

Monthly Performance Improvement Committee

August 2023

Presenters:

- Lisa Hoffmann, Director of Quality Improvement
- Marie Stelmack, Quality Improvement Specialist



Agenda

1. Morning chat (5 min)
2. PI updates (35 min)
3. PI learning
4. Questions and LHO discussion (4 min – can also ask along the way!)

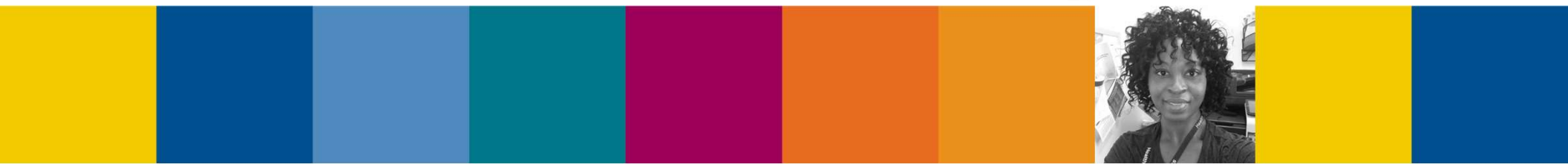


Slide 2

LH0 Put in PDSA video from last time
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Morning!

Today's icebreaker! If you could pick one age to stay for a lifetime, what age would it be and why?



2023 PI Measures

All data is presented as year to date
Green = goal met!

Disease Management	HCH 2022	June	July	2023 Goal
Reduce inappropriate antibiotic prescriptions	new	100%	100%	<25%
Hospitalization follow-up	new	70%	pending	65%
Height and Weight Assessment and Health Counseling	26%	43%	44%	65%
Controlling high blood pressure	58%	59%	61%	65%
Depression Remission at Twelve Months	9%	4%	4%	11%
Care management (with care plan)	67%	96%	96%	75%
FLU: adult vaccination rates	16%	-	-	45%
Advance Care Planning	new	2%	2%	5%
Third Next Available: see next slides		BC: WB: F:	BC: WB: F:	Reduce by 5%
Client Experience: see next slides		(C) 90% (S) 89%	(C) 88% (S) 90%	93% (both)

3+ Improvement
1-2+ improvement
No change
Reduction

August PI



Goal 1: Antimicrobial Stewardship

Throughout 2023, monitor the percentage of patients with a diagnosis of acute bronchitis or upper respiratory infection (URI) who were not prescribed an antibiotic prescription (Goal >75%). The agency will also review data broken down by race, ethnicity, and SOGI to identify and reduce disparities in prescribing practices.

YTD: 100%



Who is who and what's new

- 1. Subcommittee members:** Liz G.; Iris L.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - Continuing to monitor
- 3. Next steps:**
 - Resuming meeting in October (aligning with flu season)



Goal 2: Hospitalization Follow Up

By December 31, 2023, the Agency will attempt follow-up within 7 days for 65% of individuals following a hospitalization and identify SDH or racial disparities for client's post-hospitalization.

YTD: pending



Who is who and what's new

- 1. Subcommittee members:** Catherine F; Julia D.; Tara D.; Katie H.; Muhammed M.; Lisa L.; Margaret F.; Tracy R.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - Working on more automated messaging – using RingCentral to text clients
- 3. Next steps:**
 - Thinking through how to continue to expand this work next year:
 - ED visits
 - Understanding scheduling rate post-outreach
 - Readmission rates



Goal 3: Height and Weight Assessment and Health Counseling

By December 31, 2023, utilizing the Health at Every Size framework, 65% of individuals 18 years and older will have height and weight documented annually, with a follow-up plan if indicated in the EMR

YTD: 44%



Who is who and what's new

- 1. Subcommittee members:** Arie HS.; Amelia J.; Meredith J.; Molly G.; Adrienne T.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - Working on order set for height and weight counseling
 - Adding “underweight” diagnosis code
 - Revisions to language
 - Adding client education
 - Reviewing final results of the HAES training (33% response rate – see summary on next slide)
- 3. Next steps:**
 - Helping providers to subscribe to order set
 - Reminders for height and weight assessment (must be done 1x per year)
 - Thinking through disparity data



