Monthly Performance Improvement Meeting

March 16, 2022

Overview

1. Wake-Up Trivia

2. Patient Safety Week Updates
   - Find the Hazard game with Tara!
   - Plus Pop health highlights with Shannon!

3. 2022 PI Goals
   - Final 2021 UDS Data
   - Status Updates

4. (If time) Engaging Virtual Meetings

Wake Up Trivia
Tracy Russell

Source: #TIL Today I Learned by Stephen Spignesi

Q: According to frozendessertsupplies.com, the three favorite ice cream flavors in America are: _____, _____ & _____. Number one never changes.

A: Vanilla

Chocolate

Cookies 'n Cream

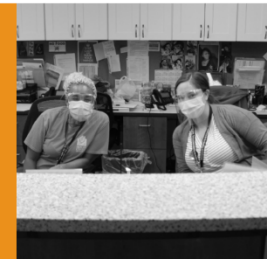Q: The three most common phobias of the modern world are:

A: Fear of public speaking

        Fear of heights

        Fear of bugs & insects

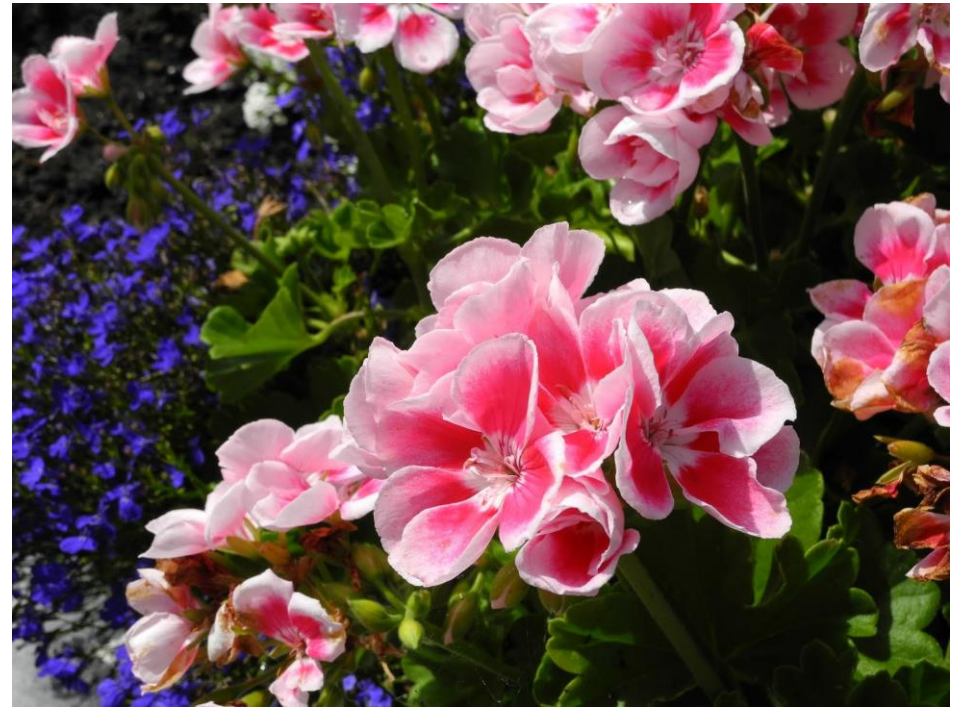Q: What are the three most photographed places in the world?

A: Central Park in NYC

          Big Ben in London, English

          Eiffel tower in Paris, France

Q: What are the top three most popular flowers?

A: The rose

The carnation

The tulip

Patient Safety Week

March 14th-18th

And Highlights from Pop Health!

Week-long Activities – More specifics on the portal!

