

Performance Improvement Committee

December, 2019



November Agenda

PI Dashboard

Project Updates:

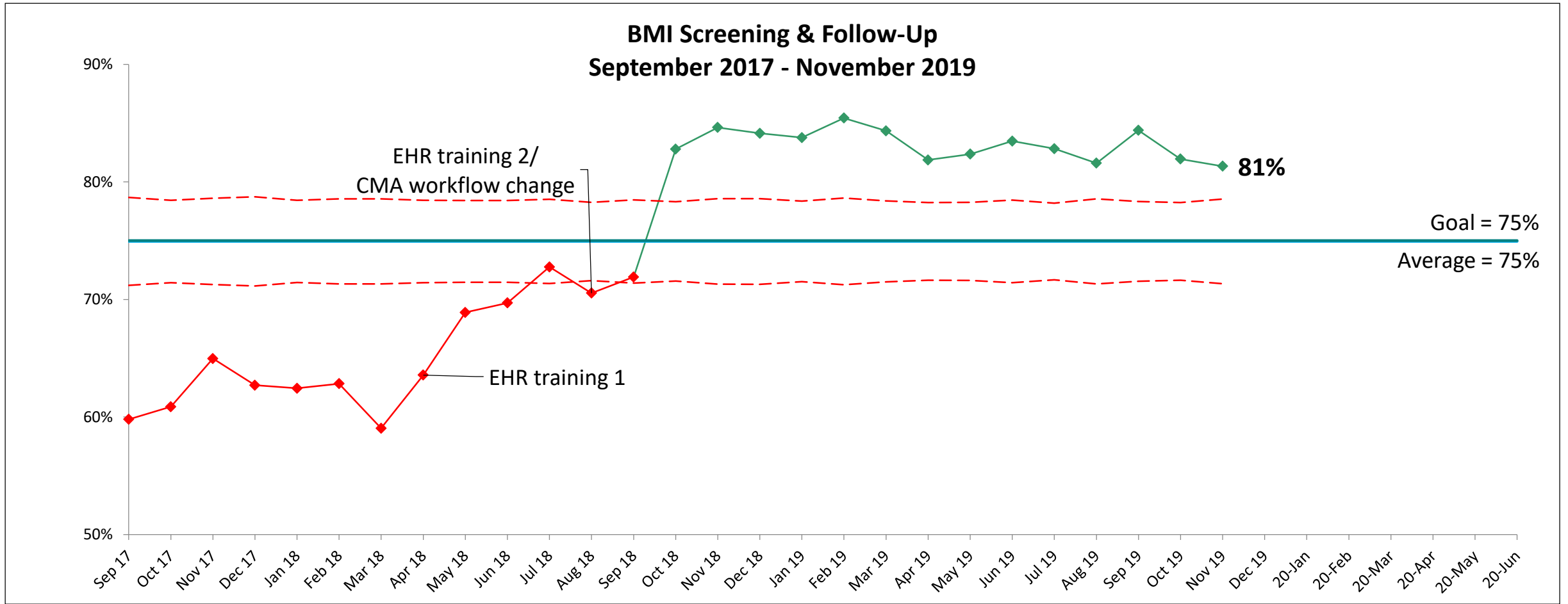
- Blood Pressure Control
- Child Weight Screening and Counseling
- Missed Appointments

Discussion:

