# Monthly Performance Improvement Committee

May 2023

Presenters:

- Lisa Hoffmann, Director of Quality Improvement

- Marie Stelmack, Quality Improvement Specialist

- Tracy Russell, Director of Population Health and Care Coordination

HEALTH CARE for the HOMELESS

Agenda

1. Morning chat (3 min)

2. PI updates (35 min)

3. Women's Health Day reminder (1 min)

4. Questions and discussion (5 min – can also ask along the way!)
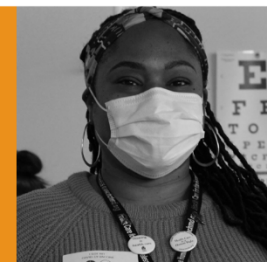
Morning!

Show us your phone background and tell us why you picked it.

May PI

Kick-offs, change ideas, and collaboration!

2023 PI Measures

Disease Management	HCH 2022	Q1	APR (YTD)	2023 Goal
Reduce inappropriate antibiotic prescriptions	new			<25%
Hospitalization follow-up	new	--	95%	65%
Body Mass Index (BMI) Screening and Follow-up	26%	27%	36%	65%
Controlling high blood pressure	58%	56%	58%	65%
Depression Remission at Twelve Months	9%	2%	4%	11%
Third Next Available: see next slides				
Client Experience: see next slides				
Care management (with care plan)	67%	96%	94%	75%
FLU: adult vaccination rates	16%	20%	n/a	45%
Advance Care Planning	new	1%	1%	5%

Goal 1: Antimicrobial Stewardship

Throughout 2023, monitor the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis or upper respiratory infection (URI) who were prescribed an antibiotic prescription (Goal = <25%). 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?

April 2023: Pending report (goal <25%)

Who is who and what's new

1. **Subcommittee members:**
   - Iris Leviner
   - Liz Galbrecht

2. **Recent happenings:**
   - Developed goal charter
   - Started work on a root cause analysis (RCA)

Antimicrobial Stewardship: RCA

Potential root causes of inappropriate antibiotic prescribing (globally speaking):

1. Miscoding (e.g. client prescribed amoxicillin for co-occurring condition)

2. Client request for antibiotics

3. Rushed providers

4. Declining to prescribe can bring negative consequences for the provider (e.g. reviews)

Next Steps:

1. Continue to work toward Agency-wide report

2. Dig into provider level data available

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?

April 2023: 95% (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:**
   - Texting pilot to remove burden of calls
   - Continued exploration of call center RN processes and improvements
     - New report to help prioritize clients to call
   - SOP drafted to sustain process

