Performance Improvement Committee

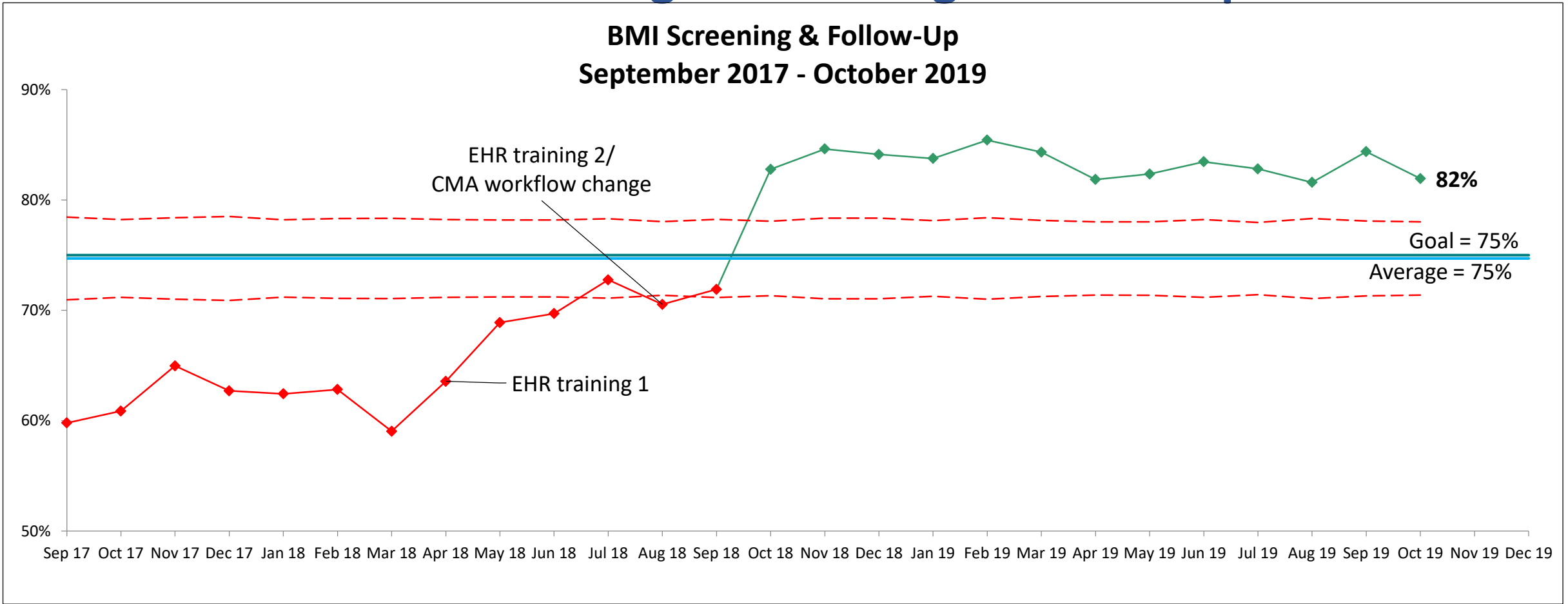November 20, 2019

November Agenda

PI Dashboard

Project Updates:
- Blood Pressure Control
- Incident Reporting
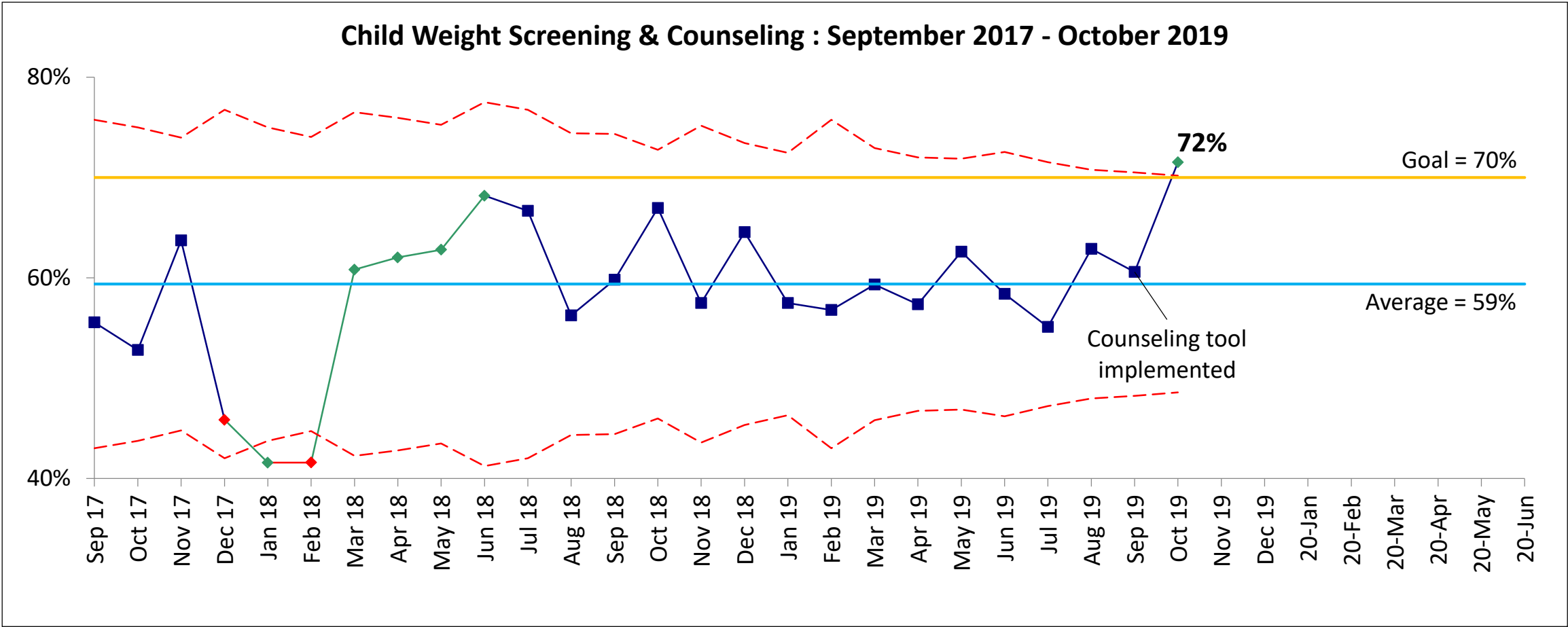- Depression Remission