- 2020 PI Plan – Measures definitions and scope
- 2019 Reflections



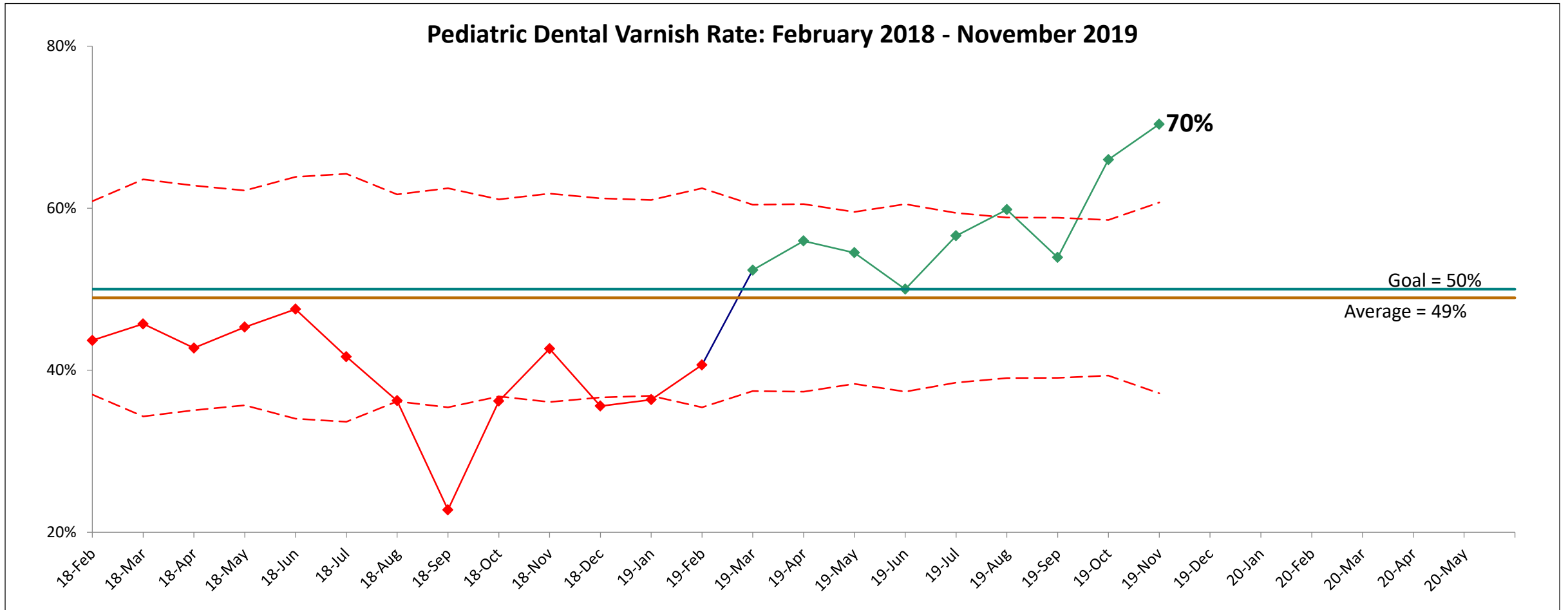
PI Dashboard: Adult Weight Screening & Follow-up



