NATIONAL 2018 RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Advanced QI Tools to Improve Your Clinical Quality Management Program: Learn from Lean and Statistics

Clemens Steinbock

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

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U28HA30791 and the HRSA Ryan White HIV/AIDS Program Implementation Center for HIV Quality Improvement and Innovation for $1.5 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Opening Remarks

Setting the Stage

- CQII Overview
- Learning Objectives
- Agenda Review
- Introductions

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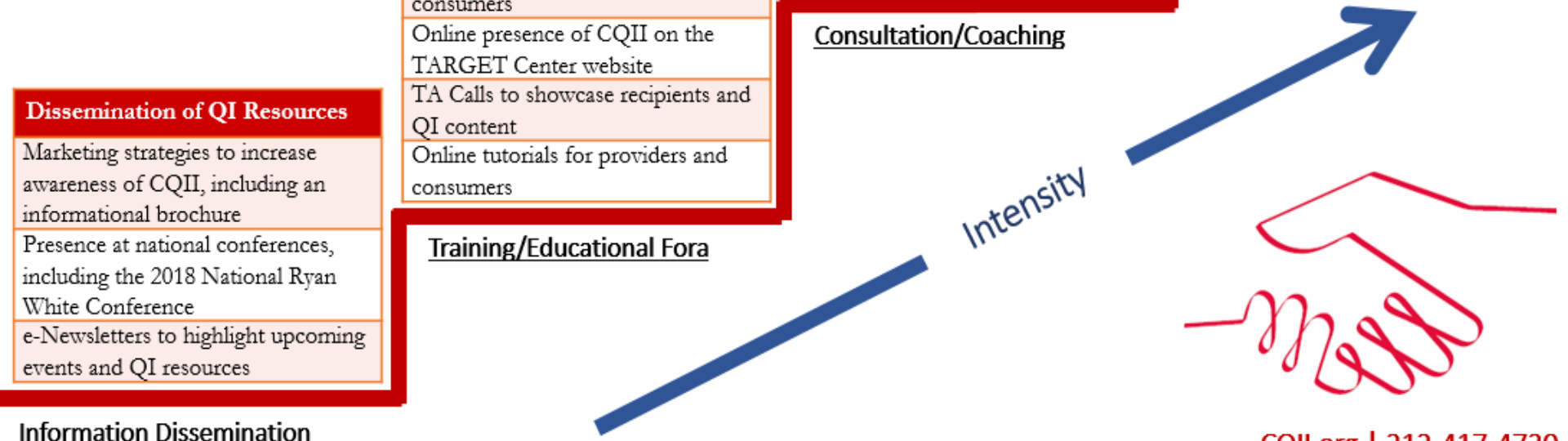
"Together, we continue to improve the lives of people living with HIV. The HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides state-of-the-art technical assistance to Ryan White HIV/AIDS Program-funded recipients and subrecipients to measurably strengthen local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

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

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

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

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



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Learning Objectives

- Learn the basic statistics necessary to understand advanced QI tools
- Learn about the application of different advanced tools, including Lean, to examine system level issues
- Understand how to use control charts to monitor progress of quality improvement projects
- Understand how to use the Disparities Calculator to further drill down viral suppression data

Agenda

- Setting the Stage – 15min
- Learn about: Variation and Control Charts – 20min
- Learn about: Lean and Priority Matrix – 25min
- Learn about: Driver Diagram and Disparity Calculator – 20min
- QI Resources – 5min
- CQII at the RW Conference – 5min

Introductions

Data Variation

Data are the voice of a system!

"Every system is perfectly designed to get the results it gets."

Paul Batalden, M.D

Data Variation: Walter Shewhart

- Common Cause Variation:
  - Common cause variation is fluctuation caused by unknown factors resulting in a steady but random distribution of output around the average of the data
- Special Cause Variation:
  - Unlike common cause variability, special cause variation is caused by known factors that result in a non-random distribution of output

Mean

- Commonly referred to as the “average”
- Can be skewed by a small number of very high or very low numbers (outliers)
- Calculated by adding all the values in a range and then dividing that result by the number of values in the range
- Example:
  - The total of our range is 1528
  - Divide 1528 by the number of data points in the range; in this case that number is 10
  - The mean, or average, is 152.8

Lab Result
98
142
140
147
153
152
148
144
148
256

Median

- Calculated by ordering a range of numbers from highest to lowest and then finding the number right in the middle
  - If the range has the an odd number of values, the value directly in the middle is the median
  - If the range has an even number of values, take the two middle values and calculate the mean; this is the median for that range
- Less prone to the effect that extremely high or low numbers have (outliers)
- Example:
  - In our range of numbers, the mean would be 147.5 (calculated after sorting the numbers by adding 147 and 148 and dividing by 2)

Lab Result
98
142
140
147
153
152
148
144
148
256

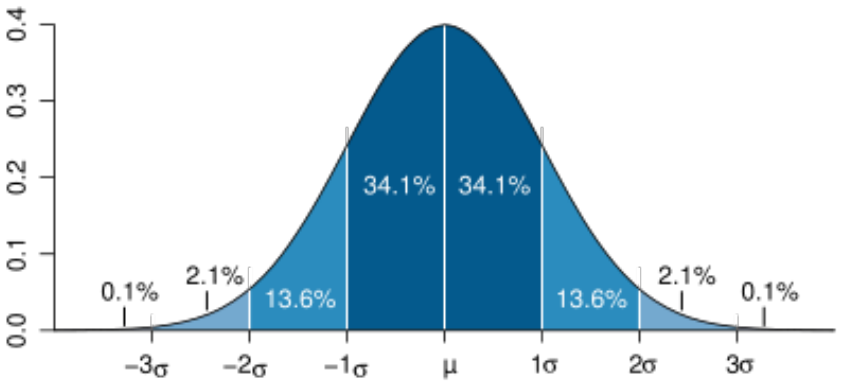
Mode

- The number that occurs most frequently in a range of numbers
- Not influenced by outliers
- Example:
  - Our mode in this range is 148

Lab Result
98
142
140
147
153
152
148
144
148
256

Data Variation: Standard Deviation

- Measures how widely the values in the data are spread
- It is calculated by determining the square root of the variance
- A typical standard deviation would look like this:



Dark blue is less than one standard deviation from the mean. For the normal distribution, this accounts for 68.27 % of the set; while two standard deviations from the mean (medium and dark blue) account for 95.45%; three standard deviations (light, medium, and dark blue) account for 99.73%; and four standard deviations account for 99.994%.

Source: http://en.wikipedia.org/wiki/Standard_deviation

Control Charts

Control Chart - Definition

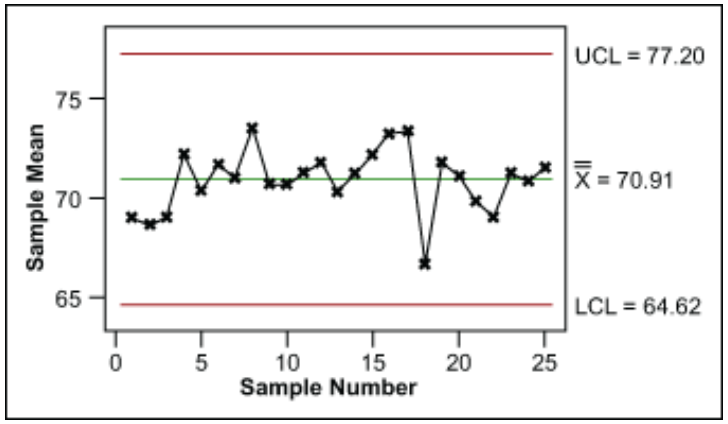
- A Control Chart is a run chart with control limits above and below the median/mean. Control limits are computed from the data to distinguish between variation in a process resulting from common causes and variation resulting from special causes.

