

# PI Committee Meeting



June 20, 2018



# June 2018 PI Committee Agenda

## 1. PI Dashboard Review

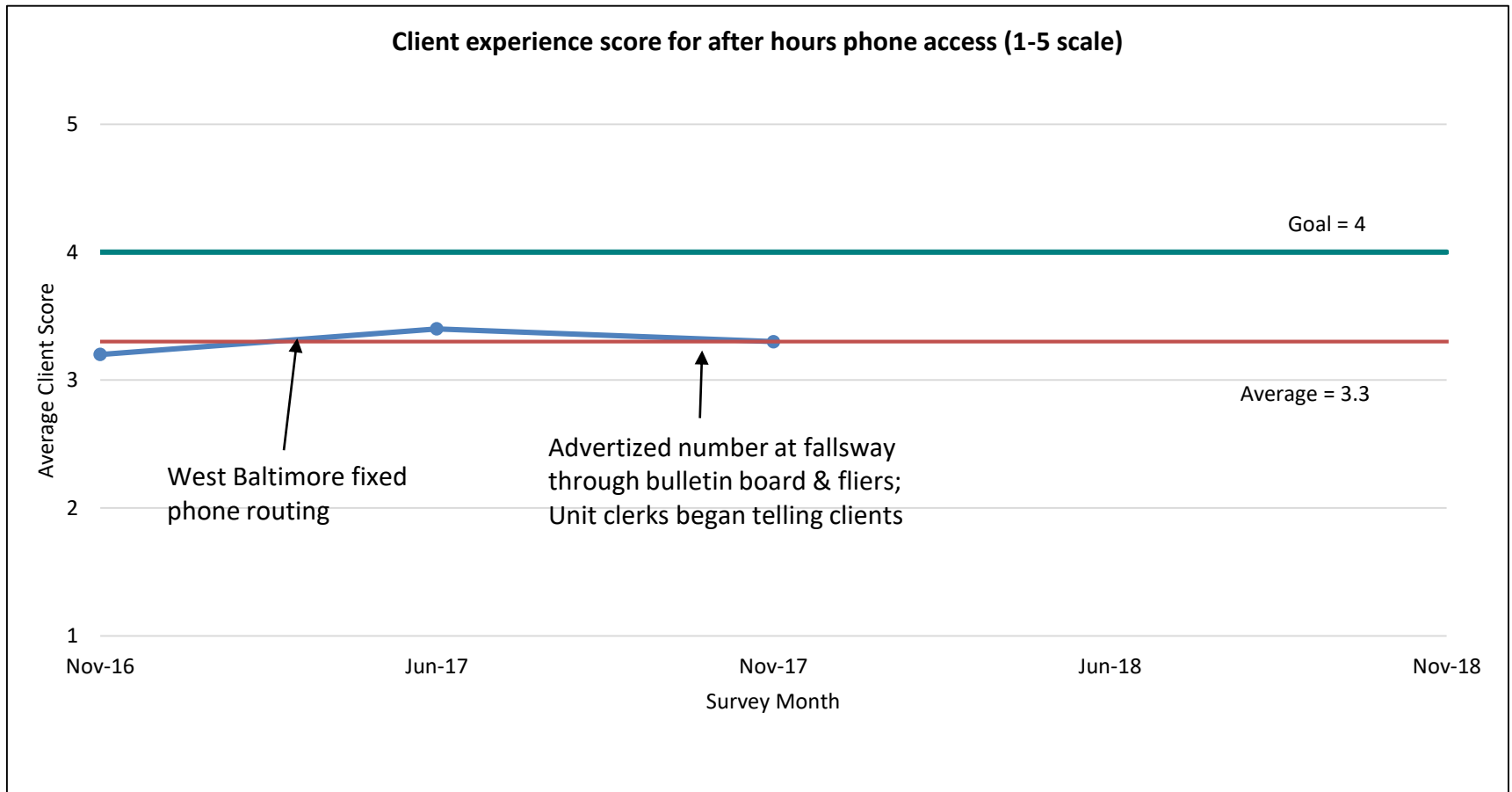
## 2. Progress Updates & Discussion:

- Colorectal Cancer Screening
- Missed Appointments
- Behavioral Health: Coping & Anxiety
- Standardized workflow: Does it matter and when to use it

