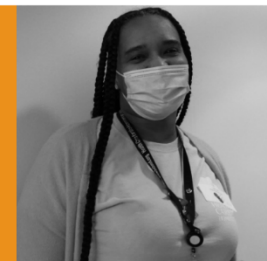# November Monthly PI Committee
11/16/2022

Overview

1. Wake-up Trivia

2. Quality KPI Data

3. 2022 PI/PH Goal updates

4. Review of (nearly) Final 2023 PI Goals

5. Announcements

Wake-Up Trivia

Theme: Fall

Many people love pumpkin spice lattes this time of year!

Pumpkin is which ingredient in pumpkin spice (i.e. first, second third, etc.)?

Answer: Trick question – It does NOT include pumpkin as an ingredient!

It is generally a blend of ground cinnamon, nutmeg, ginger, cloves and sometimes allspice.
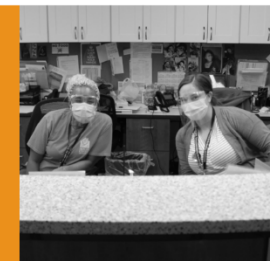
Thousands of people try to quit smoking during the Great American Smokeout, which takes place on the third Thursday of November (tomorrow!)

According to the American Cancer Society, smoking causes an estimated 1 in every __#__ deaths.

Answer: 5

Question 3 of 5

It's pie season! Approximately how many pies are sold in grocery stores every year (not including restaurants and other food service industries)?

Answer: 186 million.

Another fun fact about pie: Pumpkin pie wasn't introduced to the holiday table until the second pilgrim Thanksgiving in 1623.

It's also apple season! What variety of apple is the most widely grown in the U.S.?

Answer: Red Delicious!

Harvard Medical School posted an article on heart health. The article talked about a Swedish study that showed that the rate of heart attacks is lower on which day in the Fall?

Answer: **the Monday after the end of daylight savings time.**

The article also said the rate of heart attacks spiked after the start of daylight savings time in spring.

Sleep is the presumed link between these twice-a-year heart attack trends.
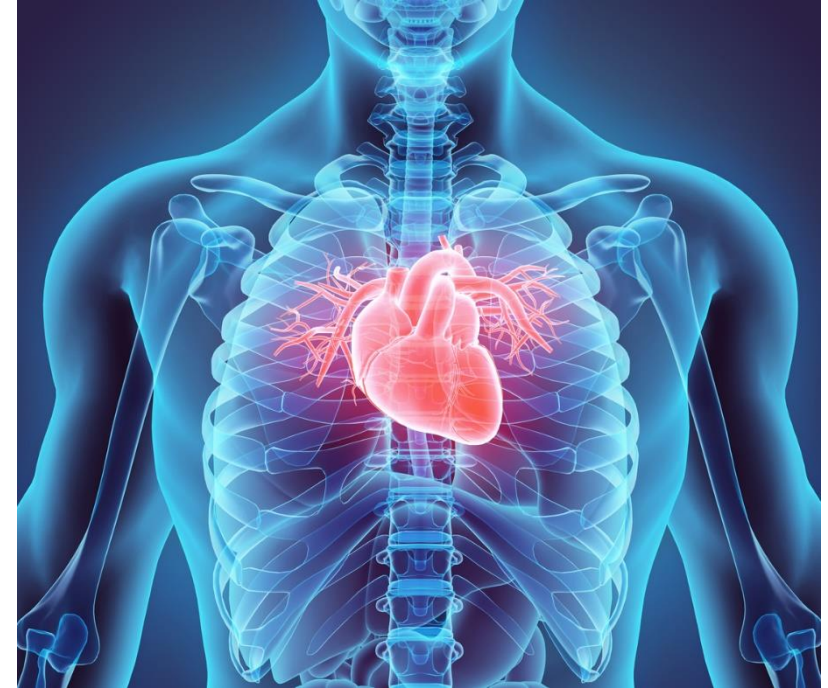
Quality KPI Data

