

Monthly Performance Improvement Committee

June 2023

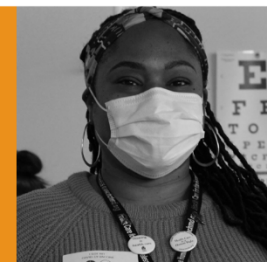
Presented by:

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



Agenda

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



Good morning!

Show me your pets!

Photos are acceptable, but extra credit if you find them and get them on video with you.



May PI



Kick-offs, change ideas, and collaboration!

2023 PI Measures

| Disease Management | HCH 2022 | April | May (YTD) | 2023 Goal |
|---|----------|-------|-----------------------|---------------|
| Reduce inappropriate antibiotic prescriptions | new | - | 100%* | <25% |
| Hospitalization follow-up | new | | 85% | 65% |
| Body Mass Index (BMI) Screening and Follow-up | 26% | 29% | 41% | 65% |
| Controlling high blood pressure | 58% | 58% | 58% | 65% |
| Depression Remission at Twelve Months | 9% | 4% | 4% | 11% |
| Care management (with care plan) | 67% | 94% | 96% | 75% |
| FLU: adult vaccination rates | 16% | | -- | 45% |
| Advance Care Planning | new | 1% | 1% | 5% |
| Third Next Available: see next slides | | | | |
| Client Experience: see next slides | | | 90% (C) 88.97% (S) | 93% (both) |



A quick note on data

- The Quality department has moved to **Azara** for all data reporting
 - Some measures may look slightly different
 - **Providers:** you can also pull your own data from Azara!
 - More on this at the July 6 provider meeting
 - Email going out this week: please make sure your Azara account works before 7/6

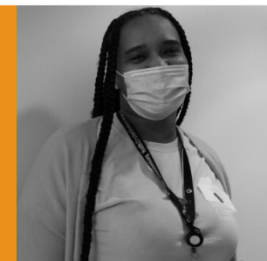


Goal 1: Antimicrobial Stewardship

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 $\geq 75\%$). The agency will also review data broken down by race, ethnicity, and SOGI to identify and reduce disparities in prescribing practices.

How are we doing this month?

May 2023: Pending report (goal $\geq 75\%$)



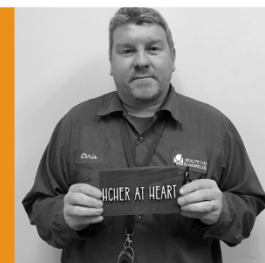
Who is who and what's new

1. Subcommittee members:

- Iris Leviner
- Liz Galbrecht

2. Recent happenings:

- Validating data pulled from Azara
- Preliminary evidence suggests we are doing quite well on this measure – now how to sustain?
 - Empowering providers to look at their own data and prescribing practices via Azara



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.

How are we doing this month?

May 2023: 85% (goal: 65%)



Who is who and what's new

1. Subcommittee members:

- Catherine Fowler
- Julia Davis
- Tara Dorsey
- Katie Healy
- Muhammed Mamman
- Lisa Lefavore
- Margaret Flanagan

2. Recent happenings/next steps:

- SOP is now finalized!
- Developing report in PowerBI using CRISP data
 - Can track whether a client is engaged in care at HCH
 - Can track frequent hospital utilizers for targeted outreach



