Performance Improvement (PI) Committee Monthly Meeting

July 16, 2025

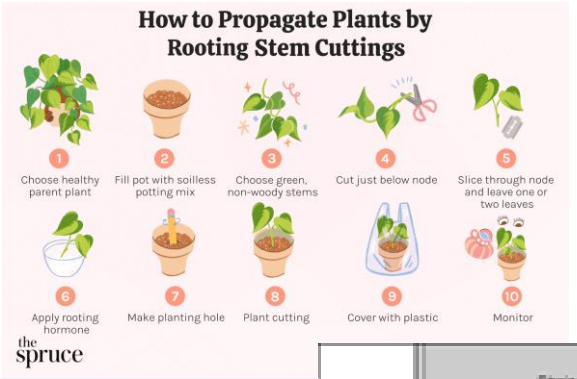
HEALTH CARE for the HOMELESS

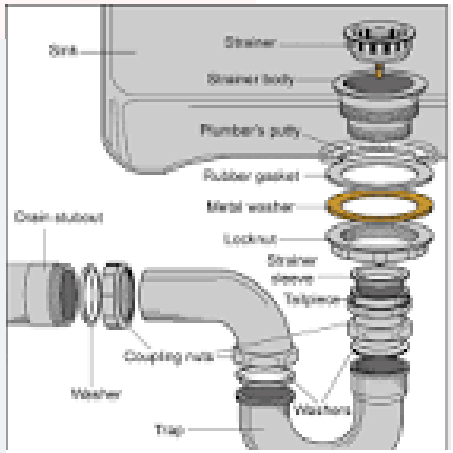
Agenda

1. Icebreaker
2. Performance Improvement (PI) Framework Reminder
3. Clinical Quality Measure (CQM) Data
4. PI Goal Data
5. PI Goal Updates
6. PI Tool: Pick Chart

Icebreaker

When was the last time you took the time to learn a new skill?





2025 PI Framework

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)

