

Performance Improvement (PI) Committee Monthly Meeting

March 19, 2025



Agenda

1. Icebreaker
2. PI Framework Reminder
3. Clinical Quality Measure (CQM) Data
4. Performance Improvement (PI) Goal Updates
5. PI Tool: Root Cause Analysis with the Fishbone and 5 Whys



Icebreaker

Sneakers or sandals?



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

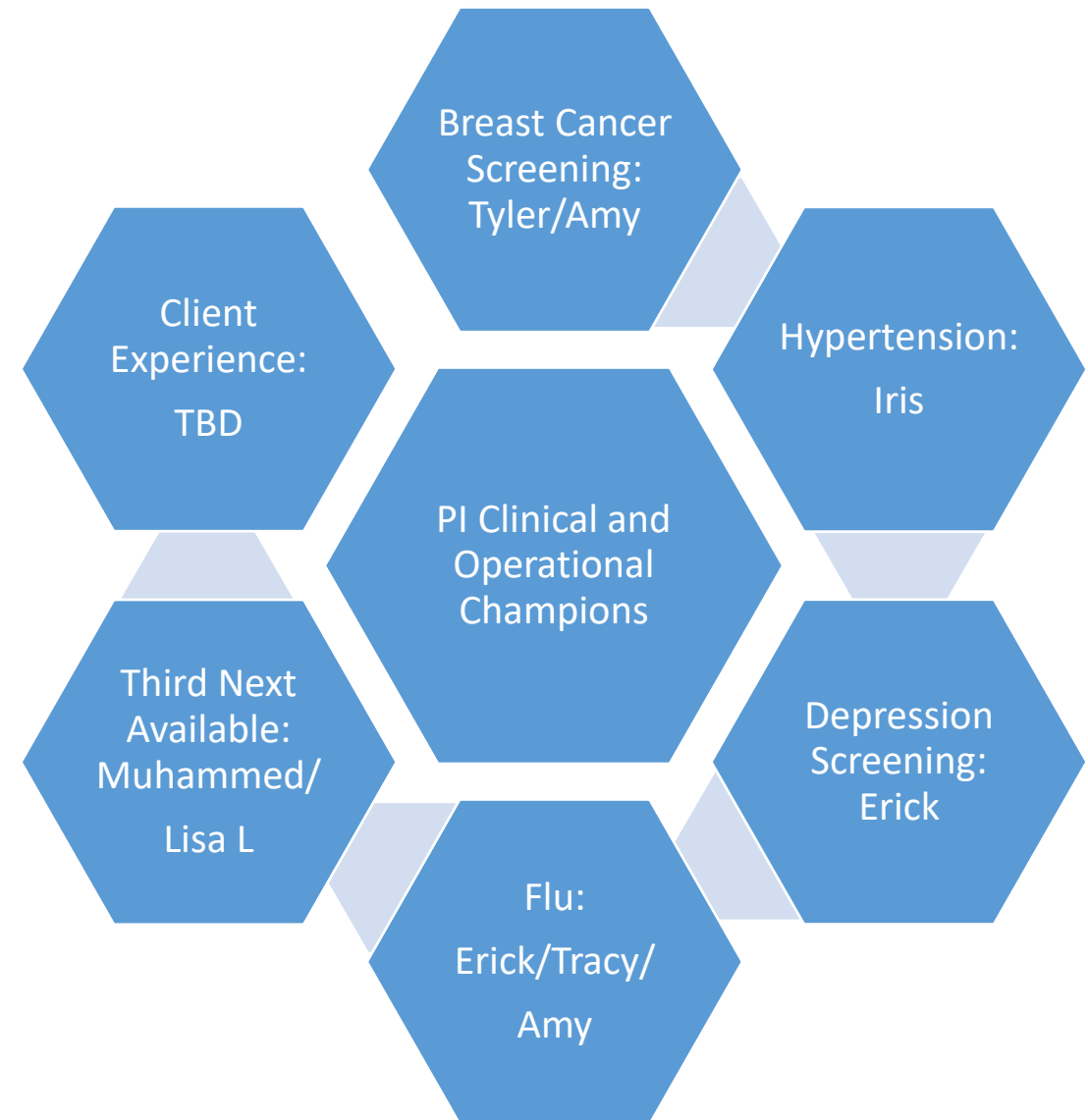
*Includes: integrating
improvements into
workflows and sustaining
the gains*



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



Key
3+ Improvement
1-2+ improvement
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%



