



Supporting and Monitoring Subrecipients to Achieve an Effective CQM Program and Better Outcomes

2020 Ryan White Conference
August 13, 2020

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Clinical and Quality Branch, Division of Policy and Data
HIV/AIDS Bureau

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.



HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
 - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community-based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



Learning Objectives

By the end of this session, participants will be able to:

1. Explain how supporting subrecipients can lead to a more effective CQM program
2. Describe CQM training and technical assistance provided to subrecipients
3. List resources for supporting subrecipients' CQM activities

Today's Presenters



Travis Barnhart



Jasmine Black



Marlene Matosky



Jamie Shank



Justin Britanik



LaQuanta Smalley

Commonly Used Acronyms In CQM

ADAP – AIDS Drug Assistance Program

CQM – clinical quality management

CQII – Center for Quality Improvement and Innovation

EHE – Ending the HIV Epidemic: A Plan for America

HAB – HRSA HIV/AIDS Bureau

HHS – (Department) of Health and Human Services

HRSA – Health Resources and Services Administration

PDSA – plan do study act

PM – performance measure

PWH – people with HIV

RWHAP – Ryan White HIV/AIDS Program

TA – technical assistance

QI – quality improvement

VL – viral load

WP – work plan



Clinical Quality Management Policy Clarification Notice 15-02

<https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf>



Ryan White HIV/AIDS Program

Treatment Modernization Act of 2006

Title XXVI of the Public Health Service (PHS) Act (Public Law 109-415, December 19, 2006)

All Ryan White HIV/AIDS Program recipients are required “to establish clinical quality management programs to:

Measure

Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections;

Improvement

Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services”

See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.



CQM Policy Clarification Notice 15-02

Purpose:

This policy clarification notice (PCN) is to clarify the Health Resources and Services Administration Ryan White HIV/AIDS Program expectations for clinical quality management programs.

Originally released in September 2015 and revised/re-released in November 2018

Scope of Coverage:

RWHAP Parts A, B, C, and D

Recipients and Subrecipients

<https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf>



Components of a CQM Program

A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.

CQM activities should be continuous and fit within and support the framework of grant administration functions.



Subrecipients are Important Stakeholders



Subrecipients have many important functions, skills, and expertise:

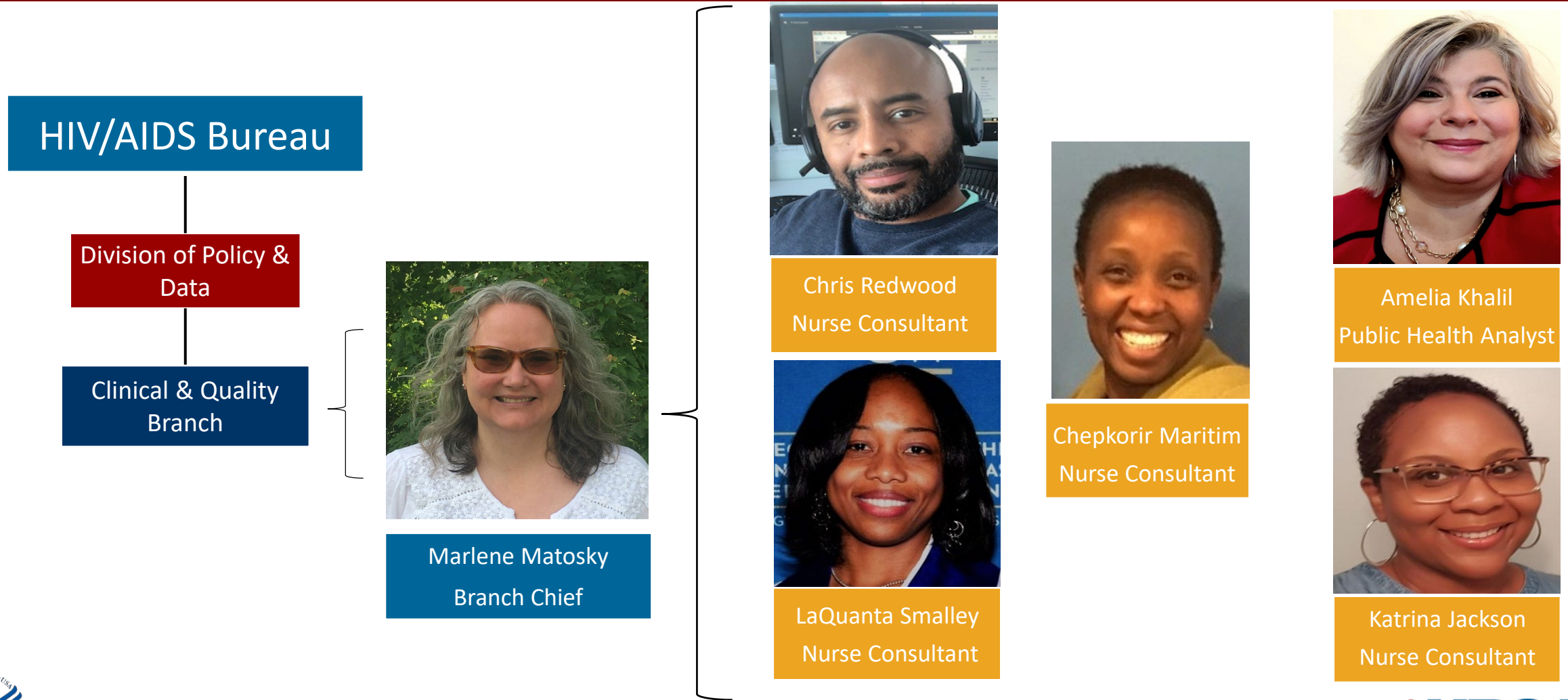
- People who will implement CQM activities
- People who provide RWHAP services
- People who are experts in a particular field and could advise on a particular CQM activity (e.g., dentist who could advise on a PM)

Recipient's Responsibilities Related to Subrecipients

- Recipients are to identify the specific CQM program activities for their service area (Parts A and B recipients) or network (Parts C and D recipients)
 - Ensure that subrecipients have the capacity and resources to contribute to and conduct CQM activities
 - Identify and monitor quality improvement activities at the subrecipient locations
 - Prioritize and coordinate CQM activities across RWHAP recipients and their funded subrecipients within service areas



