

# PI Committee Meeting



March 28, 2018



# March 2018 PI Committee Agenda

## 1. PI Dashboard Review

## 2. Progress Updates & Discussion:

- Diabetes Control
- Cervical Cancer Screening
- Client Experience
- Flu Vaccine
- Bonus: Child Immunization

## 3. Discussion:

- Role of care teams in PI



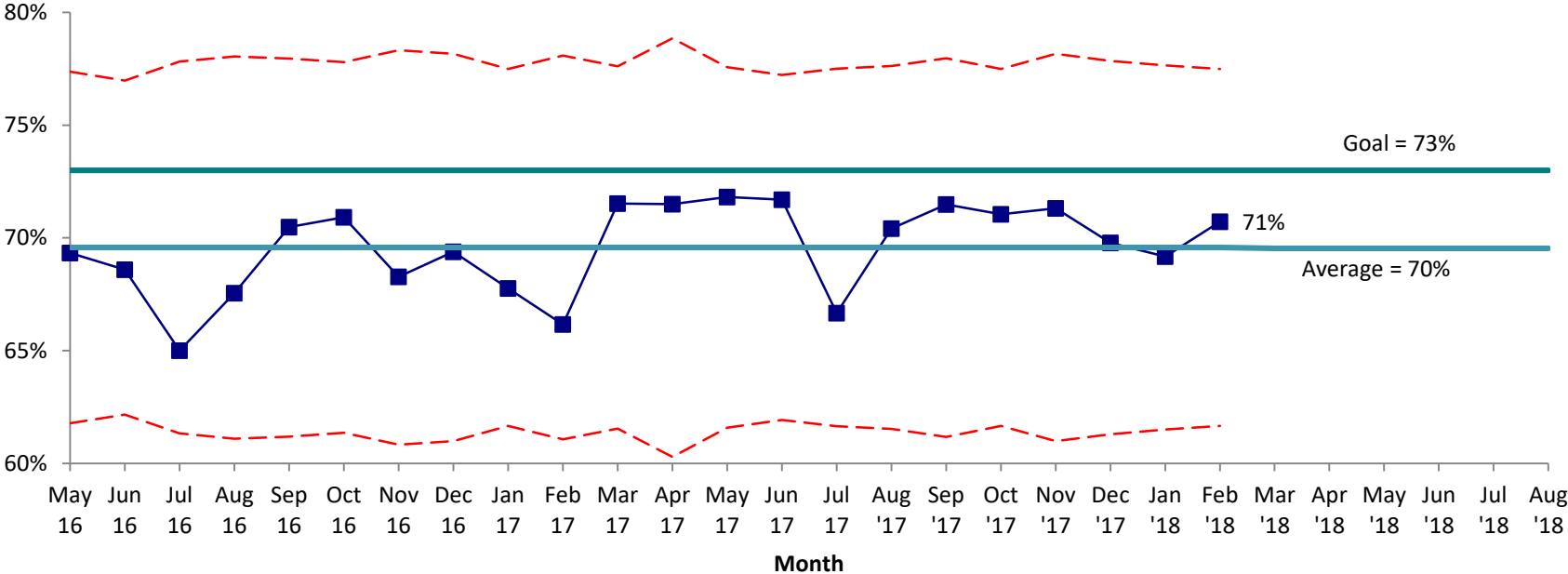
# Diabetes: A1c Control

**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

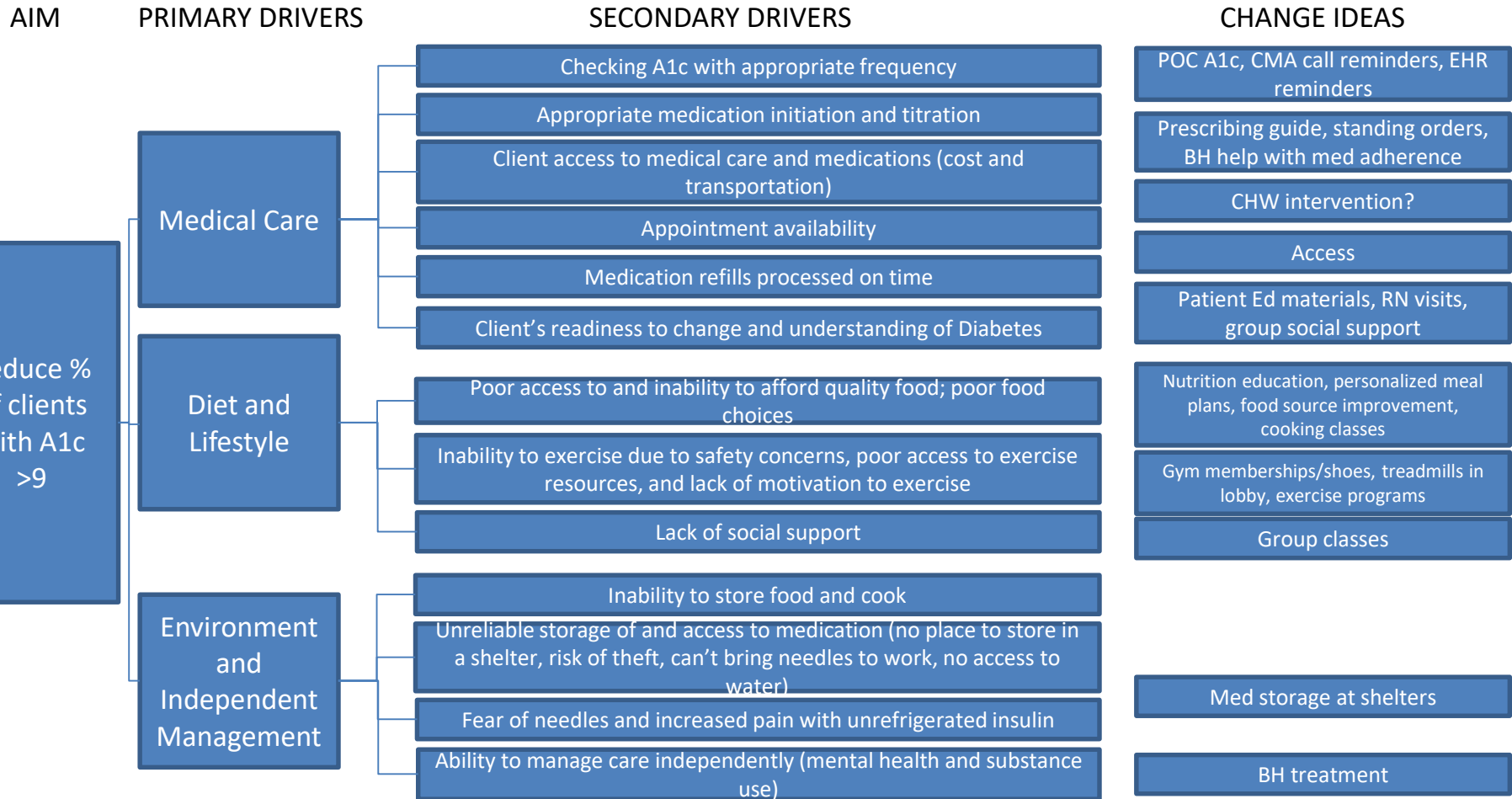
**Progress:**

HCH Diabetic Clients with A1c  $\leq$ 9.0% (Good Control)  
November 2016 - February 2018



# Diabetes: A1c Control

## Diabetes Driver Diagram



# 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

## **2017 Changes tested:**

- Adding POC Machines to clinic (~90% rate for A1c in past 12 months)
- Outreach calls to clients due for A1c
- Referrals to RNs for A1c over 9
- Medication Titration Standing Orders for RNs (Metformin, Basal Insulin)
- Prescribing Algorithm for providers

## **2018 Changes tested/in queue:**

- Added medications to family med list in EHR (for prescribing algorithm)
- Evaluation of standing order & algorithm effectiveness
- Reintroduced Diabetes ed/self-management booklets
- Hands-on nutrition education tools in clinic
- Meeting with shelters (Catholic Charities, Eastern Family Resource Center) re: food supply sources and nutritional value of offerings



