Quality Committee Meeting
July 16, 2024
10:00 am

I. **DECLARATION OF QUORUM**

II. **PUBLIC COMMENTS**

III. **APPROVAL OF MINUTES**

    A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, May 21, 2024
    (EXHIBIT Q-1)

IV. **REVIEW AND COMMENT**

    A. Board Score Card
    (EXHIBIT Q-2 Trudy Leidich)

    B. Patient Experience Sub-Committee Meeting
    (EXHIBIT Q-3 Trudy Leidich)

V. *EXECUTIVE SESSION-*

• As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

• Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

VI. **RECONVENE INTO OPEN SESSION**

VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**

VIII. **ADJOURN**

Veronica. Franco, Board Liaison
Robin Gearing, Ph.D., Chairman
Board of Trustees Quality Committee
The Harris Center for Mental Health and IDD

EXHIBIT Q-1

The HARRIS CENTER *for*
MENTAL HEALTH and IDD
BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
TUESDAY, MAY 21, 2024
MINUTES

Mrs. Bonnie Hellums, Committee Chair, called the meeting to order at 10:33 a.m. in the Room 109, 9401 Southwest Freeway, noting that a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mrs. B. Hellums, Dr. L. Fernandez-videoconference

Committee Member Absent: Dr. R. Gearing,

Other Board Member in Attendance: Dr. L. Moore

1. **CALL TO ORDER**
   Mrs. Hellums called the meeting to order at 10:33 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
   Mrs. Hellums designated Dr. Moore and Dr. L. Fernandez as voting members.

3. **DECLARATION OF QUORUM**
   Mrs. Hellums declared a quorum was present.

4. **PUBLIC COMMENT**

5. **Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, April 16, 2024**

    MOTION BY: HELLUMS   SECOND BY: MOORE

    With unanimous affirmative votes,
    BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday, April 16, 2024, as presented under Exhibit Q-1, are approved.

6. **REVIEW AND COMMENT**

    A. **Board Score Card -**The Board Score Card presented by Trudy Leidich to the Quality Committee.

Board of Trustees
Quality Committee Meeting (5/21/2024)
MINUTES
Page 1 of 2

B. Commission on Accreditation of Rehabilitation Facilities (CARF)-Wayne suggested moving the Commission on Accreditation of Rehabilitation Facilities (CARF) presentation from the Review and Comment to Information Only.

C. Patient Satisfaction Sub-Committee Report-Wayne suggested to table the Patient Satisfaction Sub-Committee Report

D. IDD Update-Dr. Collins presented the IDD Update to the Quality Committee

7. **EXECUTIVE SESSION-**

Mrs. Hellums announced the Quality Committee would enter into executive session at 10:46 am for the following reason:

• Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. *Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality*

8. **RECONVENE INTO OPEN SESSION-**
The Quality Committee reconvened into open session at 11:02 a.m.

9. **CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION**
No action was taken as a result of the Executive Session.

10. **ADJOURN**
MOTION: MOORE   SECOND: HELLUMS
There being no further business, the meeting adjourned at 11:02 a.m.

Veronica Franco, Board Liaison
R. Gearing, Ph.D., Chairman
Quality Committee
THE HARRIS CENTER *for* Mental Health *and* IDD
**Board of Trustees**

EXHIBIT Q-2

Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN
VP of Clinical Transformation and Quality

July 2024 (Reporting May 2024 Data)
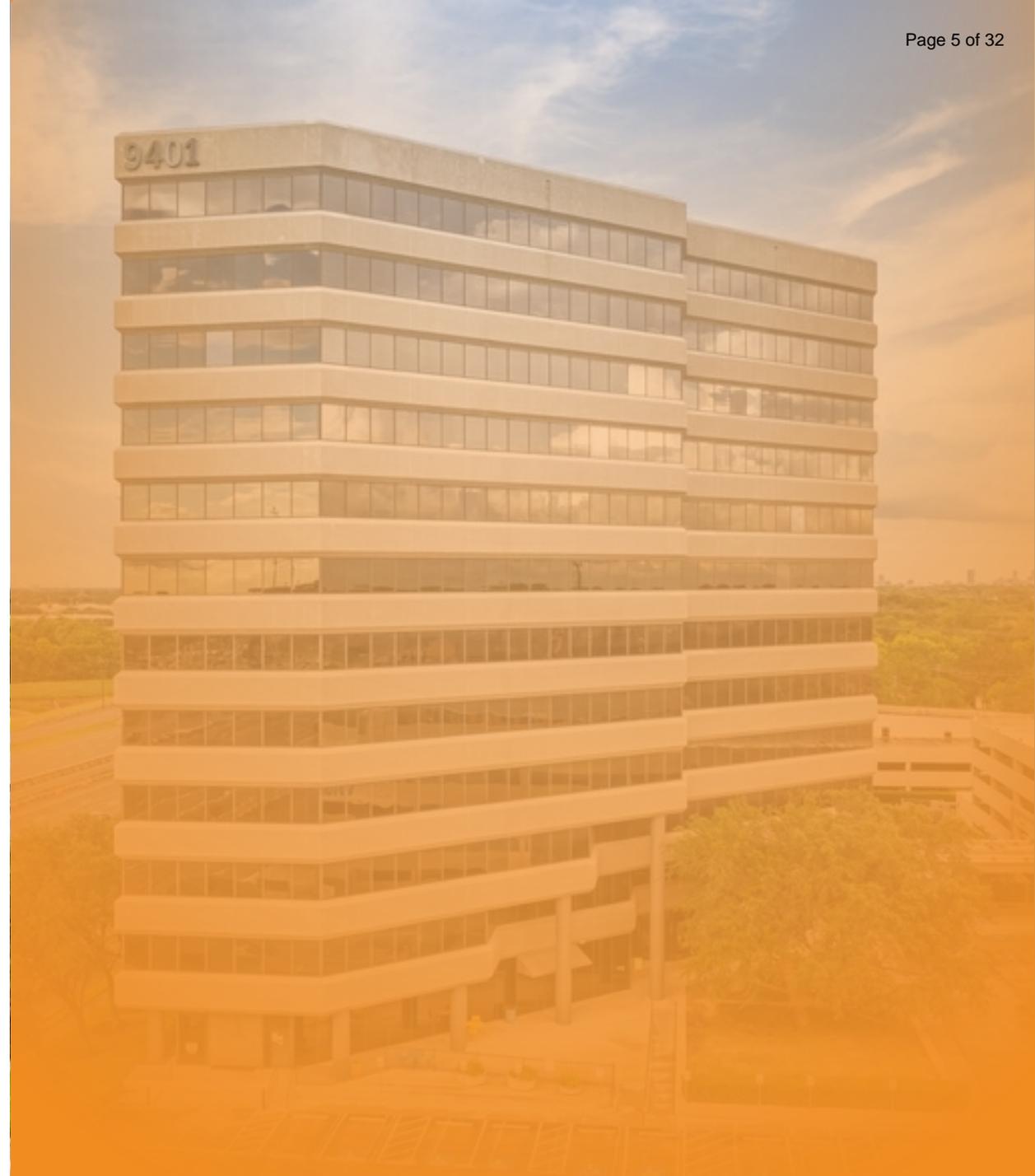
Domain	Program	2024 Fiscal Year State Service Care Count Target	2024 Fiscal Year State Care Count Average (Sept. – May)	Reporting Period: May	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,268	13,099	Increase	Contractual

