

# Performance Improvement Committee

July 17, 2019



# July Agenda

## PI Dashboard

## Improvement Science Spotlight:

- PDSA cycles

## Project Updates:

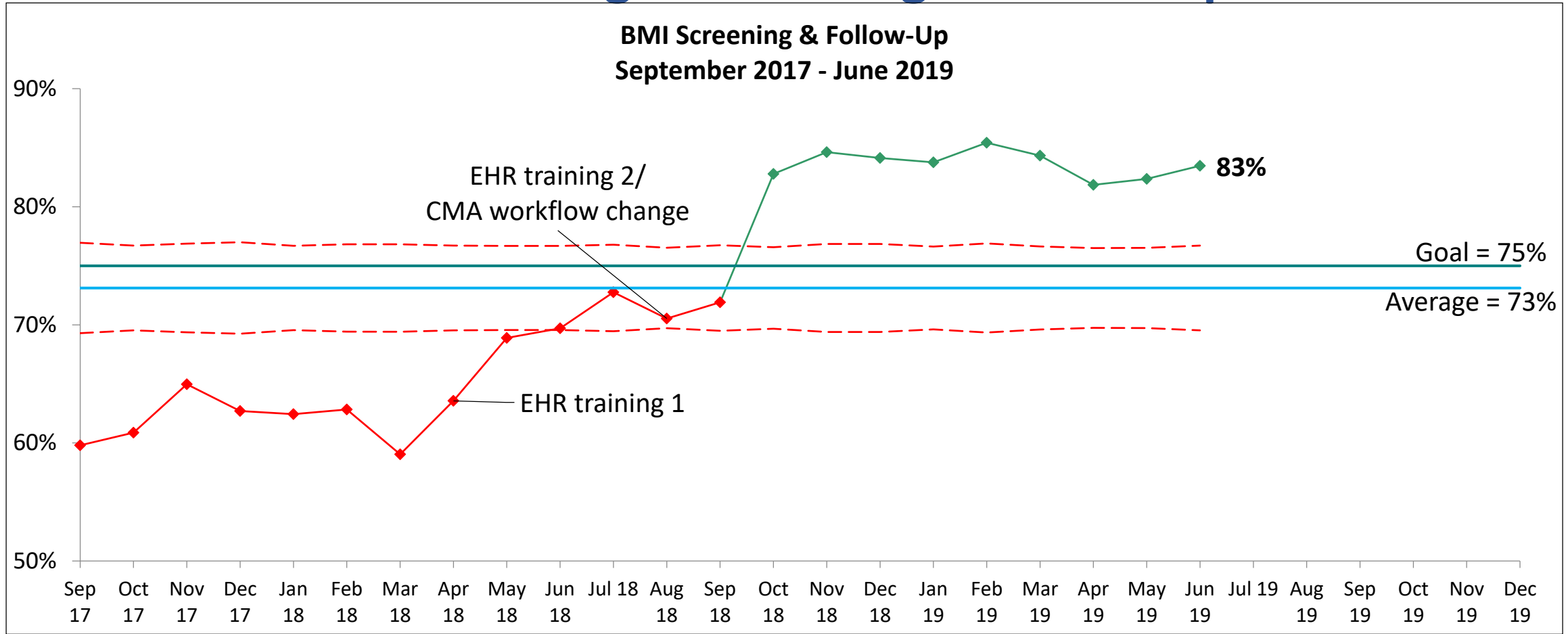
- Blood Pressure Control in Hypertensive Patients

## Discussion:

- Client Experience Survey Results
- KPI Quarter 2



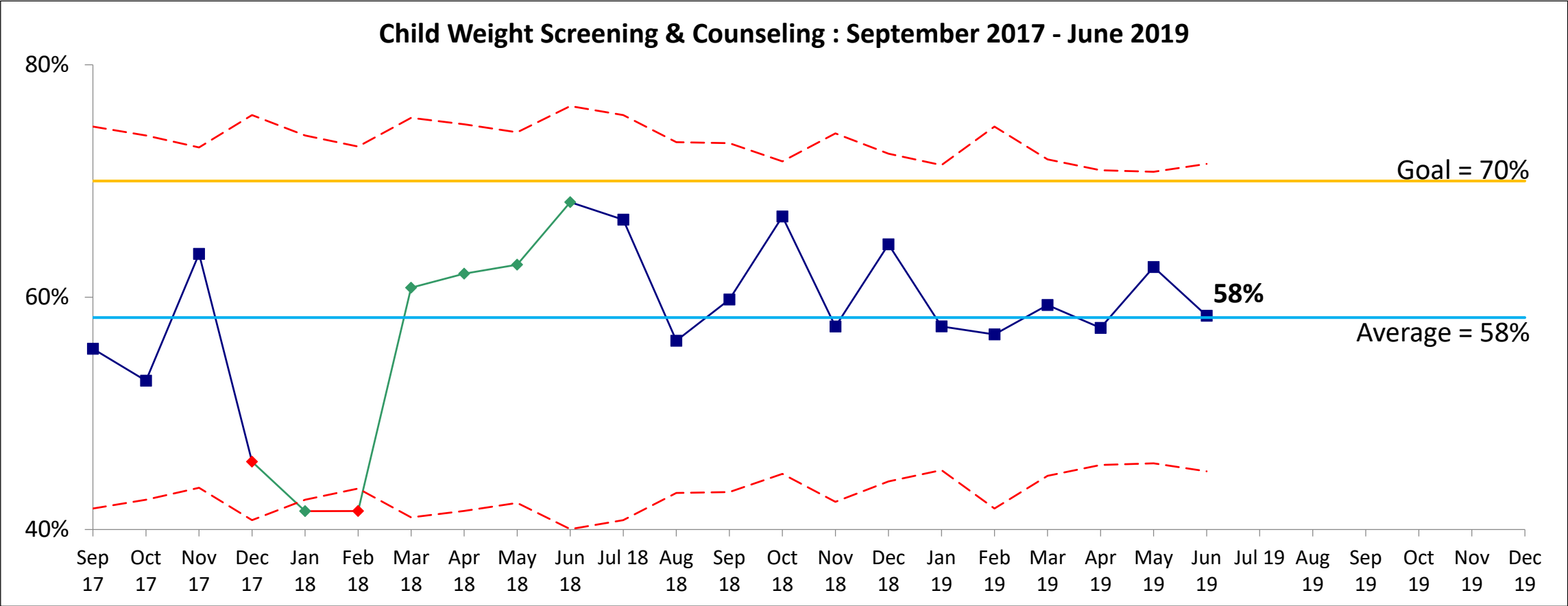
# PI Dashboard: Adult Weight Screening & Follow-up



