

Monthly Performance Improvement Committee

September 2023

Presenters:

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



Agenda










1. Morning chat (5 min)
2. PI updates (35 min)
3. PI learning
4. Questions and discussion (4 min – can also ask along the way!)



Morning!

Today's icebreaker: Is a hot dog a sandwich?

THE SANDWICH ALIGNMENT CHART

	INGREDIENT PURIST (Must have classic sandwich toppings: meat, cheese, lettuce, condiments, etc.)	INGREDIENT NEUTRAL (Can contain a broader scope of savoury ingredients)	INGREDIENT REBEL (Can contain literally any food products sandwiched together)
STRUCTURE PURIST (A sandwich must have a classic sandwich shape: two pieces of bread/baked product, with toppings in between)	HARDLINE TRADITIONALISTS  "A BLT is a sandwich."	STRUCTURAL PURIST, INGREDIENT NEUTRAL  "A chip butty is a sandwich."	STRUCTURAL PURIST, INGREDIENT REBEL  "Ice cream between waffles is a sandwich."
STRUCTURE NEUTRAL (The container must be on either side of the toppings, but not necessarily two separate pieces)	STRUCTURAL NEUTRAL, INGREDIENT PURIST  "A sub is a sandwich."	TRUE NEUTRAL  "A hot dog is a sandwich."	STRUCTURAL NEUTRAL, INGREDIENT REBEL  "An ice cream taco is a sandwich."
STRUCTURE REBEL (Can contain any food enveloped in any way by a containing food)	STRUCTURAL REBEL, INGREDIENT PURIST  "A chicken wrap is a sandwich."	STRUCTURAL REBEL, INGREDIENT NEUTRAL  "A burrito is a sandwich."	RADICAL SANDWICH ANARCHY  "A Pop-Tart is a sandwich."

2023 PI Measures

All data is presented as year to date
Green = goal met!

Disease Management	HCH 2022	July	August	2023 Goal
Reduce inappropriate antibiotic prescriptions	new	100%	100%	<25%
Hospitalization follow-up	new	70%	83%	65%
Height and Weight Assessment and Health Counseling	26%	44%	45%	65%
Controlling high blood pressure	58%	61%	62%	65%
Depression Remission at Twelve Months	9%	4%	5%	11%
Care management (with care plan)	67%	96%	97%	75%
FLU: adult vaccination rates	16%	-	-	45%
Advance Care Planning	new	2%	2%	5%
Third Next Available: see next slides		BC: WB: F:	BC: WB: F:	Reduce by 5%
Client Experience: see next slides		(C) 88% (S) 90%	(C) 92% (S) 93%	93% (both)

3+ Improvement
1-2+ improvement
No change
Reduction

September PI Updates



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

YTD: 100%



Who is who and what's new

- 1. Subcommittee members:** Liz G.; Iris L.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - Continuing to monitor progress
 - Everyone has been doing great all summer!
- 3. Next steps:**
 - Resuming meeting in October (aligning with flu season)



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.

YTD: 83%



Who is who and what's new

- 1. Subcommittee members:** Catherine F; Julia D.; Tara D.; Katie H.; Muhammed M.; Lisa L.; Margaret F.; Tracy R.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - Pilot using RingCentral to text clients begins 10/1
 - Admissions numbers have been higher over the summer
 - Health IT is resubmitting panel to CRISP soon, may reduce this number
- 3. Next steps:**
 - Thinking through how to continue to expand this work next year:
 - 30-day readmission rate



