

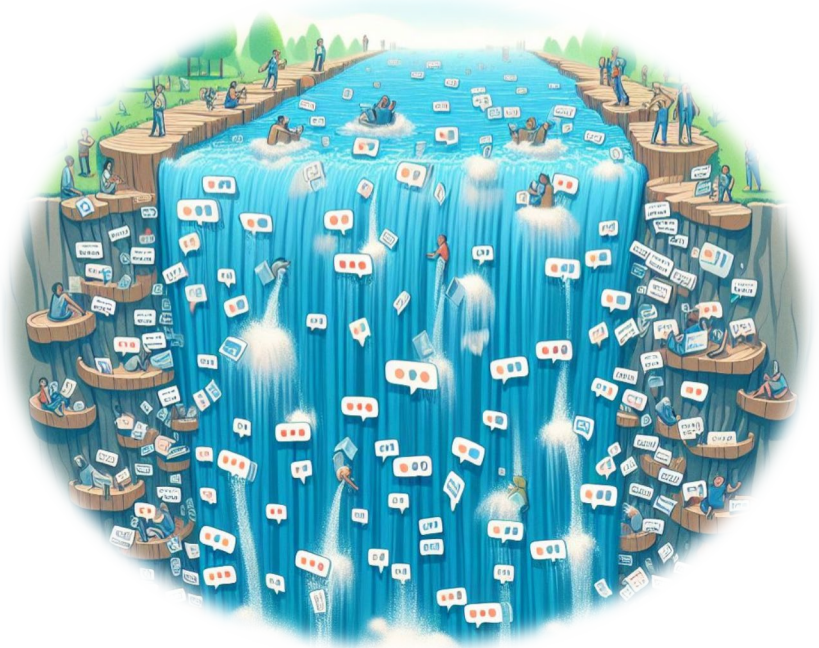
# Quality Management on the Administrative Side of Ryan White HIV/AIDS Programs

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National Quality Improvement Technical Assistance Call: July 25, 2024

# Chatter-fall


- **Question: what non-clinical process do you want to improve?**
  - Drop the response into the chat room *but don't post just yet*
    - On the count of “3” everyone will post at the same time



# Learning Objectives

- Recall four different examples of quality management (QM) in non-clinical settings, including data, human resources, and financial.
- Analyze a non-clinical quality improvement (QI) project that went off track.
- Summarize promising practices for implementing QI projects on the administrative side of Ryan White HIV/AIDS Programs.

