

Performance Improvement Committee

September 18, 2019



August Agenda

PI Dashboard

Project Updates:

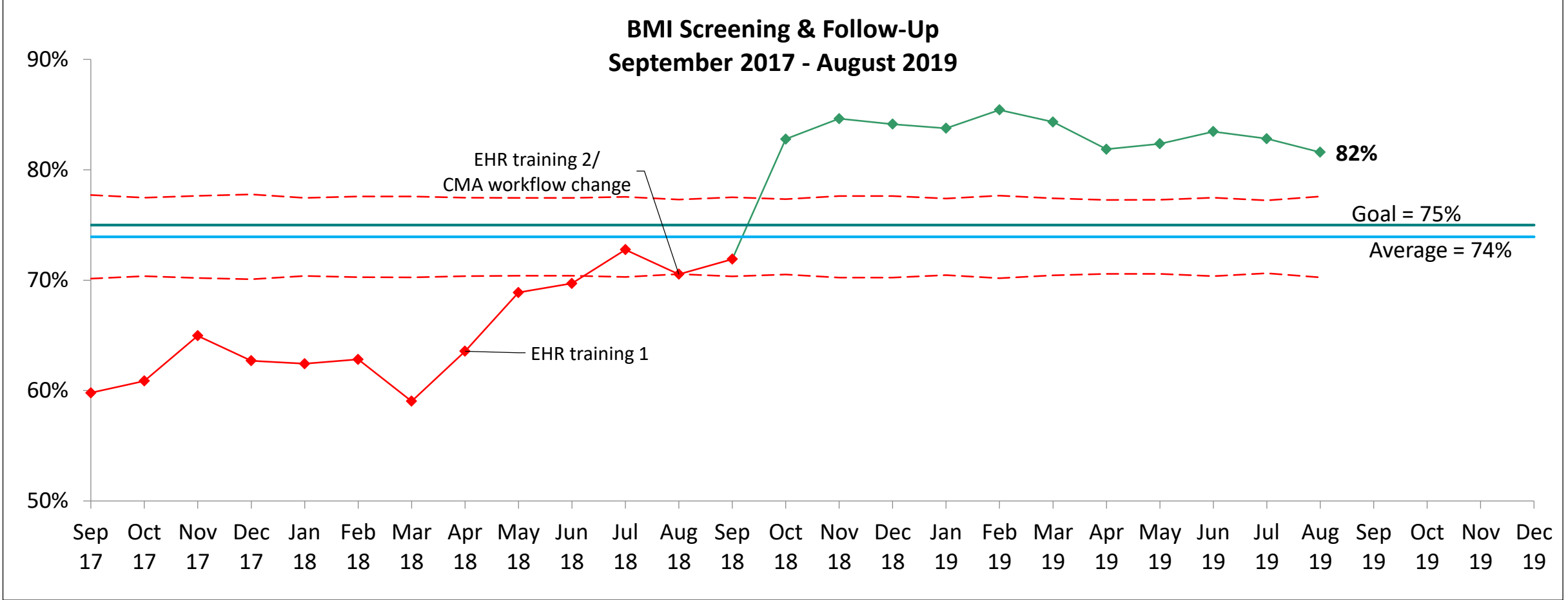
- Blood Pressure Control
- Incident Reporting
- Depression Remission
- Flu Vaccine Campaign

Discussion:

- 2020 PI Plan Development



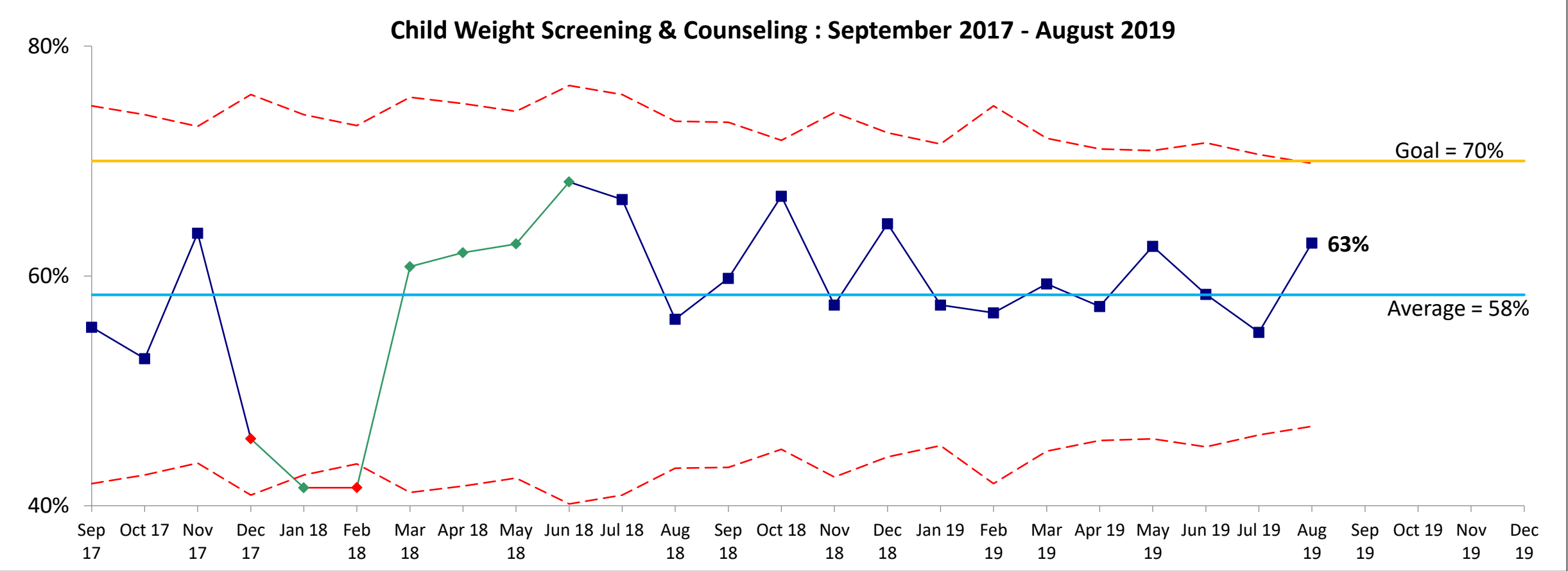
PI Dashboard: Adult Weight Screening & Follow-up