Quality KPIs

Agency clinical quality measure KPIs
*pulled on 3/15
**Data pulled the 5th of each month, reflecting year to date totals
***quarterly data pull (represents quarter)
****trailing year

| Measure Name	2021 Baseline UDS data	Var to 3/15 Athena Data	Trend	Feb	*Mar (15th)	Apr	May	June	July	Aug	Sept	Oct	Nov	To goal	2022 Goal
Body Mass Index (BMI) Screening and FollowUp	10%	7%			17%	18%	19%	21%	25%	24%	25%	26%	26%	39%	65%
Breast Cancer Screening	34%	-10%			24%	30%	30%	34%	34%	34%	35%	34%	35%	5%	40%
Cervical cancer screening	41%	-6%			35%	39%	41%	43%	46%	49%	49%	50%	50%	9%	59%
Childhood Immunization Status	24%	-24%			0%	11%	12%	11%	10%	10%	9%	8%	8%	17%	25%
Colorectal cancer screening	25%	-7%			18%	21%	24%	26%	27%	28%	29%	29%	30%	MET	30%
Controlling high blood pressure	48%	-3%			45%	48%	50%	51%	52%	54%	56%	57%	57%	MET	55%
Dental Sealants (ages 6-9 Years)	0%	0%													50%
Depression Remission at Twelve Months	9%	-9%			0%	0%	0%	0%	0%	0%	4%	5%	7%	3%	10%
Depression Screening and Follow-Up Plan	42%	-9%			33%	36%	40%	44%	45%	46%	47%	47%	47%	33%	80%
Diabetes: HbA1c poor control (>9%) [inverse]	52%	5%			43%	52%	48%	45%	44%	41%	39%	39%	37%	MET	40%
Early Entry into Prenatal Care	78%	n/a													80%
HIV Linkage to Care	100%	-100%			0%	0%	0%	100%	100%	100%	100%	100%	100%	MET	100%
HIV Screening	64%	-25%			39%	42%	45%	46%	49%	50%	52%	53%	54%	16%	70%
IVD: Use of Aspirin/Other Antiplatelet	56%	27%			83%	84%	83%	83%	83%	83%	82%	83%	83%	2%	85%
Low Birthweight															
Statin Therapy for Prevention/Treatment of CVD	77%	6%			83%	81%	81%	82%	82%	83%	82%	82%	81%	4%	85%
Tobacco use: screening and cessation intervention	55%	-28%			27%	35%	40%	45%	48%	52%	56%	57%	59%	11%	70%
Wt assessment & counseling for nutrition & PA (Peds)	55%	-46%			9%	11%	16%	20%	25%	29%	32%	39%	46%	12%	58%
FLU: adult vaccination rates												5%	12%	33%	45%
Lab Tracking	n/a										19%				
Referral Tracking (% complete)***	n/a				**23%			**19%			**25%			15%	40%
SDH ask rates****	n/a								***43%		***50%				

2022 accomplishments

- Controlling High Blood Pressure

- Diabetes Control

- HIV early linkage to care

- Colorectal cancer screenings

Nearing goal

- IVD use

- Appropriate statin therapy

- Depression Remission

Uncontrolled (A1C >9)/Untested Diabetes rate by race/ethnicity [INVERSE] (UDS, 2022)

Legend: Agency Average — Black clients — White clients — Hispanic/Latino Clients — Goal
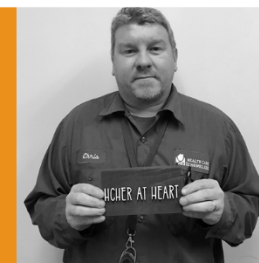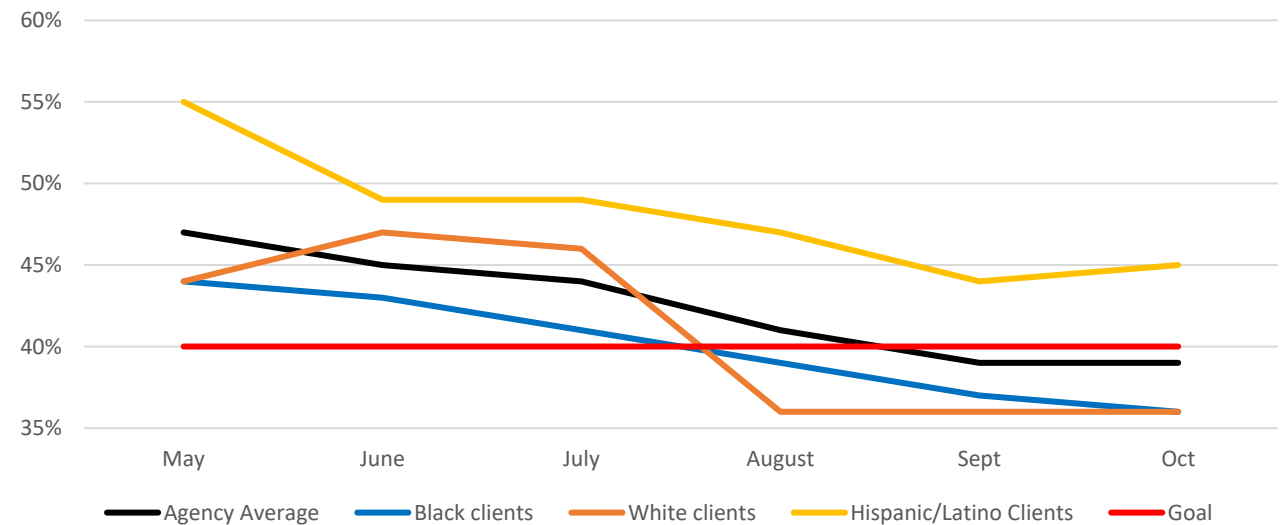
Improvement projects

