



***Enhancing HIV Care
Preconception Counseling, Including Sexual Health,
Community of Practice (CoP)
Learning Session 1: IHI Breakthrough Series
May 17, 2023***

**Division of Community HIV/AIDS Programs
HIV/AIDS Bureau (HAB)**

Vision: Healthy Communities, Healthy People



HIV/AIDS Bureau Vision & Mission

Vision

Optimal HIV/AIDS care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

Welcome and Ice Breaker



Welcome & Opening Remarks

- RWHAP Part D CoP Team
- Bizzell CoP Team

Ice Breaker

- Bizzell CoP Leads



Agenda



IHI Breakthrough Model Overview

IHI Breakthrough Model Tools, Templates and Systems Change

IHI Cause and Effect Diagram (Fishbone)

Using PDSA Cycles

Driver Diagram, PDSA Worksheet, and Project Planning Form

Resources and References

Wrap-up and Upcoming Events



Presenter



Linda Frazier, M.A., RN, MCHES
**Advocates for Human Potential,
Inc. (AHP)**

Learning Objectives



- Gain a better understanding of the Institute for Healthcare Improvement's (IHI) **Collaborative Model for Achieving Breakthrough Improvement**
- Explore and discuss the purpose and benefits of using
 - Cause and Effect (Fishbone) diagram
 - PDSA cycles and worksheet
 - Driver Diagram tool
 - Project planning form
- Begin to develop a Cause-and-Effect Diagram based on a priority SMART goal.





Every system is perfectly designed to
achieve exactly the results it gets.



Paul Batalden
IHI Breakthrough Series Founder

IHI Breakthrough Model Overview



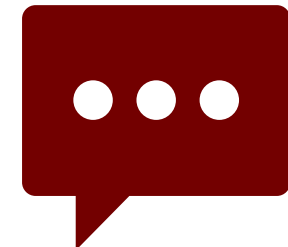
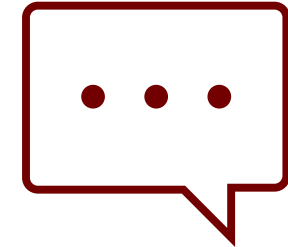
- Key elements
 - Topic selection
 - Faculty recruitment
 - Enrollment of participating organizations and teams
 - Learning sessions
 - Action periods
 - Model for improvement
- Importance of the Community of Practice (CoP)

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement, IHI, 2003



Chat Check-in

What Quality Improvement (QI) model or framework do you currently use for QI projects?



Approaches to Quality Improvement

<p>IHI Collaborative Breakthrough Series</p>	<p>TQM/CQI</p> <p>Total Quality Management or Continuous Quality Improvement is an integrative philosophy of management for continuously improving the quality of products and processes.</p>	<p>LEAN Six Sigma</p> <p>Driver is value to end customer, mapping, standards of work/flows, customers pull value from system adaptations.</p>	<p>PDSA</p> <p>Rapid Cycle Change and Whole Systems Change, 5 Levers to assist in larger scale change efforts:</p> <ul style="list-style-type: none">• Financial• Purchasing and Contracting• Regulatory• Inter-Organizational Capability• Internal Operations
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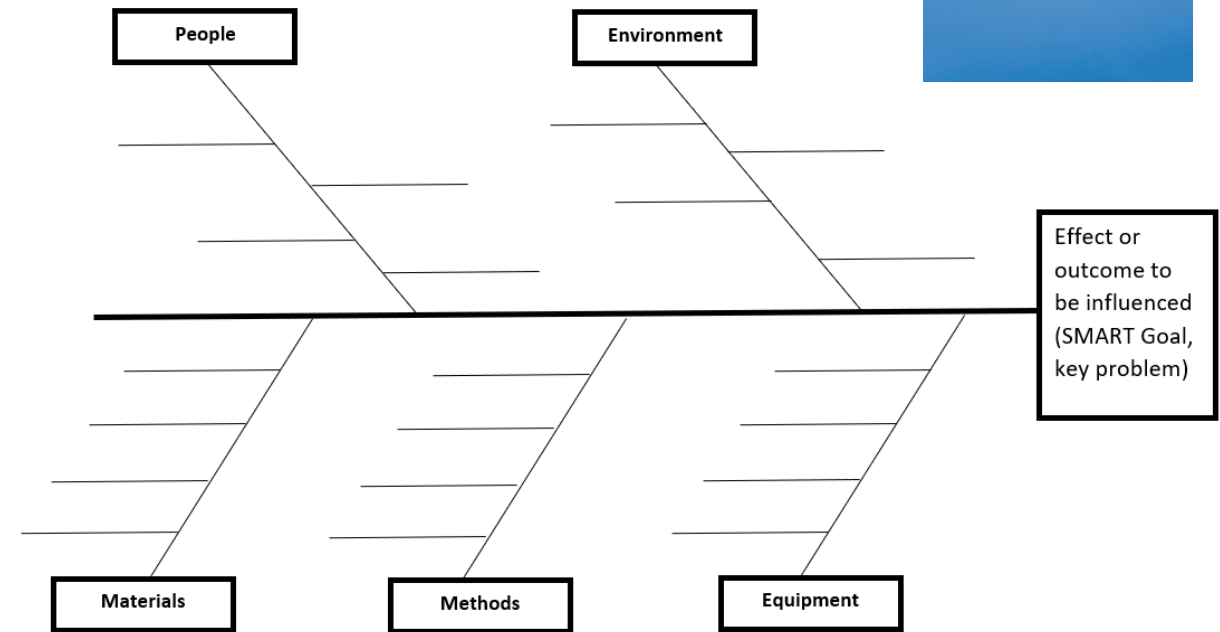
Overview of IHI Tools

- SMART Goal
- Cause and Effect Diagram
- PDSA Cycles (Plan, Do, Study, Act)
- Driver Diagram
- PDSA Worksheet
- Project Planning Form

QI Essentials Toolkit, IHI, 2017

IHI Cause and Effect Diagram (Fishbone)

- What are we trying to accomplish?
- How will we know that a change is improvement?
- What changes can we make that will result in improvement?
- Test: Adapt/Adopt/Abandon



Fishbone

Terminology

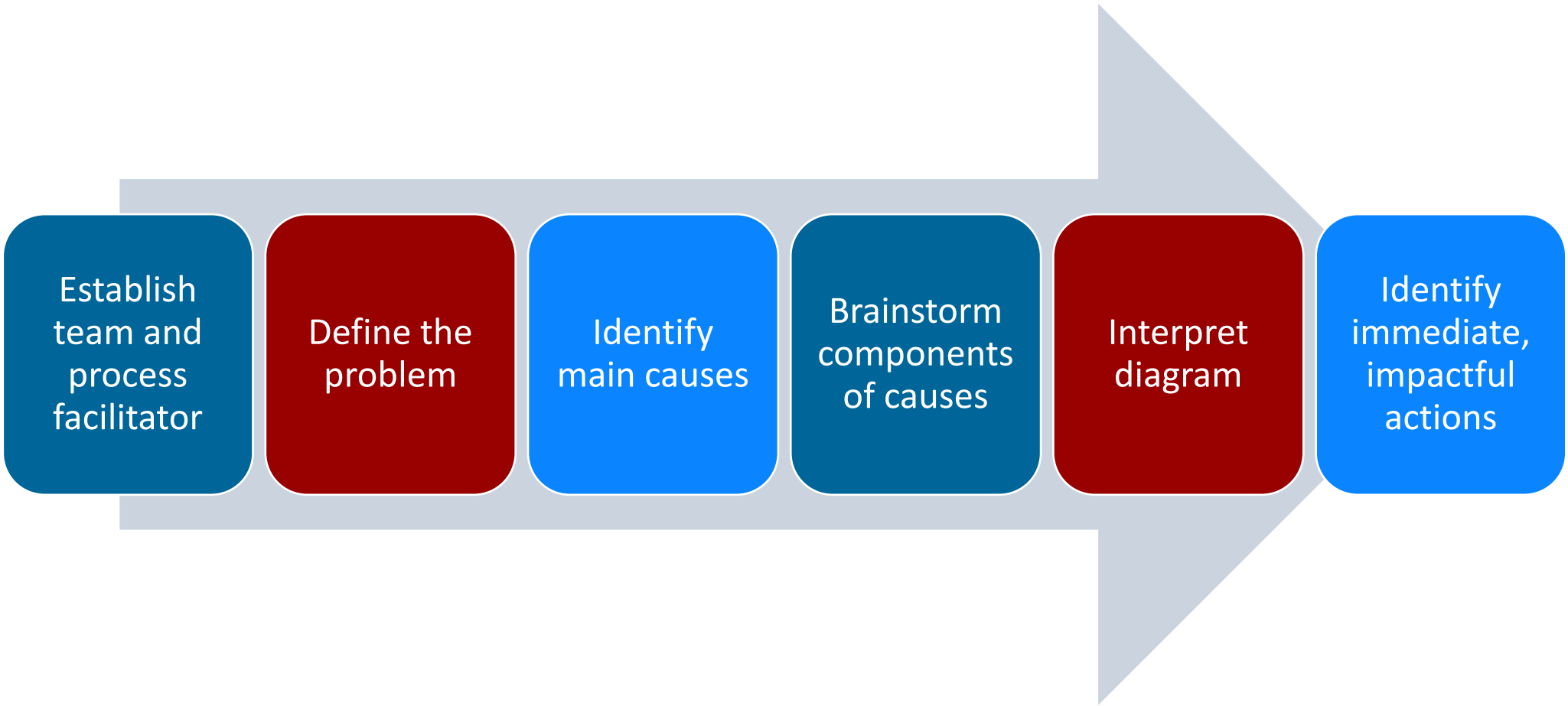
- Effect or outcome to be influenced: SMART goal
- People: stakeholders, service providers, clients
- Environment: accessibility, signage, flow, welcoming, privacy
- Materials: educational, informational language
- Methods: in-person, virtual
- Equipment: digital, accessibility