Adult Mental Health

Legend: FY 24 - Adult Mental Health Service Count; FY 23 - Adult Mental Health Service Count; Adult Mental Health Target
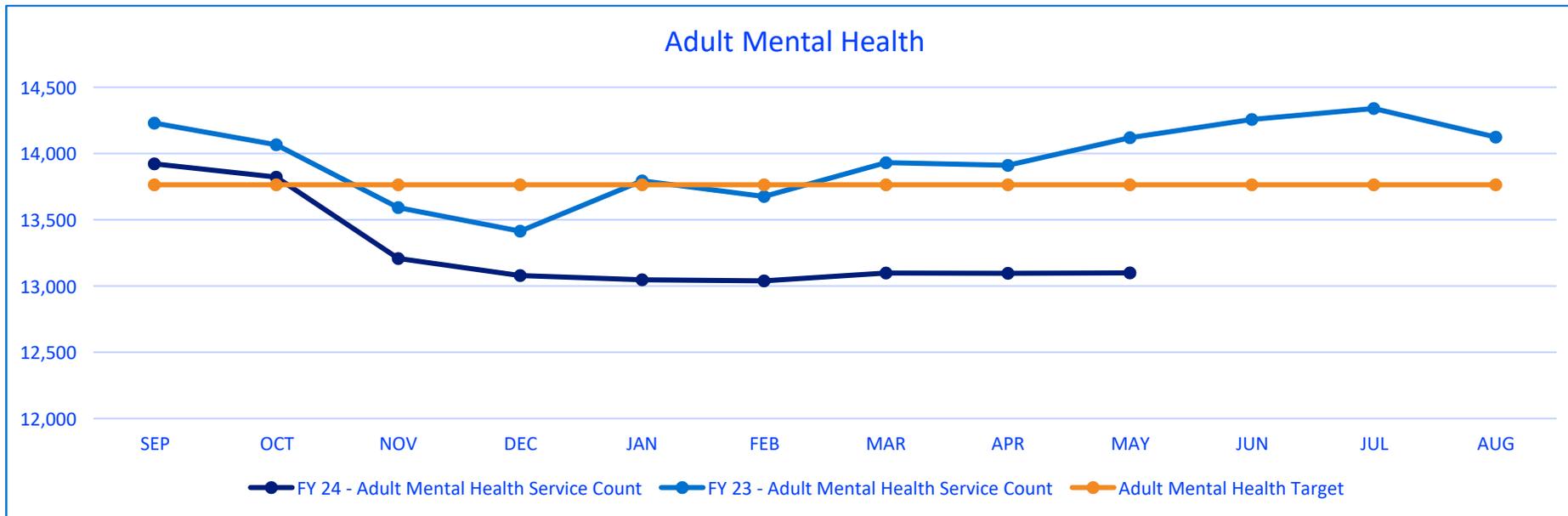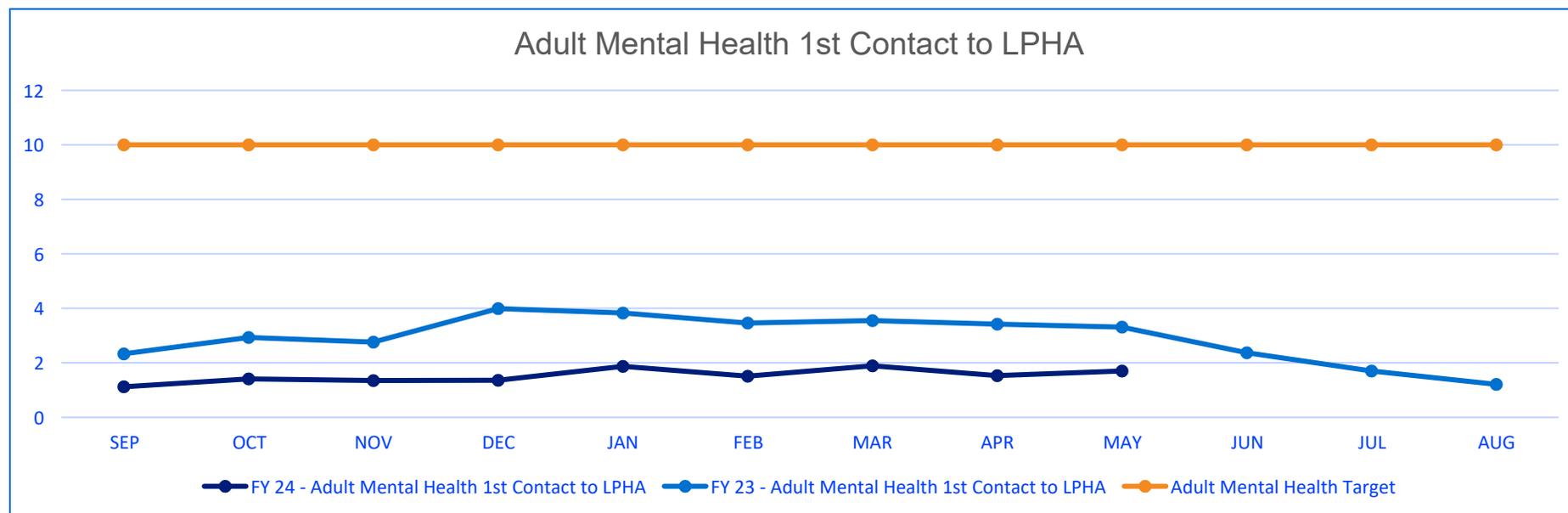
Notes:
- In May 2024, the Adult Service Care Count experienced a decline of 7.22% compared to the same month in the previous year.

Measure definition: # of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

2

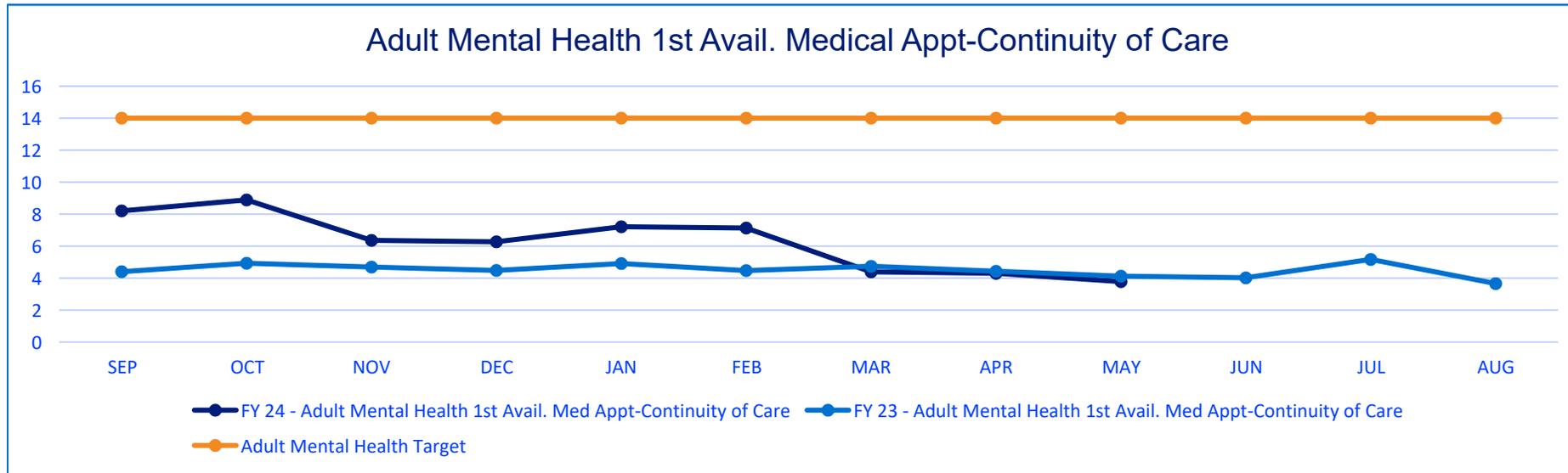| Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept. – May)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.53 Days	1.70	Decrease	Contractual

Adult Mental Health 1st Contact to LPHA

Notes:
- First contact to LPHA taking less than two days during the reported period.
- A year-over-year comparison reveals an improvement, with a 48.64% reduction in the number of days from first contact to LPHA.

Measure Definition: Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date

3

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept. – May)	Reporting Period: May	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	6.28 days	3.78 days	Decrease	Contractual

Adult Mental Health 1st Avail. Medical Appt-Continuity of Care

Legend:
- FY 24 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
- FY 23 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
- Adult Mental Health Target

Notes:
- On average individuals are seen with a medical provider within 4 days for continuity of care.

Measure definition: Adult - Time between MD Intake Assessment (Continuity of Care) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date

4

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sep-May)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	7.59 days	8.60 days	Decrease	Contractual