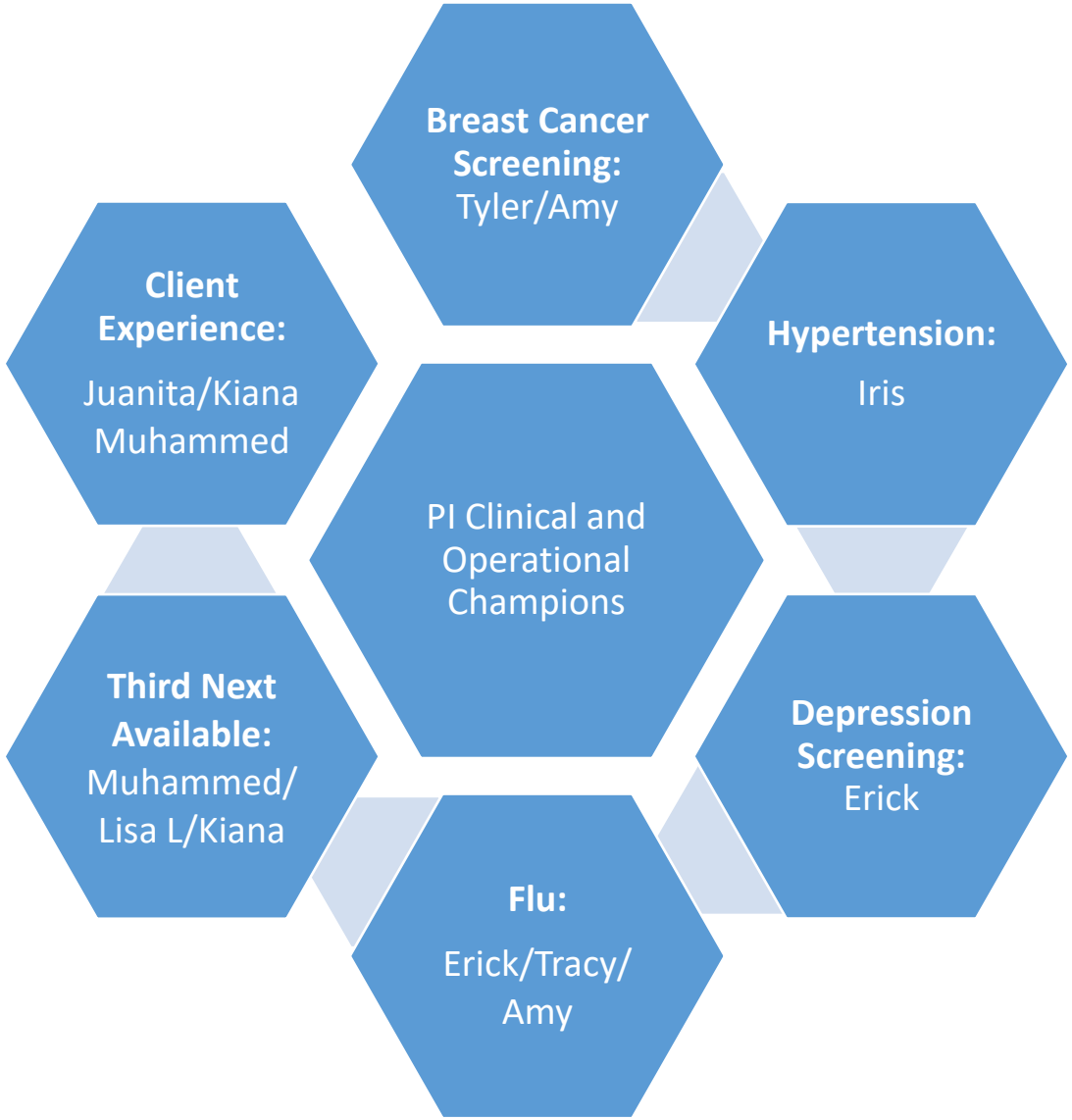
Scale Up and Sustainability

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



Staff Name	PDSA/Change Activity
Shannell	Appointment Options TNA PDSA
Registration Team	Appointment Options TNA PDSA
Juanita	CSR Equipment Maintenance
Marc	CSR Equipment Maintenance
Kiana	CSR Equipment Maintenance
Muhammed	CSR Equipment Maintenance
Zara	BP Remeasurement PDSA
Katrina	BP Remeasurement PDSA
Emma	BP Remeasurement PDSA
Arie	Healing Us Sister Circle
Jasmine B	Healing Us Sister Circle
Lawanda	Healing Us Sister Circle
Iris	HTN Medication Algorithm PDSA
Brendan	HTN Medication Algorithm PDSA
Adrienne	HTN Medication Algorithm PDSA
Tierra	Breast Cancer Screening Video PDSA
Kim	Breast Cancer Screening Video PDSA
Leah	Breast Cancer Screening Video PDSA
Fallsway Medical Team	Scheduling Guidelines PDSA
Fallsway Operations Team	Scheduling Guidelines PDSA

Passing the Light to these PI Champions

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	May	June	2025 Goal
Height and Weight Assessment and Health Counseling	46%	47%	**50%**
Cervical Cancer Screening	56%	56%	**55%**
Colorectal Cancer Screening	35%	33%	**35%**
HIV Screening	74%	74%	**77%**
Tobacco Use: Screening and Cessation Intervention	73%	73%	**74%**

Chronic Disease Management	May	June	2025 Goal
Hypertension: Controlling High Blood Pressure	60%	60%	**65%**
Diabetes: HbA1c Poor Control (>9%) [inverse]	31%	31%	**31%**

Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

Clinical Quality Measure (CQM) Data

Additional HCH Priorities	May	June	2025 Goal
Closing the Referral Loop (% Completed Referrals)	37%	60%	**40%**
SDH Ask Rate	42%	42%	**50%**
Flu Vaccinations	Offer Rate: 56% Admin Rate: 45%	End	**Offer Rate: 75%** **Admin Rate: 50%**
Suicide Assessment and Safety Plan	36%	36%	**85%**
Prescribing Antibiotics for Upper Respiratory Infection (URI) and Acute Bronchitis (YTD)	99%	99%	**100%**
Hospital Readmission	18%	pending	**12%**

Performance Improvement Measure Data

2025 Performance Improvement Measures

Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

PI Measures	May	June	2025 Goal
Breast Cancer Screening (Ages 40 – 74)	42%	42%	**46%**
Depression Screening and Follow-Up Plan	64%	65%	**55%; Stretch: 60%; double stretch: 65%**
Hypertension Disparity (Black/African American Females)	54%	53%	**57%**
Third Next Available (YTD)	22 days	22 days	**Fallsway Avg: 19 days**
Client Experience	4.63	4.62	**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%

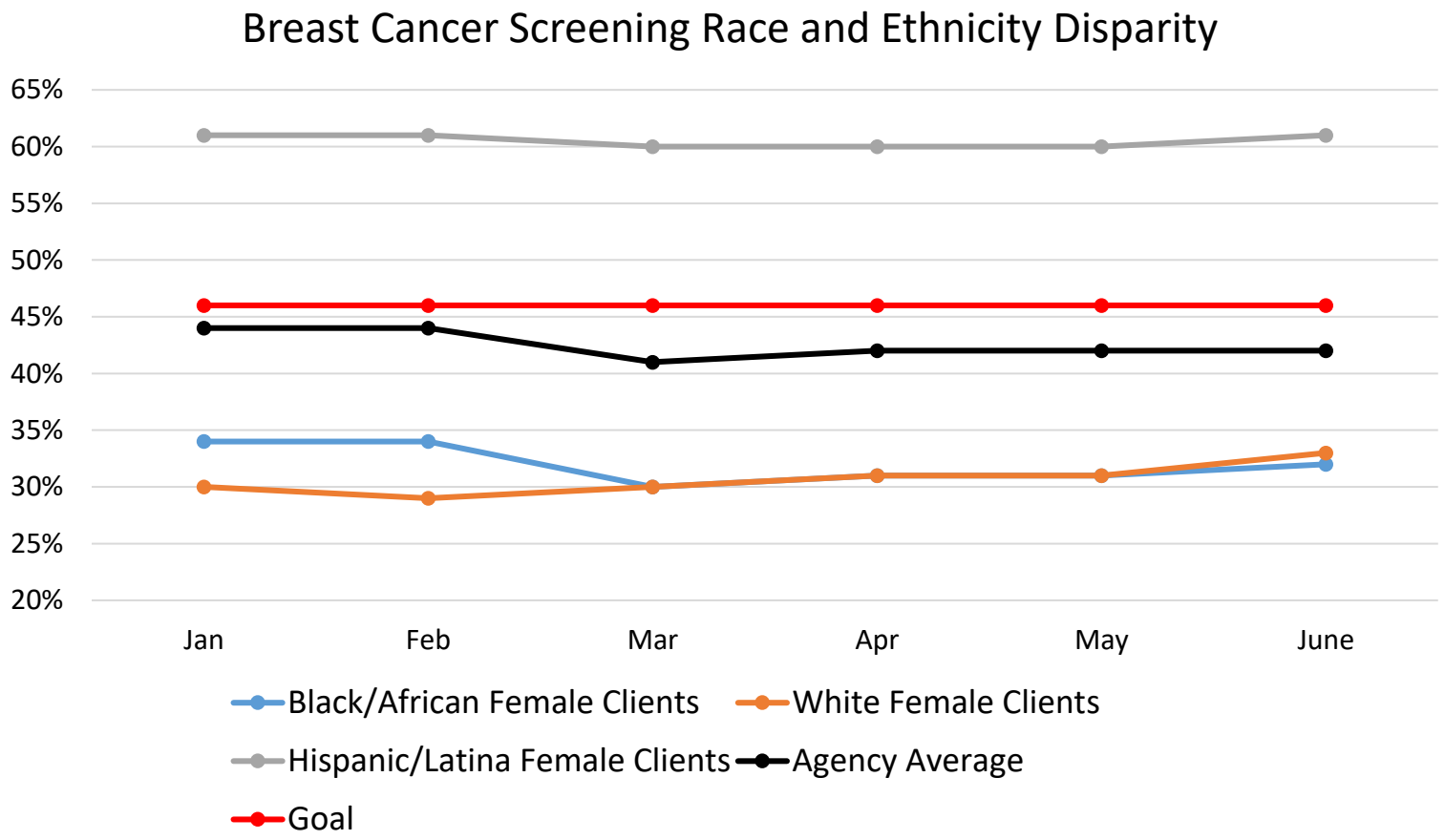
Breast Cancer Screening

Goal: 46%

Current: 42%

Disparity Current:

- B/AA: 32% (**goal:** 40%)
- W: 33% (**goal:** 31%, met!)
- H/L: 61%

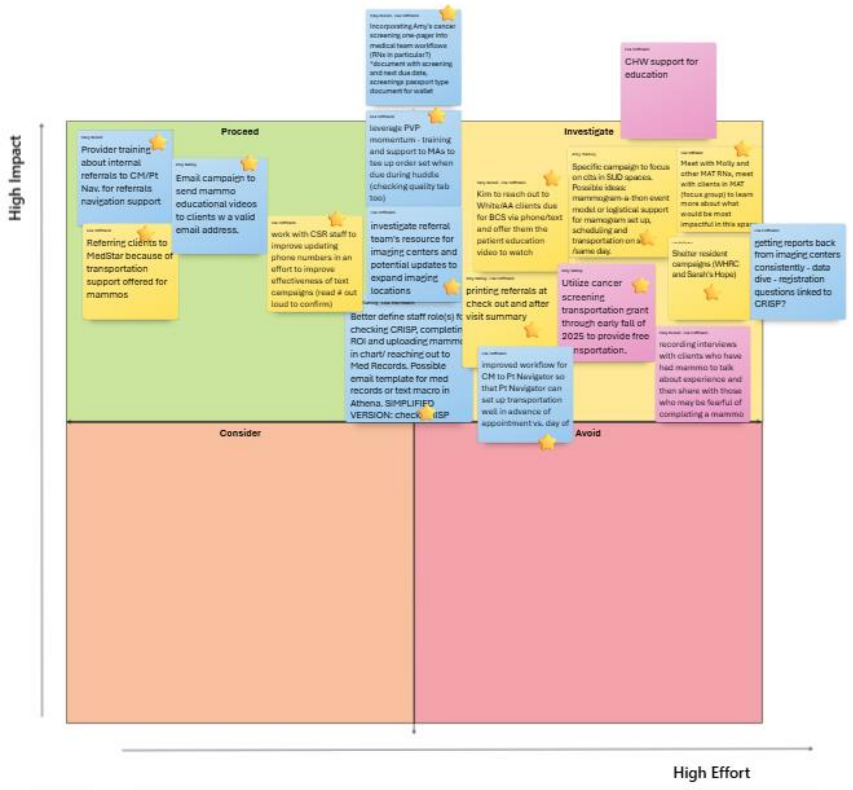


Breast Cancer Screening Update

- Identified root causes and prioritized most frequently occurring to arrive at our completed priority matrix!

Change Ideas in the works:

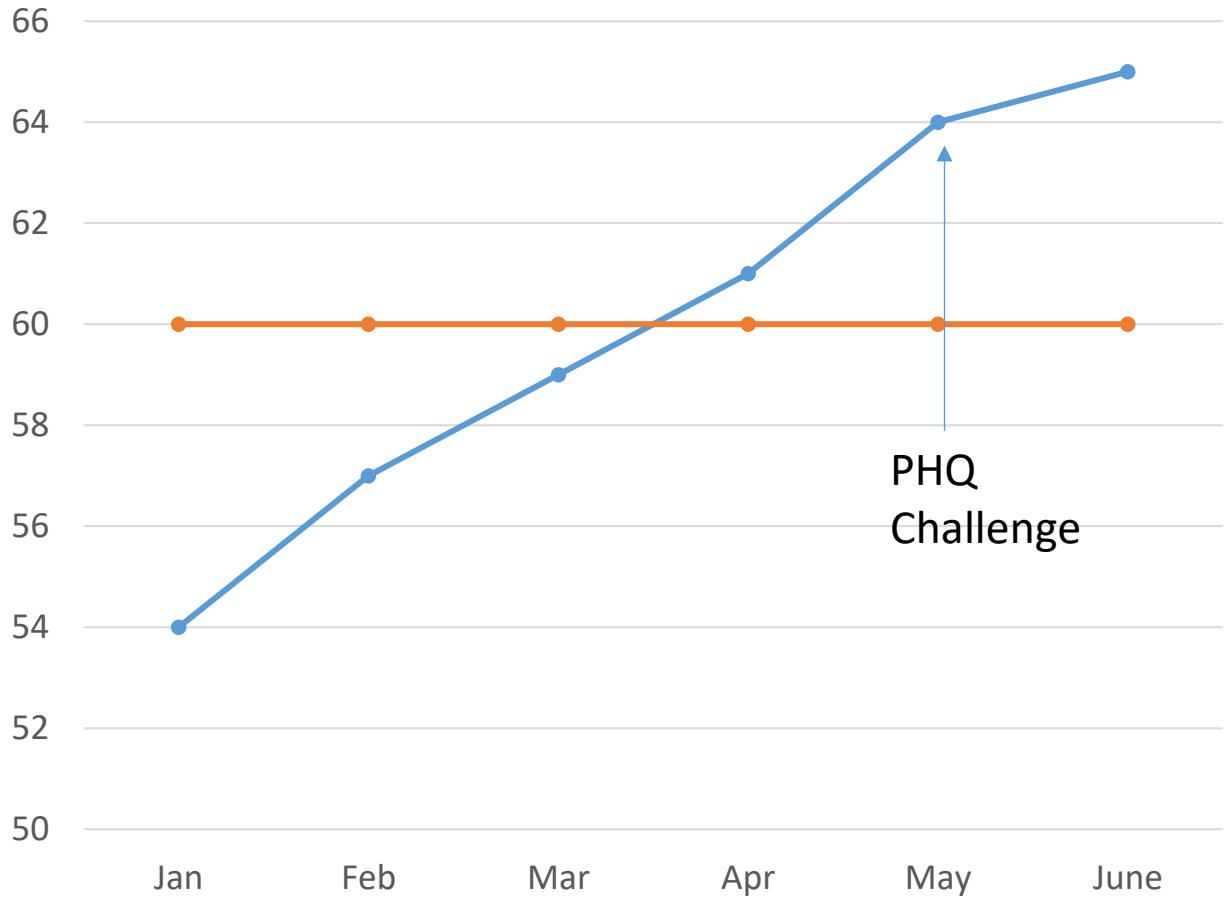
1. Breast Cancer Screening Videos
2. Improvements to phone number verification at check-in
3. Exploring increased referrals to MedStar
4. Collaboration with MAT