Trailing year: 77%



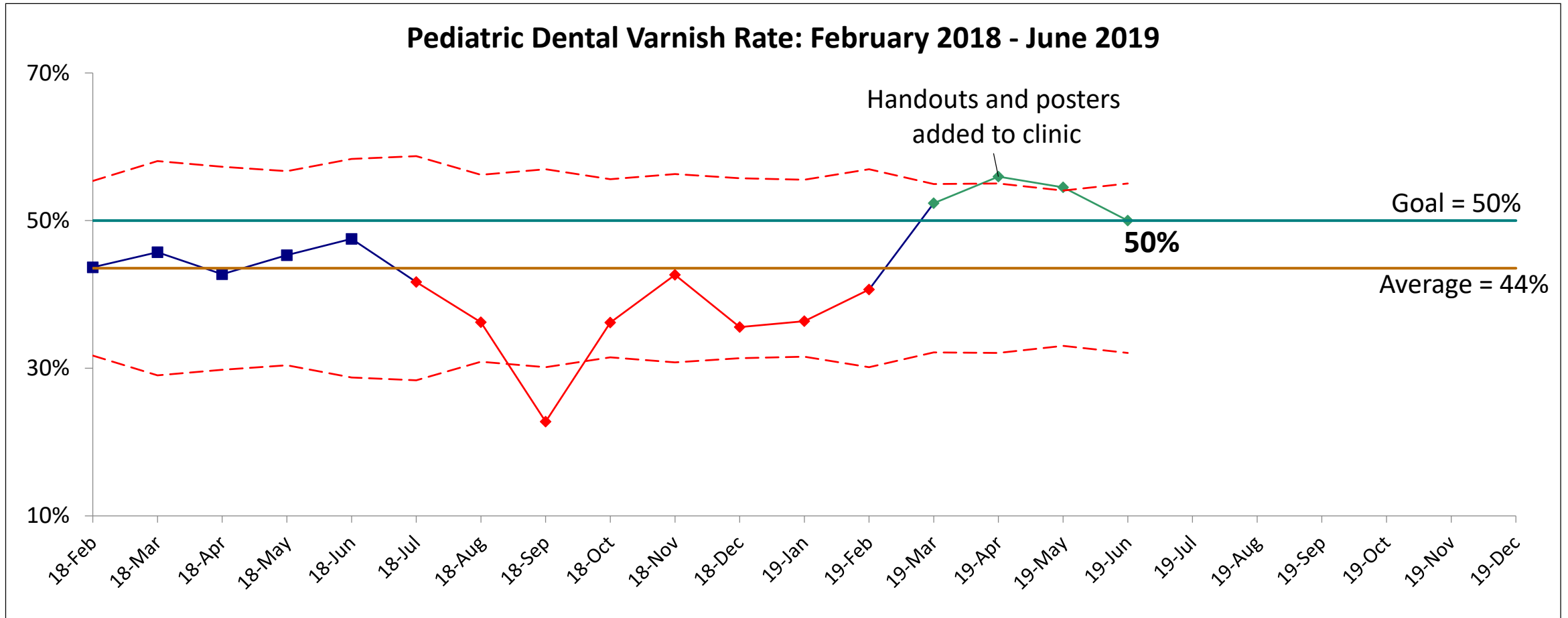
# PI Dashboard: Child Weight Screening & Counseling