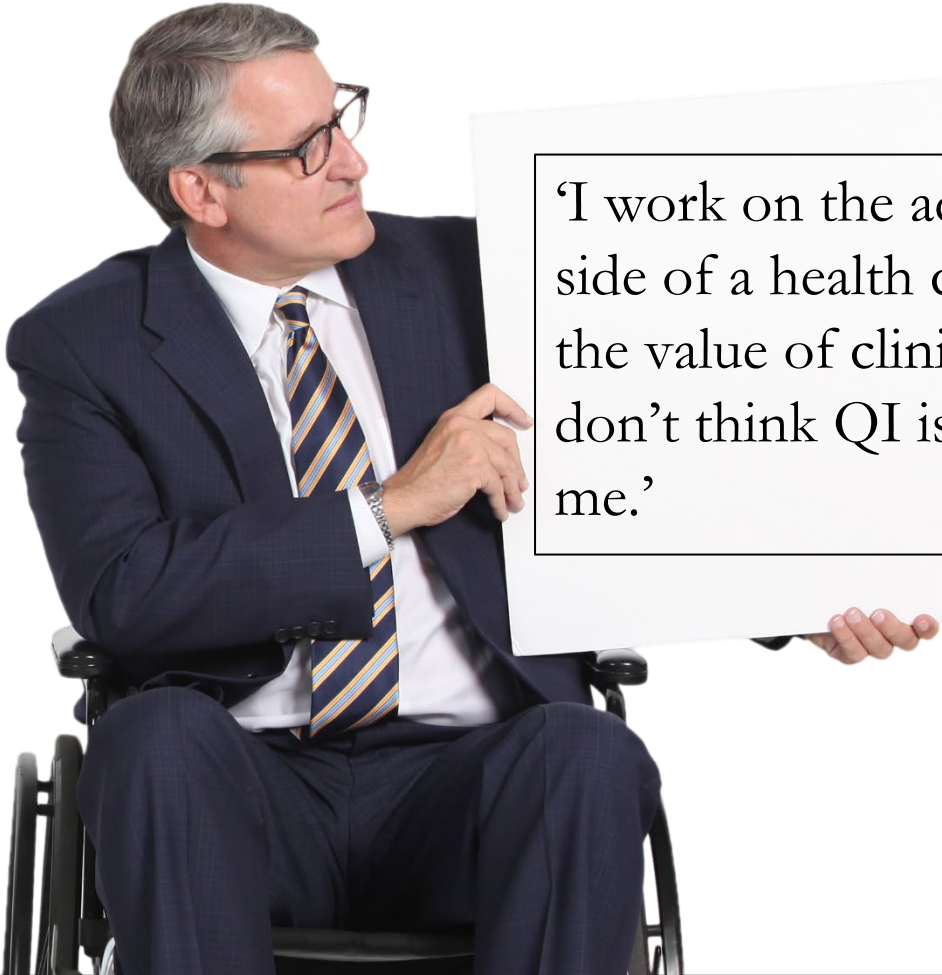
# Level Setting



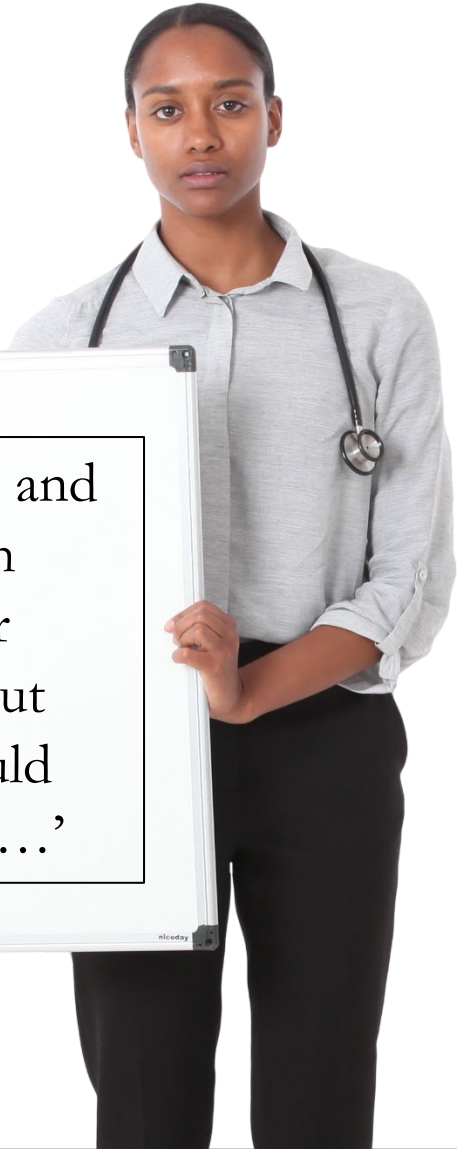
What I will show you is  
independent of any  
particular  
defined approach  
to QI.



# What I Have Heard



'I work on the administrative side of a health center. I see the value of clinical QI, but don't think QI is helpful to me.'



'I used to work in a clinic and did QI. Now at the health department, we guide our subrecipients to do QI, but I'm not sure what QI could look like for us internally...'



# Quality Improvement in Clinical Care

- Outcome
- Viral Suppression – percentage of people with less than 200 copies/mL at last measurement
  - Diabetic Control - percentage of people with less than 6.5% A1c at last measurement
  - Depression - percentage of people with depression who reported a decrease in depression
- Process
- Experience - percentage of people who reported provider explained things clearly
  - Cervical Cancer Screening - percentage of women who were screened for cervical cancer within the last 12 months
  - Access – number of days to third next available appointment
  - Appointment Cycle Time – average number of minutes for a patient to be checked in and then checked out

# Quality Improvement in Clinical Care

- Outcome
  - Viral Suppression – percentage of people with less than 200 copies/mL at last measurement
  - Diabetic Control - percentage of people with less than 6.5% A1c at last measurement
- PROMs
  - Depression - percentage of people with depression who reported a decrease in depression
- PREMs
  - Experience - percentage of people who reported provider explained things clearly
- Process
  - Cervical Cancer Screening - percentage of women who were screened for cervical cancer within the last 12 months
  - Access – number of days to third next available appointment
  - Appointment Cycle Time – average number of minutes for a patient to be checked in and then checked out

# Types of Measures

- **Outcome Measures** – what is the result of an intervention (on patient health)?
  - Mortality rates
  - Health status
- **Patient Reported Outcome Measures (PROMs)** – measure of patient’s report of health
- **Process Measures** – how are the steps of that intervention going?
  - Health screenings
  - Days wait to see providers
- **Patient Reported Experience Measures (PREMs)** – measure of patient’s experience



# Tip #1 – Start with Process Measures

## Clinical

1. Appointment cycle time (number of minutes from check in to check out)
2. Cervical cancer screening rate
3. Experience with provider explaining things clearly during appointment

## Non-clinical Example

1. Document routing (e.g. travel authorization) cycle time (number of days from request to signature)
2. Site visits scheduled
3. Experience with meetings where pre-work, meeting objective, and post-work were clear

## Tip #2 – Compassionate Curiosity to Discover Opportunities

- ‘What ticks you off?’ (Dr. Don Goldmann, [video](#))
- What is stopping you from being successful?
- What is a task you spend the most time on every week?
- What is a task you do the most?

