

Clinical Quality Improvement (CQI) Mini-Grant Pilot Project – Boston EMA



Wiona Desir, MPH and Sarah Kuruvilla, MPH
Pl: Katie Keating, BS, MPH
Boston Public Health Commission

Background

The Boston Public Health Commission (BPHC) funds 33 subrecipients in the Boston Eligible Metropolitan Area (EMA) to provide Ryan White Part A services.

Initially, BPHC directed most Clinical Quality Improvement (CQI) resources to CQI staff, trainings, and technical assistance

- · 100% of subrecipients attended an introductory QI training
- · 40% of subrecipients attended an advanced QI training

Trainings increased knowledge and sparked creative QI project ideas, but providers identified a lack of QI funding as a barrier to implementing QI projects.

In response, BPHC reallocated some QI funds to give providers "seed money," in the form of mini-grants, to provide additional resources for the implementation of QI projects.





Design/Method

In May 2019, BPHC launched a CQI mini-grant pilot project. After developing a minigrant application, review process, and allocation process, CQI staff informed subrecipients of the mini-grant opportunity through a webinar and electronic communication.

Subrecipients had the opportunity to submit mini-grant proposals on a rolling basis. The CQI staff team and committee evaluated proposals based on feasibility and the following core elements:

- · Summary of the proposed QI project and intended improvement goals
- Description of the agency's QI infrastructural and improvement capacity
- · Plan to measure performance



Results

12 subrecipients received a QI mini-grant of \$5,000-\$25,000. Mini-grant awardees were required to participate in regular QI coaching/TA calls, share documented progress, and submit a final project summary. All awardees completed QI projects.

Examples of QI projects:

- 50% of projects focused on strengthening the use of client satisfaction surveys
- 42% focused on increasing care engagement and retention
- 8% focused on increasing Hepatitis A and STI screening rates and reducing client intake documentation time

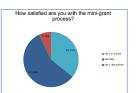
Examples of QI project results:

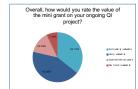
- Increased engagement in client satisfaction survey from 16% to 50%
- Increased documented immunity to Hepatitis A from 78% to 90%
- Decreased gaps in a medical visits by 25%
- Decreased client intake documentation time from 4 hours to 1.5 hours
- Increased client care engagement from 88% to 100%

All mini-grant awardees completed a survey designed to evaluate their experience with the mini-grant pilot process.

- 79% of respondents thought the mini-grant was extremely or very valuable
 - 86% will recommend the CQI mini-grant to other subrecipients
 - 93% of respondents were satisfied with the overall mini-grant process

"As a non-profit, the mini grant has help us with items that we have no funds for but impact our daily flow. It has help with staff time and the development of different processes." – 2019 Mini-Grant Recipient





"One thing that would be helpful in the future is the allowance for grant recipients to use the money for projects that might not yet have reached the point of outcome measurement. There are some critically important programs here that would greatly benefit from financial support in earlier stages of the quality improvement cycle. We are grateful for any help we can get." — 2019 Mini-Grant Recipient

Challenges/Limitations

- Buy-in and participation of subrecipients in mini-grant process due to competing priorities and limited capacity
- Time required to process QI mini-grant proposals, determine allocations, and distribute funds to agencies
- Capacity of CQI program coordinators to oversee administration of minigrants (i.e. budget revisions, award process, etc.)

Conclusions

CQI mini-grant funding is a valuable tool to promote

- Increased subrecipient engagement in CQI activities
- Enhanced CQI capacity across subrecipients
- · Improved quality of services

Subrecipient feedback from the FY19 pilot project is guiding improvements to the FY20 CQI mini-grant process.

Please contact us for more information and sample documents.

Ryan White Part A Funded by HRSA Boston Public Health Commission Email: cqm@bphc.org Website: www.bphc.org/rwsd

Phone: 617-534-2370