

# PI Committee Meeting



December 20, 2017



# December 2017 PI Committee Agenda

## Updates:

- IHI Conference
- QI Culture Assessment
- Dashboard review
- Bi-Monthly Project Progress:
  - Missed Appointments
  - Universal Screening: HIV & Hep C
  - Colorectal Cancer Screening
  - Flu Vaccination
  - Diabetes Control

## Discussion:

- Health Outcomes
- 2018 PI Workgroup Composition



# Missed Appointments

**Goal:** Reduce organizations wide no-show rate to 18% by December 31, 2017

**Team Members:** Maria Martins-Evora, Aisha Darby, Laveda Bacetti, Mona Hadley, Cassie Ekstrom, Gabrielle Berre

**Progress made since last committee presentation:**

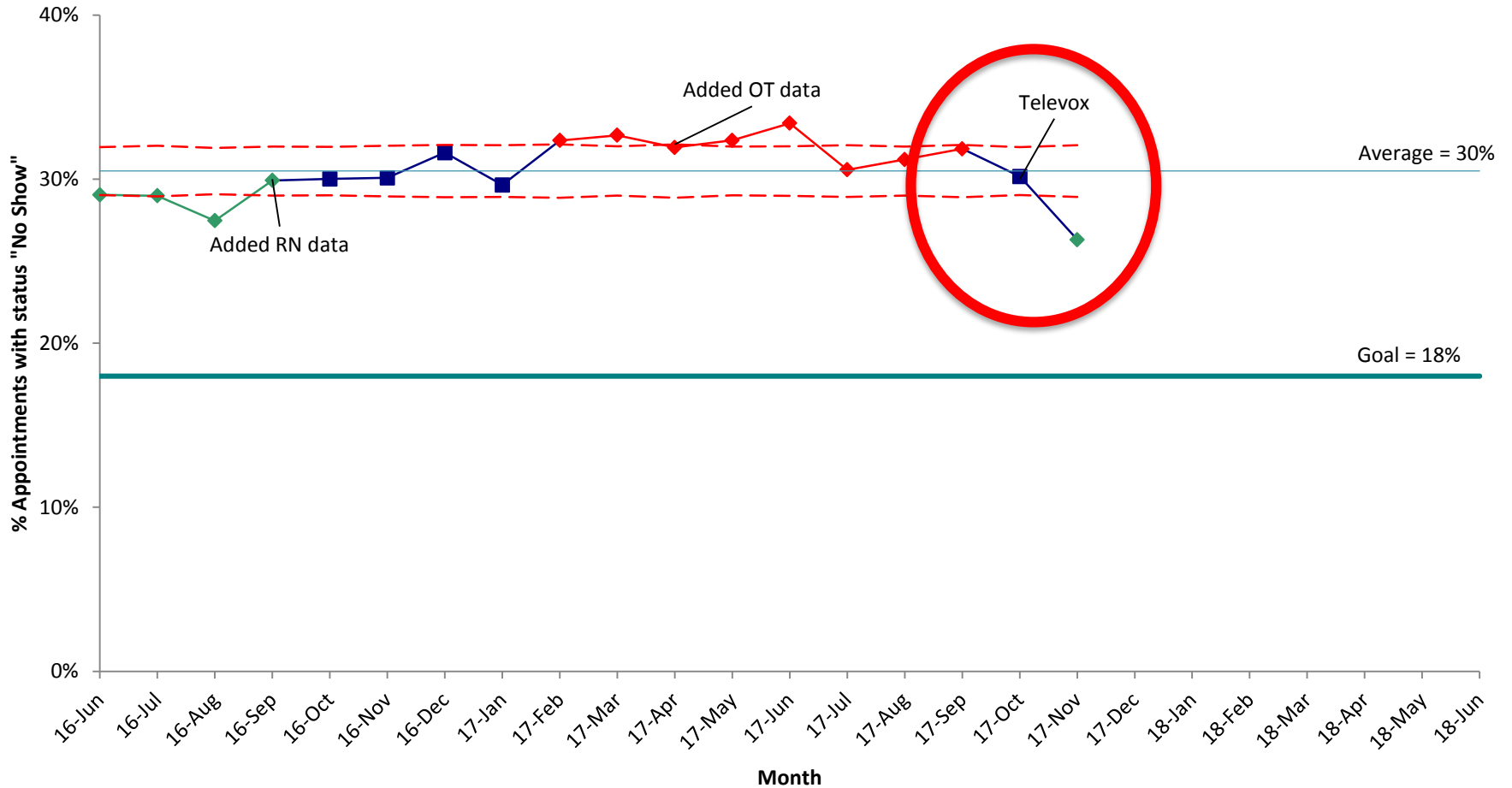
1) After reviewing last month's access stats we have noticed a large number of same-day appointments in behavioral health. In January we will be changing Cassie's template for one week to test have more open access for clients who normally no show.

