

# QI 101: I Am New to Clinical Quality Management – Where Do I Start? Pitfalls and Challenges to Your Improvement Efforts

**Clemens Steinbock**

*HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII)*

# Opening Remarks

# Setting the Stage

- CQII Overview
- Learning Objectives
- Agenda Review
- Introductions



HRSA Ryan White HIV/AIDS Program

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IMPROVEMENT & INNOVATION**

# Picture Consent



- You allow CQII to take pictures from our training events and to post them on our websites, social media platforms, and other marketing materials for an undetermined period of time
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HRSA Ryan White HIV/AIDS Program

# CENTER FOR QUALITY IMPROVEMENT & INNOVATION

*“Together, we continue to improve the lives of people living with HIV. The HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides state-of-the-art technical assistance to Ryan White HIV/AIDS Program-funded recipients and subrecipients to measurably strengthen local clinical quality management programs in order to impact HIV health outcomes.”*

**Dissemination of QI Resources**

- Marketing strategies to increase awareness of CQII, including an informational brochure
- Presence at national conferences, including the 2018 National Ryan White Conference
- e-Newsletters to highlight upcoming events and QI resources

**Training**

- Face-to-face training sessions to build capacity among providers and consumers
- Online presence of CQII on the TARGET Center website
- TA Calls to showcase recipients and QI content
- Online tutorials for providers and consumers

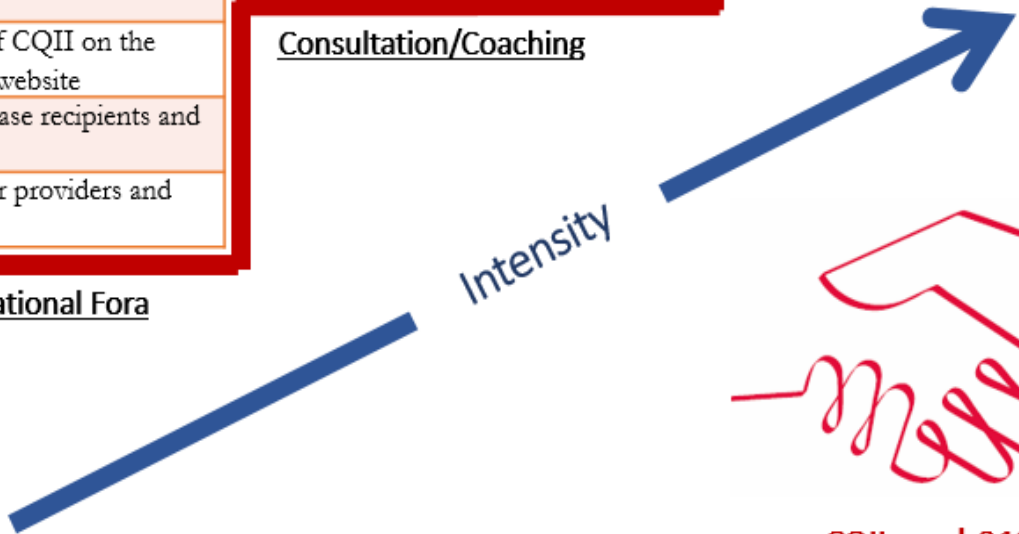
**Provision of Technical Assistance**

- Provision of on/off-site technical assistance by QI experts
- Functional RITA to track all relevant ongoing TA activities
- TA case conferences to learn from past TA activities

**Communities of Learning**

- One national QI collaborative with engagement of RWHAP recipients
- Annual Quality Award Program to highlight QI leaders

**Communities of Learning**



**Information Dissemination**

**Training/Educational Fora**

**Consultation/Coaching**

**Communities of Learning**

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# Learning Objectives

- Explain key quality improvement principles applicable to HIV care
- Explain the relationship between quality monitoring, quality improvement, and data collection
- Provide real world examples of how RWHAP recipients have applied quality improvement methodologies to strengthen their clinical quality management programs
- List available quality improvement resources to increase the participant's capacity for clinical quality management beyond the workshop

# Agenda

- Setting the Stage – 15min
- Expectations for Clinical Quality Management and Quality Improvement Principles – 15min
- QI Exercise: Tennis Ball Game – 20min
- PDSA Cycle – 10min
- Panel Presentations – 20min
- QI Resources – 5min
- CQII at the RW Conference – 5min

# Introductions



# Quality Improvement 101

# Questions

- What do you rate your own quality improvement competency?
  - Novice/Beginner
  - Proficient
  - Advanced
  - Expert
- What do you rate your agency's quality improvement competency?
  - Novice/Beginner
  - Proficient
  - Advanced
  - Expert

# PCN #15-02

<https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>

# Components of the CQM Program

- Infrastructure – the staff, resources, and conceptual outline of the CQM program
- Performance Measurement – the data that will drive the improvement activities
- Quality Improvement – activities undertaken in response to the performance data findings

<https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>

# A recipient or subrecipient program is doing really well with health outcomes, like viral suppression. Is the CQM program still needed?

- A. True
- B. False

**True.** A CQM program is still required. According to the Title XXVI of the PHS Act, RWHAP Parts A – D are required to establish a CQM program that includes activities at the recipient agency and at all funded subrecipient organizations.

Note: All questions are derived from PCN 15-02 Frequently Asked Questions (released 12/9/15)

# Are QI projects required for each funded RWHAP service?

- A. Yes
- B. No

**No**, but all funded services should be assessed through performance measurement to evaluate the effectiveness of the service. If the performance measurement is not meeting expectations, then a QI project to address the service should be implemented.

Note: All questions are derived from PCN 15-02 Frequently Asked Questions (released 12/9/15)

# Does the quality management plan only cover clinical services?

- A. Yes
- B. No

**No**, the quality management plan should include all aspects of the CQM program and thus all funded core medical and support services.

Note: All questions are derived from PCN 15-02 Frequently Asked Questions (released 12/9/15)

# A recipient organization does not fund outpatient ambulatory health services. What performance measures should that organization use?

- A. Viral suppression
- B. The frequency of updating the client case management plan
- C. Ones that reflect the Ryan White HIV/AIDS Program services provided
- D. Only retention in care
- E. All of the above

C. An organization should collect performance measures that are reflective of their RWHAP funded services. For example, if an organization primarily funds medical case management then retention in care (i.e., gap in medical visits and/or medical visit frequency) would be an important measure to include in a performance portfolio.



# Are recipients required to use HAB-defined performance measures?

- A. Yes
- B. No

**No.** Recipients are able to select any performance measures for their portfolio. Recipients should select measures reflective of RWHAP funded services, local HIV epidemiology, and identified needs of PLWH.

