

Establishing a QI Department Through Psychological Safety and Staff Engagement

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Who We Are

- Federally Qualified Health Center serving South Minneapolis
- Roughly 10,000 unique patients
- 67% under 100% FPL
- 40% uninsured
 - 48% uninsured at Medical
- 58% Hispanic
 - 64% Hispanic at Medical

Organizational History



- **No leadership team**
 - No CEO; Only clinic manager resigned
- **Layoffs**
 - Quality position
 - EMR site specialist
 - Coder
 - Providers and Nurses
 - Interpreters
- **Poor communication**
- **Workload piling up**

Through Their Eyes

- Little communication
- No staff meetings or events
- Working short staffed and constantly asked to do more
- Numb
- Unhappy
- High Burnout



● ● ● Your Turn- Group Discussion

Share with those around you how staff may feel in your current culture.

Things to consider:

- *Do staff feel a part of communication?*
- *Do staff feel overworked?*
- *Do staff feel supported?*
- *Do staff feel heard?*
- *Do staff feel valued?*

New Leadership

- **Identify the bright spots:** The clinic had a great foundation with a lot of heart.
- **Listen:** Met with staff to learn where they struggled and what was working.
- **Lead by example:** Spoke about the positives of the clinic.
- **Build trust:** Open door policy, empowerment
- **Look at the systems:** Figured out staffing ratios; reviewed job scopes.



What about Quality?

“Oh wow! We thought the quality person just did reporting stuff!”

“I don’t think we have a policy on that.”

“I only became the measure champion because I was asked to.”

“I don’t know what happened, all the sudden some people were let go.”

“Everyone has always just kind of done what they wanted.”

“It’s not all about the data.”

“Things change, but no one really tells us.”

“Oh, I don’t really know why we do that.”

● ● ● Your Turn: Group Discussion

Share with those around you how staff quality improvement is part of your organization.

Things to consider:

- *Do staff understand what “quality” is?*
- *Do staff know your organization’s goals?*
- *Do staff openly make suggestions for improvement?*
- *Do staff welcome tests of change?*

Engagement through Communication



- Quality Measures
- Access to Care
- Quality Work Plan
- Stop Light
- Quarterly Patient Surveys
- Quarterly Staff Surveys
- New Employee Highlights
- Idea/Suggestion Forms

Engagement through Education

GUIDE TO CLINICAL QUALITY MEASURES

UPDATED NOVEMBER 2018

Southside Community Health Services



ADULT BLOOD PRESSURE SCREENING POLICY AND PROCEDURE

Applicable To: Clinical Staff Subject: Adult Blood Pressure Screening Distribute To: Medical Clinic Staff Category: Medical Clinic Policy	Authorized By:	<i>Signature</i> Dr. Liza Ortiz Medical Director	
	Policy Dates	Effective: 10/1/2018	Revised/Reviewed:
Policy Reviewed by Board of Directors on: 10/16/2018 <i>(Only the Policy Statement is reviewed & approved by the Board)</i>			

Southside Community Health Services, Inc.		Clinical Quality Measure Score Card 1/1/18 to 10/31/18					
	Improvement over last month.		No change from last month.		Decline from last month.		Goal met/sustained
What we're measuring in 2018	2017 Year End	2018 Goal	September 2018	October 2018	Trend	Patients to Goal	
FURHI requires us to improve our Diabetes, Hypertension, and Depression measures by 5% from 2017.							
Uncontrolled Diabetes (A1c >9%) <i>(lower percentage is better)</i>	32%	28%	30.7%	30.4%		5	
Controlled Hypertension (<140/90)	69%	73%	70.9%	73.1%			
Depression Screening & Follow Up	86%	91%	86.5%	88.6%		90	
Tobacco Use Intervention	94%	95%	94.0%	94.4%		34	
Asthma Intervention	91%	95%	91.3%	93.9%		2	
IVD: Aspirin or Antiplatelet Use	68%	90%	90.9%	88.6%		1	
CAD: Lipid Therapy	71%	80%	100%	100%			
Adult Weight Screening and Follow Up	36%	65%	37.4%	37.9%			
Pediatric Weight Assessment and Counseling	66%	70%	63.4%	66.8%			
Childhood Immunizations	53%	58%	49.2%	49.2%		6	
Cervical Cancer Screening	71%	75%	73.0%	75.0%			
Colorectal Cancer Screening	47%	70%	58.7%	60.3%		60	
Early Entry into Prenatal Care	71%	75%	80.4%	82.7%			
Tips of the Month: What Can We Do?							
Tobacco Use Intervention <i>Note: Tobacco cessation is determined by the patient's last encounter therefore must be provided at every medical visit.</i>		<ul style="list-style-type: none"> Medical Assts: Identify patients who use tobacco during Pre-Visit Planning and alert provider during huddle. <ul style="list-style-type: none"> During rooming, confirm tobacco status with patient and mark as reviewed. Providers: For all patients who use tobacco at every visit: <ul style="list-style-type: none"> In History Activity, review smoking status and mark as reviewed. Provide counseling on tobacco use and click YES for Counseling Given. Use the Smart Phrase TOBACCO to indicate counseling and/or treatment provided, even if patient refused treatment or referrals. 					
<i>If you have any questions about the above data or have ideas on how to improve clinical quality measures, please let Alyssa know!</i>							