2) Televox update: We have noticed a decrease in the missed appointment rate. The current rate is 26% and we normally have a 33% rate. This seems to be consistent with that feedback that we are receiving from providers who report they feel they are busier. Next steps we will be looking at access stats to see how this affected utilization. Still, need to work on ensuring we have correct telephone numbers for clients.



# Missed Appointments

HCH Missed Appointment Rate  
June 2016 - November 2017



# Universal Screenings: HIV & Hep C

**Goal:** 69% of eligible clients will be tested for HIV & 66% will be tested for Hepatitis C

**Team Members:** Meredith Johnston, Cindy Cabales, Ry Keara Bates, Tina Rickabaugh

## **Progress made since last committee presentation:**

- 1) Team has finalized workflow for non-medical departments to refer for CTR testing, but spread of approach is on hold until CTR position filled
- 2) CMA workflow created seamless interim process (Thank you Cyndy!)
- 3) Recommendation for next step: Evaluate department screening rates to determine focus (are we optimized in our screening in Medical dept?)



# Colorectal Cancer Screening

**Goal:** 45% of eligible medical clients will have an up-to-date colorectal cancer screening

**Team Members:** Laura Garcia, Tracy Russell

**Progress made since last committee presentation:**

- 1) Meeting with Baltimore City Cancer Program to begin referral system for all uninsured and non-English speaking clients to get patient navigation for Colonoscopies. Estimated to begin in January 2018.
- 1) Team is working with Health Informatics on creation of a “preventative health tracker” in Centricity to increase the ease and effectiveness of identifying clients overdue for preventative health needs.



