with what they are allowed to eat and drink</li> <li>- Caitlin with Occupational Therapy has been assisting to make bowel prep instructions simpler and easier for our clients to understand</li> <li>- Lily and the Community Health Workers team are assisting with getting clients to consults at Mercy Medical Center with Dr. Schreiber; currently piloting a PDSA with this team to try to improve upon the existing 40% attendance rate for these consults</li> <li>- Mail-in FIT's have been observed to have a limited effect across sites</li> </ul>
<b>Questions:</b>	<ul style="list-style-type: none"> <li>- What processes can we put in place to ensure that more FIT's are given out to clients?</li> <li>- How do we differentiate between sending a client to a nurse vs. the referrals navigator for referrals?</li> <li>- How well are FIT standing orders currently being utilized by staff?</li> </ul>
<b>Presenting goal:</b>	Missed Appointments

<b>Updates:</b>	<ul style="list-style-type: none"> <li>- West Baltimore and other departments have been utilizing personalized reminder calls to drive down missed appointments.</li> <li>- Success with these efforts is now being transitioned to implementation across the organization. Need to consider how to implement across different departments that may not have CMA's or other staff that can make these calls.</li> <li>- Health Informatics is helping the team develop a user-friendly tool for providers to help remind them of all upcoming appointments that they need to make calls for.</li> <li>- Baltimore County continues to experiment with their transportation guide, currently observing if we can use the Social Determinants of Health question related to transportation as a trigger point for utilizing this tool.</li> <li>- Schedulers have begun calling/texting clients who miss appointments to remind them to re-schedule. Schedulers report some success with getting clients to respond to these contacts.</li> <li>- We have found that calling clients instead of sending letters when they miss appointments is more effective, so we are phasing out letter-sending.</li> <li>- West Baltimore was asked why they don't give out tokens for Dental visits, no concrete answer could be found as to why. Lesson learned: Always ask!</li> </ul>
<b>Questions:</b>	<ul style="list-style-type: none"> <li>- How do individual providers get their Televox messages customized for their clients? (See Aisha)</li> </ul>

<b>Closing Discussion:</b>	<p><b>PI Subcommittee Makeup:</b> How to engage more diverse staff for PI efforts in 2019?</p> <p>IHI Recommends:</p> <ol style="list-style-type: none"> <li>1) Clinical Workers</li> <li>2) Day to Day Leaders</li> <li>3) Technical Expertise</li> </ol> <p><b>Suggestions/Discussion:</b></p> <ul style="list-style-type: none"> <li>- Rotating PI shifts; only need some staff for a limited time</li> <li>- Are there models we could use for goals with a timeframe less than 1 year?</li> <li>- Providing focus groups for providers who can't join the subcommittees</li> <li>- Incentivizing subcommittee participation, possibly through performance evaluation feedback</li> <li>- Advertising the opportunities for PI involvement more broadly and asking interested participants to confer with their supervisor before joining</li> <li>- Announcing PI opportunities more often, perhaps quarterly</li> <li>- Using the Innovation Challenge to recruit more individuals, or encouraging runners-up to use PI methodology to implement their ideas</li> <li>- Some staff may not join PI efforts because they don't know how to assist</li> <li>- Including off sites is challenging, make phone-in options more available</li> <li>- While setting employee goals in November reinforcing the importance of PI participation</li> </ul>
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