Clinical and Quality Branch (CQB) Staff

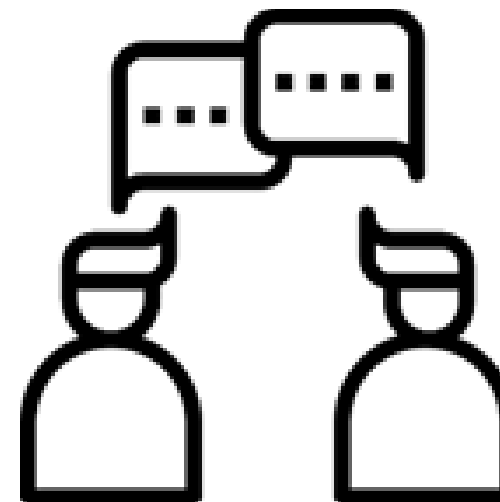


CQM Technical Assistance

Requesting CQM technical assistance:

Complete a technical assistance request form located at:

<https://www.targethiv.org/>



Got Questions and Need Answers?

Clinical Quality
Management
Questions???

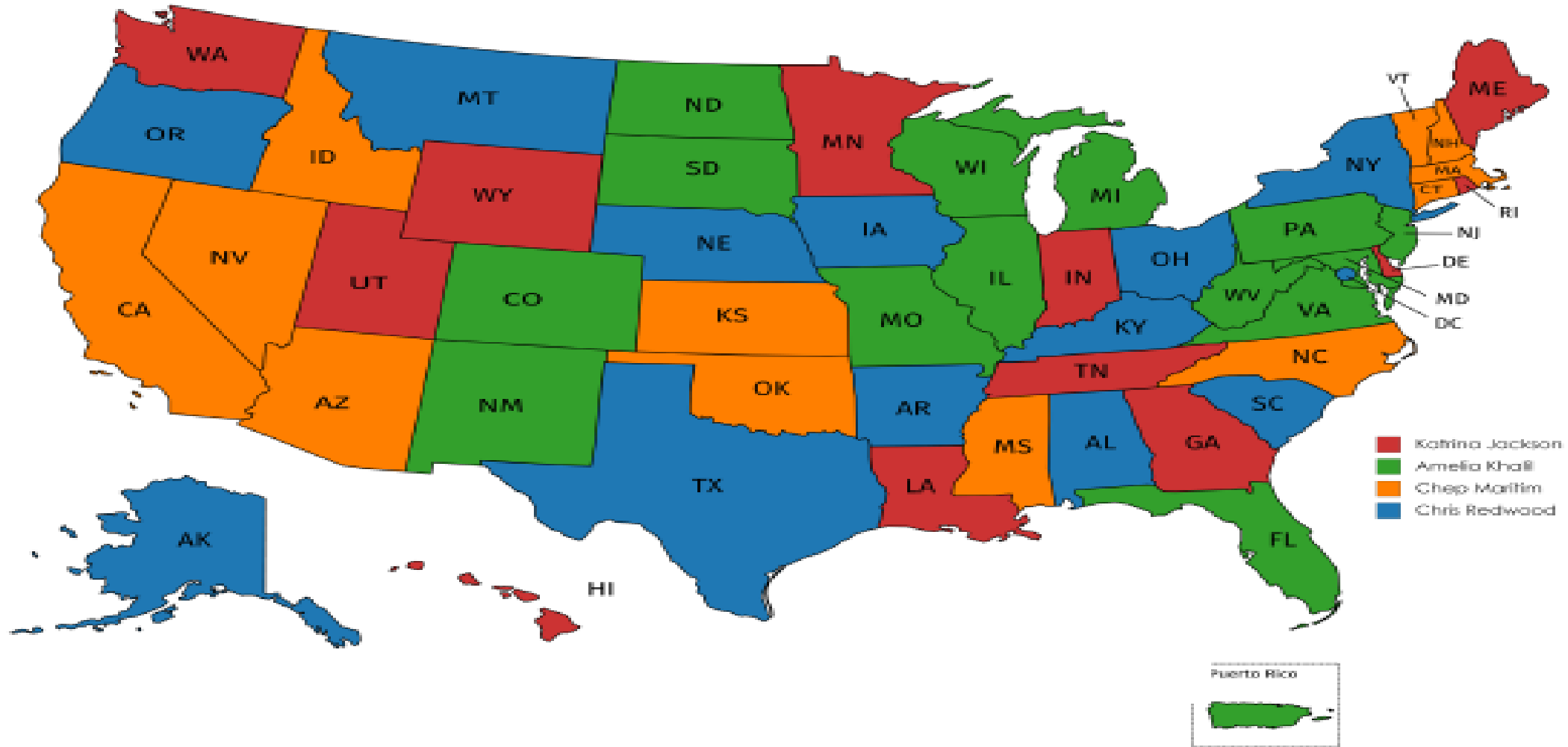
- RWHAPQuality@hrsa.gov

HIV/AIDS Bureau
Performance Measure
Questions???

- HIVmeasures@hrsa.gov



Clinical and Quality Branch Staff Portfolios



Related CQM Sessions

- **Selecting Performance Measures for Ryan White HIV/AIDS Program Service Categories** Tuesday, August 11th, 5:00 pm – 6:30 pm
- **HIVQM Module: Tools to Support Quality Management Programs** Wednesday, August 12th, 10:00 am – 10:50 am
- **Clinical Quality Management Infrastructure** Wednesday, August 12th, 12:45 pm – 2:15 pm
- **QI 101 Institute–Clinical Quality Management** Thursday, August 13th, 4:30 pm – 5:30 pm
- **Developing and Revising Your Clinical Quality Management Plan** Friday, August 14th, 12:45 pm – 2:15 pm



Questions



Contact Information

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HIV PROGRAMS

Care & Prevention



Public Health

Clinical Quality Management (CQM) Program

Jamie Shank, MPH
Travis Barnhart, BSW

CITY OF KANSAS CITY, MISSOURI
Health Department

CONNECT!



Kansas City TGA

- Approximately 2,675 RWHAP Clients served annually
- 11-county, bi-state jurisdiction
- Part A/MAI, HOPWA, SPNS, HUD funding



Core Services

Early Intervention Services

Health Insurance Continuation

Medical Case Management

Mental Health

Oral Health

Substance Abuse Outpatient

Outpatient/Ambulatory Care (Primary Care)

Support Services

Referral for Health Care & Support Services

Health Education Risk Reduction

Medical Transportation

Housing

Other Professional Services

What We Do...

