

# QUALITY IMPROVEMENT JANUARY 25, 2022

**TARRANT COUNTY**  
HIV ADMINISTRATIVE AGENCY



# Collaborative Research

Collaborative Research is a strategic planning health care firm dedicated to supporting local public health, social-service, and community-based organizations. With a special emphasis on the Ryan White HIV/AIDS Treatment Extension Act, Collaborative Research's services also specialize in health disparity issues such as: housing, mental health, substance use, homelessness and poverty.



## MEET THE PRESENTERS



Melissa Rodrigo



Thomas Rodriguez-Schucker

# HIGHLIGHTS FOR TODAY



What is Quality Improvement?



Why is QI critical to Ryan White Programs?

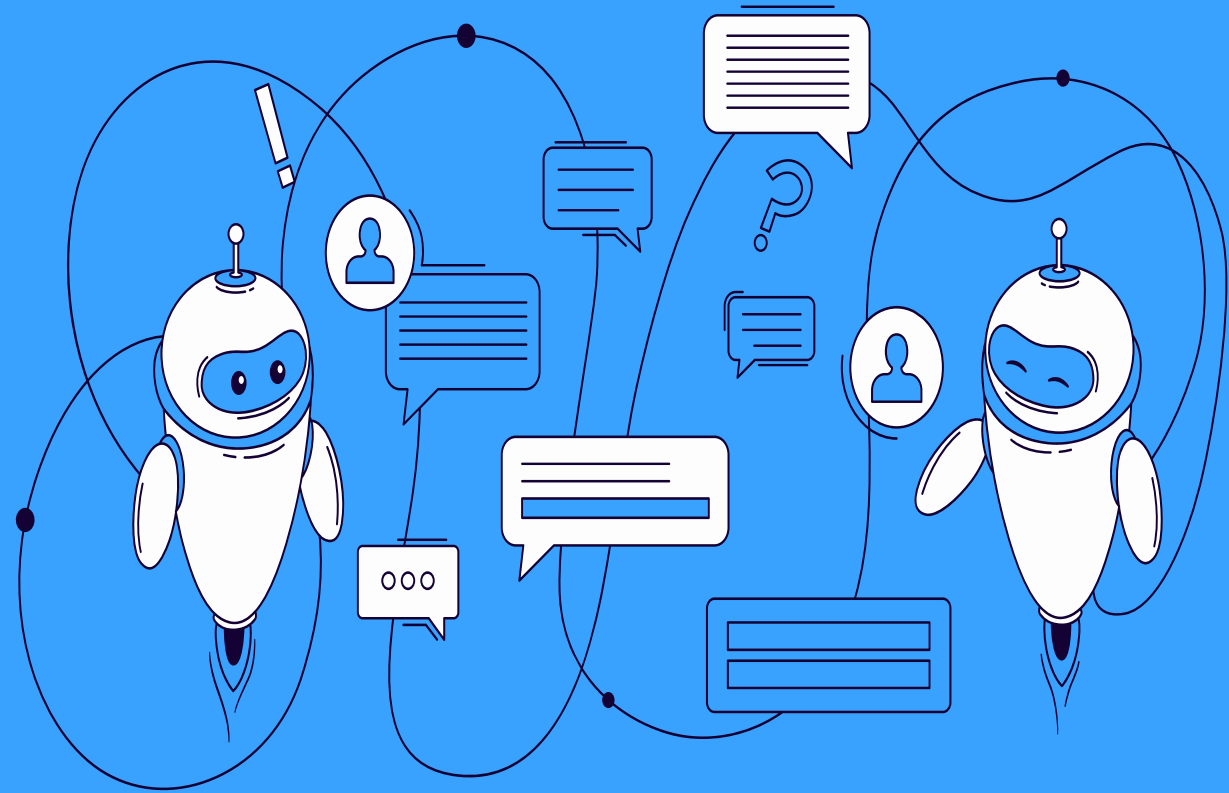


What are AIM statements?

