

Performance Improvement Committee

March 20, 2019



March Agenda

PI Dashboard

Project Updates:

- Incident Reporting
- Blood Pressure control in HTN clients
- Pediatric Dental Varnish

Discussion:

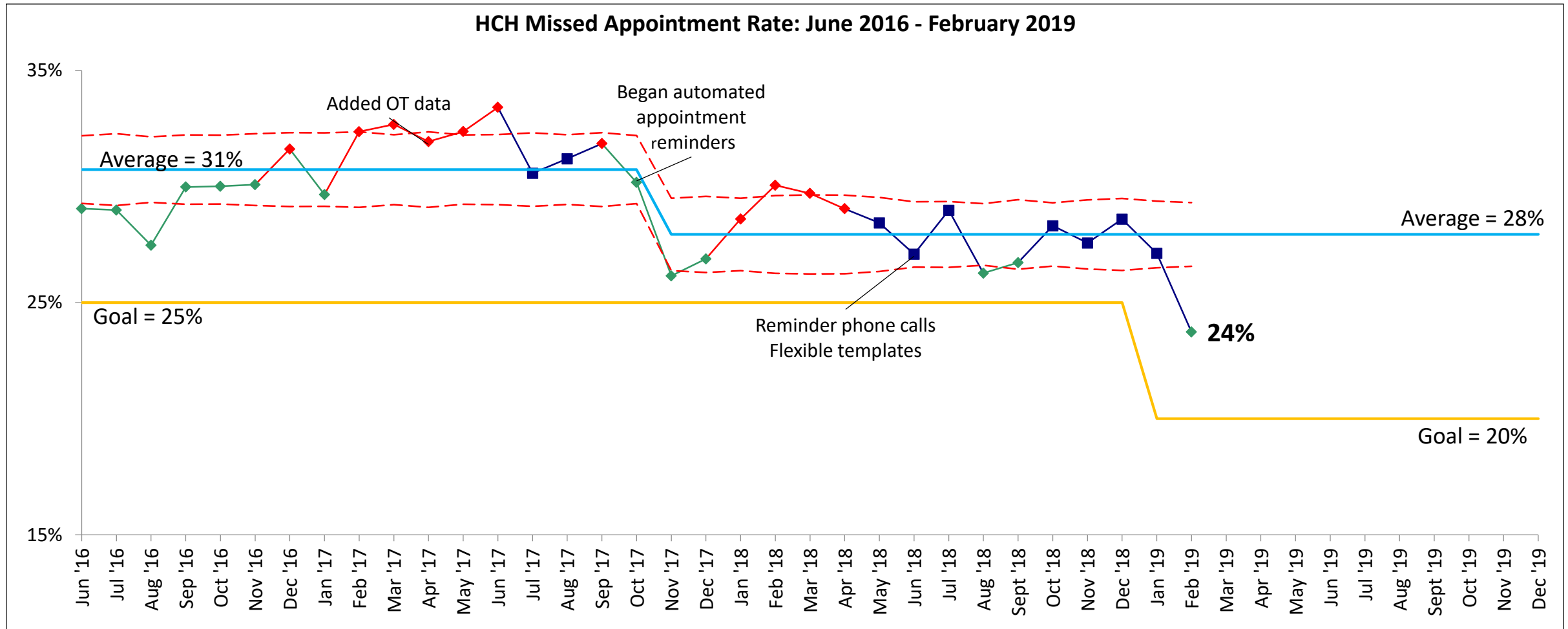
- Innovation Challenge
- Professional Development Opportunities

“Bonus” PI Project:

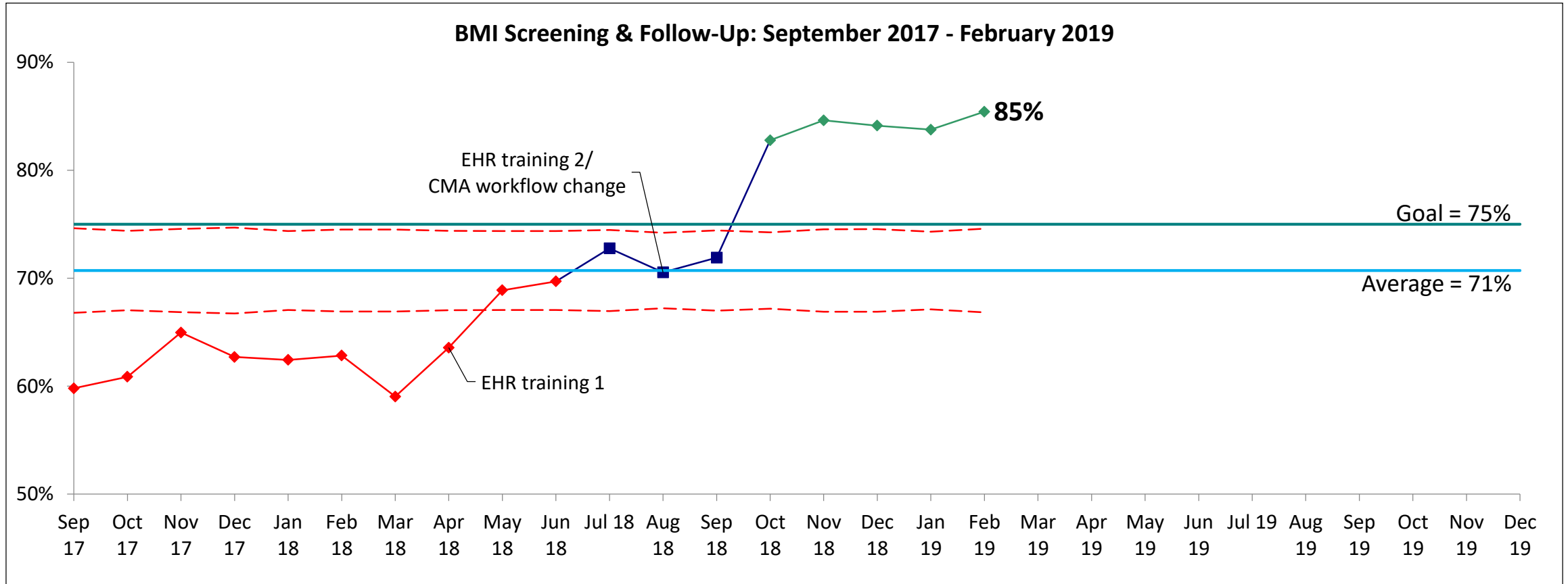
- CCP Falls Safety



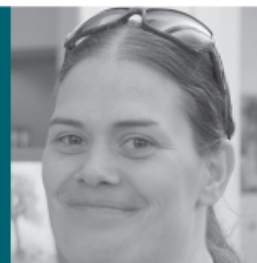
PI Dashboard: Missed Appointments



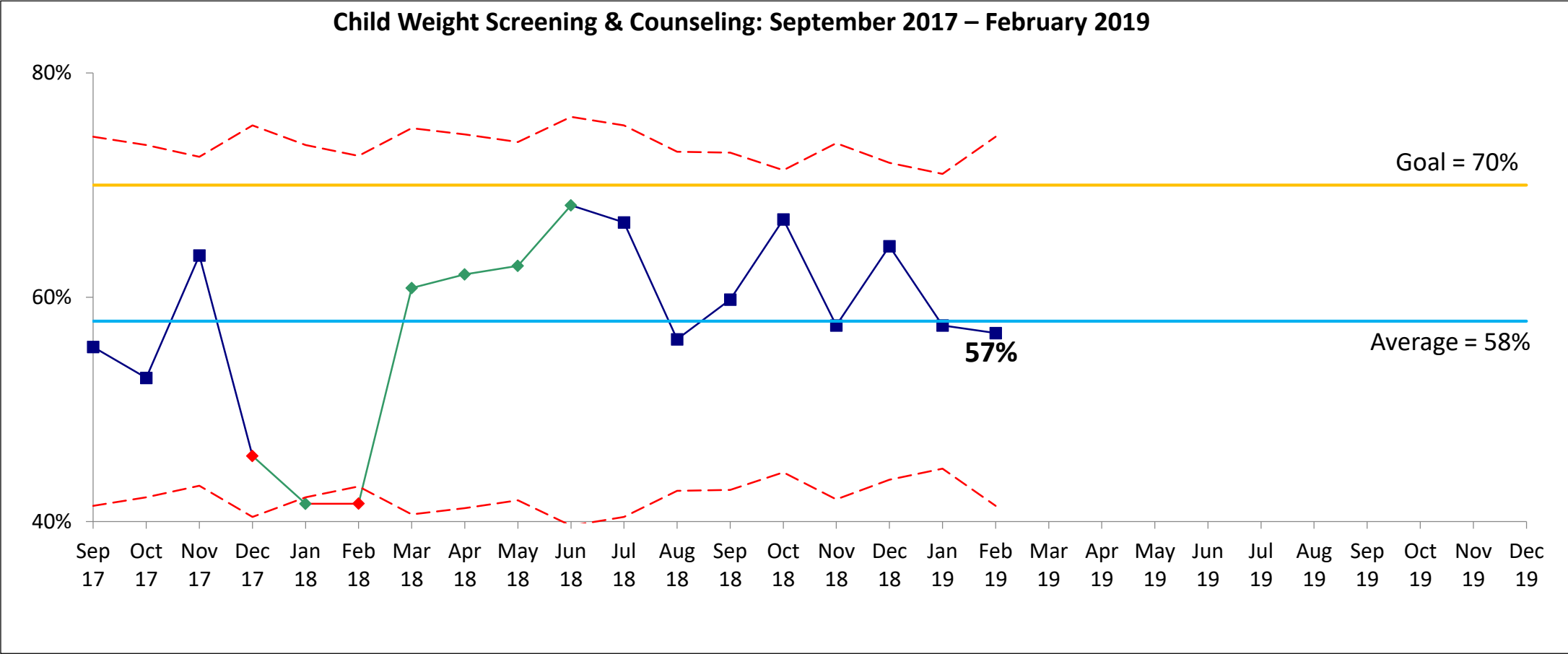
PI Dashboard: Adult Weight Screening & Follow-up