Key
3+ Improvement
1-2+ improvement
Reduction

Additional HCH Priorities	Jan	Feb	2025 Goal
Closing the Referral Loop (% Completed Referrals)	39%	35%	40%
SDH Ask Rate	32%	32%	50%
Flu Vaccinations	<u>Offer Rate: 59%</u> Admin Rate: 48%	<u>Offer Rate: 59%</u> Admin Rate: 48%	<u>Offer Rate: 75%</u> 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%



Performance Improvement Measure Updates



2025 Performance Improvement Measures

Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

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

Additional Goals

Influenza vaccination: will resume for 25-26 flu season



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: 44%

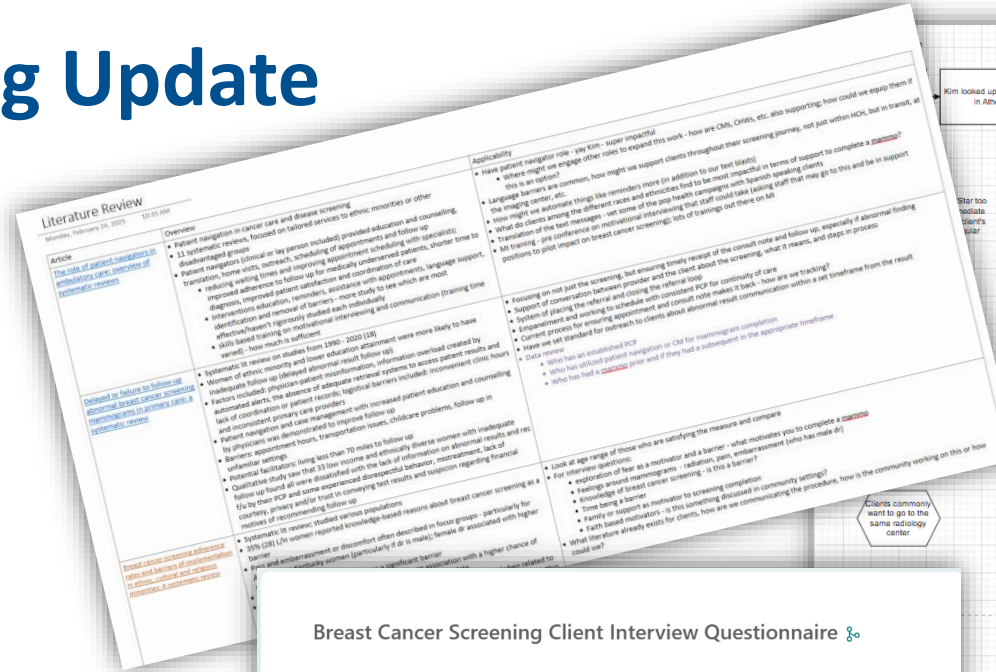
Disparity Current:

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



Breast Cancer Screening Update

- Current State Process Mapping
- Literature Review
- Client Interview Questionnaire drafted



Breast Cancer Screening Client Interview Questionnaire

1. The first question is about getting to know you and your values. Could you please share: what are the top three things you value most in life?