Control Charts

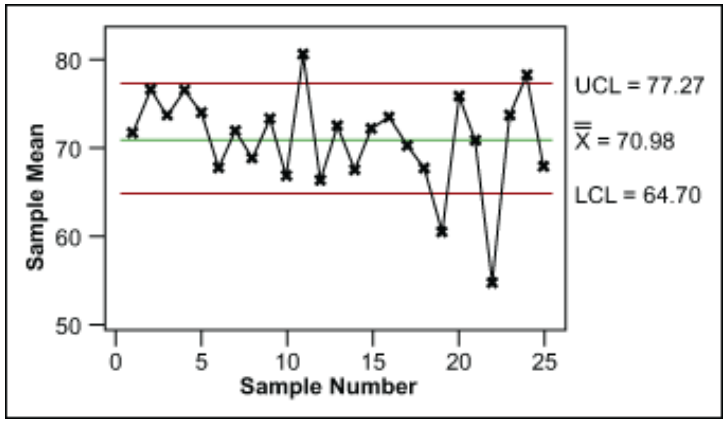
- Allows determination of system's "control":
  - Wide fluctuations = out-of-control systems
  - Out-of-control indicates opportunity to improve reliability

- Distinguishes between common- and special-cause variation:
  - Common-cause variation = normal, random variation
  - Special-cause variation
    - Changes in the pattern of data that can be assigned to a specific cause
    - Cause may or may not be beneficial, intentional

Common-Cause Variation

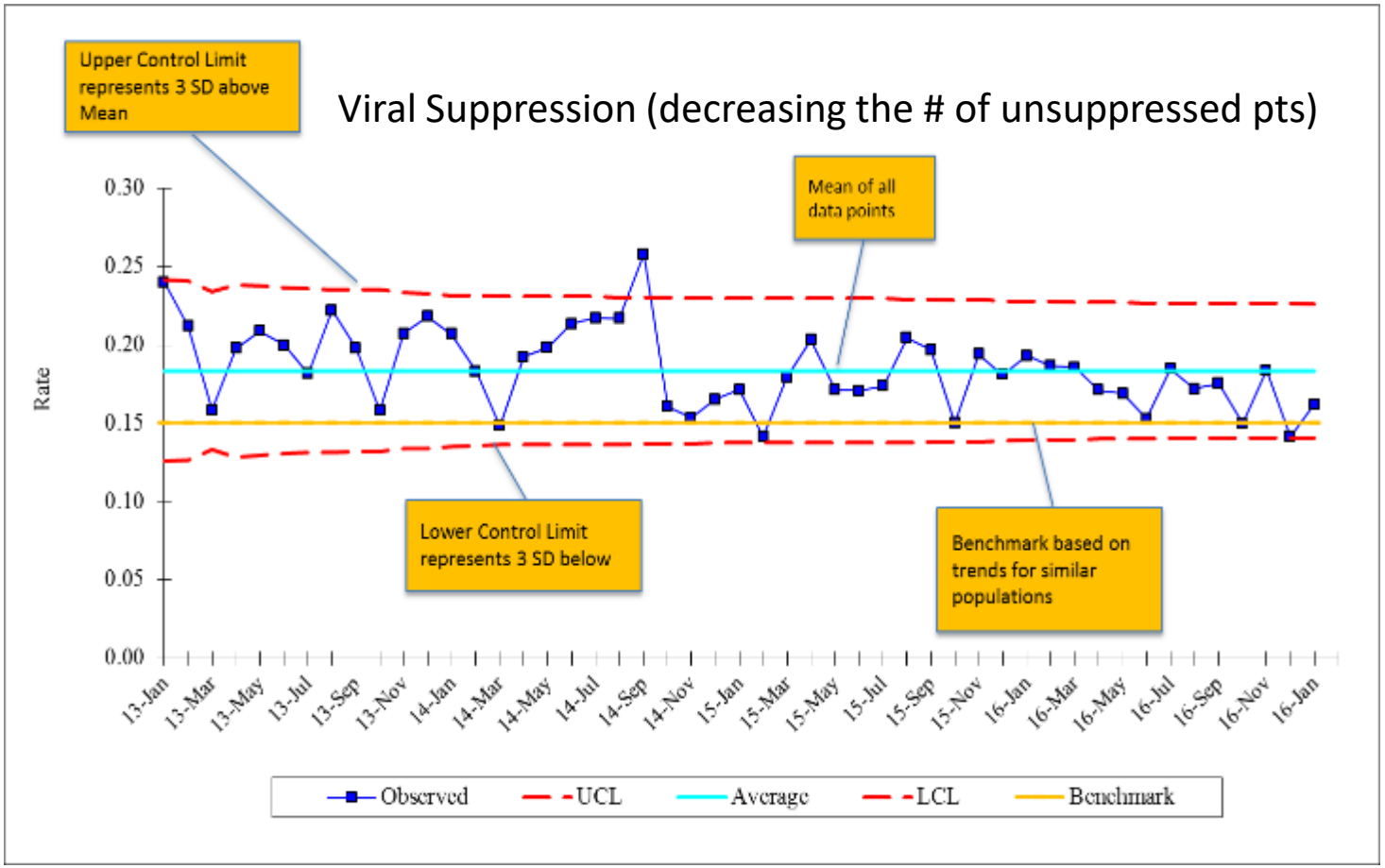


Special-Cause Variation



- UCL – Upper Control Limit
- LCL – Lower Control Limit

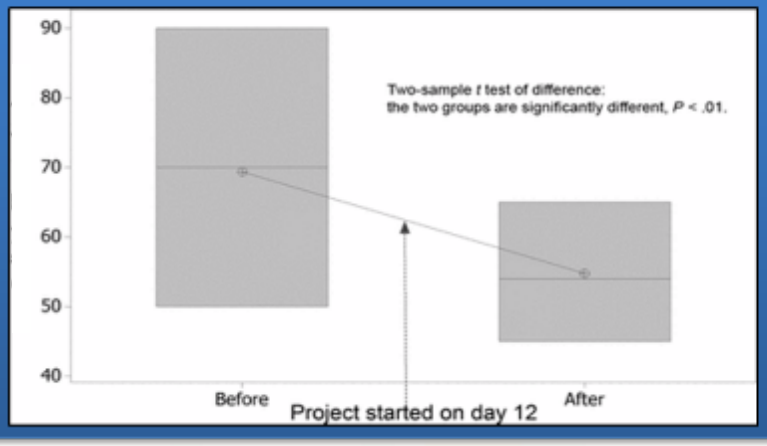
Features of a Control Chart

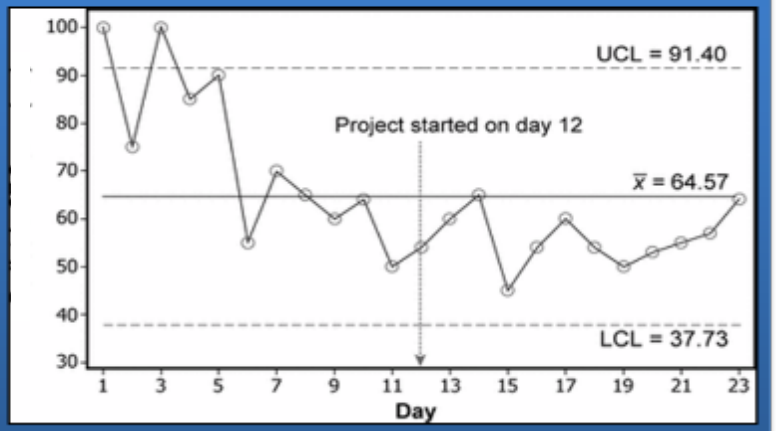


Why Should We Consider Using a Control Chart?

