Monthly Performance Improvement Meeting

December 15, 2021





Overview

- 1. Wake-up Trivia
- 2. 2022 PI Goals
- 3. Client Experience Survey Results + Discussion
- 4. IHI Forum

Wake-Up Trivia











2022 PI Goals

Furthering the culture of quality through Quality improvement trainings

- **All-staff:** By December 31st, 2022, 75% of staff will have attended at least one agency PI training.
- **Training Directors and Supervisors**: By December 31st 2022, 75% of supervisors will have attended at least one real-time PI training & one Healthcare Source PI training.
- Innovation Challenge: By December 31st, 2022, PI will orchestrate an agency-wide Innovation Challenge where staff members can submit change ideas that will help to improve the quality of care the agency provides; PI will support all staff interested in submitting ideas with basic PI tools that will better equip them in forming/developing their ideas and becoming positive change agents.

Re-establishing Quality Key Performance Indicators (KPI) for the Agency:

- By the end of Q1 2022, PI will communicate the Agency quality KPIs on a monthly basis to all staff.
- By the end of Q1 2022, HCH will create a health disparities dashboard (that is an extension of the quality KPIs) that is shared monthly to all staff.
- By the end of Q1 2022, PI will begin to meet monthly with the respective department's leadership team to review trends (including degree of health disparities) and address measures that are performing poorly or showing concerning trends.
- By December 31, 2022, PI will conduct improvement on five quality measures (to include at least one from each of the following categories): Immunization, Preventive care, chronic/acute care, behavioral health, and care coordination.

Client Experience Survey Goal

The agency will create and prioritize an annual CES goal in January 2022 based on 2021 client survey responses.



Resource Stewardship Goal

1. By December 31st, 2022, we will see an improvement by 5-15% (depending on baseline data) of clients aged 70 and older who are prescribed aspirin ONLY for secondary prevention (i.e. if they have a dx of CAD, MI, etc.)



Client Access Goal

1. By December 31st 2022, HCH will achieve 80% utilization across all departments.





Client Experience Survey Results & Discussion

Client Experience Survey: August-October 2021

- Clients were surveyed over the phone by our third-party vendor and in-person by volunteers
 - August 2nd-31st: In-person surveys
 - August 2nd-October 13th: Phone surveys
- Surveyed a mix of telehealth clients and in-person visit clients
- 431 clients total completed the survey (283 by phone + 148 in-person)
 - Fallsway: 370 / 431
 - West Baltimore: 32 / 431
 - Baltimore County: 29 / 431



Client Experience Survey: August 2021

This was our seventh time using the CAHPS survey, a nationally standardized set of questions that allows us to compare our performance to other health clinics

- There are CAHPS surveys for various healthcare settings, the CAHPS survey we use is for outpatient clinics
- We also use PCMH add-on questions that focus on client experience with our health home model
- We also used two open-ended questions relating to improvement and satisfaction by our clients
- Our scores are placed into quartiles that describe how our client experience compares to scores at clinics across the country

Quartiles are defined by the following:

Q1, results fall in the first quartile, the lowest 25% of practices

Q2, results fall in the second quartile, lower than 50% but greater than 25% of practices

Q3, results fall in the third quartile, lower than 75% but greater than 50% of practices

Q4, results fall in the fourth quartile, the top 25% of practices



We asked 5 Composites of Questions

- 1. Getting timely appointments, care and information
- 2. How well providers communicate with patients
- 3. Helpful, Courteous and Respectful Office staff
- 4. Providers use of Information to coordinate care
- 5. Talking with you about taking care of your own health



Demographic Stats

- **Gender** Nearly all patients surveyed identified as male (46%) or female (50%). Four percent of patients identified as female-to-male/ transgender male/ trans man, additional gender category, male-to-female/ transgender female/ trans woman, or something else.
- **Language** About a third of patients (30%) were identified as Spanish-speaking or indicated they preferred to take the survey in Spanish.
- **Sexual orientation** When asked about sexual orientation, the vast majority of patients were straight or heterosexual (90%), while a small percentage said lesbian, gay, or homosexual (4%), bisexual (3%), or something else (2%).
- Race Half of patients identified as Black or African American (50%), with considerably smaller percentages identifying as White (21%), American Indian or Alaska Native (5%) or Other (18%). Many patients also refused to answer.



