Quality Management for Non-Clinical Care

Barbara Rosa, RN-C, MS
Thursday, August 26; 10-11:30am
Washington 1
RWA-419

Learning Objectives

- Understand the importance of quality management in case management and other non-clinical care areas.

- Learn practical examples how to apply quality management principles in non-clinical services.

- Learn successful strategies from peer grantees.

Agenda

10:00-10:05	Introductions & Agenda Review
10:05-10:25	Quality Structure & Measurements
10:25-10:30	Quiz & Feedback
10:30-10:45	Brainstorming Indicators/Measures
10:45-11:00 on	Group Discussion of Indicators & ideas how to collect data.
11:00-11:10	Charlotte TGA presentation
11:10-11:20	Indianapolis TGA presentation
11:20-11:30	Final Q&A

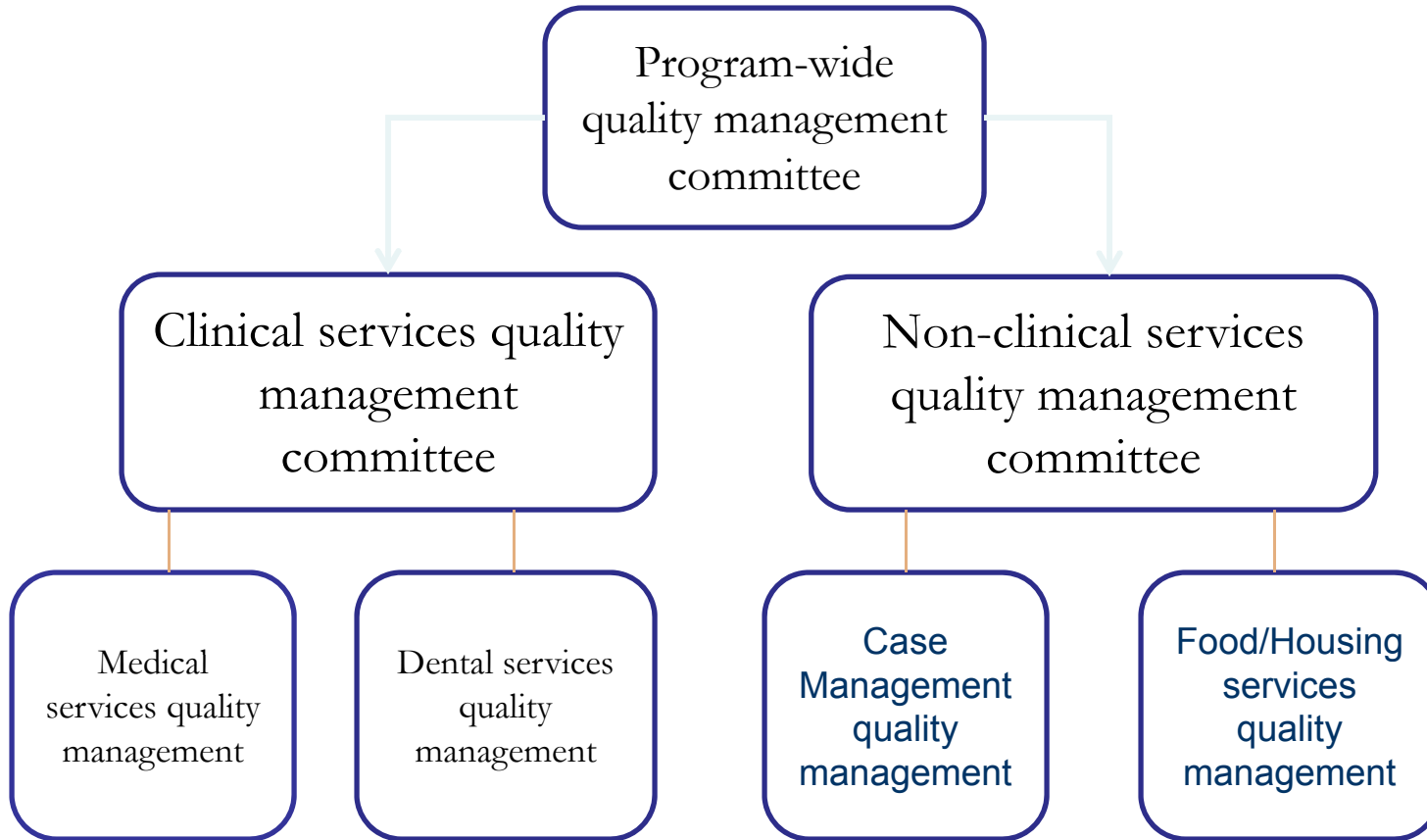# What an Effective Quality Management Program Includes

