



Going for Gold – Driving Positive Change to Improve the Health of Public Housing Residents

Peter Meacher MD - South Bronx Health Center, Montefiore
Robin Scott MD - South Bronx Health Center, Montefiore
Christine Reid-Smoot - South Bronx Health Center, Montefiore

Going for Gold –

Driving Positive Change to Improve the Health of Public Housing Residents

At the end of the session, participants will:

- i) be able to describe the PDSA cycle**
- ii) understand how, with minimal extra work, a successful QI program can be developed from performance measures already being collected for reporting purposes**
- iii) have plans to start at least one new, efficient and effective QI project at their health center**



Prospect Av

05/23/2008

PAINT



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Quality Assurance and Quality Improvement

The same thing?



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Some key concepts of quality improvement

Few examples requiring minimal extra work

Group exercise

Report back



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1. Structural



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1. **Structural**
2. **Process**



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1. **Structural**
2. **Process**
3. **Outcome**

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P D S A

1. PLAN:

Plan a change or test of how something works.

2. DO:

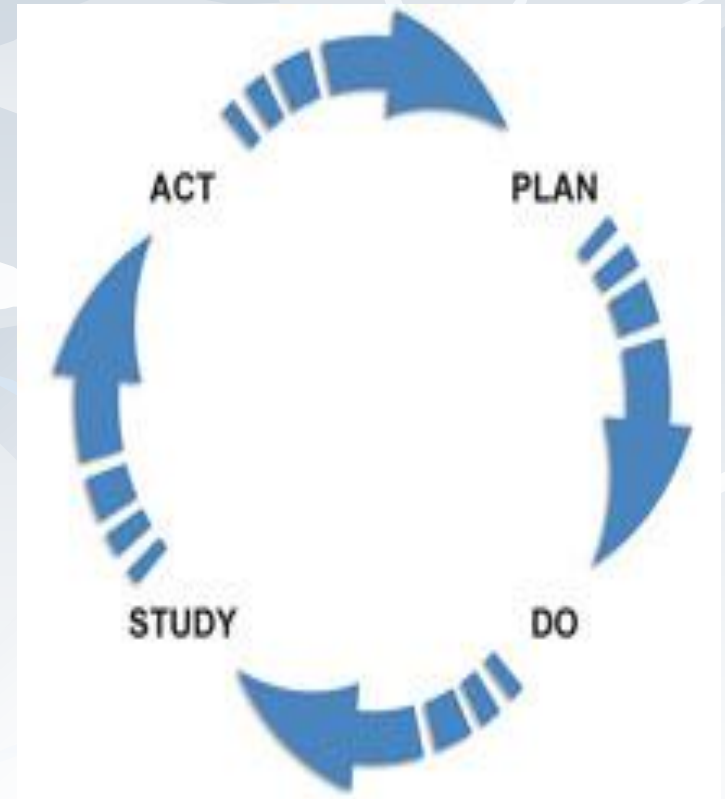
Carry out the plan.

3. STUDY:

Look at the results. What did you find out?

4. ACT:

Decide what actions should be taken to improve.



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- P> Brainstorming – identify perceived problems, choose one
- P> Name the team, name the team leader
- P> Decide how to measure the perceived problem
- D> Measure it
- S> Decide if it is a problem
- A> If it is not, go back to brainstorming
- A> If it is, decide how to intervene to improve the measurement
- P> Plan and do the intervention
- D> Re-measure
- S> Decide if it is a problem
- A> If it is not, If it is,



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Team

Problem Statement

Measurement

Intervention

Re-measurement



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Your Turn !



6302



New York City
Subway

6303



New York City
Subway

05/23/2008

SBHCCF: Undetectable Viral Load on Antiretroviral Therapy in HIV+ Patients

Objective: Improve outcomes for patients with HIV

Measure: Percentage of established patients with VL <400 copies/mL on ART

Benchmarks*:

AIDS Institute 2007

Data Sources:

CareCast, chart review,
MMG BCHN CICERO
Program

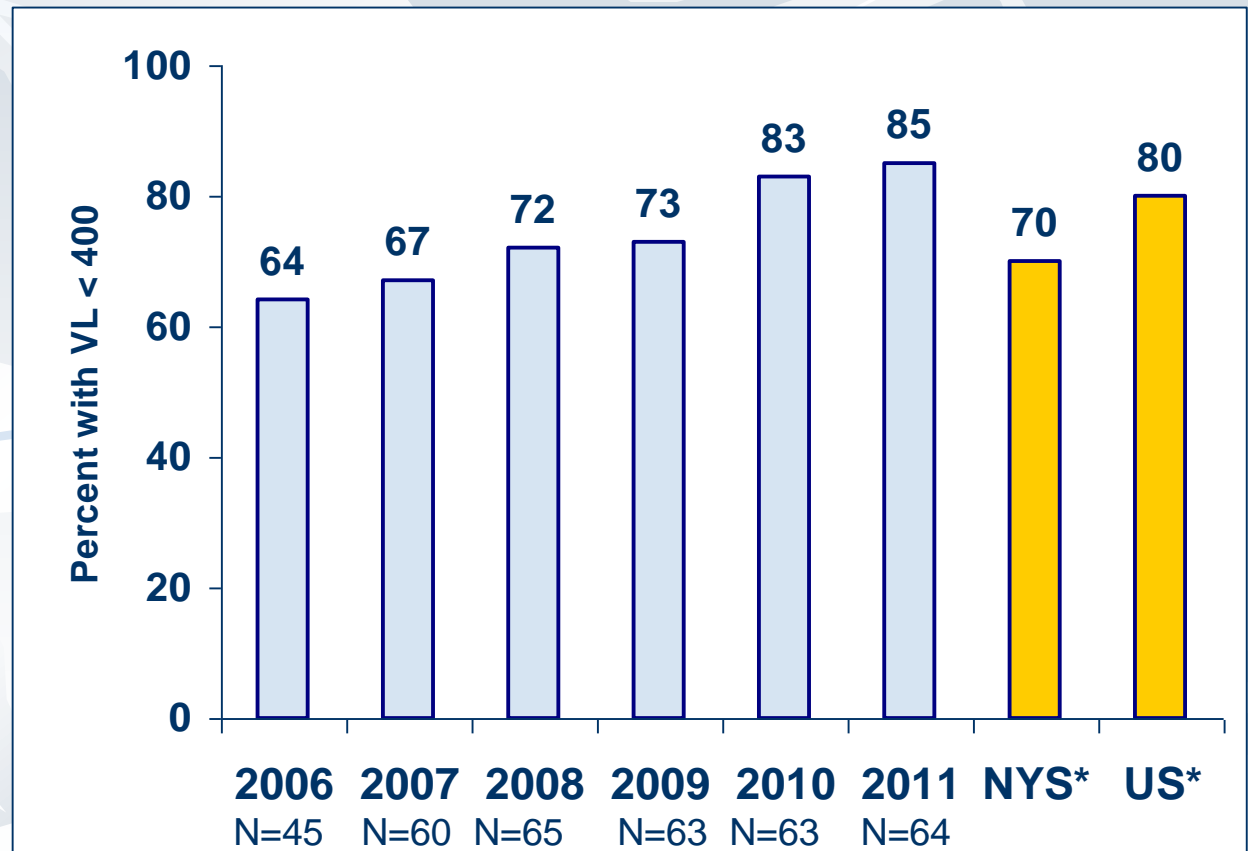
CD4 <350 on ART

2008: 83%

2010: 88%

(89% NYS*, 86% US*)

2011: 96%



*Last VL <400 for patients on ART at non-hospital, non-drug treatment centers.