Adult Mental Health 1st Avail. Medical Appt-Community

Legend: FY 24 - 1st Avail. Med Appt-Community, FY 23 - 1st Avail. Med Appt-Community, Adult Mental Health Target
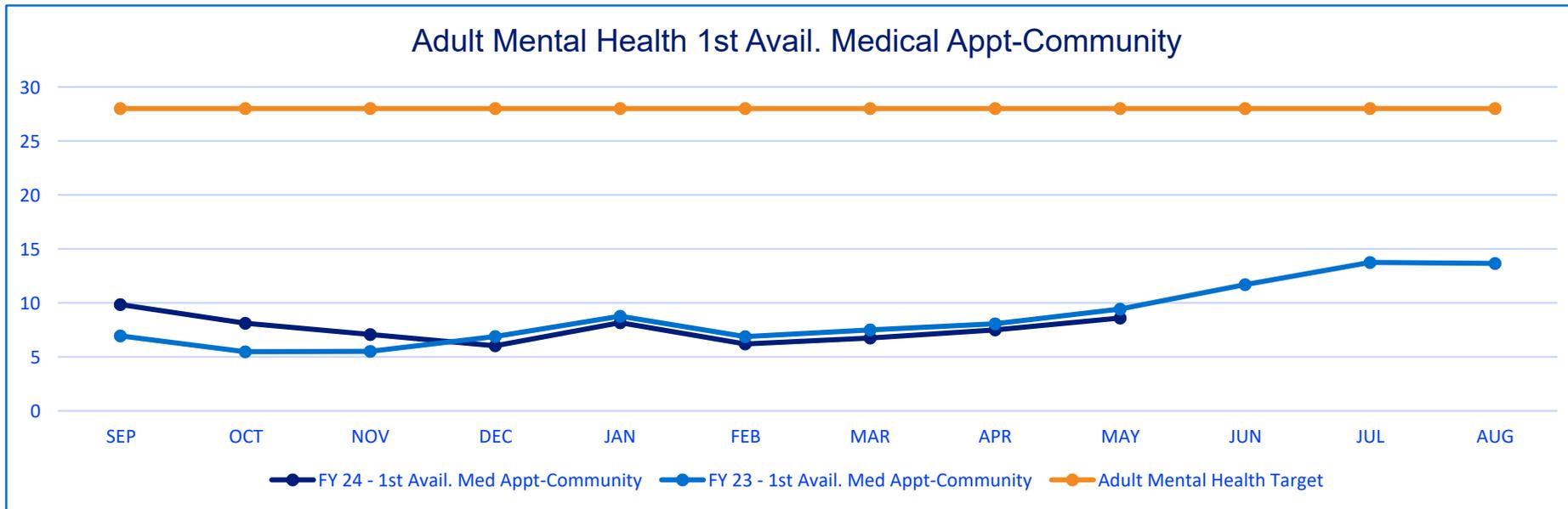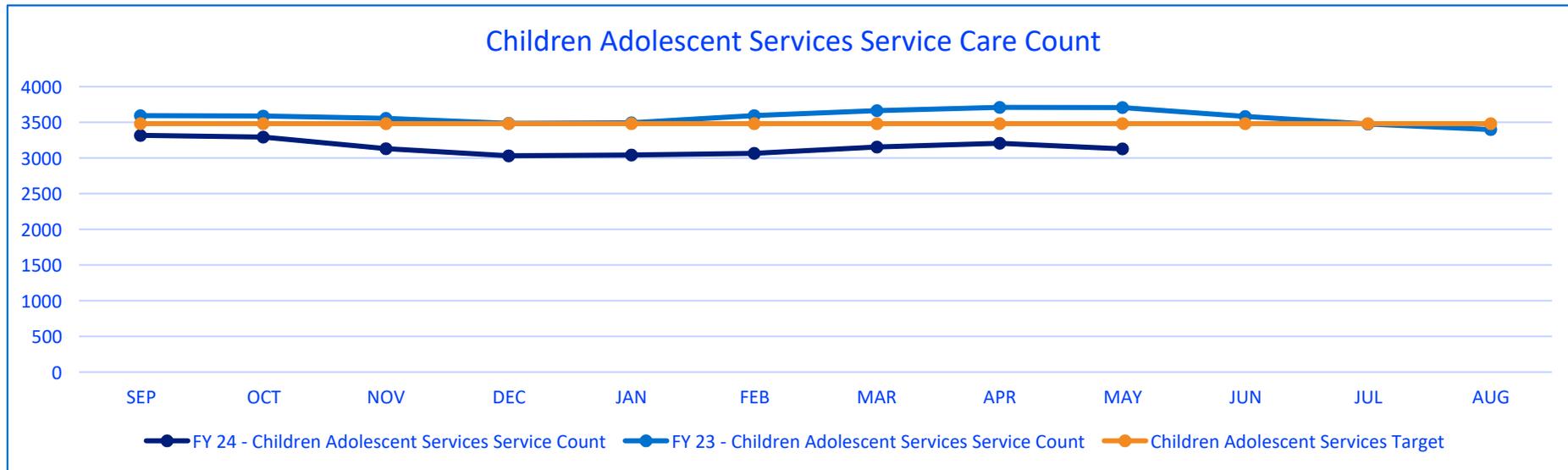
Notes:
- AMH community members appointments are accommodated within 8 days.
- A year-over-year comparative analysis reveals a 9% decrease in this timeframe.

Measure Definition: Adult - Time between MD Intake Assessment for community members walk-ins (Community Members (walkings)). From Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date

5

Domain	Program	2024 Fiscal Year State Care Count Target	2024 Fiscal Year State Care Count Average (Sept. – May)	Reporting Period- May	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,152	3,128	Increase	Contractual

Children Adolescent Services Service Care Count

Notes:
- Over the past three months, the service care count in the Children & Adolescent Services department has shown a downward trend, however, in this reporting period, the service care has rebounded to a higher number from the past three months.

Measure Definition: # of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
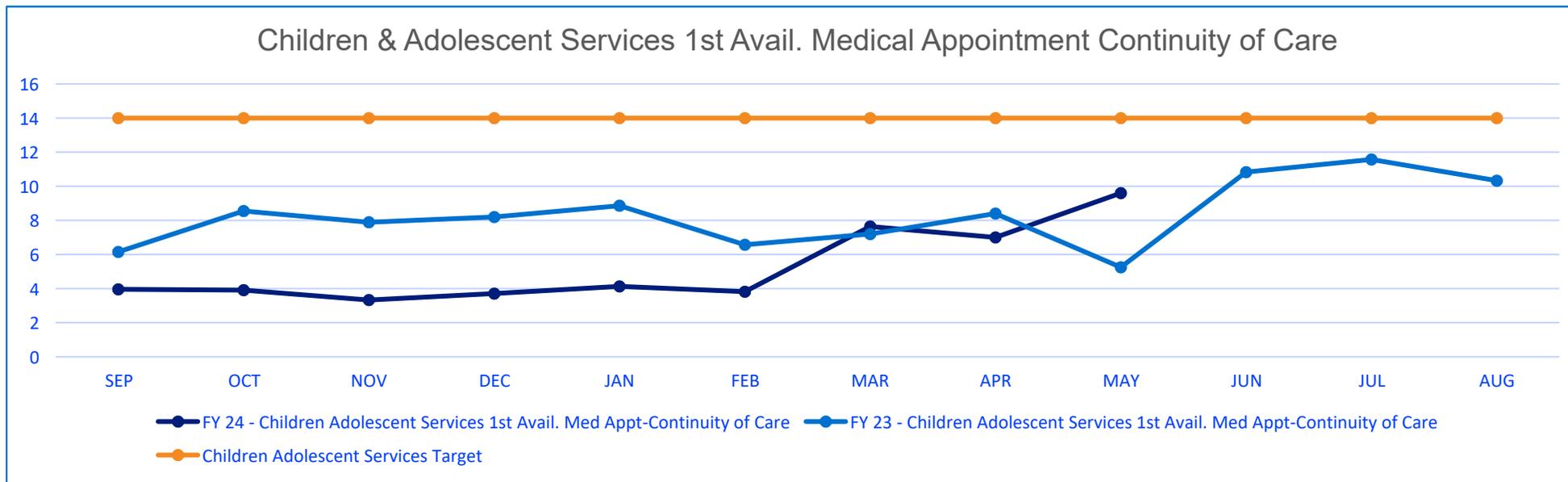
6

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept - May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.47 days	1.01 days	Decrease	Contractual

Children & Adolescent Services 1st Contact to LPHA

Legend: FY 24 - Children Adolescent Services 1st Contact to LPHA; FY 23 - Children Adolescent Services 1st Contact to LPHA; Children Adolescent Services Target
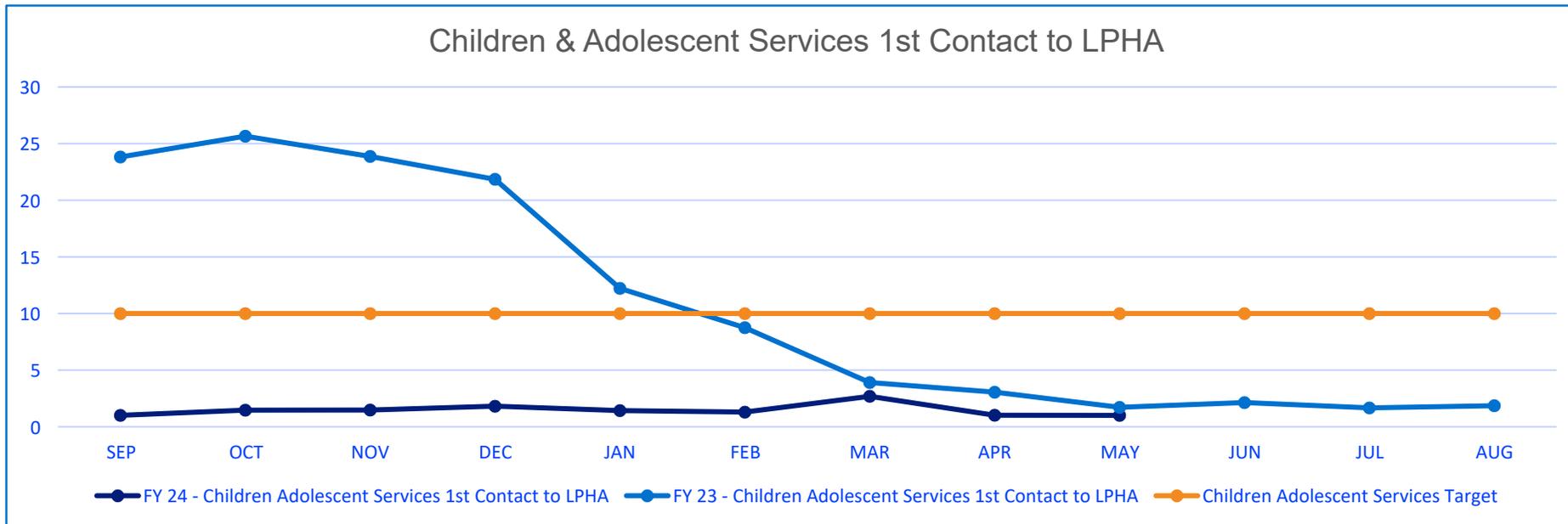
Notes:
- The hybrid model combines open booking and scheduling for LPHA assessments continue to provide access for individuals seeking services.
- A comparative analysis with the previous year reveals an 41% reduction in the waiting period for individuals to be assessed by an LPHA.