# Flu Vaccination

**Goal:** 45% of eligible clients will have documentation of flu vaccine administration

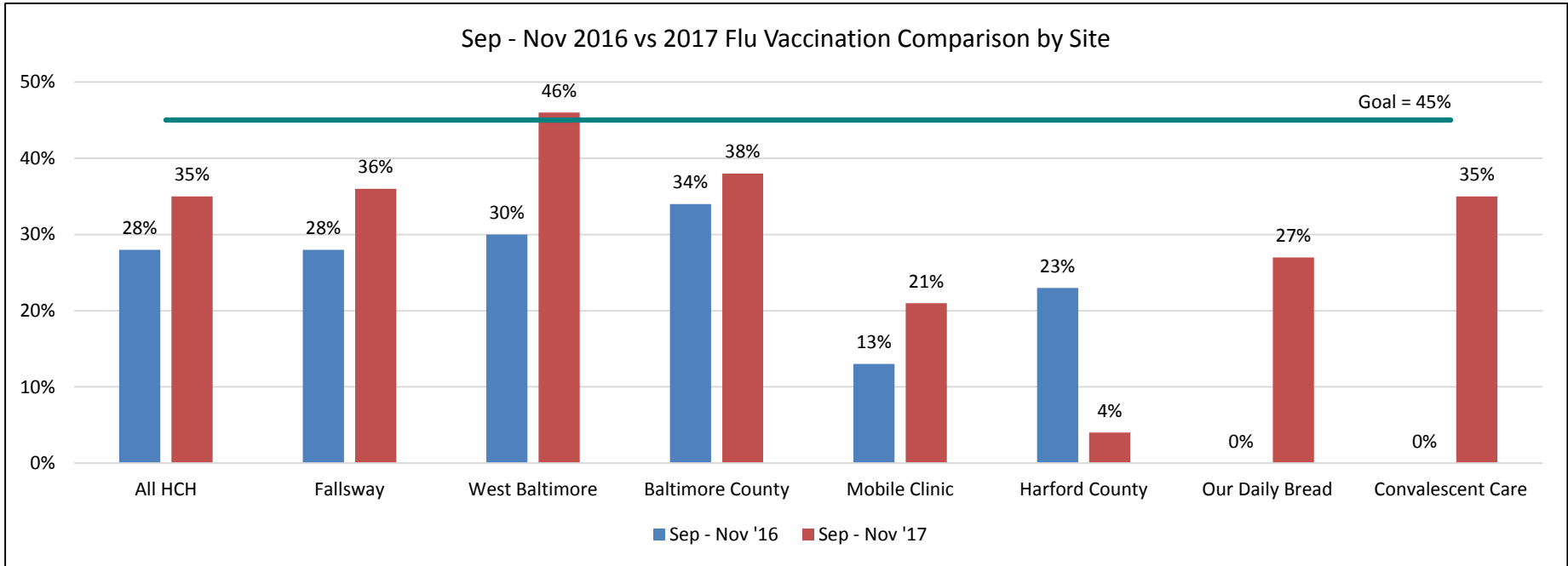
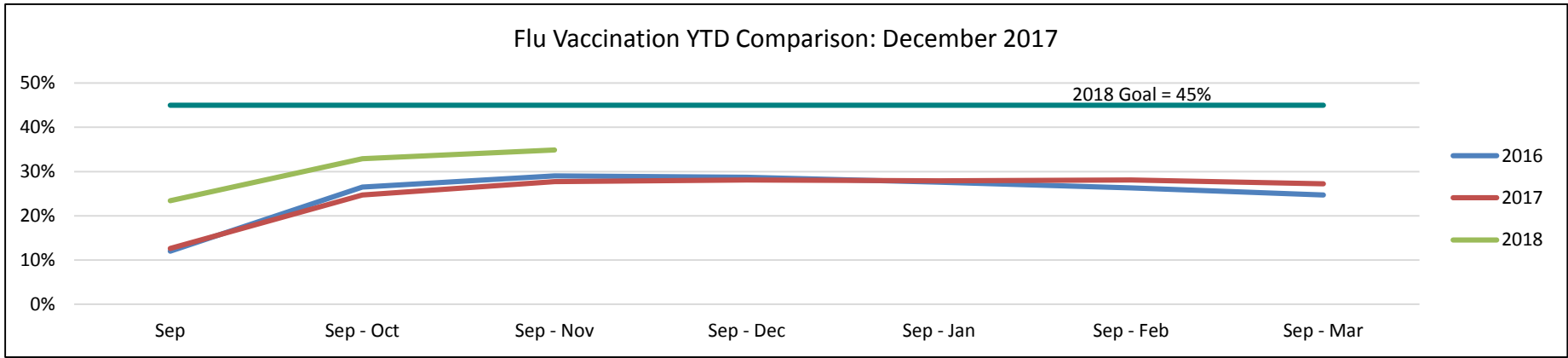
**Team Members:** Cyndy Singletary, Makeda Johnson, Pam Ford

**Progress made since last committee presentation:**

- 1) Team has been doing out reach flu clinic at My Sister's Place, Beans and Bread and WHRC
- 2) Continue to do the Flu clinic every Wednesday in the lobby. (response is great as clt also get a warm coat)
- 3) Reminded all medical providers to have clt added to CMA list on the date of service to get a flu shot
- 4) Review new ideas for Jan 2018 to capture clients



# Flu Vaccination: Comparison to Prior Years





# Diabetes Control

**Goal:** 70% of eligible diabetic clients' most recent HgbA1c will be 9.0% or less by December 31, 2017

**Team Members:** Adrienne Trustman, Tobie Smith, Tracy Russell, Sheila Roman, Gabby Rehmeyer

**Progress made since last committee presentation:**

- 1) RN Standing orders are now live for basal insulin titration & metformin titration. Goal of this intervention is to shorten time to optimal dosing of diabetes meds by empowering RN management.
- 2) Prescribing algorithm adapted for HCH from American Diabetes Association finalized (with “quick pearls”) and presented to providers. A copy is laminated and present in all exam rooms. Goal of intervention is to encourage providers to adapt medications more effectively for clients with uncontrolled diabetes.
- 3) Formulary created for providers to quickly reference financial barriers to prescribing certain medications. A copy was placed in all exam rooms.
- 4) Met with Diabetes Group for clients in November to discuss barriers to disease management from their perspective.