Trailing year: 56%



# PI Dashboard: Pediatric Dental Varnish

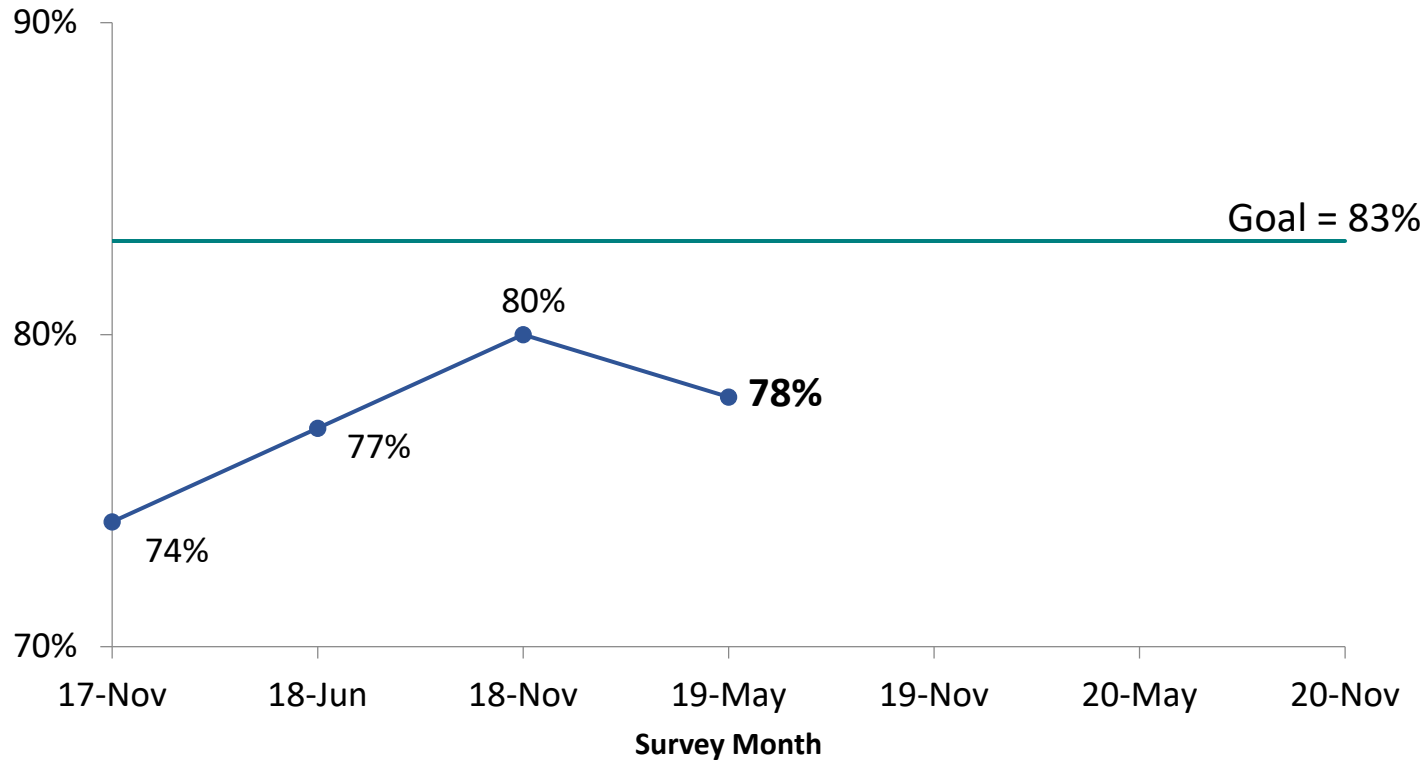


Trailing Year: 34%



# PI Dashboard: Provider Communication

**Client Experience Survey: Provider Communication  
Composite Score**

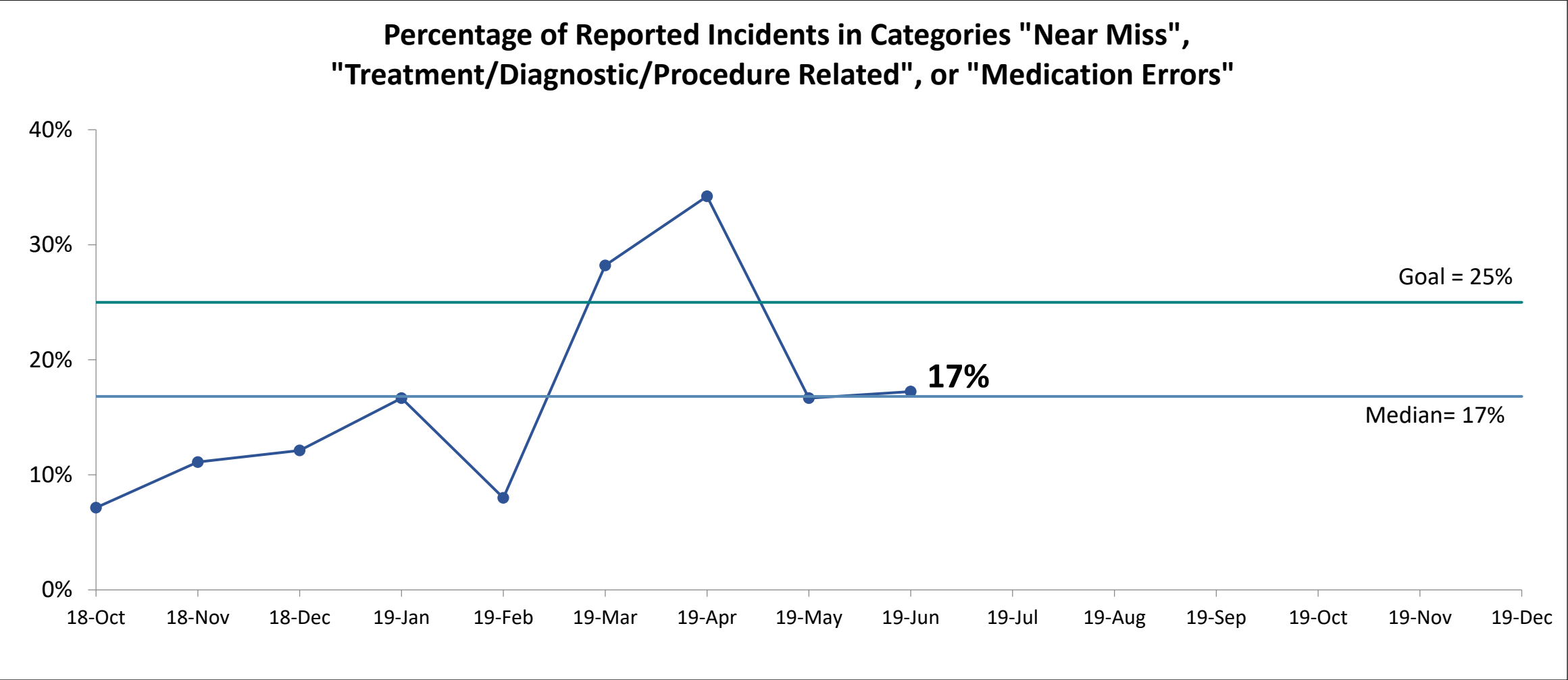


Score = % of times clients answered “**always**” to the following survey questions:

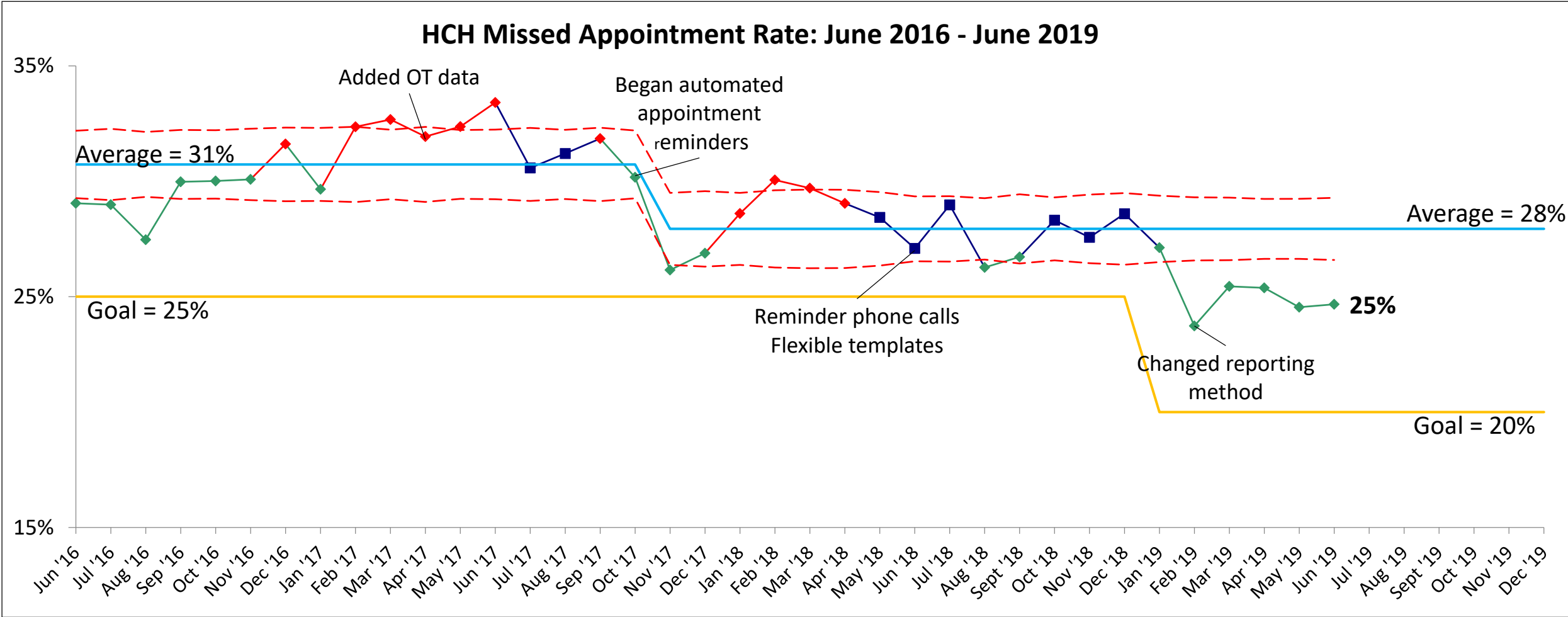
- *Does your provider explain things in a way that is easy to understand?*
- *Does your provider listen carefully to you?*
- *Does your provider show respect for what you had to say?*
- *Does your provider spend enough time with you?*

