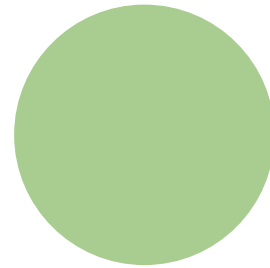


Quality and Risk Reports



Cassandra Major, MBA, CHW I, CPC, NCMA
April 13, 2023

Quality Management Plan

Goal:

- To increase the value of services by enhancing quality and strengthening the ability to deliver cost effective care.

Objectives:

- To design effective processes to meet the needs of patients which are consistent with the health center's mission, vision, goals, and plans.
- To collect data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement.
- To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors.
- To achieve improved performance and sustain the improvement throughout the organization.
- To promote collaboration at all levels of the organization enabling the creation of a culture focused on performance.
- To educate leaders and staff regarding responsibilities and effective participation in performance improvement activities.



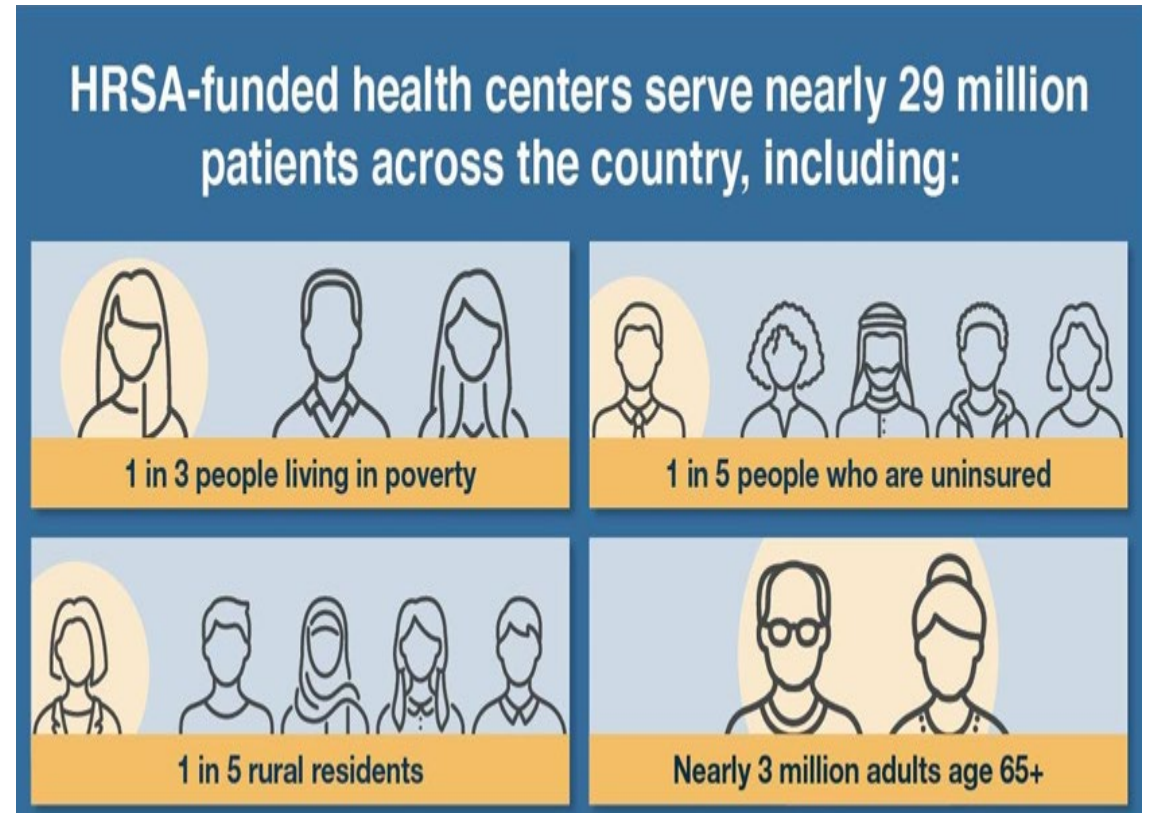
Uniform Data System (UDS)



UDS

What we're reporting?