Note: All questions are derived from PCN 15-02 Frequently Asked Questions (released 12/9/15)

# Principles for Quality Improvement

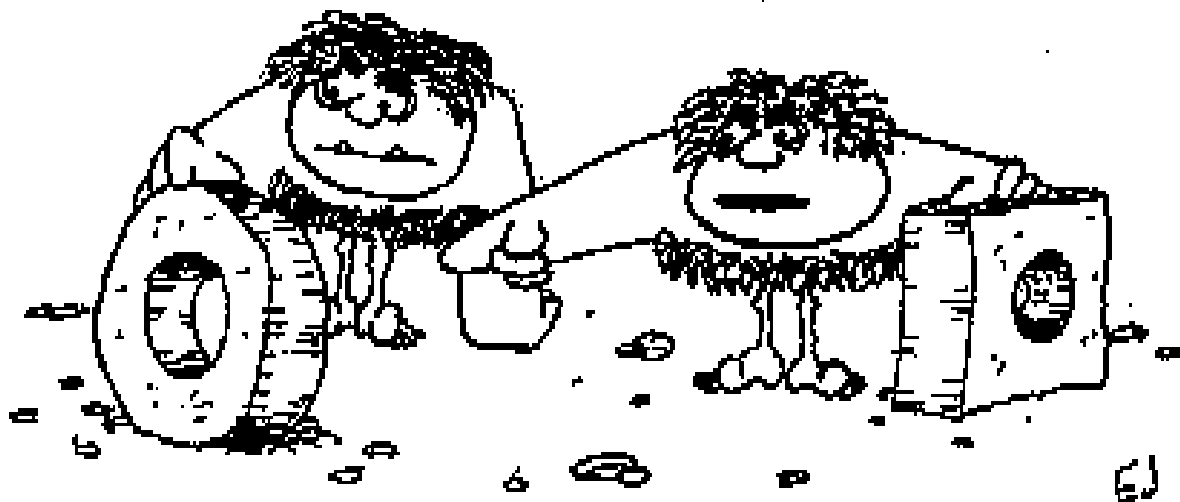
# Success is achieved through meeting the needs of those we serve – is your organization ready?



# Most problems are found in processes, not in people



# Do not reinvent the wheel – Learn from best practices

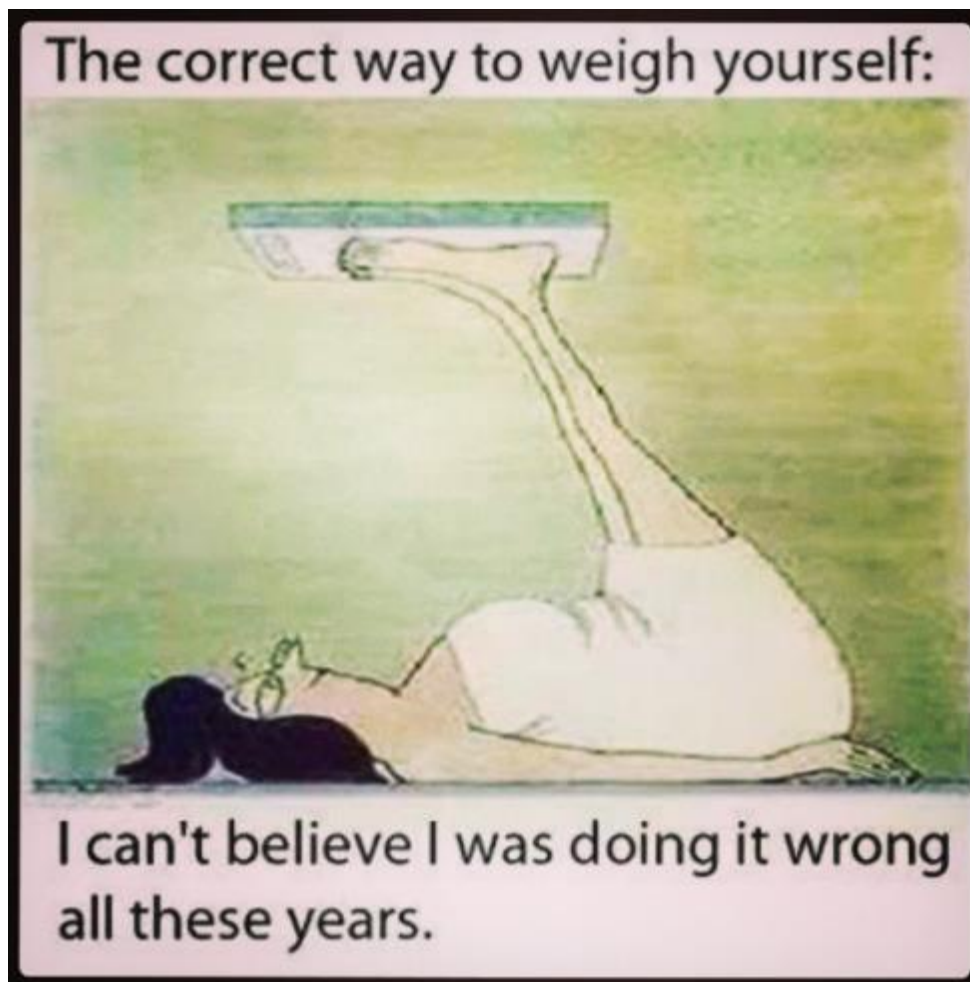


...AND I HAVE FOUND THIS ONE WORKS A LOT BETTER.

# Achieve continual improvement through small, incremental changes



# Actions are based upon accurate and measured data



# Infrastructure enhances systematic implementation of improvement activities





# Set priorities and communicate clearly



# Quality Improvement Requires a Different Approach Than Quality Assurance

	<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

# Tennis Ball Game

# Tennis Ball Game



- Form a circle of 6-8 individuals with one external person to be the timekeeper
- The first person throws the ball to the person across from him/her in the circle
- Remember to whom you threw it
- The receiver throws it to another person who has not touched the ball yet, and so on till each in the group touched the ball
- The last person passes it to the start person

# Tennis Ball Game



Objective of the Game:

- Reduce the cycle time of your team using the rules below.

Rules:

- Start and stop with same person
- Maintain the same sequence
- Don't drop the ball

# Let's Play



# Tennis Ball Debrief

- What contributed to the improved cycle times?
- Was every change you tried an improvement? Why not?
- How important was the ‘trial and error’ approach to reduce the cycle time?
- How important was the measurement of cycle times to know whether new ideas yielded an improvement?
- How important were the contributions of team members?

