

## Clinical Improvement Opportunity

## Team Action

## Clinical Outcome

Increase pediatric immunization rates for children from East Africa.

Documented list of reasons why immunizations were refused; engaged with community using nurse referrals to prompt patients to schedule return visits.

- Increased awareness of barriers and concerns;
- Developed culturally specific messaging for parents about vaccine safety and timing;
- Trained staff on communication methods;
- Modified Care Model Process.

Improve diabetes health outcomes through education for Ethiopian patients.

Conducted interpreter-staffed small and large group classes on culturally specific healthy eating and followed up with targeted case management. Utilized storytelling and culturally specific communication practices.

- 83% of participants who had baseline HbA1c  $\geq$  8% showed a decrease of at least 0.3% within 6 months.
- 80% of participants who had baseline HbA1c < 8% remained in control within 6 months.

Increase colorectal cancer screening rates for communities of color.

Determined cultural and knowledge barriers. Dispelled misinformation and offered an alternate test that was culturally more acceptable. Trained staff on new types of tests/procedures.

- Increased percentages of colorectal cancer screening in patients of color from 45.7% to 55.7%.

Decrease readmission rates for minority and limited English proficiency patients.

Held an open house to build relationships with community clinics with the hope of improving communication about transitions of care to reduce hospital readmissions.

- Established a direct phone line for readmission information.
- Begun conversations – work to continue.

Improve pain medication delivery time for minority and limited English proficiency in the emergency room (ER).

Communicated with ER physicians and produced “FACES” pain scale cards to be distributed to adult patients to improve the way staff determine pain level of patient. Educated clerks to better capture race information.

- The overall percentage of patients who received analgesia increased and the initial disparities were essentially eliminated.
- Increased the capture of race data from 72.5% to 95.4% in ER.

Increase colorectal cancer screening rates for Hmong and Somali patients.

Asked community members to provide feedback on colonoscopy procedure from their cultural perspective. Outreach calls made to overdue patients. Requested more interpreter assistance to reach non-English speaking patients.

- Staff gained greater awareness of patient preferences.
- Outreach reminder calls, with the assistance of interpreters, improved screening rates.
- Process changes are being developed, utilizing recommendations from community advisors, to prepare patients for a colonoscopy.
- Intent to conduct more community outreach using “cultural ambassadors” to educate the communities on new types of colorectal cancer screening.

Increase breast cancer screening rates for Hmong and East African patients.

Held Hmong-specific mammography screening events. Listened to attendees to understand barriers.

- Learned that Hmong community needs more information on mammography screening, that Hmong radio stations should be used to spread messages, and that we should target adult children of patients so they can influence their loved ones.

Increase rates of advance directives for African American members.

Intentionally used QI techniques and tools to provide structure. Diverse team and community members provided significant insight into scripting and messaging needed.

- Improved the rate of Advance Directives in the MSHO African-American population from 25% to 32% completion rate.
- Narrowed the disparity gap between Whites and African-Americans from 25% to 21%.

Increase fluoride varnish and sealant rates for children from publically insured families.

Piloted a new treatment plan for fluoride varnish to be applied at recall visits and due to the success of pilot, plan spread to three additional clinics.

- Met goal of 15% improvement rate of pediatric varnish application for publically insured patients.