- Written quality management plan

- Quality management committee

- Quality improvement activities carried out by quality improvement teams

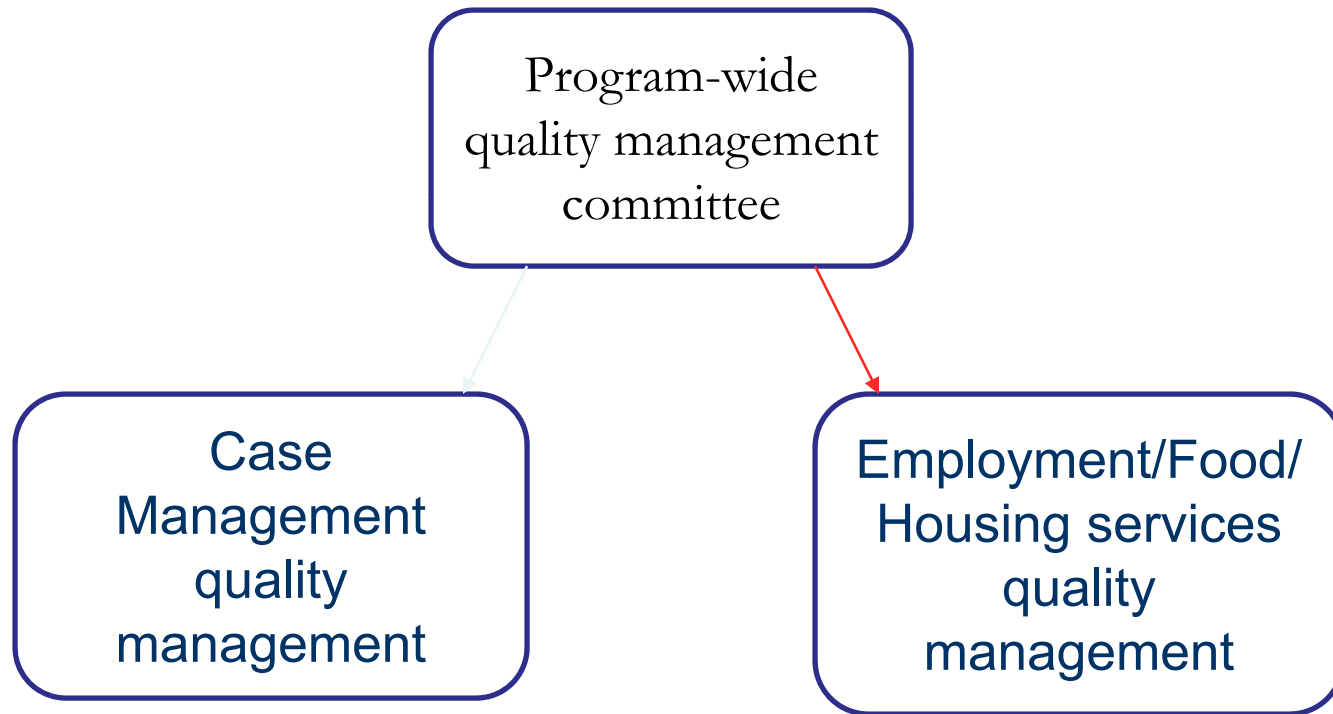# Non-Clinical Services Should Be Included in the Written QM Plan

Elements:

- Mission, or purpose
- Responsibility and accountability
- Measures and goals
- Involvement of key people
- Evaluation

All Quality Activities Fit into the Same Quality Infrastructure (Large Org.)