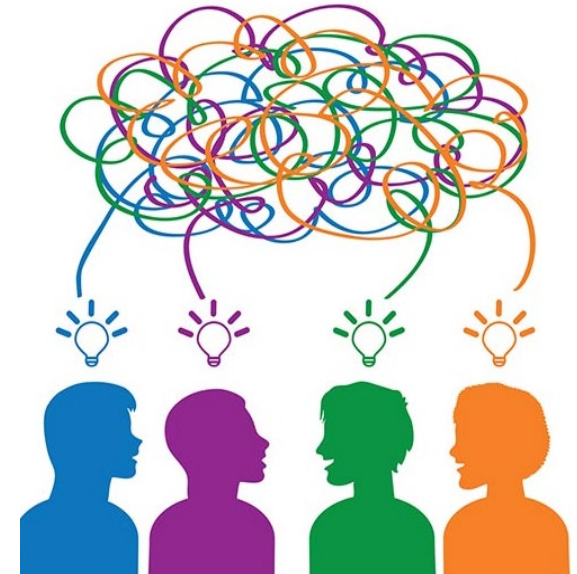
Engagement through Focus Groups

● Why it Works

- Collaboration
- Engagement
- Safe place to share
- Reaching small groups at a time
- Utilizing staff to spread the word

● Key Measures

- Hypertension (59% Jan 2018; 73% Dec 2018)
- Diabetes (34% Jan 2018; 28% Dec 2018)
- Depression (71% Jan 2018; 91% Dec 2018)




Small Tests of Change

Colorectal Cancer Screening:

- 47% Jan 2018
- 61% Dec 2018

2 DAY iFOB COMPE*T*USHION!



**STAY ONE STEP
AHEAD
OF YOUR
BEHIND**

Get checked for colon cancer today.



Thursday, October 11th					
FOBT given?	Lab Appt?		Provider	Appt Time	Patient Name
Yes	No	Yes	No	Check-Out Note	1:00PM
Yes	No	Yes	No	Check-Out Note	3:40PM
Yes	No	Yes	No	Check-Out Note	4:20PM
Yes	No	Yes	No	Check-Out Note	8:40AM
Yes	No	Yes	No	Check-Out Note	3:40PM

Friday, October 12th					
FOBT given?	Lab Appt or Check-Out Note?		Provider	Appt Time	Patient Name
Yes	No	Yes	No	Check-Out Note	1:20PM
Yes	No	Yes	No	Check-Out Note	10:20AM
Yes	No	Yes	No	Check-Out Note	10:40AM
Yes	No	Yes	No	Check-Out Note	10:00AM
Yes	No	Yes	No	Check-Out Note	10:20AM
Yes	No	Yes	No	Check-Out Note	4:20PM

● ● ● Your Turn: Group Discussion

Share with those around you how your organization uses pushes and campaigns.

Things to consider:

- *Do staff understand the purpose of the push?*
- *Do other clinical measures suffer during pushes?*
- *Do staff experience burn out with multiple pushes?*
- *Do your pushes reflect clinical policies?*



We Always

We always screen our patients for depression.

“Suicide rates are up nationally 25% since 1999; up 40% in Minnesota.”

We always screen our patients for colorectal cancer.

“Colorectal cancer is the 3rd leading cause of cancer-related deaths in men and women in the United States.”

Regular Resources

- **Institute for Clinical Systems Improvement (ICSI)**
 - Seminars and trainings
 - Online tools and resources
- **Institute for Healthcare Improvement (IHI)**
 - Finding Joy in Work 12 week course
 - Regular newsletters and webinars
- **Health Information Technology Evaluation and Quality Center (HITEQ)**
 - Regulatory reporting, EMR, IT resources
 - Regular Newsletters and webinars
- **COLLEAGUES in QI**
 - Network!
 - Go grab some coffee and share ideas to bring home

Moving Forward



Contact Us



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Thank You!