

Performance Improvement Committee

August 21, 2019



August Agenda

PI Dashboard

Project Updates:

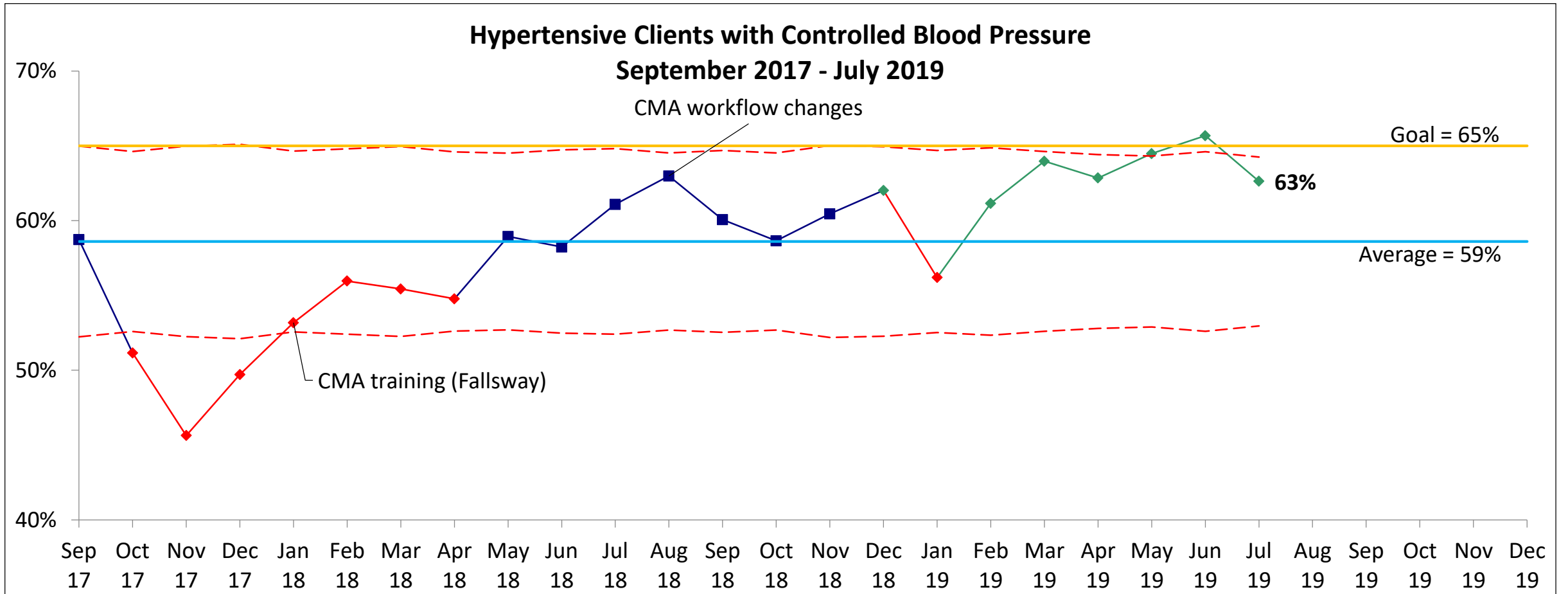
- Missed Appointments
- Child Weight Screening and Counseling
- Provider Communication

Discussion:

- How to select the most appropriate measure and how to get the right data!