Demographic Disparities – by Race

Compared to patients who identified as White, patients who identified as Black or African American were...

- ...significantly more likely to have been to their provider 10 or more times in the past 6 months (24% vs 11%)
- ...significantly more likely to have been going to their current provider for 5 years or more (37% vs 24%)
- ...significantly <u>less likely</u> to have completed an 8th grade or less level of education (7% vs 27%) and more <u>likely</u> to have completed a high school graduate or GED level of education (43% vs 30%)



Demographic Disparities – by Language Preference...

Compared to patients who did not speak Spanish, patients who spoke Spanish were...

- ...significantly more likely to have been going to their current provider for less than 6 months
 (36% vs 14%) and less likely to have been going to their current provider for 5 years or more (10% vs 36%)
- ...significantly more likely to indicate their provider always listened carefully to them (87% vs 78%)
- ...significantly more likely to indicate the clerks and receptionists at their provider's office were always as helpful as they should be (75% vs 54%)
- ...significantly more likely to indicate their provider always showed respect for what they had to say (92% vs 81%)



...Demographic Disparities – by Language Preference

Compared to patients who did not speak Spanish, patients who spoke Spanish were...

- ...significantly <u>less likely</u> to have taken prescription medicine (66% vs 88%)
 (Among those who took prescription medicine) ...significantly <u>more likely</u> to indicate someone from their provider's office **never** talked with them about all the prescription medicines they were taking (16% vs 8%)
- ...significantly <u>less likely</u> to have seen a specialist (34% vs 48%)
- ...significantly <u>less likely</u> to indicate that someone from the provider's office talked with them about specific goals for their health (60% vs 79%)
- ...significantly <u>less likely</u> to have contacted their provider's office with a medical question during regular office hours (42% vs 66%)



Demographic Disparities – by Gender

Compared to male patients, female patients were...

- ...significantly more likely to indicate their provider always listened carefully to them (85% vs 76%) and less likely to indicate never (0% vs 3%)
- ...significantly more likely to indicate their provider always spent enough time with them (76% vs 66%) and less likely to say never (1% vs 5%)
- ...significantly more likely to indicate someone from their provider's office always talked about all the prescription medicines they were taking (64% vs 50%) and less likely to say usually (14% vs 25%)
- ...significantly <u>less likely</u> to have taken prescription medication (88% vs 77%) (among those who took prescription medication)



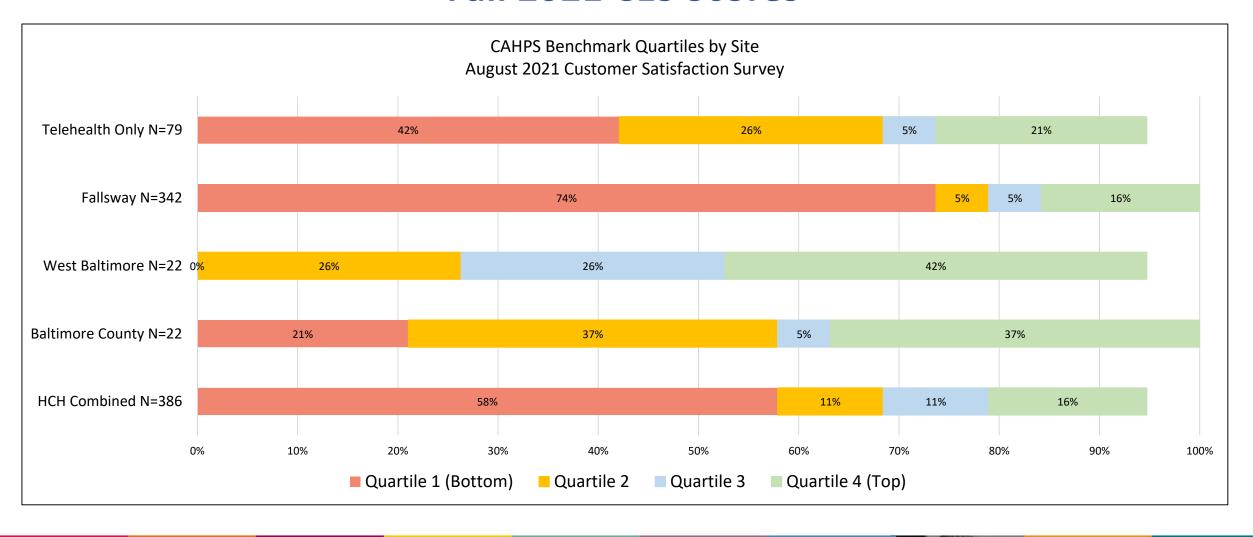
Many areas of opportunity among Spanish Speaking Clients