7

Measure definition: Children and Youth - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date

Domain	Program	2024 Fiscal Year Target	2024Fiscal Year Average (Sep-May)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	5.23 days	9.60 days	Decrease	Contractual

Children & Adolescent Services 1st Avail. Medical Appointment Continuity of Care

Legend:
— FY 24 - Children Adolescent Services 1st Avail. Med Appt-Continuity of Care
— FY 23 - Children Adolescent Services 1st Avail. Med Appt-Continuity of Care
— Children Adolescent Services Target

Notes:
- Wait time for medical appointment for continuity of care continues to exceed the contractual target of 14 days by providing appointments for medical visit within 10 days.

Measure Definition: Children and Youth - Time between MD Intake Assessment (Continuity of care: after hospital discharge) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date

8

Domain	Program	2024 Fiscal Year Target	2024Fiscal Year Average (Sept – May)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.09 days	7.23 days	Decrease	Contractual

1st Avail. Medical Appt-Community

Legend:
- FY 24 - Children Adolescent Services 1st Avail. Med Appt-Community
- FY 23 - Children Adolescent Services 1st Avail. Med Appt-Community
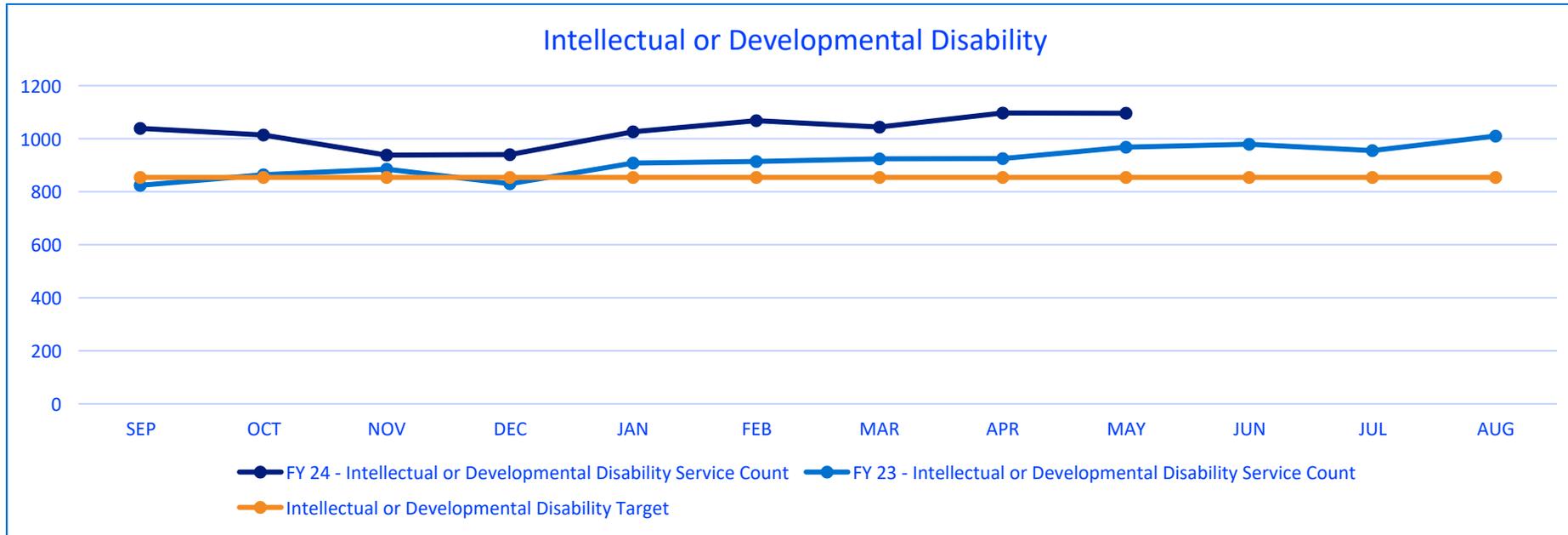- Children Adolescent Services Target
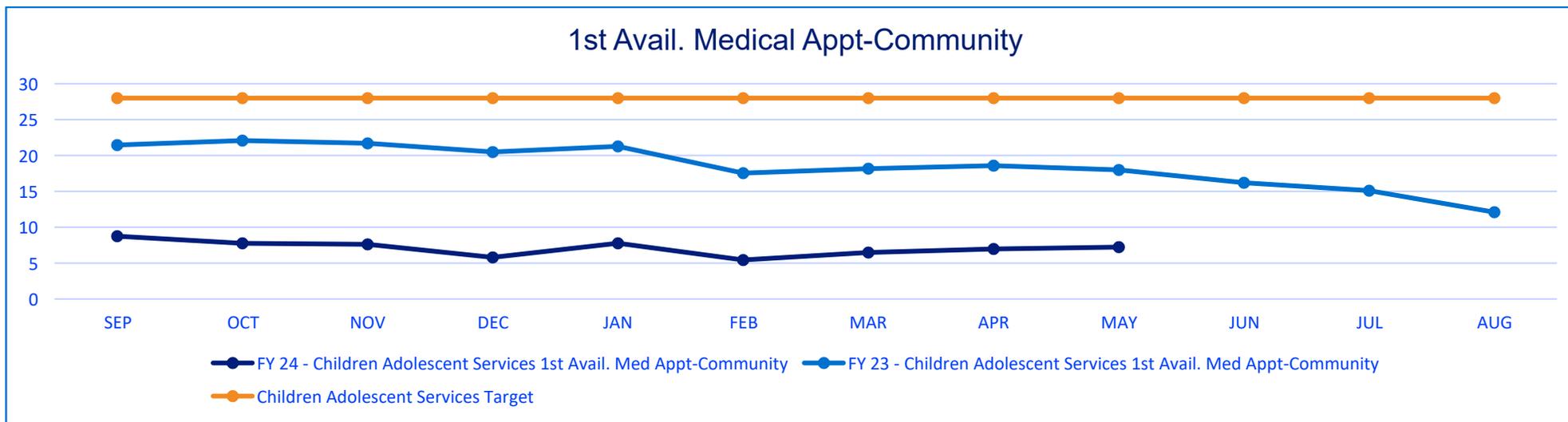
Notes:
- For the reporting period of May 2024, there was a decrease of 60% in the waiting period compared to the same period in the previous fiscal year.
- The wait time was reduced from 17.99 days in May 2023 to about 7.23 days in May 2024.

Measure definition: Children and Youth - Time between MD Intake Assessment (Community members walk-ins) Appt Creation Date and MD Intake Assessment (Community Members) Appt Completion Date

9

Domain	Program	2024 Fiscal Year State Count Target	2024 Fiscal Year State Count Average (Sept – May)	Reporting Period- May	Target Desired Direction	Target Type
Access	IDD	854	1029	1096	Increase	Contractual

Intellectual or Developmental Disability

Legend:
- FY 24 - Intellectual or Developmental Disability Service Count
- FY 23 - Intellectual or Developmental Disability Service Count
- Intellectual or Developmental Disability Target

Notes:
- The IDD division service care count is at 1097 for this reporting period

Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which is included regardless of waiver status.)
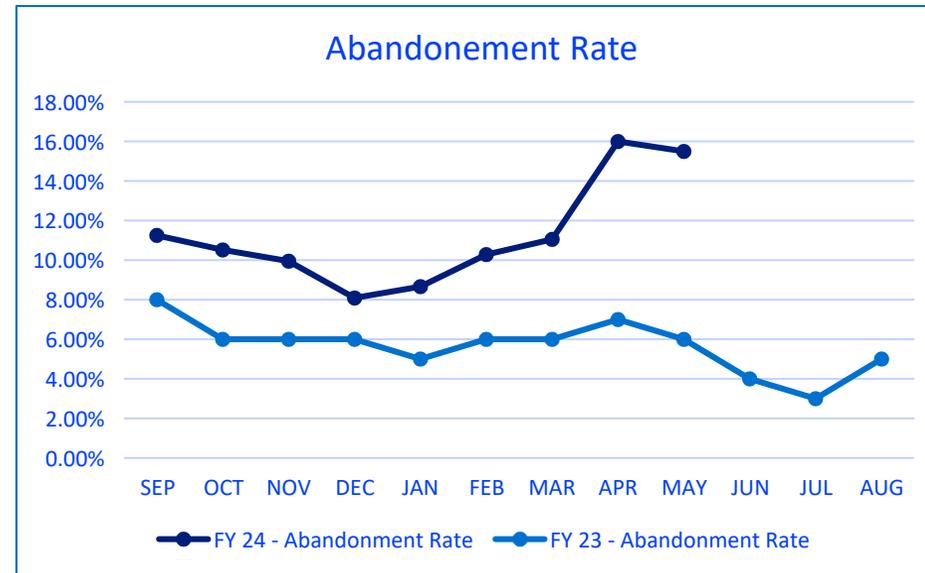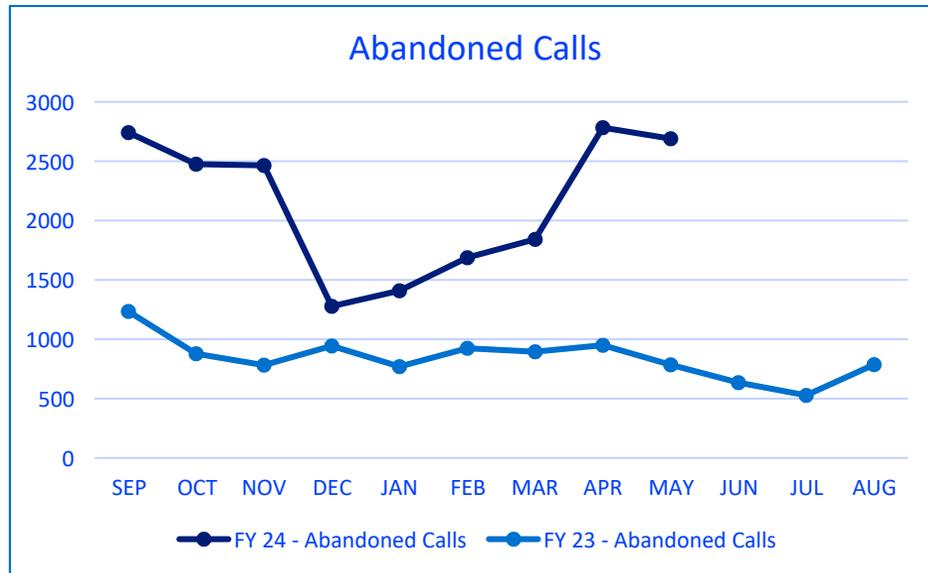
10

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - May)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	15,142	14,669	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	13,828	13,172	Increase	Contractual

Total Answered Calls

FY 24 - Total Answered (Handled) Calls
FY 23 - Total Answered (Handled) Calls

Number of calls answered w/in 30 sec

FY 24 - Number of calls answered w/in 30 sec
FY 23 - Number of calls answered w/in 30 sec
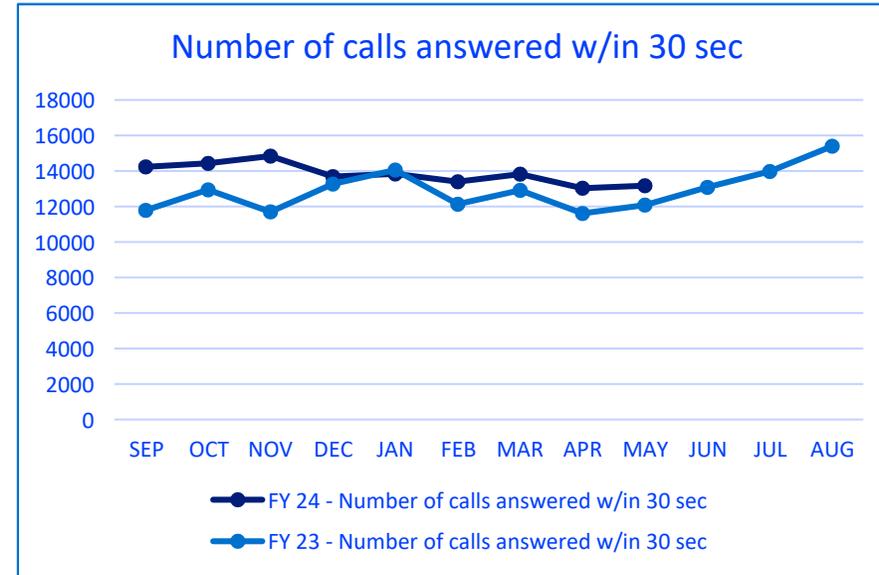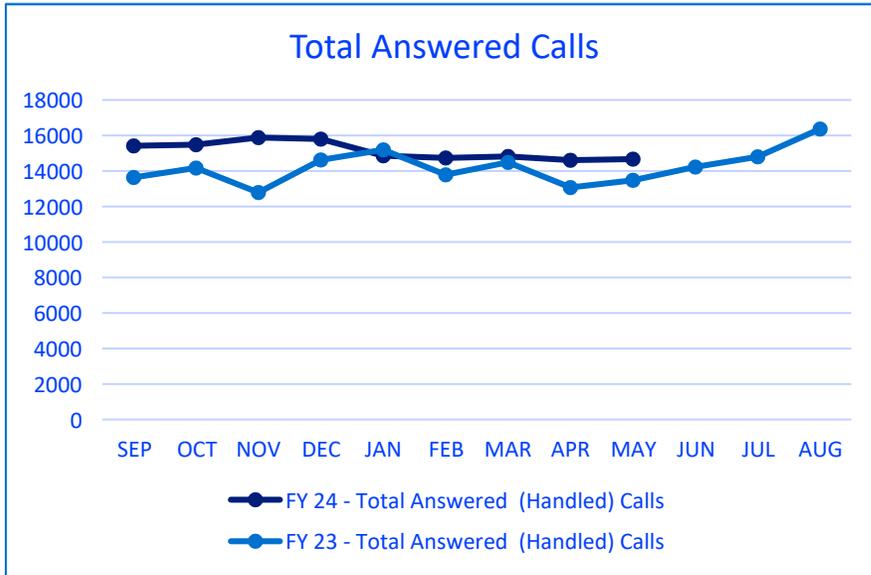
<u>Notes:</u>
- The Crisis Line team is effectively responding to the increasing demand for their services.
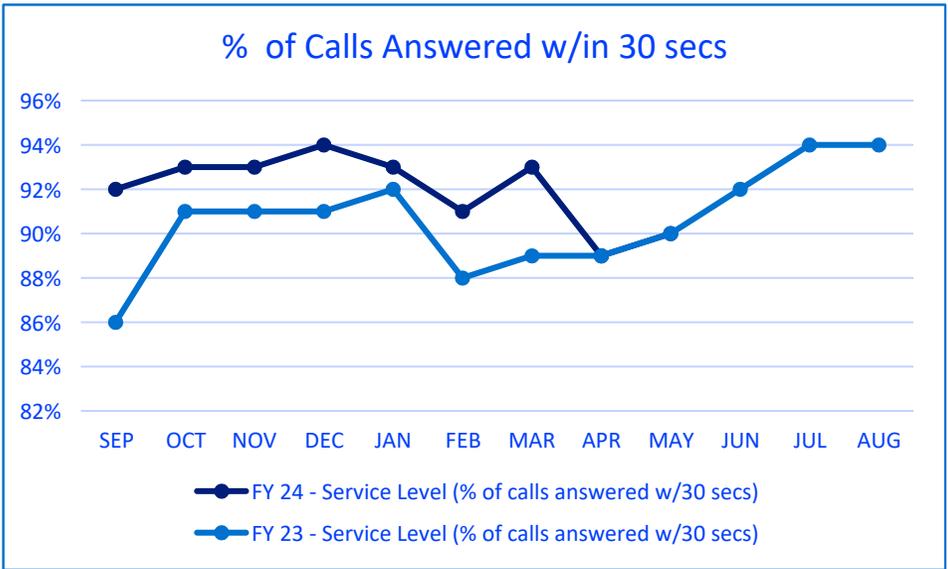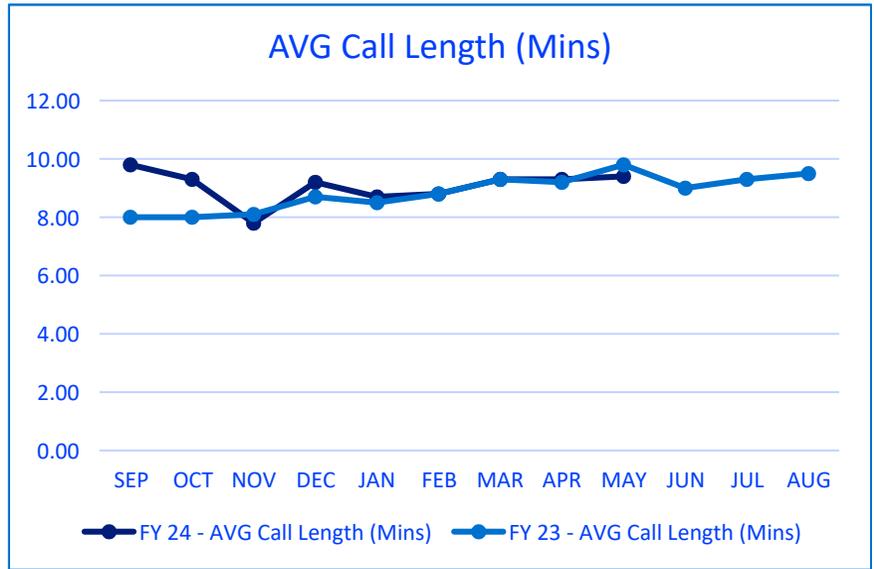
11

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	2,152	2,690	Decrease	Contractual
	Abandonment Rate	<8%	11%	15.50%	Decrease	Contractual

Abandoned Calls

FY 24 - Abandoned Calls   FY 23 - Abandoned Calls

Abandonement Rate

FY 24 - Abandonment Rate   FY 23 - Abandonment Rate

Notes:
• This month abandoned calls reported lower than the previous month.

