Performance Improvement Committee

April 15, 2020

HEALTH CARE for the HOMELESS

April Agenda

Monthly Dashboard

- Breast Cancer Screening
- Medication Errors
- Food Insecurity
- Provider Communication

Improvement Updates – Progress and Challenges

- Depression Remission
- Medication Adherence
- Phone Access
- Joy in Work
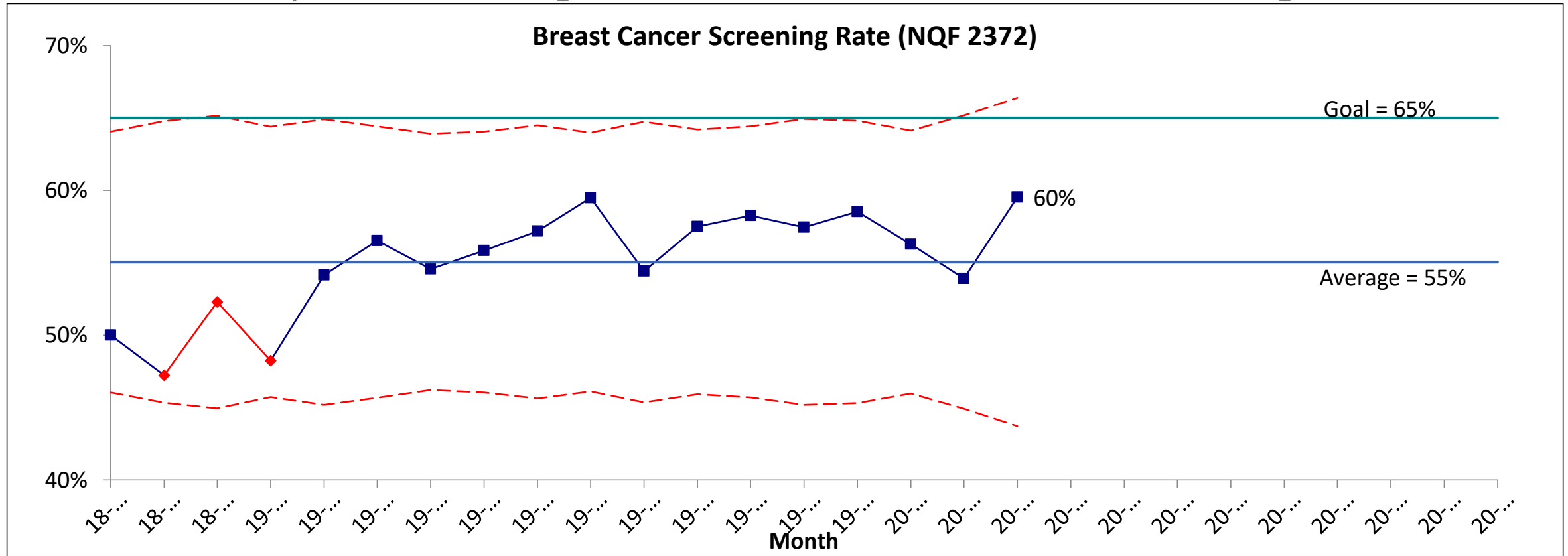
PI during COVID-19

# Monthly PI Dashboard

Mammogram Completion

Mammogram Completion Goal: By December 2020, 65% of women recommended to have a completed mammogram will have documentation of screening

**Breast Cancer Screening Rate (NQF 2372)**

Medication Errors

Client Safety Goal: By June 2020, Medication Errors will decrease to 0

Number of Medication Error Incidents Reported
**June 2018 - March 2020**

Average = 1.65

Month
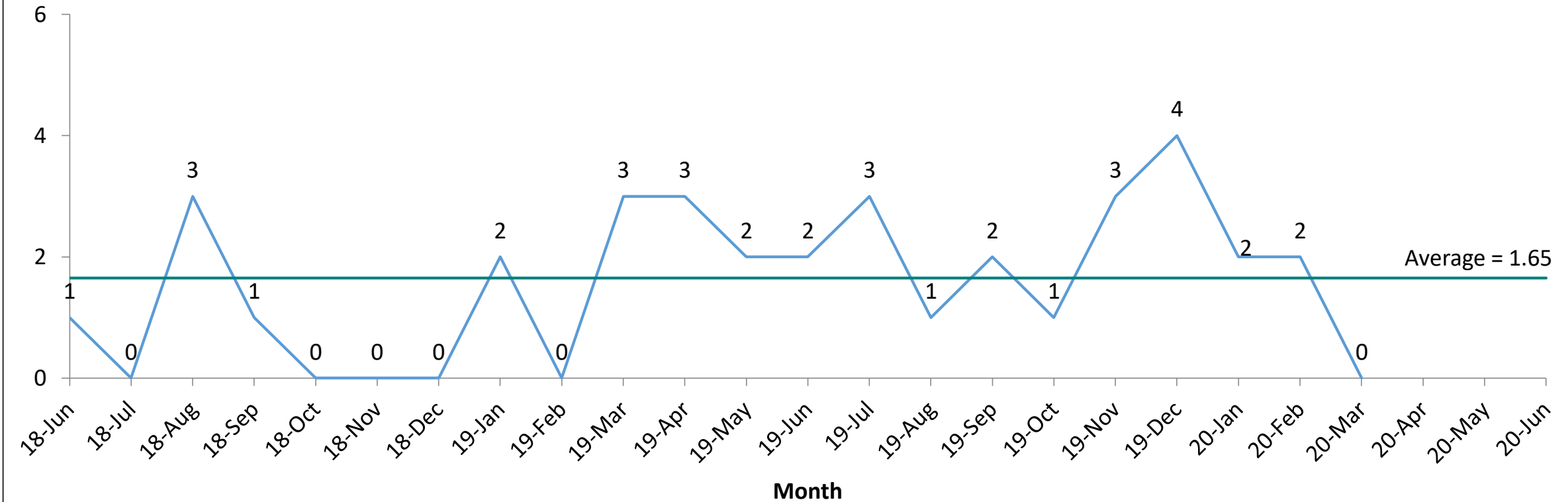
Food Insecurity

Food Security Goal: By December 2020, 90% of clients who identify as having food insecurity on the PREPARE tool will be connected to Case Management

Percentage of clients identifying food insecurity who are connected to Case Management
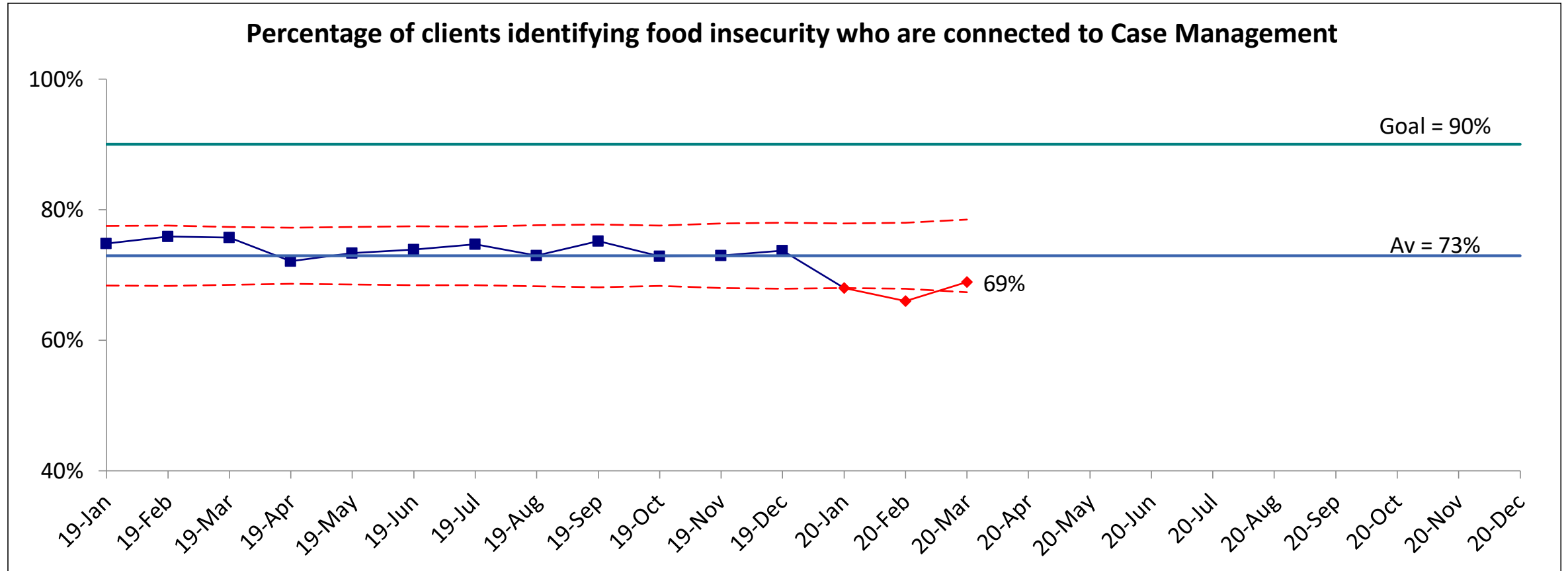
Provider Communication

Client Experience Goal: By December 2020, 85% of clients will respond "always" on Client Experience Survey questions relating to good provider communication