Trailing year: 77%



PI Dashboard: Pediatric Dental Varnish

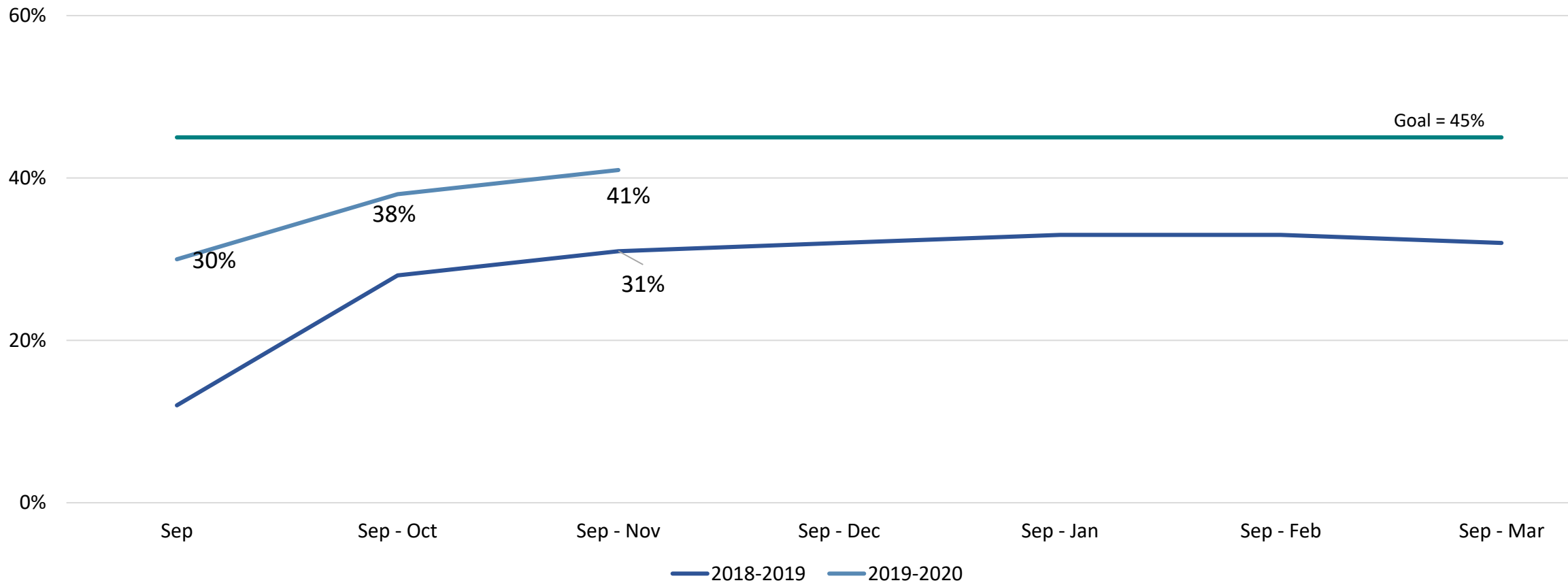


Trailing Year: 56%



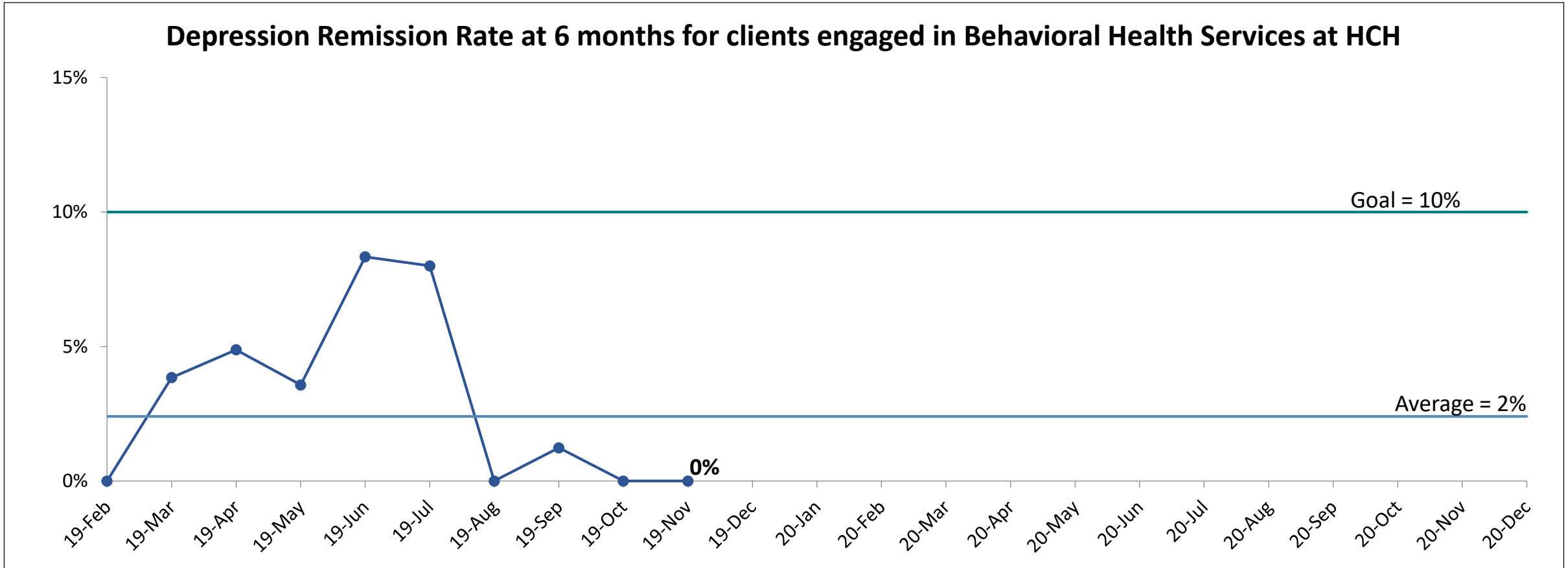
PI Dashboard: Flu Vaccine Campaign

HCH Client Flu Shot Rate: Trailing Season Comparison