# Case Study – Reporting to Grantor

- **Background:** Orion AETC reports on the number of technical assistance (TA) events delivered each budget period.
- **Problem:** every year, **Sally spends ~30 hours counting and categorizing the TA** delivered during the budget period; this inefficiency is non-value added (Lean waste) leading to a decrease in TA delivered.
- **Aim:** by July 30, implement process to **reduce time** spent on counting/categorizing TA from **30 hours to 5 hours.**

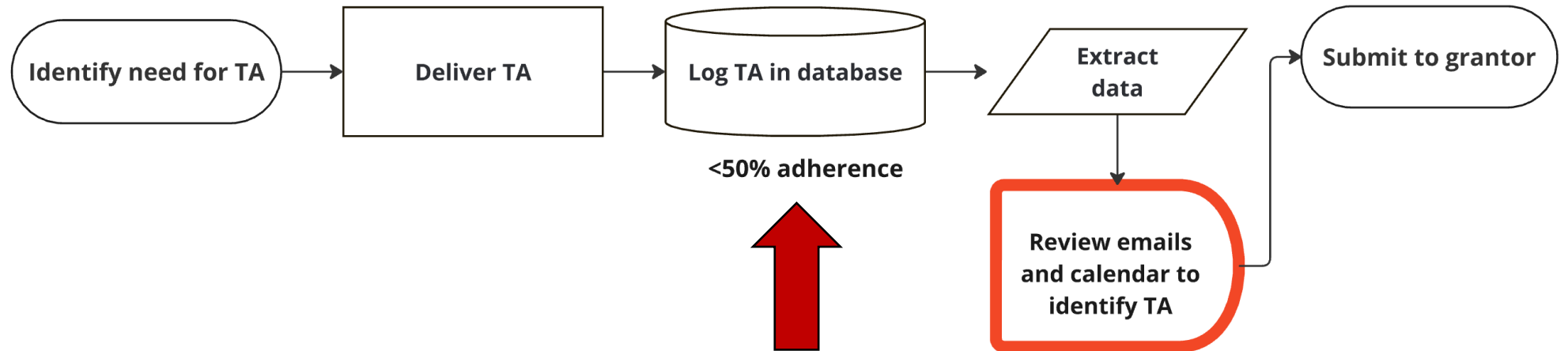


# Case Study – Reporting to Grantor

Ideal



Actual



# Case Study – Reporting to Grantor

- Root cause of <50% adherence to submission to database?
  - Clunky process that requires extra steps
- Majority of TA was documented via email – why not enhance this process to standardize and capture the data within the process?

# Email Template with Standard Text String

To

Cc

Bcc

Delivery: Recap of Technical Assistance

Draft saved at 10:25 AM

Hi Bob,

Thanks again for taking time to discuss technical assistance about training needs in the ABC EMA.

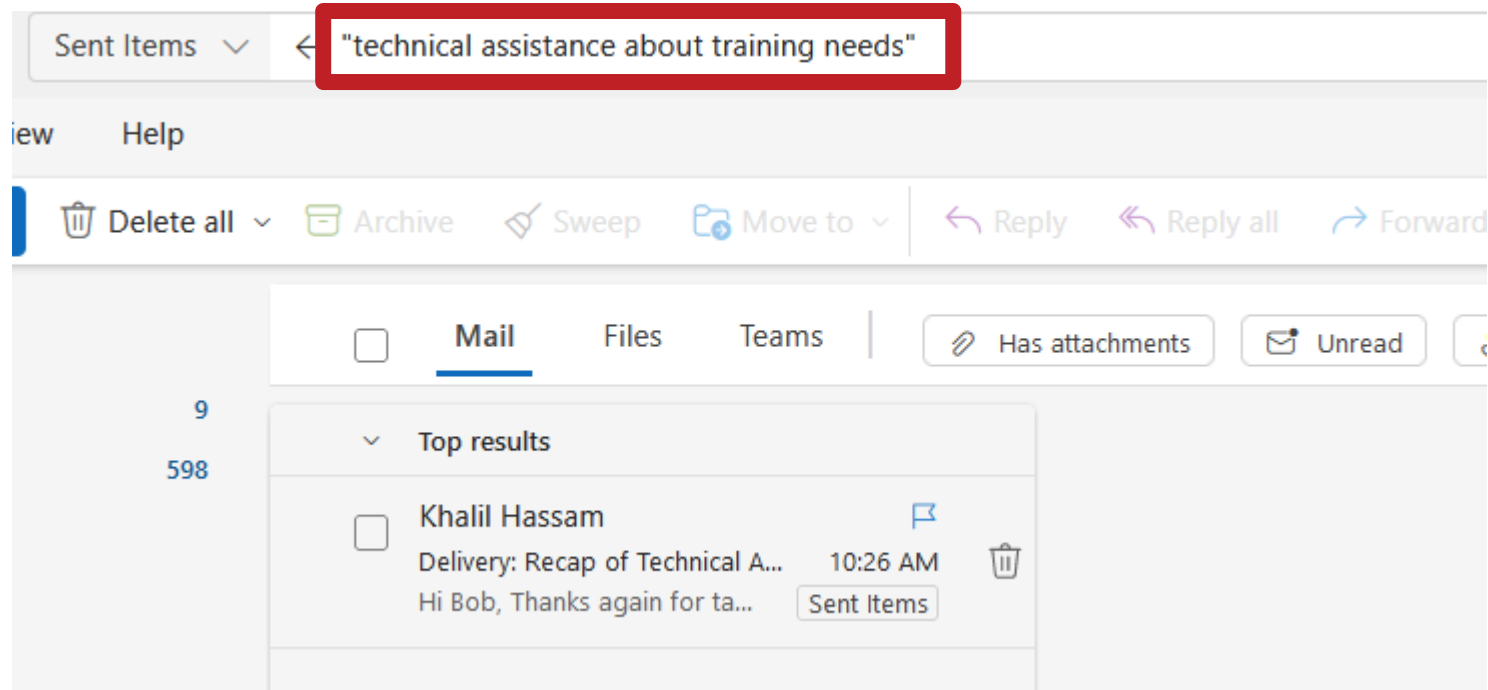
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed tempor sapien vel purus egestas, in elementum sapien iaculis. Ut semper venenatis mi, ut ornare felis pulvinar nec. Mauris sodales pretium arcu eget vulputate. Phasellus eu rhoncus ipsum. Maecenas auctor ullamcorper imperdiet. Proin sagittis posuere aliquam.

