



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

The Broward EMA Initiative to Increase Quality Improvement Capacity; 16112

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Collaboration



- This project is a collaboration between the Broward EMA Ryan White Part A Program Office (Health Care Services, Community Partnerships Division) and the Broward Regional Health Planning Council, Clinical Quality Management Program.
- The activities presented are 100% funded by a Federal Ryan White HIV/AIDS Program Part A grant received by Broward County and sub-granted in part to the Broward Regional Health Planning Council.



Broward Regional Health Planning Council



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Outline



1. Overview and Background
2. The Plan to Increase QI Capacity
3. QI IQ Survey
4. The Quality Learning Collaborative
5. Results
6. Successes, Challenges, and Lessons Learned
7. Next Steps
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Key Terms



- QI - Quality Improvement
- QIP - Quality Improvement Project
- CQM - Clinical Quality Management
- Network - Group of funded Providers that meet to discuss service delivery and quality of care
- HIV MIS - Electronic record used for client information and billing, similar to EHR
- TA- Technical Assistance

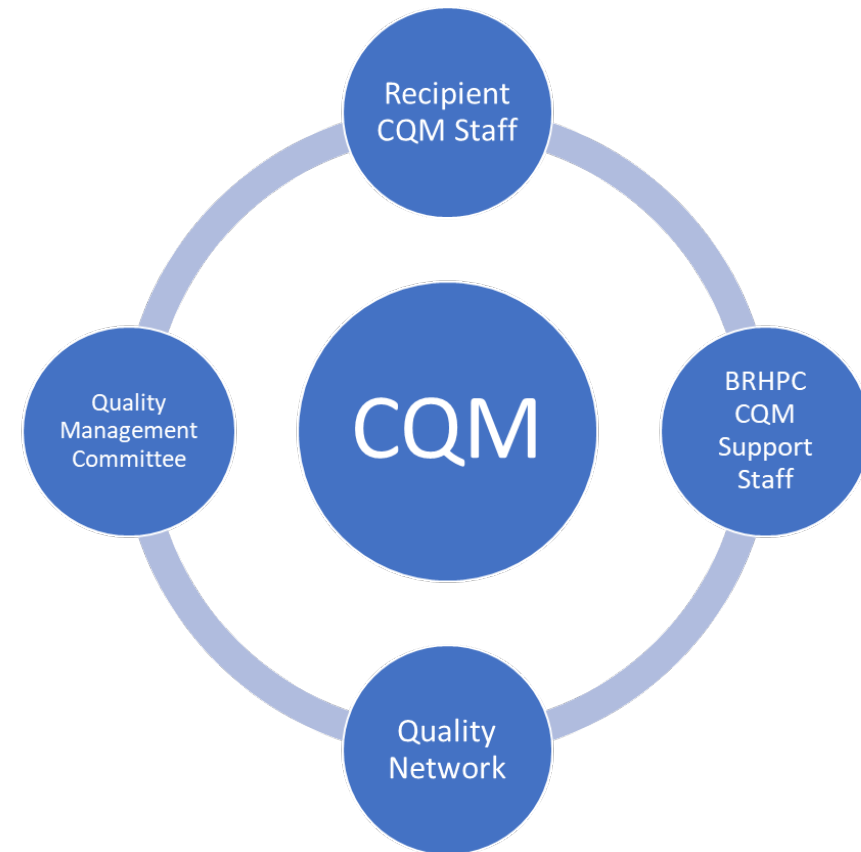


Overview and Background

Overview of the Broward CQM Program



- Recipient CQM Program Staff
- Subrecipient (BRHPC) CQM Program Staff
 - Implementation of the CQM Program and activities for the EMA
- Quality Network
 - 13 quality-oriented providers and/or program managers
- Quality Management Committee



