

# Performance Improvement (PI) Committee Monthly Meeting

April 2025



# Agenda

1. Performance Improvement (PI) Framework Reminder
2. Clinical Quality Measure (CQM) Data
3. PI Goal Data
4. PI Goal Updates



# 2025 PI Framework

We are here!



## Phase 1 (generally, Q1)

Preparation and Problem Identification

*Includes: Qualitative and Quantitative data collection and review (client and staff interviews, chart reviews, observations), process mapping, charters, Pick Charts, design sessions*

## Phase 2 (generally, Q2/Q3)

Testing via PDSA cycles

*Includes: Staff involvement in testing and contributing feedback for iterative cycles*

## Phase 3 (generally, Q3/Q4)

Scale Up and Sustainability

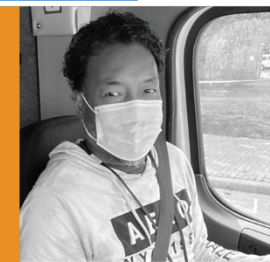
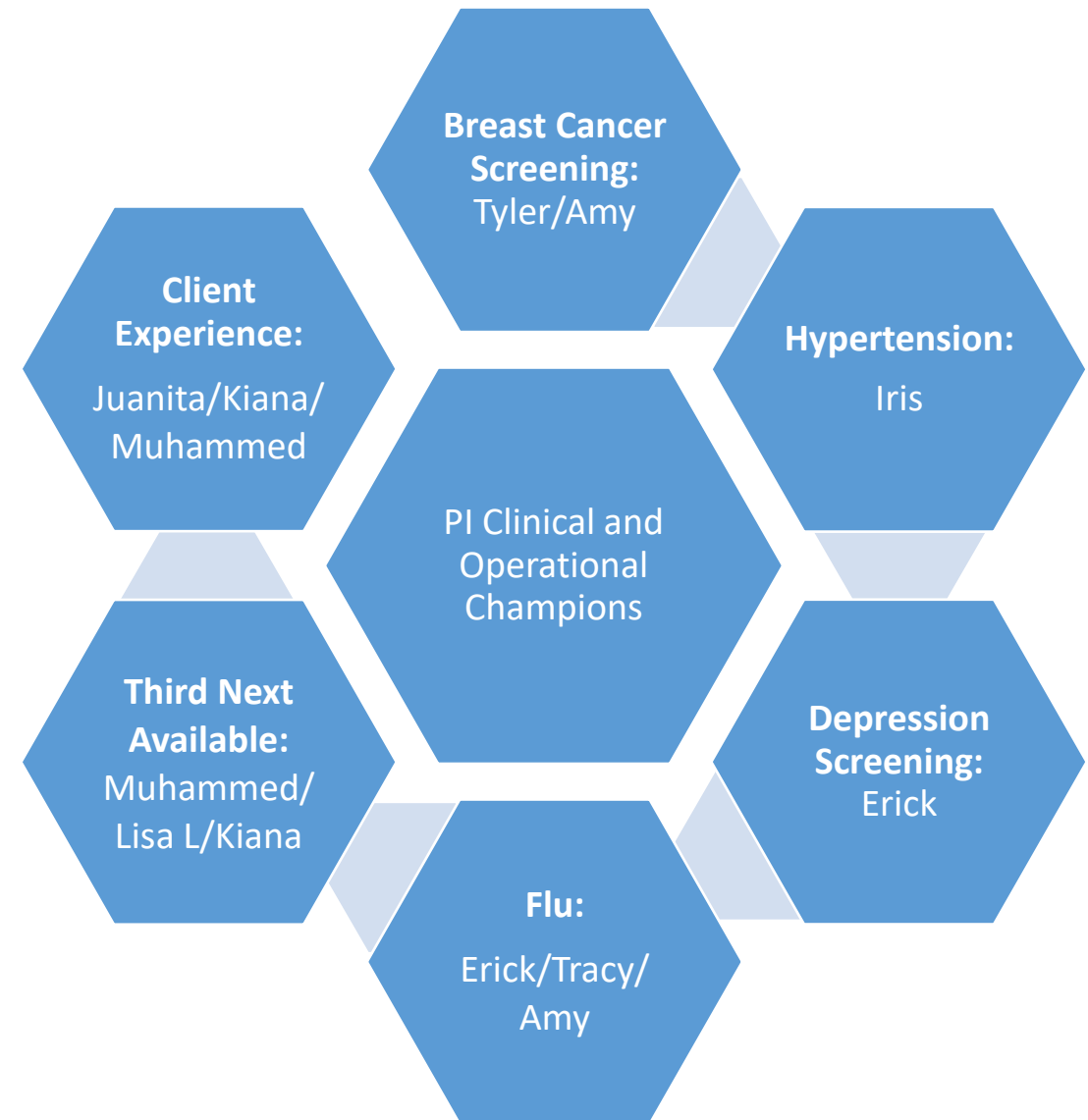
*Includes: integrating improvements into workflows and sustaining the gains*



