

# Performance Improvement (PI) Committee Monthly Meeting

June 18, 2025



# 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

What are your plans for Thursday?



# 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

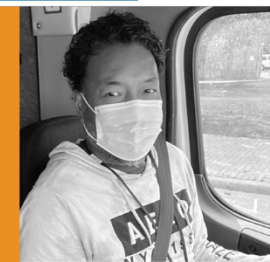
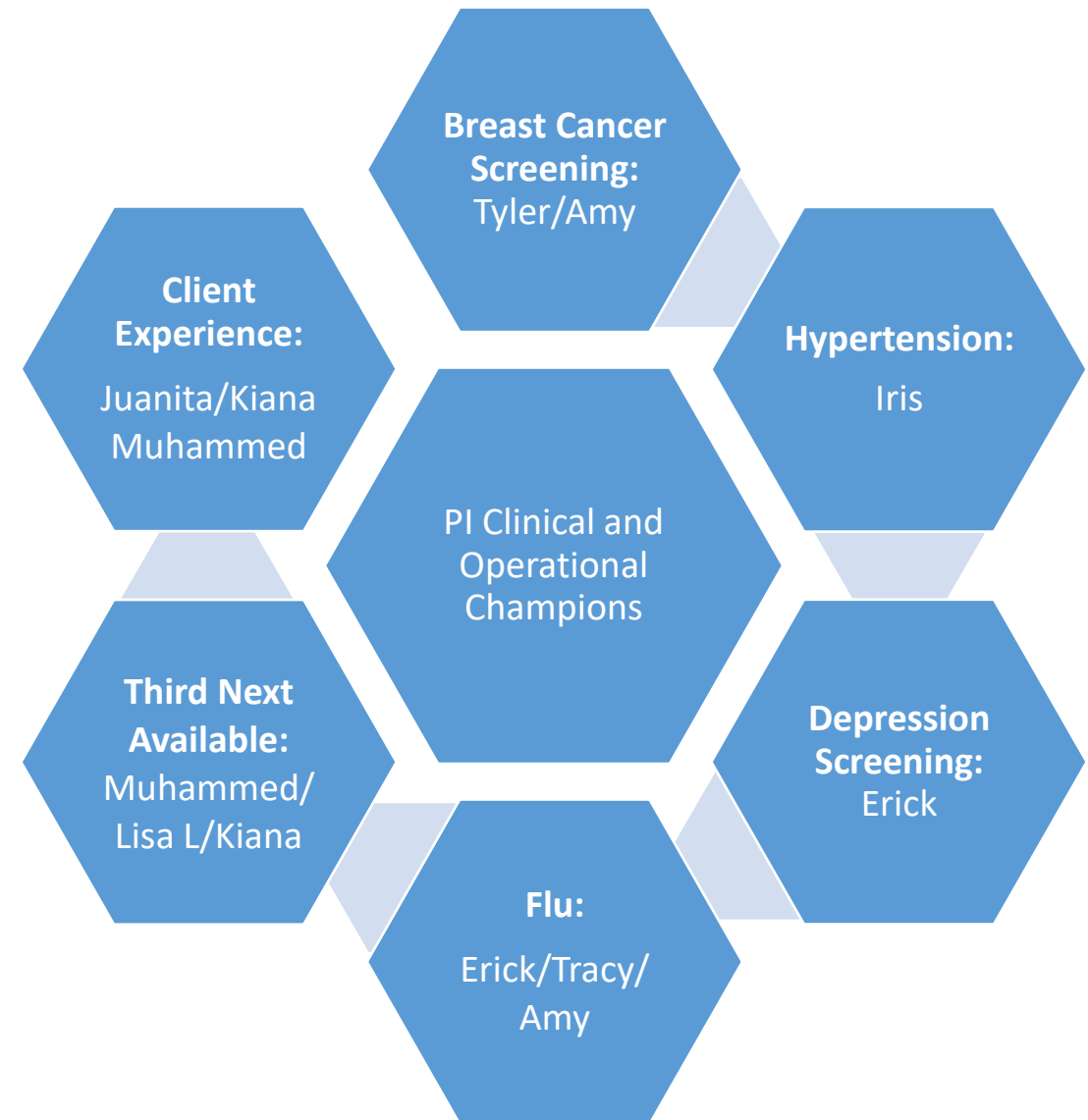
*Includes: integrating improvements into workflows and sustaining the gains*



# 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



# 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	April	May	2025 Goal
Height and Weight Assessment and Health Counseling	47%	46%	50%
Cervical Cancer Screening	54%	56%	55%
Colorectal Cancer Screening	34%	35%	35%
HIV Screening	74%	74%	77%
Tobacco Use: Screening and Cessation Intervention	72%	73%	74%

Chronic Disease Management	April	May	2025 Goal
Hypertension: Controlling High Blood Pressure	62%	60%	65%
Diabetes: HbA1c Poor Control (>9%) [inverse]	31%	31%	31%



# Clinical Quality Measure (CQM) Data

Additional HCH Priorities	April	May	2025 Goal
Closing the Referral Loop (% Completed Referrals)	35%	37%	40%
SDH Ask Rate	33%	42%	50%
Flu Vaccinations	Offer Rate: 57% Admin Rate: 47%	Offer Rate: 56% Admin Rate: 45%	Offer Rate: 75% Admin Rate: 50%
Suicide Assessment and Safety Plan	33%	36%	85%
Prescribing Antibiotics for Upper Respiratory Infection (URI) and Acute Bronchitis (YTD)	99%	99%	100%
Hospital Readmission	18%	18%	12%

Key
3+ Improvement
1-2+ improvement
Reduction





# Performance Improvement Measure Data



# 2025 Performance Improvement Measures

PI Measures	April	May	2025 Goal
Breast Cancer Screening (Ages 40 – 74)	42%	42%	46%
Depression Screening and Follow-Up Plan	61%	64%	55%; Stretch: 60%; double stretch: 65%
Hypertension Disparity (Black/African American Females)	55%	54%	57%
Third Next Available (YTD)	22 days	22 days	Fallsway Avg: 19 days
Client Experience	4.61	4.63	4.81

## Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

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%



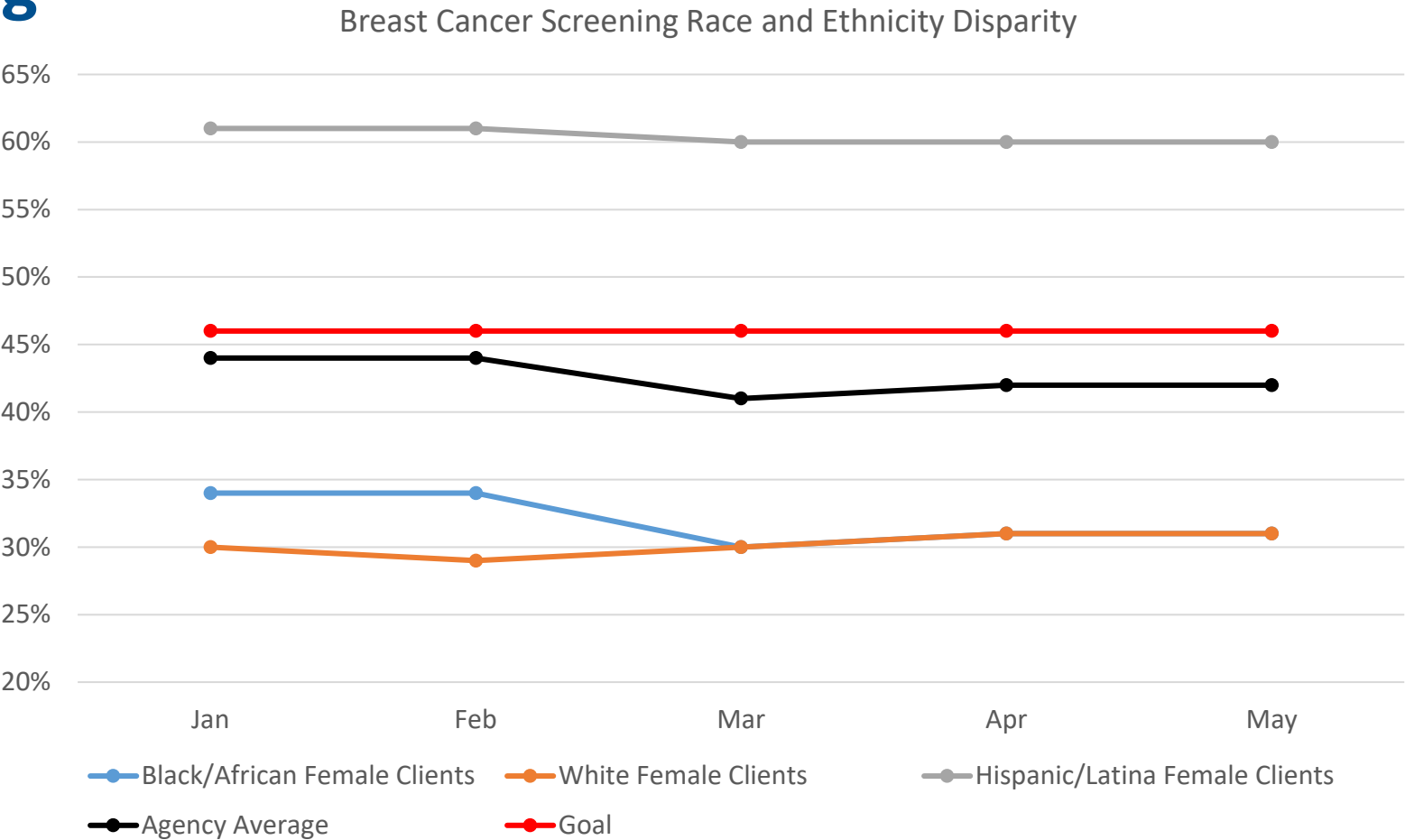
# Breast Cancer Screening

**Goal: 46%**

**Current: 42%**

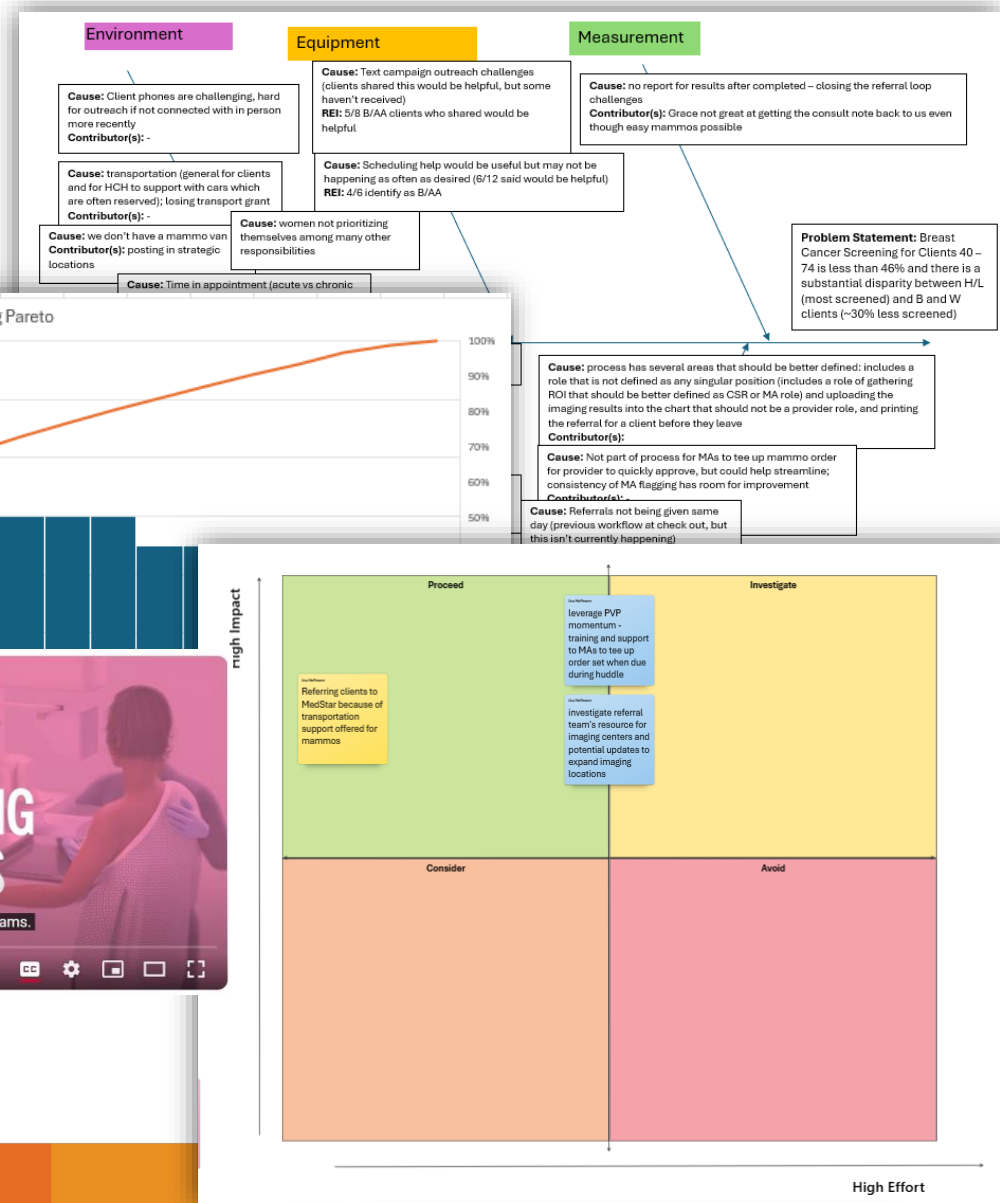
**Disparity Current:**

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