Khalil Hassam | He/Him/His



Leading Innovation,  
Lasting Impact  
2004 - 2024

# Searching for Text String

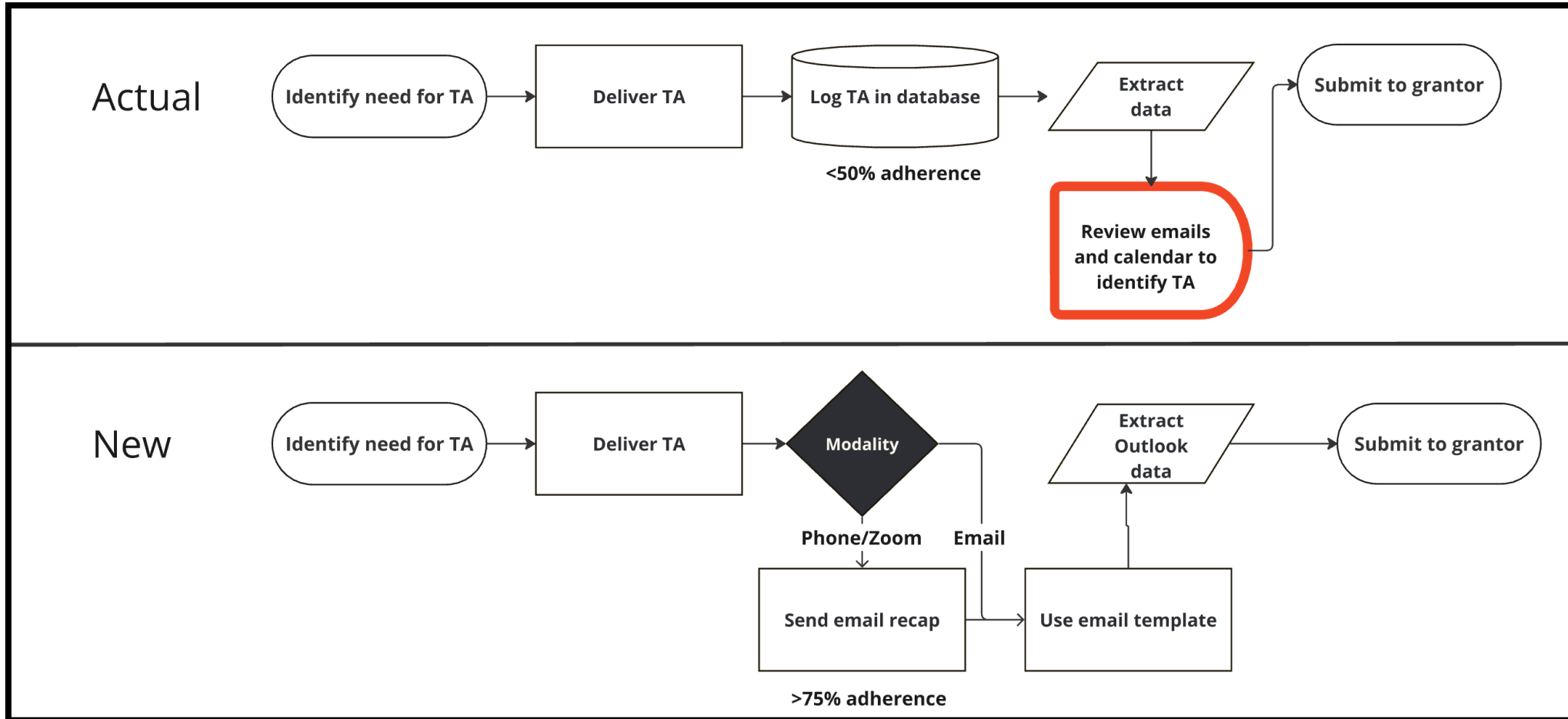


# Case Study – Reporting to Grantor

- **Aim:** by July 30, implement process to **reduce time** spent on counting/categorizing TA from **30 hours to 5 hours**.
- Actual performance: reduced time spent to 6 hours or less
  - Use of template – 30 seconds x 700 TA = ~6 hours
- Use of template is reducing total documentation time – data collection is underway



# Case Study – Reporting to Grantor



# Tip #3 – Project Selection

## Starting Out – Consider

- What is in your locus of control?
- What is quick to solve?
- What is feasible to execute?