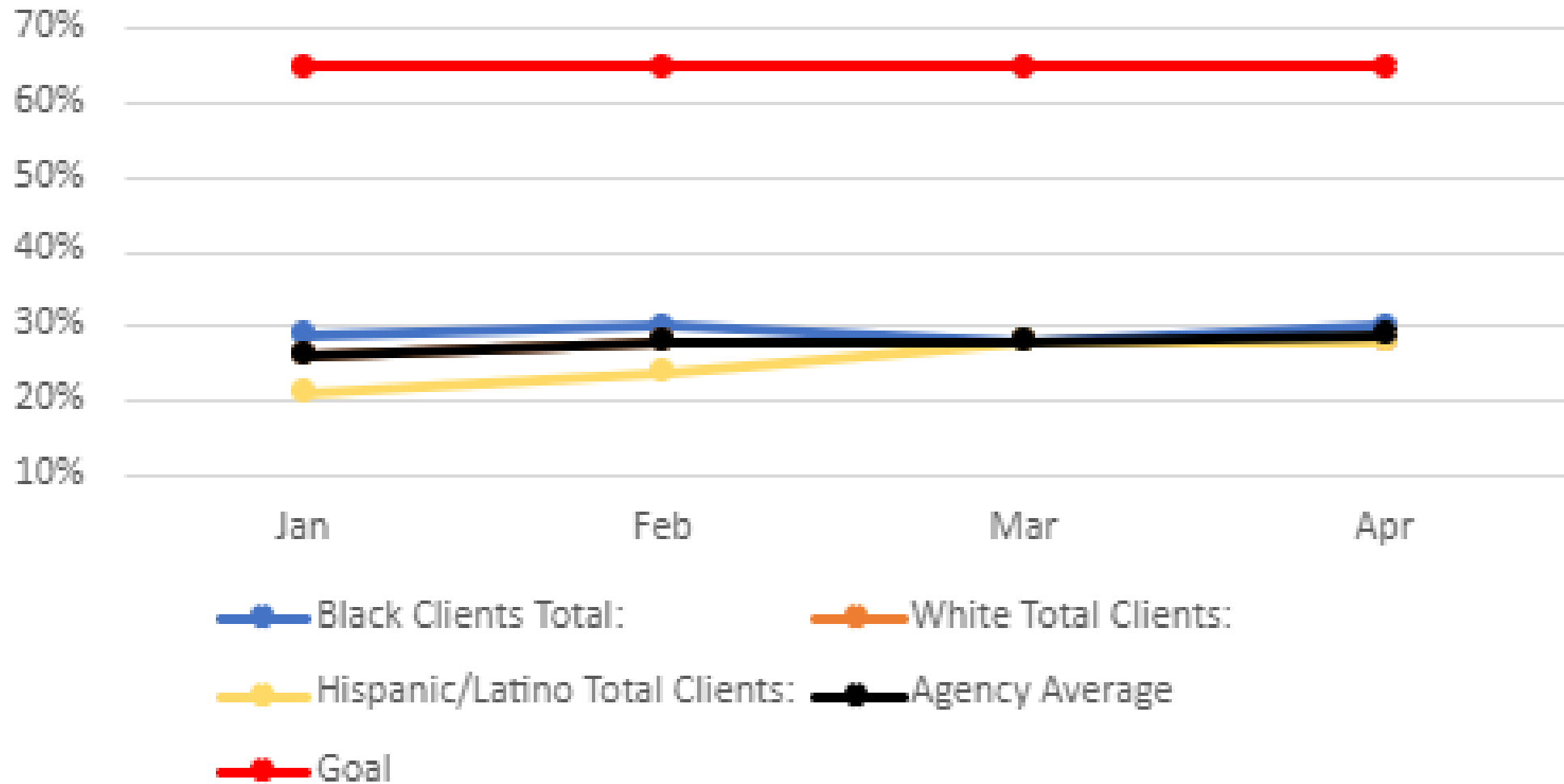# Goal 3: Health at Every Size

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?

April 2023: 36% (goal 65%)

Adult BMI screening and followup

Legend:
- Black Clients Total:
- White Total Clients:
- Hispanic/Latino Total Clients:
- Agency Average
- Goal

Who is who and what's new

1. **Subcommittee members:**
   - Arie Hayre-Somuah
   - Amelia Jackson
   - Meredith Johnston
   - Molly Greenberg
   - Adrienne Trustman

2. **Recent happenings:**
   - Developed materials for exam rooms
   - Developing survey to evaluate impact of training
   - Reviewing provider level data to determine champions