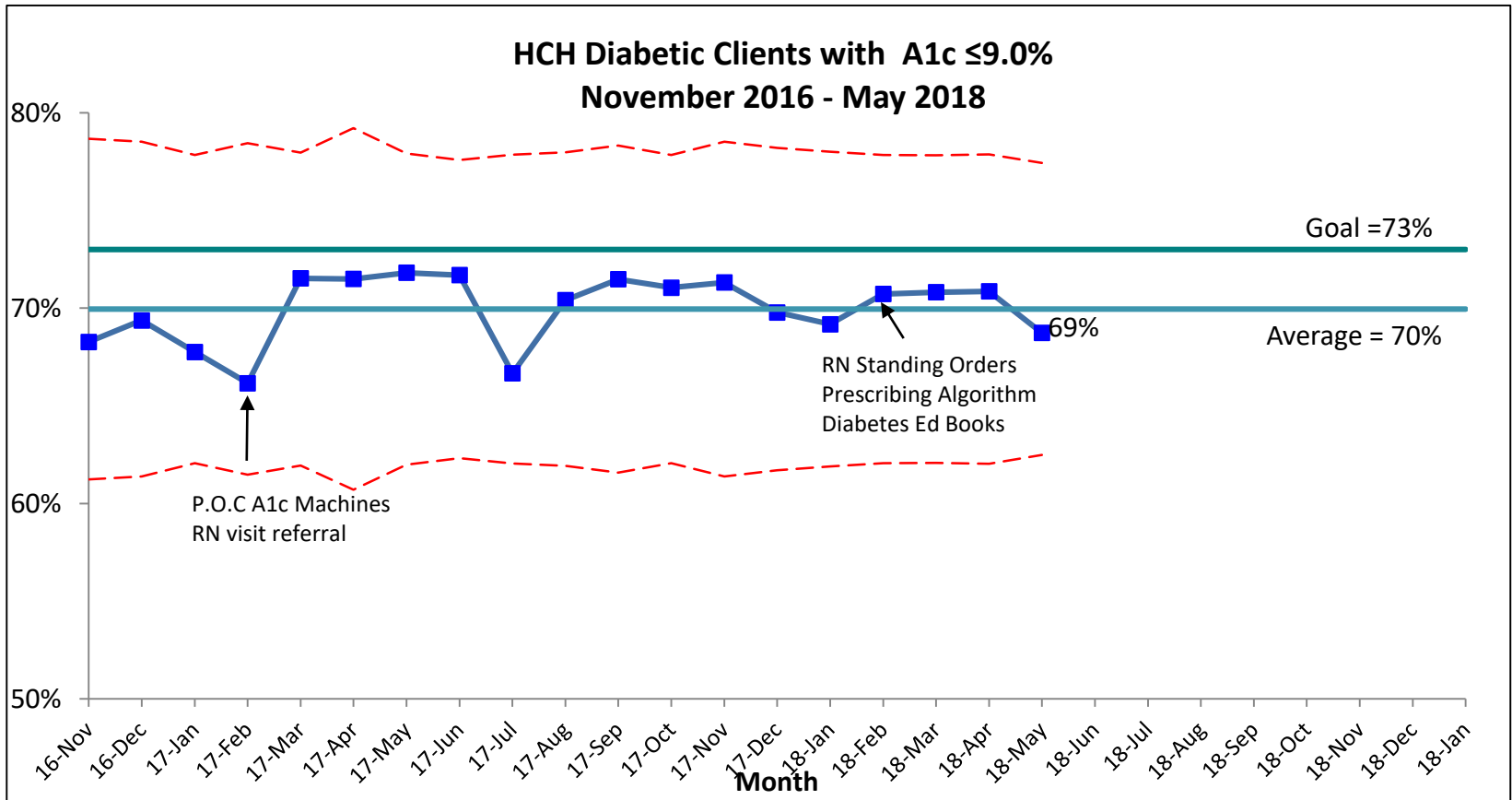


# June 2018 Dashboard: Client Experience

- New data will be available in July '18



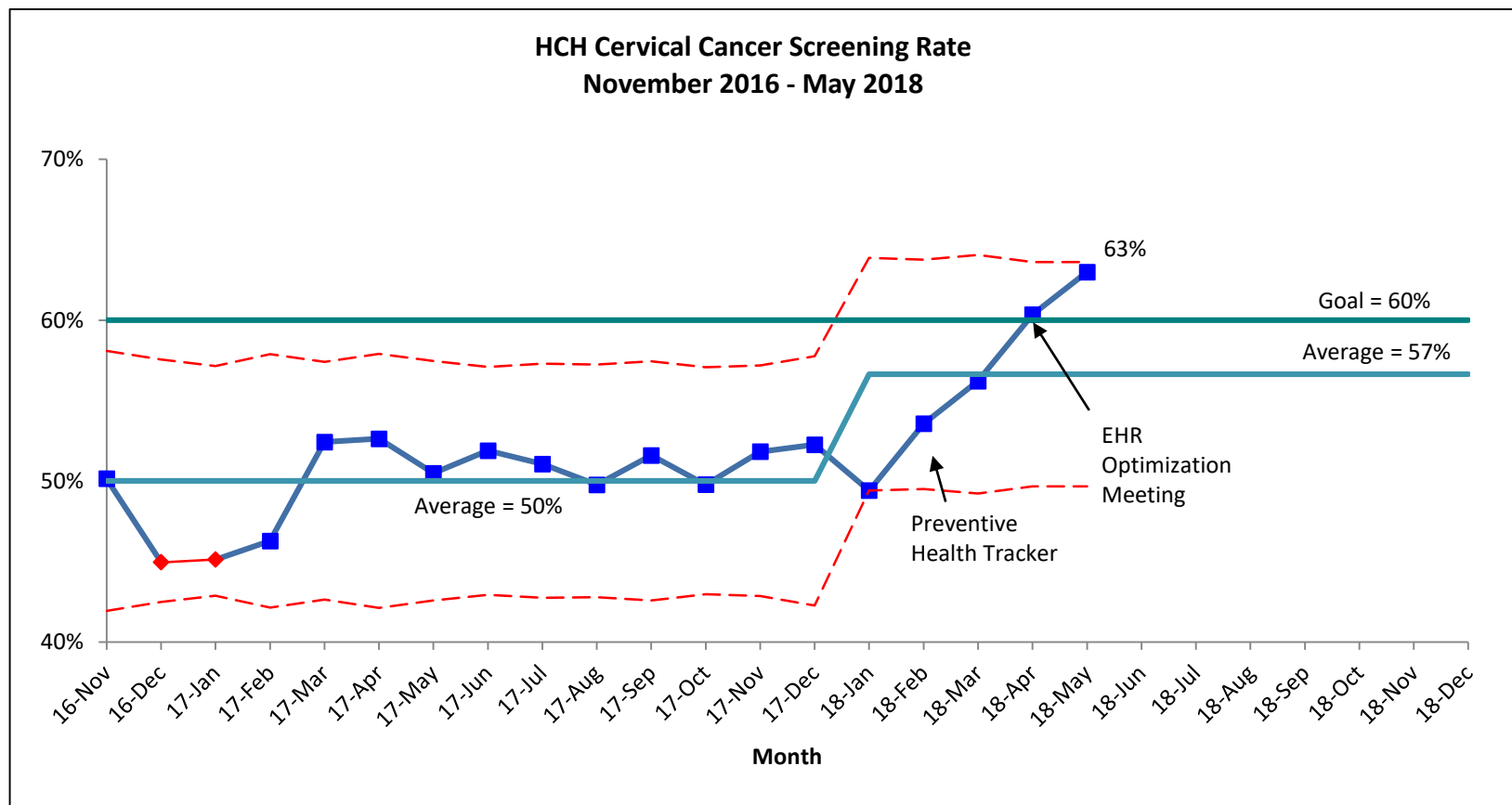
# June 2018 Dashboard: Diabetes



Trailing Year (Health Indicators Report): 66%



# June 2018 Dashboard: Cervical Cancer Screening



Trailing Year (Health Indicators Report): 49%