# PI Dashboard: Incident Reporting

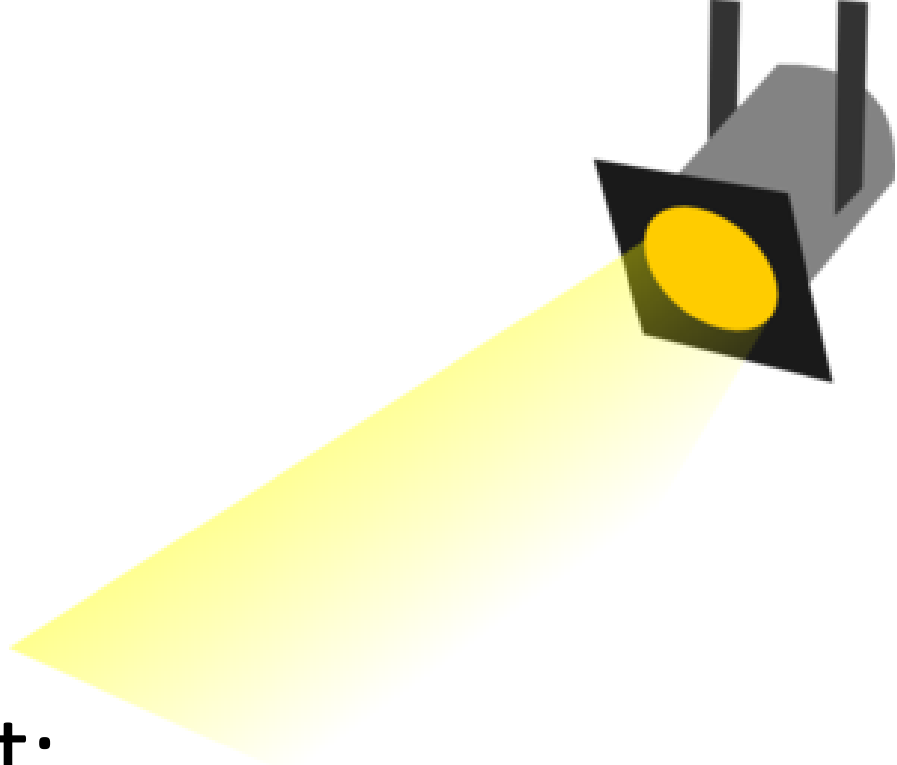
Percentage of Reported Incidents in Categories "Near Miss", "Treatment/Diagnostic/Procedure Related", or "Medication Errors"



# PI Dashboard: Missed Appointment Rate



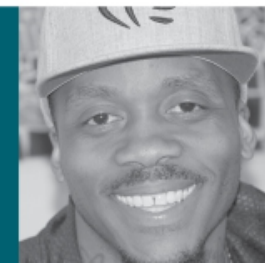
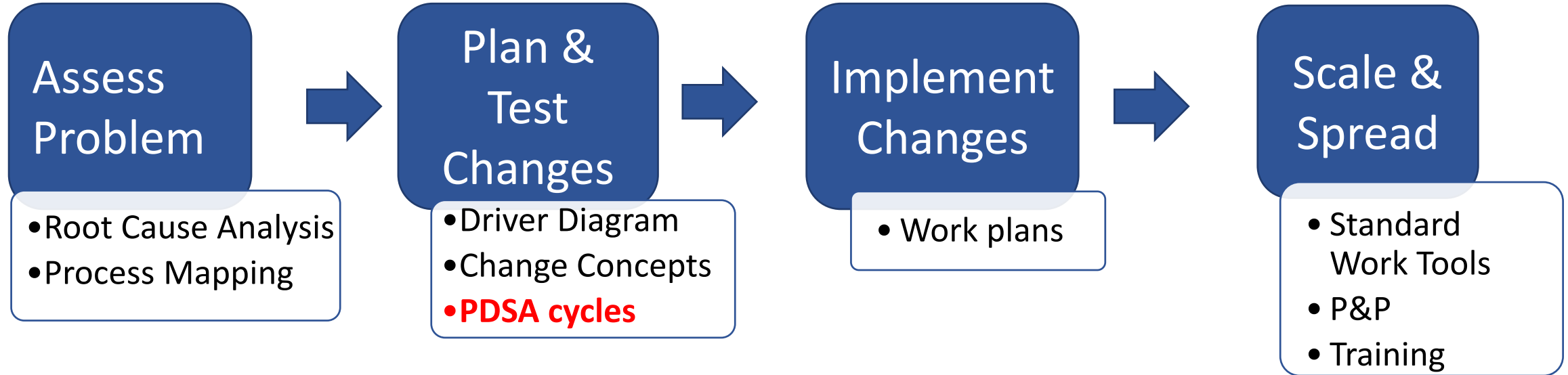




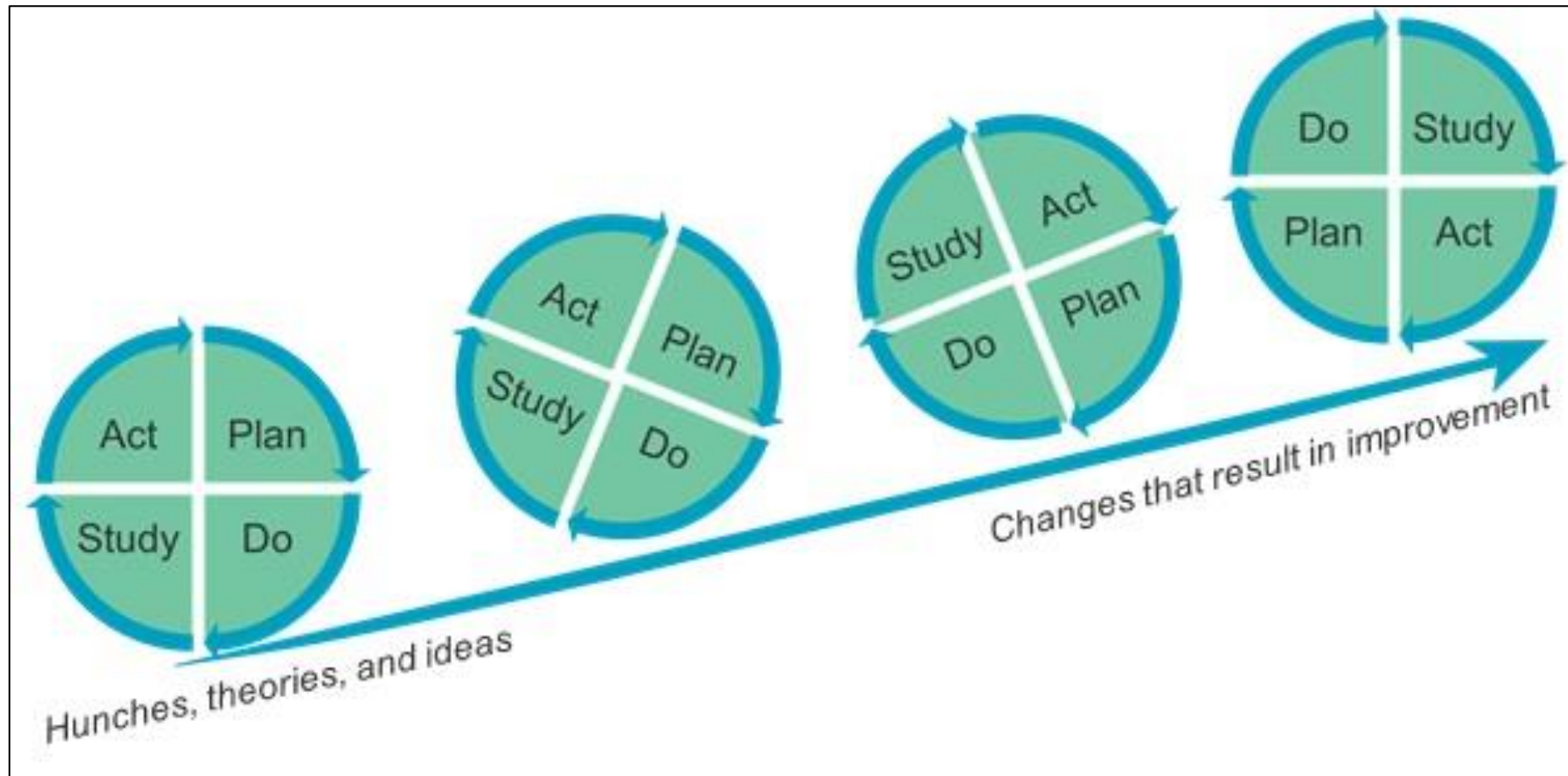
# Improvement Science Spotlight: **Plan-Do-Study-Act (PDSA) Model**



