PI Committee Meeting

July 25, 2018

July 2018 PI Committee Agenda

1. PI Dashboard Review:
    - Behavioral Health: Coping & Anxiety
    - Colorectal Cancer Screening
    - Missed Appointment Rate

2. Progress Updates & Discussion:
    - Diabetes Control
    - Cervical Cancer Screening
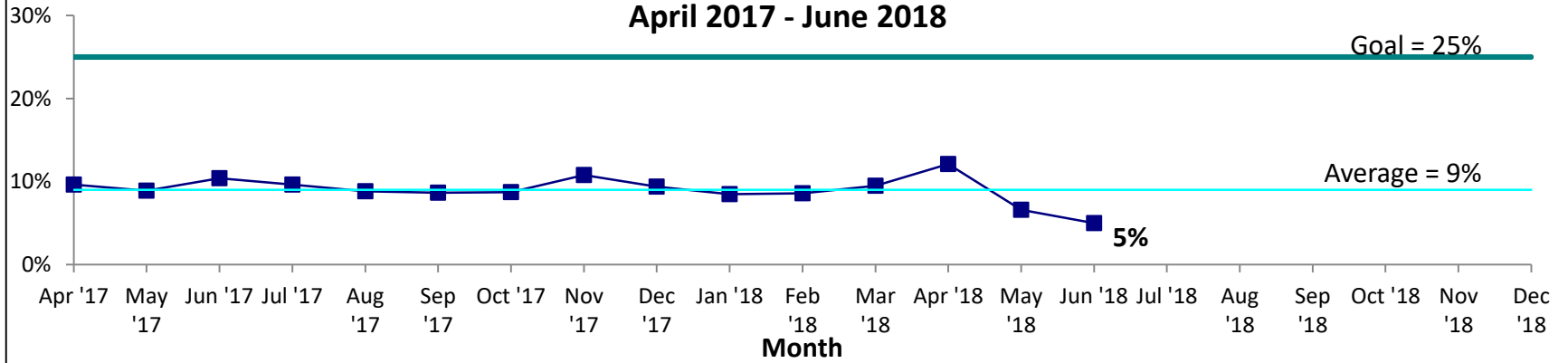   - Client Experience: After-Hours Access
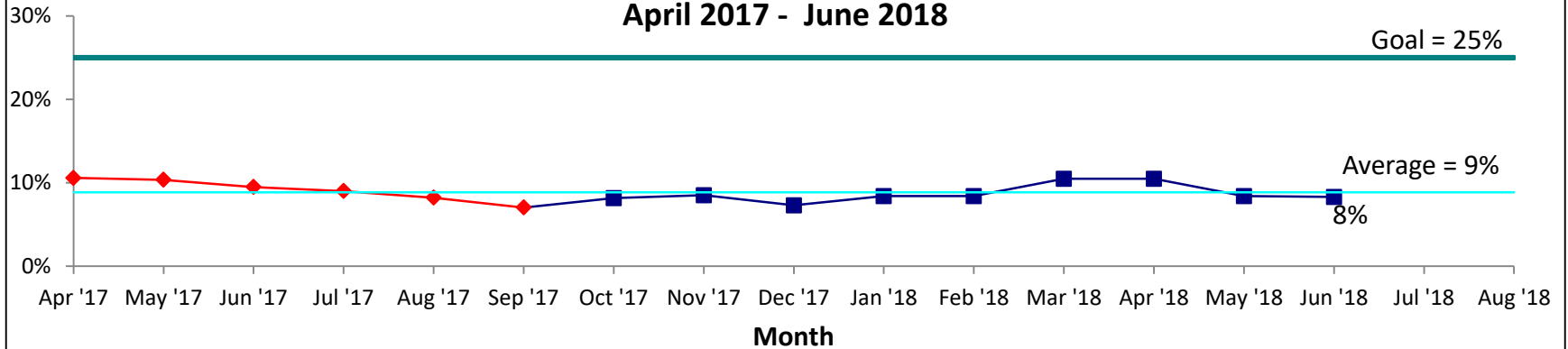   - 2019 Planning

