

AHCCCS Targeted Investments Program

# Quality Improvement Workgroup #2

## Peds BH 7 & 30 Day FUH

William Riley, PhD

George Runger, PhD

TIP Year 6: Quality Improvement Workgroup Series

April 11, 2022: Session #5

# **Disclosures (for CEUs)**

There are no disclosures

# **Learning Objectives (for CEUs)**

1. Critical analysis of the Plan-Do-Study-Act (PDSA) cycle intervention to achieve key metrics

# Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:30 PM	Review Progress on PDSA Cycles <ul style="list-style-type: none"><li>• PDSA Ramp Update</li><li>• Monitoring Metrics</li></ul>
12:30 PM to 12:50 PM	PDSA Ramp Discussion
12:50 PM to 1:00 PM	Next Steps

# Today's Goal

1. Review Progress on PDSA Cycles

QI templates and prior presentations can be found:

<https://tipqic.org/QIWorkgroups.html>

# Quality Improvement Workgroup Case Study

Southwest Behavioral Health Services (SBHS)

Contact Information:

- Kathy Villa, MS, LAC, SCCS West Program Director,  
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# SBHS's PDSA Ramp Update

Aim: Increase the **7-day** follow-up after hospitalization (FUH) rate 14 percentage points (71% to 85%) from February 14, 2022 to August 30, 2022

Goal: Reduce staffing shortages in order to complete navigation for all patients

		Cycle 1: Secure leadership support for recruitment follow-up	Cycle 2: Create incentive package for recruitment and retention	Cycle 3: HR outreach to qualified candidates	Cycle 4: Training for new hires	Cycle 5: Complete Navigation for all Patients
Plan	Who?	TIP Team	TIP Team	TIP Team	TIP Team	TIP Team
	What?	Secure VP leadership support approval to hire Recovery Transition Specialists (RTS) position(s). Secure HR leadership support to hire RTS position(s).	Create incentive package for RTS position.	Identify hiring channels for RTS candidates. Identify new recruitment methods. Identify qualified RTS candidates. Conduct proactive HR outreach for candidates.	Finalize training plan. Conduct training for new RTS hires. Orient new RTS hires to team and clinics. Complete necessary credentialing.	Conduct complete navigation on 3 patients.
	Where?	SBHS.	SBHS.	SBHS.	SBHS.	SBHS; from hospital to clinic.
	When?	6-weeks	6-12 weeks	12-16 weeks	16-24 weeks	Week 17+
Do	How?	Leadership support secured	Incentive package developed	1 RTS position already; 3 RTS positions hired & onboarded	3 RTS positions fully trained and onboarded.	Navigation in process; started in February.
Study	Evaluate	VP leadership support obtained (yes/no); HR leadership support obtained (yes/no); # of monthly meetings leadership attended; engagement of leadership at monthly meetings	Incentive package created (yes/no); retention package created (yes/no)	# of qualified candidates identified; # of qualified candidates outreached to; # of candidate interviews scheduled; # of interviews completed	# of training sessions completed; # of staff retained	Debrief each navigation. Identify and implement changes if needed.
Act	Monitor or Revise	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = <b>continue</b> If plan not met = revise and do-over

# **Additional Case Study**

## **Intermountain Centers for Human Development (ICHD)**

Kyle Linger, MPA, Licensed Behavior Analyst

[klinger@ichd.net](mailto:klinger@ichd.net)



**ICHD**

# **Develop Aim Statement**

Template statements for FUH measure

- Increase the **7-day** follow-up after hospitalization (FUH) rate 12 percentage points (88% to 100%) from February 1, 2022 to August 30, 2022