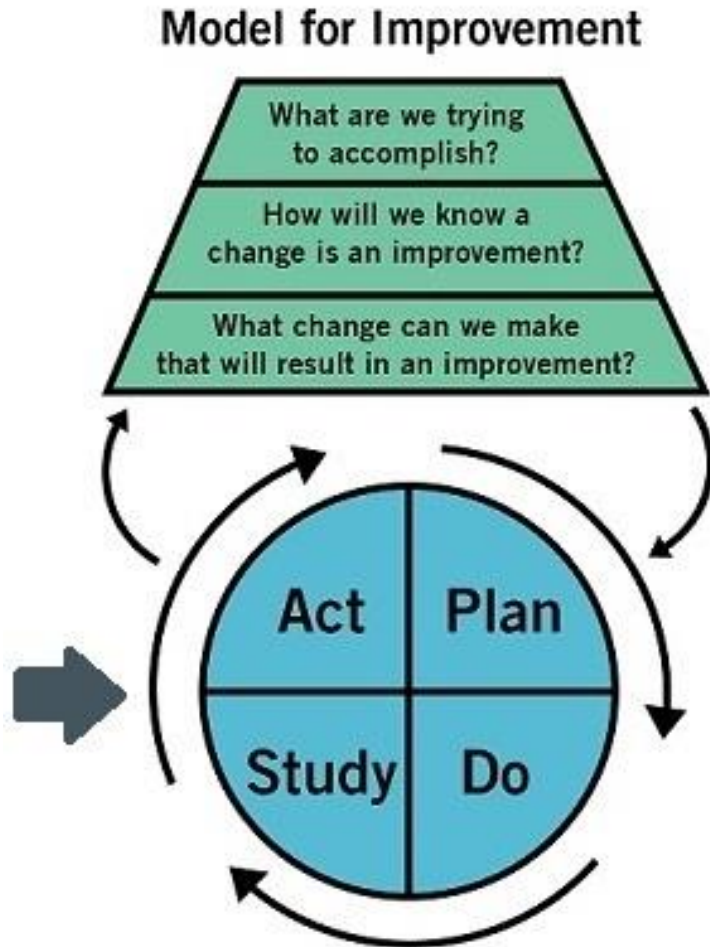
# Improvement Project Overview



# PDSA Cycles *roll* us towards improvement



# What is a PDSA cycle?



- 4 Step Method of testing a change to see if it is an improvement toward your goal
- Method of testing hypotheses and learning from doing

# Why do we use it?

- To increase your belief that the change will result in improvement in your setting
- To learn how to adapt the change to the particular conditions in your setting
- To evaluate the costs and side effects of changes
- To minimize resistance when implementing the change in the organization

# Using the PDSA Model Effectively: Start Small

- PDSAs should be small, rapid cycles that build on previously learning
- Don't forget to collect the data! But...
- Collect JUST ENOUGH data to build your degree of belief in the change

# Quality Coach Tool: Planning for 1<sup>st</sup> PDSA Cycle

Current Situation		Staff Readiness to Make Change		
		No Commitment	Some Commitment	Strong Commitment
Low Belief that change idea will lead to improvement	Cost of failure large	Very small-scale test	Very small-scale test	Very small-scale test
	Cost of failure small	Very small-scale test	Very small-scale test	Small-scale test
High Belief that change idea will lead to improvement	Cost of failure large	Very small-scale test	Small-scale test	Large-scale test
	Cost of failure small	Small-scale test	Large-scale test	<b>Implement</b>

Adapted from Langley, et al.  
The Improvement Guide, 2009

# Using the PDSA Model Effectively: Start Small

To minimize potential damage, and because people so often overestimate their degree of belief, a useful rule of thumb when designing early PDSA cycles is to build a **1:1:1 test**.