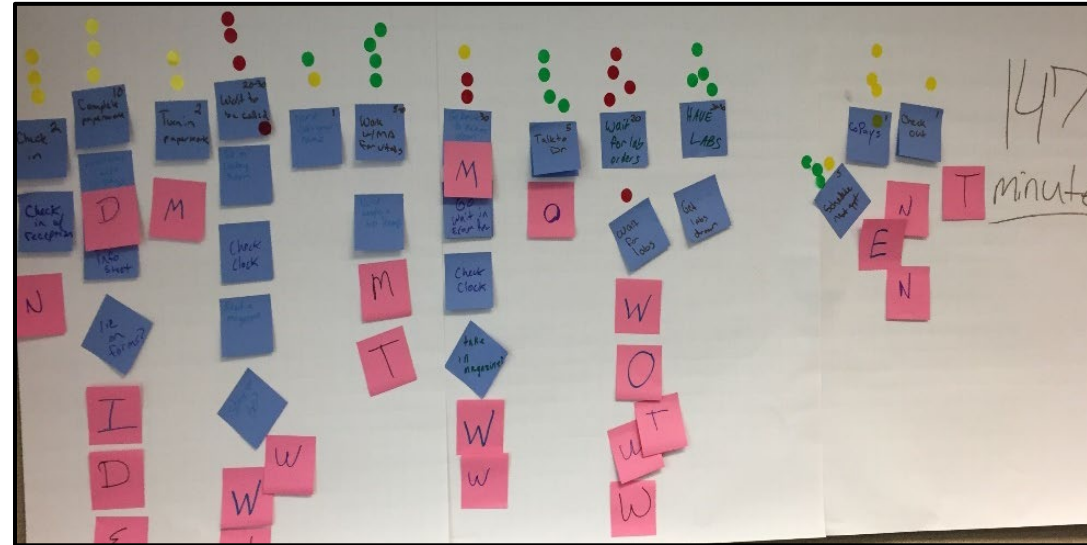
Quality Advisory Committee

- ❖ Meets Quarterly
- ❖ CQM Plan
- ❖ Performance Measures
- ❖ Highlight QI Projects
- ❖ Share from MO Statewide QM Team
- ❖ Training & Capacity Building
- ❖ CQM Program Evaluation

What we do...

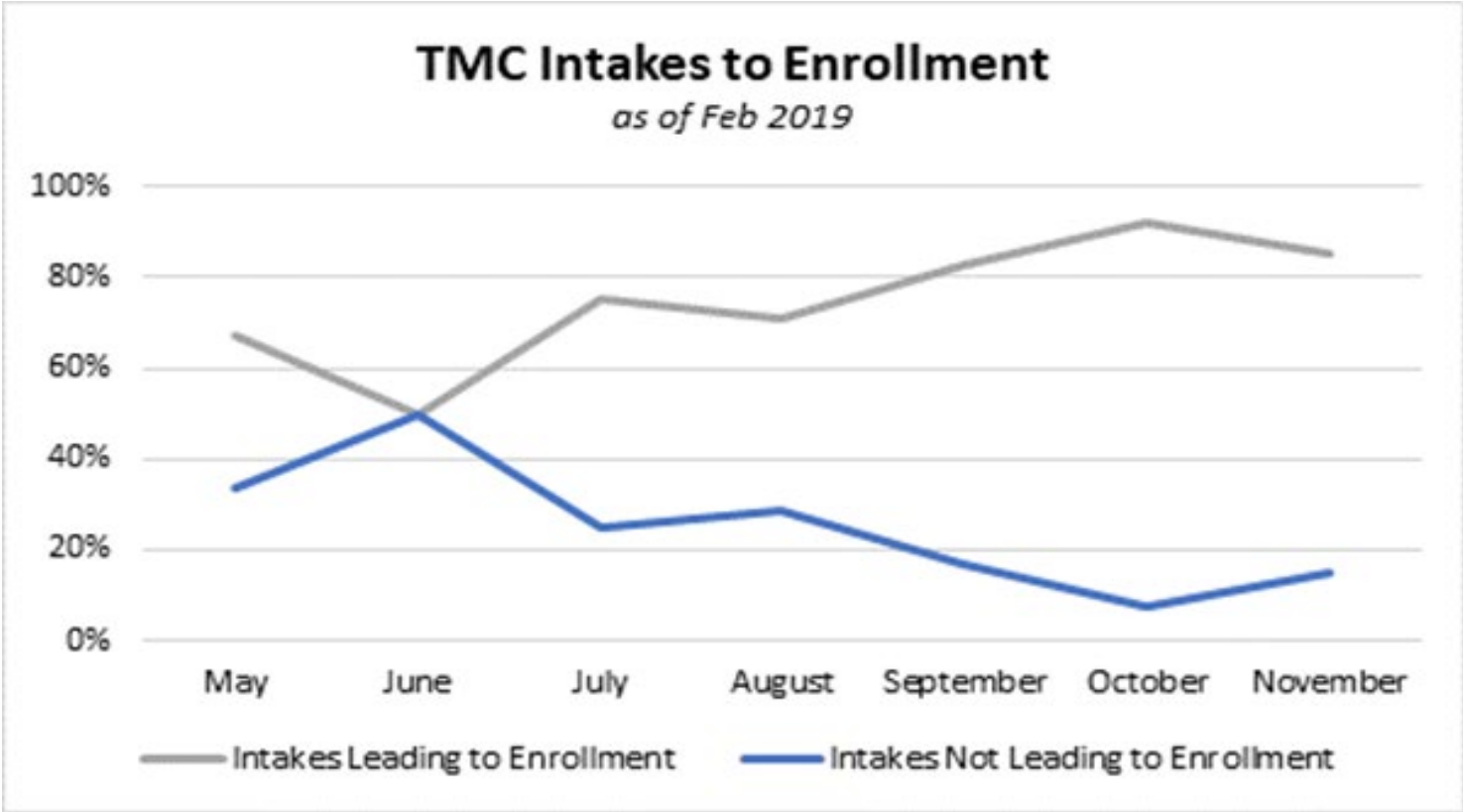
Training & Capacity Building

- Process Mapping
- Lean Six Sigma
- Model for Improvement
PDSA
- Root Case Analysis
- CQII Trainings
- Systems-level, group,
agency, and individual
training provided
- Service category specific TA
- MO Statewide QM Team



