

PI Committee Meeting



January 16, 2019



January 2019 PI Committee Agenda

1. PI Dashboard Review:

- Colorectal Cancer Screening
- Missed Appointment Rate
- Flu Immunization

2. Progress Updates & Discussion:

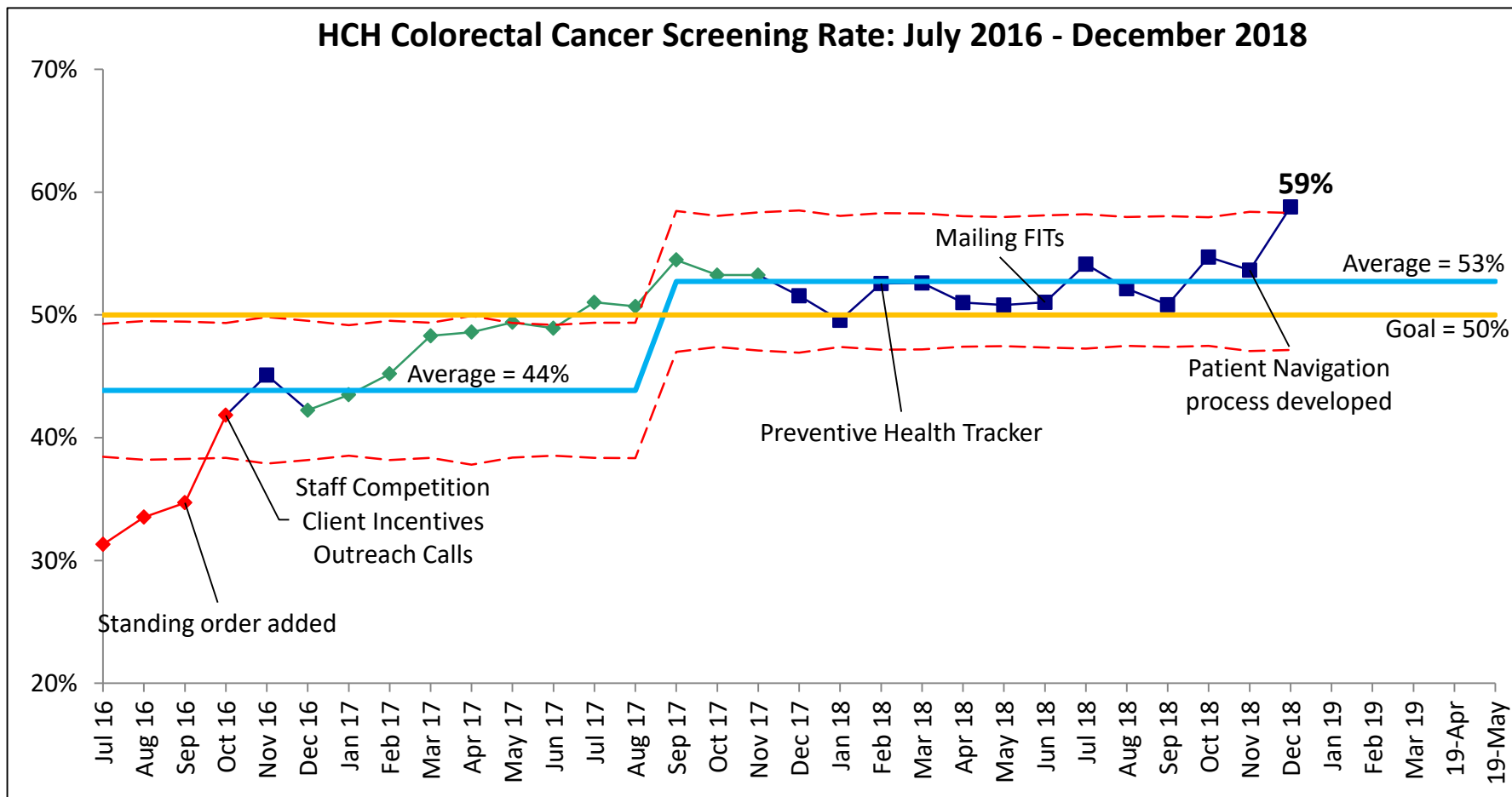
- Cervical Cancer Screening
- Diabetes A1c
- Client Experience: After-Hours Access
- Client Experience Survey Results
- Update on 2019 Subcommittees