Benefits

- Root causes
- Group participation
- Knowledge building
- Easy-to-read format

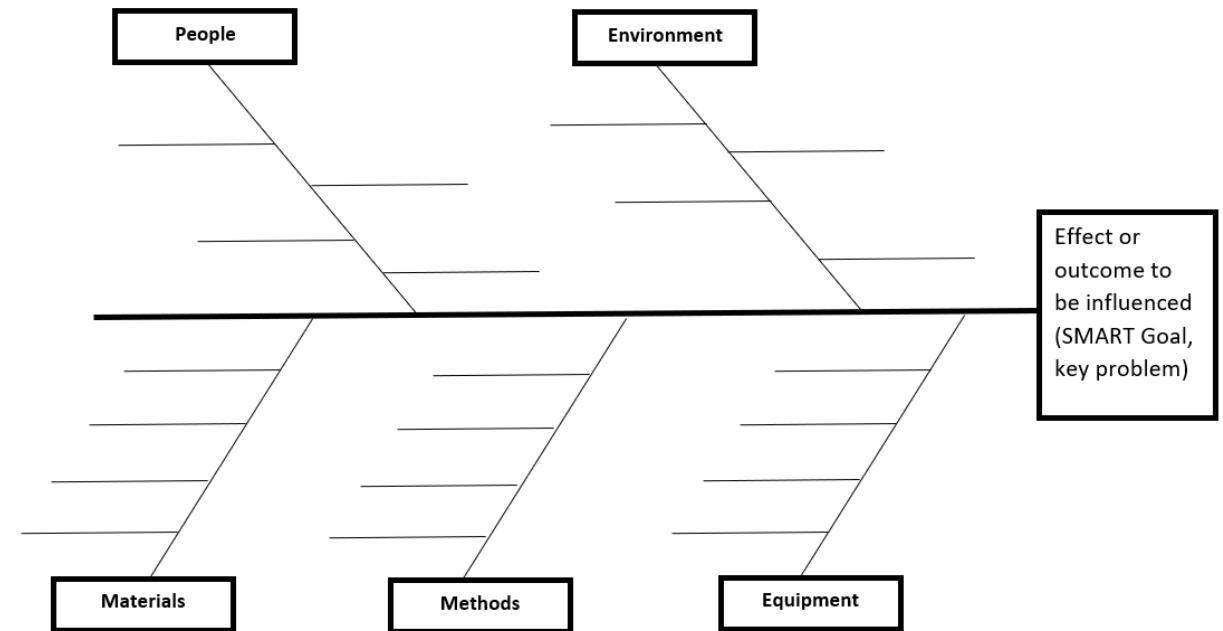


Steps in Constructing a Fishbone Diagram



Benefits of Using a Fishbone Diagram

- Determines root causes of a problem
- Encourages group participation and collaboration
- Uses and increases group knowledge and awareness
- Captures information/analysis in an easy-to-read format
- Anticipates challenges





Example Fishbone Diagram



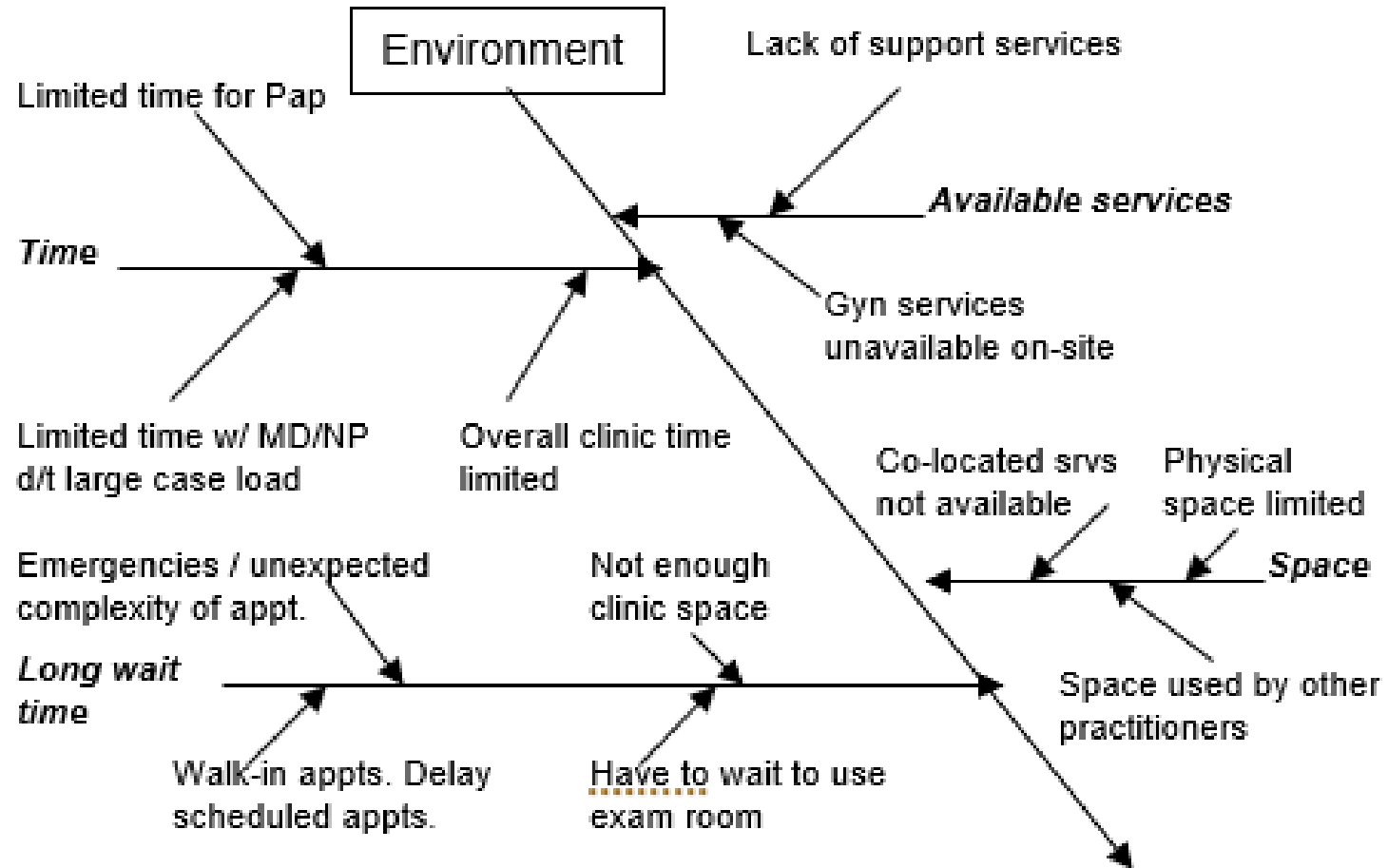
- Ryan White HIV/AIDS Program (RWHAP) AIDS Education Training Center (AETC) 2007
- Statewide RWHAP Part D Program recipient
 - This strategy was used by the NJ HIV Family Centered Care Network that participated in a CQI activity with the AETC
 - Seven sites (e.g., university-based clinics, hospitals, medical centers, and satellite sites)
 - Serves entire State of New Jersey
- Networkwide CQI process monitors clinical indicators
 - Addressing Cervical Cancer Screening Completion Rates