# Identify Key Obstacles

## Key Obstacles:

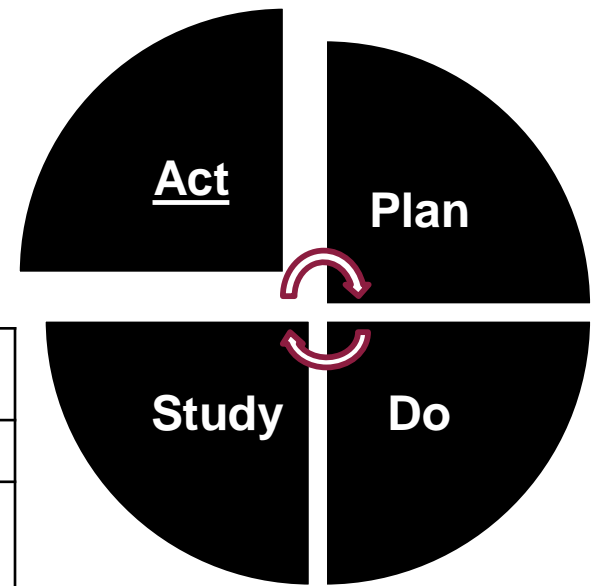
1. Potential Report Issues
  1. HIE Data – External Data Entry Errors
  2. Internal Data Entry Errors
2. Care Coordination staff are delivering non-numerator qualifying case management contacts
3. Staff urgency amongst competing priorities
4. Members are going into placement post hospital discharge

# Prioritize Obstacles, Identify Interventions & Establish Measures

Priorities	Obstacles	Intervention	Metrics
1	<ul style="list-style-type: none"> <li>Care Coordination staff are delivering non-numerator qualifying case management contacts.</li> </ul>	<ul style="list-style-type: none"> <li>First Contact Post Hospitalization Counseling Treatment Package</li> </ul>	<ul style="list-style-type: none"> <li>Pre-Post 7-Day FUH Percentages by Site</li> </ul>
2	<ul style="list-style-type: none"> <li>Site Director urgency amongst competing priorities</li> </ul>	<ul style="list-style-type: none"> <li>First Contact Initiative – March Madness + Angry April</li> <li>VP of Clinical Operations delivery and tracking of follow up</li> </ul>	<ul style="list-style-type: none"> <li>Pre-Post 7-Day FUH Percentages by Site</li> </ul>

# ICHHD

## Plan-Do-Study-Act



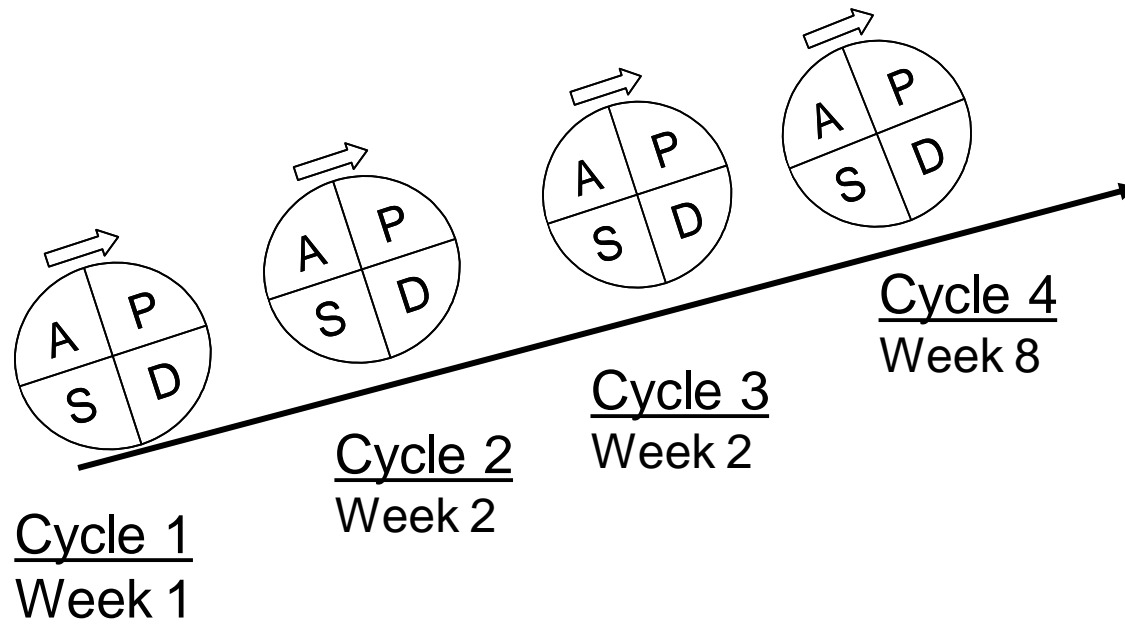
Increase the the 7-day follow-up after hospitalization (FUH) rate from 88% to 100% from February 1, 2022 to August 30, 2022		
Goal: Increase therapeutic contacts according to adopted evidence-based treatment packages according to reason for admission.		
		Cycle 1: IHC care coordinators, community counselors, and therapist staff will strive to deliver a therapeutic contact the day of discharge and the day after hospital discharge to process the reason for hospitalization and build a plan for staying healthy in the community and preventing future admissions.
Plan	Who?	Care Coordinators, Community Counselors, and Therapists
	What?	Clinical Staff will immediately make contact with members the day of discharge and provide a therapeutic contact the day after. If not already scheduled, a BHMP appointment is part of this work.
	Where?	At all IHC outpatient sites (Sells, Nogales, Casa Grande, Tucson)
	When?	Effective March 1 <sup>st</sup> , 2022
Do	How?	Guidance documents developed, trainings delivered, Clinical Rounds process executed, operational and clinical dissemination, daily report delivery from VP of Clinical Operations with problem solving focus, TIP Team Review and cross-pollination decisions of promising practices
Study	Evaluate	Use internal reports that integrate hospital discharge paperwork received via fax with HIE data streams. We will use run charts to compare interventions
Act	Lock-in or Revise & Re-do	We will give this 3 months before considering a revision