Enter your answer

2. Have you had a mammogram in the past?

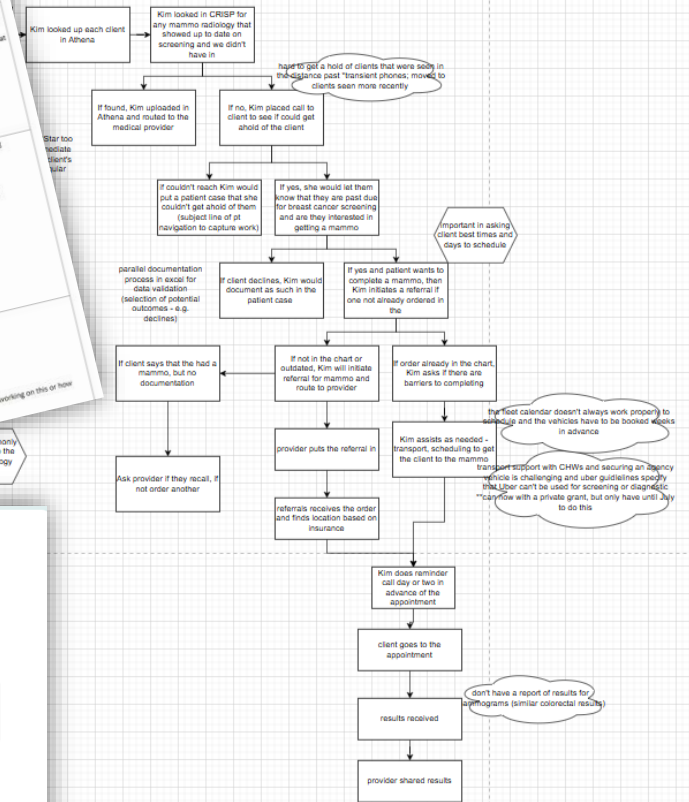
- ☐ Yes
☐ No

3. What motivated you to complete your mammogram?

Enter your answer

4. Will you get another mammogram?

- ☐ Yes
☐ No



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: 57%**
- **Goal: 55%; stretch goal: 60%**



Depression Screening and Follow Up Plan Update

- **Data Analysis**
 - 81% of missed screening or absent follow-up in medical department
 - 98% were missing screening
 - 43% female; 53% male
- **Pilot**
 - Intake packet pilot
 - Includes PHQ-9, SDH, and BRIEF health literacy
 - Copies in English and Spanish
 - Staff integrating within intake workflows
 - Feedback to add instructions sheet – implemented
 - 3% improvement!



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.

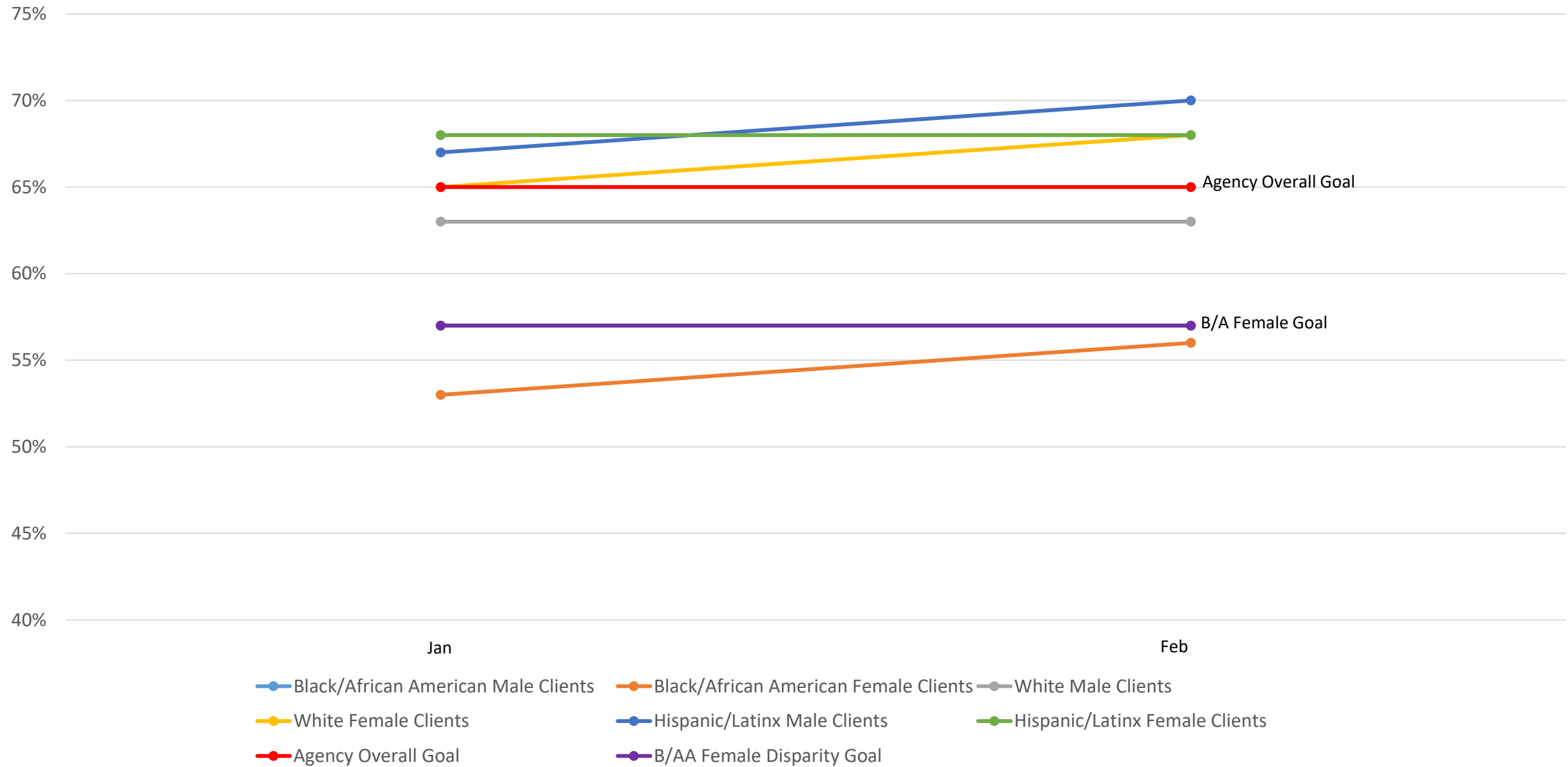
- Baseline: 52% (July 2024 TY)
- **Goal: 57%**
- **Current: 56%**

