

Performance Improvement Monthly Meeting

June 16th, 2021



1. Wake-up Trivia
2. Welcome Shannon!
3. PI Updates
 - 2021 PI Goals
4. Spotlight on a PI tool



Trivia Questions!



Question 1 of 5

Question: Which is the only edible food that never goes bad?

Answer: Honey



Question 2 of 5

Question: What was the first toy to be advertised on television?

Answer: Mr. Potato Head



Question 3 of 5

Question: Dump, floater, and wipe are terms used in which team sport?

Answer: Volleyball



Question 4 of 5

Question: How long do elephant pregnancies last?

Answer: 22 months



Question 5 of 5

Question: In public places in the state of Florida, what's illegal to do when wearing a swimsuit?

Answer: Sing



Project Updates



Referrals Tracking

40% of referrals will be completed (specialist/radiology appointment completed and note scanned into EMR) within 3 months of referral initiation

Baseline Data: 7%

Referrals Tracking		
January Launch	Facilitator	Tolu Thomas
	Champion	Mona Hadley
	HIT	Wynona China
	Members	Greg Myers Wanda Hopkins Max Romano Angela Robinson Lawanda Williams Adrienne Burgess Bromley Lisa Hoffman Margaret Flanagan <i>Eva Hendrix - consult</i>



Since We Last Met...

Providers	CSR
Adrienne Trustman, Max Romano	Danielle Brodie

- Solidified workflow for CAA pilot
- Half-way through our real-time referral PDSA
 - Danielle provided in-person clients with referrals ordered by Max and Adrienne at discharge (if processing not required)
 - Referrals specialists still process some referrals
 - Danielle schedules CM appts if needed
- Feedback from providers/CSR positive thus far
 - Providers: love having a point person to provide referrals at discharge
 - CSR: referrals are not adding too much to workload + task is getting easier with time



Feedback from Adrienne

“I am excited to share my feedback from the pilot. In general I really like it so far. I like knowing the first step and having a point person who is starting the referral processing. I like that I can tell folks they will leave with information on their referral.

I haven't seen anyone back yet to know how the process went so I don't have client feedback.

I love that Danielle starts working on the referral right away- she is so on top of things I have to make sure I don't make any mistakes- she is already working on it before the client even gets back to the lobby! And I like having a person to communicate with in real time about the referral process.”



Data on Pilot (5/24-6/11)

Range of referral types:

OB/GYN, Ophthalmology, Neurosurgery, GI, Urology, Cardiology, Etc.

# sessions	# referrals	Average # referrals/session
5	21	4
(2 joint)		(8.5 during joint)

CSR	Referrals team member	In process
86%	100%	95%



Data on Pilot (5/24-6/11)

Challenges
Note not always signed in time for Referrals team to process when they checked to try to process
Referrals sometimes needed to connect with client to figure out location of care preferred
One time where client was misassigned location and RTM had to correct location
No standard workflow by Referrals team around who checks in on which referrals, how client gets notified of processed referral, and there wasn't always documentation on part of Referrals that client was contacted (In some cases the documentation is only "e-faxed" or "processed and e-faxed referrals and medical records")

