Reflection of PI in 2018

What you learned this year:

- I learned a lot about what others were doing as it relates to cancer screening. I've also learned a lot about the MH team's use of environment to decrease depression and improve coping. I plan to integrate these techniques into my own practice.
- It takes a village (& multiple disciplines) to make PI efforts succeed.
- HCH resources have so much potential and can prove very effective.
- How to come up with a good PI goal
- I've learned that the greatest impacts are sustained with incremental, slow, focused changes. It's not eating the elephant in one siting, but one bite at a time.
- I learned more about what PI is, principles of QI, general background, intergration of PI & quality work.
- The importance of patience, PDSA, Gemba, and not all interventions are rocket science. Keep it simple.
- The importance of clean workflows that incorporate EHR form (e.g. flu screening)
- I learned a lot about clinical processes from an agency point of view
- I learned a lot about shepherding changes through. I used to gloss over details that would mean failure if not attended to. I do that less often.
- PDSA
- About PI processes in general and all different departments that can be involved, impacted
- How to speak up and get things done
- Coming up with creative ways to increase outcome measures (HIV, Hep C, A1c data)
- I learned more about the iterative process of PI and the PDSA model
- Small intervention can make a big impact – often just requires talking across teams
- Got to be part of a subcommittee and understand more about process/how initiatives start
- Sometimes we assume things (eg, homeless women won't get paps) that are wrong, and PI can move the needle!
- That some of the question on the client survey don't always measure what we think they do!
- Pop health RNs very effective, they work well across teams to create change

What did you like?

- I enjoyed partnering with peers on improving outcomes that were of shared interest
- I liked our increased capacity to use data to drive our efforts
- Monthly PI meetings
- Time dedicated to biweekly PI meetings – this regularity helped to move efforts forward consistently
- How organized and goal-directed it feels
- I love that our performances have improved from the inside/out, from the bottom/up. I do not believe we had previously focused on root causes, so I appreciate this.
- Helping to lead some sub-committee work
- Learning more about HCH workflows and being exposed to various teams and management staff
- I appreciate the structured support from the PI team. Also, loved the innovation challenge.
- I like the overall collaboration of teams, thoughts, and ideas

- I liked seeing the increase in staff & clients engaged in PI work
- Working closely with different staff members to complete a goal
- Pre-defined set of goals with regular updates for each subcommittee goal monthly
- Always engaging the entire staff and clients
- Being more aware of how we score on outcome measures so CCP can make changes to improve measures
- I like the interdepartmental collaboration and taking time to verbalize/celebrate smaller successes during meetings
- More providers at the table earlier in the year
- Like the format of meetings, having each lead take ownership and provide updates
- Subcommittee groups, PDSA volume, trying new things, pop health role
- I got a better sense of clinic admin and clinical workflows. And as Nilesh says, learned that it's good to ask why – sometimes there is no good reason for why something happens – and we can change it!
- Involvement of more front line staff

What did you not like/still have questions about?

- Difficulties engaging community sites
- I'd like to get stronger using RCA tools, PDSAs, etc.
- When I look around this meeting, I notice that there aren't enough staff who do direct client care present. How can we make meetings & PI work more present and available to them?
- I am not particularly a fan of all the surveys, but I ultimately get the point.
- Challenges with staff resistant to change, but this is expected because change is complicated.
- Early meeting
- Sometimes there was confusion about the role of the PI team on projects that were not agency priorities
- There's too much data and I cannot act on most of it
- Not necessarily a problem with PI, but PI is a part of. I think we need to be more mindful of all the data we look and and why we want to and what is realistic.
- Question – exact list of all subcommittees and how they're formed
- Tasks were not always completed
- Who to reach out to for more assistance in the future (supervisor vs pop health RNs vs PI)
- How can we create more agency-wide support and excitement?
- Need a plan for goals we didn't meet
- How we're making sure PI goals that don't…don't slip
- Sometimes our interventions did not feel very strategic or big picture. Having some sort of annual plan or overview could have helped.
- Still top down. Particularly with clinical admin with scheduling.

What would you like to see happen in 2019?

- I would like to see sub-committee meetings involve more direct service providers (non-medical).
- I would like to see Housing Services better represented.

- Have champions that are really empowered to being updates back to their teams and take ownership on an increasing basis
- Ensure that we tell the story of why PI and all these #'s matter. Let's talk about preventing cancer, catching it early, decreasing anxiety, etc. for patients and staff. When staff know they are making a difference they feel better too!
- I'd love to see more incremental improvements, as this will sustain the change. You all are doing a great job including varied perspectives.
- Continue to focus on involving front-line staff, be more visible to general HCH community. Brief discussions with staff about principles, ideas behind PI – it is a new concept for many. Can we emphasize where data is shown online?
- More involvement from clinical providers, skype meetings for off-sites
- Focus on provider listening skills in order to improve client satisfaction
- Continued success in performance improvement topics/issues
- More attention paid to what matters to staff; more & better collaboration with staff
- I would like to see more providers involved
- Would like to get more involved in committee
- Get more involvement from every department and showcasing people for the work done
- Monthly dashboard on outcome measures to get CCP staff more engaged
- I would like to see more input from clients and staff to make sure they can share their perspectives and create more buy-in.
- Focus on a smaller number of goals for a shorter period
- More ways to share out and celebrate success grounded in client stories
- Increase staff involvement, client involvement, PI champion awards/recognition
- Better communication among subcommittee members
- More workflow improvements in scheduling – more flexibility for providers to have access to own schedule