Missed Appointments

PI Committee Presentation Date: October 18, 2017

PI Goal: Decrease no show rate to 18%

Team Members: Maria Martins-Evora, Aisha Darby, Laveda Bacetti, Monita Hadley, Cassandra Ekstrom, Gabrielle Berre

Which PDSA Cycle(s) is your PI goal currently undergoing?

Please provide 3-5 bullet points summarizing progress made since last committee presentation:

1) Televox go-live scheduled for October 23.
2) Completed Driver Diagram to articulate causes of Missed Appointments
3) Investigated data on clients who frequently miss appointments. 14% of clients missed 6+ appointments between January 1 – July 31, 2017, accounting for 59% of all missed appointments. The group is looking to formulate tests of change to engage this sub-group of clients.

Centricity Communication

APPLIES TO: All users

TOPIC: Televox

BACKGROUND: Televox places automatic reminder calls to our clients, and updates the appointment when confirmed or canceled.

CONTENTS:

CONFIRMED APPOINTMENTS: 2

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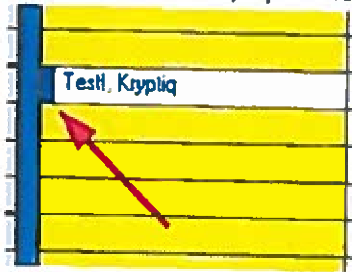
If you have any questions or concerns, please enter a ticket or contact any member of the Health Informatics team.

CONFIRMED APPOINTMENTS:

When a client confirms their appointment, three things will happen to that appointment in Centricity:

1. A purple bar will display on the left side:



2. The status will changed to CONFIRMED (you can see this by clicking on *Modify Appointment*)
3. A note will be placed in the appointment field (also visible by clicking on *Modify Appointment*). It will be added to any notes that are already in that field.

Modify Appointment - TestI, Kryptiq(107438)

Resource	Ramsay, Theodore	Ticket #	
Facility	Health Care for the Homeless	Date	10/17/2017
Resp. Provider	Ramsay, Theodore	Time	11:00 AM to 11:15 AM
Company	Health Care for the Homeless Inc	Room No	
Referral Source		Set	
Referral Patient		Chain	
Type		Case	
Recall		Waiting List	
Status	Confirmed	Service Location	

Overbook ☐ Hide new visit ☐

Patient Phone Numbers

Phone 1	(410) 837-5533 [ ] Home	Primary Ins.	MA - Pending
Phone 2	( ) - [ ]	Financial Class	None/Uninsured
		Allocation Set	Self Pay

Notes

Type	Notes
Appointment	TVX Appt Reminder (10/13/2017 11:33 AM) Phone Call - Responded "Yes" (Y=Answere

Case

Appointment Type

Appointment Search... Cancel

CANCELED APPOINTMENT:

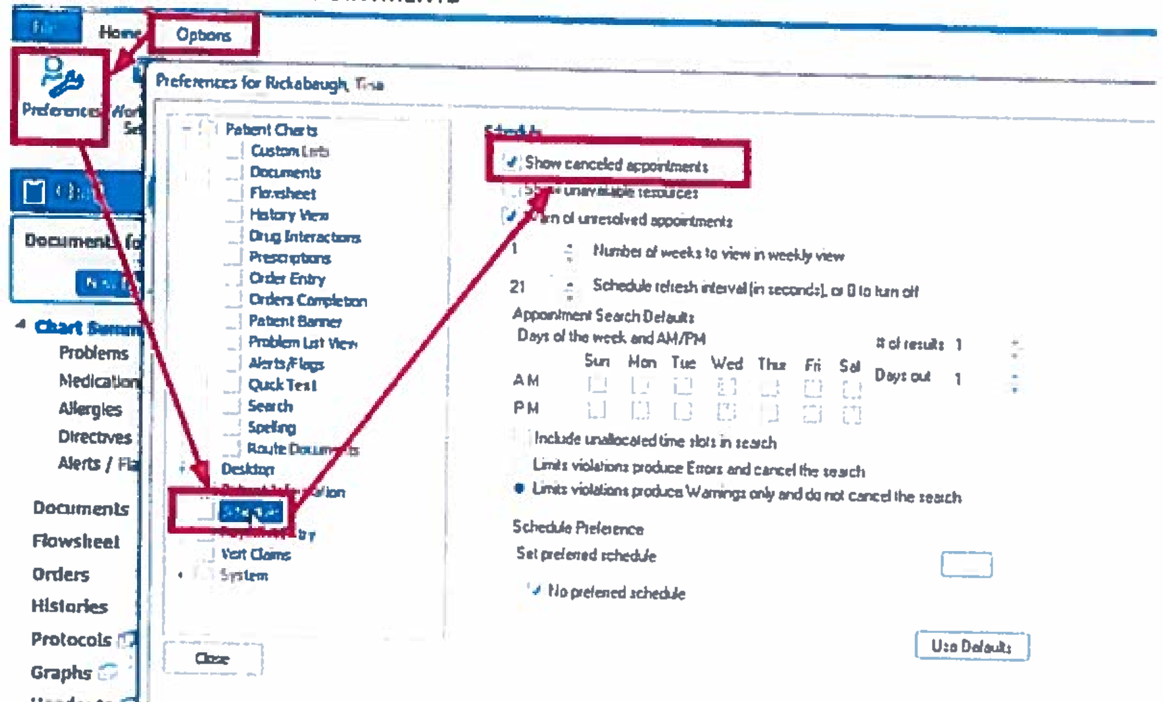
When a client chooses the "cancel" option, Televox will cancel the appointment.

1. The appointment will disappear from the schedule, but can be viewed by changing your settings to display canceled appointments (see next section).
2. CANCEL/PATIENT will display in the status field in the *Modify Appointment* window
3. A note will be added to the appointment field of the *Modify Appointment* window – it will be added to any notes that are already in that field.