Client Experience Score on Provider Communication: Agency Wide
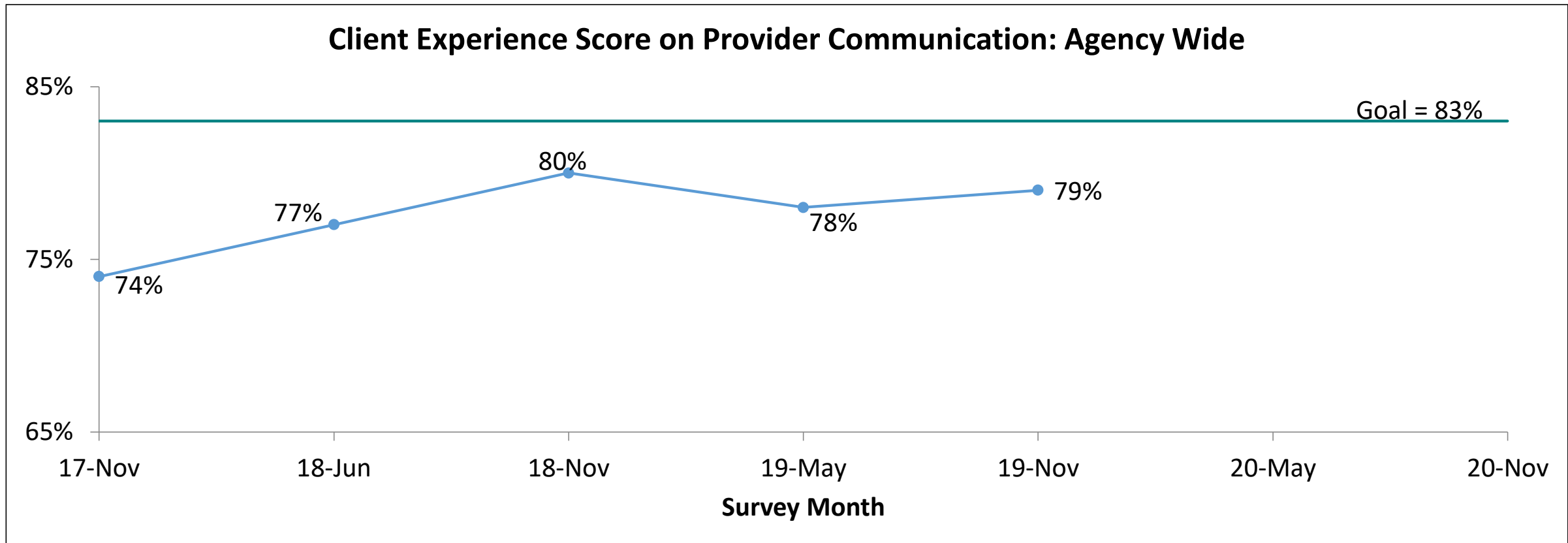
Depression Screening and Treatment - Adults

Depression Screening Goal: By August 2020, 85% of clients over 18 years of age will be screened for depression using a validated tool.

Depression Screening and Treatment Plan in Adults

Average = 87%

86%

Goal = 85%
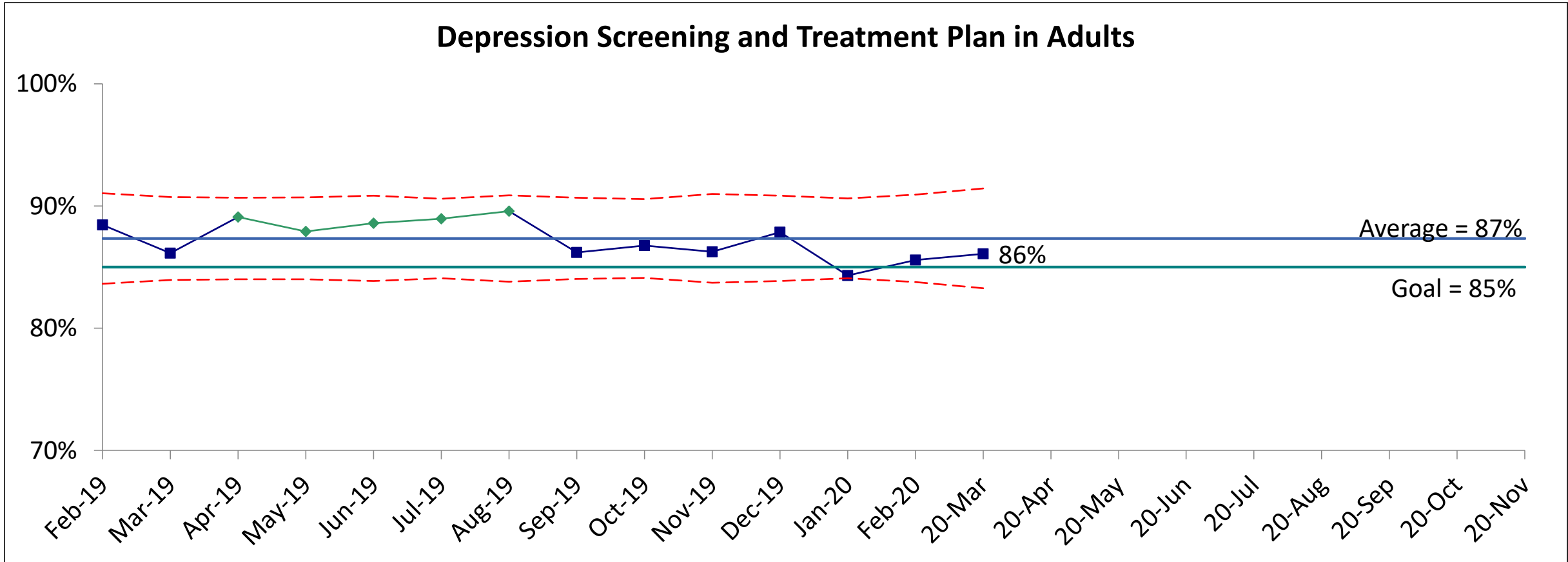
Depression Screening and Remission - Adolescents

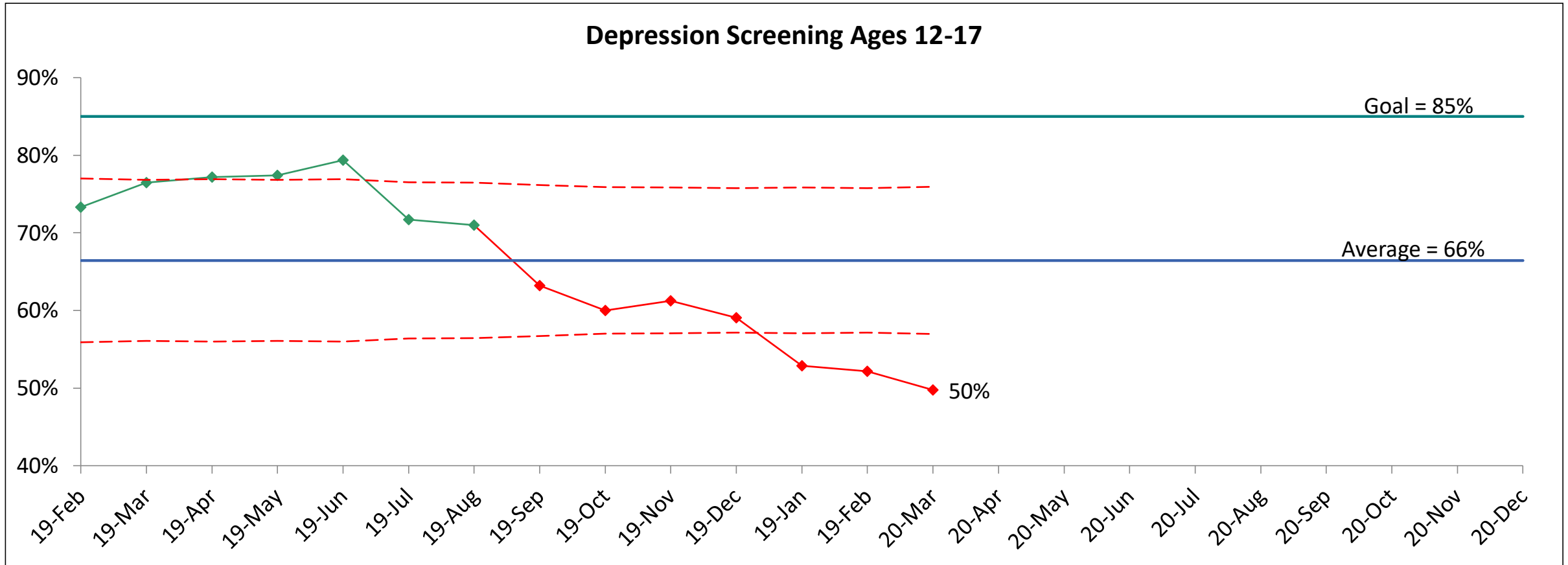**Depression Screening Goal:** By August 2020, 85% of clients ages 12-17 will be screened for depression using a validated tool.

Depression Screening Ages 12-17

Depression Remission

Depression Treatment Goal: By December 2020, 10% of adults diagnosed with major depression or dysthymia who scored positively on an initial PHQ-9 (>9) will demonstrate remission at 6 months (PHQ <5)

Depression Remission Rate at 6 months for clients engaged in Behavioral Health Services
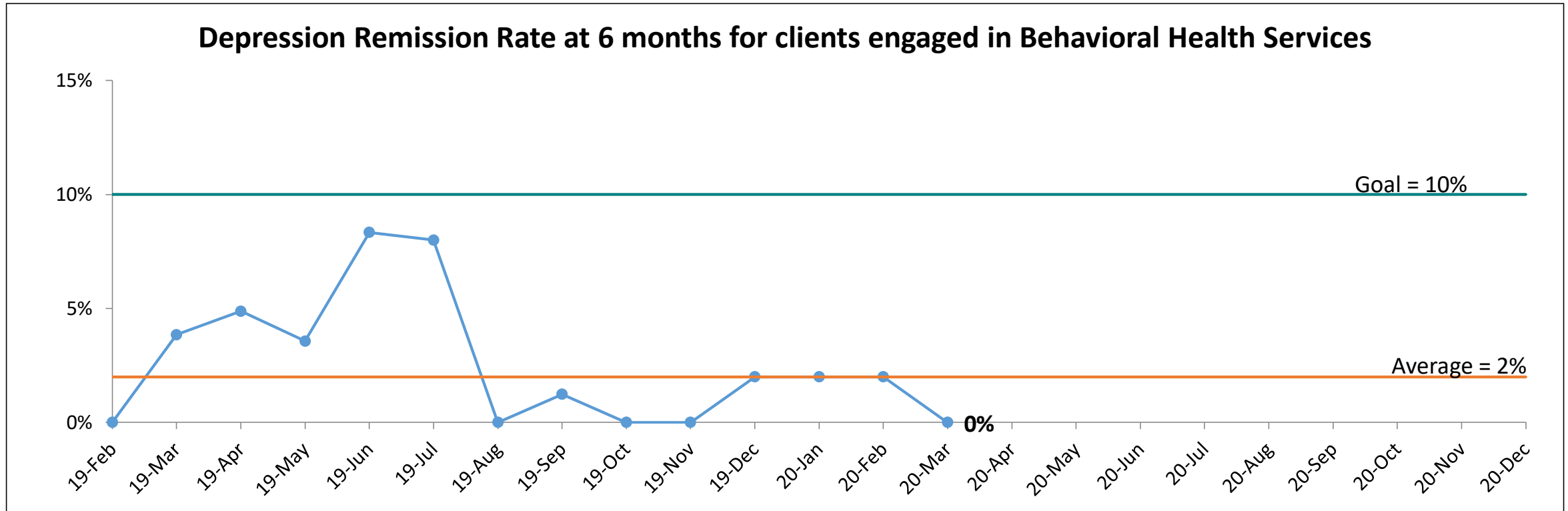
Depression Screening and Remission