Trailing year: 77%



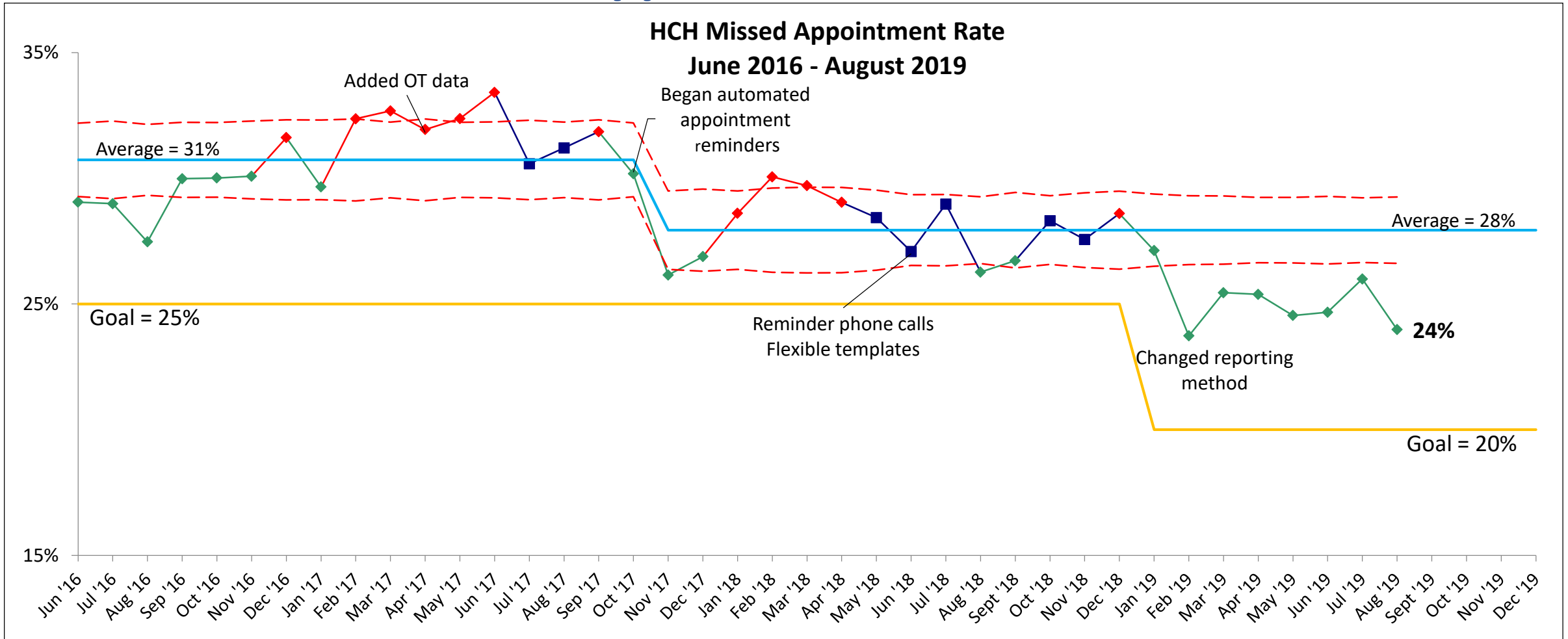
PI Dashboard: Child Weight Screening & Counseling