Displaying Canceled Appointments:

In Centricity:

1. Click on OPTIONS
2. Then on PREFERENCES
3. Look for SCHEDULE
4. Check SHOW CANCELED APPOINTMENTS



HouseCalls Introduction:

Receive data → Build Schedule → Calling Session → Create Reports

HouseCalls Schedules:

Appointment Reminders					(All times EST)
Day of the Week	**Appointment Day**	**Upload Time***	**Build Time****	**Calling Start & End Times**	**Schedule Name**
Monday	Thursday	7:00 AM	8:00 AM	9:00 AM-11:00 AM	3D Phone/SMS
Tuesday	Friday				
Wednesday	Monday				
Wednesday	Saturday				
Thursday	Tuesday				
Friday	Wednesday				

Appointment Reminders					(All times EST)
Day of the Week	**Appointment Day**	**Upload Time***	**Build Time****	**Calling Start & End Times**	**Schedule Name**
Monday	Tuesday	N/A	5:00 PM	6:00 PM-8:00 PM	1D Retry
Tuesday	Wednesday				
Wednesday	Thursday				
Thursday	Friday				
Friday	Monday				
Friday	Saturday				

WHAT + WHY + HOW

TELEVOX AUTO-APPOINTMENT SYSTEM

Strategic Initiative 1.1
Lead: CAO Maria Martins-Evora
Need to know: All staff, especially staff using the EHR
Launch: October 23, 2017

WHAT

Televox is an automated phone service used by health centers to communicate reminders and notifications to clients through calls and texts on a scheduled basis.

WHY

Making appointments is just one of many challenges our clients juggle day-in and day-out. Yet, it's imperative that they make these appointments so that they receive the care they need, when they need it. Similarly, it is important for us at Health Care for the Homeless to minimize missed appointments, so our providers can provide care to the maximum number of clients their schedules will allow.

Currently at Health Care for the Homeless, staff members regularly call clients about upcoming and missed appointments, but we don't have a standard process for phone reminders. Earlier this year, we conducted a pilot with one medical provider to see if phone call reminders could decrease their clients' missed appointments. Before making reminder calls, the missed appointment rate for those clients was 42.5%. After the phone intervention, that rate dropped to 34.67%. Our most significant finding: when clients answered the reminder calls, the missed appointment rate fell to just 6.67%.

HOW

Clients will receive an automated call reminder ***72 hours prior*** to their appointment between 9 a.m. and 12 p.m. and a text reminder ***the night before*** their appointment between 6 p.m. and 8 p.m.

When they receive the appointment reminder, clients will be able to...

1. *Confirm the appointment* by following the prompts on the call or typing YES for texts
2. *Cancel the appointment* by following the prompts on the call or typing NO for texts
3. *Reschedule the appointment* by following the prompt to forward their request to our scheduling team for calls, and dialing the number provided in the text reminder.

Televox will automatically send reminders to clients who are scheduled with new or established appointment types—but not for group, offsite, same-day and walk-in appointments.

NEXT... In 2018, we will explore ways to expand our use of Televox communications to include health-related campaigns and reminders to schedule future follow-up or routine appointments.

Everyone deserves to go home.

Hospital Follow-up: Driver Diagram

AIM	*Primary Drivers*	*Secondary Drivers*	*Interventions*
Decrease % of missed appointments to under 18%	Client cannot get to appointment	Weather	
		Client in hospital/Con Care/Medical Emergency	
		Overslept	
		Transportation	Provide tokens/vouchers
	Client does not remember	Lost blue card	
		No phone/text reminder	Televox reminder system
	Client does not want to come to appointment	Does not perceive value	
		Had bad prior experience	
		Has competing priorities	
	Missed appointment documented incorrectly	No standard for putting it in EHR	

Diabetes

PI Committee Presentation Date: 10/18/17

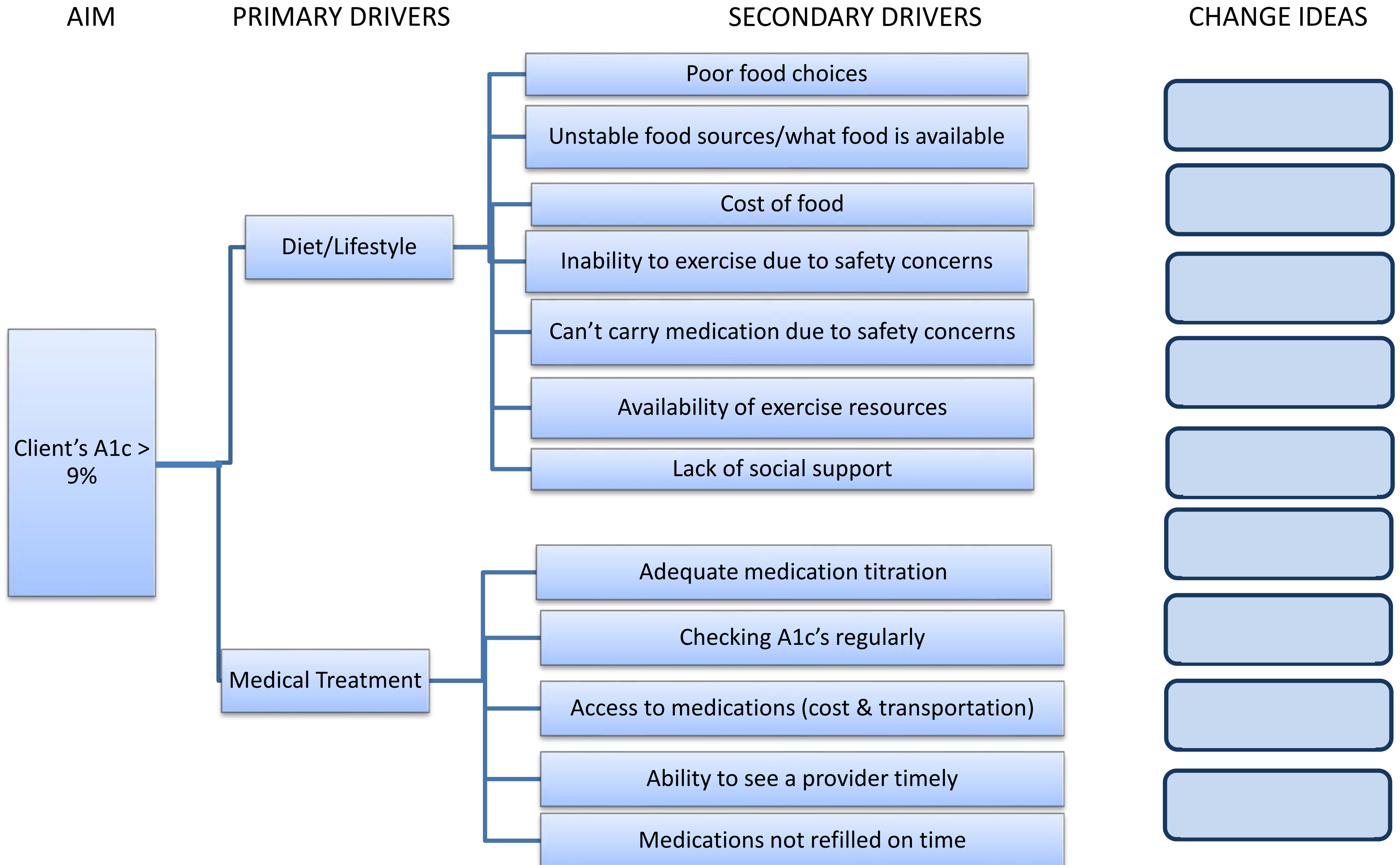
PI Goal: 70% of diabetic clients' most recent A1c will be 9.0 or less