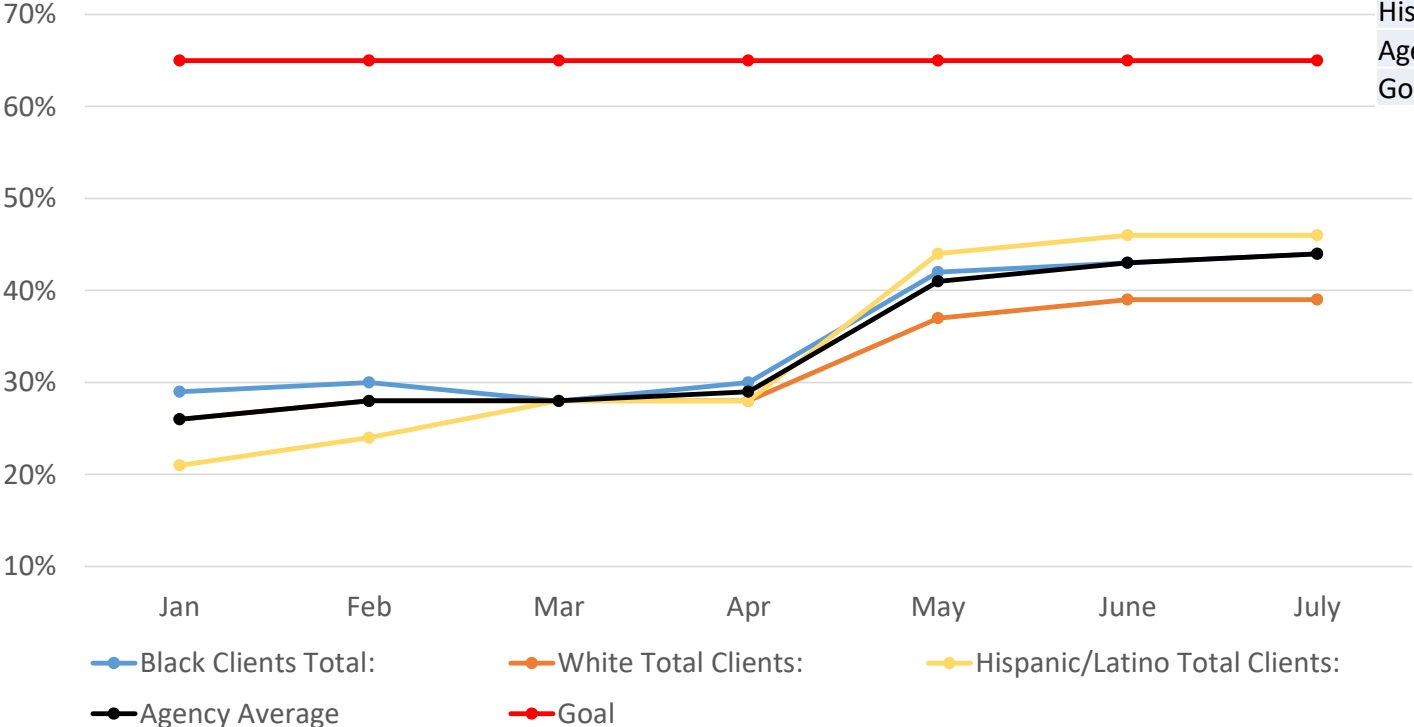
HAES Survey Summary

1. Prior to training, most answering providers (10/14, 71%) **already reported** using more accurate measures of health than weight (e.g. fasting glucose, BP, cholesterol...)
2. 35% (5/14) of providers report using more accurate measures of health **more** than before the training
3. 50% (7/14) of providers report feeling **very comfortable** with the HAES approach
4. Barriers to implementing approach reported by respondents (6/13, 46%) include no time available in visits and other pressing client concerns



Disparity Data

Height and Weight Assessment and Health Counseling



	July
Black Clients Total	44%
White Client Total	39%
Hispanic/Latino Clients Total	46%
Agency Average	44%
Goal	65%



Goal 4: Blood Pressure Control

By December 31, 2023, 65% of individuals will have blood pressure controlled and reduce disparities between Black or African American and White individuals by 5%.

