

# Developing, Implementing, and Sustaining Quality Improvement Efforts Within a Network: The Baltimore EMA

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# Background

- The Baltimore City Health Department (BCHD) is the direct Recipient of Ryan White Part A/Minority AIDS Initiative funding
  - Over 12,000 consumers are served in the Baltimore Eligible Metropolitan Area (EMA)
  - 28 sub-recipients
- It is necessary for Recipients to have a comprehensive clinical quality management (CQM) program that seeks to improve health outcomes, patient satisfaction, and patient care
  - A variety of technical assistance (TA) and continuous learning opportunities should be available for staff, sub-recipients, and consumers
  - Cross-partner collaborations are key to sustaining improvements

# Methods and Activities

- BCHD developed several tools and techniques to provide technical assistance (TA) to sub-recipients

Tools
Sub-Recipient Quality Management Plan and Accompanying Review Guide
Quarterly Narrative and Accompanying Review Guide
Plan-Do-Study-Act (PDSA) Template
Root Cause Analysis Template
Data Drill Down Tool
BCHD Data Briefs

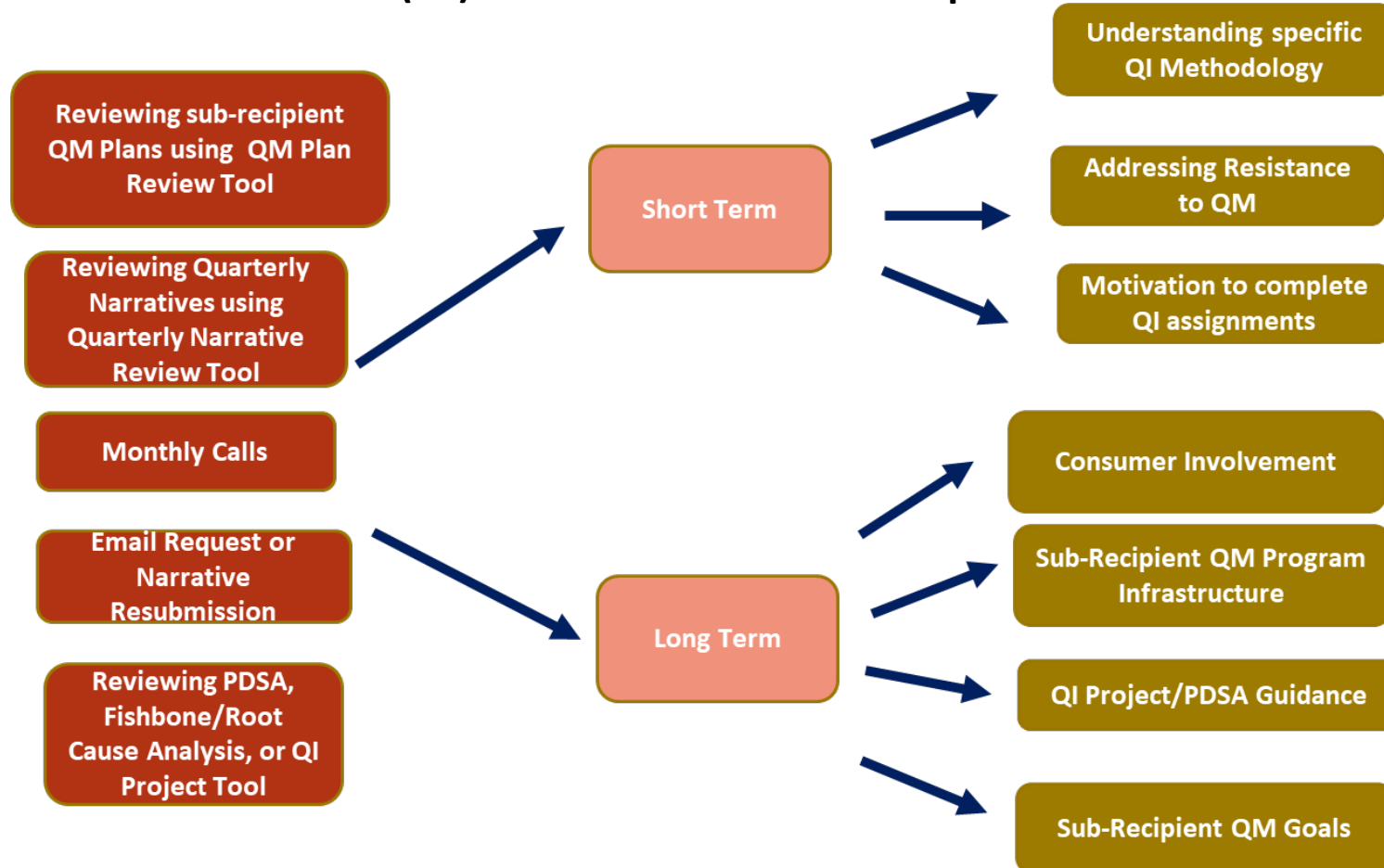
- BCHD has also led a cross-network QI team to conduct QI projects: Baltimore EMA Movers and Improvers (BEMI)