Trailing year: 77%



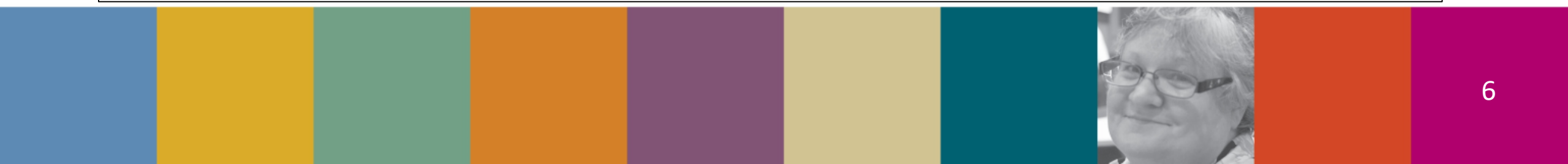
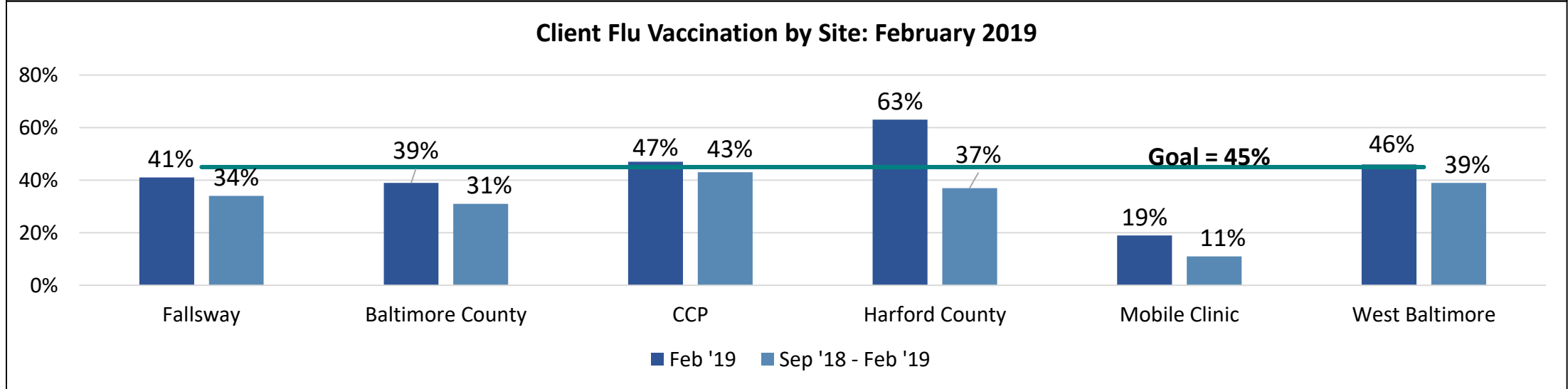
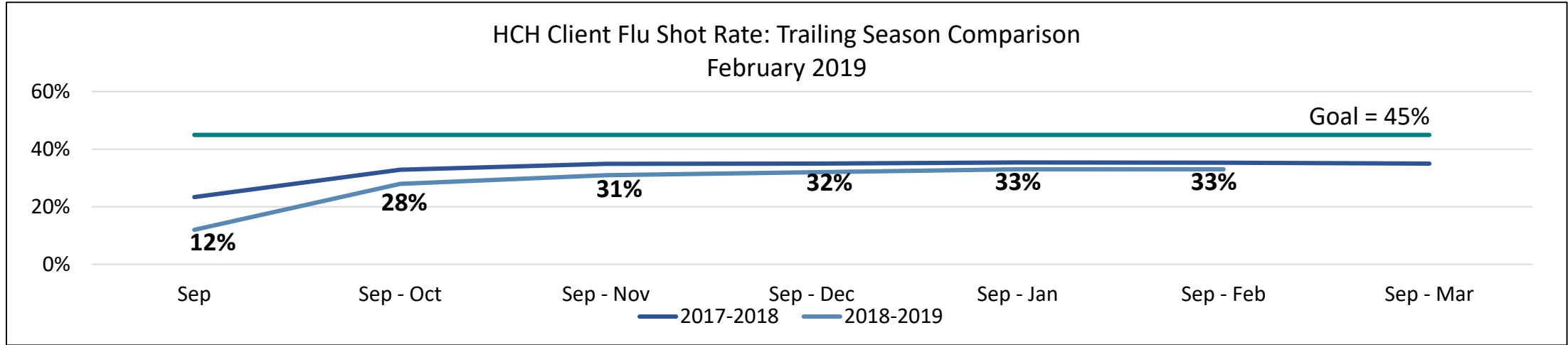
PI Dashboard: Child Weight Screening & Counseling



Trailing year: 54%



PI Dashboard: Flu Immunization



Incident Reporting PI Measure: Overview

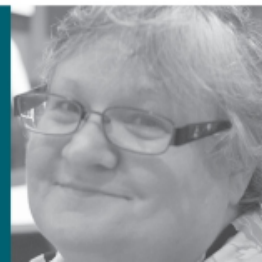
- Measure and background
- Trailing year and current data
- Root Cause Analysis (RCA) efforts and first-glance
- Brainstorm



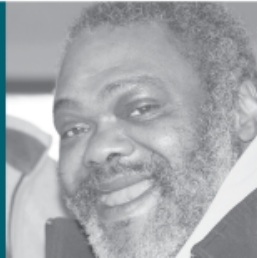
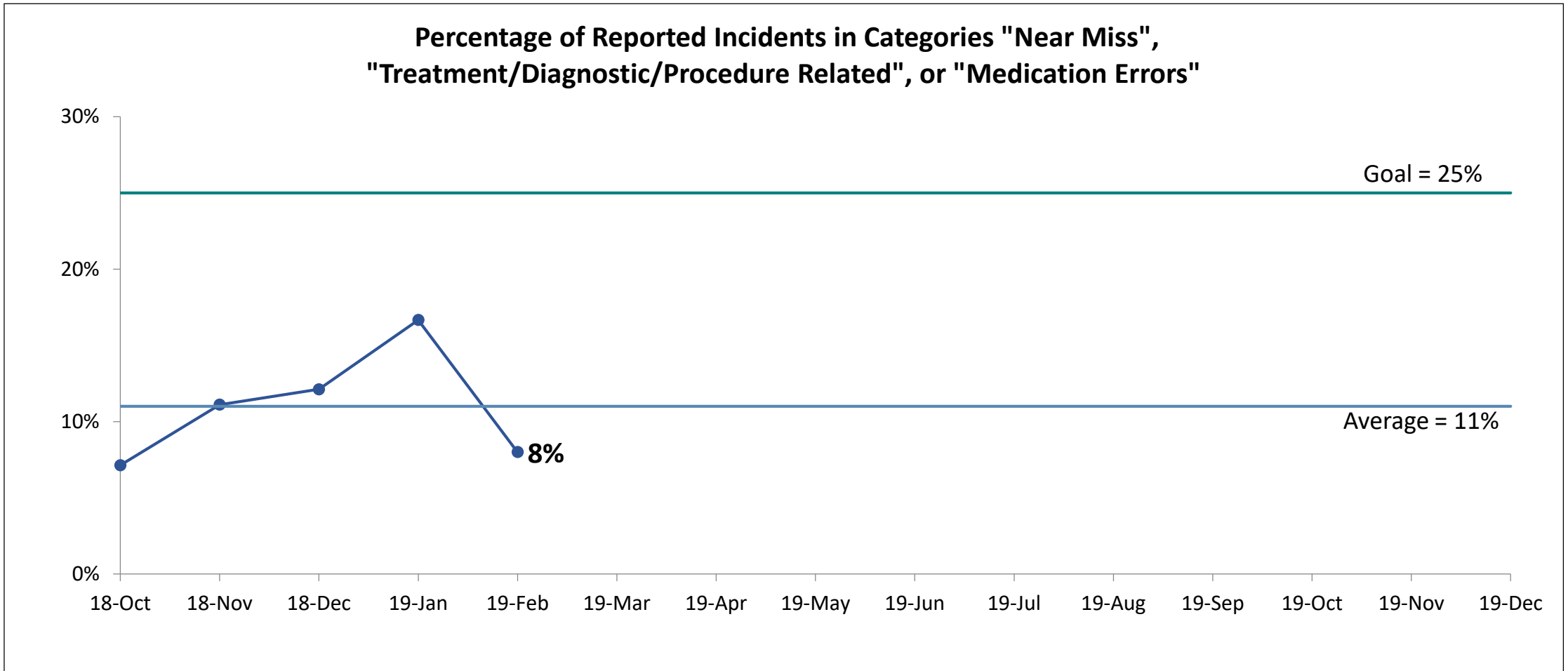
Measure