YTD: 61%



Who is who and what's new

1. Subcommittee members: Tyler G.; Faith T.; Julia D.; Marie S.; Tracy R.; Lisa H.

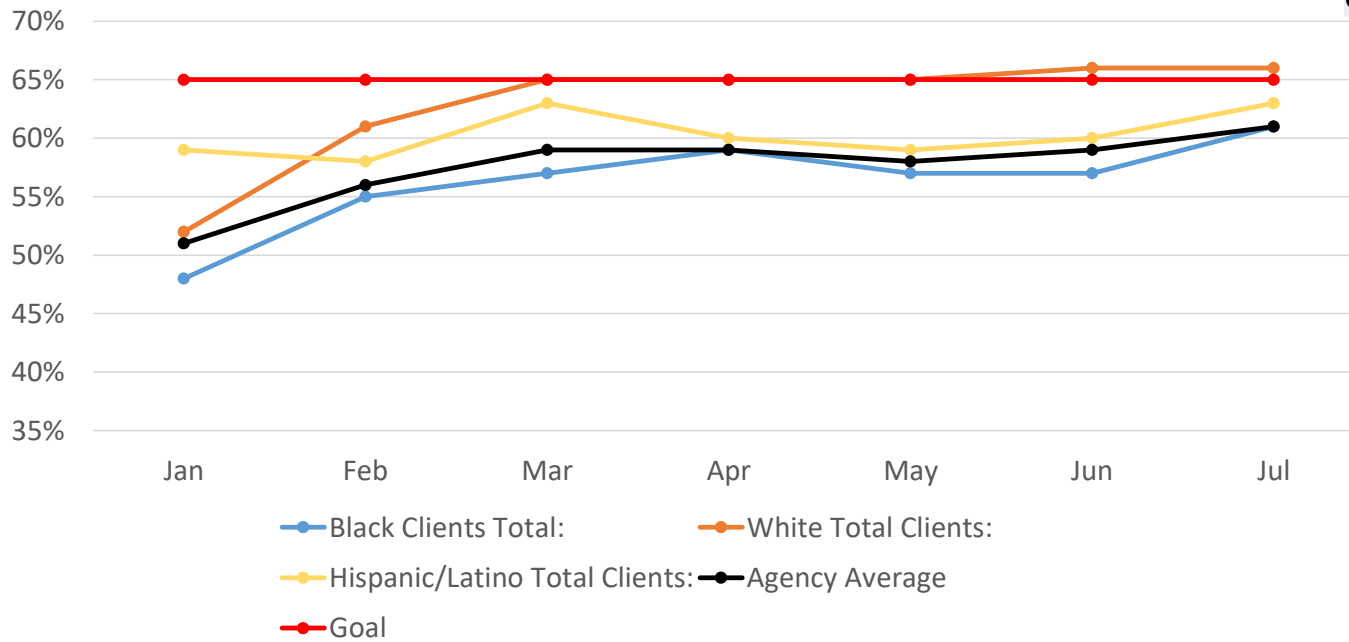
2. Recent happenings and next steps:

- Continuing to monitor monotherapy sticky note intervention
 - Providers are seeing these messages!
- Digging into the disparity data (see next slide)
 - Reviewing literature, meeting with NH HCH
 - Social networks: exploring groups at HCH
- Surveyed CMAs about hang tags
 - Idea to provide resource to empower clients to engage in care with positioning card
- Meeting with coworkers to discuss group development at HCH

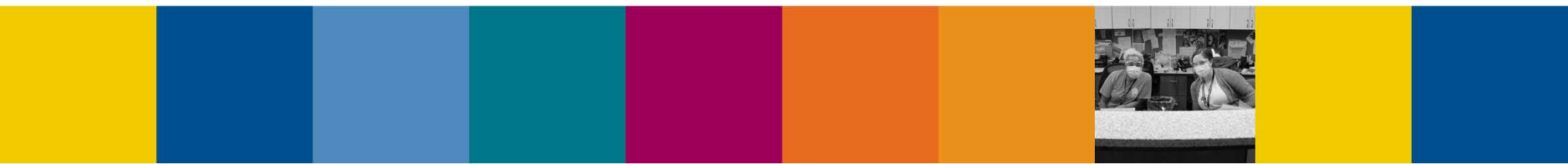


Disparity Data

Controlling Blood Pressure



	Jul
Black Clients Total	61%
White Clients Total	66%
Hispanic/Latino Clients Total	63%
Agency Average	61%
Goal	65%



Goal 5: Depression Remission

By December 31, 2023, 11% of individuals ages 12+ diagnosed with depression will achieve depression remission. The Agency will review data and stratify data to identify and address disparities identified for housing status, race, ethnicity, sexual orientation, or gender identity.