- Fishbone
- Pareto Chart
- Priority Matrix
- Video PDSA

- Action Plan > PDSAs



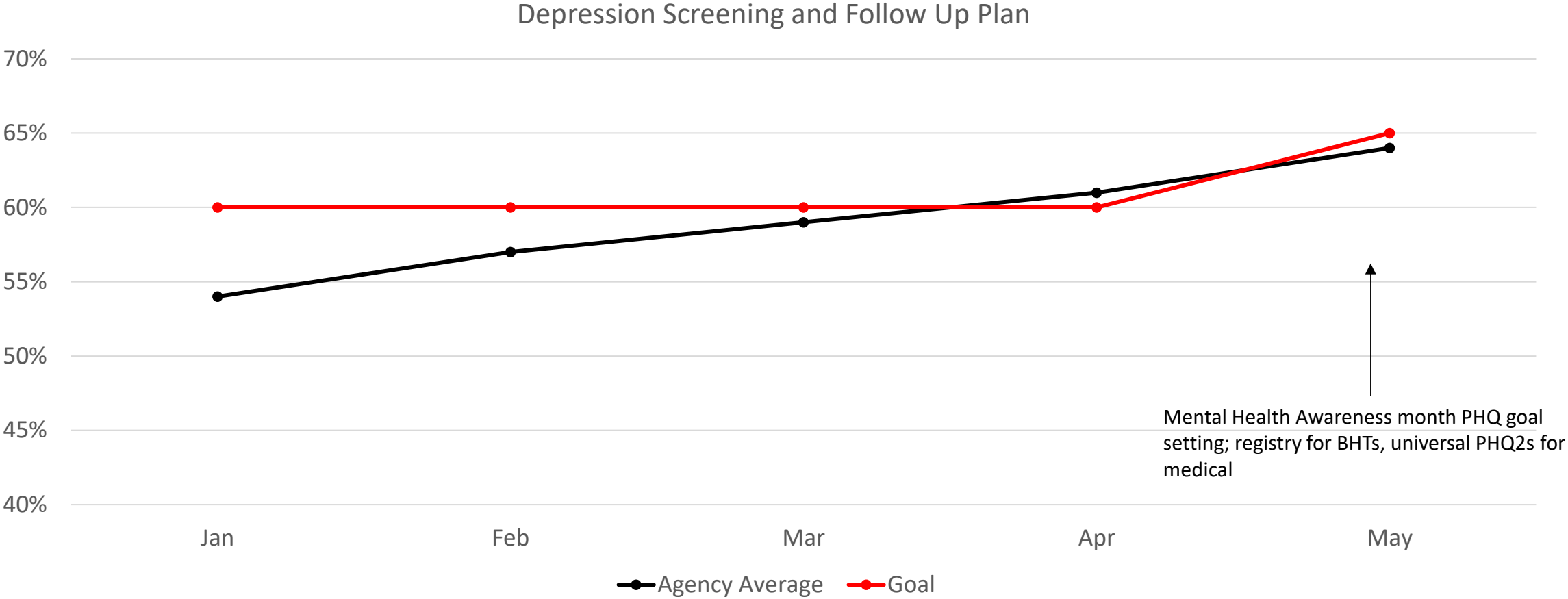
# Depression Screening and Follow Up Plan

*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%; Double Stretch: 65%**
- Current: 64%