Daily Events	
WHAT MATTERS MONDAY	Your Compliance Team will be inviting clients and staff to share what health care safety means to them. Staff and clients are invited to share their answers by posting on designated "Safety Matters" boards at each site.
TAKE CARE TUESDAY	Practice self-care and join your colleagues for some food and relaxing activities.
WASH YOUR HANDS WEDNESDAY	Take part in a **"hands-on" Glow Germ learning session at the community sites**. Or pop into virtual trivia if you're part of the Housing Services Department.
TELL US ABOUT IT THURSDAY	Celebrate incident reporting with prize drawings for those that reported an incident in 2021 and chances to win real-time prizes with walking trivia!
FIT FRIDAY (FIT = FECAL IMMUNOCHEMICAL TEST)	**Wear navy blue** to show your support for Colorectal Cancer Awareness Month. Learn about our efforts to increase Colorectal Cancer screenings and reducing the risk for missed diagnosis from our Performance Improvement team. *We hear there will be cake...*

FIND THE HAZARD GAME!

Preventive Care

- March is Colorectal Cancer awareness month!

- We have launched a month-long campaign initiative
  - Signs, added content to t.v. loop, added info to Kevin's teasers, medical team bulletin board decorated with material
  - Provided training to CMAs + RNs on how to reconcile Colorectal Cancer Screening data in Athena
  - Provided RN training on Colorectal Cancer Screening Workflow
 - Providing regular updates to Medical team throughout the month

Colorectal Cancer: Fast Facts
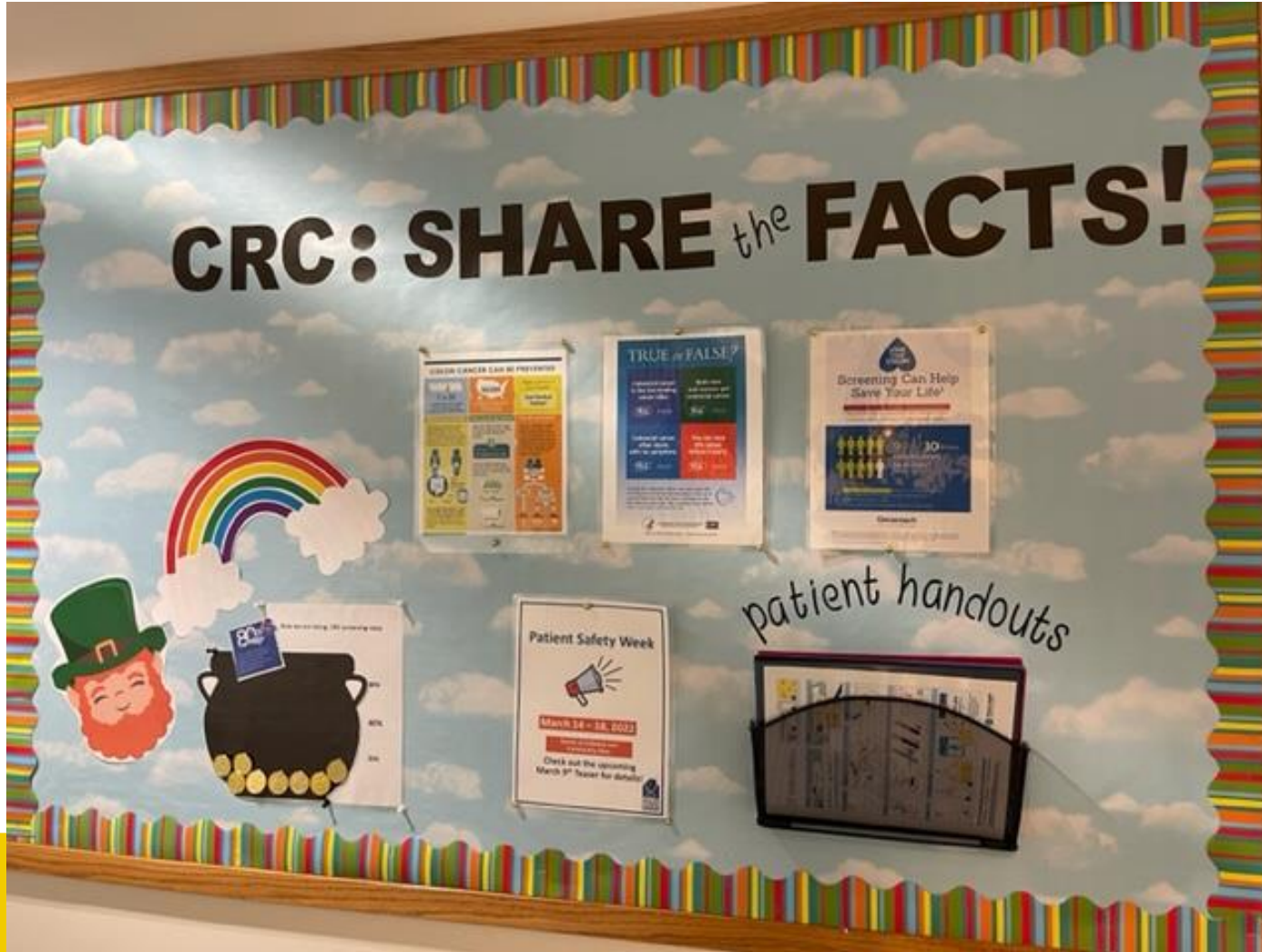
- 1 in 20 people in U.S. diagnosed in their lifetime