# Diabetes A1c Control

## Lessons learned/Barriers:

- Difficult for medical teams to make time for meeting to spread change ideas
- Rolling out new tools/change initiatives takes multiple mechanisms (example, standing order and prescribing algorithm)
- Desire to standardize patient education materials – content and location
- Organizational knowledge can get lost in staff turnover – new hire onboarding important to sustain processes

## Question:

*How can we be more successful at operationalizing change initiatives here at HCH?*

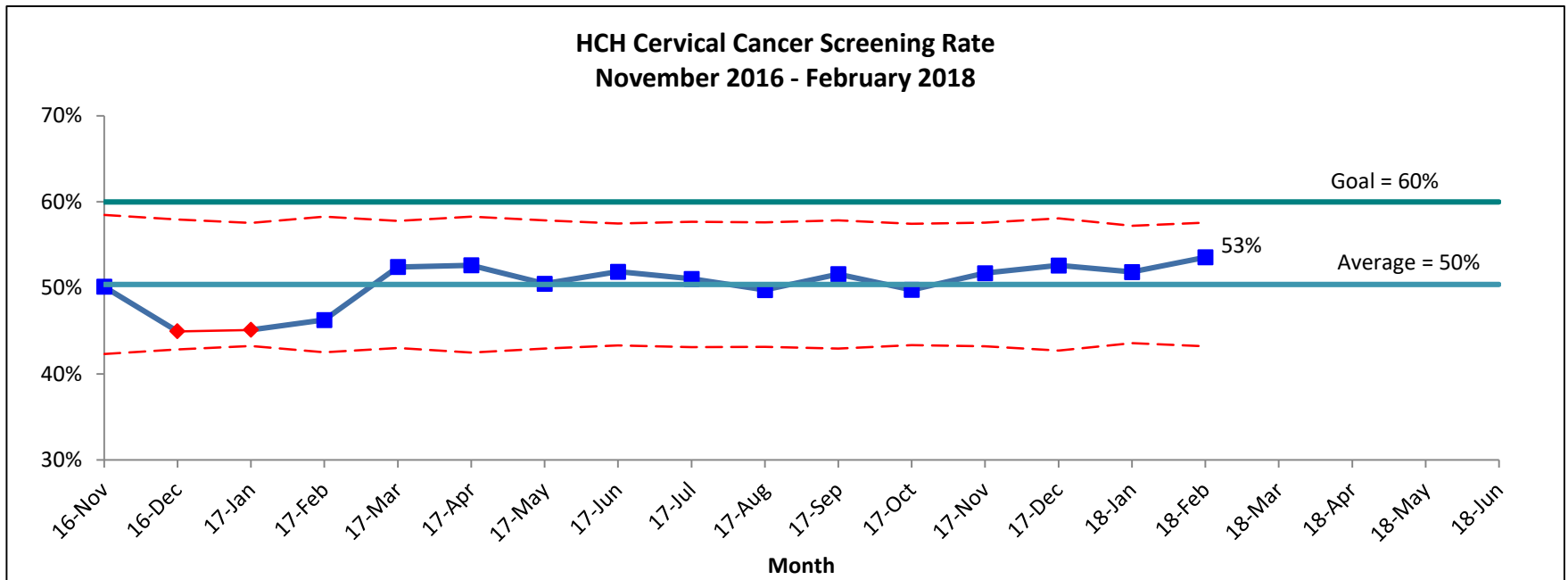


# Cervical Cancer Screening

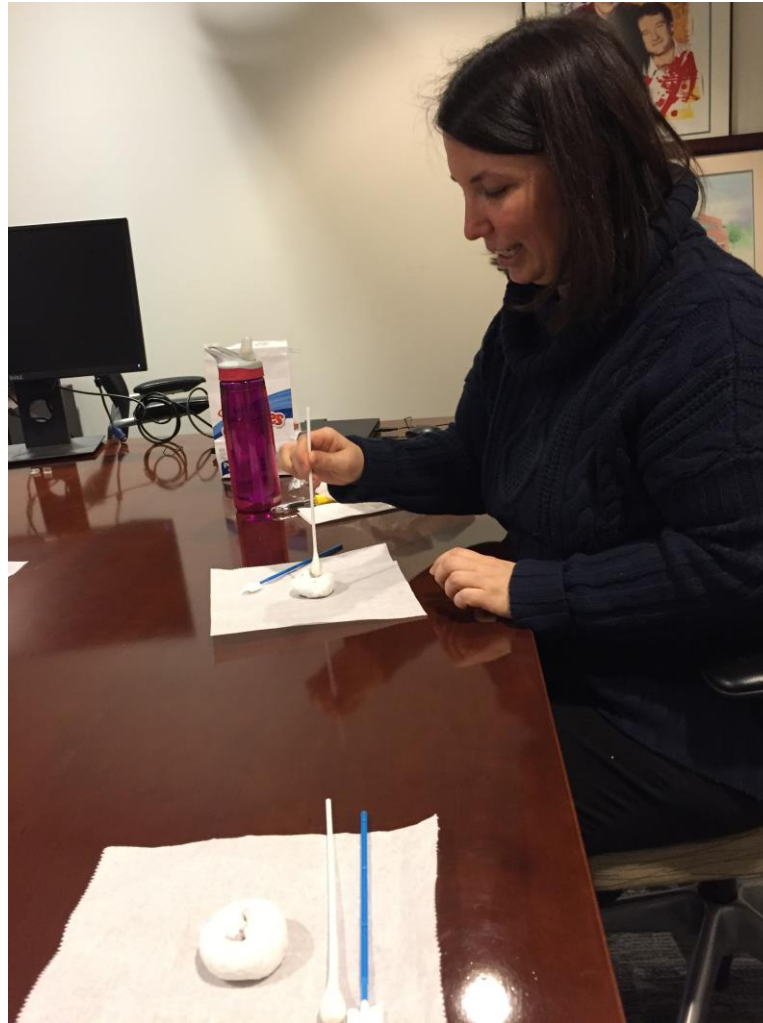
**Goal:** By December 2018, 60% of eligible medical clients will have an up-to-date cervical cancer screening.

**Team:** Amber Richert, Laura Garcia, Tracy Russell, Amelia Jackson, Cyndy Singletary

## Progress:



# Cervical Cancer Screening





## Cervical Cancer Driver Diagram

AIM	Primary Drivers	Secondary Drivers	Interventions
By December 2018, 60% of eligible medical clients will have an up to date cervical cancer screening	Not having accurate record in EHR	Test not appended	Train on appending to satisfy PHT /cqm
		Getting external records not part of workflow	Need agreement on where this lives within team-based care
		variable access & knowledge of external systems	Have provider meeting to gather resources and standardize access
		Pt does not know if Hys was total	Train providers on how to document TAH. Would need to get record.
