PI Committee Meeting

HEALTH CARE for the HOMELESS

April 18, 2018

April 2018 PI Committee Agenda

1. PI Dashboard Review

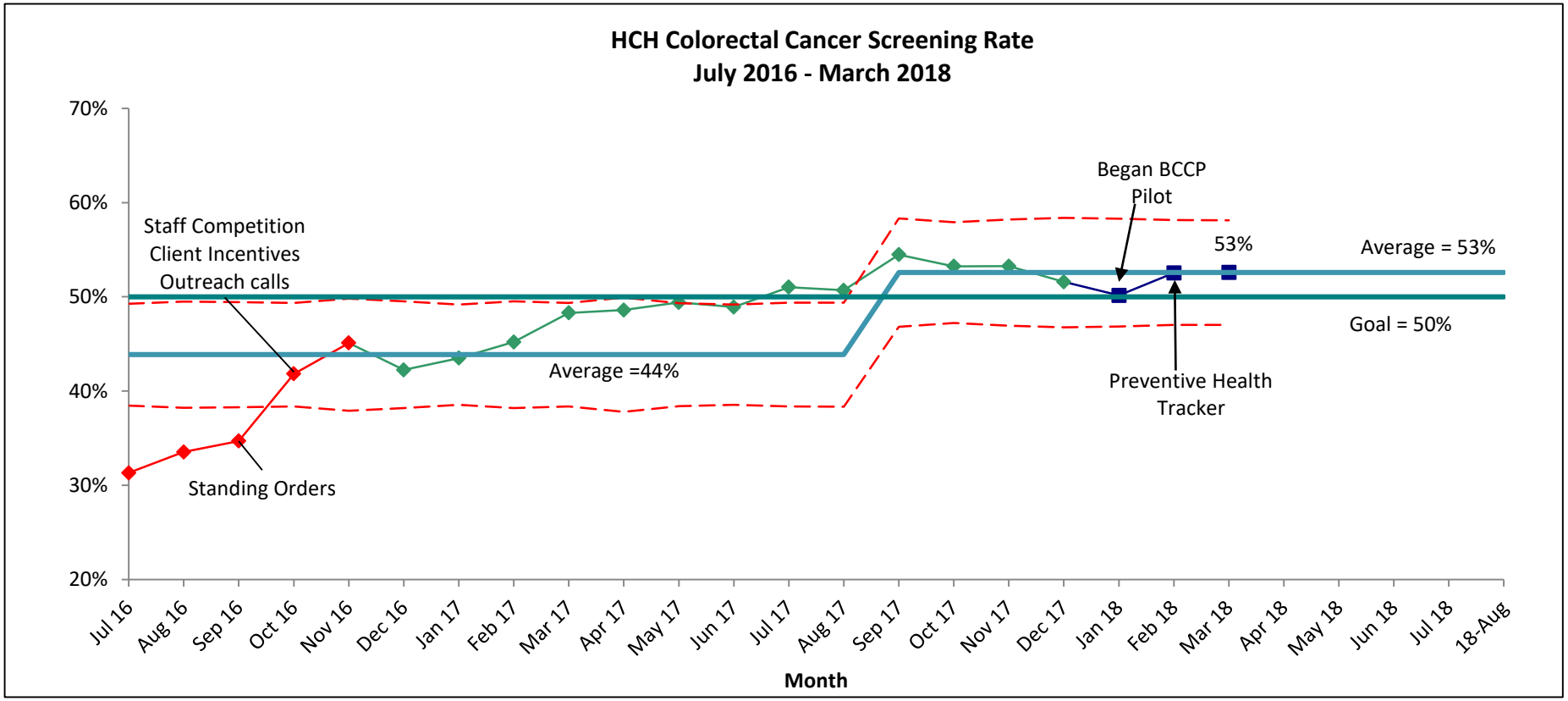
2. Progress Updates & Discussion:
    - Colorectal Cancer Screening
    - Missed Appointments
    - Behavioral Health: Coping & Anxiety
    - Flu Vaccine
    - Care Team involvement in PI

Colorectal Cancer Screening

Goal: By December 2018, **50%** of eligible medical clients will have an up-to-date colorectal cancer screening.