- Patient Demographics
- Clinical Services & Outcomes
- Financial Costs



Clinical Performance Measures

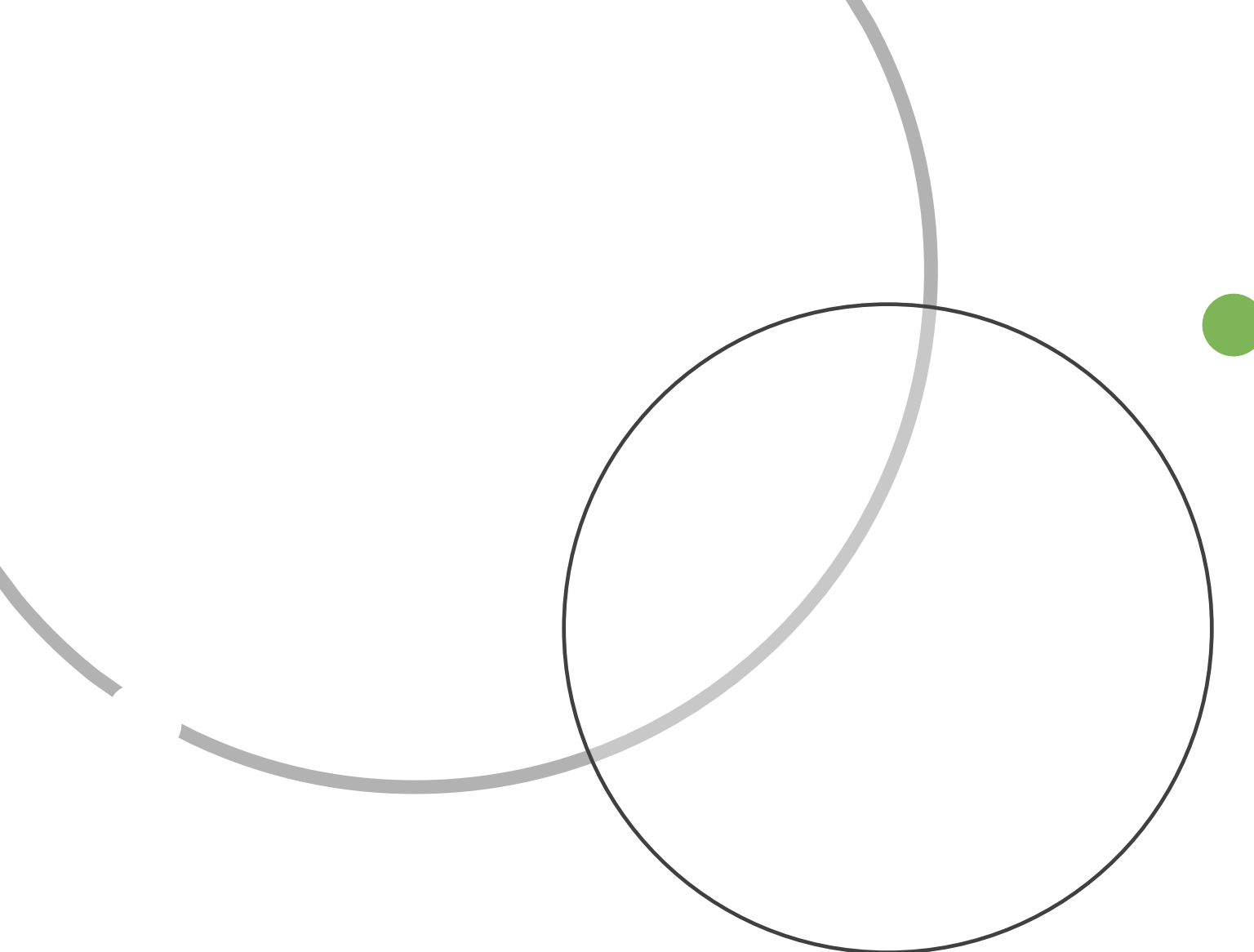
Screening and Preventive Care
Cervical Cancer Screening
Breast Cancer Screening
Body Mass Index (BMI) Screening and Follow-Up Plan
Tobacco Use: Screening and Cessation Intervention
Colorectal Cancer Screening
HIV Screening
Screening for Depression and Follow-Up Plan

Maternal Care and Children's Health
Early Entry into Prenatal Care
Low Birth Weight
Childhood Immunization Status
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Dental Sealants for Children between 6-9 Years

Chronic Disease Management
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
HIV Linkage to Care
Depression Remission at Twelve Months
Controlling High Blood Pressure
Diabetes: Hemoglobin A1c (HbA1c) Poor Control

