

Bringing the CQM Ball and Pedestal to Life!

Abstract ID# 20769

Dallas County Health and Human Services

Oscar Salinas MD, CQM Program Coordinator

Angi Jones MBA, CQM Advisor

Regina Waits B.S. ,CD., CQM Health Advisor

20
22

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

The presenters do not have any relevant financial interests to disclose.

Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe how EHE jurisdictions can partner with trusted community stakeholders to gather feedback needed to develop program and engage new community partners in work.
2. Identify outcomes of utilizing community driven feedback in request for proposals to engage.
3. Discuss community driven approaches to end the HIV epidemic.

Meet your Presenters

AA CQM Team



Angi Jones CQM Advisor



Regina Waits CQM Health Advisor



Oscar Salinas CQM Coordinator

How to Claim CE Credit

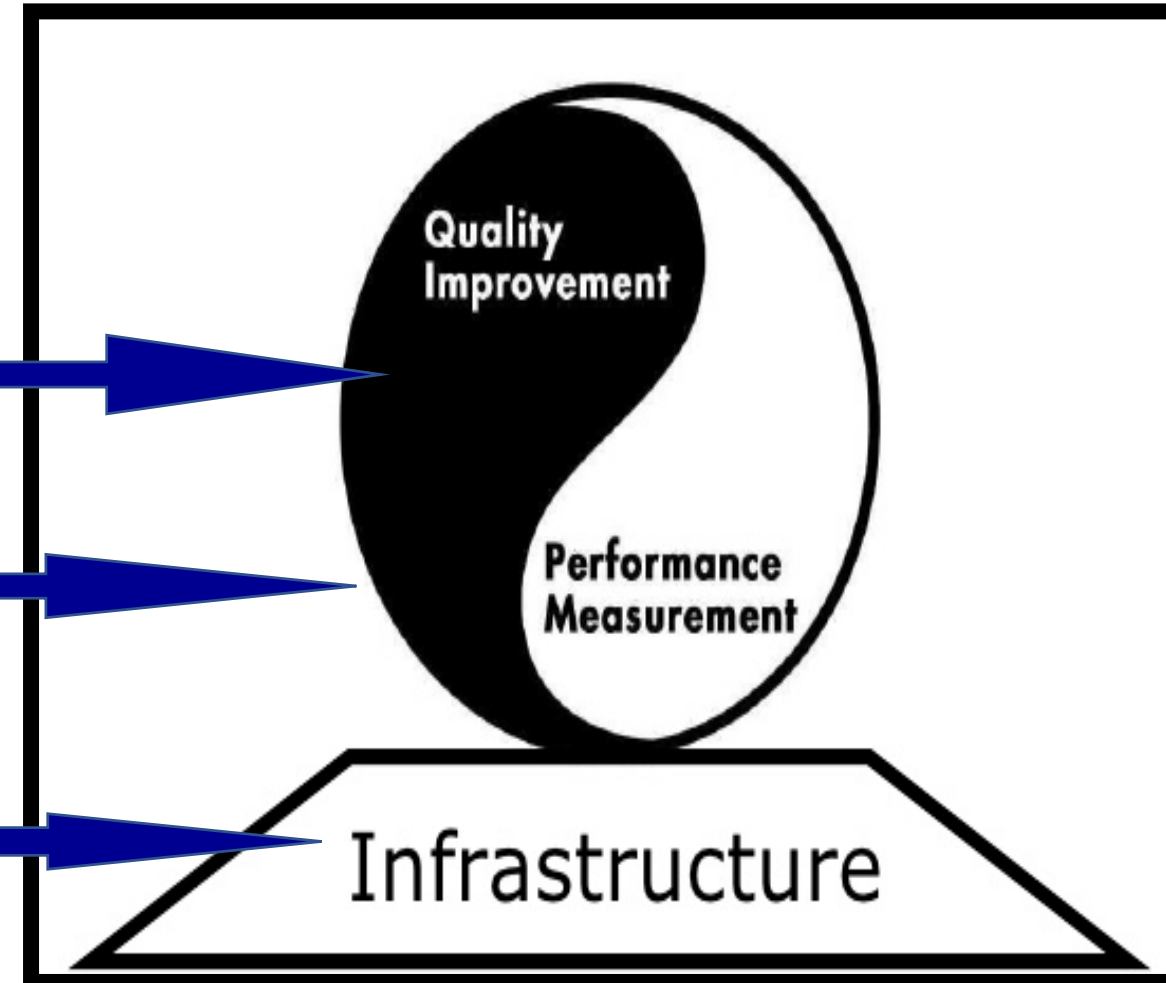
If you would like to receive continuing education credit for this activity, please visit:

ryanwhite.cds.pesgce.com

Bringing the CQM Ball and Pedestal to Life!

