Contra Costa Health Care for the Homeless,
Quality Assurance and Performance
Improvement Plan 2017-2018

MISSION

The mission of the Contra Costa County Health Care for the Homeless Program (HCH) is to improve the health care status of the homeless population in our county by providing accessible, culturally sensitive, non-traditional clinics in the community and to assist the homeless with access to the traditional primary health care system.

GOALS

The goals of HCH program are to: increase access to medical, dental, and behavioral health care for the homeless population; to provide high quality medical, dental, and behavioral health care for the homeless population; and to help homeless patients transition into the mainstream health care delivery system with an appropriate primary care provider and a medical home. In addition, HCH seeks to ensure program goals and metrics are consistent with those of Contra Costa Health Services (CCHS).

STRUCTURE AND ACCOUNTABILITY

Co-Applicant Governing Board

The Co-Applicant Board is a consumer and community oriented board whose role it is under regulations applicable to these grants from HRSA to provide guidance and oversight of the HCH program included in the HRSA scope of project. The Co-Applicant Board is necessary because the County cannot independently meet all applicable HRSA governance requirements. The Co-Applicant Board shall set priorities and policies for the HCH program, assist the program in promoting its goals, provide input and feedback to generally assist the development, implementation, and evaluation of the program, and serve as the governing board of the HCH Program, carrying out the responsibilities in coordination with the County Board of Supervisors and Contra Costa County Health Services Department.

The County Board of Supervisors shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all County facilities and programs. The HCH Project Director makes an annual oral report to the County Board of Supervisors Family and Human Services Committee.
Consumer Advisory Board

There is a Consumer Advisory Board that meets monthly with the Health Care for the Homeless Consumer Liaison and staff. They provide input on the quality of care and issues from these meetings are reported to the Co-Applicant Governing Board.

FRAMEWORK

The framework of the HCH Quality Improvement Program is developed from data:
1) Ongoing Professional Practice Evaluation (OPPE) & Focused Professional Practice Evaluation (FPPE) processes.
2) Monthly case rounds and formal peer review according to standard practice guidelines.
3) Weekly case rounds at Homeless shelters and clinics
4) Monthly staff meetings
5) HRSA Clinical and Financial Measures as part of UDS reporting
6) Patient Satisfaction Surveys
7) Consumer Advisory Board meetings and focus groups
8) Serious Event Reporting System (SERS)
9) Patient Complaints

Data is reviewed and analyzed by the Medical Director, the Project Director, the Nurse Program Manager, the Planning and Policy Manager and the Health Planner Evaluator.

RISK MANAGEMENT

All unusual, unexpected, or untoward occurrences, including “near misses” at HCH sites are reported by staff witnessing the event using a SERS form. These events include falls, medication errors, equipment failures, assaults, property theft, treatment events, etc. including events which have the potential to harm a patient even if no harm occurs.

Serious events and errors are analyzed immediately by the Nurse Program Manager and sent to the Medical Director/Risk Management as appropriate. If warranted, a Root Cause Analysis (RCA) may be conducted to further evaluate a sentinel event. All events are reviewed for trends annually by the Nurse Program Manager and discussed with the team. Reports are filed for three to five years to trend infrequent occurrences.
QUALITY OVERSIGHT

The Medical Director and Nurse Program Manager shall be accountable for the quality of patient care:

1. Medical Error Reduction:
   a. All medication errors are reviewed by the Medical Director and Nurse Program Manager and discussed with HCH team members. Trends in errors are reviewed by the Medical Director and Nurse Program Manager and immediate efforts are made to intervene with measurable improvement indicators.
   b. The Medical Director and Nurse Program Manager shall review the experiences of other Healthcare for the Homeless Programs as they become available and assure that measures shown to be effective in reducing medical errors are implemented within the organization.

2. Quality Indicators: The Medical Director and Nurse Program Manager shall oversee measurement, and shall analyze and track quality indicators, including adverse patient events and other measures of the effectiveness and safety of services and quality of care.