- 50,000 people in the US die every year from colon cancer

- Most people with early colon cancer have no symptoms

- Everyone should begin <u>testing at age 45</u> regardless of health status

- **In early stages, 9 out of 10 survive**

- **In late stages, 1 out of 10 survive**

-American Cancer Society

Medical Hallway Bulletin Boards
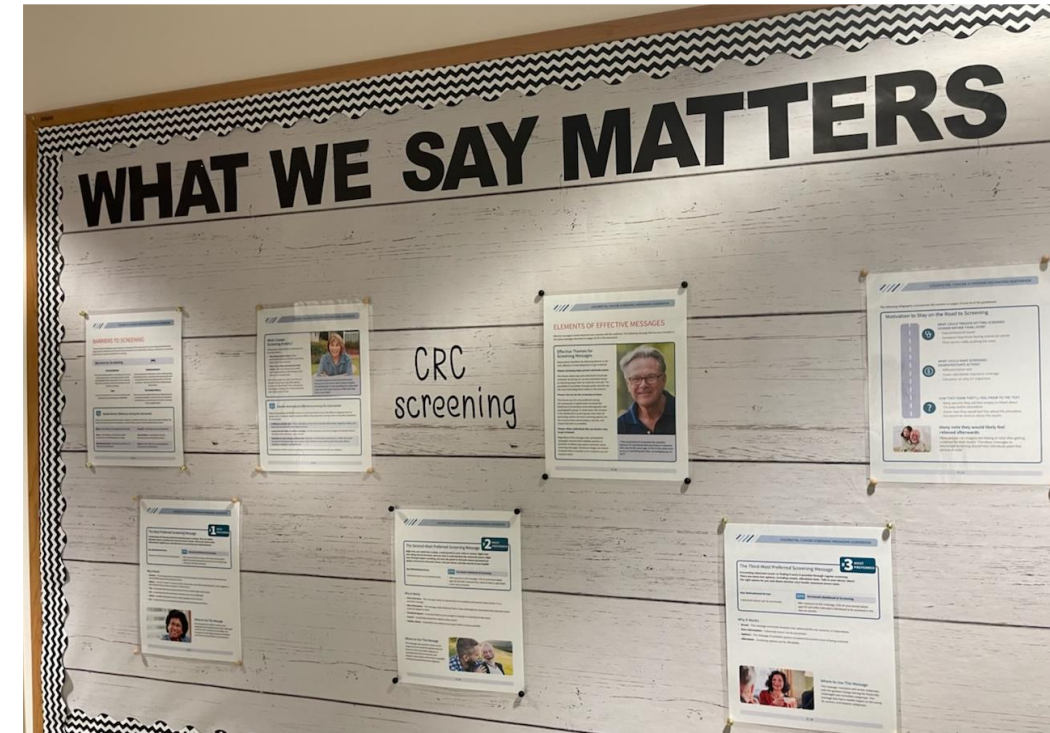
OB Tracking

Date	Tracking	Completed	Losses
12-28-21	10	5	2
1-18-22	16	10	2
2-14-22	23	11	2
3-14-22	31	14*	2

*1 client did not receive prenatal care. Delivered on 2/13 at full term. Some dating discrepancy. We are continuing to follow. Root cause to be determined.