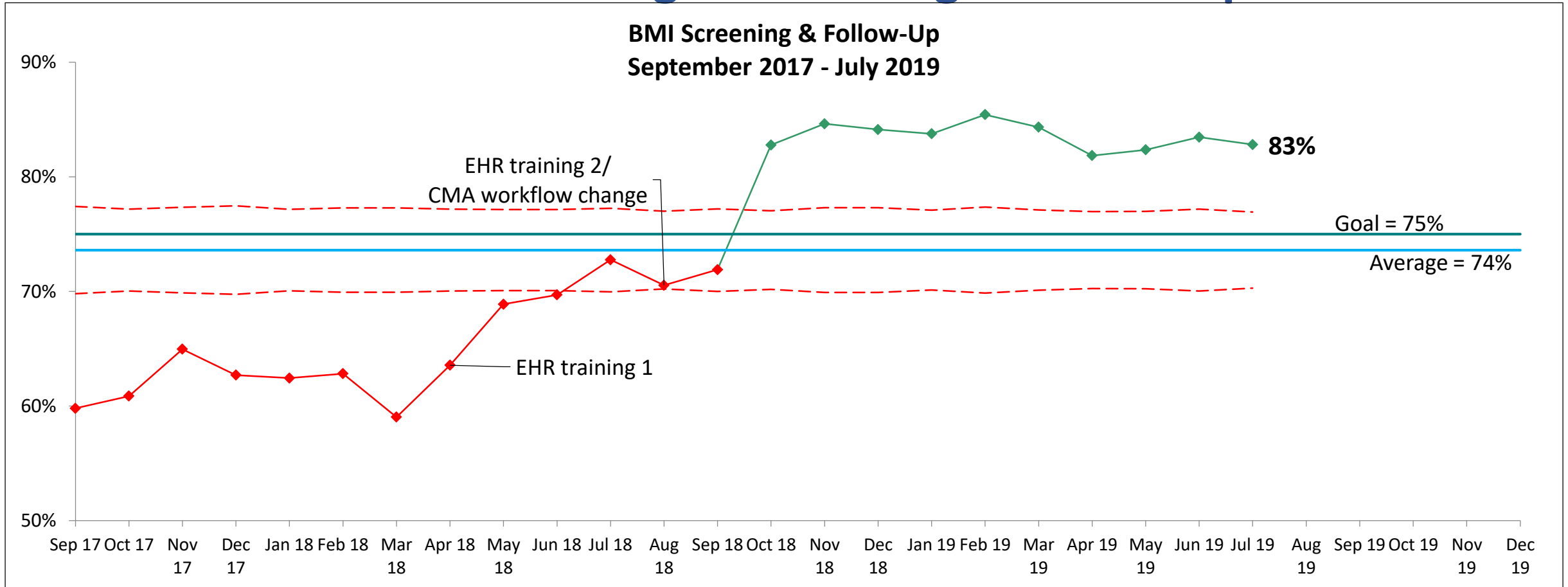
PI Dashboard: Blood Pressure Control for Clients with Hypertension



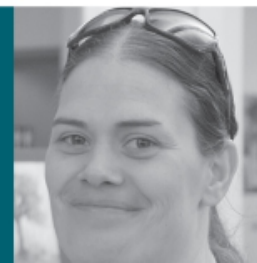
Trailing year: 58%



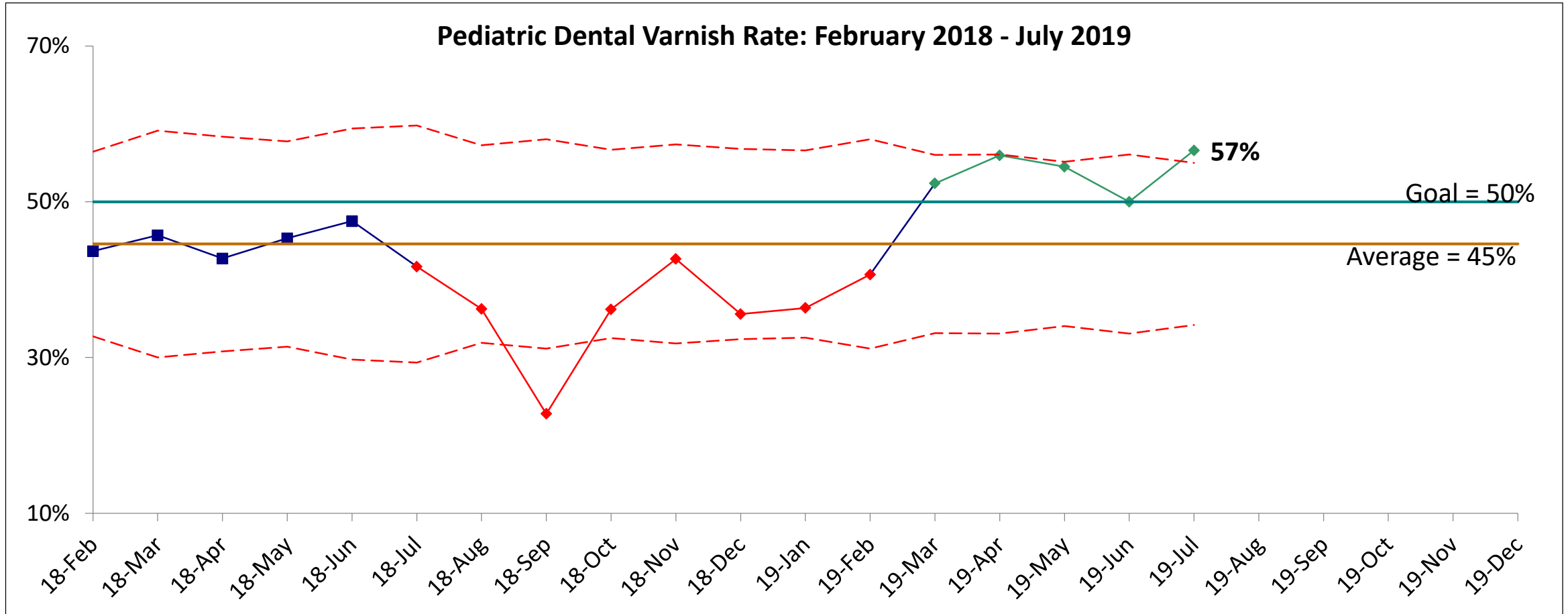
PI Dashboard: Adult Weight Screening & Follow-up