PI Dashboard: December 2018



PI Dashboard: December 2018

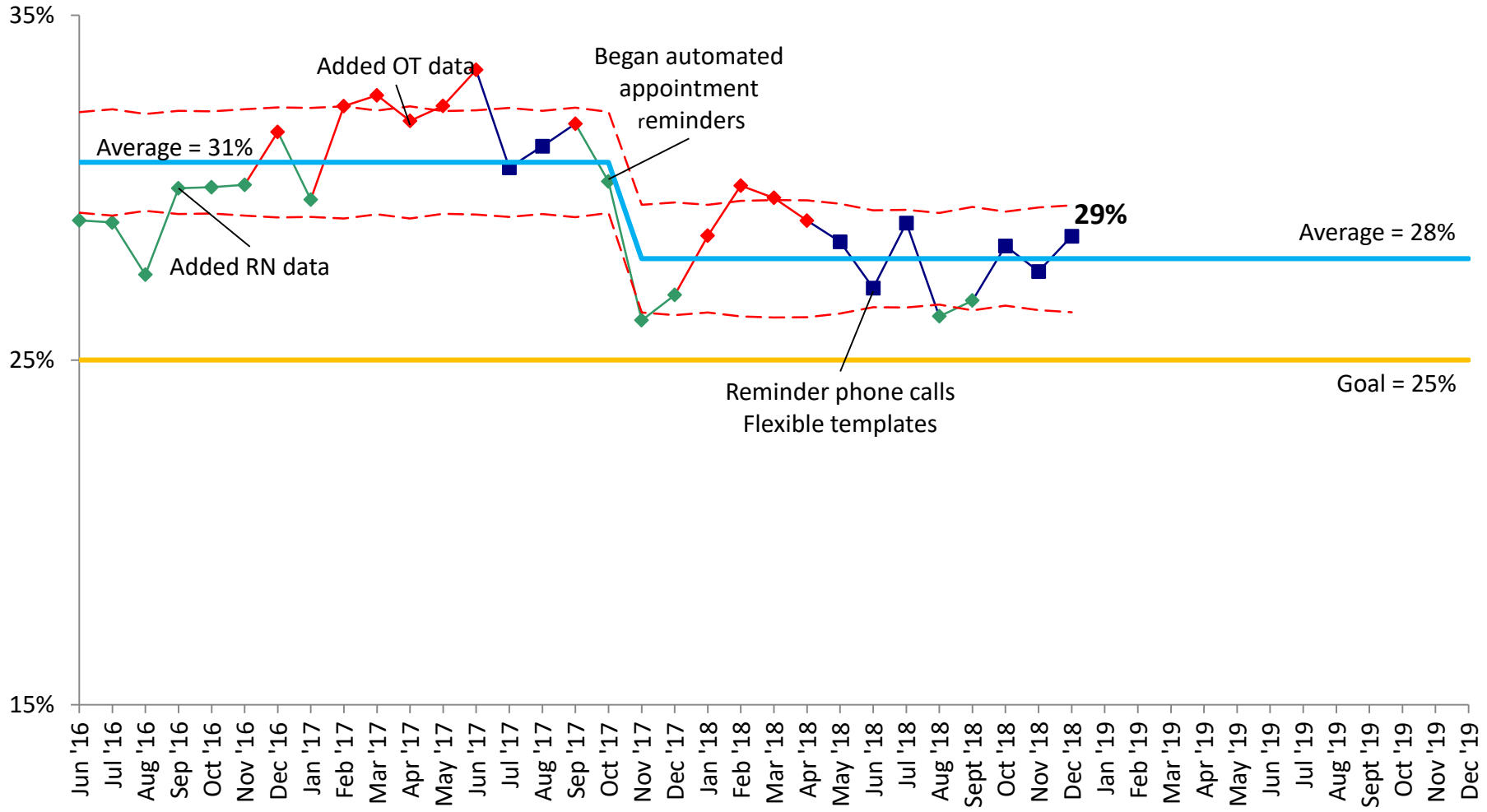


Trailing year (Health Indicators Report): 46%



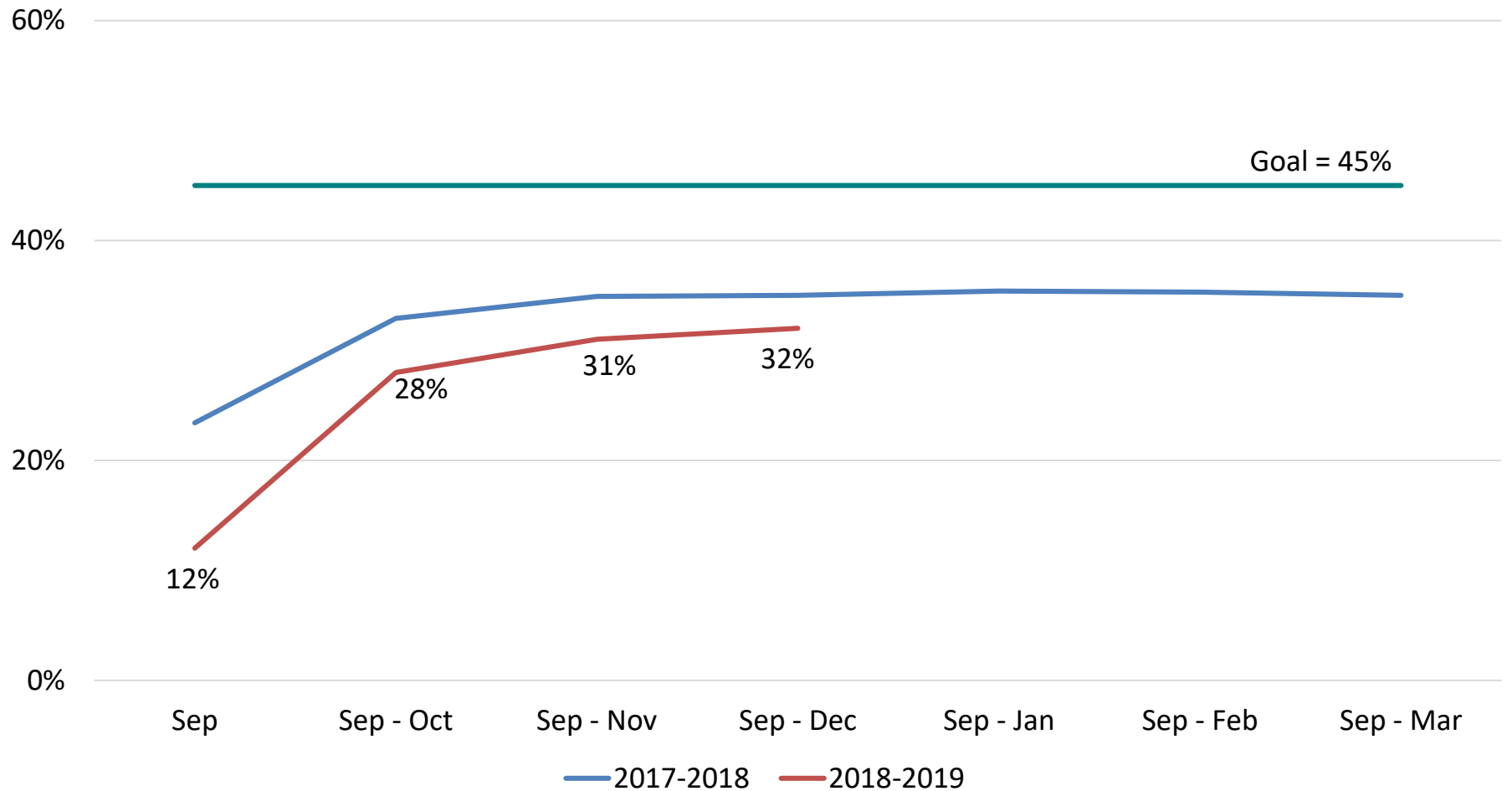
PI Dashboard: December 2018

HCH Missed Appointment Rate: June 2016 - December 2018

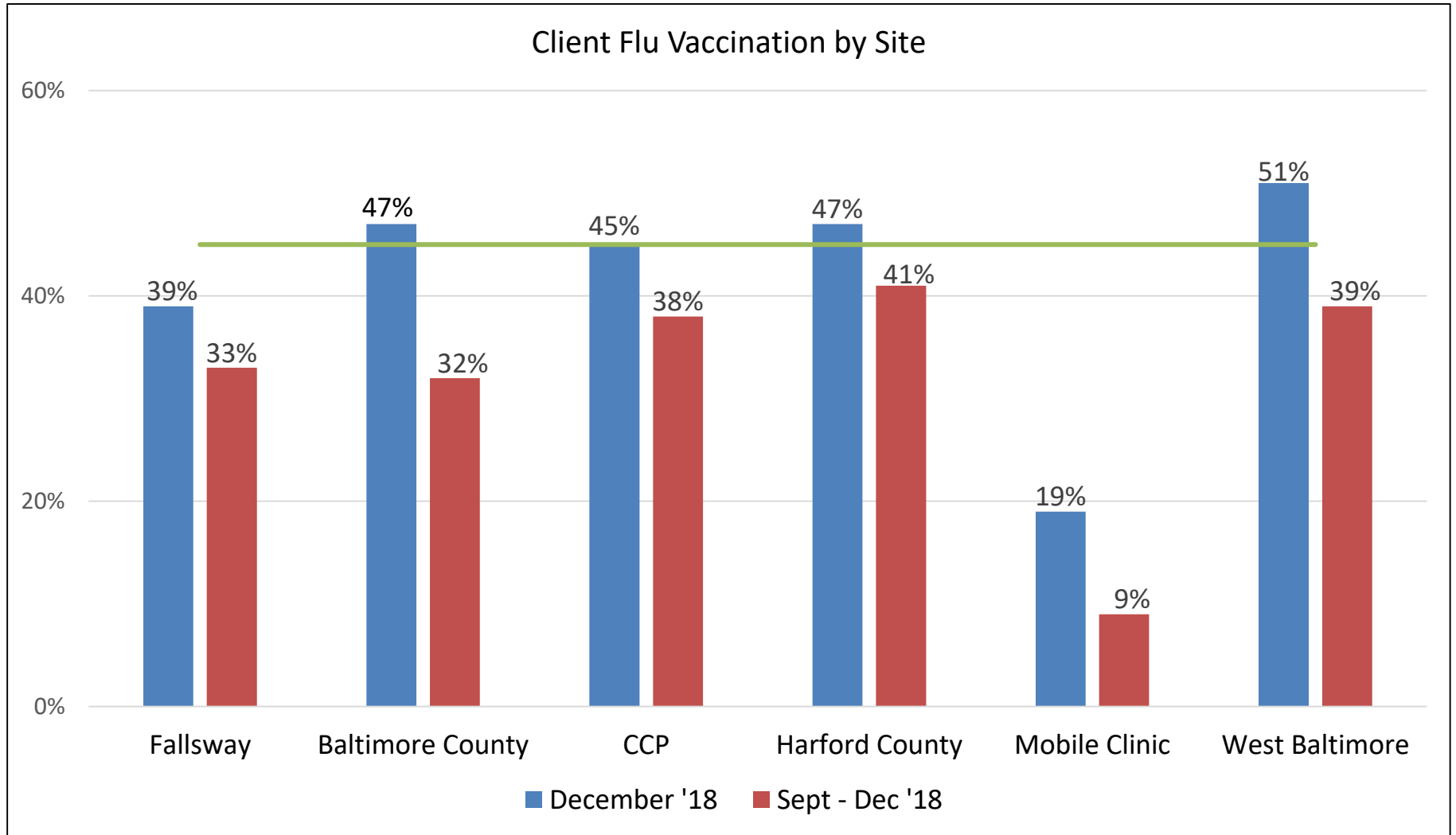


PI Dashboard: December 2018

Client Flu Immunization Rate: Trailing Season Comparison