HRSA Expectations for CQM Program QI Activities

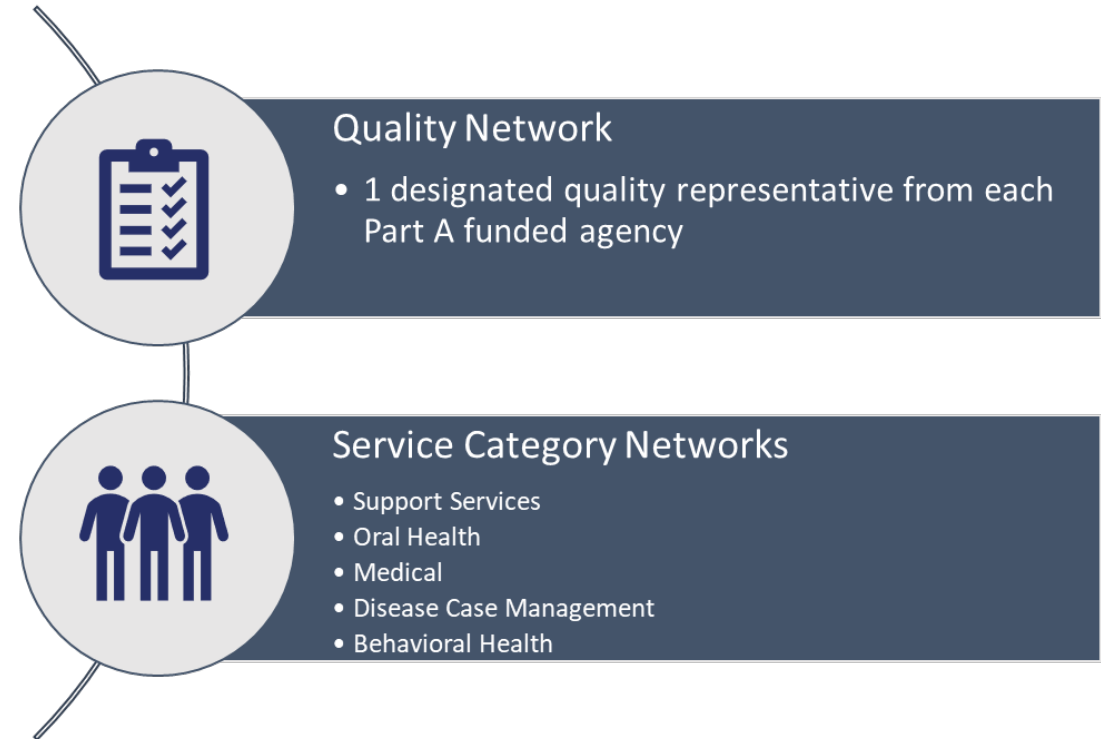
- PCN 15-02
 - Recipients must:
 - “implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction”
 - “work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations”
- The Broward EMA CQM Program accomplishes this through mechanisms that ensure each subrecipient agency conducts at least 1 QIP per year
- This expectation has not been met by all agencies historically

Strengths and Challenges



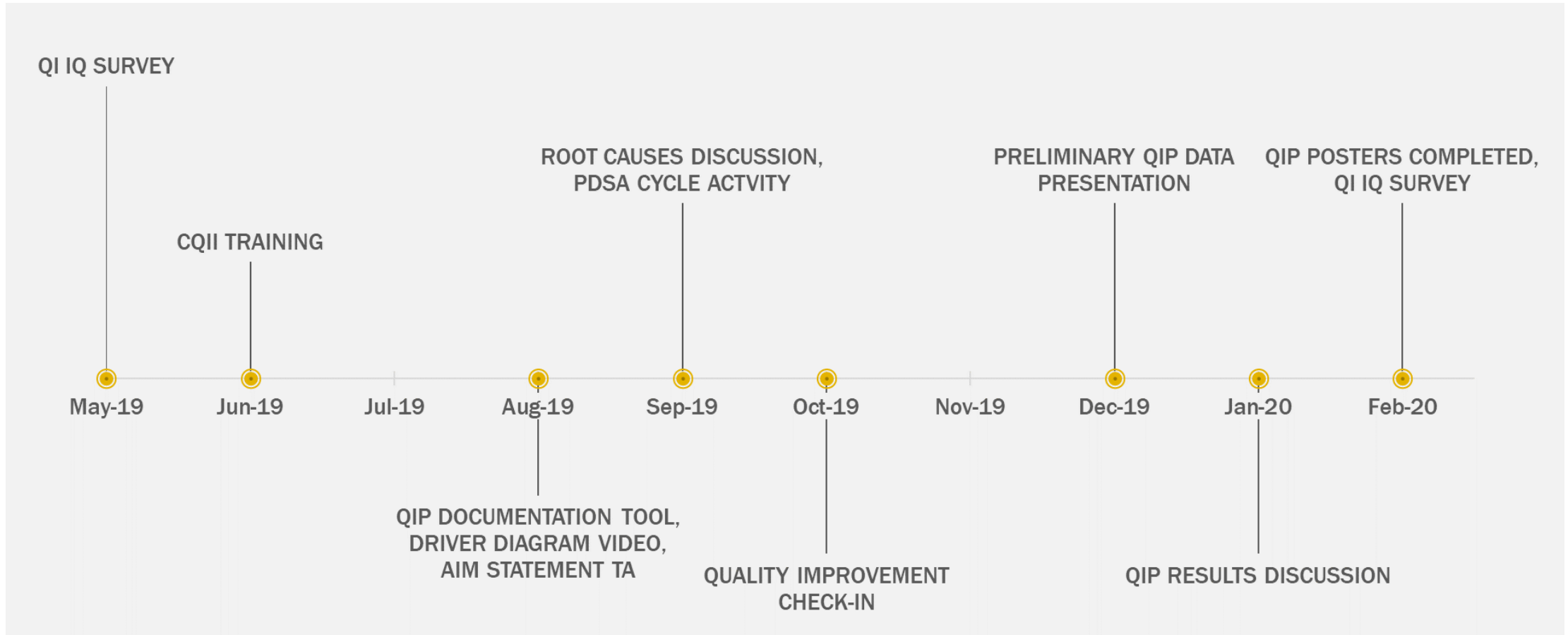
Networks

- Comprised of locally funded Ryan White Part A provider agencies to evaluate and improve systemwide service delivery
- Meet routinely to improve the EMA's system of HIV care by engaging providers to better **understand and improve** the client experience
- Focus on collaboration and networking