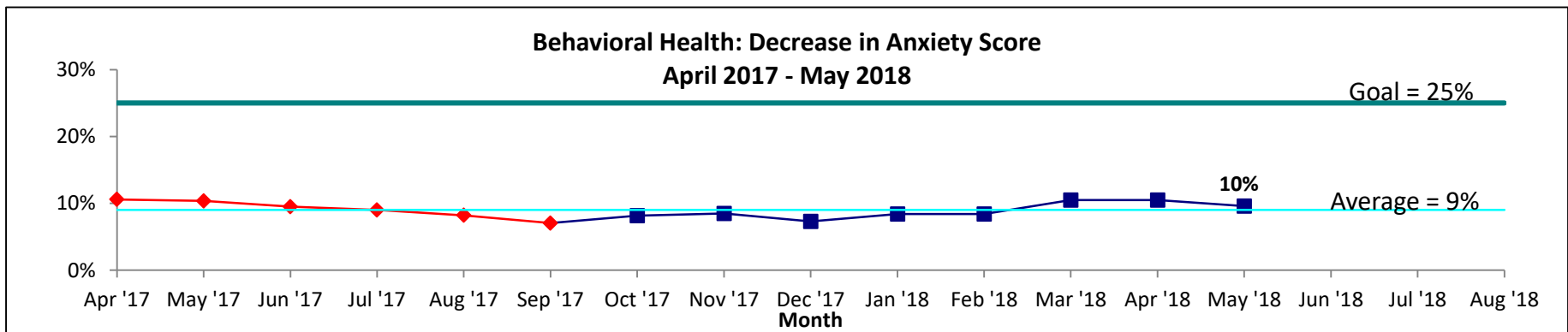
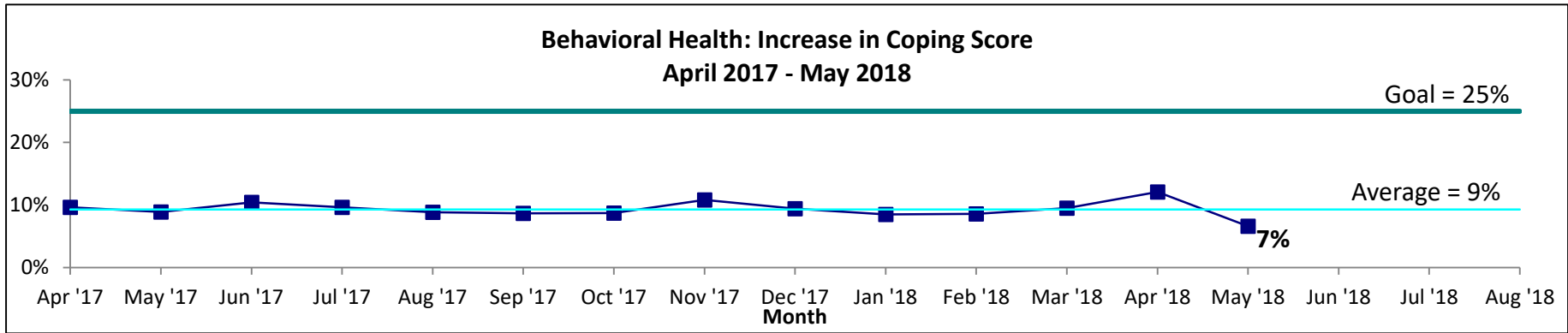


# Behavioral Health: Increase Coping & Decrease Anxiety

**Goal:** By December 2018, the average client score upon 3<sup>rd</sup> assessment will decrease from 1<sup>st</sup> assessment by **25%** for anxiety and increase by **25%** for coping.