	Patient Refusal	Does not think they are at risk/do not have enough information	Patient ed, esp for older women and non-sexually active
		Room too cold	disposable heat blankets for rooms 1& 2
		Fear of judgement for personal hygiene	Give wipes with gown or next day appointment, call client to prep
		Does not trust provider/no est. relationship	follow-up visit
		Does not matter to them (priorities)	follow-up visit
		Anxiety due to bad past experience	Explain recent changes (plastic speculum, no full exam)
		Anxiety due to Hx of trauma	-
	Provider does not do	Clients only come 1 time, not done at 1st visit	always schedule follow-up
		Client w unstable mental health	relationship building
		Competing priorities/not enough time	PHT tells provider early enough in visit. Pre-visit planning
		Client in altered state	schedule follow-up visit
		Not done at outreach sites - outside current scope of services (consenting not done)	(Katie & Nilesh working on)
		No quick way to identify need	PHT, Azara pre-visit planning. Huddles
		Various guidelines	Have organizationally approved guidelines, forum for discussing changes to clinical guidelines
		Resistance due to lack of follow-up system	(being addressed by Tonii & Adrienne)
		Room not set-up - will take too much time	Pap kits recently implemented at Baltimore County
Sees PCP elsewhere, overdue for pap		Just do it anyways	
Appointment Access	no quick f/u - 3rd next available	"Appointment for Pap" in checkout flag but not transferred to visit notes. Needs to be documented, will be seen if CMAs use centrlicity schedule.	