# QUALITY IMPROVEMENT (QI)

Quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results.

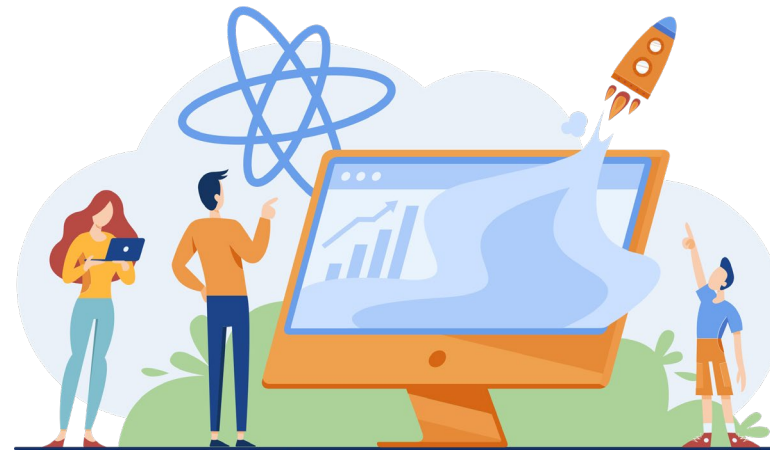
Quality improvement activities should be implemented in an organized, systematic fashion. As a result, subrecipients, clients, and the AA can understand if specific changes or improvements have a positive impact on patient health outcomes or were indicative of further necessary changes in RWHAP funded services.



# QUALITY ASSURANCE vs QUALITY IMPROVEMENT

	<i>Quality Assurance</i>	<i>Quality Improvement</i>
<b>Motivation</b>	Measuring compliance with standards	Continuously improving processes
<b>Attitude</b>	Required, defensive	Chosen, proactive
<b>Focus</b>	Outliers: “ <i>bad apples</i> ” Individuals	Processes Systems
<b>Responsibility</b>	Few	All

*CQII – Quality Principles*



# FACES OF QUALITY IMPROVEMENT



	<i>Quality Improvement</i>	<i>Clinical Research</i>
<b>Aim</b>	Improvement of care	New knowledge
<b>Test observability</b>	Test observable	Test blinded
<b>Sample size</b>	“Just enough” data, small sequential samples	“Just in case” data
<b>Testing strategy</b>	Sequential tests	One large test