Incident Reporting: By December 2019, the proportion of incident reports in the following categories: near misses, treatment/diagnostic/procedure related, or medication errors will increase to 25% of all reported incidents.

(Baseline: 17%)



Current Status



Why we prioritized – movement towards a culture of safety

A culture of safety:

- acknowledges the high-risk nature of an organization's activities and the determination to achieve consistently safe operations
- operates in a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment
- encourages collaboration across ranks and disciplines to seek solutions to patient safety problems
- demonstrates an organizational commitment of resources to address safety concerns



Why we prioritized this measure (cont.)

- Reporting helps to prevent future incidents and improve performance
- Want to identify systems that could lead to harm, either potential (something that could happen) or actual harm
- Has a positive effect on safety and can increase awareness of potential risks ¹
- Ensure systems are informed by those doing the work
- Our current report in these areas is low for a health center

1. Anderson, J., Kodate, N., Walters, R., and Dodds, A. (2013) Can incident reporting improve safety? Healthcare practitioners' views of the effectiveness of incident reporting. *International Journal for Quality in Health Care* 2013; Volume 25, Number 2: pp. 141–150.

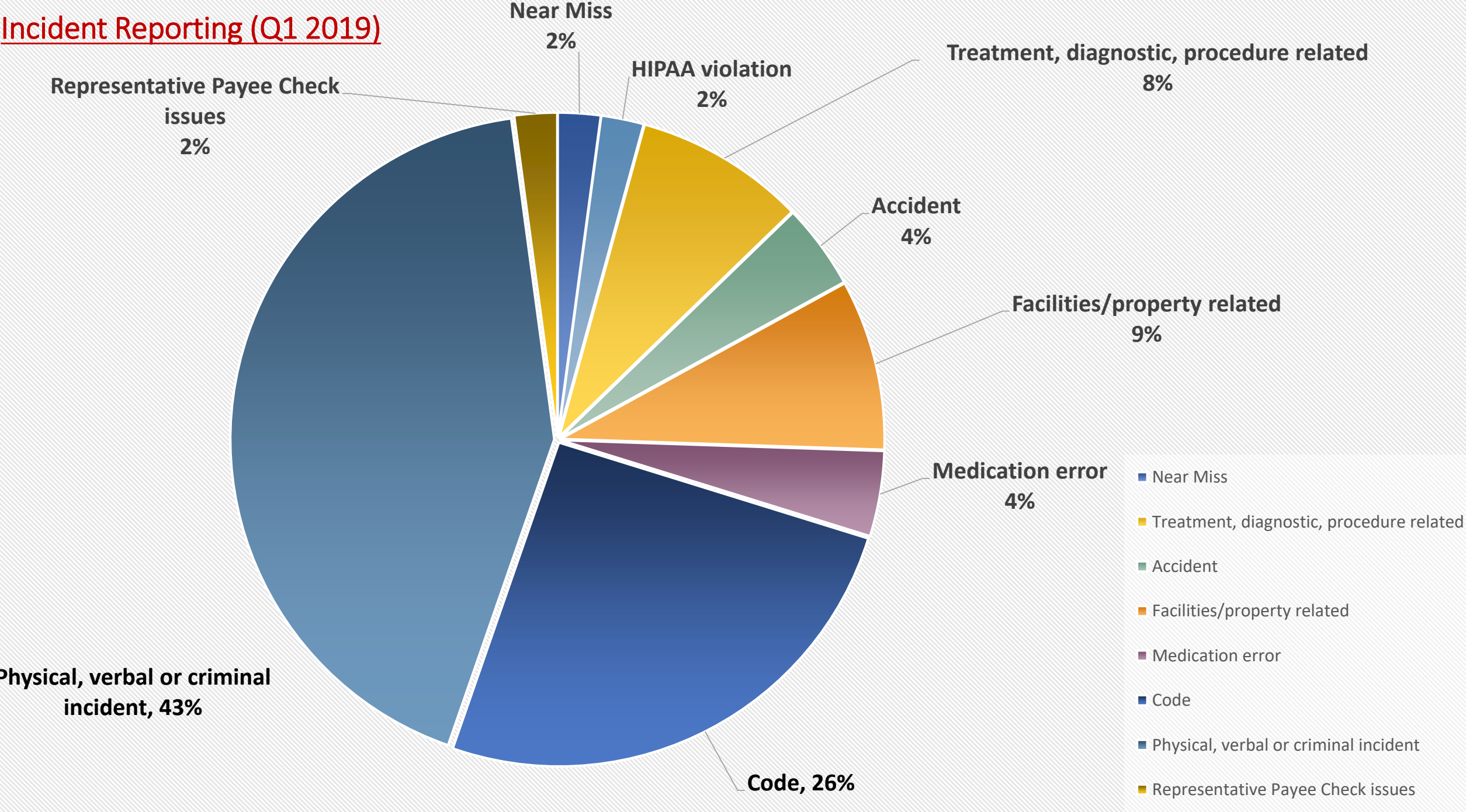


Trailing Year Data (March 2018-March 2019)

Type of Incident	Number	Percentage
Physical, Verbal, or Criminal Incident	123	36%
Code	77	23%
Treatment/Diagnostic/Procedure Related	33	10%
Facilities/Property Related	27	8%
Accident	25	7%
Other	25	7%
Medication Error	13	4%
HIPAA Violation	5	2%
Near Miss	6	2%
Representative Payee Check Issues	4	1%