# 2025 PI Framework Continued

**Clinical and Operational Champions** = department leaders that collaborate on lean team and serve as co-POC for goal work

**Staff Champions** = collaborate via ad hoc and one-on-one meetings throughout the year, help test changes and provide feedback



# Clinical Quality Measure (CQM) Data



# Clinical Quality Measure (CQM) Data

Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

Screening and Preventive Care Measures	Feb	March	2025 Goal
Height and Weight Assessment and Health Counseling	47%	47%	50%
Cervical Cancer Screening	53%	54%	55%
Colorectal Cancer Screening	34%	34%	35%
HIV Screening	74%	74%	77%
Tobacco Use: Screening and Cessation Intervention	72%	72%	74%

Chronic Disease Management	Feb	March	2025 Goal
Hypertension: Controlling High Blood Pressure	61%	62%	65%
Diabetes: HbA1c Poor Control (>9%) [inverse]	32%	32%	31%



# Clinical Quality Measure (CQM) Data

Additional HCH Priorities	Feb	March	2025 Goal
Closing the Referral Loop (% Completed Referrals)	35%	36%	40%
SDH Ask Rate	32%	33%	50%
Flu Vaccinations	Offer Rate: 59% Admin Rate: 48%	Offer Rate: 57% Admin Rate: 47%	Offer Rate: 75% Admin Rate: 50%
Suicide Assessment and Safety Plan	31%	32%	85%
Prescribing Antibiotics for Upper Respiratory Infection (URI) and Acute Bronchitis (YTD)	100%	pending	100%
Hospital Readmission	13%	pending	12%

Key
3+ Improvement
1-2+ improvement
Reduction



# Performance Improvement Measure Data





# 2025 Performance Improvement Measures

Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

PI Measures	Feb	March	2025 Goal
Breast Cancer Screening (Ages 40 – 74)	44%	41%	46%
Depression Screening and Follow-Up Plan	57%	59%	55%; Stretch: 60%
Hypertension Disparity (Black/African American Females)	56%	55%	57%
Third Next Available	27 days	26 days	Fallsway Avg: 21 days
Client Experience	4.57	4.59	4.81

Additional Goals

Influenza vaccination: will resume for 25-26 flu season



# Performance Improvement Measure Updates



# Breast Cancer Screening

*Other Preventive: (Cancer Screening)* By December 31, 2025, increase the percentage of **women aged 40 – 74 years old who had a mammogram** to screen for breast cancer to 46%. Additionally, **increase screening percentages by 5% for Black/African American and White women to more equitably align with Agency average.**

- Baseline Agency: 41% (July 2024 TY)

