

## HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	9/18/2019	Time:	8-9am
Location:	421 Fallsway, 3 <sup>rd</sup> Fl Large Conf. Room	Minutes prepared by:	Ziad Amer
<b>Attendees</b>			
Z. Amer, D. Dexter, M. Flanagan, C. Fowler, T. Geddin, K. Healy, M. Johnston, R. Larson, H. Mast, L. Ojeda, A. Richert, T. Russell, A. Schearer, M. Schneider, G. Thacker, A. Trustman			
<b>Agenda and Notes, Decisions, Issues</b>			
<b>Topic</b>	<b>Discussion</b>		
<b>Monthly Dashboard</b>			
<b>Adult BMI</b>	Continuing our 11 month streak of being above our goal of 75%. Currently at 82% in August.		
<b>Pediatric Dental Varnish</b>	6 months in a row above our goal of 50%. Currently at 60%		
<b>Child Weight Screening and Counseling</b>	The sub-committee is still in the early stages of exploring strategies for improvement. However, we have identified a number of main barriers and have prioritized some change ideas to test in the coming weeks. The current Screening and Counseling rate for August is 63%, shy of our goal of 70%.		
<b>Missed Appointments</b>	Our Missed Appointments sub-committee has continued to explore the change ideas we have identified. We are however, shifting our focus to support a proposed change in the medical scheduling template through data collection and analytics. In addition we will continue to test the change ideas the specifically target the non-medical disciplines. Our current rate for August is 24%.		
<b>Provider Communication</b>	The sub-committee has continued to test our new procedures and practices for a provider's departure. We have finalized the drafting of the letter to be sent out to clients upon the departure of a provider. We will be presenting the procedure to Clinical Directors on Tuesday, 9/23.		

<p><b>Project Updates</b></p> <p><b>Blood Pressure Control in Hypertensive Clients</b></p>	<ul style="list-style-type: none"> <li>• The sub-committee has tested the use of a medication adherence assessment tool called the ASK-12 – a twelve point questionnaire designed to not only score a client’s adherence to their medication plan but also to identify some of the main barriers to their adherence. <ul style="list-style-type: none"> <li>○ This test will be conducted on 16 clients at Convalescent Care. The ASK-12 tool was given out to clients to self-assess on Friday 9/13. On Friday 9/20, providers will administer the questionnaire to those same clients. The goal is to determine which method of administration will yield more accurate results.</li> </ul> </li> <li>• We have begun the process of piloting the use of “Pill Cards”, visual cards specific to a client’s medication regimen to aid in their medication adherence and competency. <ul style="list-style-type: none"> <li>○ This tool will be tested on 12-14 nursing clients next week (9/22 – 9/27). The nurses will first administer the ASK-12 tool to get a baseline adherence level, as well as a baseline Blood Pressure reading. The nurses will then explain the clients’ pill cards to them and hand them out. We will compare the clients’ BP readings and ASK-12 scores with the scores taken during their follow-up appointments 2 weeks later. The hypothesis is that the pill cards will increase medication adherence and thus improve the Blood Pressure control rates of the clients included in the study.</li> </ul> </li> <li>• Our next steps will be to develop the ASK-12 tool into the EMR for providers to log the results into the clients’ charts.</li> <li>• Our Blood Pressure Control rates are currently 59% for the month of August, shy of our goal of 65%.</li> </ul>
<p><b>Incident Reporting</b></p>	<ul style="list-style-type: none"> <li>• So far in 2019 there have been 273 incidents filed by 105 unique staff members</li> <li>• Fallsway represents 70% of all incidents submitted; with all the other sites approx. 10% each</li> <li>• The type of incident with the highest rates continue to be the “Criminal, Verbal, and Physical” incidents, however this percentage has shrunk over the year.</li> <li>• Patient Safety incidents currently represent ~20% of all incidents.</li> <li>• The sub-committee has implemented a standing agenda item to discuss incidents at medical team meetings</li> </ul>

	<ul style="list-style-type: none"> <li>• We have continued to distribute Safety Stars to our frequent reporters; as well as displaying the names of those who are considered noteworthy reporters during our “Shout-out” section of Safety Star celebration at All-Staff.</li> <li>• Margaret has also been developing an “Incident Owner” training for directors and department heads to educate on investigation and closing an incident.</li> <li>• The percentage of incidents listed as “Criminal, Verbal, and Physical” has decreased while the actual number of those incidents filed has not – indicating that the total number of incidents reported has gone up and in areas not related to those “Criminal, Verbal, and Physical” incidents.</li> <li>• The question was posed to the group: How do we incorporate incident reviews into care team meetings? And where else can we deliver trainings to staff on how and what to report? <ul style="list-style-type: none"> <li>○ The Committee agreed that the ongoing reminders through safety stars, computer notes and posters will be a good way of keeping the conversation going with staff.</li> <li>○ However, the Committee agreed that having Incident Reporting included as a standing item during the limited, 15-minute Care Team Meetings might not be an effective way to communicate and discuss the topic</li> </ul> </li> <li>• For the month of August our Incident Reporting rate was 18%.</li> </ul>
<p><b>Depression Remission</b></p>	<ul style="list-style-type: none"> <li>• Our new sub-committee has identified the root causes to the lack of screening and counseling and has begun to prioritize some of our change ideas</li> <li>• There was an uptick in the remission rate during the months of June and July to 8%. However we cannot determine what the cause of this uptick was and we do not associate it with any changes as a result of the sub-committee’s meetings – the current rate in August was back down to the average rate of 5%</li> <li>• The sub-committee will continue to meet and test clinical and workflow approaches to improving the rate of depression remission</li> </ul>

<p><b>Flu Vaccination</b></p>	<ul style="list-style-type: none"> <li>• A total of 321 clients have been vaccinated at the time of the Committee Meeting!</li> <li>• The workflows we have developed for Case Management, Behavioral Health, Psych and Occupational Therapy seem to be working well and dynamically with our Medical CMA delivery</li> <li>• Our Flu Champions have all been briefed and will be receiving weekly data updates on their department’s successes on delivering the vaccine to clients.</li> </ul>
<p><b>Discussion:</b></p> <p><b>The 2020 PI Plan and UDS changes</b></p>	<ul style="list-style-type: none"> <li>• There are a number of UDS measures that will be changed or added in 2020 and we want to be sure that we are prepared for them</li> <li>• The expansion of Diabetes exams, eye exams, foot exams, and nephropathy should be looked at closely as we plan for 2020</li> <li>• Additionally the committee has discussed the following measures as opportunity for PI projects – further exploration of these measures will be needed: <ul style="list-style-type: none"> <li>○ Access by phone</li> <li>○ Medication Adherence</li> <li>○ Lung Cancer Screenings</li> <li>○ Breast and Prostate Cancer Screenings</li> <li>○ MAT Expansion (supportive role)</li> <li>○ Continuity of Care</li> <li>○ Referral Tracking</li> <li>○ Patient Safety – Lab tracking and follow ups</li> <li>○ Hypertension continuation into 2020</li> </ul> </li> <li>• The Committee will also need to determine what constitutes a half-year measure project and what will require the focus of the PI team for a full year <ul style="list-style-type: none"> <li>○ Finding a balance between these two will determine how many measures will be on the PI plan in 2020</li> </ul> </li> </ul>

**Next Meeting:**

Wednesday, October 16<sup>th</sup>, 2019  
8am – 9am  
3<sup>rd</sup> Floor Large Conference Room