## Ramp #1: PDSA Cycles

Increase the 7-day follow-up after hospitalization (FUH) rate from 88% to 100% from February 1, 2022 to August 30, 2022					
Goal:					
		Cycle 1: Roll Out the <i>First Contact Initiative</i>	Cycle 2: March Madness and Angry April	Cycle 3: Clinical Round Process Audits	Cycle 4: Cross-Pollination
Plan	Who?	TIP Team, VPs, and Site Leaders	VP of Clinical Operations and Site Leaders	Clinical Director	Clinical and Operational Partners
	What?	Guidance document and training on <i>First Contact Initiative – Update on exiting Treatment Package</i>	Daily report delivery to site leaders with alerts to staff	Standardizing clinical rounding processes to include this information in every visit.	Cross-pollinate best practices based on run charts and Impact Assessments
	Where?	Teams – Clinical Leadership Meetings, Statewide Leadership Meeting,	PowerBI Dashboards, E-mail, Statewide Leadership Meetings	Site Level	TIP Team
	When?	Week 1 + 2	Week 2-12	Week 2-24	Week 6-Ongoing
Do	How?	Disseminated through the Clinical Hub SharePoint Site - Team Meetings	PowerBI Report sorted and filtered with subscriptions established by IS Team for Site Leadership	IHC has existing process for Clinical Rounds and is currently using this data. Other sites are attempting to emulate.	Monthly Meeting to review data and performance
Study	Evaluate	Site Level Report	Site Leaders receiving or able to access reports	Fidelity Audit of Rounding Process	Meeting scheduled and attendance
Act	Monitor or Revise	Will monitor and invite additional intervention ideas	The daily reports are routinely improved based on site level feedback	The process is working very well at this point – we are not likely to revise too much	If plan met = continue If plan not met = revise and do-over

# ICHD

## PDSA Ramp #1





# Monitor Metrics

Metrics							
Cycle #1	Numerator/Denominator	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Was Training and Guidance Document Delivered?	Outpatient Staff trained	159					
	Outpatient Staff	159					
<b>Cycle 2:</b>							
Do Site Leaders have access to reports?	Site Leaders Given Access and Subscribed			14			
	Site Leaders			14			
<b>Cycle #3:</b>							
To what degree was the clinical rounding process to fidelity with the established and written process?	Operationalized Process Elements Followed						
	Operationalized Process Elements Written						
<b>Cycle #4:</b>							
Is the TIP Team meeting to review performance and making decisions about the distillation and cross-pollination of promising practices	Attendees that attended						
	Attendees invited (COO, VPs, EVP, CMO, et al.)						