- Baseline by Race an/or Ethnicity

White	Black	Hispanic/Latina
26%	35%	65%

- **Agency Goal: 46%**

- Goal by Race and/or Ethnicity

White	Black
31%	40%



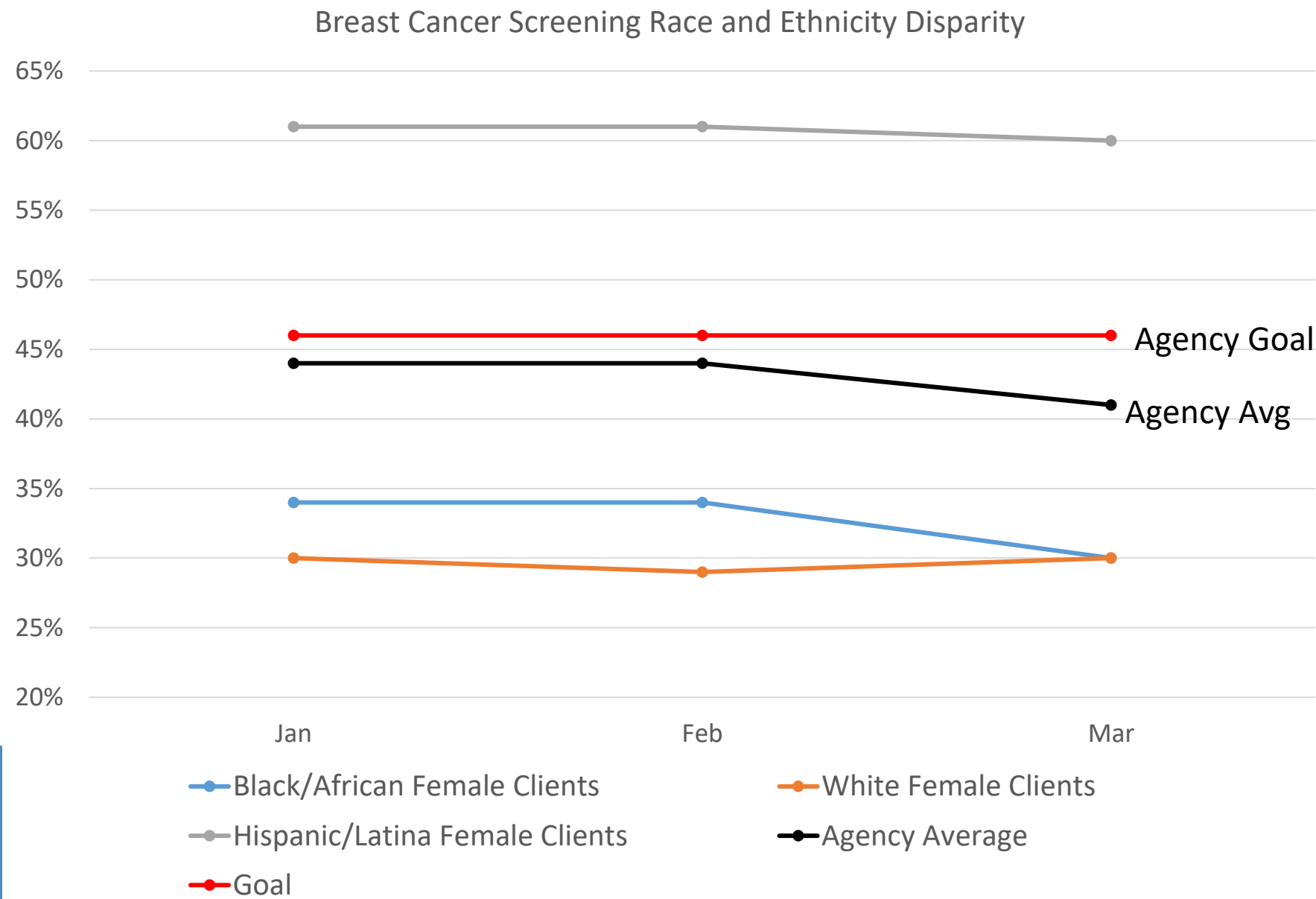
# Breast Cancer Screening

**Goal: 46%**

**Current: 41%**

**Disparity Current:**

- B/AA: 30% (goal: 40%)
- W: 30% (goal: 31%)
- H/L: 60%



# Breast Cancer Screening Updates

1. Breast Cancer Screening Interviews
2. Primary Care BCS Workflow Process Map review and gap area identification
3. Requests for referral partner meetings (MedStar Franklin Square, Mercy)
4. Provider Feedback

- This past month PI partnered with members of the Population Health team, Tracy, Kim, and Amy to complete breast cancer screening interviews (similar to how we did interviews for the Hypertension Disparity measure). 12 clients shared their experience with us – we will present final analysis of their experience next month.
- The clinical champions reviewed an existing process map and identified gap areas for further evaluation and possible change idea generation.
- The team reached out to a couple of our major BCS referral partners to request in person meetings (or virtual if preferred) to learn more about the full process and what HCH may further do to support clients in the full process of completing their mammogram.
- The team asked providers to share their experience of identified barriers and facilitators to breast cancer screening for clients. A shout out to Julie Rich and Sunny Park for sharing feedback. The team plans to attend the April 24<sup>th</sup> provider meeting to learn more from others.

## Barriers to Breast Cancer Screening:

1. What are the most common reasons patients share for not participating in breast cancer screening?
2. Are there any specific cultural, social, or economic barriers you've noticed that prevent patients from getting screened?
3. Do you find that certain age groups or demographic groups are less likely to follow through with screening recommendations?
4. Have you observed any psychological barriers prevent clients from getting screened?
5. Have you found that clients have a clear understanding of the importance of breast cancer screening?
6. What barriers are there to addressing breast cancer screening?

## Facilitators to Breast Cancer Screening:

1. What strategies or approaches have you found to participate in breast cancer screenings?
2. How do you tailor your communication about understanding and motivation?
3. What support systems (e.g., family, community) have helped you participate in breast cancer screenings?

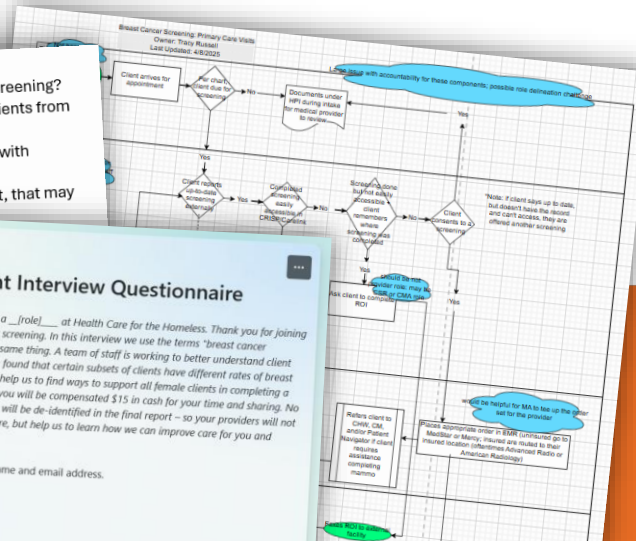
## Breast Cancer Screening Client Interview Questionnaire

**Must read before interview:** My name is [name], I am a [role] at Health Care for the Homeless. Thank you for joining me for this interview about your experience with breast cancer screening. In this interview we use the terms "breast cancer screening" and "completing a mammogram," which mean the same thing. A team of staff is working to better understand client experience of breast cancer screening. In looking at data, we've found that certain subsets of clients have different rates of breast cancer screening than others. We are using these interviews to help us to find ways to support all female clients in completing a mammogram. This interview will be 30 - 35 minutes long and you will be compensated \$15 in cash for your time and sharing. No know your answers. Answers will not negatively impact your care, but help us to learn how we can improve care for you and others. Do you have any questions?

