

Continuous Quality Improvement (CQI) Subcommittee Meeting
Friday, March 17, 2017

Minutes

Time Began: 10:00am

Time Ended: 2:30pm

Healthy Start Staff present

Heather Baker – The Village South

Beatriz Cruz – Miami Beach Community Health Center

Vivian Owen – Avanti Support & Services

Isa Piloto-Baker – University of Miami SESS

Claudia Polastri – Borinquen Medical Centers of Miami-Dade

Tania Ramirez – Institute for Child & Family Health

Dr. Maite Schenker – Institute for Child & Family Health

Ricci Holloway – Jessie Trice Community Health Center

Elba Rosales – Miami Beach Community Health Center

Healthy Start Coalition of Miami- Dade Staff present

Anthony Gasset, Beatriz Van Sky, Evelyn Castillo, Melvin Hernandez and Lucy Valido

I. Welcome and Introductions

Anthony Gasset, Chief Operating Officer

II. Demographics Log

Opening Objective: Reduce the burden of duplicate reporting, simplify operations and administrative responsibilities while subsequently providing better customizable reporting tools.

- a. Current Demographics Log. HSCPs find Demographics Log helpful. Melvin mentions HSCMD staff wants to add fields to create a running log. This log will be a live document that will be perpetually updated.
- b. Log will capture client distribution and will be submitted with monthly report.
- c. New proposed log will not be printed. During surveys or State reporting responsibilities, Contract Manager will be asked if he/she wants to see it.
- d. Identified issue with the options for client's race, as there is no option for Hispanics; it's currently limited to selecting White/Caucasian or Black/African American. Selections are inconsistent between MomCare and Healthy Start query. Also discussed the inconsistency with Vital Stats, (Birth Certificate)
- e. Team proposed the adding columns to the Demographics Log:
 - i. Work performed live and saved by facilitators of the meeting
 - ii. Discussion on adding a definitions page to spreadsheet to better understand intent of field.
 - iii. Discussion development of drop down lists to limit selections.
- f. Responsibility of finalizing draft Master Demographic file for approval resides with Tony. A sample draft will go out to members for comments once completed.
- g. The Staffing Pattern document which is currently submitted quarterly will be need to be submitted each time there is a staffing change (resignation, termination, new hire). This form will be submitted along the email notification of staffing change.
 - i. Claudia Polastri recommended adding the Position Number to the form.

Summary: Items being removed from monthly or quarterly reporting.

1. Removing the Distribution of Participants Chart

Quarterly Report Eliminations:

1. Staff Case Assignment
2. Review of Classification Level at Initial Contact
3. Review of Health Management System
4. Performance measures made shorter (abbreviated)
5. Healthy Start Pattern & Certification- Exhibit DD
6. IC prior to Assignment Log
7. HSCPs will no longer need to submit narrative of challenges and achievements as part of quarterly reports. HSCMD will gather this information from discussions with Providers at MICH and CQI meeting minutes.

III. Review Letters, first contact to Healthy Start patients/participants.

There exists an opportunity to reduce the burden of scanning to document initial contact letters to participants. However, HSCMD needs a standardized letter in English, Spanish & Creole.

Prior to meeting, Providers sent in letters used. The Village will send a sample in Spanish and Creole. Letters need to be reviewed and consolidated so one approved letter is submitted and entered into the Wells Family System to mail out similar to MomCare.

IV. Timeline, timeliness in clinical documentation requirements.

- a. Review current HSSG guidelines allows.
- b. Tony proposed IC-IA to be entered within 24 hours and other documentation at the end of business day. Clients receiving therapy, specifically MBD services, are higher risk and need to be prioritized. Providers were resistant to shorter documentation timelines. UMSESS stated that they may need to see less clients in order to document within 24 hours. Providers mentioned staff may be with patients until 7pm and it would be challenging for the provider to document at that late hour.
- c. Vivian proposed a compromise
 - a. Providers would develop a list of qualifying circumstances that would initiate expedited documentation.
 - b. MBD documentation would be completed within 24 hours.
 - c. Acute cases handled as they are today, immediately escalating to manager

V. Open Discussion

Tony advised that we will have designated days for deliveries of materials to the providers. His recommendation was Tuesdays & Fridays. All providers agreed. Tony stressed the importance of documenting the appropriate education when distributing materials.

Tony updated team on what's going on at the State level.

- AHCA stated they would be extending our contract for one more year.
- AHCA is changing the way we get reimbursed.

Tony discussed that we need to make aspects of our program and services marketable to Managed Care Organizations, other payors.



Amongst the programs that are commercially viable such as Moving Beyond Depression, HSCMD wants to develop other marketable and commercially attractive programs.

One such proposal is a Bereavement Program. A core group will be recruited to develop a template creating a short term assessment, support process/service for dealing with bereavement, and safety checks. We need to look at our unique services and improve what options we have to offer and at what stage people want to engage Healthy Start services.

Currently activity logs are due Tuesdays; providers suggested Logs to be submitted on Wednesdays, HSCMD agreed.

Claudia Polastri addressed the Travel and Training Request form and how at times it can be burdensome to complete. For example, having to complete the form for mandatory meeting (MBD, ASQ trainings and Annual Meeting).