# Discussion

- Any questions for ICHD?



# Additional Case Study

## Jewish Family & Children's Services

Brian Rosenstein, MBA, Population Health Manager

[brian.rosenstein@jfcsaz.org](mailto:brian.rosenstein@jfcsaz.org)

Phoenix based organization offering behavior health, primary care, SMI, transition, older adults, and a number of other healthcare programs and services.

Mission: Strengthening the community by providing behavioral health, healthcare and social services to all ages, faiths and backgrounds.

### Integrated Clinics

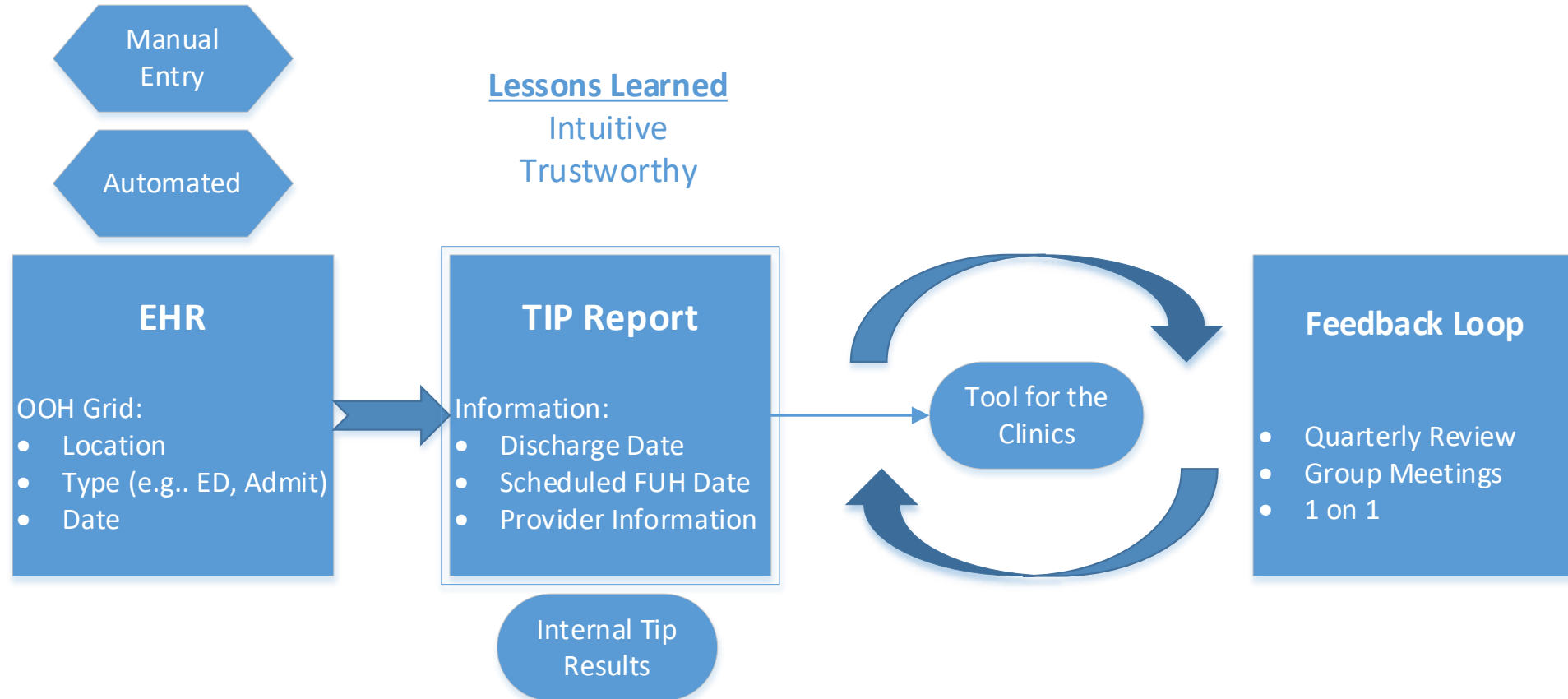
Michael R. Zent Healthcare Center

West Valley Healthcare Center

Glendale Healthcare Center

East Valley Healthcare Center

## Administrative TIP Workflow

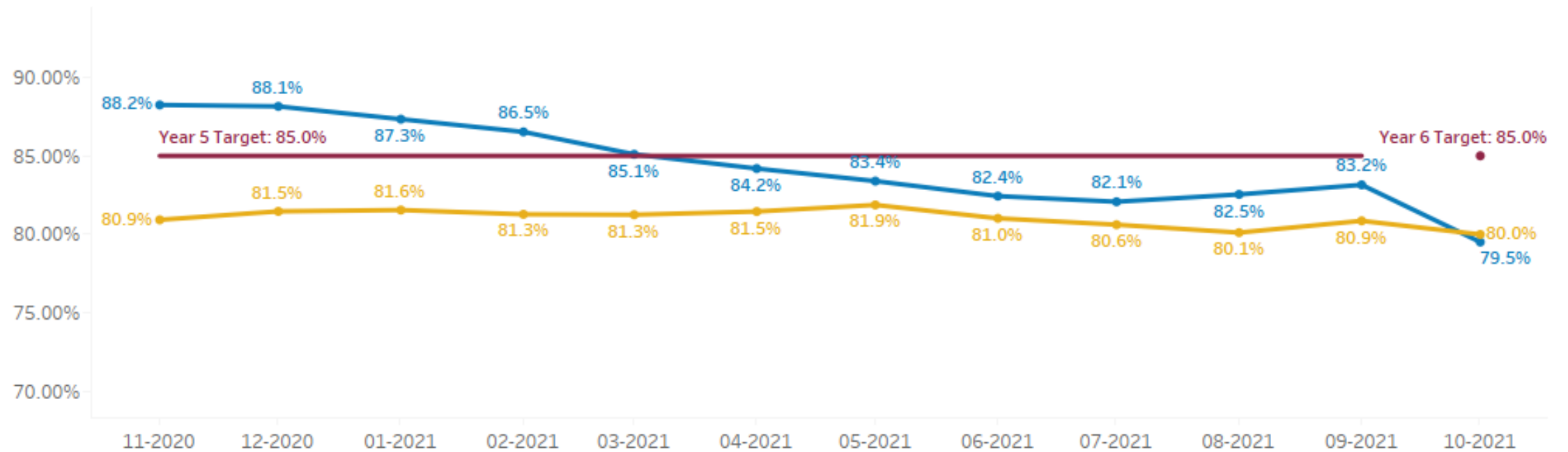


# JFCS

## Case Study Baseline

Performance on Measure (Each month is a 12-month report period)