Trailing year: 77%



PI Dashboard: Pediatric Dental Varnish

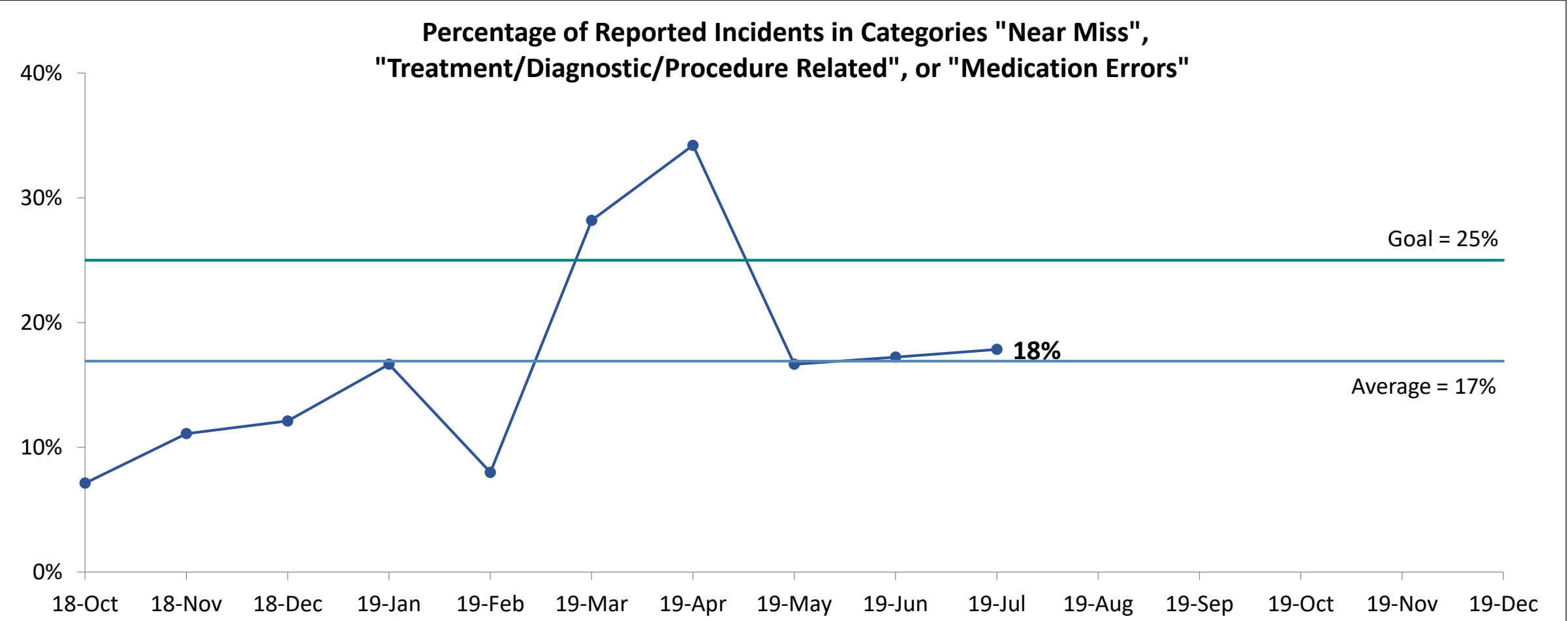


Trailing Year: 34%



PI Dashboard: Incident Reporting

Percentage of Reported Incidents in Categories "Near Miss", "Treatment/Diagnostic/Procedure Related", or "Medication Errors"