Program-wide quality management committee

Clinical services quality management committee

Non-clinical services quality management committee

Medical services quality management

Dental services quality management

Case Management quality management

Food/Housing services quality management

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All Quality Activities Fit into the Same Quality Infrastructure

Program-wide quality management committee

Case Management quality management

Employment/Food/ Housing services quality management

Responsibilities of the QM Committee Remain the Same

- Planning
- Supporting innovation and change
- Providing guidance
- Establishing a common culture
- Allocating resources

What Measures Apply to Non-Clinical Services?

Measures of:

- Outputs or Processes

- Outcomes

- Impact

Outputs Are the Things That Activities Produce

- Clients counseled

- Housing units made available

- Meals delivered

- Job fairs held

Output Measures Count How Often They Happened

- Number of clients counseled
- Number of housing units made available
- Number of meals delivered
- Number of job fairs held

Outcomes: What You Expect To Happen as a Result of the Outputs

- Clients who are counseled will be more psychologically stable

- Having more housing available will mean more clients will live in safe housing

- More meals delivered means more clients will be well-nourished

- More job fairs means more clients interviewing for jobs

Outcome Measures Count How Often You Get the Result You Expect

- Percentage of clients identified as psychologically stable by their counselor

- Percentage of clients living in safe housing

- Percentage of clients maintaining an ideal weight

- Percentage of unemployed (or under-employed) clients who had a job interview in the last month

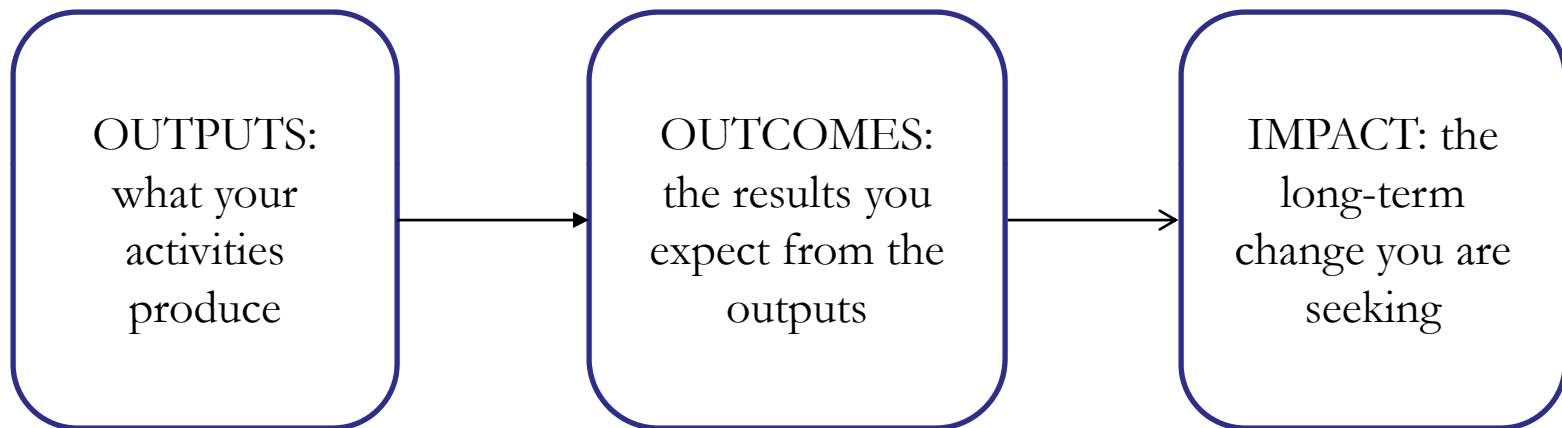# The Impact Is the Fundamental, Long-Term Change You Are Seeking