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%



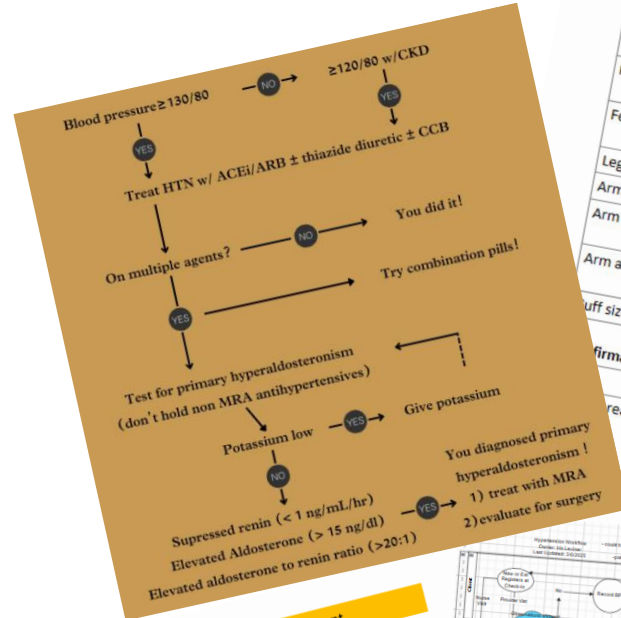
Hypertension Disparity

Race, Ethnicity, and Gender Disparity

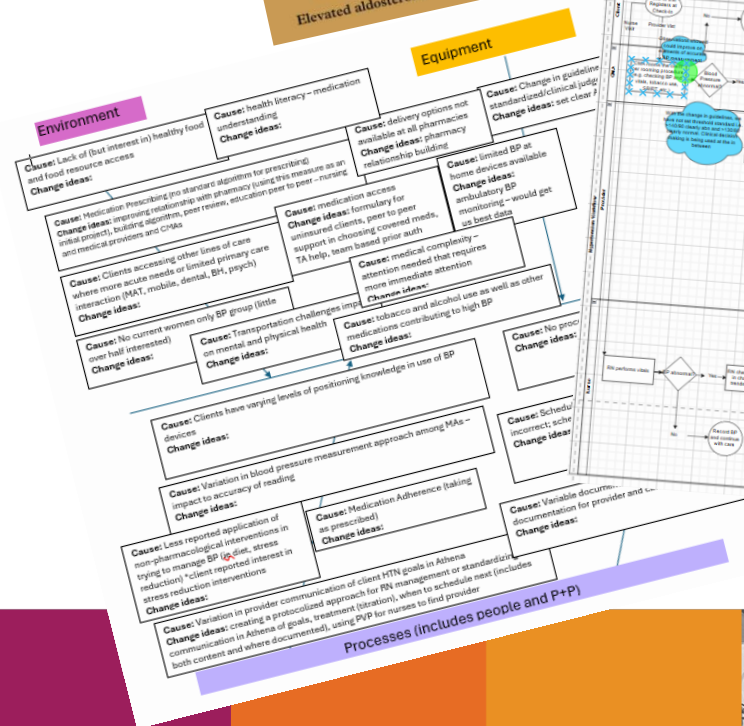


Hypertension Disparity Update

- Literature Review
- BP Measurement Observations
- Process Mapping
- Medication Algorithm Review
- Client Interviews
- HTN Nurse Follow Up Shadowing
- Root Cause Analysis