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Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	9.07	9.40	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	92.00%	90%	Increase	Contractual

AVG Call Length (Mins)

Legend: FY 24 - AVG Call Length (Mins); FY 23 - AVG Call Length (Mins)

% of Calls Answered w/in 30 secs

Legend: FY 24 - Service Level (% of calls answered w/30 secs); FY 23 - Service Level (% of calls answered w/30 secs)

Notes:
- An analysis of recent data reveals an increase in both the duration of calls and the percentage of calls answered within 30 seconds.
- This trend suggests a surge in the volume of calls to the Crisis Line, indicating a heightened demand for crisis support services.

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| Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept. – May)	Reporting Period- May	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	36.%	35.70%	Increase	IOS

PHQ-A 11-17
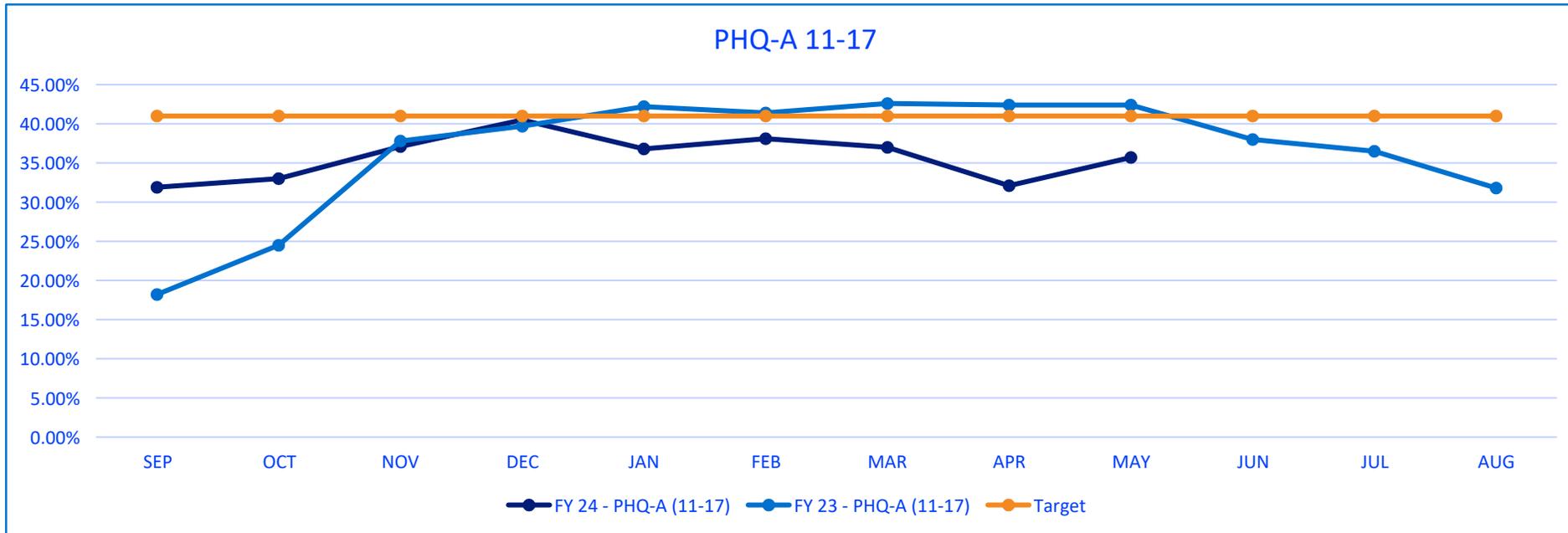
Notes:

- PHQ-A percentage of adolescent and young adult with improve PHQ-A score has fallen below the target for new patient. Leadership is exploring improvement opportunities

Measure Computation: % of new patient child and adolescent clients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.

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| Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept – May)	Reporting Period-May	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	35%	34%	Increase	IOS
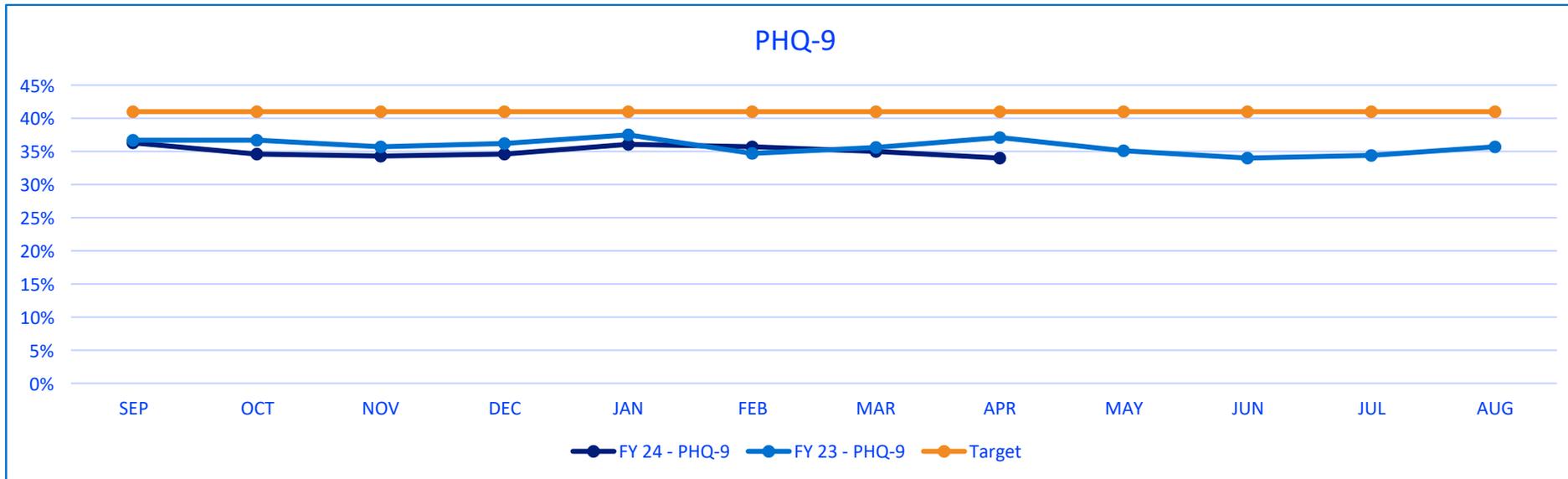
PHQ-9

Notes:
- PHQ9 for adult with improve PHQ score, minimal depression rating, is below the target for new patient. Leadership is exploring improvement opportunities

Measure Computation: % of patients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.

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Domain	Measures (Definition)	2024 Fiscal Year Target	2024Fiscal Year Average (Sept – May)	Reporting Period- May	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	91%	87%	-	Increase	IOS

Patient Satisfaction

Legend: FY 24 - Patient Satisfaction, FY 23 - Patient Satisfaction, Target
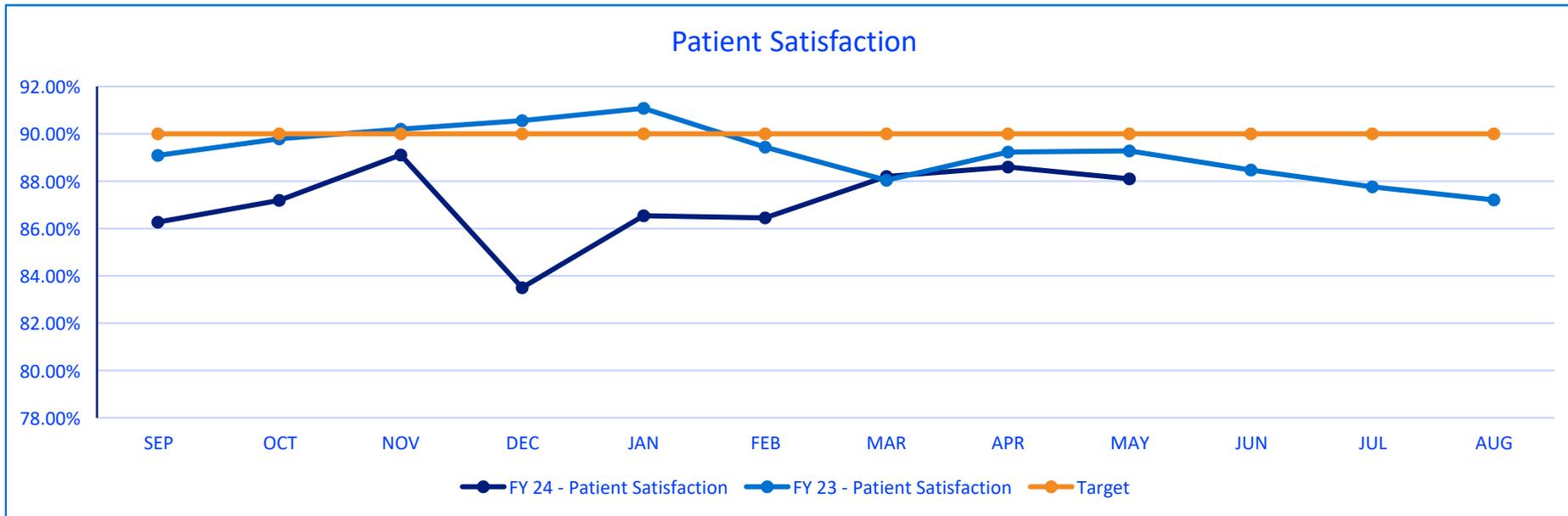
Notes:
- At the beginning of Fiscal Year 2024, the overall patient satisfaction across the center deviated below its targeted monthly threshold. In response to this, a specialized patient satisfaction sub-committee was established to meticulously analyze survey data, discern areas of vulnerability, and formulate quality improvement initiatives. Practice managers are actively engaging with unit-specific patient satisfaction data to pinpoint and address areas warranting enhancement.
- The committee is systematically collating patient narrative feedback from Fiscal Year 2023, with the intention of informing the development of workgroups dedicated to addressing identified areas of improvement and establishing goals for Fiscal Year 2024. The sub-committee's analytical efforts are predominantly rooted in the quantitative data derived from the VSSS instrument.