Since tracking began in December of 2021 (with some cases dating back to September), we have been tracking a total of 46 clients.

OB Tracking - themes

- Refer date to entry into care date

    - EGA upon presentation at HCH variable (implications)

    - wide variance in how long it takes to enter care (usually about 6-8 weeks)

- CRISP only partially reliable. Determined need to contact clients by phone.

- State bills introduced this month:
    - Healthy Babies Equity Act -- ** update: Joanna if available!
        - Gaining traction
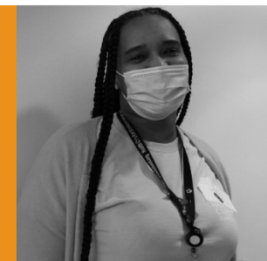   - CASA led testimonies/moving bill at the Maryland Senate on 3/8
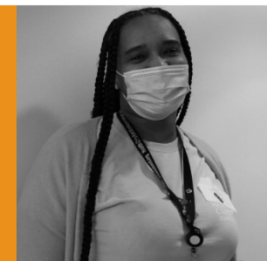
Diabetes Education

Julia has identified 2 clients to test out our 6-week education packets!

👏👏👏👏

Some dial back due to client no-shows. Julia identified article that suggests many people fall out of long-term education plans due to lack of resources.

* reexamine 6-week approach * videos to promote equity

2022 PI Goals

Status Updates

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.

Status Update

- **Trainings:** Only new hires have attended an agency PI training thus far
- **Innovation Challenge** (see separate document for more specifics)
  - As a precursor to participating in the challenge, staff will be required to first watch a PI training on the basics of the Plan-Do-Study-Act (PDSA) cycle
  - Timeline:
    - End of March: Launch Challenge
    - April-July: Teams pilot small change ideas
    - August: Ideas that teams would like to see sustained get submitted to PI, staff record their idea, PI/Compliance select winners (5 total from the agency)
    - September 29th: Innovation Celebration event

Innovation Challenge Workflow
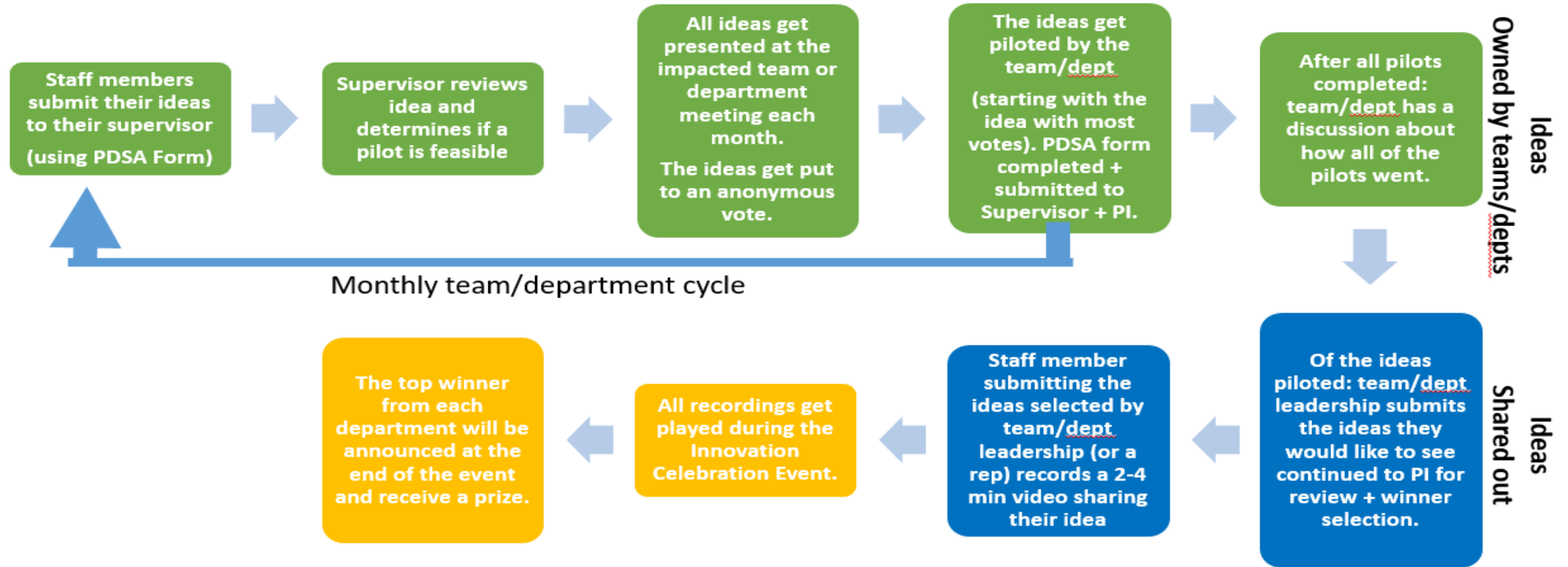
Updates to Innovation Challenge since last month