## Longer Term - Consider

- Priority matrix, or
- Project selection matrix
  - Positive customer impact
  - Cost to implement
  - Stakeholder buy-in
  - Etc.

# Case Study – Transparency in Multi-Agency Project

## Instructions:

In advance of, or during the meeting:

1. Document any constraint(s)
2. One constraint per card/box.

During the meeting:

1. Determine appropriate intervention/action and document in card/box.
2. Drag card/box to who owns the action and for which focus group.

## Constraints

Type something

Type something

Type something

## Action plan

Dr. Mercedes | 3

Khalil | 3

Dorothy-Ann | 2

Adolescents | 2

Identify times for Drs. Mercedes and Samantha to present preliminary findings to RWHAP Recipient

To do

define audience for primary care focus group report

In progress

+

+

Trans Women | 4

timeline and budget for trans women focus groups in next budget period

In progress

Engagement with funnel (survey) is low - promote to health care orgs serving trans women to boost engagement

In progress

review draft question 6/17 to 6/29

To do

+

+

define key population

In progress

+



# Case Study – Transparency in Multi-Agency Project


- **Background:** running a multi-agency project to collect people with HIV's experiences about accessing care through focus groups
- **Problem:** multiple individual meetings about different focus groups has led to critical items (the vital few) being lost amongst other program updates (the useful many); as a result, we risk missing our project milestones.
- **Aim:** by June 15 (within 7 days) implement a 15-minute weekly meeting focused on addressing project constraints.

# Case Study – Transparency in Multi-Agency Project


- Seven meetings per month about different focus groups
- Project behind schedule



I forgot my  
action items



Four more  
meetings today...



Why am I in  
this meeting?

# Visual Huddle Board

## Instructions:

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To do

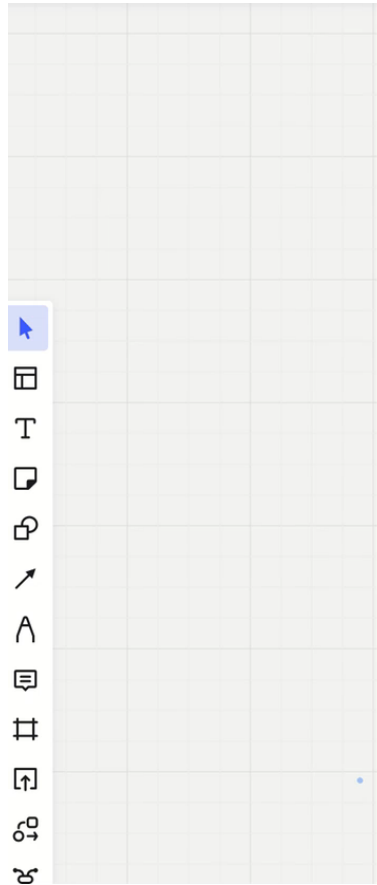
define key population

In progress

+



# Case Study – Documenting Constraints



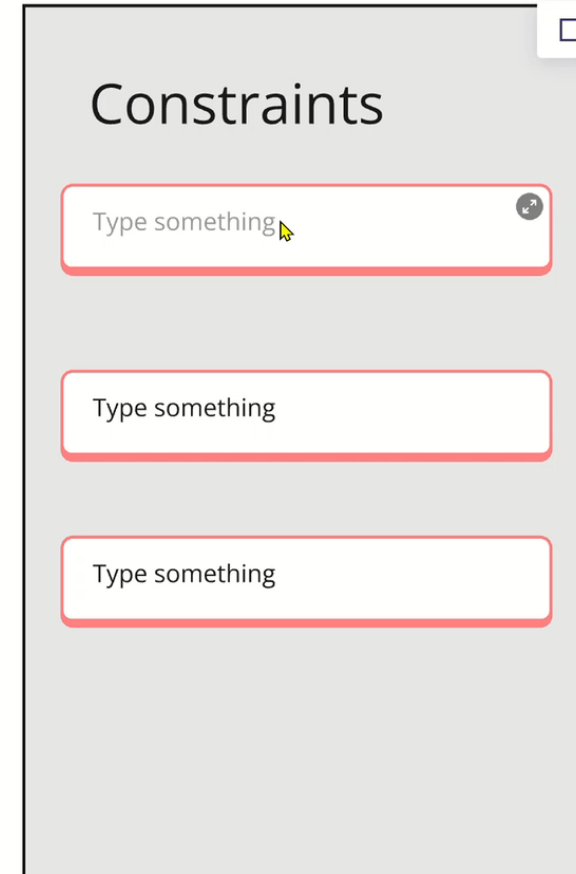
## Instructions:

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### During the meeting:

1. **Determine appropriate intervention/action and document in card/box.**
2. **Drag card/box to who owns the action and for which focus group.**



# Case Study – Documenting Constraints

⋮

## Constraints

Budget enhancement  
☰ 📅 Jul 31

Type something

Type something

p.