Client Positioning Data			
	Yes	No	Notes
Patient seated with back supported	Yes	No	
Feet flat on the floor or footstool	78% (7/9)	22% (2/9)	2 were not positioned well in the chair and not asked to take reading
Legs uncrossed	89% (8/9)	11% (1/9)	Majority of clients asked to plant feet firmly on floor before taking reading
Arm bare	100% (9/9)	0% (0/9)	
Arm supported	78% (7/9)	22% (2/9)	MA stated "shirt thin" and took over top the shirt
Arm at heart level	56% (5/9)**	44% (4/9)	4 were positioned with arm propped up on counter, arm should be supported on arm rest - deducted
Cuff size appropriate	100% (9/9)	0% (0/9)	See note above, while at heart level, arm should be comfortably placed at side and not propped up on counter
Firmatory Measurement Data			
	Yes	No	Notes
Reading was taken by MA	33% (3/9)	67% (6/9)	
			Client 1: 164/100 Client 2: 144/92 Client 3: 176/97



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**



Third Next Available Update

- Shadow of template change process
- Shadow in the call center
- Departmental meetings

Call 8 started 10:28 - 10:47 call back request Chair 1, called back 10:52; end 10:54

- DOB and first name
- Pushback an appointment to early time
- Looks like there was a reschedule
- At 10:35 touched base again for hold on call
- Trouble shooting - coming in as a new patient (need to find a correct spot to put you in for scheduling) -
 - o Looking for an emergency slot to put client in
- You can do dental walk in - M thru F - have to be here before 8am, not guaranteed - only if I can't find yc for you - since you have interview at 11, I will look for appointment and call you back (at 10:47)
- Called back 10:52 - emergency dental Monday March 24 at 10am (a month away) - won't work for the cl for a walk in; 2 refills on the medication before the procedure so covered

Call 9 started 10:29 - 10:31 call back request Chair 3

- CM has appointments for March 4 9am on a Tuesday and Feb 26 at 2:30 (next Wednesday)
- Scheduled for the Feb date with Steph Mobley
- ID and insurance information to appointment

Call 10 started 10:32 - 10:34 call back request chair 3

- Appointment request
- DOB and first and last name
- April 10 at 8am or April 11 at 11am first available appointments for primary care drs at this time - April 1
- Can send a message for a refill on medications - all medications or specific? - sent message and said they

Call 11 started 10:35 - 10:36 Chair 3

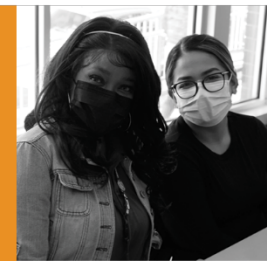
- Returning call
- Med refill - sent message to nurse for refill and nurse will contact to let them know



Influenza Vaccination Update



- The team will be meeting at the end of March to review successes and challenges from the 2024/2025 season
- Planning for 2025/2026 flu season to begin in June for September flu season start date



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).

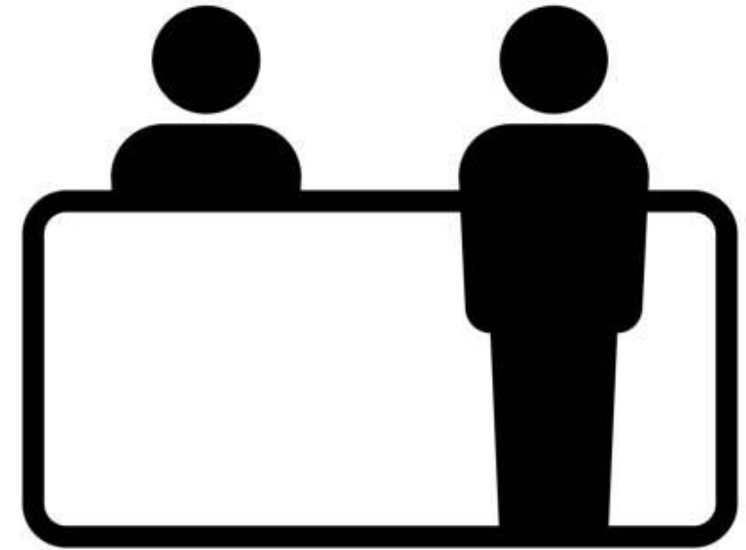
Baseline and current: 4.57 (Feb 2025; trailing 4 months)

Goal: 4.81 (50th percentile)



Client Experience Update

- Scoring in the 25th percentile (compared to 343 health centers)
- Correlated with overall experience at the organization
- Leveraging existing work in the space/ties to workplace violence prevention priority