Trailing year: 56%



PI Dashboard: Missed Appointment Rate

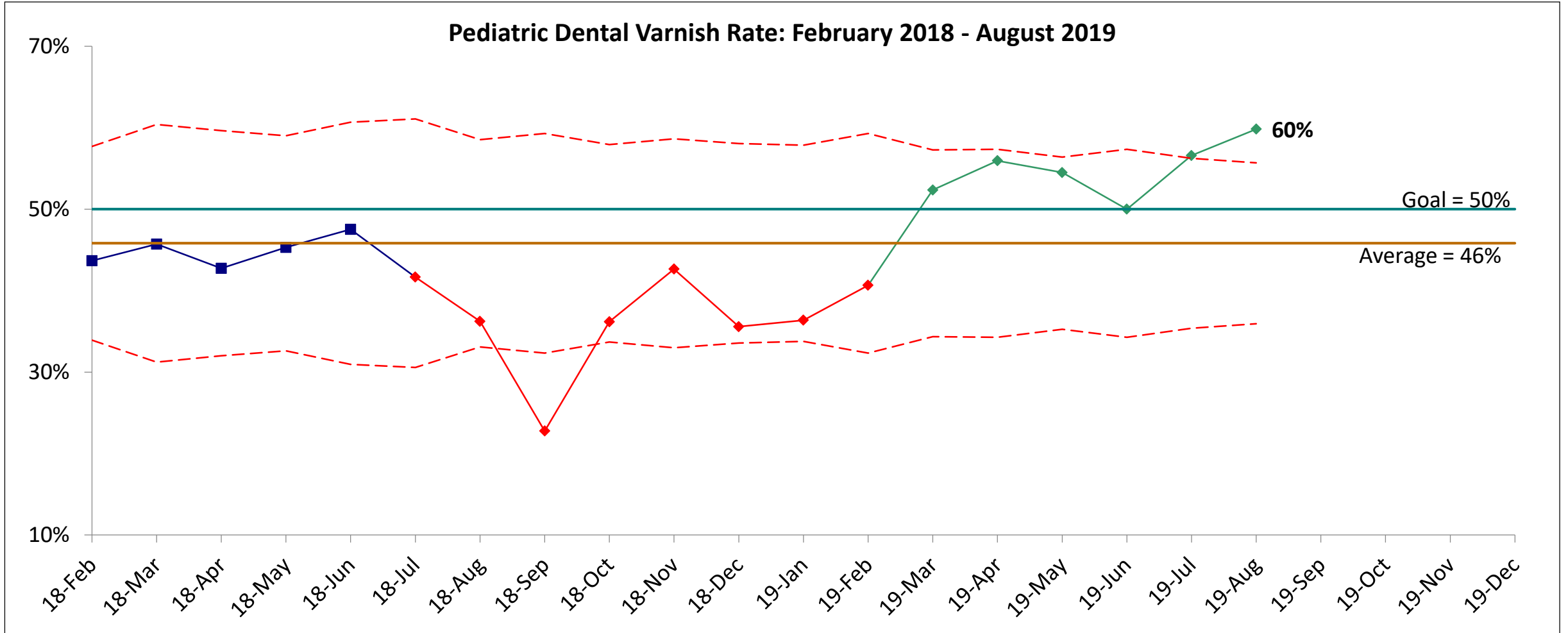


Denominator: All individual encounters and appointments that are not cancelled and appointments with a status of “no-show” in reporting month.

Numerator: Appointment in denominator with a status of “no-show”



