

PI Committee Meeting



September 19, 2018



September 2018 PI Committee Agenda

1. PI Dashboard Review:

- Colorectal Cancer Screening
- Missed Appointment Rate

2. Progress Updates & Discussion:

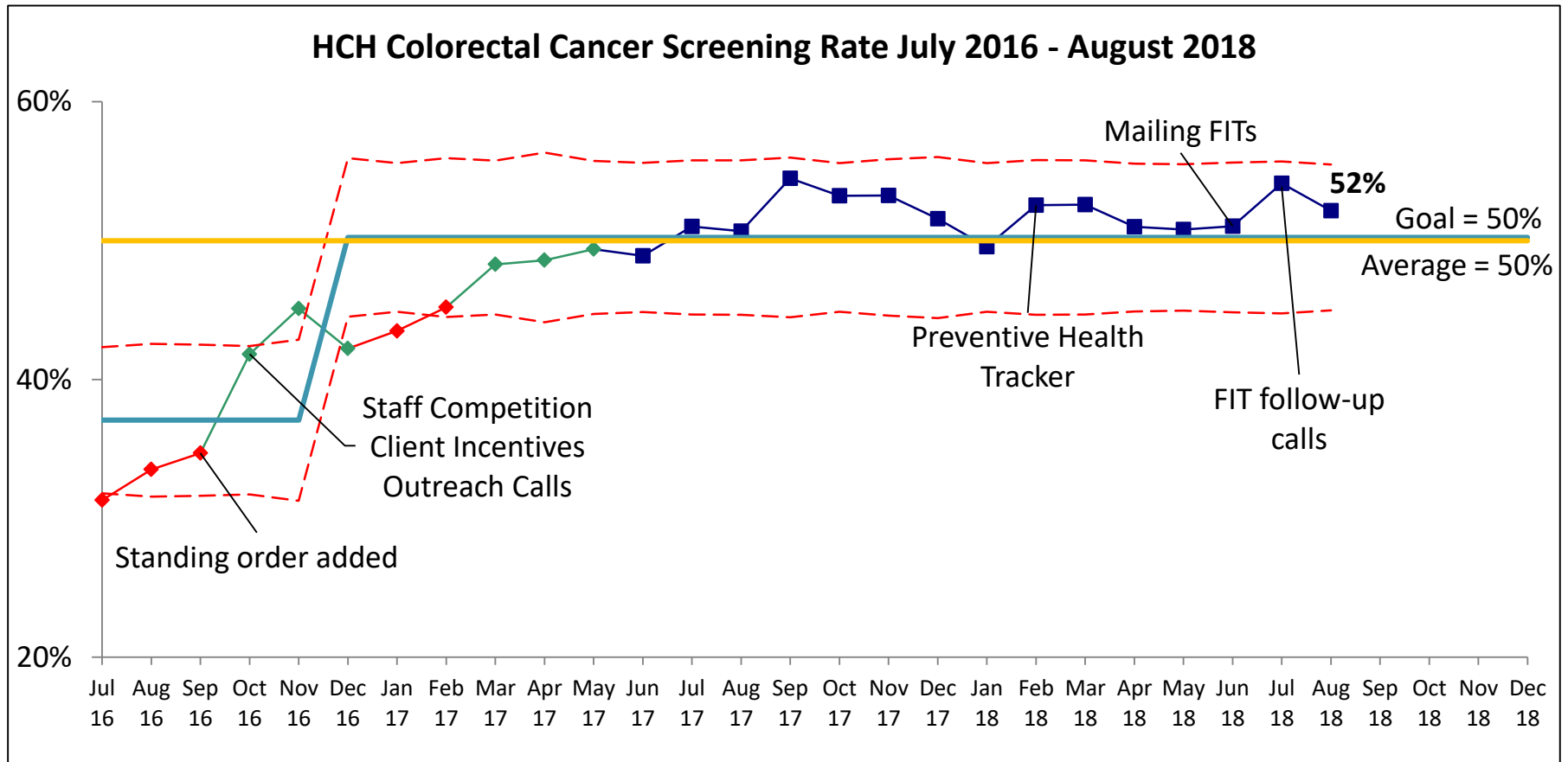
- Behavioral Health: Coping & Anxiety
- Diabetes Control
- Cervical Cancer Screening
- Client Experience: After-Hours Access
- 2019 PI plan



