HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	8/21/2019	Time:	8-9am
Location:	421 Fallsway, 3rd Fl Large Conf. Room	Minutes prepared by:	Ziad Amer

Attendees

Z. Amer, C. Brocht, W. China, A. Darby, J. Diamond, T. Geddin, M. Johnston, T. Russell, G. Thacker, A. Trustman, M. Williams

Agenda and Notes, Decisions, Issues

Topic	Discussion
Monthly Dashboard	
BP Control	Special cause variation at 63% in July but still under our goal of 65%. The Sub-Committee is beginning the process of implementing medication adherence tools for medical providers in the EMR.
BMI	Continuing our 10 month streak being above our goal of 75%. Currently at 83% in July.
Pediatric Dental Varnish	5 months in a row above our goal of 50%. Currently at 57% in July.
Incident Reporting	The large uptick in April to 34% (above our goal of 25%), was likely due to our increased discussion and advocacy around Incident Reporting, not a result of any testing or implementation of changes. This also explains the unsustainability of that rise as we have not committed any changes to the agency. Our current stabilized trend of 18% is where we continue to sit in July.
Project Updates	

Missed Appointments	• As of June we have implemented the use of personalized, care-team based reminder calls to go out at least 24 hours ahead of a client's appointment. They continue to be very successful.
	  ○ Clients who were reached by a reminder call completed their appointment 92% of the time
	  ○ Clients who were *not* reached by a reminder call only completed their appointment 67% of the time
	• The Sub-Committee has begun testing the use of materials directing clients to our walk-in services.
	  ○ We are piloting this program with clients who walk in for case management appointments and are interested in receiving other services

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We will be tracking these clients for 1 month to see if the pilot was successful at capturing these clients for walk-in services
We have developed and implemented materials around the facility to encourage clients to cancel their appointments if they cannot make them
We have also targeted clients who frequently miss their appointments and developed two approaches:

The use of a “Shadow Schedule” to place high no-show clients on in an “Additional Established” appointment slot. These clients who have missed more than 30% of their appointments within the last 6 months (who have also had more than 2 medical appointments), will be set aside in this category to give priority to clients who frequently make their appointments. We will begin testing this on September 9th for one day with all medical providers for 2 sessions.
The second method we will test is to select the top category of clients who miss their appointments and inform them they will be “walk-in only clients” – they will not be allowed to be placed on a schedule until they start to make their same-day appointments consistently.

The Sub-Committee’s Next Steps:

Continue to track the success of our Reminder Calls to clients
Test the change ideas listed above
And explore new change ideas to decrease our missed appointment rate

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<tr><td>Child Weight Screening and Counseling</td><td>

As of June 15th our sub-committee has been meeting to discuss the root causes of our difficulty meeting our goal thus far. We have also developed change ideas that directly impact those root causes. Out of those change ideas we will begin testing the use of a printed growth chart to give to clients/parents during rooming and vitals. This will serve as a conversation starter for the provider upon arrival. We hope to see an increase in the number of conversation about diet and exercise during the test period. Our baseline rates in July were 55% - our goal is 70%.

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<td>Provider Communication

Discussion:

Data! Where to get it, who to ask for it, and what it is that you really need! – W. China</td>
<td>• We have fully implemented the white board on the 2nd floor medical waiting area that displays the estimated wait time for clients
• We have also fully implemented the communication of staff changes through Kevin’s Weekly Teaser
• We are currently testing the new provider departure procedure with Lindi’s clients as well as with the upcoming departures
• Currently we are working on evaluating the best training approach for all staff for communication best-practices as well as a guide for staff on our services and walk-in hours, etc.
• The Provider Departure Letter is a template that can be personalized for each provider and can be directly populated from Centricity for the provider’s client list
    o The letter will also include a one-sheet with the department’s staff photos
    o HI has concerns on the standardization of who is responsible for running the client list when a provider is leaving – the director, the departing provider, HI, etc?
• Next Steps:
    o We will continue to develop the guide for staff on services and refill/referral policies
    o Evaluate the success of our provider departure procedure
    o And get our feedback on the PI team’s suggestions regarding the medical clinic workflow from Management teams

• Health Informatics maintains clinical and administrative data for the agency. Many people at HCH may need to use their data at some point but might not know where to turn to get the information that can best fit their needs.
• There should be a distinction between what data Performance Improvement has and maintains, and what HI has.
• PI typically is responsible for all of the current and prior PI measures and the associated graphs and data.
• HI has detailed levels of information not limited to the scope of PI projects or measures.
• If a director has a need for data they should always reach out to Health Informatics first for 2 reasons:
    o Health Informatics has access to far more data than PI does and therefore can help you figure out what it is that you are really looking for</td>
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	◦ Health Informatics and PI work very closely together so if there is ever a need for data that PI holds, PI will be brought into the conversation.

Next Meeting:

Wednesday, September 19, 2019
8am – 9am
3rd Floor Large Conference Room