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Appendix

FY 23 -Board of Trustee's PI Scorecard

The HARRIS CENTER for Mental Health and IDD
Transforming Lives

Target Status: | Green = Target Met | Red = Target Not Met | Yellow = Data to Follow | No Data Available |

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	14,230	14,066	13,592	13,414	13,794	13,676	13,931	13,911	14,119	14,257	14,340	14,124	13,955	13,764	C	MBOW
AMH Actual Service Target %	103.39%	102.19%	98.75%	97.46%	100.22%	99.36%	101.21%	101.07%	102.58%	103.53%	104.08%	102.62%	101.37%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	48.00%	49.20%	45.90%	47.10%	49.20%	49.60%	52.20%	47.60%	51.30%	51.80%	50.08%	55.90%	49.82%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
CAS Service Target	3,593	3,588	3,555	3,485	3,493	3,594	3,663	3,709	3,706	3,582	3,476	3,398	3,570	3,481	C	MBOW
CAS Actual Service Target %	103.22%	103.07%	102.13%	100.11%	100.34%	103.25%	105.23%	106.55%	106.46%	102.90%	99.83%	97.62%	102.56%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.70%	76.00%	74.00%	72.50%	78.20%	76.30%	76.00%	71.00%	75.20%	74.50%	69.50%	77.50%	74.78%	≥ 65.00%	C	MBOW
IDD Service Target	824	864	885	830	908	914	924	925	968	979	955	1011	916	854	SP	MBOW
IDD Actual Service Target %	96.49%	101.17%	103.63%	97.19%	106.32%	104.03%	108.20%	108.31%	113.35%	114.64%	111.83%	118.27%	106.95%	100.00%	C	MBOW
DID Assessment Waitlist		5710	5602	5621	5547	5486	5281	4306	3782	3473	2890	2606				
CW CAS 1st Contact to LPHA	23.82	25.66	23.87	21.85	12.22	8.75	3.91	3.06	1.72	2.14	1.67	1.86	10.88	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	2.33	2.93	2.76	3.99	3.83	3.46	3.55	3.42	3.31	2.37	1.70	1.21	2.91	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	5.88	7.34	6.53	7.42	5.42	4.61	3.63	3.29	3.06	2.34	1.69	1.31	4.38	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	6.15	8.55	7.89	8.20	8.86	6.57	7.20	8.40	5.25	10.83	11.57	10.33	8.32	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	21.46	22.08	21.70	20.49	21.27	17.54	18.16	18.58	17.99	16.20	15.10	12.10	18.56	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	49	45	45	44	47	19	51	40	53	33	34	27	40.58	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	26	27	35	27	35	43	22	18	14	15	7	8	23.08	0	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt-COC	4.40	4.93	4.69	4.48	4.91	4.47	4.74	4.43	4.12	4.02	5.17	3.66	4.50	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	6.95	5.48	5.52	6.89	8.77	6.88	7.50	8.07	9.43	11.69	13.75	13.66	8.72	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	6	2	2	1	4	5	1	1	4	21	81	142	22.50	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	2	1	1	0	0	0	0	0	1	2	1	7	1.25	0	IOS	Epic
Access to Care, Crisis Line																
Total Calls Received	16,427	16,509	14,853	17,512	17,926	16,965	17,374	16,047	16,233	16,323	16,472	18,570	16,768			
AVG Call Length (Mins)	8.00	8.00	8.10	8.70	8.50	8.80	9.30	9.20	9.80	9.00	9.30	9.50	8.85			
Service Level	86.00%	91.34%	91.00%	90.76%	92.00%	88.00%	89.00%	89.00%	89.64%	91.96%	94.44%	94.05%	90.60%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	8.00%	5.32%	6.00%	5.39%	4.30%	6.00%	5.00%	5.92%	4.84%	3.89%	3.21%	4.23%	5.18%	< 8.00%	NS	Brightmetrics
Occupancy Rate	73.00%	69.00%	69.00%	71.00%	72.00%	77.00%	74.00%	76.00%	76.00%	68.00%	65.00%	68.00%	71.50%			Brightmetrics
Crisis Call Follow-Up	100.00%	99.79%	99.76%	99.77%	99.77%	99.76%	100.00%	99.50%	100.00%	100.00%	99.67%	100.00%	99.84%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	93.50%	87.10%	84.00%	88.80%	89.80%	89.80%	88.50%	86.60%	84.50%	86.50%	88.90%	83.50%	87.63%	> 52.00%	C	MBOW
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																
PES Total Visits	1,194	1,192	1,160	1,173	1,266	1,126	1,126	1,106	1,155	1,104	1,222	1,248	1173			
PES Admission Volume	523	585	560	544	555	498	549	522	558	487	571	562	542.83			
Mechanical Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0.00			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	≤ 0.01	IOS	Epic
Personal Restraints	46	40	37	37	43	50	79	76	43	49	48	47	49.58			Epic
Personal Restraint Rate	2.07	1.95	1.78	1.77	1.98	2.68	3.85	3.89	2.36	3.65	3.00	2.51	2.62	≤ 2.80	IOS	Epic
Seclusions	33	35	19	32	20	39	53	58	35	33	34	33	35.33			Epic
Seclusion Rate	1.48	1.61	0.92	1.53	0.92	2.09	2.58	3.22	1.92	2.46	2.13	1.76	1.89	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	46.91	58.66	52.62	51.82	41.70	49.76	44.33	54.92	42.00	49.71	51.92	43.15	48.96	≤ 61.73	IOS	Epic
Emergency Medications	44	54	42	47	58	56	72	72	67	53	59	52	56.33			Epic
EM Rate	1.98	2.48	2.02	2.25	2.67	3.01	3.50	3.99	3.61	3.63	3.45	2.77	2.95	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																
CW Patient Satisfaction	89.09%	89.79%	90.20%	90.56%	91.08%	89.44%	88.04%	89.23%	89.28%	88.47%	87.76%	87.21%	89.18%	90.00%	IOS	Feedtrail
V-SSS 2	88.69%	89.66%	90.24%	90.32%	90.38%	89.33%	87.30%	88.69%	88.65%	87.81%	86.52%	85.22%	88.57%	90.00%	IOS	Feedtrail
PoC-IP	89.71%	89.30%	89.25%	90.14%	95.15%	90.74%	90.61%	91.85%	91.08%	91.03%	91.43%	92.88%	91.10%	90.00%	IOS	McLean
Pharmacy	93.02%	99.09%	96.31%	96.19%	94.87%	100.00%	97.58%	96.37%	97.66%	99.63%	98.11%	94.76%	96.97%	90.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
QIDS-C	25.00%	27.75%	26.88%	26.82%	26.72%	25.77%	25.25%	25.63%	26.55%	27.79%	28.44%	28.52%	26.76%	24.00%	IOS	MBOW
BDSS	30.19%	31.31%	31.83%	33.48%	33.70%	33.36%	33.38%	33.26%	34.49%	35.28%	35.56%	35.58%	33.45%	32.00%	IOS	MBOW
PSRS	26.32%	30.56%	35.26%	35.51%	35.11%	34.49%	34.81%	35.67%	36.83%	37.70%	38.62%	39.30%	35.02%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
BASIS-24 (CRU/CSU)	0.98	0.76	0.41	0.71	0.90	-0.17	0.67	0.65	0.77	0.91	0.96	0.75	0.69	0.68	IOS	McLean
QIDS-C	53.80%	47.30%	50.10%	50.40%	48.60%	44.50%	47.20%	50.30%	50.70%	60.90%	51.60%	46.80%	50.18%	45.38%	IOS	Epic
BDSS	46.10%	46.20%	51.80%	50.30%	48.70%	47.20%	45.40%	42.80%	49.40%	49.20%	48.50%	46.10%	47.64%	46.47%	IOS	Epic
PSRS	38.20%	41.70%	43.50%	42.40%	36.00%	39.70%	32.30%	39.30%	42.60%	43.50%	42.50%	40.50%	40.18%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
PHQ-A (11-17)	18.20%	24.50%	37.80%	39.70%	42.20%	41.40%	42.60%	42.40%	42.40%	38.00%	36.50%	31.80%	36.46%	41.27%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																
ANSA (Adult)	42.32%	35.32%	36.36%	38.40%	38.27%	37.70%	38.40%	39.50%	41.10%	42.30%	42.80%	43.60%	39.67%	20.00%	C	MBOW
CANS (Child/Adolescent)	43.14%	21.65%	18.14%	19.80%	21.31%	25.30%	27.30%	30.50%	33.00%	35.20%	36.40%	37.80%	29.13%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																
DLA-20 (AMH and CAS)	49.80%	44.50%	44.30%	47.50%	50.90%	53.80%	50.00%	54.10%	45.20%	43.20%	39.60%	43.20%	47.18%	48.07%	IOS	Epic