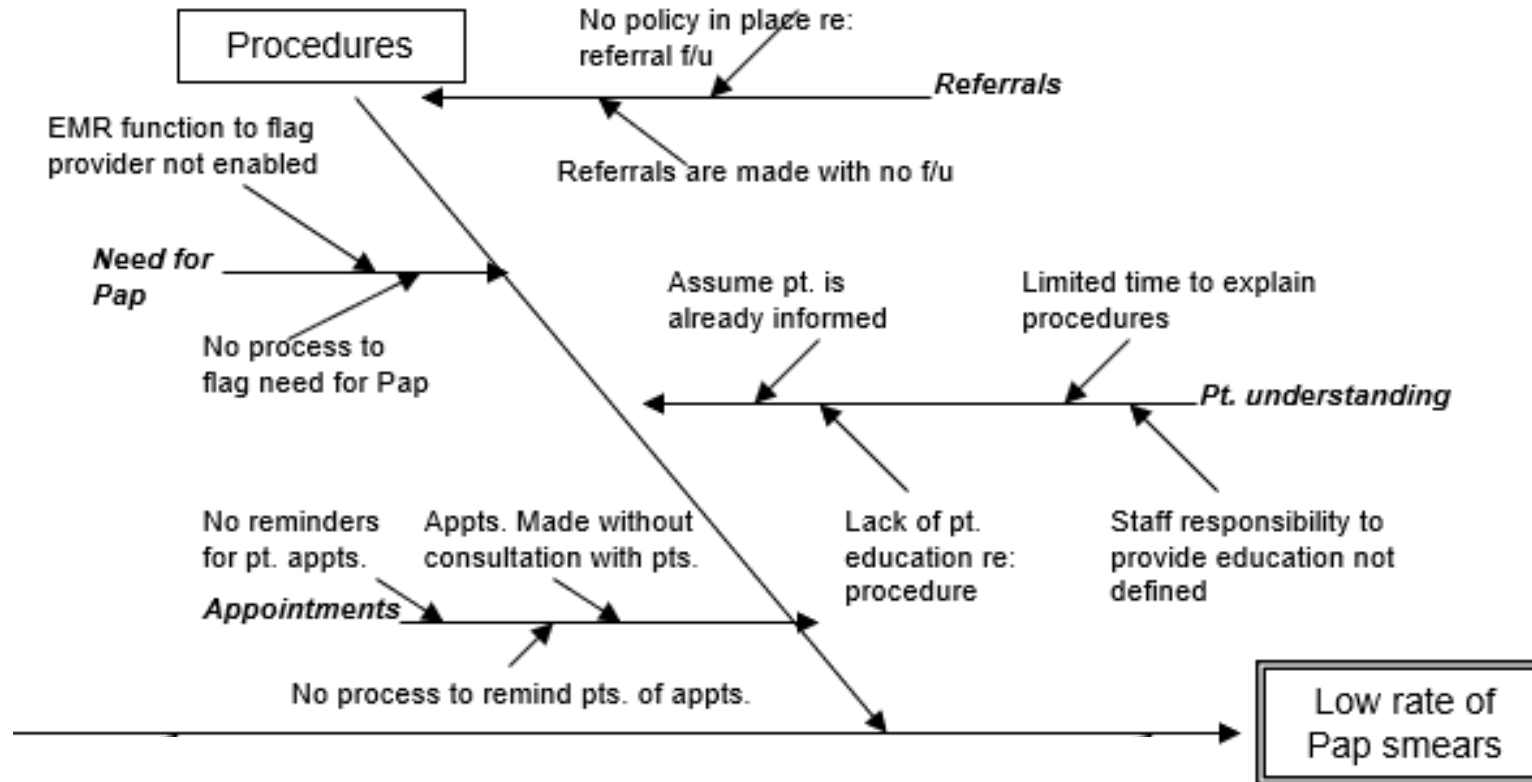
Using a Fishbone Diagram to Assess and Remedy Barriers to Cervical Cancer Screening in Your Healthcare Setting. Aids Education Training Center (AETC) 2007.