PI Dashboard: August 2018



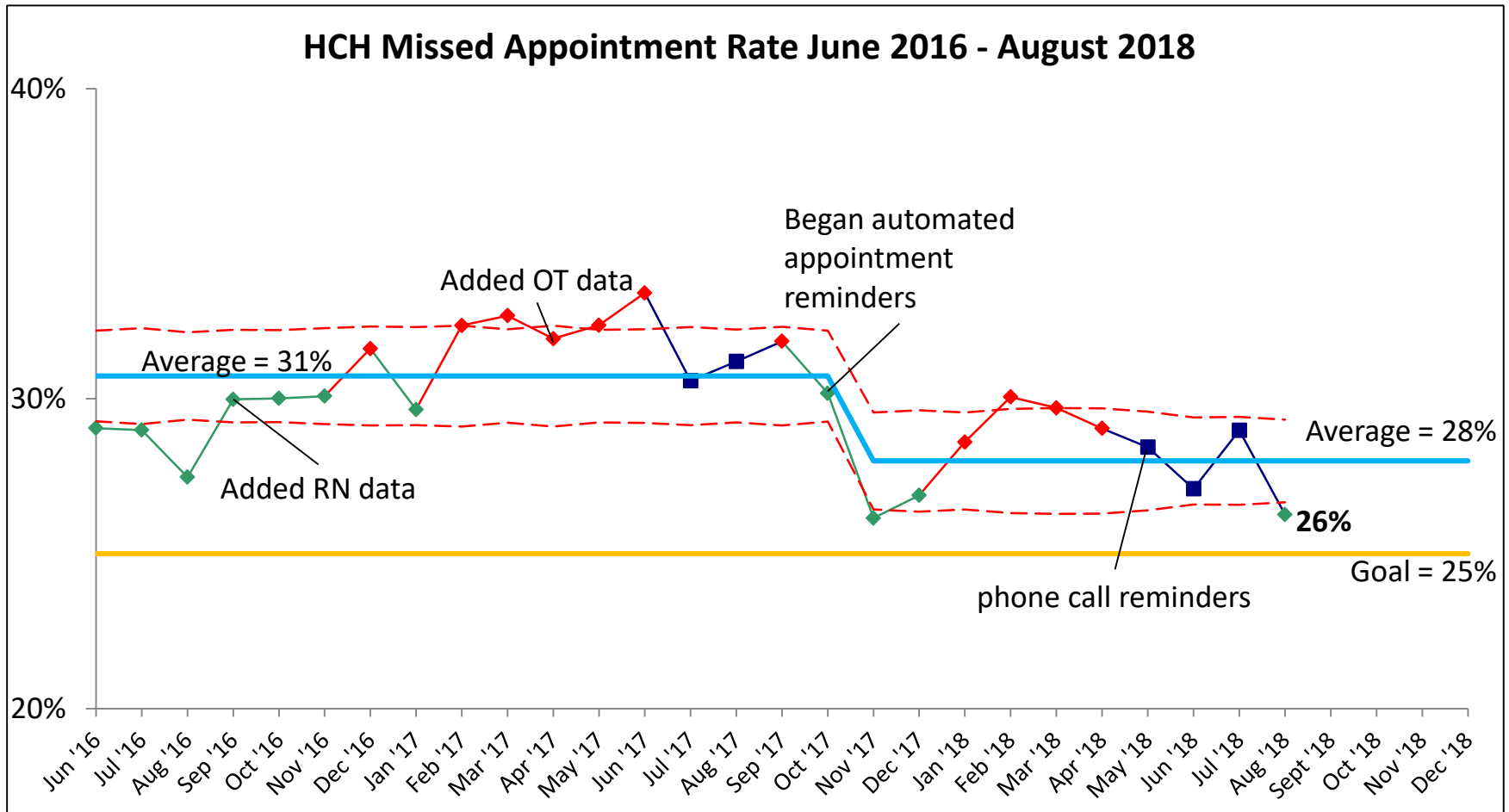
PI Dashboard: August 2018



Trailing year (Health Indicators Report): 44%



PI Dashboard: August 2018



PI Subcommittee Updates



Behavioral Health: Coping & Anxiety

Background:

- Discontinuing use of the Symptom-Function Questionnaire in Behavioral Health
- Implementing validated/standardized assessment tools PHQ-9 and GAD-7
- Meets a variety of needs:
 - Joint Commission recommendations
 - PHQ-9 assessment aligns with strategic plan health outcome
 - Replacing rather than adding addresses workload concerns