Team Members: Adrienne Trustman, Tobie Smith, Gabby Rehmeyer, Sam Jones, Tracy Russell, Sheila Roman

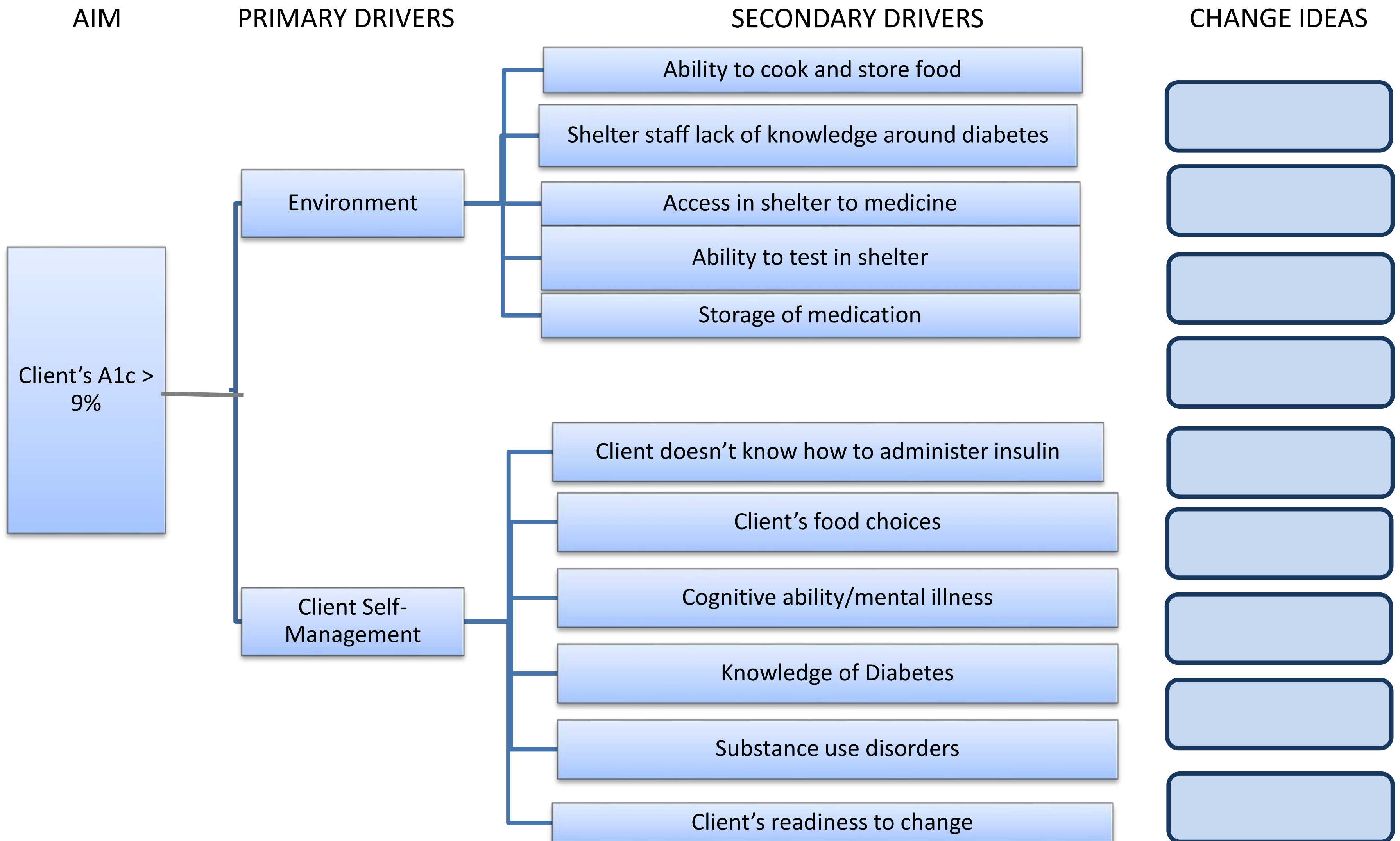
Please provide 3-5 bullet points summarizing progress made since last committee presentation:

1) Creating standing orders for nurses for basal insulin titrations for better glucose control.
2) Sheila is creating a one-page medical algorithm to guide medical provider practice with diabetes medication decisions.
3) The group created a driver diagram to identify root causes to target next.