PI Dashboard: Pediatric Dental Varnish

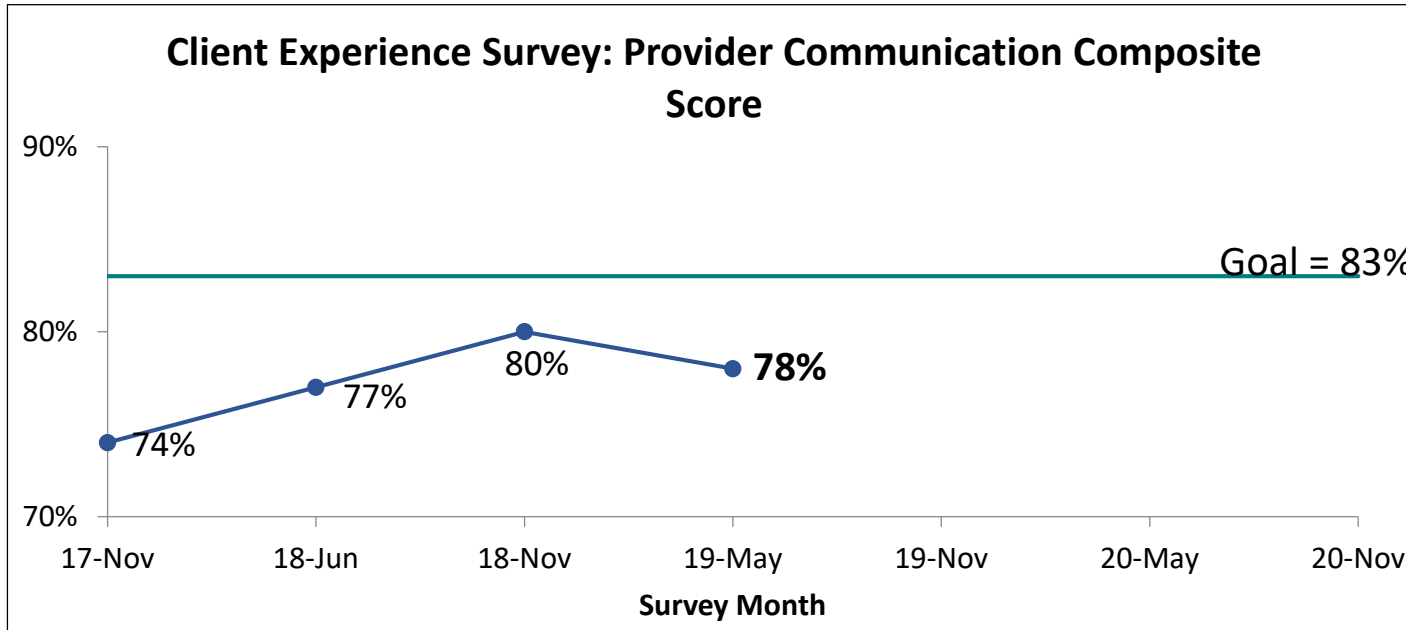


Trailing Year: 34%



Provider Communication

Goal: By December 2019, **83%** of clients will respond “always” on Client Experience Survey questions relating to good provider communication.



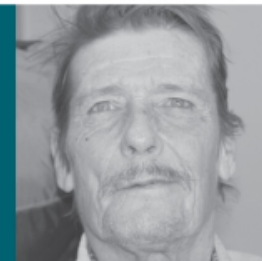
Score = % of times clients answered “always” to the following survey questions:

- *Does your provider explain things in a way that is easy to understand?*
- *Does your provider listen carefully to you?*
- *Does your provider show respect for what you had to say?*
- *Does your provider spend enough time with you?*

Subcommittee Members: Chauna Brocht (Clinical Leader), Veronica Butler (Peer Advocate/ex-CMA), Darrell Richardson (Unit Clerk), Mara Schneider (Occupational Therapy), Phill Sheldon (Case Manager at CCP), Gretchen Tome (Behavioral Health), Malcolm Williams, (Client Engagement), Liz Goldberg (Psych), Greg Rogers (CHW)



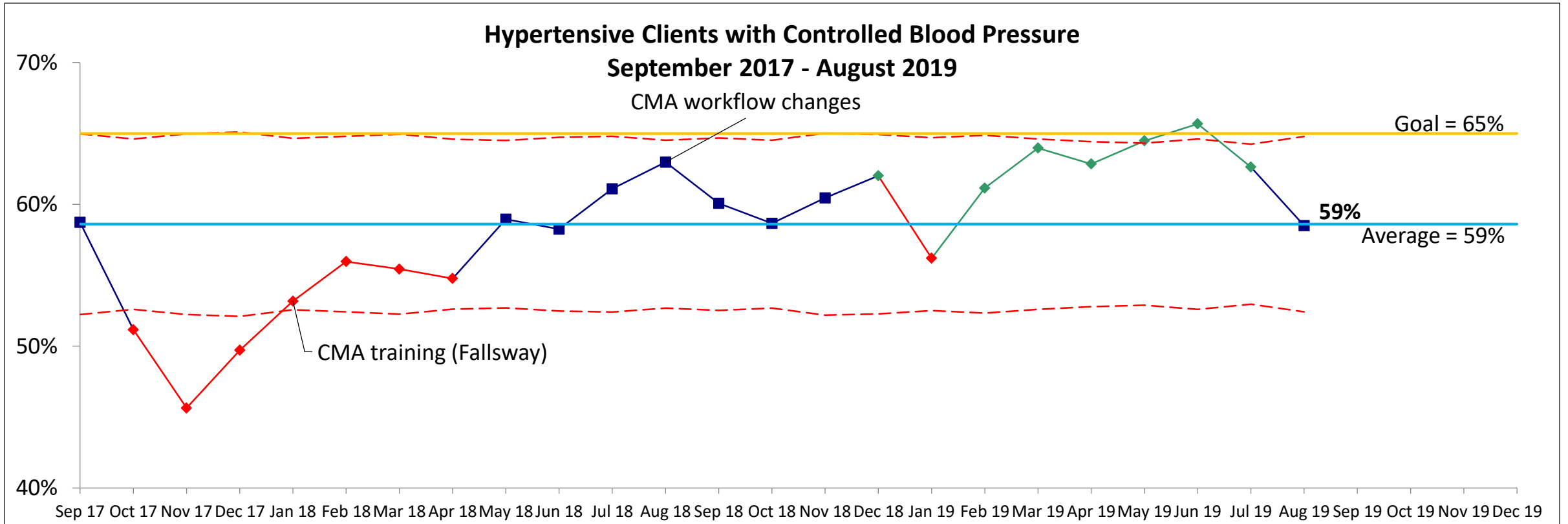
Project Updates



Blood Pressure Control in Hypertensive Clients:

Goal: By December 2019, 65% of Hypertensive Clients will have controlled blood pressure (<140/90mmHg) at their most recent medical visit.

Subcommittee Members: Elizabeth Zurek, Catherine Fowler, Adrienne Trustman



Trailing year: 58%



Since we last met...