The Plan to Increase QI Capacity

Timeline



- Conducted on 6/12/2019
- 4-hour training
- Focus:
 - Performance Measurement
 - IHI Model of Improvement
 - PDSA Cycles
 - Setting AIM Statements
- Led by:
 - Kevin Garrett, LMSW from CQII



The Plan to Increase QI Capacity



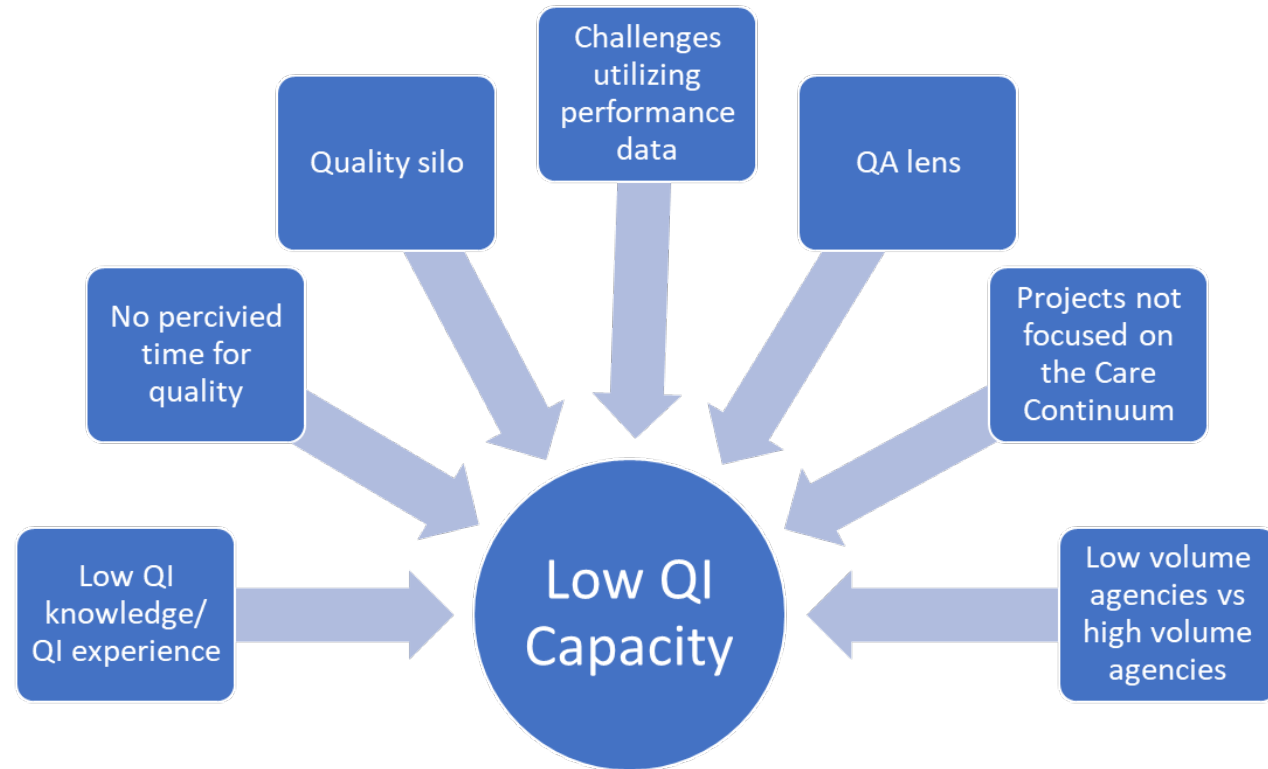
- Utilize a learning-collaborative approach through the Quality Network
 - Implement interactive activities and QI trainings
- Meet every 6 weeks
- Utilize a 3-step process to implement QIPs
 1. Aim statements and problem identification
 2. Root cause analysis
 3. PDSA cycles
- Providers document the process and CQM Program staff review and provide TA

Aim Statement and Root Causes

Aim Statement

The CQM Program aims to increase the capacity of Quality Network members to conduct 1 QIP per agency by 02/29/20.