# Cervical Cancer Screening

## Lessons learned:

- Need for all-provider huddle for EHR documentation (Cerv, Colo, DM)
- Barriers differ across sites (ex. Pap kits, cold rooms)
- Role delegation of prevention vs follow-up

## Next Steps:

- Baltimore County PDSA: Calling in advance vs Same-day follow-up (Week of March 26)
- Address environmental factors (cold, hygiene)
- All-provider meeting for Preventive Health Tracker, EHR workflow, external sources of documentation (April)

## Questions:

- What is the HCH philosophy on preventive health screenings given the transient nature of our population (role of provider philosophy)?

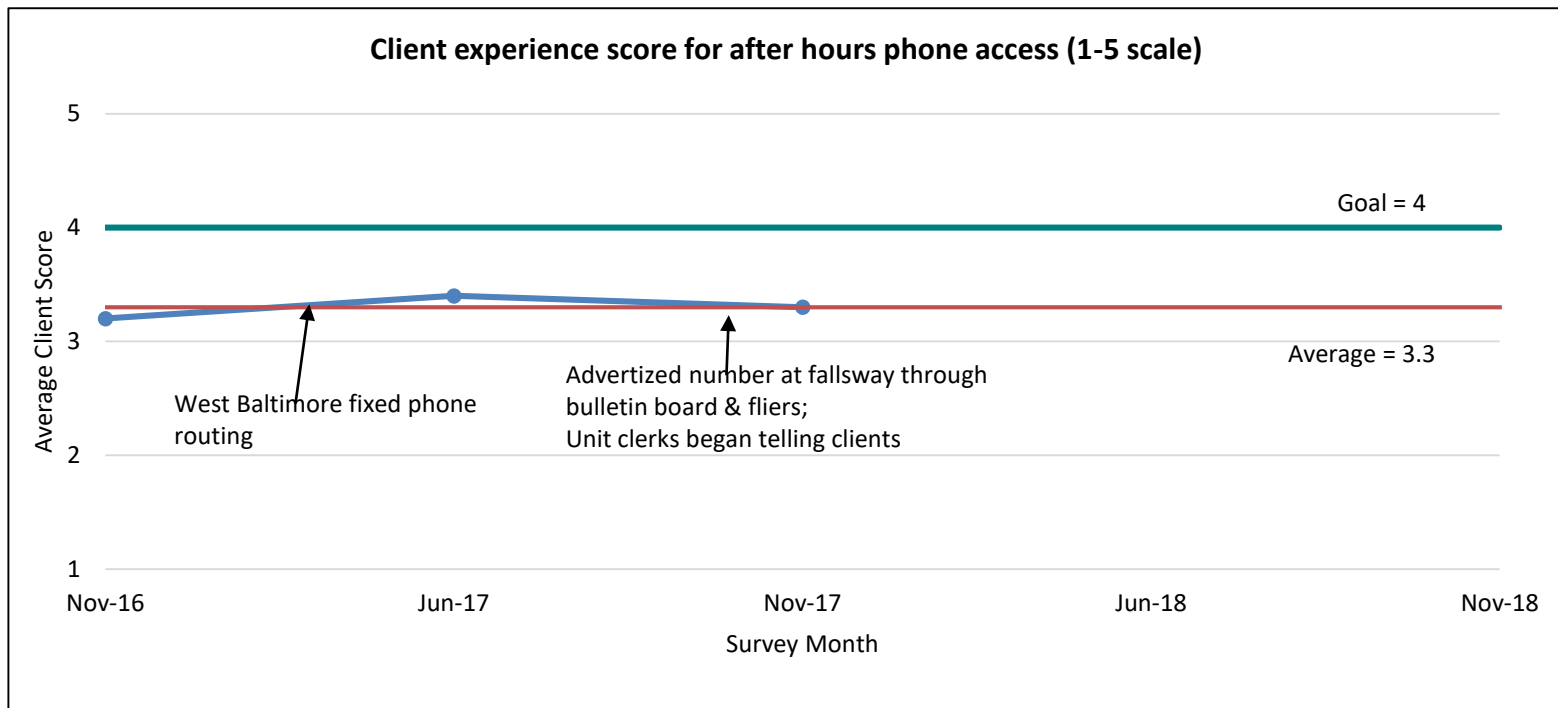


# Client Experience Survey

**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, Vanessa Borotz, Kate Leisner, Darrell Richardson, Adrienne Trustman

## Progress:



# Client Experience Survey

## Changes tested:

- After Hours number on the front of the appointment card

## Lessons learned:

- Driver diagram method may not work for a measure based on perception. Clients have much broader comments/interpretations of survey question. The group focusing on client perception of communication (ex. Communication about delayed opening for bad weather).