Team: Laura Garcia, Tracy Russell, Veronica Dennis, Justine Wright, Leonid Suarez

Progress:



Colorectal Cancer Screening

Updates since February:

- Looking into clients being able to mail FIT kits back (pilot pending)
- Medical team “EHR Optimization” on 4/12 with goal of standardizing practice. Included:
  - Documenting colonoscopy results in EHR
  - Workflow for obtaining biopsy results post-colonoscopy
  - Preventive Health Tracker

- Will be meeting with BCCP to expand group education of preventive health screenings (including CRC) to Men’s and Women’s groups at 421 Fallsway (successful at CCP, confirmed appropriate age demographics)
- Addressing BCCP barrier of client identification
- Opened BCCP program for anyone needing a colonoscopy (pilot was just uninsured, uninsurable)

Colorectal Cancer Screening

Lessons Learned

- Setting up new processes and workflows is difficult, particularly across sites, and requires reinforcement through regular trainings and reminders
- Sometimes it is up to the client to take advantage of an opportunity (lack of success with BCCP patient navigation program)

Barriers

- BCCP Consent at CCP
- Amount of BCCP criteria/process steps makes it difficult for referring providers and clients
- Amount of opportunities for human error with mailing in FIT kits. Group is trying to error-proof the process to be more effective

Colorectal Cancer Screening

Questions

- Is requesting a photo ID for every new client or taking a photo of a client at registration a possibility? (Photo ID is helpful for many processes and reduces work-around at clinic level)