Hi, Lisa. When you submit this form, the owner will see your name and email address.

1. Would you like to proceed with the interview?

☐ Yes



# Depression Screening and Follow Up Plan

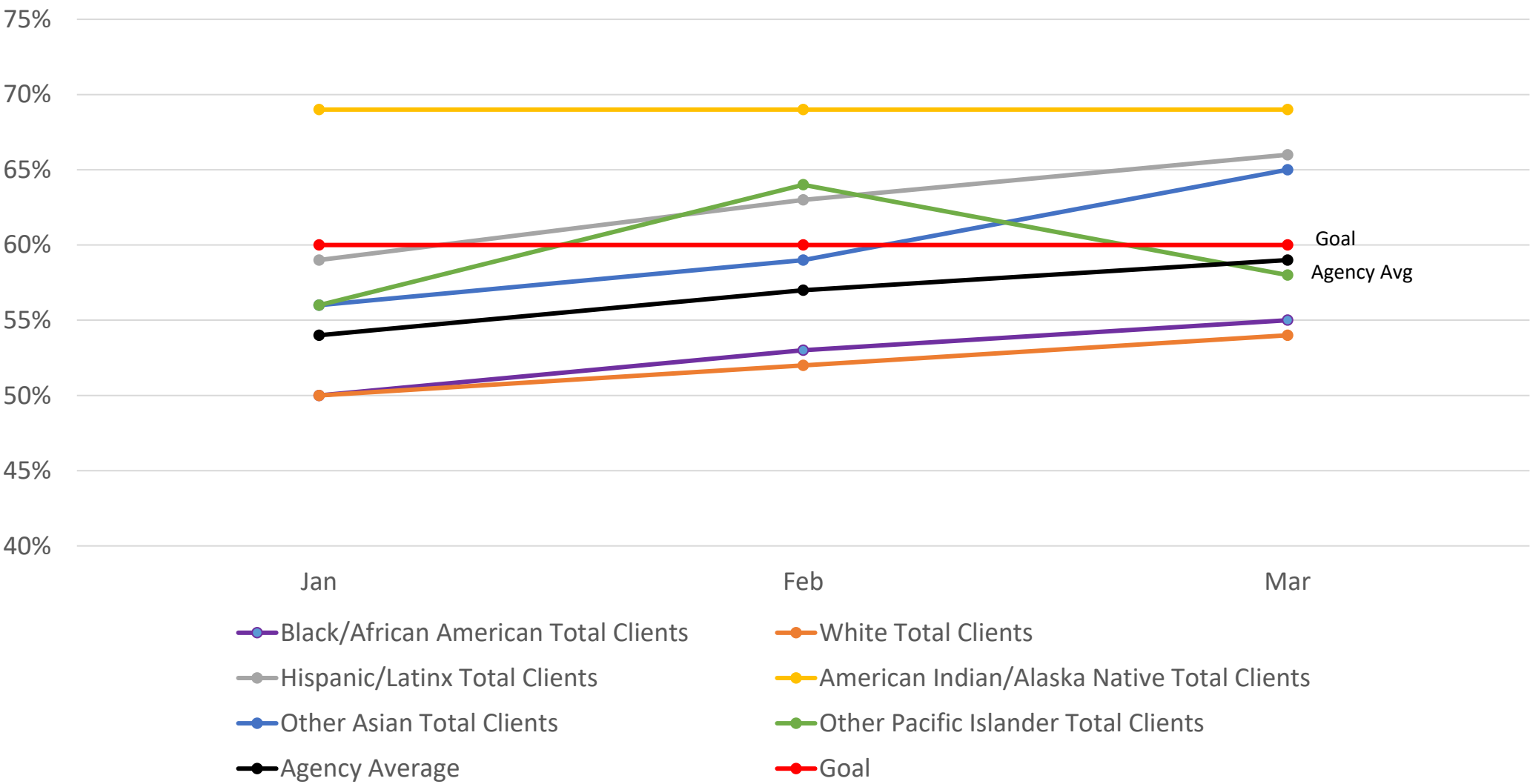
*Behavioral Health (Depression):* By December 31, 2025, improve the percentage of **clients 12+ years old screened for depression**, and **if/when positive have a documented follow up plan**, to 55%.