3 Necessary Components to develop a CQM Program:

- **QI**...To identify and conduct quality improvement initiatives using robust process improvement methodology to assure high levels of performance over long periods of time.
- **PM**...To what extent does the HIV program routinely measure performance and use data for improvement?
- **I**...*To support a systematic process with identified leadership, accountability and dedicated resources.*



Bringing the CQM Ball and Pedestal to Life! 2

VITAL SIGNS

- **INFRASTRUCTURE:** Breaths per minute = 8 – Bradypneic
 - Normal range (12-20)
- **QUALITY IMPROVEMENT:** Beats per minute = 190 – Tachycardic
 - Normal range (60-100)
- **PERFORMANCE MEASURES:** Blood Pressure 200/110 – Hypertensive
 - Normal range (<120/80 mmHg)
- **HRSA MONITORING VISIT:** Temperature 102°F = *Welcome Fever* and 95 = *Good Bye Hypothermia*
 - Normal range (98.6°F – 99°F)

- **Appropriate and sufficient** infrastructure is needed to make the CQM program **successful** and **sustainable**.
- Infrastructure is needed to **plan, implement, and evaluate CQM** program activities.
- **RWHAP** grant \$\$ can be used to establish an appropriate infrastructure for a CQM program.

Ideal infrastructure consists of:

- Leadership
- **Committee**
- Dedicated Staffing
- CQM Plan
- **Consumer Involvement**
- **Stakeholder Involvement**
- CQM Program Evaluation

Performance Measurement

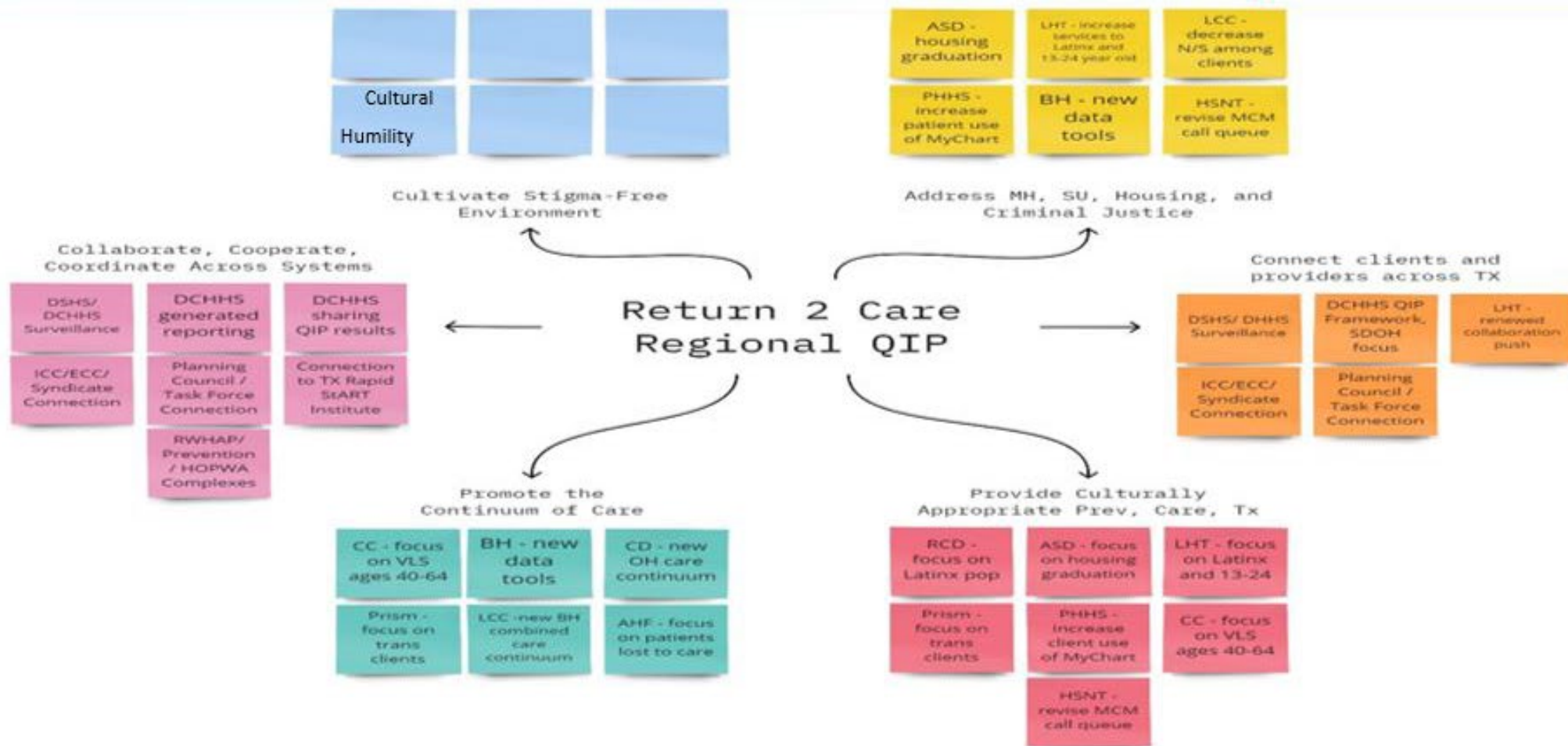
- Performance measurement is the process of **collecting, analyzing, and reporting data** regarding **patient care, health outcomes** on an individual or population level, and **patient satisfaction**.
- In order to appropriately assess outcomes, measurement must occur.
- Recipients should **analyze** performance measure **data** to assess **quality** of care and **health disparities** and use the performance measure data to inform **quality improvement** activities.