- Differentiates true change from random variation
- Emphasizes early detection of *meaningful* change
- Visualization can engage additional stakeholders
- Allows timing and degree of intervention impact to be detected

Viral Suppression (decreasing the # of unsuppressed pts)

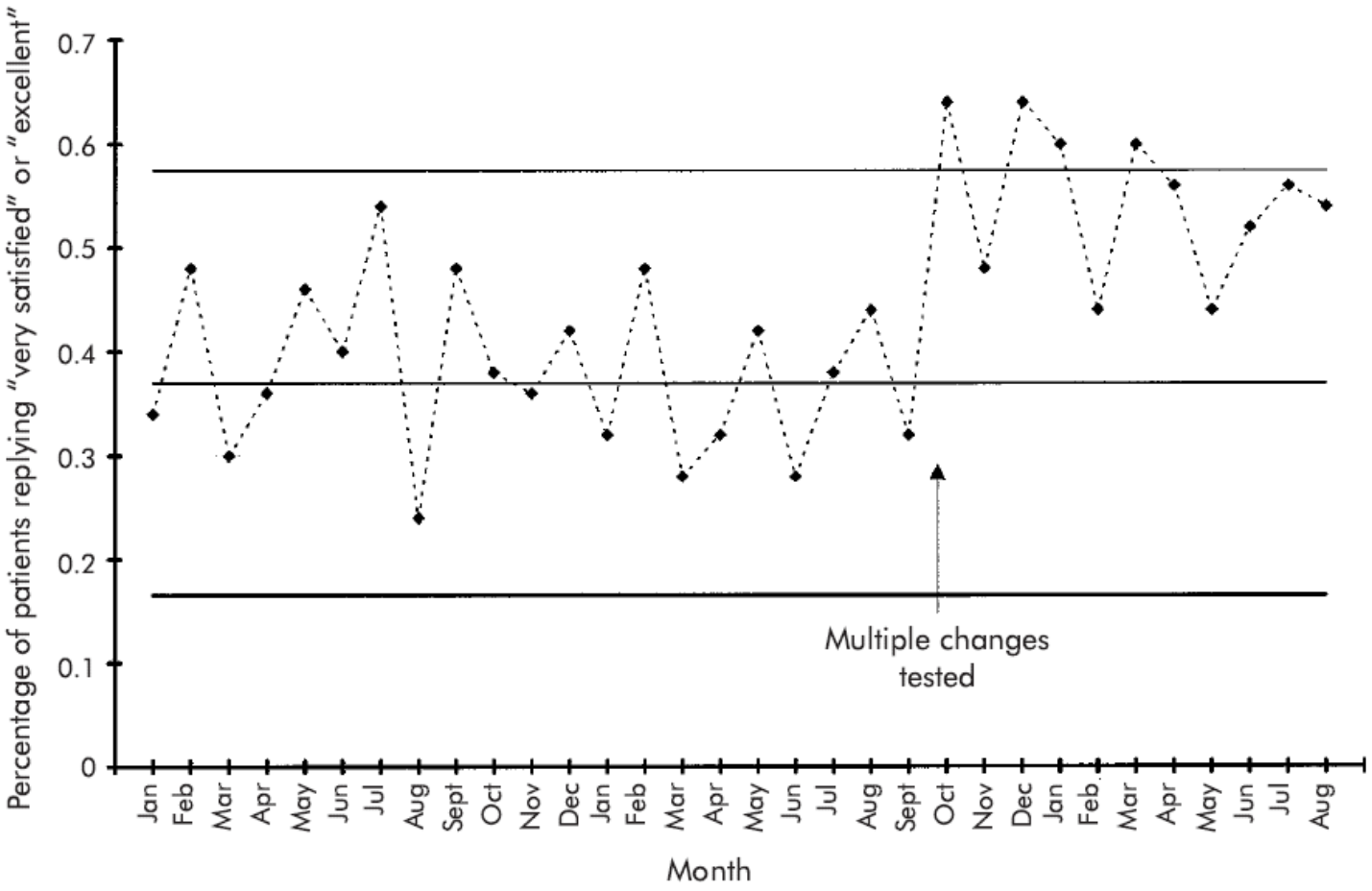




Methodology: Key Steps

1. Identify process(es) or outcome(s) of interest
2. Identify measurable data (at least 28 data points)
3. Characterize natural variation using upper and lower control limits (± 3 standard deviations around mean)
4. Track variable to observe patterns
5. Determine whether changes in variable over time meet criteria indicating special cause

Example: Control chart of appointment access satisfaction



Methodology: Using Excel

1. Plot the Days and n
2. Calculate the Mean:

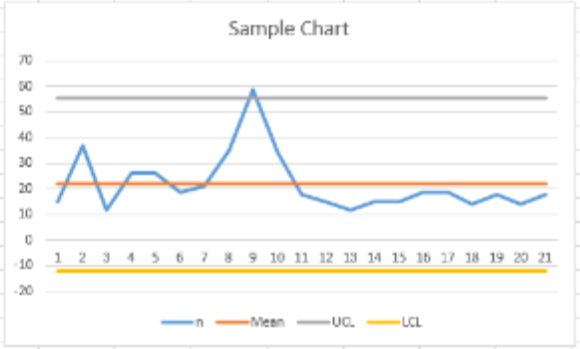
   =AVERAGE(C4:C24)
3. Calculate the Standard Deviation:

   =STDEV.S(C4:C24)
4. Calculate the Upper Control Limit:

   =Mean+(3*Standard Deviation)
5. Calculate the Lower Control Limit:

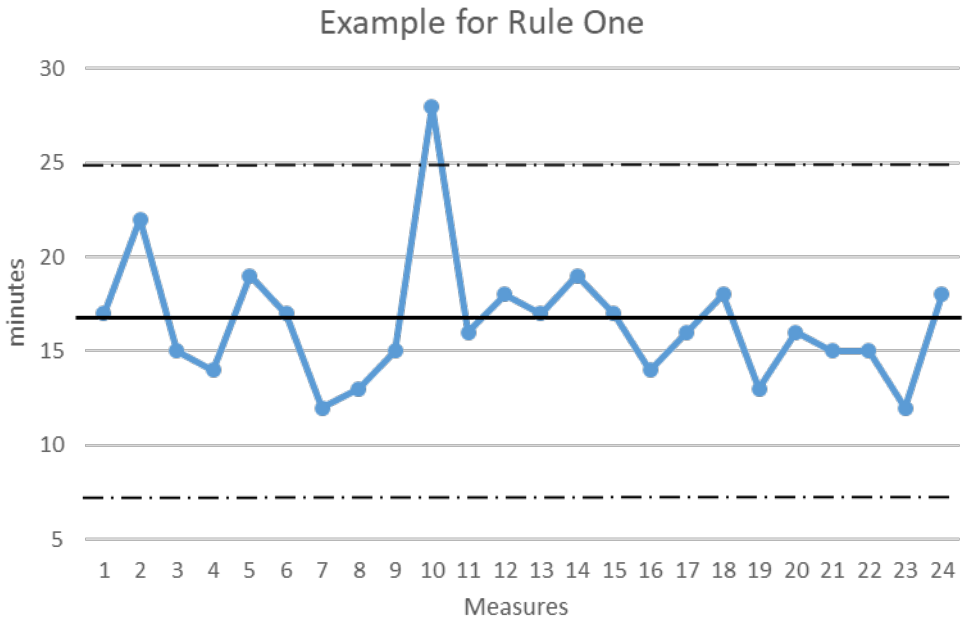
   =Mean-(3*Standard Deviation)
6. Graph the chart

Day	n	Mean	UCL	LCL
1	15	22.0	55.75369	-11.8489
2	37	22.0	55.75369	-11.8489
3	12	22.0	55.75369	-11.8489
4	26	22.0	55.75369	-11.8489
5	26	22.0	55.75369	-11.8489
6	19	22.0	55.75369	-11.8489
7	21	22.0	55.75369	-11.8489
8	35	22.0	55.75369	-11.8489
9	59	22.0	55.75369	-11.8489
10	34	22.0	55.75369	-11.8489
11	18	22.0	55.75369	-11.8489
12	15	22.0	55.75369	-11.8489
13	12	22.0	55.75369	-11.8489
14	15	22.0	55.75369	-11.8489
15	15	22.0	55.75369	-11.8489
16	19	22.0	55.75369	-11.8489
17	19	22.0	55.75369	-11.8489
18	14	22.0	55.75369	-11.8489
19	18	22.0	55.75369	-11.8489
20	14	22.0	55.75369	-11.8489
21	18	22.0	55.75369	-11.8489