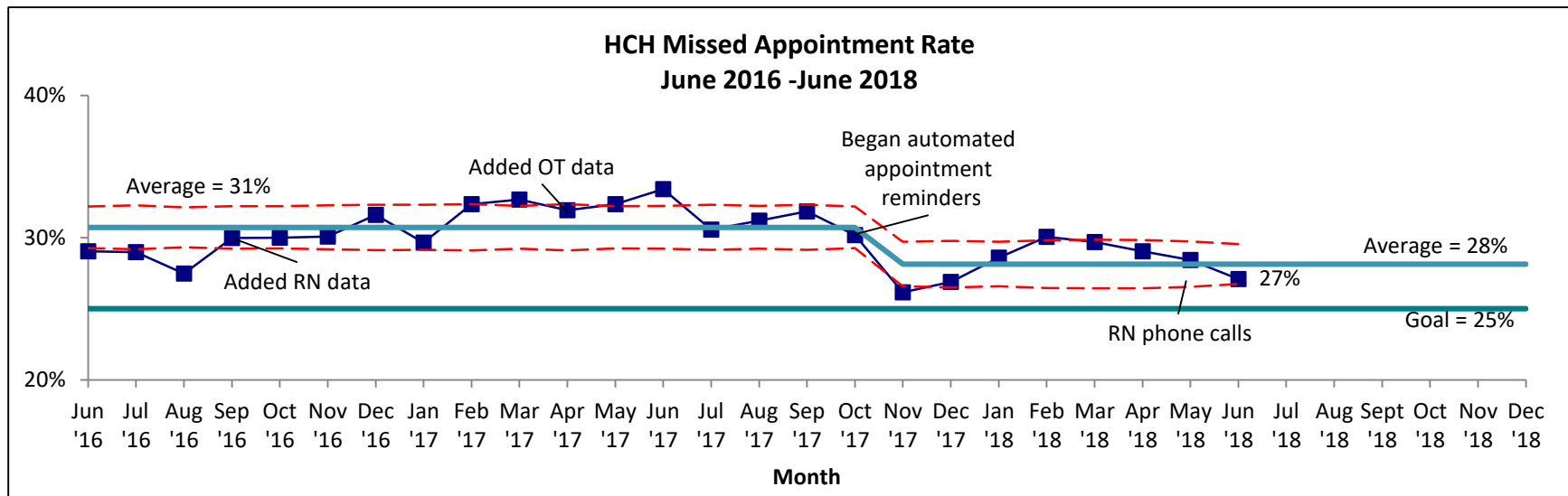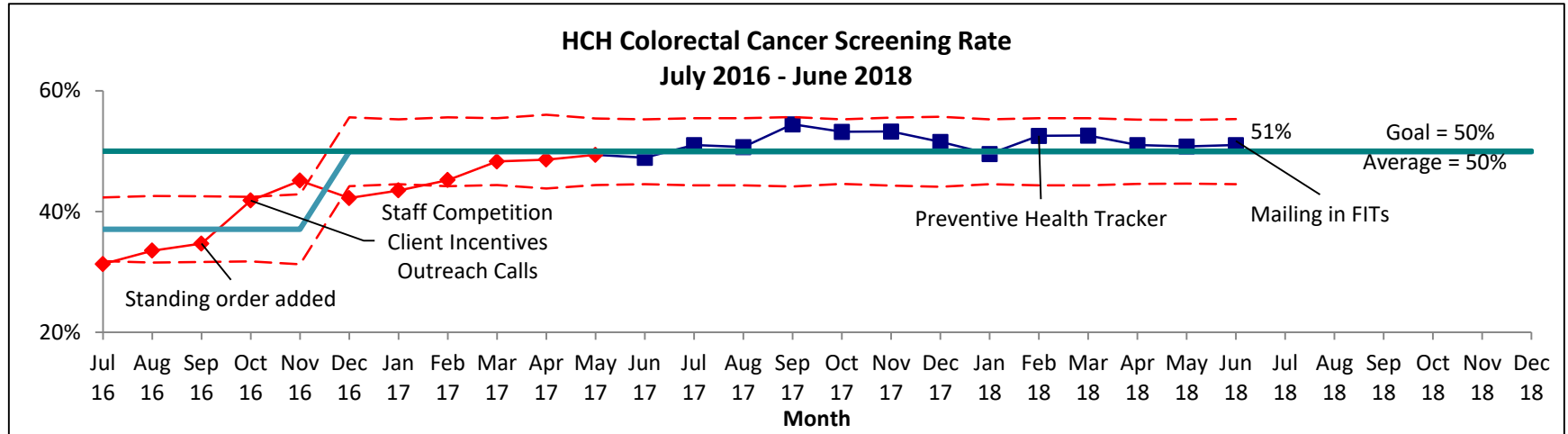# PI Dashboard: June 2018

PI Dashboard: June 2018

Behavioral Health: Change in Coping Score
April 2017 - June 2018

Goal = 25%

Average = 9%

5%

Month

Apr '17 | May '17 | Jun '17 | Jul '17 | Aug '17 | Sep '17 | Oct '17 | Nov '17 | Dec '17 | Jan '18 | Feb '18 | Mar '18 | Apr '18 | May '18 | Jun '18 | Jul '18 | Aug '18 | Sep '18 | Oct '18 | Nov '18 | Dec '18

Behavioral Health: Decrease in Anxiety Score
April 2017 - June 2018

Goal = 25%

Average = 9%

8%

Month

Apr '17 | May '17 | Jun '17 | Jul '17 | Aug '17 | Sep '17 | Oct '17 | Nov '17 | Dec '17 | Jan '18 | Feb '18 | Mar '18 | Apr '18 | May '18 | Jun '18 | Jul '18 | Aug '18