Root Causes



Root Cause Analysis



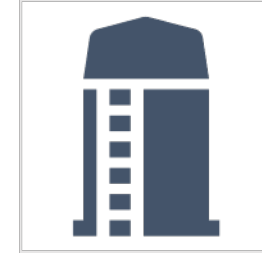
Low QI knowledge/QI experience

- Need to measure and meet subrecipient “where they were at” for QI skills
- Wide range of QI experience
- Building quality confidence individually and as a group
- Community of learning for quality led by quality-oriented providers



No perceived time for quality

- “Multiple hats”, quality is small portion of the job
- Staff turn-over or vacancy caused QI to be put upon other staff



Siloing of quality

- One staff person designated to quality and no other staff participated
- Quality teams not developed

Root Cause Analysis



Challenges utilizing performance data

- Lack of confidence using reporting features of the HIV MIS



QA lens

- Staff are trained heavily on QA, less on QI
- Focus of QA from funders, leadership



Projects not focused on the Care Continuum

- Previous projects did not focus on viral suppression
- Little impact on “moving the needle”



Low volume agencies vs high volume agencies

- “Person-centered focus” vs “Process-focus”
- Quality looks different for different agencies and different service types

QI IQ Survey

QI IQ Survey Overview

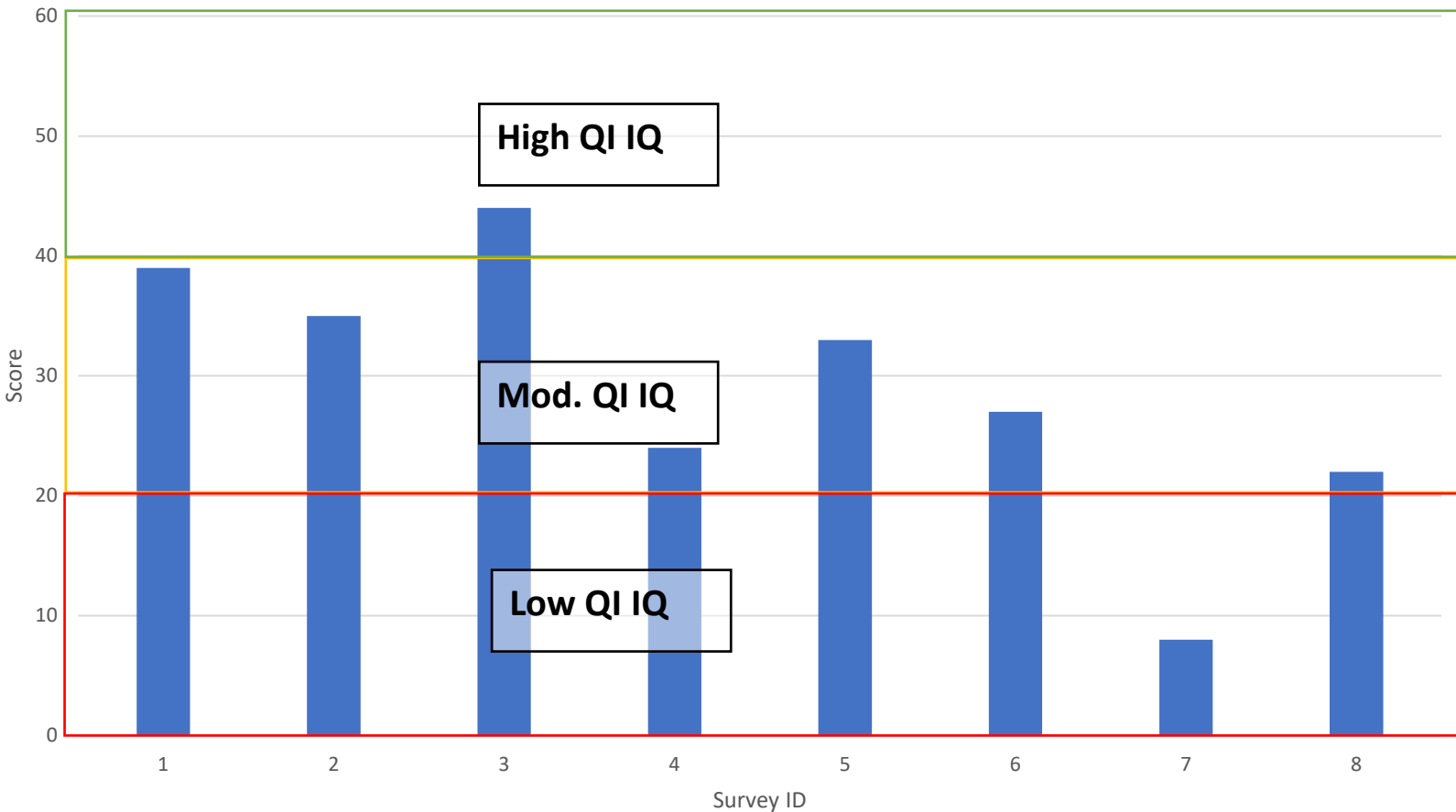


- Adapted from *Planning and Implementing a Successful Learning Collaborative- Guide to Build Capacity for Quality Improvement in HIV Care* developed by New York State Department of Health AIDS Institute HRSA HAB
- Used to measure perceived QI experience, knowledge, and skills
- Survey was conducted at all Network meetings
- Scored on a 0-4 scale for each item, 60-point maximum score
 - 0= low perceived QI experience, knowledge, and skills
 - 4=high perceived QI experience, knowledge, and skills
- Analyzed pre vs post survey

QI Activities	What is this? (0)	I have heard of this.(1)	I have done this once.(2)	I have done this 3 or more times. (3)	I am an expert & can teach this.(4)
I can define quality improvement.					
I can describe the difference between quality improvement and quality assurance.					
I can develop and conduct a PDSA cycle.					
I can create and discuss a run chart.					
I can create and discuss a fishbone diagram.					
I can define and am comfortable with drilling down data.					
I can extract data and run a report using Provide Enterprise (PE).					
I understand outcomes measures as they relate to HIV treatment and care.					
I can develop clinical and non-clinical indicators.					
I can identify all services categories in the Broward EMA and pull data on each of these categories.					