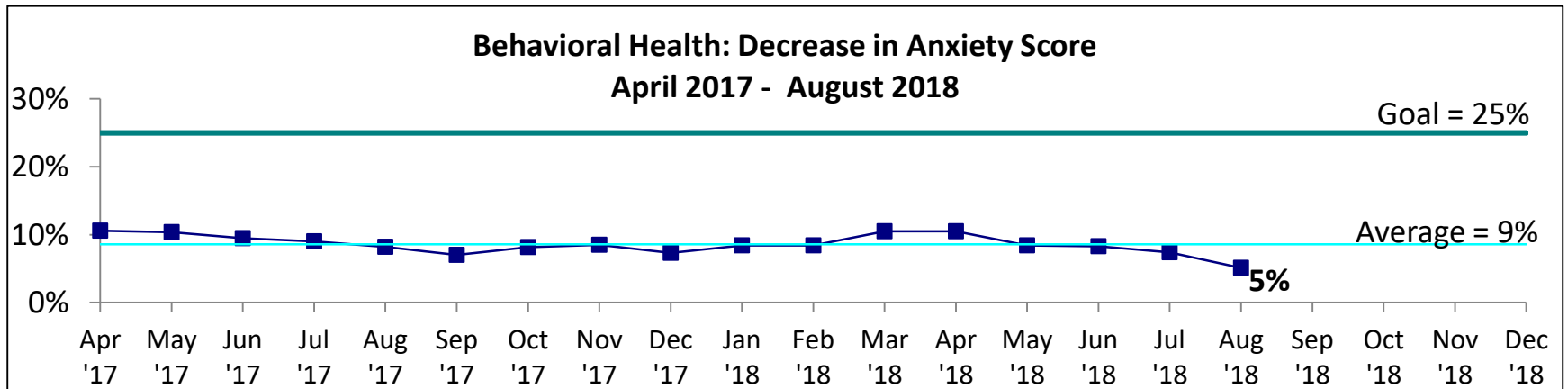
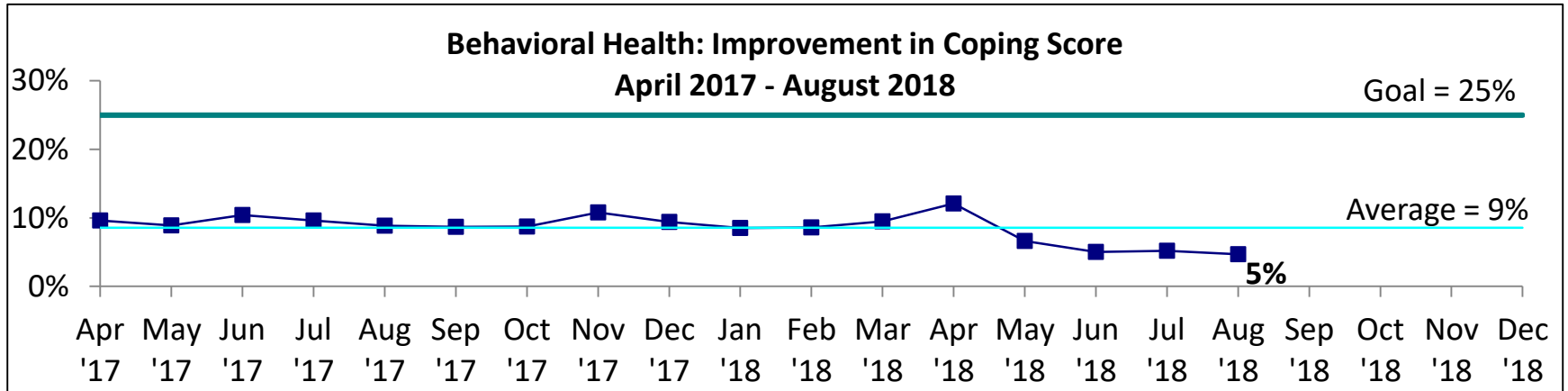


Behavioral Health: Coping & Anxiety

Goal: 25% improvement in coping & anxiety scores from 1st and 3rd assessments by December 2018

Team: Jan Ferdous, Sean Berry, Montse Ferrer

Progress:



Behavioral Health: Coping & Anxiety

Lessons Learned:

- SFQ as a targeted assessment increased therapist awareness of client's functioning
- Use of pop-ups in EHR was helpful to team in alerting when an assessment was due
- Giving providers individual monthly reports drove increased data validation/improvements to measure collection
- SFQ gave providers a way to reflect on client changes and discuss reasons
- Learned that type of mindfulness technique matters in improving coping/anxiety in addition to whether or not mindfulness is used
- Therapeutic environment changes had a positive effect on client interaction and attendance



Behavioral Health: Coping & Anxiety

Next steps:

- PHQ-9 and GAD-7 will be added to BH notes in September. Expectation is for assessments to occur every 90 days.
- When looking at depression remission/progress with assessments, evaluate number of visits a client has had in between assessment (Change theory is that treatment frequency will lead to improvement, focus PDSAs on increasing treatment/appointment adherence).