Goal 3: Health at Every Size

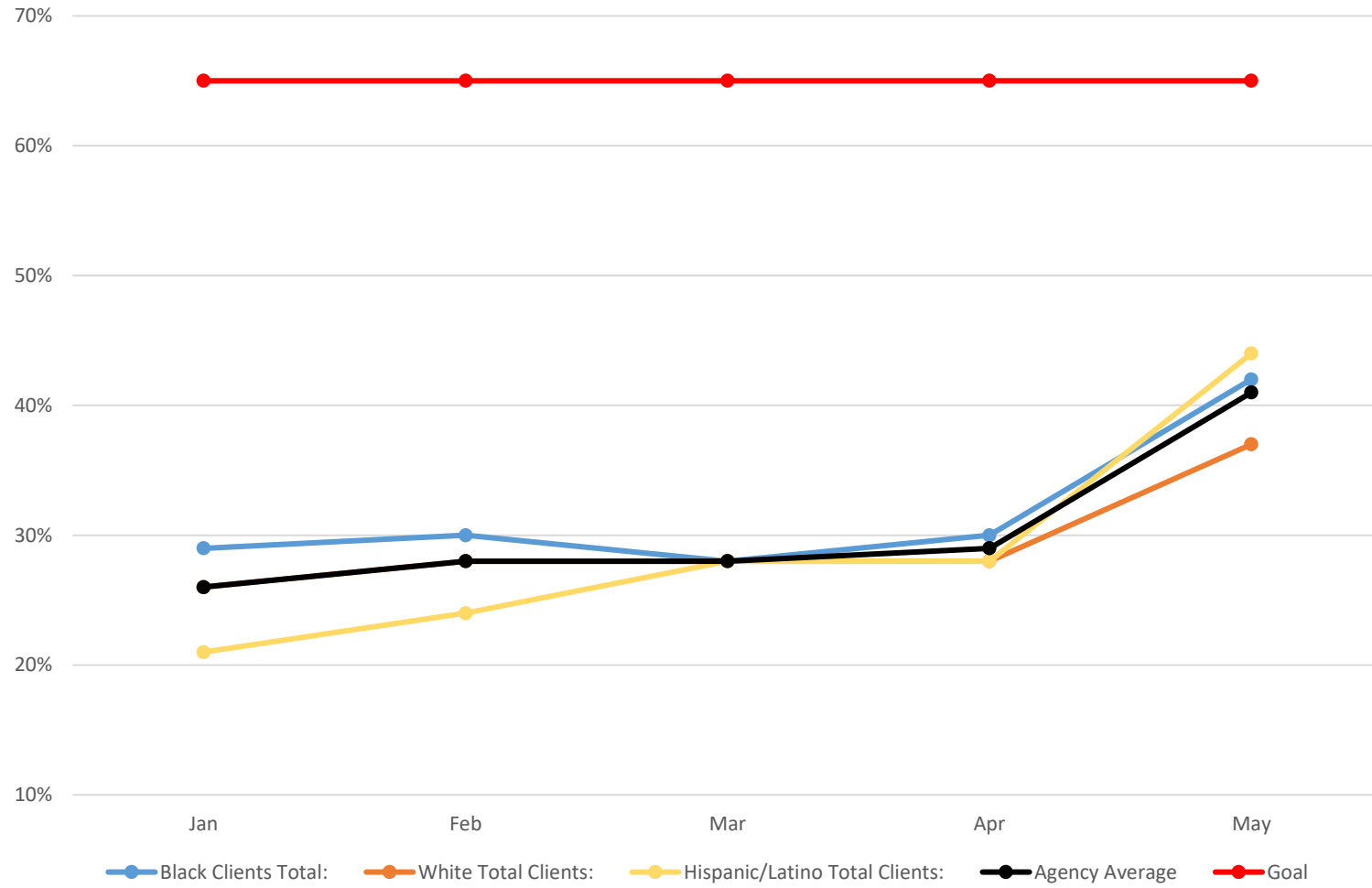
By December 31, 2023, utilizing the Health at Every Size framework, 65% of individuals 18 years and older will have height and weight documented annually, with a follow-up plan if indicated in the EMR.

How are we doing this month?

