

# Welcome

## HCH Quality Leaders: Key Practices and Improvement Strategies

Thursday, August 30, 2012

We will begin promptly at 1 p.m. Eastern.

Event Host:

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Research Assistant

National Health Care for the  
Homeless Council, Inc.



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# HCH Quality Leaders: *Key Practices and Improvement Strategies*

August 30, 2012

Health Care and Housing are Human Rights

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# Presenters



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National Health Care  
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## **Carol Blank, BSN, RN**

Manager

Community Health Center  
Clinic and Health Care  
for the Homeless Program

RiverStone Health

Billings, Mont.



## **Marie Wisely, CPHQ**

Director of Quality  
and Clinical Services

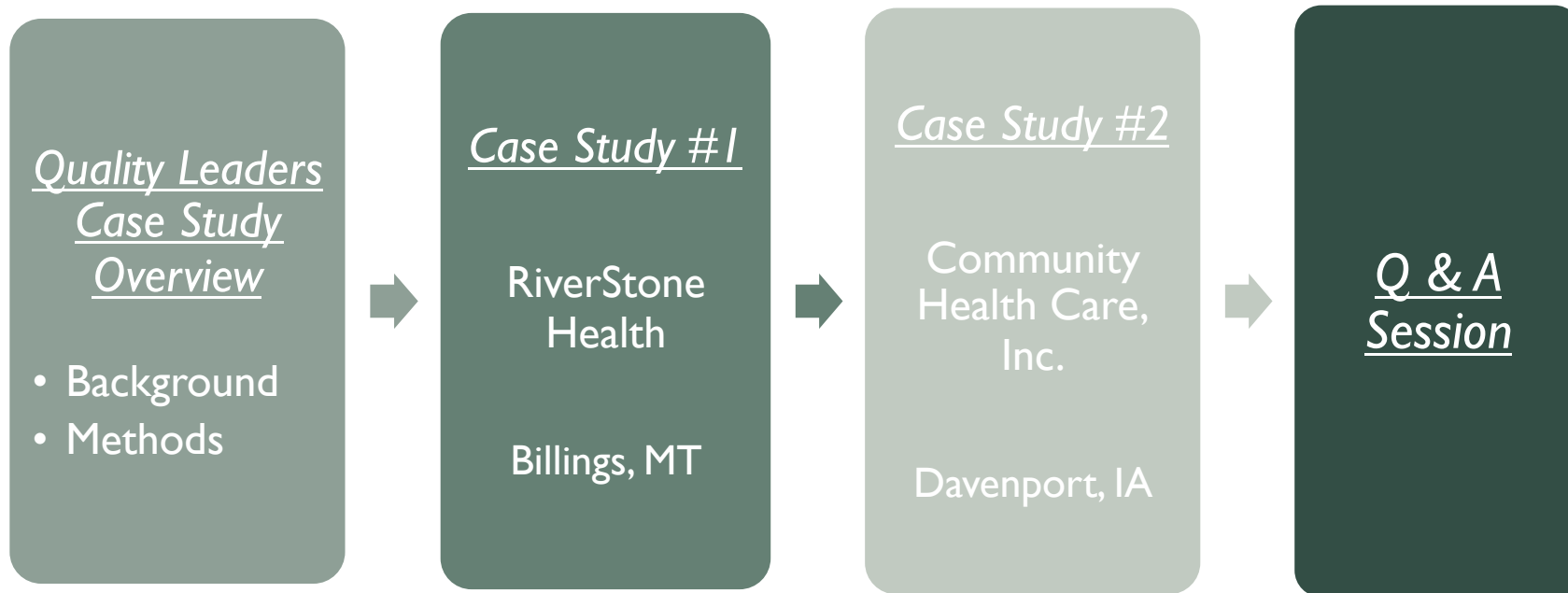
Community Health Care, Inc.