PI Dashboard: December 2018



PI Subcommittee Updates

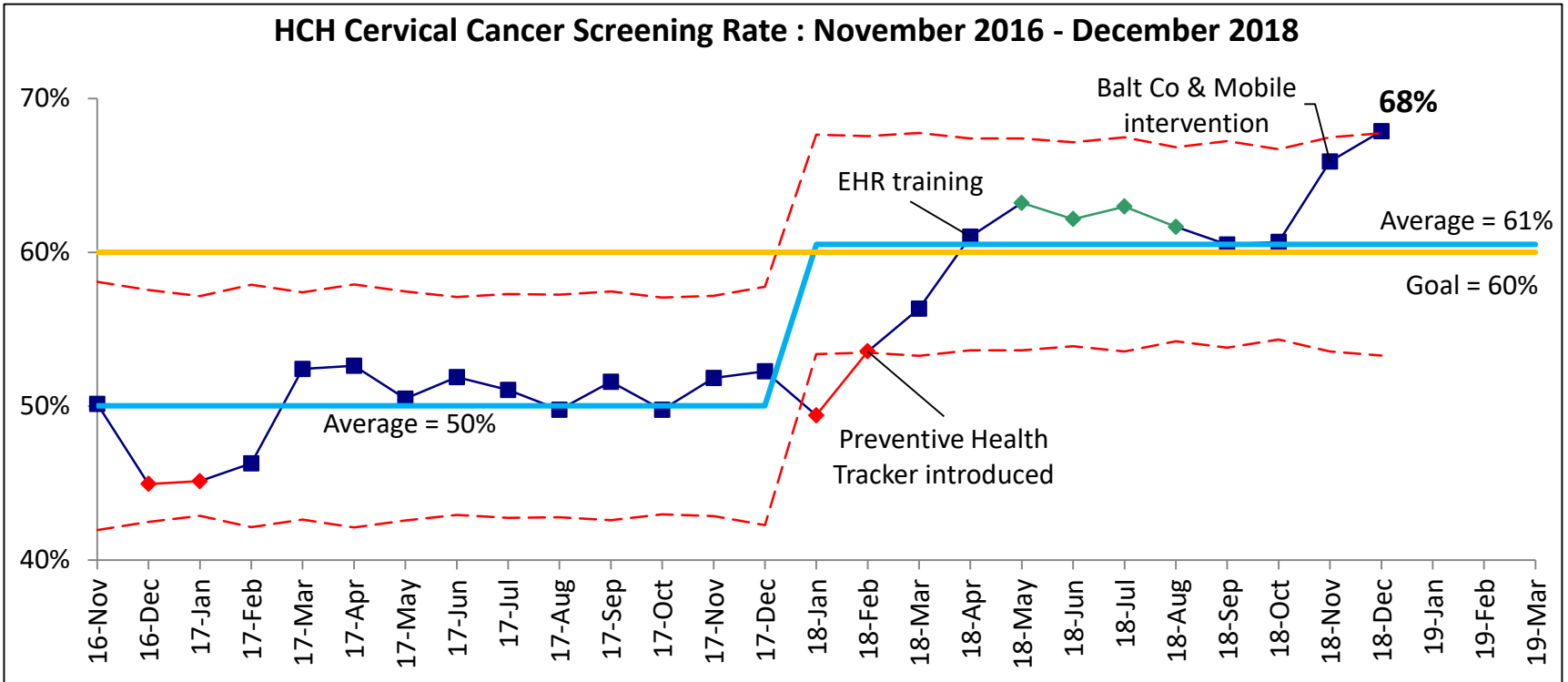


Cervical Cancer Screening

Goal: By December 2018, 60% of eligible medical clients will have an up-to-date cervical cancer screening.

Team: Amber Richert, Laura Garcia, Tracy Russell, Catherine Fowler

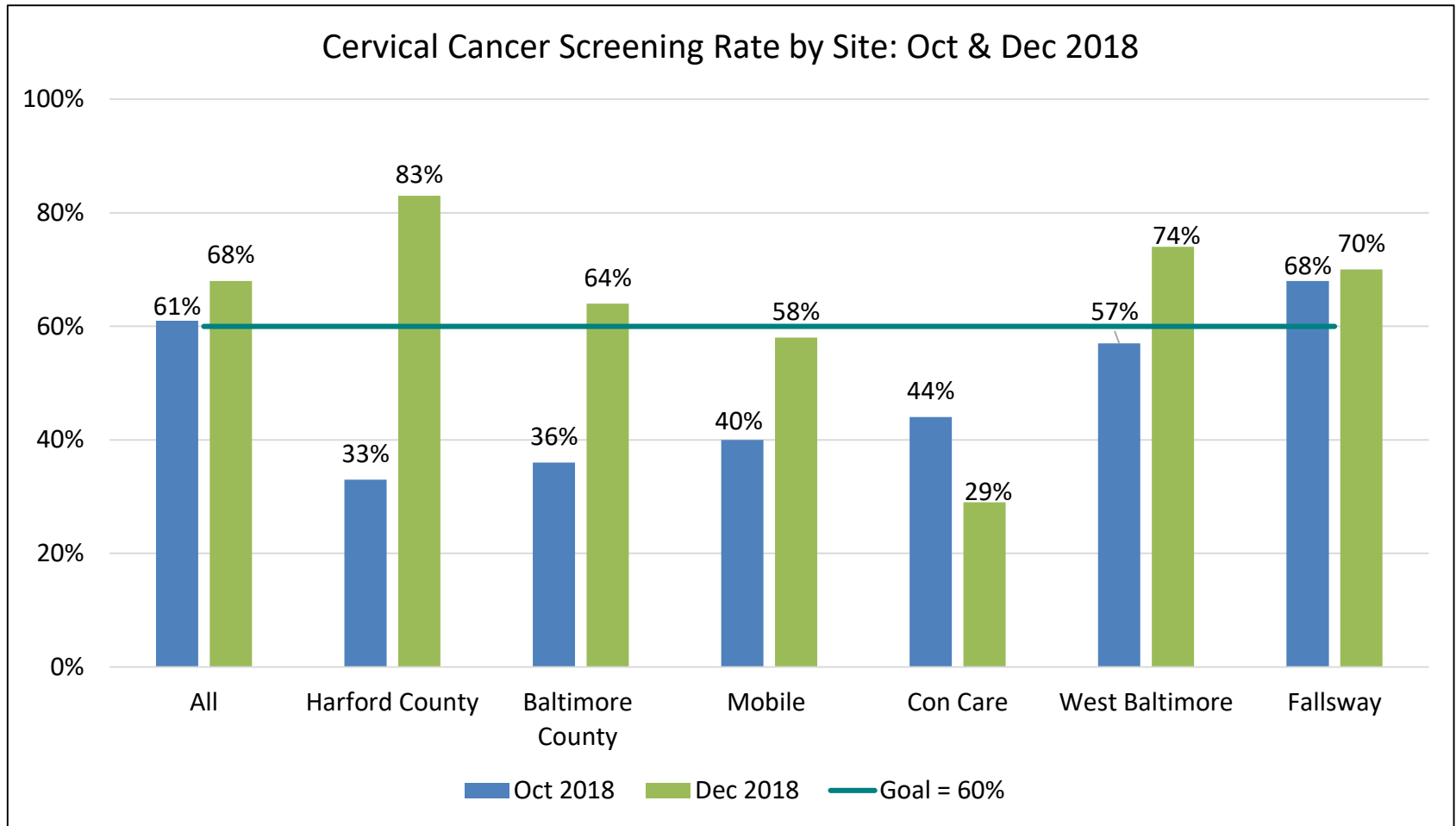
Progress:



Trailing year measure: 57%



Cervical Cancer Screening: Addressing Site Variation



Cervical Cancer Screening: Next Steps

Population Health Champions Workgroup

Objectives:

- Increase the percentage eligible medical clients screened for cervical cancer to **≥65%**.
- Increase the percentage of clients referred for colposcopies who complete their colposcopies within 12 weeks to **≥40%**.
- Increase the percentage of clients with abnormal pap result whose medical provider reviews the lab result and orders a f/u OB/GYN referral within 14 days of receipt of lab result to **≥95%**



Cervical Cancer Screening: Next Steps

Population Health Champions Workgroup

Deliverables

- Finalized workflow for clients needing colposcopies which would include a clear process for internal referrals to CHW (Q2-Q4)
- Updated EMR form that includes abnormal f/u and colposcopy results (Q1)
- Updated registry in SQL/Tableau of normal and abnormal pap results and the f/u steps taken (Q2-Q3)



Cervical Cancer Screening: Next Steps

Women's Health Day

Who: Any interested women who step through our doors are invited to attend.

What: An event to raise awareness of cervical cancer screenings and other important women's health issues. This will be a safe forum for our clients to ask health questions (Amber Richert will provide education), get connected to medical care (we will have a scheduler available), and enjoy the comradery of other women. **Bonuses:** free lunch + gift bags (to the first 50 attendees), our occupational therapy team will lead the women in stress-relieving, self-esteem-boosting, and empowering activities (i.e. making stress balls, collages, happy rocks, and bracelets)

When: Wednesday, January 30th from 11:30-1:30

Where: 2nd Floor Group Rooms

Why: Women's health is super important and we want to make it a priority!

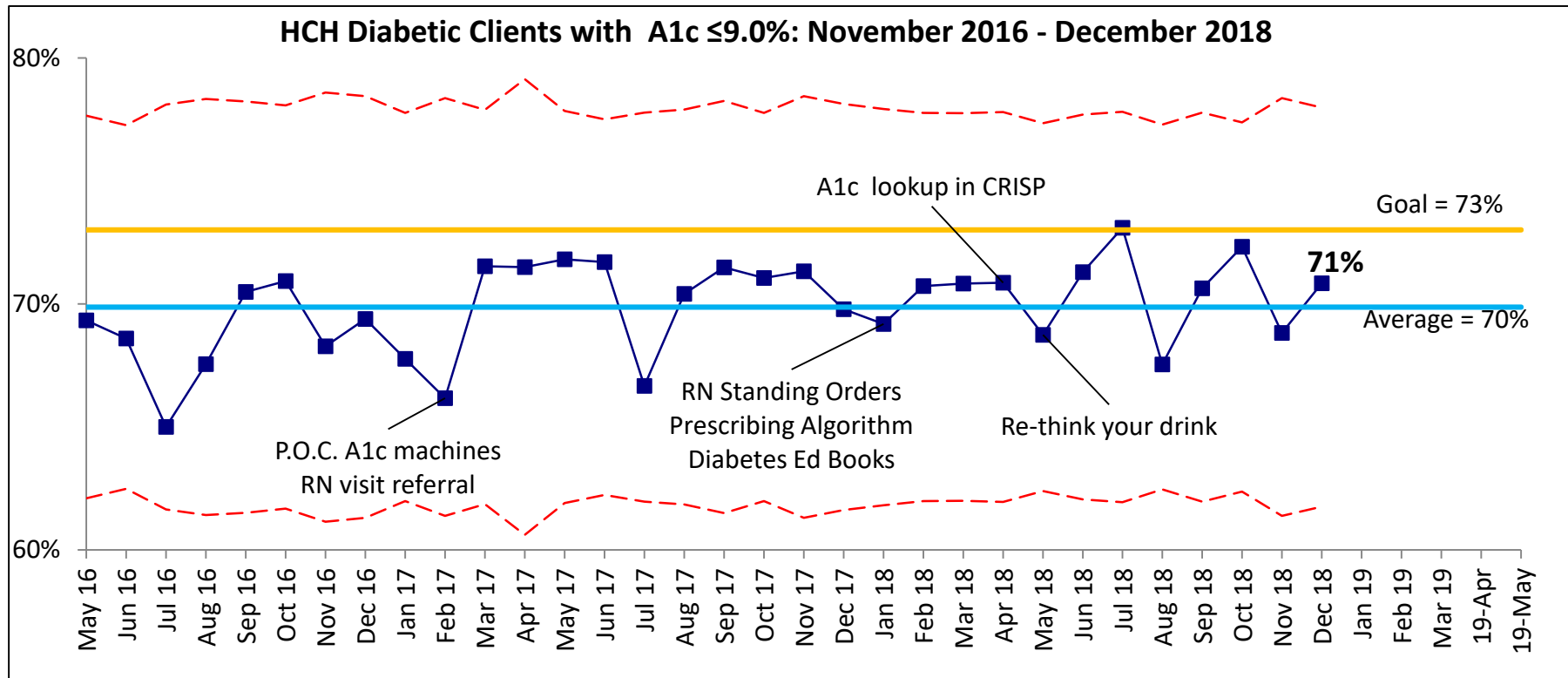


Diabetes: A1c Control

Goal: 73% of diabetic clients' most recent HgbA1c will be 9.0% or less by December 2018

Team: Adrienne Trustman, Tobie Smith, Tracy Russell, Ann Marler, Gabby Rehmeyer, Mara Schneider, Sheila Roman, Lawanda Williams, Catherine Fowler

Progress:



Trailing year measure: 68%



Diabetes A1c: Chart Review

- Contributors:
- Sheila Roman
- Tracy Russell
- Katherine Healy
- Jen Tate
- Adrienne Trustman
- Diabetes PI Committee



Diabetes A1c: Chart Review Criteria

Inclusion Criteria:

- A client with a hemoglobin A1c > 9% during a defined quarter in 2017 (Oct-Dec, n=10) prior to implementation of Diabetes QI interventions and in 2018 (Feb-April, n=31) post implementation of Diabetes QI interventions.
- At least one medical visit during the quarter in which the hemoglobin A1c was >9%

Exclusion Criteria:

- Visit occurred outside of 421 Fallsway, Baltimore County or West Baltimore HCH sites
- Patient did not have Type 2 diabetes
- Patient was not empaneled with a care team
- Diabetes was managed by a specialist



Diabetes A1c: Chart Review

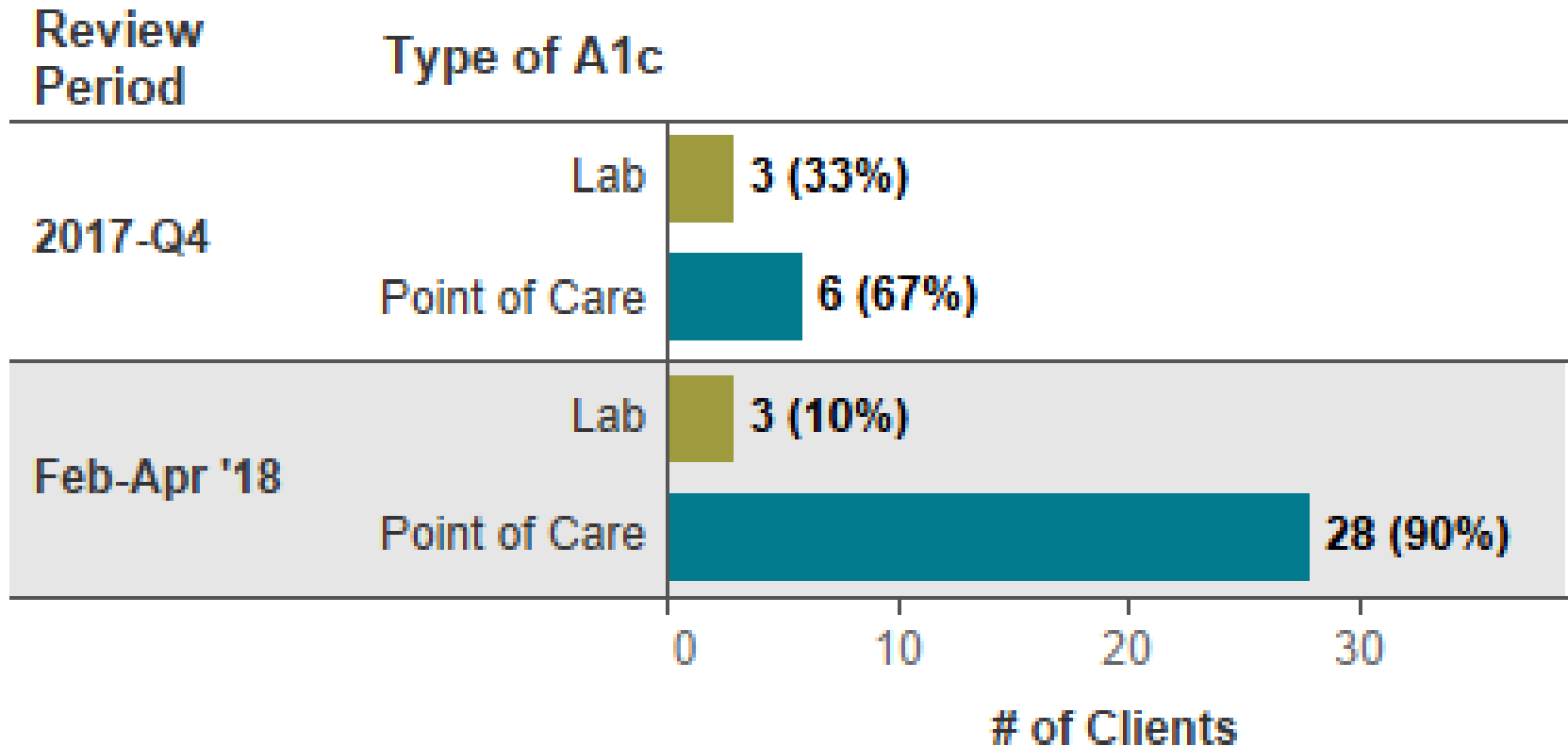
Chart Exclusions

- About 25% of charts were excluded
- More than 50% of excluded charts were due to patient not being empaneled