Spanish Speaking Client Disparities:

- Less likely to take prescription medications
- Providers less likely to talk with them about prescribed medications or about specific health goals
- Less likely to access services/appointments or to contact the office with questions
- Less likely to have seen a specialist



Fall 2021 CES Scores

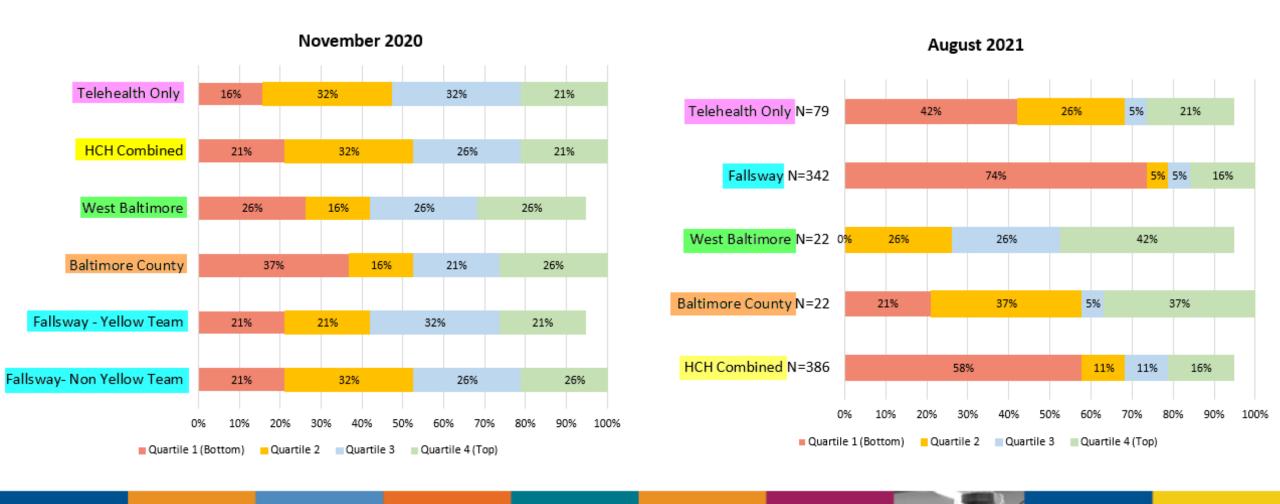


Observations from Quartile Ranking Slide

- 421 Fallsway: 74% of responses fell in the bottom quartile ranking
- The Community Sites: A significantly greater proportion of responses fell into the top quartile than at Fallsway (37% at Baltimore County and 42% at West Baltimore).
- West Baltimore: This is the only site where none of the responses fell in the bottom quartile