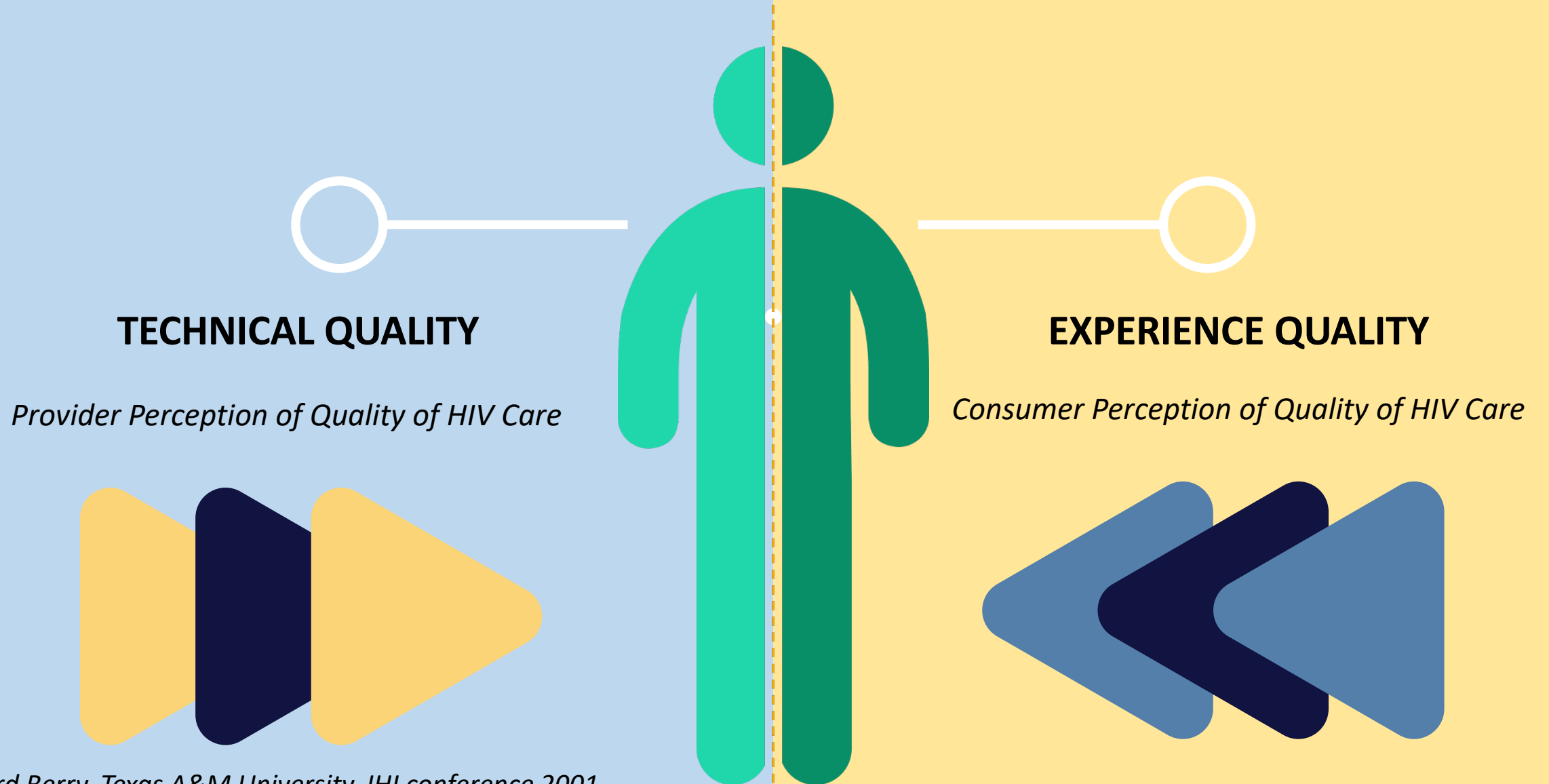
*Solberg, Mosser, and McDonald, Journal on Quality Improvement. March 1997, Vol.23, No. 3.  
CQII slide deck*

# QUALITY IMPROVEMENT

“Quality improvement is a journey  
of many small steps.”