- Subcommittee has:
 - Tested the ASK-12 medication adherence tool on CCP clients
 - Pill Card development
 - Explored annual Healthsource BP trainings



- **ASK-12 Medication Adherence Assessment Tool**
- Currently testing the impact of a provider led questionnaire vs. a client, self-administered questionnaire
 - 16 clients at CCP were given the ASK-12 Adherence tool to self answer on Friday, 9/13
 - The same clients completed the ASK-12 tool with a provider as the facilitator on Monday and Tuesday, 9/16 and 9/17



Medication Adherence – Pill Cards

- Testing the use of pill cards that explain how to take the prescribed medications to nursing clients

- Approximately 12 nursing clients will be given pill cards after collecting baseline adherence data (ASK-12) and BP
- The nurses will discuss the information on the pill card at the initial visit to ensure clients fully understand their medications




















- The same 12 nursing clients will use the pill cards to assist in their medication adherence for two weeks
- After two weeks the clients will be reevaluated for their medication adherence (ASK-12) and post-pill card BP



Medication Adherence – Pill Card Example

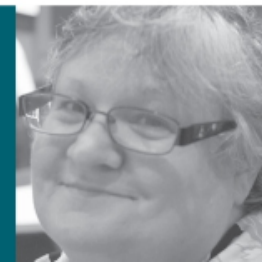
Due: 03-15-06 Name: Jane Doe GMH# 01234567

Names of Pills	What It's For	 Morning/ Breakfast	 Afternoon/ Lunch	 Evening/ Dinner	 Night/ Bedtime
Lisinopril 20 mg 1 pill once a day	Blood Pressure 				
Simvastatin (Zocor) 40 mg 1 pill at bedtime	Cholesterol 				
Metformin 500 mg 2 pills twice a day	Diabetes/ Sugar 				
Gabapentin (Neurontin) 300 mg 1 pill every 8 hours	Nerve Pain 				
Aspirin EC 81 mg 1 pill once a day	Heart 				

- ### Challenges and Changes
- Eliminating the image of the medications as they are subject to change
 - Clients with titration plans will require constant updates to their Pill Cards – creating confusion
 - Pulling clients' medication lists and developing pill cards may be difficult to scale

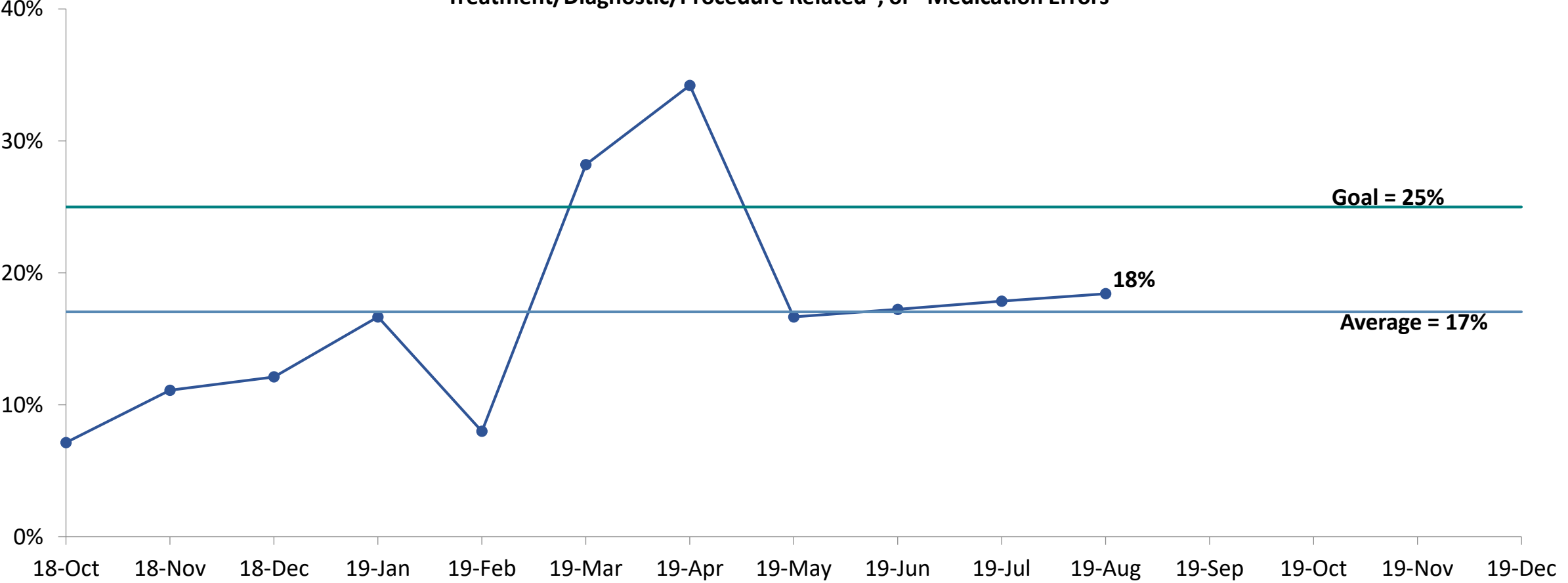
Medication Adherence – Next Steps

- Test the use of Pill Cards with nursing clients
- Begin work with HI to integrate the ASK-12 tool into EMR
- Continue to track medication adherence among patients



PI Dashboard: Incident Reporting

Percentage of Reported Incidents in Categories "Near Miss", "Treatment/Diagnostic/Procedure Related", or "Medication Errors"