Depression Screening + Follow up Strategies:

- Focus on repeated PHQ-9 administration at 5-7 months

  – Improving the PHQ-9 form in the EHR

- Improved client connection to Behavioral Health

  – Currently at 51% of clients who screened positively in a medical visit on the PHQ were connected to BH

- Exploring clinical approaches to achieving remission

  – Survey results from providers

Depression Screening and Remission

Clinical Approaches to Achieving Depression Remission

- Surveying BHTs on what clinical approaches they have taken that has led to symptom improvement in their clients

- Discerning if housing, medical, addictions recovery, or mended relationships were main drivers of symptom improvement

- Allows for providers to have a platform to discuss their approaches; crowdsource our information to the broader discipline

Depression Screening and Remission

Surveying BHTs on clinical approaches to symptom improvement:

What interventions/variables contributed to the client seeing symptom improvement in their depression?
Therapeutic techniques:

- CBT
- DBT
- ACT
- MI
- Other: _____

- Received Income (Employed, SSI/SSDI, etc.)
- Stabilized Housing
- Somatic/Medical Concerns Addressed
- Actively Sober/In Recovery
- Mended Familial/Social Relationships
- Other: _____

Medication Adherence

Medication Adherence Goal: By December 2020, 80% of eligible clients will be screened for medication adherence barriers using a validated tool (ASK-12).

- We await the completion of the ASK-12 tool which we will then begin testing

- **<u>Only</u>** clients with the following disease states will count towards the measure:
  - Hypertension
  - HIV
  - Diabetes
  - Depression
  - Hep C

- We will be meeting with department representatives to develop workflows that will ensure sustainable success

Flu Vaccination

Influenza Prevention Goal: By March 31, 2020, 45% of eligible clients will have documentation of flu vaccine administration

Client Flu Shot Rate: Trailing Season Comparison
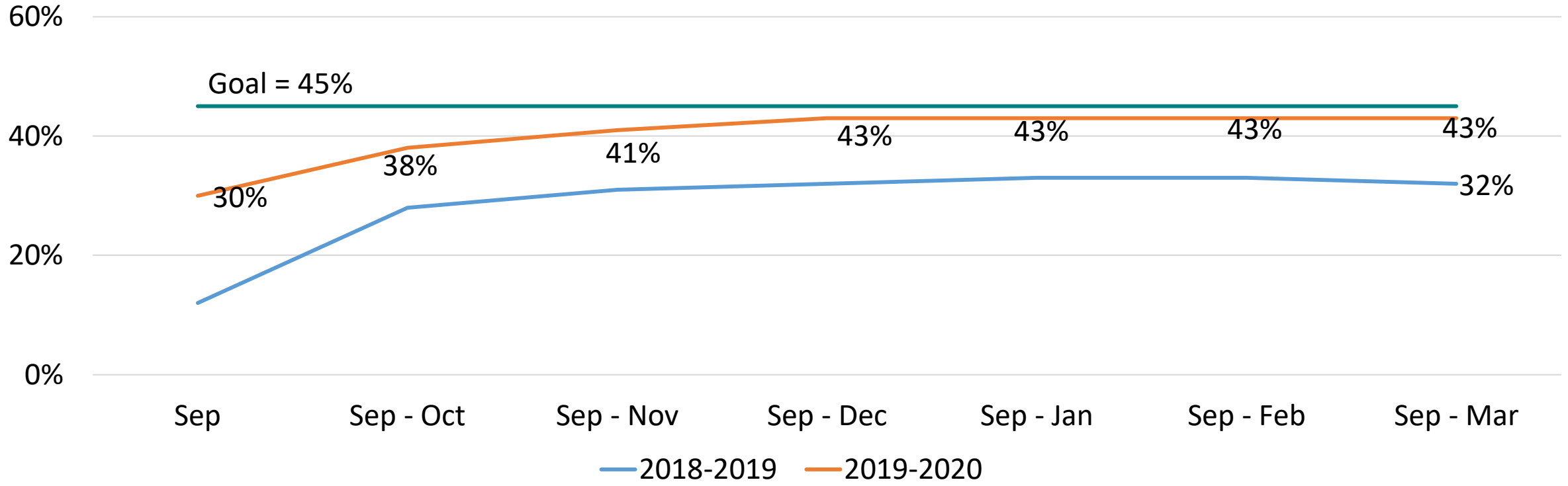
Flu Vaccination: Offer Rate

Flu Vaccination Offer Rate (Monthly and Trailing Season)
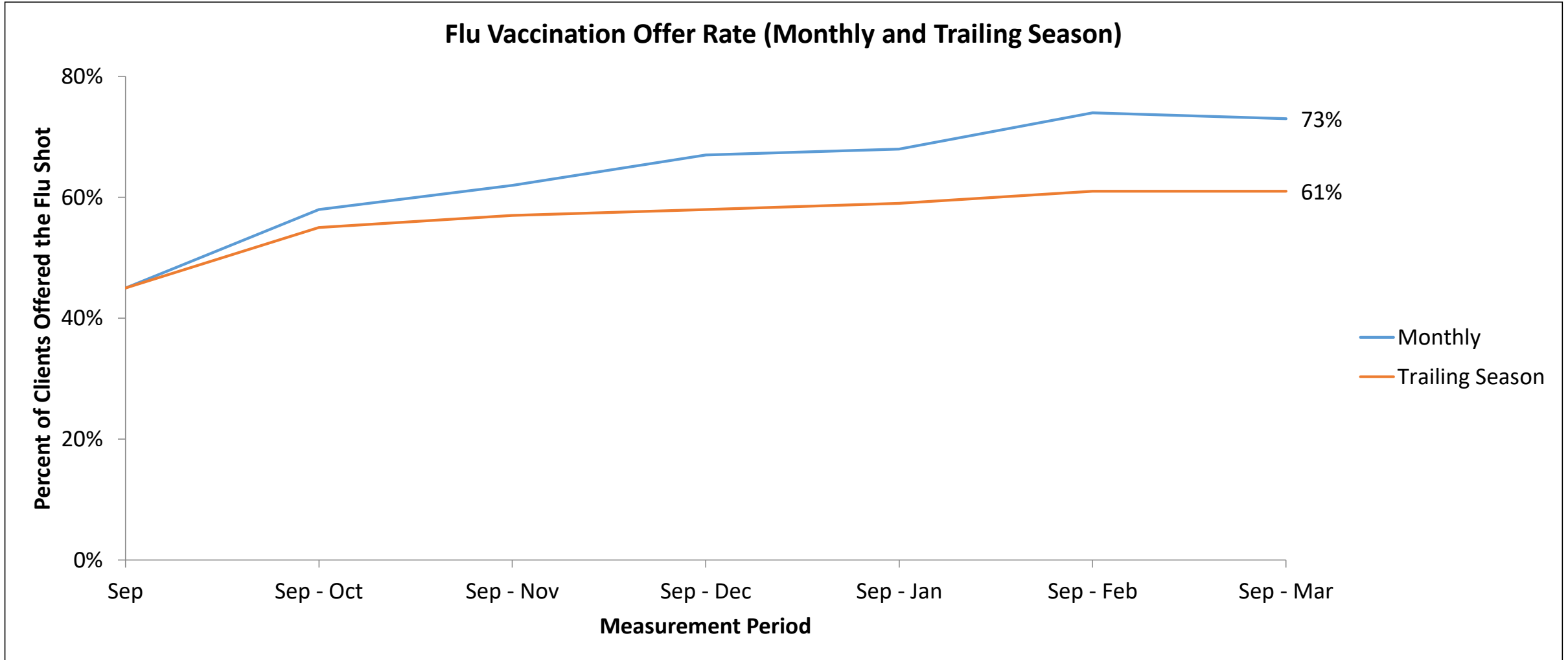
Flu Vaccination: Variation by Care Team

Flu Offer and Vaccination Rate by Care Team

Care Team	Offer Rate	Vaccination Rate
Unempaneled	34%	17%
Agency	61%	43%
Magenta	68%	42%
Jade	73%	58%
Purple	74%	54%
Yellow	76%	56%
Steel	77%	54%
Orange	77%	73%
Green	80%	55%