PI Dashboard: June 2018

HCH Colorectal Cancer Screening Rate
July 2016 - June 2018

- Standing order added
- Staff Competition
- Client Incentives
- Outreach Calls
- Preventive Health Tracker
- Mailing in FITs
- 51%
- Goal = 50%
- Average = 50%

HCH Missed Appointment Rate
June 2016 - June 2018

- Average = 31%
- Added OT data
- Added RN data
- Began automated appointment reminders
- RN phone calls
- 27%
- Average = 28%
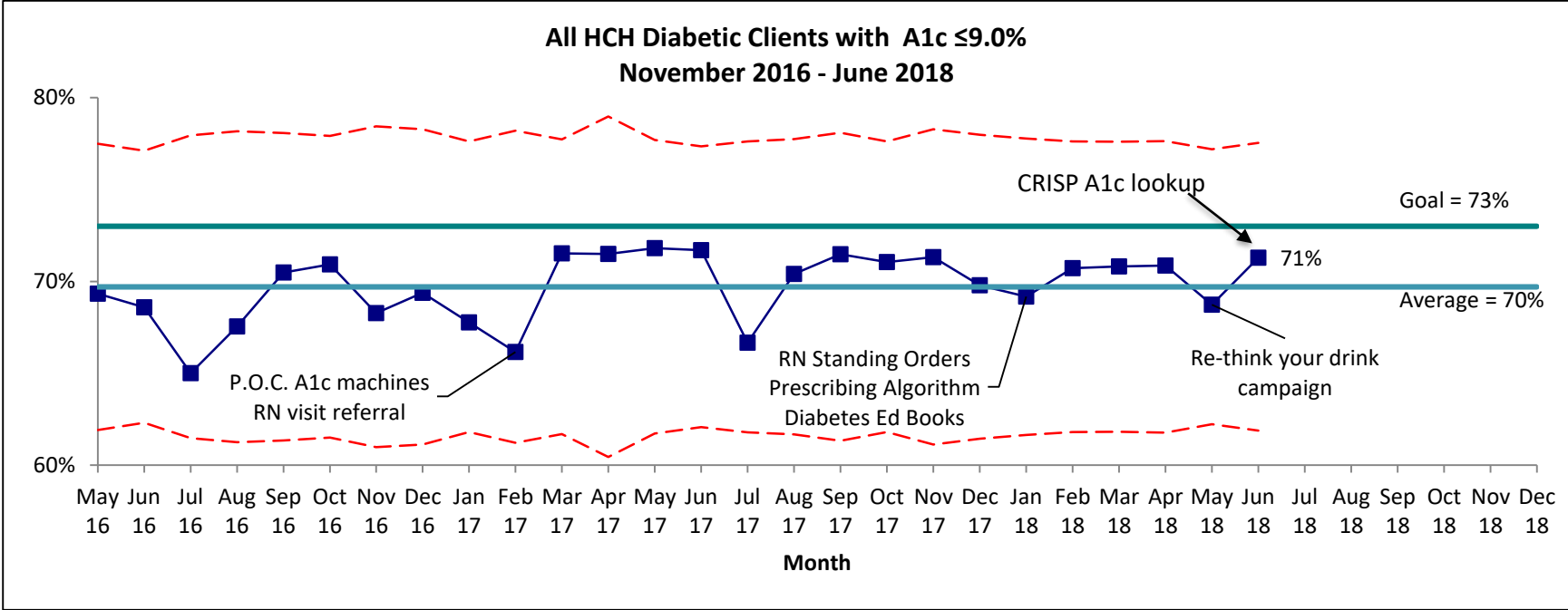- Goal = 25%

PI Subcommittee Updates

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, Gabby Rehmeyer, Mara Schneider, Sheila Roman, Lawanda Williams

Progress:

All HCH Diabetic Clients with A1c ≤9.0%
November 2016 - June 2018

CRISP A1c lookup

Goal = 73%

71%

Average = 70%

P.O.C. A1c machines
RN visit referral

RN Standing Orders
Prescribing Algorithm
Diabetes Ed Books
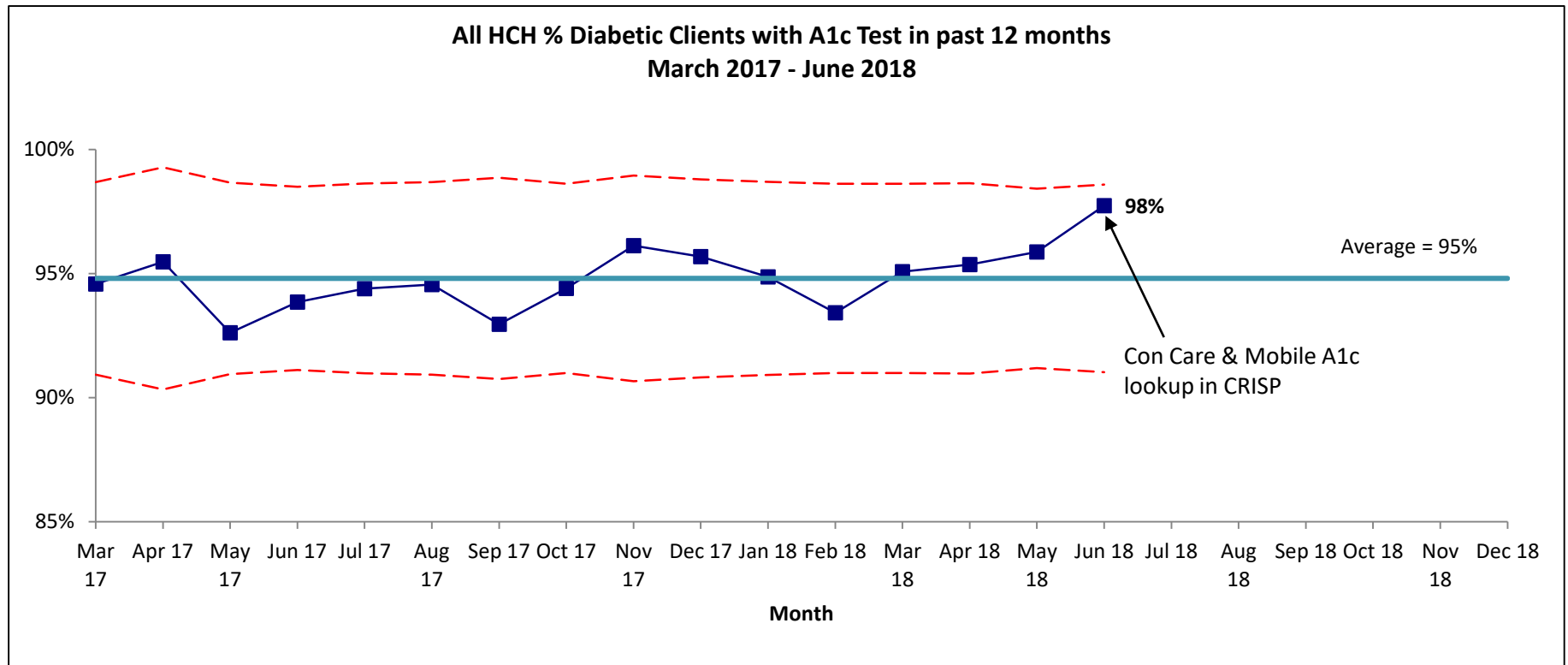
Re-think your drink
campaign

Month

Trailing year measure: 66%

Diabetes: A1c Control

- 2 components of measure, A1c testing within one year and A1c under 9.0%.
- Did PDSAs to address low testing rates at some clinic sites
- Resulted in highest testing rate yet for HCH

All HCH % Diabetic Clients with A1c Test in past 12 months
March 2017 - June 2018

98%

Con Care & Mobile A1c
lookup in CRISP

Average = 95%

Month

Diabetes: A1c Control: A1c lookup in CRISP

Root Cause: No point of care machines at Mobile Clinic, Convalescent Care, and Harford County result in lower testing rates; lower control rates

Change Idea: Can we find recent A1c results in CRISP?

Result: A1c tested and under 9.0% rate improved, staff reported little burden

CONVALESCENT CARE

	Pre-CRISP Rate	W/ CRISP data
A1c testing rate	50%	75%
Under 9.0%	44%	69%

MOBILE

	Pre-CRISP Rate	W/ CRISP data
A1c testing rate	68%	77%
Under 9.0%	43%	52%

Lessons Learned: CRISP can be a useful/cost-effective resource for finding and documenting A1c for diabetic clients in sites with no Point of Care A1c machine.