# TWO DIMENSIONS OF QUALITY





# PRINCIPLE

**“Most Problems are Found  
in Processes and Systems,  
Not in People”**





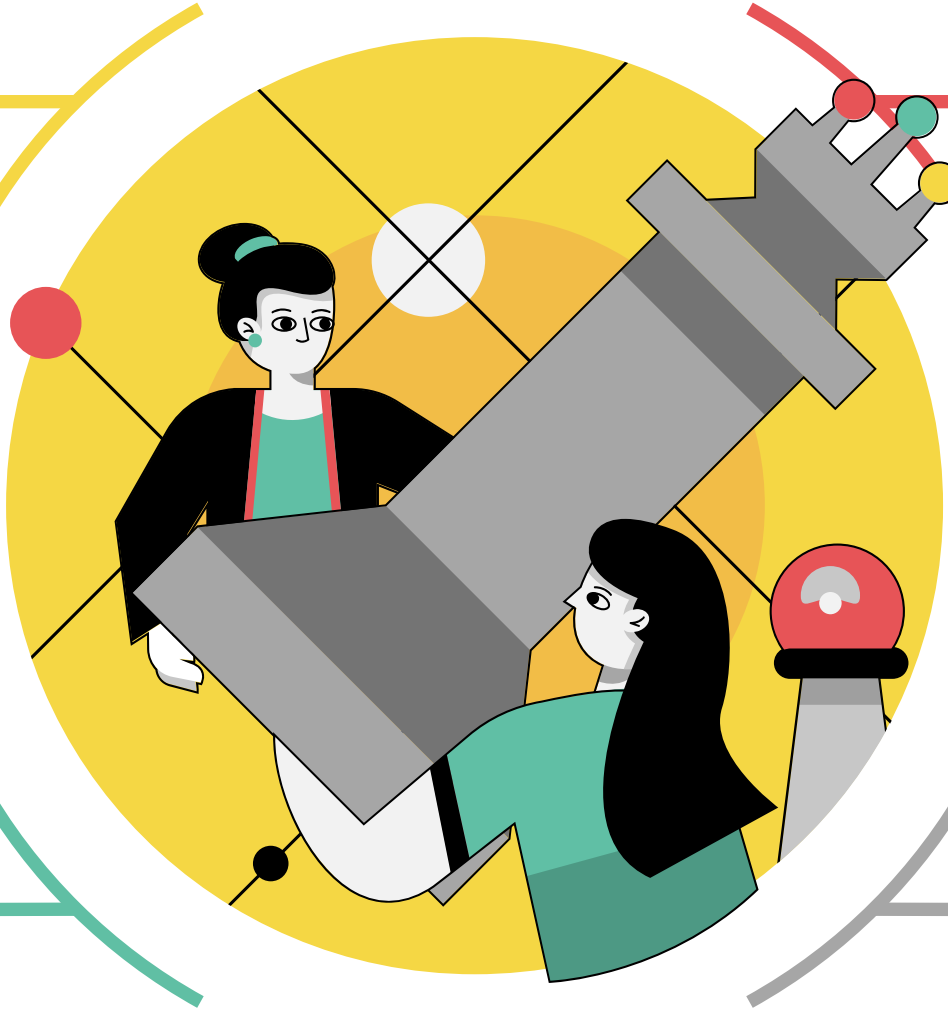
# HOW PROCESSES FAIL

**POOR DESIGN**

**NOT WELL UNDERSTOOD BY THOSE WHO WORK IN THEM**

**TOO COMPLEX**

**NOT SET UP TO DELIVER WHAT THE "INDIVIDUALS AND POPULATIONS" REQUIRE**



# Failed Processes Have an IMPACT

**A**

## CLIENTS

- Impacts a client's health outcomes
- Clients can get discouraged for accessing services
- Creating additional barriers for clients we are trying to help

**B**

## EMPLOYEES

- Employees get frustrated
- Workload increase more work no outcomes "real work"
- Lack of Job satisfaction for not meeting project goals
- Get blamed for not achieving the project goal



# Why we Focus on the Processes



**“Each process is perfectly designed to get the results it achieves”**

**“Getting a better result therefore requires redesigning the process”**



# PRINCIPLE

**“Achieve Continual Improvement Through Small, Incremental Changes”**





**Do Not Reinvent  
the Wheel –  
Steal  
Shamelessly,  
Share  
Senselessly, and  
Keep projects  
focused and  
simplified.**

# Health Resources Services Administration (HRSA)



**Our Federal Banker (HRSA) has established QI activities as a grant requirement for subrecipients.**

**Policy Clarification 15-02 Establishes the parameters of a Clinical Quality Management program and QI activities.**

**Focus is improving processes related to service delivery to clients.**

# PROGRAM COMPONENTS

Specific aims based in health outcomes



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graph TD; A[Specific aims based in health outcomes] --> B[Support by leadership]; B --> C[Accountability for CQM activities]; C --> D[Dedicated resources]; D --> E[Use of data and measurable outcomes determine progress and make improvements to achieve the aim];
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Support by leadership

Accountability for CQM activities

Dedicated resources

Use of data and measurable outcomes determine progress and make improvements to achieve the aim



# GETTING STARTED



# What is an AIM statement?

A written statement of the accomplishments expected from the improvement effort.