QI IQ Pre-Survey Results

QI IQ Pre-Survey Score



- Most members had a moderate QI IQ
- Challenges and limitations with QI IQ Survey detailed in results
- Results will be reported in later slides

The Quality Network Tools and Activities

Documentation Tool: Aim Statements and Identifying the QI Problem



Broward EMA Quality Improvement (QI) Project Documentation Form

Broward RW Part A Agency Name:	Quality Manager Name:	Contact Number:	Email:
Name of QI Project:	Project Start Date:	Project End Date:	

Selected Population of Focus:

Formal AIM Statement:

Investigating the Current Problem

Mark the tools/strategies listed below that your team will use to identify the key factors, including systems that are contributing to negative patient health outcomes (e.g. viral load suppression or retention in care rate) that you are trying to change/improve. Please describe the details of the process you selected in the box below.

<input type="checkbox"/> Data Drill Down <input type="checkbox"/> Value Stream Mapping <input type="checkbox"/> Assessing Patient Experience <input type="checkbox"/> Cause and Effect Diagram <input type="checkbox"/> Process/Flow Mapping <input type="checkbox"/> Team Discussion and Brainstorming <input type="checkbox"/> Driver Diagram <input type="checkbox"/> Focus Groups <input type="checkbox"/> Other (Please describe)	
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- Subrecipient challenges:
 - Analyzing and reviewing data for disparities
 - Identifying a population of focus
 - Especially difficult for low volume agencies
 - Miscommunication that it *had* to be a CDC designated disparity group
 - Setting an aim to improve viral suppression for support services agencies - importance of downstream effects
- With 1 on 1 TA, all agencies developed an aim statement

Documentation Tool: Root Cause Analysis



Root Causes: <i>List the main factors that are contributing to the outcome you want to improve/change.</i>	Process Measure: <i>Document how you can measure the identified causes or drivers.</i>	Goal: <i>Describe a strategy your team can use to change/improve the status quo, to meet your aim.</i>

Documentation Tool: PDSA Cycles

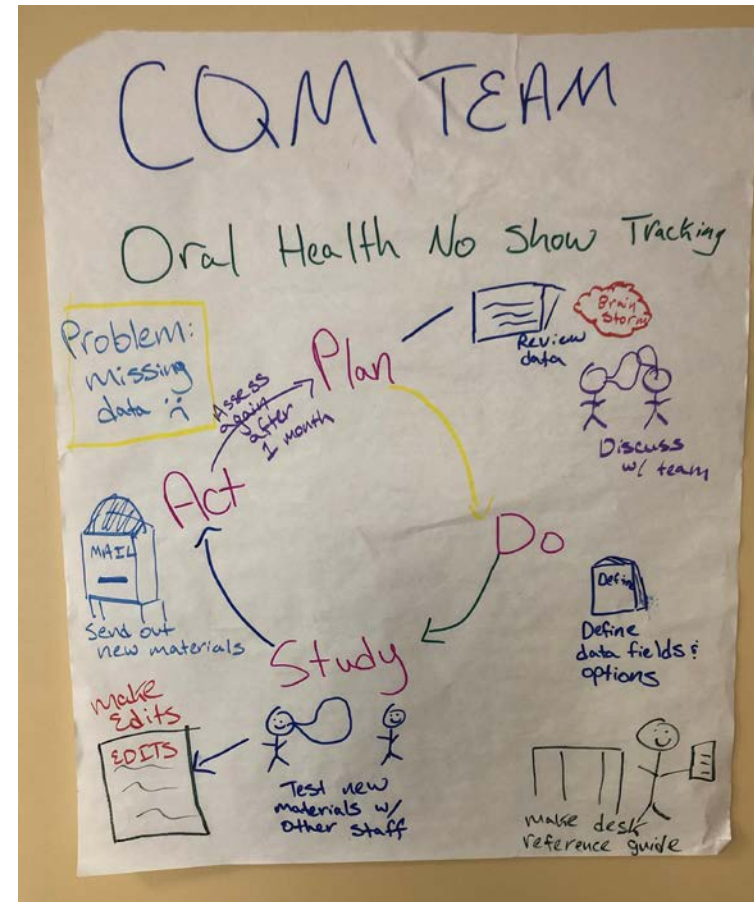


Root Cause/Driver # <i>Use list number from above</i>	Change Idea <i>State the intervention</i>	Plan <i>List preparation steps and personnel who will conduct test</i>	Do <i>Days and Times the change was tested</i>	Study <i>Document test findings and analyze</i>	Act <i>Document lessons learned and next steps</i>