Client Experience Survey 2020 vs 2021

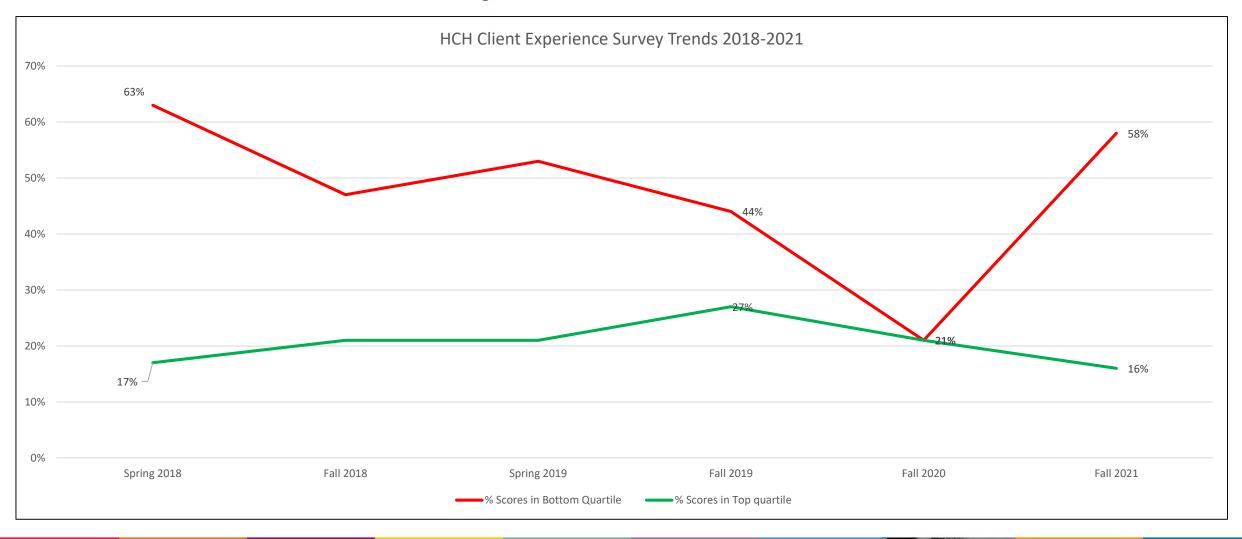


Observations from Quartile Ranking Slide: 2020 vs. 2021

- Agency as a whole: Overall, quartile rankings fell significantly over the last year
 - Bottom quartile rankings fell from 21% in 2020 to 58% in 2021
- Fallsway: Quartile rankings fell the most significantly at this location
 - Bottom quartile rankings fell from 21% in 2020 to 74% in 2021
- Baltimore County: Quartile rankings improved as a whole, with fewer bottom quartile rankings and more top quartile rankings in 2021 than in 2020
- West Baltimore: Quartile rankings improved significantly, with NO bottom quartile rankings.
 - Top quartile rankings went from 26% in 2020 to 42% in 2021.
- Telehealth visits across sites: Quartile rankings fell significantly in 2021 compared with 2020.



Client Experience Over Time



Where are we falling behind as an Agency?*

Provider communication & Patient Care Coordination:

- How often did this provider listen carefully to you? (3rd quartile to 1st quartile)
- How often did this provider show respect for what you had to say? (3rd quartile to 1st quartile)
- How often did this provider seem to know the important information about your medical history? (3rd quartile to 1st quartile)

*Highlighting the measures with the largest quartile drops from 2020 to 2021



Where are we falling behind at 421 Fallsway?

Access, Provider communication & Patient Care Coordination:

- How often did this provider listen carefully to you? (4th quartile to 1st quartile)
- How often did this provider show respect for what you had to say? (3rd quartile to 1st quartile)
- How often did this provider seem to know the important information about your medical history? (3^{rd} quartile to 1^{st} quartile)
- When you contacted this provider's office to get an appointment for CHECKUP OR ROUTINE CARE, how often did you get an appointment as soon as you needed? (2nd quartile to 1st quartile)



Where are we falling behind at **Baltimore County**?

Access, Provider communication & Patient Care Coordination:

- How often were clerks and receptionists at this provider's office as helpful as you thought they should be? (4th quartile to 2nd quartile)
- How often did this provider explain things in a way that was easy to understand? (3rd quartile to 1st quartile)
- When you contacted this provider's office to get an appointment for CARE YOU NEEDED RIGHT AWAY, how often did you get an appointment as soon as you needed? (3rd quartile to 2nd quartile)
- When you contacted this provider's office to get an appointment for CHECKUP OR ROUTINE CARE, how often did you get an appointment as soon as you needed? (4th quartile to 1st quartile)



Where are we falling behind at West Baltimore?