Incident Reporting (Q1 2019)



Barriers to reporting

Top 5 self-perceived barriers to incident reporting for doctors

- 1 No feedback on incident follow-up (57.7%)
- 2 Form too long; lack of time (54.2%)
- 3 Incident seemed "trivial" (51.2%)
- 4 Ward was busy, forgot to report (47.3%)
- 5 Not sure who is responsible to make report (37.9%)

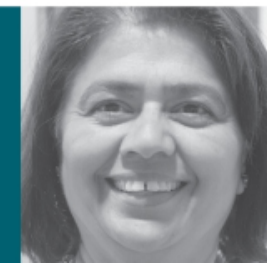
Source: Evans SM, Berry JG, Smith BJ, et al. Attitudes and barriers to incident reporting: a collaborative hospital study. *Qual Saf Health Care*. 2006;15:39-43. [[go to PubMed](#)]



Root Cause Analysis – Preliminary Results

Top 5 perceived barriers to incident reporting at HCH

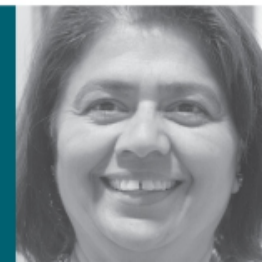
1. The incident gets addressed without reporting it. The **value/purpose of reporting is not understood** (not enough discussion about what follow-up is being done to help people understand why the reporting part matters)
2. Lack of **time** to fill out the report – competing priorities; feeling like your workload is too massive
3. Didn't identify the event as an incident. **Errors are normalized** because they happen so often. Lack of understanding/training about what *is* an incident and should be reported
4. Witnessed **poor follow-up** to a reported incident, which supports fears about reporting
5. Lack of **knowledge about the follow-up process** makes it uncertain whether the reporting is confidential or will have negative ramifications
6. Feeling like you will **get someone else “in trouble”**



Root Cause Analysis – Preliminary Results

Other barriers/themes

- Follow-up process takes too long and/or deemed insufficient
- People don't know what to write in a report
- Not knowing if it's your responsibility if you weren't directly involved
- Fear of repercussions
- Not familiar with how to use GRC
- Not enough communication and access to the reporting information
- The categories a person has to choose can be confusing



What barriers and challenges have you encountered and/or can you imagine to incident reporting?



Next Steps

- Subcommittee formed and will start meeting on March 28th:
 - Stephanie Donelan (CCP Nurse)
 - Amelia Jackson (Balt County Medical Provider)
 - Makeda Johnson (West Baltimore Clinic Manager)
- Subcommittee will take root causes and begin to develop and prioritize change ideas



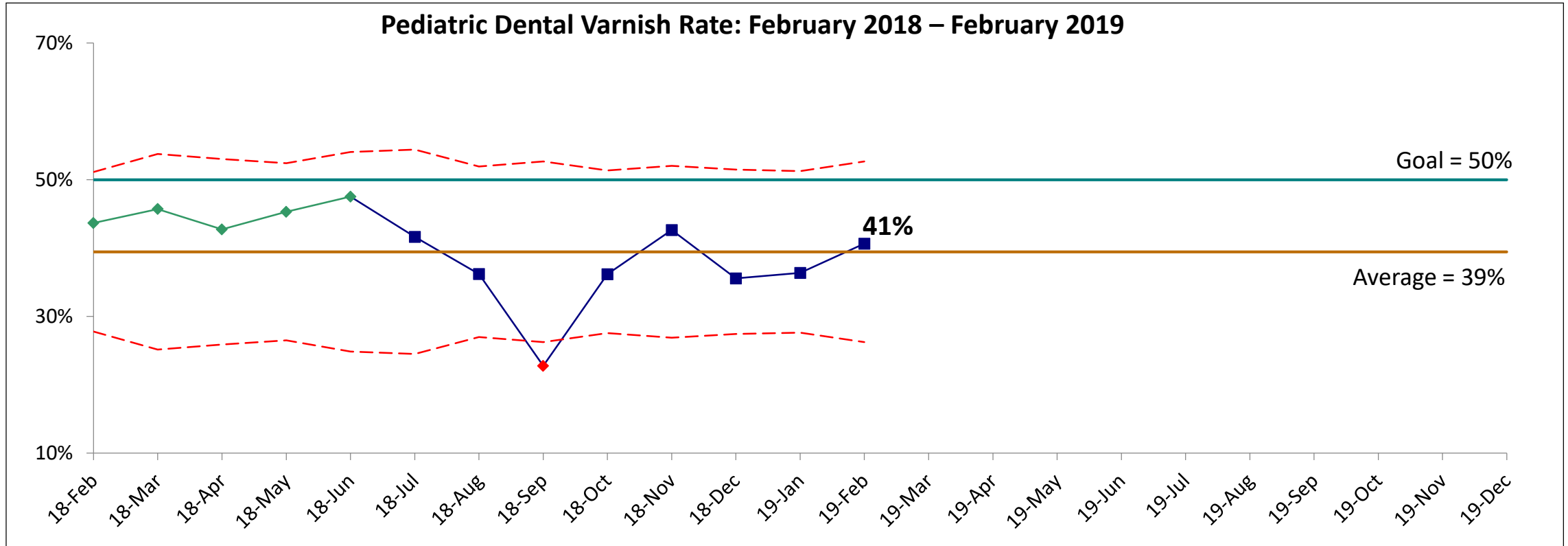
Pediatric Dental Fluoride Varnish: Background

- Disease Burden: Dental caries (tooth decay) is the most common chronic condition in school-aged children.
- Fluoride helps protect against tooth decay by strengthening enamel (evidence-based guidelines).
- Our clients have an increased risk of cavities.
- Fluoride varnish application is an easy way to help protect teeth.
- Impact! A large number of our clients are eligible for this intervention!

Performance Improvement Goal: Ensure that 50% of children seen at HCH have had a dental varnish in the past 12 months (by December 31, 2019).



