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**Strengthening Your Quality Management Infrastructure: Key Components and Issues**

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**Agenda**

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Section I. Quality Management Plans and Workplans

Section II: Discussion of Issues Identified by Workshop participants and sharing ideas.

Section III: Addendum: Examples From the Field, Tools, and Resources

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Infrastructure enhances systematic implementation of improvement activities

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Infrastructure – QM Program

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Section 1: Quality Management Plan

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**Describes the QM Program's Infrastructure**

- Provides direction of what needs to be accomplished (goals) and how it will be accomplished (work plan)
- Clear indication of who is responsible
- Sets the framework for holding grantee and providers accountable for its accomplishments
- Basis for self-evaluation for next cycle of improvement

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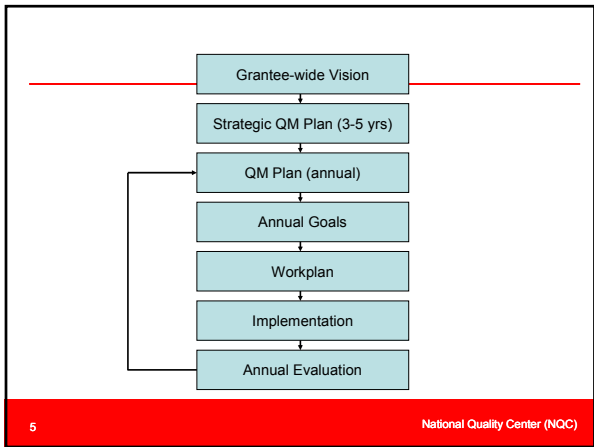
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Key Components of an Annual QM Plan

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1. Quality Statement
2. Infrastructure
3. Performance Measurement
4. Annual Quality Goals
5. Stakeholder Development
6. Consumer Involvement
7. Evaluation
8. Workplan (implementation plan)

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QM Plan: 1. Quality Statement

**What do we want to be?**

- Describe the end goal of the HIV quality program to which all other activities are directed
- Assume an ideal world and ask yourselves, "What do we want to be for our patients and our community?"

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QM Plan: Quality Statement Example

The Hospital ID Clinic (WHIC) is committed to providing compassionate, high quality health care in all fields of HIV services to our patients regardless of their ethnic background, race, gender or socio-economical status. The Quality Management Program aims to continuously improve the quality of HIV care according to recognized national standards, current HIV research, and the needs of the HIV/AIDS patients in greater Waterbury, CT area.

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QM Plan: 2. Quality Management Infrastructure

**How are we organized?**

**Leadership**

- Who is responsible for the grantee-wide quality improvement initiatives?
- Who is the champion?
- Who is responsible for day-to-day management?

**Accountability**

- Who is responsible for making changes?
- How does it get reported?
- How are consumers involved? Other major stakeholders?

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QM Plan: 2. Quality Management Infrastructure

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**Quality Committees**

- Membership
- Leadership
- Charge, plan, monitoring, reporting

**QI Teams**

- Membership
- Leadership
- Charge, plan, monitoring, reporting

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QM Plan: 2. Quality Management Infrastructure

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**Program Staff**

- Role of clinical staff
- Role of non clinical staff
- Staff development and training in QM/QI
- Job descriptions

**Resources**

- Budget
- Staffing
- Time and assistance from MIS
- Volunteers

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QM Plan: 2. Quality Management Infrastructure

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**Accountability**

- Who is responsible for making changes?
- How does it get reported?
- How are consumers involved? Other major stakeholders?

**Organization diagram/chart depicts:**

- Relationships: reporting, supervisory
- Internal and external linkages

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QM Accountability Chart:  
Waterbury Hospital

**Internal communication (Monthly):**

- The QI program's progress will be on the agenda of the monthly HIV care team and the department of medicine monthly meeting. Note that 2 consumers are part of the HIV care team. The QI coordinator reports to the HIV care Team on the monthly progress re implementation of the QI work plan, share data on QI projects, and form subcommittees, as needed, during this meeting. The Program director and the CAG representative are present during the HIV care Team meeting.