UDS Data

Quality of Care Measures		
	2021	2022
Childhood Immunization Status	4.76%	0.00%
Cervical Cancer Screening	33.96%	43.94%
Breast Cancer Screening	5.84%	10.00%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	1.90%	0.06%
Preventive Care and Screening: Body Mass index (BMI) Screening and Follow-up Plan	26.27%	29.76%
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	54.10%	0.14%*
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	46.29%	68.35%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	62.50%	66.67%
Colorectal Cancer Screening	4.20%	1.96%
HIV Linkage to Care	82.71%	94.69%
HIV Screening	27.50%	52.55%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	21.58%	55.88%
Depression Remission at Twelve Months	9.38%	8.57%
Controlling High-Blood Pressure	61.79%	50.84%
Diabetes: Hemoglobin A1C Poor Control	32.71%	41.45%



2023 Quality Measure Focus



2023 Quality Measure Focus

- **Controlling High Blood Pressure:** Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period with a medical visit during the measurement period. Patient whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic pressure less than 90 mmHg during the measurement period)
- **Poor Controlled Hemoglobin A1c (HbA1c):** Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period. Patient whose most recent HbA1c level performed during the measurement period was greater than 9.0% or patients who had no HbA1c test conducted during the measurement period

2023 Quality Measure Focus

- **HIV Screening:** Patient aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period. Patient with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday
- **HIV Linkage to Care:** Patients first diagnosed with HIV by the health center between December 1st of the prior year through November 30th of the current measurement period and who had at least one medical visit during the measurement period or prior year. Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health centers providers and had a medical visit with a health center provider who initiates treatment for HIV or had a visit with a referral resource who initiates treatment for HIV
- **Tobacco Use Screening and Cessation Intervention:** Patient aged 18 years and older seen for a least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. Patients who were screened for tobacco use at least once within 12 months before the end of the measurement period and who received tobacco cessation intervention if identified as a tobacco user

Q1 2023 Measures

January - March

- Controlling High Blood Pressure: 55.56%
- Poor Controlled Hemoglobin A1c (HbA1c): 0.00%*
- HIV Screening: 53.49%
- HIV Linkage to Care: 100%
- Tobacco Use Screening and Cessation Intervention: 0.00%*

*Correcting data mapping

Risk Management



Risk Management Plan

Goals and Objectives:

- Engage in proactive risk management and patient safety activities.
- Enhance patient satisfaction.
- Continuously improve patient safety.
- Identify and analyze risk of loss, errors, events and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent the reoccurrence.
- Implement an effective process to manage identified risks.
- Enhance environmental safety for patients, visitors, and staff through participation in environment of care-related activities.
- Monitor the effectiveness of interventions and plans of action.

2023 Risk Management Reports

January, February and March:

- Medical Event(s) (Dr. Bluebird) – Four (4)
- Patient Complaint(s)/Grievance(s) – Two (2)
- Medication Error(s) – Zero (0)
- Patient Issue(s) – One (1)
- Employee Incident(s) – One (1)
- Health Insurance Portability and Accountability Act (HIPAA) Violation(s) – Zero (0)

Projects



Activities

- Clinical Practice Audits/Guidelines
- Incident Reporting
- Patient Complaints/Grievances
- Patient Safety
- Patient Satisfaction Surveys
- Policies and Standard Operating Procedures
- Workflows