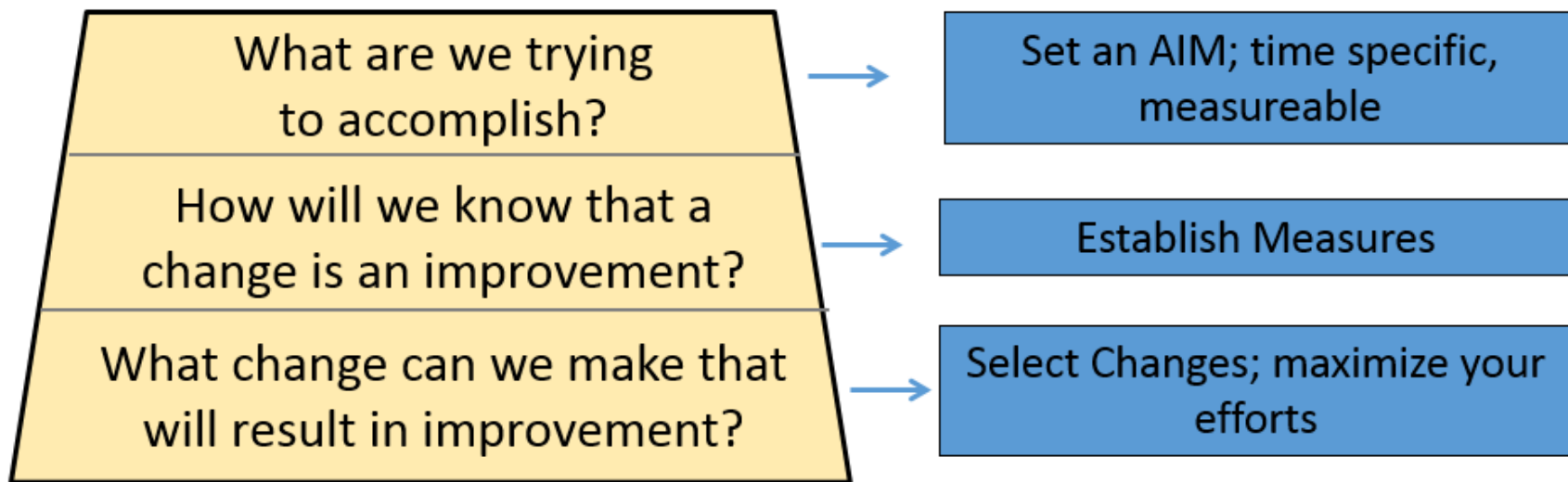
# PDSA Cycles



# Conducting an Improvement Project – The Plan-Do-Study-Act Cycle

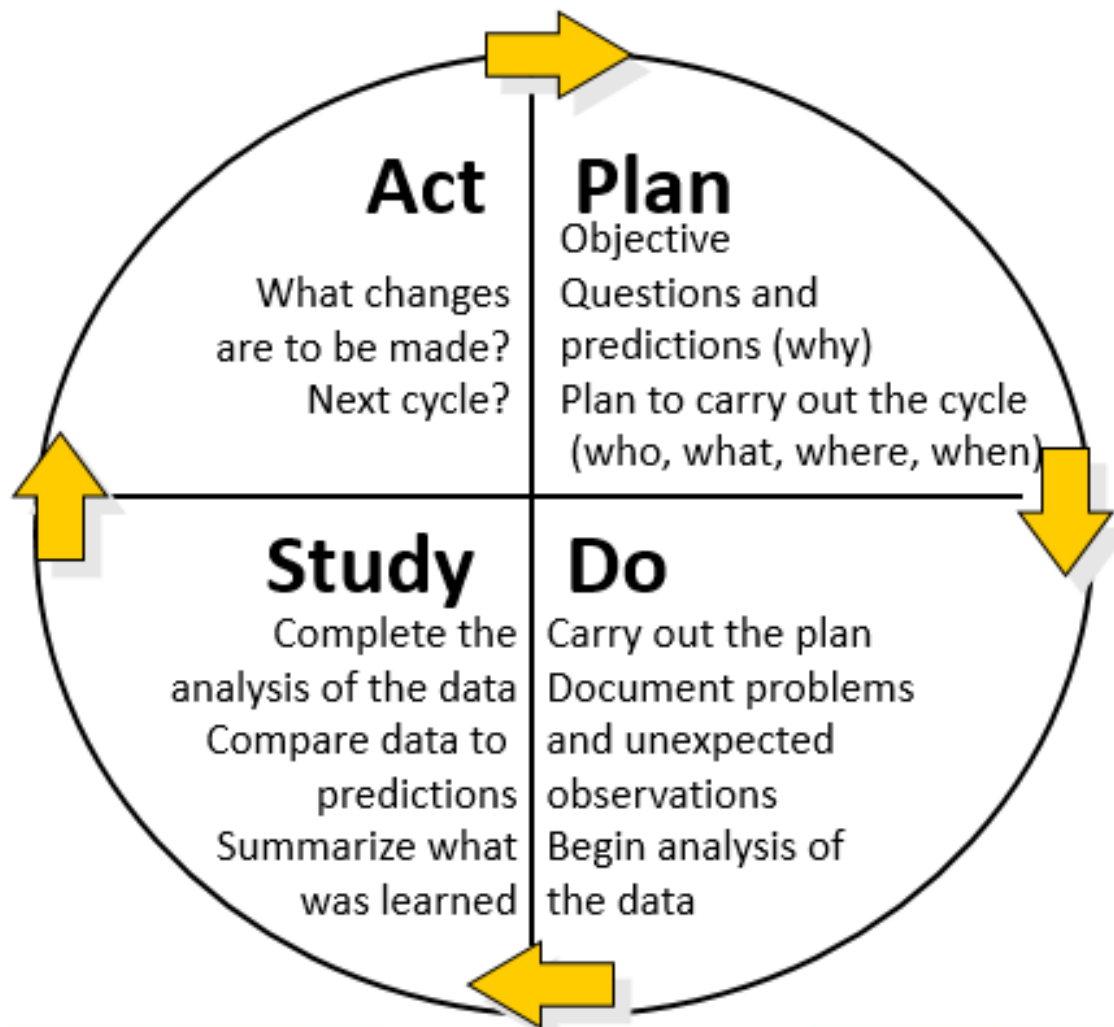
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## Model for Improvement