# Diabetes Control: Client Experience

## Barriers

- Medication often gets lost or stolen
- Don't have water available for pills
- Insulin can go 1 month without being refrigerated, but the injections hurt more when they are warm
- Needles are a hot theft item
- Can't bring needles to work or through security

## Aids

- Motivation and persistence
- Overcoming stigma to benefit from HCH services
- Housing serves as motivation
- Clients need to "see" progress (Visual representation?)

## Supports

- Healthy eating
- Hobbies/coping skills
- Exercise
- Family/friends
- Leisure
- Providers/HCH
- Support group
- Self-care
- Progress
- How to remember supports in time of crisis?



# HCH Strategic Plan: Health Outcomes

## Workgroup Recommendations

### 5 Measure Categories:

- Chronic Disease
- Prevention
- Substance Abuse
- Behavioral Health
- Quality of Life
- Oral Health

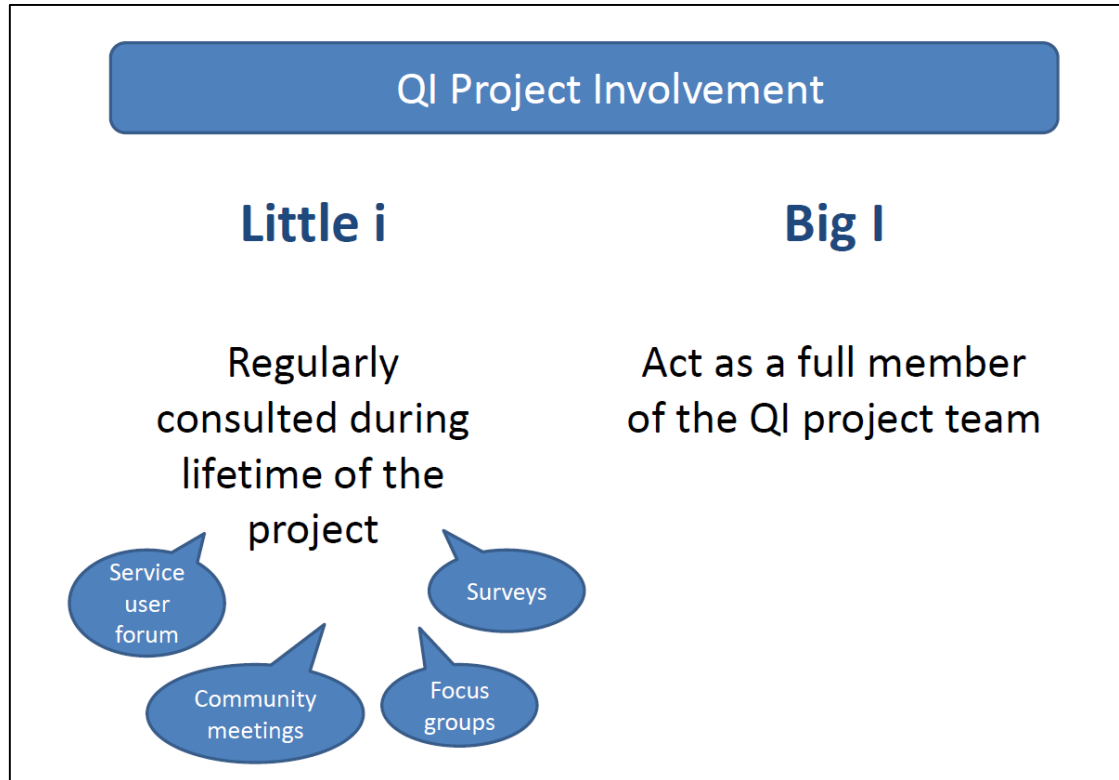


# Next Month: January 17, 2017

- Prioritized Goals
  - 2017 Wrap-up
  - 2017-2018 Continuing goals
  - 2018 Prioritized New Goal Introduction
- What's new for 2018?
  - Organizational Communication
  - Subcommittee training
  - Project Charters
  - PI Committee Format



# PI 2018 Subcommittee Composition: Who's Involved?



“Engaging staff & service users in Quality Improvement” IHI National Forum, December 11, 2017



# PI 2018 Subcommittee Composition: Who's Involved?

Using Post-it notes, write all your ideas for “Big I” and “Little i” contributors for each of the 2018 prioritized goals.

- Contributors can be specific people or general roles