Depression Remission at 12 months

- BH + HS receiving monthly reports of clients who remain unsatisfied for this measure

- Therapists reviewing charts to ensure they are re-screening PHQ every 3 mos (per agency standards)

- Brings to light clients who may be worthwhile to discuss with supervisor re: approaches for achieving depression remission

Depression Remission @ 12 months

	Aug	Sept	Oct	Nov
12%				
10%				
8%				
6%				
4%				
2%				
0%				
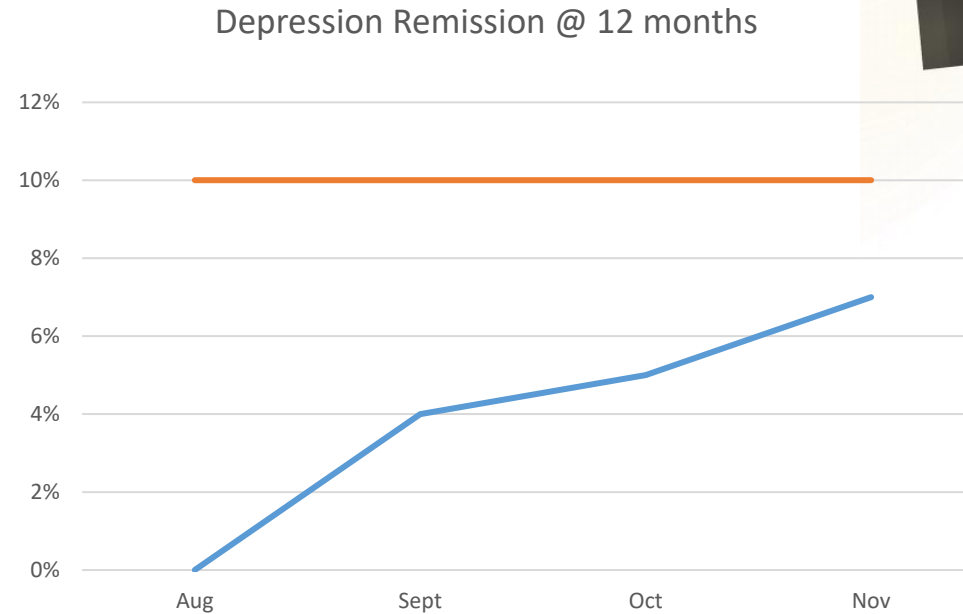
Prioritized measures: Pop Health

- HIV screenings
  - Promoting these with MAT team (high risk population) and partnering with HIV tester
  - Partnering with UMD MPH students to develop pamphlet/tool for clients to self-identify as needing testing as well as encouraging PrEP/ART as needed.
  - Partnering with CSR team on pilot to use a more confidential process to encourage sign up for HIV testing (upcoming).
  - Saw improvement from 39 to 54%

- Cervical Cancer Screenings –
  - PI improvement and champions focus; conducted pap only visits + data reconciliation + exam room prep
  - Saw improvement from 35 to 50%
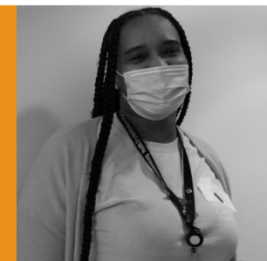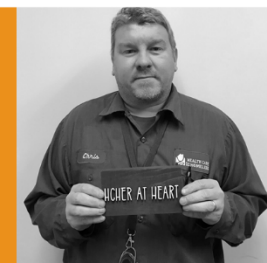
Breast Cancer Screening Front Porch Campaign

Once again – amazing support from:

- CSRs

- Facilities

- Security

- CHWs

- Development

.. and this time: NDU Nursing Students!

About 40 client directly engaged.