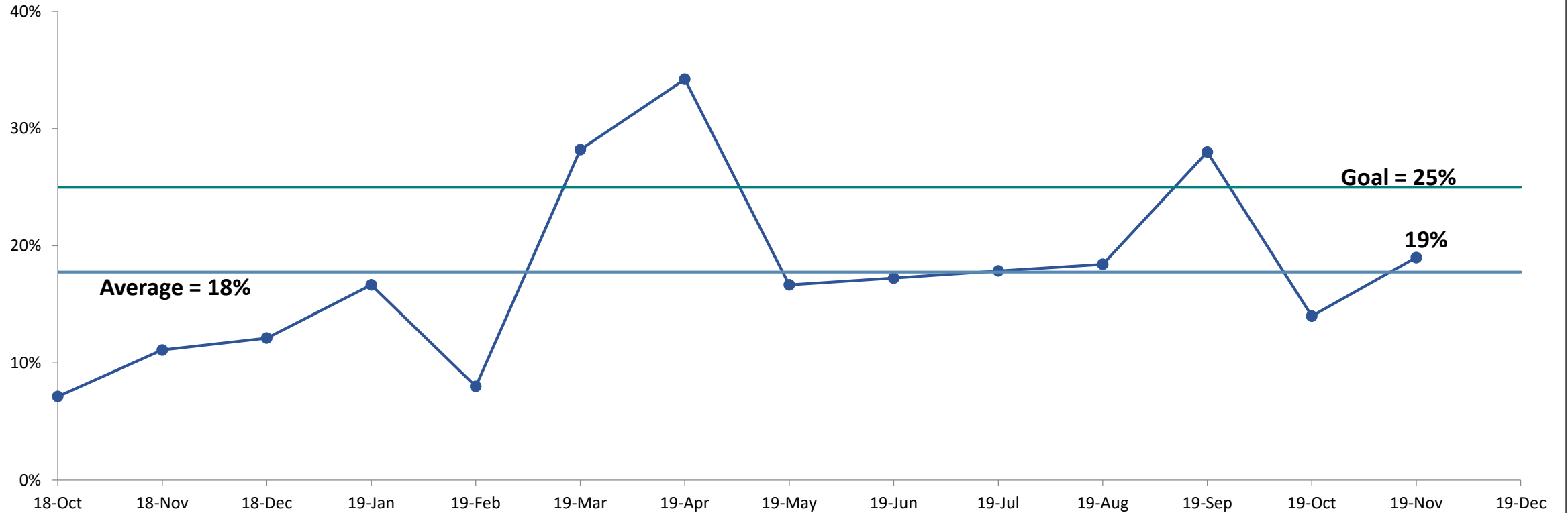
PI Dashboard: Depression Remission

Goal: By December 2019, **10%** of adult clients diagnosed with major depression or dysthymia who scored positively on an initial PHQ-9 (>9) will demonstrate remission at 6 months (PHQ <5).