3. **Next Steps:**
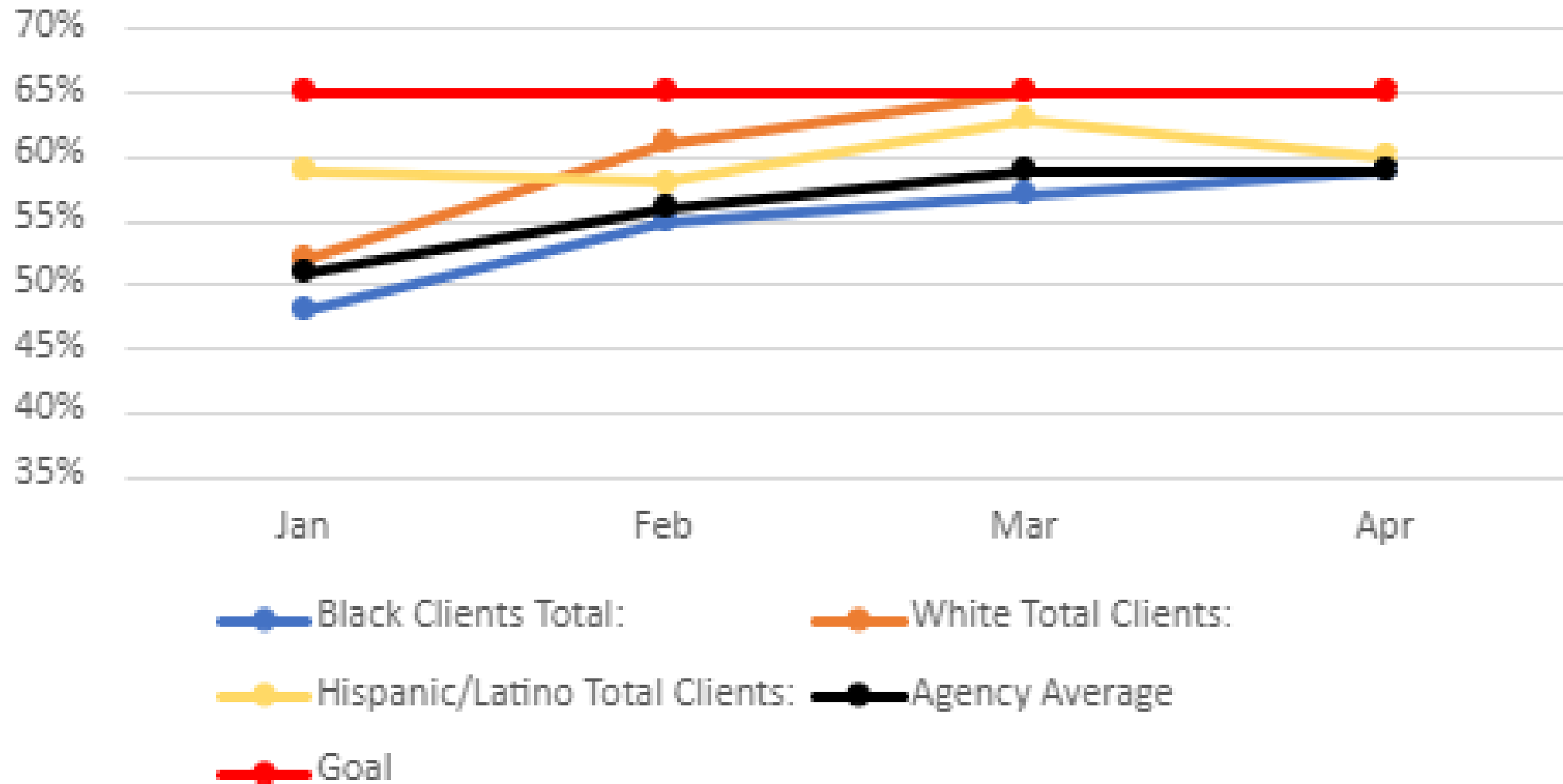   - Kick-off meeting this Friday!

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?

April 2023: 58% (goal: 65%)

Who is who and what's new

1. **Subcommittee members:**
   - Tyler Cornell
   - Faith Timothy
   - Julia Davis

2. **Recent happenings:**
   - Retrospective review of no shows for BP follow up appointments
   - Reminder cards of gold standard BP measurement on vitals machines

3. **Next steps:**
   - Discussing change idea to perform outreach with registry of clients with uncontrolled BP
   - June medical team meeting presenting BP management with survey to evaluate impact

Blood Pressure Control: Evaluating BP Follow Ups

	Nurse 1		Nurse 2		Nurse 3	
	Completed	N/S	Completed	N/S	Completed	N/S
Monday	2	3	0	0	4	1
Tuesday	2	1	2	0	4	2
Wednesday	2	2	3	0	7	0
Thursday	0	0	2	1	3	0
Friday	4	1	1	0	2	0
Total	10	7	8	1	20	3
Percentage	59%	41%	89%	11%	87%	13%