Model developed by *Associates for Process Improvement*

# The PDSA Cycle - Taking Action



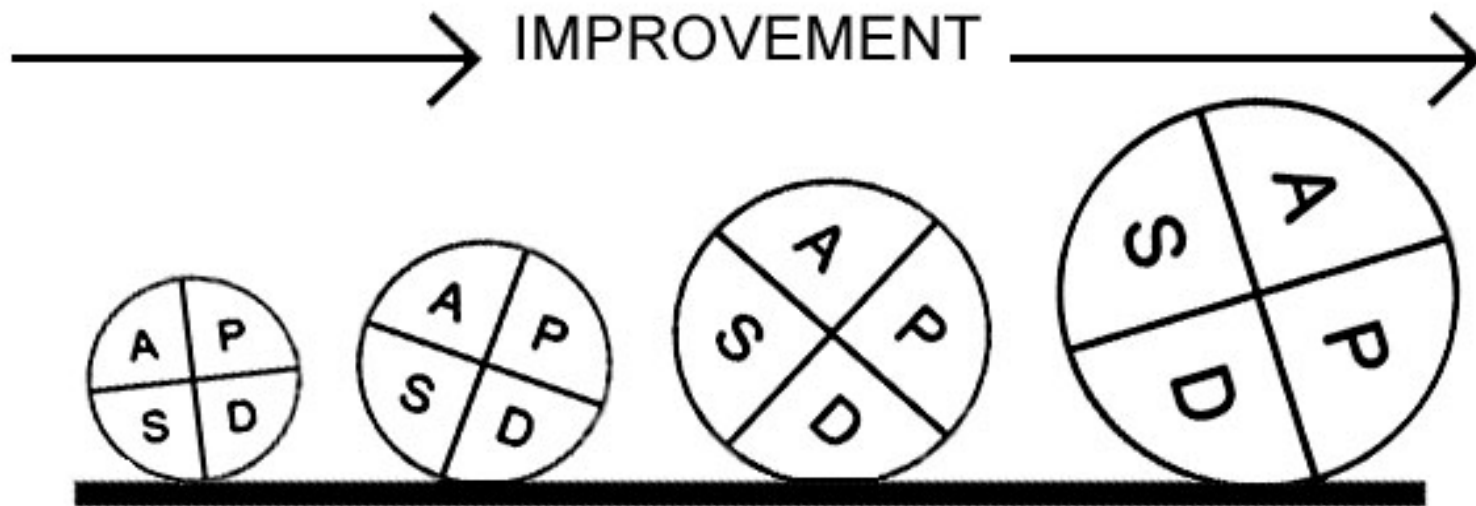
# Why Test?

- Increase your confidence that the change will result in improvement in your organization
- Learn how to adapt the change to conditions in the local environment
- Minimize resistance when you move to implementation

# How Do Tests Lead to Improvements?

- You learn something from each test
- That knowledge gets incorporated into the next test
- Over time, as you build knowledge and expertise, you design a change that will result in improvement

# Start Small and Build



Small-scale test

Follow-up test

Wide-scale tests

Implementation tests

# Tips for PDSA Cycles

- “What change could you implement by next Tuesday?”
- Use the “Rule of 1”:
  - 1 facility
  - 1 office
  - 1 provider
  - 1 patient
- Volunteers at first
- Data, data, data
- Learn from others – successes and failures teach us something
- Just get started!

# QI in the Real World I

# QI In The Real World:

*Quality Improvement at the  
Ryan White Wellness Center  
Charleston, SC*







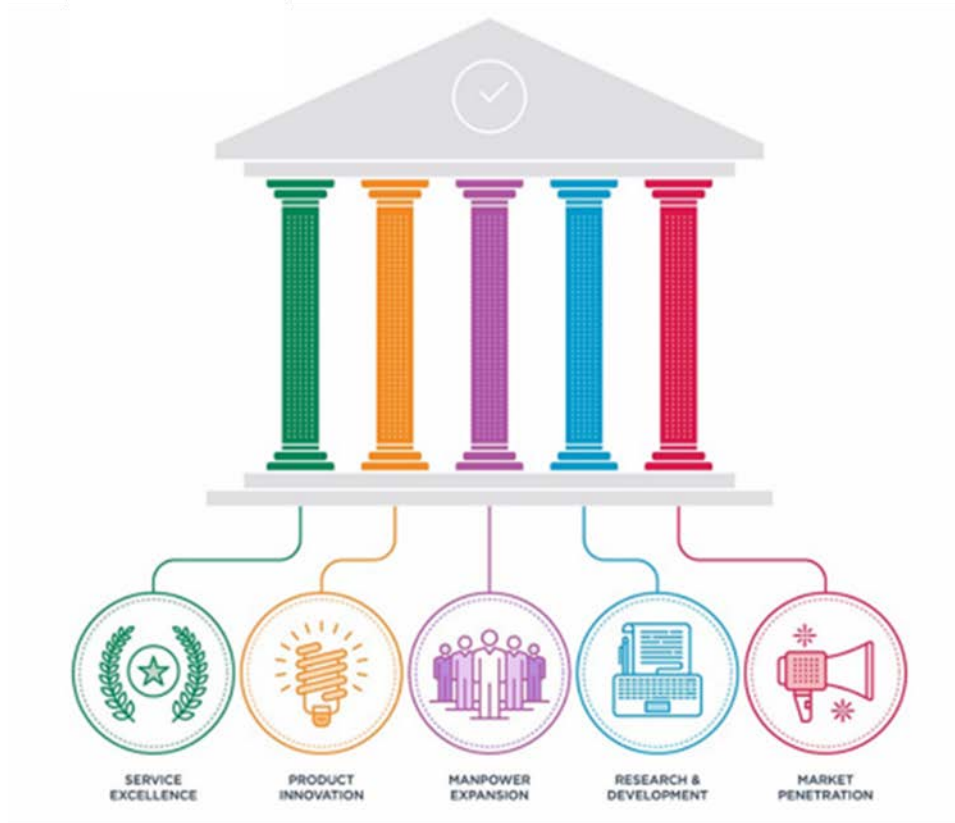
# Who We Are, What We Do

- Ryan White Part C Recipient, Part D Subrecipient
- 7 Counties surrounding Charleston, SC
- Rural, coastal South Carolina
- **Serve 800 – 900 patients annually**
  
- HIV & Primary Care
- PrEP
- Mental Health
- Medical Case Management
- Housing
- Peer Navigation
- Transportation
- Contracted specialty and supplemental services

