



Best Practice, Data Committee &
 Continuous Quality Improvement Workgroup Joint Meeting
 Tuesday, June 23, 2015

Name	Title	Provider
Vivian Owen	Clinical Director	Avanti Support & Services
Natalia Segrera	Senior Educational Coordinator	Avanti Support & Services
Claudia Polastri	Special Programs Coordinator	Borinquen Medical Centers of Miami-Dade
Nadia Ade	Care Coordinator	Borinquen Medical Centers of Miami-Dade
Rachelle Theodore	Management Review Specialist	Florida Department of Health in Miami-Dade County
Nelly Hansen Vik	Operations Analyst I	Florida Department of Health in Miami-Dade County
Tania Ramirez	Program Manager	Institute of Child & Family Health
Olga Rodriguez	General Assistant	Institute of Child & Family Health
Teresita Ibarra	Senior Counselor	Institute of Child & Family Health
Chinyere Woke	Program Manager	Jessie Trice Community Health Center
Beatriz Cruz	HS Program Manager	Miami Beach Community Health Center
Pola Castellanos	Senior Care Coordinator	Miami Beach Community Health Center
Amy Olen	Director	Our Olive Branch
Heather Baker	HS Program Director	The Village South
Isa Piloto-Baker	Program Manager	University of Miami SESS
Connie Morrow	Program Director	University of Miami SESS

Healthy Start Coalition of Miami-Dade Staff Present:

Manuel Fermin	Chief Executive Officer	HSCMD
Robin Grunfelder	Director of Programs	HSCMD
Olivia Lawson	Program Specialist	HSCMD
Melvin Hernandez	QA & I Specialist	HSCMD
Ariel Morel	Director of QA & QI	HSCMD



Summary

Manny Fermin, Chief Executive Officer and Ariel Morel, Director of Quality Assurance & Quality Improvement welcomed the Healthy Start Contracted Providers to the Best Practice and Data Committee Meeting. Melvin Hernandez, Quality Assurance & Improvement Specialist completed an Icebreaker in which all the HSCPs participated. The Icebreaker required the participants to communicate with one person asking a question and only receiving a yes or no response while trying to guess the name of a person or place (which had been taped to their backs). The importance of critical thinking, communication and patience was discussed and this would be theme for the rest of the meeting. Ariel then discussed the meeting objectives in which data would be reviewed, specifically in regards to the transition to the Well Families System and discontinuation of the Health Management System.

The Case Load Analysis reports were shared which displayed the past three (3) years of data. The data continues to show an increase each year for participant referrals therefore we need to prepare accordingly and discuss methods to maintain quality and remain productive especially with all the upcoming changes in our system of care for fiscal year 2015-2016. The goal would be to discuss ways to deal with the ongoing overage of case assignments and what would be a realistic quota based on each provider’s staffing pattern. Ariel asked each provider to share how many funded staff they had and to separate how many were Care Coordination (CC)/Direct service as well as Administrative support (upper management) staff. Please see the breakdown below:

Provider	Funded Staff	CC/ Direct Staff	Administrative Support
Avanti Support & Services	16.65	15	1.65
Borinquen Medical Centers	8.73	8	.73
Florida Department of Health in MD	7	N/A	N/A
Institute for Child & Family Health	9.07	7	2.07
Jessie Trice Community Health Center	3	2	1
Miami Beach Community Health Center	4.92	4	.92
The Village South	5.5	4.5	1
University of Miami SESS	15.37	13.32	2.05
Total (Not counting FDOHMD)	63.24	53.82	16.42



HSCMD team discussed the HSCPs responses and noted that they were not far off from the totals that the Coalition had come up with. The HSCPs were all in agreement that 35 cases per month per FTE was a fair and realistic number. The HSCPs were then asked to work within their groups and answer the following questions:

1. What's working now?
2. What would you want changed?
3. What would you like to add?

What is working now?	What would you like to add?	What would you like to change?
<ol style="list-style-type: none"> 1. Appropriate closures at IC. Level E (Education Only). 2. Shorter care coordination. 3. FDOHMD capturing and documenting Medicaid data. 4. Collaborative decision making. Implementing immediate changes. 5. Electronic case assignments. 6. FDOHMD registering cases. 7. Streamlining appropriate referrals. 8. Targeted outreach events. 9. Provision of the Medicaid stamp for community providers. 	<ol style="list-style-type: none"> 1. WFS training. 2. More certification trainings (wraparound). 3. Increase the frequency of training for CEU opportunities. 4. Better communication to administrative staff when making changes/updates. Direct communication to come from HSCMD. 5. Targeted outreach at OBGYN offices to maximize active Medicaid recipients. 6. Streamlining the referral process from MomCare to HSCPs. 7. Prioritization of reporting to HSCMD and 	<ol style="list-style-type: none"> 1. Streamlining the notification healthcare providers. 2. Further division of map/zip codes for case assignments. 3. All providers to be assigned all areas and zip codes. 4. Process for dealing with the receipt of old screens in which mother already delivered. <ul style="list-style-type: none"> - Accept them? - Home visit? - Completion of IC? 5. Eliminate the requirement of needing to document/list all wraparound services at IC.



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<p>10. MomCare Search feature on WFS.</p> <p>11. Liaison's outreach/education efforts for providers.</p>	<p>improving accuracy of WFS reports.</p> <p>8. Administrative assistance.</p> <p>9. Advocacy efforts.</p>	
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“Quality is never an accident. It is always the result of high intention, sincere effort, intelligent direction, and skillful execution. It represents the wise choice of many alternatives.” - William A. Foster; United States Marine who received the Medal of Honor for his "conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty" during World War II during the Battle of Okinawa in 1945.