

Hilltop Community Healthcare Center



Hilltop Community Healthcare Center is an FQHC established in 2004 to geographically meet the needs of the medically underserved population in 10 'hilltop' communities in South Pittsburgh. Our mission is "to empower the development of the spirit, mind, and body of individuals, so that they may live their lives in a dignified and human way." We focus on the treatment of illness, the promotion of health, and the prevention of disease.

Our site consists of 13 staff members including a family physician, two pediatricians, a nurse practitioner, a podiatrist, an on-site administrator/RN/diabetic educator/community outreach, two front desk staff, three medical assistants and two nurses. We provide pediatrics, family practice, women's health, podiatry, and

lab services as well as dental by partnering with a local dentist. We are the only primary care provider in the community that sees patients regardless of their ability to pay.

The South Pittsburgh areas served by our Hilltop Community Healthcare Center have been plagued by deterioration, violence, and a steady decline in population. A staggering 79% of males in one neighborhood are unemployed and 40% of the clinic's children have involvement with the Children, Youth, and Family Child Protective Services. Increased drug abuse has made the need for mental health care providers even greater.

PARTICIPATION

What motivated your practice site to participate in this initiative?

We participated in the SNMHI as a way of enhancing patient and provider/staff experience recognizing the interconnectedness of these two goals: enhancing patient experience boosts staff morale, and vice versa. We were particularly attracted to the QI methods that value the input and expertise of the entire health center team, and empower front line staff, as well as leadership, to engage in problem solving in the course of daily work.

Specifically, our goals for participation include:

- Enhancing communication and teamwork within Hilltop and throughout the organization;
- Improving overall patient flow;
- Enhancing access and decreasing no-show rates; and
- Leveraging opportunities to ensure sustainability so that we can meet the needs of our community for years to come.

CHANGES

Change One: Problem Solving Meetings

What was the specific problem or issue being addressed?

During a regional SNMHI learning session, we heard other sites speak of routine or weekly scheduled staff meetings and the value these meetings added to their organizations. We did not have such a mechanism in place to solicit ideas from our staff or a forum to discuss concerns and problems regarding our health center.

What did you hope to achieve by making the change?

Our expectations were to try weekly staff meetings and determine how these would benefit our health center in achieving our goals. We knew there were opportunities to improve, and we wanted to harvest and act on the ideas and issues brought to these meetings in a safe, team building environment. This was an opportunity to engage in quality improvement focusing on PDSA cycles.

What was the plan for making the change?

Finding a time and location for all staff to meet was challenging due to our small modular unit. After experimenting with weekly meetings and soliciting the input of all team members, we finalized a schedule of meeting once every two weeks with dates and times clearly posted on the door to the lunch room for all staff members to see. With no set agenda but an 'open forum' discussion, a wide range of topics has been addressed from phone issues, building security and appearance, to improving patient outcomes. Action plans are created at the end of each meeting, and minutes are taken.

What did you learn from the process of making the change?

- Change takes time.
- Creating a safe environment for staff was critical to harvest their knowledge, expertise and ideas for change.
- Allowing for the open discussion has surfaced improvement opportunities we may not have uncovered before. For example, through this meeting format we were able to identify the staff need to understand the Pay for Performance data and initiate a critical improvement opportunity for patient outcomes.
- Accountability and follow through are essential. A well-intentioned plan may not work, but that does not mean the problem can't be addressed. Continue to experiment and work through various options to address a problem.

What would you recommend to other sites trying to make a similar change?

- Input of all staff members is invaluable to the success of your health center, both for patient outcomes and staff satisfaction and to maximize service to your community.
- Determine the best type of forum that will elicit dialogue.
- Suggest an open forum agenda for team meetings but make sure each meeting ends with an action plan and understanding of any changes to be implemented.
- Follow the quality improvement format of PDSA cycles to document your experiments.

Fiscal Year	Annual Asthmatic Exam	Annual Diabetic Exam	HbA1c Screening	Well Child Visits: First 15 mons of Life	Well Child Visits: 3rd, 4th, 5th Years of Life	Well Child Visits: Adolescent Years of Life
08/09: (7/1/08 – 6/30/09)	90%	93%	71%	44.40%	79.17%	64.29%
(7/1/09 – 6/30/10)				76.47%	82.98%	79.37%
10/1/09 – 9/30/10	92%	100%	93%			

Change Two: Phone Access: Internal And External

What was the specific problem or issue being addressed?

The phone lines were always busy. We received daily complaints from our patients regarding their inability to reach us and lost some patients as a result. Additionally, there were not enough phone lines available for return calls to other providers, patients and pharmacy. Our sister site also indicated "they could never get through to us", so they started faxing messages.

What did you hope to achieve by making the change?

Our first priority was to decrease the frustration of our patients in reaching the health center. We also wanted to improve staff satisfaction by increasing the availability of phone lines for necessary clinical calls. Ultimately, we wanted to have an updated phone system that could accommodate voice messages more appropriately, incorporate a phone tree to direct calls, and have a pharmacy refill line.

What was the plan for making the change?

Our first step was to identify and compile the issues associated with our phones and determine what the 'ideal' phone system could look like. We then determined which issues we could address internally and which would require external support. We all completed data collection forms to gather more specific information regarding the phone problems. This was the first quality improvement effort which engaged all team members and proved challenging with compliance to obtain accurate data. Initial results weren't accurate.