Quality Improvement

- Quality improvement entails the **development and implementation** of activities **to make changes** to the program **in response** to the **performance data** results.



QIP Dallas EMA and Sherman-Dennison HSDA



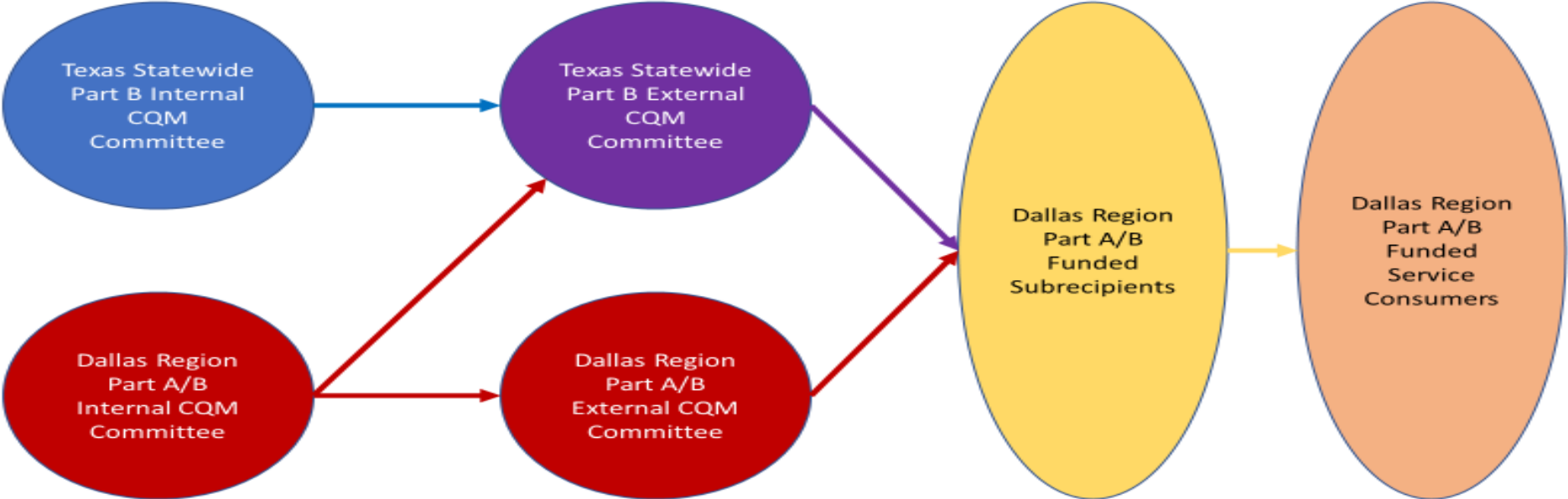
- **External CQM Committee (ECC)**
 - ECC is led by consumer
- **Internal CQM Committee (ICC)**
 - The ICC members guide and respond to the ECC inquires for improvement, utilization of funds and resources etc
 - Provide feedback on feasibility and sustainability of the inquires from the ECC
 - AA CQM staff facilitate the meetings and bring back the feedback to the ECC