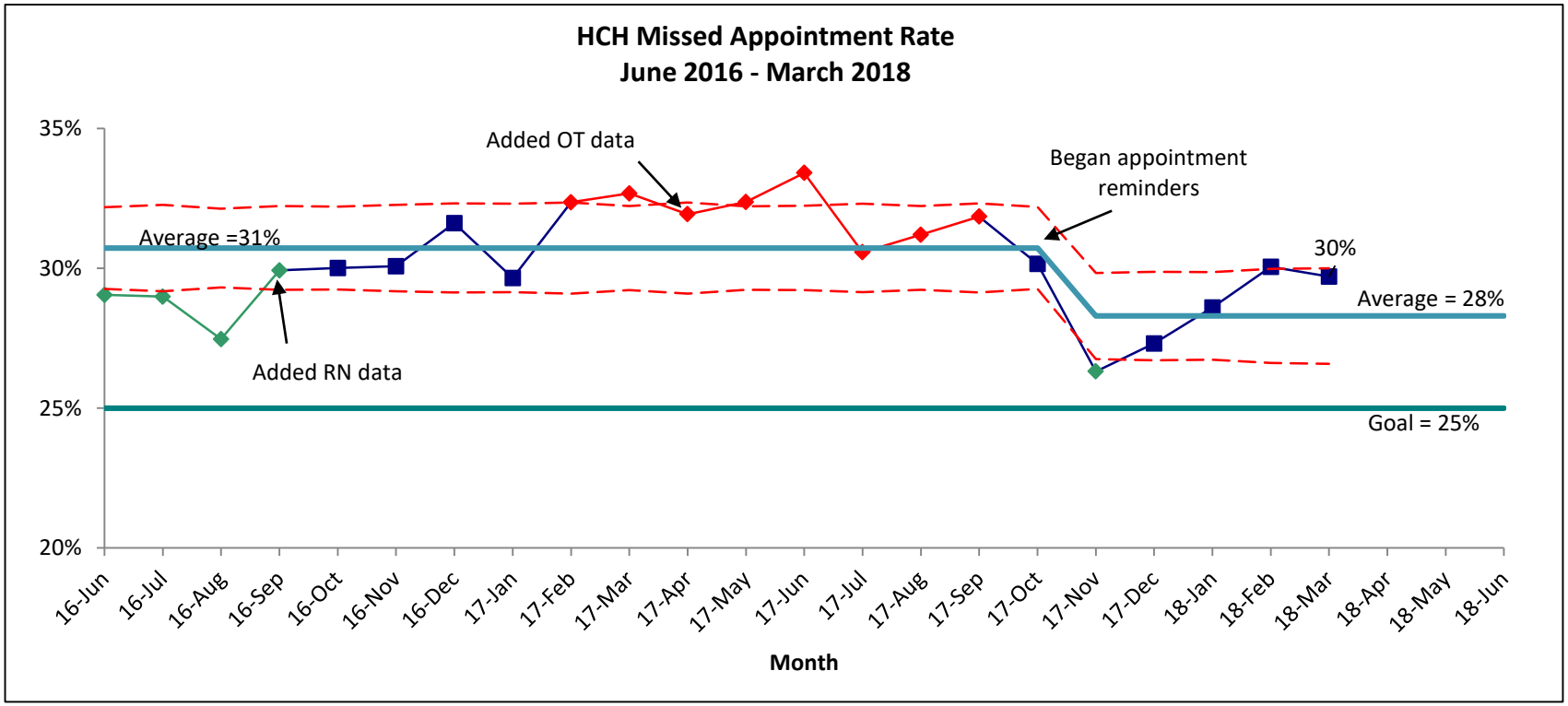
Next Steps

- Getting more cameras in medical to take photos of clients when needed
- Meeting with BCCP representatives to plan out group education opportunities with Men's and Women's groups
- PDSA cycle #1 for mailing FIT kits

Missed Appointments

Goal: By December 2018, the organization will have a missed appointment rate at or below **25%**

Progress:



Missed Appointments

Updates Since February:

- Missed appointment survey at Baltimore County
- Looking at outliers: Psych & Dental (high no-show rate)
- Monitoring impact of Behavioral Health schedule changes

Lessons Learned:

Baltimore County Missed Appointment Survey Findings:

1. Transportation (61%)
2. Forgot Appointment (37%)
3. Had a conflicting commitment (24%)

Other reasons: Sick/hospitalized, Unable to obtain needed services, weather

Missed Appointments

Lessons Learned (Cont.):

Psych Missed Appointments:

- Temp provider had high no-show rates
- Re-booking of clients who frequently miss appointments

Dental Missed Appointments:

- Dental procedures cannot be done if a client is too late
- ODB has much higher rate than other dental (50% vs 33%), discovered referrals from Balt Co. were driving this number.

Behavioral Health Schedule Change:

- No impact so far on department missed appointment rate

Missed Appointments

Questions:

- We have a low appointment confirmation rate with our appointment reminder texts. Would trying to increase this make a difference in our show rate (is there a correlation between those who confirm and then keep their appointment)?

Barriers:

- Staff turnover in dental and psych. New and temp staff can have higher no-show rates.

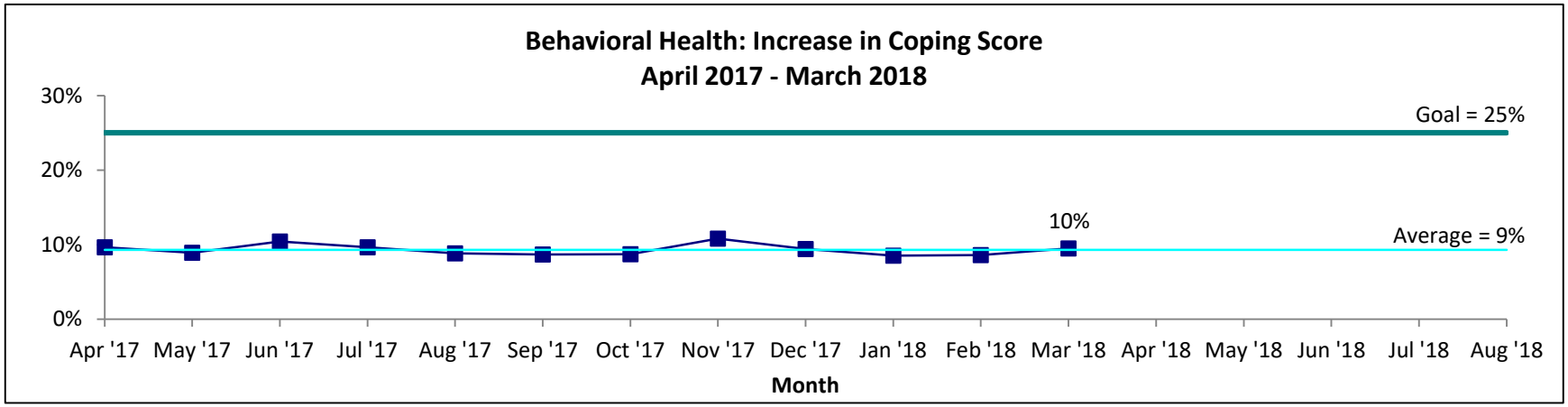
Next Steps:

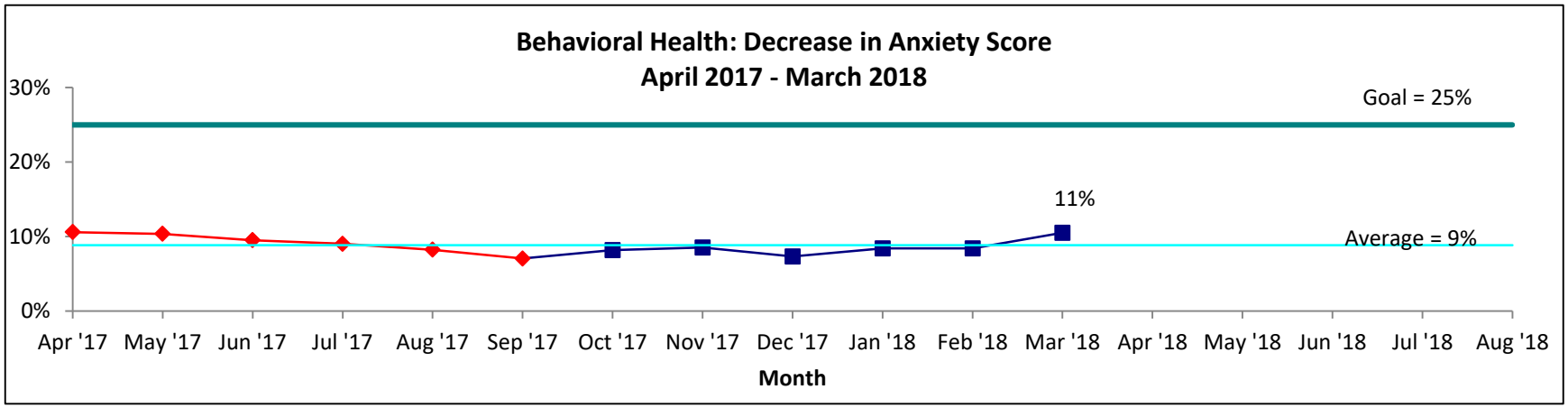
- Dental intervention PDSAs once Fallsway is staffed
- Investigate effects of scheduling changes in Phase Groups
- Investigate relationship between scheduling distance (how far out an appointment is scheduled) and missed appointment rate
- Investigating how schedulers can stack appointments for clients when possible

Behavioral Health: Increase Coping & Decrease Anxiety

Goal: *By December 2018, the average client score upon 3rd assessment will decrease from 1st assessment by **25%** for anxiety and increase by **25%** for coping.*

Progress:





Behavioral Health: Increase Coping & Decrease Anxiety

Updates Since February:

- BH team meeting to introduce individual monthly data. We received feedback to change the assessment reminder timeframe to increase completion of assessments.
- Adding a drop-down in EHR to document the 6 most commonly used mindfulness techniques. This will enable tracking of whether variation in technique makes impact on coping and anxiety goals.
- PDSA for Therapeutic Environment: Trialing an office make-over for 4 BH therapists. Start date is 5/21. Delays have occurred in getting clarity on and coordinating efforts.
- Test of change with therapeutic supplies: Start date is April 30th. Delays have occurred in getting secure storage for supplies, arranging sustainable supply chain through facilities.
- Investigated process and techniques for a BH therapist who has really high increases in coping and decreases in anxiety among clients.