Example of Process Mapping Training

Quality Improvement – Lean Six Sigma Methodology

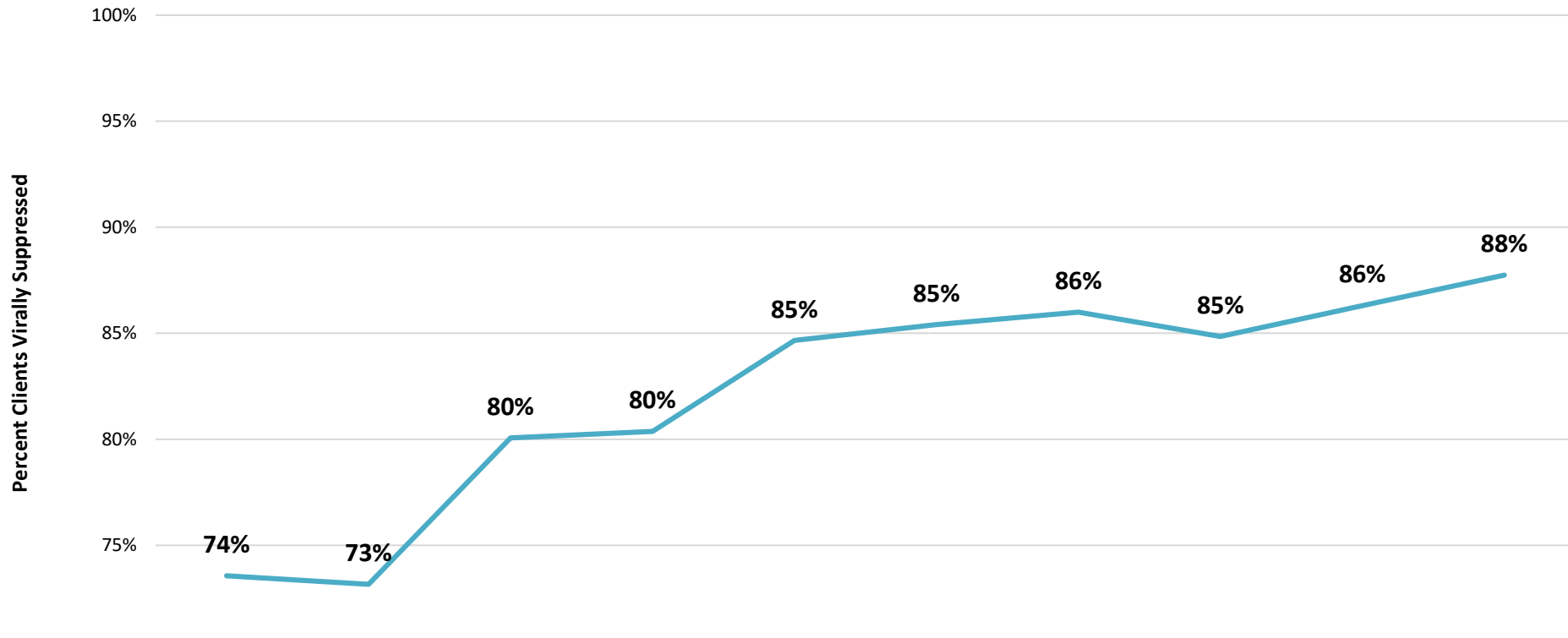


TMC Medical Case Management Team

Intakes to Enrollments

Quality Improvement – Impact

Trend in Viral Load Suppression, KC-TGA (FY 2010-2019)



	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019
Series1	551	1352	1558	1638	1722	1668	1670	1685	1625	2154
Series2	749	1848	1946	2038	2034	1953	1942	1986	1883	2455
Series3	74%	73%	80%	80%	85%	85%	86%	85%	86%	88%

Contract Monitoring



CQM Section

In ALL contracts (i.e. Part A/MAI, HOPWA, HUD)

Main Components

- CQM Plan (Infrastructure, Performance Measurement, QI)
- At least 1 CQM Training annually
- Participation in Quality Advisory
- Use of client-level database standards
- Submitting quarterly data

Subrecipient Feedback

“...Helped me remember my “why” which is important in helping with quality efforts at my agency.”

- feedback on Lean QI Training provided by Recipient’s office, August 2018

“...Has played a role in mentoring me about quality and how to interpret data.”

- on leadership provided by Recipient’s office, October 2018

“Thanks for the positive feedback! Having tools in place such as the Peer Manual has been a great guide for peer training and understanding the importance of using SCOUT.”

- on TA provided for HERR SCOUT Database Peer Program Manual, December 2018

“...Been successful in engaging the TGA and helping community members and subrecipients understand why QI is important.”

- on how the CQM program has changed since 2015

COVID-19: Adjusting CQM Activities

- Flexibility with data reporting as sites adjusted to working remotely
- Next QAC meeting – virtual in August 2020
- Addressing QI projects while working remotely
- 1:1 Virtual Meeting with all sites with current QI projects underway to address QI in a time of COVID-19

Contact Us

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Leading the Quality Effort: Innovative Technical Assistance for Indiana Subrecipients

Jasmine Black, MPH

Indiana State Department of Health (ISDH)