Breast Cancer Reminder Cards

- Upcoming Pilot with new Lead CMA- Faith Timothy

- Goal – to develop a visual guide to bridge CMA discovery of need for screening during Intake to Client discussion with Provider during appointment same appt

Breast Cancer Call Campaign

Outcome of chart review or phonecall	#
up-to-date mammo order already in EMR by provider	40
Reached by phone, consented to mammo	36
Reached by phone, declined mammo	13
Unable to reach by phone	101
Insurance issues so did not call	52
up-to-date mammo per client report	16
Completed (per report or manually attested)	10
Other	14
Total chart review/calls attempted	**282**

- Done with chart reviews / outreach calls to clts past due for mammos (~282 clients)

- We noted the following:
  - A lot of active mammo orders but no mammo completed

    CHW outreach

  - A number of Spanish-speaking clients interested in mammos but reporting challenges with specialty appts

    CHW outreach

  - (CHW team will do outreach to these 53 clients)
  - Some insurance coverage issues
  - 1/3 clients unreachable by phone
  - Of those we reached, majority agreed to completing a mammo
 - Several clients with incorrect sex-at-birth fields – we are correcting these fields as we come across them

Flu Vaccine Initiative

- Partnered with Nursing team to have a dedicated daily flu clinic in the months of September & October

- Completed annual week-long Flu & Coat drive
  - 481 coats distributed
  - 441 flu shots administered
  - **(flu vaccine rates went from 8% to 11% in one week)**

- Slower uptake this year to flu shots @ HCH to point.

- Currently 14% (999) adult clients across agency vaccinated

Adult Flu Vaccine Rates

Flu + Coat Drive Week

5%   9%   11%   12%   14%
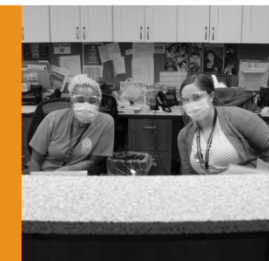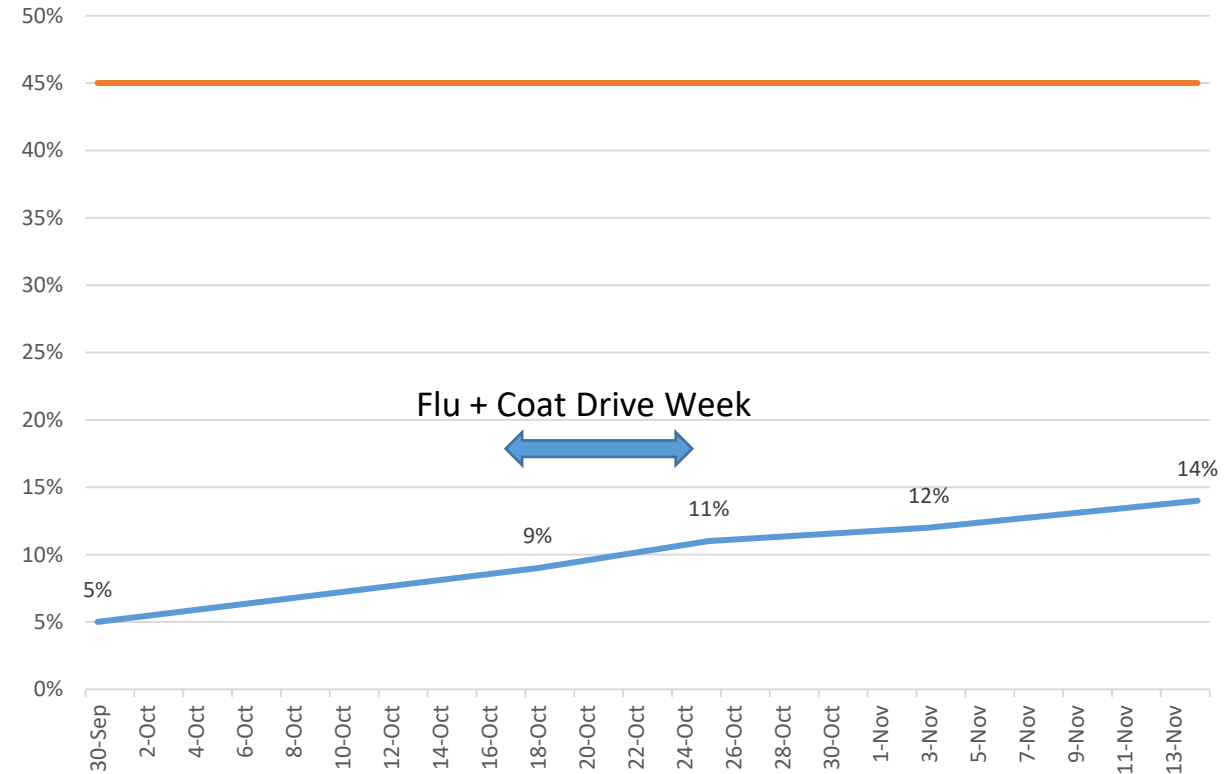
More on Flu Season 2022 and the "Tridemic"

- It's an especially bad flu season (along with higher rates of RSV and COVID)

- There has been slower uptake with flu vaccines nationally

- Please continue to encourage clients to get their flu shot and COVID vaccines!