Access & Provider communication:

- How often did this provider explain things in a way that was easy to understand? (3rd quartile to 2nd quartile)
- When you contacted this provider's office to get an appointment for CHECKUP OR ROUTINE CARE, how often did you get an appointment as soon as you needed? (4th quartile to 2nd quartile)



Fall 2021 CES: Review of the 5 composites

- Composite 1: Struggled with access to timely appointments, care and info
 - 421: Getting appointments for care needed right away, medical questions answered sameday
 - All sites: Getting appointments for routine care when needed
- Composite 2: Struggled with How Well Providers Communicate with Clients
 - All sites: explaining things in a way that is easy to understand
 - 421 + BC: Provider listening carefully, showing respect, spending enough time



Fall 2021 CES: Review of the 5 composites

- Composite 3: Struggled with How Well Receptionists/clerks treated Clients
 - 421 + BC: Being helpful and being treated with courtesy & respect
- Composite 4: Struggled with Providers Use of Information to Provide Care
 - 421 & BC: Knowing Important Information about medical history, following up on test results
 - 421 and WB: Discussing all the prescription medications client is taking
- Composite 5: Shined as an agency with Talking with Clients about taking care of their Health



Where did we shine as an agency?

		Location Combined	Fallsway	West Baltimore	Baltimore County
PCMH COMPOSITE: Talking with You About Taking Care of Your Own Health	% Yes	66%	65%	72%	72%
	Quartile	Q4	Q4	Q4	Q4
In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?	% Yes	73%	72%	82%	75%
	Quartile	Q4	Q4	Q4	Q4
In the last 6 months, did someone from this provider's office ask you if there were things that make it hard for you to take care of your health?	% Yes	59%	58%	61%	69%
	Quartile	Q4	Q4	Q4	Q4
Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?	% Yes	74%	72%	93%	81%
	Quartile	Q3	Q3	Q4	Q4
In the last 6 months, how often did the provider discussed in Question 1 seem informed and up-to-date about the care you got from specialists?	% Always	65%	62%	86%	71%
	Quartile	Q3	Q2	Q4	Q4
In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?	% Yes	67%	66%	71%	72%
	Quartile	Q4	Q4	Q4	Q4



West Baltimore really shined as a location

Of 18 PCMH questions, half fell in the top quartile!

Scored in Top quartile (Q4) where the other locations scored Q1 or Q2 in the following areas:

- Clients could get appointments for care needed right away
- Helpful, Courteous and respectful clerks/receptionists
- Staff followed up with test results



All participants were asked two open-ended questions

What would you improve about HCH?

Specific Feedback	180
Nothing/No response	156
Everything is fine	93
I'd improve everything	2

What do you like Best about HCH?

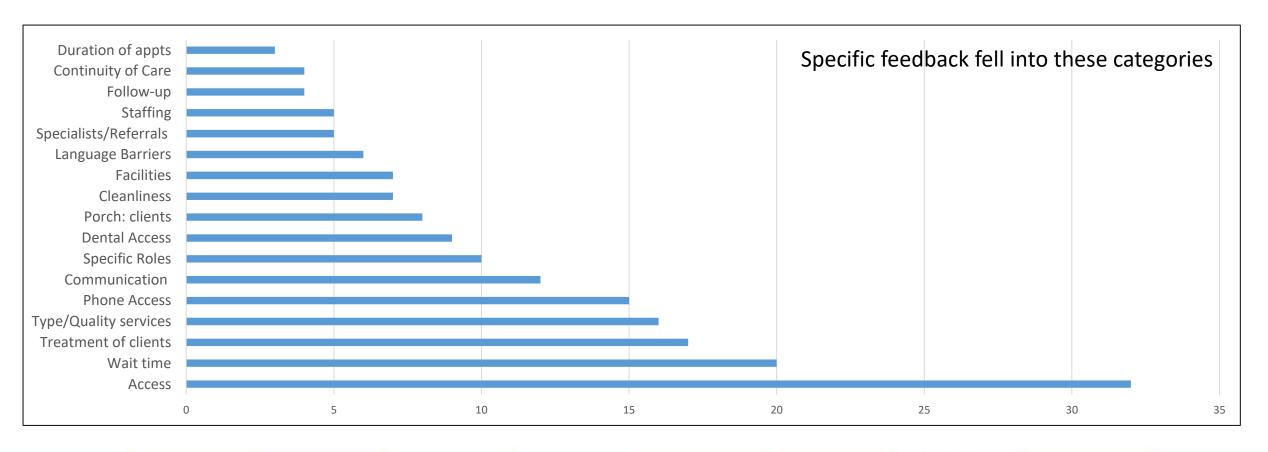
Specific Feedback	381
No Response/Nothing	52
I like everything	27

➤ The following two slides will show the breakdown of the categories of responses that came from the specific feedback that was given.