Depression Screening and Follow Up Plan

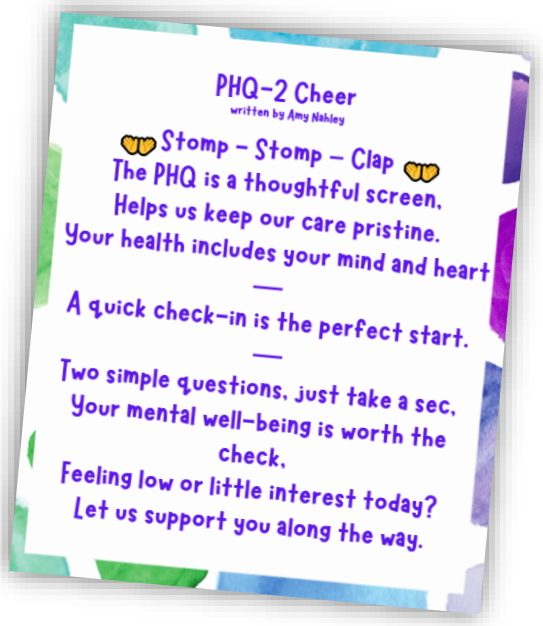
Behavioral Health (Depression): By December 31, 2025, improve the percentage of **clients 12+ years old screened for depression**, and **if/when positive have a documented follow up plan**, to 55%.

- Baseline: 46% (July 2024 TY)
- Current: 65% (goal met!)
- **Goal: 55%; stretch goal: 60%; double stretch: 65% (met all three!)**



Depression Screening and Follow Up Plan Update

- **Recent change ideas:**
  - Intake Packet (minimal impact)
  - Mental Health Awareness Month PHQ Screening Challenge for Medical and BH
    - **Universal PHQ2 screening in Medical space**
    - **Challenge goals for Medical and BH Teams**
      - **BOTH SURPASSED GOALS!**
- **Next Steps:**
  - Make standing bulletin in BH space
  - Continue to use universal PHQ2 screening in medical space
  - Continue to build on PVP utilization to support efforts in this space