ROPER  ST. FRANCIS  
HEALTHCARE



# RSFH 5 Pillars (by Studer Group)



Service    Growth    People    Finance    Quality

# Quality Infrastructure



## Quality & Development Manager

- Oversee QI activities, data management, RSR reporting, develop new programming

## Administrative Team

- QI Team, meet monthly, identify needs & priorities, review data, report on progress

## Project Teams

- Membership varies based on project, includes consumers

## SC Regional Group

- Coordination & alignment of statewide efforts

## Integration of QI into daily work





# RWWC Strategic Planning



## Annual Strategic Planning Meeting

- Spring Retreat
- *EDU-training* Agenda
  - Teambuilding
  - System Goals
  - RWWC Goals
  - Team Goals





## FY 2017 – 2020 STRATEGIC PLAN: OVERVIEW OF GOALS

*Aiming to become a premier healthcare organization in the fight against HIV/AIDS and the preferred HIV care provider in the Lowcountry*

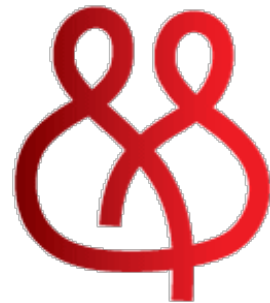
	Service	Growth	People	Finance	Quality
	<i>Community service and outreach</i>	<i>Networks and procedures that promote practical healthcare navigation within and between systems</i>	<i>Strategies to improve team cohesion</i>	<i>Practices that will encourage revenue growth</i>	<i>Opportunities to enhance patient experience and quality outcomes; Strategies to decrease waste through system optimization</i>
<b>Department-Specific Goals</b>	<ul style="list-style-type: none"> <li>Participate in at least one group project (i.e. United Day of Caring) each year.</li> <li>Track number of community service events and number of participants.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen focus of health promotion, disease prevention, and total wellness.</li> <li>Facilitate routine HIV testing and HIV care coordination in Express Cares, Emergency Departments, and Transitions Clinic.</li> </ul>	<ul style="list-style-type: none"> <li>Host annual staff retreat, to include teambuilding component.</li> </ul>	<ul style="list-style-type: none"> <li>Increase accessibility to care using telehealth.</li> <li>Advertise same-day appointments for primary care.</li> <li>Expand capacity of onsite health services (pharmacy, dental, vision).</li> <li>Diversify long-term funding streams.</li> </ul>	<ul style="list-style-type: none"> <li>Improve quality of HIV medical care and services.</li> <li>Increase enrollment and utilization of health insurances.</li> <li>Increase onsite healthcare services.</li> <li>Implement routine audit of medical care and case management records.</li> </ul>
<b>System-Linked Goals</b>	<ul style="list-style-type: none"> <li>Submit program information for Community Benefit report.</li> </ul>	<ul style="list-style-type: none"> <li>Improve coordination from acute care facility to primary care.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a culture of continuous learning and improvement.</li> <li>Increase teammates' knowledge of Diversity and Inclusion, and health disparities.</li> <li>Have a clear roadmap and annual analysis plan of community needs.</li> </ul>	<ul style="list-style-type: none"> <li>Improve coordination from Express Care to Primary Care.</li> <li>Increase access to care in Berkeley and Dorchester counties.</li> </ul>	<ul style="list-style-type: none"> <li>Improve patient perception of access to RSF Physician Partners practices.</li> <li>Improve care of patients with chronic disease – Diabetes.</li> <li>Develop systems to promote preventive care for patients – Mammography.</li> <li>Ensure completeness, accuracy and availability of patient health records to improve clinical operations.</li> <li>Build a data-driven organization that aligns strategies and daily work.</li> </ul>





## SC Regional Group

- All Ryan White Part C & D Programs
- Part A & B Inclusion
- Active consumer membership
- Meet quarterly in person
- Monthly web meetings (Zoom)
- Regional Group QI Plan
- Regional Group Assessment
- Share un-blinded data
- Participate in national QI Campaigns



HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY  
IMPROVEMENT & INNOVATION

end  
+ disparities







# Highlights & Hurdles

## High Quality, High Engagement

- 92% Optimally Retained
- 91% Virally Suppressed
- 99% Newly Diagnosed Patients Receive ARV on Their First Visit

## Barriers & Stressors

- Busy Schedules/Competing Priorities
- Engage Your Staff
- Documentation
- Consumer Involvement
- Share What You've Accomplished!

# Call. Email. Tweet. Like.



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## **Twitter**

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# QI in the Real World II



## Quality Improvement 101 The MIHS Experience

Taylor Kirkman, LMSW  
HIV Care Continuum Manager  
Maricopa Integrated Health System

# Acknowledgements

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Additional funding is provided by the Arizona Department of Health Services, Disease Integration and Services, HIV Care and Services Program through AIDS Drug Assistance Program pharmaceutical rebate funds.



# Maricopa Integrated Health System

- **Arizona's only public teaching health care system**
- **Level I Adult and Level II Paediatric Trauma**