Davenport, Iowa

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# Webinar Overview





# Case Study Background

- **Quality vs. Productivity**
  - No HRSA annual productivity requirements
  - Allows *increased focus on quality*
- **What key practices and QI strategies work well in the HCH setting?**



# Case Study Objectives



# Methods

## ■ Identified top 10 HCH Quality Leaders

- Based on 2010 UDS data for hypertension and diabetes control measures (HRSA's clinical performance measures)

## ■ Key expert interviews with 4 Quality Leaders

1. Community Health Care, Inc. (Davenport, IA)
2. RiverStone Health (Billings, MT)
3. Harbor Homes, Inc. (Nashua, NH)
4. Care for the Homeless (New York, NY)

# Case Study #1

## RiverStone Health



### Carol Blank, BSN, RN

Manager of Community Health Center Clinic and Health Care for  
the Homeless Program

Billings, MT

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# RiverStone Health HCH

- **Large umbrella organization**
  
- **Numerous, valuable resources**
  - Public Health
  - Community Health Center Clinics
  - Dental
  - Montana Family Medical Residency
  - Maternal Child Health & WIC
  - Home Health & Hospice

# Our HCH Program

- Program started in 1993
- Staffing
  - Nurse
  - Administrative Assistant
  - Outreach worker
  - Case Manager
  - Licensed Addictions Counselor
  - Mental Health Therapist
- Clinic Locations
  - Women & Family Shelter
  - Men's Rescue Mission
  - The HUB
  - Main Clinic



- **Services offered**

- Family practice care for all ages including Lab & X-ray
- Dental care
- Medication financial assistance
- Case management

- **Access**

- Shelter & HUB Clinics – walk in for care
- Main clinic – scheduled out, day of scheduling & walk in care
  - Decreased no show rate for HCH patients from 17% to 13% when advanced access was initiated in the main clinic.

- **Team Based Care centered around the patient and their needs**

- Increased continuity with one provider
  - Increased trust & confidence
- Increased continuity with nurse, support staff & Behavioral Health staff
  - Increased trust & confidence
- Team huddles
  - Improved care management

# Quality Improvement Example #1

- **To increase outreach to our community's homeless population**
  - Posters
  - Brochures
  - Resource Maps
  - Participation in area homeless events
  - Partner with community resources





RiverStone Health provides Healthcare for the Homeless walk-in clinics at the following locations:

### Montana Rescue Mission

2822 Minnesota Avenue  
Billings, MT 59101

Monday and Wednesday - 7:00am-10:00am  
Friday - 7:00am-11:00am

### Women's and Family Shelter

2520 1st Avenue North  
Billings, MT 59101

Tuesday and Thursday - 1:00pm-4:30pm

### The HUB

515 North 27th Street  
Billings, MT 59101

Wednesday - 1:00pm-4:00pm

Additionally, Healthcare for the Homeless services are provided at:

### RiverStone Health Clinic

123 South 27th Street  
Billings, MT 59101

Monday-Thursday - 8:00am-7:00pm  
Friday - 8:00am-5:00pm

For more information call 406.247.3350.

24 hour emergency consultation is available through RiverStone Health Clinic.



Connecting you to a better life

## Resource Map

1-2. RiverStone Health Clinic & Pharmacy  
123 South 27th Street  
406.247.3350

3. Montana Rescue Mission  
2822 Minnesota Avenue  
406.259.3800

4. Office of Public Assistance  
111 North 31st Street  
406.237.0520

5. The HUB  
515 North 27th Street  
406.248.4803

6. Women's and Family Shelter  
2520 1st Avenue North  
406.259.3105

7. Social Security Administration  
2900 4th Avenue North  
406.247.7265

8. Housing Authority  
2415 1st Avenue North  
406.245.6391

9. Mental Health Center  
1245 29th Avenue North  
406.252.5658

10. Indian Health Services  
1127 Alderson Avenue  
406.245.7318

11. Family Service Inc.  
1824 1st Avenue North  
406.259.2269

12. St. Vincent DePaul Society  
2610 Montana Avenue  
406.248.1411

13. Rimrock Foundation  
1231 North 29th Street  
406.248.3175

14. St. Vincent Healthcare  
1233 North 30th Street  
406.657.7000

15. Billings Clinic  
2800 10th Avenue North  
406.238.2500

16. Community Crisis Center  
704 30th Street North  
406.259.8800



### Additional Resources

Gateway House 406.245.4472

Child and Family Services 406.657.3120

Mental Health Warmline 1.800.266.7198

Veterans Outpatient Clinic 406.651.5673

# Quality Improvement Example #2

- **To improve quality of care – patient dashboards**
  - Monthly report per disease process
  - By provider
  - Lists of all provider's patients with diabetes including the following:
    - Last appointment
    - A1C
    - Microalbumin
    - LDL
    - BP
    - Vaccines