Of 49 visits, 38 (78%) were kept and 11 (22%) were no-show

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
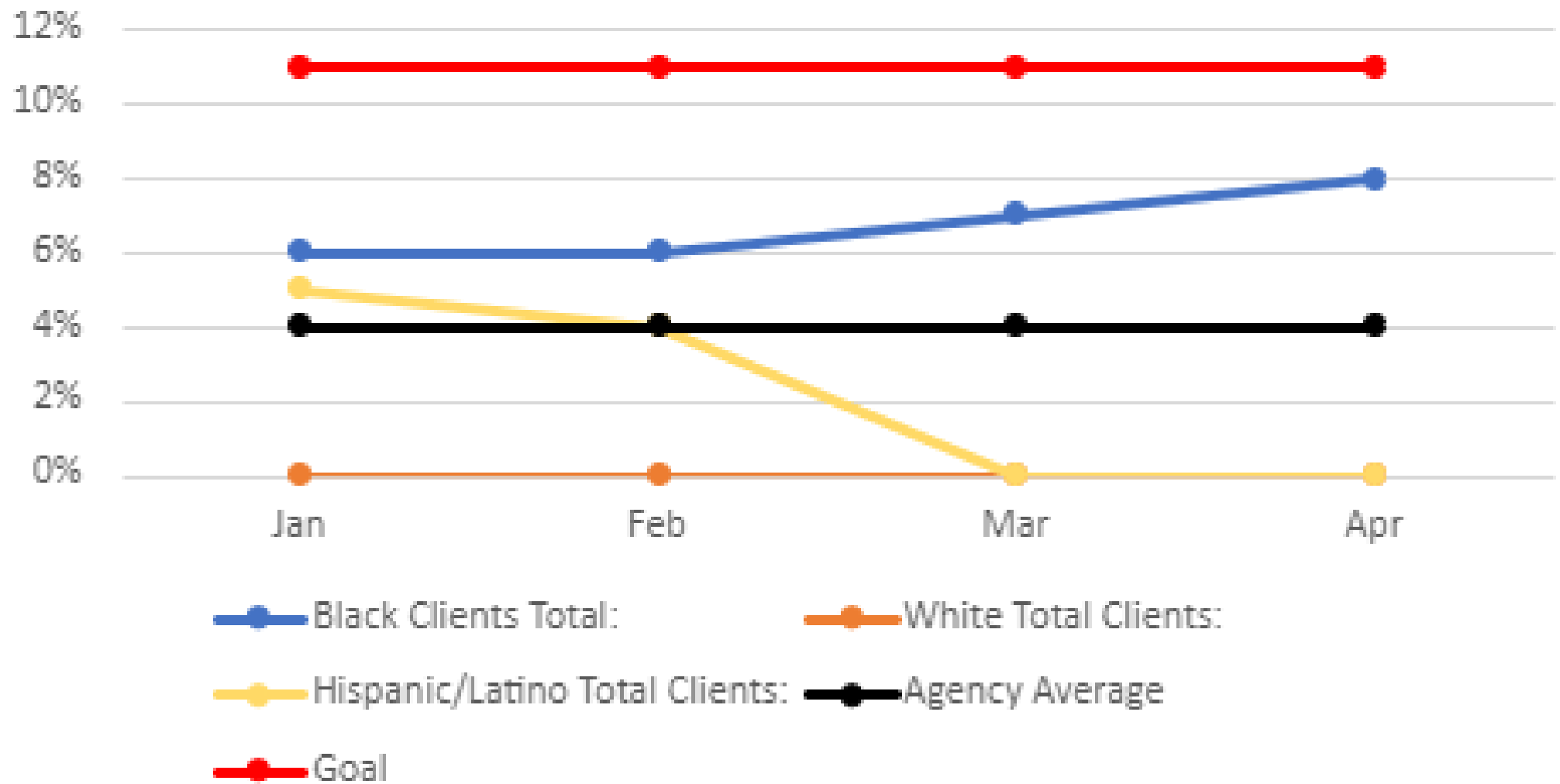
Who is who and what's new

1. **Subcommittee members:**
   - Jan Ferdous
   - Arianne Jennings
   - Kellie Dress

2. **Recent happenings:**
   - Developed charter
   - Determined not to move forward with warm hand off pilot

3. **Next Steps:**
   - Modifying Quality Tab view for BHTs and TCMs
   - Re-training on use of the Quality Tab in relation to this measure

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?

