

Performance Improvement Committee

Monthly Meeting – August 15, 2018

Attendance: Paul Beeker, Christina Bauer, Gerardo Benavides, Chauna Brocht, Eric Fogt, Aisha Darby, Barbara DiPietro, Stephanie Donelan, Tonii Gedin, Keiren Havens, Monita Hadley, Katherine Healy, Meredith Johnston, Niles Kalyanaraman, Taylor Kasky, Katie League, Kate Leisner, Kevin Lindamood, Ann Marler, Eddie Martin Jr., Maria Martins-Evora, Hanna Mast, Katharine Mehl, Lauren Ojeda, Kat Parker, Tracy Russell, Ted Ramsay, Gabrielle Rehmeyer, Bilqis Rock, Cyndy Singletary, Jennifer Tate, Gabrielle Thacker, Adrienne Trustman, Malcolm Williams

PI Dashboard

- After Hours Access for client experience scored 3.6 on our June 2018 survey, which is the closest we've been to the goal of 4.0. In the same survey, Baltimore County scored 3.9, West Baltimore 3.8, and Fallsway 3.5. In July we began asking the question on a monthly basis and only collected at Fallsway. Our score in July 2018 was 2.8 out of 5.
- The July rate for Diabetic Clients with an A1c less than or equal to 9.0% was at an all-time high of 73%, which is our goal. Congratulations to the Diabetes PI subcommittee!
- The July rate for Cervical Cancer Screening was 63%. The screening rate has been above average for the past 4 months.

Updates

Colorectal Cancer Screening

- Ended the BCCP Pilot in July after a lack of success (1 of 17 patients was successfully screened over the course of 6 months).
- Lessons Learned:
 - Should have started the pilot smaller, isolated the test to one team. It was difficult to communicate changes to the whole department and people got burned out with the changes. Using one team also facilitates more efficient feedback of the experience.
 - Should have been more structured and explicit about objectives
 - While the navigation program did not work out, the group education component was found to be valuable. Tracy and Laura are establishing a relationship with Hopkins to continue client group education around cancer screenings.
- Next steps:
 - Developing an assessment tool for whether a client has what they need to successfully complete a colonoscopy.
 - Will be using RNs as navigators for the process

Missed Appointments

- Missed appointment rate was trending down for five months but increased in July to 29%.
- PDSAs have been conducted to see if personalized reminder calls are effective in lowering the missed appointment rate – the tests have shown improvement.
- Lessons learned:
 - Pediatrics is the one department where personalized reminder calls did not lower the no-show rate. The group considers this to be an anomaly due to the timing of Lisa's departure (providers leaving tends to cause an increase in no-shows).
- Next Steps:
 - Investigating if it makes a difference in which member of the team makes phone calls
 - Looking at how to balance the use of televox and personal reminders
 - Moving forward will be looking at each discipline. Fallsway adult medical is currently doing PDSA on impact of turning clients away if they are 15 minutes late.

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- Client Experience**
- PCMH-related questions were all 10% points better than national average
 - HCH improved the most since last survey (Nov 2017) in its care coordination measures
 - Area for improvement: communication, access, office staff (all were in bottom quartile)
- 2019 PI Plan**
- 2018 Plan had 7 measures, one seasonal (flu)
 - Questions to consider as we make decisions about 2019 plan –
 - Is this something we already measure?
 - What is its organizational impact?
 - What is the benefit of the improvement?
 - Clinical Measures should align with the Strategic Plan Health Outcome Measures
 - Below benchmark areas are best suited for PI focus:
 - Hypertension and obesity are areas most people would like to see on the PI plan.
 - Question about whether immunizations as a broad category have been discussed as opposed to just focusing on flu or childhood immunizations
 - One issue with putting Obesity on the plan is how long it would actually take to make an impact – is it better to focus on process measures related to obesity?
 - Client Experience Measures
 - Provider Communication is the lowest score on the June 2018 survey
 - Provider communications questions ranged from explaining things, listening carefully, showing respect for clients, and spending enough time with clients
 - Issues raised – Use of evidence-based interventions, finding a way to avoid providers directly asking questions, and not adding on paper questionnaires to the workflow
 - Potential to expand this communication improvement to all staff, not exclusively providers
 - Identifying items that need to be improved at all sites, rather than just at Fallsway
 - What can we learn from other sites who have better scores?
 - Access and Operations
 - Missed appointment is existing goal (still needs improvement) – should we add another goal?
 - Safety goals – look at top 3 items from the Hazard Vulnerability Assessment (HVA) and focus goal from the safety and facilities perspective. Will be discussed more in depth at Safety Committee Meeting.
 - 3rd next available performance gap doesn't apply at other sites with better access
 - PI Plan next steps: Draft for September P&PI Board Subcommittee meeting and PI Committee in September.

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