

## 2022 Performance Improvement (PI) Goals

Furthering the culture of quality through a Racial Equity Inclusion Lens. Performance Improvement (PI) training for staff including the use of Quality Improvement (QI) tools and implementing Performance Improvement (PI) projects. Specific goals include:

- **All-staff:** *By December 31<sup>st</sup>, 2022, 75% of staff will have attended at least one agency PI training.*
- **Training Directors and Supervisors:** *By December 31<sup>st</sup> 2022, 75% of supervisors will have attended at least one real-time PI training & one Healthcare Source PI training.*
- **Innovation Challenge:** *By December 31<sup>st</sup>, 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.*

### 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.*

### Client Experience Survey Goal

- *The results of our Client Experience Survey show us we need to prioritize Client Access as a goal for 2022. See below.*

### Resource Stewardship Goal

- *By December 31<sup>st</sup>, 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.)*

### Client Access Goal

- *By December 31<sup>st</sup> 2022, HCH will achieve 80% utilization across all departments.*

### Agency Quality KPI<sup>3</sup>

Agency Quality KPIs <sup>1</sup>	2021 Baseline Data <sup>2</sup>	Target
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		
Care Coordination: External Referrals Completion Rate within 12 weeks		
Early Entry into Prenatal Care (first visit in first trimester)		
Low Birth Weight		
Care Coordination: Lab Tracking and Follow up		
SDH: Agency Ask Rate		

<sup>1</sup> Please see PI Policy for definitions of Quality Indicators

<sup>2</sup> Baseline data pending due to Athena Transition – expected baseline data Q1 2021

<sup>3</sup> Will add REI health Equity KPI goals after receiving some data