- Lower barriers to participation
  - Teams are not mandated to participate but client-facing teams in particular are encouraged to and are encouraged to test out at least 1 idea
  - Final submission to the judges can be a recording or a slideshow

- Additional Support
  - Designated members of PI + Compliance teams to act as consultants for HCH teams and departments
  - Created Feasibility Scale
  - Adding content about how to win the challenge

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.**

Agency Quality KPIs

	Key	
	UDS	
	HEDIS	
	Other Agency Priorities	

- See finalized UDS data (next slide)
- All other data not yet reportable
  - Continuing to have monthly Referrals meetings
  - Reinforcing SDH screening with staff (annual)

[1]Please see PI Policy for definitions of Quality Indicators
[2] Baseline data pending due to Athena Transition – expected baseline data Q1 2021
[3] Will add REI health Equity KPI goals after receiving some data

| Agency Quality KPIs[1]	2021 Baseline Data[2]	2022 Data	Target[3]
Cervical Cancer Screening			
Child Weight Screening / BMI / Nutritional /Physical Activity Counseling			
Colorectal Cancer Screening			
Screening for Depression and Follow-Up Plan			
Hypertension Controlling High Blood Pressure			
Diabetes: Hemoglobin A1c Testing (HEDIS)			
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)			
BMI Screening and Follow-Up 18+ Years			
Childhood Immunization Status			
HIV linkage to care			
Dental Sealants			
Breast Cancer Screening			
HIV Screening			
Depression Remission at 12 months			
Tobacco Use: Screening and Cessation (NQF 0028)			
IVD Aspirin Use			
Early Entry into Prenatal Care			
Low Birth Weight			
Care Coordination: External Referrals Completion Rate within 12 weeks			
Care Coordination: Lab Tracking and Follow up			
SDH: Agency Ask Rate			

Final 2021 UDS data

Trend	Measure	Complete UDS Data		
		2019 Result	2020 Result	2021 result
	Cervical Cancer Screening	59.6%	58%	41%
	Child Weight Screening / BMI / Nutritional /Physical Activity Counseling	60.6%	42%	55%
	Tobacco Use: Screening and Cessation (NQF 0028)	85.0%	64%	55%
	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	84.9%	84%	77%
	IVD Aspirin Use	79.2%	81%	56%
	Colorectal Cancer Screening	47.2%	37%	25%
	Screening for Depression and Follow-Up Plan	81.6%	78%	42%
	Hypertension Controlling High Blood Pressure	55.8%	59%	48%
	Diabetes A1c > 9 or Untested	29.6%	36%	52%
	BMI Screening and Follow-Up 18+ Years	77.4%	52%	10%
	Childhood Immunization Status	4.7%	21%	24%
	HIV linkage to care	100.0%	100%	100%
	Dental Sealants	100.0%	50%	0%
	Breast Cancer Screening	new	84%	34%
	HIV Screening	new	78%	64%
	Depression Remission at 12 months	new	2%	9%
	Early Entry into Prenatal Care (first visit in first trimester)	62%	31%	78%