**What system will be improved? (what you expect to happen)**

**For whom (the sub-population of patients)**

**How much? (remember to specify number goals for outcomes)**

**By when? (time frame)**

**Measurable and an Achievable (but not too easy or too hard) SMART GOALS**

# SMART Goals

## GOAL SETTING

- S** SPECIFIC
- M** MEASURABLE
- A** ATTAINABLE
- R** REALISTIC
- T** TIMED-FRAMED



# Why Set SMART Goals

Why set goals? Every one of us may spend countless hours thinking about our present life and future. Almost everyone wishes to change our lives. Whether it is family life, friendship, career or finances. We all want to change something. The first step is to set goals. What are the benefits of goal setting? There are many of them and many reasons for why to set goals.

## 1. You take control of your life

A goal is like a GPS in life. It gives you direction and helps you choose where to go in life. It makes you envision your ideal future and helps you turn it into reality. When you have achieved the goal, you improve your life and become a better version of yourself.

## 2. You focus on the important things

Goals help us to sort out what is important and what isn't. You will only focus on the things that you want to achieve and spend precious time on them.

## 3. You will make good decisions

Goals help you identify and establish your priorities and make the right choices based on the long-term view of what is most important to you.



# Why Set SMART Goals

## 4. You can finish the task efficiently

You will focus and concentrate your time and energy on the task. This will keep away all the distractions which will make you more efficient.

## 5. You will be self-confident and enthusiastic

When you set a goal and measure the achievement, you are able to see what you have done and what you are capable of. This process of achieving goals gives you confidence, enthusiasm, and a belief in yourself.

## 6. You will make progress

After you have achieved one goal, you will try to achieve higher goals. When you look back you will see all of the progress you have made.

## 7. You are closer to success

Goals are the starting point of success. A good start makes for half the success.



# Sample AIM Statements



Target Population: All Part A and D clients

## **AIM Statement:**

By December 31<sup>st</sup> 2022, Sun Health will improve VLS for all Part A clients from 93% to 95%.

## **SMART Objectives:**

- By March 1<sup>st</sup>, will have formulated a needs assessment and plan for distribution.
- By April 15<sup>th</sup>, will have distributed needs assessments to Clients.
- By October 1<sup>st</sup>, will have held a virtual support group based on feedback from needs assessment.

## **Barriers to Care:**

Mental Health - Stigma  
Transportation - Substance Abuse

# Sample AIM Statements

## Non-VLS Youth Ages 13-29

### AIM Statement:

By December 31, 2020, Heritage Health will improve VLS for non-VLS youth (age 13- 29) from 0% to 30%.

### SMART Objectives:

- By February 1<sup>st</sup>, will have developed an internal non-VLS Youth Workgroup that will meet monthly.
- By April 1<sup>st</sup>, will have begun process of intensive outreach to non-VLS youth along with chart reviews to determine barriers to care.
- By June 1<sup>st</sup>, will have compiled list of barriers and prioritized order in which they will be addressed.
- By September 1<sup>st</sup>, will have created strategies to assess prioritized barriers for non-VLS youth.

### Barriers to Care:

Retention in Care - Newly diagnosed youth/Perinatal infections - Lack of understanding about treatment plans/follow ups