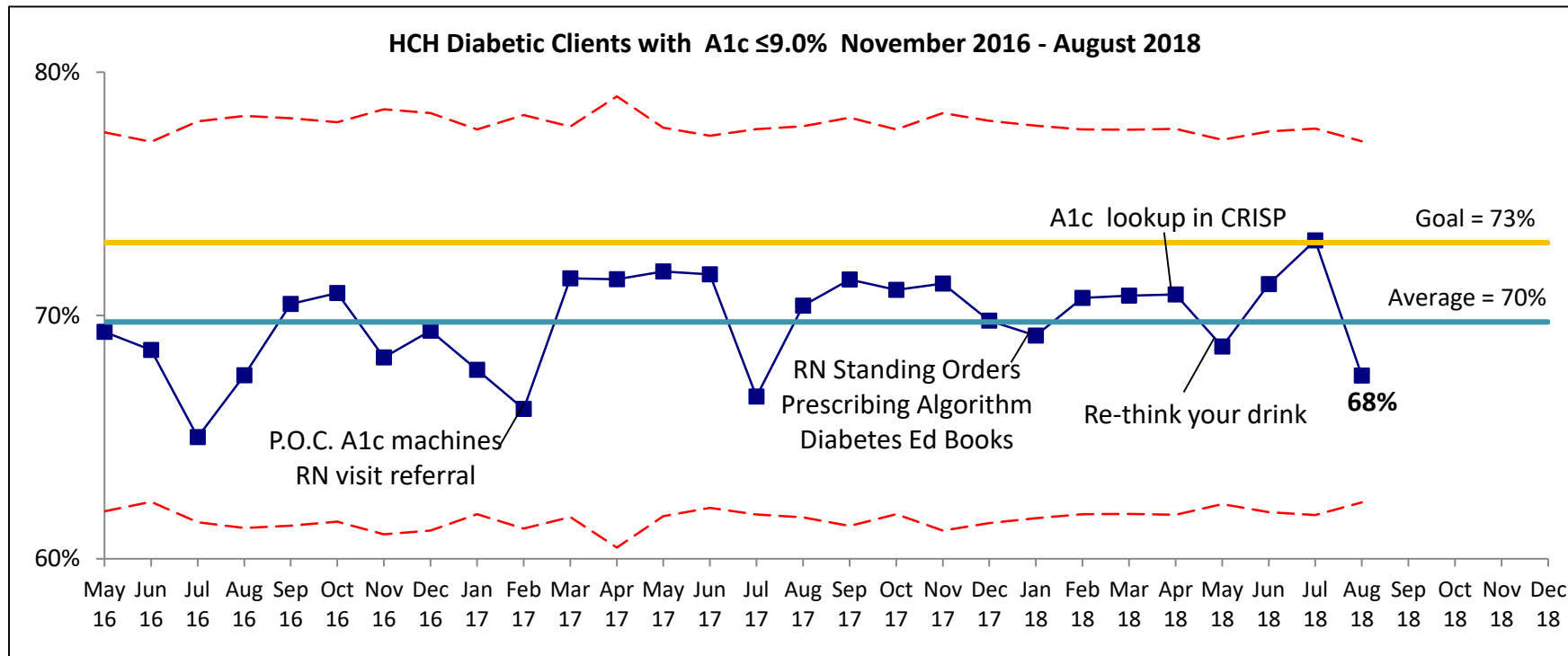


Diabetes: A1c Control

Goal: 73% of diabetic clients' most recent HgbA1c will be 9.0% or less by December 2018

Team: Adrienne Trustman, Tobie Smith, Tracy Russell, Ann Marler, Gabby Rehmeyer, Mara Schneider, Sheila Roman, Lawanda Williams, Catherine Fowler

Progress:



Trailing year measure: 67%



Diabetes: A1c Control: Focus on Diet/Nutrition

Re-think your Drink Campaign

Root Cause: Lack of awareness about impact of sugar on health and amount of sugar in soda/juice.

Change Idea/Question: What type of client education tools will be effective in helping clients become aware & change behavior around sugary drinks?

Progress/Results:

- Bulletin Boards:
 - Fallsway 2nd floor, Baltimore County, & West Baltimore all have boards.
 - Creating a board for Peds that focuses on AAP recommendations for juice.
- Soda Bottle Education Tool in Exam Rooms:
 - Fallsway, Baltimore County, and West Baltimore all have soda bottles with sugar for all exam rooms to be used as a teaching tool.

Next Steps:

- Monitoring A1c changes of clients who have used soda bottle intervention.



Diabetes: A1c Control: Focus on Diet/Nutrition

Client health education at community sites

Root Cause: Lack of knowledge on how to eat healthy/what choices can be made when there is no control over meal choice.

Change Idea/Question: Will health education materials in dining rooms help clients make healthier choices?

Progress/Results:

Our Daily Bread: Pop Health team will meet with new director on Thursday; hoping face-to-face communication will move work forward.

Eastern Family Resource Center: Shelter's leadership did not think table tents were a good idea, but there may be opportunities to move forward with bulletin boards in dining halls.

Lessons Learned:

- It is challenging to engage with external partners! Staff changes and competing priorities can slow progress.
- Include all stakeholders in discussion before moving forward with an intervention, since there may be differing thoughts/opinions about the suggested ideas.



Diabetes: A1c Control: Client Education

Root Cause: There is currently no standard way for HCH staff to access client education materials for diabetic clients

Change Idea/Question: Will putting client education materials on the staff portal address this issue?

Progress/Results:

- Communications team aiming to post by first week of October
- Will include education materials for other health conditions as well