YTD: 4%



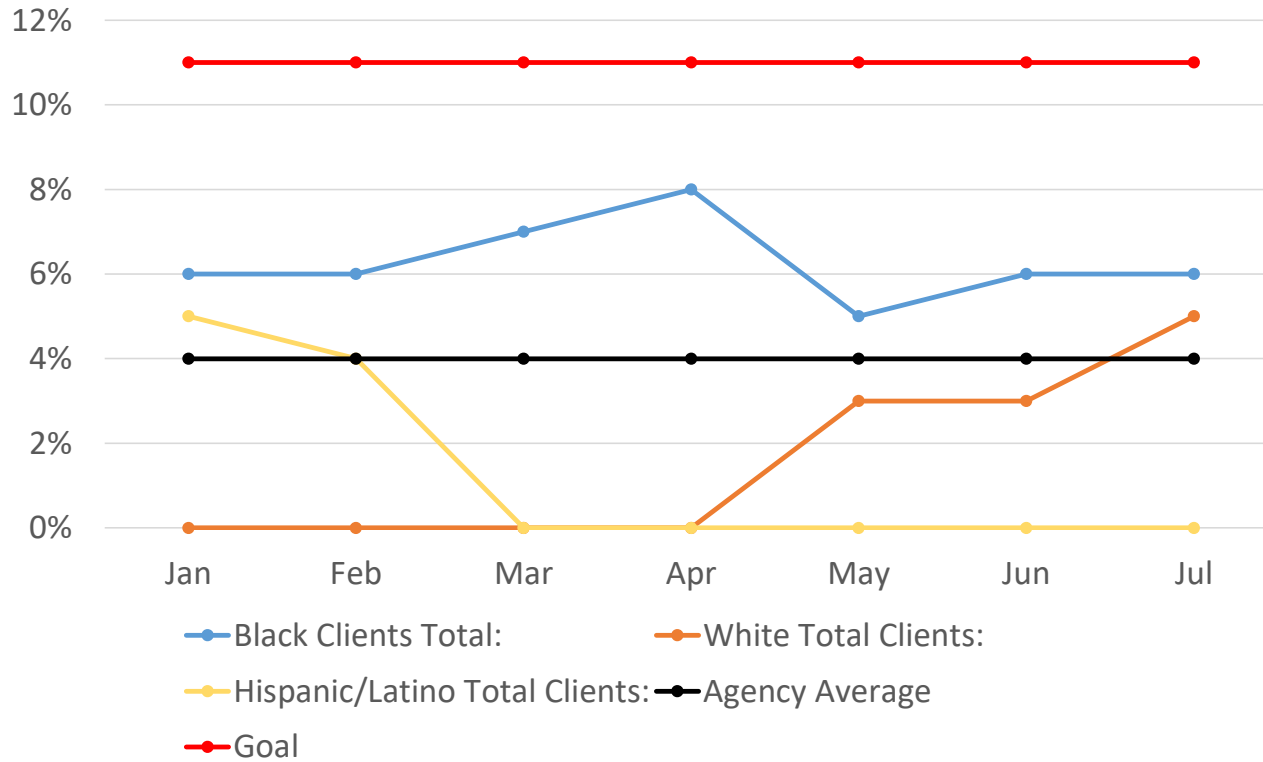
Who is who and what's new

- 1. Subcommittee members:** Jan F.; Arianne J.; Kellie D.; Lawanda W.; Taavon B.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - Met with Chase Brexton staff to discuss
 - Very recent intervention to better stratify patient population into short-, medium-, and long-term therapy – use of care plans and goal setting
 - Quality Tab improvements
- 3. Next steps:**
 - Debriefing on conversation with Chase Brexton
 - Considering other change ideas:
 - Scheduling with clients not seen in 3 months
 - Addressing disparities
 - Groups
 - Medication as an intervention