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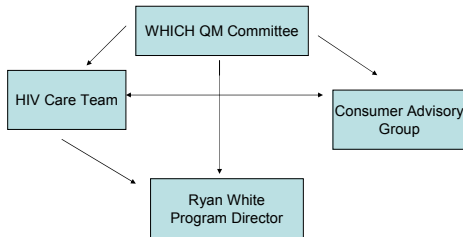
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Waterbury Hospital  
Accountability Diagram

Internal Communication



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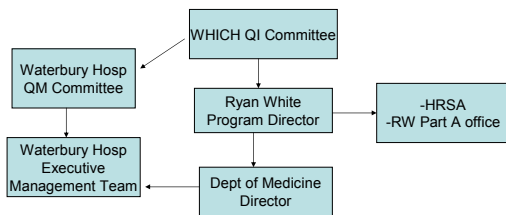
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Waterbury Hospital  
Accountability Diagram

External Communication (annually)



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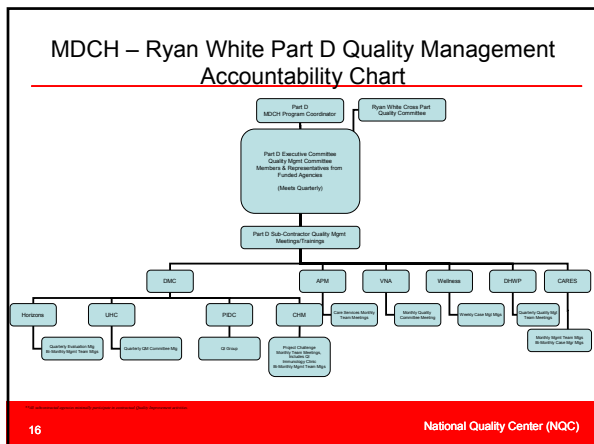
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- ### Quality Management Committees: Example – West Virginia, Part B
- Purpose**
- Strategic planning
  - Facilitating innovation and change
  - Providing guidance
  - Establishing a QI culture
  - Allocating resources
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- ### Tips for Effective QM Committees
- Start with a small group of critical individuals
  - Cross- functional representation
  - Include consumers
  - If applicable, include cross-Part reps
  - Clarify purpose/responsibilities of Committee
  - Train members on QI methodologies
  - Identify a Chairperson to moderate
  - Develop a meeting schedule
  - Set agenda and take minutes to document key decisions
  - Communicate Committee activities/decisions with staff, providers, and other stakeholders
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### Quality Improvement Teams

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**Purpose: To test changes**

- Charge
  - Set improvement goals/objectives
  - Plan, test and measure changes
  - Report results to QM Committee
  - Manage spread of more successful change strategies
  - Evaluate effort

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### Example: Waterbury Hospital Part C Program

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Indicators for Improvement (change annually)

|                           |                         |
|---------------------------|-------------------------|
| Pap screening             | Retention in care       |
| PPD                       | Case management         |
| Syphilis screening        | Clinic flow             |
| Mental health screening   | Patient satisfaction    |
| Substance abuse screening | Patient Quality of Life |
| Nutrition Assessment      |                         |

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### Tips for Effective QI Teams

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- Selection of membership
  - Involved in process to be improved
  - Respected team leader/facilitator
- Given authority to set improvement goal or objective and to pilot changes
- Have the skills to use a problem solving process such as Model for Improvement/PDSA (plan, do, study, act)
- Start out with doable tests of change
- Time frame to report back to QM Committee
- Given resources that are needed to complete QI Project

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QM Plan: 3. Performance Measurement

**How will we assess progress?**

- Identify and quantify the critical aspects of care and services provided in your HIV program
- Develop indicators and measure progress

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Example: Waterbury Hospital

Quality indicators are chosen for review from the following areas:

- Clinical/medical primary care
- Non clinical
- Improved indicators (change annually)

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Example:  
HIV Clinical Indicators at Waterbury ID Clinic