IR quick facts

- 273 incidents filed in 2019
- 105 unique staff have submitted incidents in 2019
- Fallsway represents 70% of incidents; all other sites are under 10%
- Continue to see high rates for criminal, verbal, or physical incidents
- Patient Safety Incidents currently represent 20% of incidents



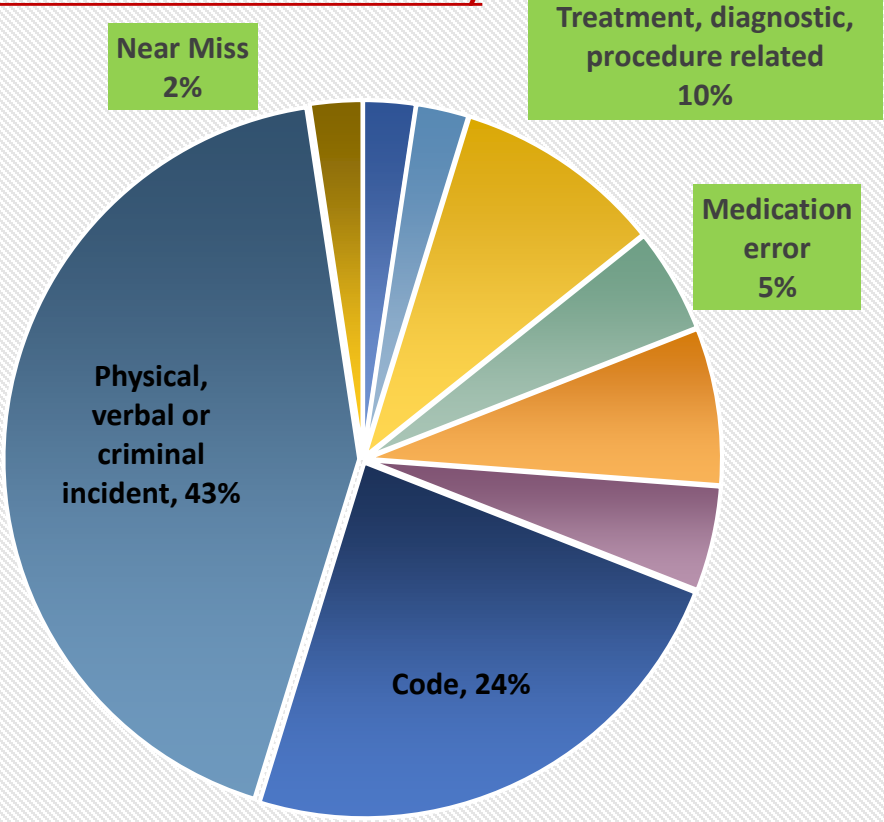
Incident Reporting: Since We Last Met

- Implemented a standing agenda item to discuss incidents at medical team meetings
- Continuing to distribute Safety Stars to our frequent reporters at All-Staff
 - We are also displaying a “shout-out” section during distribution to call out noteworthy reporters
- Developing an “Incident Owner” training for directors and department heads
 - Education on investigation and closing an incident