- Baseline: 46% (July 2024 TY)
- **Goal: 55%; Stretch: 60%**
- Current: 59%



# Depression Screening and Follow Up Plan

Depression Screening and Follow Up Plan Race and Ethnicity Disparity



# Depression Screening and Follow Up Plan Updates

- 1% improvement!
  - Shout out to non-medical lines of service!
- Pilot Continued
  - Intake packet pilot continues
  - Implemented instructions sheet (“complete all that you can and circle what you have questions on”)
  - 4/14 data analysis
    - 83% of missed screening or absent follow-up in medical department (compared to 81% on 1/15)
      - 98% were missing screening
      - 1% missing follow-up





# Hypertension Disparity

*Chronic or Acute (Hypertension):* By December 31, 2025, improve **hypertension control rates (less than 140/90 mmHg) for Black/African American women** to 57% to **more equitably align** with the Agency's other racial, ethnic, and gendered populations.

- Baseline: 52% (July 2024 TY)
- **Goal: 57%**
- **Current: 55%**

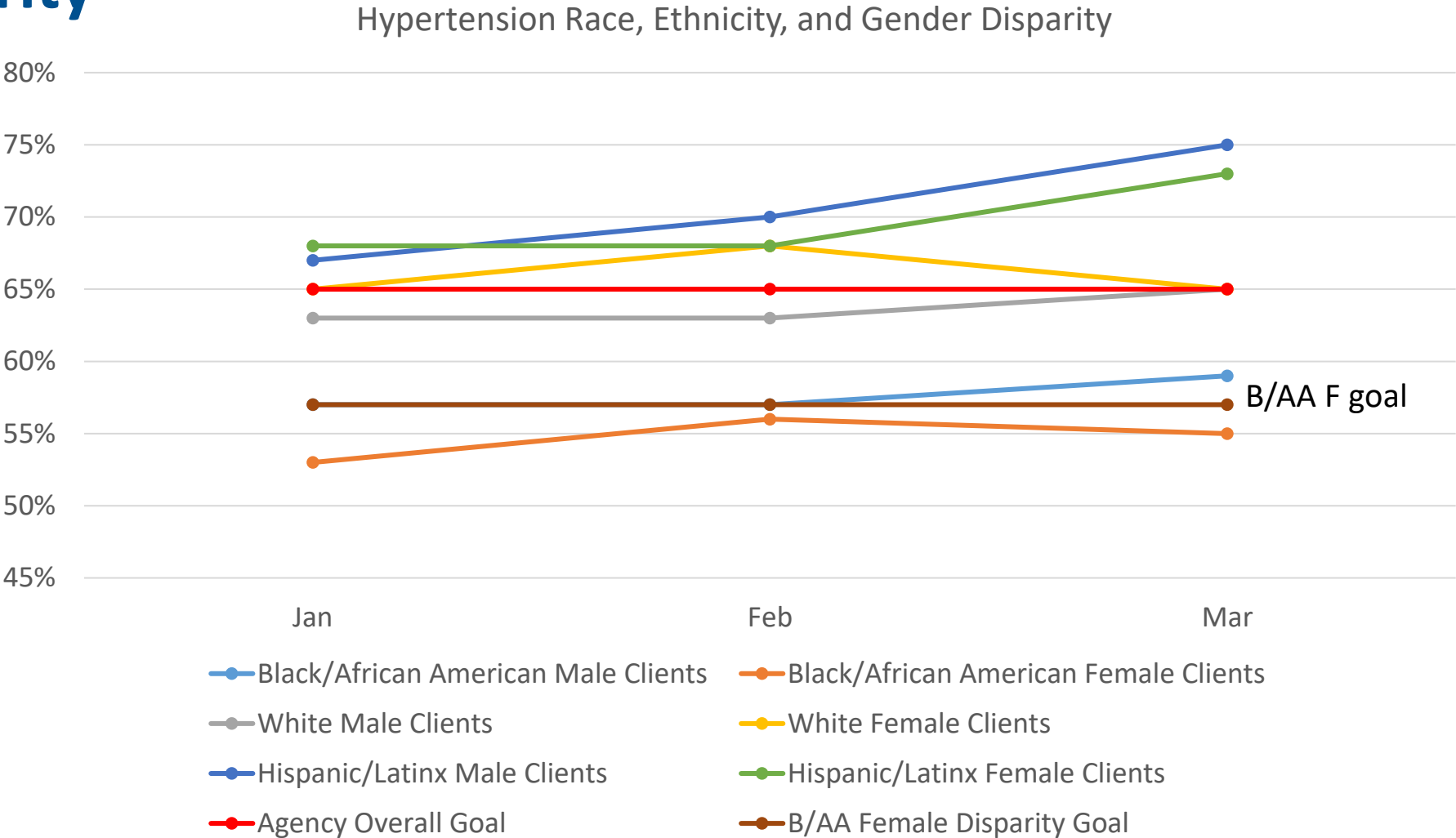
Race/Ethnicity/Gender	Baseline Comparison (July 2024 TY)
Agency Average	62%
Black/African American men	62%
Black/African American women	52%
White men	73%
White women	63%
Hispanic/Latino men	72%
Hispanic/Latina women	69%