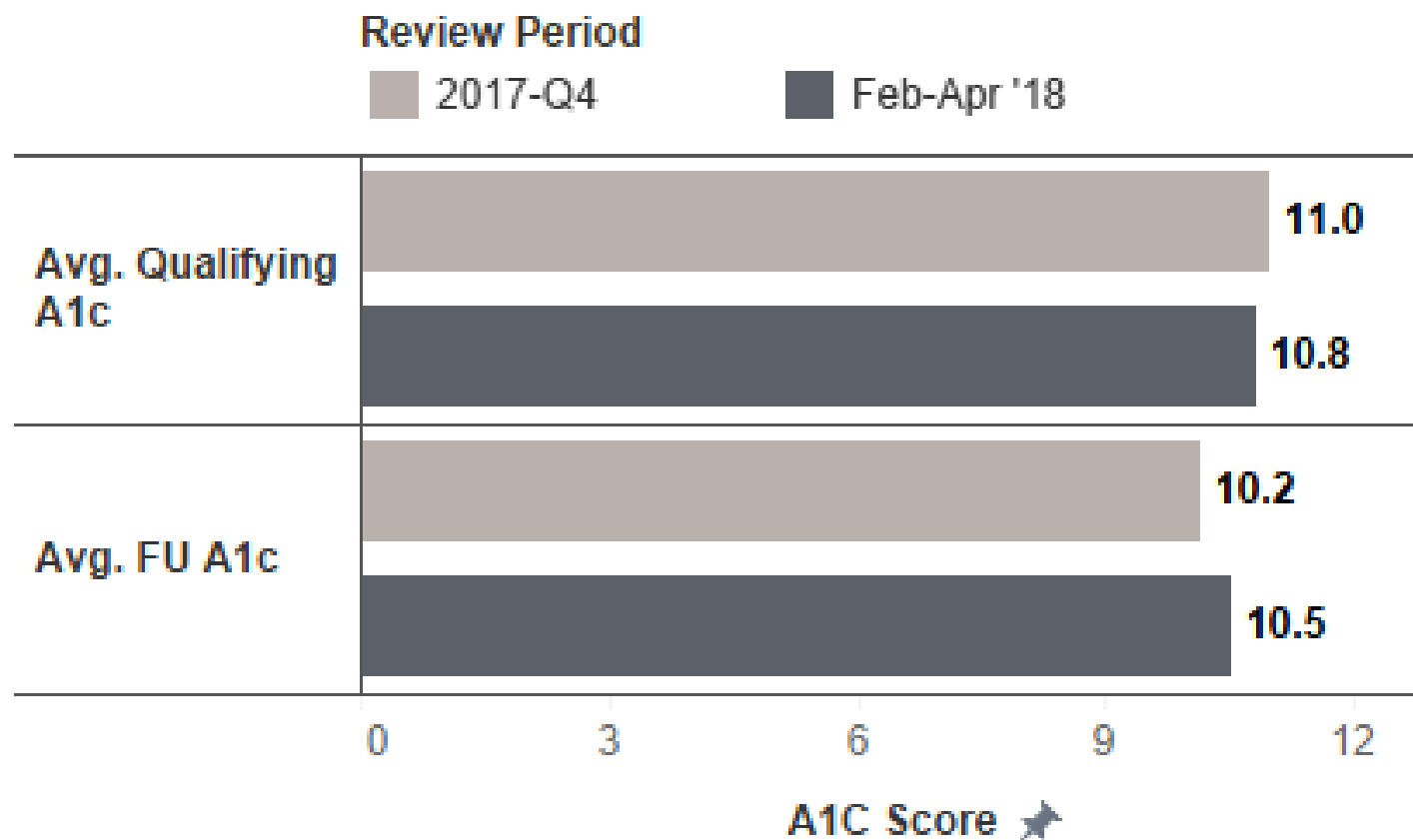
Diabetes A1c: Chart Review

Type of Qualifying A1c for Diabetic Clients by Chart Review Period



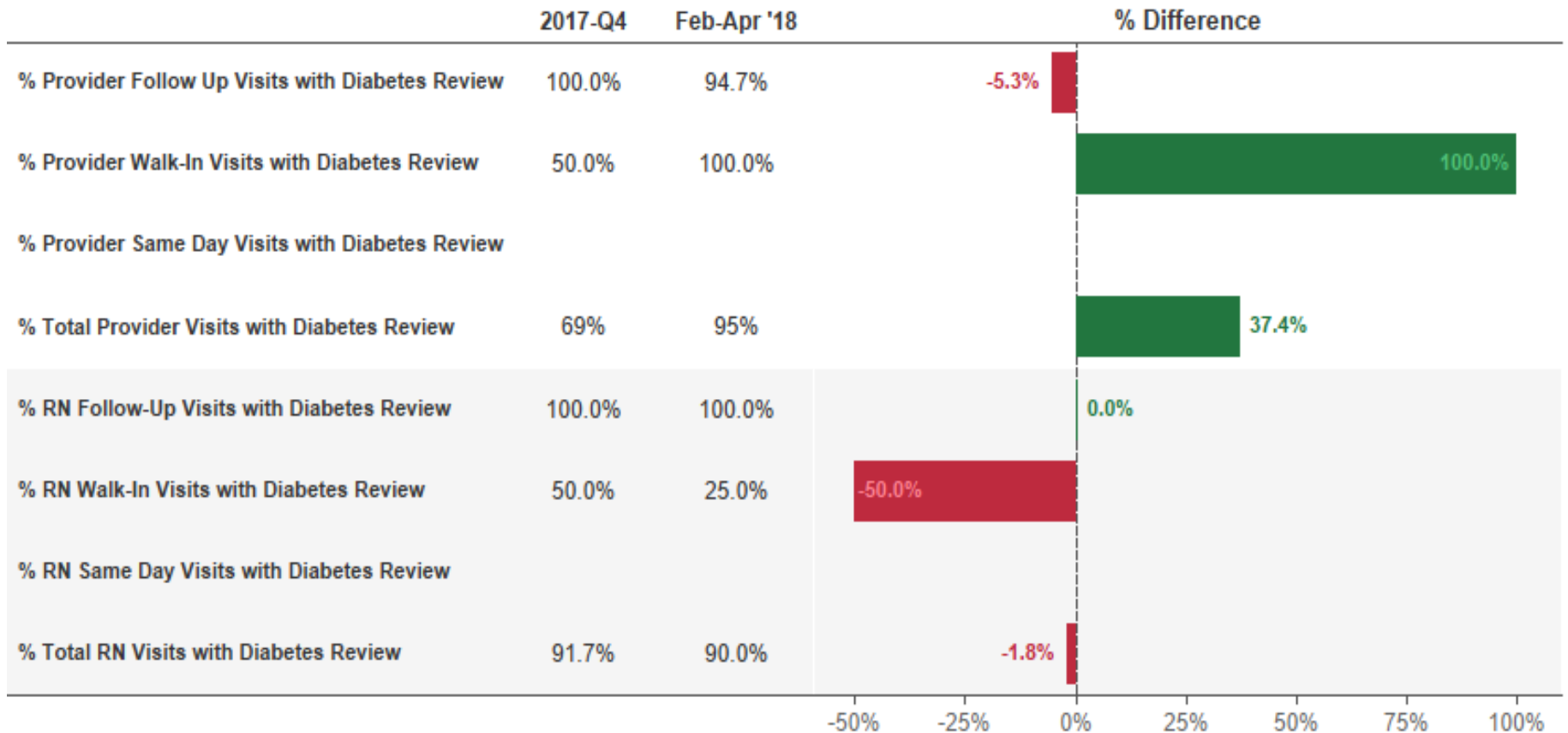
Diabetes A1c: Chart Review

Comparison of Qualifying & Follow Up A1c Scores Between Chart Review Periods



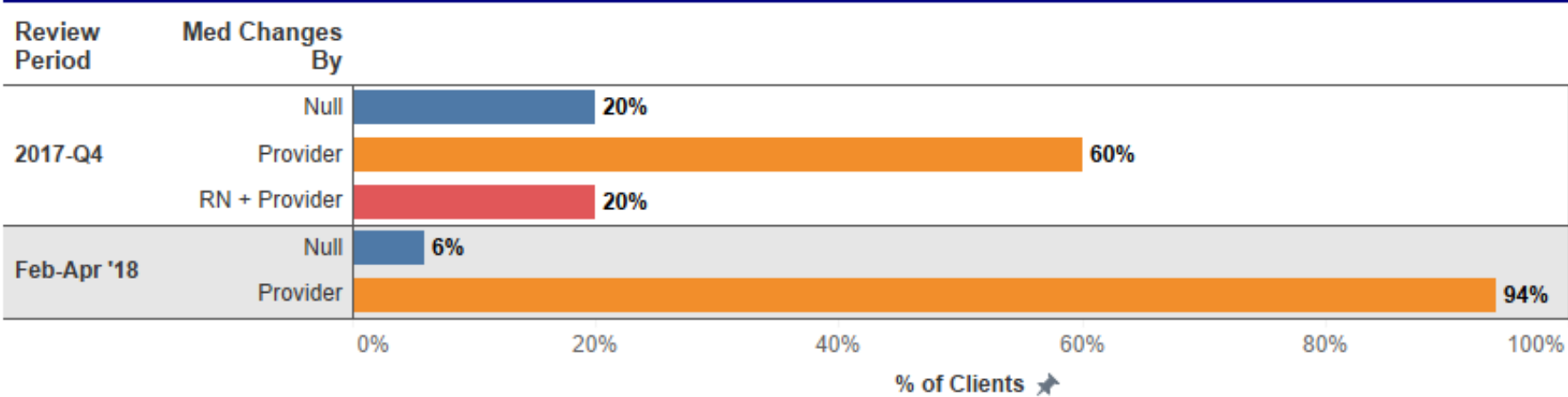
Diabetes A1c: Chart Review

Proportion of Diabetic Client Visits where Diabetes Reviewed by Chart Review Period & % Difference from 2017-Q4 to Feb-Apr '18