Diabetes Driver Diagram (Part 1)



Diabetes Driver Diagram (Part 2)

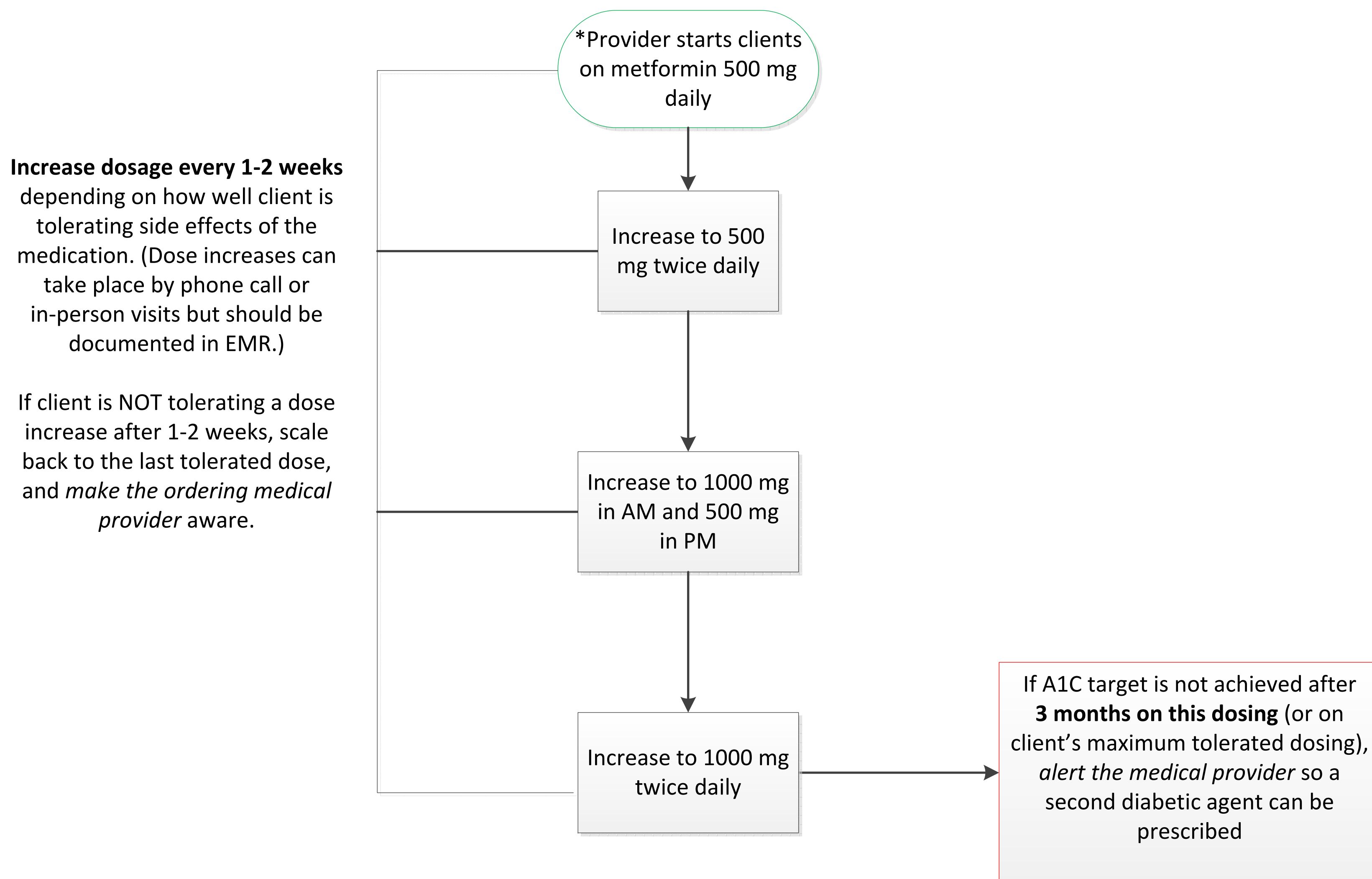


Treatment of Type 2 Diabetes Algorithm for HCH

Quick pearls:

1. Diet, exercise, and self-management skills are the foundation of treatment.
2. Hemoglobin A1C goals vary by individual based on patient characteristics. Given food insecurity is common in the HCH population, a less stringent target goal (e.g. 7-8%) is appropriate. Tighter glycemic control may be dangerous especially for patients on insulin or sulfonylureas who cannot reliably predict the number or timing of meals that they will eat in a day.
3. Unless contraindicated, metformin is the first-line drug intervention.
4. After metformin, data are limited and institution of combination therapies of two or three antihyperglycemic drugs should aim to minimize drug side effects and address patient characteristics.
5. DPP4 inhibitors and GLP1 Receptor Agonists both work through incretins and are generally not used together.
6. Sulfonylureas (SUA) while initially highly effective, often have a high failure rate within 3-5 years. At this point, other medication options should be considered. SUAs should generally be stopped when/if insulin is added .
7. Most patients with Type 2 diabetes will eventually require insulin therapy.
8. Keep patients advancing along the medication algorithm if they do not achieve their target A1C goal within three months of a medication change.
9. IMPORTANT: Prevention of hypoglycemia is crucial. Seek symptoms and address source and adjust medications when an episode occurs. Weigh risks of hypoglycemia with any increase in dose or addition of drugs to medication regimens.
10. Titration of dosing for lantus is based on fasting blood sugar and no clear recommendation for BID dosing is made in package insert. Levemir can be dosed once or twice daily. Before split dosing of basal insulins another option is to consider adding rapid-acting insulin coverage to cover the largest meal of the day.