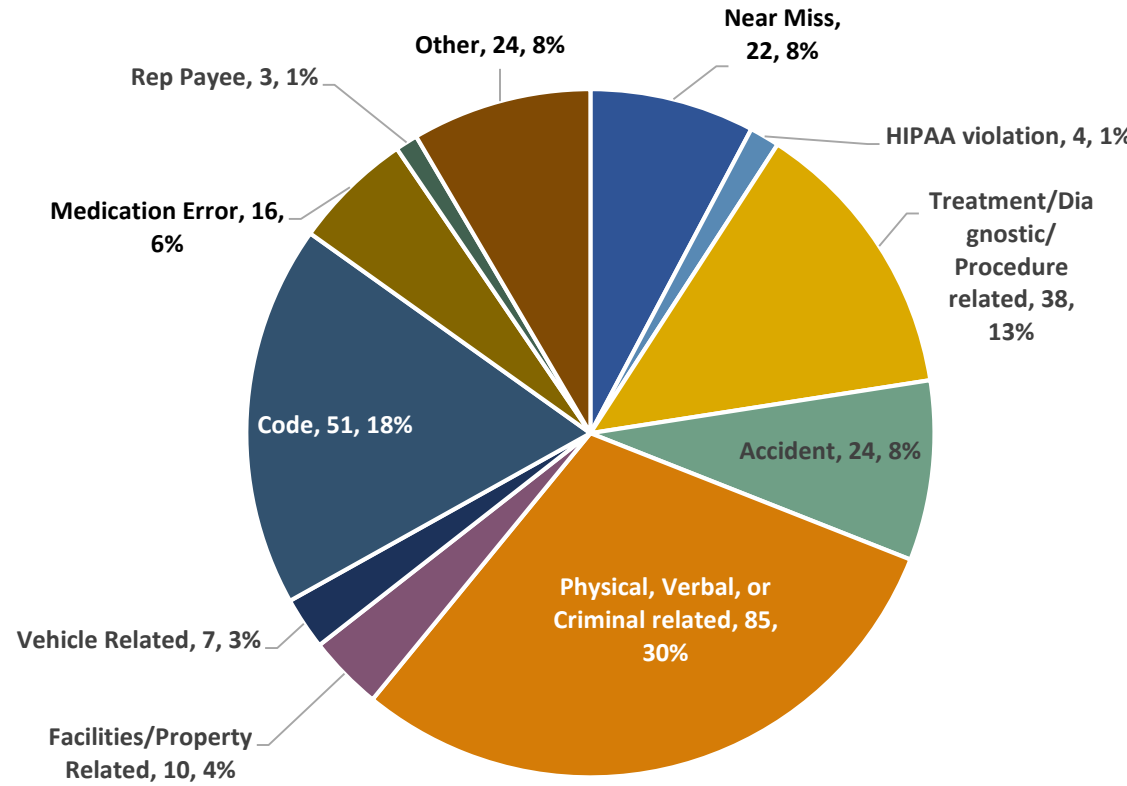


Incident Reporting Data

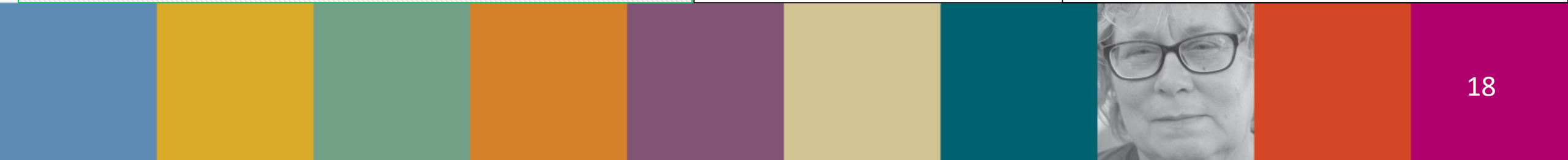
Incident Reporting (Jan and Feb 2019) – mirrored 2018 data)



- Near Miss
- HIPAA violation
- Treatment/Diagnostic/ Procedure related
- Accident
- Physical, Verbal, or Criminal related
- Facilities/Property Related
- Vehicle Related
- Code
- Medication Error
- Rep Payee
- Other



Saw a decrease (13%) in the proportion of Physical, Verbal or Criminal Related incidents following PI initiatives



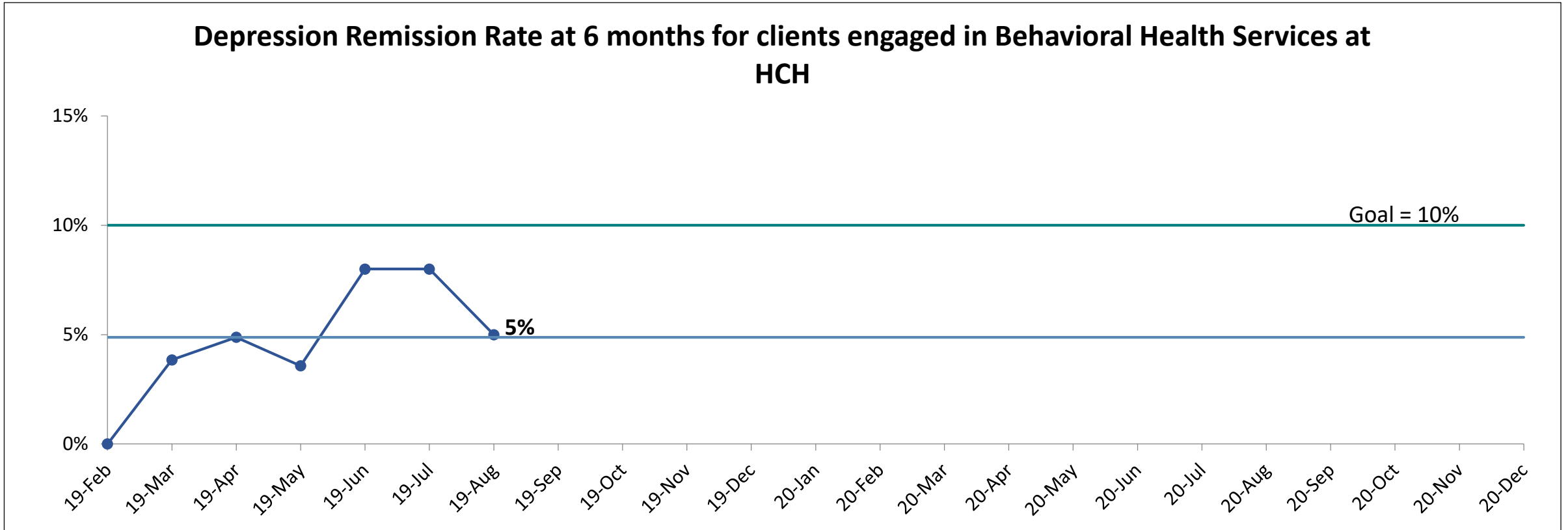
Incident Reporting: Discussion

- How do we incorporate incident reviews into care team meetings?
- Where else can we deliver trainings to staff on how and what to report?



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).



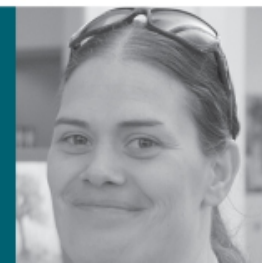
Our Progress so far...