- Clients with HIV or AIDS living safe, productive lives
- The quality of life increased and met the needs of your patients

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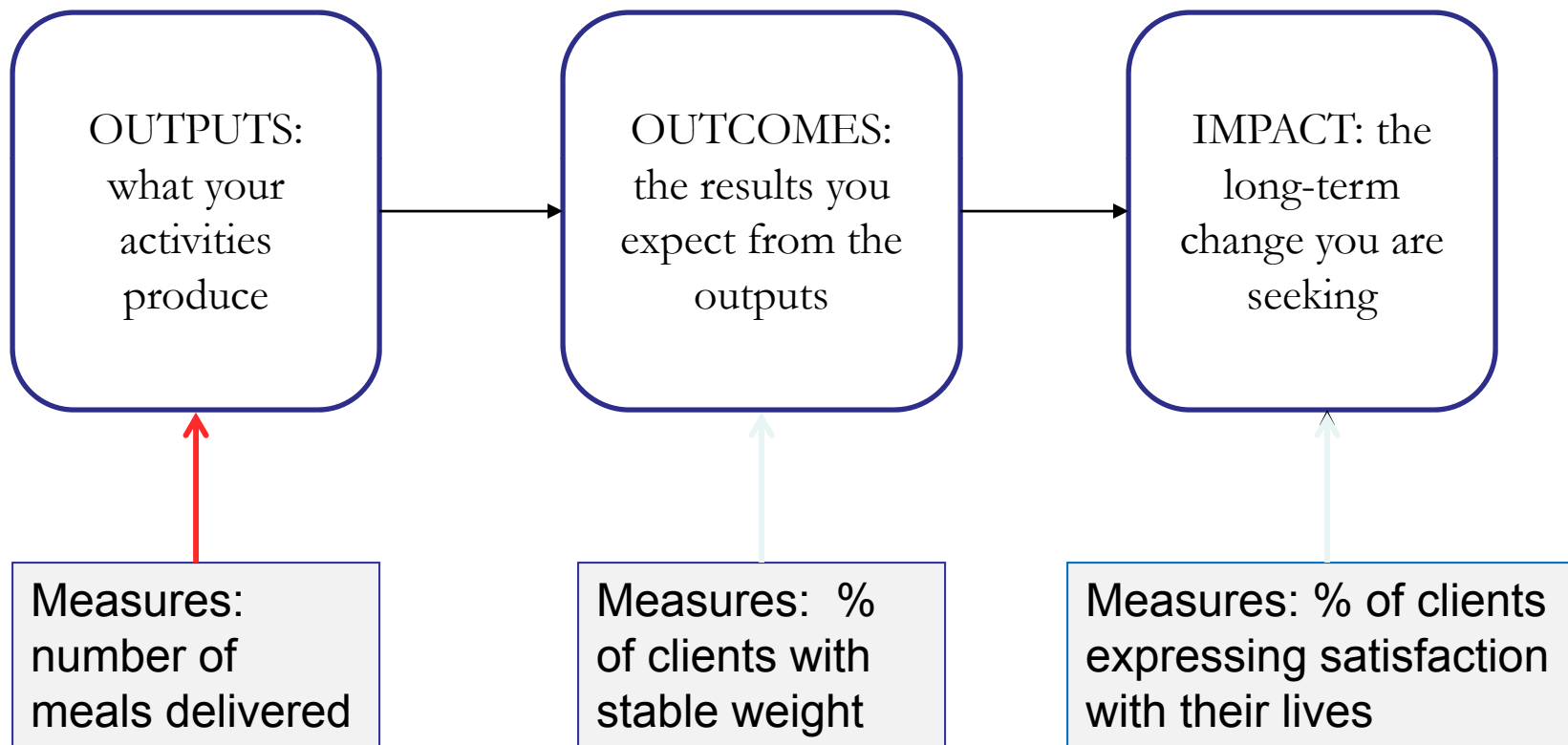# Impact Measures Can Focus on One Part or on the Whole (or Both)