JEWISH FAMILY & CHILDRENS SERVICE vs. Providers in same Area of Concentration



# JFCS

## Develop Aim Statement

### AIM statement for 7-day FUH measure

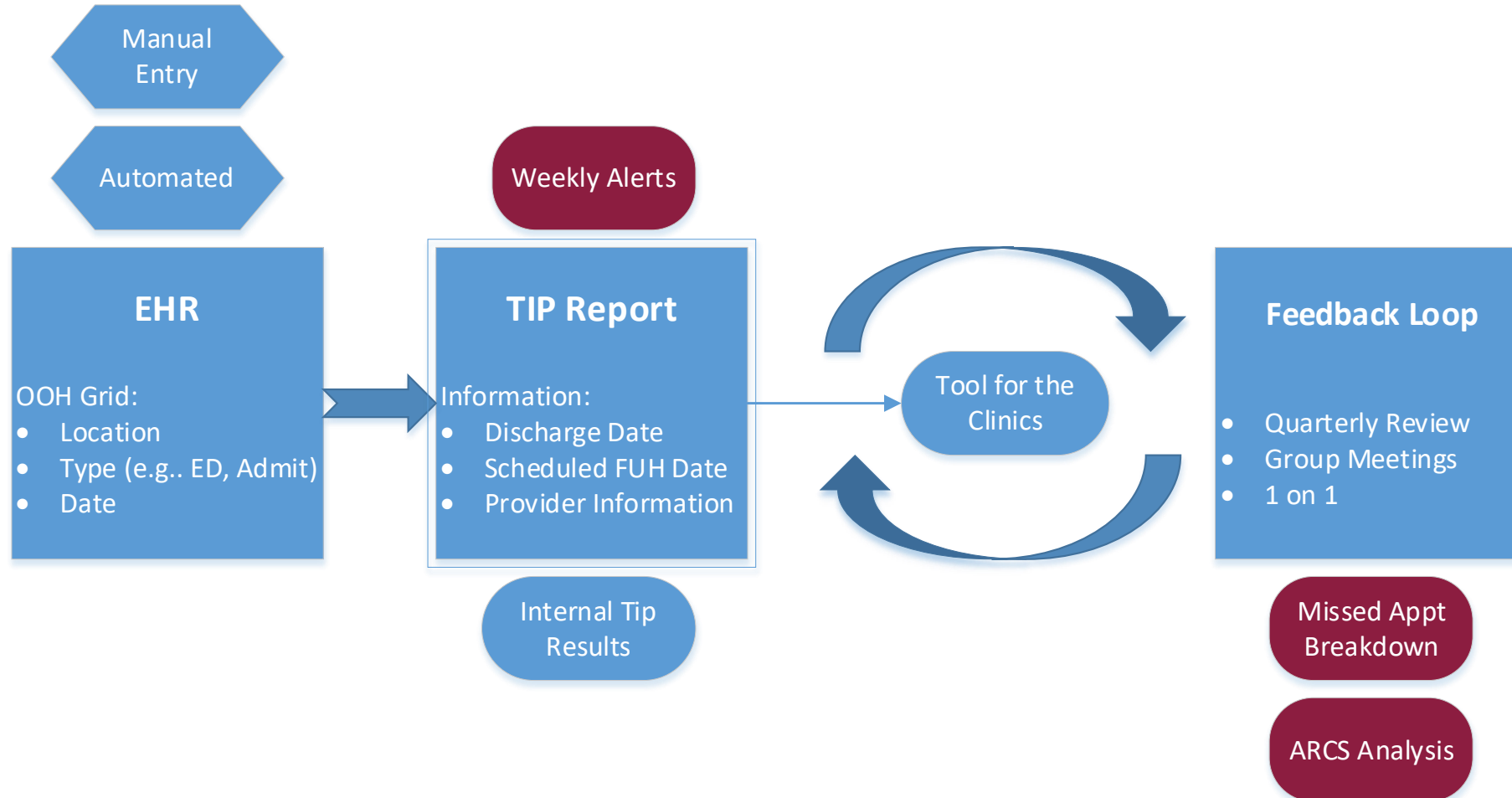
- Increase the **7-day** follow-up after hospitalization (FUH) rate 10.5% percentage points (79.5% to 90%) from October, 2021 to August, 2022

## Prioritize Obstacles, Identify Interventions & Establish Measures

Priorities	Obstacles	Intervention	Metrics
1	Understanding of why our FUH rates are falling.	<p>Provide teams with a break down of their non compliant encounters.</p> <p>Provide the teams with a breakout of our ARCS analysis.</p>	Baseline and post intervention 7/30 day FUH rates; broken down by site/program.
2	The team using the report to it's full potential.	Send out weekly emails to the clinics and programs reminding them of what members need to be seen within 7/30 days.	<p>Baseline and post intervention 7/30 day FUH rates; broken down by site/program.</p> <p>Baseline and post intervention 7/30 day appointment rate; broken down by site/program.</p>

