

IMPROVING HEALTH OUTCOMES
THROUGH SYSTEM WIDE
COLLABORATION & CHANGING
ORGANIZATIONAL CULTURE

Multnomah County Health Department, HIV Health Services Center

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- Emily Burchell

Multnomah County Health Department, HIV Grant Administration & Planning

- Amanda Hurley, Manager of HIV Grant Administration & Planning (she/her/hers)

Oregon Health Sciences University, Partnership Project

- Lauren Nathe, Nurse Case Management Supervisor (she/her/hers)

LEARNING OBJECTIVES

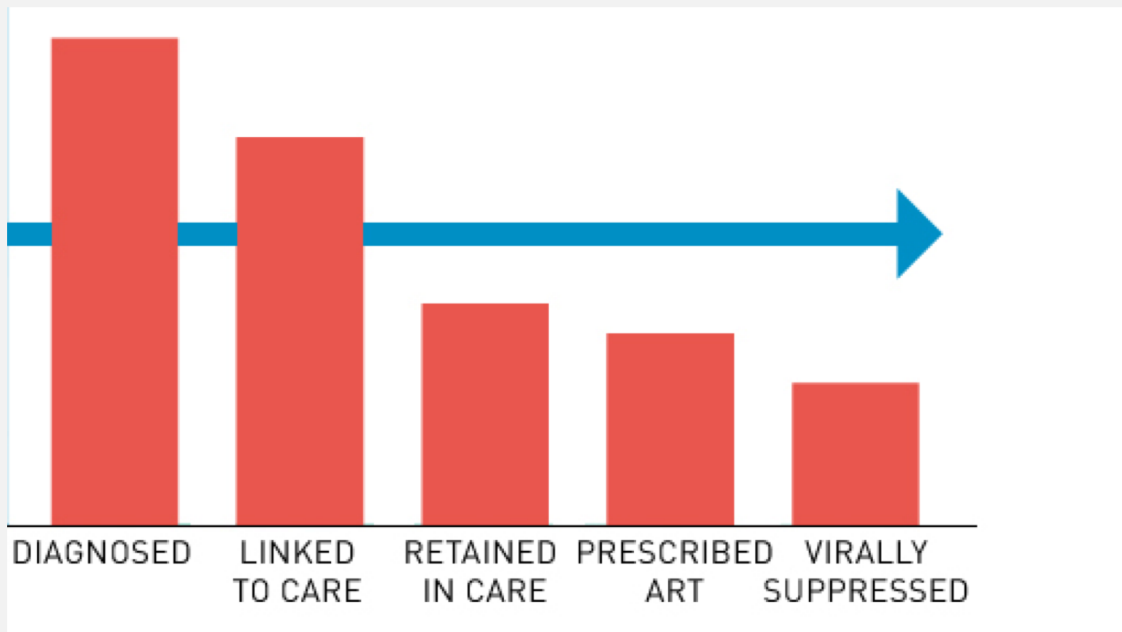
- Describe benefits of system wide collaborative approach to TI implementation
- Describe examples of TI practices that can change patient care and enhance staff engagement
- Identify medical care engagement strategies for people living with HIV and other co-morbidities

GROUP AGREEMENTS

- Be present
- Put phones away if possible
- Take care of yourself
- Ask for more information when you need it
- Assume best intentions
- Accept others where they are at
- Step up, step back
- Respect confidentiality
- Give yourself permission to pass