Discussion:
- 2020 PI Planning
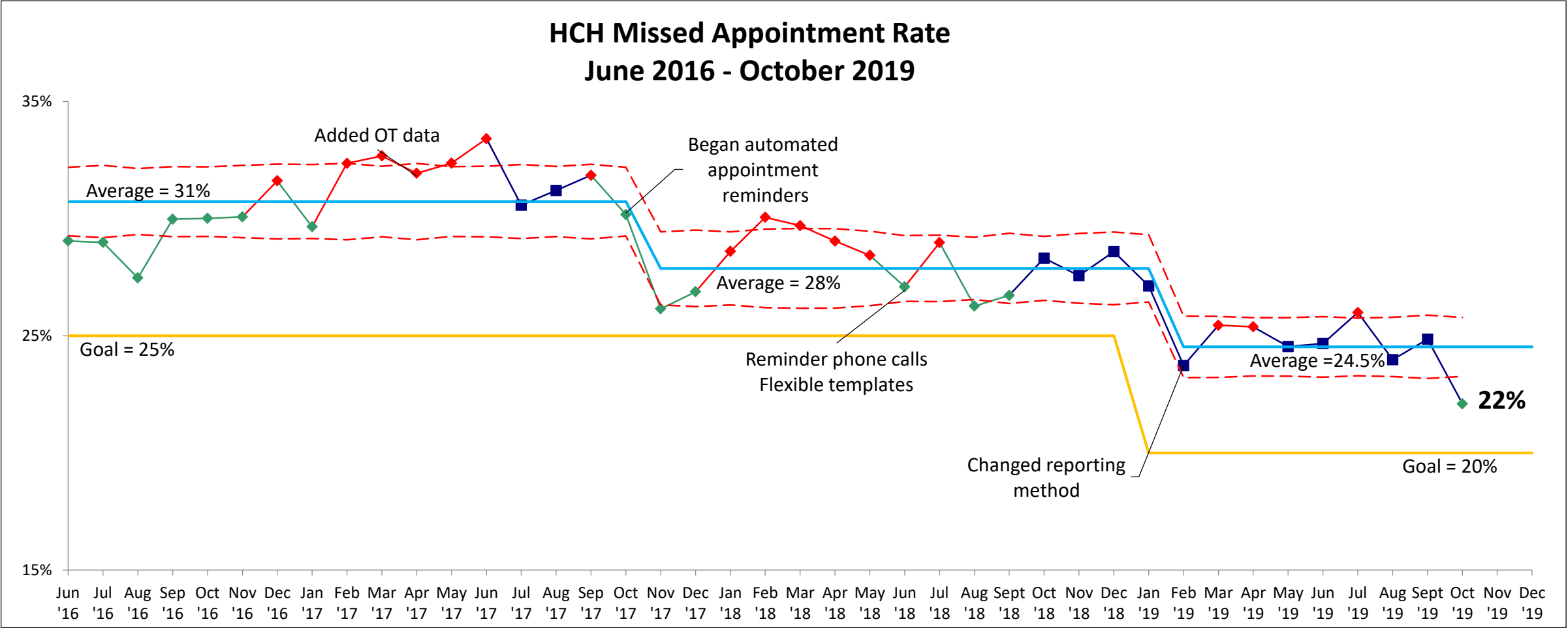
PI Dashboard: Adult Weight Screening & Follow-up

BMI Screening & Follow-Up
September 2017 - October 2019

EHR training 2/
CMA workflow change

Goal = 75%
Average = 75%

EHR training 1

82%

Trailing year: 77%

PI Dashboard: Child Weight Screening & Counseling

Child Weight Screening & Counseling : September 2017 - October 2019

72%

Goal = 70%

Average = 59%

Counseling tool implemented

Trailing year: 56%

PI Dashboard: Missed Appointment Rate

HCH Missed Appointment Rate
June 2016 - October 2019

Added OT data

Began automated appointment reminders

Average = 31%

Goal = 25%

Average = 28%

Reminder phone calls
Flexible templates

Changed reporting method

Average =24.5%

Goal = 20%

22%

PI Dashboard: Pediatric Dental Varnish

Pediatric Dental Varnish Rate: February 2018 - October 2019

Goal = 50%

Average = 48%

66%
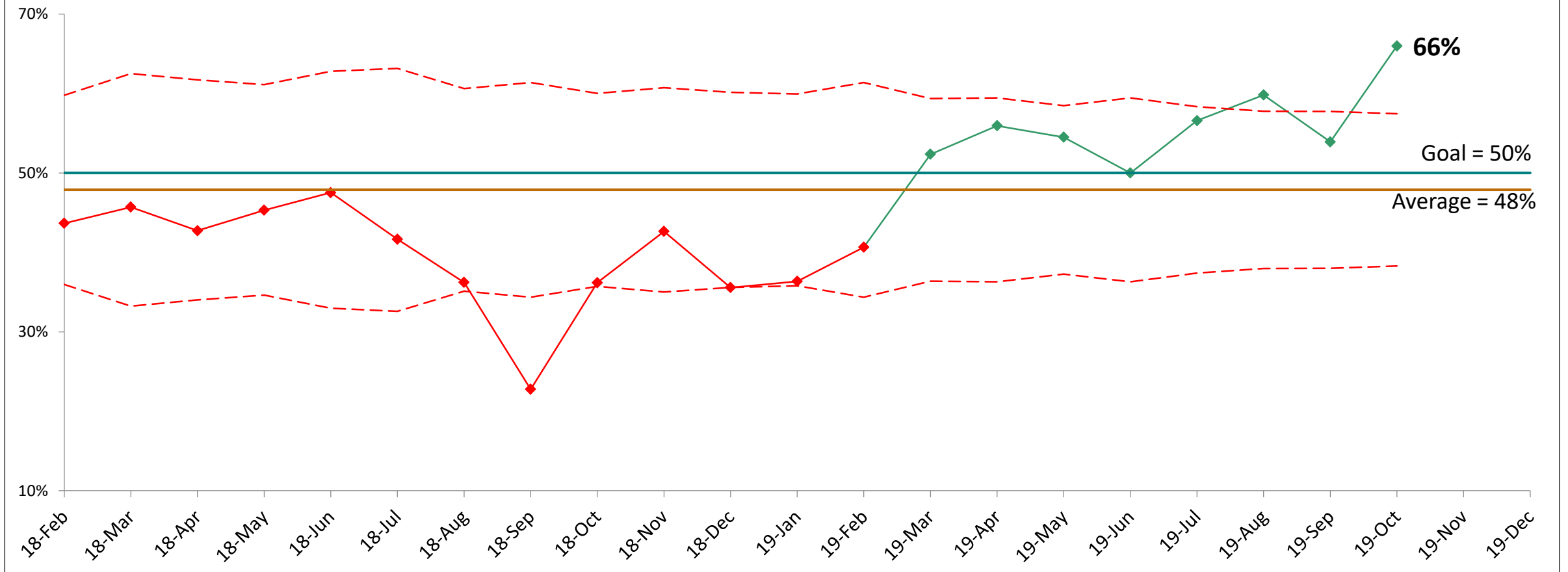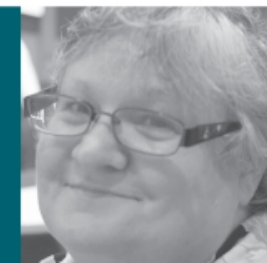
Trailing Year: 34%

