

March PI meeting

3/19/2025

Attendees

Agenda

1. Reminder of three phases and where we are. Reviewed the goals and the clinical leads

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



2. Reviewed CQM Data

- a. Saw improvements in several measures and many staying the same. We only saw referrals with a reduction

Screening and Preventive Care Measures	Jan	Feb	2025 Goal
Height and Weight Assessment and Health Counseling	46%	47%	50%
Cervical Cancer Screening	52%	53%	55%
Colorectal Cancer Screening	34%	34%	35%
HIV Screening	74%	74%	77%
Tobacco Use: Screening and Cessation Intervention	70%	72%	74%

Chronic Disease Management	Jan	Feb	2025 Goal
Controlling High Blood Pressure	60%	61%	65%
Diabetes: HbA1c Poor Control (>9%) [inverse]	32%	32%	31%

Additional HCH Priorities	Jan	Feb	2025 Goal
Closing the Referral Loop (% Completed Referrals)	39%	35%	40%
SDH Ask Rate	32%	32%	50%
Flu Vaccinations	Offer Rate: 59% Admin Rate: 48%	Offer Rate: 59% Admin Rate: 48%	Offer Rate: 75% Admin Rate: 50%
Suicide Assessment and Safety Plan	30%	31%	85%
Prescribing Antibiotics for Upper Respiratory Infection (URI) and Acute Bronchitis (YTD)	100%	100%	100%
Hospital Readmission	13%	13%	12%

3. Reviewed PI measures

- a. Saw improvements in Breast Screening; surpassed depression screening and saw a large jump (3%) for HTN for black and AA women.
- b. Client Experience and Third Next available are recently approved goals, and we have begun work on these
- c. Flu goal will come back around for 25-26 season

PI Measures	Jan	Feb	2025 Goal
Breast Cancer Screening (Ages 40 – 74)	44%	44%	46%
Depression Screening and Follow-Up Plan	54%	57%	55%
Hypertension Disparity (Black/African American Females)	53%	56%	57%
Third Next Available	26 days	27 days	Fallsway Avg: 21 days
Client Experience	-	4.57	4.81

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.**

- Working to reduce disparities for black and white women
- Have seen some slight improvements for those who are white, however, reduction for those who are Black/African American and Hispanic/Latina

Goal: 46%

Current: 44%

Disparity Current:

- B/AA: 34% (goal: 40%)
- W: 29% (goal: 31%)
- H/L: 61%

- We have completed process mapping, key gap areas, which have included:
 - challenges in connecting with clients,
 - transportation needs,
 - challenges with navigating external appointments.
- conducted a literature review that found the importance of patient education, risk assessments, and navigation.
- Have created client questionnaire and working on logistics to roll out (goal is to interview 12 clients)

Depression Screen 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%.

- Surpassed goal at 57%! Now working towards stretch goal of 60%
- Did data analysis and found that those with missed screening were seen in medical space (81% missing screening)
- Pilot – intake packet that included a PHQ-9 with other forms
 - o Created instruction sheet with MA feedback, which has helped clients

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: 56%**

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%

- Continue to see Black/AA women below Agency goal and average
- The team has conducted literature review that showed discrimination and racial stress impacting BP, CHW as key players, focus on healthy and fresh food access
- Also completed BP measurement observations and focus on standardization and measurement
- Additional actions include process mapping, conducting a medication algorithm review, and conducting client interviews
 - o Focusing on standard work – including in measurement and medication
 - o Client interviews found 71% had MH diagnosis and 51% connected to provider; vast majority reported
 - o Healthy foods, stable housing, transportation are the biggest environmental influences on mental and physical health
- Next steps: HTN RN shadowing and Root Cause Analysis

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, Dental, Medical, and Psychiatry departments).

- Baseline: 24 days (December 2024 TY)
- **Goal: 21 days**
- **Current: 27 days**

- Just beginning work; met as a small team and working on information gathering

- Shadowed call center manager around template change processes
 - o Found challenges with dental
 - o Challenges with templates being late and how that impacts appointment scheduling
- Completed department meetings
 - o Found that issues in scheduling are a driving factor in access
 - o Interested in focusing on slot utilization – education and improved communication

Influenza Vaccination

- This will focus on our work for 25-26 season! More to come

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 and current: 4.57 (Feb 2025; trailing 4 months)

Goal: 4.81 (50th percentile)

- Experience navigating health center was scoring lower surrounding the interaction with the check in process
- We’re in the 25th percentile and found that this measure is correlated with overall experience at organization
- Working with key partners in the ops space around workplace prevention

4. Review of PI tools

- Focus on Root Cause analysis approaches

PI Tool: Root Cause Analysis (Fishbone and 5 Whys)

Fishbone Diagram or Cause-and- Effect Diagram

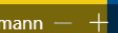
- Used to identify and visualize potential causes of a specific problem/effect
- Helps systematically identify and analyze root causes by thinking about categorized causes
- Performed in team settings for different perspectives

The 5 Whys

- Used to identify the root cause of an issue by repeatedly asking “why?” – typically 5 times
- Helps trace the problem back to its origin vs. addressing the symptoms
- The goal is to dig deeper into the cause of a problem instead of solving surface-level issues

- We use fishbone diagrams often – ID potential causes to an event or issue
 - o Works well in a team-based setting

- ## How to set up a Fishbone



- Next meeting: April 16th, 2025**