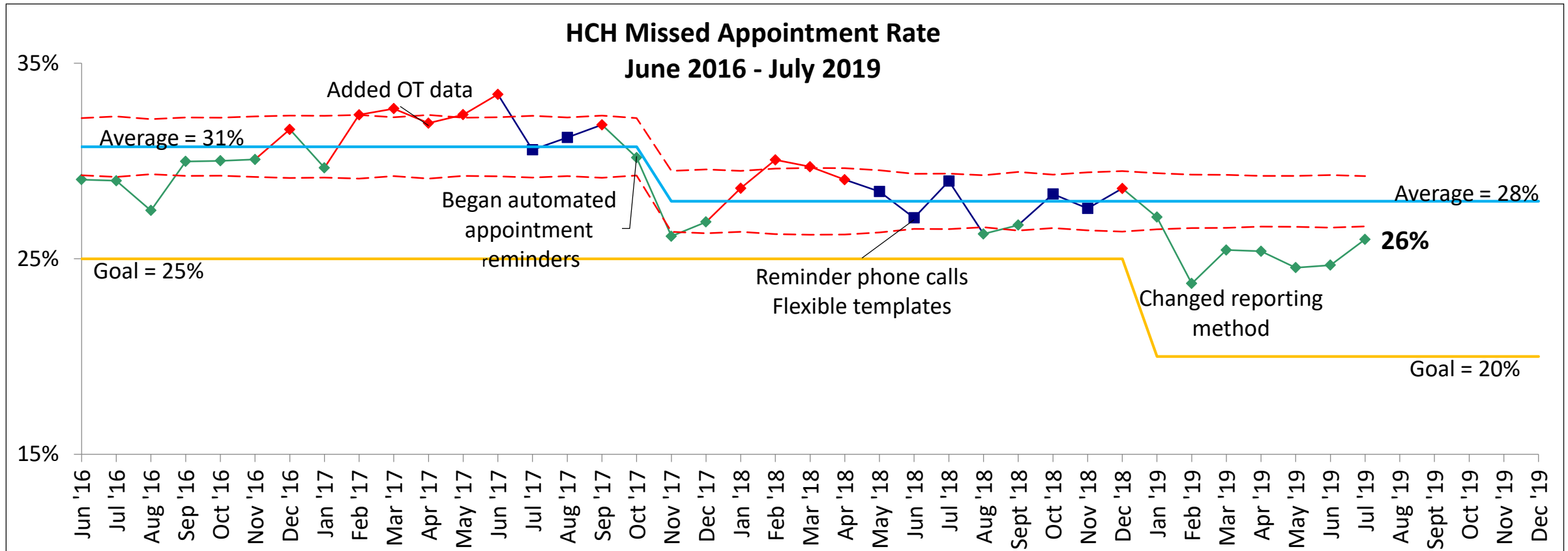


Project Updates

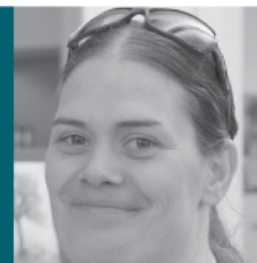


Missed Appointment Reduction

Goal: By December 2019, the organization will have a missed appointment rate at or below **20%**



Subcommittee Members: Aisha Darby, Laura Garcia, Stephanie Ference, Kim Carroll, MaryAnn Rico, Meredith Johnston



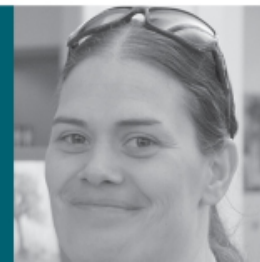
Since we last met...

- Subcommittee has:
 - Case Management tested the use of materials directing clients to walk-in services
 - Developed and implemented materials to encourage clients to cancel their appointments if they cannot make them
 - Explored ways to address frequent no-show clients
 - Continued to provide reminder calls to clients ahead of their appointments



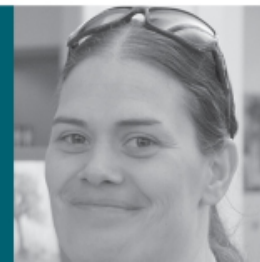
Missed Appointment Reduction: Changes we are testing

- **Materials to encourage use of Walk-In Services**
 - **Change:** Encouraging clients who have urgent needs to utilize our walk-in services.
 - **Root Causes addressed:** Clients who have urgent needs for care are not able to wait for an appointment with our current capacity. Thus they do not show for their scheduled appointment.
 - **Evaluative Measures:** How many of the clients educated on our walk-in services by a Case Manager then utilize those services within 1 month?