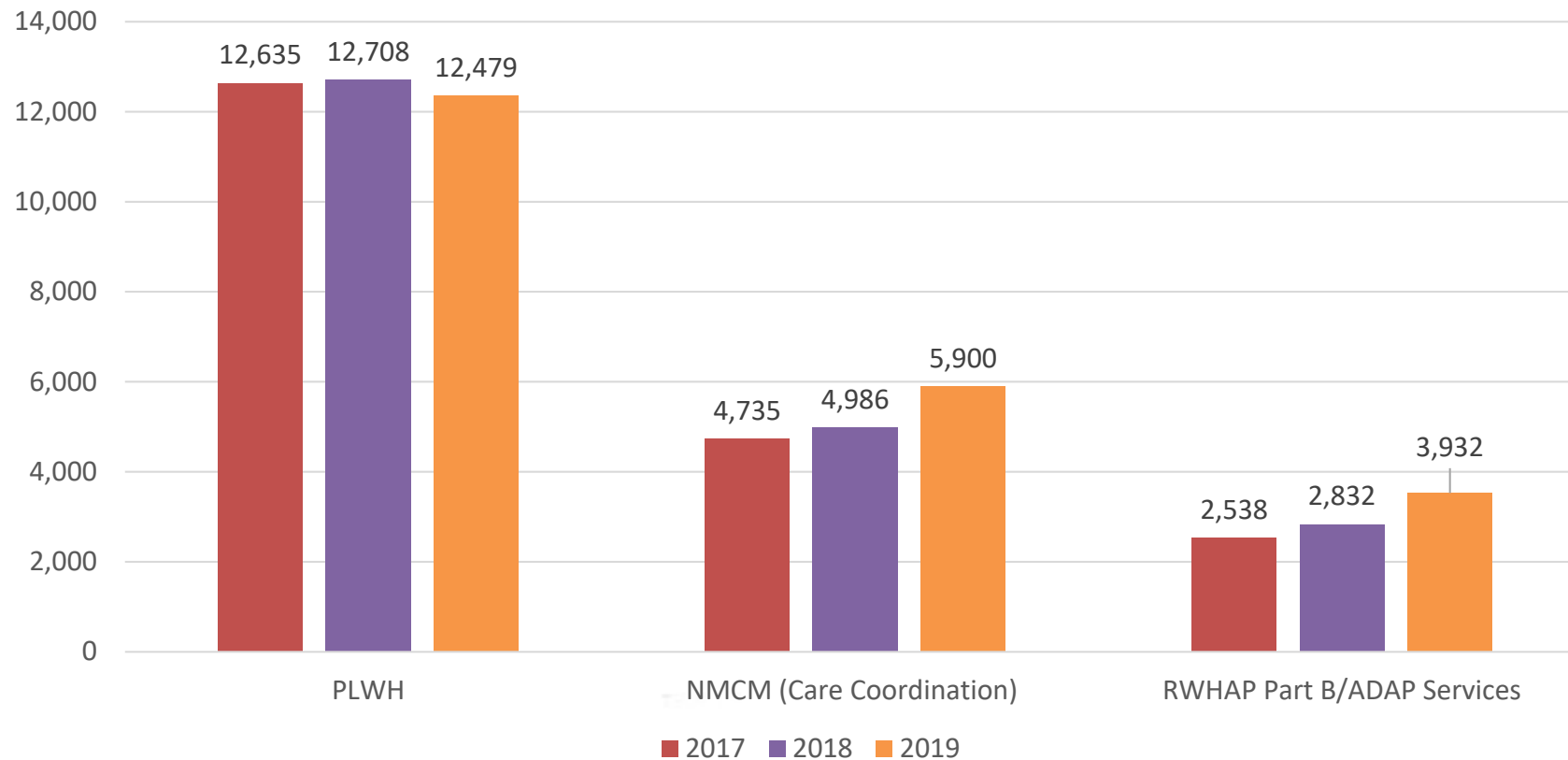


Indiana State
Department of Health

Indiana Program Overview

- Ryan White HIV / AIDS Program (RWHAP) Part B
- Number of People Living with HIV (PLWH) in IN: **12,479**
- Clients Enrolled in RWHAP: **5,732**
- Number of Service Categories Funded: **20**

PLWH Served in Indiana 2017-2019





ISDH CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM

CQM Program Background

CQM Element	Fall 2017	Fall 2018	Fall 2019
Statewide QM Plan		x	x
Internal QM Team		x	x
Statewide QM Committee		x	x
Statewide QM Performance Measurement			x
Statewide QI Projects			x
Staff Training in QM			x
Subrecipient Training in QM			x
Consumer Involvement		x	x
Cross-part Involvement in QM		x	x

Integrated Planning

Our CQM Plan is an integrated plan inclusive of all division programs:



Capacity Building

- Investments have been made in CQM Team trainings since 2018
 - CQM Consultant (Organizational Ideas), CQII TOT, CQII TCQ+, IHI National Forum, Adherence 2019, USCHA, GLMA, HRSA RSV, Crossroads Anti-Racism Training
- Technical Assistance (TA) Visits to all RWHAP funded subrecipients
- Subrecipient CQM Training



TECHNICAL ASSISTANCE

Technical Assistance

- TA Visits to all RWHAP funded subrecipients
 - TA visits increased from 22 sites to 27 when adding Disease Intervention Services funded agencies in 2019
 - Every TA visit provides:
 - Updated CQM documents, data, and resources
 - CQM program evaluation
 - Technical Assistance - End of Year Report

Technical Assistance

- Updated QM documents: Current CQM Plan, plan template
- Data: Agency and statewide data
- Resources: CQII Quality Academy presentations & IHI QI tools
- CQM program evaluation: Organizational Assessment

CQM Webpage

ISDH HSVHD QM Resource Center

ISDH has compiled a set of resources for subrecipients that are creating and maintaining their quality management programs. Each subrecipient received a binder of clinical quality management resources. Those resources can be found electronically here:

Resource	Description
CQM Program Guidance	
HRSA PCN 1502	Federal guidance on RWHAP CQM expectations
CQM OA for Subrecipients	Evaluation tool for CQM program operational quality
Subrecipient QM Plan Template	Example that can be adapted by your organization
CQM Plan Checklist	A checklist of all components that should be covered in a CQM plan
QI Project Tools	
Flowchart	Tool to help identify sub-steps to care processes
Driver Diagram	Tool to help generate change ideas tied to root causes
Project Planning Form	Tool to assist in QI project planning by step
PDSA Worksheet	Template to identify and report QI project progress
IHI QI Essentials Toolkit	Repository of free QI tools!
Tools for HRSA's RWHAP	Repository of free RWHAP tools, including CQM and QI
IHI Developing Reliable	Tool to assist in creating processes that lead to

<https://www.in.gov/isdh/27830.htm>



CQM SUBRECIPIENT TRAINING

Leading the Quality Effort Training Plan



Leading The Quality Effort

- 2019
 - In-person training (all day)
 - Focused Topics
 - Understand the three elements of a sound CQM program as defined by HAB
 - Know the requirements for performance measures
 - Understand how to use the right measure for the services provided


Leading The Quality Effort

- 2020
 - Training originally scheduled in April 2020
 - Postponed due to COVID-19
 - Transitioned to a webinar
 - Infrastructure
 - Performance Measures
 - Quality Improvement