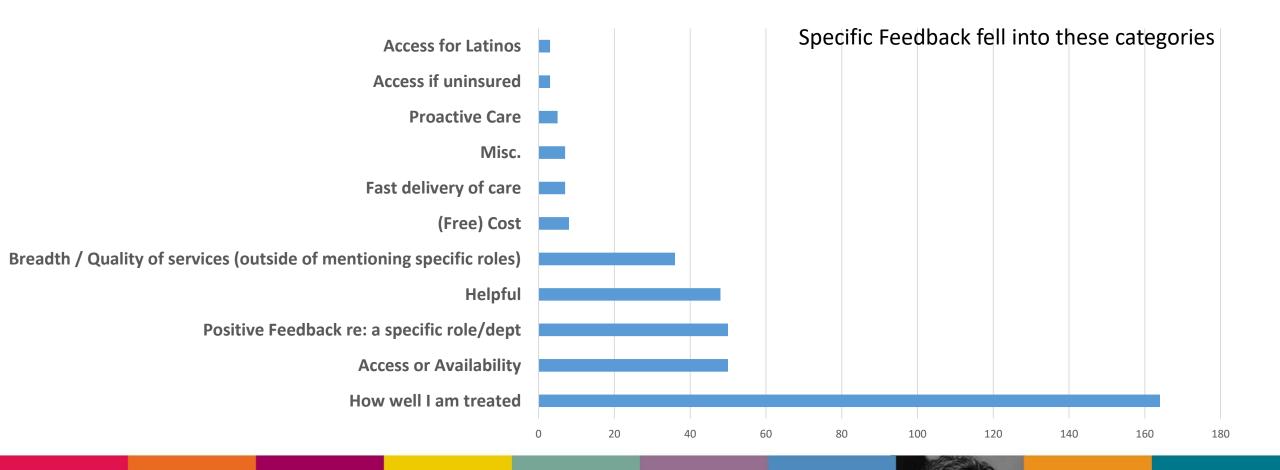
Open Ended Responses (cross-agency): "What would you improve at HCH?"

Specific Feedback	180
Nothing/No response	156
Everything is fine	93
I'd improve everything	2



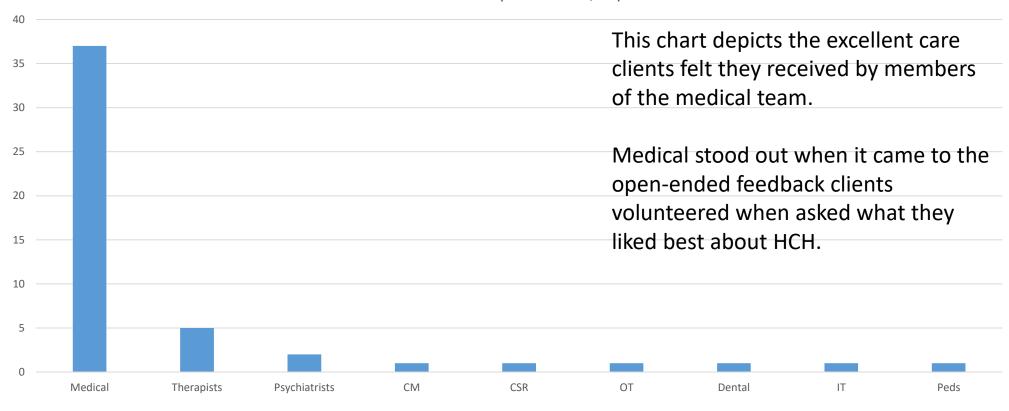
Open Ended Responses (cross-agency): What do you like Best about HCH?