# JFCS

## TIP Workflow – Case Study



## Prioritize Obstacles, Identify Interventions & Establish Measures

**Aim Statement: Increase the 7-day follow-up after hospitalization (FUH) rate 10.5% percentage points (79.5% to 90%) from October, 2021 to August 30, 2022**

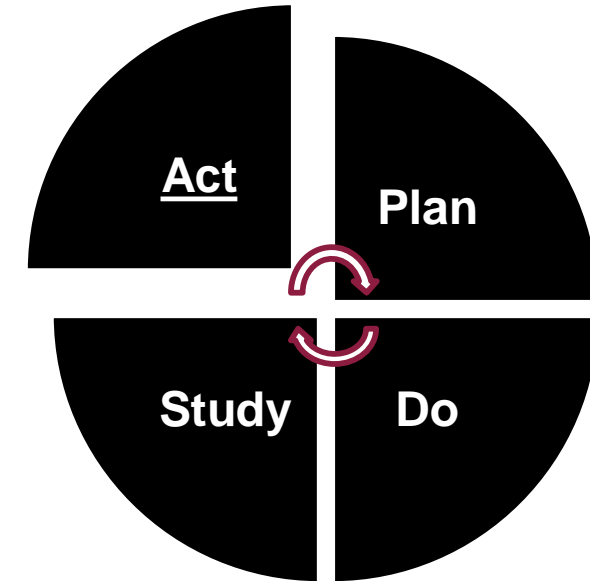
<b>Pediatric FUH 7-Performance Summary from October 1, 2021 to February 1, 2022</b>	<b>Patient Count</b>	<b>%</b>
<b>Total Member Hospitalization Events NOT Seen within 7-Days</b>	77	100%
<b>Follow-up Appointment Status of Non-Compliant Members</b>		
<b>Rescheduled</b>	9	12%
<b>Kept</b>	23	30%
<b>Cancelled</b>	10	13%
<b>No Show</b>	14	18%
<b>Not Scheduled</b>	21	27%

## Plan-Do-Study-Act

Aim Statement: Increase the **7-day** follow-up after hospitalization (FUH) rate 10.5% percentage points (79.5% to 90%) from October, 2021 to August 30, 2022

Goal: To understand and make adjustments to the TIP report based on the reason for non compliant encounters

Plan	Who?	Population Health, Clinic Directors, Managers, & Staff
	What?	Analyze the reason for non compliant encounters and present the findings to the individual clinics and programs
	Where?	Quarterly Clinical Meetings & Utilization Committee Meetings
	When?	4/1/2022 – 8/1/2022
Do	How?	Analyze to the individual clinics and programs and their reason for non-compliant encounters based on the reason why the member did not show up for the FUH appointment. These results will then be presented to the individual groups during our quarterly QA meetings, via email, and during committee meetings.
Study	Evaluate	The clinics will be given the chance to review the data both prior to and after their quarterly meetings.
Act	Lock-in or Revise & Re-do	Changes at the clinical level and additions to the TIP report will be discussed in the group.





# Discussion

- Any questions for JFCS?

# **PDSA Ramp Update Discussion**

- Audience Discussion
  - Has anyone made continued progress with their PDSA Cycles?
  - Has anyone encountered any major barriers with the PDSA Cycles?

# Next Steps

- Continuing Education Units (CEU): Post Event Survey
  - CEU Survey in the chat box
  - If issues accessing, please email [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu)
  - All CEU's for 2022 will be awarded following all 2022 QIC sessions (ETA November 2022)
- Attendees to complete recommended next steps prior to next session
- Slides and template can be found on the TIPQIC [website](#)
- Questions or concerns?
  - Please contact ASU QIC team at [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu) if questions or concerns

# Thank you!

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