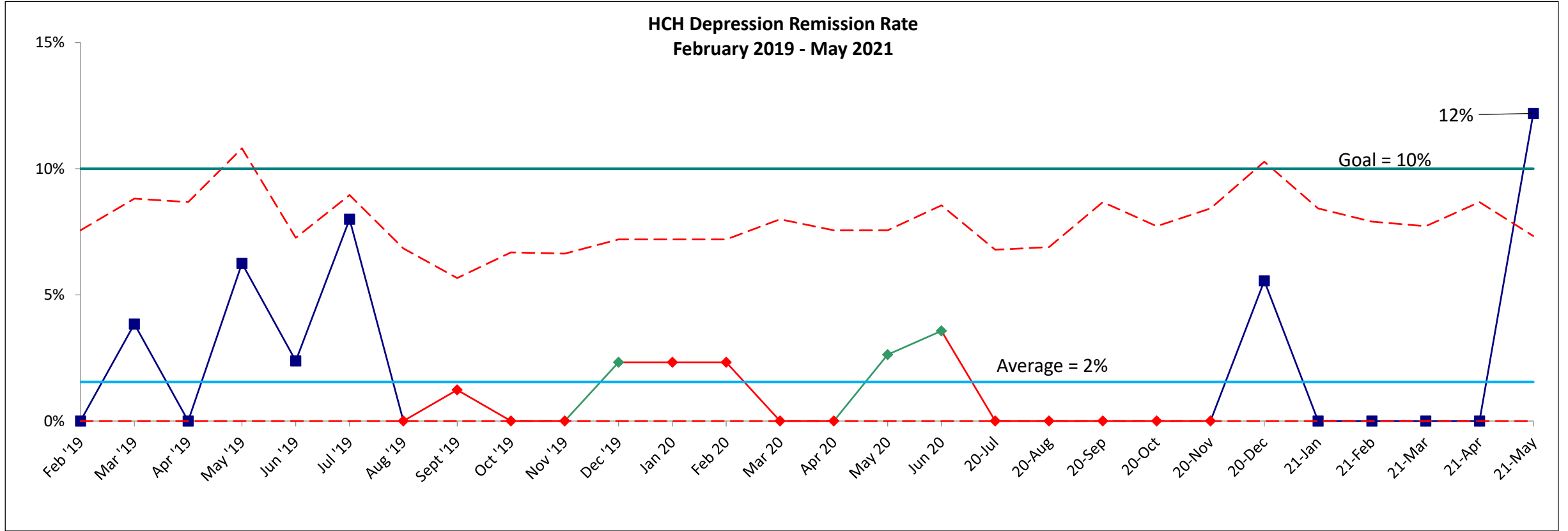


Next Steps

- Continue pilot
- Complete a Time Study
- If CSR has capacity, expand pilot by adding on another medical provider
- Updating Peds referrals section of matrix so that Peds referrals will ultimately follow a similar workflow to the adult workflow
- Mona, Wanda & Iris creating TAP procedure



Depression Remission



Remission:

10% of adults diagnosed with major depression or dysthymia who scored positively on an initial PHQ9 (>9) will demonstrate remission *between 10-14 months*



Since we last met...

- HIT developed robust data and accurate data report
- Began Supervision PDSA
 - Discuss 3 clients/month with depression to see if this makes impact on therapy practice + remission
- Continued to track repeat PHQ-9 screening data
 - **In May we saw 9/41 clients re-screened for the PHQ-9: 22%!**



Next Steps

Continue to conduct PDSA:

Change Idea:

- Supervision PDSA: Review treatment plans of clients with elevated PHQ-9 scores with BHTs during supervision

Hypothesis:

- Improved communication between providers on treatment plans to provide better care
- Discussion of challenging cases may help providers update and change treatment plans
- Improved adherence to the PHQ-9 administration schedule