UDS data

Measure	Complete UDS Data 2021 result	Athena UDS Data 2022 (3/15/22)
Cervical Cancer Screening	41%	35%
Child Weight Screening / BMI / Nutritional /Physical Activity Counseling	55%	9%
Tobacco Use: Screening and Cessation (NQF 0028)	55%	29%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	77%	81%
IVD Aspirin Use	56%	82%
Colorectal Cancer Screening	25%	19%
Screening for Depression and Follow-Up Plan	42%	34%
Hypertension Controlling High Blood Pressure	48%	46%
Diabetes A1c > 9 or Untested	52%	45%
BMI Screening and Follow-Up 18+ Years	10%	37%
Childhood Immunization Status	24%	15%
HIV linkage to care	100%	0%
Dental Sealants	0%	0%
Breast Cancer Screening	34%	N/A
HIV Screening	64%	25%
Depression Remission at 12 months	9%	40%
Early Entry into Prenatal Care (first visit in first trimester)	78%	0%
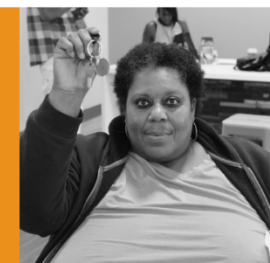
Status Update

- **Meeting weekly** with Medical

- PI has been **providing trainings** on how to satisfy the Quality Tab Measures in Athena
  - High Level overview of Quality Measures Tab Training
  - Individual Measure trainings
    - Depression Screening & Follow-up and Depression Remission Measures
    - Tobacco Use Screening and Cessation Education
    - Cancer Screenings
      - Colorectal cancer
      - Cervical cancer
      - Breast Cancer
    - BMI

- **Data transfer**: PI has also been supporting medical team with data reconciliation support. Task will transition to Medical team over the next month.

Athena UDS Quality Measures: Training Timeline

Measure Title	Status	Phase #	Estimated Completion Date
Cervical Cancer Screening	Re-do	1	**March 17th**
Colorectal Cancer Screening	Re-do	1	**March 17th**
Depression Screening and Remission	Complete	1	Completed
Smoking Cessation	Complete	1	Completed
Breast Cancer screening	Complete	1	Completed
BMI screening and follow-up 18+ AND child Weight Screening and Counseling		2	**March 17th**
UDS Provider Cheat Sheet		2	**March 17th**
Diabetes A1c Testing		2	March 24th
Diabetes A1c Control		2	March 31st
HIV Screening		2	March 31st
Hypertension Control		2	April 7th
Childhood Immunizations		3	April 14th
Dental Sealants		3	April 21st
IVD Aspirin Use		3	April 28th
Low Birth Weight		3	May 5th
Early Entry - Prenatal Care		3	May 12th

Resource Stewardship Goal

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.)