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



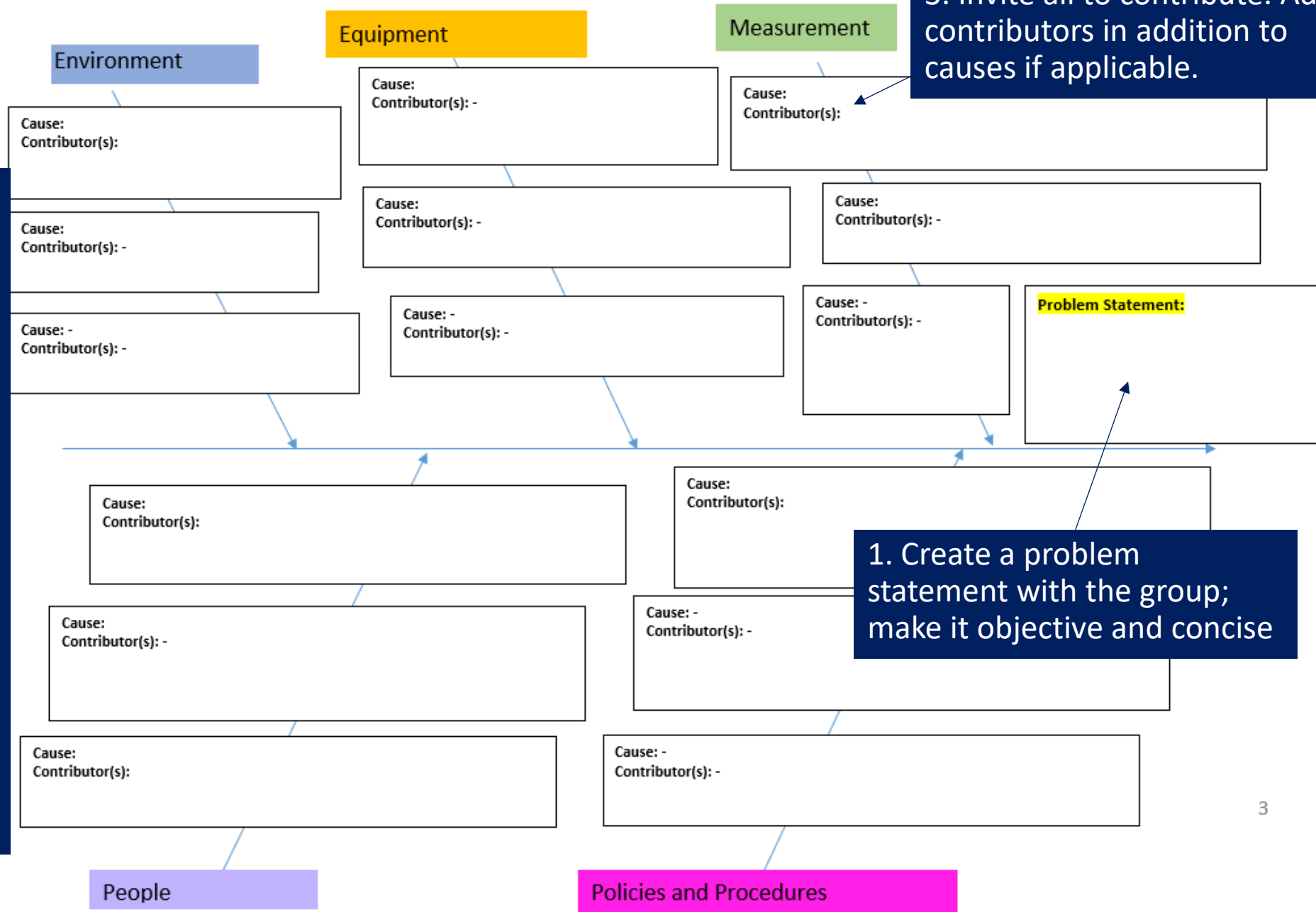
2. Explain the categories of causes:

- **Environment:** conditions in which process operates
- **Equipment:** tools required for process (eg EMR)
- **People:** anyone involved in process
- **Policies and Procedures:** how the process is performed and specific requirements to do it
- **Measurement:** data used to evaluate the performance of a process