Next Steps/Questions: How to incorporate CRISP look-up into clinic workflow? How can workflow be improved for untested diabetics at these clinics?
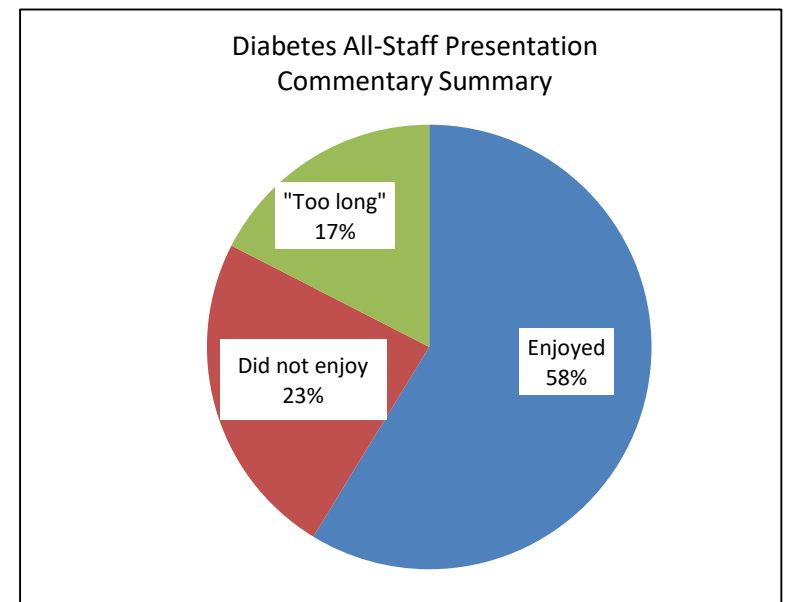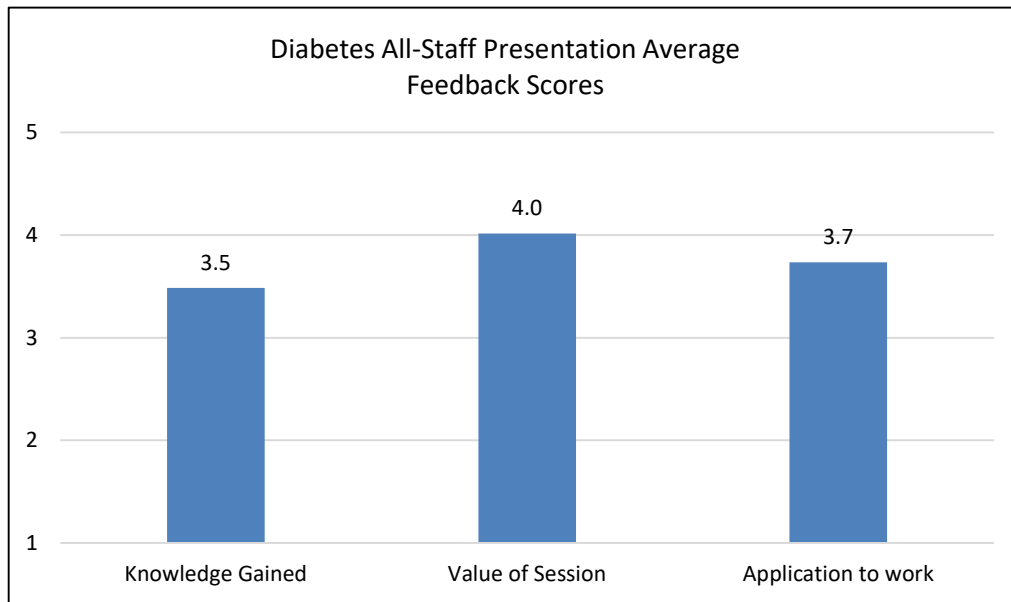
Diabetes: A1c Control: General Staff Education

Root Cause: Lack of staff knowledge/awareness of Diabetes & understanding of importance

Change Idea/Question: Are staff receptive to general health/issue education sessions are part of All-staff or In-service meetings?

Result: Yes, in general staff were receptive and felt the learning session was valuable

Diabetes All-Staff Presentation Average Feedback Scores

- Knowledge Gained: 3.5
- Value of Session: 4.0
- Application to work: 3.7

Diabetes All-Staff Presentation Commentary Summary

- Enjoyed 58%
- Did not enjoy 23%
- "Too long" 17%

Next Steps: Which other PI topics can we provide staff education about? Are there other departments who would like some follow-up on the Diabetes presentation?

Diabetes: A1c Control: Focus on Diet/Nutrition

Re-think your Drink Campaign

Root Cause: Lack of awareness about impact of sugar on health and amount of sugar in soda/juice.

Change Idea/Question: What type of client educations tools will be effective in helping clients become aware & change behavior around sugary drinks?

Progress/Results:
- Bulletin Boards:
    - Approx. 60 supplemental handouts taken from bulletin board at Fallsway.
    - West Baltimore bulletin board almost ready

- Soda Bottle Education Tool in Exam Rooms:
    - Tracking A1c of 5 diabetic clients with whom Adrienne used the exam-room soda bottle as an education tool. We are potentially looking to develop intermediary measures of effectiveness.

Next Steps/Questions:

- Currently making Soda Bottle education tools for all exam rooms in Medical (across sites). **Which other disciplines would like them?**

Diabetes: A1c Control: Focus on Diet/Nutrition

Client Education at Community Meal Providers

Root Cause: Lack of control around food supply & lack of tools for decision making around offerings lead to poor diet/nutrition.

