

## Performance Improvement Committee

### Monthly Meeting – April 18, 2018

**Attendance:** Katie League, Meredith Johnston, Lisa Stambolis, Jan Ferdous, Taylor Kasky, Hanna Mast, Maria Martins-Evora, Bilqis Rock, Katie Healy, Tonii Gedin, Jan Caughlan, Cyndy Singletary, Kate Leisner, Laveda Bacetti, Tracy Russell, Josh Brusca, Jen Marsh, Chauna Brocht, Lawanda Williams, Gabbi Thacker, Keiren Havens, Nilesh Kalyanaraman, Kate Mehl

#### Non-Presenting Goals Announcements

- Client experience – Recruiting volunteers to ask specific survey question monthly
- Diabetes at 71% two months in a row
- Cervical Cancer has increased three months in a row to 56%

#### Presenting Goals

##### **Colonoscopy**

- Averaging currently at 53%
- Looking into mailing FIT kits, reducing possibility of human error
- A medical team training was held to discuss best documentation practices and use of the preventative health tracker form
- Baltimore City Cancer Prevention (BCCP) program has had few referrals, opening the program up to all eligible patients and bringing them in to speak at groups to generate more
- We are allowed to create ID's for our patients to satisfy BCCP's requirements, exploring technology and process changes to make this more common practice
- Suggested: Convalescent Care may have a working model already for getting all clients their ID

##### **Missed Appointments**

- Since an initial plummet in November following Televoxx's implementation, rates have been steadily climbing back up since
- Administering a survey at Baltimore County, finding that transportation and forgetting are the largest issues – this may not capture those who have bad experiences and don't come back
- Department rates in Dental and Psychiatry have not been effected by Televoxx, seeking other interventions to help those departments
- Dental will begin stating that clients must arrive 15 minutes early after staffing needs are addressed
- Dental site analysis revealed that Our Daily Bread had a much higher rate, may be due to scheduling ahead done by Baltimore County
- Psychiatry had a temp that may have temporarily contributed to a higher rate
- Observed effects of the behavioral health scheduling change appear to have had minimal effect to date
- Looking into if there is a difference between those who confirm appointments via Televoxx and those who don't

##### **Behavioral Health**

- Both scores saw modest improvements the past month
- We have begun sharing individual data with providers and received valuable feedback based on that
- Questionnaire reminders in Centricity have been changed from 90 days since the last assessment to 60 days

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- Created a dropdown for mindfulness techniques to analyze effects of individual approaches
  - 4 volunteers are making changes to their therapeutic environments to observe those effects
  - Supplies for meeting client's basic needs can be procured, currently seeking storage space
  - Looked at positive therapist outlier success stories; observed relationship appears to be a focus on relationship building leads to better client outcomes
  - BH team is focusing on ways to improve staff morale in order to allow staff to better serve clients
- Flu Vaccinations**
- Measurement period has concluded with a YTD rate of 35% vaccinated; short of goal but still higher than ever previously achieved
  - Abandoning departmental meetings, little effect observed and need to address barriers in other team workflow issues
  - Adapting weekly clinics, keeping the off-site clinics
  - Adapting case management's pilot of asking all clients, need to find ways to expand these to other teams
  - Abandoning asking clients at check-in and giving stickers, did not work as intended and hard to track
  - Adopting immunet documentation, allowed for considerable more individuals to be recorded
  - Adopting continued use of marketing materials
  - West Baltimore was particularly successful, likely due to every worker approach
  - Will be working on planning from now through August, with staff education in August or September
  - Suggested: Use lanyards or tags instead of stickers

### Care Team Involvement

#### Suggestions:

- Create a PI advocate per team/rotation
- Create client lists per care team for PI interventions
- Break down data by care team
- Show care teams that they need to inspire behavioral changes in order to drive PI success
- Create different roles in PDSA's for different types of workers
- Care teams perform 1 PDSA for 1 goal at a time; PDSA's are designed by subcommittees and given to care teams