## Dashboard continued

- Nurse reviews list and assesses needs of patients
  - Transportation?
  - clarification of care plan
- Nurse & support staff contact patients to encourage follow up with provider and offer assistance as needed.
- HCH staff available to assist with all HCH patients
  - Outreach worker
  - Case Manager
- Coordination of care & services available from RiverStone
- Health programs and/or community partners.

# Review

- Access
- Team based care
- Focus on the patient and their needs
- Care Management
- Ongoing quality improvement



## Case Study #2

# Community Health Care, Inc.



## Marie Wisely, CPHQ

Director of Quality and Clinical Services  
Davenport, IA

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# Clinic Statistics

- Nine locations (Iowa and Illinois)
- Range of primary care services
- Specialty care (Infectious Disease, chiropractic, mental health, health education, nutrition)
- 40,000 patients
- 280 + employees



# Quality Department



# Purpose

## **What is the purpose of the quality department?**

- Continuously monitor and improve the quality and safety of services provided to our patients
- Minimize or reduce adverse outcomes
- Improve efficiency
- Minimize or eliminate duplication of effort
- Meet external requirements for accreditation and other state and federal regulation

# Structure

## **Structure**

- Director of Quality and Clinical Services
- Quality Coordinator
- Clinical Specialist
- Clinical Trainer
- Nurse Manager
- Patient Care Coordinator
- EHR Coordinator
- Compliance Coordinator

# Major Responsibilities

## Quality Improvement -

- Responsible for the development, implementation and maintenance of the quality plan
- Act as internal consultants- guide staff in the selection of improvement opportunities, assembling teams, collecting baseline data, performing tests, measuring results and communicating results

## • Data Management-

- Standardize data management procedures
- Develop systems for monitoring outcomes
- Designing data collection plans
- Oversee the timely collection of data
- To ensure improvement efforts are effective perform periodic reviews (chart audits or system tracers or patient tracers)

# Major Responsibilities

## **Leadership and Development of Nursing Staff-**

- Provide support, leadership and direction to nursing staff leaders
- Assists in program development including staff training and competency assessment
- Act as a liaison between nursing and provider staff

## **Clinical Outcome Measures-**

- Assists the Medical and Dental Directors with selection of organization wide clinical priorities
- Oversee the peer review program
- Selection of clinical practice guidelines

## **Grant Expectations-**

- Facilitate the selection of grant measures and goals which are based on organization priorities and best practice

# Major Responsibilities (cont.)

## **Infection Control-**

- Develop and implement the organization wide infection control and prevention program
- Assess internal procedures and practices which have the potential to cause infection
- Manage the disease reporting program
- Development the Pandemic preparedness plan
- Develop and implement bloodborne pathogens program
- Facilitate employee flu campaign

## **Patient Satisfaction**

- Creation of the patient satisfaction tool
- Oversee survey distribution
- Summarize results

# Major Responsibilities (cont.)

## **Policy and Procedure Development** –

- Develop policy and procedures which allows CHC to operate with consistency, manage risks and comply with law and regulation
- Evaluate current and new policy and procedures for compliance with regulation and joint commission requirements

## **Education and Training**

- Provide educational support to staff with regards to quality improvement, data interpretation and analysis, infection control and regulatory standards

## **Joint Commission Accreditation-**

- Monitor clinical and operational processes for compliance to the standards in an effort to maintain a constant state of survey readiness
- Develop implementation strategies
- Facilitate on site review

# Major Responsibilities (cont.)

## Unusual Occurrence Reports and Patient Complaints

- Review unusual occurrence reports and patient complaints for appropriate follow-up and plans for improvement
- Analyze data for trends