FLUVIEW *interactive*

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2022-23 Influenza Season Week 44 ending Nov 05, 2022

ILI Activity Level

- Very High
- High
- Moderate
- Low
- Minimal
- Insufficient Data
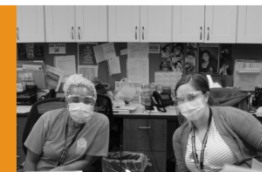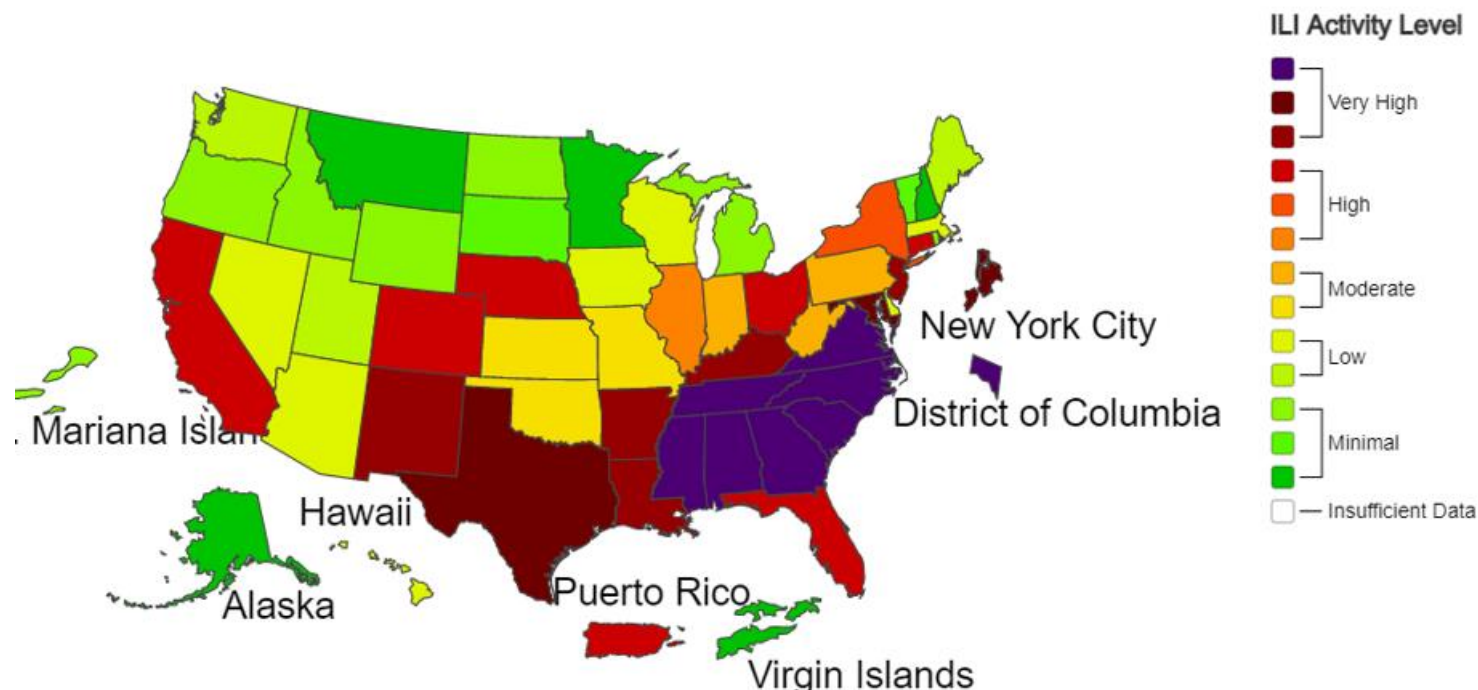
Other measures in process

- Colorectal Cancer Screenings –
  - PI Champions focused on fit mailings, Comms is helping to create one-page educational handout to support client education
  - CHW team (in cooperation with Ms. Wanda in referrals) is back to helping clients navigate to Dr. Schreiber GI appointments monthly
  - Saw improvement from 18 to 30%

- Depression screening & Follow-up –
  - Reminder to continue to screen and manually satisfy for + clients with f/u plan
  - Digging into the specifics of how to satisfy the measure in athena

  - Saw improvement from 33 to 47%

The Patient Health Questionnaire-2 (PHQ-2)

| Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Hypertension Change Interventions Highlights

HTN control – Medical team-led interventions to improve from

45 to 57% (exceeding goal!)