PI Dashboard: Flu Vaccine Campaign

HCH Client Flu Shot Rate: Trailing Season Comparison

Goal = 45%

38%

30%

28%

60%

40%

20%

0%

Sep   Sep - Oct   Sep - Nov   Sep - Dec   Sep - Jan   Sep - Feb   Sep - Mar
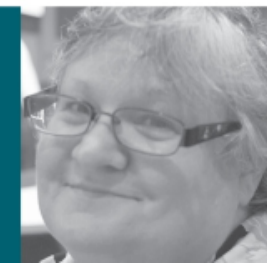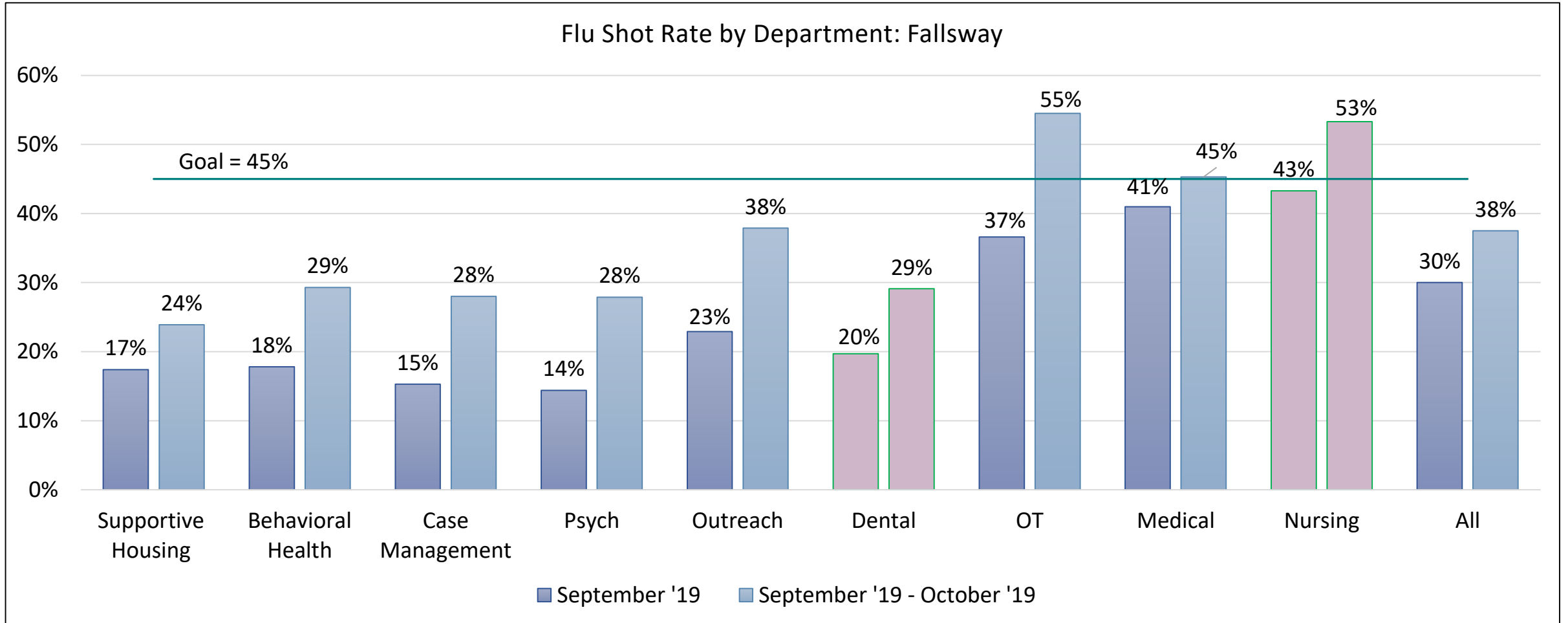
2018-2019   2019-2020
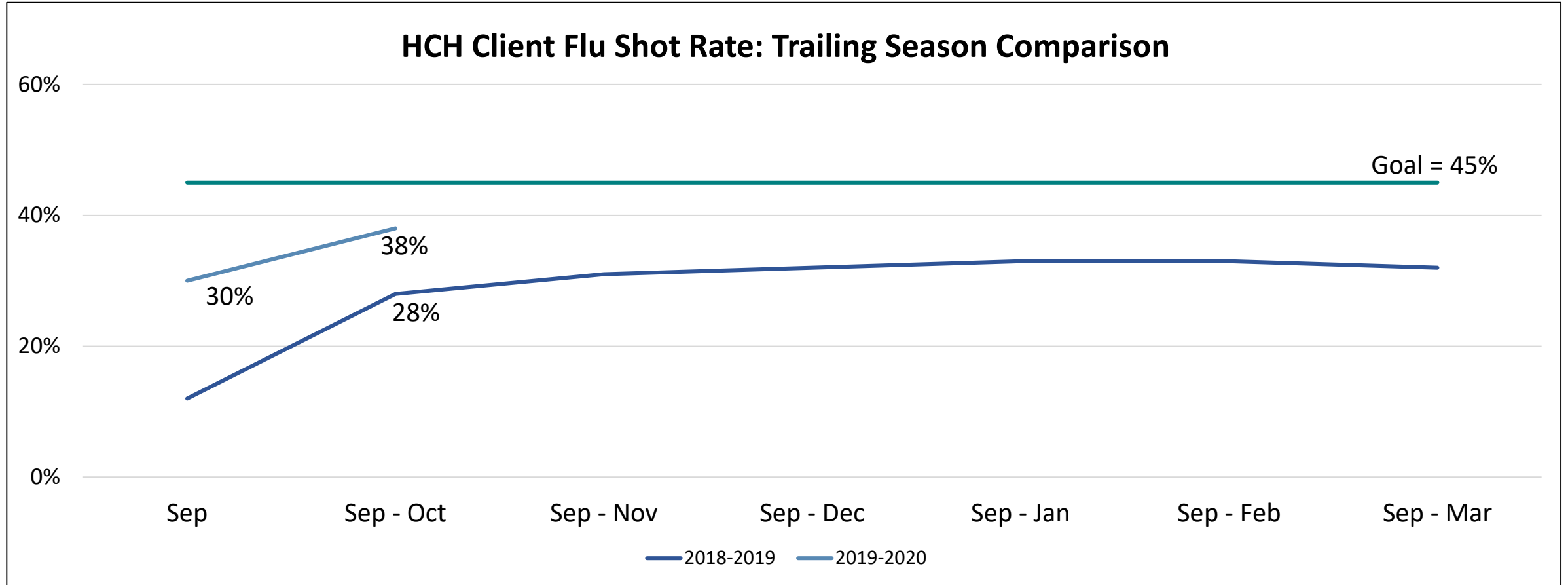
PI Dashboard: Flu Vaccine Campaign – Data by Department

Client Flu Vaccination: By Department

Goal = 45%

| Department	Sept '19	Sept '19 - Oct '19
Pediatrics	49%	55%
Nursing	43%	53%
Medical	42%	46%
Occupational Therapy	37%	49%
Dental	18%	25%
Behavioral Health	19%	30%
Case Management	17%	29%
Psychiatry	14%	28%
Outreach	18%	30%
Connect & Supportive Housing	17%	24%