- QI Sub-Committee Training Initiative: Sustain a culture of quality improvement (QI) among the Ryan White office, sub-recipients, and consumers across the Baltimore EMA

Phases and Dates	Objectives
Phase 1 (April 2017-March 2019)	Strengthen Internal BCHD QI Capacity
Phase 2 (Oct 2019-March 2020)	Improve Sub-Recipients' QI Capacity
Phase 3 (Nov 2020-Dec 2021)	QI Learning Collaborative Cohort (sub-recipient and consumer pairs)
Phase 4 (Sept 2022-)	Sub-recipient and Consumer Sharing, Learning, and Networking

# Results: BCHD CQM Technical Assistance

## Technical Assistance (TA) Administered to Sub-Recipients



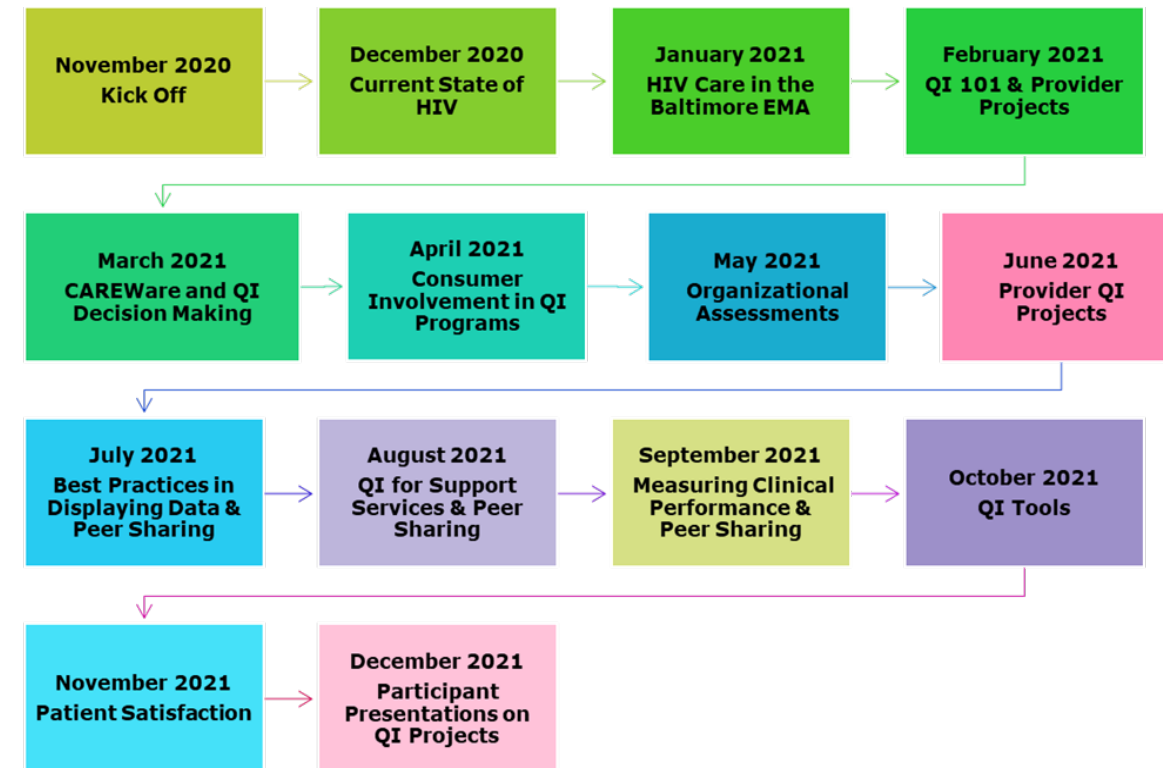
## TA Results: Sub-Recipient QI Projects