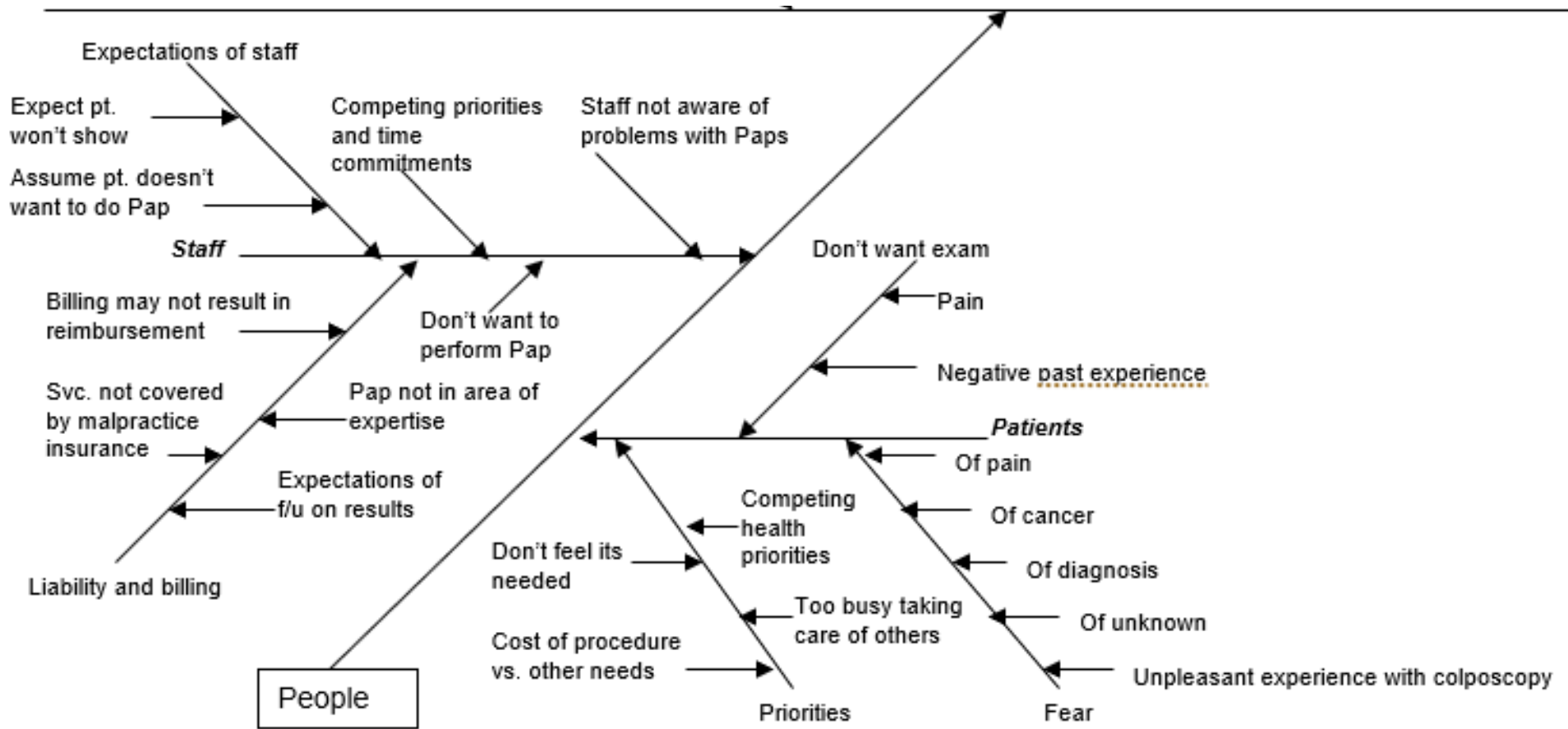
Environment



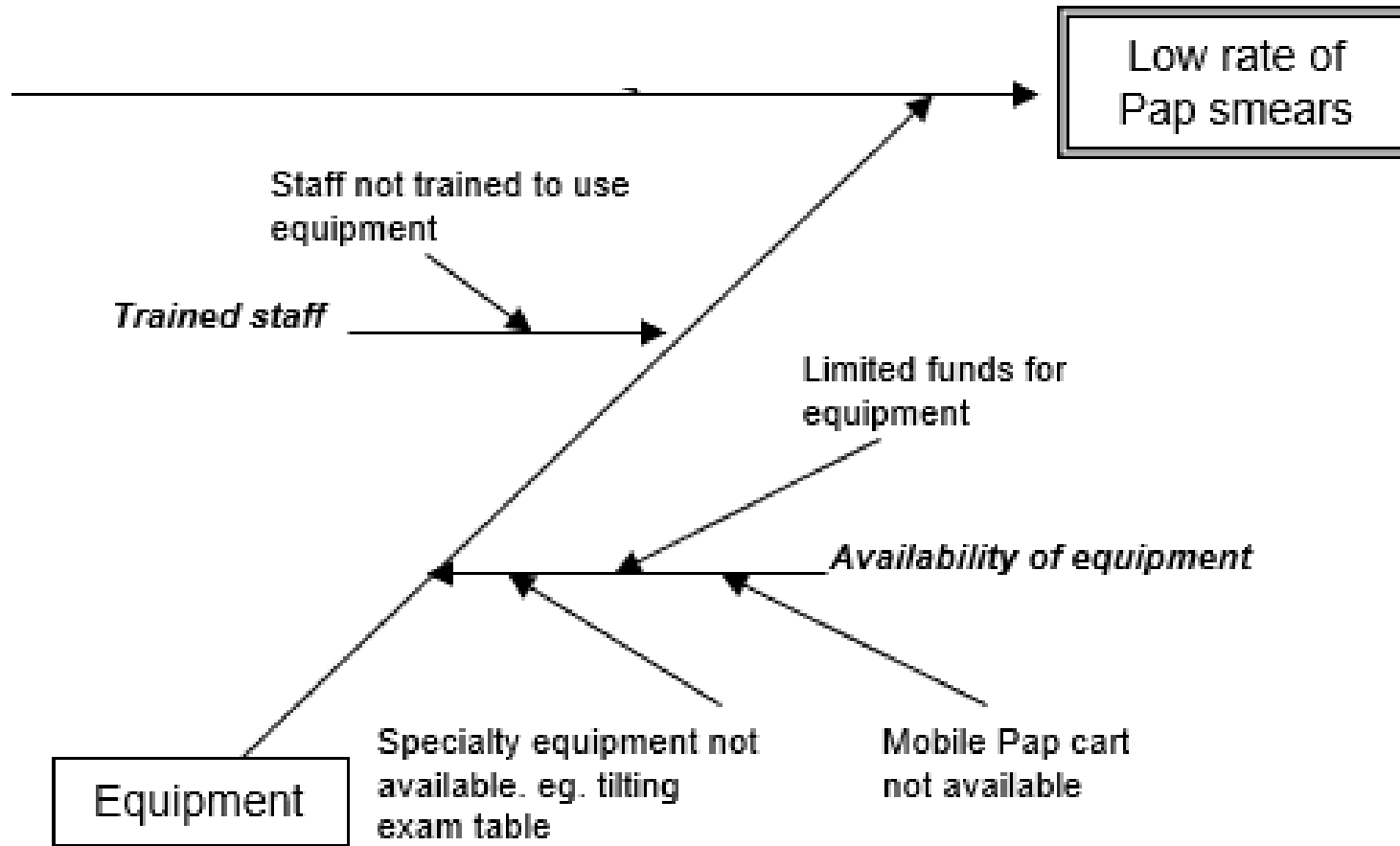
Procedures



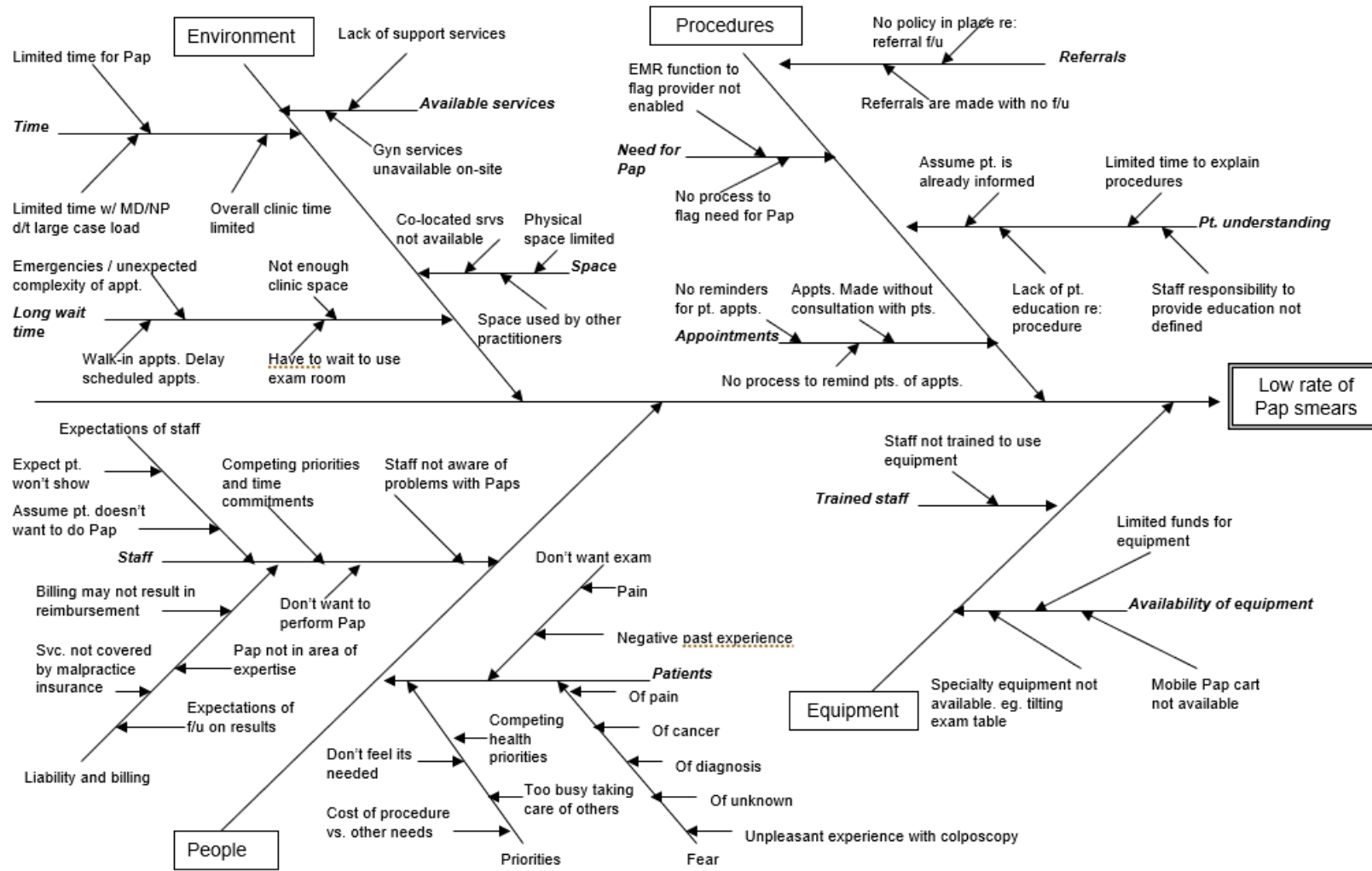
People



Equipment

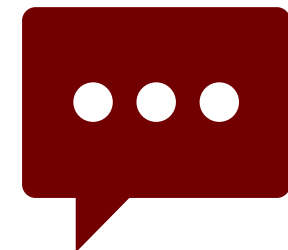
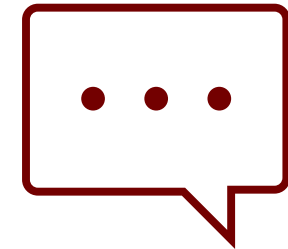
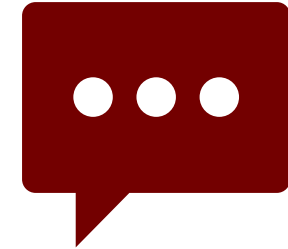