Roles and Responsibilities of ECC and ICC

EMA/HSDA Ryan White Part A/B CQM Committee Responsibilities

Responsibilities	Internal Committee	External Committee
Actively participate in meetings, conference calls, and other activities	--	--
Implement recommendations made by External Committee	--	--
Approve recommendations made by the Internal Committee	--	--
Review updates to the CQM Plan annually	--	--
Advise and update the CQM Plan biannually	--	--
Advise the CQM Plan for the subsequent year	--	--
Review performance measure results and identify trends	--	--
Advise performance measures and indicators to assess and improve performance	--	--
Make recommendations on patient experience evaluation survey	--	--
Complete Part A Recipient Organizational Assessment annually	present	lead
Provide feedback on Part A Recipient OA Results	--	--
Review of Individual Subrecipient OA Results	--	--
Advise CQM Program Evaluation	--	--
Review results of Part B CQM Program Reviews and Evaluation	--	--
Participate in CQM and QI trainings	--	--
Advise on internal QI projects for the Division	--	--
Approve internal QI projects for the Division	--	--
Advise on QI project recommendations	--	--
Approve QI project recommendations	--	--
Cross-Part discussion, alignment, and communication (infrastructure, PM, QI)	--	--

CQM Committees (ECC and ICC)

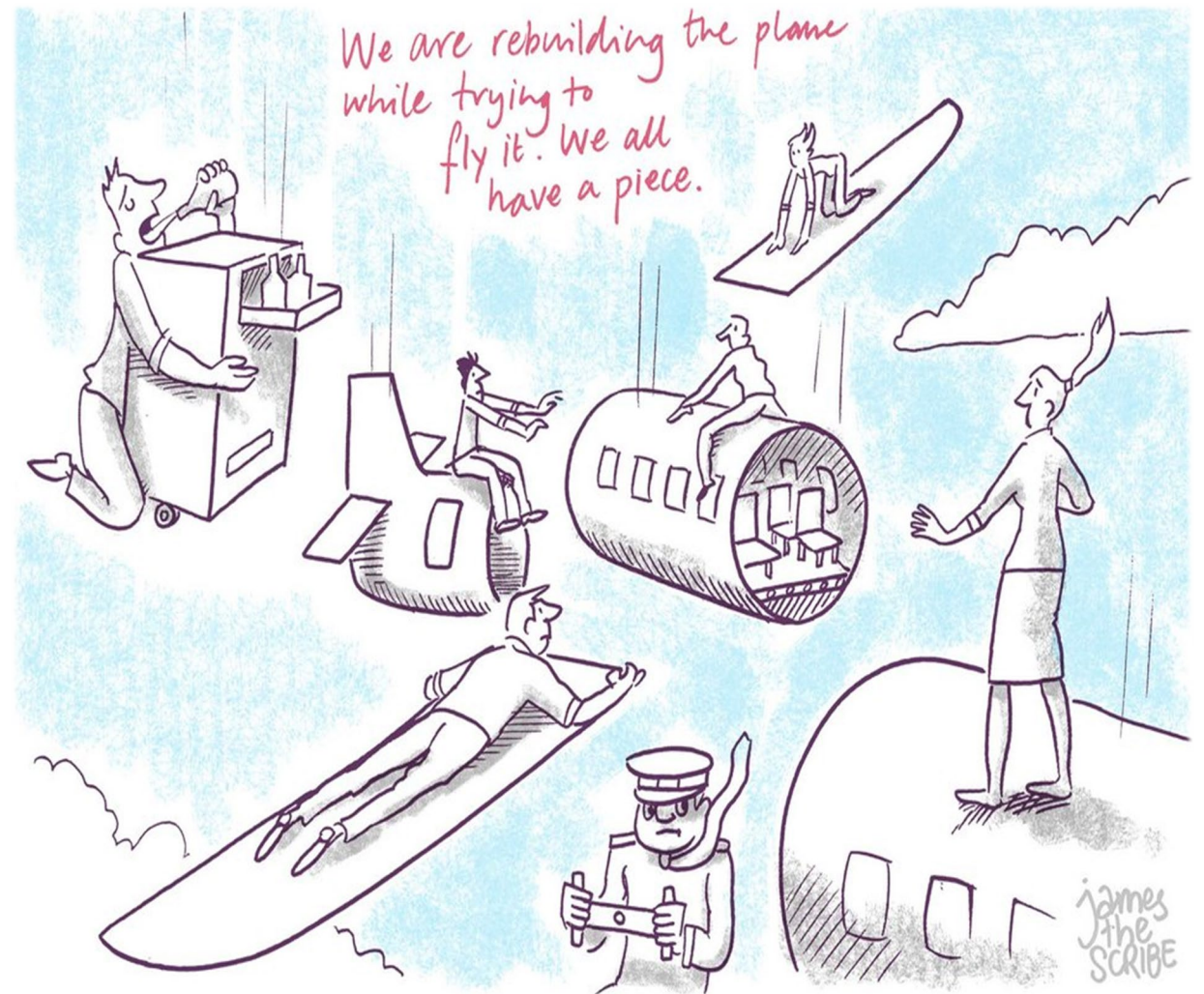


Lets Evaluate the Systems

- Draw a blueprint of your ideal CQM Program
- At what level of administration can the contract terms and conditions can be more specific on CQM requirements
- Identify internal CQM culture
- Where is your program in relation to national standards. (PCN-1502, previous monitoring visits, etc.)
- Identify internal key individuals to gain support presenting the remodeling plan (Org. Chart)

Lets Examine the Apparatus

- Admin, Fiscal, IT, QA/Monitors
- Identify data flow at all levels
- Determine who is involved in accuracy of the data
- Data dictionary from the parts you need to work with
- QIP status
- OA self assessment/map to identify your gaps



EHE is Our North

- How can you implement a QIP connecting the subrecipients to one of the Gardner's cascade bars
- Bring prevention into the equation; remember they play an important role linking our clients into medical care, and the other service categories either core or support
- Invite non-Ryan White funded partners (local clinics, community service centers, consulates, etc.)
- Cross the state lines and bring functional models of service to replicate on your action plan
- Use technology to expand and improve your service capabilities (Qualtrics, Continuud, E2EHE, etc.)

National HIV/AIDS Strategy NHAS (2022-2025)

- Details 21 objectives and 78 strategies for federal and nonfederal stakeholders to implement to achieve the goals.
- The National HIV/AIDS Strategy provides the framework and direction for the Administration's policies, research, programs, and planning for 2022–2025 to lead us toward **ending the HIV epidemic in the United States by 2030.**