Impact measures:

- Percentage of clients reporting that they feel healthy and/or safe

- Percentage of clients reporting that they feel productive

- Percentage of clients reporting satisfaction with their lives

Looking at It Diagrammatically

OUTPUTS: what your activities produce	→	OUTCOMES: the results you expect from the outputs	→	IMPACT: the long-term change you are seeking

Example: Food Services

OUTPUTS: what your activities produce	→	OUTCOMES: the results you expect from the outputs	→	IMPACT: the long-term change you are seeking

Measures: number of meals delivered

Measures: % of clients with stable weight

Measures: % of clients expressing satisfaction with their lives

Most Quality Programs Will Focus on Output and Outcome Measures

- Impact occurs over the long-term
- Output and outcome measures give you useful information

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Test Question

What is the difference between the quality management program for clinical services and one for non-clinical services?

A. The program for clinical services is longer and more complicated.

B. The program for clinical services involves more people.

C. Employees will take the program for clinical services more seriously.

D. None of the above. The structures and components of the program are the same; only the details are different.

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Test Question

Outcomes measures are useful because

A. They provide information on the results your program achieves.

B. They are client-related.

C. They are simple counts of items and therefore easy to collect.

D. They relate to your program's mission and goals.

E. A, B and C

F. A, B and D

G. All of the above

Find Already Developed Measures and Adapt Them for Your Use

For example, for food and nutrition services:

- The percentage of clients for whom a baseline screening for food security has been performed

- The percentage of clients who receive monthly nutrition education

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What About Measures for Non-Medical Case Management Services?

- Percentage of clients who receive a comprehensive case management assessment within 30 days of the initial client contact

- Percentage of clients for whom a service plan is developed within 45 days, with client participation

- Percentage of clients who are reassessed within 180 days of their previous assessment

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What Makes a Good Indicator?

- Relevance

    - Does the indicator affect a lot of people or programs?

    - Does the indicator have a great impact on the programs or patients/clients in your program?

- Measurability

    - Can the indicator realistically and efficiently be measured given finite resources?

What Makes a Good Indicator?

- Accuracy

  - Is the indicator based on accepted guidelines or developed through formal group-decision making methods?

- Improvability

  - Can the performance rate associated with the indicator realistically be improved given the limitations of your services and population?

Brainstorming

Let's stop and spend about 15 minutes brainstorming quality indicators for:

- Non-medical Case Management
- Food & Nutrition Services
- Housing Services
- Employment Services
- Transportation Services

Discussion

Now let's take another 15 minutes and analyze these indicators to see if they meet the criteria of a "good" indicator and then how you would go about collecting the data on these indicators.

