Quality Improvement Program

Informatics
Quality
Innovation
Quality Org Chart

Chief Medical Officer

Chief Medical Informatics Officer

Director of Quality Improvement

Clinical Operations / Quality Coordinator

Director of Innovation

Video Producer

Data Analysts

EHR Trainers
Committees

- BOD
- Board Quality/RM Committee
- Internal QI Committee
  - Team Directors
  - Team Managers
  - Operations Directors
  - QI Sub-Committees & Teams
Make a Plan and Keep to the Plan (Mostly)

- Prioritization & Goal setting
- Reporting schedule
- Room for flexibility

<table>
<thead>
<tr>
<th>TOP QI Projects</th>
<th>Progress</th>
<th>Trend</th>
<th>Measure</th>
<th>N</th>
<th>Baseline</th>
<th>Goal</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Encounters closed in 24 hours or less May 2018</td>
<td>No Trend</td>
<td>No Trend</td>
<td>Telephone Encounters closed in 24 hours or less May 2018</td>
<td>12,000</td>
<td>66%</td>
<td>75%</td>
<td>66%</td>
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<tr>
<td>Diabetes Control (A1c&lt;9) UDS</td>
<td>No Trend</td>
<td>No Trend</td>
<td>Diabetes Control (A1c&lt;9) UDS</td>
<td>1442</td>
<td>72%</td>
<td>80%</td>
<td>71%</td>
</tr>
<tr>
<td>Referrals processed within 7 days</td>
<td>No Trend</td>
<td>No Trend</td>
<td>Referrals processed within 7 days</td>
<td>2,000/mo</td>
<td>52%</td>
<td>75%</td>
<td>53%</td>
</tr>
<tr>
<td>Referrals closed within 90 days (excluding auto-closure) Jan 2018</td>
<td>No Trend</td>
<td>No Trend</td>
<td>Referrals closed within 90 days (excluding auto-closure) Jan 2018</td>
<td>1400/mo</td>
<td>53%</td>
<td>75%</td>
<td>56%</td>
</tr>
<tr>
<td>Childhood Immunizations UDS</td>
<td>Upward Trend</td>
<td>No Trend</td>
<td>Childhood Immunizations UDS</td>
<td>355 pts</td>
<td>31%</td>
<td>50%</td>
<td>39%</td>
</tr>
<tr>
<td>OB-Dental Integration May 2018</td>
<td>No Trend</td>
<td>No Trend</td>
<td>OB-Dental Integration May 2018</td>
<td>360</td>
<td>55%</td>
<td>75%</td>
<td>61%</td>
</tr>
<tr>
<td>Pediatric-Dental Integration May 2018</td>
<td>Positive Shift</td>
<td>No Trend</td>
<td>Pediatric-Dental Integration May 2018</td>
<td>432</td>
<td>28%</td>
<td>40%</td>
<td>42%</td>
</tr>
</tbody>
</table>
Share Trends, Gain Insights
Drill Downs

Compliance by Provider Team

- Petaluma Team 1: 55%
- OB Team: 47%
- Petaluma Team 2: 43%
- RP Team 1: 40%
- RP Team 2: 38%
- Petaluma Team 3: 36%
- Petaluma Team 4: 13%

Compliance by Provider

- Gonzalez, Jenelle: 100%
- Oryn, Danielle: 100%
- Peyton, Krista: 100%
- Licht, Nurit: 88%
- Moore, Jessica: 78%
- Hameed, Fasih: 70%
- Choe, Jonathan: 69%
- Greer, Karl: 67%
- Sandhu, Amrita: 59%
- Gomez Mira, Christina: 57%
- Powell, Hilary: 56%
- Pendleton, John: 54%
- Butts, Carmen: 60%
- Nicol, Annie: 50%
- Williams, Lauren: 50%
- Hoeft, Jen: 46%
- Iutzi, Cassie: 42%
- Brotherton, Anne: 41%
- Limper, Karyne: 40%
- Katz Finnemore, Rebecca: 36%
Monitor Recall Efforts