- <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025>

Capacity Building/ CQM Training Plan and CQM Culture

The trainings are one way to establish a QI-focused culture and community of learning across subrecipient organizations.

Who are the stakeholders you will focus to cultivate CQM Culture?

- **CQM Team**
- **AA Division Directors and Managers**
- **AA Division Front line staff**
- **Planning Council Members**
- **External CQM Committee**
- **Subrecipients**
- **Consumer advocates**

Evaluate Your Encounters

1. This meeting and discussion met my expectations (strongly agree through strongly disagree)
2. There were opportunities for me to share and participate in this call (too little, just enough, too much, no opinion)
3. The content provided in the meeting was (too little, just enough, too much, no opinion)
4. OPEN COMMENT – Do you have any other feedback for us related to this call?

Review of the Objectives

1. Describe how EHE jurisdictions can partner with trusted community stakeholders to gather feedback needed to develop program and engage new community partners in work.
2. Identify outcomes of utilizing community driven feedback in request for proposals to engage.
3. Discuss community driven approaches to end the HIV epidemic.

Vital Signs Today

Infrastructure:

Breathing at 19 /min

- ECC and ECC meeting monthly with action items around PM, QIP, CQM Plan, OA and minutes/notes are collected and distributed every time (ECC committee is chaired and co-chaired by consumers)
- Consumer and stakeholder involvement
- Leadership supporting consistently
- CQM Plan is being reviewed yearly
- Staff is very dedicated and motivated (weekly CQM Huddle)

Vital Signs Today 2

QI: 120 beats per min

- We are still a little anxious because this is the first time implementing a QIP of this magnitude, there are still some barriers we need to overcome
- Pump is working better

Vital Signs Today 3

Performance measurement:

145/89, getting much better.

- **Qualitative:** Creating new tools, one per service category and utilizing Qualtrics to collect and analyze data is innovative and impressive but require a collective staff effort.
- **Quantitative:** Systems could be challenging but need to be reliable and accurate
- **Look at the bright side,** if you find inconsistency and discrepancies on data is an opportunity to provide TA

Vital Signs Today 4

- Temperature: °F
- TBA at 2023 National Ryan White Conference
- Thanks!

ANY QUESTIONS?



I do have the Last Question

- **Who has the best consultants ever?**

**R/: CQM Program - Dallas County Health and Human Services
Ryan White Grants Management Division**

- I want to give a especial thank you to Michael Hager and Jamie Shank

We couldn't get this far
without you!

Dallas CQM staff

Angi, Regina and Oscar