■ Sept '19   ■ Sept '19 - Oct '19
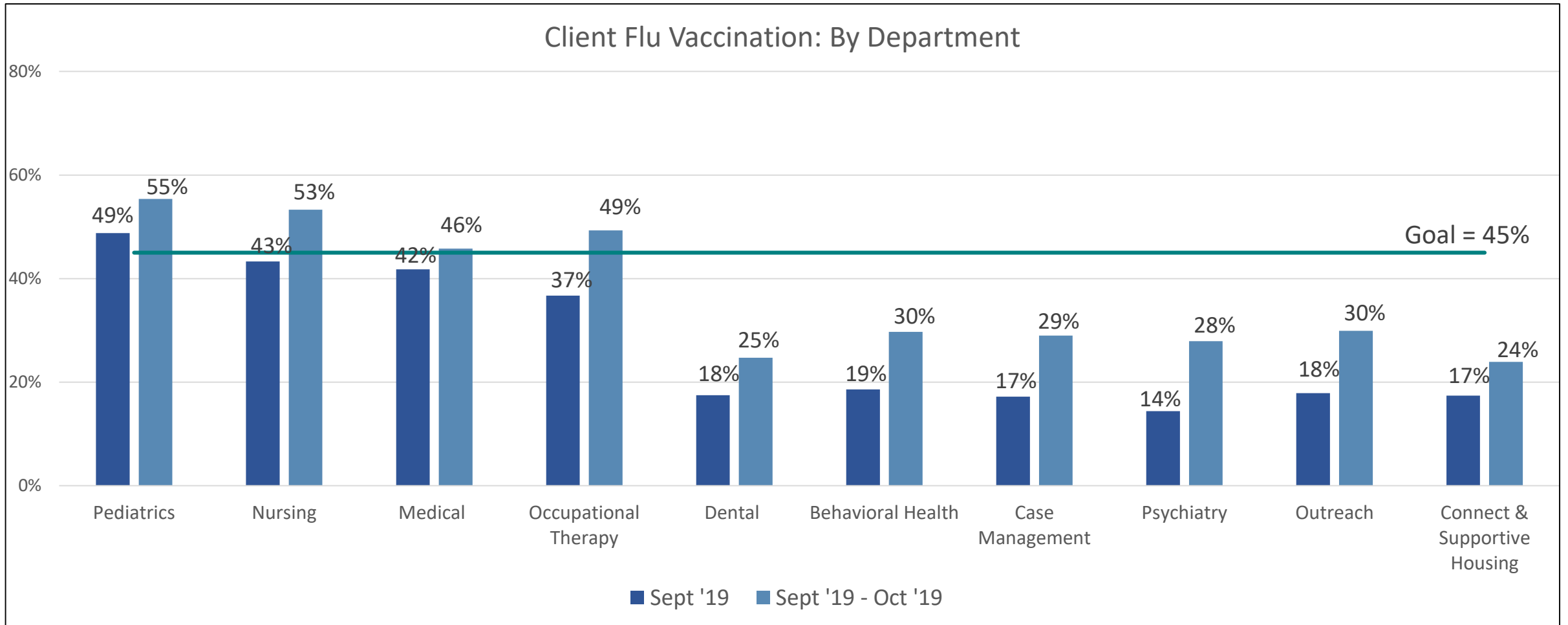
PI Dashboard: Flu Vaccine Campaign – Data by Site; Fallsway

Flu Shot Rate by Department: Fallsway

Goal = 45%

Department	September '19	September '19 - October '19
Supportive Housing	17%	24%
Behavioral Health	18%	29%
Case Management	15%	28%
Psych	14%	28%
Outreach	23%	38%
Dental	20%	29%
OT	37%	55%
Medical	41%	45%
Nursing	43%	53%
All	30%	38%

Flu Shot Rate by Department: Baltimore County
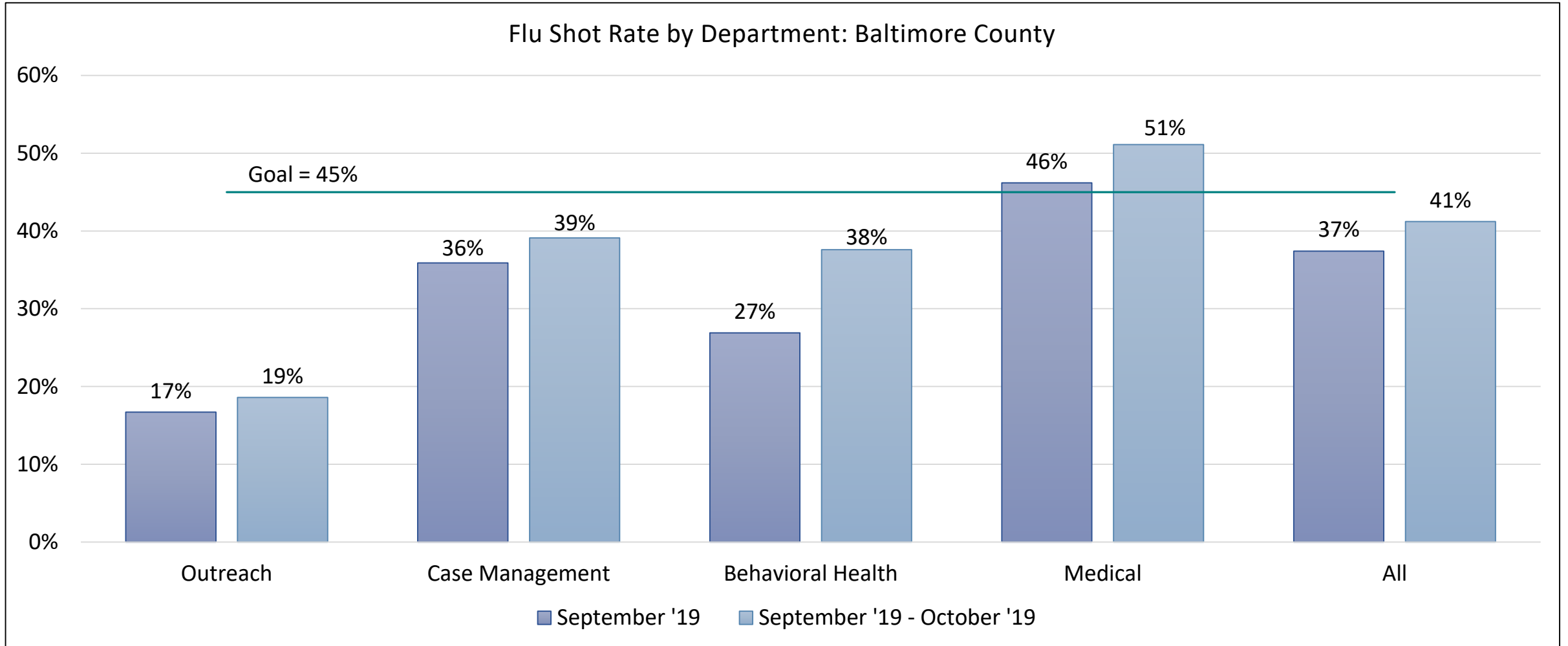
PI Dashboard: Flu Vaccine Campaign – Data by Site; West Baltimore
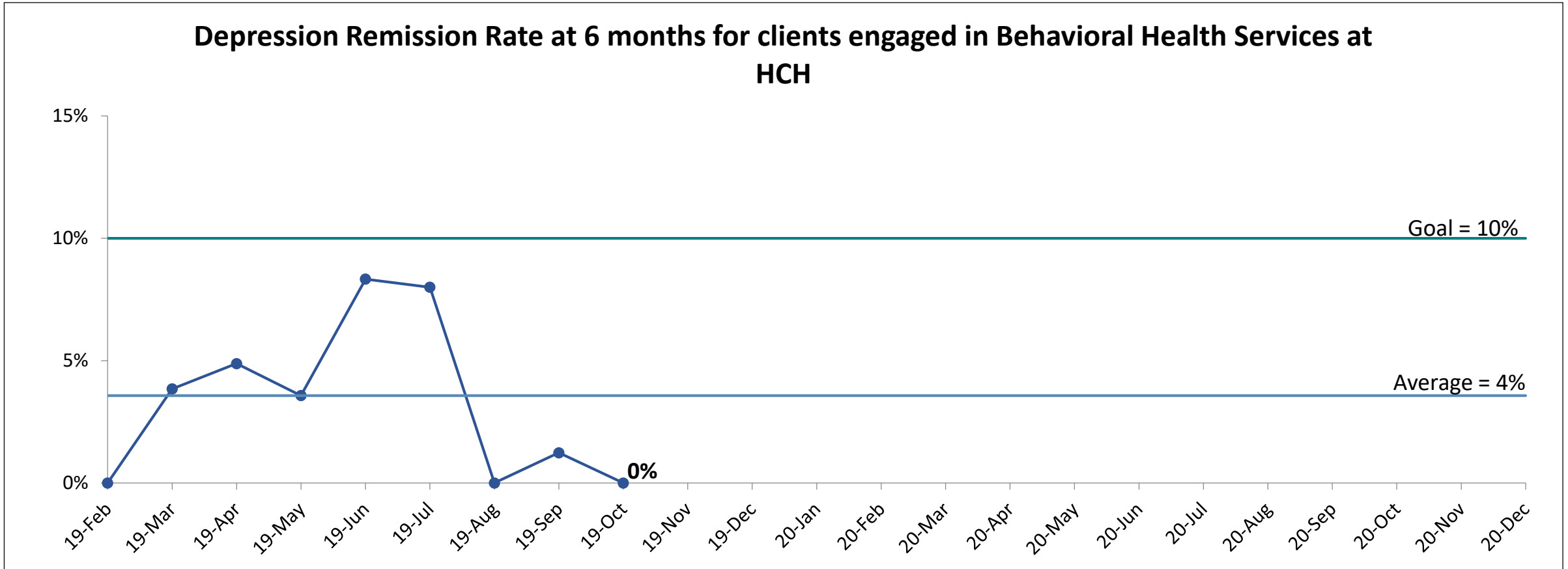