Trainings and Activities

- IHI Quality Improvement Games: Learn How to Use PDSA Cycles by Spinning Coins
- Quality Improvement Check-In
 - Network members drew a summary of PDSA cycles, then provided feedback
- Preliminary QIP data presentation
- QIP Story Board Poster

Quality Improvement Check-In Activity





Results

Results-Revisiting the Aim Statement

Aim Statement

The CQM Team aims to increase the capacity of Quality Network members to conduct 1 QIP per agency by 2/29/20.

Process Measures

QI IQ Survey Pre vs Post Scores

- Increase in mean and median score

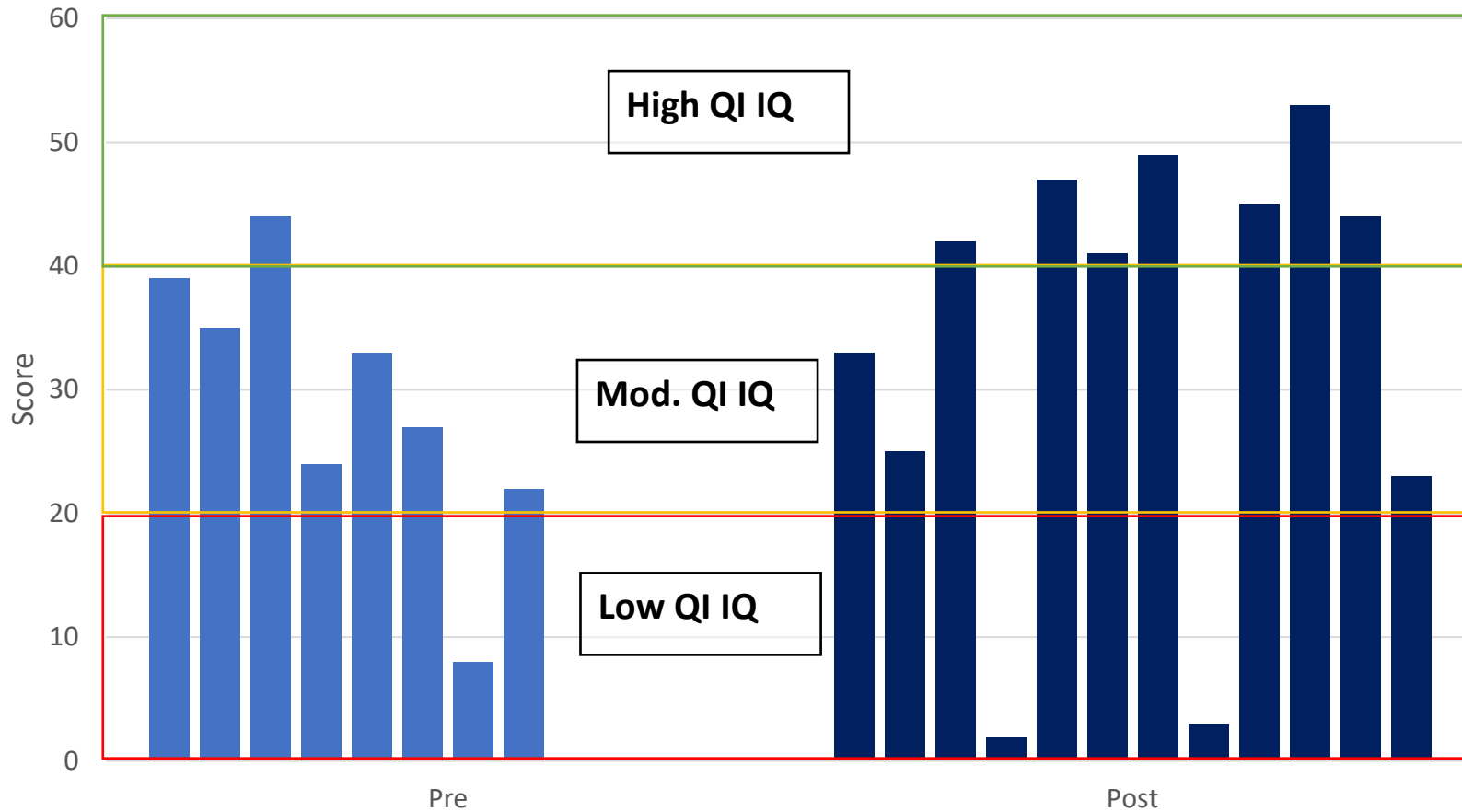
Participant Feedback

- Good feedback overall

MISSION ACCOMPLISHED

QI IQ Survey Pre vs Post Results

QI IQ Survey Pre vs Post Scores



- Most members had a high QI IQ on the post survey
- Surveys are non-matched (different people may have taken pre vs post survey)