Medication Titration Algorithm for Clients Started on Metformin



***If not contraindicated based on eGFR levels:**

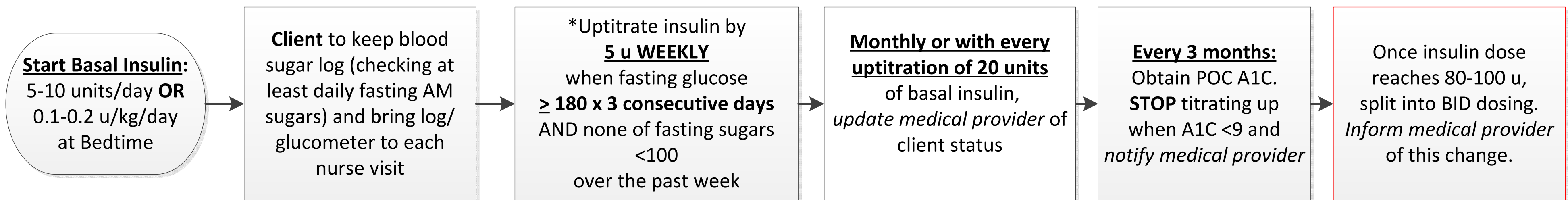
- **eGFR > 45** No contraindications to starting metformin
- **eGFR = 30-45** Starting metformin is not recommended
- **eGFR < 30** Metformin is contraindicated due to risk of lactic acidosis

Be sure to make client aware of the following:

- **Most common side effects** Diarrhea, nausea and vomiting, and gas (sx which are expected to resolve over 1-2 mos). <1% experience lactic acidosis.
- **Proper instructions for use** Take metformin with food. Do not eat grapefruit while on this medication. Do not crush, chew, or break extended-release tablets. Store at room temperature away from moisture, heat, and light.
- **How to self-manage DM** Through diet, exercise, medications, and education

Basal Insulin Titration Algorithm for Nurse Diabetes Visits
If Last A1C (within 3 months) was ≥ 9

Process Overview



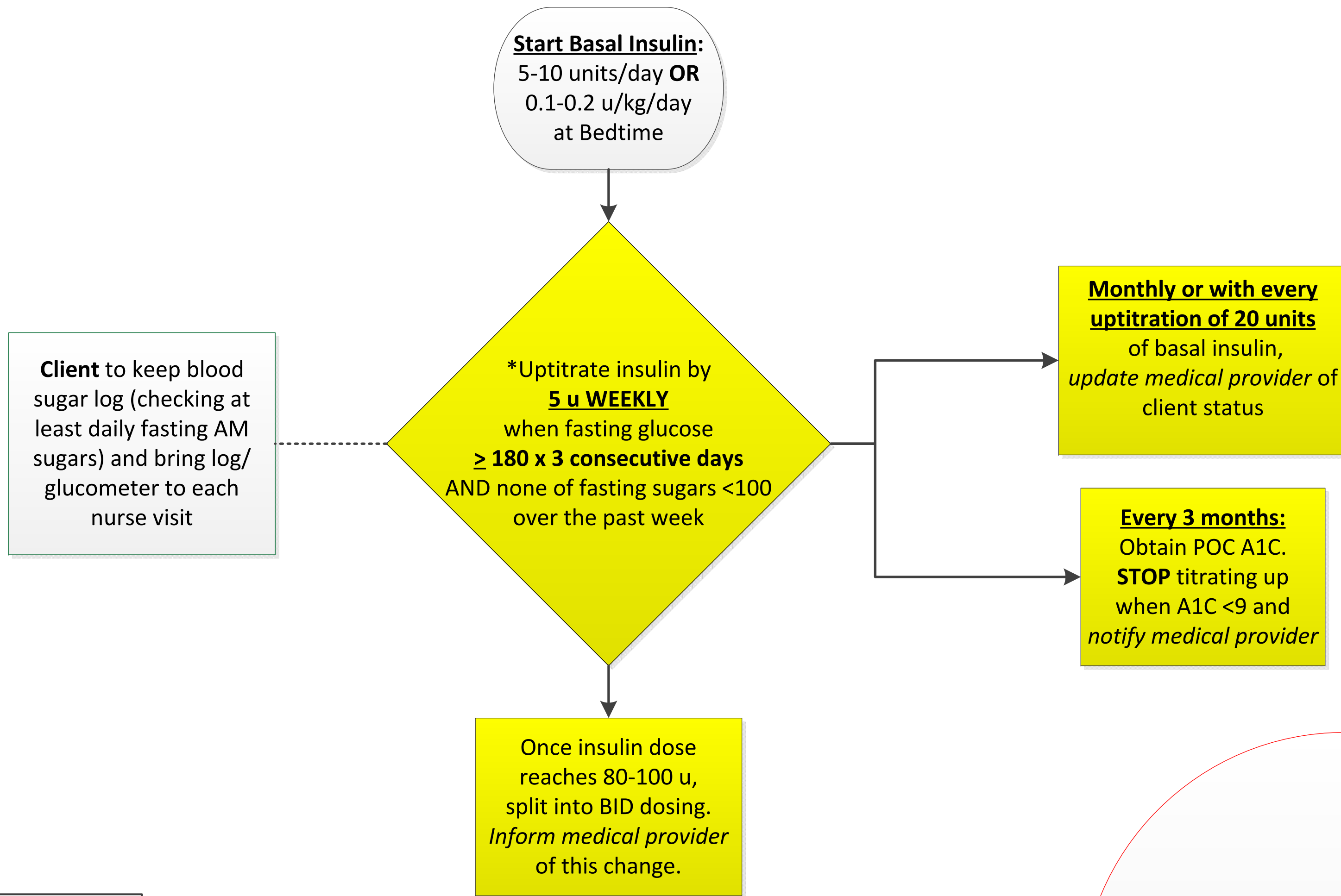
Hypoglycemia Protocol

Symptoms of Hypoglycemia: Shakiness, Nervousness or anxiety, Sweating, chills and clamminess, Irritability or impatience, Confusion, including delirium Rapid/ fast heartbeat, Lightheadedness or dizziness, Hunger and nausea, Sleepiness, Blurred/impaired vision, Tingling or numbness in the lips or tongue, Headaches, Weakness or fatigue, Anger, stubbornness, or sadness, Lack of coordination, Nightmares or crying out during sleep, Seizures, Unconsciousness

On-site: If client has glucose <70 and/or is symptomatic for hypoglycemia + conscious, give 15 gm glucose gel or a fast-acting source sugar. Check FS in 15 minutes, and if still <70, repeat until glucose >70 and/or client asymptomatic. If client becomes unconscious, administer glucagon from emergency box.