Missed Appointment Reduction: Changes We Have Implemented

- **Encourage Clients to Cancel Their Appointments**
 - **Change:** Educating clients on the benefits of cancelling their appointments if they are unable to make them.
 - **Root Causes addressed:** Clients who no longer need or can make their appointments will simply skip their appointment without cancelling.
 - **Evaluative Measures:** How many clients cancel their appointments?
 - Fliers have gone up in English (Spanish fliers are in development)
 - A design for the TV is also in progress



Missed Appointment Reduction: Cancellation and Walk-in Promotion

Can't make your next appointment? Call to cancel or reschedule!



Just follow these steps:

- 1 Call 410-837-5533
- 2 Select Option 1
- 3 Let the scheduler know you need to cancel your appointment or reschedule.



Our walk-in services are here for you!

If you need help quickly or can't make your appointment, you can come in for same-day services:



Primary
Medical Care



Case
Management



Addictions
Counseling



Behavioral
Health Therapy



Insurance and
Benefits Enrollment

Walk-ins are available at 421 Fallsway:

Monday – Wednesday, Friday: 7 a.m. – 2 p.m.

Thursday: 7 – 11 a.m.

Saturday: 8 a.m. – 2 p.m.

All walk-ins are first come, first served. The sooner you get to a clinic, the sooner we can see you.

For emergencies, call 911.

For after-hours help with urgent needs, call 1-800-713-4610.

To make an appointment, call 410-837-5533.



Missed Appointment – Reminder Calls

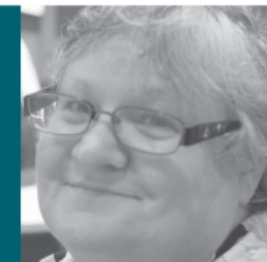
- Data continues to show that reaching clients ahead of their appointments lead to higher show rates:

Clients called for their appointments on 7/15 and 7/16:

	Completion %	No-Show %
Clients who were reached during reminder calls	92%	8%
Clients who received a voicemail reminder	71%	29%
Clients who were not reached during reminder calls	67%	33%

Missed Appointments – Targeting Frequent No-Show Clients

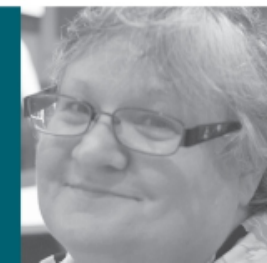
- Testing the use of a “Shadow Schedule” for Medical Providers
 - By selecting clients who have a high no-show rate we can prioritize clients who often make their appointments
 - The “Additional Established” appointment type can be used to effectively stack the schedule without risking a decrease in utilization
 - Identified frequent no-show clients for the test period (1 day), will be moved to additional established to give priority to clients who make their appointments
- Test Parameters:
 - All Fallsway adult medical providers for 2 sessions – September 9th



Missed Appointments – Targeting Frequent No-Show Clients

- An individualized intervention pilot
 - A select few clients with a no-show ratio of 30% or greater will be flagged to a walk-in only status will pilot these clients as walk-in only
- Test Parameters:
 - Case Management for 1 month – Starting September 9th

Client	# Appts	NS	NS Rate
112543	37	25	68%
71975	27	18	67%
83837	39	23	59%
62991	34	18	53%
60895	120	63	53%
131545	37	19	51%
117362	41	20	49%
119754	41	20	49%
82316	50	21	42%
105050	47	19	40%
120047	68	27	40%
7016	52	18	35%