1. Emphasis on home BP cuffs when possible + appropriate sized BP cuffs

2. Second BP reading with medical provider if first is high with CMA

3. Starting 2 meds at the same time (new guidelines)

4. Prescribing more meds faster (ARBs)

5. Diagnosing HTN earlier (updated 2019 guidelines); lifestyle interventions

6. Targeting nurse BP visits

7. Looking at evidence-based practice to reduce health inequities

Controlling High Blood Pressure
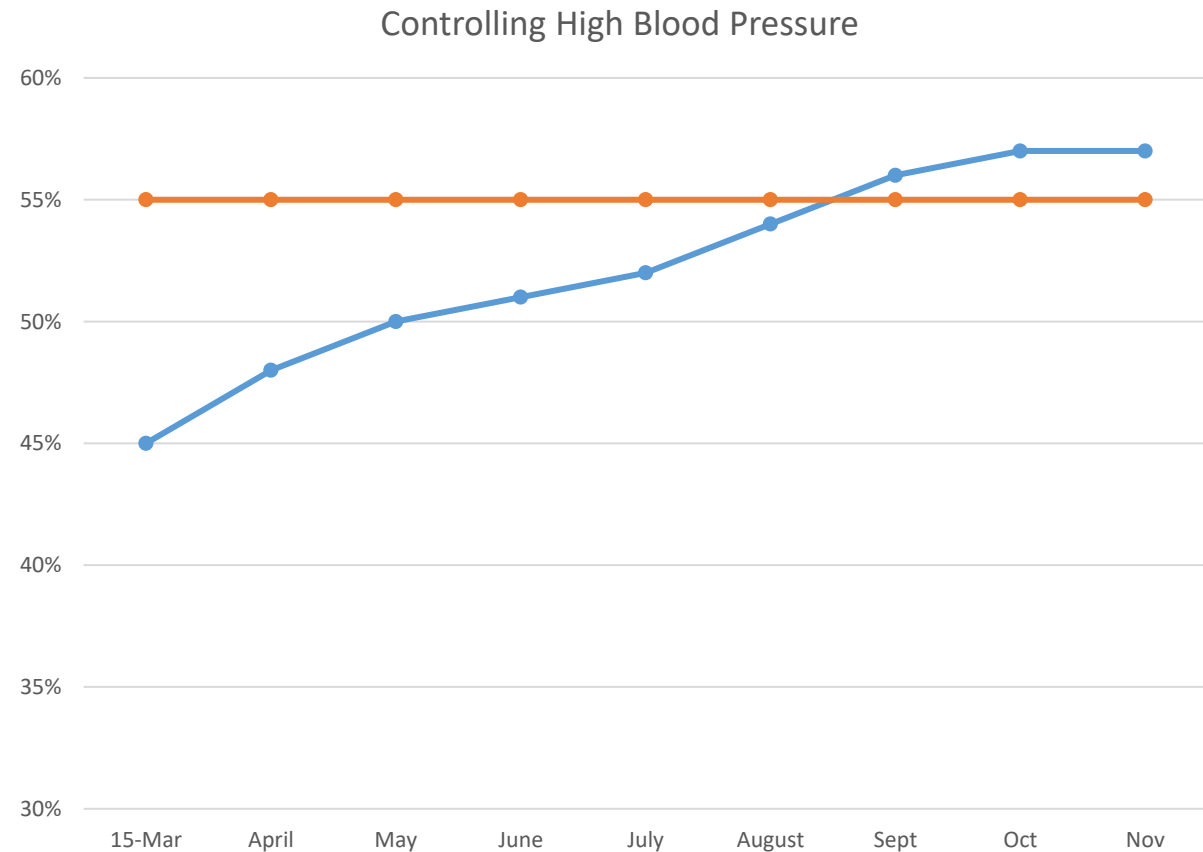
Agency Clinical Departments - % to Goal Jan - Sept