Thank you.

EXHIBIT Q-3

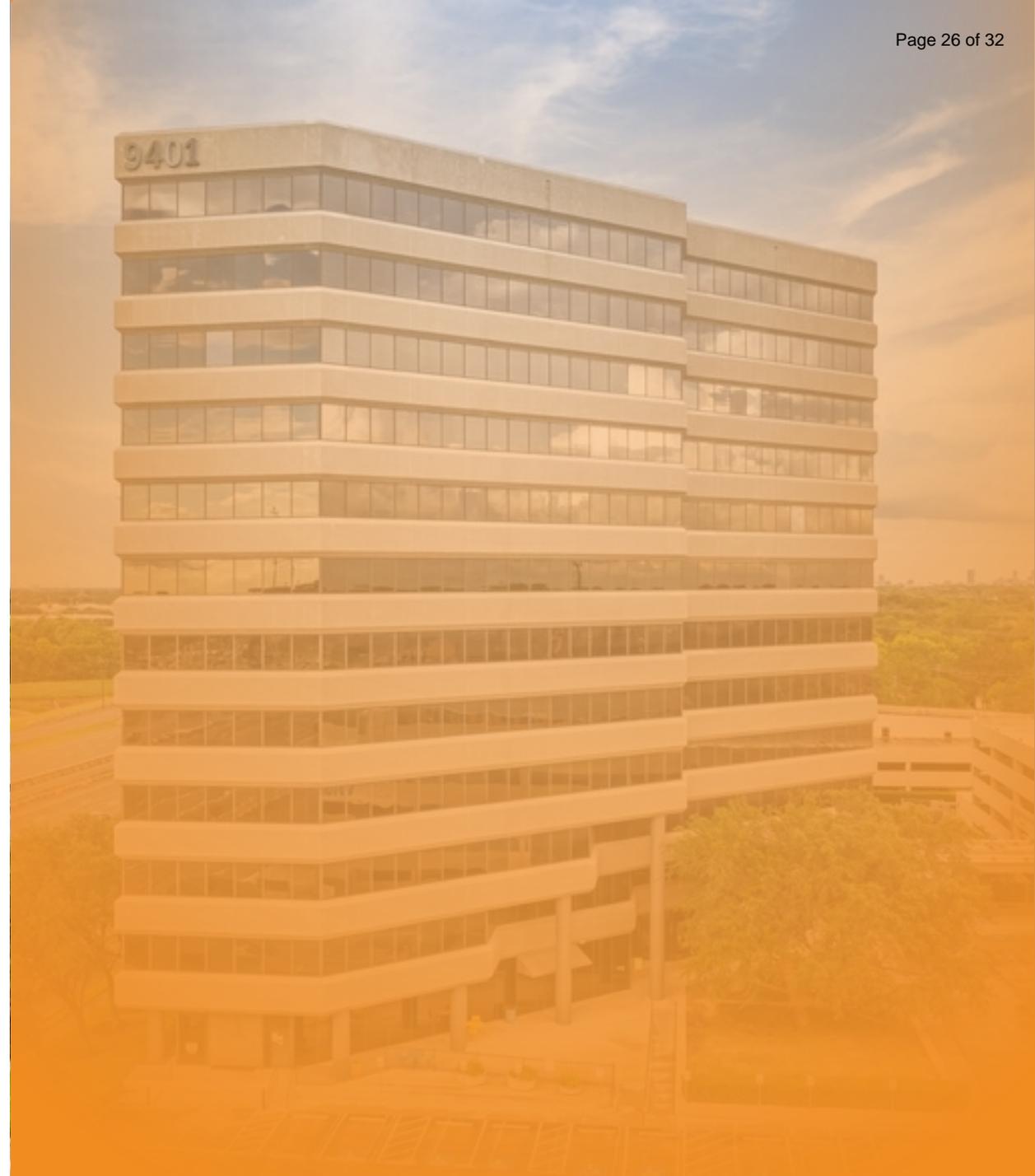# Patient Experience Sub-Committee Meeting
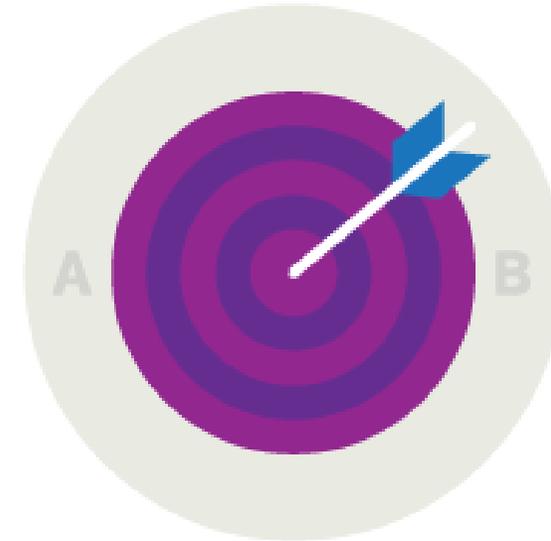-
Strategies to Improve Patient Experience
-
Reporting to the Committee

Presented by: Luc Josaphat, MPA, CPHQ, LSSGB
Director of Quality Assurance

Strategies to Improve Patient Experience

- Define standards
- Train staff
- Measure and monitor
- Share and report progress and challenges
- Empower innovators!

Update since last report

1. Practice Managers reporting to Sub-committee

2. Test of change: patient satisfaction QR codes for visibility

3. Response to Patient Satisfaction for site with QR codes have increased by 30%

Practice Managers reporting to Sub-committee
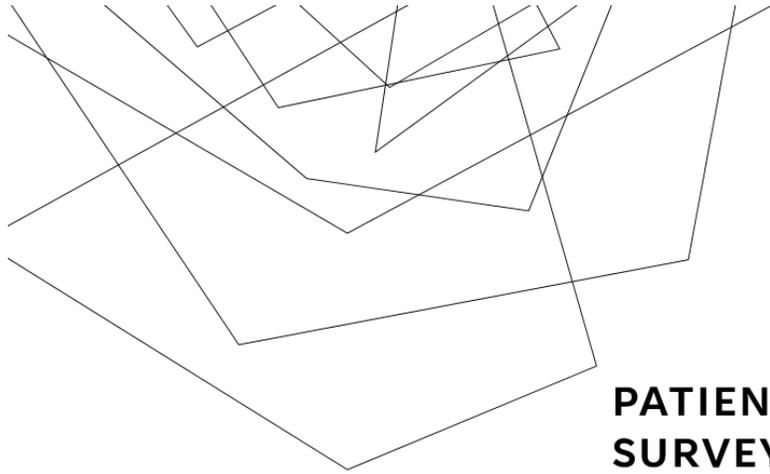
PATIENT EXPERIENCE SURVEY OUTCOMES

SW MH ADULT

THE PURPOSE OF OUR SUB-COMMITTEE

Meeting monthly, our sub-committee will:

- Review patient surveys submitted through Feedtrail for the month.
- Develop a follow-up plan of action (if appl) for issues mentioned in comments.

SUB-COMMITTEE MEMBERS

Dr. Dionne Hill,
Practice Manager – SW MH Adult

LaKetha Jackson,
Office Services Supervisor

Anney Philip,
Clinic Ambassador

Taishon Williams,
Business Office Coordinator

Path Experience 43% Increase in surveys using QR codes in a two-month period

Patient Satisfaction FY24 to Date

Patient Satisfaction

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
FY 24 - Patient Satisfaction	86.27%	87.19%	89.11%	83.50%	86.54%	86.45%	88.20%					
FY 23 - Patient Satisfaction	89.09%	89.79%	90.20%	90.56%	91.08%	89.44%	88.04%	89.23%	89.28%	88.47%	87.76%	87.21%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Thank you.