3. Prioritization: The Medical Director and Nurse Program Manager shall prioritize performance improvement activities to assure they have an appropriate focus. They focus on issues of known frequency, prevalence or severity and shall give precedence to issues affecting health outcomes, quality of care and patient safety.

4. Quality Improvement Projects: The Medical Director and Nurse Program Manager shall oversee quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the services offered.

HCH Clinical Quality of Care

Care provided by Physicians and Psychiatrists:
Care provided by a Physician or Psychiatrist is authorized by their Medical Board of California license and as an authorized employee of Contra Costa Health Services.

Care provided by Nurse Practitioners:
Care provided by an NP is authorized by their California NP license and as an authorized employee of Contra Costa Health Services and according to standardized procedures.

Care provided by Registered Nurses and Public Health Nurses:
RNPs and PHNs providing clinical care operate within the scope of their nursing license. For straightforward common situations when there is no doctor or nurse practitioner available, they also operate under Standing Orders from the licensed Medical Director.
They also have access to the Medical Director and HCH FNPs who can give verbal orders for urgently needed care. Such orders are cosigned by adding a note to the electronic medical record.

**Care provided by licensed Behavioral Health staff:**
Licensed Clinics Social Workers (LCSW) and/or Marriage Family Therapists (MFT) providing clinical care are authorized by their California Board of Behavioral Sciences license and as an authorized employee of Contra Costa Health Services.

**Care provided by non-licensed staff:**
Unlicensed staff such as Community Health Workers, Substance Abuse Counselors, and Mental Health Specialists are restricted to activities permitted for non-licensed personnel and all care is performed under the supervision of licensed personnel.

### HCH Framework for Chronic Care Improvement

A. The **Chronic Care Model (CCM)** was developed by Ed Wagner, MD, MPH, Director of the MacColl Institute for Healthcare Innovation, Group Health Cooperative of Puget Sound, and colleagues of the Improving Chronic Illness Care program with support from The Robert Wood Johnson Foundation. The Chronic Care Model has been adopted for FQHC sites by the BPHC Health Disparities Collaboratives and is utilized in numerous collaborative teams within and without of Contra Costa Health Services. In order to improve clinical quality of care, Contra Costa HCH strives to implement these sections of the CCM:

1. **Organization of Health Care**—create a culture, organization and mechanisms that promote safe, high quality care with the support of the board and leadership.
2. **Delivery System Design**—assure delivery of effective, efficient clinical care and self-management support.
3. **Decision Support**—promote clinical care that is consistent with scientific evidence and patient preferences; knowledge and information for providers in making care decisions
4. **Clinical Information System**—comprehensive electronic medical record and patient care registries to track individual patient's progress and healthcare team performance
5. **The Community**—mobilize community resources to meet needs of patients; identifies resources and collaborations that enhance the system of care
6. **Self-Management Support**—empower and prepare patients to manage their health and health care; skills that staff use to support patients in activities to manage their disease

B. **The Model for Improvement**: popularized by the Institute for Healthcare Improvement, is a scientifically tested method of using data to test small changes. Resources for major quality improvement efforts are limited, but to the extent possible HCH improvement projects will be guided by the Model for Improvement. To improve patient outcomes, the organization must design processes well and systematically monitor, analyze, and improve its performance. The essential processes for improvement are Plan, Do, Study Act.
PLAN
Measure current performance
Analyze information gathered
Improvement Opportunity identified
Design improvement w/ performance expectations

DO
Test/Implement

STUDY
Leadership collects, analyzes, and measures data against standard
Feedback to team
Expectations met?

ACT
Yes, expectations met: educate staff & standardize
No, expectations not met: re-design

C. Program Evaluation Annually: To assure the appropriate approach to planning processes of improvement; setting priorities for improvement; assessing performance systematically; implementing improvement activities on the basis of assessment; and maintaining achieved improvements, the organizational quality assessment & performance improvement program is evaluated for effectiveness at least annually and revised as necessary.