Change Idea/Question: Will passive education help clients better navigate their options/learn about healthy choices? (Best practice from Boston-based study)

Progress/Results:
- Mara Created fliers to go on all tables at ODB. Waiting to hear back to make distribution plan
- Meeting with Eastern Family Resource Center today (7/25)

Next Steps/Questions:

- ODB – Is there a way to evaluate? How can we offer clients a way to follow-up with us and learn more?
- EFRC – Group will create recommendations based on today's meeting to share with EFRC next week.
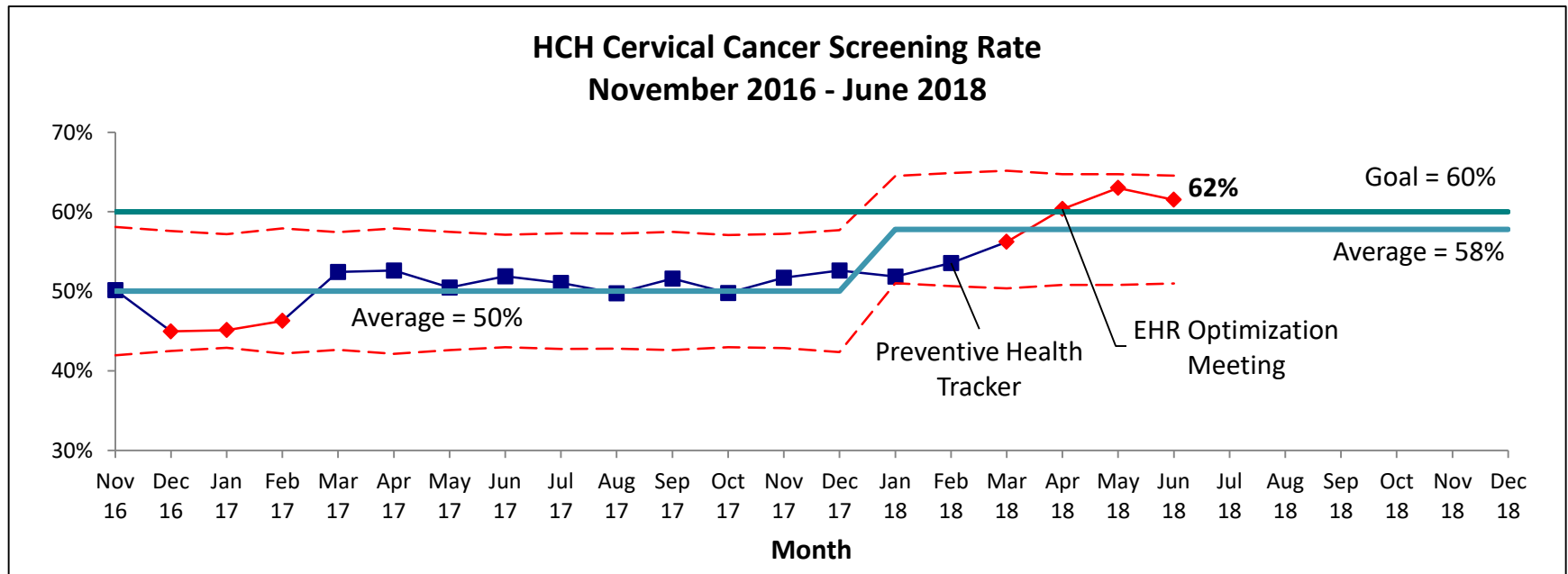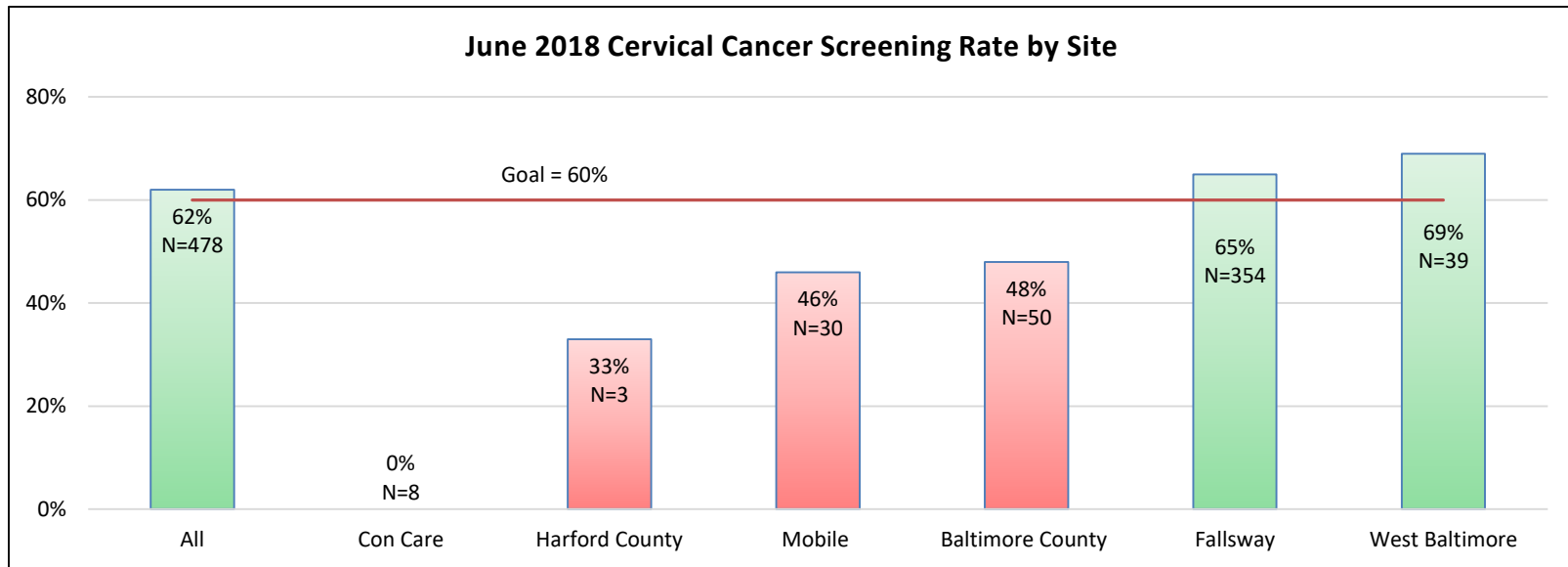
Cervical Cancer Screening