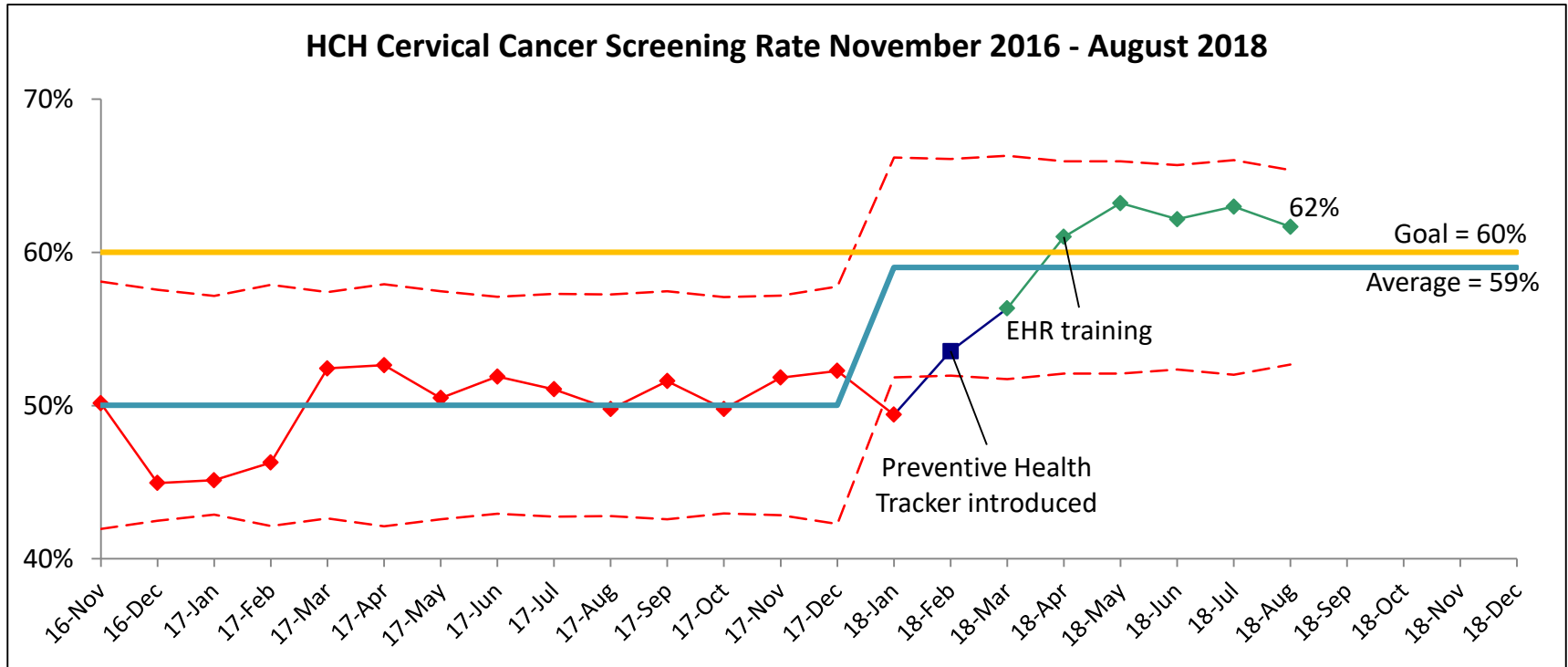


Cervical Cancer Screening

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, Catherine Fowler

Progress:



Trailing year measure: 53%



Cervical Cancer Screening: Follow-up visits

One Week Follow-up for Screening

Root Cause: Competing visit priorities are often cited as reasons for not completing a cervical cancer screening while a client is present.

Change Idea/Question: What are the reasons for not completing a pap while the client is present, and how can we design an effective follow-up system? Testing the idea of scheduling a follow-up for Pap using 1-week appointment slots.

Progress/Results:

- Majority of clients scheduled for follow-up had declined pap.
- 75% of clients returned for their follow-up visit and completed their pap.
- Clients were scheduled between 1-3 weeks out from visit.
- Improved utilization of one-week follow-up slots as well as cervical cancer screening rate.

Next Steps:

- “Pap or plan” campaign to kick off in Mid-October. Goal is to find a fun way for providers to adopt a process that has shown to work well in addressing discreet preventive health needs.



Cervical Cancer Screening: Follow-up visits

Disposition Field in HPI field of EHR

Root Cause: No reliable way to recall if follow-up appointment was for Pap

Change Idea/Question: Will pulling the text of the check-out flag into the HPI of the next visit address this issue?

Progress/Results:

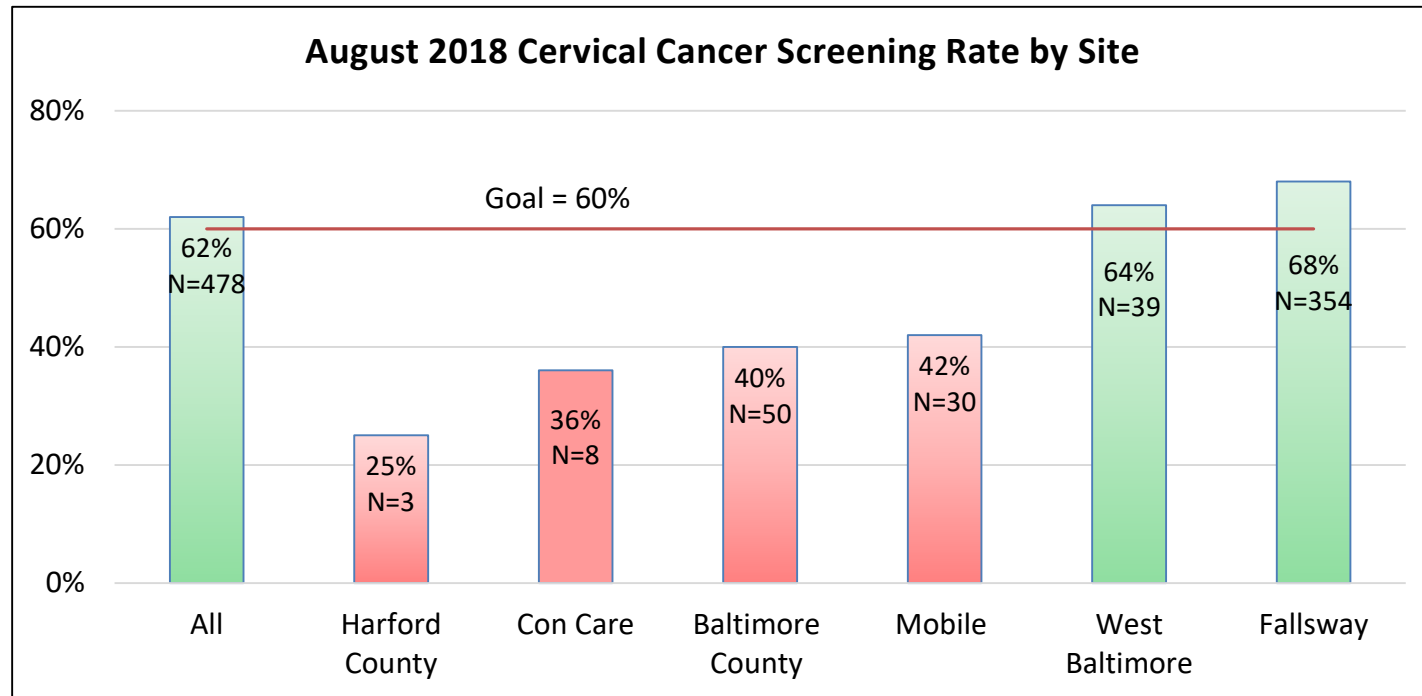
- Disposition field (check-out flag) added to help CMAs and Providers remember important reasons for follow-up.
- Training on the presence/use of this field occurred on 9/13.