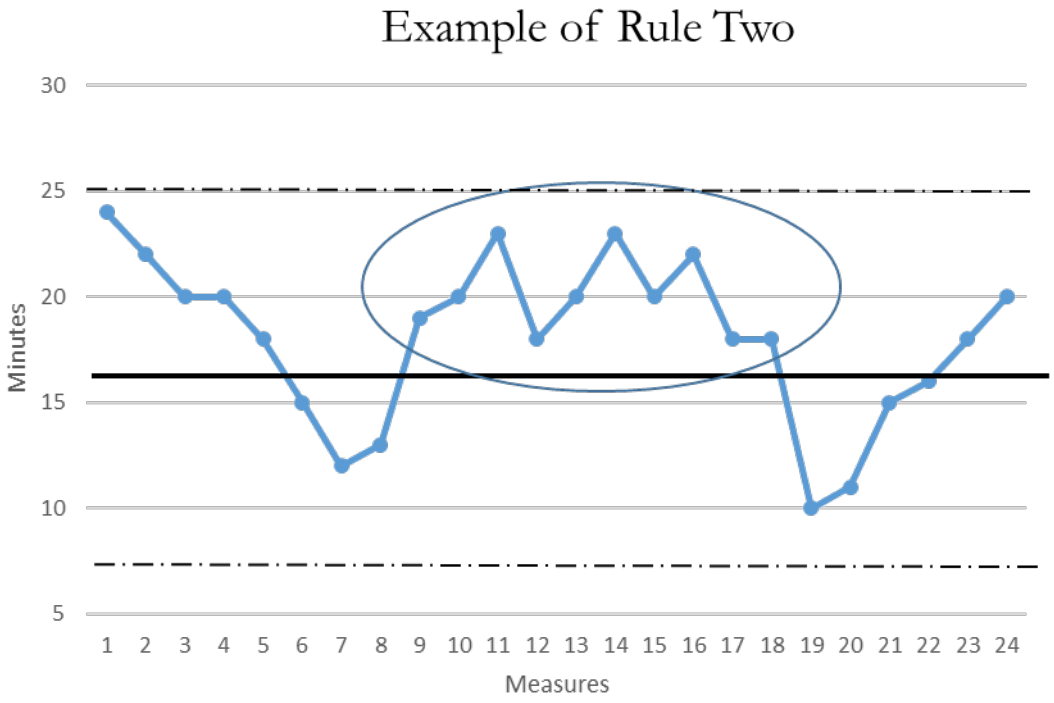
Rule One

Rule one states that when a single point is outside the control limits there is a special cause variation



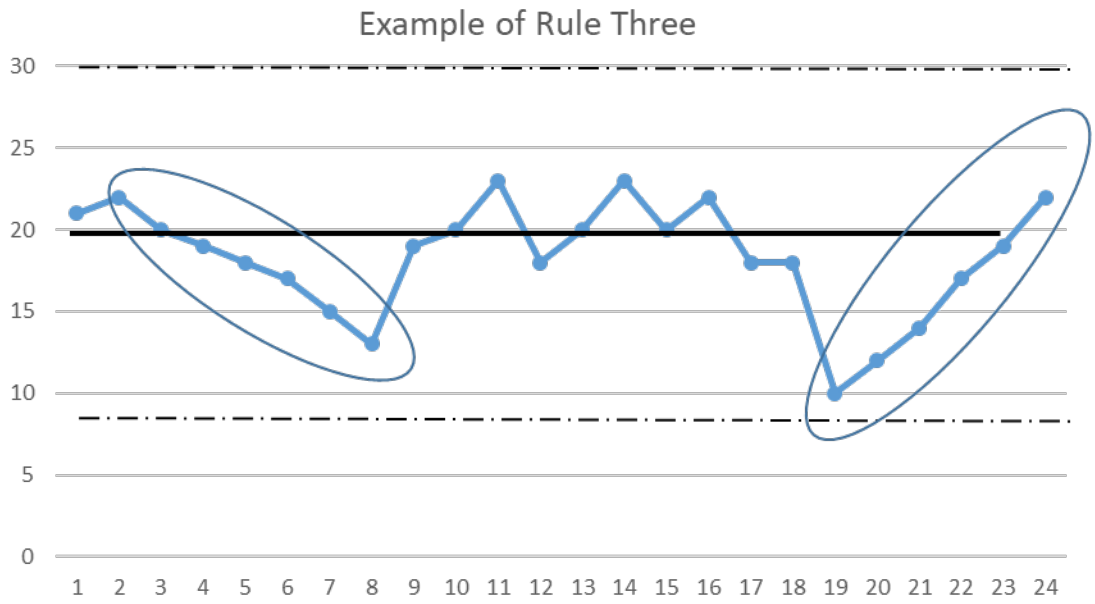
Rule Two

Rule two states that a run of eight or more points in a row above or below the center line defines special cause variation



Rule Three

Rule three states that six consecutive points increasing or decreasing define a special cause variation



Rule Four

Rule four states that two out of three consecutive points near a control limit define a special cause variation

Rule Five

Rule five states that 15 consecutive points close (inner one third) to the centerline constitute a special cause variation

Summary of Five Rules

- These rules are derived over time to further identify special cause variation
- Data must be carefully plotted for these patterns to become evident
- These five rules can be used in improvement activities to spur further investigation or to judge the effectiveness of your improvement activities

Q&A

Lean Overview

Lean Overview

- Lean (also called Lean Enterprise, Toyota Production System, or TPS)
- Maximize customer value while minimizing waste
  - GOAL: Provide perfect value to customer through a perfect value creation process that has zero waste
  - Don’t optimize separate process, think in terms of flows
  - Eliminating waste along value streams create processes that need less human effort, space and capital
  - Respond to patient desires with high variety, high quality, low cost, and with fast throughput times
  - Ideally, information management is harnessed as a driving tool and information management itself is simplified

LEAN Improvement

- LEAN steps and measures
  - process steps, eliminating waste, creating value, improving flow, mistake-proofing.
- Has a long history in the field
  - Japanese production – really pioneered at Toyota, has a history in healthcare.
- LEAN Tools
  - LEAN has it's own associated sets of tools that should feel somewhat similar to the ones used by the model-for – improvement (Plan, Do, Study, Act cycle)

Lean Principles

- Specify value from the standpoint of the end customer
- Identify all steps in the value stream for your services, eliminating waste whenever possible
- Make the value-creating steps occur in tight sequence so your products/services flow smoothly to the customer
- As flow is introduced, let customers pull value from next upstream activity
- As value is specified, value streams are identified, waste is removed, and flow and pull are introduced, bring the process again and continue until waste is eliminated (like a PDSA)

LEAN Improvement

Problems

- Waste, rework, redundancies
- Poor flow
- Multiple process steps,
- Non Value added activities

Solutions

- Eliminate of waste
- Improve of flow
- Simplified and mistake proofed processes

Steps to utilizing LEAN Methodology

1. Systems Approach: Theory of Constraints
2. Focus on the Customer: Critical to Quality Characteristics
3. Create Value vs. Non-Value Added Steps
4. Flow: Pull vs. Push Systems
5. **Eliminate Waste**

Types of Waste in Lean

- **The 3M**
  - Mura – Unevenness; irregularity, lack of uniformity; inequality
  - Muri – Overburden; burnout, other duties as assigned
  - Muda – Most common types of waste in a process

Mura

- Unevenness can be caused by:
  - Seasonal demand, or cyclic fluctuation
  - An erratic pace of the work being done, due to inadequate or uneven training
  - Overcorrection from past data
- These all can result in unwanted variation

Muri

- Muri can be caused by:
  - Stress on people, time and resources
- Can lead to employee burnout, which actually decreases productivity and increases the likelihood of mistakes

Muda

- Lean defines waste – or muda – as any use of resources that goes beyond what a customer requires and is willing to pay for.
- You can remember the causes of waste with the acronym **TIM WOODS**
  - **Transportation**
  - **Inventory**
  - **Motion**
  - **Waste**
  - **Overproduction**
  - **Over processing**
  - **Defects or Delay**
  - **Skills/people**

Transportation

- Unnecessary movement of products, people, and supplies from one location to another, or handoff from one employee to another.
  - Think about the flow of patients throughout your clinic. Are all materials where you need them to perform the service? Are patients seamlessly handed off from one staff member to another?

