

## Performance Improvement Committee

### Monthly Meeting – June 20, 2018

**Attendance:** Theodore Ramsay, Gabrielle Thacker, Aisha Darby, Joshua Brusca, Jennifer Tate, Tracy Russell, Katharine Mehl, Tyler Gray, Lawanda Williams, LaVeda Bacetti, Barbara DiPietro, Maria Martins-Evora, Jannatul Ferdous, Cynthia Singletary, Taylor Kasky, Amber Richert, Meredith Johnston, Margaret Flanagan, Jan Caughlan, Katie League, Lisa Stambolis, Monita Hadley, Kate Leisner, Tonii Gedin, Adrienne Trustmann, Kevin Lindamood, Katherine Healy.

#### Non-Presenting Goals Announcements

- Client survey ongoing
- Diabetes holding steady
- Cervical cancer looking good, up to 63%

#### Presenting Goals

- Behavioral Health**
- Therapeutic environments have been upgraded for 3 providers, beginning to observe effects
  - Snacks and tea now available for clients to observe impact upon engagement
  - Mindfulness techniques are being recorded, will observe effects after 10+ observations
- Colorectal Cancer Screenings**
- Rates holding steady at 51%
  - The partnership with BCCP hasn't seen much success (7% completion rate); we will be meeting to discuss changes to help improve this or re-evaluate the partnership
  - BCCP has also been providing group education which seems to have had a positive impact; monitoring to observe if clients ultimately complete screenings
  - Suggested: Partner with community health workers at group education sessions to schedule transportation needs on the spot
  - Mailing FIT's: The amended process works better, 60% success rate. Group has trained mobile on this process, will train RN's and CMA's next.
  - Investigating the CMA workflow for opportunities for increased efficiency
- Missed Appointments**
- Continuing on a 4 month downward trend
  - Nursing was very low in May at 18%: Due to calling patients ahead of appointments. We will try to replicate this in other areas.
  - Dental's rate remains high due to scheduling needs; attempting a PDSa to call patients ahead and ask them to come in 15 minutes early
  - A root cause analysis with case management revealed that their missed appointment rate is driven by new appointments. Attempting to solve for this by limiting new appointments to a half hour each and making them same day only.
  - Pediatrics has been calling patients ahead of their appointments, will observe for the effects of this
  - Televox has begun sending missed appointment messages after the fact to encourage clients to re-schedule
  - We may re-record the Televox automated voice message with a more friendly voice (Lawanda)

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### Standardization Exercise

#### **Suggestions/Thoughts that came out of this guided exercise:**

- Focusing on why we do our work may lead to better health outcomes
- It's sometimes necessary to sacrifice "fun" at work for what's more important
- Standardization makes the work easier
- Is the messaging on why we standardize processes being communicated?
- A standardized workflow catches things that could otherwise be missed, and is dependent on trusting that other things will be done by other employees.
- Does standardization impact joy at work? Do we/can we take joy in ending disparity?
- Loss of joy stems from loss of control
- Can we do educational kickoffs for PI goals, to communicate their reasoning?
- Need to be aware that when standardizing we are adding more work
- Need to ask staff to think more organizationally
- Our population needs many levels of support, standardizing helps reduce these
- A client perspective of the difficulty of navigating our services should be considered as grounds for standardizing
- Should have town halls/forums to discuss standardizing