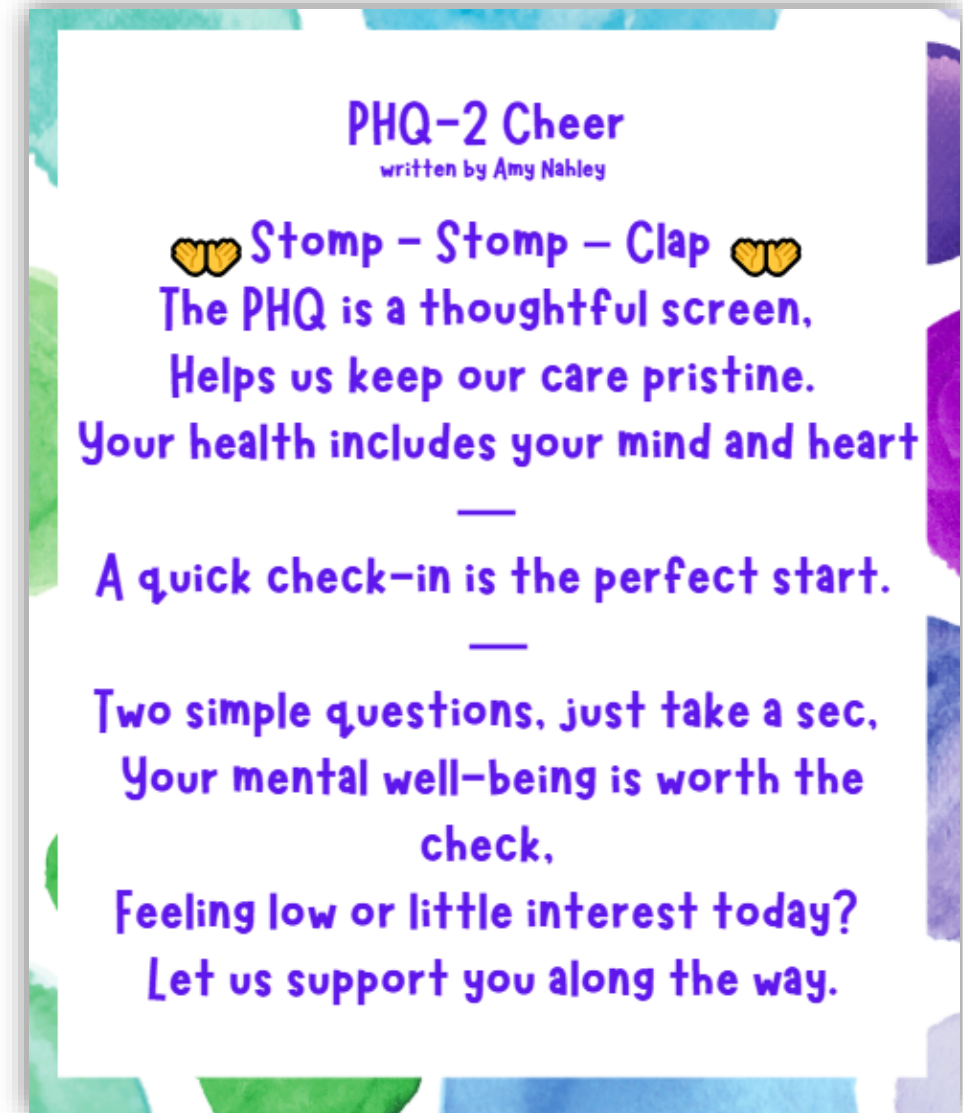
# Double Stretch Goal!





# Improvement Efforts

1. Intake Packet > cover sheet
2. Mental Health Awareness Month Challenge in May
  - Goal setting for BH and Medical Departments – both exceeded goals!
    - Registry for BH
    - Universal PHQ 2 screening for medical



# 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: 54%**

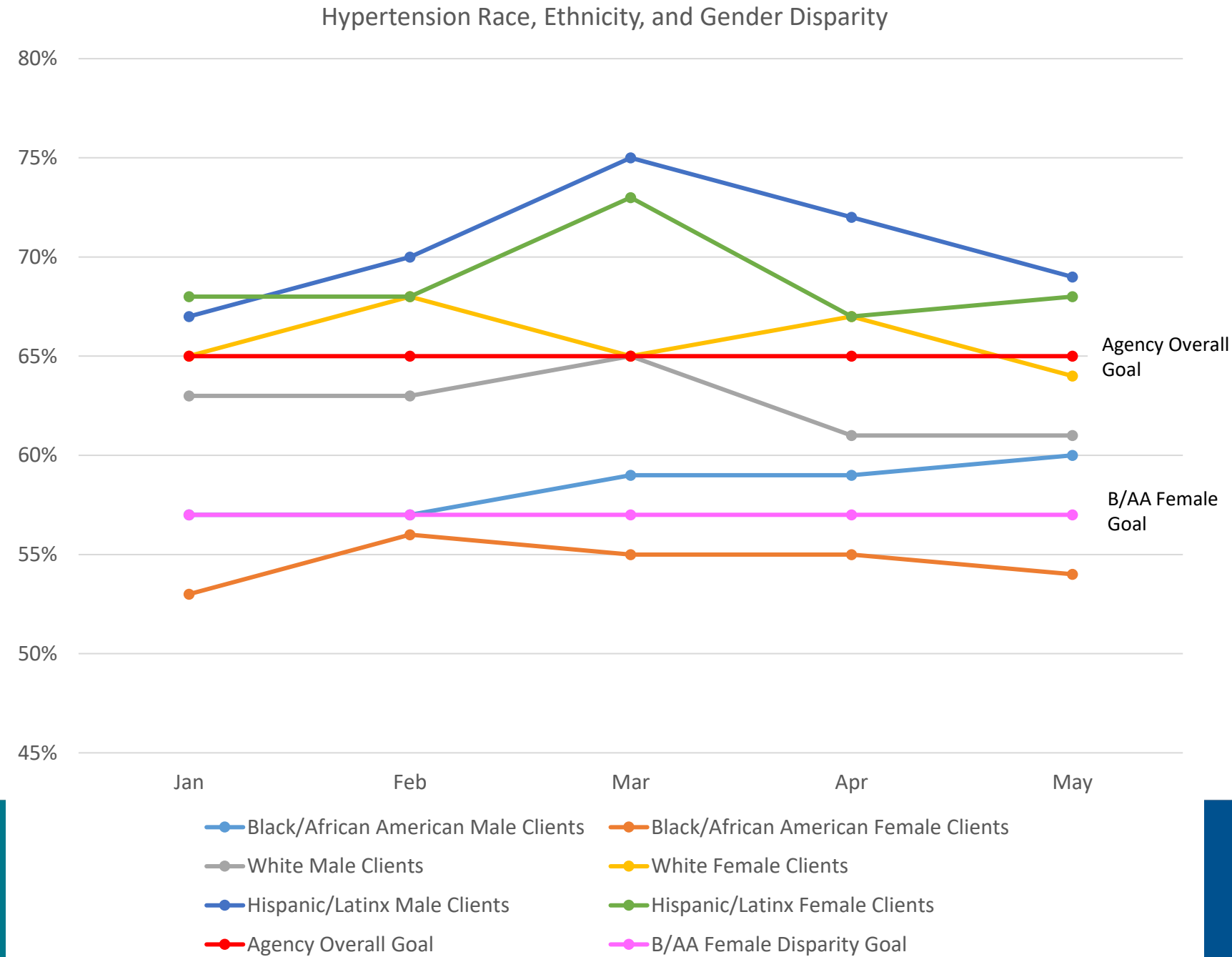
Race/Ethnicity/Gender	Baseline Comparison (July 2024 TY)
Agency Average	62%
Black/African American men	62%
Black/African American women	52%
White men	73%
White women	63%
Hispanic/Latino men	72%
Hispanic/Latina women	69%