■ Offer Rate ■ Vaccination Rate
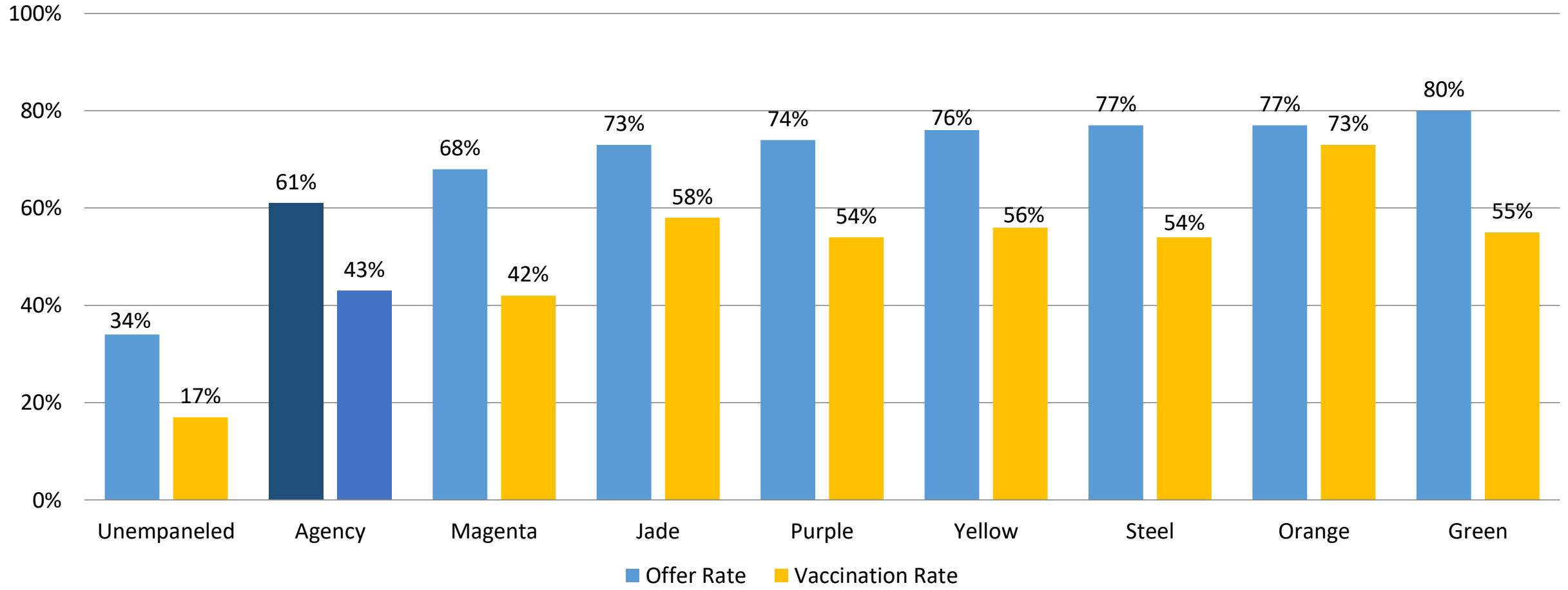
Flu Vaccination

Campaign Strategies:

- Weekly lists of clients NOT OFFERED YET sent to care teams and all providers seeing an un-empaneled client.

Supportive housing:

- Want more information to share with clients who fear the flu shot will get them sick

- Clarified workflow for people who want flu shot (Flag Iesha)

- Wondered if Miss Julia can announce it in the morning when she makes announcement for testing

- Want something "cute/catchy" to remember to do it or to prompt clients to start conversation

Flu Vaccination
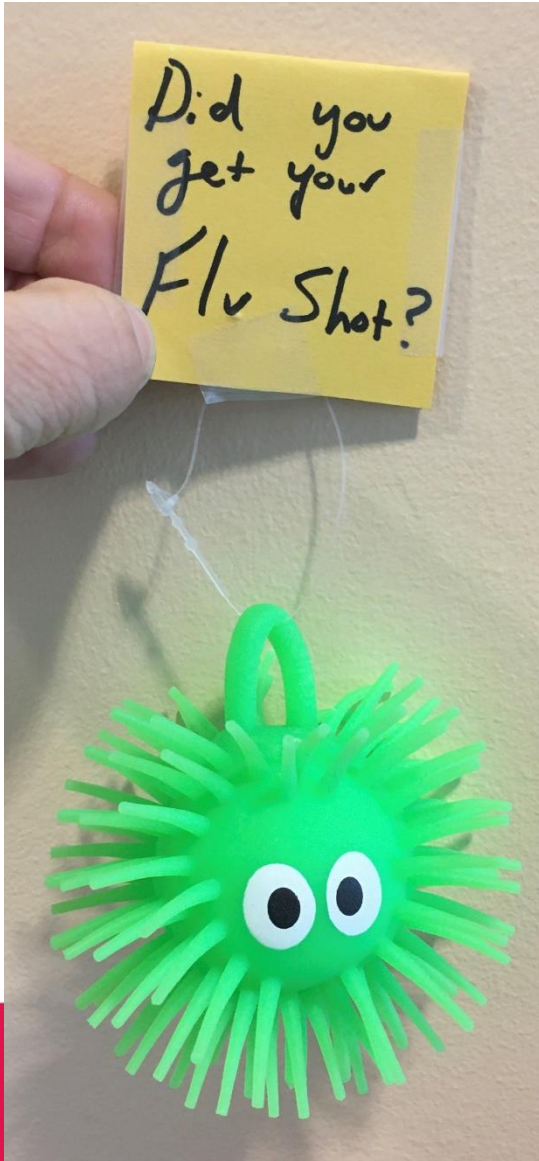
Flu Bug PDSA for Supportive Housing!

- Started with 2 on Wednesday, very popular with staff so more were ordered.

- Tammy taped to her computer to prevent people from handling it (infection control concerns)

- Will hold off until next flu season to distribute

Flu Vaccination: Lessons Learned

- **Getting the flu shot was more important than ever this year with the COVID-19 pandemic.**

- Need to close the gap for unempaneled clients. 70% of clients who were offered the flu shot accepted it, but there was only a 34% offer rate for clients not assigned to a care team.

- Staff training and support need to be ongoing throughout flu season (with various approaches)

- Lists of individuals and weekly data helpful to drive campaign energy

- For next flu season, we will revisit the flu offer workflow in the E.H.R.

Phone System Access

Client Phone Access Goals: By December 2020, 80% of calls will be answered by a human and 80% of voicemails will be returned within 1 business day.

Calls Answered by a live person - Agency Wide*

Goal = 80%

64%

Average = 57%

| | Dec-19 | 20-Jan | 20-Feb | 20-Mar | 20-Apr | 20-May | 20-Jun | 20-Jul | 20-Aug | 20-Sep | 20-Oct | 20-Nov | 20-Dec |
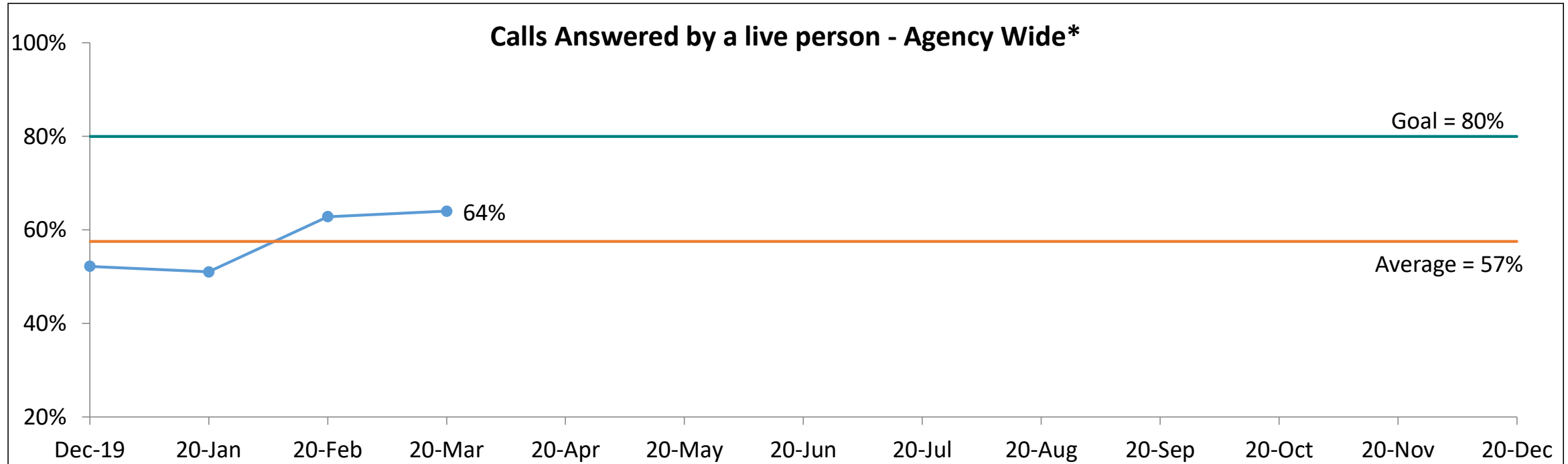
Data includes Scheduling line, Medical Records, Referrals, CMA line, West Baltimore Main, & Baltimore County Main
Data excludes weekends

Phone System Access

Call volume breakdown among Health Care for the Homeless workgroups (as of 2.25.20):

- 61% Fallsway Scheduling (x5652)

- 13% West Baltimore (x1400)

- 13% Baltimore County (x1468)

- 7% Fallsway CMA line (x5003)

- 4% Fallsway Referrals (x5657)

- 3% Medical Records (x5658)

Phone System Access

All Workgroups - % of Phone Calls answered by a person
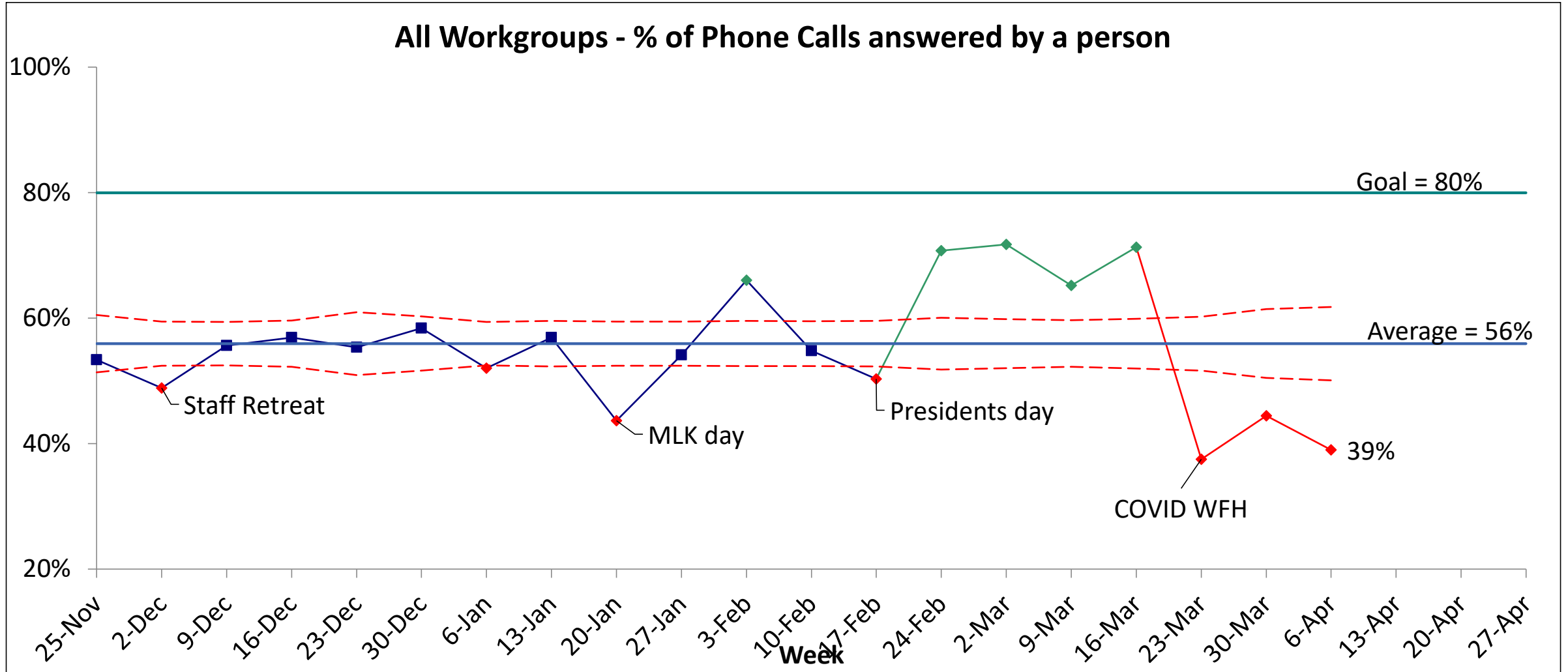
Phone System Access