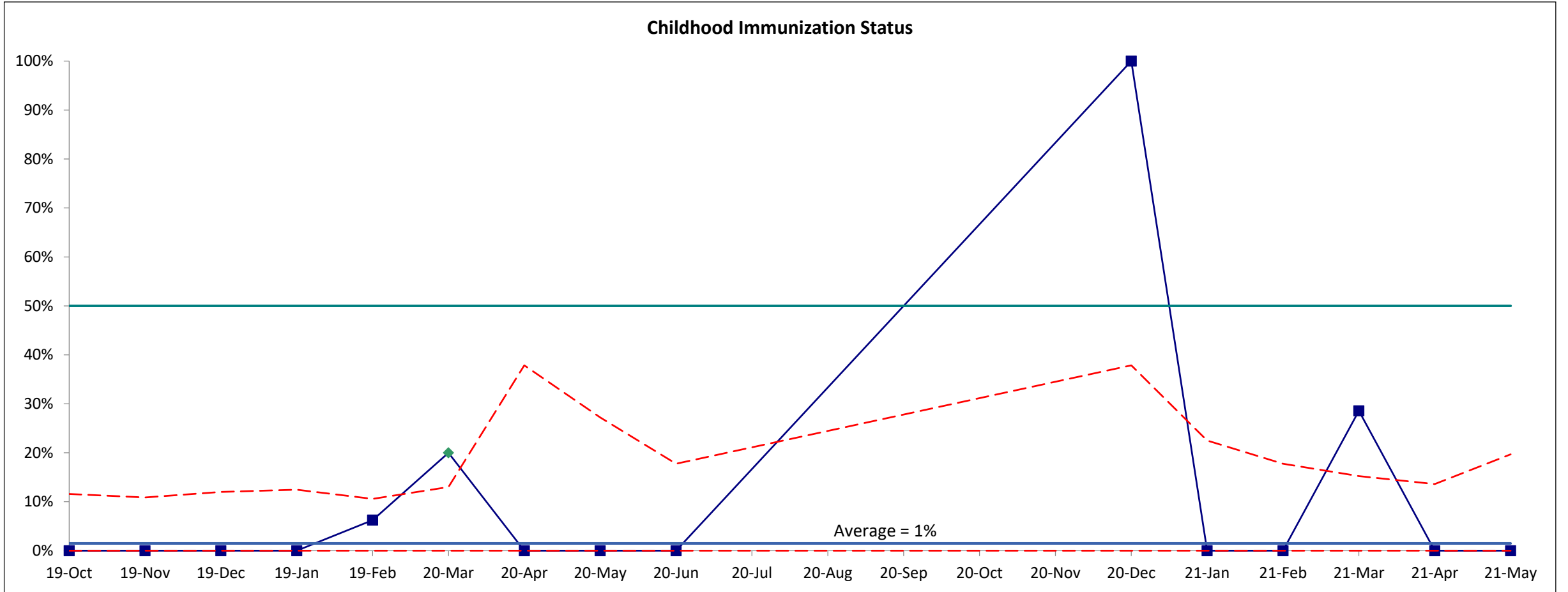
Childhood Immunization

Childhood immunization: By December 31, 2021, 50% of children will have completed all the recommended vaccines by their second birthday.

Childhood Immunization	
Facilitator	Ziad/Tracy
Champion	Iris Leviner
HIT	Maia Gibbons
Members	Pam Ford
	Eva Hendrix
	Lilian Amaya
	CAA
	Peds RN
	<i>Family Providers - consult</i>



Childhood Immunization



N = 4



Next Steps

- Begin tracking clients <2 y.o. who are past-due for vaccines
- Conduct a PDSA to remind parents to bring in all vaccine paper work to upcoming visits:
 - **Change Idea:**
 - Use appointment reminder calls as an opportunity to also ask parents to bring in their child's vaccine history if available
 - **Hypothesis:**
 - Improved reconciliation of vaccine history information
 - Better client engagement in vaccine schedule
 - Greater understanding of vaccine history challenges
 - Less time required by medical staff to search for vaccine records



Diabetes

A. By December 2021, the proportion of clients across the Agency who have an A1C <9 or who are tested will increase to 87%.