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, Amelia Jackson, Kristin McCurnin, Cyndy Singletary

Progress:

HCH Cervical Cancer Screening Rate
November 2016 - June 2018

Goal = 60%

Average = 58%

62%

Average = 50%

Preventive Health Tracker

EHR Optimization Meeting

Month

Cervical Cancer Screening

June 2018 Cervical Cancer Screening Rate by Site

Goal = 60%

Site	Rate
All	62% N=478
Con Care	0% N=8
Harford County	33% N=3
Mobile	46% N=30
Baltimore County	48% N=50
Fallsway	65% N=354
West Baltimore	69% N=39

Successes:
- Fallsway & West Baltimore - Every provider exceeding goal (Fallsway Triage above 50%)!
- West Baltimore success attributed to daily CMA/Provider huddles
- CMAs initiating reminders of Paps – looking to standardize

Opportunities:
- Looking to better understand screening barriers at Balt Co & Mobile; focus efforts at those sites. Will standardizing visit intake workflow make an impact?

Cervical Cancer Screening: Follow-up visits

One Week Follow-up for Screening

Root Cause: Competing visit priorities are often cited as reasons for not completing a cervical cancer screening while a client is present.

Change Idea/Question: What are the reasons for not completing a pap while the client is present, and how can we design an effective follow-up system? Testing the idea of scheduling a follow-up for Pap using 1-week appointment slots.

Progress/Results:
- Measurement in progress, sought to engage a provider who had a lower screening rate
- Will evaluate the following:
  - Resulting screening rate
  - Whether there were unintended consequences of using 1 week f/u slot for Paps
  - Missed Appointment Rate for pap follow-up visit
  - Reasons for not screening while client is already here

Cervical Cancer Screening: Follow-up visits

Follow-up visit reason documentation

Root Cause: Lack of communication in EHR around reason for follow-up visit, competing priorities overshadow visit.

Change Idea/Question: Is writing the reason for follow-up in check-out flag an effective way to remind team that a client is returning for a cervical cancer screening? Tested reliability of this process.

Results:
- Only 13% of the time did follow-up reason get transferred to appointment note

Next Steps/Questions:
- Identified opportunity for check-out flag text to be automatically copied into HPI field, which may help CMAs and providers remember reason for follow-up visit.
- Is it worthwhile to have the appointment notes entered by Unit Clerks? If so, re-training is needed.

Cervical Cancer Screening

Next Steps/Opportunities:

- Focus on standardizing workflow across sites

- Streamlining staff access to external record systems

- Continued formal conversation amongst providers regarding EHR documentation/best practices

- Should we explore client incentives?