**Team:** Jan Ferdous, Sean Berry, Montse Ferrer

**Progress:**



# Behavioral Health: Increase Coping & Decrease Anxiety

## Current Work: Therapeutic Environment

Provider 1: 5/12

Added carpet, lighting, planter, wall hanging, therapy putty, box that holds tea, electric kettle, oil diffuser

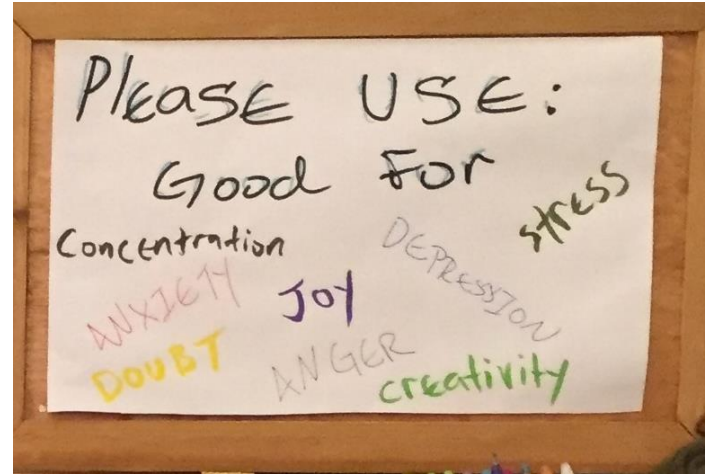


# Behavioral Health: Increase Coping & Decrease Anxiety

## Current Work: Therapeutic Environment

Provider 2: 5/21

- Added carpet, ceiling light, artwork, tea set, water fountain, box of stress relief tools (lotion, fidget bracelets, and art supplies):





# Behavioral Health: Increase Coping & Decrease Anxiety

## Current Work: Therapeutic Environment

Provider 3: 5/21

Added art, diffuser, a tea pot & kettle, and a lamp.



# Behavioral Health: Increase Coping & Decrease Anxiety

## Current Work: Therapeutic Environment

- Each provider is keeping track of + and – responses.
- Effectiveness will be evaluated using a month of qualitative data and by looking at the three provider's Coping and Anxiety scores pre- and post- office re-design.
- Snacks and tea are now available for all clients.
- PDSA Prediction: A more welcoming environment and humane treatment will result in decreased anxiety scores on the PSQ.



# Behavioral Health: Increase Coping & Decrease Anxiety

## Current Work: Mindfulness techniques

- 6 commonly used mindfulness techniques are now in the EHR as a drop-down menu.
- PI is waiting until there are at least 10 clients using a technique before doing any analysis around the impact of the mindfulness technique. This will take a few months since the measure requires 90 days between the 1<sup>st</sup> and 3<sup>rd</sup> assessment.



