Improving Quality at the Network: Strategies for Successful QI Partnerships

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Disclosure Form

Itta Aswad has no financial interest or relationships to disclose.

•HRSA Education Committee Disclosures
HRSA Education Committee staff have no financial interest or relationships to disclose.

• CME Staff Disclosures
Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

By the end of the session, participants will be able to:

1. Evaluate the effectiveness of a Quality Committee implemented on a network level for the improvement of quality care.
2. Identify barriers and facilitators to implementing a similar structure at their agencies.
3. Describe the infrastructure to colleagues and utilize applicable information when developing a QI program.

Who are we

HIV ACCESS is a consortium of Primary Care clinics working to provide comprehensive quality care to PLWHA
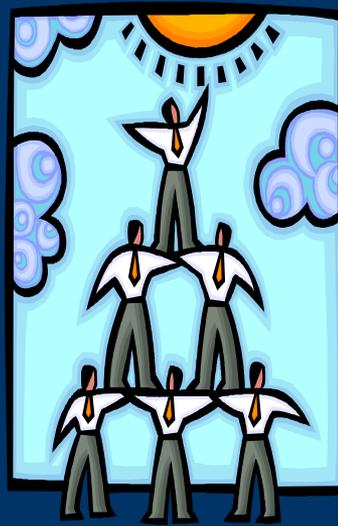
The Family Care Network is a consortium of agencies that works to provide comprehensive, services across disciplines for children, youth, women and families living with HIV

Where we wanted to be…

- Meet and exceed National benchmarks

- Increase performance

- Develop a efficient and sustainable Quality program

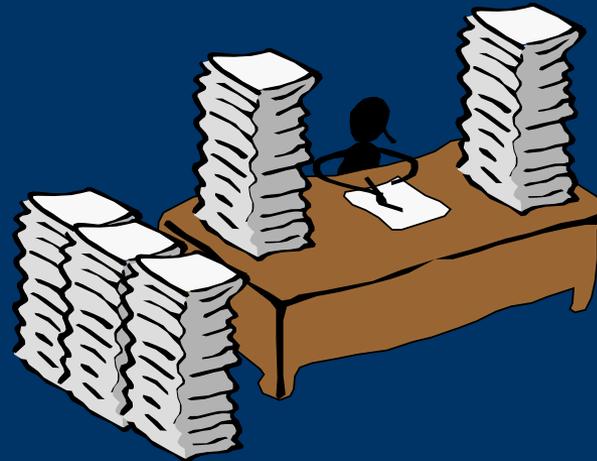- Move toward system changes

- Increase collaboration

Where we were…

- Quarterly Data Collection

- Measurement only projects

- Lack of Accountability

- Lack of Best Practice sharing

Quality Improvement

Performance Measurement

Quality Management Program

Does this Sound Familiar?

Difficulties with…..

- Communication

- Organizing tasks

- Resources

Special Challenges of a Network

- Accountability

- Small investment in each agency, so trouble getting access to staff

- Trust in sharing data

- Getting buy-in for unified priorities

- Support services culture vs. clinical culture

Exercise: What Do Our Networks Need More of?

Exercise: 5 minutes. Fill out the network diagnostic checklist.

- 5 minutes – share results with 2 strangers sitting near you:
  - What did you score yourself highest on? Lowest?
  - Why?

