Mundane to Magnificent

Transitioning Quality from Checkbox Mentality to a Culture of Quality Improvement

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INTRODUCTION

Baseline Assessment shows:

- Ineffective clinical quality management
- Lacked infrastructure & leadership engagement
- Inefficient monitoring process using a 3rd party
- Lack of trust and communication
- No formal/informal quality improvement project
- No quality committee meeting
- Low consumer participation
- Quality considered a “checkbox”

METHODS

- **PDSA Methodology**
  --- Plan --- Do
  --- Study ---Act

- **Performance Management Model**
  - Program purpose & performance measures
  - Research and adopt performance standards
  - Continuous quality improvement
  - Reporting and accountability

EXAMPLE OF IMPROVED AUTONOMY

Before

- Inconsistent viral load data
- Unclear performance measures collected 3rd party
- No formal quality improvement activities

After

- Available and reliable viral load results at the subrecipient
- Defined performance measures collected and reported by subrecipient
- QI identified, managed and reported by the subrecipient

ACTIVITIES

- Guideline / requirement gap analysis
- HRSA Technical Assistance (TA) to update Clinical Quality Management Plan
- Leadership engagement
- Partner with subrecipient on end+disparities Extension for Community Health Outcomes (ECHO) Collaborative
- Partner with subrecipient to update performance measure and data collection plan
- Subrecipient TA using REDCap to monitor performance measures
- Quality Committee collaborative feedback

Integrating department of health, outpatient ambulatory, and case management staff through collaborative monitoring

RESULTS

Improved

- Communication (break down silos, and strengthen partnerships)
- Monitoring tools (collaborative data collection plans)
- Accountability (increased meeting attendance)
- Autonomy- (subrecipient progress from mundane and dependent to independent meaningful contribution)
- Reporting (consistent quarterly submission)
- Health outcomes (viral load from baseline 89% to 93%)

LESSONS LEARNED

- Infrastructure and leadership essential to quality management
- Integration of services with common priorities, and supportive technical assistance builds trust, loyalty and improves buy-in
- PDSA process and open discussion is effective to improve program quality and strength relationships
- Meaningful measures enhance engagement with quality improvement

CHALLENGES AND LIMITATIONS

- Internal and external stakeholders who don’t value or understand the purpose and process for quality improvement view quality as a mundane checkbox.
- Some partners resist completing, documenting and reporting service plans.
- Defensive communication silos and collaboration barriers made it difficult for meaningful, safe conversations.
- Knowledge gaps of current expectations, related to contract compliance and quality improvement.
- Process change of adding benefit specialist resulted in an increase of applications and recertification requests, and overwhelmed internal processing causing delays with enrollment approval.