Goal 3: Height and Weight Assessment and Health Counseling

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

YTD: 45%



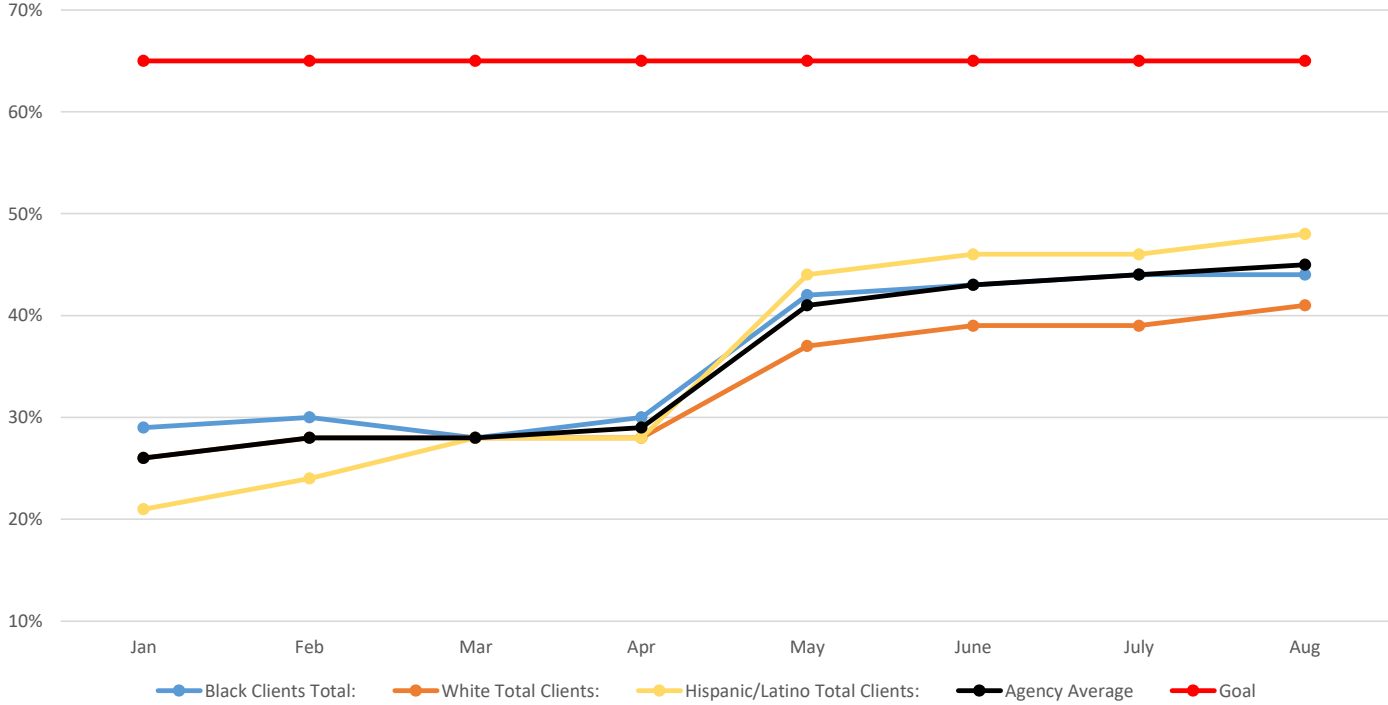
Who is who and what's new

- 1. Subcommittee members:** Arie HS.; Amelia J.; Meredith J.; Molly G.; Adrienne T.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - The order set “BMI < 18.5 or > 25” is live!
 - Can choose “overweight” or “underweight” as diagnosis code
 - Reworked wording and added more HAES-friendly
 - Please subscribe!
 - Reminding providers to document “refused” if patient did not want to be weighed
 - Patients who decline height/weight measurement *are not* included in our denominator
 - Allowing patients to be weighed backwards so they don't see the number
- 3. Next steps:**
 - Reminders for height and weight assessment (must be done 1x per year)
 - Thinking through disparity data

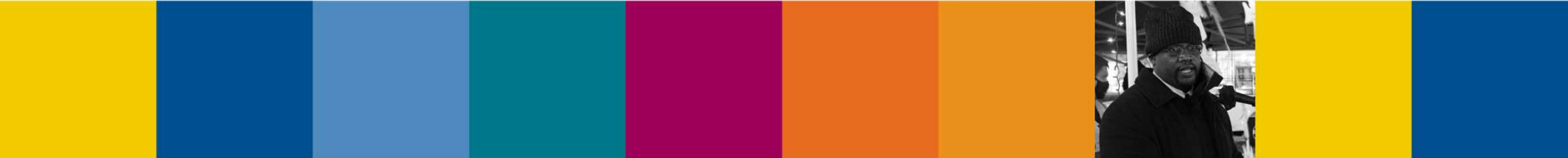


Disparity Data

Height and Weight Assessment and Health Counseling



	July
Black Clients Total	44%
White Client Total	41%
Hispanic/Latino Clients Total	48%
Agency Average	45%
Goal	65%



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%.