## Action

Dr. Mercedes   3	Khalil   3
Adolescents   2	
Identify times for Drs. Mercedes and Samantha to present preliminary findings to RWHAP Recipient ☰ 🔄 To do	define audience for primary care focus group report 🕒 In progress
+	+
Trans Women   4	
timeline and budget for trans women focus groups in next budget period ☰ 🕒 In progress	Engagement with funnel (survey) is low - promote to health care orgs serving trans women to boost engagement ☰ 🕒 In progress
+	+



# Case Study: Improving Grant Effectiveness

- **Background:** Health department issues grants via Request for Applications (RFA).
- **Problem:** ABC Health Department grant competitions neither have a standard for selecting evidence-based interventions, nor have a framework to prioritize applications with stronger evidence. As a result, more than \$100 million in grants are at risk of missing the public health mark.
- **Aim:** by August 15, 2024 – implement prioritization framework for all grants issued by ABC Health Department.



# Discussion

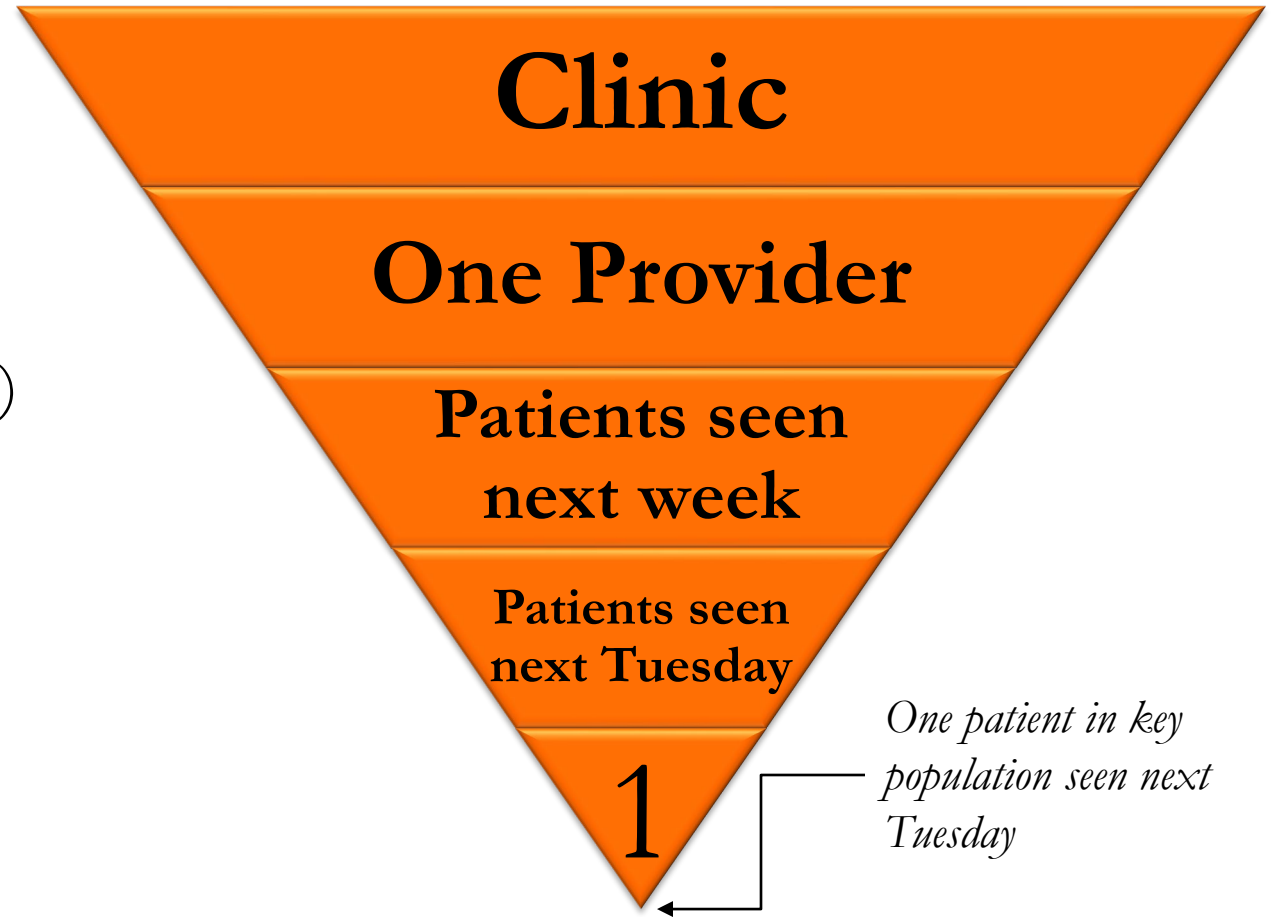
**Question:** what do we think about the aim (to improve grant effectiveness by implanting a prioritization framework for all grants before the new fiscal year)?

What do we love?