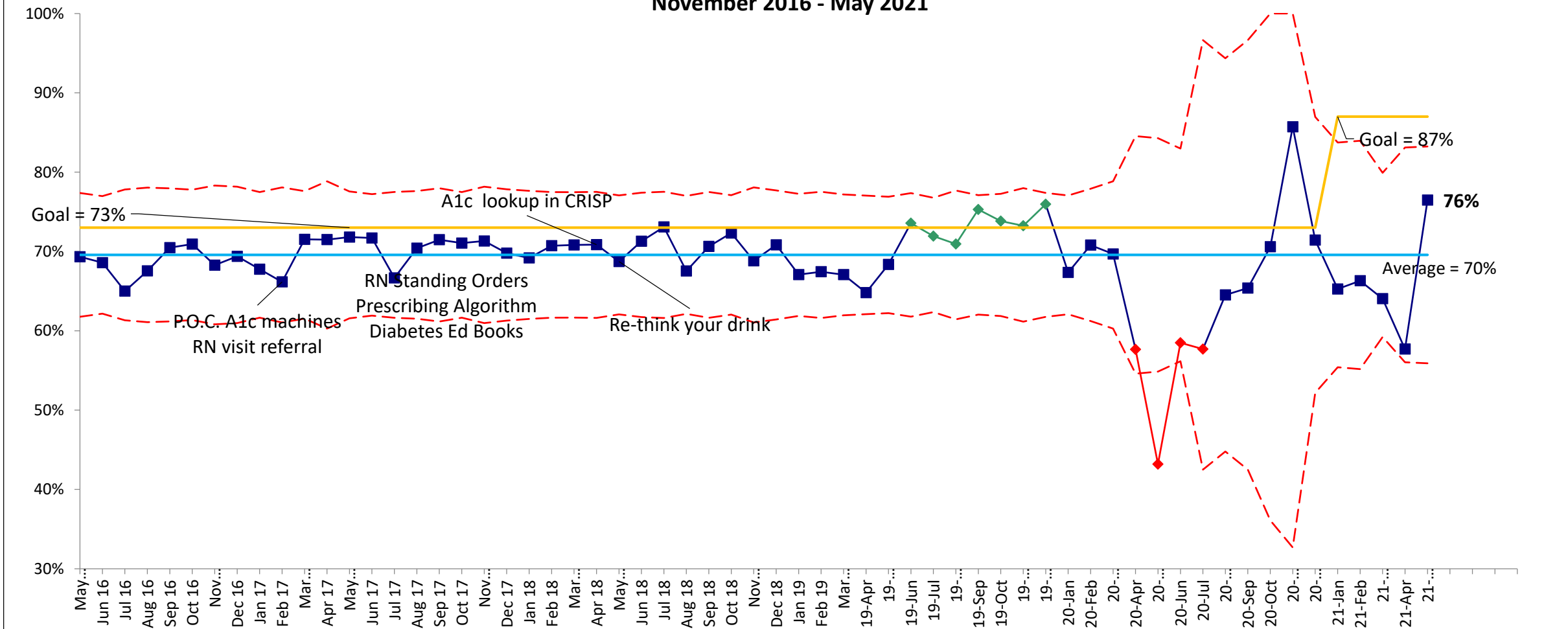
Baseline Data: 56%

B. Reduce disparities within racial and ethnic groups by **25%** for clients who have an A1C >9 or who were not tested compared to the agency average

Diabetes		
Facilitator	Tracy/Ziad	
Champion	Laura Garcia (green team)	
HIT	Maia Gibbons	
February Launch	Members	Julia Davis (green team)
	REI rep	N/A
		Kelsey Nicks
		Client Representative
		<i>Lawanda Williams - consult</i> <i>421 nursing team - consult</i> Shannon Riley



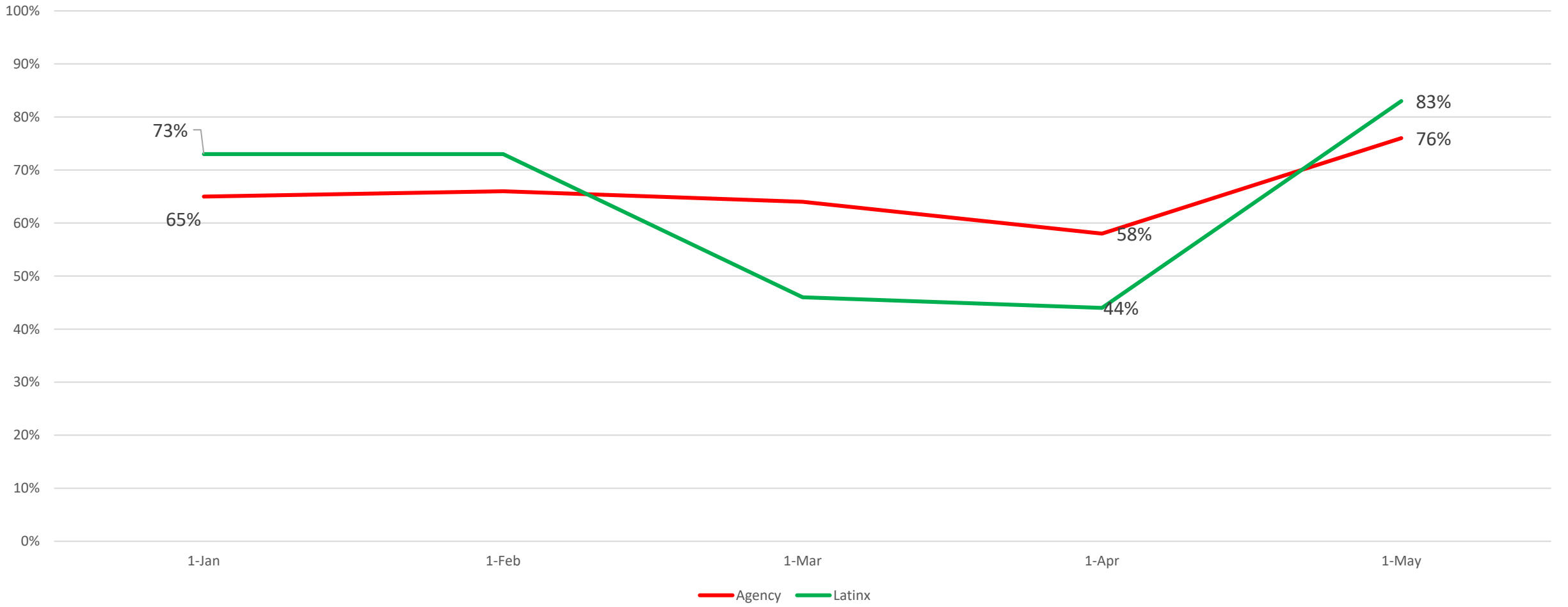
HCH Diabetic Clients with A1c ≤9.0% November 2016 - May 2021



(78/102)



Disparity of Controlled and Tested Diabetes Clients: Latinx and Agency Wide



(16/22)



Since We last met...