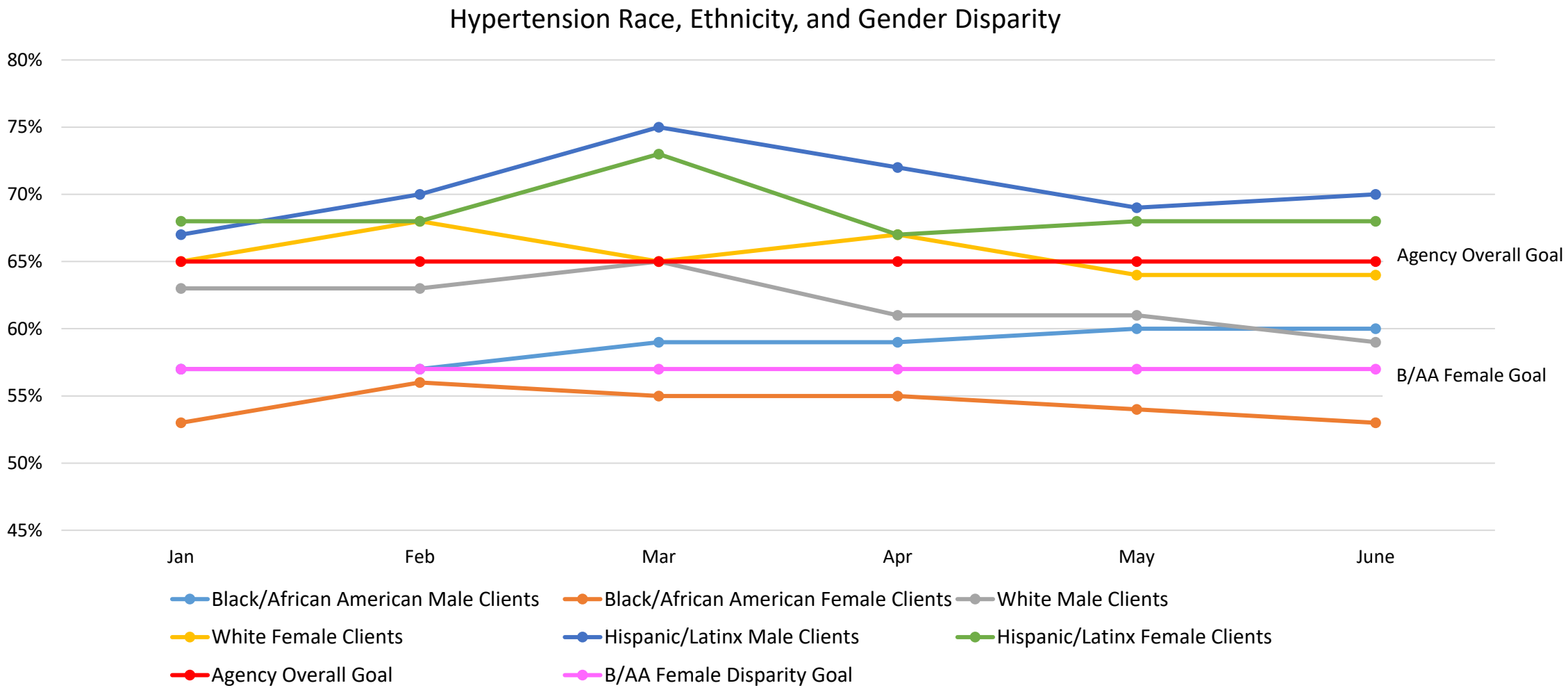
Hypertension Disparity

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: 53%**

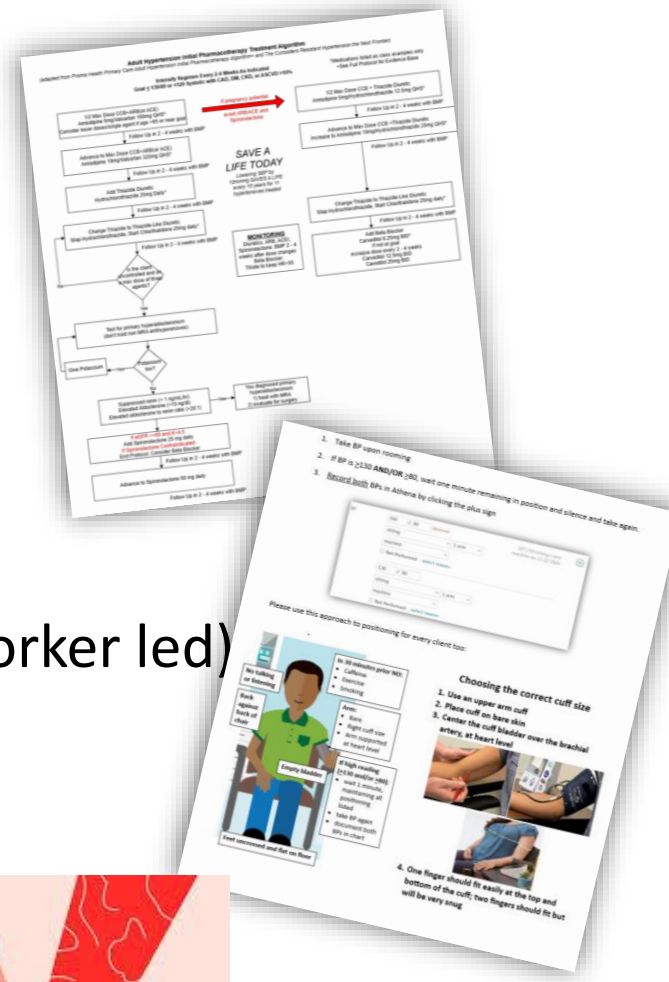
Race/Ethnicity/Gender	Baseline Comparison (July 2024 TY)
Agency Average	**62%**
Black/African American men	62%
Black/African American women	52%
White men	73%
White women	63%
Hispanic/Latino men	72%
Hispanic/Latina women	69%

Hypertension Disparity



Hypertension Disparity Update

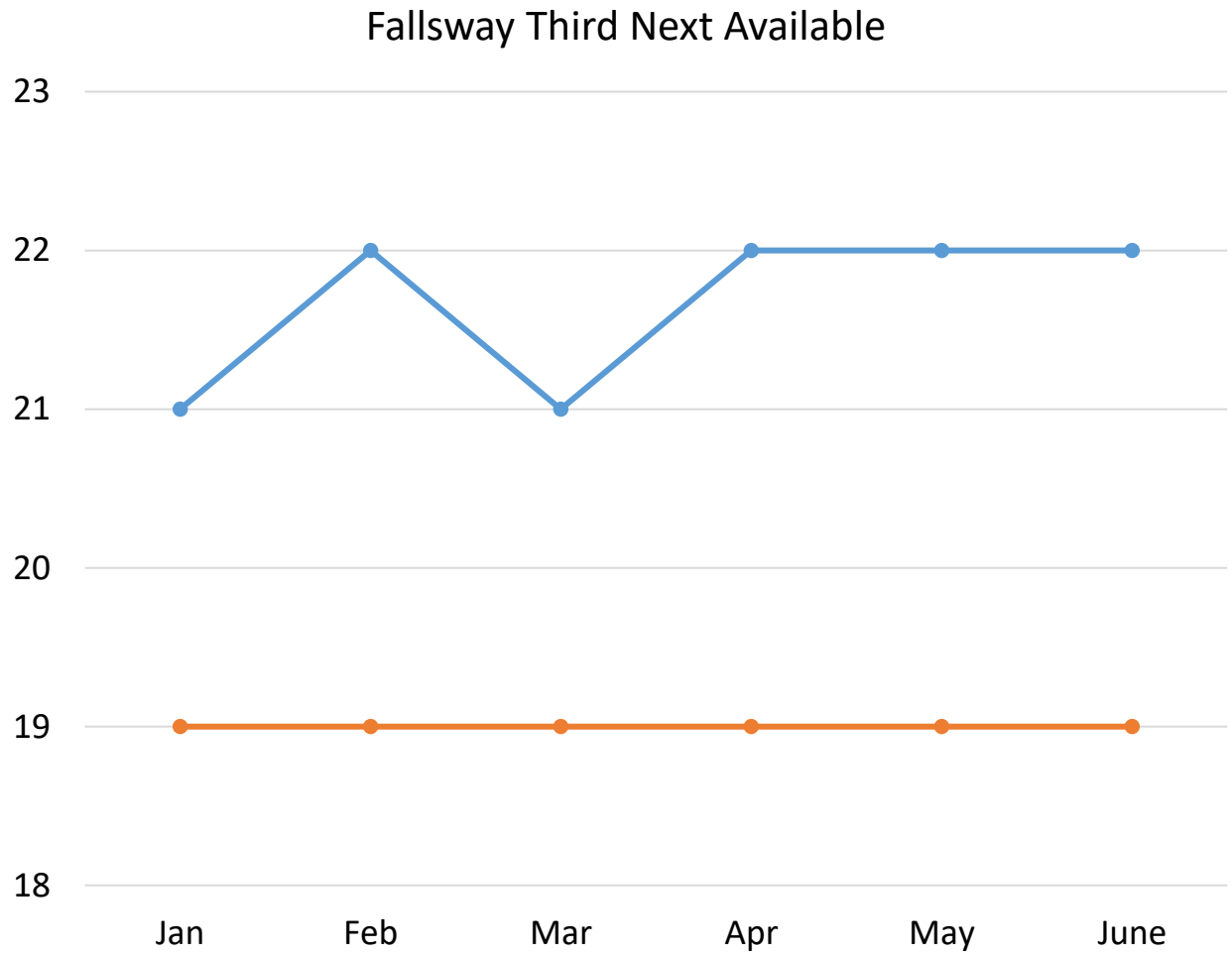
- **Change Ideas in the works:**
  1. Hypertension Medication Algorithm (medical provider led)
  2. Blood Pressure Remeasurement (medical assistant led)
  3. Healing Us Sister Circle (social worker and community health worker led)