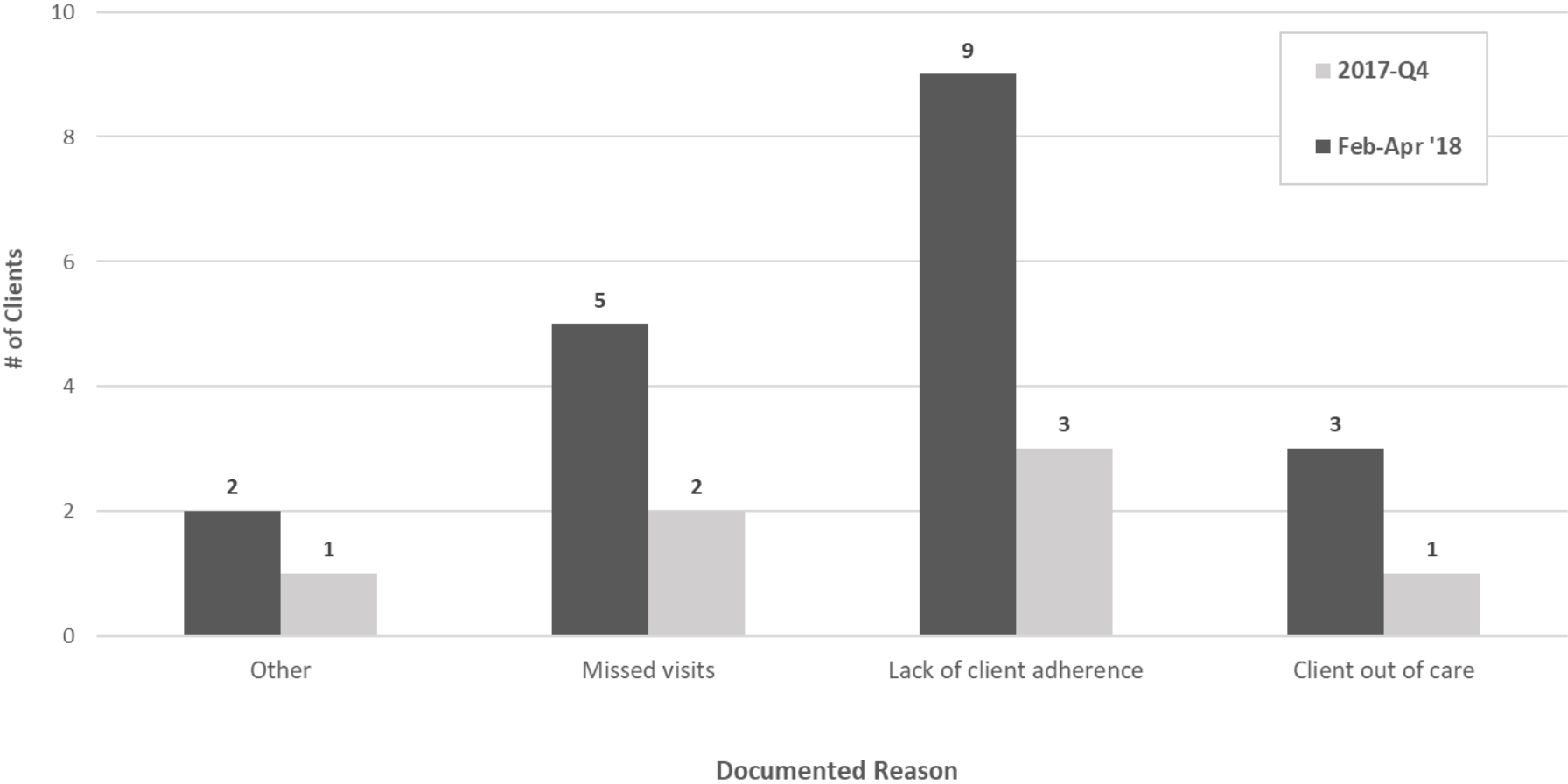
Diabetes A1c: Chart Review

Proportion of Medication Changes Made by RN / Provider by Chart Review Period



Diabetes A1c: Chart Review

Distribution of Documented Reasons for No Medication Change by Chart Review Period



Diabetes A1c: Chart Review

Organizational Takeaways:

- Patient empanelment is a priority activity
- POC hemoglobin A1cs have been successfully implemented
- Significant improvements in hemoglobin A1c levels >9% were not detectable
- However, during the follow up chart review quarter:
 - Providers were much more consistently reviewing diabetes control and treatment with their patients with high hemoglobin A1c levels
 - Medication regimens were being changed and intensified
 - The vast majority of changes were made by providers although nurses had received instruction in medication algorithms for metformin and LA insulin
 - Medication non-adherence and prior missed appointments often occurring concurrently were the most common reasons for lack of diabetes medication changes during visits



Next Steps: Open for Discussion



Diabetes A1c: Medication Adherence

- Adrienne first piloted trying to print medication lists for every client she saw but this was too difficult and time-intensive to coordinate.
- Follow-up step: Latanya tried to print medication lists after each client's visit with Adrienne, but had similar challenges
- Next step: Looking into CAAs printing a Clinic Visit Summary (CVS) for every client upon discharge from medical. This will be inclusive of an updated medication list but will also include additional information (problem list, vitals, any additional instructions from provider, etc.)
- Goal is to give clients access to their list of meds to decrease confusion of what they are taking and any changes.



Diabetes A1c: Client Education

- Pop health ordered placemats from ADA with visual examples of meals that follow the My Plate Recs. Will pass onto nurses and medical providers to put up in exam rooms.
- Pop health met with Director of Dining Services Randy Polley on 1/15 to discuss continuing nutritional education at ODB.
 - Will be putting up posters around the dining room as a second step (table tents already present)



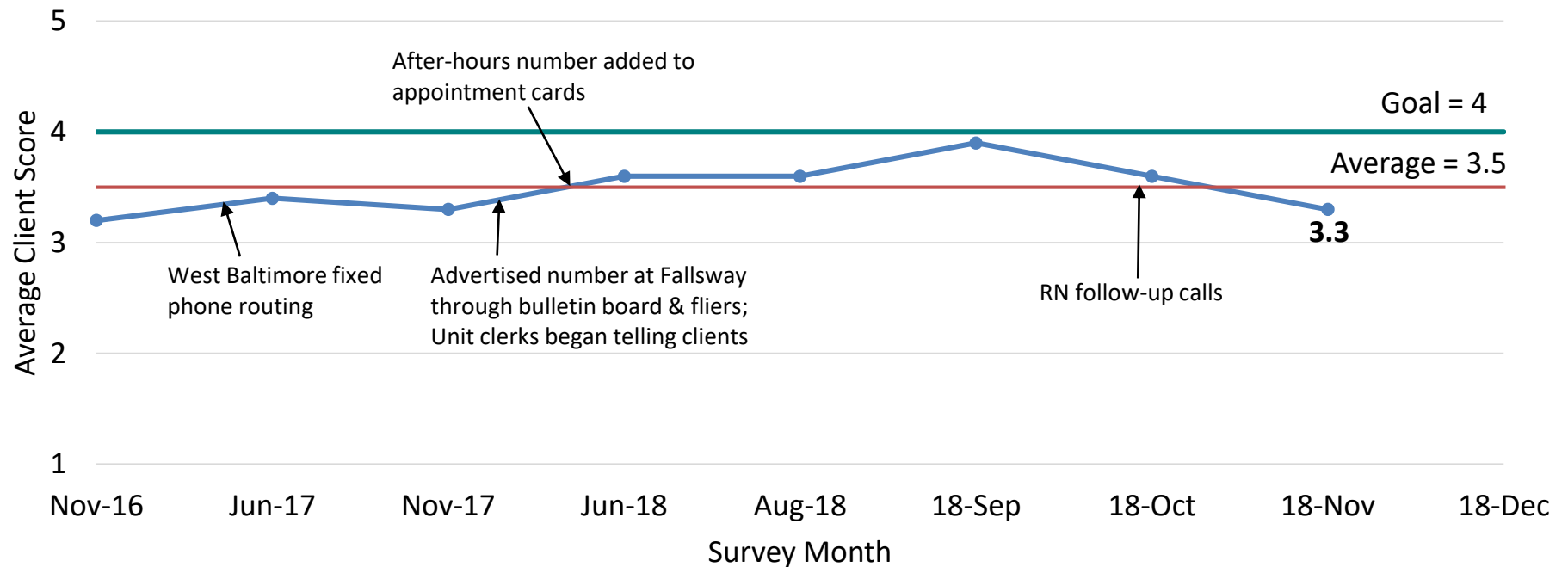
Client Experience: After-Hours Access

Goal: By December 2018, the organization will improve its client satisfaction with reaching a provider when the clinic is closed to 4.0 on a 1-5 scale