Flu Shot Rate by Department: West Baltimore
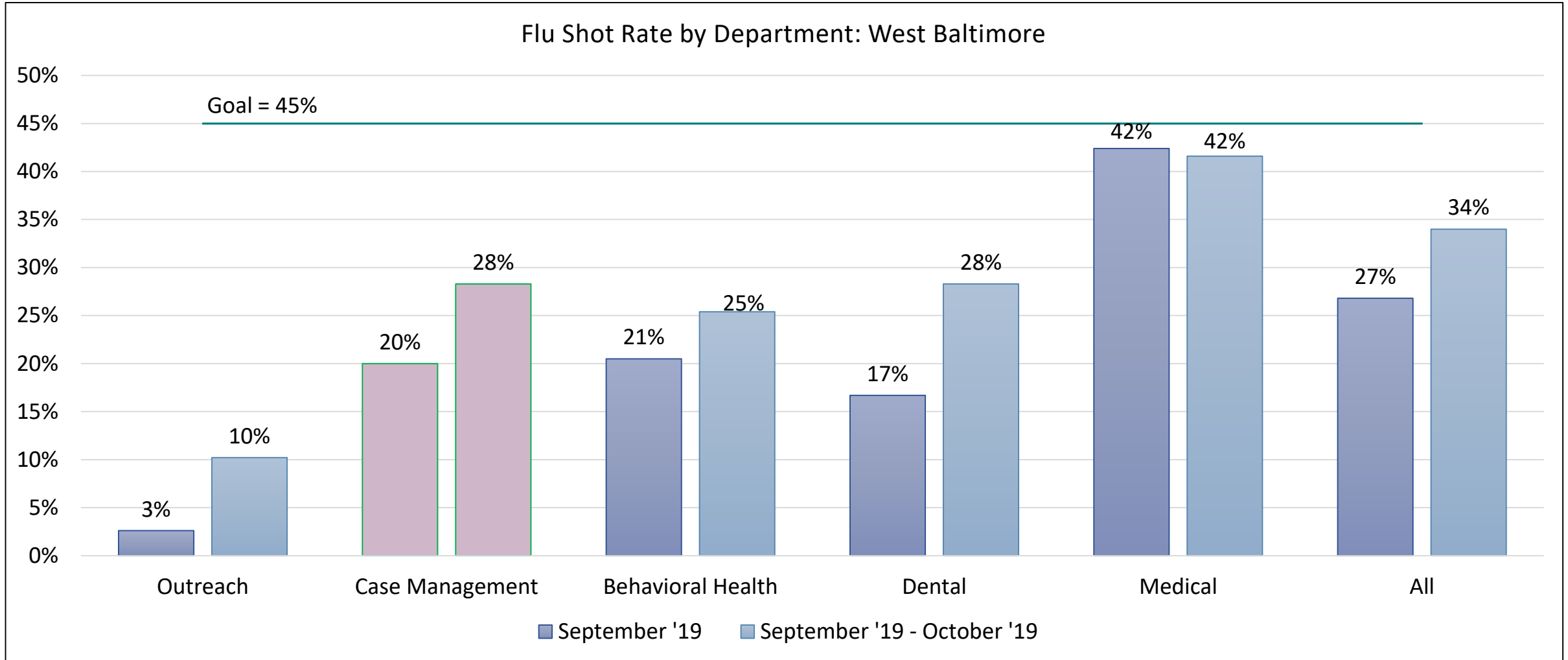
Project Updates