Fallsway Scheduling - % of Phone Calls Answered by a person
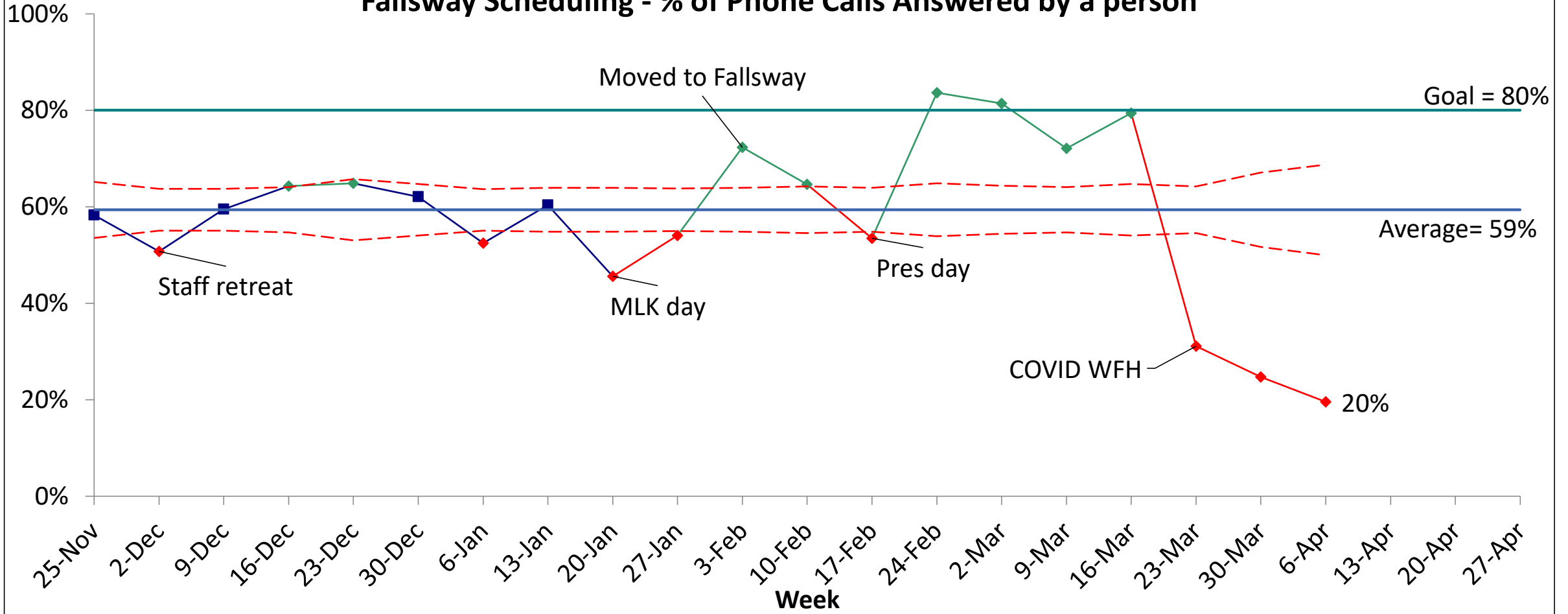
Phone System Access

CMA Workgroup - % Calls answered by a person
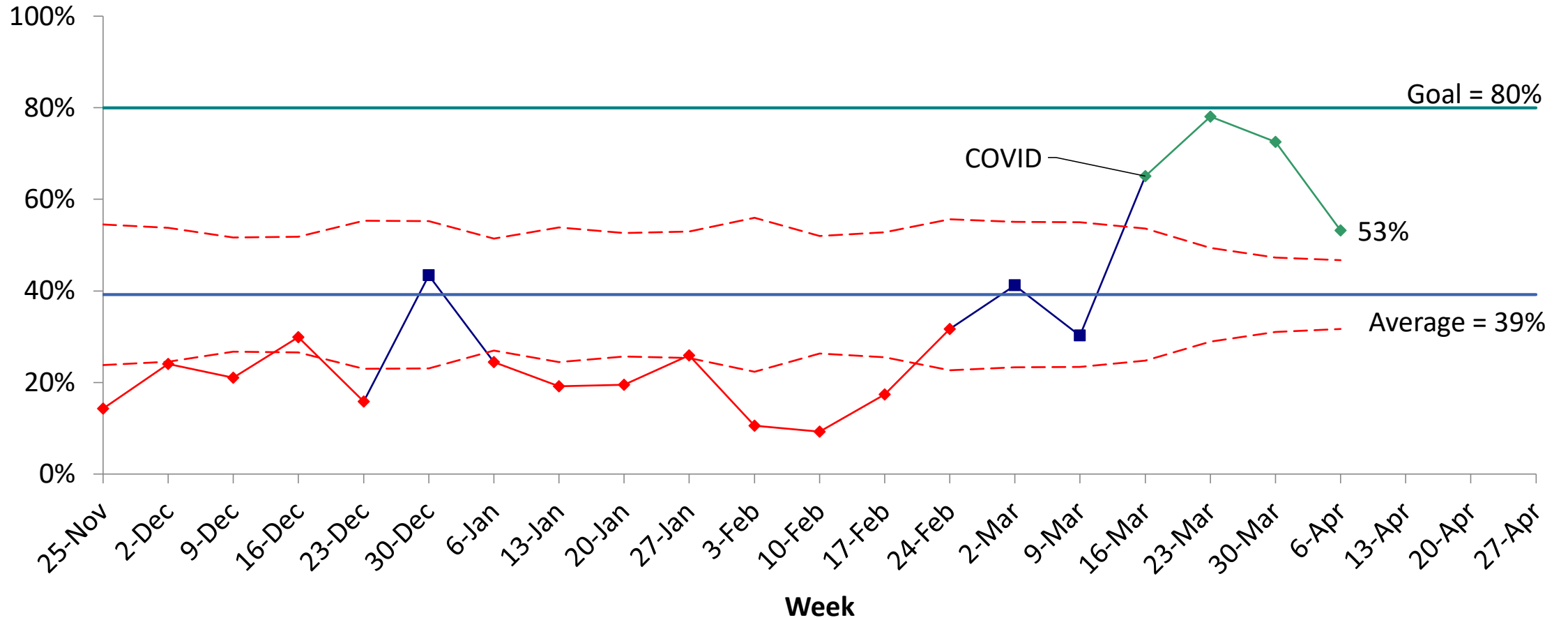
Phone System Access: % Phone Calls Answered by a person
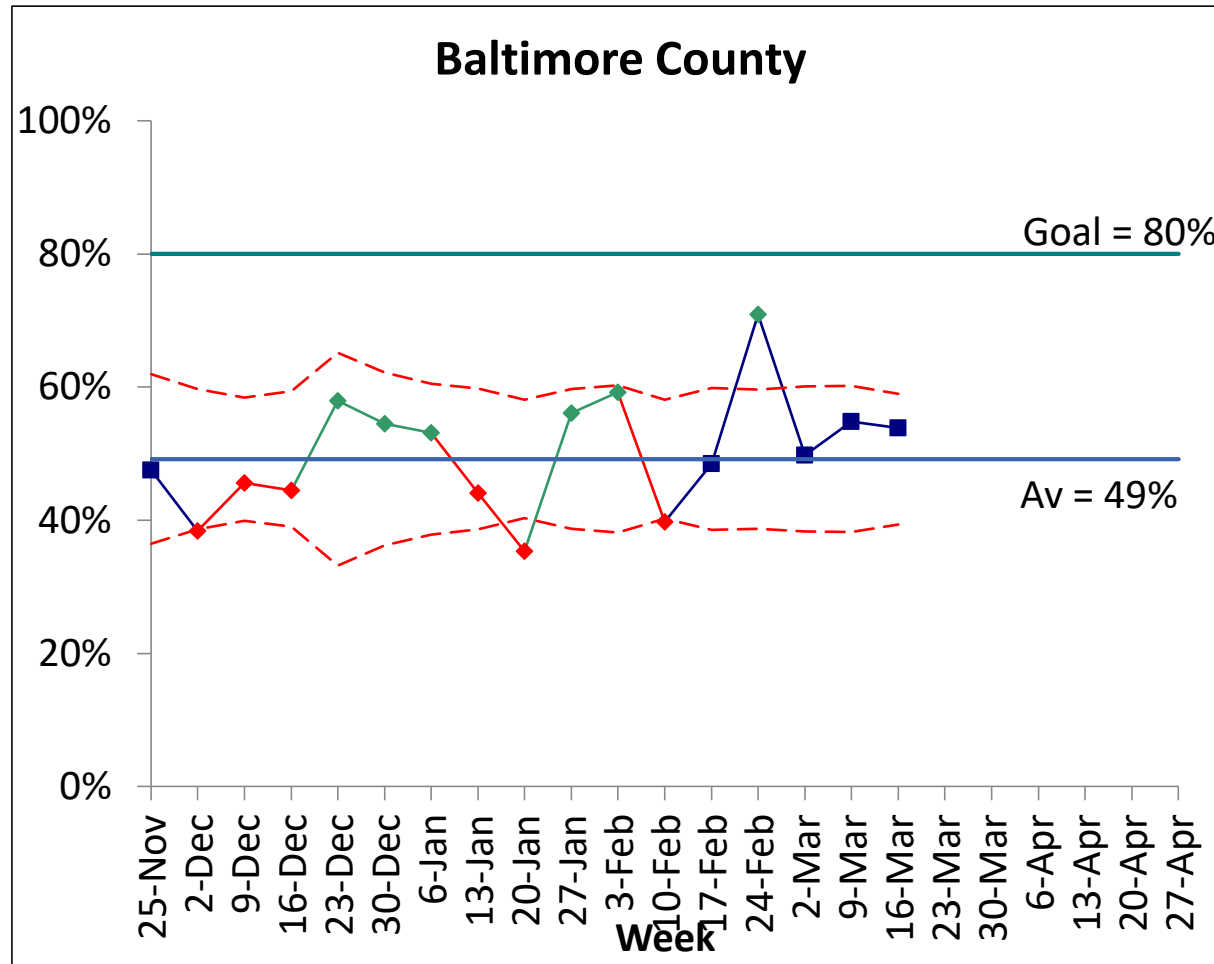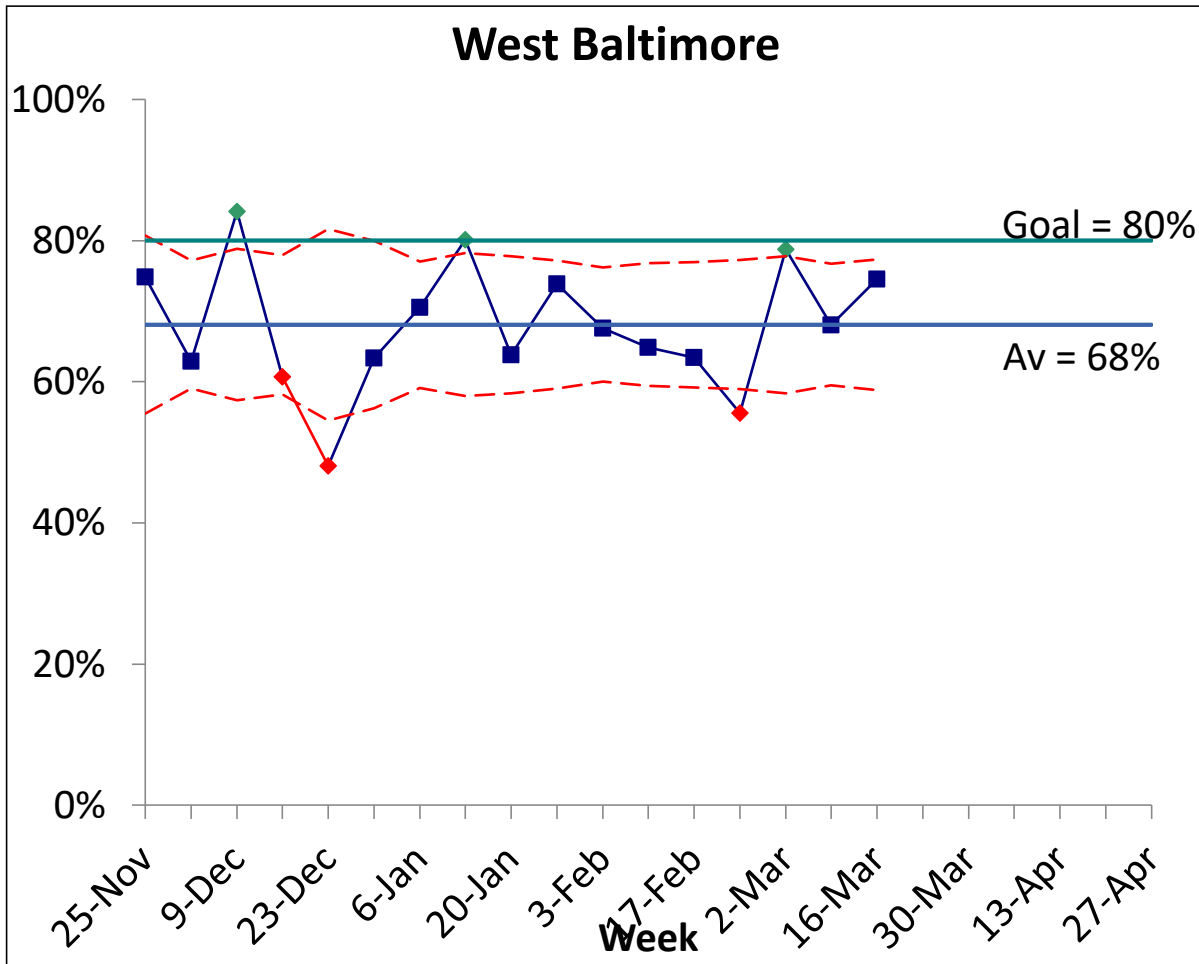
Phone System Access