- Increased knowledge of tenants rights' and responsibilities through training from 67% to 100%
- Decrease clinic no show rate from 41% to 17%
- >95% medication adherence improved from 80% to 100% by using texts and phone counseling
- Increase in clinicians' knowledge of HIV end of life care from 57.5% to 63.8%
- Improvement in the number of clients receiving legal assessments from 92% to 96%
- Establishing sub-recipient QI committees that include consumers

# Results: QI Sub-Committee

Phases and Dates	Outcomes Achieved
Phase 1 (April 2017-March 2019)	Increased knowledge and application Increased buy-in for QI activities Communal Learning
Phase 2 (Oct 2019-March 2020)	Implementing/sustaining QI culture at agencies Intro/refresher on QI topics Helped subs make QI progress
Phase 3 (Nov 2020-Dec 2021)	3 out of 4 pairs completed QI projects Increased QI capacity/collaborations Team leadership skills to independently conduct QI projects and provide basic QI training
Phase 4 (Sept 2022-)	Upcoming phase; to be determined

## QI Sub-Committee Phase 3: QI Learning Collaborative Topics



# Results: Baltimore EMA Movers and Improvers (BEMI)



QI Project/Agency	BEMI Group QI Projects
<p><b>Goal Reminder Cards Test of Change PDSA</b>                      Baltimore City Health Dept                      JHU Pediatrics                      JHU WICY/Part D                      JHU Women’s Health</p>	<p>Increased health literacy and engagement of unsuppressed youth ages 13-29 using goal reminder cards                      Participated in CQII End+Disparities ECHO Collaborative                      Front of the card: motivational message to encourage client                      Back of the card: overarching goal identified by the client, one action-item, timeline to complete it (1-2 weeks), and the necessary resources to complete the task. The case manager filled this out with client and texted picture                      80% of participating clients completed tasks within 1-2 week timeframe</p>
<p><b>Patient Self-Care Plans</b>                      Baltimore City Health Dept.                      JHU Pediatrics                      JHU WICY/Part D                      JHU Women’s Health                      Sinai Hospital</p>	<p>Increased engagement in self-care plans with youth ages 18-29                      Participated in CQII Create+Equity Collaborative                      Two PDSA cycles                      1<sup>st</sup> Cycle: Self-care assessment + self-care plan: help youth patients assess their own strengths, what’s important to them, and their goals                      4 out of 5 clients completed their self-care plans                      2<sup>nd</sup> Cycle: BEMI Self-Care Day Event and completion of self-care plan at event                      11 out of 11 clients completed their self-care plans                      Felt more engaged in their care</p>

- **Challenges**

- QI prioritization has been challenged by changing priorities with the COVID-19 pandemic and staff shortages

- **Lessons Learned**

- Building upon previous successes is vital to sustaining improvements within a large network
- Collaborations help align QI priorities
- Further expansion of remote and flexible learning opportunities is even more important due to the current public health climate