Depression Remission

Goal: By December 2019, **10%** of adult clients diagnosed with major depression or dysthymia who scored positively on an initial PHQ-9 (>9) will demonstrate remission at 6 months (PHQ <5).
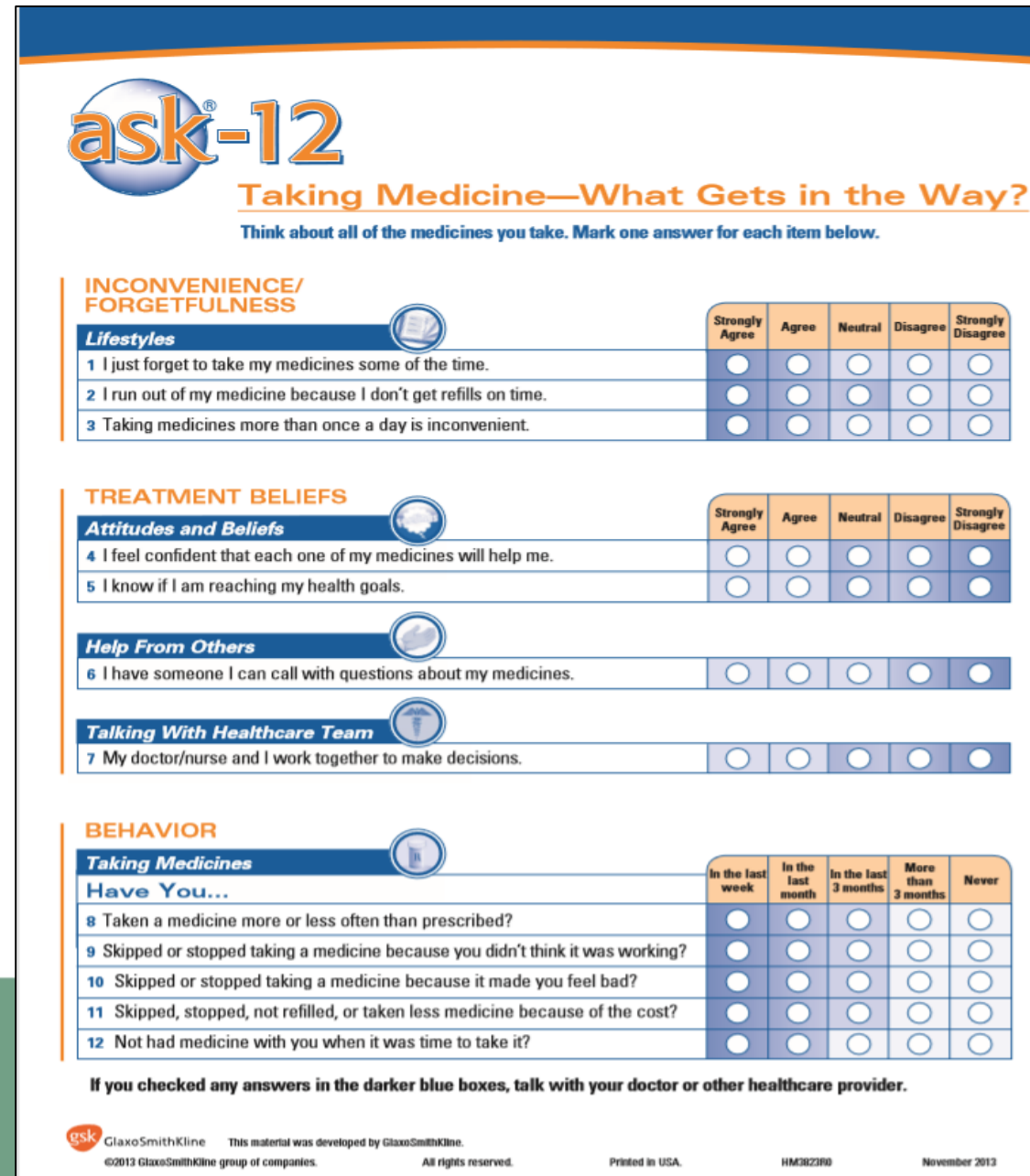
Depression Remission Rate at 6 months for clients engaged in Behavioral Health Services at HCH

Our Progress so far…

- The Subcommittee has:
  - Developed a PDSA to address clients who have not seen improvement toward depression remission
  - Conducted a study on medication adherence in Psychiatric clients
  - Outlined our 2020 goals for the Depression Remission measure

- The "ASK-12" is a verified medication adherence assessment tool that shows a client's adherence level as well as revealing the main barriers to their full compliance to a mediation treatment plan

- The tool breaks down into 3 categories: Lifestyle, Treatment beliefs, and Behavior
- Each category reveals adherence levels and different barriers for a client to maintain full compliance

Depression Remission: Medication Adherence in Psych

- Administration of the ASK-12 medication adherence assessment tool on 10 Psych clients during their visits
- Little to no impact to work flow and clients were largely able to complete the form without assistance
- The psych clients scored similarly to those tested in our medical department pilot on the "treatment + lifestyle" sections
- However, the psych clients tested scored *lower* in the section relating to their behavior around taking their medications
  - Questions relating to "[not taking] medicine because it made you feel bad/didn't think it was working" scored as main reasons clients are not adherent

Depression Remission: Provider Supervision PDSA

- **Focusing on clinical solutions to achieve depression remission**
  - **Change:** Proactive reviews of clients' treatment plans when they are not seeing positive changes in their PHQ-9 scores

  - **Root Causes Addressed:** Clients with limited progress in their treatment do not have adequate review of their treatment plans

  - **Evaluative Measures:** Anecdotal review from both supervisors and supervisees, as well as any change in the clients' PHQ-9
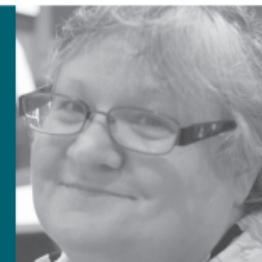
Depression Remission: Provider Supervision PDSA

- Arianne Jennings and Karen Ross-Taylor will review their treatment plans with Jan Ferdous during their supervision session
- Clients who have not moved towards remission will be selected for review
- Following their next session with these selected clients, an additional discussion with the providers will focus on:
  - How did the supervision session impact the following appointments?
  - Do you feel more confident in the treatment plan?
  - What can we continue to do differently to improve the clients' care plans?

Depression Remission: Next Steps

- Conduct provider supervision PDSA
- Continue to track our standing with Depression Screening and Remission
- Further exploration into the expanded utilization of the ASK-12 medication adherence assessment tool

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%)

Incident Reporting Data

Incident Reporting 2018

- Near Miss 2%
- HIPAA violation 1%
- Representative Payee Check 1%
- Treatment, diagnostic, procedure related 11%
- Accident 9%
- Facilities/property related 9%
- Medication error 4%
- Code, 24%
- Physical, verbal or criminal incident, 39%

Incident Reporting 2019

- Other 9%
- Near Miss, 7%
- HIPAA violation 2%
- Treatment/Diagnostic/Procedure related, 14%
- Accident 8%
- Physical, Verbal, or Criminal related 29%
- Facilities/Property Related 4%
- Vehicle Related 2%
- Code 18%
- Medication Error 6%
- Rep Payee 1%

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Incident Reporting: Since We Last Met

- Handed out incident reporting cheat sheets to all staff to put on work stations
- Reviewed incident data for trends to address at Safety Committee
- Instituted time at the Clinical Director's meeting to discuss incidents and investigations
- Monthly review of incidents to determine changes that resulted from incidents
- Conducted "incident owner training," which outlined the expectations of the owner, how to conduct an investigation, and how to manage time constraints

Responding to incidents – using a systems level investigation

- Human errors happen often and are inevitably repeated

- Adjusting individual performance does not ensure the incident won't happen again

- Focus on the process and system factors that facilitate errors, this way the process can be adjusted to minimize human error, decreasing the opportunities to err again

Purpose of an Investigative Report: To ensure continuous improvement and increase safety

Steps to an Investigative Report

Step 1. Determine the **sequence of events** that led to the incident or near miss (Who?, Where?, What?, When?, How?)