# Sample AIM Statements

All Part A, B, C and D clients

## AIM Statement:

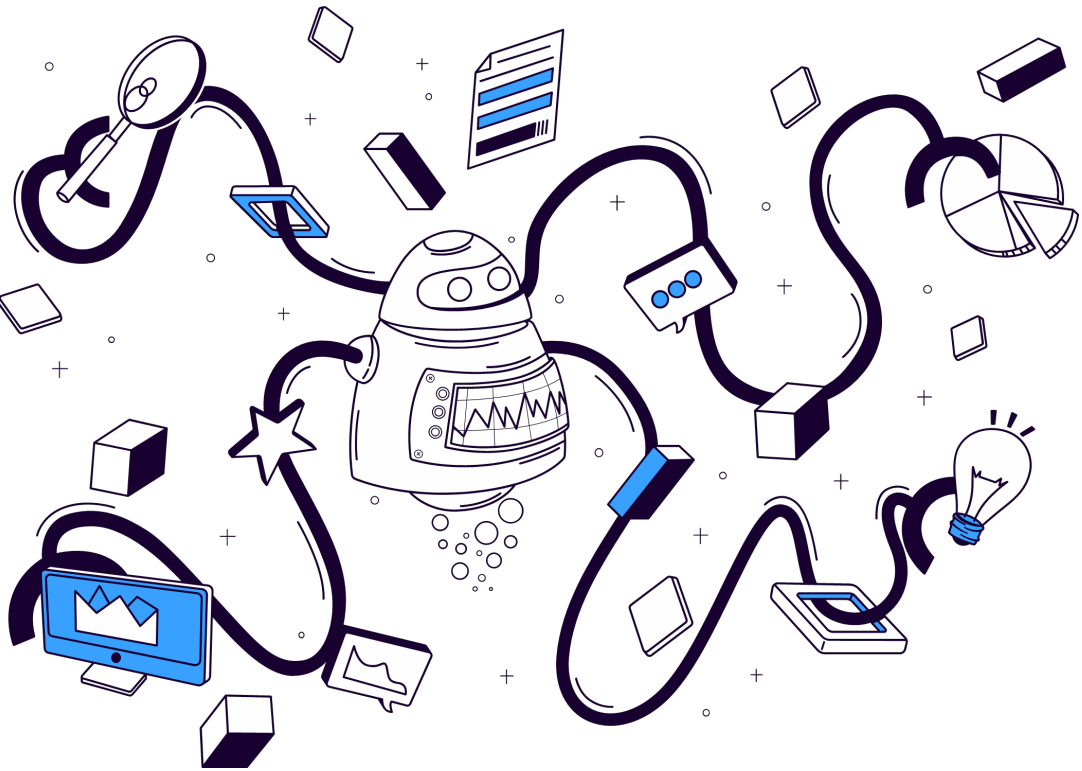
By December 31<sup>st</sup> 2022, Community Service Foundation will improve VLS for all Part A clients from 67% to 80%.

## SMART Objectives:

- By April 1<sup>st</sup>, will have analyzed Part A clients who are non-VLS and create summary of barriers to care/compare to VLS clients with care teams.
  - By June 1<sup>st</sup>, will have implemented action plan to address non-VLS client's barriers to care with care teams.
- By September 1<sup>st</sup>, follow up analysis to see if intervention had impact on non-VLS clients with care teams.

## Barriers to Care:

Staffing shortages - no show rates -  
Communication with clients  
(disconnected phones)





# Sample AIM Statements

All Part A clients

## **AIM Statement:**

By December 31<sup>st</sup> 2022, Senior and Adult Services will improve VLS for all Part A clients from 91% to 95%.

## **SMART Objectives:**

- By February 14th, will finalize a one-page educational handout for RN's to give to clients that prepares clients for medical appointments.
- By March 1<sup>st</sup>, RN will begin distributing the handout to clients and educating them on how to utilize it to improve their medical care.
- By August 1<sup>st</sup>, develop standardized questions for RN's to follow-up at home visits to determine impact of handout.