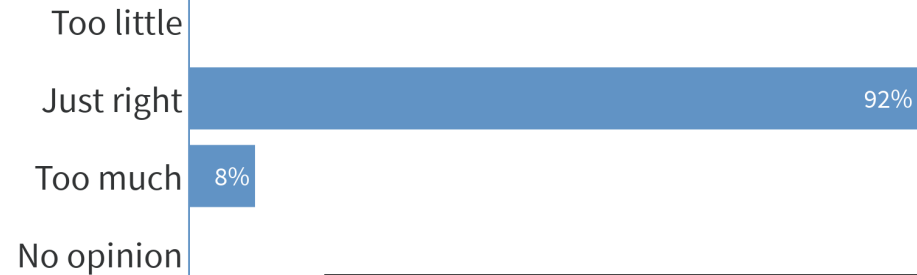
Application

- Organizational Assessment (OA) Application
 - Comparison between average state-wide scores and individual agency scores
 - Identify opportunities for improvements and application of these improvements within specific subject matter

Evaluation

 Poll locked. Responses not accepted.

There were opportunities for me to share and participate in this call



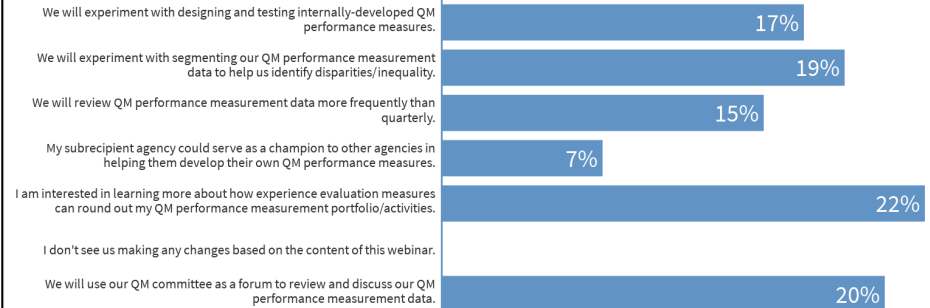
 Poll locked. Responses not accepted.

This meeting and discussion met my expectations (strongly agree through strongly disagree)



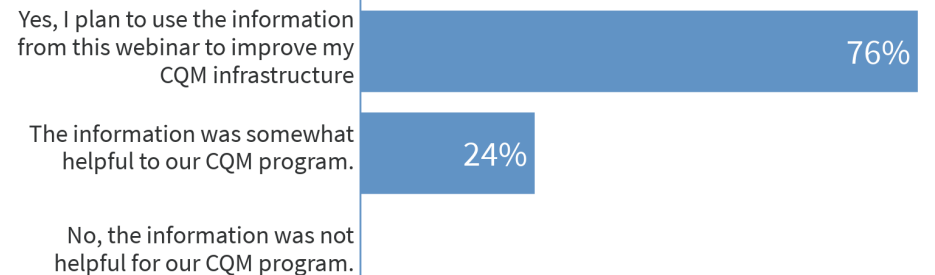
 Poll locked. Responses not accepted.

My subrecipient organization will take to the following next steps in QM performance measurement:



 Poll locked. Responses not accepted.

Will the information from today's webinar help you build a stronger CQM infrastructure?



CQM Webpage

CQM Technical Assistance Webinars

Date	Content	Slides	Video
6/3/2020	CQM Infrastructure Overview	Link	Coming soon
6/10/2020	CQM Performance Measure Overview	Link	Coming soon
6/17/2020	Statewide QI Projects and Reporting	Link	Coming soon



END OF YEAR TA REPORT

2019 Technical Assistance Report

PREPARED BY
JASMINE BLACK &
DEXTER ETTER

ISSUED
MARCH 2020

QUALITY MANAGEMENT TECHNICAL ASSISTANCE REPORT

2019



- Published to agencies in March 2020
- OA average results
- QI highlights from across IN
- Common opportunities for improvements
- Technical assistance follow-up survey results
- CQM frequently asked questions

Take-aways

- Make CQM information readily available online
- Record CQM trainings when appropriate so that subrecipients can revisit information and train new staff easily
- Tailor TA to subrecipient needs
- Be consistent in your language use across your CQM program

Contact

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BACKGROUND & OVERVIEW

DC EMA is a diverse and geographically wide-spread region.

- Three states, a district, 16 counties, three independent cities;
- Urban, suburban, and rural areas; and
- Our network includes large hospitals, Health Centers, Health Departments, Community Based Organizations.

Dual funding mechanisms.

- Human Care Agreements – Managed by an office in DC gov outside of the Health Department;
- Grants – Within Health Department; and
- Parallel data systems and monitoring requirements.

Collaboration on CQM stretching back 10 years.

- Shifted infrastructure from QA to CQM and QI.
- Usage of CAREWare for measurement since 2014.
- Amazing contributions from our community partners and customers have guided our way.



APPLICABILITY TO SUBRECIPIENTS

Our program has the specified CQM program activities for the service area including:

- QM plan review,
- Performance measure portfolio and quarterly data collection,
- DC Collaborative community learning, and
- Demonstration of QI through projects with coaches.

We use coaches and the collaborative to ensure that subrecipients:

- Are supported, are aware of, and directly contribute to our CQM program.
- Have the resources to conduct CQM activities in their organizations.
- Implement a CQM program in their organizations.



APPLICABILITY TO SUBRECIPIENTS

- HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) provides guidance to subrecipients on prioritizing measures and collecting data. Ultimately, they have the **freedom to decide** so long as it is consistent with PCN 15-02 guidance, service standards, funding agreements, and other regulations. (Simplifies portfolios for multi-Part funded organizations.)
- HAHSTA coaches work with subrecipients to identify improvement opportunities and monitor quality improvement projects and programs
- The DC Collaborative regional structure and Response Team ensure prioritization and coordination of strategic CQM initiatives among all subrecipients funded through HAHSTA.
 - *Learning, sharing, spreading, and celebrating everyone's work!*



CQM ESSENTIAL INFRASTRUCTURE



ROLE OF COACHES

Assessment

- Review QM Plan and minutes.
- Site visits / Gemba walks.
- Conduct Organizational Assessment.

Capacity Building

- Training on QM topics with a focus on QI methodologies and tools.

QI Project Coaching

- Facilitate QI projects with a focus on measurement and improvement.
- Provide technical assistance in using tools and participating in collaborative activities.