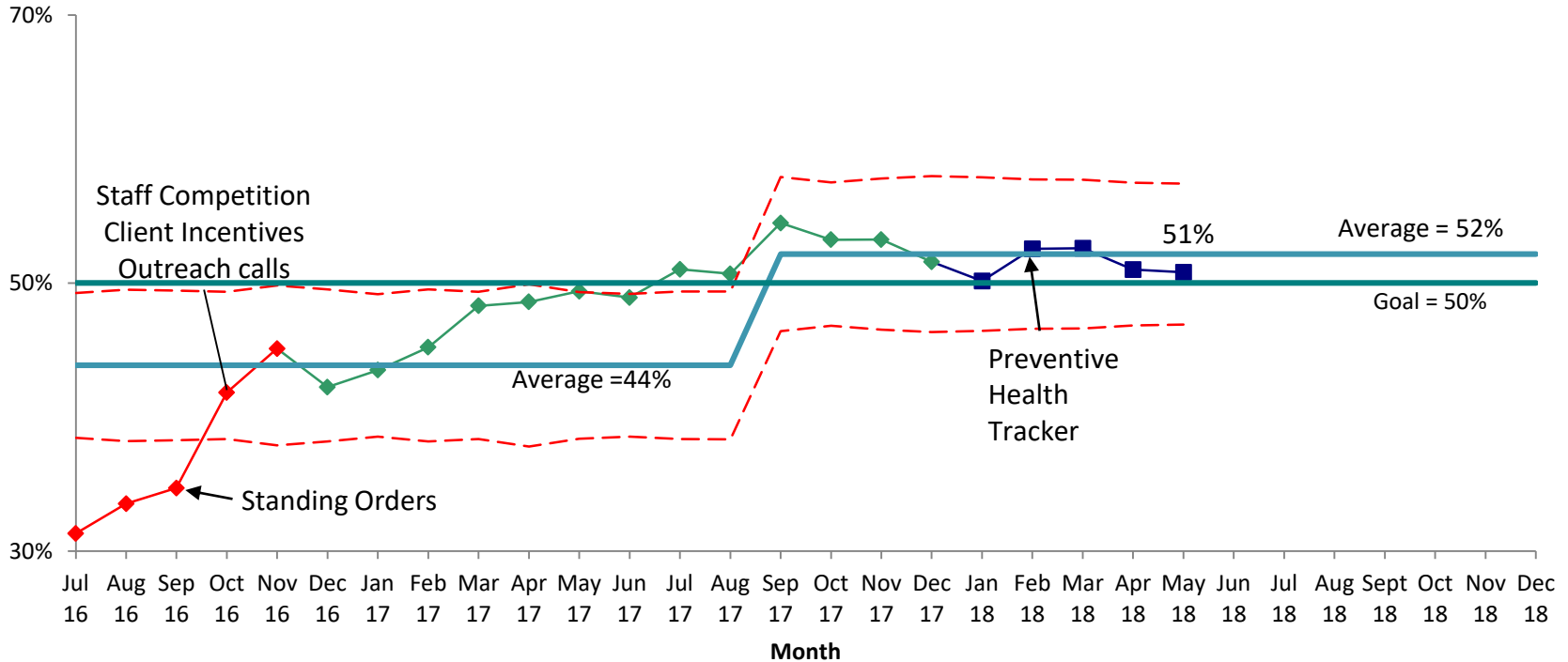
# Colorectal Cancer Screening

**Goal:** By December 2018, **50%** of eligible medical clients will have an up-to-date colorectal cancer screening.

**Team:** Laura Garcia, Tracy Russell, Veronica Dennis, Justine Wright, Leonid Suarez

## Progress:

HCH Colorectal Cancer Screening Rate  
July 2016 - May 2018



Trailing Year (Health Indicators Report): 44%



# Colorectal Cancer Screening

## Current Work: BCCP Referrals

- Since January, 1 successful colonoscopy completion of 13 total referrals (7% success rate)
- Re-evaluating partnership with BCCP, as experience has been fraught with barriers
- The 1 successful client required intense RN resources from HCH to “navigate the navigation”
- Laura and Tracy met with BCCP yesterday (6/19) to clarify process. New, additional step will be added to see if the relationship is worth continuing.

## Next Steps:

- Testing whether a 1-week RN follow-up will move process for clients
- On July 17, will make the decision about continuing to refer to BCCP
- Will need to make decisions about internal process for colonoscopy navigation



# Colorectal Cancer Screening

## Current Work: BCCP Group Education

- In May, did PDSA for quarterly client education around cancer screenings with Men's & Women's groups at Fallsway
- Monthly client education done at Convalescent Care

## Lessons learned:

- 100% of clients who attended wanted colonoscopy rather than the FIT
- At Con Care, needed to change timing so that a provider could be present to do consent forms with interested clients, and need to collect names of clients who attend in order to do follow-up
- At Fallsway, need to do Men's and Women's groups on different days to have capacity to set up follow-up appointments and referrals
- No successful completion of cancer screenings (yet) by anyone in the group



# Colorectal Cancer Screening

## Current Work: Mailing FITs

- In May, Veronica did a PDSA on whether FITs could successfully be mailed back to labcorp
- She amended the FIT materials and process to make it easier for clients
- 3 of the 5 FITs were processed by labcorp (2 unreturned) **60% success rate** as opposed to overall FIT return rates in May 2018:

Site	W Balt	Fallsway	Balt Co	Har Co	Con Care	Mobile
FITs ordered	13	83	13	3	2	1
Return Rate	38%	33%	31%	0%	0%	0%

## Next Steps

- Veronica did training with Mobile providers on Thursday (6/14), and is working on training all CMAs & RNs at Fallsway to give clients option on mailing FITs
- Will expand training to other sites as requested
- Questions: Will sample be invalid if not mailed within certain # of days



# Colorectal Cancer Screening

## Current Work: CMA Workflow Standardization

- Wide variation in Quality Measure across sites and providers

Site	Fallsway	W Balt	Balt Co	Har Co	Con Care	Mobile
May CRC Rate	57%	48%	33%	30%	25%	11%
# Clients May	594	89	77	10	28	36
2018 CRC Average	56%	49%	39%	25%	29%	16%

Best Provider Screening Rate (May): **84%**      Worst Provider Screening Rate (May): **14%**

## What can we do on a system level to decrease variation?

- Starting point: Clinical Workflows. Observed CMA processes. 6 different CMAs, 6 different ways of doing intake.
- Working with Cyndy, Laura, and Pam on a step-by-step training tool. Goal is to complete by the end of June. Will include Preventive Health Tracker, standardized notation in HPI for providers.
- Will need to standardize across HCH sites to decrease site variation.