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 YTD)
- **Goal: 19 days**
- **Current: 22 days**



Third Next Available Update

- **Recent Change Ideas**
  - PDSA #1 to empower CSR and Call Center Staff to provide options for scheduling
  - PDSA #2 to re-establish and enforce scheduling guidelines

Fallsway Medical and Operations Scheduling Refresh July 2025

Hi Fallsway Medical and Operations Teams!

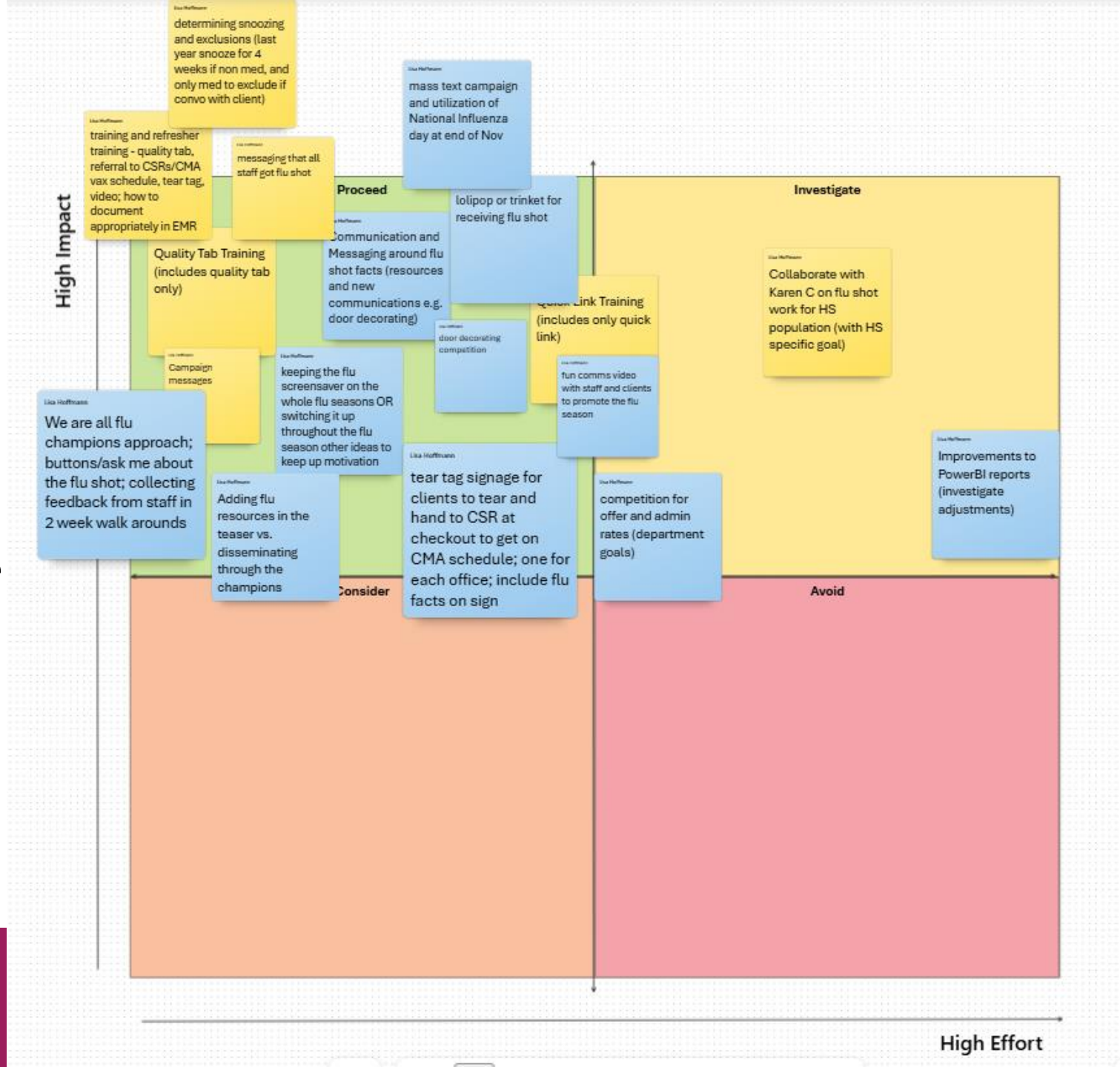
The Third Next Available PI workgroup is piloting a refresh for both teams to improve scheduling accuracy, assess appropriateness of templates and determine the effectiveness of focusing on slot utilization. **Please review independently and with your teams.** From July 1 to July 15 please implement to your best ability. We will be reviewing scheduling practices and the impact of this intervention. Please reach out to Muhammed on the Operations side or Iris/Erick on the Medical side with feedback, questions, or thoughts. Thanks!