# Hypertension Disparity

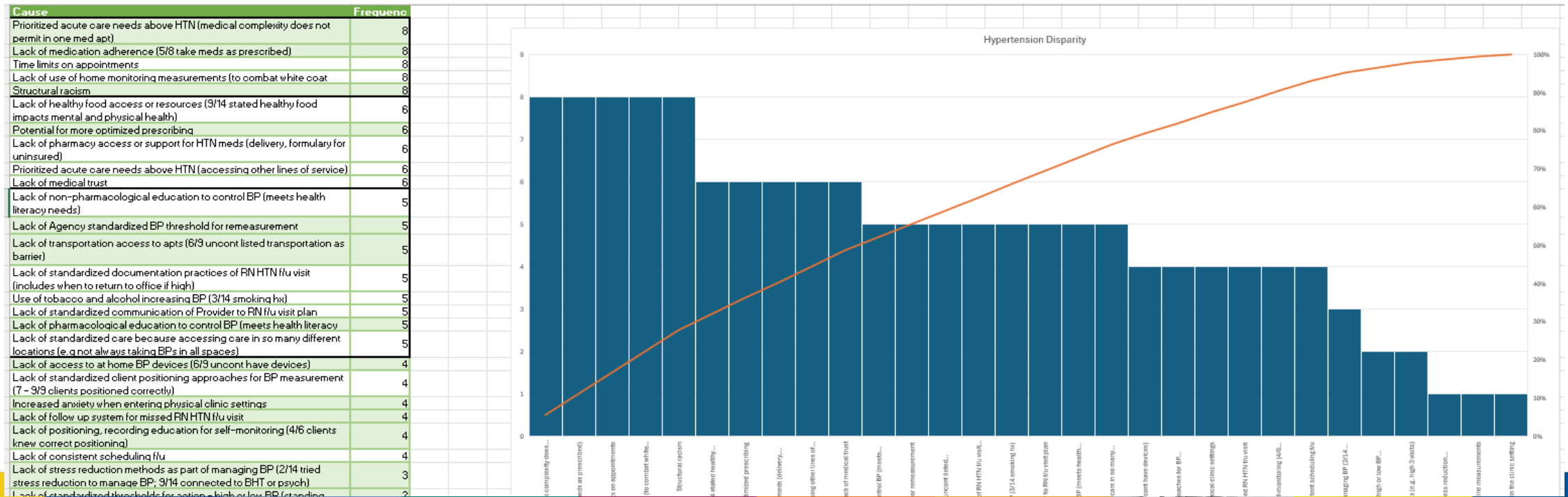
## Disparity Current:

- B/AA M: 59%
- B/AA F: 55% (goal: 57%)
- W M: 65%
- W F: 65%
- H/L M: 75%
- H/L F: 73%



# Hypertension Disparity Updates

1. Completed a [pareto chart](#) with the team (will be an upcoming PI tool)
2. Next step to design our change ideas!



# Third Next Available

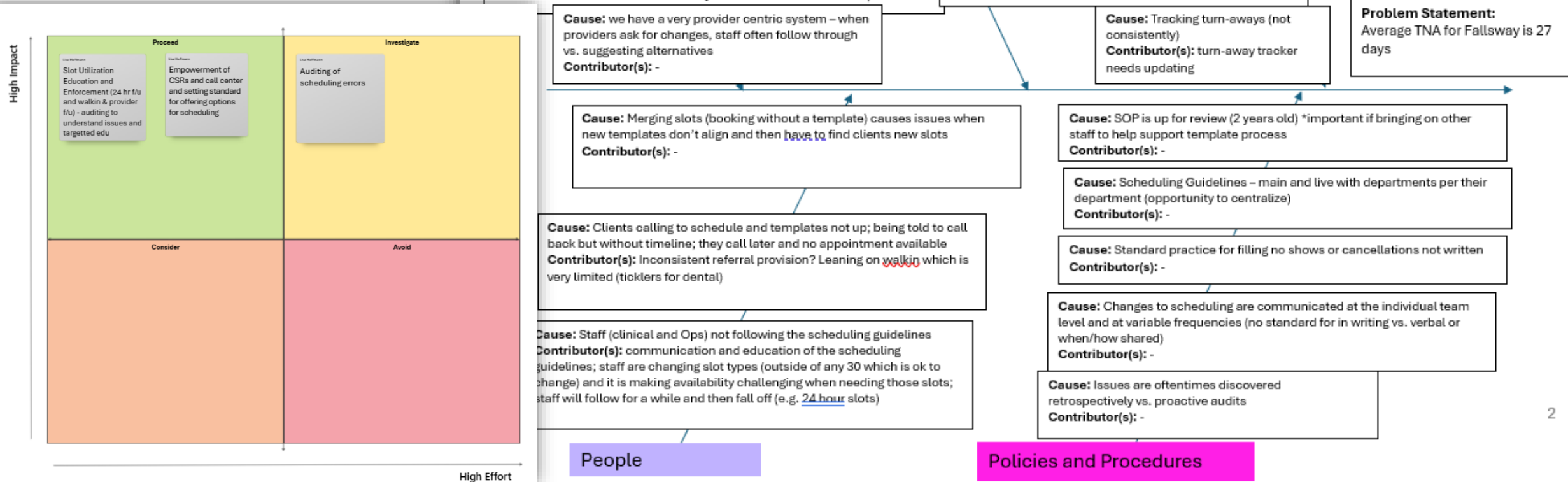
By December 31, 2025, improve the **Fallsway location time to third next available appointment to an average of 21 days** (includes Behavioral Health, Case Management, Medical, Nursing, and Psychiatry departments).