## Barriers:

- (see lessons learned)

## Questions

- How can we give clients more access for sharing both grievances and improvement ideas (Adding suggestion boxes, grievance hotline)?
- Thoughts on comment card (See next slide)

## Next Steps

- Increasing client feedback opportunities- suggestion boxes w formatted cards, grievance hotline, interactive white boards



# Client Experience Survey

## Client Service Comment Card

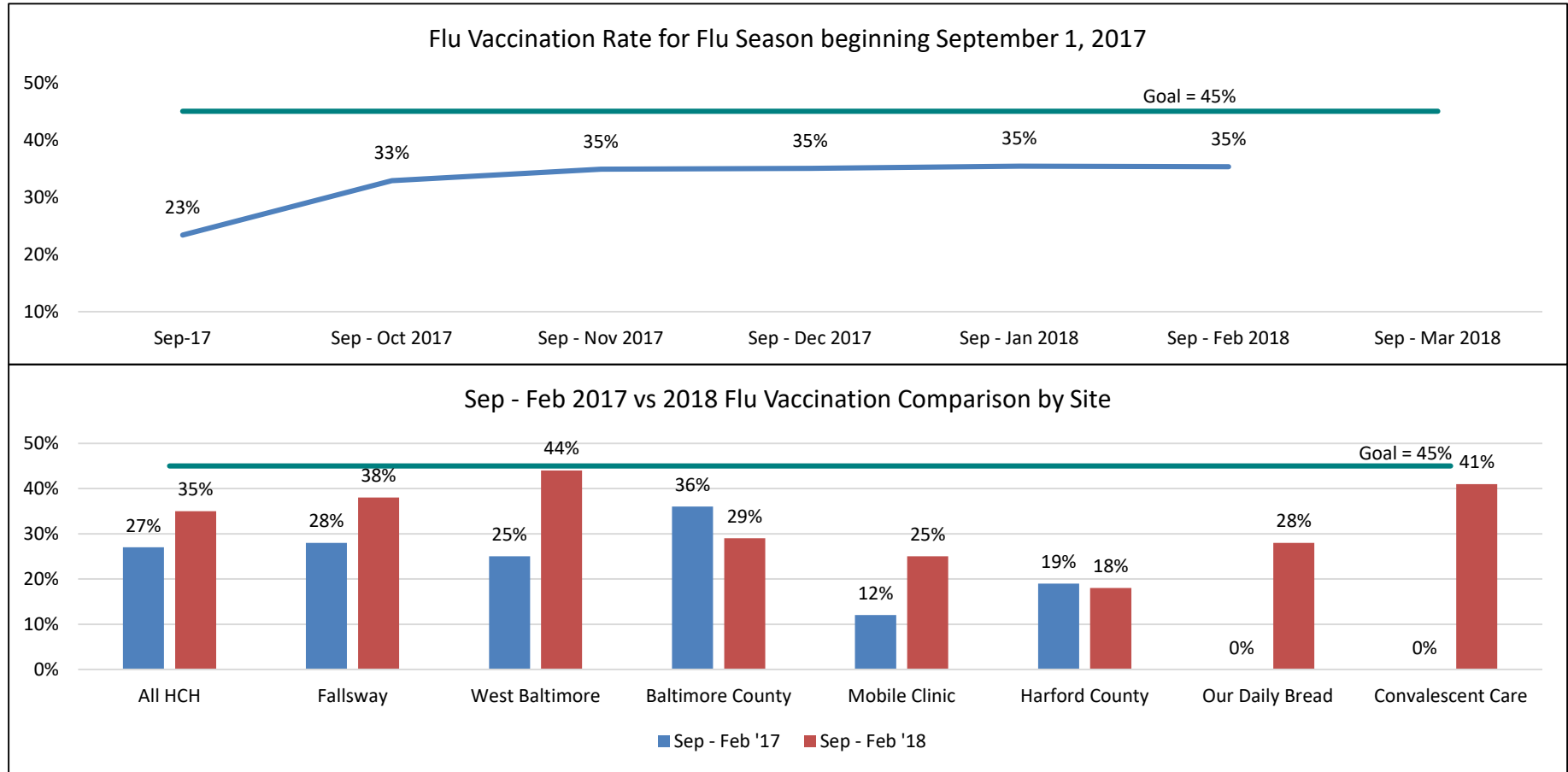
1. Please rate your overall experience with your visit today.	Excellent Good Satisfactory	Not very good Poor
2. How long did you have to wait?	0-15 min      30-45 min 15-30 min      more than 45 minutes	Explain:
3. Were you treated with care and respect?	Yes No	Explain:
4. Please rate the cleanliness of our wait room.	Excellent      Poor Good Satisfactory	Explain:
5. Please rate the cleanliness of our clinic rooms.	Excellent Good Satisfactory Poor	Explain:
6. Do you feel safe in our building?	Yes No	Explain:



# Flu Vaccination

**Goal:** By March 31, 2018, **45%** of eligible clients will have documentation of flu vaccine administration

## Progress:



# Flu Vaccination

## Changes tested:

- Training for Baltimore County on Immunet
- Pre-visit planning lists for Case Management

## Barriers:

- Documenting flu shot received elsewhere by non-medical teams
- Immunet training at West Baltimore



# Child Immunization Status: The Numbers

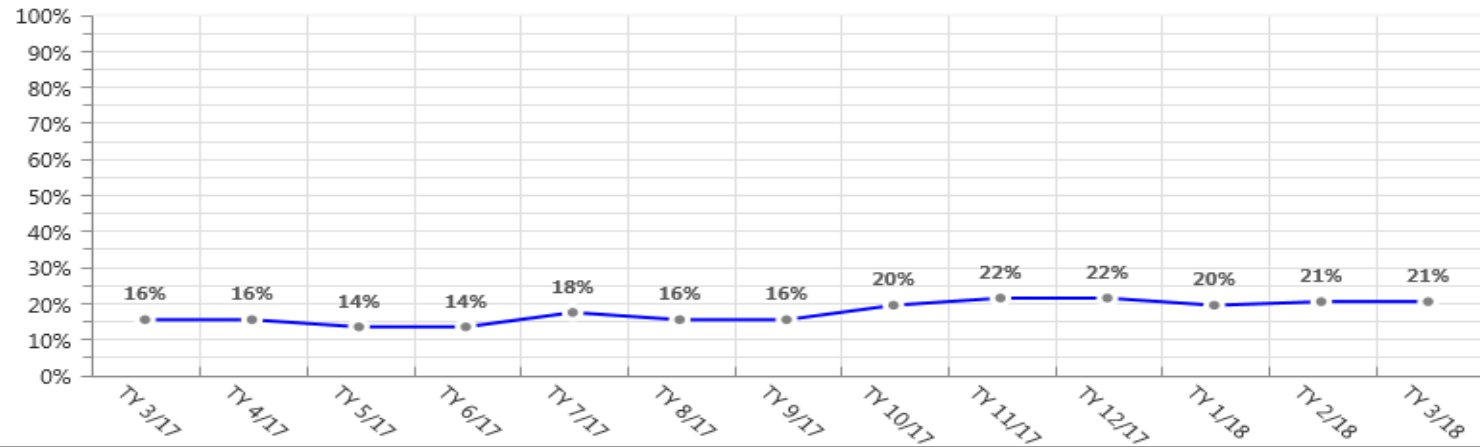
HCH 2016 Rate: 20%

HCH 2017 Rate: 22%

Maryland 2016 Average Rate: 41%

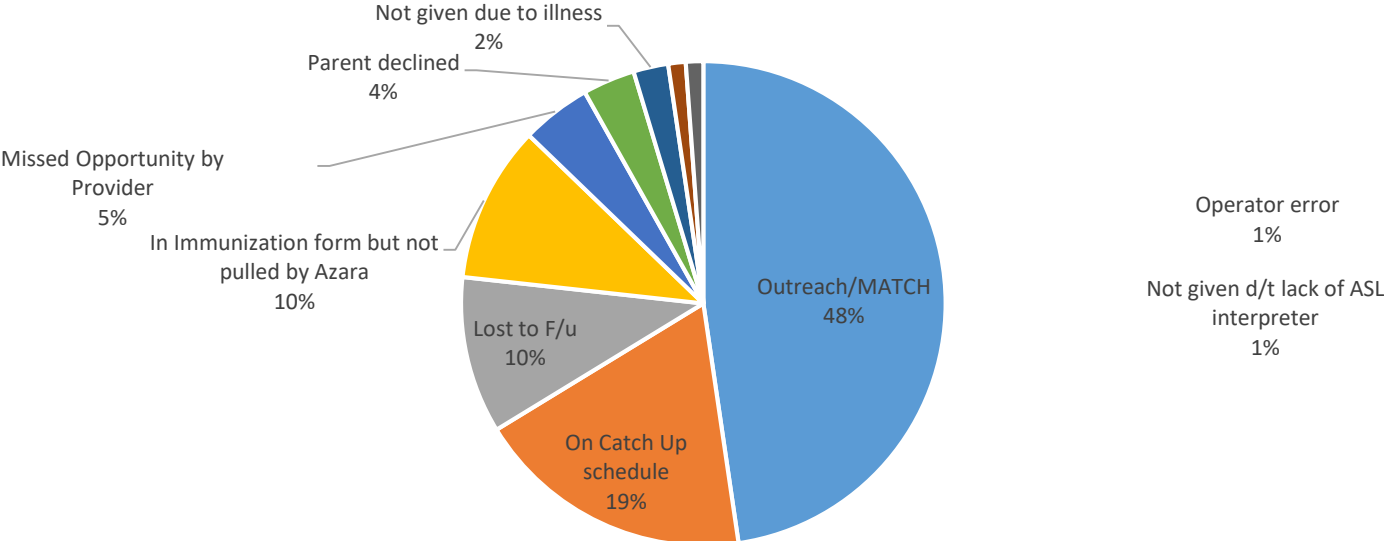
US 2016 Average Rate: 43%

HCH Trailing year 3/17 to 3/18





# Child Immunization Status: Root Cause Analysis



<b>Outreach/MATCH</b>	41	MATCH children do not get vaccines at time of visit, Children seen on outreach do not get vaccines
<b>On Catch Up schedule</b>	16	Almost half were lost to f/u-seen once or twice in clinic
<b>Lost to F/u</b>	9	Most if not all were on catch up schedule, they received what they could at time of initial visit
<b>In Immunization form but not pulled by Azara</b>	9	Already in Immunization form but not pulled by Azara
<b>Missed Opportunity by Provider</b>	4	Flu and DTap#4
<b>Parent declined</b>	3	NG (not given) on Imm. Form
<b>Not given due to illness</b>	2	
<b>Operator error</b>	1	Immunization given but not entered into chart
<b>Not given d/t lack of ASL interpreter</b>	1	



# PI & The Care Team Model

**Discussion Question: How can we involve the care teams with PI work?**



# Next Month: April 18, 2018

## Prioritized Goals:

- Behavioral Health: Coping & Anxiety
- Colorectal Cancer Screening
- Missed Appointments
- Flu Vaccine