Behavioral Health: Increase Coping & Decrease Anxiety

Lessons Learned:

- Tests of change can get delayed when coordinating across departments.
- BH provider with biggest client improvement focuses on both relationship building with client and their own self-care. This led to a discussion about the correlation between provider burn-out and client outcomes. The BH team is interested in pursuing tests of change focused on staff morale.

Questions:

- Will changing the EHR alert for 3rd assessment from 90 to 60 days lead to increased assessment completion?
- What is the "right" balance between addressing client immediate needs and focusing on billable BH techniques?
- How does staff morale impact client outcomes?

Behavioral Health: Increase Coping & Decrease Anxiety

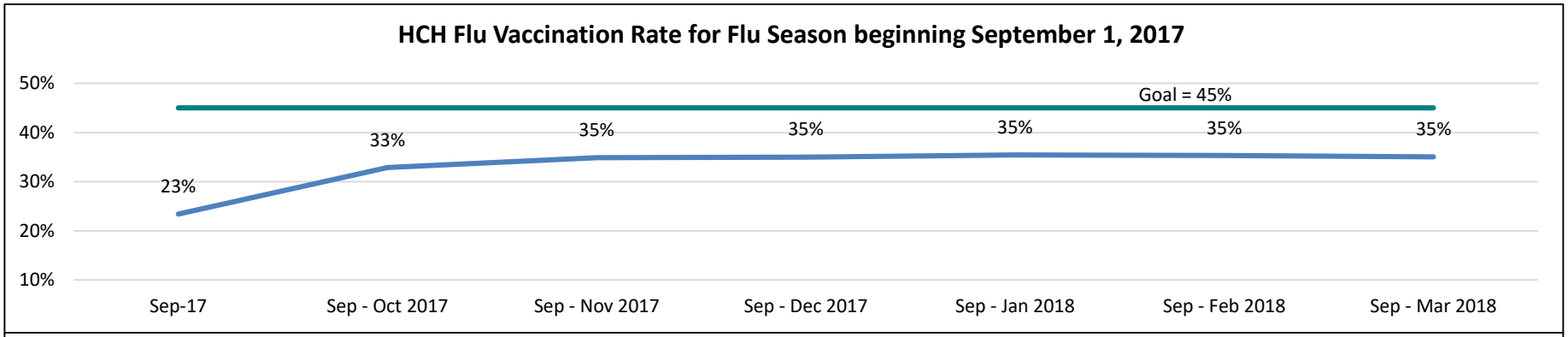
Next Steps:

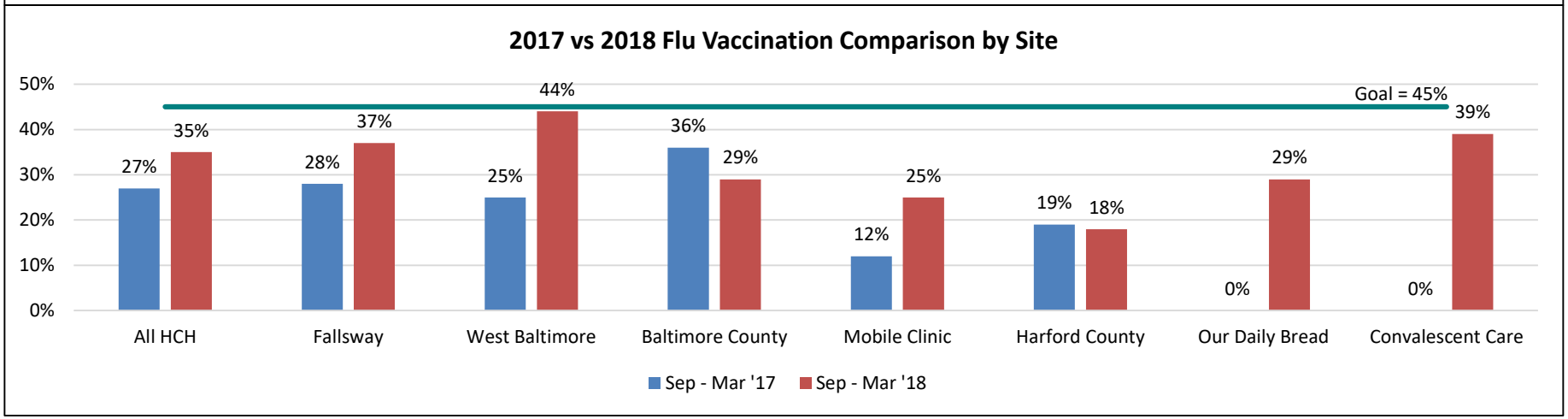
- 4/30: PDSA cycle #1 for therapeutic supplies
- 5/21: PDSA cycle #1 for therapeutic environment
- Begin measuring change in clients stratified by Mindfulness technique
- Analyze difference in assessment completion rate with 60 day alert (instead of 90 days)
- Morale building interventions (potential 1-10 staff satisfaction measure monthly):
  - Continue with the theme “Friday is awesome”, where team recognizes their co-workers dedication and compassion for work via email
  - Having bi-monthly team potlucks
  - Continue with departmental holiday party
  - Continue having managers be available/have an open door policy
  - Acknowledge staff termination – Director to send and email when a staff member is terminated instead of hearing from clients or other staff.

Flu Vaccination

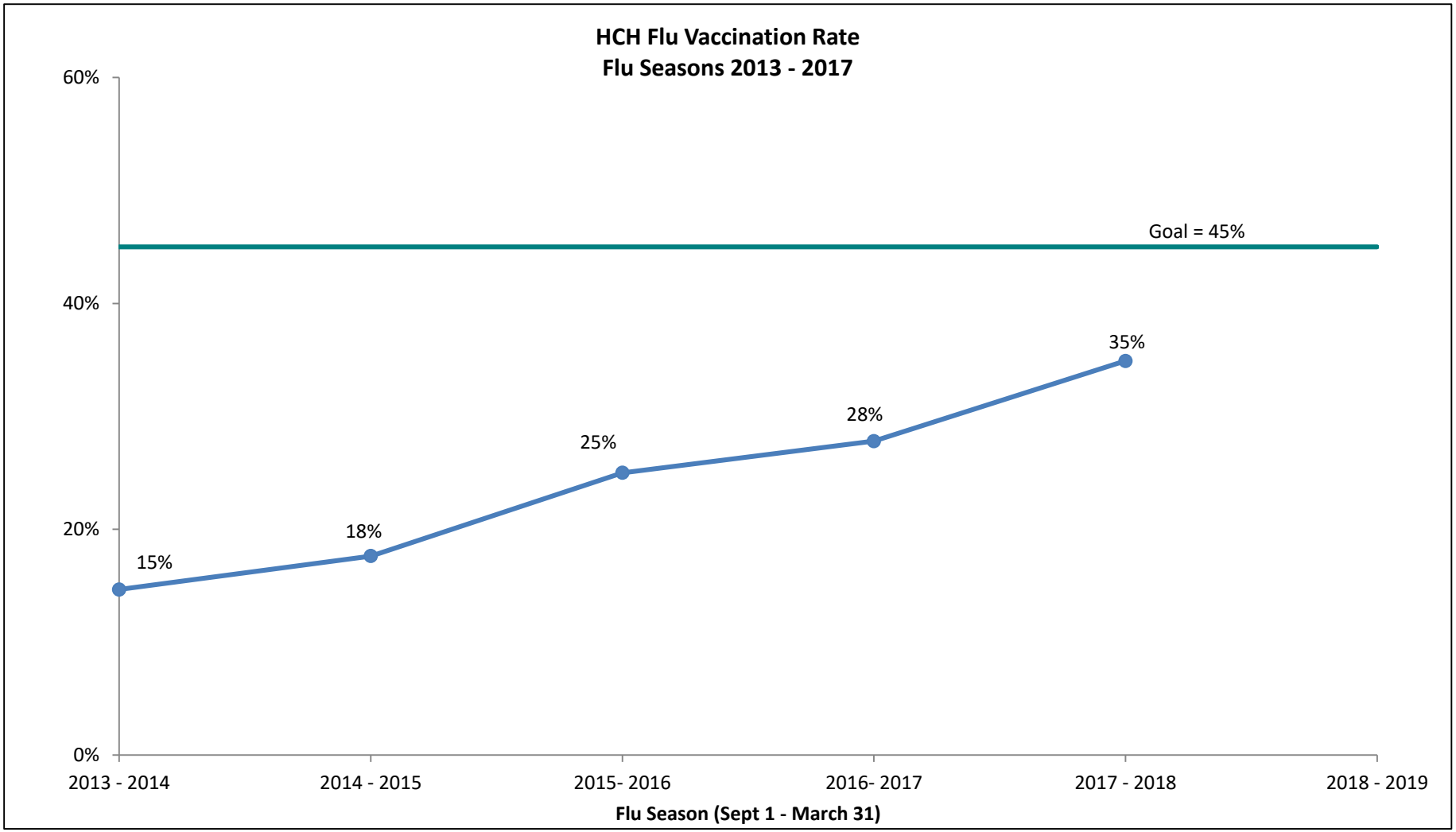
Goal: By March 31, 2018, **45%** of eligible clients will have documentation of flu vaccine administration