April 2023:

Department	2023 Goal	2023 YTD Average Third Next Available
HCH - Baltimore County	12	9
HCH - West Baltimore	19	13
HCH-421 Fallsway	23	23

Who is who and what's new

1. **Recent happenings**
   - Met with community sites – challenges with shifting scheduling templates
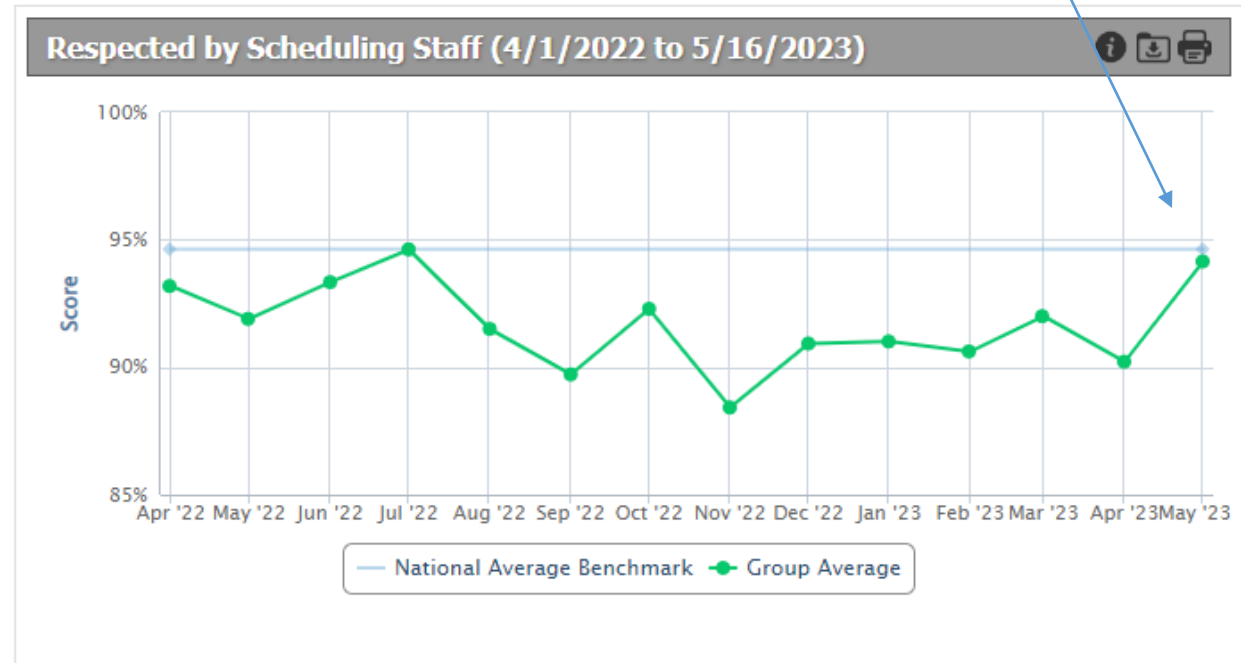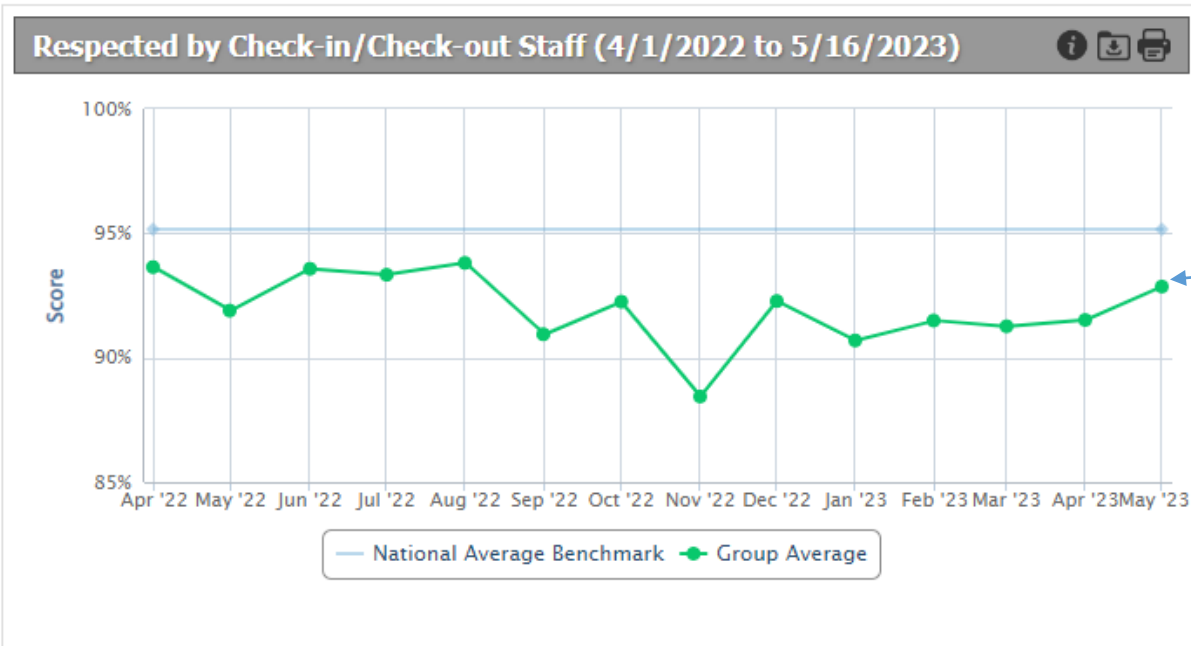
2. **Next Steps:**
   - Joining Fallsway Access meetings to learn about challenges and work already being done