500 residents  
and 3,000  
student  
rotations

325  
licensed  
beds

20,000+  
admissions  
per year

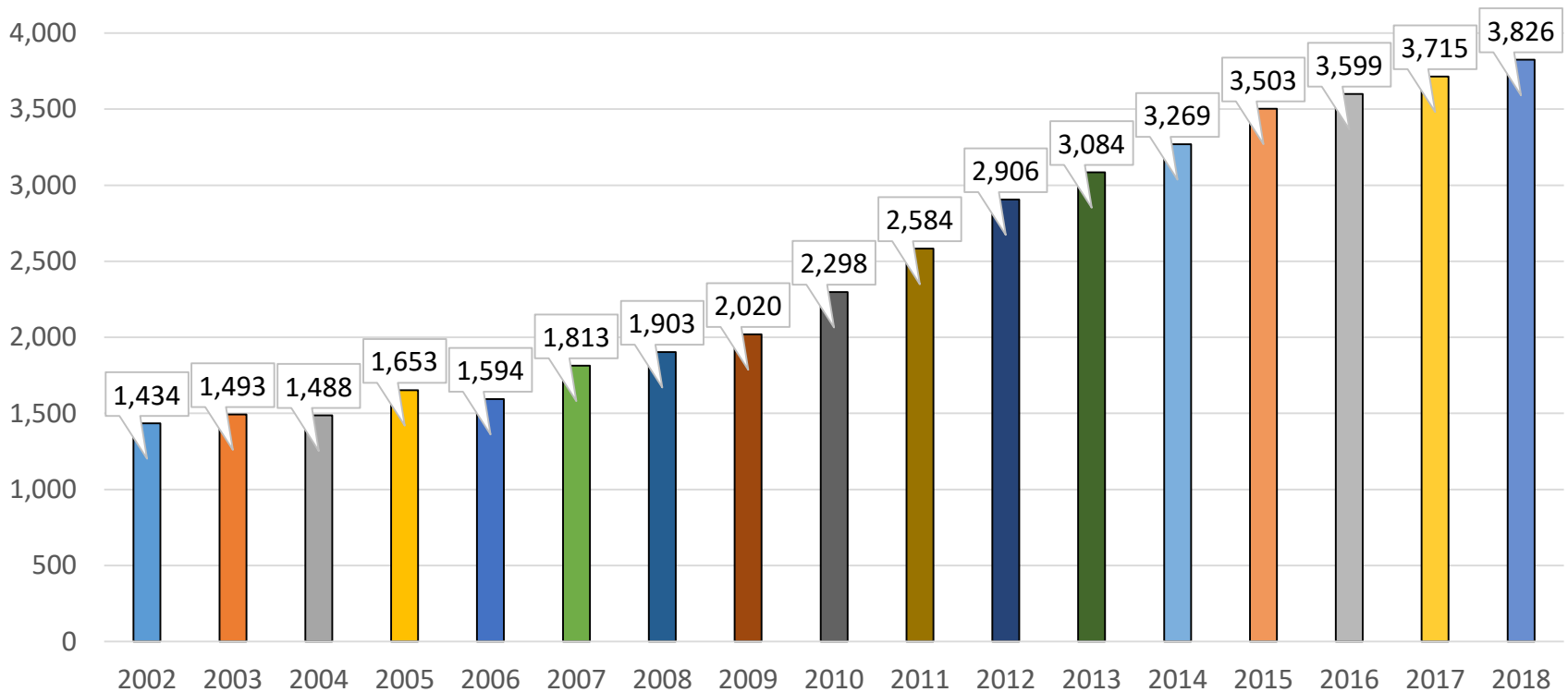
Our mission is to provide  
exceptional care, without exception.

**every patient,  
every time.**



Our vision is to be nationally recognized for  
**transforming care to improve  
community health.**

# McDowell Patient Growth (past 16 years)

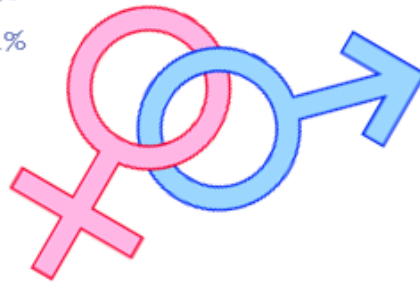


# McDowell Health Care Center Demographic Profile

## RACE/ETHNICITY

Caucasian (not Hispanic)	36%
<b>Hispanic (all Races)</b>	<b>31%</b>
African American/Black	19%
Asian/Pacific Islander	2%
American Indian	1%
Multiple Races/Other	11%

**In the Part A EMA, 28% of PLWH are Hispanic.**



## GENDER

Male	79%
<b>Female</b>	<b>19%</b>
Transgender	2%

**In the Part A EMA, 14% of PLWH are Female.**



## EXPOSURE CATEGORY

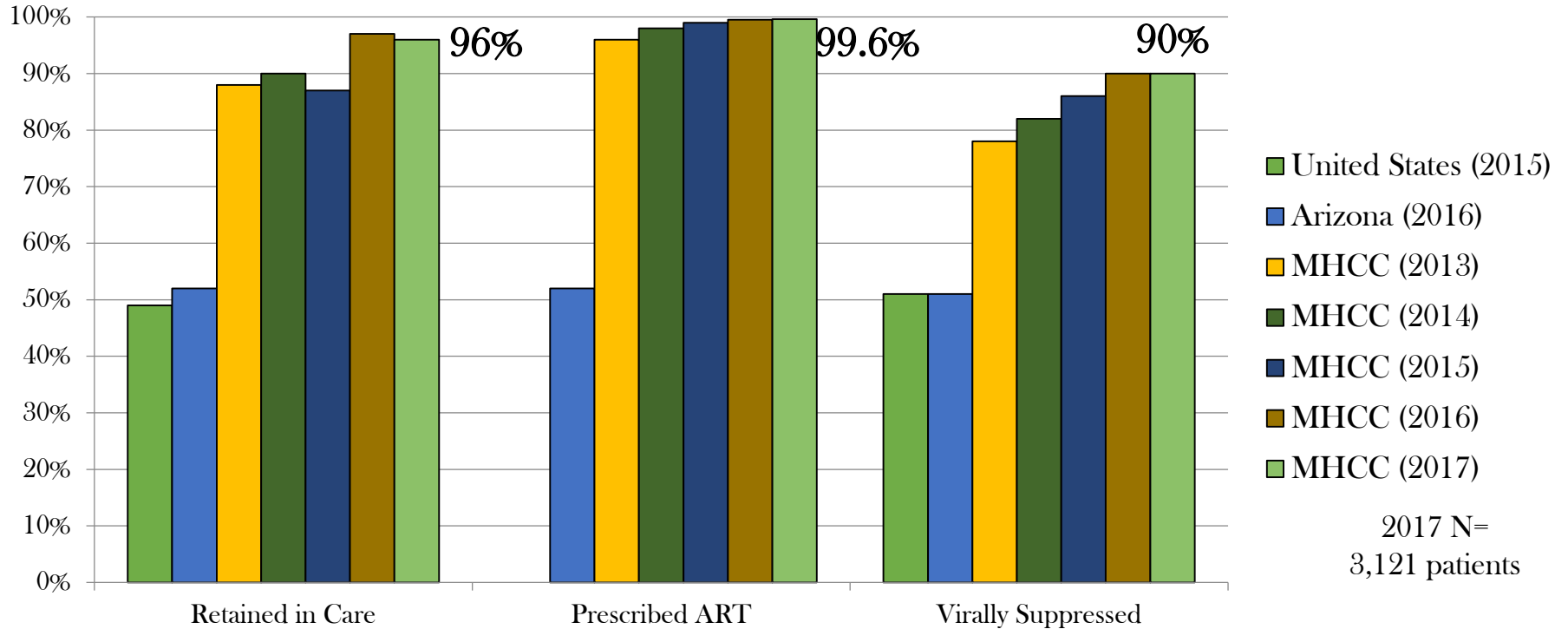
Men who have Sex with Men (MSM)	55%
Persons Who Inject Drugs (PWID)	5%
MSM and PWID	11%
<b>Heterosexual</b>	<b>28%</b>
Other/Unreported	1%

**In the Part A EMA, 10% of PLWH report Heterosexual transmission.**

The patient population at the McDowell Health Care Center is 64% racial and ethnic minorities.