## **Barriers to Care:**

Lack of education - Medication and treatment plan non-compliance



# Sample AIM Statements

All Part A Youth 13-29

## **AIM Statement:**

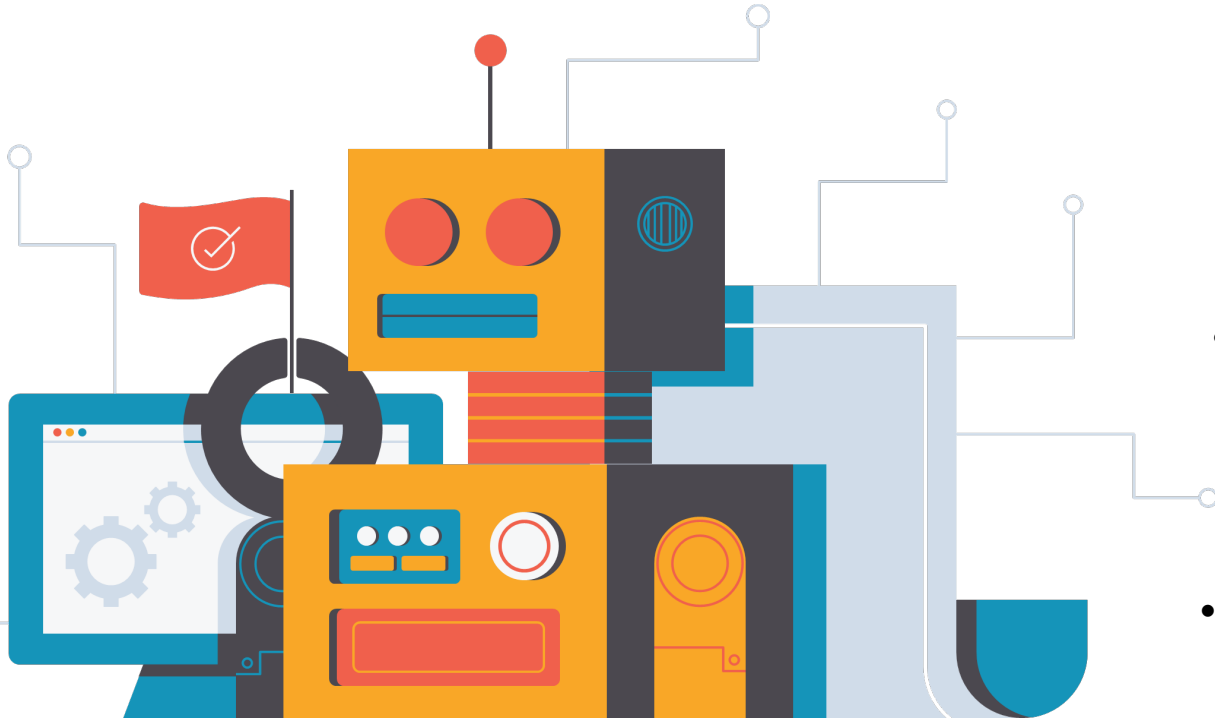
By December 31<sup>st</sup> 2022, University Health System will improve VLS for Youth 13-24 from 81 to 88%.

## **SMART Objectives:**

- By January 1<sup>st</sup>, begin case conferencing with Social worker, Nurse Care Coordinator, and Peer Navigator.
- By February 1<sup>st</sup>, begin intensified case management with nurse coordination for non-virally suppressed youth.
- By June 1<sup>st</sup>, develop criteria and regulations for Lyft usage and implement program.

## **Barriers to Care:**

Transportation - Retention in Care



# Sample AIM Statements

All Part A clients

## **AIM Statement:**

By December 31<sup>st</sup> 2022, Far East Center will improve VLS for all Part A clients from 80% to 100%.

## **SMART Objectives:**

- By February 1<sup>st</sup>, will begin pre-appointment calls (appointment reminder, access barriers to care, help to access care coordinate client needs with medical provider, and schedule transportation)
- March 1<sup>st</sup>, create intensive follow up procedures to reach out to clients who miss appointments.
- By December 1<sup>st</sup>, decrease number of no shows/short notice cancels by 50% (45 no shows/short notice cancels in 2021).