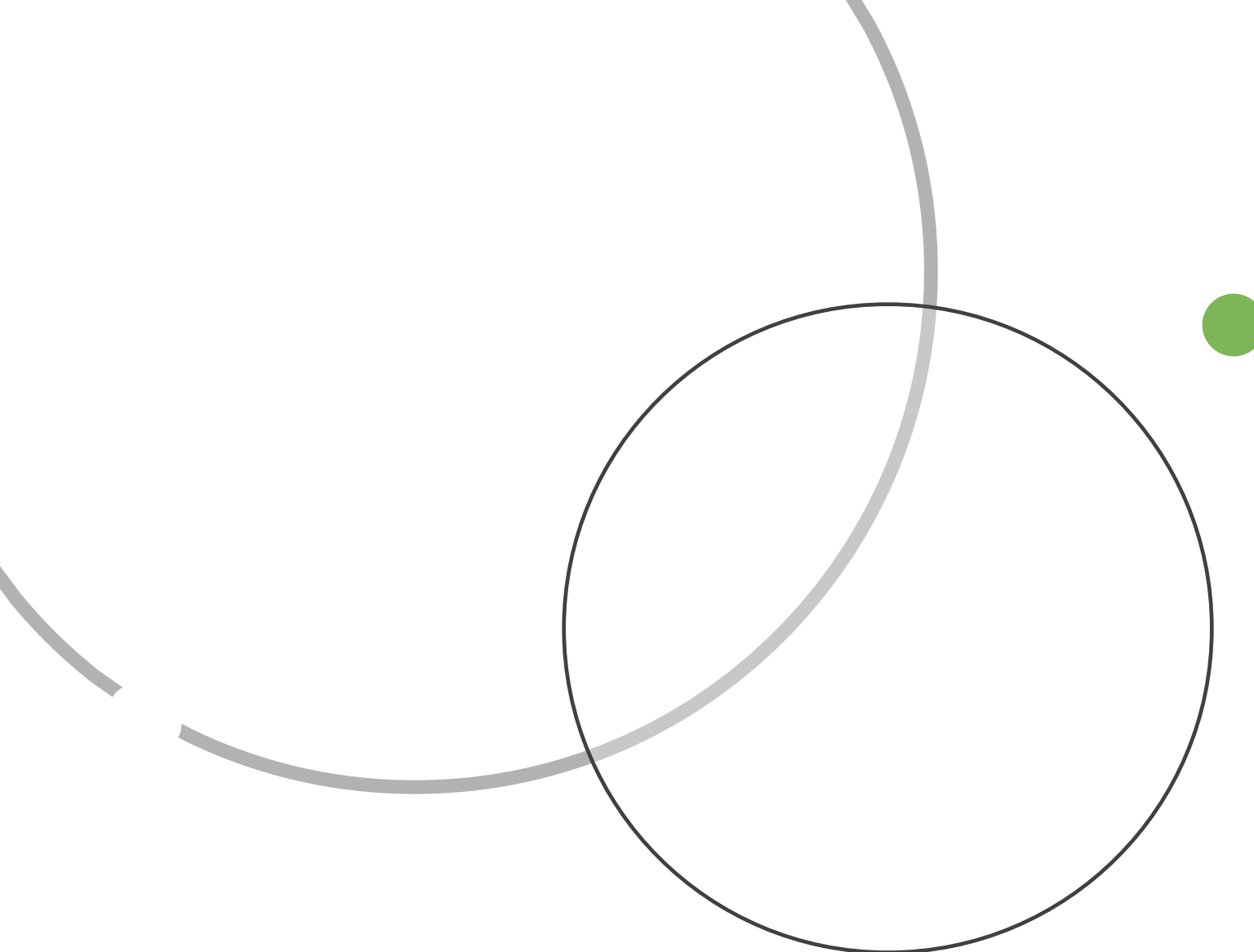
Standard Operating Procedure (SOP)

Provides clear-cut direction and instructions as to the steps necessary to complete a specific task or process.

- Best Practices
- Consistency and Efficiency
- Quality
- Proper Onboarding and Training
- Maintains Organizational Knowledge
- Reduces Misunderstandings
- Improves Safety
- Compliance

Finalized SOP

- Basic Infertility (Family Planning)
- Bus Passes
- Late Arrival, No-Show and Same Day Cancellation
- Prescription Refill
- Prevention, Detection and Control of High Blood Pressure
- Ryan White Outpatient Ambulatory Health Services
- Telehealth Process
- Vaccine Administration



Survey Results

January 2023 Survey Results

- Completed Surveys: 145 (81/64) 17%
 - Family Health: 11 (4/7)
 - Family Planning: 126 (70/56)
 - Ryan White: 8 (7/1)
- Visit Count: 867
 - Family Health: 259
 - Family Planning: 273
 - Ryan White: 335
- Behavioral Health: 30 (22/8)
- Dietitian: 1 (0/1)

February 2023 Survey Results

- Completed Surveys: 219 (109/110) 28%
 - Family Health: 103 (48/55)
 - Family Planning: 89 (39/50)
 - Ryan White: 27 (22/5)
- Visit Count: 786
 - Family Health: 294
 - Family Planning: 317
 - Ryan White: 175
 - Behavioral Health: 10 (6/4)
 - Dietitian: 8 (3/5)

March 2023 Survey Results

- Completed Surveys: 262 (144/118) 24%
 - Family Health: 129 (67/62)
 - Family Planning: 101 (46/55)
 - Ryan White: 36 (34/2)
- Visit Count: 1079
 - Family Health: 350
 - Family Planning: 409
 - Ryan White: 199
 - Behavioral Health: 121
 - Behavioral Health: 6 (2/4)
 - Dietitian: 2 (0/2)



Motion to accept the Quality and Risk Management Activities Report, as presented and Approve Recommendations to the SNCHC Governing Board on April 18, 2023.



Questions?