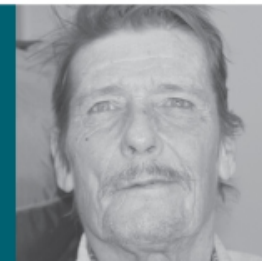


PI Dashboard: Incident Reporting

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



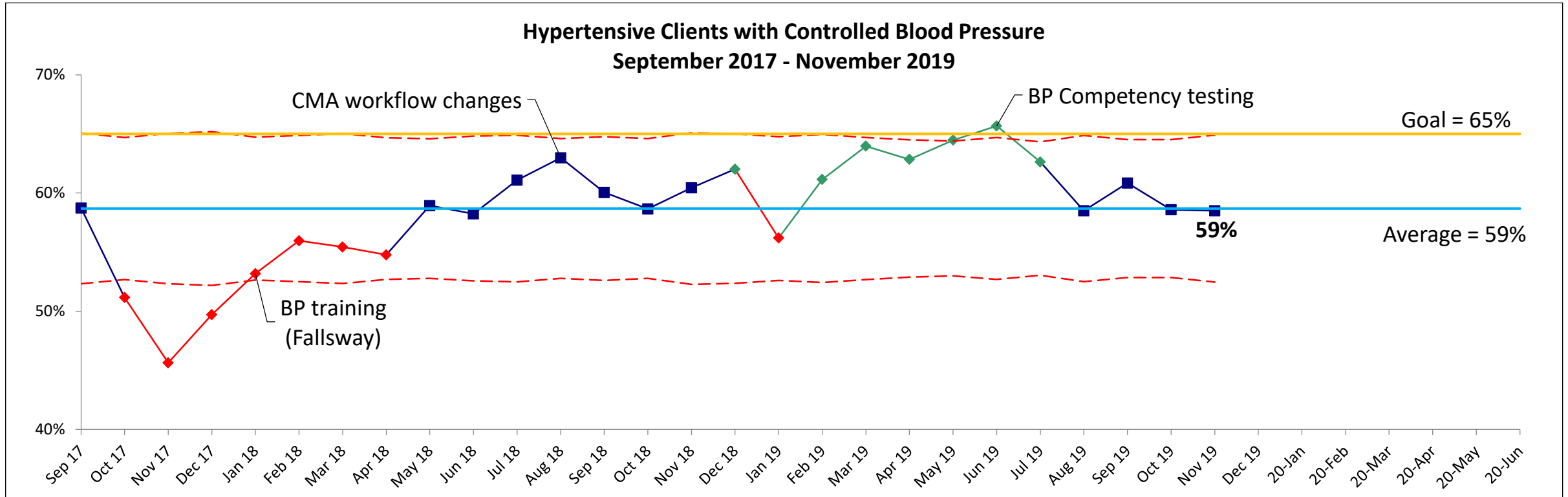
Project Updates



Blood Pressure Control in Hypertensive Clients:

Goal: By December 2019, 65% of Hypertensive Clients will have controlled blood pressure (<140/90mmHg) at their most recent medical visit.

Subcommittee Members: Elizabeth Zurek, Catherine Fowler, Adrienne Trustman, Tracy Russell



Trailing year: 56%




















Since we last met...

- Subcommittee has:
 - Completed the Pill Card PDSA
 - Begun the development of a 1-pager for clients to navigate their prescriptions, refills and pill bottle labels
 - Developed a PDSA to test calling clients with HTN who missed their appointments



Medication Adherence – Pill Card Pilot Update

Date: 03-15-06 Name: Jane Doe GMH# 01234567

Names of Pills	What It's For	 Morning/ Breakfast	 Afternoon/ Lunch	 Evening/ Dinner	 Night/ Bedtime
Lisinopril 20 mg 1 pill once a day	Blood Pressure 				
Simvastatin (Zocor) 40 mg 1 pill at bedtime	Cholesterol 				
Metformin 500 mg 2 pills twice a day	Diabetes/ Sugar 				
Gabapentin (Neurontin) 300 mg 1 pill every 8 hours	Nerve Pain 				
Aspirin EC 81 mg 1 pill once a day	Heart 				

- ### Barriers to Expanding the Pilot
- The medication pill cards are too time intensive to create to be a viable option at scale
 - The current Centricity medication list format does not allow easy printing and distributing for clients
 - To overhaul the Centricity medication list will require significant efforts from Health Informatics unavailable at this time

Blood Pressure Control: Developing a 1-pager for clients

- Clients require more education on pharmacy access, the refill process, and how to read and understand their pill bottle labels
- This 1-pager will detail the refill process and how to call and access the pharmacy at Mt. Vernon
- A detailed and literacy appropriate guide to understanding the new pill label will either be included in the 1-pager or as a stand alone graphic
- We will have monitoring in place to ensure the messaging and language is effective and digestible for our clients – we will make continuous changes if necessary*



Blood Pressure Control: Calling Hypertensive Clients PDSA

Goal: Reduce the number of missed appointments for Hypertensive clients

- **Change:** Call clients with Hypertension who miss their appointment and reschedule them to see a provider or nurse
- **Root Causes Addressed:** Clients are not getting timely access to medication refills, inadequate follow-up of medication titration, and clinic access
- **Evaluative Measures:** The number of clients who are called, rescheduled and attend their make-up appointments with a medical provider or nurse, impact on med adherence, and blood pressure