Alert/Recall TEs

<table>
<thead>
<tr>
<th>Recall Type</th>
<th>Number of TEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap</td>
<td>774</td>
</tr>
<tr>
<td>WCC</td>
<td>405</td>
</tr>
<tr>
<td>DM</td>
<td>245</td>
</tr>
<tr>
<td>Colorectal</td>
<td>186</td>
</tr>
<tr>
<td>HTN</td>
<td>166</td>
</tr>
<tr>
<td>Mammo</td>
<td>118</td>
</tr>
<tr>
<td>SCAN</td>
<td>73</td>
</tr>
<tr>
<td>PHASE</td>
<td>72</td>
</tr>
<tr>
<td>MPM</td>
<td>9</td>
</tr>
<tr>
<td>IZ</td>
<td>6</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2580</td>
</tr>
</tbody>
</table>

- February
- March
- April
- May
- June
- July
- August
Monthly QI Report

Now progressing towards goal:
• Referral Processing and Closure – 50% progress towards 2018 goal
• Colorectal Cancer Screening – now trending up

Continue to progress towards goal:
• Well Child Checks (3-6 years) – still trending up in response to recalls
• All immunization measures continue to trend up
• PHASE measures (Preventing Heart Attacks and Strokes Everyday) – continue to trend up

No Trend:
• Cervical Cancer Screening – maintaining at 75% in response to recall efforts. **Consider medical records population management time for new patients who entered care in the last month.**

Trending Down
• Breast Cancer Screening – start of a downward trend. Continuing recalls. **Plan to monitor mammogram access and unresulted mammo orders.**
Team Dashboards

Clinical Quality Dashboard

Childhood Immunizations by 2 Years
Goal = 50%
Team Rate = 53%
Organization = 42%

Petaluma Team 1

Diabetes A1c <9 in the Last 1 Year
Goal = 80%
Team Rate = 79%
Organization = 74%

Hypertension Control (<140/90) at Last Visit
Goal = 75%
Team Rate = 79%
Organization = 79%

August 31st, 2018

Adolescent Immunizations
Measure MET

Site %

65% 55% 52% 58% 55% 53% 53% 55%
Team Dashboards
Top 6 QI Projects

Quality Improvement Workgroups

Model for Improvement & Human Centered Design

Regular data reporting & project updates

Healthy Beginnings

<table>
<thead>
<tr>
<th>6 Months</th>
<th>12 Months</th>
<th>18 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>★</td>
<td>★</td>
<td>★</td>
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</tbody>
</table>

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 18 months
- 24 months

- Immunizations Up To Date: 6 months, 12 months, 18 months
- Dental Appointments: 6 months, 15 months, 18 months

EXCELLENCE  COMPASSION  INTEGRITY  DEPENDABLE  COLLABORATION  INNOVATE  OPTIMISM  TRUST
Project Dashboards

Referrals QI Dashboard

Referrals Processed within 7 Days 60.0% Goal = 75%

Orange = Processed Same Day
Blue = 1-7 days
Referrals processed in 1-7 days is going up.

Referrals Closed within 90 Days 63% Goal = 75%

R-Jelly Bean Tracking

All Open Referrals

All Pending Referrals

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Team Meetings

Exploring a Problem
Identifying barriers
Ideation
Training/Spread
Check Ins & Data Reporting
## Patient & Staff Incentives

**Dental Appointments Scheduled**

<table>
<thead>
<tr>
<th>Team/MA</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>Total</th>
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<tbody>
<tr>
<td>OB MA</td>
<td>11</td>
<td>40</td>
<td>31</td>
<td>35</td>
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<tr>
<td>RP Team 1 MA</td>
<td>10</td>
<td>27</td>
<td>46</td>
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<td>53</td>
<td>38</td>
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<td>29</td>
<td>19</td>
<td>40</td>
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<td>Team 3 MA</td>
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<td>11</td>
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<td>Team 4 MA</td>
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<td>10</td>
<td>26</td>
<td>21</td>
<td></td>
<td>66</td>
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<td><strong>Grand Total</strong></td>
<td><strong>122</strong></td>
<td><strong>191</strong></td>
<td><strong>199</strong></td>
<td><strong>234</strong></td>
<td></td>
<td><strong>746</strong></td>
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**Safeway Gift Card**

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**EXCELLENCE | COMPASSION | INTEGRITY | DEPENDABLE | COLLABORATION | INNOVATE | OPTIMISM | TRUST**
Recognition & Celebration