Next Steps:

- EHR change should help support “pap or plan” campaign.



Cervical Cancer Screening: Addressing Site Variation



- Opportunities exist for improving Cervical Cancer screening rates at Baltimore County and on Mobile Clinic
- In August, work was done with Mobile Clinic to assess improvement opportunities



Cervical Cancer Screening: Mobile Clinic Improvement

Root Cause: Clients on Mobile may not feel comfortable having a Pap with a male provider.

Change Idea: Use a one week follow-up appointment slot at Fallsway for clients who would like a pap with a female provider.

Results: No clients declined due to this issue.

Lessons learned:

- Provider was surprised to find that most clients he asked accepted the Pap and reported that using the PDSA tracking tool helped him remember to ask.
- 7 women did decline, for the following reasons:
 - Sent to ED - 2
 - Stated it was done previously in year - 2
 - Outside PCP/Private Insurance - 2

Next Steps: Once RN returns from maternity leave, will focus on intake system that supports prompting of care team to offer cervical cancer screening.

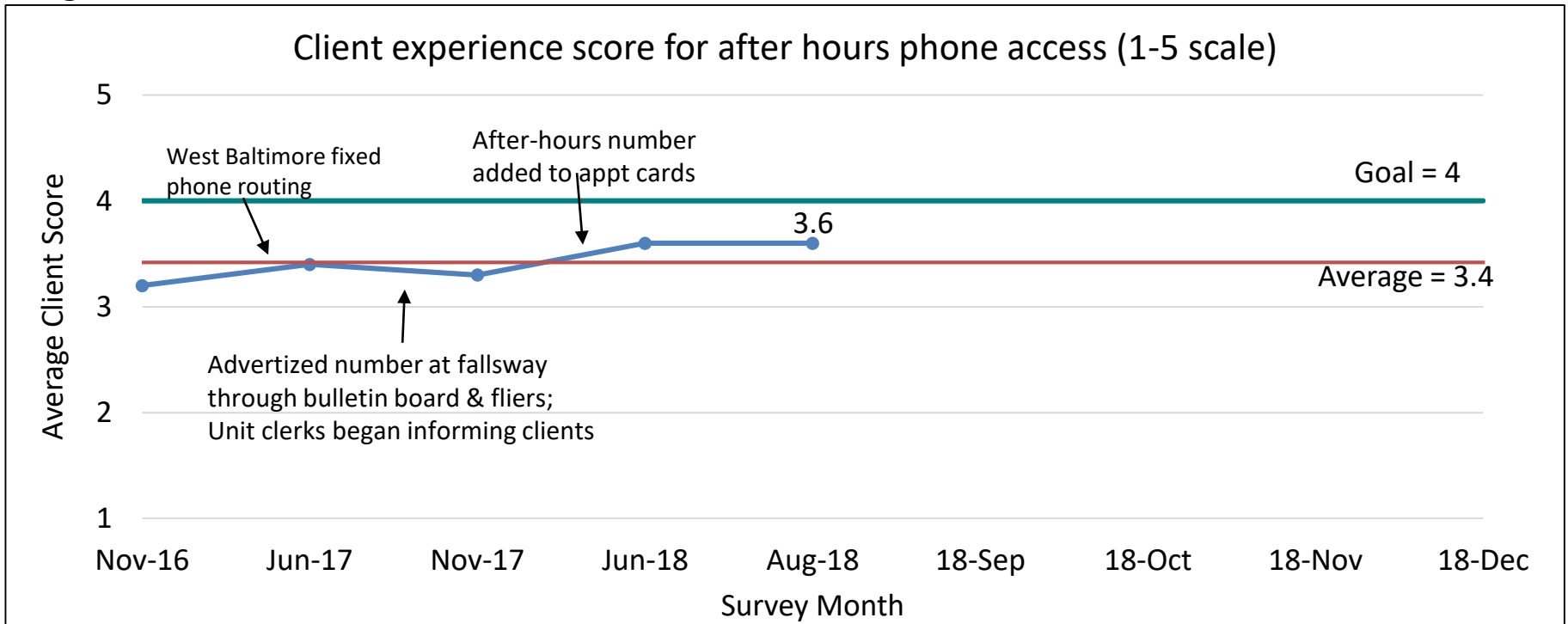


Client Experience: After-Hours Access

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: Malcolm Williams, Laveda Bacetti, Aisha Darby, Kate Leisner, Darrell Richardson, Lauren Ojeda, Elizabeth Zurek