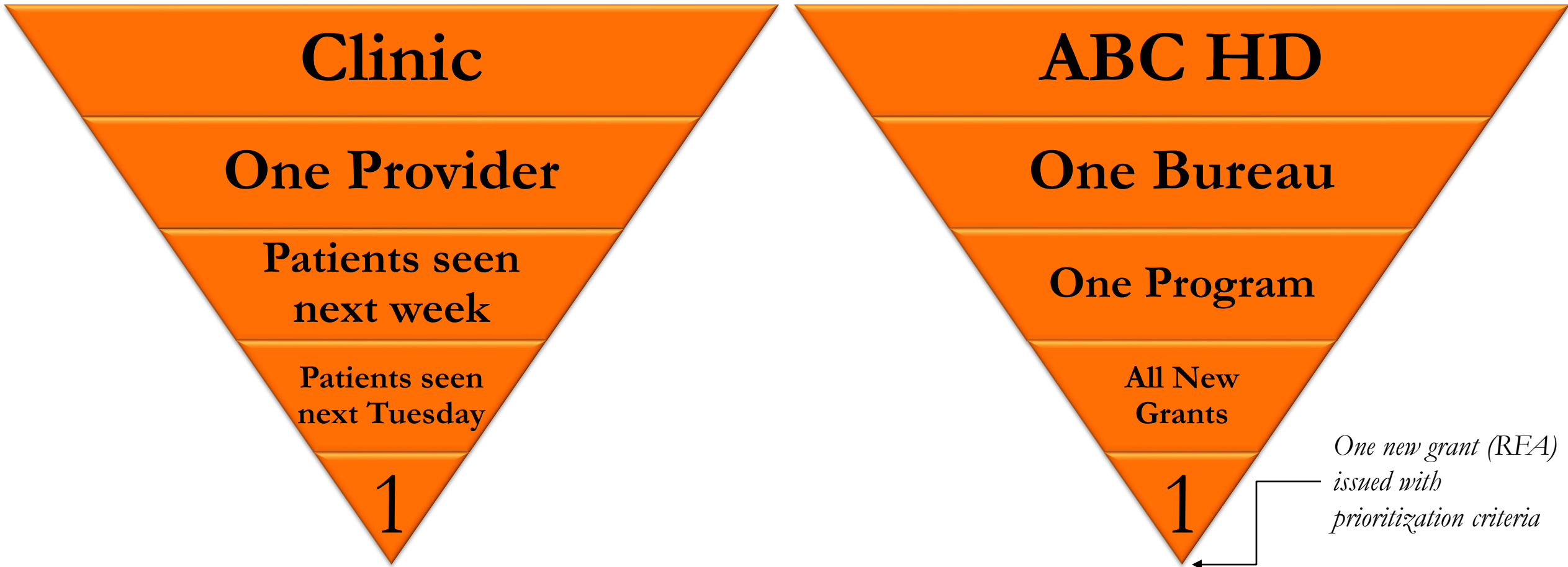
What is missing, or should be changed?

# Rule of One

- Define your intended state (system level) and then work backwards (to the ground)
- Identify the smallest place to test your intervention



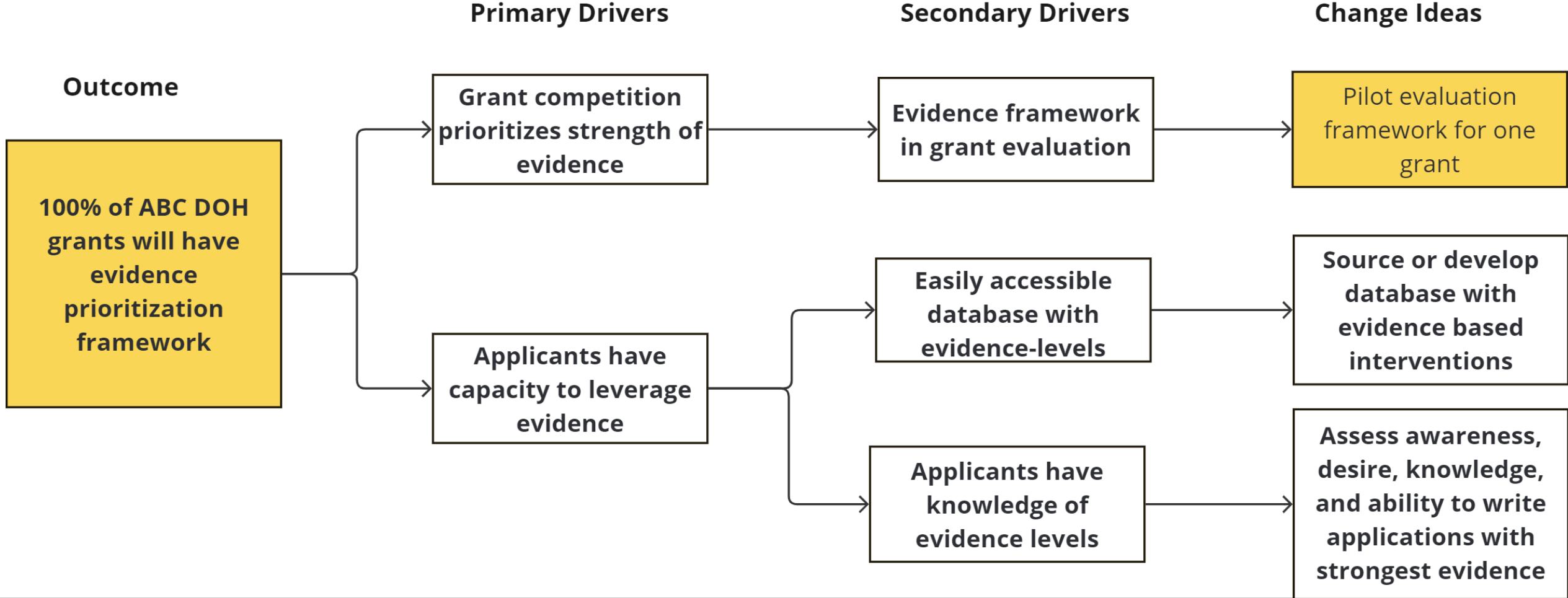
# Rule of One – Clinical and Administrative Examples