Step 2. Determine the **root cause** of the incident or near miss (5 Why's?)

Step 3. Offer "**corrective action recommendations**" to prevent similar occurrences in the future

Step 4. **Close the loop!**

Incident Reporting: Discussion

- How do we maintain momentum moving into 2020?
- Other ways to use incident reporting data in a meaningful way?
- Training considerations for 2020?

Discussion

2020 PI Plan – Agency Improvement Priorities

5 different categories of goals:

Clinical: Mammograms, Depression screening & treatment, Flu shots

Population Health & SDOH: Medication Adherence & Food Insecurity

Staff & Client Engagement: Provider Communication & Joy in Work

Patient Safety: Medication Errors

Clinical Operations: Phone Access

2020 PI Plan: Clinical Goals: Mammogram Completion

Breast Cancer Screening Rate (NQF 2372)

2015 NHIS Rate   72%

Proposed HCH PI Goal   65%

58%

Average = 54%

80%	
70%	
60%	
50%	
40%	

18-Oct, 18-Nov, 18-Dec, 19-Jan, 19-Feb, 19-Mar, 19-Apr, 19-May, 19-Jun, 19-Jul, 19-Aug, 19-Sep, 19-Oct, 19-Nov, 19-Dec, 20-Jan, 20-Feb, 20-Mar, 20-Apr, 20-May, 20-Jun
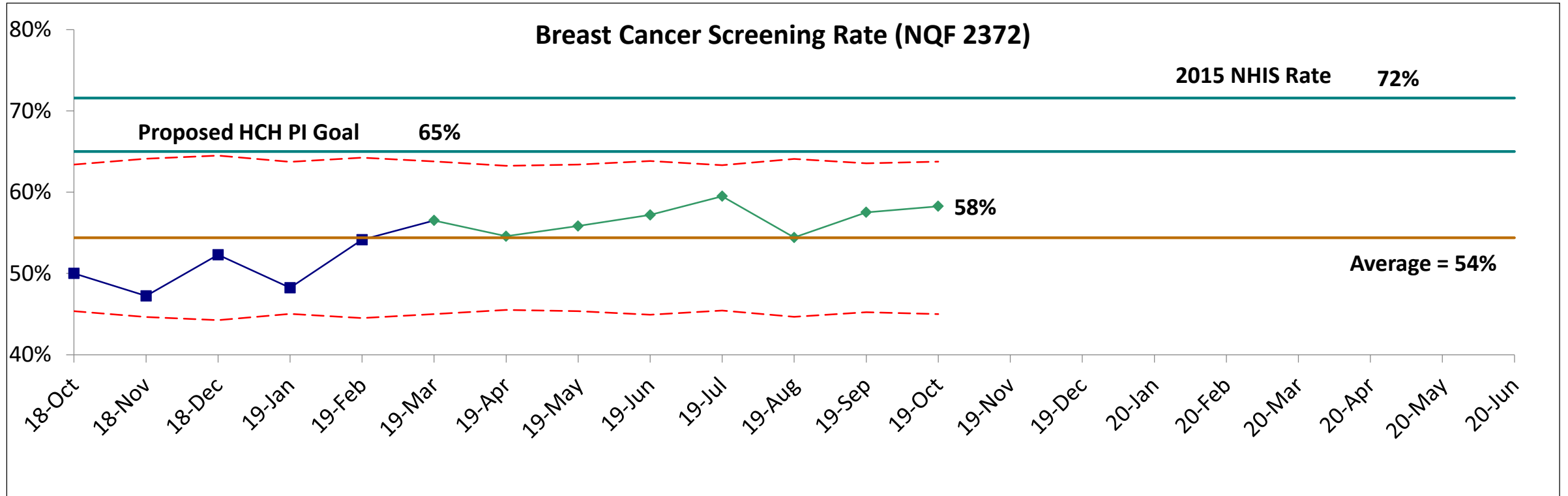
2020 PI Plan: Clinical Goals: Depression Screening

Screening for Depression and Follow-Up Plan in Adults (NQF 0418)

Proposed 2020 Goal = 85%

- 32%
- 15%
- 30%
- 74%
- 68%
- 76%
- 82%

Screening for Depression and Follow-up Plan in Adolescents (NQF 0418)