A1C %	Average Blood Sugar Level
5	97 mg/dL
6	126 mg/dL
7	154 mg/dL
8	183 mg/dL
9	212 mg/dL
10	240 mg/dL
11	269 mg/dL
12	298 mg/dL
13	326 mg/dL
14	355 mg/dL

Basal Insulin Titration Algorithm for Nurse Diabetes Visits
If Last A1C (within 3 months) was ≥ 9



On-site: If client has glucose <70 and/or is symptomatic for hypoglycemia + conscious, give 15 gm glucose gel or a fast-acting source sugar. Check FS in 15 minutes, and if still <70, repeat until glucose >70 and/or client asymptomatic. If client becomes unconscious, administer glucagon from emergency box.

If client has/had any **glucose levels <70** or is/was symptomatic for *hypoglycemia since last visit, *notify a medical provider*. The cause should be determined and addressed. If there is no clear reason for hypoglycemia, insulin should be down-titrated by medical provider.

A1C %	Average Blood Sugar Level
5	97 mg/dL
6	126 mg/dL
7	154 mg/dL
8	183 mg/dL
9	212 mg/dL
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11	269 mg/dL
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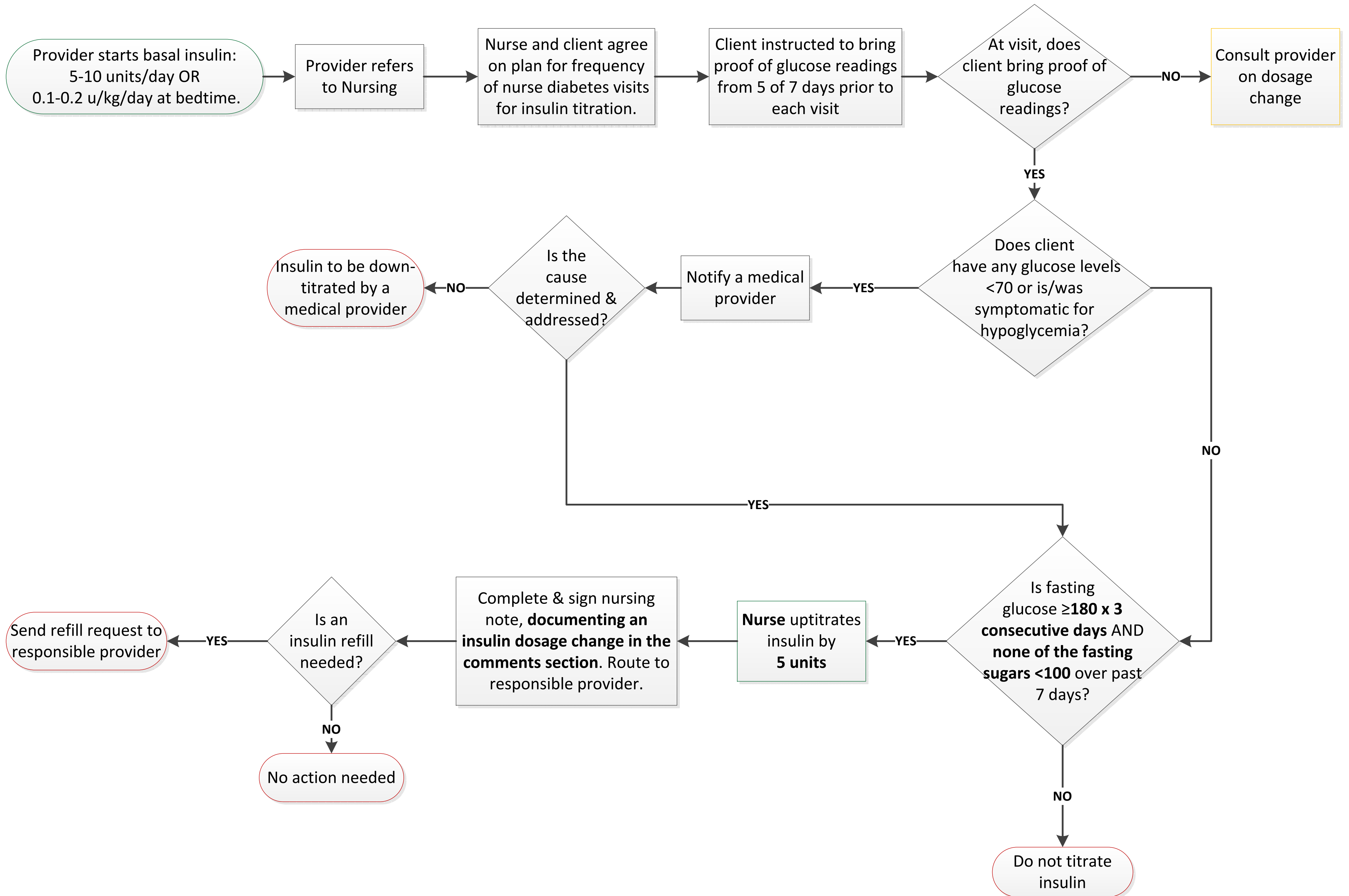
Basal Insulin Titration Algorithm for Nurse Diabetes Visits
If Last A1C (within 3 months) was ≥ 9



Type 2 Diabetes Prescribing Algorithm for Health Care for the Homeless

Start with Monotherapy Unless:

- A1c level is ≥ 9%, consider dual therapy
- A1c level is ≥ 10%, bg level is ≥300 mg/dL, or patient is markedly symptomatic, initiate basal insulin + metformin

Monotherapy — Metformin, if not contraindicated

Lifestyle Management

- Contraindicated eGFR <30
- Starting with eGFR 30-45 not recommended
- If eGFR falls below 45 assess risks and benefit and reduce daily total dose. Discontinue if eGFR falls <30.