Pediatric Dental Varnish: Current Performance

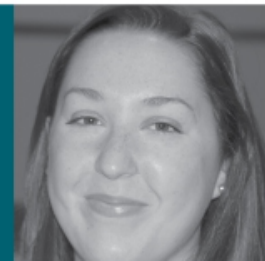


Trailing year: 30%



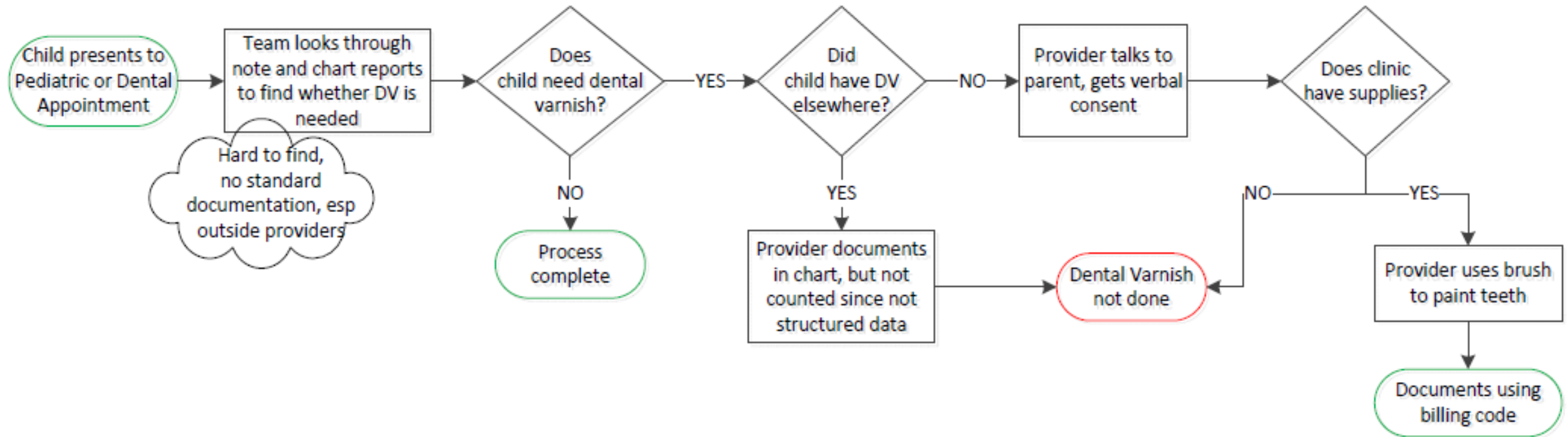
Pediatric Dental Varnish: Progress

- Subcommittee includes the Pediatric care team and representatives from dental.
- Since Fallsway sees a large majority of children seen at HCH, our work will begin there and then expand to the community sites.
- The group did a root cause exercise and process map to analyze barriers to ensuring clients receive dental varnish if needed, and has identified and prioritized change ideas to try.



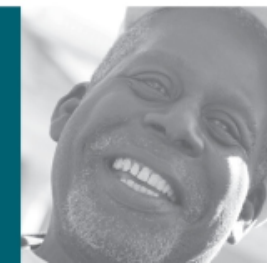
Pediatric Dental Varnish: Process Map

Pediatric Dental Varnish: Current State

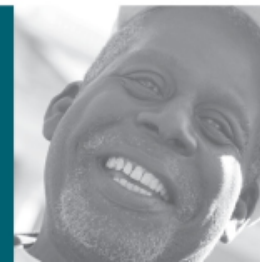
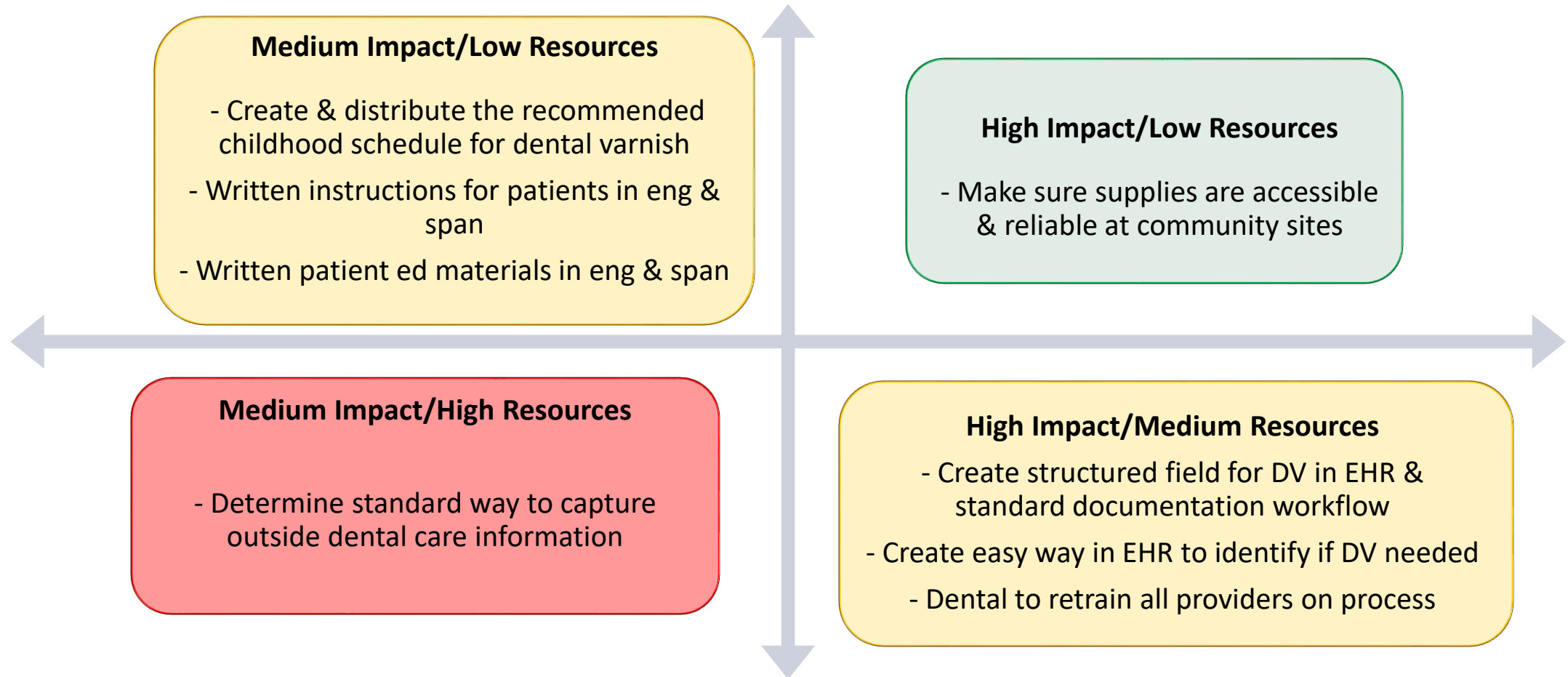