Proposed 2020 Goal = 85%

- 64%
- 70%
- 59%
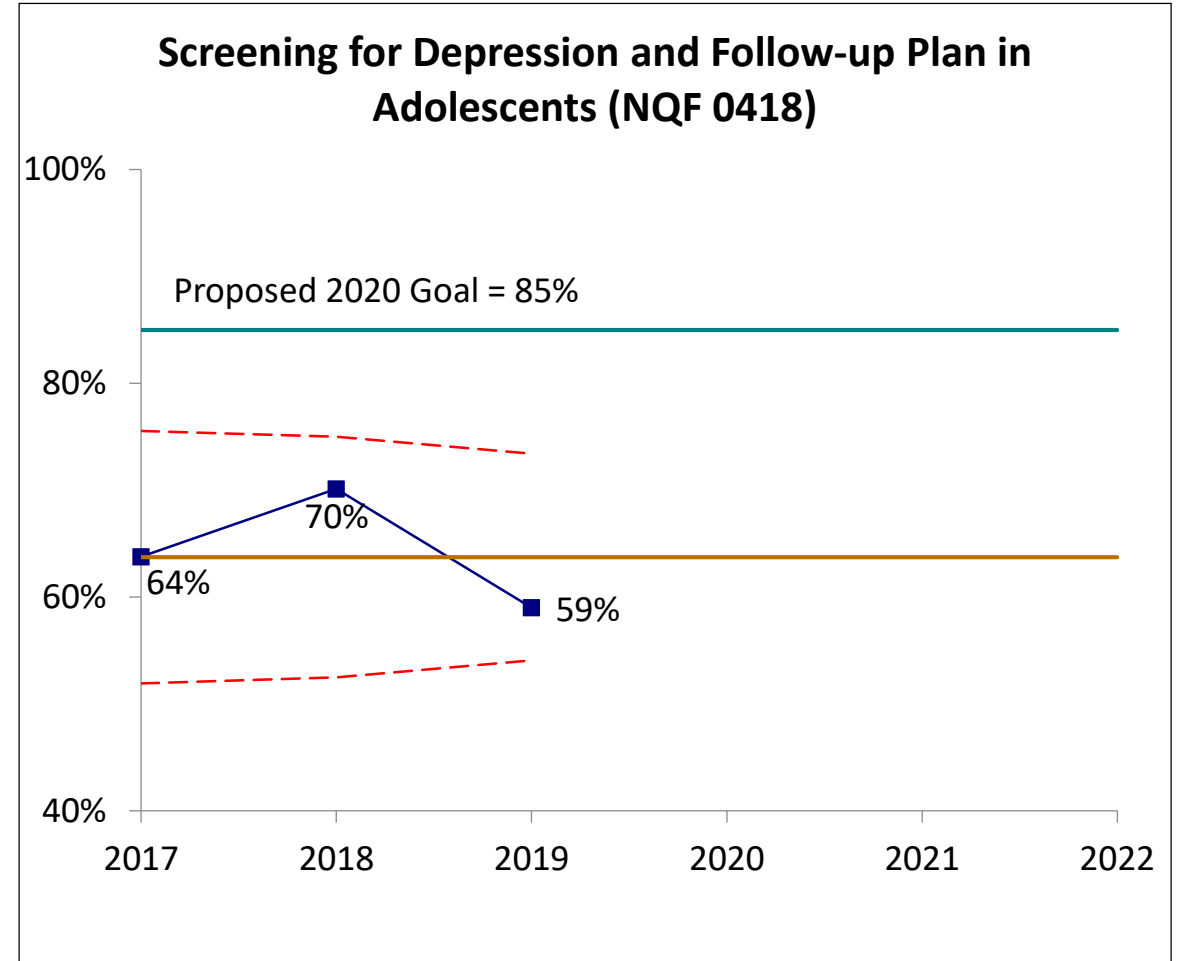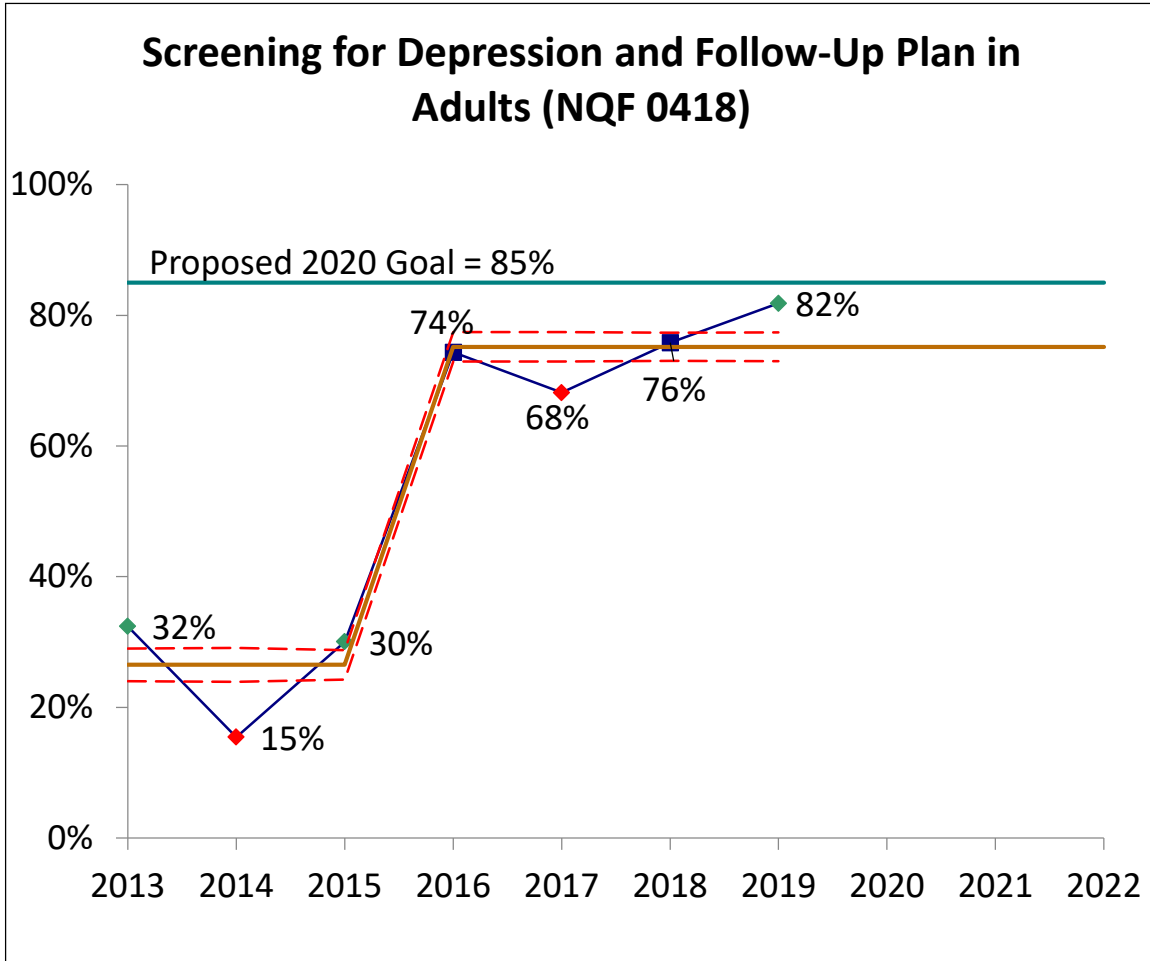
2020 PI Plan: Population Health & SDOH Goals

Medication Adherence: By December 2020, 80% of eligible clients will be screened for medication adherence barriers using a validated tool.

Food Insecurity Challenges: By December 2020, 90% of clients who identify as having food insecurity challenges on the PRAPARE tool will be connected to Case Management.

2020 PI Plan: Client and Staff Engagement Goals

Provider Communication: By December 2020, 85% of clients will respond "always" on Client Experience Survey questions relating to good provider communication.

Joy in Work: By December 2020, the agency's level of Joy in Work will improve by 20%.

Improving Joy in Work: Why It Matters

- Burnout is common.
- Joy is instrumental. "You can't give what you don't have."
- "Joy is possible" – scientifically
- PI/IHI methods are a way to address Joy in Work
- Joy ≠ Happiness
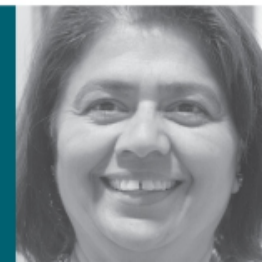
2020 PI Plan: Patient Safety Goal

Medication Errors in 2019:

- administration to wrong client

- double dose given

- incorrect medication prescribed

- incorrect vaccine administered

- medication mix-up from pharmacy

Patient Safety PI Goal: By June 2020, Medication Administration Errors will decrease by 20%.

2020 PI Plan: Clinical Operations Goal

Phone Access: By December 2020, 80% of call center business hours calls will be answered by a human and 80% of voicemails will be returned within 1 business day.

Share your thoughts!

Next Meeting: December 18, 2019

Improvement Updates:

- Missed Appointments

- Child Weight Screening & Counseling

- Provider Communication

- Flu Shot

IHI Reflections