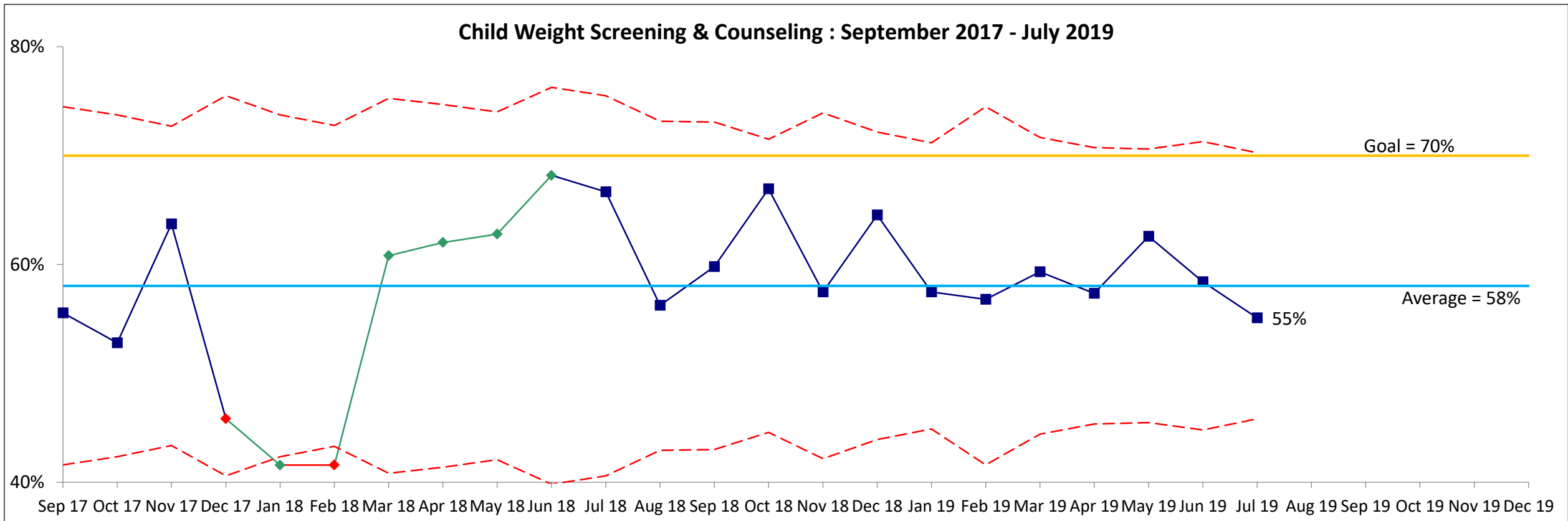
Missed Appointments: Next Steps

- Test the use of the Shadow Schedule
- Test the Walk-in only approach for Case Management Clients
- Continue our Reminder Call services
- Continue to track the success of our walk-in services promotion
- Explore and test new change ideas to decrease missed appointments

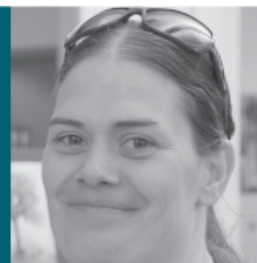


Child Weight Screening and Counseling

Goal: By December 2019, **70%** of pediatric clients will have a documented BMI and counseling/follow-up plan.



Subcommittee Members: Orange Team



Our Progress so far...

- The Subcommittee has:
 - Identified root causes that contribute to lack of screening and counseling
 - Identified potential change ideas
 - Prioritized change ideas
 - Developed a PDSA to test an idea



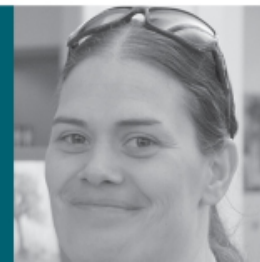
Child Weight Screening and Counseling: Targeting Root Causes

Change Idea	Root Cause
Reincorporate the Growth Chart into the vitals sheet	Cumbersome EMR tools limit providers' ability to record and offer counseling
Print and hand out client's growth chart each visit	No standard practice of beginning the counseling conversation
Conduct provider sessions to discuss the various strategies and approaches that are successful	Providers don't know how to approach the subject with parents who may not be receptive to hearing about weight
Have the BMI percentile auto-populate to vitals sheet	Providers are unable to see BMI percentile in vitals sheet
Develop a comprehensive counseling form in EMR (similar to that of PDV)	Significant EMR challenges cause confusion and inefficiency



Child Weight Screening and Counseling: PDSA

- **Provide the Growth Charts to clients during visit**
 - **Change:** CMA to present the printed Growth Chart to clients during the rooming process.
 - **Root Causes addressed:** Providers do not have an easy window to begin the conversation about BMI and nutrition.
 - **Evaluative Measures:** The number of conversations held with clients about the Growth Chart?
 - **Prediction:** The number of conversations will increase.