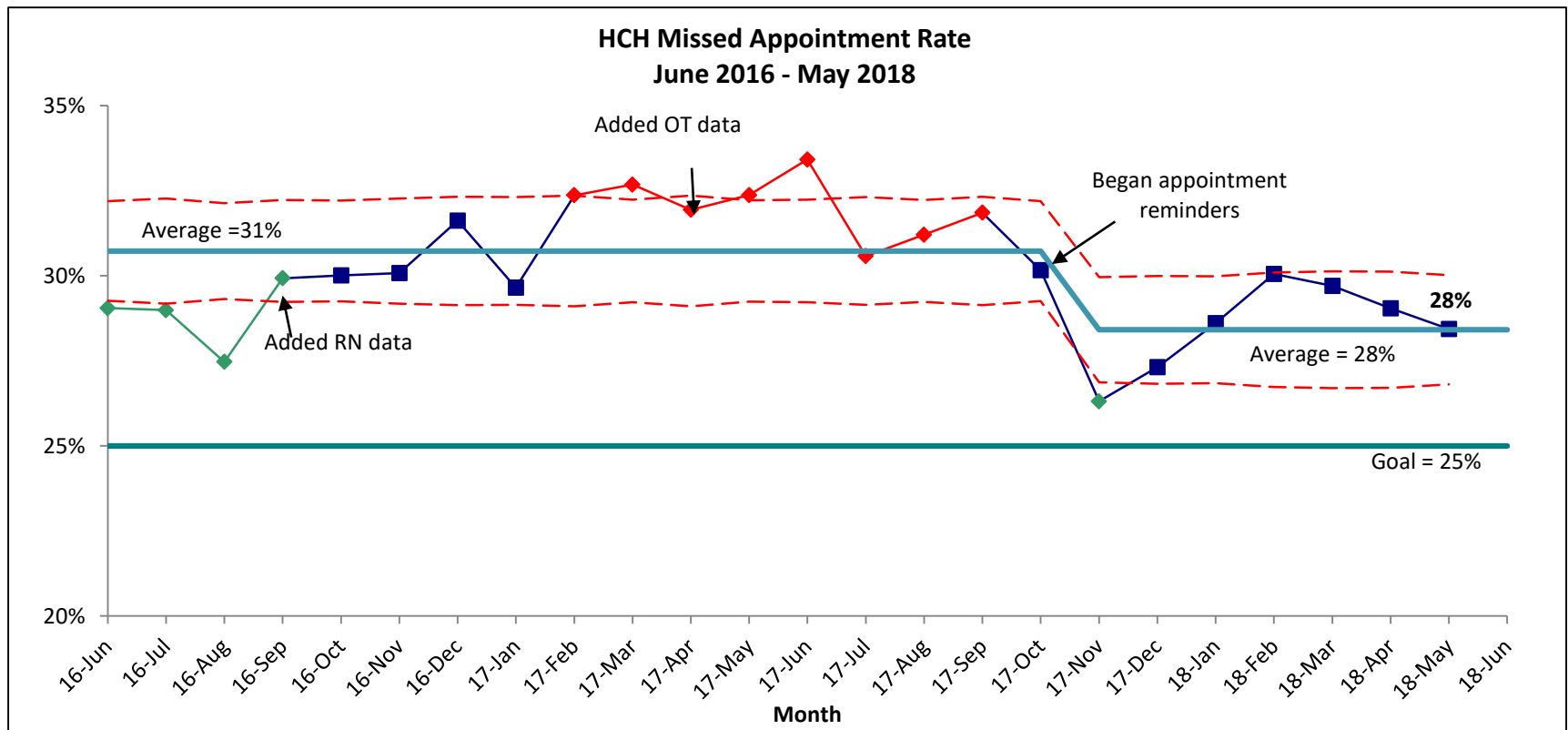


# Missed Appointments

**Goal:** By December 2018, the organization will have a missed appointment rate at or below **25%**

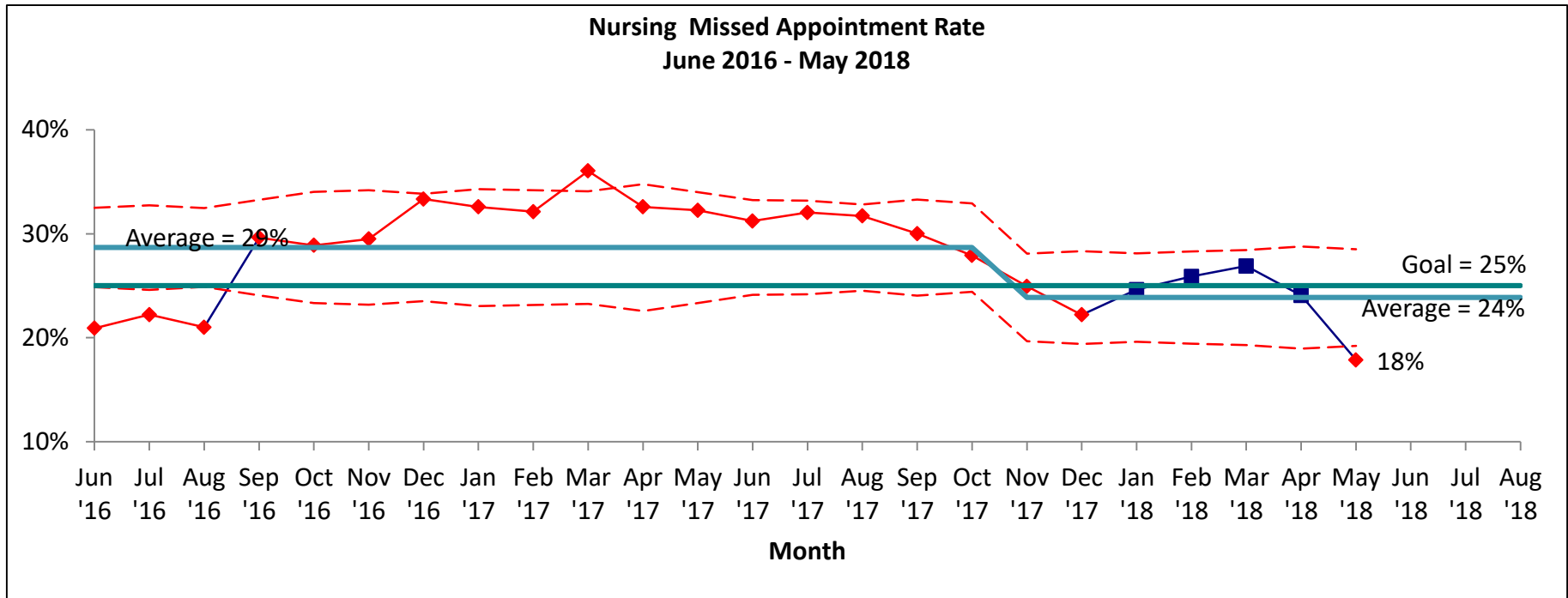
**Team:** Aisha Darby, LaVeda Baccteti, Mona Hadley, Pam Ford

**Progress:**



# Missed Appointments

## Current Work: Nursing

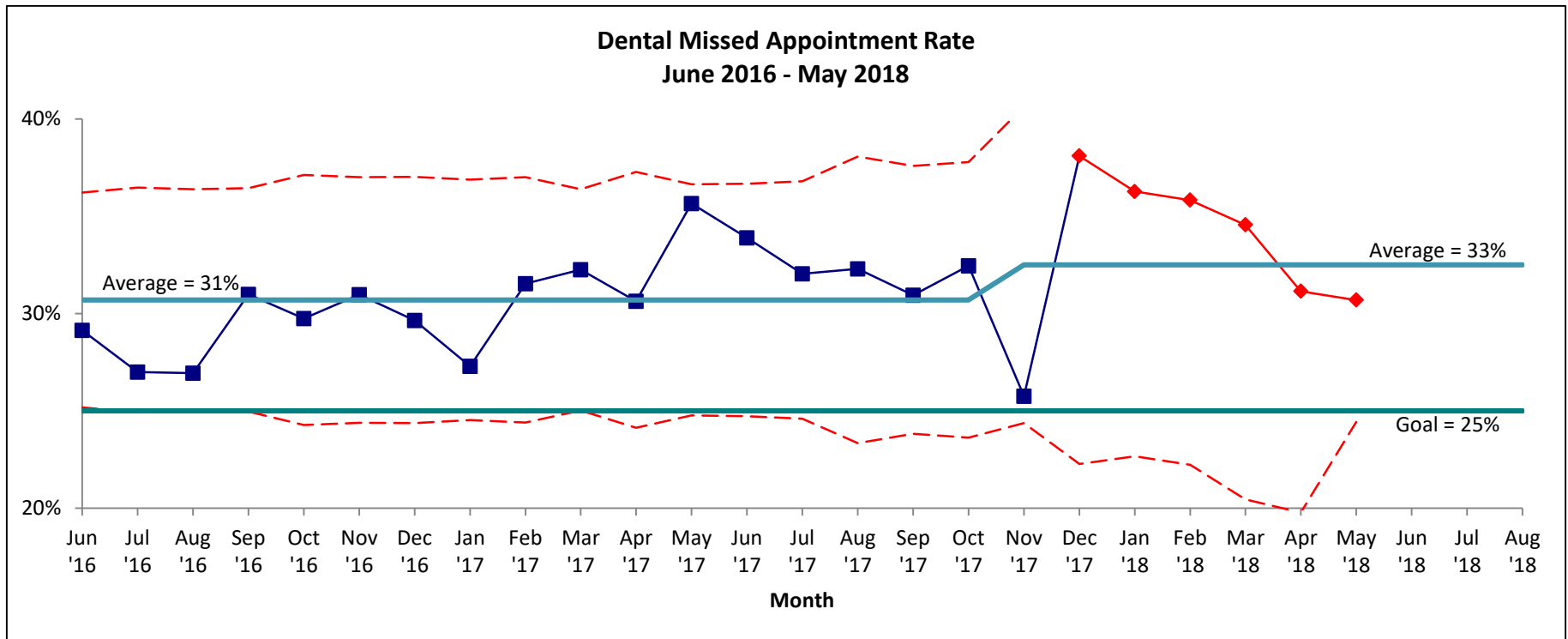


- In April & May, Cyndy encouraged team to call clients and do personal appointment reminders. Missed Appointments now at an all time low (since beginning of measurement)!
- Next steps: Try this intervention for sites/departments with unusually high Missed Appointment rates.