- Combine forces with Colorectal Cancer Screening team to strengthen follow-up systems
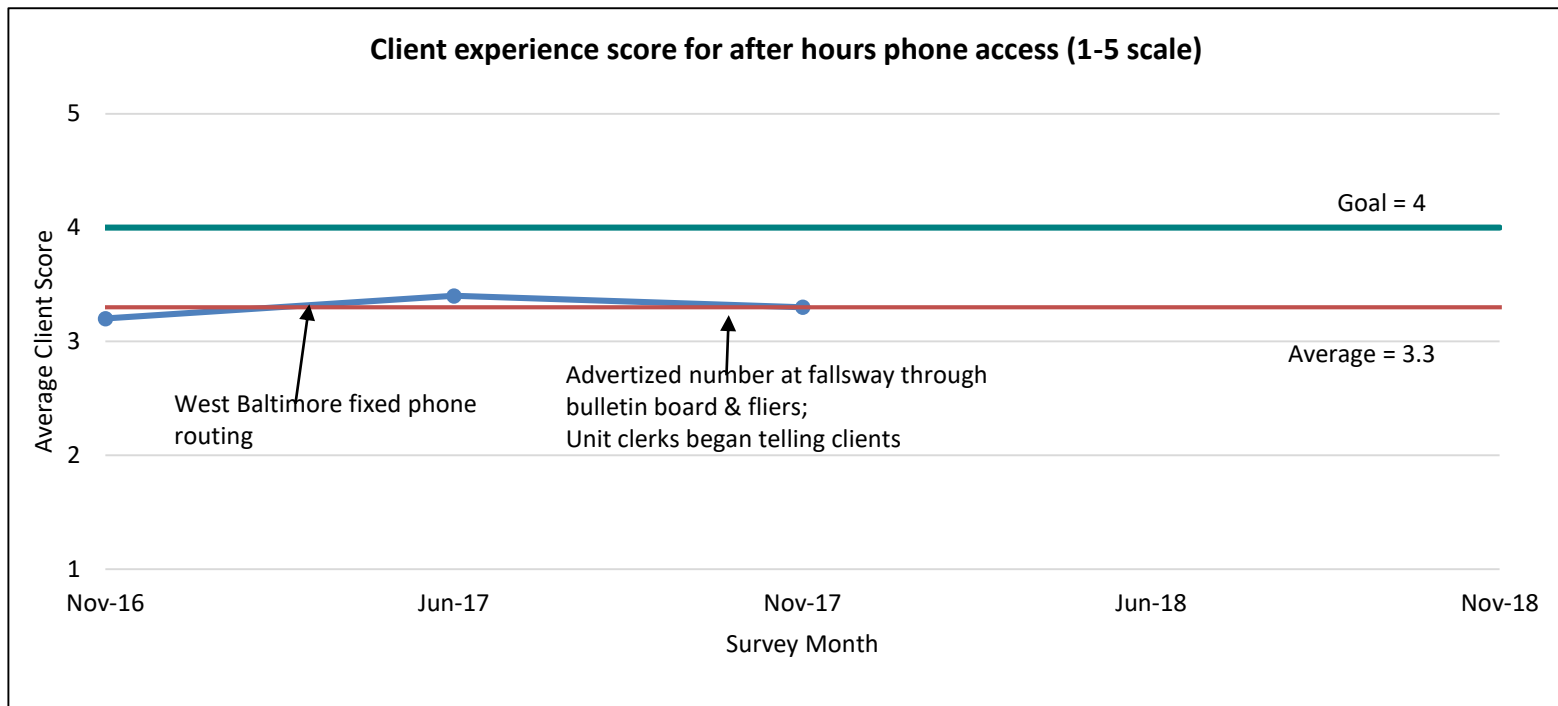
Client Experience: After-Hours Access

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: Laveda Bacetti, Aisha Darby, Kate Leisner, Darrell Richardson, Lauren Ojeda

Progress:

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

Goal = 4

Average = 3.3

West Baltimore fixed phone routing

Advertized number at fallsway through bulletin board & fliers;
Unit clerks began telling clients

Y-axis: Average Client Score
X-axis: Survey Month (Nov-16, Jun-17, Nov-17, Jun-18, Nov-18)

Client Experience: June 2018 Survey

- Surveying conducted 6/4/18 through 7/13/18 (2 week optional extension was used)
- 177 volunteer hours in addition to staff contributions at Baltimore County and West Baltimore
- Results will be available by 8/1/18 at the latest
- 439 total surveys collected
  - Baltimore County 69 total: 31 by phone, 38 in person
  - Fallsway 265 total: 202 by phone, 63 in person
  - West Baltimore 105 total: 61 by phone, 44 in person

  We met our in person goals for all 3 sites, but fell short of our phone goals at Baltimore County and West Baltimore.

Client Experience: After-Hours Access Measure

- Will begin collecting monthly survey scores for our clients beginning this month

- On 7/23 we experimented with a volunteer surveyor to use a new, more condensed survey to collect the needed data

- Same survey will be used at Baltimore County and West Baltimore in the near future as an exit survey

Client Experience: After-Hours Access

Next Steps/Question:

- Distribute June 2018 Survey results in August

- Collect After-Hours Access data monthly for PI purposes

- Re-boot PI Subcommittee in August following survey results. ***Who should take ownership for this measure? Who should be involved on the subcommittee?***

PI Discussions

PI Annual Plan Development Cycle

August
- PI Committee
- Present menu of performance measures for discussion

September
- P & PI Committee
- Present draft of PI Plan

October
- PI Committee
- Bring revised draft

November
- P & PI Committee
- Bring Final Draft

December
- HCH Board
- Get PI Plan approval

Next Month: August 15, 2018

Prioritized Goals:

- Behavioral Health: Coping & Anxiety

- Colorectal Cancer Screening

- Missed Appointments

Discussion: PI Planning for 2019

- Prioritized goals

- Eval of 2018 – What's going well, what's not