# McDowell HIV Care Continuum



# Tools and Approaches

## National HIVQUAL PROJECT

### Organizational Quality Assessment Tool (2,2)

Function/organization rate in the previous 12-month period	Scoring (0=not met)					
A) Quality Structure	0	1	2	3	4	5
A.1. Does the HIV program have an organizational structure to ensure and improve its quality of care?						X
A.2. Were a group of resources committed to support the HIV quality program?					X	
A.3. Does the HIV leadership support the HIV quality program?						X
A.4. Does the HIV quality program have a comprehensive quality plan?			X			
B) Quality Planning	0	1	2	3	4	5
B.1. Were annual processes identified for the HIV quality program?						X
B.2. Does the HIV program have clearly described roles and responsibilities for its HIV quality program?					X	
B.3. Is there a mechanism in place, or, a plan in place to specify timelines for the implementation of the HIV quality program?						X
C) Quality Performance Measurement	0	1	2	3	4	5
C.1. Were appropriate quality indicators identified in the HIV quality program?						X
C.2. Did the HIV program conduct a review for the quality of care?						X
D) Quality Improvement Activities	0	1	2	3	4	5
D.1. Does the HIV program engage quality improvement to improve the quality of care?						X
D.2. Was a team approach utilized to improve specific quality needs?				X		
E) Staff Involvement	0	1	2	3	4	5
E.1. Does the HIV program consistently engage staff in quality improvement activities?				X		
F) Consumer Involvement	0	1	2	3	4	5
F.1. Are consumers involved in quality-related activities?						X
G) Evaluation of Quality Programs	0	1	2	3	4	5
G.1. Was a process in place to evaluate the HIV quality program?					X	
H) Clinical Information Systems	0	1	2	3	4	5
H.1. Does the HIV program have an information system in place to track patient care and measure quality?						X
<b>Total Score</b>						<b>43</b>

HIVQUAL Organizational Quality Assessment Tool

Version 2.2 December 11, 2014 - August 1, 2015

**Routinize:** To arrange or plan something so that it follows a regular or unchanging pattern.

**Sustain:** To cause to continue or be prolonged for an extended period or without interruption.

## Organizational Quality Assessment Tool



11/15 - 12/15/2015

Organizational Quality Assessment Tool

Page 1 of 10

# Quality Management

	2012	2018
To assess the HIV program infrastructure to support a systematic process with identified leadership, accountability, and dedicated resources.		
<i>To what extent does senior leadership create an environment that supports a focus on improving the quality of HIV care?</i>	2	4
<i>To what extent does the HIV program have an effective quality committee to oversee, guide, assess, and improve the quality of HIV services?</i>	1	3
<i>To what degree does the HIV program have a comprehensive quality plan that is actively utilized to oversee quality improvement activities?</i>	2	2

- Senior Leadership
  - Encouraging staff innovation through QI awards or incentives.
- Quality Committee
  - Communicates with non-members through distribution of minutes and discussion in regular staff meetings.
  - Effectively communicates activities, annual goals performance results and progress on improvement initiatives to all stakeholders, including staff, consumers and board members.
- Comprehensive Quality Plan
  - Is routinely communicated to program staff.
  - Is routinely communicated to stakeholders, including staff, consumers, board members and the parent organizations, if appropriate.

# Workforce Engagement in the HIV Quality Program

	2012	2018
To assess awareness, interest, and engagement of staff in quality improvement activities.		
<i>To what extent are physicians and staff routinely engaged in quality improvement activities and provided training to enhance knowledge, skills, and methodology needed to fully implement QI work on an ongoing basis?</i>	2	2
<i>To what extent is staff satisfaction included as a component of the quality management program?</i>	4	5



- Routine Engagement

- A formal process for regularly recognizing staff performance in QI via performance appraisals, public recognition during staff meetings, etc.
- A formal process for recognizing staff performance internally and QI teams are provided opportunities to present successful projects to all staff and leadership.
- Routine communication about new developments in QI, including promotion of QI projects both internally (e.g., quality conferences) and externally (e.g., related conferences).

# Measurement, Analysis, and Use of Data to Improve Program Performance

- Performance Data
  - Results and associated measures are systematically shared with all stakeholders, including staff, patients and boards to elicit their input and engage them in improvement processes aligned with organizational goals.

	2012	2018
To assess how the HIV program uses data and information to identify opportunities for improvement, develops measures to evaluate the success of change initiatives, to align initiatives, to monitor program status, and to ensure that data and information are accurate, timely, and available to stakeholders throughout the organization to drive effective decisions.		
<i>To what extent does the HIV program routinely measure performance and use data for improvement?</i>	2	4

# Quality Improvement Initiatives

	2012	2018
To evaluate how the HIV program applies robust process improvement methodology to achieve program goals and maintain high levels of performance over long periods of time.		
<i>To what extent does the HIV program identify and conduct quality improvement initiatives using robust process improvement methodology to assure high levels of performance over long periods of time?</i>	2	5



- *Diabetic Foot Exams (DFE)*

- **PLAN:** Medical Assistant reviews patient chart. If DFE due, patient instructed to remove socks and shoes to give provider a visual cue. Training from RN Care Coordinator. Documentation changes for consistency. Creation of a flow chart.
- **DO:** Initiated with care team with the lowest DFE compliance rate. Intervention started on November 1, 2017.
- **STUDY:** Prior to start, DFE compliance rate was 23.6% (15% for selected care team). January 2018, the care team had a compliance rate of 75%, and the overall DFE compliance rate at MHCC rose to 33%.
- **ACT:** Project was refined and rolled out to all care teams. The RN Care Coordinator gathered feedback from the first MA involved. Goal to routinize into daily pre-visit planning.
- **BRAG:** June 2018, the overall DFE compliance rate at MHCC has risen to 67.2% (MIHS system wide is 42%). We continue to monitor the compliance rate by MHCC care team.

# Consumer Involvement

	2012	2018
This section assesses the extent to which consumer involvement is formally integrated into the quality management program.		
To what extent are consumers effectively engaged and involved in the HIV quality management program?	3	5

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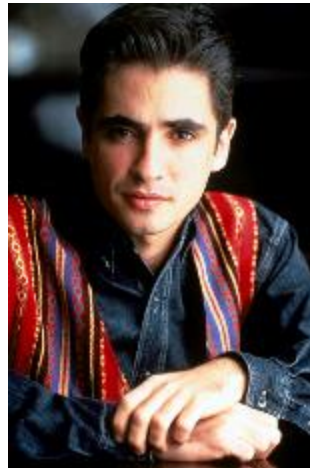
To what extent are consumers effectively engaged and involved in the HIV quality management program?