# Hypertension Disparity

## Disparity Current:

- B/AA M: 60%
- B/AA F: 54% (goal: 57%)
- W M: 61%
- W F: 64%
- H/L M: 69%
- H/L F: 68%



# Hypertension Disparity Updates

<div> <div> <b>HTN Disparity PI Goal</b> </div> <div> <b>Pick Chart Key</b>  1: Proceed  2: Investigate  3: Consider  4: Avoid </div> <div> <b>Last updated: 6/18/2025</b> </div> <div> orange = upstream  pink = midstream  blue = downstream </div> <div> <b>Working Group</b> </div> </div>							
Pick Chart #	Actions/Solutions	Leads	Consults	Timeframe for subcommittee	Due Date	Status	Notes/Updates
1	HTN Med Algorithm PDSA with Providers	Iris, Lisa		May 1 - June 30	6/30/2025	●	Met with Iris, algorithm and data collection sheet created, rolling out PDSA 6/18 week
1	Repeat Measurement Standard PDSA with MAS	Iris, Erick, Court, Lisa				●	PDSA template complete, pending meeting with Erick to implement
3	Transportation Information gathering from other FQHCs	Amy, Iris and Lisa (MACHC)				●	Asked other health centers at Mid-Atlantic Association of Community Health Centers - most things we are already doing, but one suggestion about utilizing transportation resources from insurers or speciality referrals (e.g. imaging centers offering transport for referral)
3	Build stronger linkage to CM for food and socialization resources	Medical Rep + CM rep	CM rep			●	Lisa and Iris met with Adrienne BB who shared more about CM, referred to Lilian about transportation, Lisa and Iris met with Lilian who suggested connecting with Social Worker at the Library, reached out and meeting set up for July, additional meeting with Lilian to discuss CHW at home BP approach
1	Dashboard for HTN tracking (provider level)	Lisa, Rajen, Iris	Erick, Court for RN use			●	Lisa and Rajen met with AMA MAP rep and discussed HTN work and reviewed existing HTN dashboard as well as discussing AMA provider consult potential
2	Healing Us Sister Circle	Arie, Lawanda		July 1 - August 31	8/31/2025	●	Arie and Lisa reached out to clients on the gap list with most uncontrolled BP readings - 9 clients currently signed up to attend July 9 - Sept 10 Wed 11 - noon

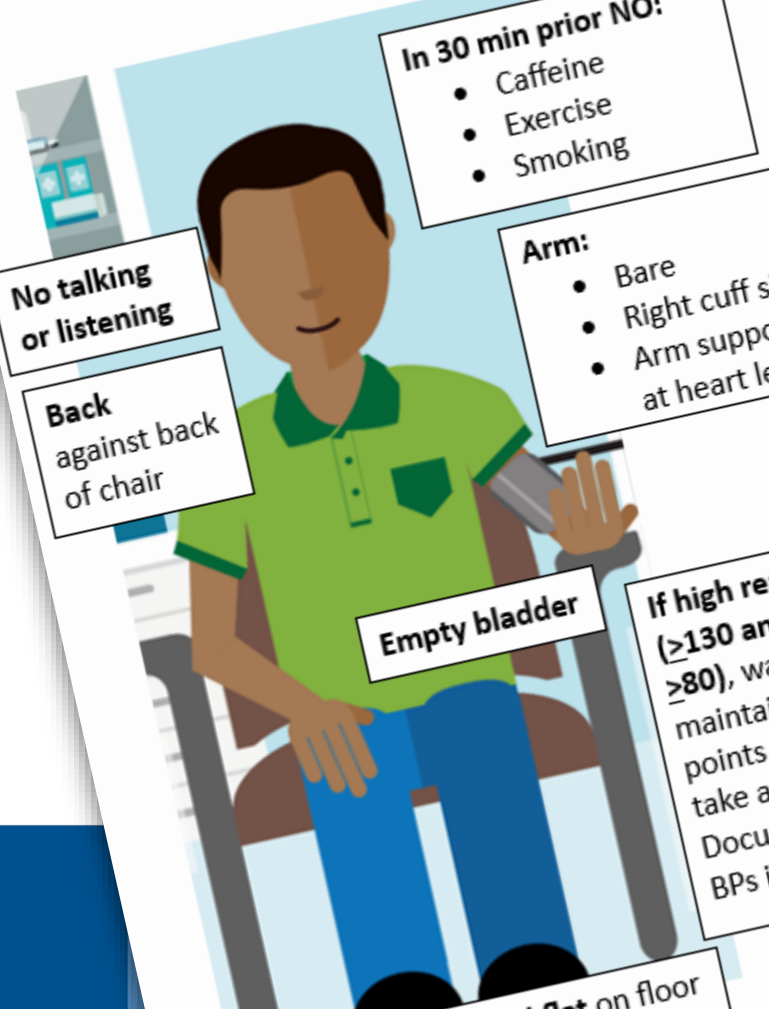
## Status Key

- ✓ **Complete** (enter "4" into cell)
- **In Progress** (enter "3" into cell)
- ▲ **Needs Follow-up/Action** (enter "2" into cell)
- **Not Started** (enter "1" into cell)



# Resources

## Accurate screening and treatment start with you!



**No talking or listening**

**Back against back of chair**

**Empty bladder**

**Feet uncrossed and flat on floor**

**In 30 min prior NO:**

- Caffeine
- Exercise
- Smoking

**Arm:**

- Bare
- Right cuff size
- Arm supported at heart level


**If high reading ( $\geq 130$  and/ $\geq 80$ ), wait 1 minute, maintaining all points above and take again. Document both BPs in chart.**

## How to measure your blood pressure at home

Follow these steps to get an accurate blood pressure measurement:

- 1. Prepare**
  - Avoid these things for 30 minutes:
    - Eating
    - Smoking
    - Exercise
    - Caffeine, such as coffee and some teas and sodas
  - Measure before taking your blood pressure medicine
  - Use the bathroom to empty your bladder, if needed
  - Find a quiet space to sit with no distractions
- 2. Position**
  - Sit in a chair that supports your back
  - Sit next to a flat surface, like a desk or table
  - Put the cuff above your elbow on your upper arm, on your skin and not over clothing
  - Rest your arm on the flat surface at mid-chest or heart level with your palm up
  - Keep both feet flat on the floor with your legs uncrossed
- 3. Measure**
  - Rest quietly for 5 minutes in your seated position
  - Keep your arm and body relaxed
  - Sit quietly without:
    - Talking or conversations
    - TV, phone, or other electronic devices
  - Take 2 measurements, waiting 1 minute in between. Do this twice a day, once in the morning and once at night, for 7 days
  - Write down each of your measurements as instructed by your doctor or care team
  - Share your measurements with your doctor or care team as instructed

**Note:** If you are using a wrist cuff, talk to your doctor or care team about how to position your arm.



This resource is part of AMA MAP™ Hypertension Quality Improvement Program. Using a single or subset of all or resources does not constitute implementing the program. This content is provided only for informational purposes and should not be used in place of an actual doctor's visit.

© 2025 American Medical Association. All rights reserved. 01/25 IHD25-0004

**AMA MAP™**  
Hypertension



## 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: 19 days**
- **Current: 22 days**

BH: 16

CM: 12

Medical: 35

Nursing: 13

Psychiatry: 20





# Third Next Available PDSA #2

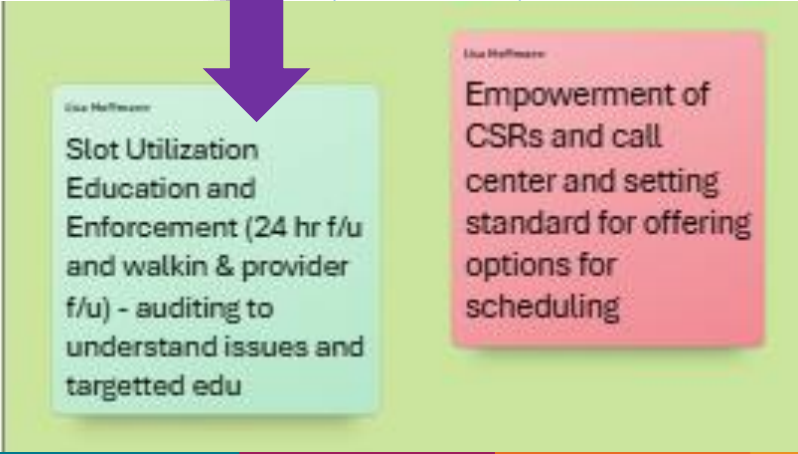
- Focusing on slot utilization and its impact on third next available
- Scope: Medical and Operations
- Re-establishing difference in appointment types and enforcing appropriate scheduling
- Auditing on backend

## Medical and Operations Scheduling Refresh June 2025

Hi 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, we will be reviewing scheduling practices and the impact of this intervention. Please reach out to Muhammed on the Operations side or Jimmy and Iris 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 (e.g. 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 ( <u>not</u> 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	Registration Team and Triage Team ONLY	Registration 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.



