Team Hopple

TEAM MEMBERS

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkhardt*</td>
<td>Mary Carol</td>
<td>MD</td>
</tr>
<tr>
<td>Mescher*</td>
<td>Anne</td>
<td>RN</td>
</tr>
</tbody>
</table>

*Team Leaders

SMART AIM

Increase the number of children with 2 resulted leads by 27 months of age from 74% to 85% by June 2019.
Reducing Lead Levels at Hopple Street Health Center

Key Driver Diagram (KDD)

Project Leader(s): Anne Mescher, RN, Mary Carol Burkhardt, MD

Revision Date: 9/11/18 (v2)

**Global Aim**

Help Cincinnati’s 66,000 children be the healthiest in the nation through strong partnerships.

**SMART Aim**

Increase the number of children with 2 resulted leads by 27 months of age from 74% to 85% by June 2019.

**Population**

Hopple Street Health Center

**Key Drivers**

- Lead free housing
- Reliable and accurate lead testing
- Effective communication with patients
- Available transportation for families for lab and pharmacy
- Reliable adherence to treatment plan
- Informed and engaged patients and families
- Reliable provider notification and response to elevated lead levels
- Clear understanding of source of lead exposure
- Reliable outreach system
- Reliable well child care
- Reliable and scheduled attendance at clinic
- Accurate and updated patient registry

**Interventions (LOR #)**

- Patient/family education program on lead risks
- Establish program to connect at risk families to Health Department for lead remediation
- Reliability program for existing Best Practices
- Establish best practice for reacting to elevated lead
- Establish best practice & education for lab techniques
- Develop standardized family education program
- Develop reliable staff procedures for scheduling follow up visits when contact is made
- Establish closed loop tracking system
- Develop process for alternatives for clinic visit
- Develop follow up process post visit for treatment adherence
- Cross-training for “double check” process
- Provider reliability and feedback program
- Develop standard plan for Well-child Check outreach
- Reliable follow-up scheduling for children while in clinic
- Systematic approach to ill patients needing preventative care
- Reliable registry clean up for MOGE

**Legend**

- Potential intervention
- Active intervention
- Adopted/Abandoned intervention

Note: LOR # = Level of Reliability Number, e.g., LOR 1
Team Hopple: Run Chart

Hopple
Percentage of 27 month olds receiving two lead screenings

Collaborative average: 62%
Team Hopple

What we are testing and learning...

- Closed loop communication for abnormal leads
- Capturing overdue patients in clinic at any visit
- New electronic alert for previous elevated lead