HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	7/17/2019	Time:	8-9am
Location:	421 Fallsway, 3rd Fl Large Conf. Room	Minutes prepared by:	Ziad Amer

Attendees
Z. Amer, C. Bauer, C. Brocht, D. Dexter, J. Diamond, B. Dipietro, J. Ferdous, C. Fowler, T. Gedin, M. Johnston, H. Mast, K. Mehl, L. Ojeda, A. Richert, T. Russell, A. Shearer, J. Tate, A. Trustman, G. Thacker, M. Williams

Agenda and Notes, Decisions, Issues	
Topic	**Discussion**
Monthly Dashboard	Adult Weight Screening and Counseling: • Sustained above goal for 9 months in a row – currently at 83% Child Weight Screening and Counseling: • No changes have been implemented – our kickoff meeting for the project was held 6/20 – Continued to track our baseline data – Currently at 58% Pediatric Dental Varnish: • Continued 4 months in a row of at or above goal results. Implementing EMR fields and retraining in June for sustainability. Provider Communication: • Slight dip (2%) over last Client Experience Survey results in November. • No actionable change has been implemented yet. • Yellow team and community sites have increased significantly over last survey • Currently at 78% Incident Reporting: • Still below goal with no sustained changes implemented to drive improvement. Currently at 17% Missed appointments: • Continue to hover at 25% with more work still needed to bring us to our 20% goal. We are currently still testing change ideas.
PI Spotlight: PDSA Model	• PDSA's are not the final step in the improvement process – it is only the middle • We begin by finding the root cause of our problems and developing hunches and theories to address those problems. • PDSAs – Plan, Do, Study, Act cycles, are methods of testing our hunches and hypotheses and to learn more about our problem and our approach. • PDSAs help us increase our belief that the change idea will result in improvement – through our testing and trials we can determine the level of success we can expect.

	- PDSAs also help us evaluate the costs and side effects before we fully implement the change idea
	- Similarly, PDSAs allow for the participants to raise questions and experience the potential change prior to implementation, decreasing organizational resistance to this change.
	- PDSA cycles should be small, rapid cycles that utilize previous knowledge as a guide
	- The benefits of starting small are:
	    o Low cost/resources needed
	    o Immediate results
	    o Ease of adaptation
	- Data collection is critical to a successful PDSA! Without data we cannot definitively say whether or not the PDSA was conclusive or not.
	- The scope of a PDSA should balance: the Staff Readiness for change and the Level of Belief that <u>this</u> change will lead to improvement AND the Cost of Failure
	    o A matrix can be used as a guide to determine the scope of your first PDSA.
	    o No Commitment from Staff, Low Belief in this change and High Cost of Failure should yield a very small scale test – perhaps one encounter with a patient
	    o Conversely, a Moderate Commitment from Staff, High Belief in this change and a Low Cost of Failure could be a large scale test – perhaps a week long study using the full medical team.
	- The smallest scale test we can run is the 1:1:1 test – 1 provider:1 patient:1 encounter
	- An effective PDSA cycle has a clearly stated prediction for the change idea and simple data collection!
	    o A conclusive PDSA is <u>NOT</u> one that proves your prediction correct! A conclusive PDSA test is one that was conducted as planned with effective data collection – even if it doesn't lead to improvement!
	    o PDSAs are ineffective tools if we do not collect data properly or if the test was not conducted as planned and stated!
	- It is always important to document your tests and progress as evidence of your work. This will become valuable information to guide future changes
	    o This information can also help other departments as you can show the methodology behind your improvement!

Project Updates: Blood Pressure Control in Hypertensive Patients	• We exceeded our goal of 65% for the first time in June with our score of 66%!
	• Though we expect this to not be linked to sustainable scores as there have been no lasting changes implemented as a result of the subcommittee work
	• However, since our last PI Committee discussion on Hypertension, the subcommittee has:
	   ○ Tested medication adherence tools
	   ○ Trained and conducted ongoing competency training for BP monitoring
	   ○ Optimized BP recording fields in the EMR to allow for multiple entries
	• Our medication adherence assessment tools were tested to determine if they successfully reveal the client's adherence to treatment plans and to uncover potential barriers to their full adherence
	• By implementing a standardized system to monitor adherence, providers can adjust their treatment plans and strategies to best fit the client's needs
	• We tested the use of the Morisky Questionnaire, an 8 point scale assessing adherence and reasons for non-adherence with clients.
	   ○ 1st PDSA was provider led and yielded low adherence scores
	      ■ Being provider led, we also found that clients felt guilty having to reveal their lack of medication adherence – we adapted our approach
	   ○ 2nd and 3rd PDSAs were self-assessments, which also yielded low adherence scores
	      ■ We had a high rate of completion for these questionnaires with no literacy issues
	• Through these conclusive PDSA cycles, we determined that the Morisky questionnaire did not capture a detailed picture of our clients' medication adherence
	   ○ We are exploring another assessment tool (Hill-Bone Adherence scale) that may address a broader range of issues relating to medication adherence
	• Upon selection of a standardized assessment, we will also need a multi-lingual version – primarily in Spanish for our clients
	• Additionally, some of our providers did not find the tool beneficial as they already use their own means of medication adherence assessment
	• However, overall it is important that we test and uncover a standard and comprehensive practice to assess med. Adherence.
	• Our next steps:

	- Test the use of our modified Hill-Bone assessment tool - Begin discussion with HI and IT to integrate the assessment into the EMR - Continue to track medication adherence among patients - Additionally, we began our training and ongoing competency testing for CMAs and RNs on BP monitoring: - Catherine Fowler led BP training on July 11th that detailed the importance of BP monitoring, the risks of hypertension, work plans and BP thresholds, clinical processes and overall this yielded high levels of engagement from the participants - Catherine will continue competency testing through the weeks of 7/15 – 7/19 and 7/22 – 7/26 - Competency will be Pass/Fail based on a 7 part BP monitoring test
Discussion: Client Experience Survey **PI Key Performance Indicators**	- A brief overview of the latest bi-annual Client Experience Survey conducted in May 2019, shows that we have seen significant improvement in both the Yellow Team at Fallsway as well as the two community sites – West Baltimore and Baltimore County - West Baltimore improved on 37% of questions since the last survey - Baltimore County improved on 47% of questions since the last survey - There is still more to be done, this is expected as we have not implemented changes to yield sustaining results - Fallsway non-yellow team improved on 2 questions both pertaining to care coordination! - An overview of our Key Performance indicators which were set and agreed upon at the start of the year, show improvement in some areas and room to improve in others. - Our Performance indicators and goals compared to Q2 results are: % of PI goals met – Goal of 80% - Q2 at 33% % of staff involved in PI efforts – Goal of 64% - Q2 at 72% % of PI projects with client involvement – Goal of 100% - Q2 at 11% % of PDSA cycles completed conclusively – Goal of 90% - Q2 at 75% % of staff with formal PI training – Goal of 75% - Q2 at 57%

	■ # of requests for PI consults by projects and deliverables – Goal of 20 and 50 respectively – Q2 at 18 and 30 respectively ○ Lastly, the measure for advancing the culture of improvement based on the score of organizational CQI orientation (a 1-5 scale) is conducted at the end of the year. Our goal is 3.7 out of 5.

Next Meeting:

Wednesday, August 21st, 2019
8am – 9am
3rd Floor Large Conference Room