Inventory

- Inventory refers to raw materials & supplies as well as work-in-process
- The longer materials are unused, the more they become waste
  - Just-in-time inventory
- Materials and information should be at appropriate levels
  - It is bad to run out of supplies, but you also don't want clutter or expired materials from over-ordering inventory

Time/Waiting

- A large part of an individual patient's experience is spent waiting.
  - Think about processes in your own organization.
- Waiting done by customers or by employees removes value and adds waste.
- "Time is the most valuable thing in life"
  - TEDx talk by Manuel Bruschi: https://youtu.be/PHQuM3mSa-A

Overproduction

- Producing more than your customer is requesting or before they request it
- In traditional LEAN systems, this was regarded as the worst of the wastes.
- How is this applicable in a non-manufacturing setting, such as HIV care?
  - Think about the limited resources in your organization

Overprocessing

- Spending too much effort on a product or service
- Results from poorly designed processes, tools, or products and results in excess energy being expended to accomplish goals
- Over processing costs more time and even good things like too much precision can negatively impact the customer or patient.

Defects or Delay

- Mistakes which impact the customer greatly affect how value is perceived
- Time and effort is wasted having to inspect (QA) and/or fix defective work
- Having to discard or re-work a process or product due to earlier defective work results in additional cost and delays

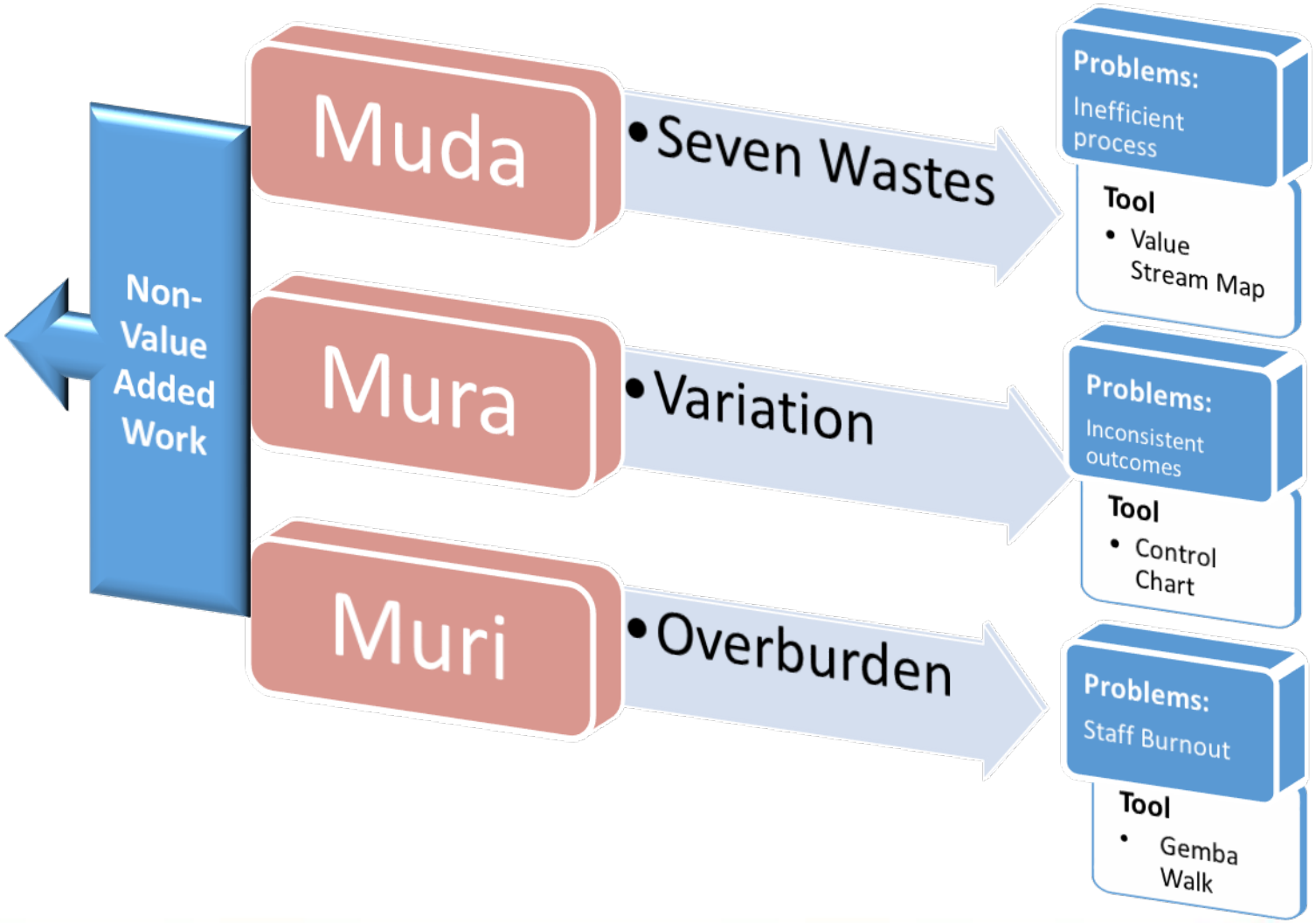
Skills/People

- Organizations often under-utilize the skills their workers have or permit workers to operate in silos so that knowledge is not shared
  - Can be related/overlap with Muri
- In absence of a functioning system new comers and high-performers can feel like they are on the fringes or periphery of the process
- Re-engage and reinvigorate with trainings, development opportunities and involvement in improvement activities
- **Attack the process, not the person**

How do we Find and Measure Waste?

- **Document the process** realistically, get everyone who is involved in the process together to ensure that everyone has an understanding of the process
- **Documentation Includes**:
  - Gemba Walk – Observing activities where the work actually happens
  - Flowsheets – Basic process mapping
  - Spaghetti Diagram – Maps a process using a continuous flow line tracing the path of an item or activity throughout the process.
  - Measuring Takt Time

Resources consumed that do not contribute to achieving project or organizational goals.



How do we Eliminate Waste?