	Short Term Follow Up	Provider Follow Up 30	24 Hour Follow Up	Walk In
What is it?	Appointment type scheduled with clinical judgement for clients with time-sensitive needs like ED and hospital follow ups	Appointment type used at the discretion of the provider for follow up cases (including but limited to controlled substance routine f/u, evolving illness that needs provider (rather than RN) f/u less than 3 months out)	Appointment type for new or established clients to be used within that calendar day or the next calendar day that the clinic is open (can be used for someone who plans to leave and come back)	Appointment type for a new or established client currently in the building (not someone who plans to leave and come back)
What timeframe should it be scheduled in?	1 – 2 weeks out	Providers can use up to 3 months out	24 hours	Same calendar day
Who can schedule it?	Nurses and Providers ONLY	Provider approval is REQUIRED and MUST be documented in the appointment note	CSR/CSS/Call Center Team with medical approval OR nurses and providers	CSR/CSS Team and Triage Team ONLY
Why is it important?	Allows access for clients with time-sensitive needs	Allows providers to bring back clients sooner for follow-up	To maintain access to urgent appointments for people who are not currently in the building or for when no appointments are available when the client is in the building	To ensure access for individuals walking in particularly individuals that are not able/have barriers to presenting for a scheduled appointment. Walk in access is an important way to ensure low barrier access to care

Measure Name	Apr	May	June
Third Next Available	Overall: 22 BH: 15 CM: 12 Medical: 36 Nursing: 11 Psychiatry: 19	Overall: 22 BH: 16 CM: 12 Medical: 35 Nursing: 13 Psychiatry: 20	Overall: 22 BH: 18 CM: 12 Medical: 35 Nursing: 14 Psychiatry: 21

Influenza Vaccination Update

- Ended 24/25 season with
  - Offer Rate 56% (25/26 goal: 75%)
  - Admin Rate: 45% (25/26 goal: 50%)
- Flu and Coat Drive Planning underway!
- Prioritized change ideas complete
  - Big focus on communications
  - Everyone is a flu champion
  - Documentation training and reminders
  - Department level competitions



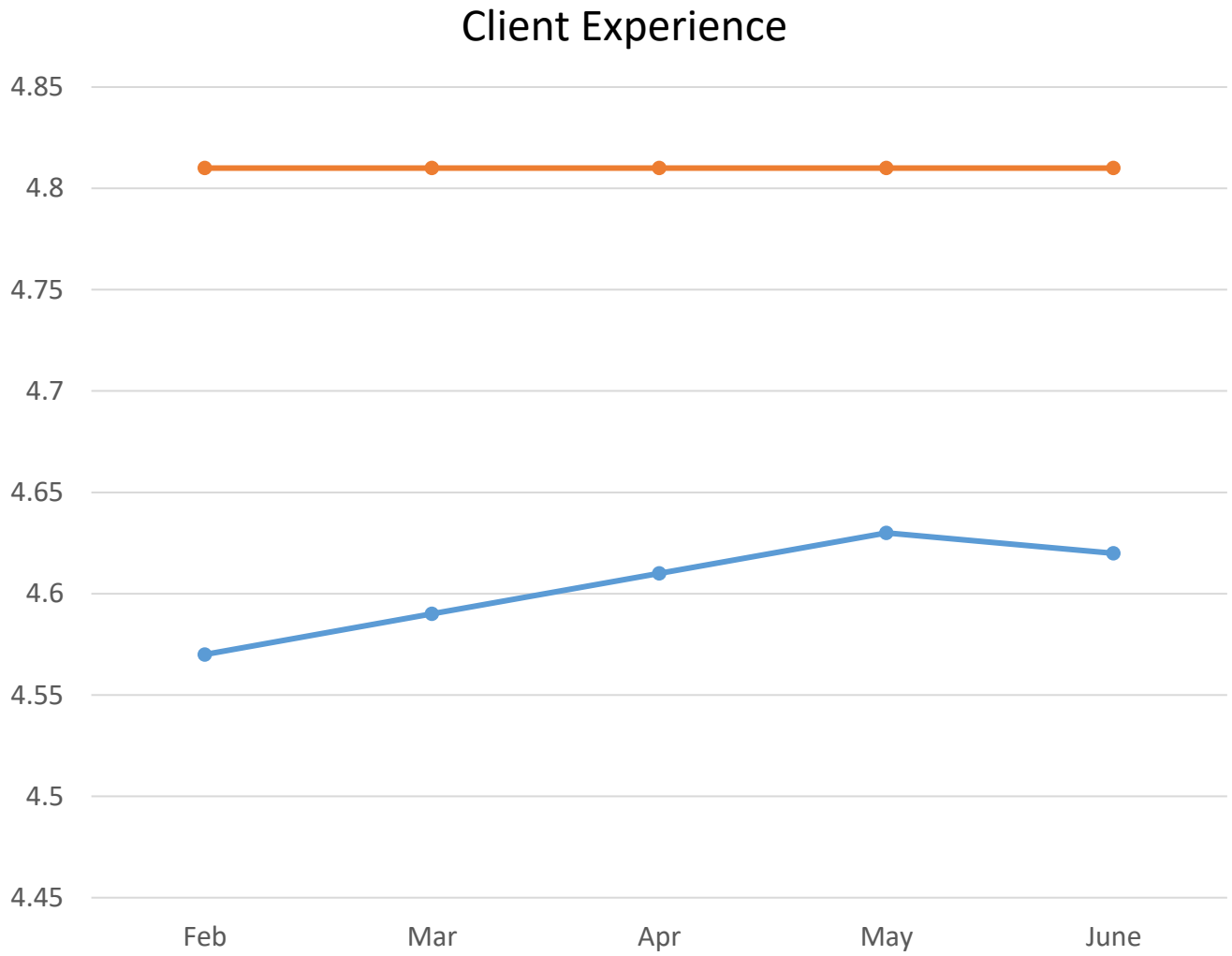
Client Experience

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

Current: 4.62

Goal: 4.81 (50th percentile)