20 Years of Leadership
A LEGACY OF CARE

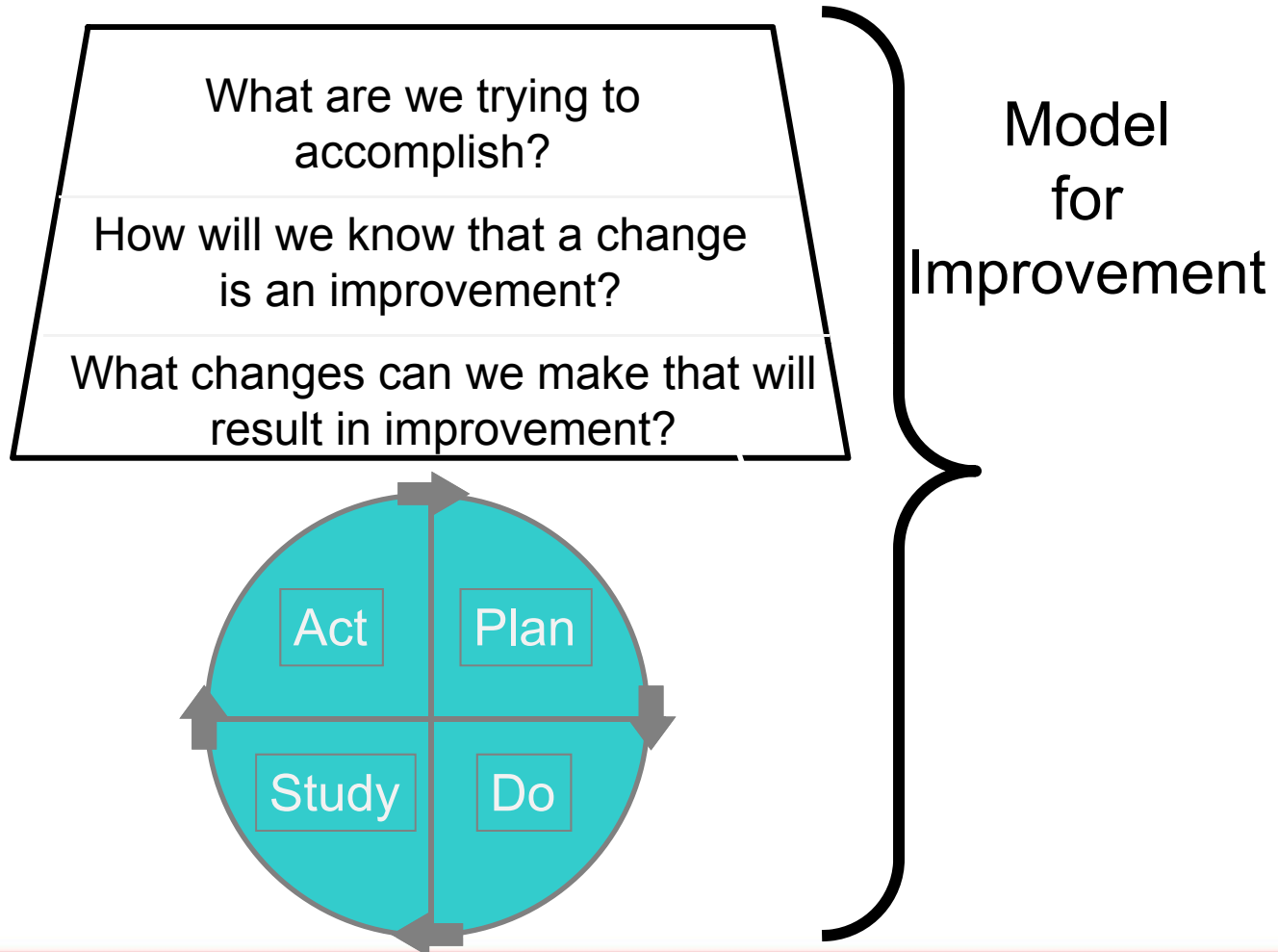National Quality Center (NQC)

Measurement and Quality Improvement Are Interlinked

Quality Improvement Works the Same Way for Clinical and Non-Clinical Services

- Set the aim

- Measure

- Make changes

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act | Plan

Study | Do

Model
for
Improvement

Example: Employment Services

- What are we trying to accomplish?

  - Improve our ability to help our clients find jobs

- How will we know that change is an improvement?

  - Increased number of employers using our services

  - Increased number of clients receiving job interviews

Example: Employment Services

- What changes can we make?
  - Find out what employers want.
    - Do they like job fairs? If so, what times, venues and formats are best?
    - In what other ways would they like to meet potential employees?
- Design and test a change, using PDSA
  - Interview outline
  - Conducted one interview, revised the outline
  - Continued to interview and to get information

Key Points

- The quality management infrastructure for non-clinical services follows the same format as that for clinical services

- Use outputs, outcomes and impact as a framework for developing performance measures for non-clinical services