- The Subcommittee has:
 - Identified root causes that contribute to lack of screening and counseling
 - Identified potential change ideas
 - Prioritized change ideas



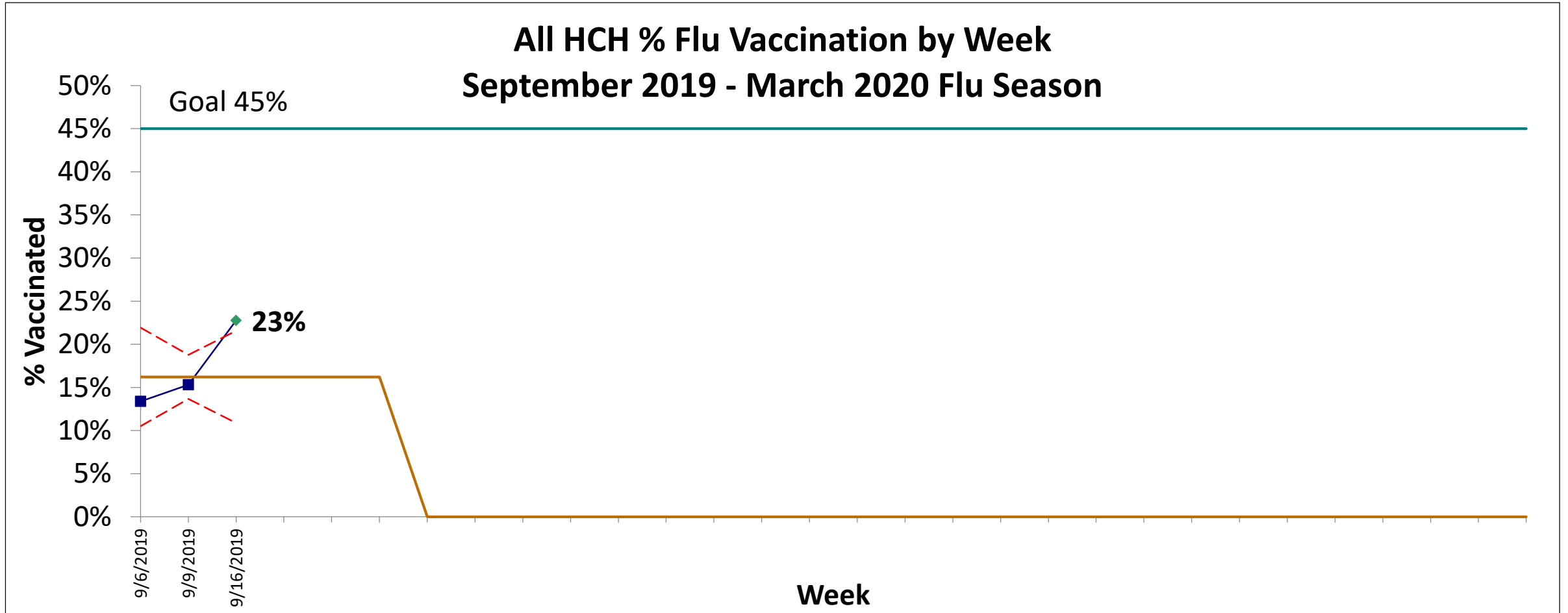
Depression Remission: Targeting Root Causes

Change Idea	Root Cause
Standardizing the administration of the PHQ-9	Different disciplines/providers yield different scores – Medical vs. BH vs. Case Mgmt
Collective trainings and exploration of resources and methods to treat depression	No standard knowledge of resources among providers
Incentives for clients to complete	Client Declines the PHQ-9 test
Inability to view previous scores and upcoming PHQ-9 due date	Ease of EMR use to view previous scores and upcoming PHQ-9 due date



Flu Immunization

Goal: By March 21, 2019, 45% of eligible clients will have documentation of flu vaccine administration.



Our Progress so far...

- A total of 321 clients have been vaccinated!
- BH, Case Management, Psych and OT workflows are running dynamically with Medical CMA deliveries



Discussion



2020 UDS measure changes

- Current measures will be aligned with CMS measures
- Depression Remission at 12 months (addition to 6 months)
- HIV Linkage to Care (revision – down from 90 days to 30 days)
- HIV Screening (# of patients with HIV test documentation vs. # of patients with HIV diagnosis)
- Human Trafficking and Intimate Partner Violence (new measure)
- Diabetes (Eye Exams, Foot Exams, Nephropathy screening test – new measure)
- Breast Cancer Screening (new measure)



2020 PI Plan

- PI Goals that are continuing into 2020:
 - Child Weight Screening and Counselling
 - Depression Remission + Connection to Behavioral Health – clients who score >9 on the PHQ-9
 - Provider Communication
 - Flu Immunization



2020 PI Plan

- Opportunities for improvement:
 - Access – Phone line/call center
 - Diabetes – Eye exams, foot exams and nephropathy screening tests
 - Medication adherence
 - Continuity of Care
 - MAT Expansion
 - Hospital Admission follow-up
 - Prostate and Breast Cancer Screenings
 - Patient Safety – Lab tracking