Evaluation

- Analyze data for improved Clinical Outcomes.
- Gauge and guide progress in meeting OA goals.
- Gather qualitative data via survey from staff and consumers.



SUCCESSSES

USING A COACHING MODEL TO ENGAGE SUBRECIPIENTS IN QI

In 2017, the DC EMA introduced a new model for their CQI program to better align with program requirements from PCN 15-02. This included ceasing QA chart review activities, and implementing a one-on-one coaching model for each subrecipient to augment technical assistance efforts, and inform learning collaborative quality improvement initiatives.

- Individualized attention to each subrecipient,
- Documentation, and
- “Pod” Learning.



COACHING OPPORTUNITIES

FOR MAXIMIZING VALUE FOR SUBRECIPIENTS AND CUSTOMERS

Focus more on demonstrated knowledge of quality through working on projects instead of meetings, deliverables and one-off trainings; or merely identifying projects.

- Standardized work to mitigate variation between coaches that still allows adaptability to needs of individual subrecipients.
- Training Curriculum built around infrastructure, defined approach, measurement and improvement.

Include a coach who is also a customer of services and can connect lived experience to train customers in QI.



COLLABORATIVE TIMELINE

Formed in January 2011, at Vanguard Meeting at HRSA in Rockville, MD. First Learning Session was **April 5-6, 2011**

Collaborative continues to sustain, is active
In **in+care campaign**.
Presentations at various conferences

Projects on Viral Load suppression and Pap smears
Regular Learning Sessions Continue

More focus at jurisdictional level:
Learning Sessions held in MD and VA.
Introduction of Lean and Six Sigma methodologies

end+disparities collaborative enters sustainability phase.
HAHSTA and RT conduct thorough **evaluation** of DC Collaborative



Response Team officially takes ownership independent of HRSA/HAB and NQC (now CQII)
Presented at IAS A4Q Starts consumer led trainings

Data comes into focus with **introduction of DC CAREWare dataset.**

Revamp of provider Report cards using Tableau.
DC Collaborative wins NQC sustainability award

Joined **CQII Project ECHO end+disparities collaborative**

Oh the Places We'll Go!

Reboot based on community feedback and HRSA site visit

CURRENT REGIONAL CQM TA ACTIVITIES

STAKEHOLDERS LEARNING AND INTERACTING TOGETHER

- Annual Summit
- Quarterly Learning Sessions: formerly in-person, necessitated virtual, cut in time
 - Data Presentations
 - Simulations/games
- Monthly Virtual Sessions
 - Didactics
 - Case Presentations
- Training, Coaching, and TA



DIDACTIC TOPICS: QI CONTENT

GY29

1. **March:** PCN 15-02
2. **April:** Writing a QM Plan
3. **May:** Building a CQM Program
4. **June:** Utilizing the CQM Committee
5. **July:** Using data to do QI
6. **August:** Defined approaches to QI
7. **September:** QI tools for each step of a project
8. **October:** Consumer involvement in CQM & QI
9. **November:** Advanced QI tools
10. **December:** Evaluation
11. **January:** Sustaining and choosing a new project
12. **February:** Advanced metrics and measurement

GY30 – IN PROGRESS

1. **March:** Making Lean Personal
2. **April:** PCN 15-02
3. **May:** Building a culture of quality
4. **June:** Effective QM Committee Meetings
5. **July:** Lean Improvements using 5S
6. **August:** Hearing the Voice of the Customer
7. **September:** Holding a Kaizen Event
8. **October:** KANBAN Pt. 1: Creating a QI Dashboard
9. **November:** KANBAN Pt. 2: Using visibility boards for team huddles
10. **December:** Spreading Gains from QI Projects
11. **January:** Sustainability Framework
12. **February:** Case Presentation updates - favorite improvements of the year





WALKING THE WALK

NOT JUST TALKING THE TALK

We are also held to all the same requirements that we hold our subrecipients to. We use regional collaboration as a way to openly share our plans and progress.

- By sharing our infrastructure and plans, we can lead by example, and show expectations instead of telling.
- We give subrecipients and customers an opportunity to regularly provide feedback to shape the program.
 - Email us: RW.Quality@dc.gov
- We strive to close the loop and share our internal program ideas based on feedback.



WORKPLANS

USING TECHNOLOGY AND LEAN PRINCIPLES

- **PROBLEMS:** Miscommunication, late deliverables, and unrealized benefits from projects.
- **ROOT CAUSE:** Challenges in documentation and project management.
- **SOLUTION:** Using an online cloud collaboration service called Airtable. It is a spreadsheet-database hybrid, that easily generates work plans with robust features and tools to keep us on track. Our work plans are built using lean techniques to take advantage of this investment.
 - Kanban: A visual display that regulates the flow of work.
 - Organized around the different milestones in an improvement project.
 - Clearly indicates what work remains to be done and who is responsible.
 - Efficiency: Improves flow of information, reduces duplication and over processing, allows for commenting and communicating in real time.



DC COLLABORATIVE RE-BOOT WORKPLAN

Status

The Kanban board displays 16 records in 'Not Started', 7 records in 'Working', 3 records in 'Waiting', 4 records in 'Review', and 25 records in 'complete'. Each record card includes details such as category, due date, CQM domain, and project lead.

Status	Item	Category	Due Date	CQM Domain	Project Lead	Priority
Not Started	QCMC Committee Meetin...	Meetings	7/23/2020	INFRASTRUCTURE		
	QCMC Committee Meetin...	Meetings	10/22/2020	INFRASTRUCTURE		
	QCMC Committee Meetin...	Meetings				
Working	Gather Feedback - Adjust ...	Measurement		PERFORMANCE MEASUREMENT		
	Effective QM Committee ...	Didactic Sessions	6/17/2020	REGIONAL CQM ACTIVITIES	Justin Britanik	
	Easy Lean Improvements: ...	Didactic Sessions				
Waiting	Record previous didactic p...	Website/YouTube		COMMUNICATION STRATEGIES		
	Create Process Map to Sus...	Measurement	1/31/2020	PERFORMANCE MEASUREMENT		Important not Urgent
	Lean Six Sigma Training	CQM Committee - Response Te...				
Review	Draft Process for complian...	HAHSTA Leadership Buy-in CQM	12/13/2019	INFRASTRUCTURE	Khalil Hassam	
	... a Kaizen Event	Didactic Sessions			Justin Britanik	
			9/16/2020			
complete	Key questions and timeline	Formative Evaluation	11/20/2019	EVALUATION		
	Stakeholder Feedback	Formative Evaluation	3/5/2020			
	Provider QM Summit Kickoff					