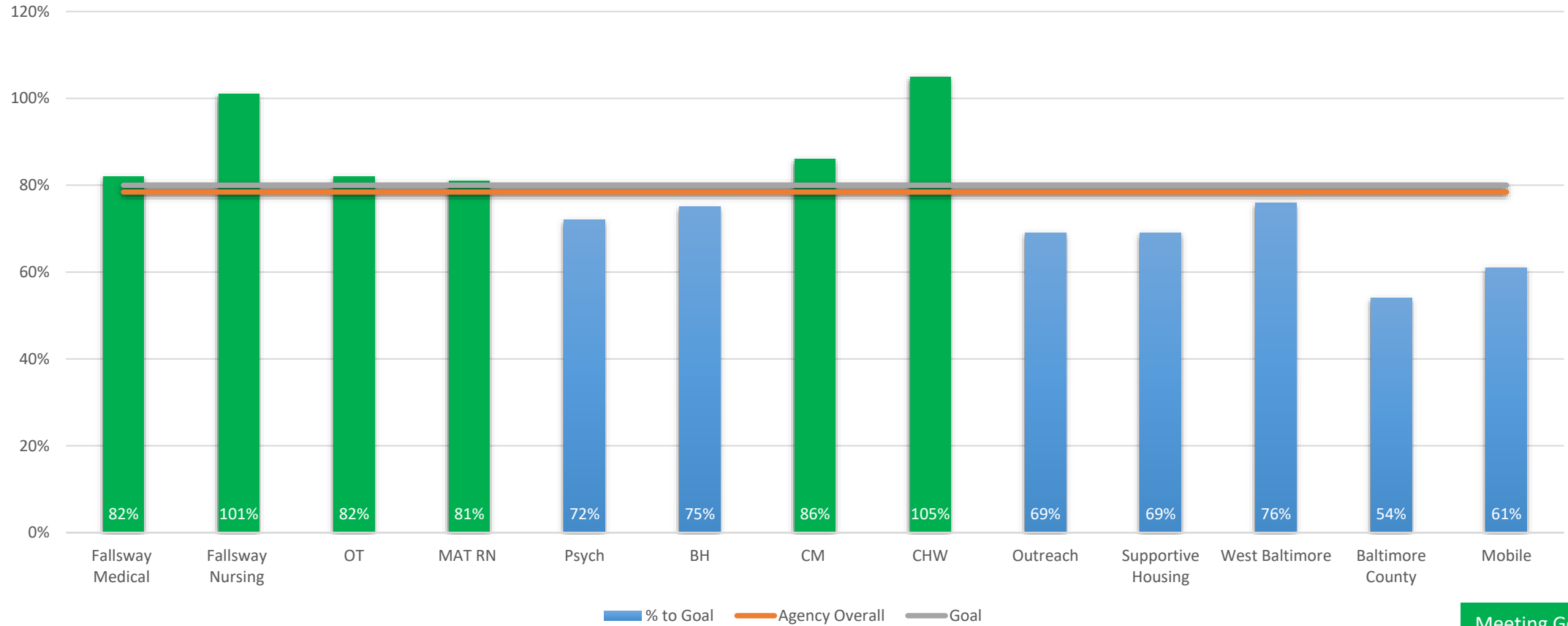| Average Weekly Goal Encounters* |
|---|
| 2337 |
| Average Weekly Encounters* |
| 1833 |
| % To Goal |
| 78% |