3

5

- Consumer Employees
- Non-staff Consumers

- How to engage?



# Quality Program Evaluation

- Evaluation

- Communicates evidence that QI efforts informed through this process resulted in measurable improvement.

	2012	2018
To assess how the program evaluates the extent to which it is meeting the identified program goals related to quality improvement planning, priorities and implementation.		
<i>Is a process in place to evaluate the HIV program's infrastructure, activities, processes, and systems to ensure attainment of quality goals, objective and outcomes?</i>	2	4



# Achievement of Outcomes

	2012	2018
To assess HIV program capability for achieving excellent results and outcomes in areas that are central to providing high quality HIV care.		
<i>To what extent does the HIV program monitor patient outcomes and utilize data to improve patient care?</i>	3	5
<i>To what extent does the HIV program measure disparities in care and patient outcomes, and use performance data to improve care to eliminate or mitigate discernible disparities?</i>	0	5

- HIV Care Continuum
  - Twice annual reporting.
  - Slice and dice the data.
- End Disparities Collaborative
  - Disparities calculator.
  - Harder work.
  - Challenges when trying to address the Social Determinants of Health.

**DON'T MAKE IT  
MORE COMPLICATED  
THAN NECESSARY!**

# You Got This!

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# Q&A

# QI Resources

### Choosing Health for Life

New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### Escoja la salud para vivir

New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### HIVQUAL Workbook

Guide for Quality Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### Patient Satisfaction Survey for HIV Ambulatory Care

New York State Department of Health AIDS Institute



### Building Capacity of Statewide Quality Management Programs

NQC Guide for Ryan White RWQMS Program Part B Screenings  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER



### The Game Guide

Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care

New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER



### Making Sure HIV Patient Self-Management Works

A Training Workbook for HIV Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER

### Measuring Clinical Performance:

A Guide for HIV Health Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### HIVQUAL Group Learning Guide

Interactive Quality Improvement Exercises for HIV Health Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### A Guide to Consumer Involvement

Improving the Quality of Ambulatory HIV Programs  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### NQC Training-of-Trainers Guide

Facilitator Manual to Train HIV Providers on Quality Management  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

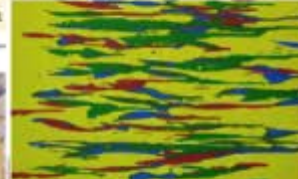
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### Guideline-based Quality Indicators for HIV Care

New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

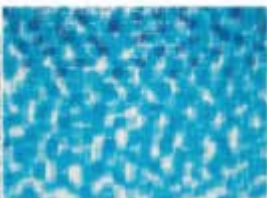
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### Partnering with Subcontractors to Improve HIV Care

National Quality Center Guide for HIV Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

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### Making Sure Your HIV Care is the Best It Can Be

A Consumer Quality of Care Training Workshop  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

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### Cross-Part Quality Management Guide

Using Collaboration across Ryan White Funding Streams to Improve HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

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### Planning and Implementing a Successful Learning Collaborative

Guide to Build Capacity for Quality Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

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### NQC Training of Quality Leaders Guide

Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities  
New York State Department of Health AIDS Institute  
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### Strategies to Implement Your HIV Quality Improvement Activities

New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

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# CQII Website

- ✓ CQII QI resources are available on the TARGET Center website
- ✓ Detailed description of and access to CQII services, including Quality Academy
- ✓ Access to TA Request Form
- ✓ CQII training materials
- ✓ Overview of end+disparities ECHO Collaborative

[CQII.org](http://CQII.org)

Center for Quality Improvement and Innovation

Source Type: [Cooperative Agreement](#)

Topic Area: [Clinical Quality Management](#), [Quality Improvement, Retaining in Care, Program Parts, Part A - Hard Hit Urban Areas, Part B - States/Territories, Part C - Community-Based Early Intervention, Part D - Women, Infants, Children, Youth, Part E - HIV/AIDS Clinical Training](#)

Total views: 97,504

# Quality Academy

- ✓ In January 2007, online training course on quality improvement was launched
- ✓ Expansion of Quality Academy in 2009 (English and Spanish)
- ✓ Consists of 32 interactive tutorials, offering more than 800 training minutes and all presentation slides and notes are available for download
- ✓ Most designed to last 15-20 mins
- ✓ Over 35,000 tutorials have been taken
- ✓ Developed a Consumers in Quality section of the Academy with consumer tutorials

[CAREActTarget.org/library/quality-academy](http://CAREActTarget.org/library/quality-academy)

One a Day...





# Technical Assistance Calls

- ✓ Monthly 60-minute webinars guided by a quality expert
- ✓ All calls include best practices from fellow RWHAP recipients
- ✓ A web-conference platform encourages interactions with presenters
- ✓ PowerPoint slides and live chat fora allow participants to network with each other
- ✓ Webinars are recorded for later playback

One Hour a Month...



# On-Site Technical Assistance

- ✓ On-site/off-site short-term technical assistance (TA) is provided to recipients
- ✓ TA is designed to help recipients implement effective clinical quality management programs
- ✓ TA Request Form is available for completion by recipients
- ✓ Submission of TA Request Form to HAB for review and approval
- ✓ CQII focus on quality improvement

[CAREActTarget.org/cqm-ta-request](http://CAREActTarget.org/cqm-ta-request)

## On-Site Technical Assistance



"One size fits all." Fine for baseball caps, not for technical assistance.

# Advanced Training Programs

- ✓ Training-of-Trainers (TOT) Program
- ✓ Training of Quality Leaders (TQL) Program
- ✓ Training on Coaching Basics (TCB) Program
- ✓ Training of Consumers on Quality (TCQPlus) Program



## NQC Training on Coaching Basics Guide

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## NQC Training of Quality Leaders Guide

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## NQC Training-of-Trainers Guide

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## NQC Training of Consumers on Quality (TCQ)

Facilitator Manual to Build Capacity of People Living with HIV to Actively Participate in Quality Improvement Activities

New York State Department of Health AIDS Institute  
Health Resources and Services Administration HIV/AIDS Bureau

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# Aha! Moments

# Highlights & Aha! Moments

- What have been some of your personal highlights or Aha! Moments from today's session?

# CQII at the RW Conference



HRSA Ryan White HIV/AIDS Program

## CENTER FOR QUALITY IMPROVEMENT & INNOVATION

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Need to find CQII after  
the conference? It's easy.

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## **Learn More**

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