

Problem: PCS's are unable to contact referred clients to get them engaged in services.

- Contact information is incorrect
- Phone numbers disconnected or wrong numbers, etc.

Goal: Improve PCS's contact with referred clients to improve engagement and enrollment.

ACT	PLAN
<p>Based on what was learned from the trial, adapt – modify the changes and repeat PDSA cycle if needed. Adopt – consider expanding the changes.</p> <p>November:</p> <ol style="list-style-type: none"> 1. Looking at different letters and Due Diligence Process 2. Work on Door Hangers to leave at addresses 3. Discussions still need to occur with Samaritan regarding feasibility of this. <p>December (Same as above plus):</p> <ol style="list-style-type: none"> 4. Trialed text to Referral with good success. Will find program allowing us to do this safely and implement by Jan. 1st. 	<p>List specific action steps along with person(s) responsible and time line.</p> <ol style="list-style-type: none"> 1. Use resources available to call client's PCP, Pharmacy, etc. to see if PCS's can get current contact information on clients. <ol style="list-style-type: none"> a. Kayelee Miller.....DONE Oct. 19th 2. Welcome Letter mailed to their address listed with a self-addressed, pre-postage paid envelope for them to return to the CSSA's if interested in the program. <ol style="list-style-type: none"> a. Melissa Arnold.....Due Dec. 30th 3. Cold Visits to addresses provided. <ol style="list-style-type: none"> a. Kayelee Miller.....DONE Oct. 19th 4. Door Hanger with Information about the Pathways HUB, contact information, that can be left at the addresses provided so the clients can call the PCS's directly. <ol style="list-style-type: none"> a. HUB.....Due Dec. 30th 5. Dedicated HUB phone for referrals and patients to call into when they have received the brochure from the ED. <ol style="list-style-type: none"> a. Kayelee Miller..... DONE Oct. 31st 6. Samaritan to "flag" clients that are hard to contact so that we get a call from the ED and can contact a PCS to go to the ED while the patient is still there. <ol style="list-style-type: none"> a. Melissa Arnold.....DONE Oct. 31st 7. PCS/volunteer stationed at Samaritan ED that could get accurate information and get the clients engaged. <ol style="list-style-type: none"> a. Deb/Kayelee.....Due Jan. 30th 8. Hire a Referral Specialist for HUB that is dedicated to making first contact and engaging the clients. <ol style="list-style-type: none"> a. Deb/Kayelee.....Due Dec. 30th 9. Text to Referral- obtain safe means to start texting clients for engagement <ol style="list-style-type: none"> a. Kayelee.....Due Jan. 1st

STUDY

Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.

1. Not being used
2. Letter is being used by PCS's and Supervisors.
3. Not being used
4. In Process
5. Working well- will continue
6. Working ok- will continue for very hard to contact clients
7. In Process- discussions
8. In Process- discussions
9. In Process

DO

Carry out the plan. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage.

1. Disseminate information to PCS's and Supervisors
 - a. Supervisors feel that this is a HIPAA Violation; Not actively using this as a means of contacting the clients.
2. **Create Letter for PCS's to send to client addresses.**
 - a. **Completed draft 10-2018**
 - b. **P&P being changed to reflect process.**
3. Disseminate information to PCS's and Supervisors
 - a. Supervisors and PCS's uncomfortable with some of the areas they need to go into. Not actively using this as a means of contacting the clients
4. **Create door hanger**
 - a. **Found means to cut doorhangers and in process of designing now.**
5. Dedicated phone
 - a. In use and working well
6. Samaritan to "flag" patient charts for hard to find clients
 - a. Worked ok on a few clients. Will continue this process.
7. **PCS in lobby of Samaritan to complete referrals/assignments in real time.**
 - a. **Conversation still needs to be had**
8. **HUB hiring Outreach/Engagement Specialist**
 - a. **Deb working on this**
9. **Text to Referral Process**
 - a. **Looking at program that can accomplish this safely and in batches**