Progress:



Client Experience: After Hours Access

Monthly Surveying

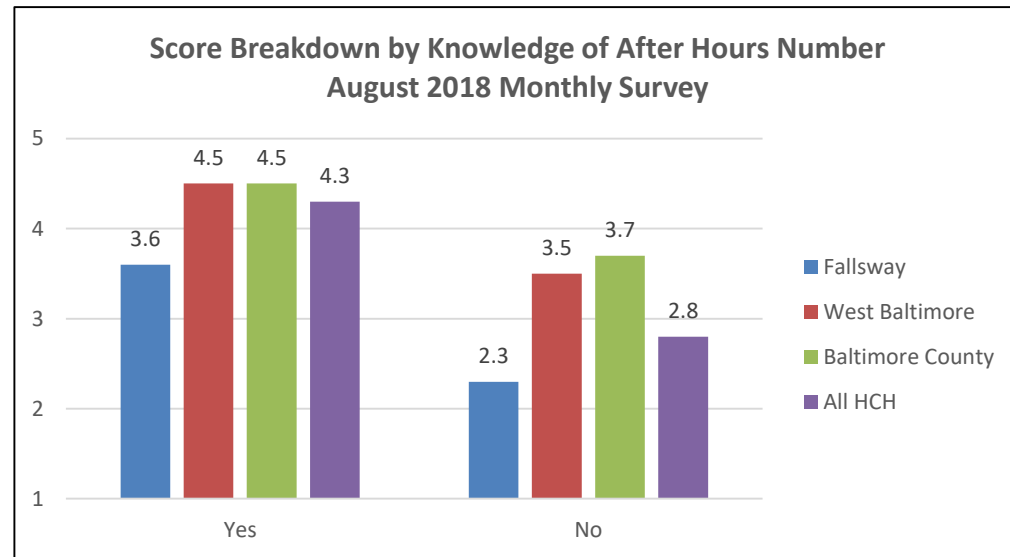
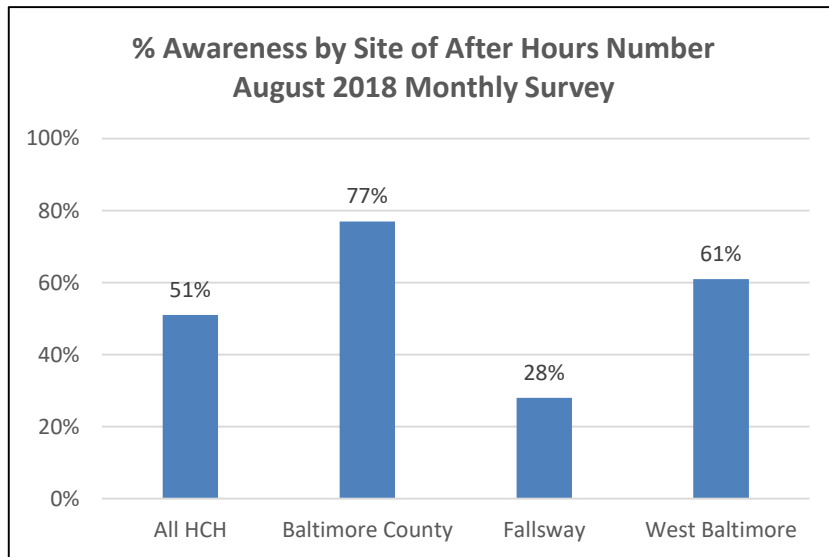
- Began in July at Fallsway only, expanded to all 3 sites in August
- Baltimore County (4.3) and West Baltimore (4.1) exceeded our goal in August
- Need to make sure we are only surveying clients who have prior experiences at HCH
- Awareness of after hours access is still a driver of low experience score



Client Experience: After Hours Access

Challenges:

- Awareness of the after hours number seems to be correlated to score given on the survey question
- At Fallsway, even when clients are aware of the number we are still not meeting our goal



Client Experience: After Hours Access

Next Steps:

- Subcommittee is planning a Televox campaign that will target new clients after their first appointment to bring greater awareness of the after hours option
- Subcommittee would like to explore doing follow up calls to clients calling the after hours line

Questions:

- What else could be done to increase awareness of the after hours number?
- Where is there capacity in the organization to make follow up calls?