- |  |                                 |
|--|---------------------------------|
| 1. HIV MONITORING (CD4 and VL testing)     | 9. TUBERCULOSIS SCREENING (PPD) |
| 2. ANTIRETROVIRAL (ARV) THERAPY MANAGEMENT | 10. SYPHILIS SCREENING          |
| 3. ARV THERAPY FOR PREGNANT WOMEN          | 11. HEPATITIS C SCREENING       |
| 4. ADHERENCE TO ARV THERAPY                | 12. VACCINATION                 |
| 5. HEALTH EDUCATION RISK REDUCTION         | 13. SUBSTANCE USE               |
| 6. PCP PROPHYLAXIS                         | 14. MENTAL HEALTH SCREENING     |
| 7. MAC PROPHYLAXIS                         | 15. DENTAL CARE                 |
| 8. GYNECOLOGY EXAMS (PAP)                  | 16. OPHTHALMOLOGICAL CARE       |
|  | 17. NUTRITION                   |
|  | 18. DEATH                       |

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Example: Waterbury Hospital cont'd

- Patient Satisfaction
- Patient Quality of Life
- Retention in Care
- Medical Case Management
- Hepatitis C Treatment
- Opportunistic Infections
- Disease Progression
- Clinic Flow

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QM Plan: 4. Annual Quality Goals

**What are the priorities for the quality program?**

- Quality goals are endpoints or conditions toward which a quality program directs its efforts and resources

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Example: West Virginia, Part B

- CD4 count testing conducted as indicated in HRSA guidelines
  - Goal: 90% of RW funded clients who have a CD4 count conducted at least every 6 months.
- ARV HRSA guidelines recommended treatment
  - Goal: 90% of active adolescent and adult clients in ADAP with AIDS who are prescribed HAART
- Clients enter care promptly after initial contact
  - Goal: 95% of new case managed clients who had at least one HIV primary appointment within 90 days of enrollment.

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QM Plan: 5. Stakeholder Development

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- Assess education needs of stakeholders
- Provide training opportunities for staff, providers and other stakeholders

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QM Plan: 6. Consumer Involvement

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**How will consumers be involved in the QM Program?**

- Engage consumers through various mechanisms with the intent of increasing their participation over time.

|                        |                                      |
|------------------------|--------------------------------------|
| Moderate Participation | Higher Participation                 |
| Surveys                | Consumer Advisory Boards             |
| Focus groups           | Representation on Quality Committees |
| Individual interviews  | Representation at Planning Meetings  |

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Example: WV Part B Stakeholder Development and Consumer Involvement Tips

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- Gain complete buy-in from stakeholders
- Highlight true stories (triumphs and failures)
- Re-assess the commitment periodically
- Invest time in consumers

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Example: Waterbury Hospital Consumer Workshop

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- Consumer involvement in QI activities was identified in the Organization Assessment Tool (HIVQUAL, NQC) as an area for improvement
- A two-hour workshop to introduce the concept of QM to the consumer was conducted based on "Making Sure Your HIV Care is the Best It Can Be – A Consumer Quality of Care Training Workshop" manual.

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Example:  
Waterbury Hospital Consumer Workshop Agenda

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- Power Point presentation (using mainly NQC materials from TOT)
  - Introduction to QM ppt
  - Quality of HIV care checklist
  - Quality definitions
  - Quality indicators and Sharing the clinic quality indicators
  - PDSA cycle
- Games
  - Continuum of quality care exercise
  - Pizza game
- Notes summary
- Questions and answers
- Identification of area of improvement
- Selection of QI projects
- Evaluation and Feedback

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QM Plan: 7. Evaluation

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**How will we evaluate our overall performance as a program?**

Evaluation efforts should include:

- Review of performance data
- Review of QI Projects conducted over the year
- Effectiveness of QM Plan
- QM Program Assessment

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Example:  
West Virginia, Part B QM Program Evaluation

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**Program Self-Assessment**

- QM Program Assessment Tool (NQC)
- Rank success of strategies

**WVDHHR**

- Results reported annually to stakeholders and HRSA
- Results utilized in annual HRSA Part B application
- Evaluation is reflected in SCSN, Comprehensive Plan, Objectives

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Example:  
Waterbury Hospital QM Program Evaluation