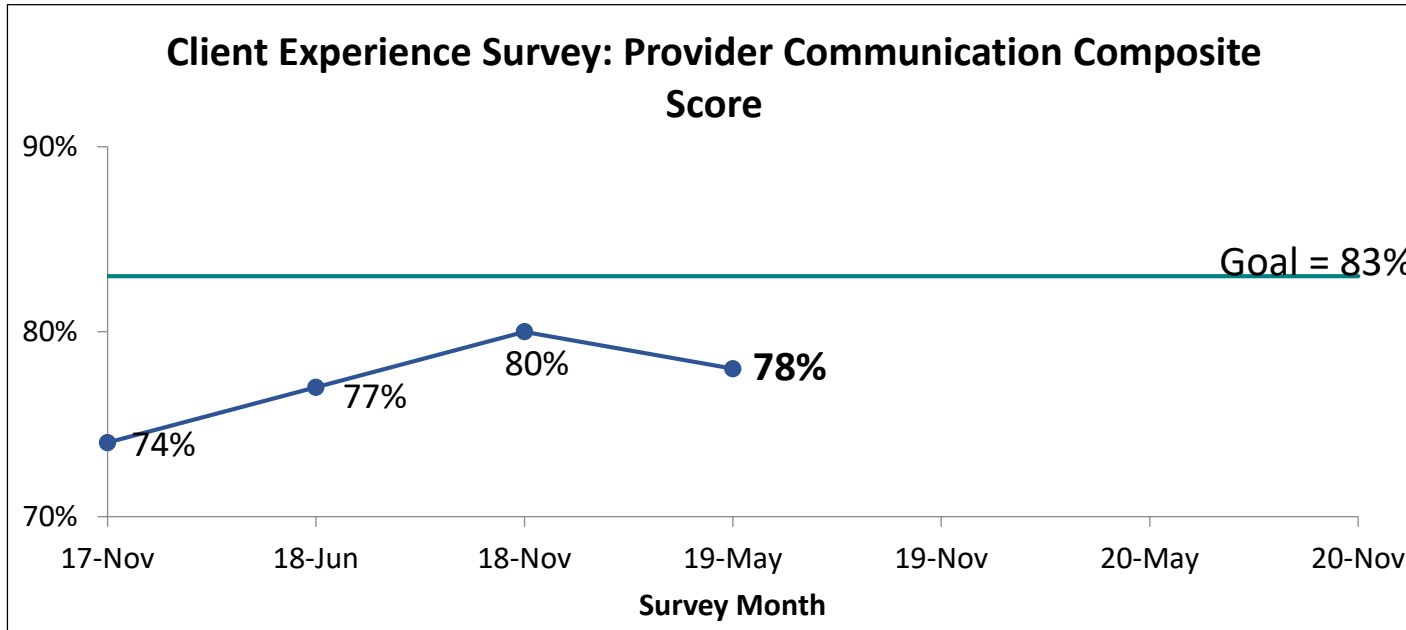
Child Weight Screening and Counseling: Next Steps

- Test the use of the use of the printed growth chart for 1 day
- Continue to develop more PDSAs to test our change ideas
- Continue to track the screening and counseling rates



Provider Communication

Goal: By December 2019, **83%** of clients will respond “always” on Client Experience Survey questions relating to good provider communication.



Score = % of times clients answered “always” to the following survey questions:

- *Does your provider explain things in a way that is easy to understand?*
- *Does your provider listen carefully to you?*
- *Does your provider show respect for what you had to say?*
- *Does your provider spend enough time with you?*

Subcommittee Members: Chauna Brocht (Clinical Leader), Veronica Butler (Peer Advocate/ex-CMA), Darell Richardson (Unit Clerk), Mara Schneider (Occupational Therapy), Phill Sheldon (Case Manager at CCP), Gretchen Tome (Behavioral Health), Malcolm Williams, (Client Engagement), Liz Goldberg (Psych), Greg Rogers (CHW)