- Baseline: 24 days (December 2024 TY)
- **Goal: 21 days**
- **Current: 26 days**
  - BH: 27
  - CM: 12
  - Medical: 38
  - Nursing: 16
  - Psychiatry: 24



# Third Next Available Updates

1. The team completed a fishbone diagram and pick chart
2. Working on empowerment of CSRs and Call Center and setting standard for offering options for scheduling for first test of change



# Client Experience

By December 31, 2025, improve the average level of client satisfaction survey for **“rate your level of satisfaction during your recent visit of the person who you assisted during the check-in process” to 4.81** (scale of 1 to 5, 5 being the highest).

**Baseline: 4.57 (Feb 2025)**

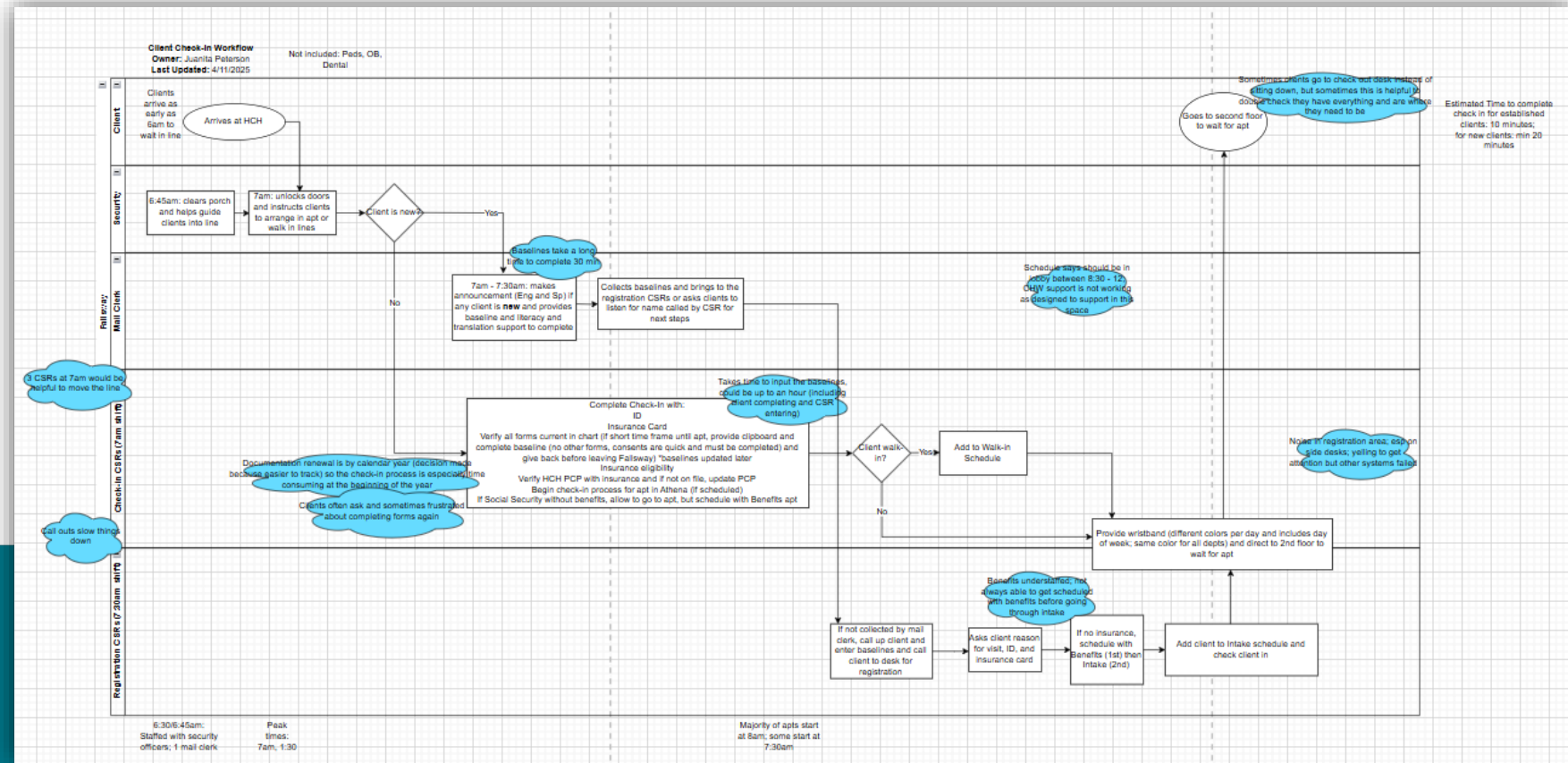
**Goal: 4.81 (50<sup>th</sup> percentile)**

**Current: 4.59**



# Client Experience Updates

1. Reviewed FeedTrail feedback
2. Completed process map for Fallsway check-in process and identified challenge areas
  - Length of time to complete baselines
  - Previous systems to support clients on first floor not working as designed
  - Staffing at rush hour



# Flu Vaccinations

*Immunizations (Flu):* By the end of the 2025/2026 flu season, improve Agency percentage who were **offered an influenza vaccine** to 75% and **administered** to 38%.