Due date

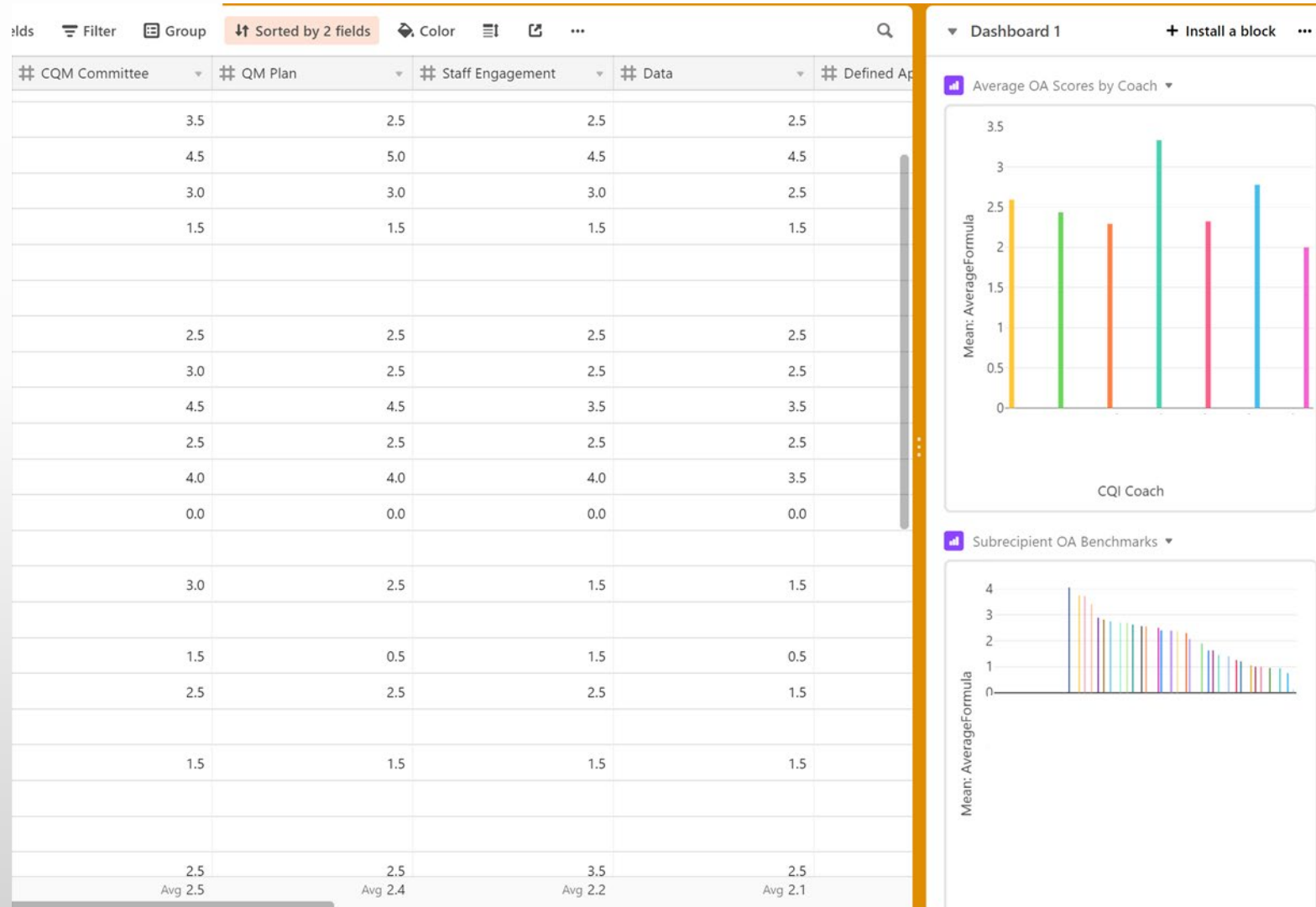
Priority

Task Owner



ORGANIZATIONAL ASSESSMENT SCORES

CQI COACHING TEAM



QI GAMES/SIMULATIONS

Quality: Games, Icebreakers, Books							
Game	Source	QI Skill(s)	Can be Virtual?	Previous Plays	Documentation	Notes	
17	Paper Airplanes	NQC Game Guide	Testing Iterative Changes	No	LS - Mar 14		Similar to catapult with a less materials needed
18	Peanut Butter Jelly Game	NQC Game Guide	Optimizing systems Standard Process	Yes	LS - Mar 18 HAHSTA FSAM - Apr 20		Went pretty well virtually
19	Candle Problem	TED	Motivation / Creativity	Yes	LS - Feb 16		
20	Elevator Pitch	CQII	Sharing & Spread	Yes	Summit - Jul 16 ECHO - Jun 18		Can be done as 27 words, 9 seconds, 3 main points
21	Lean 5S Game	ASQ	Lean	Yes	Summit - Jun 14		
22	Standard Pig Game	LSS Green Belt Training	Standard Process	Maybe - demo			
23	Mr. Potato Head Game	IHI	Testing Iterative Changes Team Problem Solving	No	LS - Nov 16 Coaching Sessions - 2018 Coaching Sessions - 2019		Very similar to tennis ball, can do more cycles to takt time, std work etc.
24	Traffic Jam	NQC Game Guide	Team Problem Solving	No	LS - Jul 11 DOH - May 13		

28 records



IDEAS YOU CAN TRY

LOW BARRIER & LOW COST SOLUTIONS

- Play a QI game at a meeting with subrecipients
- Host a focus group about quality initiatives with key subrecipients
- Start monthly case presentations with subrecipients in the region
- Start a quality book club for your network (we have a library of suggestions)
- Make a measurement tree from your QI plan goals/projects and let subrecipients know how they fit into strategic goals
- Document your QI projects with short videos and post them for all subrecipients
- Hold QI office hours once a month for all subrecipients
- Offer 1-on-1 coaching for subrecipients who need some help
- Create a “catch-all” quality email for subrecipients and customers to contact
- Catalog previous QI presentations on a website or online workspace
- Make your workplan a Kanban and discuss at your next CQM committee meeting



CONTACT

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