Result: 35% agency wide





Flu Vaccination



Flu Vaccination: Summary of PDSAs

Change Tested	Adopt, Adapt, or Abandon?	Lessons Learned
Attended all department meetings to do flu season and workflow education	Abandon	Need to further reduce barriers for non-medical departments
Weekly flu shot clinics in lobbies, outreach, tied to incentives	Adapt	Team felt they were valuable, increase in documentation at outreach sites – need to improve workflow with laptops
Immunet added as EHR functionality/ clinic workflow	Adopt	Allowed for increase in documentation of flu shot received elsewhere. Adoption of workflow lagged across sites and teams – needed multiple trainings.
Asking clients at check-in, giving stickers for providers to identify and send to CMAs	Abandon	Modeled off of success at West Baltimore, but was unsuccessful at Fallsway – stickers did not stay on, providers did not get signal
Flu shot alert turned on in Azara, CMAs tested	Adopt	Azara mapping accurate, CMAs can now use Preventive Health Tracker, adoption of new tools/workflows across sites remains a challenge
Refreshed marketing/patient education fliers	Adopt	Increase in knowledge about severity of flu season was cited as reason some clients got flu shot
Case Management asked all clients about flu shot, flagged unit clerks if client needed & accepted one	Adapt	Non-medical providers do not have efficient way to document when flu shot given elsewhere or client declines

Flu Vaccination

Lessons learned:

- West Baltimore had success by having unit clerks ask every client and put on CMA schedule
- Immunet increased ability to document flu shots from outside sources
- Process for implementing tools such as immunet and preventive health tracker across sites could use improvement
- Better coordination with IT needed for laptop set-up at flu shot clinics
- Need an easy way for non-medical providers to document flu shot status and put on CMA schedule

Barriers:

- Issue on mobile with refrigeration
- Non-uniform understanding about flu vaccine policy for non-fallsway locations
- Staff personal beliefs about the Flu risk
- Lack of clarity for non-medical providers about role with flu vaccine encouragement

Next Steps:

- Work during April-July with non-medical departments to identify where in EHR workflow the flu shot documentation options can exist
- Try to get on August or September all-staff agenda to do staff education about why the flu vaccine matters

Discussion: Care team involvement with PI Prioritized Measures

How & When?

Next Month: May 23, 2018

Prioritized Goals:

- Diabetes
- Cervical Cancer Screening
- Client Experience: After Hours Access

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