- Pilot Medical Provider DM Focused Peer Review
 - Providers are still completing peer reviews
 - Goal is to review w/PI analysis at 7/1 provider meeting
- Nursing Resources
 - RN/Provider Training on new DM meds this week, 6/17
- Health literacy assessment
 - REALM SF only in English, the recommended Spanish tool is longer, concern about parity and feasibility



Next Steps

- Debrief provider peer review
 - Lessons learned
 - Share best practices
- RN resources
 - Working on getting written resources (English/Spanish) for RNs printed and coming up with management system
 - Pre-made folders for clients with prediabetes, newly diagnosed DM, uncontrolled DM
 - Update “how to refill medications” one-pager
- Client Feedback Pilot w/RN



Lessons learned/questions for the group

- Health literacy assessment
 - Ideas about rapid assessment in English/Spanish?



Social Determinants – Food Insecurity and Transportation Challenges

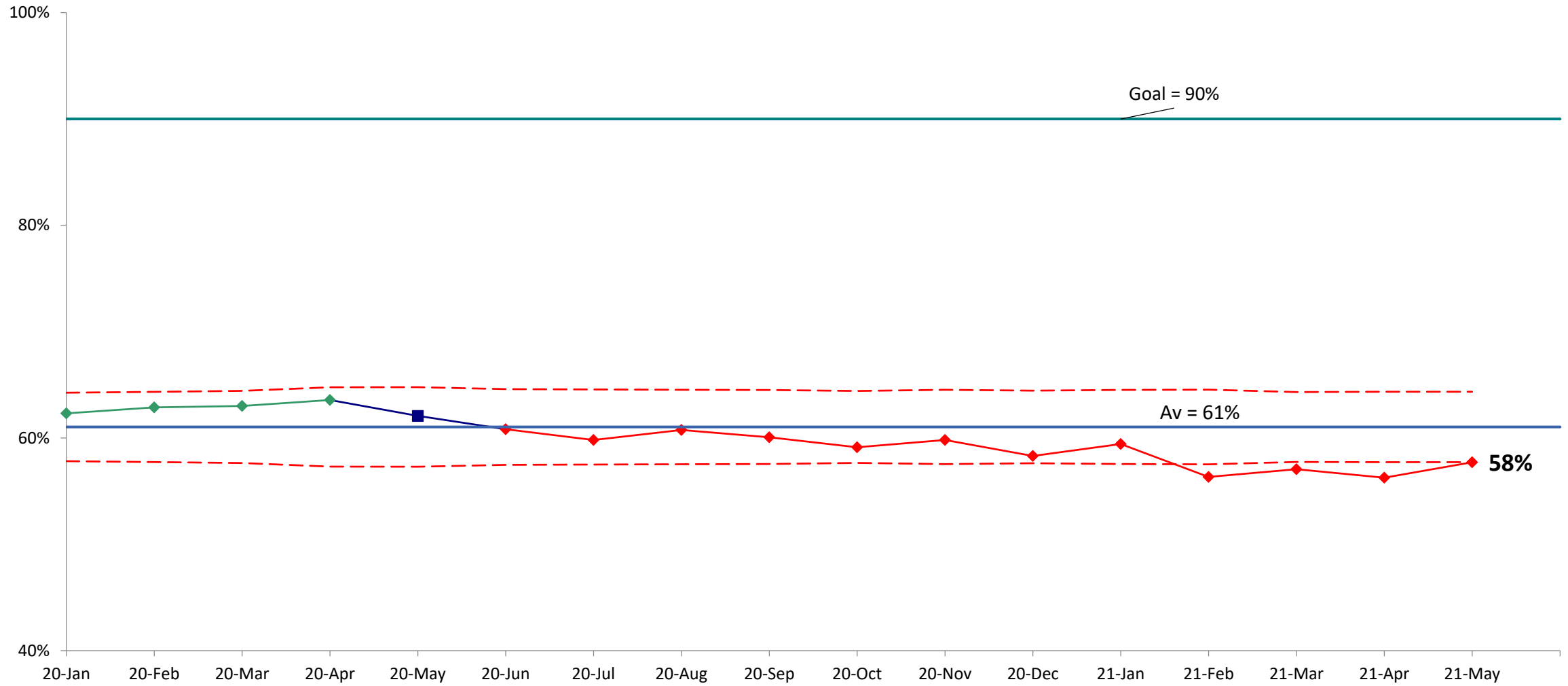
90% of clients who answer “yes” to food insecurity OR transportation challenges will be connected to a Case Manager or Community Health Worker

Baseline Data: 71% (2020 PI plan data)