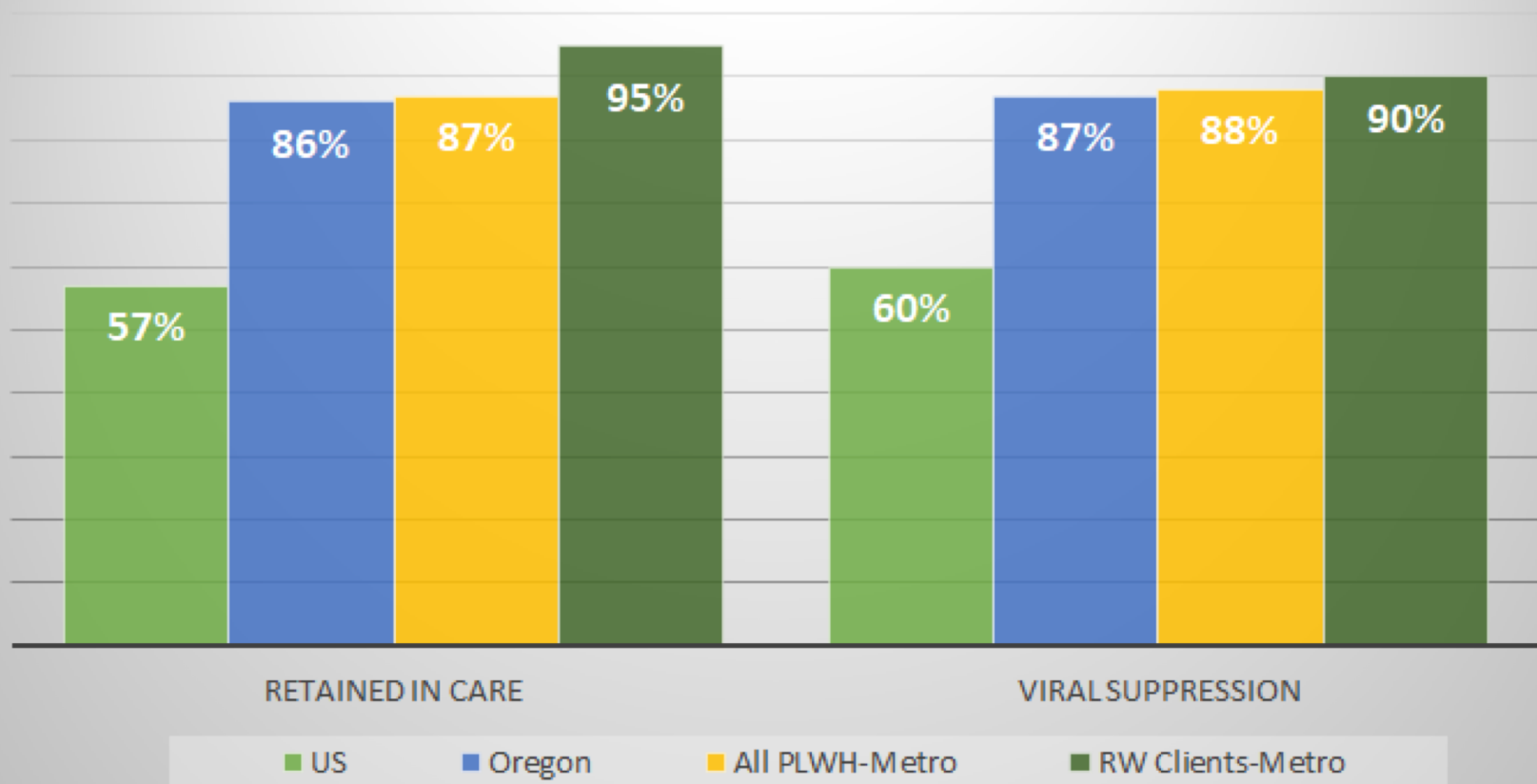


HIV CARE CONTINUUM

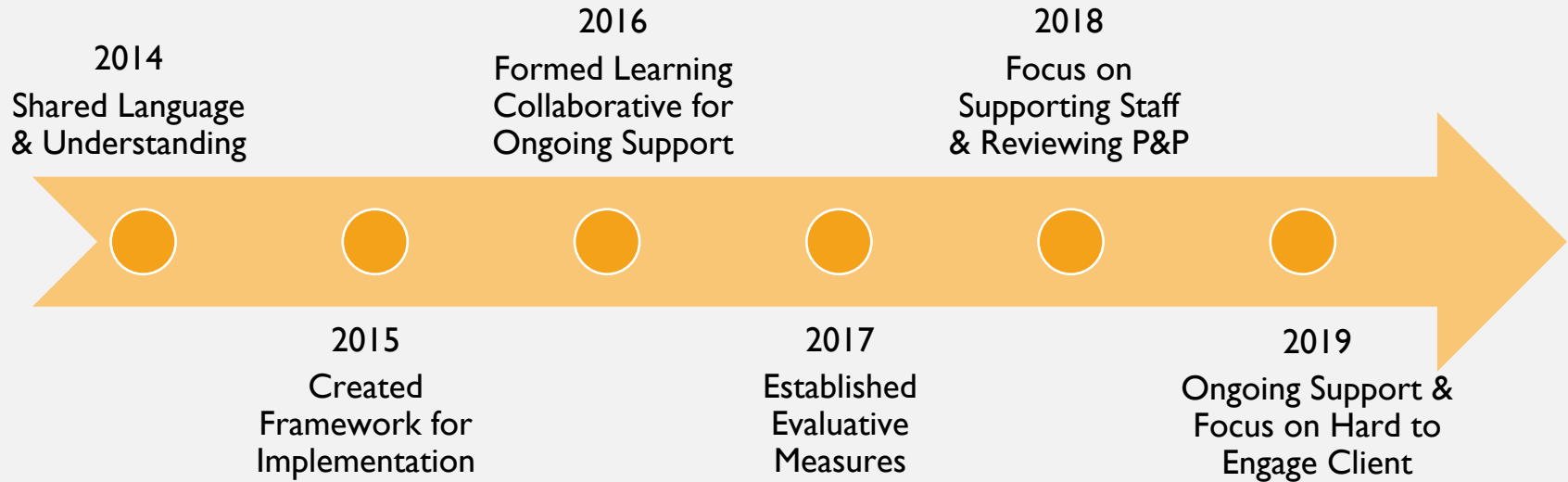


US	1.1 million
Oregon	7,500
Portland Metro	5,800
Ryan White Metro	2,700

HIV Health Outcomes



SYSTEM WIDE APPROACH



EXAMPLES OF TIC LEARNING COLLABORATIVE PROJECTS

Meeting Discussions

- Group brainstorm
- Share resources
- Review agency restriction policies
- Review intake processes
- Impact of staff transitions
- Staff trauma

Systems – Level Changes

- TIC Organizational Assessment
- Questions added to client satisfaction survey
- Provider Speed Dating
- Staff Contact Sheet
- New Hire Orientation
- Add TIC language to site visit
- Regular trainings

OHSU PARTNERSHIP PROJECT HIV PROGRAM



- Partnership Project was created in 1995
- Funded: RW Part A grant, Medicaid revenue and medical systems
- Serve 650-800 Case Management clients
- Community Based
- TIC work begun in early 2017

PARTNERSHIP PROJECT AGENCY SPECIFIC APPROACH

Efforts: Initial Plan

- Monthly meetings
- Representation of every job role
- “Pause” meetings during Open Enrollment
- Rotating leadership



Re-boot: 2019 Plan

- No “Pause”
- Open to all as a drop-in
- Continuing to remain open
- Challenge of Momentum and work-force

Challenges

- We are Wee (but Mighty)
- Only one in a role
- Balance of managing the TICC

EXAMPLES OF PP TIC PRACTICES & OUTCOMES



- Client/Staff Facing Changes:
 - Physical space for clients
 - Advocacy for and addition of Navigator role at OHSU clinic
 - Client Advisory Board
 - Staff Specific
- Practices:
 - Forms
 - Health Literacy
 - CAB: Formation and running client CAB: Met in Spring 2019
 - Incorporation of TIC Questions and Practices in HR
 - Safety Practices
 - Connection to TICL group

MULTNOMAH COUNTY HEALTH DEPARTMENT, HIV HEALTH SERVICES CENTER (HHSC)



- Opened in 1990
- 1400 clients
- Federally Qualified Health Center (FQHC)
- Medical home with full range of primary and HIV care services provided by PCP and medical team
- Integrated behavioral health, including medical case management and patient navigation
- Only Ryan White funded medical provider in Oregon

MULTNOMAH COUNTY HIV HEALTH SERVICES CENTER