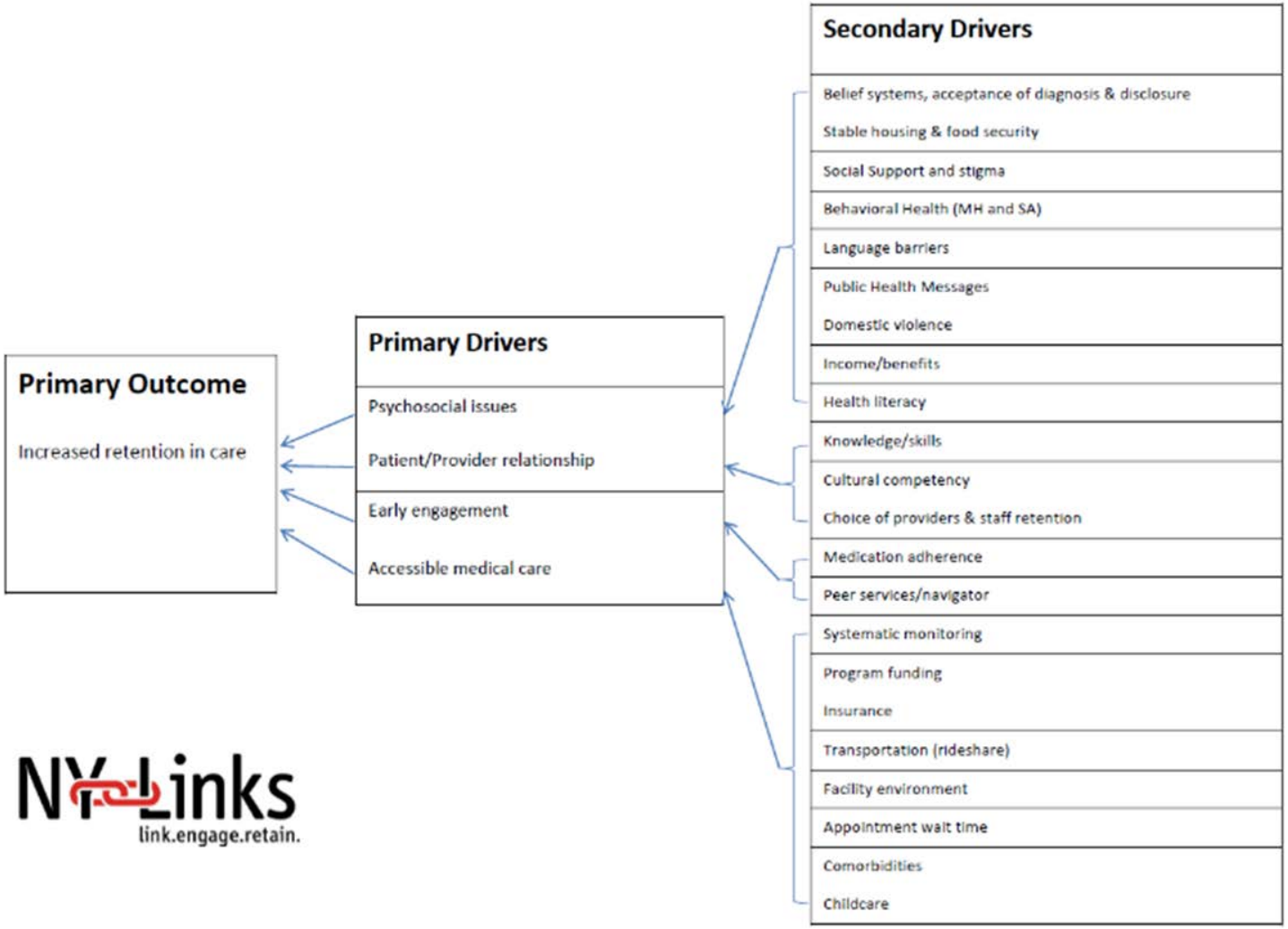
- Focus on the Customer to Create a value driven Process
  - Driver Diagrams
  - Value Stream Mapping (future state)
- Remove Constraints from a system or process
  - Force field diagram
- Redesign a process
  - Kaizen Events
- Implement Measures and Controls
  - Poka-Yoke to “mistake-proof” a process

Driver Diagram

Driver Diagram

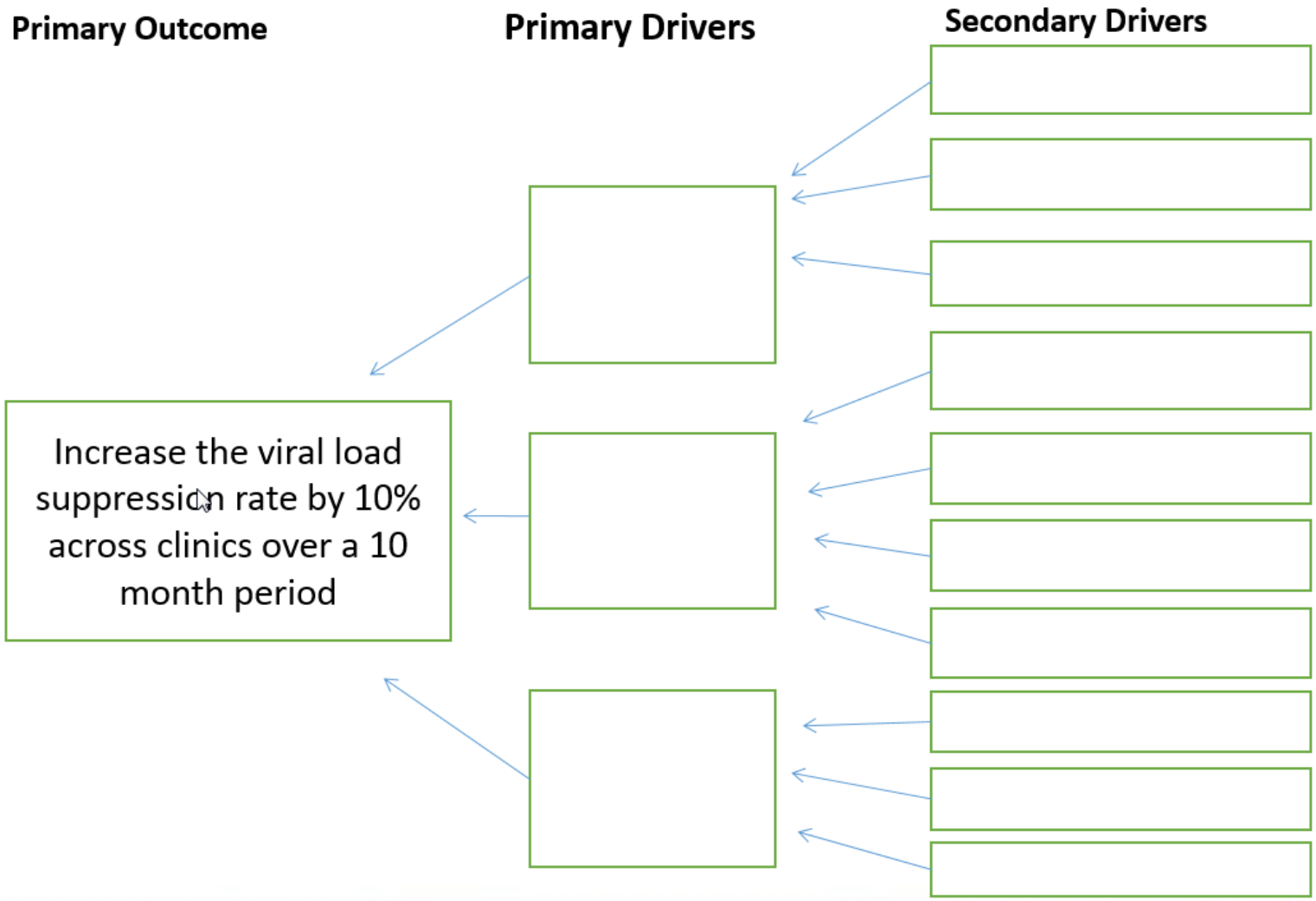
- *A driver diagram* is a visual tool to help understand and prioritize factors that drive desired outcomes called the primary outcome
- Primary drivers are the main factors that drive the primary outcome
- Secondary drivers are subsets of the primary drivers, and drive these factors
- The driver diagram can help you to think strategically about what changes you can make to your current system to achieve your improvement goal

Driver Diagram Example: Retention



NY Links
link.engage.retain.

Driver Diagram



Q&A

Priority Matrix

Priority Matrix

These simple diagrams help you choose the activities you should prioritize, and the ones you should put off, if you want to make the most of your time and opportunities.

- List the tasks or major projects that you want or need to complete
- Assign each activity a Y/N for “Urgency”
- Assign each activity a Y/N for “Importance”
- Might also use the words “Critical and Immediate” or “Impact and Effort”
- Plot the activities in their appropriate quadrants
- Consider eliminating low-impact or high effort activities
- Prioritize High Impact or urgent activities

Priority Matrix: Simple Sample Grid

Priority Matrix: Simple Sample Grid

Potential Projects	Do you have the data?	What is the potential outcome/impact?	How many patients will it impact?	Is it reasonably achievable?
Viral Suppression				
Retention				
Perinatal Transmission				
Dental				

These can be scored via scale.
"10" is the most positive response,
"1" is the least positive response.