What Did We Do: New Structure
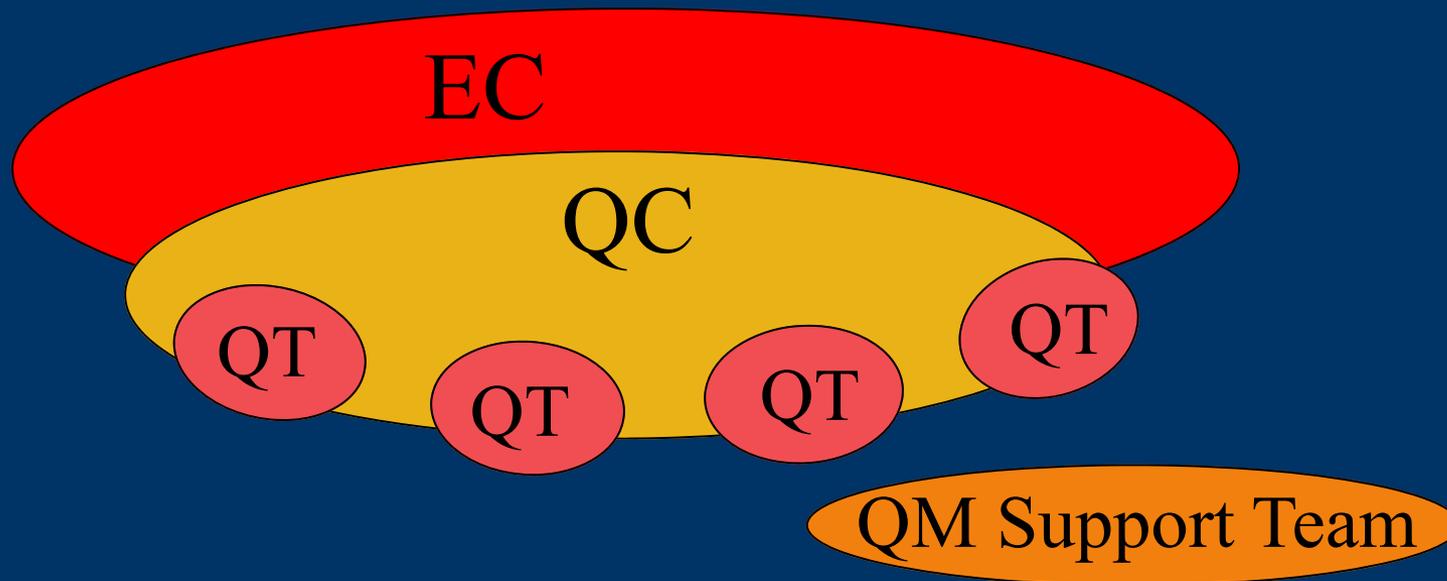
Quality Committee

- Composed of frontline and managerial staff

- Meets twice a year

- Reviews data

- Plans improvement projects

- Shares with other agencies

- Gains education on QI principles
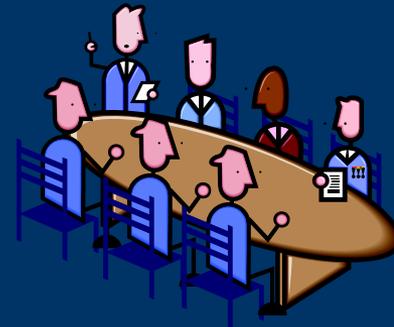
QM Support Team

- Coaches improvements

- Collects data

- Writes reports and helps with documentation

- Collects and disseminates improvement stories

- Organizes and maintains QM work plan

New Tools: Increasing Communication

- Quality Committee meetings

- Site Report backs

- QI Stars

Our QI Performing Starts... This month's highlights ACMC

ACMC Tackles the Pap smear....

Fairmont

As with most HIV specialty clinics nationally, ACMC faced the challenge of getting woman in to get their Pap test. They combined reminder calls with a documentation effort, making sure that the test made it into the Pap log book and LabTracker, and saw an increase from **14% in Q2 to 46% in Q3!** That is a **32% increase in 3 months!** They were able to evaluate the current system, make small changes and see a huge performance increase! Wonderful job!

Highland

Although faced with the same obstacle, they had a different situation. With a large provider group, it was unclear as to whose patients were getting the Pap. They decide to do a provider focused review to determine which patients needed the exam. They are combining this with the lessons learned from the Fairmont campus of documentation and reminder calls as a PDSA. Additionally, they have incorporated the use of a "Traveling Pap Kit" for increased supply accessibility. We have already seen improvements from **29% in Q1 to 34% in Q3!** We will be on the look out for great improvement strategies and out comes over the next few months. Keep up the great work!

"I'm looking for an increase after our data input... see, the data entry helped..." Steve Kilgore R.N., Nurse Manger at ACMC

Tools used to organize tasks

	Activity	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
1	Implement new QM structure and performance measurement plans										
	Monthly check in with QT's										
	Quarterly report to EC regarding QC progress		TBA			TBA			TBA		
	Quarterly report to Management Team regarding QC progress	8			TBA			TBA			
	Use intermittent QC meetings for PDSA modifications and check in's										
2	Case Management Meeting										
	Re-establish the CM SOC and propose a network wide QI project for MH Assessments				15						
3	Review SOC										
	Review FCN, OAA and national standards in an effort to update (if needed)			31							
4	Increase Cross Part collaboration										
	Coordinate collaboration efforts										
	Cross Part provider training		21								
	Client input- focus groups		31								
	Present Cross Part collaboration and programs at LC/QC					TBA			TBA		
5	Needs Assessment										
	Review assessment results and compare with Focus-group input							30			
	Develop tool for incorporating client needs with QI projects								QC		
6	CareWare Implementation										
	Coordinate QM and database use with CW system										
	Training on how to run reports										
7	QC Capacity Building Training										
	Quality Improvement in Case Management and Care Coordination						30				
	Applying Quality Improvement tools to Common Challenges										
	Performance data and how to link with Improvement activities										
8	Evaluate QC framework										
	Develop evaluation tool							30			
	Conduct evaluation								QC		
	Analyze data									30	