2010

- Began integrating TIC principles in clinic work

2013

- Piloted trauma support group for women

2014

- Part D workplan included emphasis on TIC with WICY

2015

- Formed internal workgroup to oversee development of clinic TI infrastructure
- All staff survey and training

2016

- TIC Talk began as clinic's ongoing trauma informed care committee

EXAMPLES OF TIC PRACTICES AND OUTCOMES

- Changes to patient spaces (signage, lobby, exam rooms)
- Art therapy
- Weekly mindfulness group
- Staff wellness room
- Trauma-informed meetings
- Clinic debrief framework
- Patient passing protocol
- IPV trainings and resources



This is a safe and respectful place for all.

- Disruptive, threatening, and disrespectful behavior towards staff or patients will not be tolerated
- No racism, sexism, homophobia, transphobia, hate-speech

Be Respectful

Be Safe

Be Kind

Please help us keep the clinic a **WELCOMING** and **COMFORTABLE** space for **ALL**. If you are not able to do this, you will be asked to leave the clinic for the day.

PATIENT NAVIGATORS

- Patient navigators were implemented in 2012
- Goal of study was to better engage and retain clients experiencing homelessness and other complex needs in order to improve medical outcomes such as HIV viral suppression
- Wrap-around care
- Outreach and flexibility
- Care coordination
- Appointment support

DECREASING IMPACT OF VICARIOUS TRAUMA



- Morning huddle
- Debriefing
- Allowing an extra 10 minute break after a traumatic incident
- Using the buddy system
- Trying to have fun and make each other laugh every day
- It's ok to cry and feel feelings
- Communicating what's working and what's not working
- Showing each other gratitude
- Understanding each others own personal trauma



all my love and support

you

REDUCING BARRIERS – ENGAGING NEW CLIENTS

- Rapid ART Start
 - Rapid initiation of HIV medication following a new HIV diagnosis
 - Benefits individual and community health
 - Quality improvement project for FY19



RESPONSIVE INTAKE



- Need for flexibility
- Reduction in wait time
- Addresses historical trauma
- Best practices
- Client story

QUESTIONS?