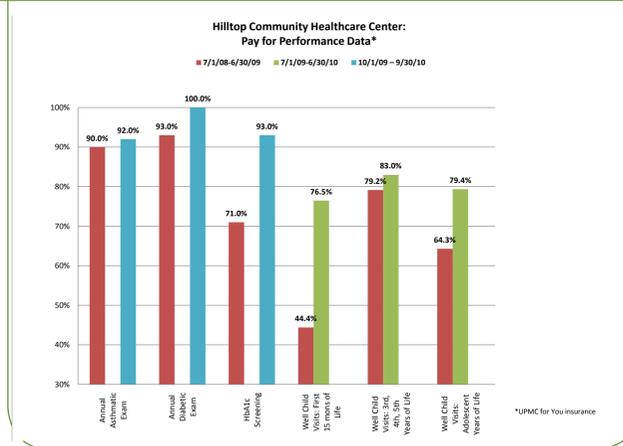
For the external support, we met with our administration at the main office to determine the possibilities for changing our current system. We then worked with phone installation and systems experts in an effort to make an 'ideal' phone system. The external support encountered challenges due to the old phone system and need for new phone equipment. Both the internal and external processes required the team to meet consistently to evaluate and reevaluate the progress.

What did you learn from the process of making the change?

Solving some problems (not enough phone lines) can actually cause other problems (now there are 5 lines ringing at one time and messages needing to be promptly checked). Using PDSA cycles, these potential 'downstream' effects can be identified earlier and experiments designed to address them. We continue to work through remaining issues learning from our prior mistakes. One of the team learnings was how important everyone's participation in data collection was and the need for accuracy to collect and use the data to contextualize the problem and identify experiments for addressing them. The regularly scheduled problem solving meetings enabled the participation of all team members to identify and design creative ideas to address the phone issues.

What would you recommend to other sites trying to make a similar change?

- Outline the phone system in a defined "if this, then that" type model with the proposed changes to anticipate complexities that could occur with each change.
- Follow, document and clearly post all steps of the PDSA model for team engagement and awareness.
- Continue to reevaluate the current state of the problem and modify processes as needed.



Change Three: Team Building Activity: "Mulch Day"

What was the specific problem or issue being addressed?

Staff voiced their concerns that the external appearance of their site was not welcoming and the need to reassure our community "we are here to stay" unlike other facilities in the area which have routinely come and gone.

What did you hope to achieve by making the change?

Improve the grounds and overall appearance of our health center in an effort to improve staff satisfaction and pride about their health center and the patient experience for our community.

What was the plan for making the change?

We held our own staff 'retreat' activity: grounds-improvement day from 3-5 pm on a Wednesday. Staff brought supplies of their own and we sought materials support from local, city and neighborhood organizations through advertising and word of mouth.

On our grounds-improvement day, our health center team of nine weeded, picked up garbage and spread mulch around our building and parking lot. We even had a patient who joined in to help our efforts and one of our PRHI coaches. Publicity in our local paper and free advertising for our health center came through this retreat activity.

What did you learn from the process of making the change?

This emphasized the level of pride our team has for the health center. We identified a problem and through a team building activity, we made a difference for our community and ourselves. It was both fun AND helpful for our health center. Acting as a problem-solving body rather than waiting for external "fixes" or agreeing to "that's just the way it is", ultimately benefits staff, patients, and community.

What would you recommend to other sites trying to make a similar change?

Just do it! Through energizing experiences such as staff retreats and feeling empowered to address a problem as a team, team building can occur and open the door for endless possibilities!

Comment about the event:

"I was so proud to see the pride in our staff; getting their hands dirty and sweaty to make our health center look more welcoming. I still can't get over watching Dr. Nevin pushing around a wheelbarrow of mulch! It was a fun afternoon that ended with the team sharing in ice creams sandwiches. I felt like a proud mama!" —Site Director

"We're doing this for you", in response to a passerby. —Medical Assistant

PATIENT IMPACT

"Our team was encountering challenges with the data collection sheet workflow. We held a team meeting to review the entire data collection workflow (from form placement onto the chart by the front office team through final data entry by the front office manager). Through this discussion, everyone came to an agreement regarding the use of the form and how to improve communication along the data pathway. Now I understand why data is important. We actually identified a new series of metrics we would like to collect for our health center patients. Based on our community, other measures like lead and urine drug screening are important for us to know to help our patients."

—Medical Assistant

"We want to welcome patients and families into our health center so we designed a flyer which hangs throughout our office and will be sent in our new patient welcome packet asking them to partner with us in their care. A patient said to me, 'it's nice to be welcomed.' We also distributed patient surveys to everyone collecting over 100 responses. It's the comments I was interested in: 'liked the staff, friendly and helpful; doctors are very caring; I can talk to them about anything; the staff really knows you and can tell they really care; and I love it all!' The comments help to identify where we can improve and reinforces what we are doing well." —Site Director, (RN/Community Outreach/Diabetic patient educator)

PROVIDER OR STAFF IMPACT

"The PRHI transformation efforts have showcased, through team building and networking, ways to improve staff satisfaction and patient care. Learning from other health centers, we made it a priority to have problem solving staff meetings, as protected time, twice a month. Communication among staff has improved and we have learned how to better address no-shows, difficulties with contact information for patients, and our phone and computer systems. Overall staff morale is higher. This experience has added significantly to my professional development and service to our community. I hope that some physical, emotional, educational and housing needs of the Hilltop are a little better because I have learned and listened from this work. Looking at how public health and physical health are really one in the same and acting to better each are the only ways to improve both." —Pediatrician

"While working with PRHI, lots of opportunities and ideas have come up but what has impacted me the most was the data collection. Through various types of data collection, we were able to come across many statistics we were previously unaware of. With all the data collected we were able to find out much more than we knew and were able to make charts and graphs to get a better idea about our data and its impact on patient care and staff team building." —Office Manager

Safety Net Medical Home Initiative



MacColl Institute at
Group Health Cooperative