Specific Feedback	381
No Response/Nothing	52
I like everything	27



Positive Feedback re: a specific role/department





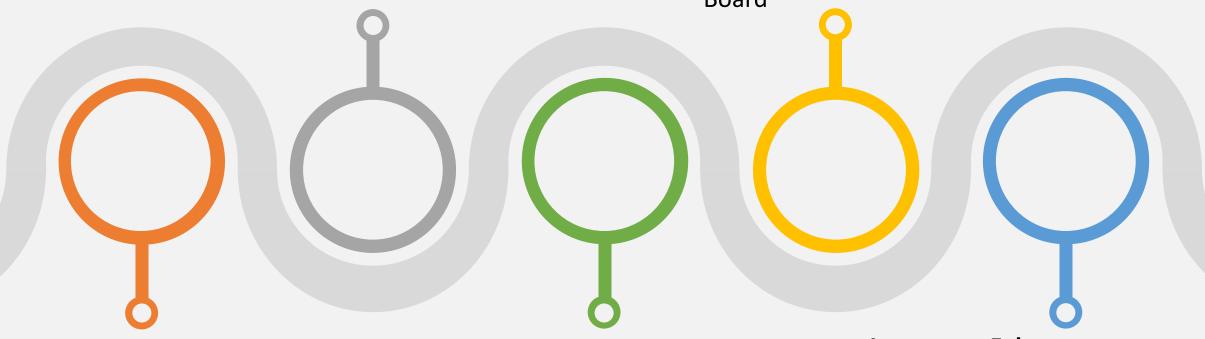
Timeline for Dissemination of Client Experience Survey (CES) Results

December 15

Share/discuss results at monthly PI committee

January or February

2022 CES goal presented at P+PI Committee and full Board



December 14

Share/discuss results with Management Team

January 14

Deadline for selecting the 2022 PI Goal r/t CES

January or February

Results and goal shared at All-Staff

For Additional Information and Details, please refer to the document below



Health Care for the Homeless Executive Summary Report

October 2021
(With CAHPS Benchmark
And Quartile Benchmark)



2021 IHI Forum

December 5-8, 2021

2021 IHI Forum Participants

Staff Nominated (all opted to attend)	Quality/HIT team members
Monica Martin, Suzanne Setayesh, Rosita Harris, Julia	Wynona China, Margaret
Davis, Danielle Brodie, Terretta Ross, Darrin Coley,	Flanagan, Lisa Hoffman, Ziad
Audrey Kelly, Erick Torres, Tyler Cornell, Angela	Amer, Shannon Riley, Tracy
Robinson	Russell, Tolu Thomas

Teams represented: Nursing, Pediatrics, CSRs, Case Management, Dental, Benefits, Quality, HIT

Number of Sessions attended: Over 45!

IHI: Attendees' Takeaways

"There is always room to grow and improve and calculated ways to do so"

"In every challenge there is an opportunity"

"I like PI & QI, I find it interesting and exciting! And also the importance of human connection and making staff feel seen and heard in the work place. I am really looking forward to implementing some of the strategies I learned with my team"

"Targeting joy at work should be a bigger priority in my work and in the agency's work"

"The seminars regarding healthcare inequality enlightened me to information I was not aware of"



IHI: Themes on Joy in Work – How can we improve at HCH?

"Leadership buy in, support, and advocacy and the creation of opportunities that say we value our staff ... Also, building in joy in work components to every project we do"

"Creating time and space to explore joy; leadership recognition of the importance of joy in work and buy-in to making this part of culture; creating tangible things to impact joy; listening to staff and acting on or giving reasons why you can't act on ideas"

"I think the agency could open a more direct line of communication to allow employees a chance to voice their concerns, things that attribute to burnout and perhaps things that could be improved"

"The agency can have a safe sounding board for suggestions from employees"



IHI 2021: Attendee Testimonials



Julia Davis, Lead RN



Erick Torres, Pediatric RN



IHI 2021: Staff Feedback

On a scale of 1 to 10: What do you rate the value of attending the Forum?





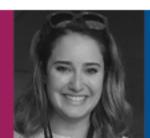


IHI 2021: Staff Feedback

On a scale of 10:How applicable was the forum to your work at HCH?







IHI 2021: How much did attendees learn?

On a scale of 1-10 (with 1 being the worst possible and 10 being the best possible: How much did you learn from the Forum?





IHI 2021: Overall Attendee Satisfaction

On a scale of 1- 10:What was your overall satisfaction in attending the Forum?







Questions?