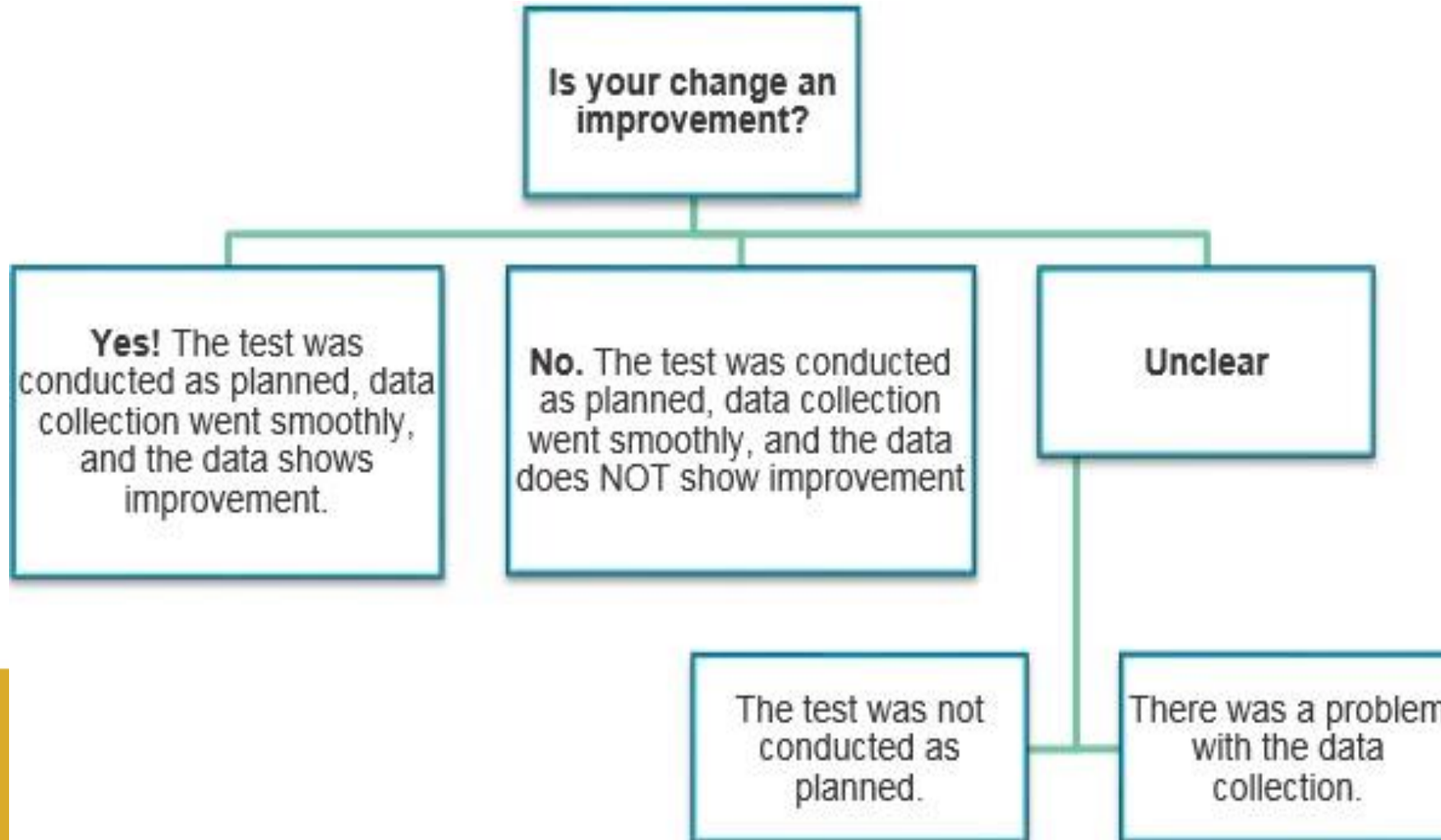
That means the test will involve “**1 provider, 1 patient, 1 encounter**” as the smallest unit of testing.





# Using the PDSA Model Effectively

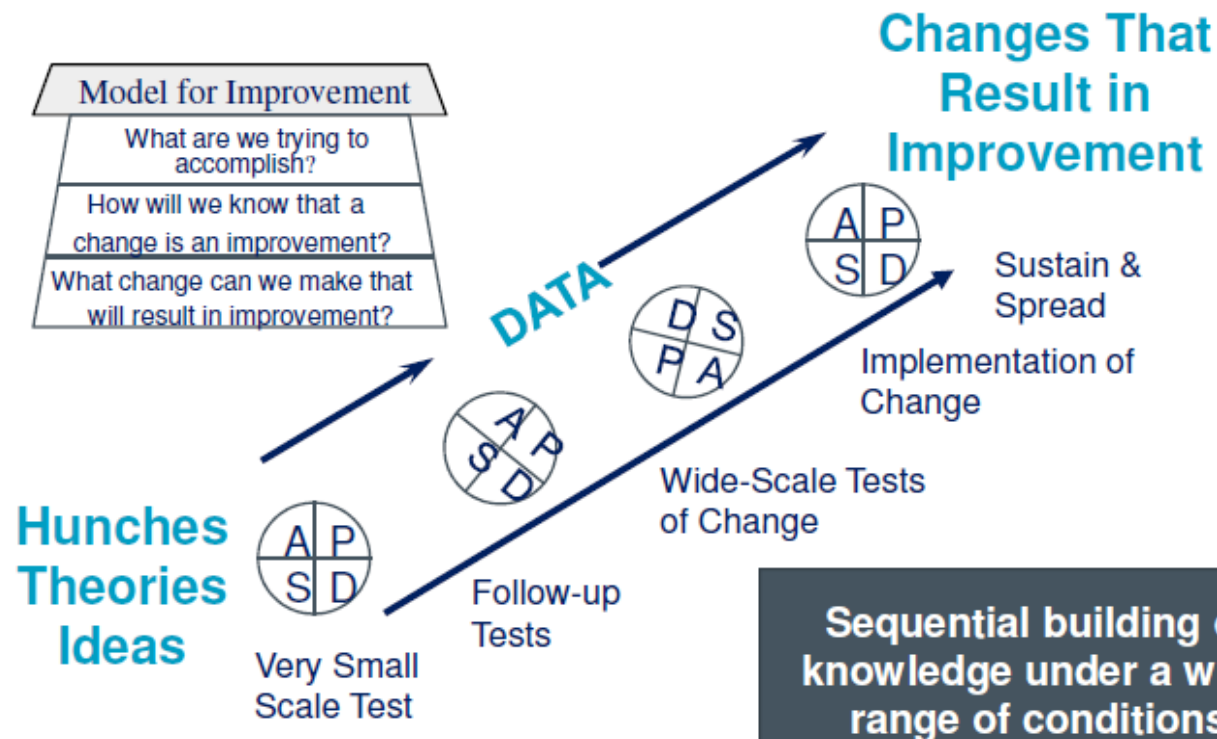
- Always make a prediction and articulate a theory for each change idea
- Use simple data collection to make measurement easy



# Using the PDSA Model Effectively

- Document your tests so you have evidence of what worked
- Use testing to explore questions without judgement