# Performance / Quality Improvement Program



# Performance Improvement Program

A standard organization wide approach to improving patient care and operations which is focused on the process not individuals

# Culture of Quality: Recruiting and Orientation

- During the interview process all potential candidates are informed of our quality program and their individual responsibilities
- Annually each employee is ranked based on their participation.
- Monetary incentive for participating on internal committees.
- A portion of provider incentive is tied to patient outcomes

# Culture of Quality: Communication

- Director of Quality and Clinical Services attends all provider meetings
- On a monthly basis Quality Coordinator meets individually with each provider regarding clinical outcomes
- CEO and Medical Director review progress toward goals annually with each provider
- All clinical improvement priorities are available electronically. Data is available on a monthly basis
- Data includes level of compliance
  - Individual
  - Peer
  - Organization wide

# Culture of Quality: Communication (Cont.)

- Organization wide data is reported to the internal Performance Improvement/ Quality Improvement Committee. Areas for improvement must be accompanied by an action or improvement plan
- PI projects in progress are reported to all departments via a Quality Newsletter and in person presentations.

# Improvement Methodology

Adopting a structured approach for measuring and improving allows for:

- An objective way to solve problems
- Base decisions on data rather than hunches
- Use our resources efficiently

# Improvement Model

- DMAIC
  - Design
  - Measure
  - Analyze
  - Improve
  - Control

# Improvement Requirements

- Each department is required to participate in at least one PI project per year.
- Annually organization wide PI projects are selected and approved by leadership and the Board of Directors.

# Project Selection

- Improvement opportunities are evaluated based on the following criteria:
  - Connection to our mission and strategic goals
  - Likelihood of positive patient outcomes
  - Increase access to care
  - Increase patient and/or staff satisfaction
  - Improves a key process
  - Facilitates standardization or continuum of care
  - Financial impact
  - Project feasibility



# Project Oversight

- Project progress is monitored by:
  - Improvement teams
  - Internal performance improvement/quality improvement committee
  - Leadership
  - Board Quality Improvement Committee (Organization goals)



# Data Management

# Plan

- CHC's data management plan covers a multitude of variables including clinical, financial, operational, as well as patient and staff satisfaction.
- There is a systematic, organization wide communication plan for the continuous review of prioritized data.
  - COO & Managers review operational data on a monthly basis. (Dashboards)
  - The PIQI & QI committee reviews all organization wide data collection on a regular basis

# Measure Selection

- Organizations that measure everything improve nothing.
- Data collection is prioritized based on the following criteria:
  - Patient Health Outcomes & Satisfaction
  - Alignment with CHC's strategic goals, mission, vision & values
  - Regulatory requirements such as Joint Commission & BPHC
  - Financial Impact



# Internal Performance Improvement Committee

# Performance Improvement/Quality Improvement

- **Purpose of the committee-** Implement and communicate a single, organization-wide, customer driven approach to performance improvement
- **Action Steps**
  - Evaluate the effectiveness of the organization wide improvement plan
  - Measure and assess current performance through data analysis
  - Make recommendations to leadership team regarding improvement focus and annual goals
  - Evaluate compliance with accreditation requirements



# Board Quality Improvement Committee

# Committee Responsibilities

- Keep organization focused on established goals
- Review data presented by staff, make recommendations related to compliance with established improvement goals, regulation and accreditation requirements
- Approve the organization wide improvement plan



# Committee Responsibilities

- Approve annual review and goal selection of internal committees
- Ensure healthcare providers have the proper credentials and privileges to practice
- Recommend to the Board of Directors new or established providers become or remain employed

# Challenges

- Turnover
- Technology
- Competing priorities
- Resources

# Q & A



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# Resources

- Coming Soon: complete *Quality Leaders Case Study* at [www.nhchc.org](http://www.nhchc.org)
- Look out for forthcoming *Quality Leaders Quick Guide*:
  - Practical **tools** and **resources** to track and improve your health center's quality of care.
  - Also at [www.nhchc.org](http://www.nhchc.org)