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- Self Evaluation:
  - Annual QM Program Assessment Tool (NQC)
    - Our score was 23% at baseline in 2004 and is 99% in 2008
  - Quarterly monitoring of the QM Work plan progress
    - Accomplishment of QI projects
  - Progress reports to Part A quarterly and Part C annually
    - Meeting our predicted or anticipated outcomes (quantitative and qualitative)
  - CADR
    - Quantitative measure of clinical indicators
- Site Visits:
  - Part C: Performance Review (OPR)
    - Descriptive Report of strengths and weaknesses that requires the grantee to submit an action plan on areas of improvement
  - Part A:
    - An Assessment Tool with a scoring of specific infrastructural and clinical activities
    - We have scored 100% in two consecutive years on QM, primary care and case management

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QM Plan: Annual Workplan

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**How will we implement the QM Plan?**

- The workplan should include:
  - List of key activities
  - Identification of who is responsible for completing or overseeing the completion of activities
  - When the activities are to be carried out and completed during the year

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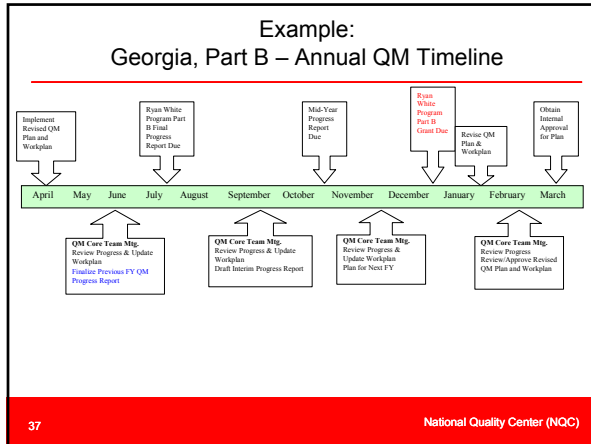
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**Waterbury Hospital: Annual QM Workplan**

3 Goals:

- QM Program – Infrastructure
- Performance Measurement System
- Quality Improvement

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**Goal: Effective implementation and monitoring of QM Program**

To be completed by 2008/09

| Action Steps  | Who    | To be completed by 2008/09 |     |     |     |     |     |     |     |     |     |     |     |     |     |
|---|--------|----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|   |        | Jan                        | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
| Develop annual quality workplan   | QIC    |                            |     | →   |     |     |     |     |     |     |     |     |     |     |     |
| Prepare planning information (data collection, program assessment/evaluation, organizational priorities, HRSA grant)  | Bonnie | ↔                          |     |     |     |     |     |     |     |     |     |     |     | ↔   |     |
| Review WHIC Quality Program Plan recommendations and make changes if needed by the HIV care team  | QIC    |                            |     |     | ↔   |     |     |     |     |     |     | ↔   |     |     |     |
| Develop Projects for WHIC annual goals: <ul style="list-style-type: none"> <li>- Maintain Pt satisfaction at &gt;95%</li> <li>- Repeat Quality of life survey</li> <li>- Consumer involvement</li> <li>- Improve the clinic flow</li> </ul> | QIC    |                            |     |     | →   |     |     |     | →   |     |     |     |     |     |     |
| Monitor implementation of plan and revise as needed   | QIC    |                            |     | X   |     |     | X   |     | X   |     |     | X   |     |     |     |
| Evaluate Quality Program  |        |                            |     |     |     |     |     |     |     |     |     |     |     |     |     |
| QI Project Team   | Lydia  |                            |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Program goals   | QIC    |                            |     | ↔   |     |     |     |     |     |     |     |     |     |     |     |
| Annual Organizational Assessment  | QIC    |                            |     | ↔   |     |     |     |     |     |     |     |     |     |     |     |

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**Goal: Establish ongoing data collection and reporting to support performance measurement**

| Action Steps  | Who    | Completed by 2008 |     |     |     |     |     |     |     |     |     |     |     |     |     |
|---|--------|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|   |        | Jan               | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
| Determine and define quality indicators (clinical, non-clinical)  | QIC    | →                 |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Collect and analyze data on indicators<br>- Review with HIV Quality Committee   | Bonnie |                   | →   |     |     |     |     |     |     |     |     |     |     |     |     |
| HIV patient quality of life survey<br>- Validate results<br>- Revise survey/decide on method of data collection<br>- Implement<br>- Collect and analyze results<br>- Determine next step                            | QIC    |                   |     |     |     |     |     |     |     | →   |     |     |     |     |     |
| QI Project data – Prepare results of projects for planning/evaluation<br>- In-reach/Outreach project<br>- Consumer QI project<br>- PAP/STD screening<br>- Mental Health screening<br>- SMS program<br>- Clinic Flow | QIC    |                   | →   | →   | →   |     |     |     | →   |     |     |     |     |     |     |
| Report results<br>- HIV care team<br>- Waterbury Hospital QI annual meeting   | Lydia  |                   |     | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   |
| Evaluate effectiveness of and needs for data collection and reporting   | QIC    |                   |     |     |     |     |     |     |     |     |     |     |     |     |     |