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%

93%!

94%!

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:**
   - Collaborated on RCA
   - Coordinating observation

3. **Next Steps:**
   - Determining first change idea
   - Kick off meeting with full subcommittee scheduled for

Client Experience: Root Cause Analysis (RCA)

Possible contributors to low scores on client experience ratings:	
Environment	• Line configuration – delay in check-in (calls up to scheduling) • Microphone challenges • Loud
Tools and Equipment	• Athena causes delays and frustrations • Interpreter line delays and frustrations
Client/Staff Factors	• Challenges with communication between other departments – causes delays and lack of coordinated care that • Staffing (lean team on scheduling)
Policies and Procedures	• 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	• 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?

April 2023: 94% (goal: 75%)

Category	DIAGNOSIS	Cohort	CarePlans	% Care Plans Completed
Behavioral Health	Depression care management	83	83	100%
Case Management	Psychosocial analysis management	111	105	95%
Nursing	Nursing care management session	40	35	88%

Who is who and what's new

1. **Recent happenings:**
   - Discussion with leadership on challenges and ideas for change

2. **Next Steps:**
   - Identifying and interviewing champions on best practices
   - Providing monthly care plan report to departmental supervisors
   - Leadership to communicate with teams to maintain visibility

Goal 9: Flu Vaccination Rate

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

How did we do?

April 2023: 20% (goal: 45%)

Who is who and what's new

1. **Preliminary planning:**
   - Shannon Riley
   - Tracy Russell
   - Arie Somuah

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:**
   - Finalizing a SOP for the medical team

3. **Next steps:**
   - Provide medical provider training in June around how to have this conversation and how to satisfy the measure

Tomorrow (May 18ᵗʰ) is Women's Health Day!

Thursday 12 – 2 PM

Second Floor Group Rooms

Health education, giveaways, fun arts & crafts, food

For clients; please spread the word!

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)