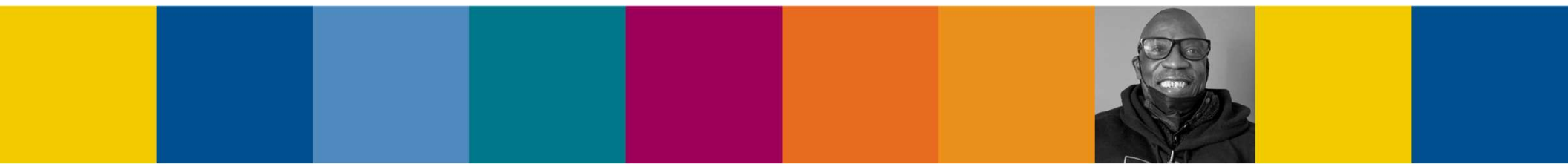


Disparity Data

Depression Remission at 12 months



	July
Black Clients Total	6%
White Clients Total	5%
Hispanic/Latino Clients Total	0%
Agency Average	4%
Goal	11%



Goal 6: Time to Third Next Available

By December 31, 2023, the Agency will reduce the time to third next available appointment by 5% at all sites for identified and prioritized departments (e.g. Medical).

YTD: pending



Who is who and what's new

1. Recent happenings:

- Medical Team focus
 - Looking at use of appointment slots
 - Change idea: double-booking historically short appointments (15 min or less) in 30-minute slots
 - Primary Care Suboxone visits
 - Pap only visits
 - Other ideas discussed:
 - Moving panel from leaving providers
 - Scheduling new clients with providers that are not currently full

2. Next steps:

- Test double-booking short appointment types!



Goal 7: Client Experience

By December 31, 2023, the Agency will achieve three consecutive months in which both "Respected by check-in and check-out staff" and "Respected by scheduling staff" rate at or over 93%

YTD: Check-in and out: 88%; Scheduling 90%



Who is who and what's new

- 1. Subcommittee members:** Juanita P.; Muhammed M.; Gia J.; Lisa L.; Hala S.; Tara D.; Malcolm W.; Maonry L.; La Keesha AV.; Mona H.; Lisa H.
- 2. Recent happenings:**
 - In the process of a PDSA cycle!
 - Testing visual cues (color coded signs in English and Spanish) to reduce noise level
 - **Community site change ideas**
 - Refining morning huddle to provide a more streamlined experienced for clients when they enter the facility
 - Understanding Agency-wide call routing
- 3. Next steps:**
 - Survey the registration staff, clients, and security team on the success of the PDSA



Goal 8: Care Management

By December 31, 2023, Therapists, Case Managers and Nurses will identify and offer care management to appropriate individuals, ensuring that 75% of clients enrolled at each site (Fallsway, Baltimore County and West Baltimore) have a documented care plan.

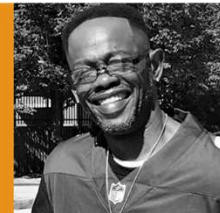
YTD: 96%

Category	Dx	% Care Plans
Behavioral Health	Depression Care Mgmt	100% (108/108)
Case Management	Psychosocial Analysis Mgmt	98% (171/175)
Nursing care management session	Nursing Care Mgmt	93% (76/82)



Who is who and what's new

- 1. Subcommittee members:** Tracy R.; Marie S.; Lisa H.
- 2. Recent happenings and next steps:**
 - Interviews with department champions
 - Minute Mondays – short videos with best practices shared out via email
 - Share in the month of September



Goal 9: Flu Vaccination Rate

Forty-five percent (45%) of eligible clients have documentation of an influenza vaccination in the electronic health record.

YTD: It's coming!



Flu Season

2023 is simplified

No additional Flu Clinic

Clients and staff directed to Medical clinic/CMA schedule

Non-clinical staff will support Medical



Flu and Coat Drive

Oct 16-20

0800-1200 daily

First floor (Adult and Pediatric)

Encourage clients to bring proof of vaccine



Academic Institutions: Morgan State University and Johns Hopkins



Goal 10: Advance Care Planning

Improve the percentage of adults 66 years and older who had an advance care planning discussion completed or documented in the medical record by 5% and create one SOP.

YTD: 2%



Who is who and what's new

- 1. Subcommittee members:** Tyler G.; Iris L.; Tracy R.; Marie S.; Lisa H.
- 2. Recent happenings and next steps:**
 - Piloting Lunch and Learn with Quality Team
 - Scheduling Agency-wide Lunch and Learn for September 15
 - *Discussion question – best way to communicate this to teams*



Let's learn (or get a refresher on) PDSA Cycles!

<https://www.youtube.com/watch?v=szLduqP7u-k>



Interested in any of these goals or have questions? Reach out to

Director of QI, Lisa Hoffmann or
QI Specialist, Marie Stelmack.