Tools used to keep momentum
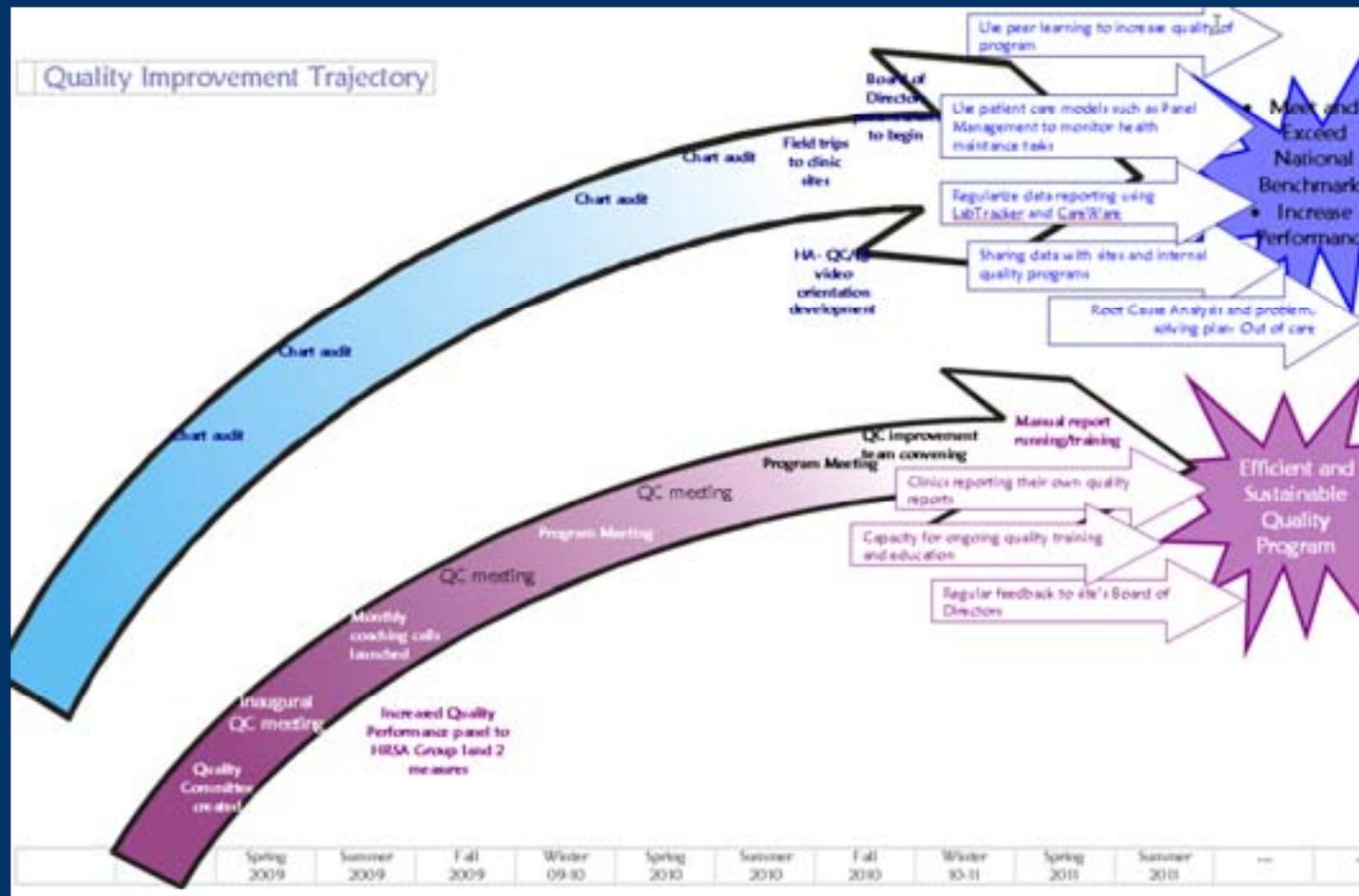
Lessons Learned

- Regular venue for communication

- Increase accountability

- Normalize training and education

- Celebrate successes

Resources

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