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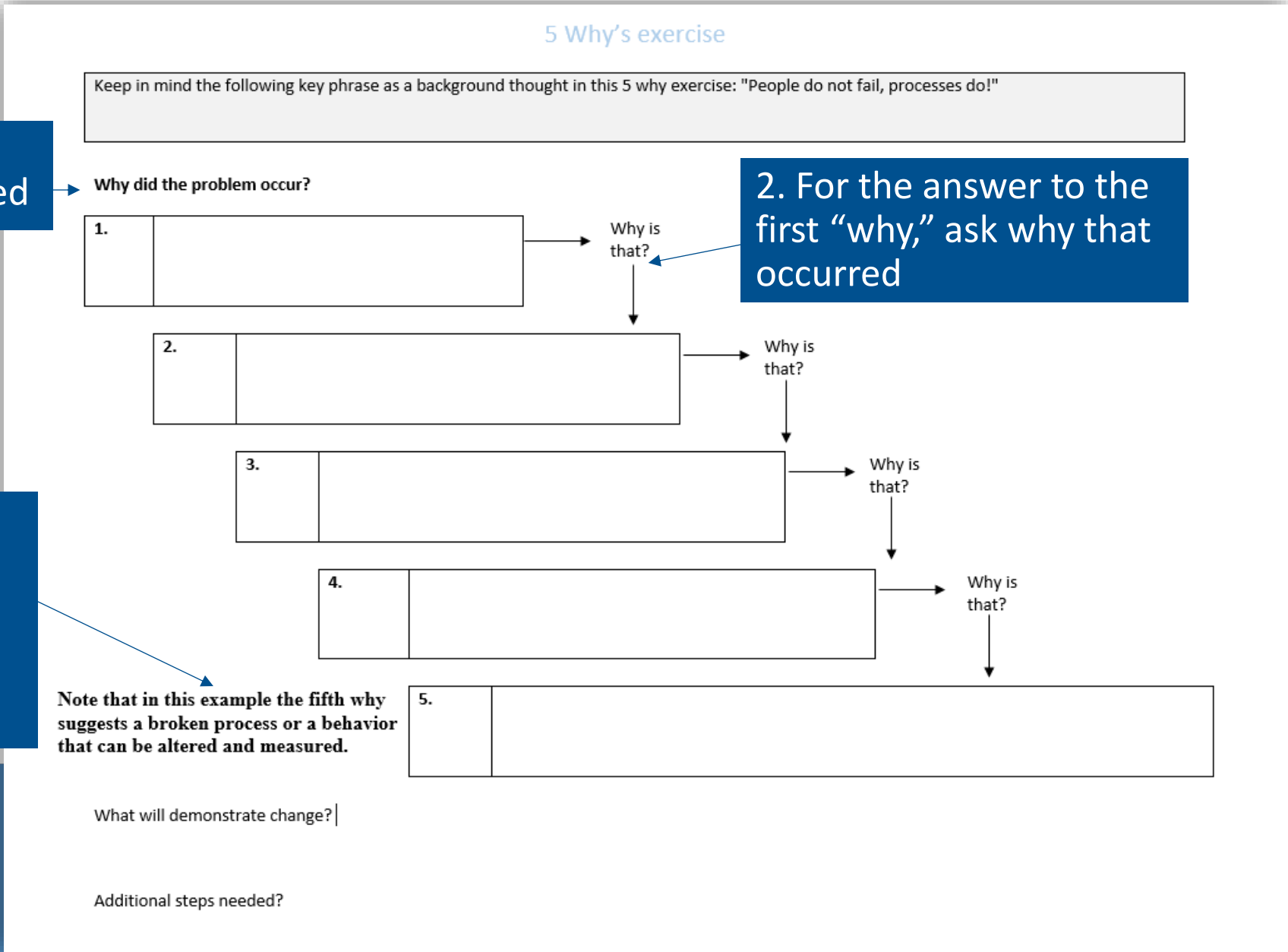
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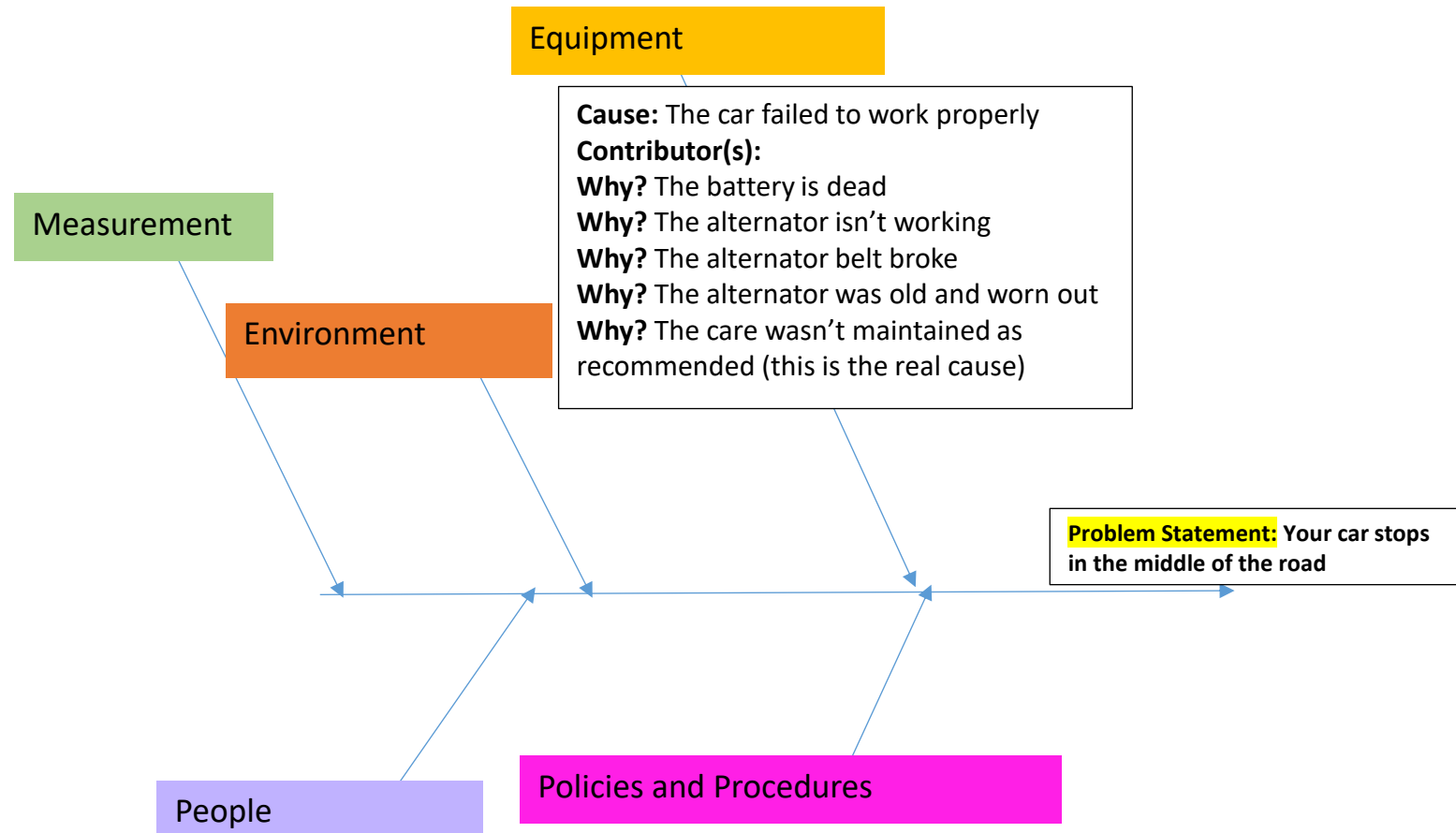
How to set up the 5 Whys

1. Identify the problem and ask why it happened

3. Keep going (3 to 5 whys) until you get to a broken process or behavior that can be altered and measured



You can combine them!



Let's Practice!

Templates here:

Dashboard		Organize	New	Open
<< PI Committee - Minutes & Data > PI Committee 2025		▼	↺	Search
Personal		Name	Date modified	Type
/		5 Why worksheet_one pager	10/29/2019 10:47 AM	Microsoft Word
ion		February PI Committee Meeting_2.19.25	2/19/2025 9:22 AM	Microsoft Word
		February PI Committee Meeting_2.19.25	2/19/2025 9:27 AM	Adobe Acrobat
ether Proje		February Slides 2025	2/19/2025 9:24 AM	Adobe Acrobat
		February Slides 2025	2/19/2025 9:22 AM	Microsoft PowerPoint
		Fishbone Example	3/19/2025 8:00 AM	Microsoft Word
		Fishbone	2/17/2025 10:38 AM	Microsoft Word
		January Slides 2025_presenting Dec 2024 Data	2/19/2025 9:25 AM	Adobe Acrobat



Questions?
Thanks for joining