Client Phone Access Goals: By December 2020, 80% of calls will be answered by a human and 80% of voicemails will be returned within 1 business day.

Work to date

- Explored data on phone systems

- Met with Aisha, Crystal, Schedulers, LaVeda, Mona

- Met with ShoreTel representative to discuss reporting and functionality

- Discussed experience with phone access with the CRC

- Shadowed schedulers to get data behind their top issues

- Lobby day PDSA

Phone System Access

Next steps (PRE-COVID):

- Work with Aaron on workgroup/phone tree configuration

- Continue working with ShoreTel to optimize phone system

- Continue working with Scheduling on workflow optimization

- Incorporate client feedback into improvement work

- Confirm voicemail data methodology

Joy in Work

Staff Experience Goal: By December 2020, the agency's level of Joy in Work will improve by 20%.

The Vision for our Journey:

- Measure our agency's level of burnout using the CBI – COMPLETE
- Develop a simple measurement tool for joy in the agency (monthly) - COMPLETE
- Break out into "Joy Squads" to ASK, IDENTIFY, and COMMIT to improving joy in work
  - ASK what matters to staff (what are the bright spots in your day)
  - IDENTIFY what impedes those bright spots (what are pebbles in your shoe)
  - COMMIT to testing and implementing change ideas to address those pebbles
- Joy squads will be lead by a trained facilitator to host these conversations with staff
- Staff on Care Teams will have additional opportunities to meet with their department to ASK, IDENTIFY and COMMIT

Joy in Work – Copenhagen Burnout Index Results

- 140 Staff completed the survey

- 87.5% of respondents had a mostly good day

- Total CBI Score is 37 (on a 0-100 scale, with 0 being low and 100 being high)

- Dimension Scores are as follows:

  – Work- Related Burnout Score: 44

  – Client/Customer- Related Burnout Score: 26

  – Personal Burnout Score: 42

- Variation exists among job function, clinical department, and whether someone identified their demographic information

Joy in Work – Copenhagen Burnout Index Results

Was Your Day Mostly Good?

Our Joy in Work Journey: Measurement

CBI Composite Score (0-100 Scale)

