

Parent Provider Council
 Minutes
 May 30, 2006

Attendees: Robin Stewart, DSPD, Kenneth Ekong, Mary Johnson, Alice Farnsworth, Monica Rafferty, Theo Judson, Eric Johnson, Robert White, Trisha Beck, Josette Dorius, Robert Bucciere and Roger Christensen
 Excused: Chris Frankowski, Michael Deily and George Kelner

Mission Statement: Our mission is to optimize the quality of life of the people we serve by providing excellent, compassionate, and integrated health services throughout the lifespan.

NOTE: Next meeting August 29th (Tuesday) at 6:00 p.m. to 8:00 p.m.

AGENDA

Agenda Item	Discussion	Action/Timeline
I. Review of minutes 2/27/06	Updated action items on minutes. With no corrections minutes were approved.	Approved
II. Welcome New and Old members	<p>Introductions were made to the group with a welcome of the new members. Eric Johnson, Robert White are clients that have been in the HOME Program for over 3 years. Robin Stewart is replacing Georgia Baddley with DSPD. Other new members that were unable to attend are Chris Frankowski with Chrysalis and Michael Deily as our community liaison. Existing and continuing members are: Kenneth Ekong, KRS, Mary Johnson, parent, Alice Farnsworth, DSPD, Monica Rafferty, parent, Trisha Beck, parent, Theo Judson, DSPD, and George Kelner, DSPD.</p> <p>Suggested that it would be nice to have a Medicaid representative and we are still working on that member participation.</p>	Parent Provider list with email and phone numbers will be completed for internal use ONLY.
III. World Class U Pillars <ol style="list-style-type: none"> 1. People 2. Growth 	<p>Reviewed the graphs of the growth and clinic patient load trend.</p> <p>The growth chart shows that we have 383 enrolled in our program as of March 2006. Informed the council that we are limiting our enrollment of the</p>	Continue to report

	<p>HOME Program to 10 clients per month to make sure we can provide services for new and existing clients. We are out to September for our enrollment with HOME. The council inquired as to our disenrollment and whether we had a turnover of people enrolling. I informed them that there is a very low disenrollment but will make sure this is reported to the council at each meeting. We discussed the transition of Dr. Bilder in helping with some staffing voids within the Child Adol. Psychiatry division. This is temporary that she will only be seeing clients on Friday AM but has resulted in some of her clients being transferred to the care of Dr. Baese, Dr. Ashworth and the APRNs.</p> <p>The Clinic Patient arrival and No show rate was reviewed by the team as well. Our goal for arrival rate is 70% and we are averaging at 65% with our reschedule/cancellation rate at 23%.</p> <p>The council discussed the appointment times and looking at ways that we can assure that clients are seen timely. Discussed options of asking patients to come 10 minutes early. Taking vitals in the rooms or taking the client out of the room during the visit to obtain vitals.</p>	<p>Report disenrollment information to the council quarterly.</p> <p>NO SHOW information needs to be sent to Alice Farnsworth and Theo Judson. Joyce Garcia</p> <p>Council suggested that vital be taken in the room and the parents liked the idea of asking patients to arrive 10 mins early.</p>
<p>III. Patient Satisfaction Survey</p>		<p>Will continue to report quarterly. Josette</p> <p>Will continue to report quarterly. Josette</p>

		We remain ahead of budgeted numbers of enrollment. Continue to support referrals from Dr. Lang's clinic. Alice indicated there are about 48 more patients to transition. Dr. Lang's VMH contract is ending June 30 th .
III. Frequently Asked Questions (FAQs)	<p>Joyce Garcia discussed the website and the way that the FAQs will be displayed on the website. Joyce will continue to develop the questions and establish the necessary links.</p> <p>The council also discussed the options of being able to send emails thru that website and Joyce is checking into that possibility.</p> <p>The webpage is in constant revision.</p>	<p>Plan to add FAQs to website with hot links to the list of questions.</p> <p>Encouraged the council members to pull up the website and provide feedback.</p>
IV. Clinic Introductions, additions, Role Changes	As the introductions were done at the beginning of the council meeting this was not necessary for the group.	No action
V. Round Table	<p>Council members made the following comments.</p> <ol style="list-style-type: none"> 1. Kenneth from KRS stated that they were having difficulties with missed appointments due to multiple issues. One thing KRS does now is the manager calls Alli to confirm appointments for the next month. This has corrected previous No Show issues with Key clients. 2. Alli is paying closer attention to the address listed in the computer system to make sure it is the address that all correspondence should be 	

	<p>forwarded to, i.e., appointment reminders.</p> <p>3. Wait time and urgent visit access has been wonderful. It would be nice to be able to be seen as quickly for their own doctor appointments.</p> <p>4. The one main issue is NOT GETTING A LIVE BODY when someone calls to our clinic. This is an ongoing concern by all of us and a number of things continue to be looked at. We do not have the budget to support a receptionist position. We will continue to address at clinical meetings and look at telecommunication systems that may support a better process.</p> <p>5. Effective April 1st Drs Lehmann and Ashworth are going to adjust schedules to begin on the half hour instead of the even hour. We are hoping that this will enhance team efficiency and give patients an opportunity for a little later appointment availability. Our wait time is on average 10 to 12 minutes so we hope to continue with that standard.</p>	
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Meeting adjourned at 7:50 p.m.
 Minutes transcribed: Josette T. Dorius, RN, MPH
 Service Director
 Child & Adolescent Behavioral Health Clinic
 Neurobehavior HOME Program