Full Fishbone Diagram



Chat Check-in

With your team's SMART goal in mind, which of the components [people, environment, materials, methods, equipment] are vital to the improvement you hope to make?



Next Steps: Moving Fishbone toward PDSA

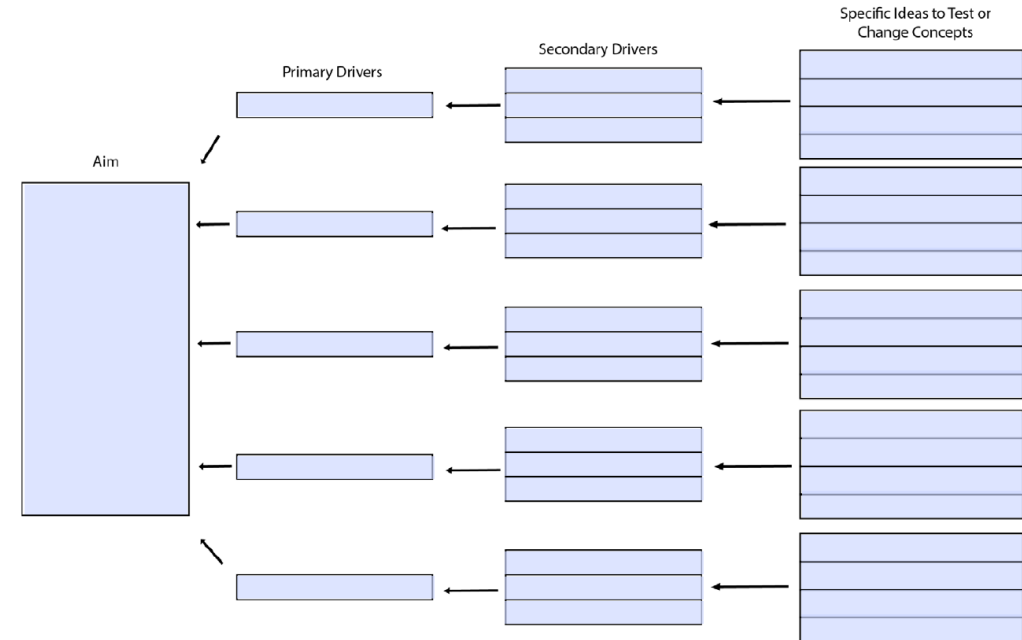


Brainstorming session on Fishbone diagram results

- Discuss what has been tried in the past.
- Discuss what has and has not worked in the past.
- Identify new strategies.
- Identify, design, and discuss how communication, collaboration, assessment, and further discussions around this initiative will happen across your organization.

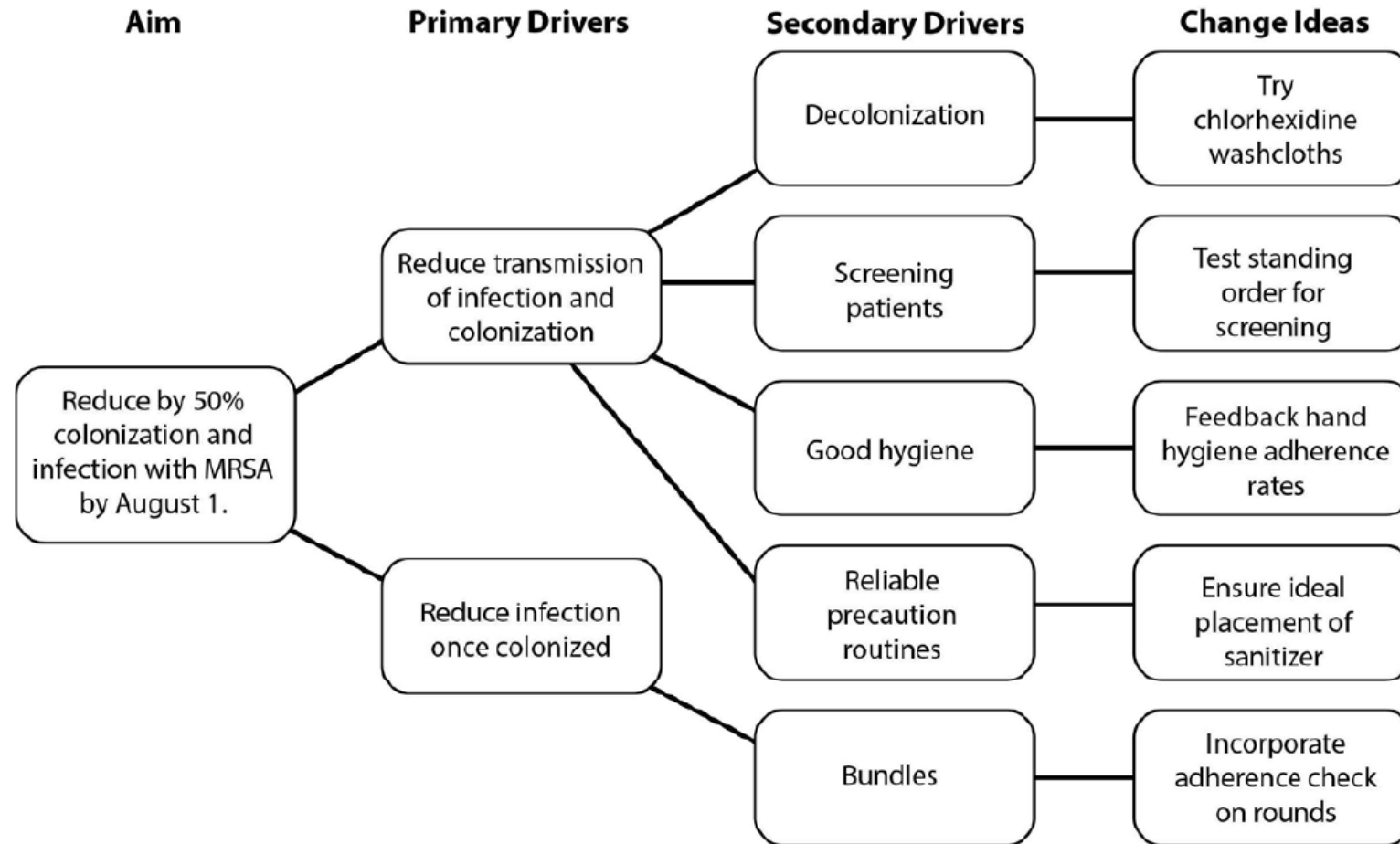
Driver Diagram

- Identify primary and secondary drivers
- As you identify each driver, establish how it can be measured
- Identify change ideas – specific ideas to test that influence secondary driver
- Use this exercise to consider what PDSA cycle you want conduct/test first