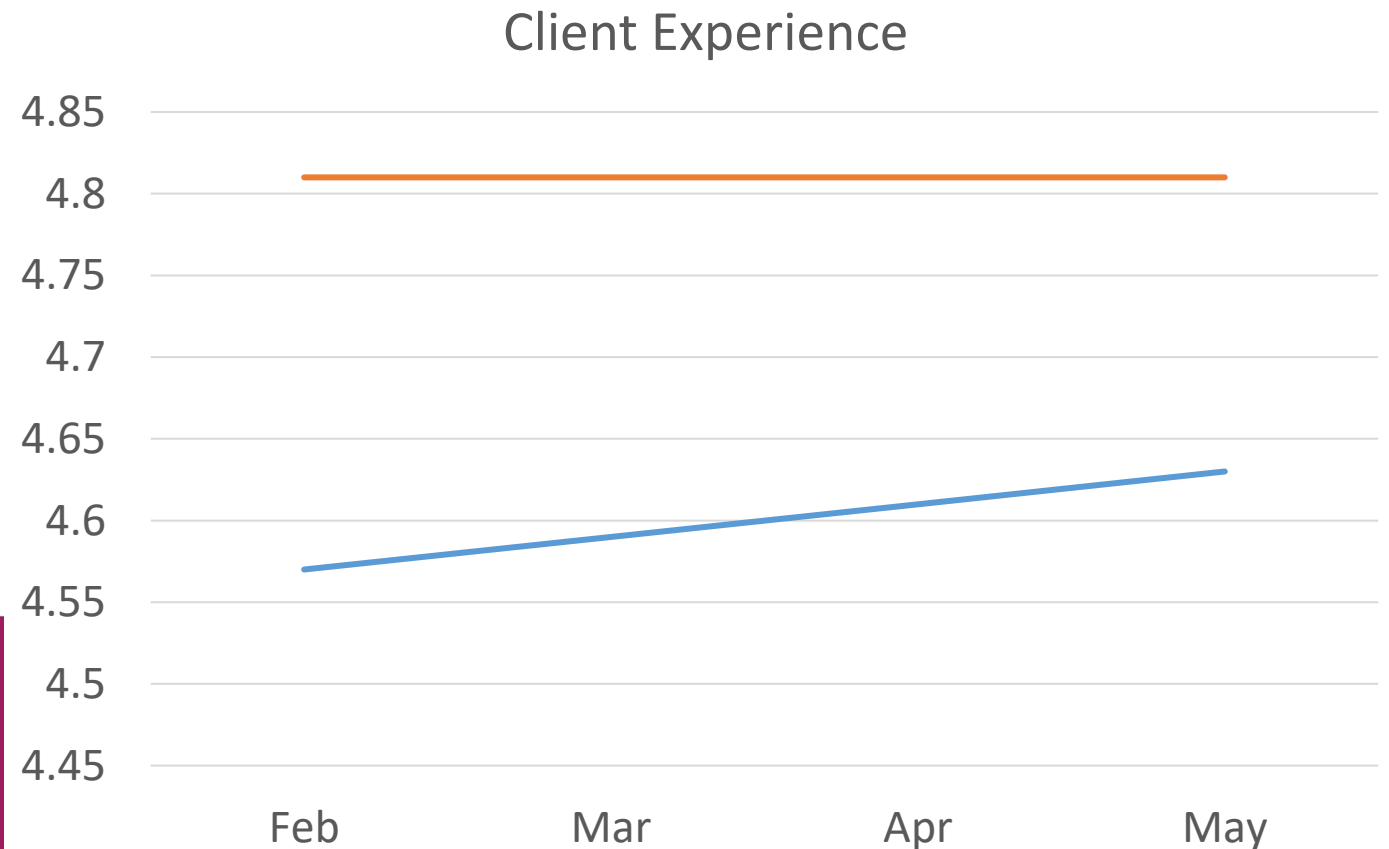
# Client Experience

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: 4.63**





# Updates

Client Experience PI Goal					Status Key	
<b>Pick Chart Key</b> 1: Proceed 2: Investigate 3: Consider 4: Avoid		<b>Last updated: 6/18/2025</b> orange = upstream pink = midstream blue = downstream		Working Group	Complete (enter "4" into cell) In Progress (enter "3" into cell) Needs Follow-up/Action (enter "2" into cell) Not Started (enter "1" into cell)	
Pick Chart #	Actions/Solutions	Leads	Consults	Due Date	Status	Notes/Updates
1	Longer cord for language line PDSA	Juanita and Kiana	Marc	June		Juanita, Kiana, Lisa and Marc met to discuss equipment challenges and potential solutions; plans to meet again after additional troubleshooting by IT team
1	Training Evaluation	Juanita and Kiana				Brie completing for de-escalation training
1	Regularly scheduled IT updates schedule	Juanita and Kiana	Marc			In discussion per action item one meeting
1	CM intake investigation (building potential workflow to reconnect clients to 2nd floor registration after intake apt) - champions: Jammie Romeo, Charmaine	Muhammed	Jan/Adrienne/Kiana/Juanita			Meeting held June 13 with Jan, Lilian, and Adrienne BB; plan to re-establish CHW presence in rush hours times 8 - 12 and CMs to review appointments and guide clients to 2nd fl reg desk after intake appointments
1	CHW Pt Navigators (creating a framework in joint partnership) *Fallsway more present teammembers; working w Lilian to staff more at Fallsway, staffing 1st and 2nd floor, roles and responsibilities doc)	Muhammed	Jan/Adrienne/Kiana/Juanita	July		See above
1	Trying new staffing structure at opening (+1 bilingual staff at 7 and 2 at 7:30)	Juanita and Kiana				Onboarding



# 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: 56%; Administered Rate: 45%
- **Goal: Offer Rate: 75%; Administered Rate: 50%**



# Flu and Coat Drive Kickoff Meeting

- Held this past Monday
- 2024 went really well, plans to utilize same framework with minor tweaks