HCH Quality Improvement Work Plan 2017-2018

Priorities for 2017-2018:

* Improve Case Management Support to all patients
* Improve Chronic Disease care with a focus on Diabetes and Hypertension
* Improve outcomes on all HRSA Clinical and Financial Measures
* Improve Health Care Maintenance Compliance with a focus on Cervical and Colorectal Cancer Screenings
* Improve Behavioral Health integration

Evaluation:
1. Monthly Case Rounds by Medical Director and Nurse Program Manager & Peer Review

2. HRSA Clinical Measures as part of UDS reporting. ccLink, the CCHS EHR system, will be used to collect patient data and report on the following performance measures. Reports are published on the County’s intranet site.
• Increase percentage of homeless diabetic patients, aged 18-75, whose HbA1c levels are less than 8 percent.
• Decrease percentage of homeless diabetic patients, aged 18-75, whose HbA1c levels are greater than 9 percent.
• Increase percentage of homeless adult patients with diagnosed hypertension who’s most recent blood pressure was less than 140/90.
• Increase percentage of homeless women who received one or more Pap tests.
• Increase percentage of homeless pregnant women beginning prenatal care in the first trimester.
• Decrease percentage of births less than 2,500 grams to health center homeless patients
• Increase percentage of homeless children with completed appropriate immunizations by 2nd birthday
• Increase percentage of homeless patients receiving mental health/substance abuse services
• Increase percentage of patients receiving dental services.
• Increase percentage of patients aged 3 to 17 years who had a BMI percentile documentation, counseling for nutrition, and counseling for physical activity.
• Increase the percentage of patients age 18 years or older who had their BMI calculated at the last visit or within the last six months and, BMI is outside of normal parameters, had a follow-up plan documented.
• Increase percentage of patients age 18 and older who are users of tobacco and who received cessation counseling intervention.
• Increase percentage of patients, age 5 to 64 years with a diagnosis of persistent asthma who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy.
• Increase percentage of patients, aged 18 and older, with a diagnosis of CAD who was prescribed a lipid lowering therapy.
• Increase percentage of patients, aged 18 and older, who were discharged alive for AMI, CABG, PCI or who had a diagnosis of IVD and who had documentation of use of aspirin or another antithrombotic during the measurement year.
• Increase percentage of patients 50 to 75 years who had appropriate screening for colorectal cancer.
• Increase percentage of patients, 12 and older, who were screened for depression with a standardized screening tool, and, if is positive, for whom received an appropriate follow-up plan.

3. Additional HCH Team Quality Improvement Activities: HCH team will identify, annually, Quality Improvement Projects to prioritize.

4. Annual Reports of Program Clinic Productivity: Quarterly reports are conducted by HCH staff and reviewed with HCH team and Co-Applicant Board.
5. **Patient Satisfaction Surveys:** Surveys are conducted by HCH staff at the point of care and are reviewed by managers and program staff to develop planned actions. Results are reported annually to HCH Co-Applicant Board.

6. **Consumer meetings** are held monthly and used to gather data on reported health needs. Data is analyzed and report to HCH Co-Applicant Board at monthly meetings. **Focus Groups** are held quarterly.

7. **Incident Reports:** gathered quarterly and discussed with staff. If trends are identified remediation will be planned.

8. **Patient Complaints:** are dealt with on an individual basis

9. **Staff meetings** provide opportunity for identifying real time operational or clinical problems and brainstorming solutions. The HCH QI committee will meet monthly to review UDS Clinical performance measures and evaluate results. Data will be used to promote management decision-making.

10. **CCHS Quality Improvement Reports:** The HCH team will report quarterly to the CCHS Patient Safety and Performance Improvement Committee to review progress towards selected Clinical Performance measures. Reports to the Board of Supervisors will be made quarterly to include both fiscal and clinical performance measure data.

11. **Fiscal Reports:** The HCH Program will report on Financial Performance measures to the CCHS CFO monthly and to the HCH Co-Applicant Board annually. Report will include YTD fiscal data relating to operations and revenue.