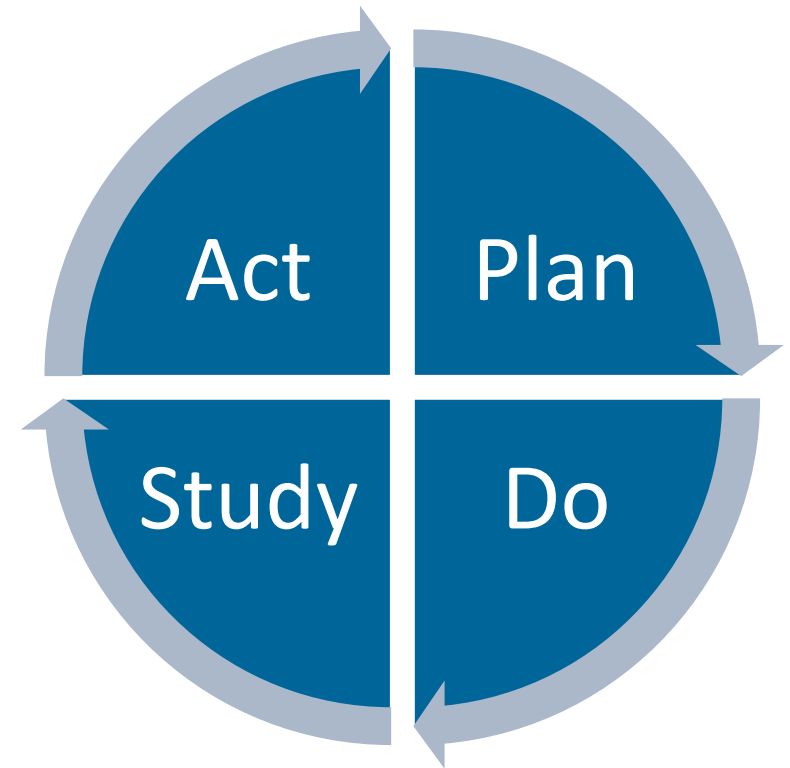
Sample Driver Diagram

Methicillin-resistant Staphylococcus aureus (MRSA)



Using PDSA Cycles

- Rapid cycles
- Iteration
- AAA (Adapt, Adopt, Abandon)
- PDSA cycles help answer:
 - What are we trying to accomplish?
 - How will we know that a change is improvement?
 - What changes can we make that will result in improvement?



Types of Measures



- Baseline Measure – data collected on an aim or cycle prior to any change
- Cycle Measure – measure that tells us if a change made during a PDSA Cycle was an improvement (cycle data may change with each PDSA)
- Outcome Measure – evaluates the impact of a change project over time

Determine

- How data will be collected and recorded
- Who will collect and record data
- How often data will be reviewed
- Who will review the data – reported, shared, etc.



How do we know a change is an improvement?

- Identify a measure or data point for each change you will test
- Types of data points or measures:
 - Descriptive or narrative – staff notes, patient responses
 - Timeframes – wait times, referral wait times, continuation in care
 - Numbers of visits, patients referred for service, patients receiving a service
 - Time from referral to visit, time from call to appointment
 - Retention in care, follow-up visits received, completion of treatment
 - Lab results or indicators
 - Number of staff trained

PDSA Cycles for Each Action Period

Plan

- Topic Selection (SMART Goal)
- Recruiting Participants
- Engage with Partner Organization
- Learning Sessions (Fishbone diagram)

Do

- Action Periods – Test PDSA Ideas

Study

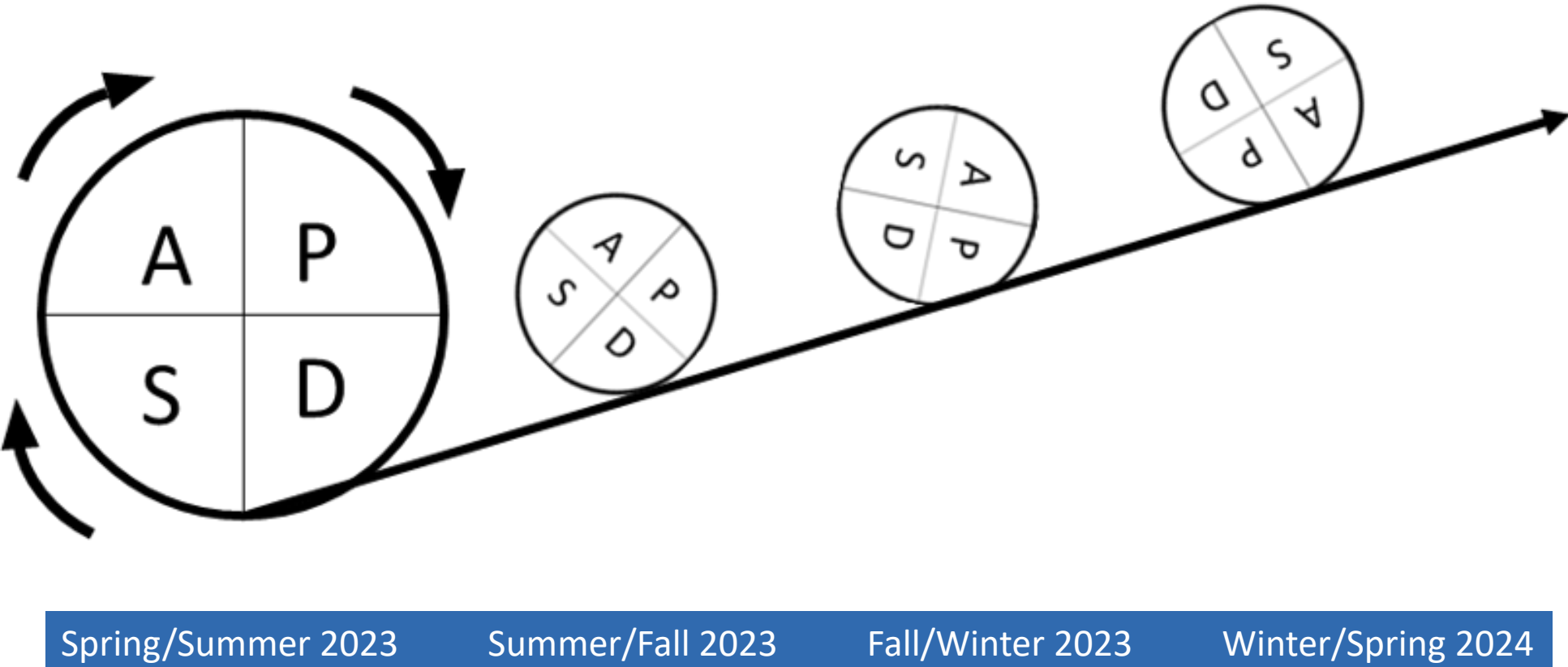
- Assess PDSA Pilot(s) Results

Act

- Revise/Iterate Improvement Plan



Iterative PDSA Process during this CoP



Spring/Summer 2023 Summer/Fall 2023 Fall/Winter 2023 Winter/Spring 2024

Rapid Cycle Testing



Try a small-scale change



For a short period of time



Measure –
pre-and
post-data



Is there
improvement?