Role/Department (N)	Score
Soar (2)	9
CHWs (6)	31
RNs (4)	31
Administration (31)	32
Support Staff (17)	33
Dental (4)	34
Behavioral Health (8)	36
Supportive Housing (16)	36
Average (140)	37
Psych (3)	39
Case Management/Support Svcs...	44
Medical Providers (9)	45
Other Medical (10)	46
Did Not Identify (23)	46
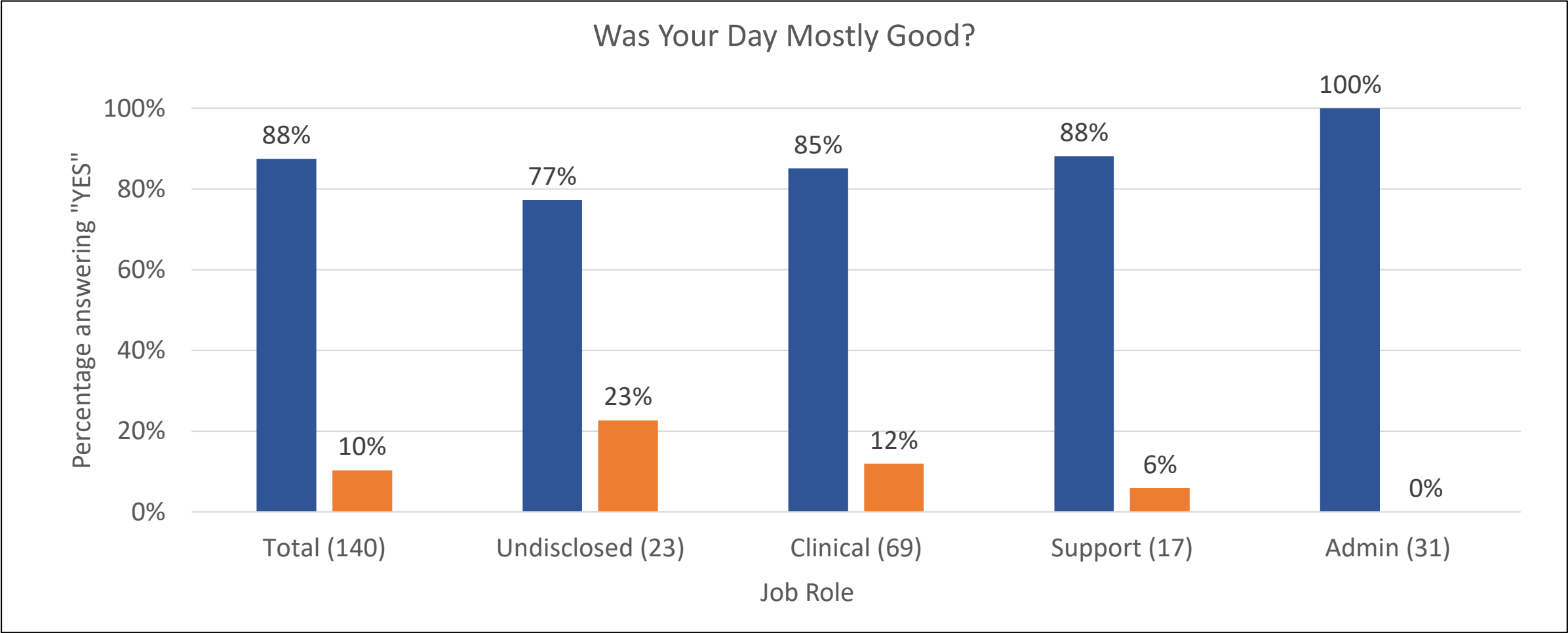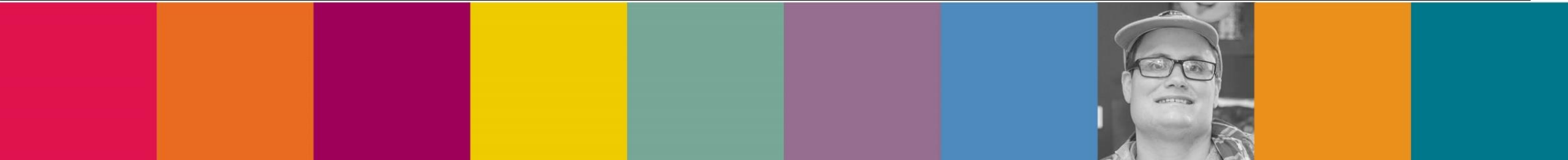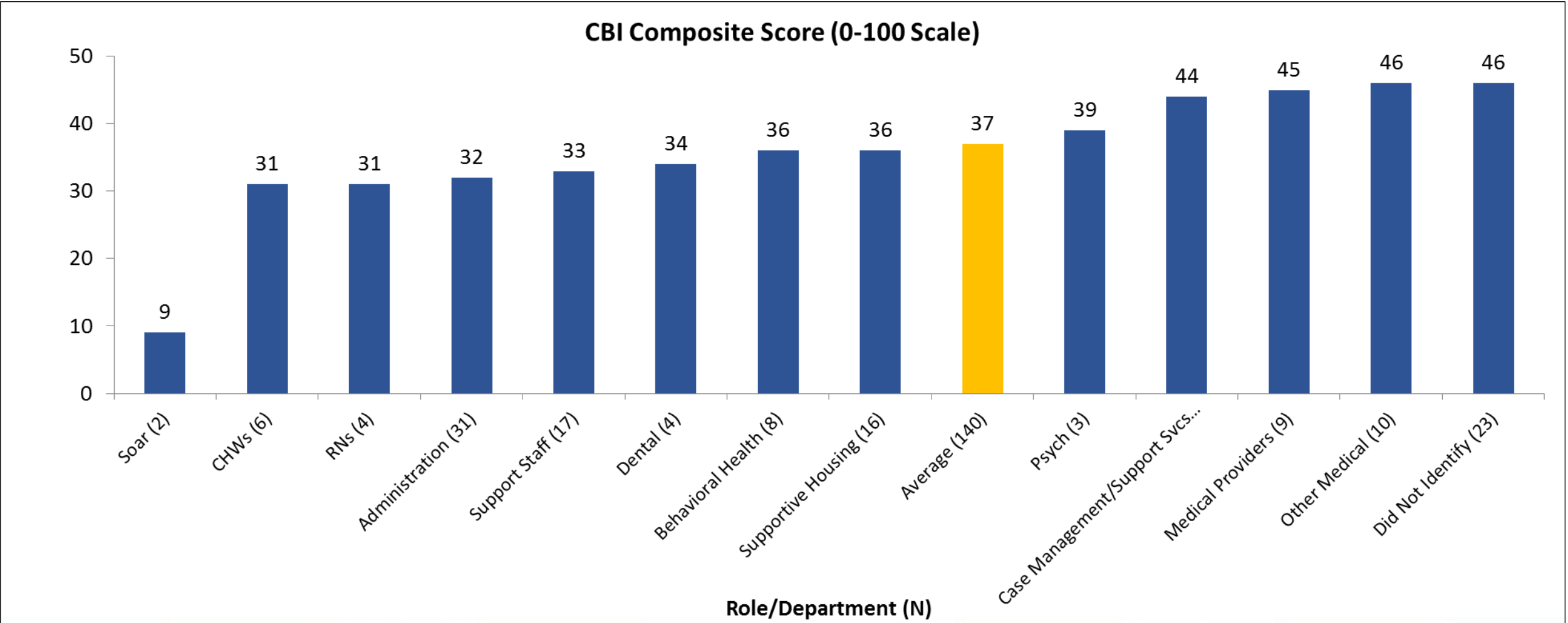
Our Joy in Work Journey: Measurement

Work-Related Burnout Score (0-100 Scale)

Role/Department (N)

Role/Department (N)	Score
Soar (2)	13
CHWs (6)	30
RNs (4)	32
Administration (31)	37
Dental (4)	39
Support Staff (17)	41
Supportive Housing (16)	43
Average (140)	44
Behavioral Health (8)	47
Psych (3)	48
Medical Providers (9)	51
Case Management/Support Svcs (7)	52
Did Not Identify (23)	55
Other Medical (10)	56
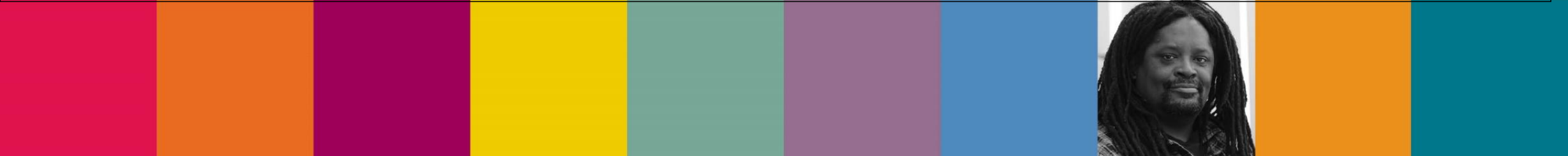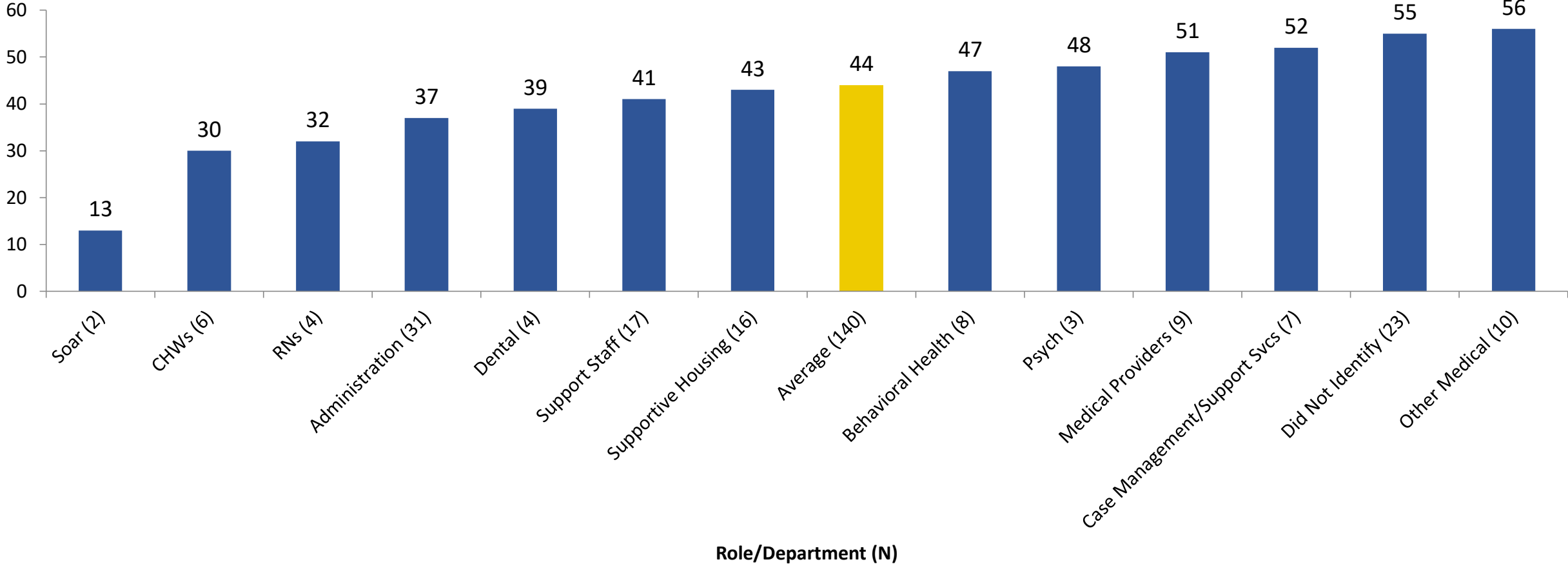
Our Joy in Work Journey: Measurement

Client-Related Burnout Score (0-100 Scale)