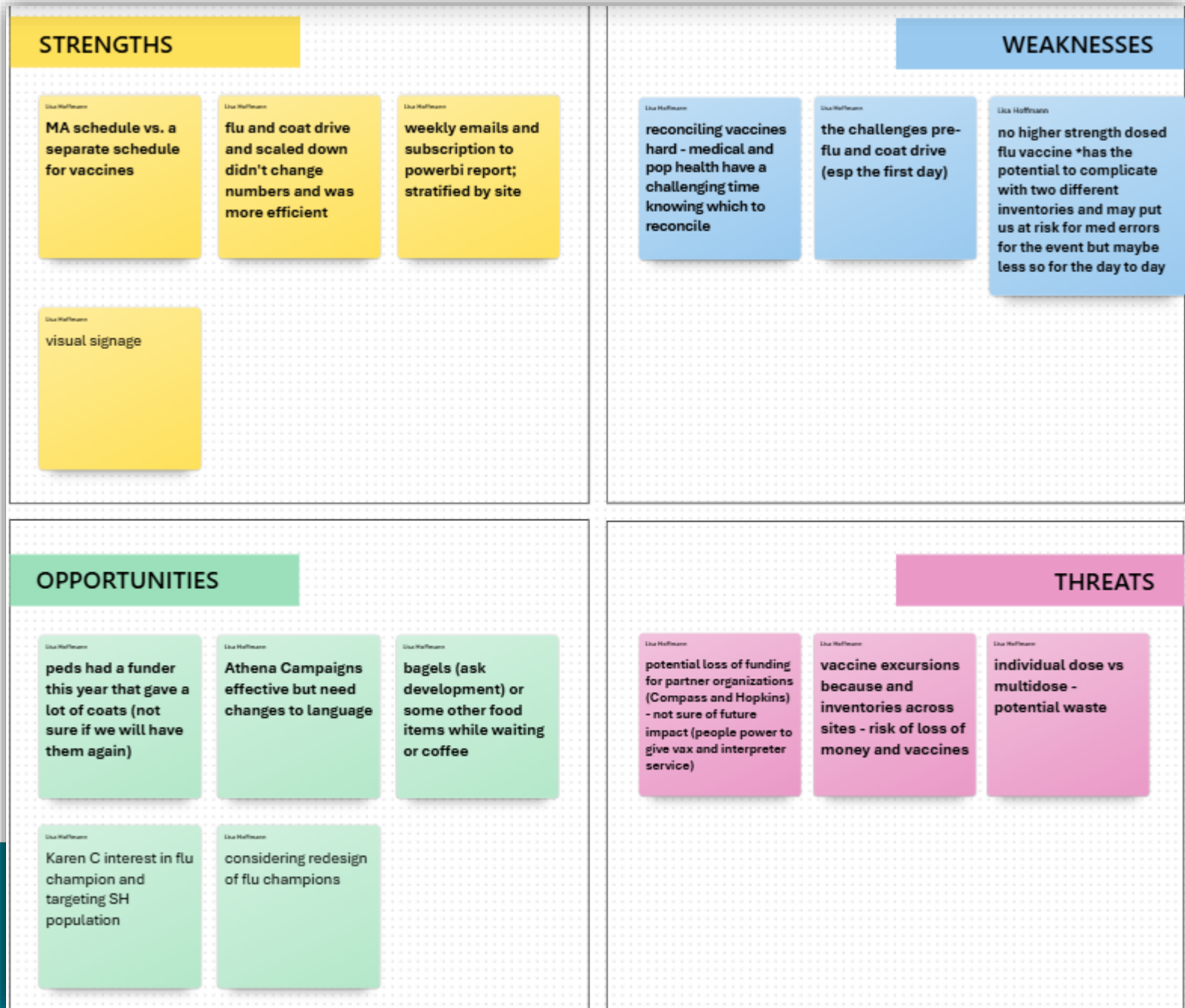
- Baseline: Offer Rate: 28%; Administered Rate: 27% (2023/2024 Flu Season)
- Current: Offer Rate: 57%; Administered Rate: 47%
- **Goal: Offer Rate: 75%; Administered Rate: 50%**





# Flu Vaccination Updates

1. Completed review of 2024/2025 flu season (ended)
2. Completed a SWOT analysis
3. Scheduled 25/26 flu season planning meeting for June 2025



# Thanks!

Please reach out to Lisa Hoffmann ([lhoffmann@hchmd.org](mailto:lhoffmann@hchmd.org))  
with questions, thoughts or interest in anything here!