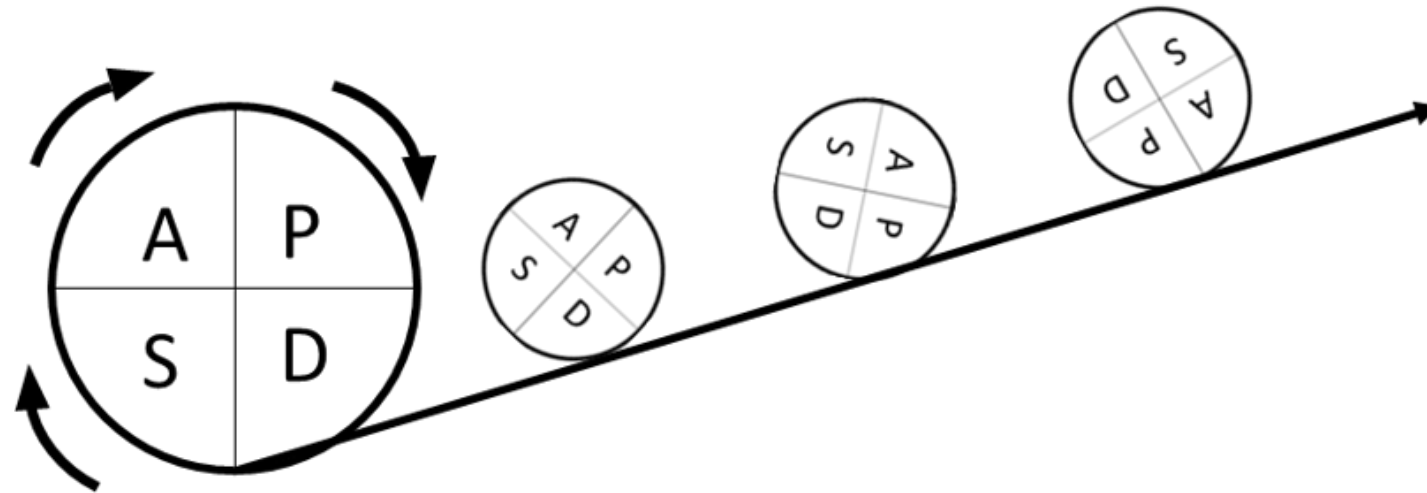


AAA - Adapt,
Adopt,
Abandon

Goal: Incremental Improvement

PDSA and Rapid Cycle Testing

Multiple PDSA cycles → Driven by data, observations, and experience =
Changes that result in improvement



Spring/Summer 2023

Summer/Fall 2023

Fall/Winter 2023

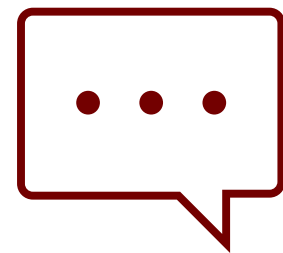
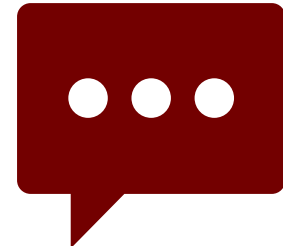
Winter/Spring 2024



Chat Check-in

What questions or concerns do you have about:

- How the SMART goal(s), Fishbone diagram, and PDSA fit together
- Completing several PDSA cycles
- Coordination and communication to ensure effective action periods



PDSA Worksheet

01

Plan: Who, What, Where, When, Data collection/measure

02

Do: Run the PDSA test on a small scale, Describe what happens

03

Study: Analyze results, Summarize and reflect on learning

04

Act: Plan the next step or idea, Determine Modifications – AAA

05

Document each PDSA cycle – test changes with multiple cycles

PDSA Worksheet

Objective:

[Light blue text box for objective]



1. Plan: Plan the test, including a plan for collecting data.

Questions and predictions:

- [Light blue text box]
- [Light blue text box]

Who, what, where, when:

[Light blue text box]

Plan for collecting data:

[Light blue text box]



2. Do: Run the test on a small scale.

Describe what happened. What data did you collect? What observations did you make?

[Light blue text box]



3. Study: Analyze the results and compare them to your predictions.

Summarize and reflect on what you learned:

[Light blue text box]



4. Act: Based on what you learned from the test, make a plan for your next step.

Determine what modifications you should make — adapt, adopt, or abandon:

[Light blue text box]

Focus on Key Questions

What are we trying to accomplish?



How will we know that a change is improvement?



What changes can we make that will result in improvement?

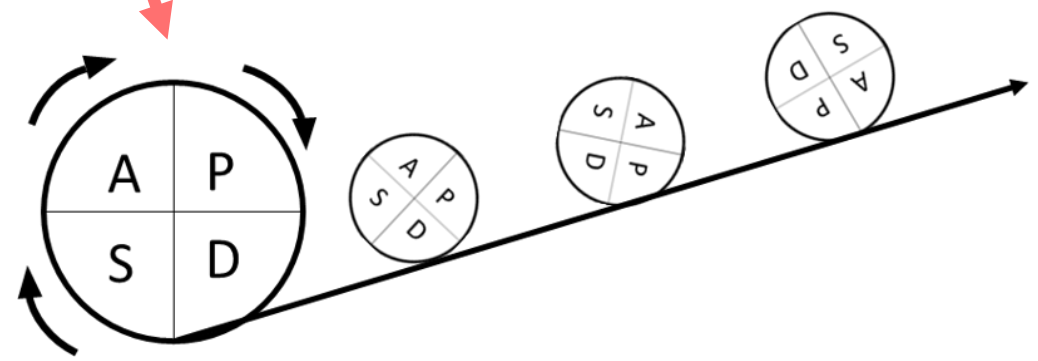
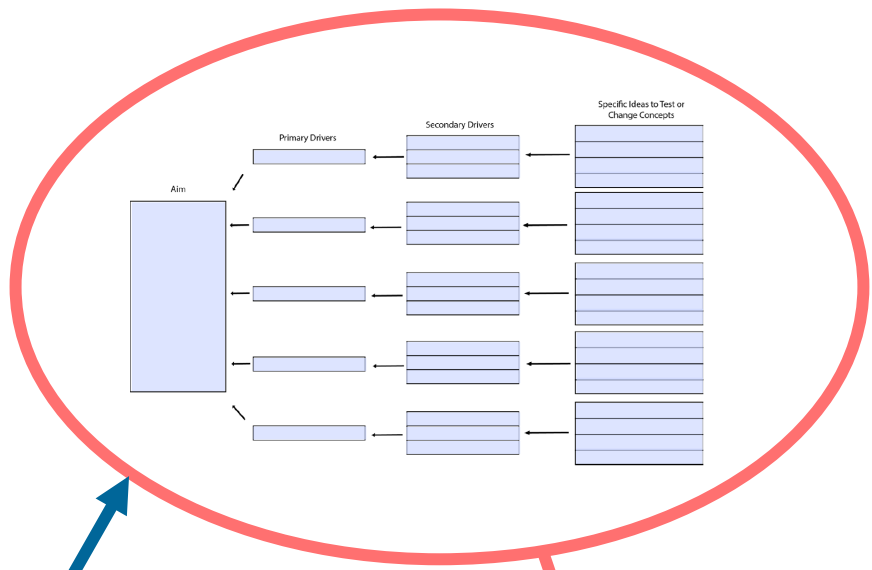
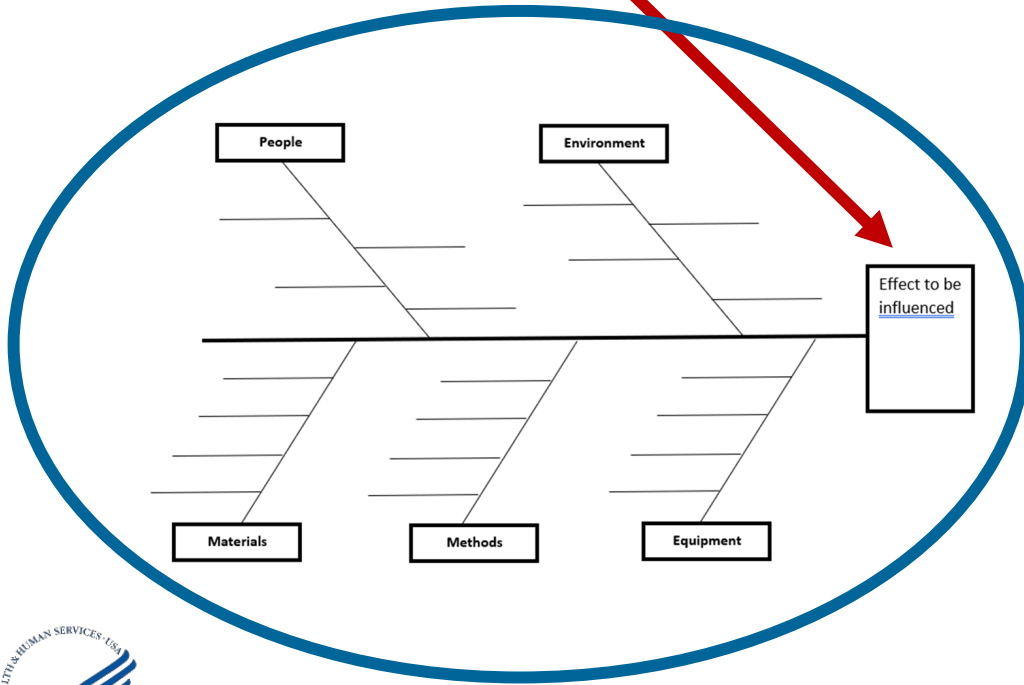


Test –
Adapt/Adopt/Abandon

Process improvement is one way of making change. It uses an incremental improvement process that leads to gradual improvement over time.