## Repeated Use of the PDSA Cycle



# Questions?

**What is your experience with PDSA cycles?**



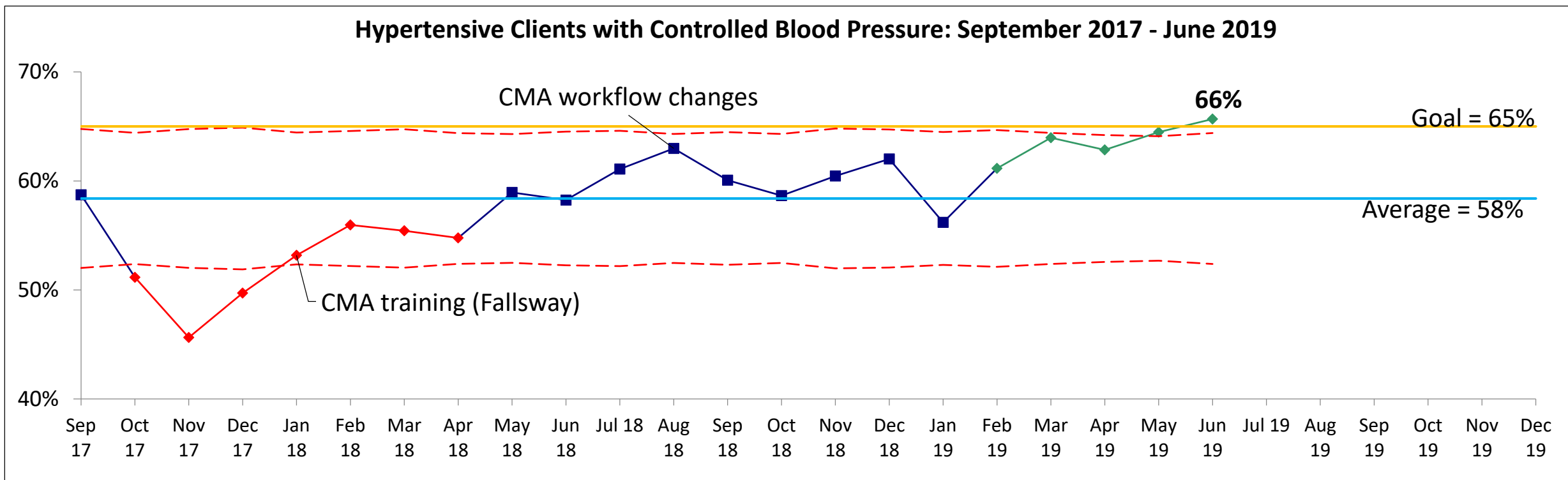
# Project Updates



# 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



Trailing year: 58%

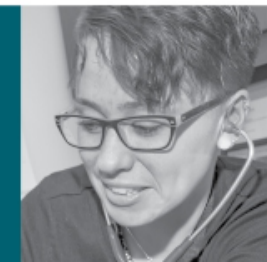


## Since we last met...

- Subcommittee has:
  - Tested medication adherence tools
  - CMA and RN training and ongoing competency testing for BP monitoring
  - Optimized BP recording fields in EMR to allow for multiple entries



- **Testing a Medication Adherence Assessment Tool**
- We currently have no standardized method of assessing clients' medication adherence
- Hypothesis:
  - The medication adherence assessment tool will reveal the client's adherence to treatment plans and potential barriers to their full adherence
- The administration of the tool should be designed to limit the impact on workflow for providers and maximize comfort for the client
- By implementing a standardized system to monitor adherence, providers can adjust their treatment plans and strategies to best fit the clients needs
  - We will also gain insight into common barriers shared among clients that limit their adherence



# Medication Adherence

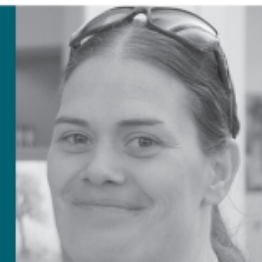
- Utilization of Morisky Questionnaire:
  - 8 point scale to gauge clients' medication adherence
    - Additional question added by HCH to allow for provider permission to view medication refill history
- 1<sup>st</sup> PDSA cycle:
  - Provider led
  - Guilt from clients when answering questions with provider
  - Averaged low adherence scores
- 2<sup>nd</sup> and 3<sup>rd</sup> PDSA cycles:
  - Self assessments
  - High rate of completion (no literacy issues)
  - Averaged low adherence scores





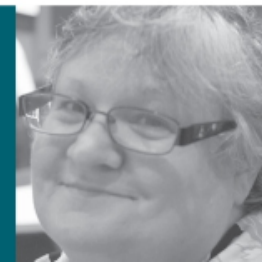
# Medication Adherence – Lesson Learned and Next Steps

- LESSONS LEARNED:
  - Morisky Questionnaire did not capture a detailed picture of clients' medication usage
  - We are exploring the Hill-Bone Medication Adherence Scale as a more effective assessment tool
    - 14 point questionnaire that addresses diet, exercise, salt intake, missed appointments, **and** medication adherence
  - A standardized system revealed low medication adherence among clients both with and without Hypertension, with little impact on work flow
  - Questionnaire needed in Spanish
  - Some providers did not find the tool beneficial as they have other methods of assessing medication adherence
    - Overall we look to develop a standard and comprehensive practice to assess med. adherence.



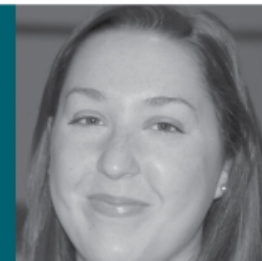
# Medication Adherence – Next Steps

- Test the use of modified Hill-Bone assessment tool
- Begin work with HI and IT to integrate our modified Hill-Bone assessment tool into EMR
- Continue to track medication adherence among patients



# Blood Pressure Training and Competency Testing

- Catherine Fowler led BP training on July 11<sup>th</sup> for CMAs and RNs
  - Detailed importance of BP monitoring, risks of HTN, and statistics
  - Reviewed work plans for BP thresholds
  - Clinical processes and best practices for BP readings
  - High level of engagement from participants
- Continued testing:
  - Catherine distributed a rubric for all CMAs and RNs to review prior to testing
  - Testing will be held the weeks of 7/15 - 7/19 and 7/22 – 7/26
  - Competency will be Pass/Fail based on 7 part BP monitoring test

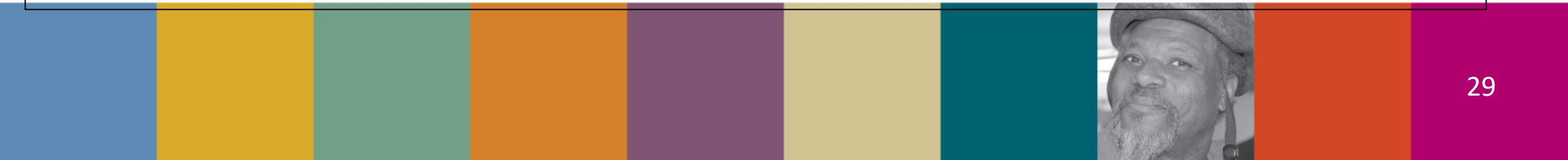
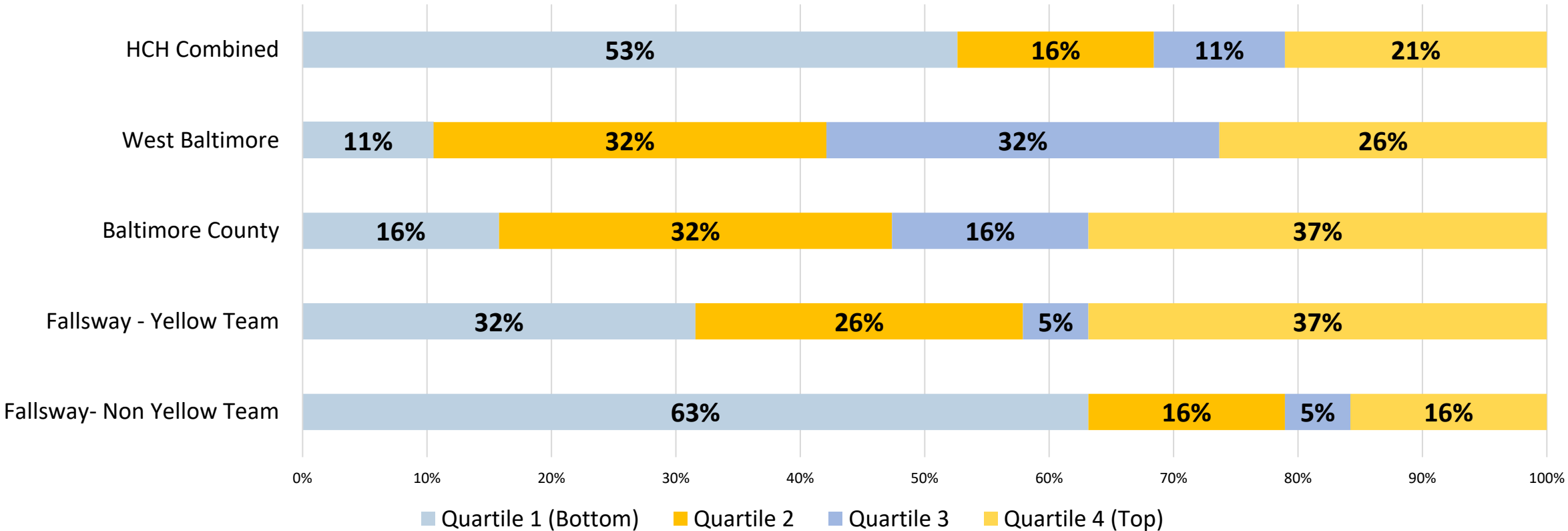