Status Update

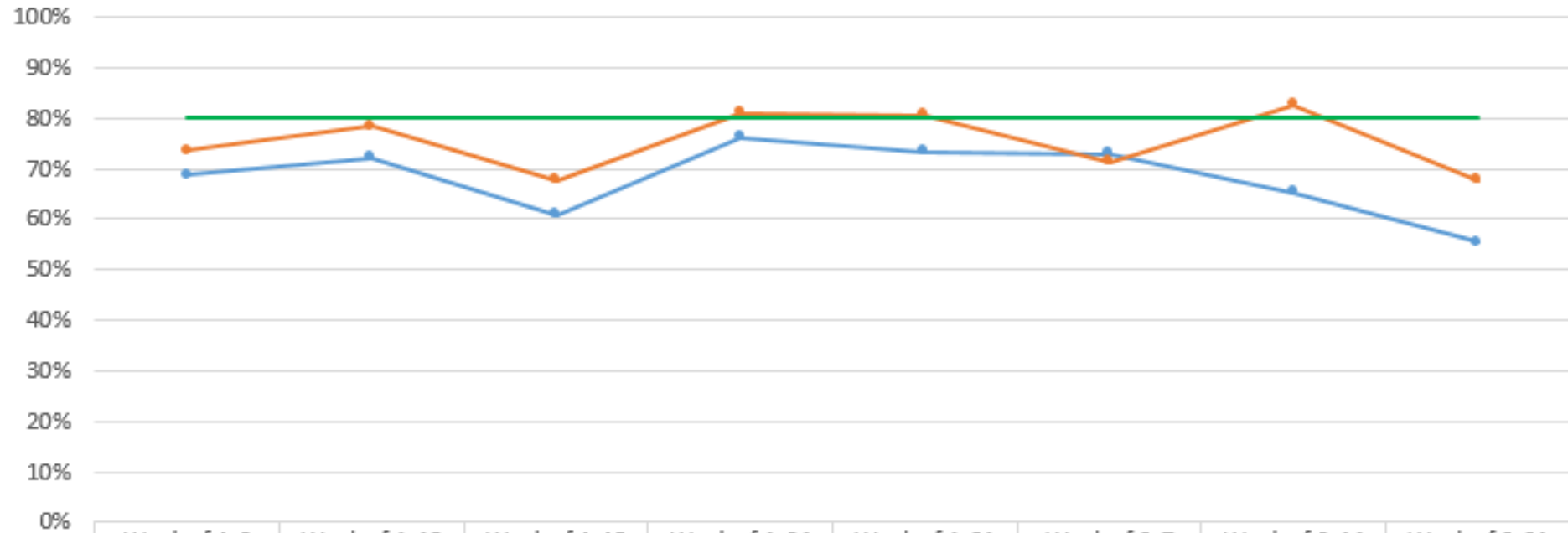- We do not yet have this report or data available due to HIT capacity limitations

Client Access Goal (also our Client Experience Goal)

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

Access Stats Quarter to Date

Weekly Encounters % to Goal

	Week of 1-3	Week of 1-10	Week of 1-18	Week of 1-24	Week of 1-31	Week of 2-7	Week of 2-14	Week of 2-21
All Departments	69%	72%	61%	76%	73%	73%	65%	55%
BH/Med/Pscy	74%	78%	68%	81%	81%	71%	82%	68%
Goal	80%	80%	80%	80%	80%	80%	80%	80%

Access Stats Department View (Quarter to Date)

Does not include Holiday Weeks

Weekly Encounters by Dept	GOAL	Weekly Average	% to Goal
Fallsway Medical	445	363	82%
Fallsway Nursing	127	102	80%
West Baltimore	119	94	79%
MAT RN	78	60	77%
Behavior Health	293	221	76%
Case Management	304	229	75%
Psychiatry	172	124	72%
Psych OT	37	26	71%
Supportive Housing	692	481	70%
Mobile	22	12	54%
CHW and Outreach	106	55	52%
Baltimore County	136	59	44%
SOAR	39	6	15%

Vendor search for Client Experience Survey

1. Ruled out Qure4u and Phreesia (both had intake system)

2. Narrowed down to two options (see below)

3. Hope to have a contract with a vendor by end of Quarter 1

Vendor	real-time feedback	intake required	annual survey	volume of provider limitations	Cost	Commitment required	benchmarking available?	Staff Feedback Option available	Customer Service	Onboarding process
Feedtrail	yes	no	yes	yes (< or > 54)	20,300 or 26,880 (for 12-month contract)	12-, 24-, 36-month contracts available	yes (caveat: not many clients administer CAHPS survey so benchmarking will be by composites and not on exact questions)	Yes (caveat: <54 provider option caps us at <54 staff being surveyed)	Fast response time, designated onboarding specislits, designated Customer Sucesss Manager	6-8 weeks
RSA	no	no	yes	No	10,050 (for same # clients as last time) or	Annual	yes	Yes	Smaller team without cross-coverage plan; may result in delayed response time when staff are out of office.	N/A - have already been working with RSA for Client Experience Survey
Medstatix	yes	no	yes	yes (pay per provider $30)	Depends on # of providers whose services we decide to poll.	month-to-month	Unsure	No	Slow response time during vendor selection process. Appear to have limited staffing/support.	Almost instantatneous due to being integrated into Athena. Will require minimal support from our HIT team.

Go forth to engage & innovate!