How It All Fits Together

SMART Goal



Project Planning Form

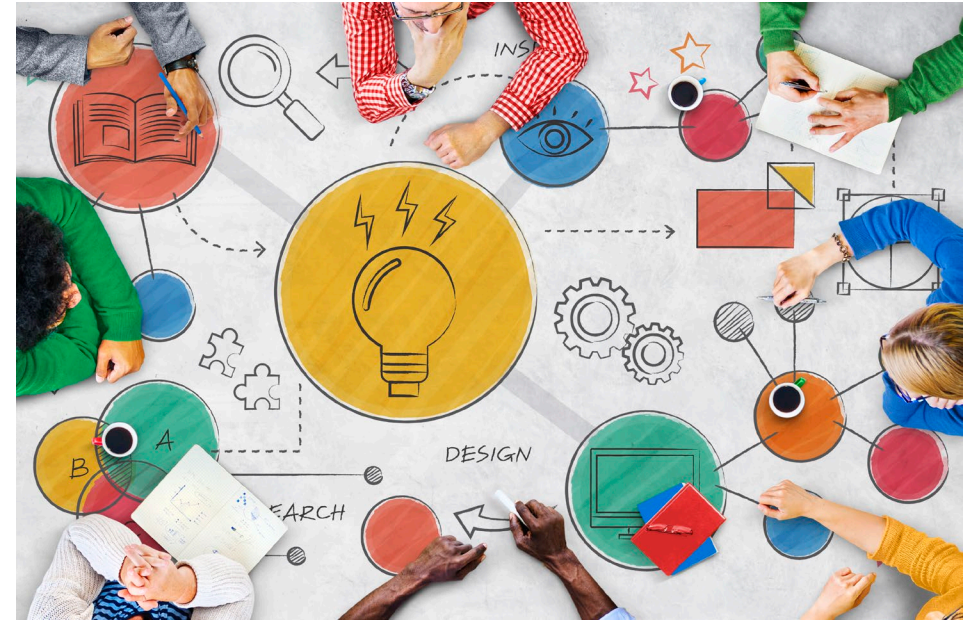


- Initiate planning
- Identify drivers or key leverage points/opportunities
- Define process measure and goal
- Complete the grid:
 - ✓ Change idea
 - ✓ Tasks to prepare
 - ✓ Person responsible
 - ✓ PDSA details
 - ✓ Timeline – weeks, phases, indicate Testing/Implementation/Spread
- Ongoing tracking of PDSA cycle changes over the life of the project

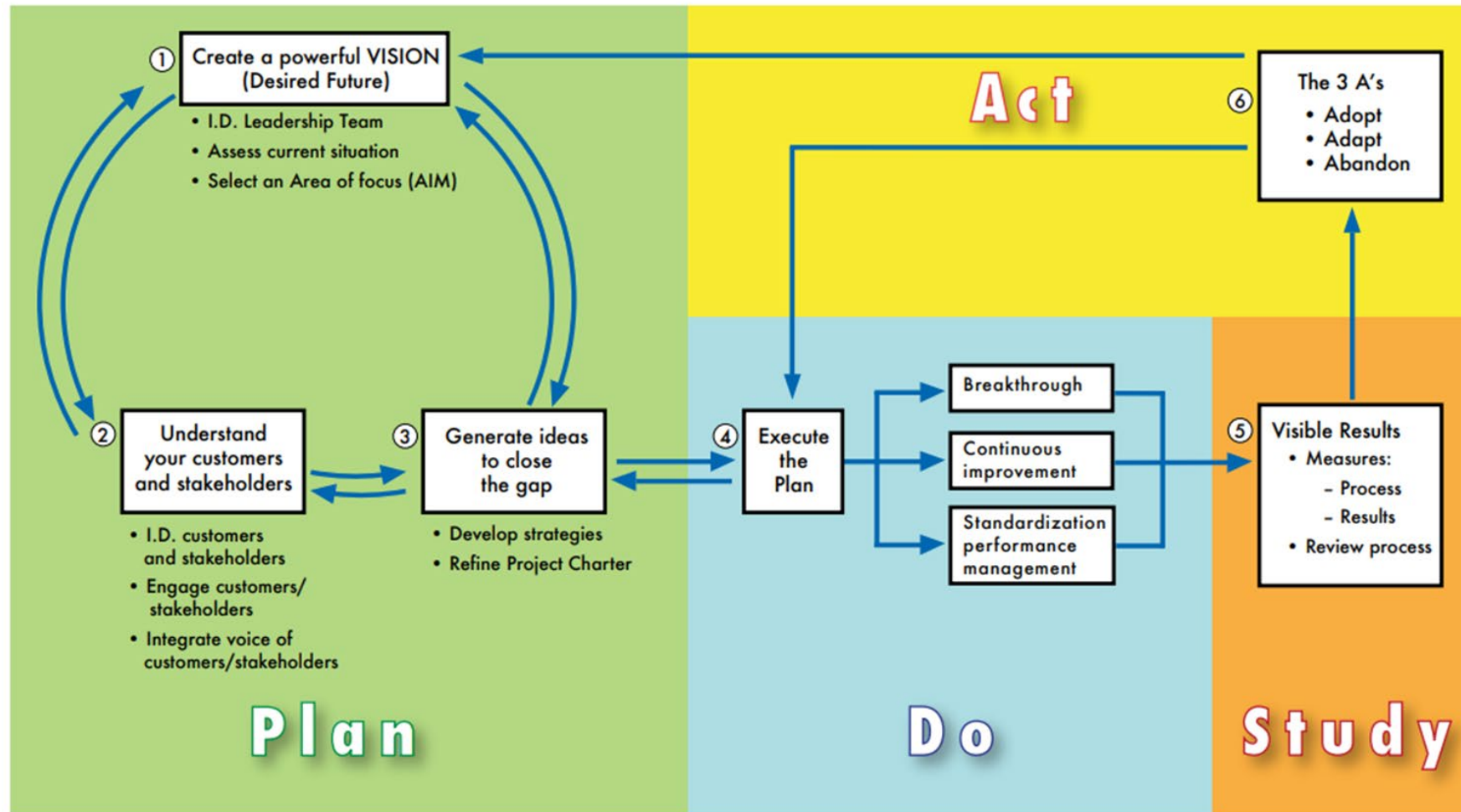
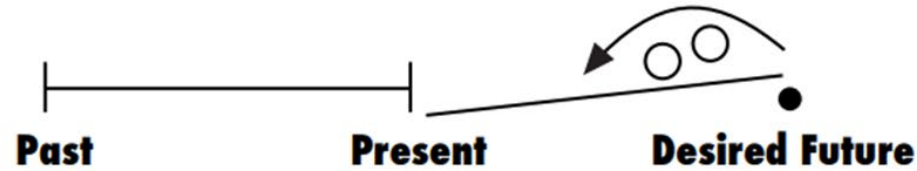


Project Planning Form

- Helps a team think systematically
- Tracks changes and tests
- Builds in accountability
- Provides full picture of the project at-a-glance



Whole Systems Change Workout



Questions?



Resources and References

- *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003.
<https://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx>
- *QI Essentials Toolkit*. Boston: Institute for Healthcare Improvement; 2017.
<https://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>
- *Using a Fishbone Diagram to Assess and Remedy Barriers to Cervical Cancer Screening in Your Healthcare Setting*. Aids Education Training Center (AETC); 2007.
<https://slideplayer.com/slide/5891568/>



Upcoming Events

CoP Learning Sessions and Action Periods (tentative dates)



Announcements & Participant Evaluation

Post-Training Announcements

- May Leadership Calls
- Learning Session #2 – PCC Training and Protocols
- June Leadership Calls

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