YTD: 62%



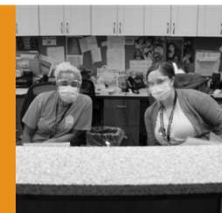
Who is who and what's new

- 1. Subcommittee members:** Tyler G.; Faith T.; Julia D.; Marie S.; Tracy R.; Lisa H.
- 2. Recent happenings and next steps:**
 - We're almost there!
 - Monotherapy alerts: more on next slide
 - Disparity interventions
 - Women continue to have lower rates of controlled BP than men across all racial/ethnic demographics
 - Stress reduction and peer support have been shown in literature to narrow this gap
 - May be piloting involvement with women's group at County, more TBA



Monotherapy alerts

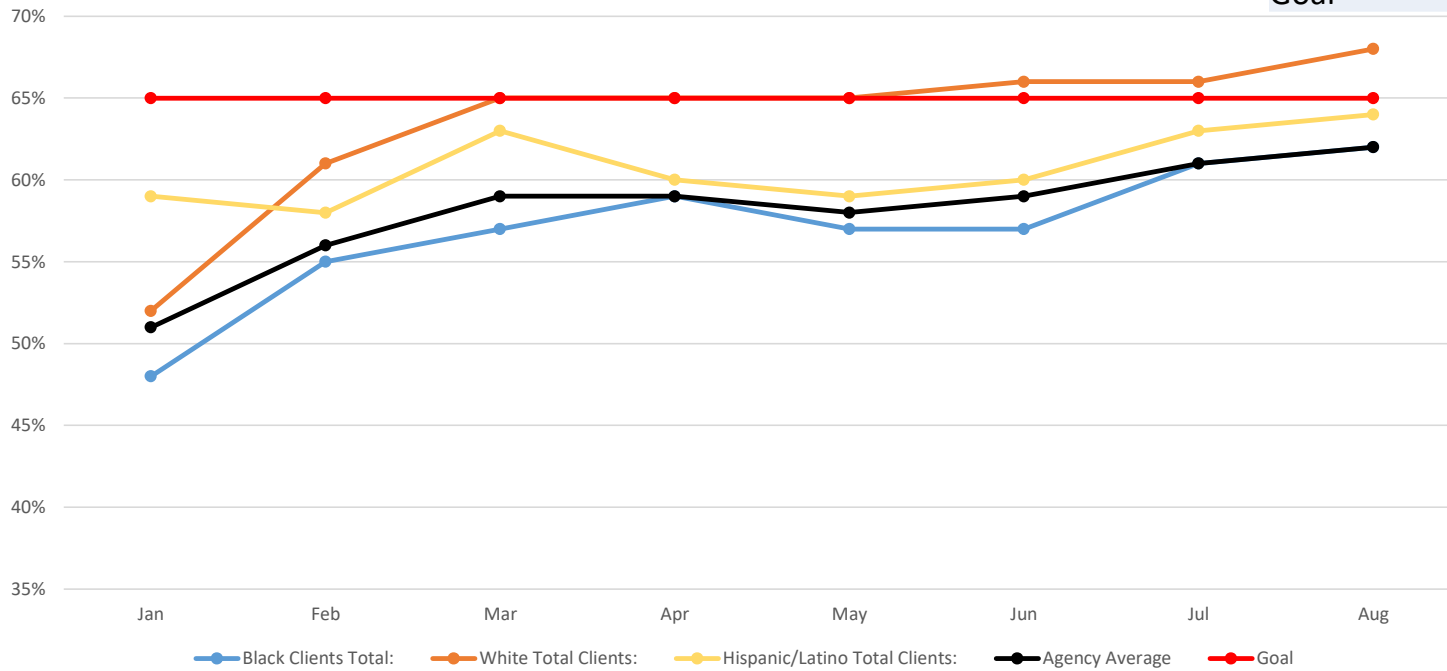
- Alerts were placed in the charts of clients on monotherapy with a last measured BP >140/90
- 50 of these clients had appointments within the review period
- Of these **50 clients**:
 - **12 (24%)** of clients had their medications changed at their visit
 - **22 (44%)** of clients had a controlled BP at their next visit