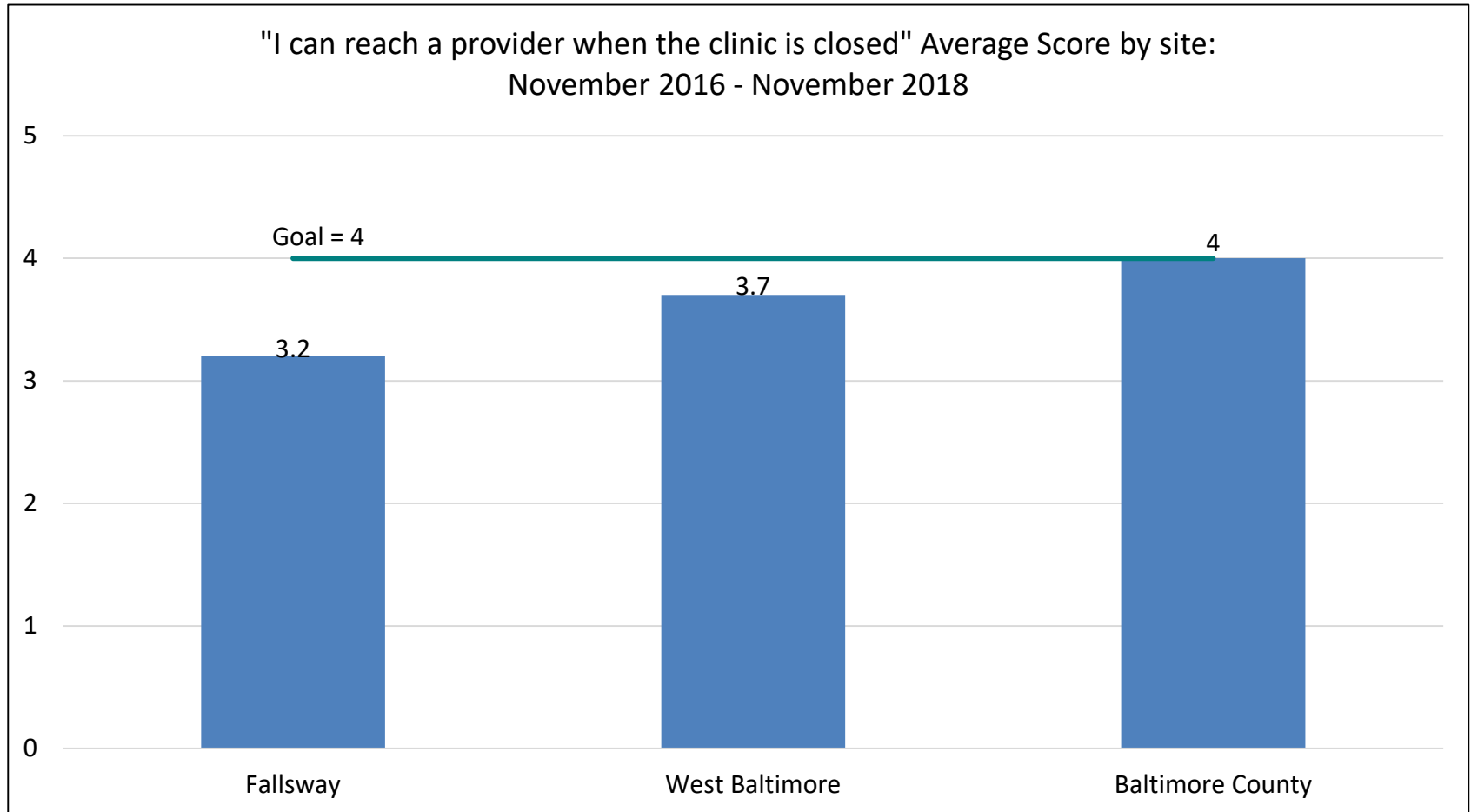
Team: Malcolm Williams, Laveda Bacetti, Aisha Darby, Kate Leisner, Darrell Richardson, Lauren Ojeda, Hanna Mast

Progress:

Client experience score for after hours phone access (1-5 scale)



Client Experience: After Hours Access



Client Experience: After Hours Access

Lessons learned:

- Score on this question dependent on whether a client knew they could call a provider (surveys in fall '18 show clients at Fallsway far less informed than at community sites)
- Score seemed more affected by client awareness that they could reach a provider when the clinic is closed than actual satisfaction of their experience calling after hours
- When asked, clients had a wide range of issues they discussed relating to this question. Perhaps its lack of validation created problems in using it on the survey



Client Experience Survey: November Results

What we do well (Top quartile in the nation):

- Always ask clients if there are things that make it hard for them to take care of their health
- Always talk with clients about specific goals for their health
- Always talk with clients about things in their life that worry or cause them stress
- ***Always give clients information about what to do if they need care during evenings, weekends, or holidays***



Client Experience Survey: November Results

What we improved (by at least 1 quartile) since the June Survey:

- Provider always seemed to know the important information about client's medical history
- Client has seen a specialist in the past 6 months
- Provider always seemed informed and up-to-date about the care the client received from the specialist
- Always give clients information about what to do if they need care during evenings, weekends, or holidays



Client Experience Survey: November Results

What we are not doing well (Bottom quartile in the nation):

- Client always getting an appointment as soon as they need for urgent and routine care
- Provider always explaining things in a way that is easy to understand
- Provider always listening carefully to the client
- Provider always showing respect for what the client had to say
- Provider always spending enough time with the client
- Clerks and receptionists are always as helpful as the client thought they should be
- Clerks and receptions always treat the client with courtesy and respect
- Overall provider ratings (0-10 scale)



Client Experience Survey: November Results

Next steps:

- 1/17: Share results with staff at Brown Bag sessions
- 1/25: Focus group with CRC on 4 Provider Communication questions
- 1/31: Root Cause Analysis with staff on 4 Provider Communication questions (at January In-service)
- Site-based fliers to share survey results with all clients designed by communications
- Staff will be able to find results on Portal



2019 Subcommittee Update

Projects to begin Quarter 1:

Topic	Project Leader
BP Control for HTN clients	Adrienne
Flu Immunization	Cyndy
Pediatric Dental Varnish	Parita & Iris
Provider Communication	Chauna
Incident Reporting	Margaret
Missed Appointments	Aisha & Laveda

Projects to begin Quarter 2:

- Weight Screening & Counseling
- Depression Remission



2019 Subcommittee Update

Next Steps:

- Meeting with Project Leads: Roles, ground rules, scheduling, project sequence overview
- Agency-wide Root Cause Analysis during in-service for Missed Appointments and Provider Communication
- Official project kickoffs – End of January/February



2019 Subcommittee Update

Questions/suggestions/considerations?



Next Month: February 20, 2018

Dashboard Review (Baseline Data):

- Blood Pressure Control for Hypertensive Clients
- Weight Screening & Assessment
- Pediatric Dental Varnish
- Incident Reporting
- Provider Communication

Progress Updates:

- Flu Shot
- Missed Appointment

Discussion:

- Root Cause Analysis at In-Service