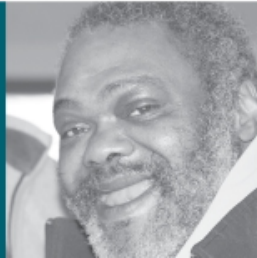
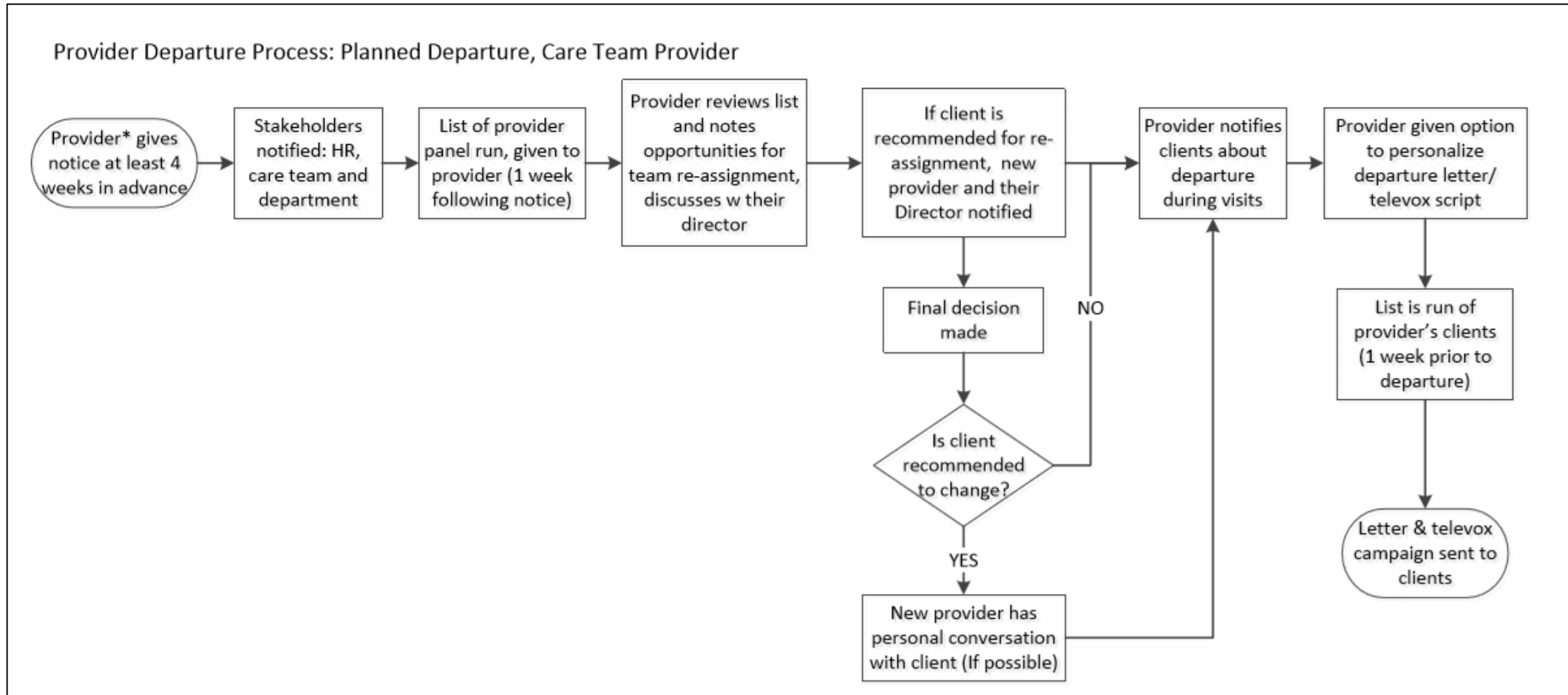


Provider Communication: Updates

Change Idea	Status
Communicating estimated wait times to clients using white boards and CAAs	Fully Implemented – White board on 2 nd floor medical waiting area is updated every morning
Communicating staff changes internally	Fully Implemented – Kevin’s Teaser now includes communication about staff changes
Provider departure procedure development	Currently being tested – Lindi’s departure from HCH and Dr. Bodnar’s move to Baltimore County
Formal training for staff on communication and customer service best practices	In-Process - Currently evaluating the best approach for training
Services guide for staff on groups, walk-in times, and how to refer to other services.	In-Process – Developing scripting and materials in partnership with Communications
Literacy-appropriate signage explaining the process for picking up refills and referrals	Up next



Provider Communication: Provider Departure Procedure



Provider Communication: Provider Departure - Letter

- Template is personalized for each provider
- Directly populated from Centricity for each client on provider's client list
- Includes a one-sheet with the department's staff photos



Provider Communication – Next Steps

- Continue the development of services guide for staff and refill/referral guide for clients
- Evaluate the success of the provider departure procedure during our trials
- Determine the appropriate communication training and develop a trial period
- Get feedback on the PI team's suggestions regarding workflow in medical to reduce wait time



Discussion