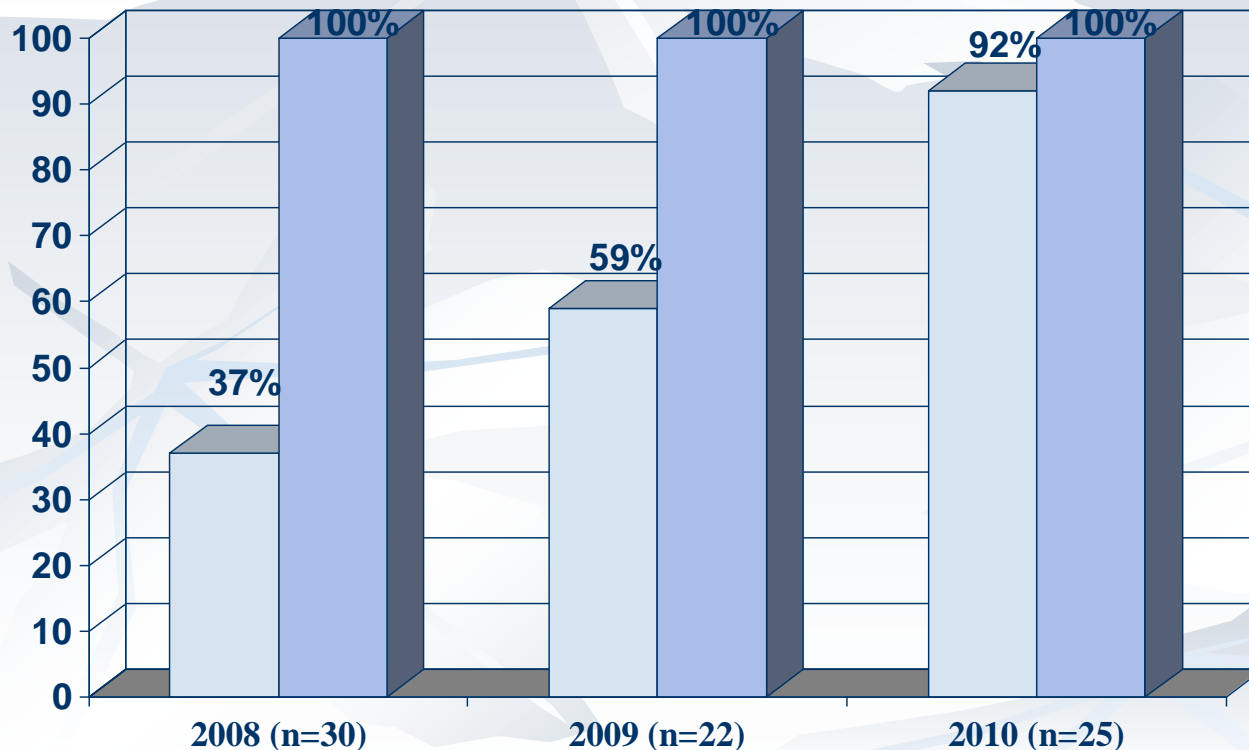
SBHCCF: ASTHMA ADULTS

- Objective: Control patients with documentation of asthma
- Measure: Percent of patients with documentation of asthma severity/control and patients documented as persistent/uncontrolled asthmatics who were on controllers