May 2023: 41% (goal 65%)



Adult BMI screening and follow-up



Who is who and what's new

1. Subcommittee members:

- Arie Hayre-Somuah
- Amelia Jackson
- Meredith Johnston
- Molly Greenberg
- Adrienne Trustman

2. Recent happenings:

- Health At Every Size training for BH
- Reviewed patient education handouts in Athena to find those which do not mention weight loss
- HAES education cards in exam rooms

3. Next Steps:

- Discussing change ideas:
 - Food insecurity resources
 - Ensuring scales are available and located in a comfortable, private location in clinic
 - Evaluating effectiveness of training through survey
 - Text macros and order groups (sharing best patient education handouts)



Suggestions for patient education handouts

- **“Learning About Food Insecurity”**
 - A simple handout on food insecurity
 - Can be paired with a location-specific handout of local food resources, pantries, etc.
- **“Eating Healthy Foods: Care Instructions”**
 - A primer on eating healthy foods, with guidance to add healthier choices rather than subtract
 - Has a section about enjoying food 😊



Goal 4: Blood Pressure Control

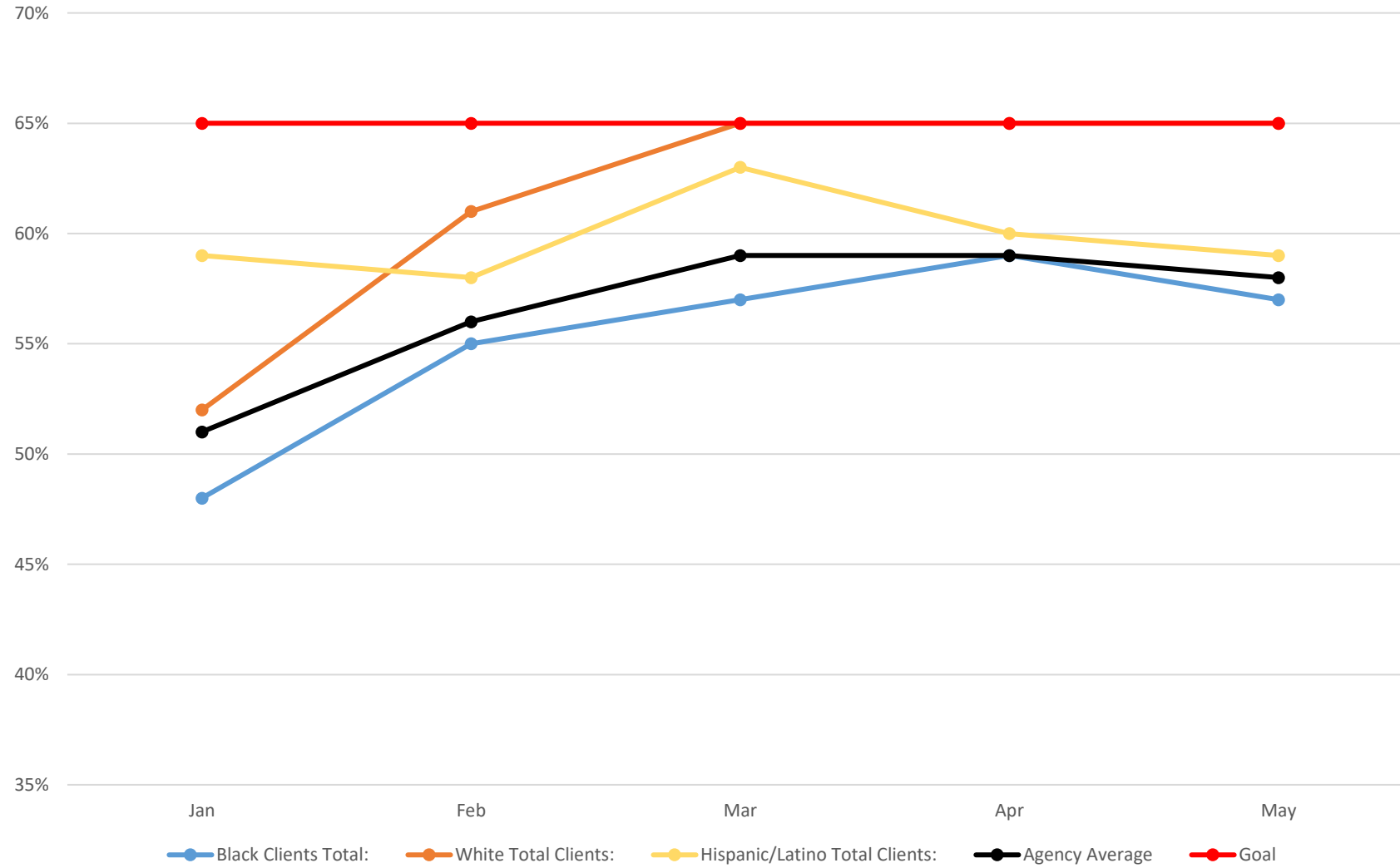
By December 31, 2023, 65% of individuals will have blood pressure controlled and reduce disparities between Black or African American and White individuals by 5%.