Priority Matrix: Simple Sample Grid

Potential Projects	Do you have the data?	What is the potential outcome/impact?	How many patients will it impact?	Is it reasonably achievable?
Viral Suppression	10	10	10	8
Retention	9	10	10	8
Perinatal Transmission	5	7	1	10
Dental	2	6	5	5

These can be scored via scale.
"10" is the most positive response,
"1" is the least positive response.

Disparity Calculator

Is there a disparity? Where is the disparity?

	Viral Suppression (HAB)			Medical Visit Frequency (HAB)		
	Numerator	Denominator	%	Numerator	Denominator	%
TOTAL	*6256*	*8304*	*75.34%*	*3199*	*6570*	*48.69%*
Transgender People	149	227	65.64%	72	173	41.62%
MSM of Color	1273	1681	75.73%	672	1341	50.11%
Persons Earning < 100% FPL	3883	5184	74.90%	1678	4103	40.90%
Youth (aged 13-24)	261	434	60.14%	74	198	37.37%

Disparities Calculator

- ✓ The Disparity Calculator is a MS Excel spreadsheet to automatically calculate HIV performance data and highlight the presence and severity of disparities

Viral Suppression (HAB) Overall Performance Average: 73.7%				
	Transgender People	MSM of Color	African American and Latina Women	Youth (aged 13-24)
Population Sample	52	526	789	110
Pop Performance	65.38%	67.87%	82.76%	51.82%
Absolute Disparity	MAYBE DISPARITY	MAYBE DISPARITY	NO DISPARITY	YES DISPARITY
Relative Risk	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Comparative Disparity	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Odds Ratio	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Absolute Impact	4	40	113	25

Tabs in the Workbook

- Instructions: Descriptions of each tab and instructions for how to enter data
- Stats Basics: Refresher on statistics and terminology used in the calculator
- Data Entry: The SINGLE place to enter data in the calculator
- Summaries: Dashboard of final calculation results for quick sharing
- Analyses: Background statistical values that inform the summary dashboard for sharing with leaders and decision makers

Stats Basics

Populations:

1. The populations identified for analysis are important national priorities
2. Disparities are defined by "Disparate Impact" precedent set by the Supreme Court of the United States

Statistical Terminology:

1. DETERMINING DISPARITIES AND DEFINING RESULTS: the assumptions for each method have limitations
   a. For our purposes, ability to determine disparities is affected by measured scores plugged into equations
   b. If a result is showing as UNDEFINED RESULT it means we might want to ignore the method and move on
2. CONFIDENCE INTERVAL: the lower and upper bounds of the range containing the true result with 95% confidence
   a. If a confidence interval contains the value "1," the calculated result is not significant and should be ignored
   b. Narrower confidence intervals signify lower standard error, wider intervals signify higher standard error
3. YES/MAYBE/NO DISPARITY: in this workbook we use general terms for fact-finding instead of significance of results
   a. Each method has a different way to determine whether or not there is a disparity
   b. The important thing to remember is to pursue root cause analysis for YES DISPARITY and MAYBE DISPARITY

Interpreting Results:

1. Select the population that has the most significant probability results AND the greatest impact for improvement
2. See the Analysis tabs to learn specific calculation findings to add context to the Summary tabs

Questions:

1. For more information on calculating disparties in HIV care:
   a. Visit https://cqii.glasscubes.com/share/s/lbq69neurq5dustcd7934v7r40
2. For questions related to this workbook or calculating disparate impact:
   a. Contact info@CQII.org

Back to Data Entry | Open Instructions

Entering Data

Name of Reporting Agency: Best Ever ASO
Name of Staff Person Reporting: B. Lever
Measurement Period: 6/1/2015 - 5/31/2016
Reporting Date: 8/1/2016
Data Source(s): CAREWare

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CQII Disparities Calculator

Aggregated Data For Disparities Analysis	# of Agencies in Dataset	Viral Suppression (HAB)			Data Limitations / Comments
		Num.	Denom.	%	
Total	1	1589	2157	73.67%	not applicable
Transgender People	1	34	52	65.38%	not applicable
MSM of Color	1	357	526	67.87%	not applicable
African American and Latina Women	1	653	789	82.76%	not applicable
Youth (aged 13-24)	1	57	110	51.82%	not applicable

Complete the fields that have red boxes and blue text. All calculations throughout the workbook are driven by these data.

Your contact information and timeframe information is important context for inclusion with your QI Project.

For more information on the disparities analysis resources, visit http://enddisparitiesexchange.org/portfolio_item/resource-one/.

The values of rows 9-12 are independent of each other and will not add up to equal the total in row 8. Total in row 8 represents overall clinic/organization population.

The worksheet was developed by CQII, formerly NQC in consultation with HAB and partners in the field.

This worksheet is for quality improvement purposes only.

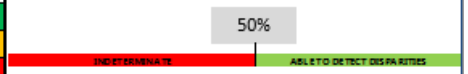
This worksheet contains self-reported data.

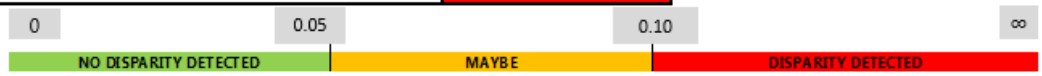
Analyses

	Viral Load Suppression (HAB)		
	%	Numerator	Denominator
Total	**80.37%**	**19071**	**23729**
Total Excluding Transgender People	**79.24%**	**15552**	**19626**
Total Excluding MSM of Color	**81.17%**	**15372**	**18937**
Total Excluding African American and Latina Women	**81.15%**	**7218**	**8895**
Total Excluding Youth (aged 13-24)	**81.59%**	**18551**	**22737**
Transgender People	*85.77%*	*3519*	*4103*
MSM of Color	*77.19%*	*3699*	*4792*
African American and Latina Women	*79.90%*	*11853*	*14834*
Youth (aged 13-24)	*52.42%*	*520*	*992*

1) Absolute Disparity - ***The absolute difference in scores between two groups.***
Method works best when scores are all >0.5.

Any Initial Scores <0.5	UNDEFINED RESULT
Comparison Result <0.05	NO DISPARITY
Comparison Result Between 0.05 and 0.1	MAYBE DISPARITY
Comparison Result >0.1	YES DISPARITY





Using the Absolute Disparity method, does a Viral Load Suppression (HAB) disparity exist?

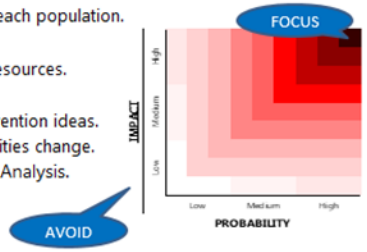
Transgender People -> Total Excluding Transgender People	Absolute Disparity: 0.07	NO DISPARITY
MSM of Color -> Total Excluding MSM of Color	Absolute Disparity: 0.04	NO DISPARITY
African American and Latina Women -> Total Excluding African American and Latina Women	Absolute Disparity: 0.01	NO DISPARITY
Youth (aged 13-24) -> Total Excluding Youth (aged 13-24)	Absolute Disparity: 0.29	YES DISPARITY

Summaries

Viral Suppression (HAB) Overall Performance Average: 73.7%	Transgender People	MSM of Color	African American and Latina Women	Youth (aged 13-24)
Population Sample	52	526	789	110
Pop Performance	65.38%	67.87%	82.76%	51.82%
Absolute Disparity	MAYBE DISPARITY	MAYBE DISPARITY	NO DISPARITY	YES DISPARITY
Relative Risk	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Comparative Disparity	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Odds Ratio	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Absolute Impact	4	40	113	25

Interpretation:

Refer to Stats Basics tab or to the Disparities Calculator Guide for more detailed informaton on interpreration.
Refer to Analysis tab to view statistical calculations and their results with confidence intervals where appropriate.
Identify targets for QI activities based on highest impact (number of lives) and highest probability (number of YES DISPARITY findings).
In the figure to the right, probability is represented above in rows 5-8 for each population.
In the figure to the right, impact is represented above in row 9.
This tool is for use in decision making on how to best utilize available QI resources.
There are no "right" answers in how to best utilize your QI resources.
Review scientific literature and the intervention grid for improvement intervention ideas.
Continue to update data entered in the DATA ENTRY sheet to test if disparities change.
Explore the reasons why disparities could exist using Fishbone Root Cause Analysis.