# Missed Appointments

## Current Work: Dental



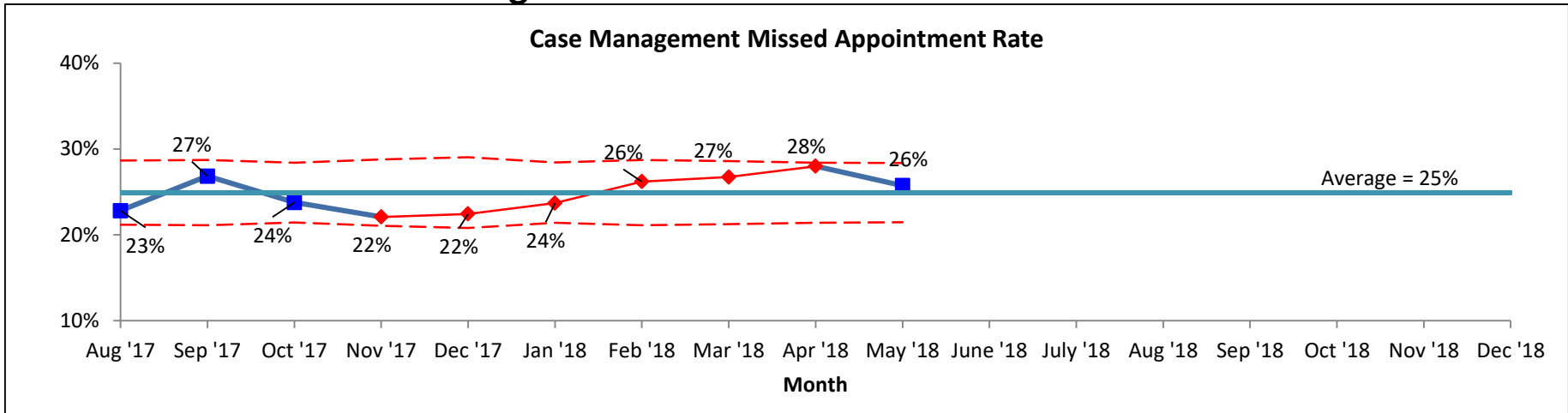
Identified Root Cause: Cannot do procedures if clients are more than 15 minutes late

PDSA: 6/20-6/29: Calling clients 1-2 days in advance asking them to come 15 minutes early

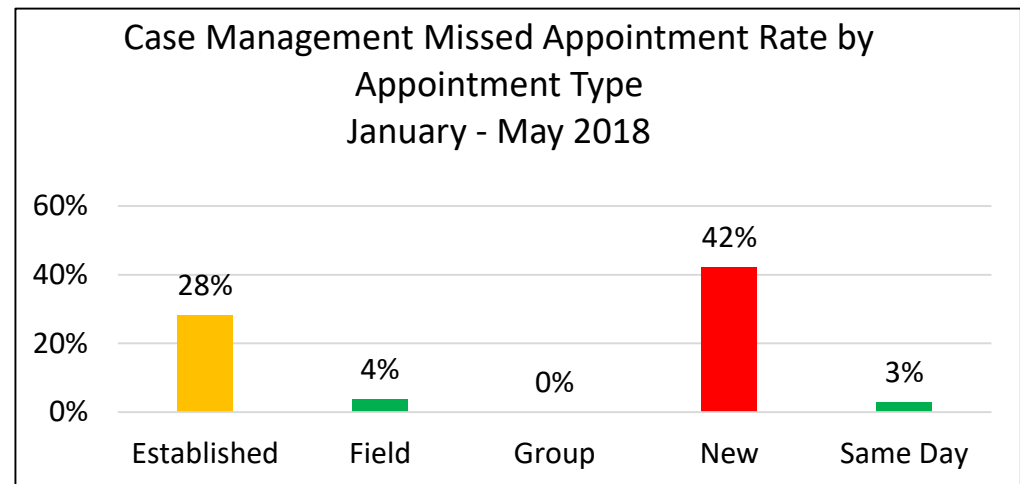


# Missed Appointments

## Current Work: Case Management



- Did a Root Cause Analysis on low utilization rates
- One driver is high NS rate for New Appointments, combined with length of New Appt visit (1 hour)
- PDSA beginning July 1: Changing New Appt visits to 30 minutes & trying to make them same day



# Standard Work

**What comes to mind when you hear the terms  
“Standard Work” or “standardization”?**



# Standard Work

## Workflow simulation:

- **Cross out #s 1-49 in order**
- **You have 30 seconds**



# Standard Work

## Quality Check:

- **Identify the 2 numbers that are missing (1-49)**
- **You have 30 seconds**



## Standard Work

**When can standard work be helpful at HCH?**  
**Are there times when this should not be used?**





# Next Month: July 18, 2018

## Prioritized Goals:

- Diabetes
- Cervical Cancer Screening
- Client Experience: After Hours Access