% to Goal Agency Overall
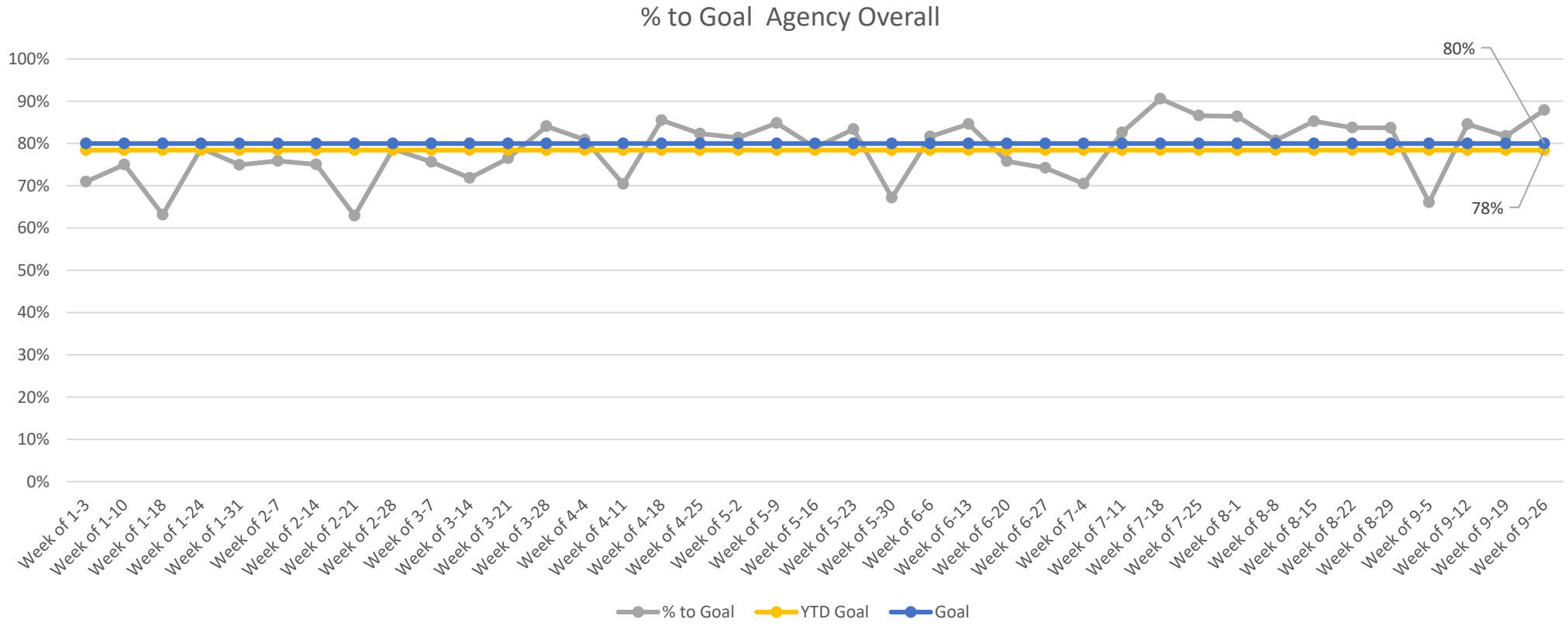
* Does not include Dental OR SOAR

Achieving 80% Access for all departments

YTD (Jan - Sept) -Department % to Goal)

Department	% to Goal
Fallsway Medical	82%
Fallsway Nursing	101%
OT	82%
MAT RN	81%
Psych	72%
BH	75%
CM	86%
CHW	105%
Outreach	69%
Supportive Housing	69%
West Baltimore	76%
Baltimore County	54%
Mobile	61%

Legend: % to Goal — Agency Overall — Goal

Meeting Goal

(Almost) Final 2023 PI goals

To undergo final review by P+PI committee in January

As part of the PI plan for 2023, the PI team will:

1. Conduct eight RCA
2. Conduct a minimum of 10 PDSA cycles
3. Establish equity visualizations and plans for each prioritized measure
4. Engage with and seek staff input to identify areas for improvement
5. Chair subcommittees and partner with clinical departments on measures
6. Present monthly data to leadership
7. Establish sustainability plans for each goal

Resource Stewardship

1. *Cost Savings:* Antimicrobial Stewardship. Throughout 2023, monitor the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis 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.

2. *Care Coordination:* By December 31, 2023, the Agency will attempt follow-up with 85% of individuals following a hospitalization and identify SDH or racial disparities for clients post-hospitalization.

Clinical Quality Measures

3. *Preventive*: 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

4. *Chronic***:** 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%.

5. *Behavioral Health*: 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.

6. *Additional measures*: The Agency will identify, measure, and improve upon at least two additional clinical quality measures based on staff input, performance, and opportunities to reduce inequities by December 31, 2023.
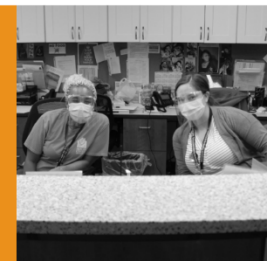
Client Access and Experience + Care Management

7*. Access:* 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).

8. *Client Experience:* By December 31, 2023, the Agency will identify, measure, and improve upon one area of Client Experience based on feedback, and choose a goal that aims to reduce disparities.

9. *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

2023 PI Subcommittees

- More to come soon!
- If you have any ideas or would like to participate in any PI work in 2023, please let Tracy know

Announcements

Upcoming PI meetings

- Shortening monthly December PI meeting: 12-21 from 8:30-9 AM
  - Share out 2023 Pop Health awareness campaigns + events
  - Highlighting any end of the year PI work that is happening and PI plan for January

PI Celebration Lunch

- Mark your calendars!
  - Who: Staff who have participated in PI work in some form/fashion this year
  - What: Pizza and PI trivia (w/ prizes)
  - When: **Thursday, December 15th (noon-1:30)**
  - Where: 3rd floor Large Conference Room
  - Why: To celebrate your PI work
- Grab-n-go or sit-n-stay (socially distanced)

Discussion and Questions?

Thank you