Pediatric Dental Varnish: Driver Diagram

AIM	Primary Drivers	Secondary Drivers
<p>By December 2019, 50% of children seen, age 9 months - 21 years, will have a dental varnish in the past 12 months</p>	<p>No standard way in EHR to identify if client needs a dental varnish</p>	No structured data field for DV, entered as a billing code for reporting purposes
		No easy way to identify if DV is due (in real time)
		No structured way to capture if done by outside provider
		No easy way to tell if HCH dental completed DV
		Public schools do not have a standard or concrete schedule for DV
		Flowchart connected to Obs term, but age range different than guideline
		Unclear when DVs are needed for different ages
		Unclear rules around patient self-report
	<p>Provider does not do/variable processes</p>	Providers not all trained together on patient instructions, confer different information to patients
		Supplies not on van, at Baltimore County
		Not done on outreach, not part of standard visit because provider is working alone
		Competing acute priorities, run out of time
	<p>Patient Barriers</p>	Language barrier
		Higher risk clients, cannot always follow guidelines
		Parents/kids unfamiliar with need for dental varnish
		Patient doesn't know if varnish done elsewhere



Pediatric Dental Varnish: Prioritizing Change Ideas



Pediatric Dental Varnish: Next Steps

Change Idea	Action Needed	Due	Assigned to:
Structured data for PDV need identification	- Investigate options and provide recommendations	3/5	Wynona
Ensure supplies are available and accessible at community sites	- Visit West Baltimore, Baltimore County, and the Mobile van and find out the following: 1. Are there (non-expired) dental varnish supplies there? 2. Are they in the exam rooms? 3. Who is responsible for re-ordering and what is their process?	3/21	Parita & Suzanne
Create a schedule of dental varnish schedule for all staff	- Create schedule (to coincide with well child visits?) - Make plan for distributing to all pediatric providers across location	3/21	Iris
Create written care instructions for patients in english and spanish	- Find or create instructions for clients in English and Spanish* *If spanish template not available, Jen will work with Communication Team on translation	3/21	Iris & Parita
Create Patient Education handouts in English and spanish	- Find or create educational info for clients in English and Spanish* - *If spanish template not available, Jen will work with Communication Team on translation	3/21	Iris & Parita
Dental dept to conduct re-training for all pediatric providers	- Develop curriculum - How will we measure if this is successful? PI to develop PDSA form with team - Plan training time/date - Conduct for providers at all sites	TBD	Parita & Monica

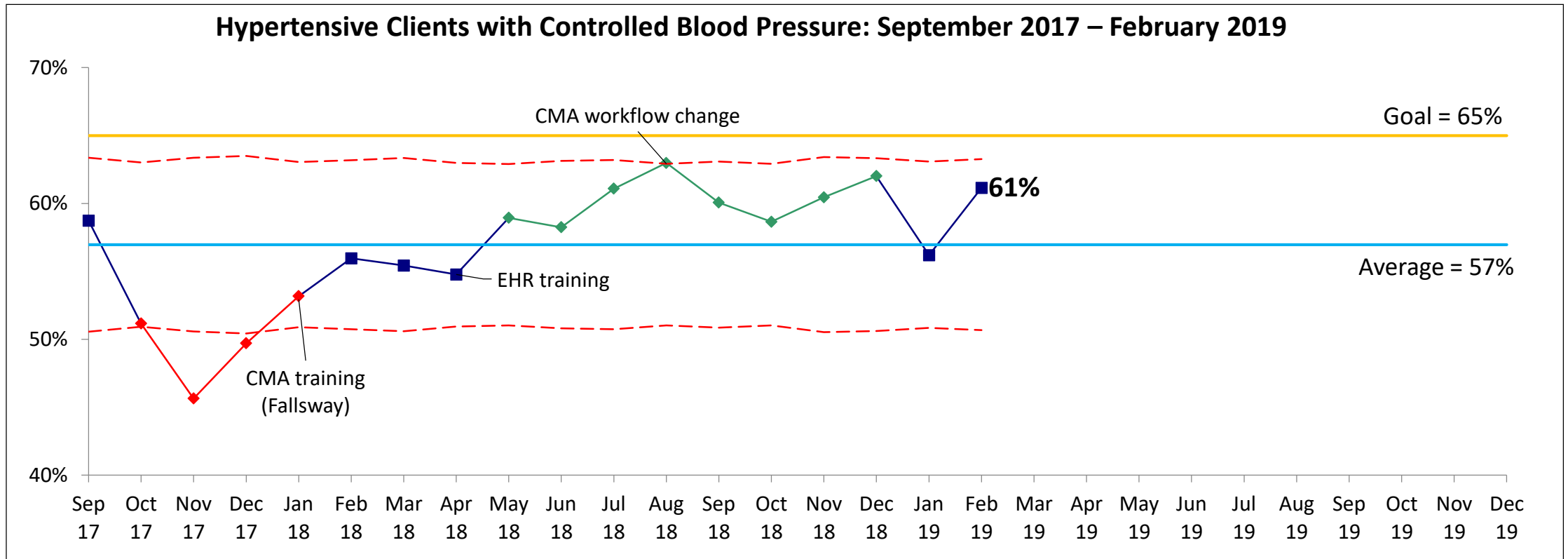
Pediatric Dental Varnish: Challenges

Challenges:

- Clinical guidelines are designed for a population that keeps up with well-child visits- difficulty in maintaining (proactive) preventive care schedule
- Competing priorities (for both staff and clients) make it difficult to stay on top of everything that is covered in the well-child visits.
- Lack of standardized FV documentation on both Centricity & Visdental



Project Update: Blood Pressure Control in Clients with Hypertension



Trailing year: 58%



BP Control in Clients with Hypertension: Background

- **Hypertension is common:**
 - HCH saw 2,175 clients with a diagnosis of hypertension in 2018
 - In 2017, the percentage of clients with this diagnosis was 36%
- **Hypertension is the most common cause of heart disease, kidney disease, and stroke**
- **Treatment for hypertension works**
 - A 10-12 mmHg reduction in SBP and 5-6 mmHg reduction in DBP produce a 38% reduction in stroke risk and a 16% reduction in coronary disease

BP Control in Clients with Hypertension: Current Work

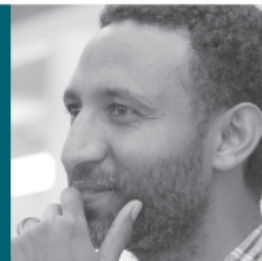
- Subcommittee Members:
 - Adrienne Trustman (VP of Medicine)
 - Elizabeth Zurek (Adult Med Nurse)
 - Shanai Ebron (CCP Nurse)
 - Sam Jones (CMA)
 - Catherine Fowler (Pop Health Nurse)
- Have begun analyzing the opportunities for improvement

BP Control in Clients with Hypertension: (Preliminary) Driver Diagram

AIM	Primary Drivers	Secondary Drivers
By December 2019, 65% of clients with HTN will have a controlled BP at their most recent visit	Lifestyle	Stress
		Uncontrolled pain
		Poor physical fitness/client exerted themselves to get to appointment
		High salt diet/can't control salt content in diet
		Alcohol use
		Drug use
		Smoking (w/in 30 min of appointment)
	Access/Clinic Procedures	Current medication regimen insufficient
		Missed appointments for follow-up visits
		Medical clinic access/scheduling
		No standard treatment/management pathway
		Inaccurate BP technique
	EHR documentation	Inconsistencies with serial BP documentation
	Medication Adherence	Side effects are unwanted
		Health literacy issues
		Medications not adequately explained
		Can't get medications from pharmacy
		Meds are lost or stolen
Don't remember to take meds		
Fear/scared		
Appointments and refill schedule don't align		

BP Control in Clients with Hypertension: Next Steps

- Continue Barrier Analysis – including client voice
- Brainstorm change ideas to address root causes; prioritize by impact and feasibility
- Begin testing change ideas!



Discussion: Innovation Challenge

Purpose: To engage staff in creative thinking to bring valuable ideas to life, and help build a culture of daily problem solving and staff empowerment.

- Provide a mechanism for staff voice
- Research shows innovation challenges can lead to:
 - More ideas/solutions
 - More diverse ideas/solutions
 - Better ideas/solutions
 - More engaged & empowered employees

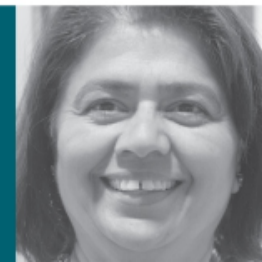
Discussion: Innovation Challenge

- What are your thoughts on staff perception of the innovation challenge?
- Are there changes we can make this year to make it more effective?
- What suggestions or concerns do you have?

Bonus PI!

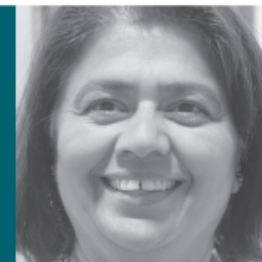
Falls Reduction at Convalescent Care

- Between February- August 2018, 8 client falls were recorded.
- Goal was to decrease the number of falls by 50% in following 6 months.



Falls Reduction at CCP: Root Cause Analysis

- 4 out of 8 falls were in the bathroom. Other falls were due to improper use of a wheelchair, intoxication, low blood pressure, or were unexplained.
- Bathrooms are supposed to be wheelchair accessible but are poorly designed. Only one can accommodate a larger wheelchair, but that bathroom doesn't have an accessible shower. Grab bars are not in helpful places. There is no slip grip on the floors. Ramps to the shower are not set up in a way that is helpful.
- Wheelchairs – some clients come into the program with unsafe wheelchairs, others don't know how to use them properly, and others have extremity weakness that makes it difficult for them to transfer without proper instruction



Falls Reduction at CCP: Changes Made

Bathrooms

- OT ordered **slip socks** for showers in stock in multiple sizes. Nurses distribute to anyone with mobility impairments
- OT installed **toilet seat with grab bars** in 2 bathrooms (toilet seats are not permanently affixed). Tried two different versions of toilet seat to give clients an option.
- OT purchased a **shower bench** (different from the shower chair we have now), command hooks so clients can keep their towel closer to the shower, and a hook for the shower head so it can be kept at a lower height.
- Nurses **set up shower supplies** for clients in wheelchairs prior to shower.
- OT determined what kind of **shower grab bar** would work best and gave recommendations to Director of Area Operations



Falls Reduction at CCP: Changes Made

Wheelchairs

- OT ordered a new, safe wheelchair on hand for clients to borrow while on C Dorm.
- For clients using a wheelchair, nurses observe people transfer upon intake and educate clients on safe use of a wheelchair. OT provided a **transfer screening form** for nurses to use and **wheelchair use education handout** for clients.
- If a new client uses a wheelchair and has any extremity weakness, nurses will refer to OT & OT will evaluate client the next day.



Falls Reduction at CCP: Results & Lessons Learned

- No falls since changes were made!



April PI Committee Meeting: April 17, 2019

Project Updates:

- Missed Appointments
- Provider Communication
- Flu (wrap-up)

Discussion:

- PI department Key Performance Indicators
- Client Experience Survey: Spring 2019