Role/Department (N)	Score
Soar (2)	2
Support Staff (17)	16
Administration (31)	20
Behavioral Health (8)	23
Average (140)	26
Supportive Housing (16)	27
Other Medical (10)	29
CHWs (6)	30
RNs (4)	30
Did Not Identify (23)	31
Medical Providers (9)	32
Psych (3)	33
Case Management/Support Svcs (7)	33
Dental (4)	40
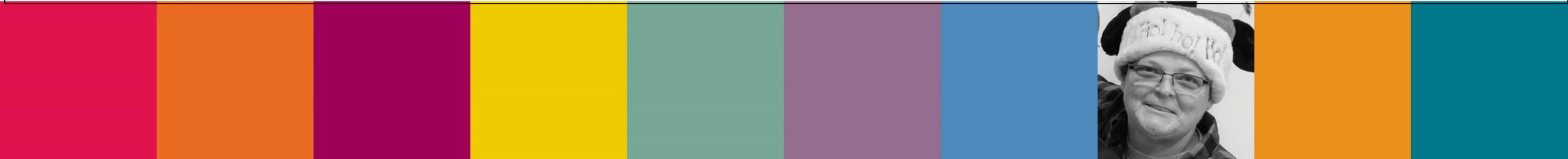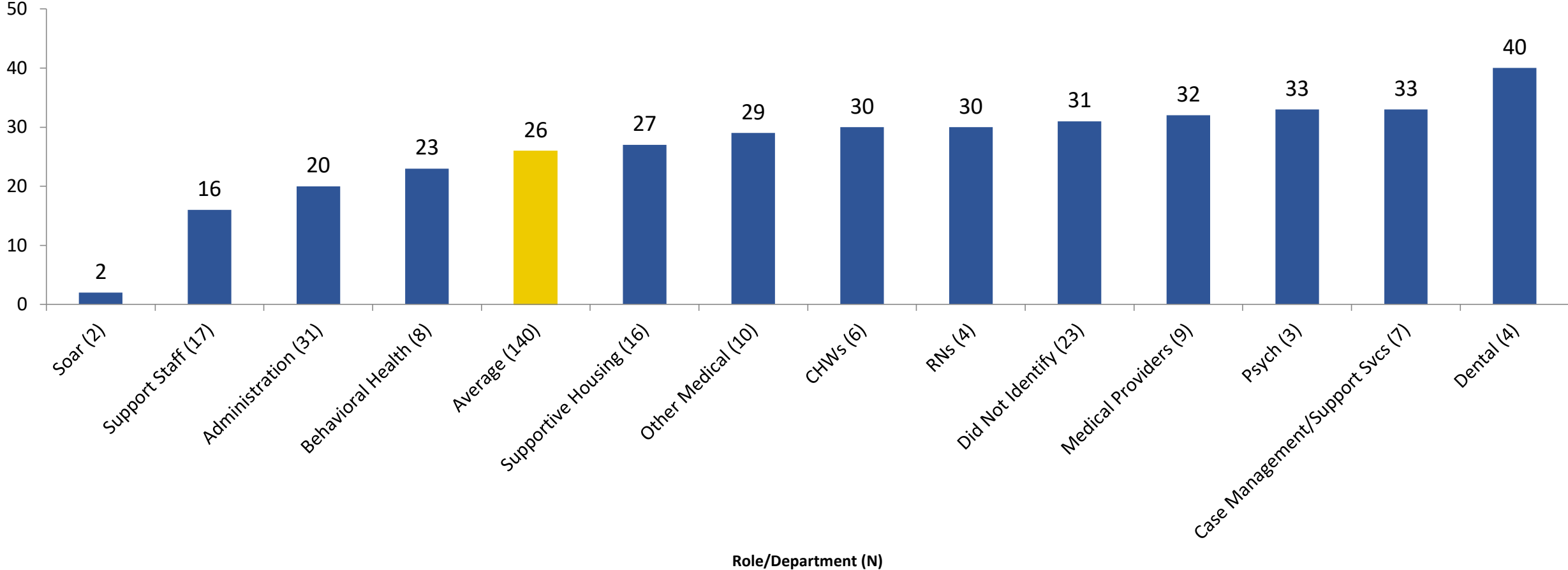
Our Joy in Work Journey: Measurement

Personal Score (0-100)

Role/Department (N)

Role/Department (N)	Score
Soar (2)	13
Dental (4)	23
RNs (4)	31
CHWs (6)	32
Behavioral Health (8)	36
Psych (3)	36
Administration (31)	39
Supportive Housing (16)	39
Support Staff (17)	41
Average (140)	42
Case Management/Support Svcs (7)	46
Medical Providers (9)	51
Did Not Identify (23)	52
Other Medical (10)	54
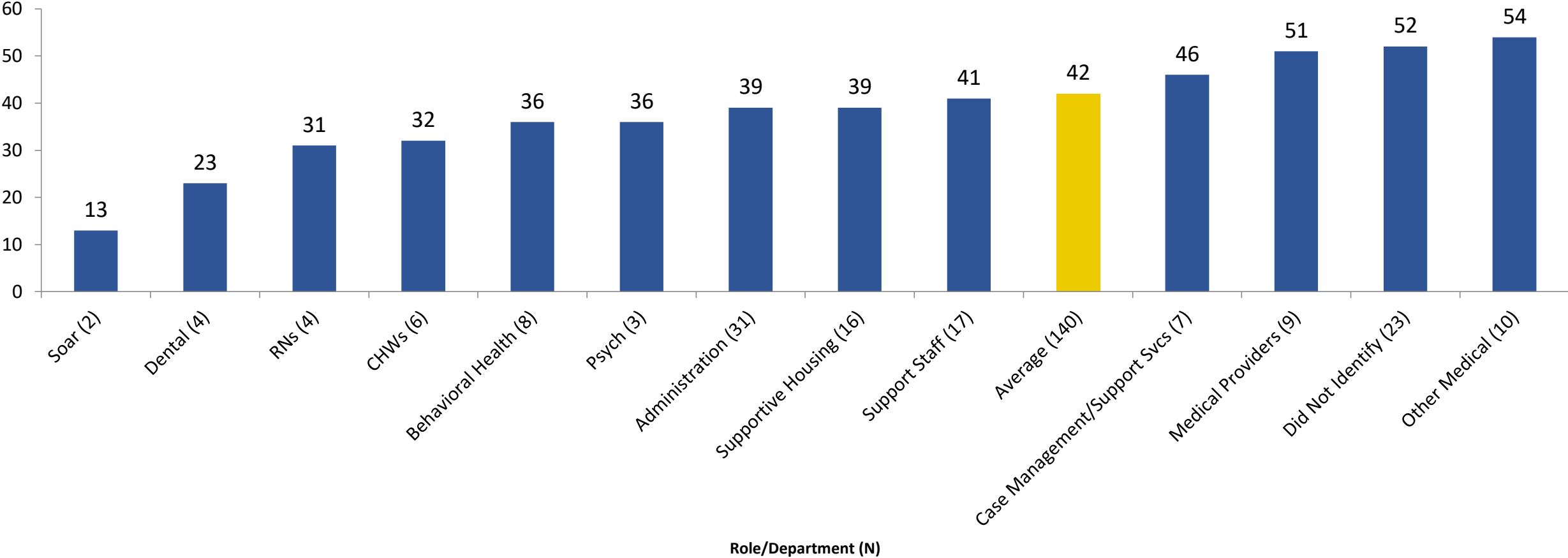
Our Joy in Work Journey: Next Steps

How to Create a Joyful, Engaged Workforce

Outcome:
↑ Patient experience
↑ Organizational performance
↓ Staff burnout

4. Use improvement science to test approaches to improving joy in your organization

3. Commit to making *Joy in Work* a shared responsibility at all levels

2. Identify unique impediments to *Joy in Work* in the local context

1. Ask staff "what matters to you?"

Our Joy in Work Journey: Next Steps

Critical Components for Ensuring a Joyful, Engaged Workforce
Interlocking responsibilities at all levels

Real Time Measurement: Contributing to regular feedback systems, radical candor in assessments

Wellness & Resilience: Health and wellness self-care, cultivating resilience and stress management, role modeling values, system appreciation for whole person and family, understanding and appreciation for work life balance, mental health (depression and anxiety) support

Daily Improvement: Employing knowledge of improvement science and critical eye to recognize opportunities to improve, regular, proactive learning from defects and successes

Camaraderie & Teamwork: Commensality, social cohesion, productive teams, shared understanding, trusting relationships

Physical & Psychological Safety: Equitable environment, free from harm, Just Culture that is safe and respectful, support for the 2nd Victim

Meaning & Purpose Daily work is connected to what called individuals to practice, line of site to mission/goals of the organization, constancy of purpose

Autonomy & Control: Environment supports choice and flexibility in daily lives and work, thoughtful EHR implementation

Recognition & Rewards: Leaders understand daily work, recognizing what team members are doing, and celebrating outcomes

Participative Management: Co-production of Joy, leaders create space to hear, listen, and involve before acting. Clear communication and consensus building as a part of decision making

Wheel segments: SENIOR LEADERS / MANAGERS & CORE LEADERS / INDIVIDUALS — Real Time Measurement, Physical & Psychological Safety, Meaning & Purpose, Autonomy & Control, Recognition & Rewards, Participative Management, Camaraderie & Teamwork, Daily Improvement, Wellness & Resilience — Happy Healthy Productive People
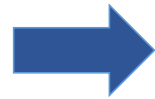
Our Joy in Work Journey: Next Steps

PREPARE →
- Develop teams to work together to improve their Joy in Work (Joy Squads)
- Train facilitators for Listening Conversations ("What matters to you"?)

ASK →
- Listening Conversations with Joy Squads (April 1-17)
- Facilitators reconvene for Identification step training

IDENTIFY →
- Change Idea Identification & Prioritization with Joy Squads (April 30)
- Facilitators reconvene for Commit & Improve step training

COMMIT →
- Change Idea testing and measurement
- Monthly facilitators meeting to share progress, lessons learned, problem solve, and provide accountability
- End of year Burnout Survey

Discussion
Improvement… in the time of COVID-19

"Does Joy in Work matter during a pandemic?"

- Priorities –Equip and protect staff, Expand testing

- "What health care professionals are experiencing now goes well beyond burnout"

Place for core tenets of Joy in Work:

- Articulate Constancy of Purpose

- Enhance individual resilience and sense of meaning

- Maintain Teamwork (even during fragmentation)

- Create and Encourage Psychological Safety:

  – a psychologically safe environment is one in which "anyone can ask questions without looking stupid. Anyone can ask for feedback without looking incompetent. Anyone can be respectfully critical without appearing negative. Anyone can suggest innovative ideas without being perceived as disruptive."

Amy Edmondson – Psychological Safety during COVID-19

- Text COVID-19 is a threat to everyone's psychological safety - unclear expectations, disorientation

- Teams that will fare best during this time will be intentional about psychological safety:

  - "Fear that is shared can be lessened"

  - Be more deliberately and proactively open

  - Actions we can take:

    - Set the stage – remind each other of the importance of the work we do and emphasize the uncertainty and challenge. Normalizing uncertainty makes it easier to talk about.

    - Invite Engagement – important in distributed environment to do this intentionally and often to make sure we are seeing through multiple lenses. Enables us to learn.

Next Meeting: Wednesday, May 20th