	Pre	Post
N	8	12
Range	8-44	2-53
Mean	29	34
Median	30	41
Standard Deviation	11	17

QI IQ Survey Pre vs Post Results



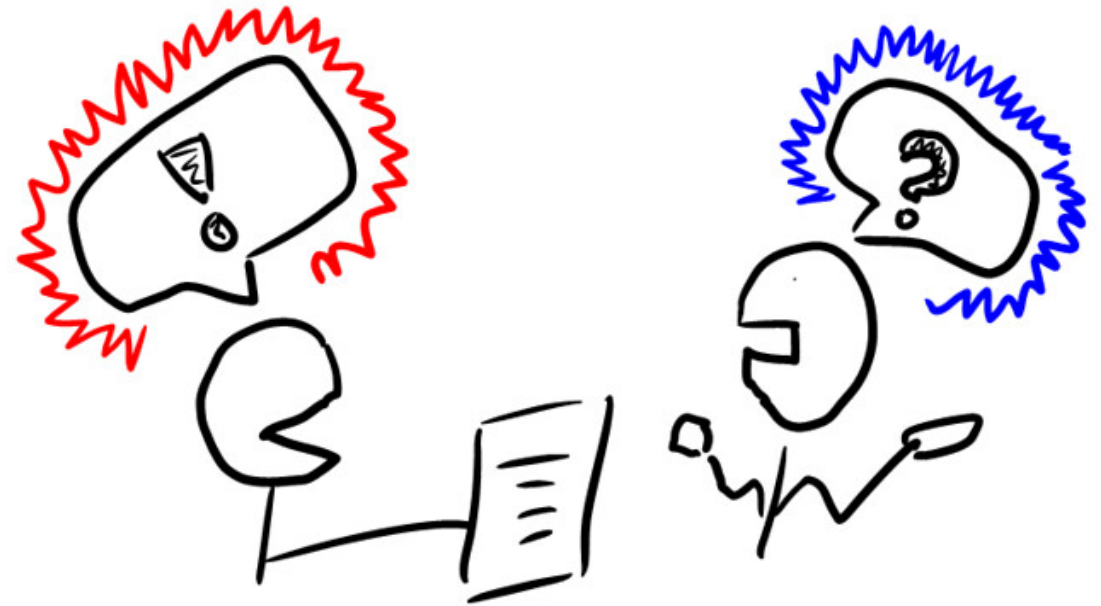
QI IQ Survey Knowledge Levels, Pre vs Post Survey

Knowledge Level	Pre-Survey	Post Survey
Low QI IQ	1	1
Moderate QI IQ	6	3
High QI IQ	1	7
Fisher's Exact Test		p-value= 0.079

- Statistically significantly different pre vs post scores-> suggests improvement in self-perceived QI knowledge and skills
- Challenges with survey and administration
 - Anonymous survey method-> could not match pre and post scores to individuals
 - Staff turnover led to changes in who took the pre and post survey
 - Measures “comfort level” with QI tools but not ability to apply QI skills

Qualitative Feedback

- “The road to quality is not a straight line.”
- “Quality makes a difference.”
- “I have learned the importance of listening to clients and their experience and working toward an organizational culture.”
- “Organizational buy-in is needed for QI measurements to improve outcomes.”
- “Having someone from each service category in my center involved in every QIP to get better buy-in.”



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Successes, Challenges, and Lessons Learned

Successes

- Achieved our aim
 - All agencies successfully completed a QIP within the FY
- By the end of the collaborative, Network members demonstrated their ability to provide feedback and suggestions to peers
 - Suggesting better understanding and increased confidence
- Increased documentation of QIPs at the EMA and agency level



