Attachment B: Pediatric – Transforming Clinical Practices Initiative Aggregated Report

Olympic Region P-TCPi Facilitator Coach Activities

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| **Clinics/Agencies Kitsap** | **Action Steps & Quality Improvement** |
| **Bainbridge Pediatrics** | * Improving Reporting on clinical measures and Provider productivity * Implementing PCMH quality goals; initiating ‘Meaningful Use’ module in EHR and training staff * Implementing ‘’Family Experience Survey" in collaboration with Seattle Children’s; develop specific QI goals from results |
| **Kitsap Children’s** | * Immunization rates * Patient education on proper use of ED * Empanelment |
| **Kitsap Mental Health Services** | * Integration with primary care; see regional project summary below |
| **Peninsula Community Health Services** | * Have graduated from P-TCPi, but will be included in MOA and best practice examples for other partner clinics; involved in several MOAs with regional clinics to improve primary care and BH integration |
| **One Heart Wild Education Sanctuary** | * Developing tools with outside Consultant to measure specific clinical outcomes * Developing Patient and Volunteer satisfaction surveys * Practice Facilitator conducted PDSA training for all staff and interns * Have signed 2 MOAs with local PC clinics and referral relationship has been established |
| **Silverdale Pediatrics** | * Establishing new part-time Provider 1x day a week * Developing new standard operating procedure of dictation in room with Pt; improving patient education * Developing color code for charts with MA team to help with daily patient flow (Clinic uses paper charts) |
| **West Sound Treatment Center** | * Developing a policy for establishing a Point of Contact/Support Person for every patient * Have written a job description for a Care Coordinator * Developing a community resource reference tool for Provider team * Establishing a MOA with Peninsula Community Health Services |
| **Clinics/Agencies Clallam** | **Action Steps & Quality Improvement** |
| **Lower Elwha** | * Lead MA conducted up-training on Child Profile and Immunizations for MA Team and Nurses * Developing a recall process to clarify who is an active patient * Building trust among the community through increased community engagement: Holding quarterly small events in partnership with local community partners including immunization day, to include Government Performance and Results Act data collection activities * Practice Facilitator conducted PDSA training for staff |
| **Reflections Counseling Services Group** | * Practice Facilitator conducted PDSA training for all staff * Formalizing process to assist all clients with establishing a medical home * Recently implemented Relia Trax. Developing reports to track the following:   + Emergency Room visits   + Jail   + Residential placement   + No Show rates   + MAT referrals * Through improved reporting, will improve the following over the next 6 months (beginning July 1):   + Reduce No Show rates by 10%   + Improve diversion from ED and Jail by 10%   + Ensure SBHO requirement of no more than 14 days between initial intake and follow-up visit * Developing a community resource reference tool for Provider team * Developing a standard operating procedure regarding client re-engagement * Writing a formal employee handbook |
| **West End Family Counseling** | * Tracking CFT (Child Family Team meeting) rates as required by SBHO. Goal of 75% success rate for all pediatric clients * Tracking results of diagnoses tools used with pediatric population. Reduce identified symptoms by 10% over the next 6 months * Improving referral relationships with primary care, Cedar Grove, Forks Abuse, and Concerned Citizen. Developing standard referral process and forms for each organization * Developing a community resource reference tool for Provider team |
| **Enrolled Clinics: Jefferson** | **Action Steps & Quality Improvement** |
| **Jefferson Public Health School Based Health Clinics (Port Townsend and Chimacum)** | * Improved relationship and understanding with Billing department; developing new Billing reports * Improved relationship with school nurse and Administration staff to improve immunization rates and overall referrals * Credentialing Office Manager (also an MA) to do blood draws in clinic to improve efficiency |

**Regional Projects**

*Asthma population health:*

Kitsap Mental Health Services (KMHS) has identified a list of patients who have chronic asthma/over utilizing the ED for asthma. Cross referencing list with Peninsula Community Health Services, Silverdale Pediatrics, and Kitsap Children’s. Developing a curriculum for in-home assessments and patient/family education, potentially to include peer education. If successful, will extend out to other counties.

*Acronyms in use in this attachment: BH – behavioral health, ED – emergency department, EHR – electronic health records, MA – medical assistant, MAT – medication assisted treatment, MOA – Memorandum of Agreement, PC – primary care, PCMH – patient-centered medical home, PDSA – Plan Do Study Act, P-TCPi – Pediatric Transforming Clinical Practices Initiative, QI – quality improvement*