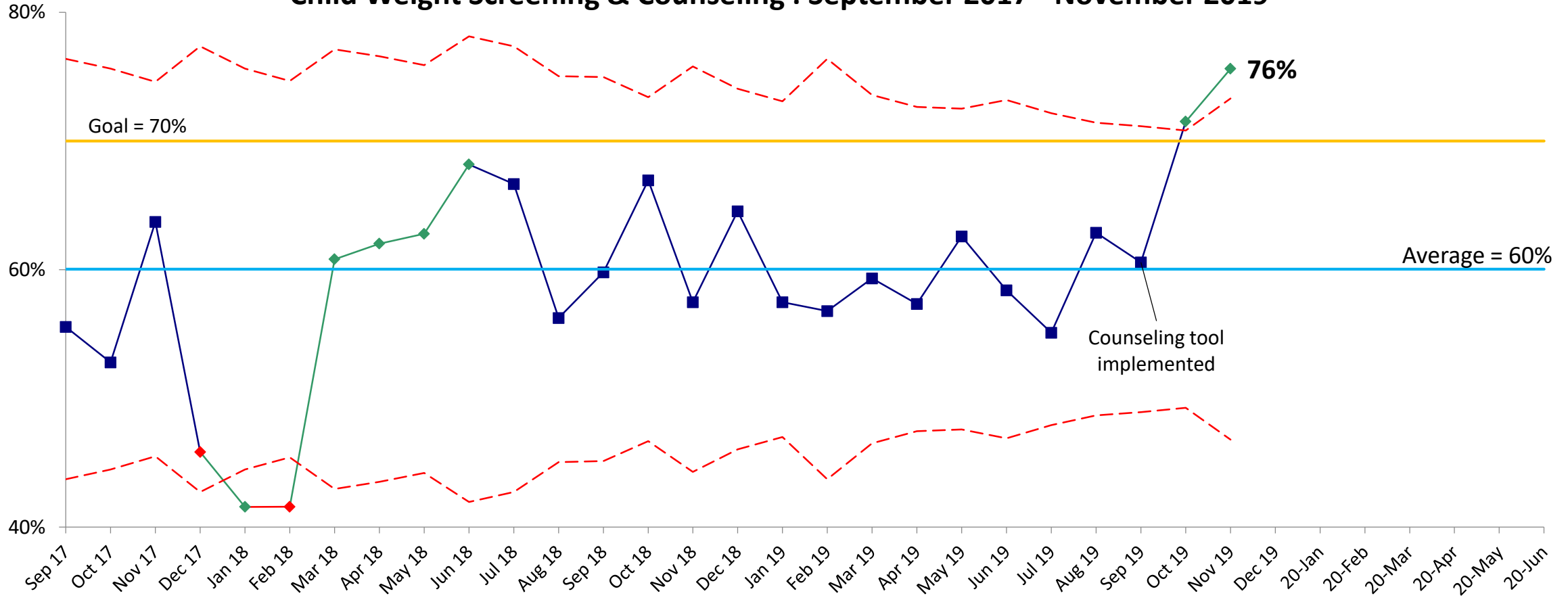


Blood Pressure Control: Challenges, Questions

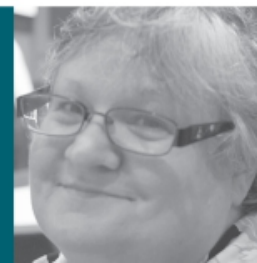
- BP control is complex and dependent largely on medication adherence which is also complex
- We had many changes to our team and the members remaining were pulled in different directions that sometimes had to be prioritized over our BP work
- We are excited about the upcoming medication adherence project because it will allow us to work on improving several conditions at once through improving medication adherence
- Questions???

PI Dashboard: Child Weight Screening & Counseling

Child Weight Screening & Counseling : September 2017 - November 2019



Trailing year: 56%



Child Weight Screening and Counseling: Since We Last Met

- The Sub-Committee has:
 - Sustained improvement providing counselling using the 5-2-1-0 Handout
 - Begun development of a Well-Child Visit marketing and education campaign
 - Begun discussions of a Screening and Counseling EMR Form



Lessons Learned

- The 3 main approaches to meeting our goal:
 - Reducing the barrier to providing counselling
 - Increasing the number of well-child visits
 - Improving documentation accuracy and efficiency (EMR Changes)
- Addressing well-child visits is necessary for improving client access to preventative care overall
- By learning from the success of our Pediatric Dental Varnish project, implementing an EMR form will greatly improve our sustainability of success