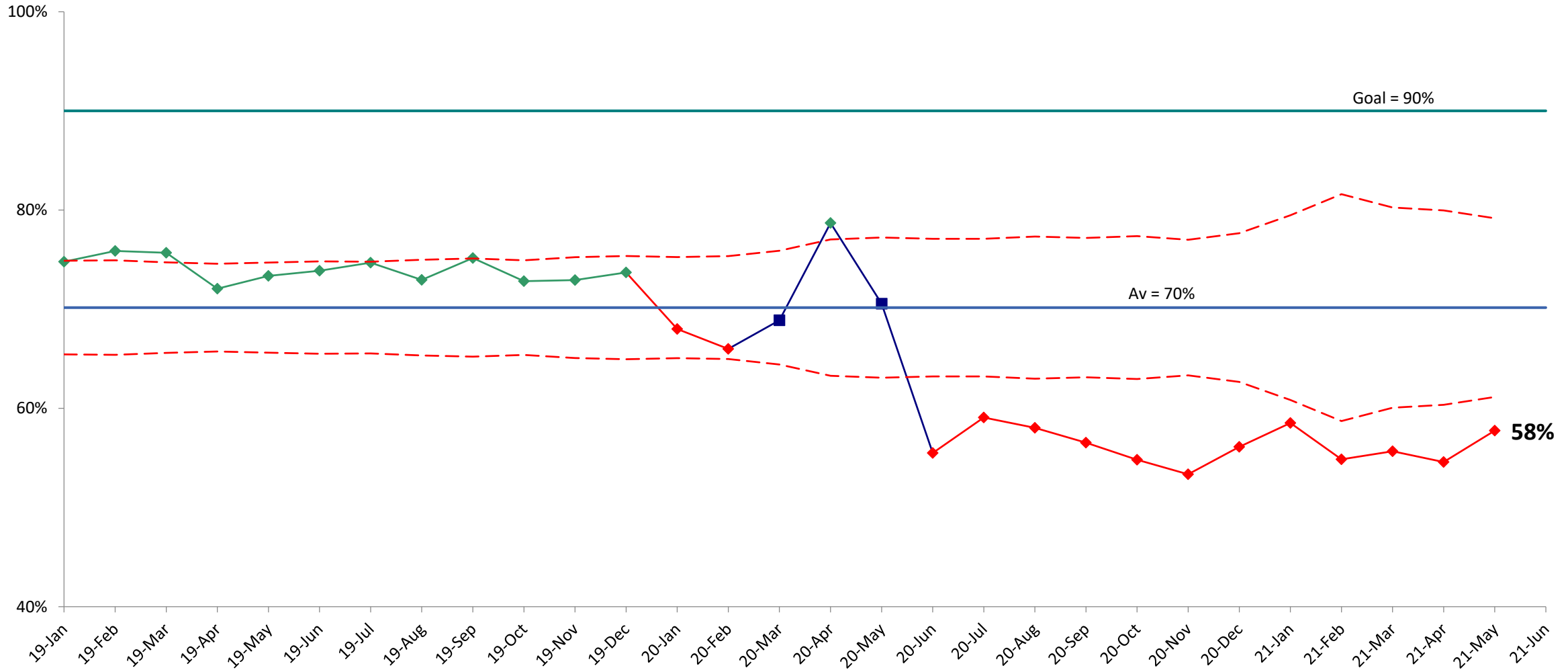
Food Insecurity and Transportation Committee	
Facilitator	Ziad/Tracy
Champion	Kim Carroll
HIT	Maia Gibbons
Members	Adrienne Burgess Bromley
	Kiana Johnson - consult
	Lawanda Williams
	LaVeda Bacetti
	<i>Tyler Gray - consult</i>
	<i>Meredith Johnston - consult</i>
	<i>Margaret Flannagan - consult</i>
	<i>Client Representative</i>
	<i>Lilian Amaya - consult</i>



Percentage of clients identifying Transportation Challenges who are connected to Case Management



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



Since we last met...