# Discussion



# Client Experience Survey: May 2019

CAHPS Benchmark Quartiles by Site  
May 2019 Customer Satisfaction Survey

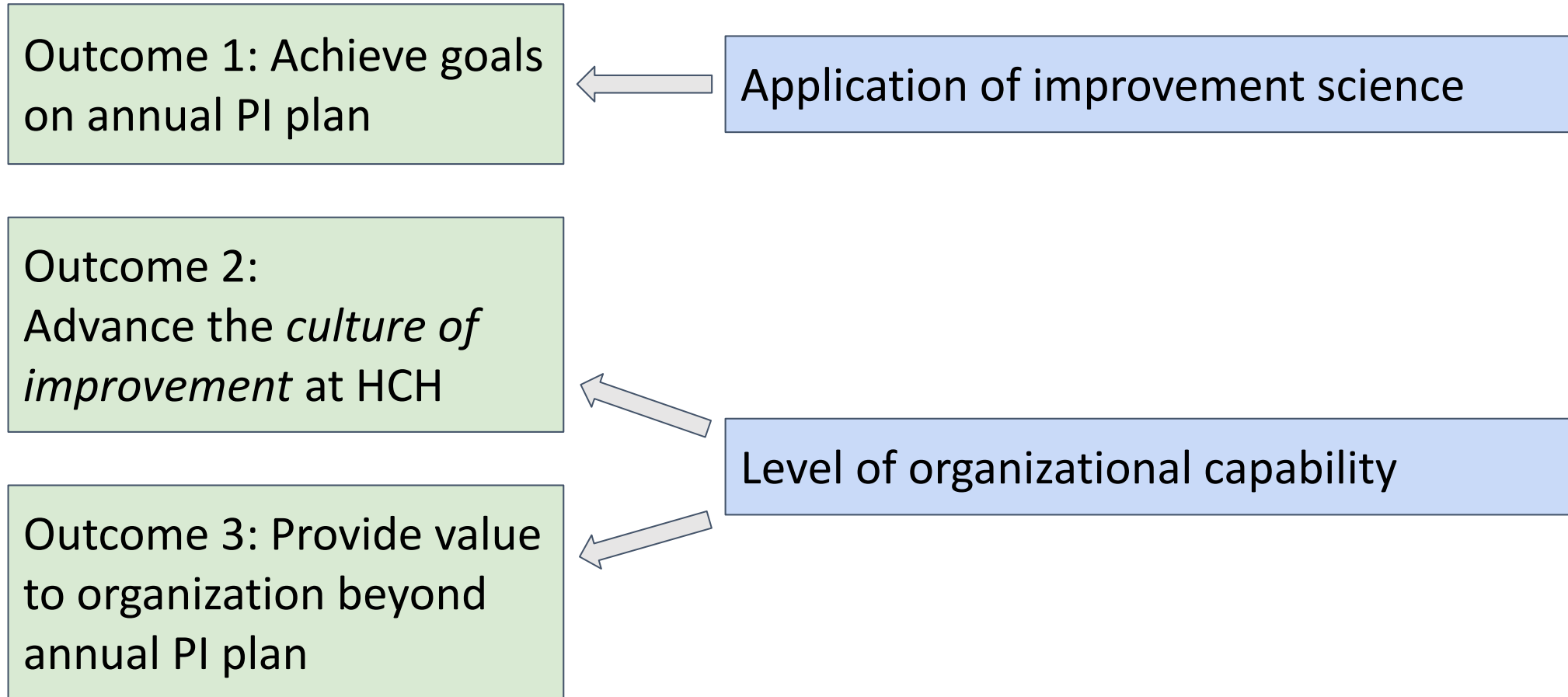


# Client Experience Survey: May 2019

- Fallsway improved on 2 questions, both in the care coordination category:
  - Following up with results on lab tests
  - Talk to clients about all the prescriptions they are taking
- Fallsway clients on the Yellow Team scored better than non-yellow team Fallsway clients on almost half of the questions, and scored in the same quartile for the rest. Areas of significant difference:
  - Getting an answer to a medical question the same day the client called (during regular business hours)
  - Giving clients information about what to do if they need care during evenings, weekends, or holidays
- West Baltimore improved on 37% of the questions since the last survey
- Baltimore County improved on 47% of the questions since last survey

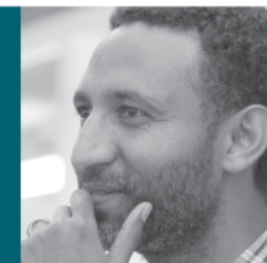


# Performance Improvement KPIs: Departmental Outcomes



# Performance Improvement KPIs

Outcome/ Category	Measure	Baseline	Goal	2019 Q2
Achieve goals on annual PI plan	% of goals met	2017: 22% 2018: 25%	80%	33%
Application of Improvement Science	% of staff involved in PI efforts	2018: 32%	64%	72%
Application of Improvement Science	% of PI projects with client involvement	2018: 88%	100%	11%
Application of Improvement Science	% of PDSA cycles completed conclusively	2018: 69%	90%	75%
Advance the <i>culture of improvement</i> at HCH	Score on Organizational CQI orientation scale (1-5 scale)	2017: 3.5 2018: 3.4	3.7	n/a
Level of organizational capability	% of staff with formal PI training	2017: 36% 2018: 52%	75%	57%
Value of PI department to agency	# of requests for PI consults: - Projects - Meetings & Deliverables	None	20 50	18 30





# August PI Committee Meeting: August 21, 2019

## Project Updates:

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