PI Discussions



2019 Proposed PI Plan

Four Categories/Eight Measures:

- *Clinical*
 - Chronic Disease Management: BP Control in Hypertensive Clients
 - Preventive Care: Weight screening and assessment (Child & Adult)
 - Behavioral Health: Depression Remission at Six Months
 - Infectious Disease: Flu Immunization (Child & Adult)
 - Oral Health: Pediatric Dental Varnish
- *Client Experience*
 - Provider Communication
- *Client Safety*
 - Incident Reporting for near misses, treatment/diagnostic/procedure related, and medication errors
- *Operations*
 - Missed Appointments



2018 PI Measure Transition

- How can progress be sustained once a measure is no longer on the PI annual plan?
- Many changes have been tested or implemented, but need additional attention. What is the best way to move this forward?

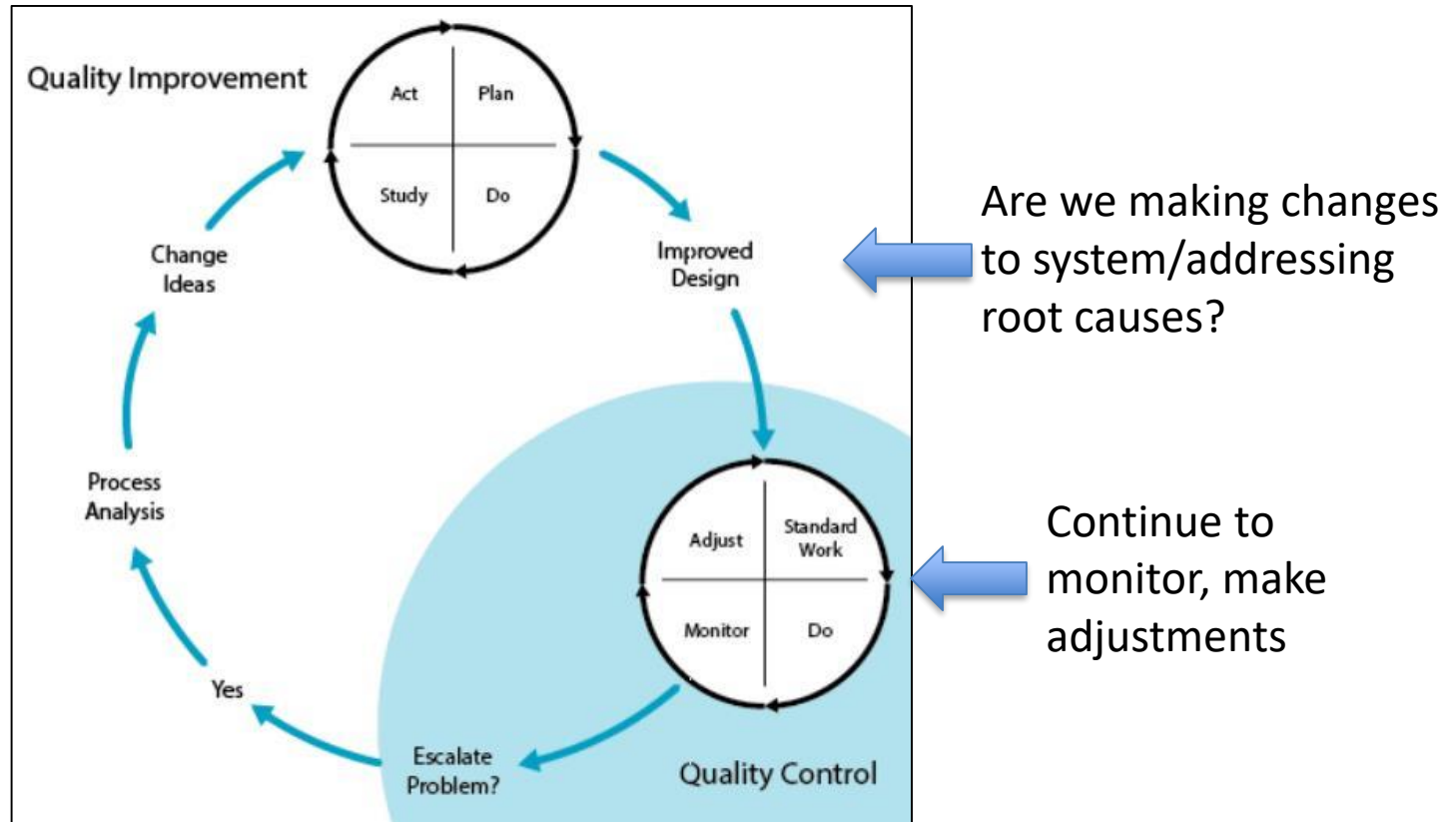
Examples for Diabetes include:

- Referrals for RN/OTs– Not applicable to Baltimore County. How can we adapt value added activities to existing roles?
- Care Coordination around diabetic clients at Care Team Meetings
- Checking A1c in CRISP as part of workflow for sites with no POC Machine
- Adoption of RN Standing orders for medication titration



2018 PI Measure Transition: Sustaining Progress

Relationship Between PI/QI and Quality Control



Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)



2018 PI Measure Transition: Sustaining Progress

Next steps for 2018 measures:

- Evaluate what's working, make sustainability plan
- Identify what needs more help and ownership for that effort
- Ensure measures are being monitored

Other thoughts?



Next Month: October 17, 2018

Prioritized Goals:

- Colorectal Cancer Screening
- Missed Appointments