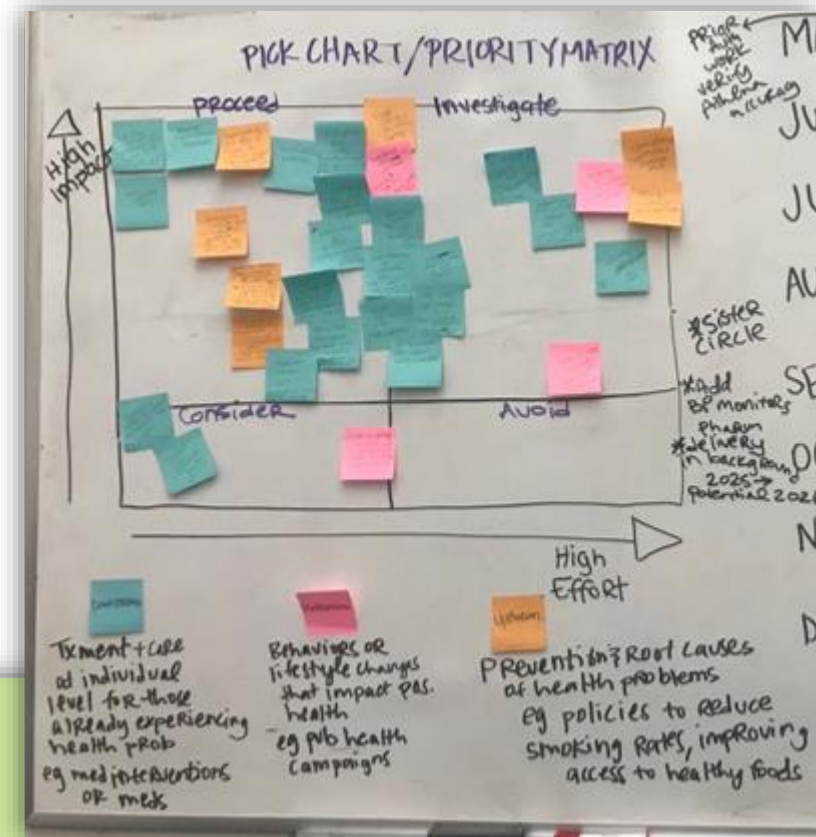
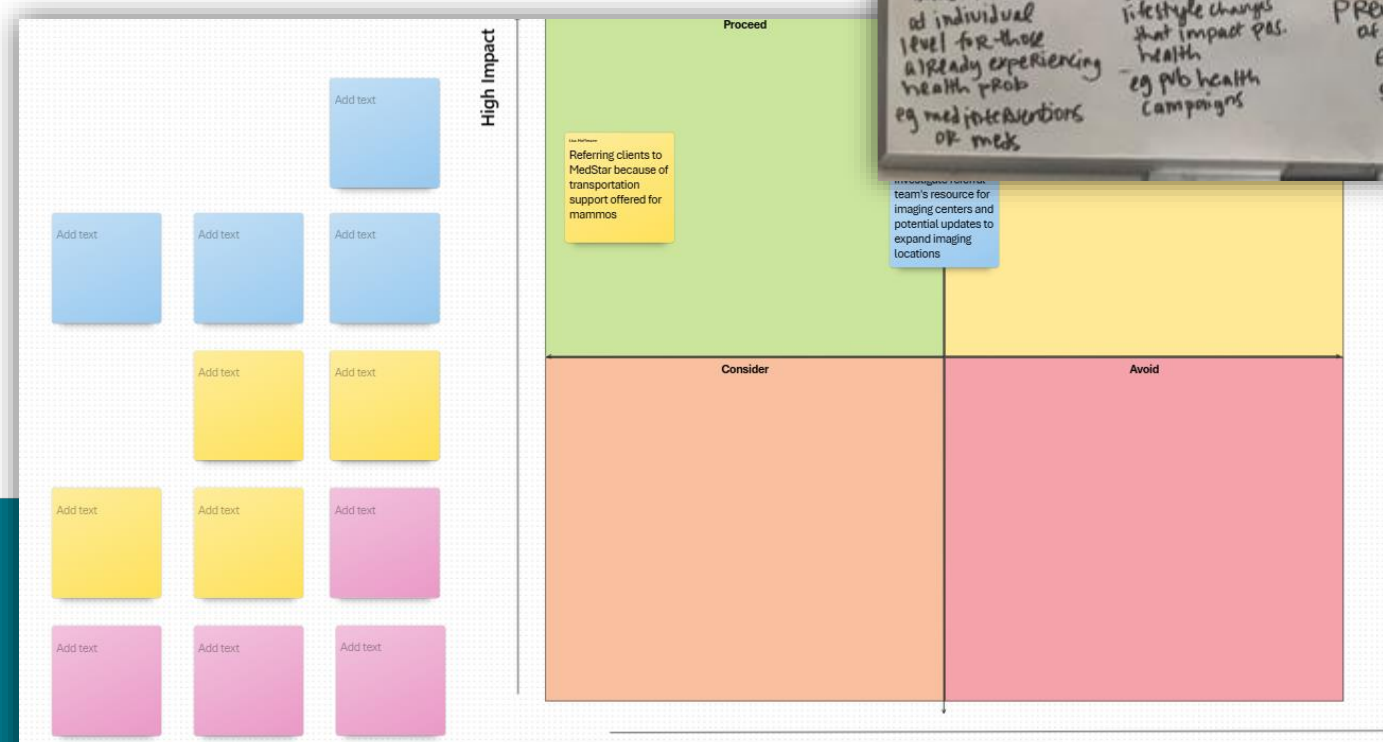
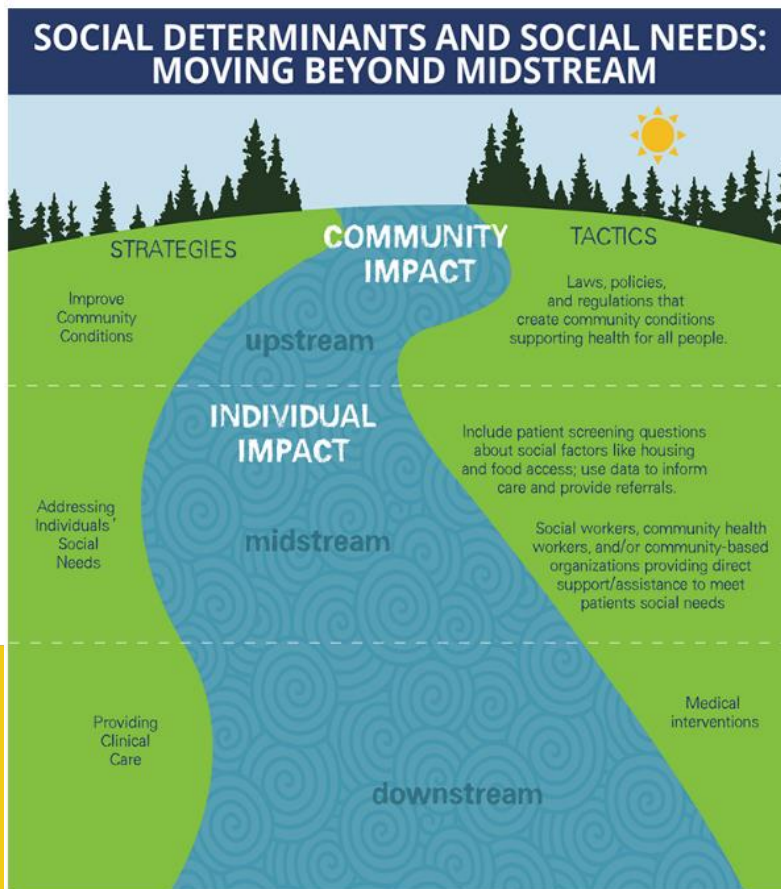
Updated: 10/28/24			
Tasks To be completed	Owner	Status	Notes
Script/workflow for new client registration	Ops	Done	On Rebecca's desk. Hanna to bring on Mon pm.
Comms materials + plan (including for comm sites + Peds)	Rebecca	Done.	Malcolm there both days (may be in and out)
Confirm floor captains for full coverage	Malcolm	LaTanya D. (sp)	
Confirm sufficient # of clinical vaccinators for 10/29	Tracy	Confirmed.	Ash is willing to help vaccinate Adult clients 10/30 pm.
Confirm sufficient # of clinical vaccinators for 10/30	Tracy	Confirmed: Angela from MSU, Catherine, Tracy, Keri, Karen Cruz, Ash.	Catherine to give out sparkly to med team. Give scissors to coat team to cut off.
Order Bracelets	Devante	Received	Tracy will run morning of
HIT report of HCH clients vaccinated	HIT	Ready to run on day of	
Other giveaway items being collected for when coats run out	Dev	Hygiene kits received. CB checking on hats/scarfs/gloves	
Maryland food bank -SNAP benefits table	Malcolm	Will be there both days.	
Charm City Run Table	Nicole Troy	Will be there one day.	
Confirm non-clinical volunteer coordinator	Christina	Confirmed.	
Create template in Athena for vaccines	Catherine	Ready for use in Athena	
Set up tables and stanchions (sp)	John	Day before	
Put refrigerator in middle group room	John	Day before	
Signage made and ready to put up	Rebecca	Confirmed	
Flu consents copied and ready (eng and span)	Catherine	Confirmed	



## 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**