See table below for medication characteristics and alternative options to Metformin.

If A1c target not achieved after approximately 3 months of monotherapy, proceed to 2 drug combination. Choice dependent on patient- and disease-specific factors

Dual Therapy — Metformin +

Preferred Options: Met + SUA, Met + DPP4, Met + basal insulin

Lifestyle Management

	Biguanide	Sulfonylurea	DPP-4 Inhibitors	SGLT-2 Inhibitors	GLP-1 Receptor Agonist	Insulin (basal)
COMMON EXAMPLES	Metformin (glucophage, glucophage xr)	Glipizide (glucotrol, glucotrol XL) Glyburide (Diabeta, glynase)	Januvia (sitagliptin) Tradjenta (linagliptin) Nesina (alogliptin)	Invokana ( ) Jardiance (empaglifozin)	Victoza Byetta	Insulin Glargine (Lavantus) Insulin Detimer (Levimir)
EFFICACY:	High	High	Intermediate	Intermediate	High	Highest
HYPOGLYCEMIA RISK:	Low Risk	Moderate Risk	Low Risk	Low Risk	Low Risk	High Risk
WEIGHT:	neutral/loss	gain	neutral	loss	loss	gain
SIDE EFFECTS:	GI/Lactic Acidosis	Hypoglycemia	rare	GI, dehydration, fractures, DKA	GI	hypoglycemia
BLACK BOX WARNINGS:		Risk of MF		lower extremity amputations	thyroid cancer contraindicated w MEN type 2 & medullary thyroid cancer	
MONITORING:	Annual eGFR Periodic Vit B12	C-V symptoms			thyroid exam renal fx	hypoglycemia
FORMULARY COVERAGE:	covered	covered	PA, QL, ST* *Stepped therapy	PA	PA	covered

If A1c target not achieved after approximately 3 months of dual therapy, proceed to 3 drug combination. Choice dependent on patient and disease-specific factors

Triple Therapy — Metformin +

***DPP-4-I and GLP-1 RA not used together**

Lifestyle Management

Sulfonylurea +	DPP-4 Inhibitors* +	SGLT-2 Inhibitors +	GLP-1 Receptor Agonist +	Insulin (basal) +
DPP-4 Inhibitors	Sulfonylurea	Sulfonylurea	Sulfonylurea	DPP-4 Inhibitors
or SGLT-2 Inhibitors	or SGLT-2 Inhibitors	or DPP-4 Inhibitors	or SGLT-2 Inhibitors	or SGLT-2 Inhibitors
or GLP-1 RA	or Insulin (basal)	or GLP-1 RA	or Insulin (basal)	or GLP-1 RA
or Insulin (basal)		or Insulin (basal)		

If A1c target not achieved after approximately 3 months of triple therapy and patient is 1. on oral combo, move to basal insulin or GLP-1 RA, 2. on GLP-1 RA, add basal insulin, or 3. on optimally titrated basal insulin, add GLP-1 RA or mealtime insulin. Metformin should be maintained, while other oral agents may be discontinued to avoid unnecessary complex regimens.

Combination Injectable Therapy

(SEE REVERSE SIDE)

Updated: 10/2017

Universal Screenings

PI Committee Presentation Date: October 18, 2017

PI Goal: Increase the percentage of clients seen with a lifetime test for HCV to 66%, and for HIV to 69%.

Team Members: Cindy Cabales, Tina Rickabaugh, Tonii Gedin, Meredith Johnston, Jay Rice, Ry Keara Bates

Which PDSA Cycle(s) is your PI goal currently undergoing? PDSA cycle 3

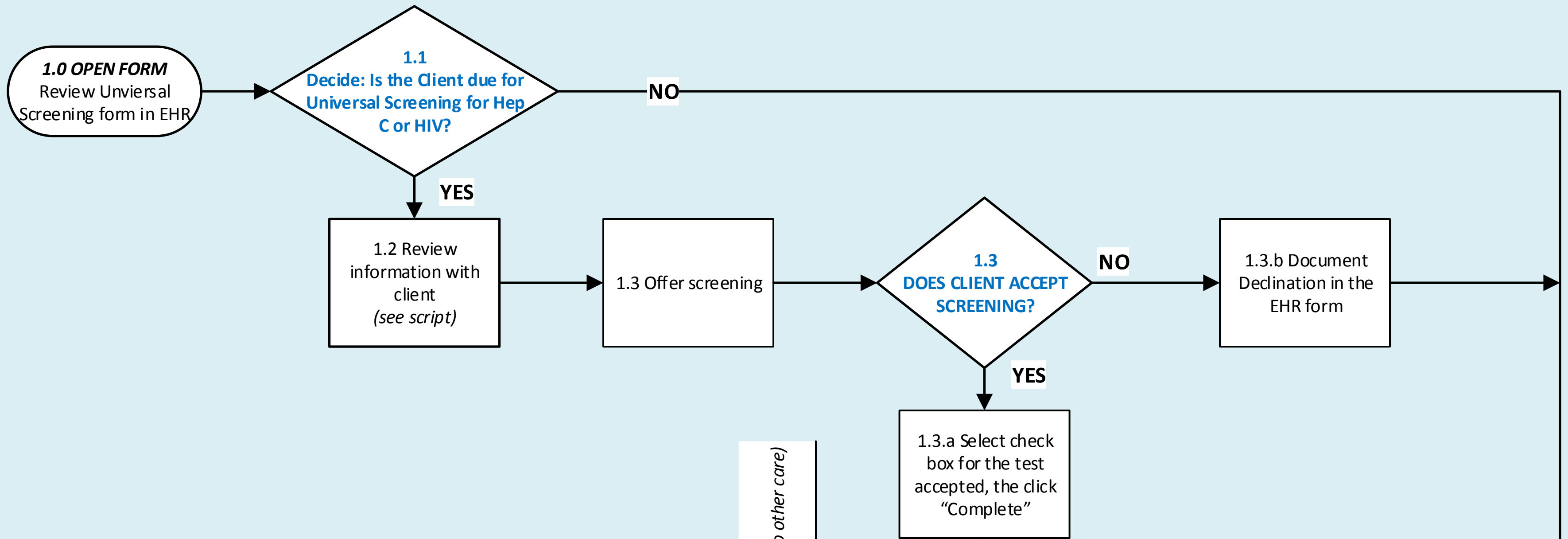
Please provide 3-5 bullet points summarizing progress made since last committee presentation:

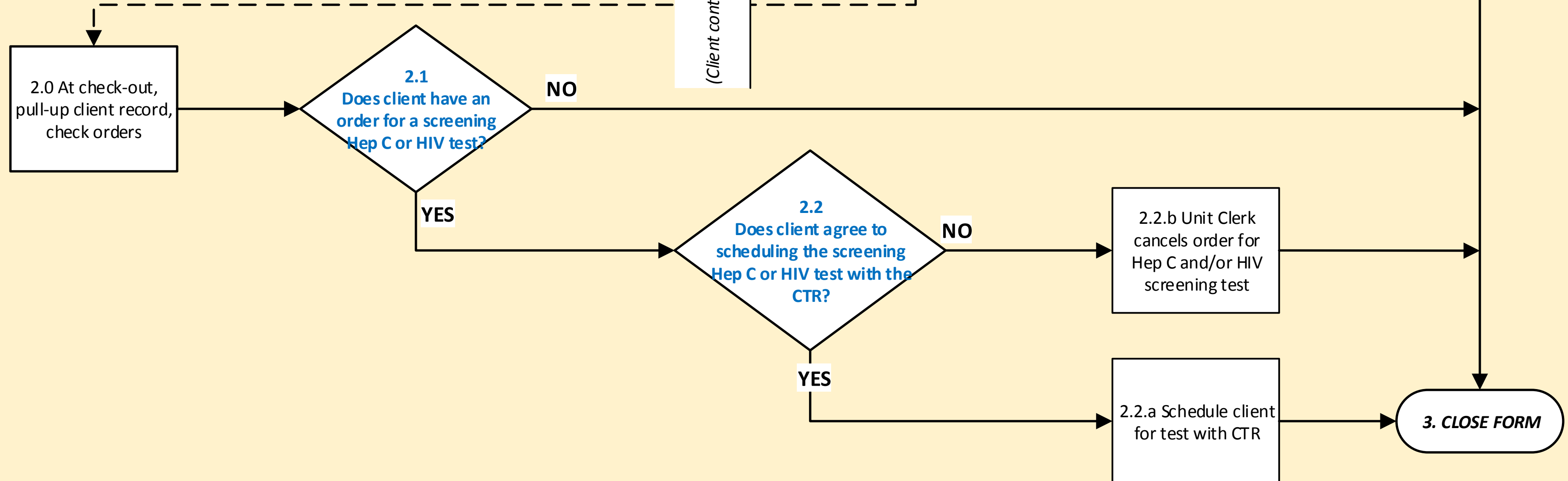
1) Revised EHR workflow to match unit clerk workflow and trained on changes
2) Made plans to rollout to Case Management Team in November
3) Next step is to evaluate workflow with variable resources for testing and counseling

Universal Screening

Purpose: To identify clients who are due for Hep C and/or HIV screening, offer and encourage screening, and initiate a referral for screening

Effective 3Q2017





Flu Vaccination

PI Committee Presentation Date: 10/18/17

PI Goal: Provide Flu Vaccines to 45% or more of our clients at Health Care for the Homeless and all sites.

Team Members: Cyndy Singletary, Makeda Johnson, Josh Brusca, Pam Ford, Jen Marsh

Which PDSA Cycle(s) is your PI goal currently undergoing? N/A

Please provide 3-5 bullet points summarizing progress made since last committee presentation:

1) Team met to review the numbers of flu shots we had given to HCH and Non HCH client since Sept 2017
2) Review the success we have had so far with Providers and CMAs going to Beans and Bread to provide the vaccines
3) Working with the Lauren/Emily and the team in preparation for the Constellation/Flu Shot day of service
4) Determine the % of clt who have had the vaccine and if departments are sending clt to get the vaccines on the day that the clt is seen by them.
5) Working with outreach teams to provide them with access to the flu vaccine: eg Beans and Bread, Sarah's Hope, House of Ruth, Mobile Van and Catholic Charities

CRC Screening

PI Committee Presentation Date: 10/18/17

PI Goal: Increasing CRC screening rates organization-wide to 45% TY by the end of 2017

Team Members: Laura Garcia, Josh Brusca, Jen Marsh, Tracy Russell

Which PDSA Cycle(s) is your PI goal currently undergoing?: 6

Please provide 3-5 bullet points summarizing progress made since last committee presentation:

1) We are moving forward with collaborating with Rhonda (Baltimore City Cancer Program) and Rebkha (Hopkins). We will be meeting with them today to discuss workflows around targeting our uninsured and non-English speaking population who are in need of a CRC screening.

2) Continuing to revise the call process for CMAs reaching out to clients who are past-due for CRC screenings. In an effort to make it a more sustainable process that is not as dependent on pop health, CMAs can now pull up their own lists by care team using the SQL server.

3) We learned that there may be a chance of mailing in completed FIT tests instead of having to return them to clinic.

Colorectal Cancer Screening Driver Diagram