

Performance Improvement Committee

Monthly Meeting – March 28, 2018

Attendance: Kate Leisner, Gabrielle Thacker, Chauna Brocht, Katharine Mehl, Joshua Brusca, Jen Marsh, Barbara DiPietro, Jan Caughlan, Cyndy Singletary, Adrienne Trustman, Eric Fogt, Ted Ramsay, Tonii Gedin, Amber Richert, Laveda Bacetti, Aisha Darby, Cindy Cabales, Monita Hadley, Lisa Stambolis, Taylor Kasky, Bilqis Rock, Katie League, Nilesh Kalyanaraman, Maria Martins-Evora

Non-Presenting Goals Announcements

- Missed Appointments had a negative trend upwards last month, mostly driven by off-site locations. Will continue to monitor.

Presenting Goals

Diabetes

- Reviewed 2017 tactics; working on getting standing orders and algorithms into regular practice
- Standing orders were recently reviewed with the providers and nurses
- Introduced self-education booklets for clients
- Meeting with shelters to discuss nutritional plans for diabetic clients
- Experiencing issues with adopting practices, discussed ideas for change implementation with the group
- Suggested: consistent communication on importance of tools, rather than one-off trainings
- Suggested: monthly list of uncontrolled patients for providers
- Suggested: scale up rollouts, one location at a time

Cervical Cancer

- Sites have begun calling ahead of appointments to prepare client for need to do pap
- Added blankets and hygiene kits to examination room to assist clients with comfort level
- Began using Azara visit planning to increase provider awareness
- Exploring how to change provider philosophy to implement preventative health into every visit
- Triage team has begun giving out paps as a regular practice
- Suggested: make use of preventative tracking form standard outside of medical
- Suggested: have care teams take collective ownership of clients who need paps
- Suggested: increase understanding of workflow among other teams

Client Experience

- After hours number changed to front of card effective 3/19/18
- Using focus groups and CRC to understand client perception of communications at HCH
- Developing new ways to obtain client feedback, including comment cards, hotline and interactive white boards
- Suggested: ask this individual survey question more often on our own
- Question: are clients getting timely calls back from daytime calls, and is this influencing responses?
- Suggested: look into ways to satisfy multiple informational needs during after hours (beyond emergencies)
- Suggested: utilize a volunteer group at a nearby shelter during evening hours to gather information about if clients would call after hours, and do they know how to call?

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- Flu Vaccinations**
- Flu season year to date statistic is holding steady at 35%.
 - Case management team recently did pre-visit planning to refer clients outside of medical: resulted in a few new vaccines and learning that over half indicated they had received the vaccine elsewhere and are not documented.
 - West Baltimore continues to nearly meet the 45% goal due to every one in their clinic asking clients to get a flu shot
 - Suggested: keep performance improvement group engaged throughout the summer with a new project
 - Suggested: Coach clients to keep their documentation from other sites

- Childhood Immunizations**
- We are averaging at 22% compared to a national average of 43%
 - Case review revealed that a number of factors contribute to our low rate, including:
 - MATCH and outreach clients don't get vaccines
 - Most clients are on a catch up schedule for vaccinations
 - Some are lost to follow up
 - Some are documented in their form but Azara does not pull
 - A few missed opportunities spread amongst all providers