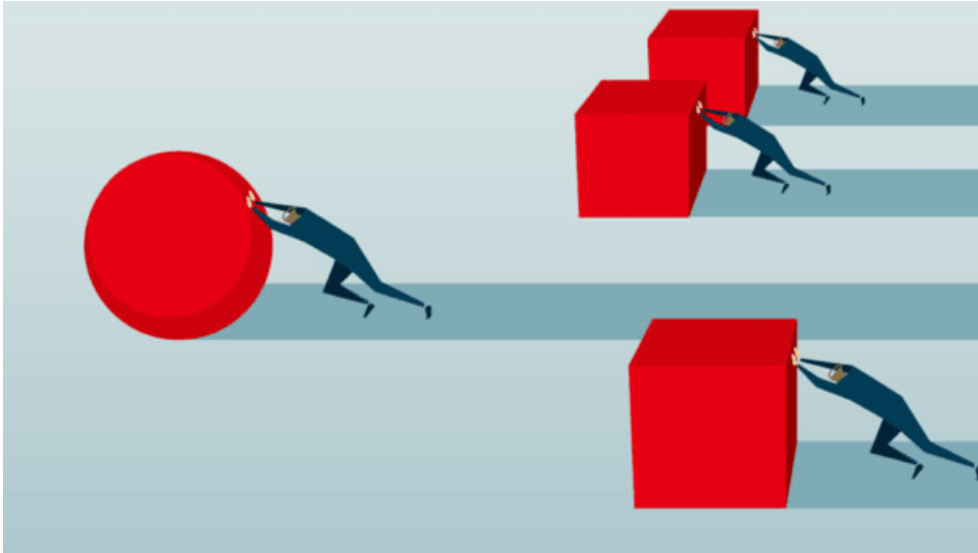
Successes

- Increased involvement of consumers in quality
 - One high-volume agency started a “Client Advisory Group” focused on quality
 - One low-volume agency asked consumers for intervention ideas during the QIP
- Increased ownership of the QIP process and its impact on health outcomes



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Challenges



- Time
 - Not enough perceived time for quality improvement among other duties
 - Challenges conducting QIPs during busy times such as grant writing or monitoring
- Personnel
 - Vacant Quality staff positions during the process; duties were picked up by other staff (often program managers)
 - Turn-over in the middle of QIP was a challenge due to lack of transition and documentation

Challenges



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- Siloing
 - Quality is viewed as a “one-person job” vs a “team sport”
 - Challenges in identifying and sustaining quality teams
- Data challenges
 - Difficulties accessing, utilizing, and analyzing performance data (Care Continuum)
 - Viral suppression is a challenging outcome for support service providers (e.g. Legal or Food Bank); direct vs indirect outcomes

Lessons Learned

- Time
 - Need a more self-directed process to allow Network members to move at their own pace
- Siloing
 - Develop multi-disciplinary quality teams
 - Train various providers on QI to help inform QIPs
 - Provide QI-learning activities for Quality Network members to lead at their agency
- Data Challenges
 - Provide more training, TA, and tools for ways to use and understand the HIV MIS reporting features



LESSONS LEARNED

Lessons Learned

- Personnel
 - Create a formalized documentation process to address transitions
- Lack of specific/applicable resources
 - Existing resources were not applicable/adaptable to low-volume organizations, non-medical providers
 - Many QI resources are inpatient and clinically focused
- Flexibility
 - Providers need support in:
 - setting goals;
 - choosing and reviewing performance measures that are most applicable to their agency;
 - conducting short PDSA cycles to pivot quickly from one change idea to another



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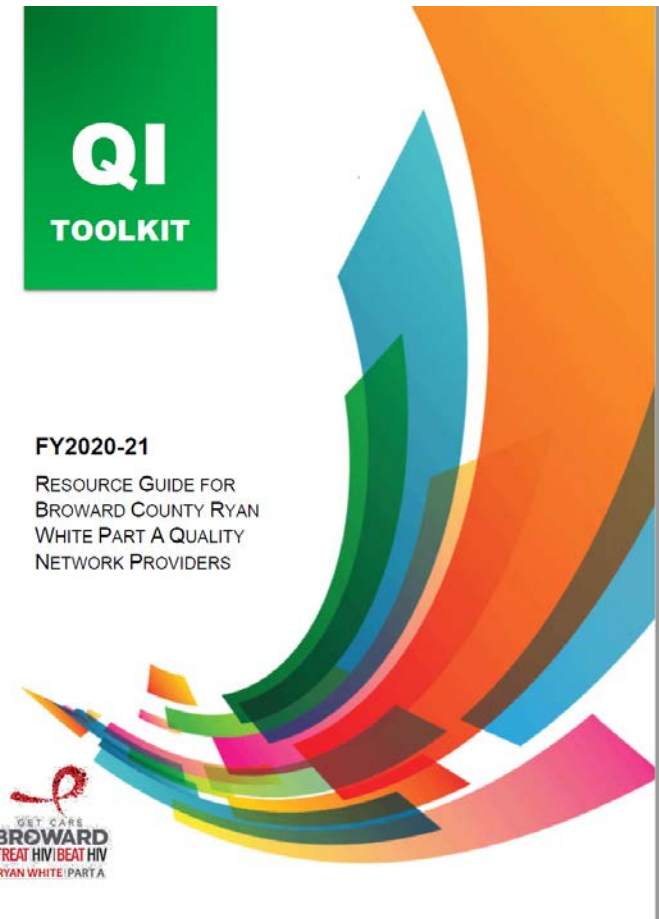
Next Steps

Next Steps: QI Toolkit



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- Guiding resource to Quality Network members during the QIP process
- 4 core steps:
 1. Planning the QIP
 2. Aim statements and change ideas
 3. PDSA Cycles
 4. QIP Evaluation and Presentation
- Includes an HIV MIS Reporting guide
- Currently in pilot phase



Next Steps: QI Toolkit

- Alterations were made to adapt to COVID-19 and working in virtual platforms
 - Meeting activities were altered to individual activities
 - Supplemental resources were added
 - Delayed distribution to allow subrecipients to focus on COVID-19 related changes in service delivery while ensuring continuation of HIV care



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Questions?



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