Disparity Data

	Jul
Black Clients Total	62%
White Clients Total	68%
Hispanic/Latino Clients Total	64%
Agency Average	62%
Goal	65%

Controlling Blood Pressure



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.

YTD: 5%



Who is who and what's new

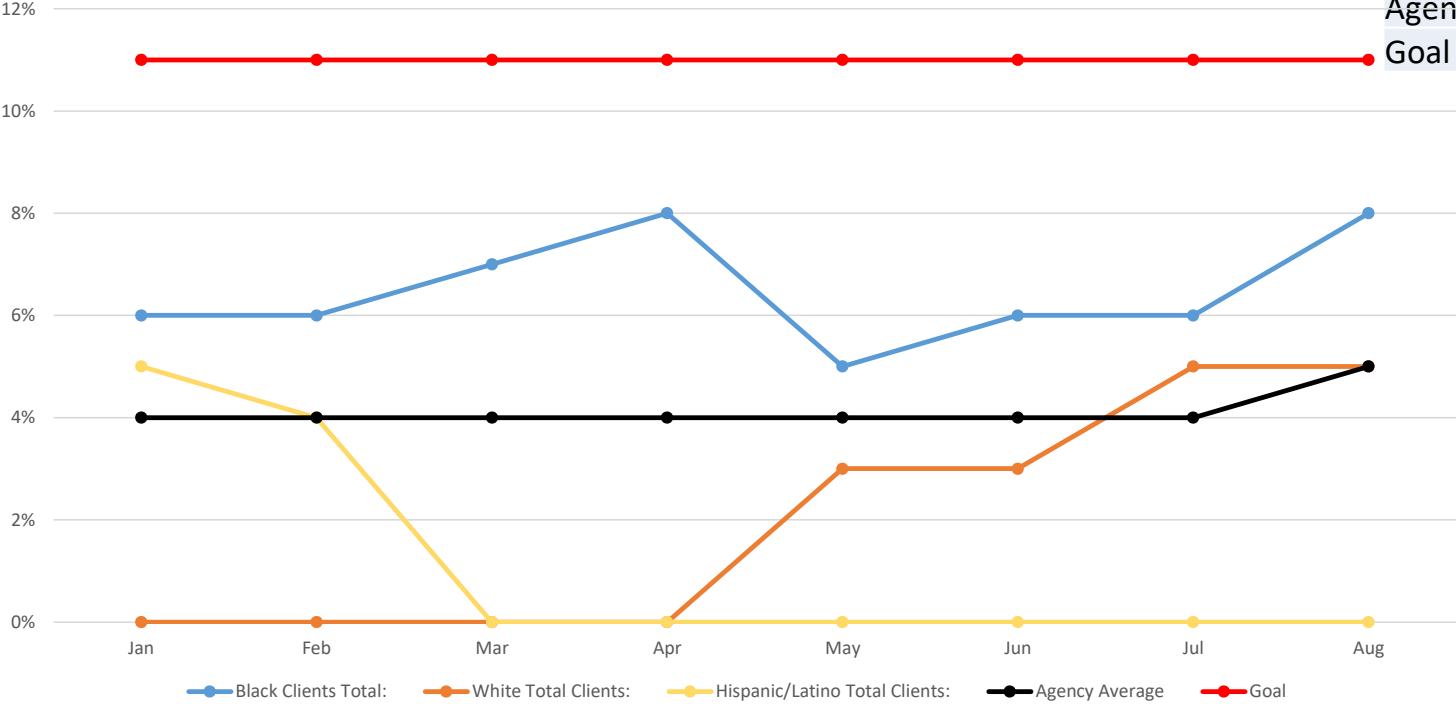
- 1. Subcommittee members:** Jan F.; Arianne J.; Kellie D.; Lawanda W.; Taavon B.; Marie S.; Lisa H.
- 2. Recent happenings:**
 - Met with Chase Brexton staff to discuss
 - Stratifying clients into short-, med-, and long-term care
 - Goals-focused treatment
 - Quality Tab improvements
- 3. Next steps:**
 - For 2024: monitoring *specific questions* on the PHQ-9 for improvement
 - Remission may not be an achievable goal for much of our population; look at the questions with most impact on their daily living
 - Monthly registry to identify clients due for rescreening