- The CAAs completed a PDSA x 4 days: during appointment reminder calls, CAAs asked clients about transportation challenges and food insecurity
- PDSA results:
 - Approximately 35-40% of clients were asked the SDH questions during reminder calls
 - Roughly 50% answered “yes” to at least one of the two questions
 - Challenges:
 - Inflexible call list makes it difficult for CSRs
 - Lack capacity to document the answers in EMR or f/u with offering CM visit



Next Steps

- Encourage all client-facing staff to ask the SDH questions
- Encourage all providers to review SDH responses and refer to CM when assistance with food or transportation is needed
- Come up with new staff workflows + training around SDH questions + have EMR (Athena) better support staff in new workflows
- Assess improvements to our PDSA for cycle 2



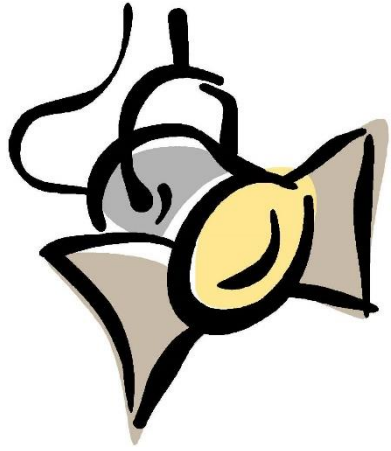
Lessons Learned/Questions for the group

Q: Until Athena migration, how can we encourage staff to incorporate SDH into their workflows (i.e. ask SDH questions, look at SDH responses and refer to CM for food insecurity/transportation challenges)?



Questions?





Spotlight on PI Tool

PDSA



Background

- Understanding quality and seeking to improve it is arguably the core purpose behind undertaking [process improvements](#).
- But where did this philosophy of process improvement come from?
- One key person is William Edwards Deming – sometimes referred to as Edward W. Deming. He's principally a statistician, but one could even call him a philosopher of science.
- Deming's goal was to reapply the scientific method to [business processes](#), and has left us with the PDSA tool.

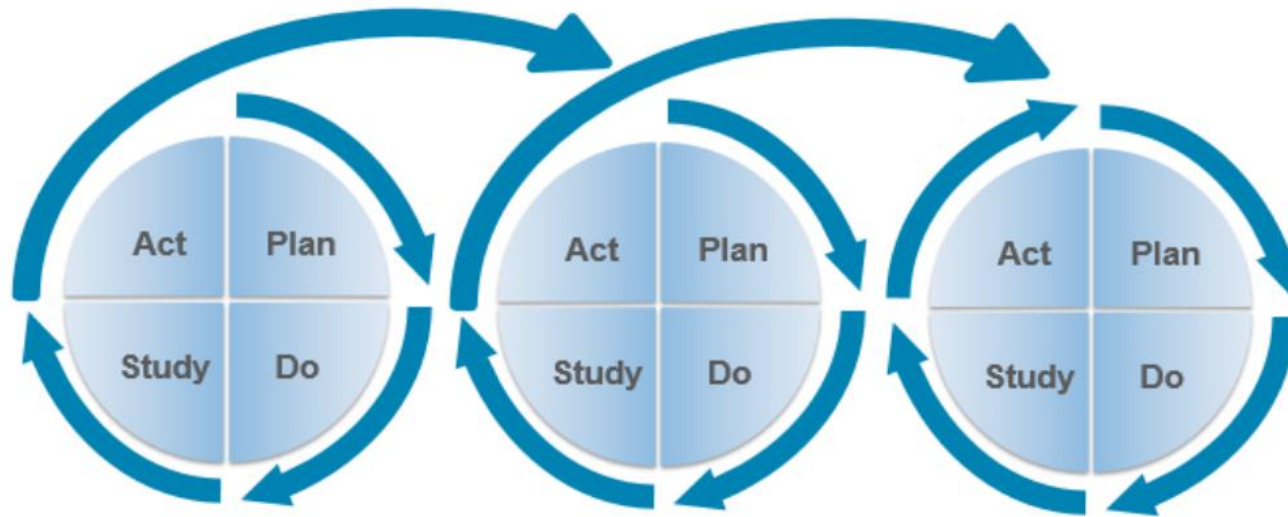
Source: <https://www.process.st/deming-cycle/>