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**Goal: Improved quality of patient care as measured by specific performance indicators**

| Action Steps  | Who                 | Completed by 2008 |     |     |     |     |      |      |     |      |     |     |     |  |  |
|---|---------------------|-------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|--|
|   |                     | Jan               | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |  |  |
| Select team membership  | QIC / HIV care team | →                 |     |     |     |     |      |      |     |      |     |     |     |  |  |
| Closing the loop in:<br>- Mental Health/SA screening and referral<br>- OB-Gyn referral<br>- Nutrition                   | QIC                 |                   |     | →   |     |     |      |      |     |      |     |     |     |  |  |
| - Improve Patient Retention   | Bonnie              |                   | →   | →   | →   | →   |      |      |     |      |     |     |     |  |  |
| Health maintenance screening:<br>- PAP<br>- STD screening<br>- Hep C and Hep B<br>- Nutrition<br>- CV and CKD screening | Linda               |                   |     |     |     |     |      |      |     |      |     |     |     |  |  |
| - Patient satisfaction survey   | Bonnie              |                   |     |     |     |     |      |      |     |      |     |     |     |  |  |
| - Patient quality of life measure   | Lydia               |                   |     |     |     |     |      |      |     |      |     |     |     |  |  |
| - Improve clinic flow   | Bonnie              |                   |     |     |     |     |      |      |     |      |     |     |     |  |  |

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**Tips for Writing Your QM Plan:  
Who is Involved, How and When?**

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Decide on your approach to developing/updating your QM Plan

- An annual planning meeting
- A series of shorter meetings that could include piggybacking/using existing QM committee meetings
- Getting input (for stakeholders who can't attend meetings due to time, distance, etc.)

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Tips for Who is Involved, How and When?

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Systematize timing for QM Plan updates

- Annually
- Bi-annual updates

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Section 2: What Issues do you face?

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- Brainstorm list of issues
- Discussion and sharing of experience related to issues

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Section 3: Addendum

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- Issues Identified by Grantees and Possible Solutions
  - QM Plans
  - QM Committees
- Resources
- Contacts

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Issues Identified by Grantees

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Quality Management Plans

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**BIG Questions:** Who writes the QM Plan?  
Who needs to be involved?

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- No QM Plan
- Difficulties with QM Plan Implementation
  - Setting goals
  - Developing standards of care, quality indicators and measures
  - Not setting priorities
  - Inexperience of members ("it can be frustrating")
  - Not a realistic plan
  - No buy-in
  - Time consuming
  - Conflicting personalities and who is in charge

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Possible Solutions

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**Inexperience** – ask for training (NQC Quality Academy, NQC TA Request, join HIVQUAL Project for Parts C & D...); ask a peer grantee for assistance

**Conflicting personalities** – bring in someone not involved, training can help (NQC)

**Time consuming** – don't reinvent the wheel, check NQC website for examples of other QM Plans

**Not a realistic plan; no buy-in** – Use a participatory planning process

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Issues Identified by Grantees

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Quality Management Committees

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Issues regarding QM Committees

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- Too many sub committees, fractured work
- Disinterested in QM
- Lack of QM knowledge
- Infrequent and inconsistent attendance
- Staff turnover
- Ineffective relationship between Committee Chair and Quality Manager

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Issues regarding QM Committees

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- Membership turnover – how to get new people up to speed. This places a greater burden on fewer members to get the work done
- Membership is voluntary and secondary to members' fulltime jobs
- Competing demands between Parts A, B, and setting up an All Parts QM Committee
- Not understanding what the QM Committee needs to do and how to do it

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