Limitations:

Calculations are based on self-reported data.
While based on statistical sciences and proven methods, this tool provides best estimates of disparity.
This calculator is intended for quality management purposes only. It is not intended for monitoring and evaluation or research.

Questions:

For questions related to this workbook or calculating disparities contact CQII - Info@CQII.org
For information on the disparities analysis resources, visit https://cqii.glasscubes.com/share/s/lbq69neurq5dustcd7934v7r40?2

Open Instructions | Go to Stats Basics | Open VS Analysis | More Information | Data Entry

Instructions | Stats Basics | Data ENTRY | Viral Suppression Summary | Viral Suppression Analysis

Q&A

Aha! Moments

Highlights & Aha! Moments

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

QI Resources


Choosing Health for Life
Escoja la salud para vivir
HIVQUAL Workbook
Guide for Quality Improvement in HIV Care
Patient Satisfaction Survey for HIV Ambulatory Care
Building Capacity of Statewide Quality Management Programs
NATIONAL QUALITY CENTER
The Game Guide
Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care
Making Sure HIV Patient Self-Management Works
Measuring Clinical Performance:
A Guide for HIV Health Care Providers
HIVQUAL Group Learning Guid
Interactive Quality Improvement Exercises for HIV Health Care Providers
A Guide to Consumer Involvement
Improving the Quality of Ambulatory HIV Programs
NQC Training-of-Trainers Guide
Facilitator Manual to Train HIV Providers on Quality Management
Guideline-based Quality Indicators for HIV Care
Partnering with Subcontractors to Improve HIV Care
Cross-Part Quality Management Guide
Using Collaboratives across Ryan White Funding Streams to Improve HIV Care
Planning and Implementing a Successful Learning Collaborative
Guide to Build Capacity for Quality Improvement in HIV Care
Making Sure Your HIV Care is the Best It Can Be
A Consumer Quality of Care Training Workshop
NATIONAL QUALITY CENTER
NQC Training of Quality Leaders Guide
Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities
NATIONAL QUALITY CENTER
Strategies to Implement Your HIV Quality Improvement Activities
NATIONAL QUALITY CENTER

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

Information Dissemination

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

Training/Educational Fora

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

Consultation/Coaching

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

Communities of Learning

Intensity

CQII.org | 212-417-4730

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

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...

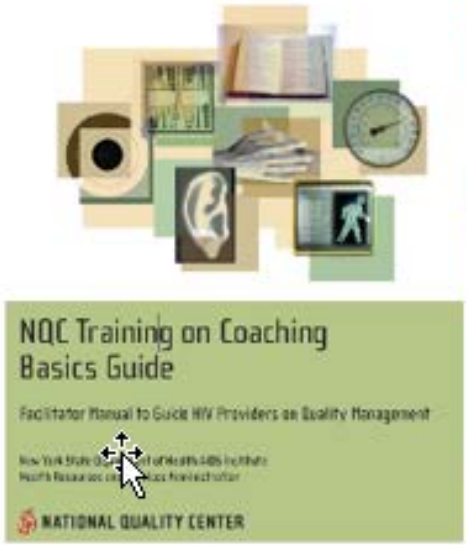
On-Site Technical Assistance

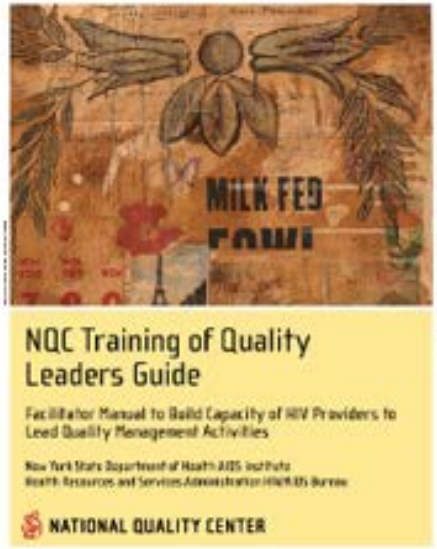
- ✓On-site/off-site short-term technical assistance (TA) is provided to recipients
- ✓TA is designed to help recipients implement effective clinical quality management programs
- ✓TA Request Form is available for completion by recipients
- ✓Submission of TA Request Form to HAB for review and approval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

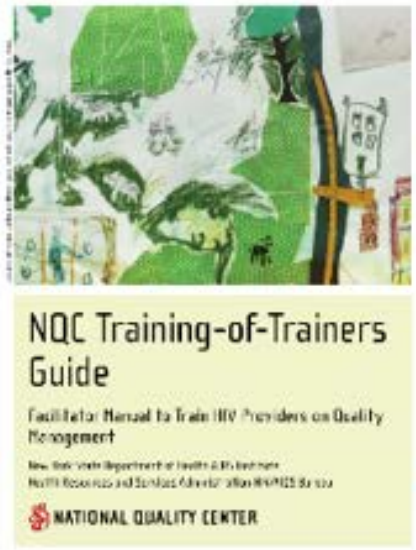
CAREActTarget.org/cqm-ta-request

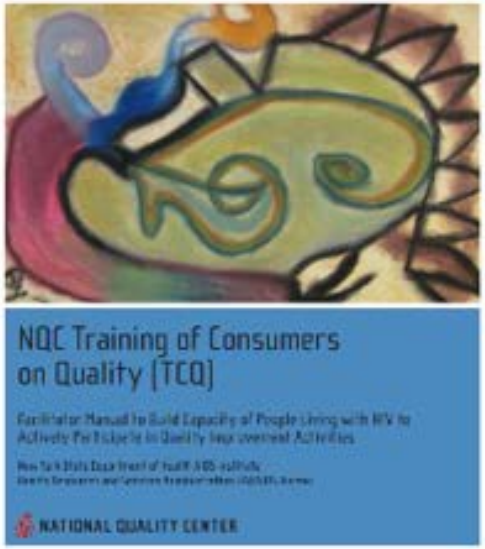
Advanced Training Programs

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









CQII at the RW Conference

CQII Activities at the
2018 National Ryan White Conference
on HIV Care and Treatment

December 11 – December 14,

HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY IMPROVEMENT & INNOVATION

CQII is excited to offer a variety of learning opportunities for you during the RW Conference.

Think big and start small.

CQII.org | 212-417-4730

Tuesday December 11	Wednesday December 12	Thursday December 13	Friday December 14
11:30 AM - 1:00 PM Exhibit Hall	7:30 AM - 5:30 PM Exhibit Hall 10:30 AM - 12:00 PM **Quality Improvement 101: I Am New to Clinical Quality Management - Where Do I Start? - National Harbor 2** 5:30 PM - 7:00 PM **CQII Auxiliary Meeting - Chesapeake J/K/L**	7:30 AM - 5:30 PM Exhibit Hall 10:30 AM - 12:00 PM **Advanced QI Tools to Improve Your Clinical Quality Management Program: Learn from Lean and Statistics - National Harbor 10** 1:30 PM - 3:00 PM **Bringing the Patient Voice to the Improvement Table: Strategies to Meaningfully Engage Consumers - Chesapeake 10/11/12** 4:00 PM - 5:30 PM **Creating a Culture of Quality Improvement: Aligning Improvements Across Subrecipients and RWHAP Parts - Maryland A 1/2/3**	7:30 AM - 12:00 PM Exhibit Hall 8:30 AM - 10:00 AM **Addressing Disparities to End the HIV Epidemic: Lessons Learned from end +disparities Initiatives - Chesapeake E**

HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY IMPROVEMENT & INNOVATION

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

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U28HA30791 and the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation for $1.5 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.