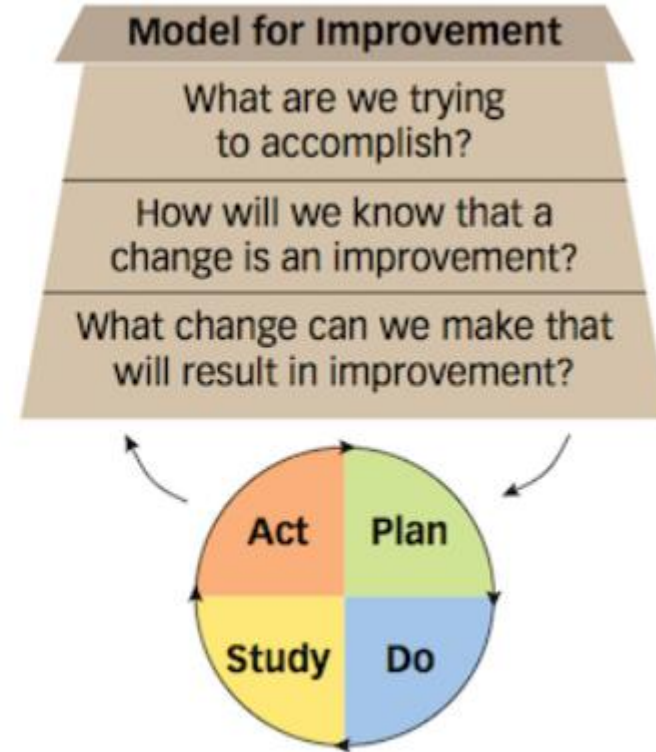
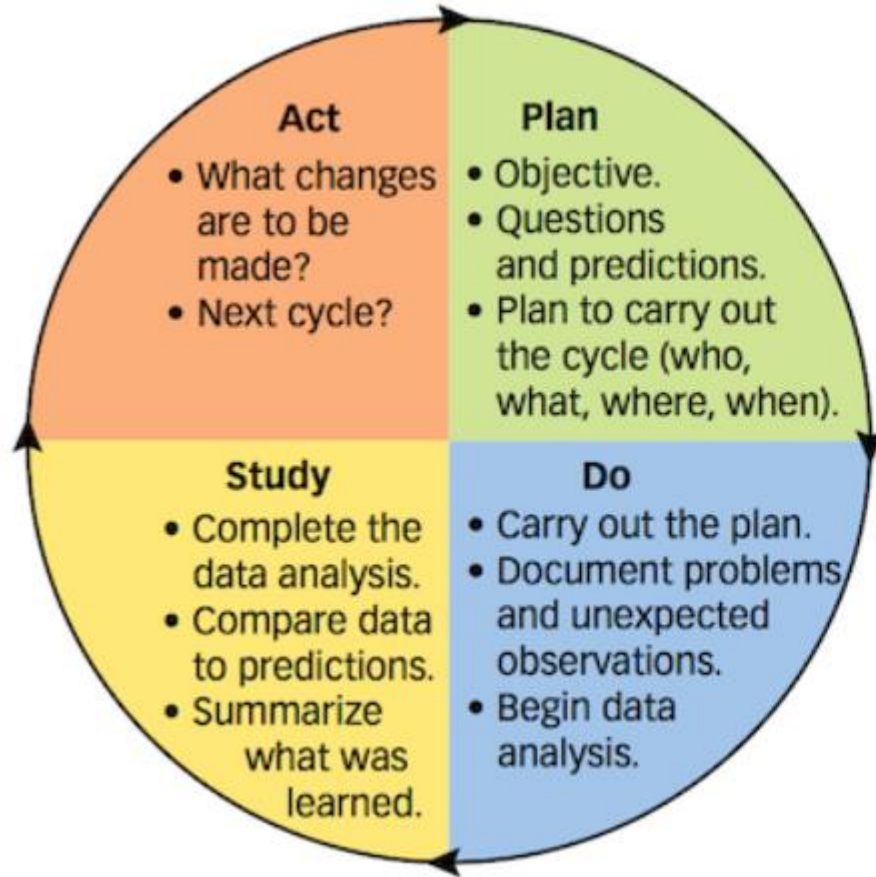
PDSA

[3-minute video](#)

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



PDSA



Personal Example: Baby Emma

What are we trying to accomplish? Quality sleep at night – for baby and parents alike!

How will we know that a change is an improvement? Emma sleeps for longer stretches at a time + gets up fewer times at night.

What change can we make that will result in improvement? She doesn't always drink a lot at bedtime and wakes up hungry at night. Try stuffing her face at bedtime!



PDSA



PDSA	Actions
Plan	Plan to feed her at 4 pm so she's hungry at 7 pm (bedtime!) and drinks a lot
Do	Begin experiment
Study	Note the times/frequency with which Emma gets up at night. She is sleeping for longer stretches, awakening fewer times, just like we hoped & predicted!
Act	Still taking a long time to fall asleep after feeding in middle of night. Try teaching her to self-soothe and put herself to sleep for the next PDSA cycle.



**“Quality is never an accident;
it is always the result of high intention,
sincere effort, intelligent direction, and skillful execution;
it represents the wise choice of many alternatives.”**

–William A. Foster



QUALITY

*...is everyone's
responsibility.*

(Deming, W. Edwards)



Go forth and be intentional and excellent!



**HEALTH
CARE** for
the
HOMELESS