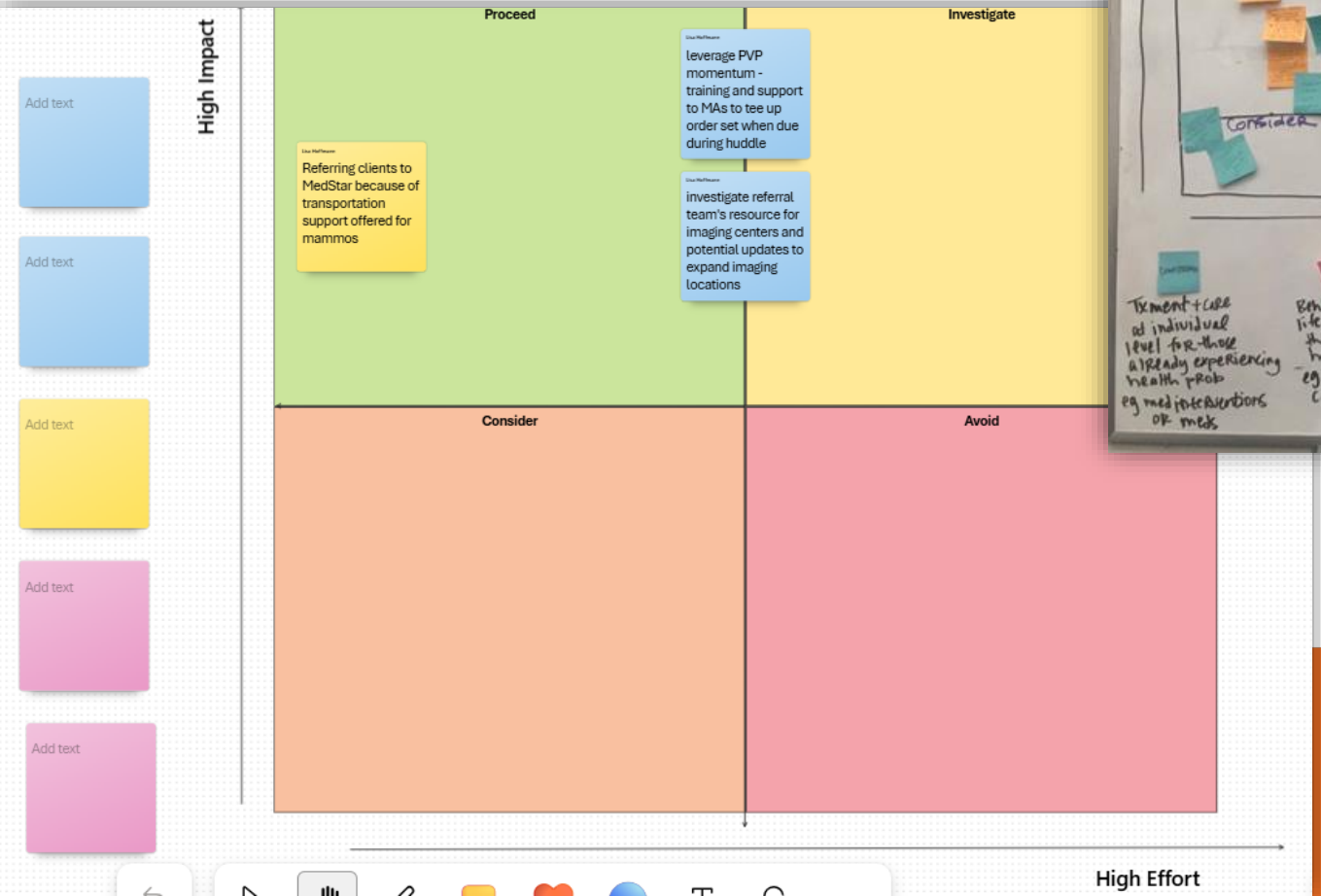
Client Experience Update

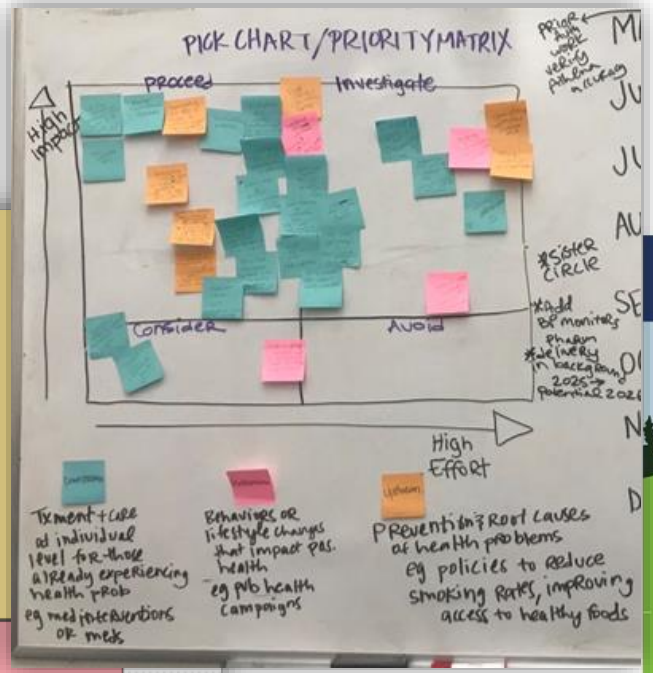
- **Recent Change Ideas**
  - De-escalation training
  - IT improvements in check-in/check-out spaces
  - Client Flow observation
  - Case Management Intake workflow – reconnecting with second floor check-in space
  - CHW support re-establishment
  - Bulletin board in 1st floor registration space

PI Tool: Pick Chart

Copy this Whiteboard template for your own use:

[Template! | Microsoft Whiteboard]





Let’s practice

Transportation for clients is part of every root cause analysis we’ve done.

Let’s use a pick chart to think through change ideas in addressing transportation as a barrier to accessing care.

PI Meeting Example | Microsoft Whiteboard

Thanks for joining

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