- Approach improvement using the Model for Improvement and PDSA cycles

Resources

HIVQUAL
Workbook

Guide for Quality Improvement in HIV Care

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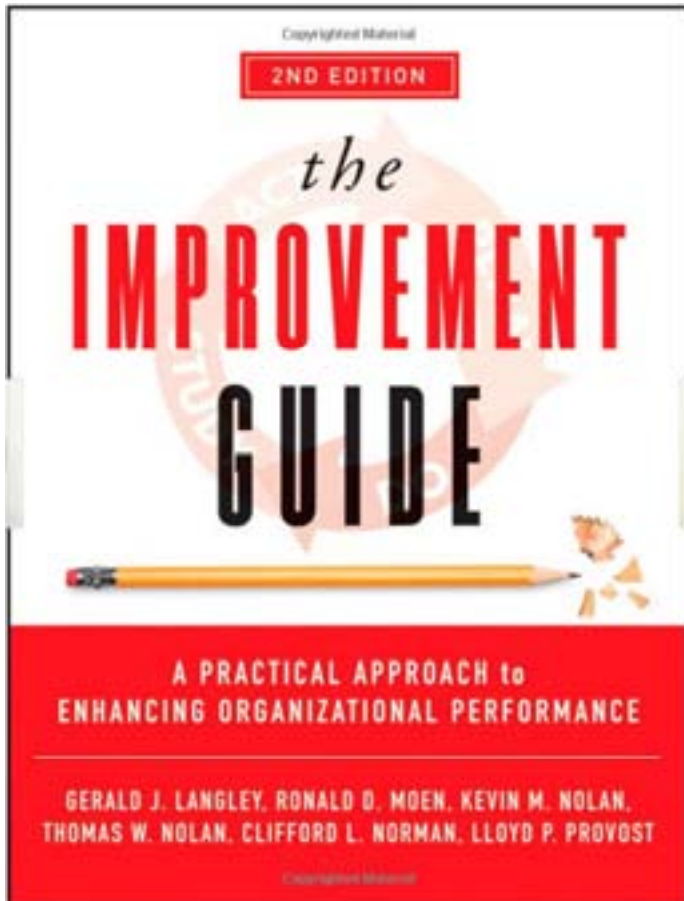Health Resources and Services Administration HIV/AIDS Bureau

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 HIV/AIDS Bureau

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Resources

Additional Resources

- HAB Performance Measures;

  http://hab.hrsa.gov/special/habmeasures.htm#performance2

- National HIVQUAL Project – case management indicators and data collection software available www.HIVQUAL.org

- New York City Part A Program non-clinical measures http://www.hivguidelines.org/quality-of-care/nyc-part-a-hiv-quality-management-program/

Aha Moment and Action Planning

- What have you learned from this workshop?
- What will you do differently in response to this workshop?

- Complete the Action Planning Form on your chair

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NQC QI Activities at the AGM 2010

Monday, August 23, 2010

- 11am-12:30pm: Improve Your Care and Services with Consumer Input (RWA-0336), Quality Institute 1

- 2:30-4pm: Creating a Culture for Quality Improvement, (RWA-0337), Quality Institute 1

Tuesday, August 24, 2010

- 8:30-10am: Quality in Hard Times: Using Quality to Help Mitigate the Impact of Budget (RWA-0414), Quality Institute 1

Wednesday, August 25, 2010

- 8:30-10:30am: Quality Improvement 101/HAB Quality Expectations – Building a Sound Quality Management Infrastructure (RWA-0415), Quality Institute 2

- 11am-12:30pm: An Introduction to Performance Measurement for Quality Improvement (RWA-0416), Quality Institute 2

- 3:30-5pm: How to Share Performance Data to Spur Improvement (RWA-0417), Quality Institute 2

Thursday, August 26, 2010

- 8-9:30am: Strategies to Measure and Improve Patient Retention Rates (RWA-0335), Additional Quality Management Related Workshops

- 10-11:30am: Aligning Quality Initiatives across Ryan White Parts: Lessons Learned from Cross Part Collaborative (RWA-0421), Additional Quality Management Related Workshops

- 10-11:30am: Quality Management for Non-Clinical Care (RWA-0419), Additional Quality Management Related Workshops

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