How are we doing this month?

May 2023: 58% (goal: 65%)



Controlling Blood Pressure



Who is who and what's new

1. Subcommittee members:

- Tyler Cornell
- Faith Timothy
- Julia Davis

2. Recent happenings:

- Reminder cards of gold standard BP measurement on vitals machines

3. Next steps:

- June medical team meeting presenting BP management with survey to evaluate impact
- Race and gender disparities remain stark; discussing opportunities for targeted outreach



Goal 5: Depression Remission

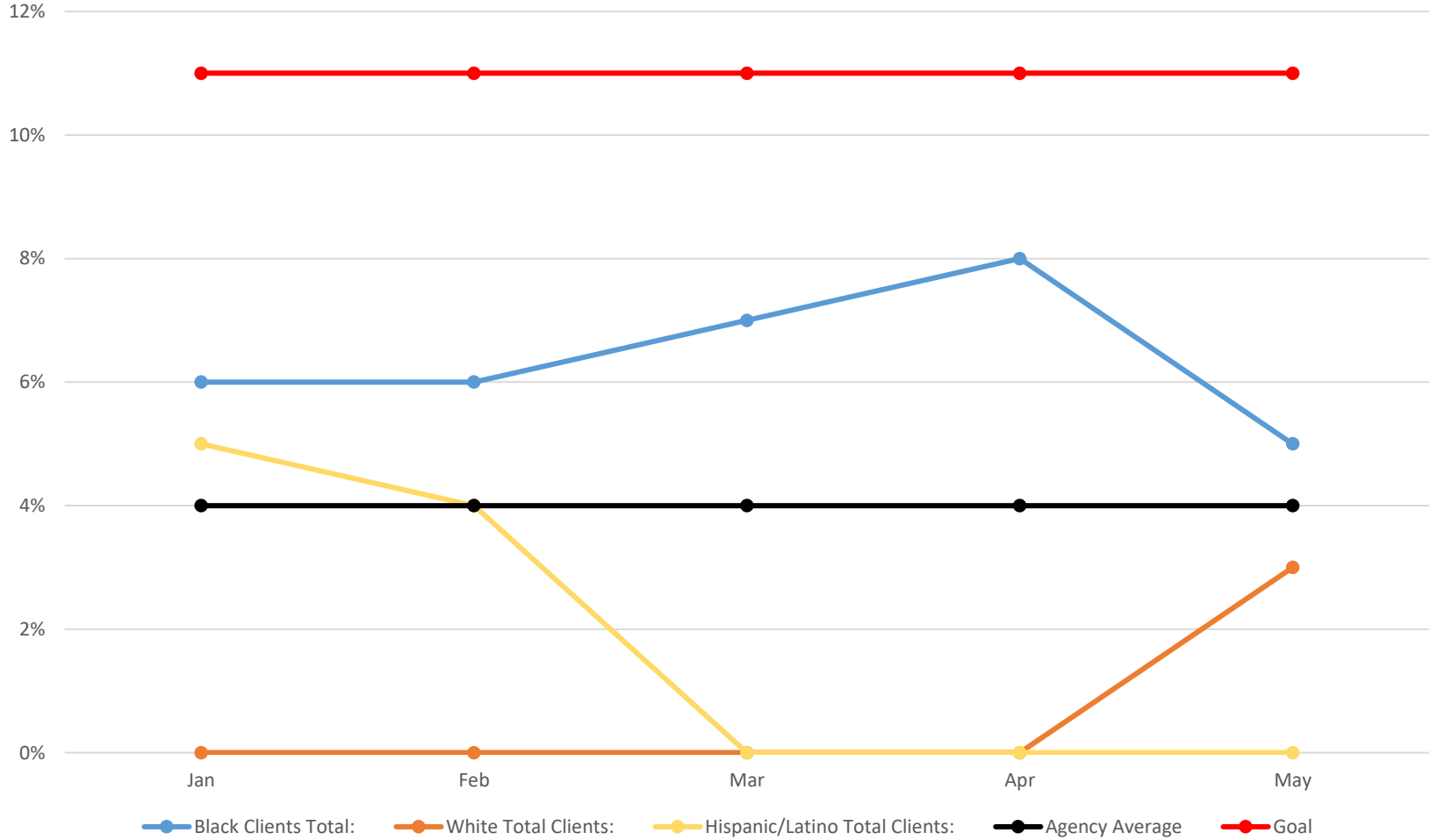
By December 31, 2023, 11% of individuals ages 12+ diagnosed with depression will achieve depression remission. The Agency will review data and stratify data to identify and address disparities identified for housing status, race, ethnicity, sexual orientation, or gender identity.