▪ Benchmark: NCQA 2008

▪ Healthy People 2010:
>70%

▪ Data Sources: CLG, Chart review

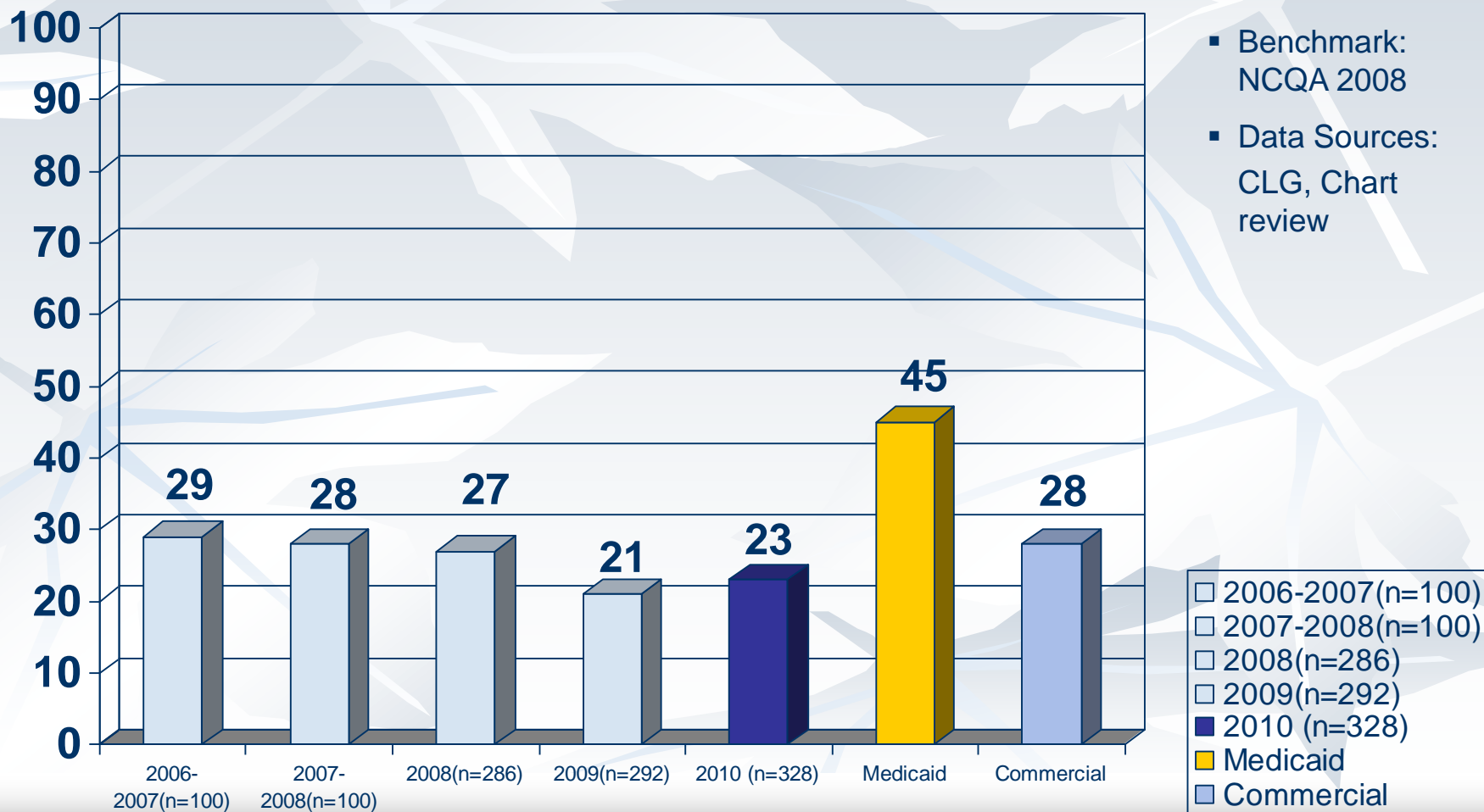


□ Patients Assessed for Severity/Control

■ Persistent Asthmatics on Controllers

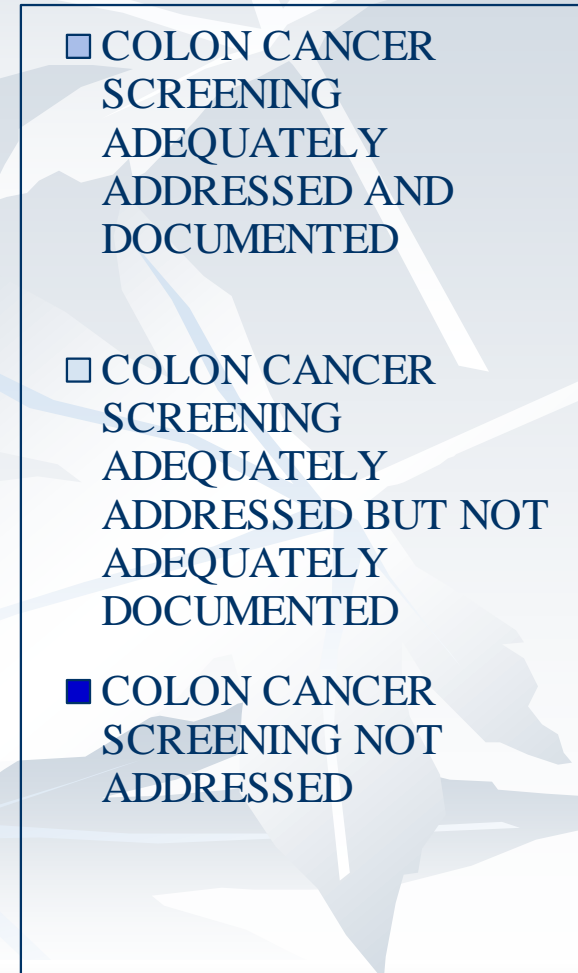
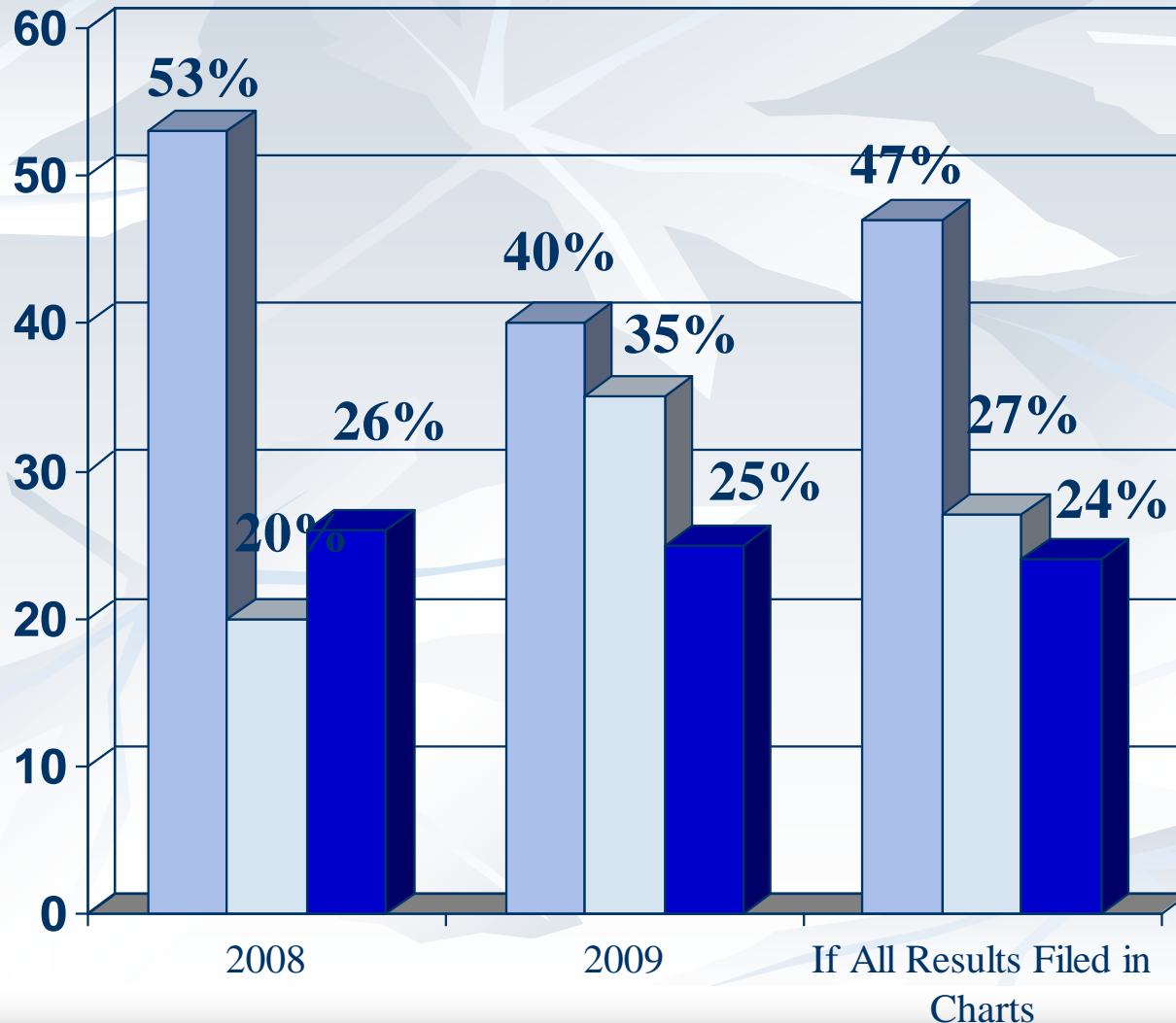
SBHCCF: Poor Glucose Control in Patients with Diabetes

- Objective: Improve outcomes for patients with diabetes by providing comprehensive care
- Measure: Percentage of diabetic patients (≥ 18 y) with HbA1c $>9\%$



Colon Cancer Screening

- Data Sources: Chart Review
- Measure: Patients >50 years with 3 visits in calendar year



SBHCCF: Bronx RHIO

Consent Enrollment

- **Objective:** Increase number of patients enrolled in the Bronx RHIO healthcare information sharing system
- **Measure:** Number of patients enrolled monthly