Disparity Data

	July
Black Clients Total	8%
White Clients Total	5%
Hispanic/Latino Clients Total	0%
Agency Average	5%
Goal	11%

Depression Remission at 12 months



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).

YTD: **County: 12**
 WB: 14
 Fallsway: 23



Who is who and what's new

1. Recent happenings:

- Medical Team focus
 - Testing different templates for new providers

2. Next steps:

- Look at chronic no-shows and cancellations
 - What can we do to help this population? Where is our human touchpoint with them?
 - If they can't make their appts, keep them frozen for 24-hr and provider follow-ups
- Look at clients booked past 30-35 days out
 - Do they need to be booked that far out? Should they be seen sooner with another provider, if acceptable to the client?
 - Pilot in late September/early October



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%

YTD: Check-in and out: 92%; Scheduling 93%



Who is who and what's new

- 1. Subcommittee members:** Juanita P.; Muhammed M.; Gia J.; Lisa L.; Hala S.; Tara D.; Malcolm W.; Maonry L.; La Keesha AV.; Mona H.; Lisa H.
- 2. Recent happenings:**
 - The color-coded signs at check-in continue!
 - Staff reported a marked reduction in noise level
 - Community site change ideas
 - Refining morning huddle to provide a more streamlined experienced for clients when they enter the facility
 - Understanding Agency-wide call routing
- 3. Next steps:**
 - Collecting data re: Agency call routing



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.

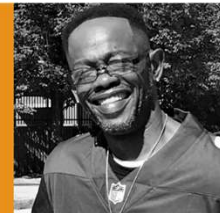
YTD: 96%

Category	Dx	% Care Plans
Behavioral Health	Depression Care Mgmt	100% (112/112)
Case Management	Psychosocial Analysis Mgmt	98% (180/184)
Nursing care management session	Nursing Care Mgmt	93% (78/84)



Who is who and what's new

- 1. Subcommittee members:** Tracy R.; Marie S.; Lisa H.
- 2. Recent happenings and next steps:**
 - Interviews with department champions
 - Minute Mondays – short videos with best practices shared out via email
 - Interviews done with medical and BH; will be shared out in the month of September



Goal 9: Flu Vaccination Rate

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

YTD: **Soon.**



Flu Season

Flu vaccines have started!

Reminder: no additional flu clinic for 2023

First **employee flu clinic is 9/15** (this Friday)



Flu and Coat Drive

Oct 16-20

0800-1200 daily

First floor (Adult and Pediatric)

Encourage clients to bring proof of vaccine

Academic Institutions: Morgan State University and Johns Hopkins



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% and create one SOP.

YTD: 2%



Who is who and what's new

- 1. Subcommittee members:** Tyler G.; Iris L.; Tracy R.; Marie S.; Lisa H.
- 2. Recent happenings and next steps:**
 - Agency-wide Lunch and Learn for September 15
 - 10 staff attended
 - Staff reported the discussion was helpful both personally and professionally



Let's learn (or get a refresher on) control charts!

[Whiteboard: Control Charts 1 - YouTube](#)



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

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