How are we doing this month?

April 2023: 4% (goal: 11%)



Depression Remission at 12 months



Who is who and what's new

1. Subcommittee members:

- Jan Ferdous
- Arianne Jennings
- Kellie Dress

2. Recent happenings:

- Difficult to meet this measure due to our client population – investigating whether other HCH programs have had success (and how)

3. Next Steps:

- Modifying Quality Tab view for BHTs and TCMs; re-training on Quality Tab usage for depression remission



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).

How are we doing this month?

May 2023: Agency average 22 days

| Department | 2023 Goal | 2023 YTD Average Third Next Available |
|------------------------|-----------|---------------------------------------|
| HCH - Baltimore County | 12 | 9 |
| HCH - West Baltimore | 19 | 13 |
| HCH - Fallsway | 23 | 23 |



Who is who and what's new

1. Recent happenings

- Currently discussing how to manage provider PTO to level patient access across week/month/year

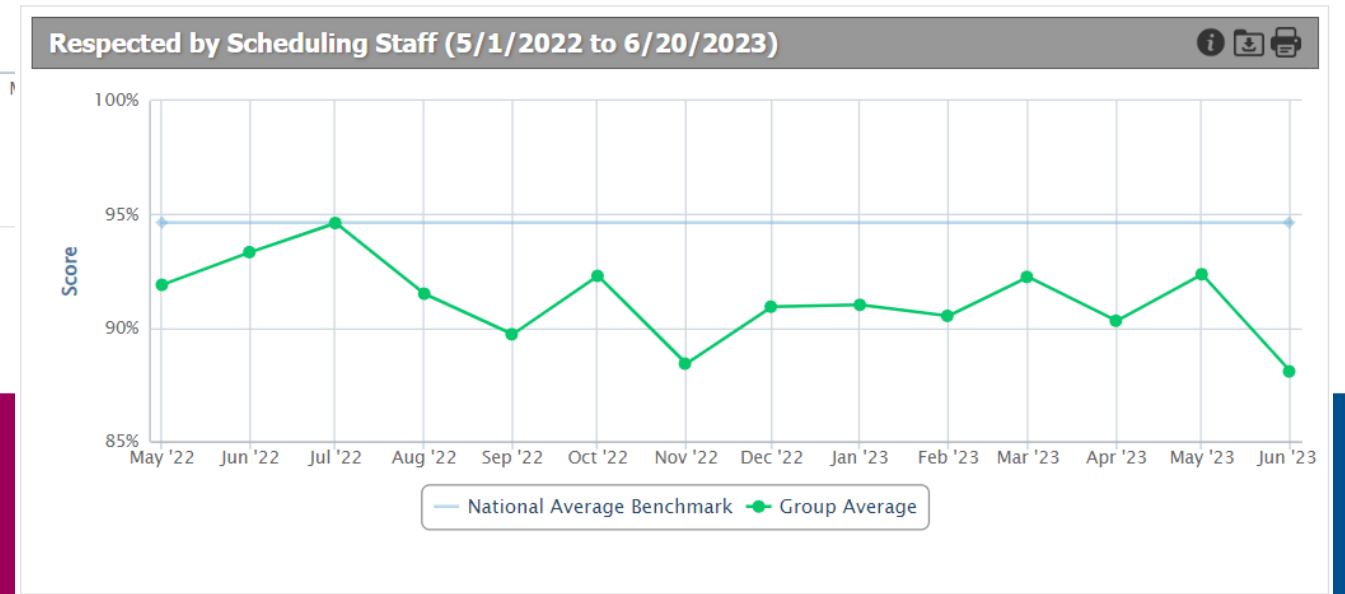
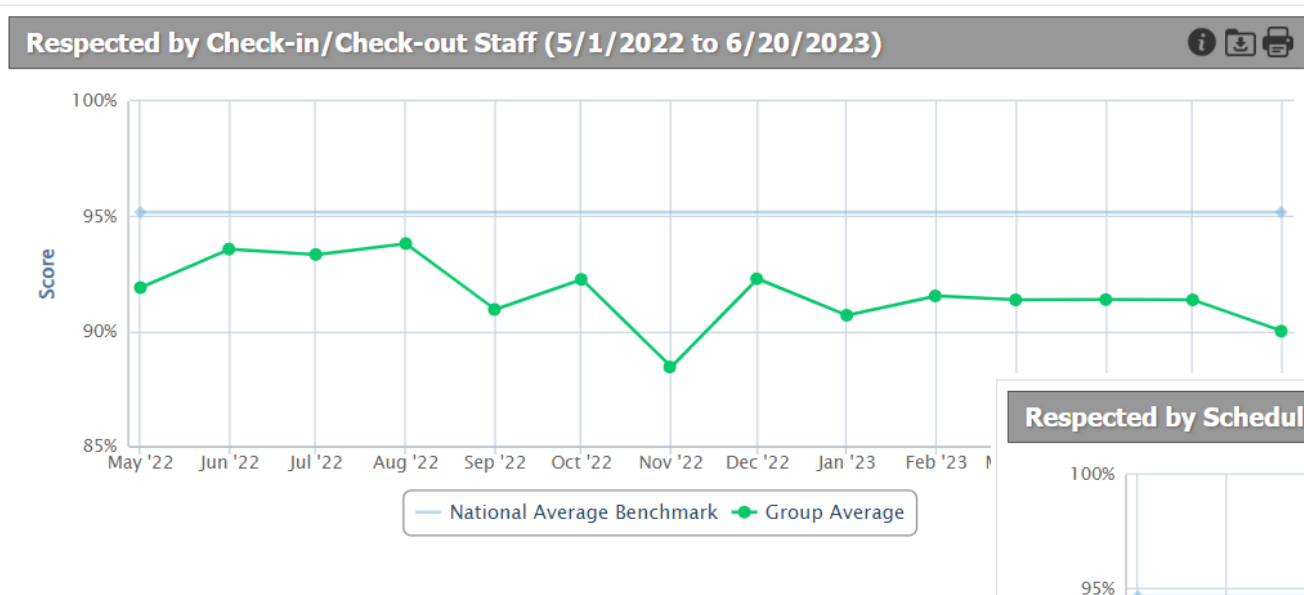
2. Next Steps:

- Joining Fallsway Access meetings to learn about challenges and work already being done



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%



Who is who and what's new

1. Subcommittee members:

- Muhammed Mamman
- Juanita Peterson
- Lisa Lefavore
- Hala Salih
- Gia Johnson
- Tara Dorsey
- Malcolm Williams
- Maonry Leonzo
- La Keesha Arrington-Vega
- Mona Hadley

2. Recent happenings:

- Completed observations of call center and front desk
 - Seeing RCA observations in practice and prioritizing – RCA on next slide as a reminder
- Community site successes and best practices

3. Next Steps:

- Looking at **line configuration** on first floor at Fallsway
- Flagging system
- Rescheduling huddle for after patient hours time (County)



Client Experience: Root Cause Analysis (RCA)

Possible contributors to low scores on client experience ratings:

| | |
|-------------------------|---|
| Environment | <ul style="list-style-type: none">• Line configuration – delay in check-in (calls up to scheduling)• Microphone challenges• Loud |
| Tools and Equipment | <ul style="list-style-type: none">• Athena causes delays and frustrations• Interpreter line delays and frustrations |
| Client/Staff Factors | <ul style="list-style-type: none">• Challenges with communication between other departments – causes delays and lack of coordinated care• Staffing (lean team on scheduling)• Huddles during client hours (County – change idea in action!) |
| Policies and Procedures | <ul style="list-style-type: none">• Administrative tasks can be challenging to manage among other duties• Working through new systems setups (baselines and reminder calls)• Desire for more guidance documents (scheduling) |
| SDOH/systemic issues | <ul style="list-style-type: none">• At baseline, the most challenging time in client's lives• Access – client wants to be seen tomorrow and can't fit in/triage fills up fast; can't get a hold of a department or provider |

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

How are we doing this month?

May 2023: 96% (goal: 75%)

| Category | DIAGNOSIS | Cohort | CarePlans | % Care Plans Co.. |
|-------------------|----------------------------------|--------|-----------|-------------------|
| Null | Null | 0 | 0 | |
| Behavioral Health | Depression care management | 99 | 99 | 100% |
| Case Management | Psychosocial analysis management | 150 | 146 | 97% |
| Nursing | Nursing care management session | 67 | 59 | 88% |

Who is who and what's new

1. Recent happenings:

- Discussions with champions on best practices: benefits, challenges, and workflow design

2. Next Steps:

- Providing monthly care plan report to departmental supervisors
- Leadership to communicate with teams to maintain visibility
- Disseminating best practices
 - Integration of SMARTIE goals
 - Supervisor reviews and highlights
 - Communicating goals and successes with clients through the course of care



Goal 9: Flu Vaccination Rate

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

The 2022-23 flu season is over!

April 2023: 20% (goal: 45%)



Who is who and what's new

1. Preliminary planning:

- Shannon Riley
- Tracy Russell
- Arie Hayre-Somuah
- Marie Stelmack
- Lisa Hoffmann

2. Recent happenings/next steps:

- Planning for next flu season!
 - Explore if we can capture offer rate (in addition to actual flu vaccine completion rate)
 - Consider best workflow(s) for non-medical clients who are interested in flu vaccine
 - Youtube video on desktop for quick facts



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%.

How are we doing this month?

April 2023: 1% (goal: 5%)



Who is who and what's new

1. Subcommittee members:

- Tyler Gray
- Iris Leviner

2. Recent happenings:

- SOP is finalized!
- Lunch and learn on advance directives forthcoming; date TBA (September)

3. Next steps:

- Provide medical provider training in June around how to have this conversation and how to satisfy the measure



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

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

Or Tracy Russell (Care Plans, Advance Care Planning, Flu)