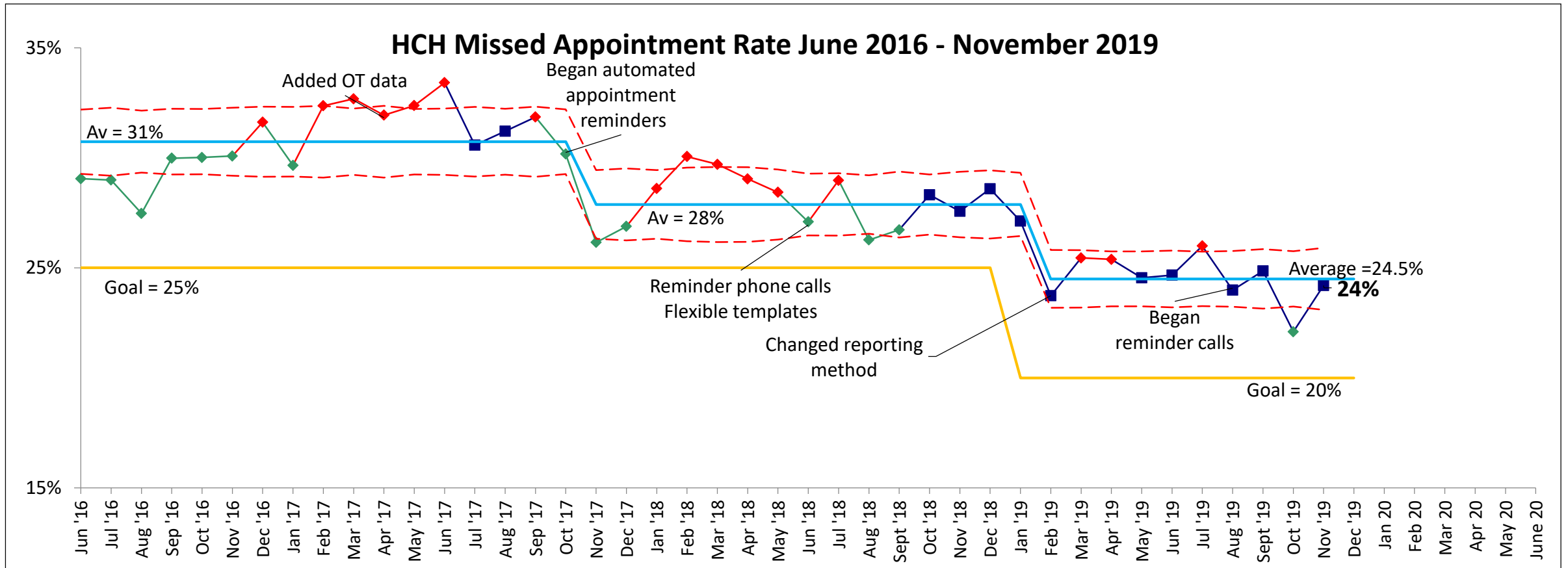
Next Steps

- Implement our Well-Child Visit Education Campaign:
 - Focus on exposing clients to the importance and benefits of a WC visit
 - Educating parents on the WC visit schedule
 - Encouraging and facilitating WC scheduling for clients
- Develop an EMR form for accurate and efficient recording of Screening and Counselling



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



Missed Appointments In Review

- We saw our lowest No-Show rate ever in October at 22%!
- The two year project has seen a decrease in our No-Show rate average of 6.5%!
- The Sub-Committee has tested and implemented numerous changes that have contributed to this success
- We have used data to explore main drivers towards clients missing appointments and have revealed previously unknown factors



Missed Appointments In Review

- Our successful changes include:
 - CAAs calling clients to remind them of their appointments
 - Improving our Televox reminder system to include all client appointments in one text
 - Implemented a white-board displaying estimated wait times for clients
 - Improving our internal referral system between departments



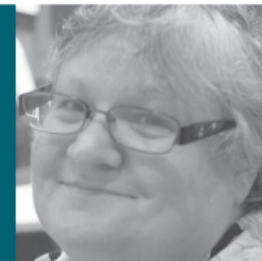
Missed Appointments Lessons Learned

- Lack of client transportation was not a significant factor leading to an increased No-Show rate
- Staff involvement in the project increased common sense scheduling and improved efficiency
- Centricity and other flagging and communication tools are vital to improving internal coordination
- Leniency of late arrivals can contribute to delayed appointments and inefficiency
- A standardized check-in process greatly improves clients ability to navigate the facility and make their appointments on time



Missed Appointments – Challenges and areas to address

- This multi-faceted problem does not have an applicable agency-wide solution as each department faces their own challenges
- The interdepartmental Sub-Committee had difficulty testing PDSAs that could scale effectively
 - The “Shadow Schedule” was time intensive to develop for our PDSA and would ultimately be unfeasible to scale
- We discovered a large number of clients will check-in and *still* miss their appointments – how can we ensure we see clients who are in the building?
- The phone system is still not robust enough to allow clients to adequately reschedule or cancel their appointments



Discussion

