



**Continuous Quality Improvement (CQI) Workgroup Meeting
Tuesday, August 25, 2015**

Agenda

- I. Welcome and Introductions** Ariel Morel, Director of Quality Assurance & Quality Improvement
Melvin Hernandez, Quality Assurance & Improvement Specialist
- II. CQI Minutes** – Review of June 23, 2015 Minutes
- III. HMS Access – Reminder**
1. Gain Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov
 2. Gain Access to WFS: HMSACCESSMD@hscmd.org
 3. Remove Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov
and CC: ADMIN@hscmd.org – within one (1) business day from staff's departure – Reminder:
All of staff's remaining cases must be reassigned to the program manager prior to making the request.
 4. Remove Access from WFS: TO: ADMIN@hscmd.org
 5. Protocols for requesting New Passwords (Reminder)
 6. Timeline to gain access to Citrix/HMS from HSCMD (3 business days from when DOH provides Citrix access)
- IV. Healthy Start Programmatic Updates/Changes**
1. Request for Case Transfers (Include participant's zip code) Reminder: E-mail casetransfer@hscmd.org
 2. Utilizing HSCMD's website for all standing meetings within 24 hours of the meeting/training
 3. Well Families System
 - a. Incoming Screens
 - b. Case Assignments
- V. Quality Assurance & Improvement**
- Monthly & Quarterly Report*
1. Reminder: Mailing of hardcopies of both Monthly and Quarterly Reports – Attention to QA/QI Team and **not** Manuel E. Fermin, Chief Executive Officer
- Care Coordination*
1. Intake Date in WFS
 2. Data List Reports
- VI. Other Items/Open Discussion**
1. WFS Webinars
 2. Open Discussion

**Next CQI Meeting: Tuesday, October 27, 2015 at 9:30 a.m.
Healthy Start Coalition of Miami-Dade
7205 NW 19th Street, Suite 500, Miami, Florida 33126**



**Continuous Quality Improvement (CQI) Workgroup Meeting
Tuesday, August 25, 2015**

Minutes

I. Welcome and Introductions

Ariel Morel, Director of Quality Assurance & Quality Improvement
Melvin Hernandez, Quality Assurance & Improvement Specialist

Start time: 9:30am
End Time: 12:30pm

Healthy Start Staff present

Vivian Owen – Avanti Support & Services
Claudia Polastri – Borinquen Medical Centers of Miami-Dade
Rachelle Theodore – Florida Department of Health in Miami-Dade
Tania Ramirez – Institute for Child & Family Health
Chinyere Woke – Jessie Trice Community Health Center
Beatriz Cruz – Miami Beach Community Health Center
Heather Baker – The Village South
Isa Piloto-Baker – University of Miami SESS

Healthy Start Staff present

Manuel Fermin, Olivia Lawson, Ariel Morel and Melvin Hernandez

II. CQI Minutes – Review of June 23, 2015 Minutes

Approved – First Motion: Heather Baker
Second Motion: Claudia Polastri

III. HMS Access – Reminder

1. Gain Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov

HSCPs were advised to continue utilizing the appropriate e-mail address and to copy respective staff when requesting access for HMS.

2. Gain Access to WFS: HMSACCESSMD@hscmd.org

HSCPs were advised to continue utilizing the e-mail above and to copy respective staff when requesting access for WFS.

3. Remove Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov
and CC: ADMIN@hscmd.org – within one (1) business day from staff's departure – Reminder:
All of staff's remaining cases must be reassigned to the program manager prior to making the request.

HSCPs were advised to send the e-mail one day before staff's departure (even if they had advised sooner). HSCPs were reminded to utilize the appropriate e-mail addresses and copy respective staff when requesting removal from HMS as well as reassigning all staff's cases. Must include the end date for the staff as well.



4. Remove Access from WFS: TO: ADMIN@hscmd.org

HSCPs were advised to continue utilizing the e-mail above and to copy respective staff when requesting removal from WFS.

5. Protocols for requesting New Passwords (Reminder)

Passwords for WFS will only be shared with the staff member in need of it. The password will not be shared with the Program Manager. Please assure that the appropriate e-mail and contact number are included in the request.

6. Timeline to gain access to Citrix/HMS from HSCMD (3 business days from when DOH provides Citrix access)

Gaining access to HMS may no longer be relevant since existing staff may be able to check the system for duplicates or to check if the participant received services prior to July 1, 2015. Go Beyond has not given a specific timeline on their process and how long it will take for new staff to gain access WFS.

IV. Healthy Start Programmatic Updates/Changes

1. Request for Case Transfers (Include participant's zip code) Reminder: E-mail casetransfer@hscmd.org

HSCPs were reminded to include the participant's zip code and to copy the appropriate Program Manager when requesting case transfers.

2. Utilizing HSCMD's website for all standing meetings within 24 hours of the meeting/training

HSCPs were reminded to use the website for all meetings and trainings. They were also reminded to keep updating their classes on the website as well.

3. Well Families System
 - a. Incoming Screens

HSCPs advised HSCMD staff that they are consistently finding the screens in WFS. It appears the Incoming Screen feature is working.

- b. Case Assignments

HSCPs were advised to use the "Incoming Cases/County Transfers" feature to accept case assignments at this time.

V. Quality Assurance & Improvement

Monthly & Quarterly Report

1. Reminder: Mailing of hardcopies of both Monthly and Quarterly Reports – Attention to QA/QI Team and **not** Manuel E. Fermin, Chief Executive Officer

HSCPs were reminded to submit their reports directly to the QA/QI Team in order to ensure timeliness of receipt.



Care Coordination

1. Intake Date in WFS

HSCPS were advised that the Intake date in WFS must be the date the case is officially assigned by FDOHMD. Any incorrect dates will be updated upon receipt. For cases which are seen and not assigned, the date will be the same as when the IC was completed which is typically the date the self-referral is completed.

2. Data List Reports

Melvin Hernandez ran a data list report with the HSCPs and advised that in order to run a complete (cumulative) report, the start date must remain blank. Also explained how to export the report to an Excel spreadsheet.

VI. Other Items/Open Discussion

1. WFS Webinars

HSCPs were advised of the WFS webinars occurring in the near future. They must register on the main support page and notify HSCMD of their completion as they occur.

2. Open Discussion

HSCPs were advised to only focus on “Incoming Cases/Transfers” link on WFS. That’s where they will find their daily case assignments at which point the Program Manager or assigned staff will assign the case to the appropriate worker.

HSCPs were instructed on how to deal with cases which have been closed in HMS but re-enter Healthy Start be it via duplicate screen, duplicate self-referral or attending an event/class. These cases will need to be created in WFS and closed in the Manage page (if they were already closed in HMS) using the exact closure code which was used in HMS. A note will be added stating that the case was previously closed in the different system. There is no need to reopen the case for participants only attending classes. A case may be reopened if ongoing care coordination is warranted. HSCMD will need to confirm that this information is accurate with Go Beyond. Open and closure dates must match those in HMS.

Program Managers were advised to utilize the General Notes feature in order to document all QA/QI activities, Car Seat distributions staff meetings/supervision and any other administrative activities which may occur.

A conversation with the all Program Managers were once again reminded that the Intake Date must match the Case lead date in order for ticklers and reminders to work properly.

Vivian Owen discussed an issue with running a Level 3 report and how the report is only counting successful encounters and not attempts. At first glance it may appear that a case is out of compliance since attempts are not counted. Melvin Hernandez advised that we may not be able to get around this but that this report may be used as a tool to assist with case closures especially for Level 1 and 2 participants which haven’t had an actual encounter in over one month.

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