## **Barriers to Care:**

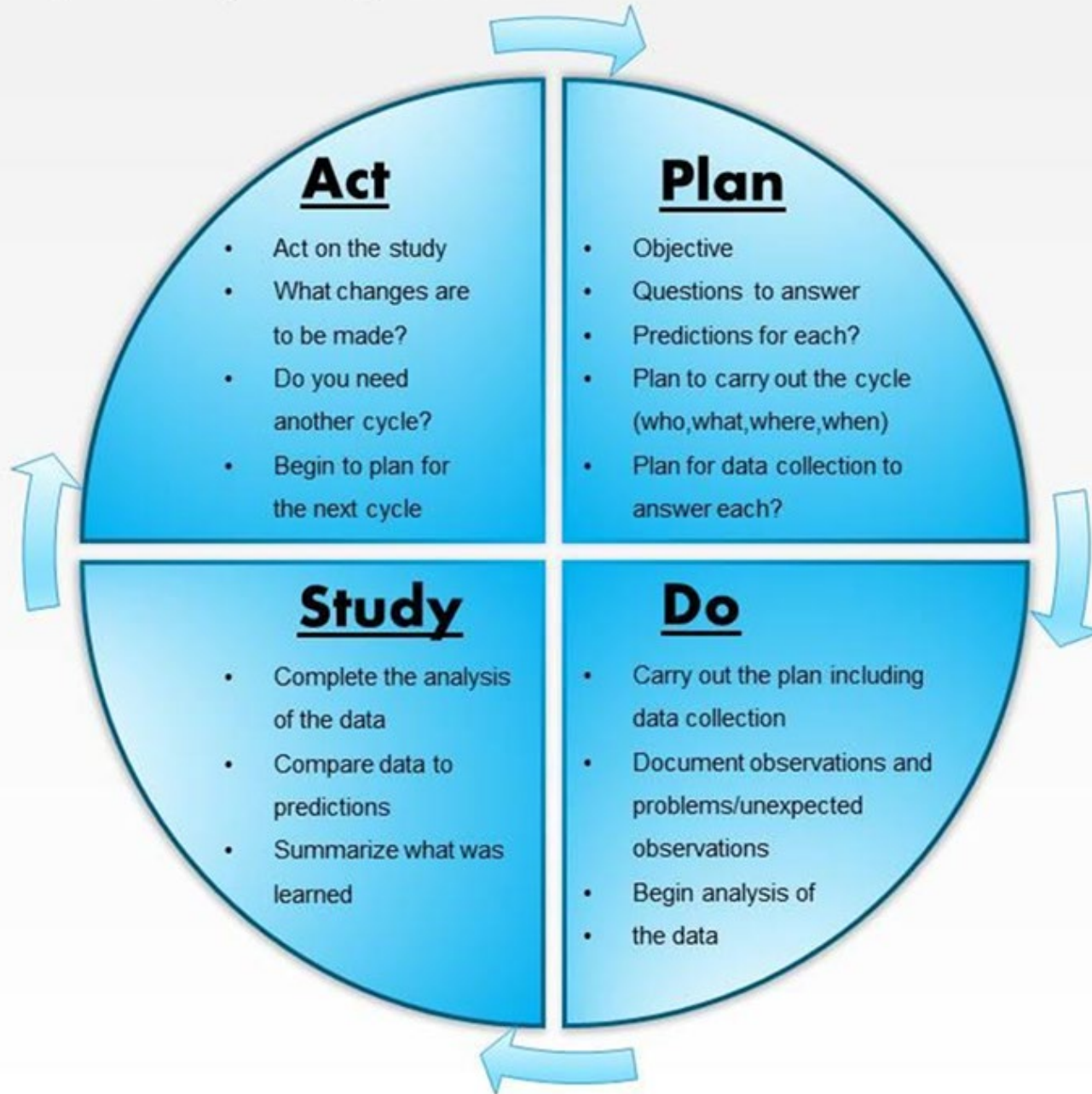
No shows/missed appointments - Language barriers – Transportation



# Quality Improvement / PDSAs



# PDSA Quality Improvement



# Questions/Concerns

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