# Revising the Aim to Start Small

- **Aim:** by August 15, 2024 – implement prioritization framework for all grants issued by ABC Department of Health.
- **Aim:** by August 15, 2024 – implement prioritization framework for one grant issued by ABC Department of Health.

# Driver Diagram



# Evidence Prioritization

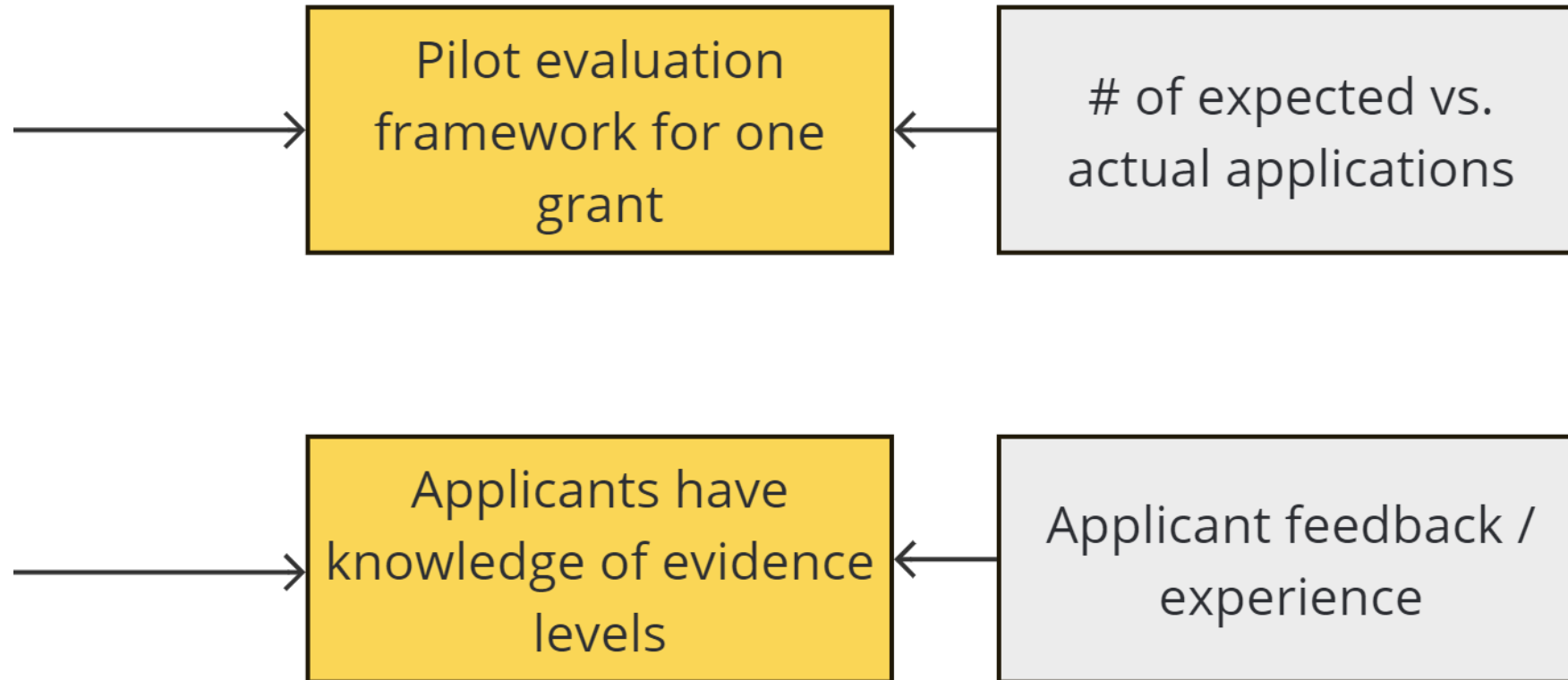
Applicants should follow the below guidance in categorizing the evidence basis for their program:

<b>Evidence Level</b>	<b>Evidence Details/Study Design</b>
Level 1	Your program has a <u>measurable objective</u> but there is <u>no evidence or root cause analysis</u>
Level 2	Your program has a <u>detailed rationale including a logic model and a root cause analysis</u>
Level 3	Your approach is based on research with an <u>implementation study</u> to (e.g., observational study, survey) demonstrating evidence of program effectiveness or your approach is based on a <u>correlational (or non-experimental) research design</u> demonstrating improvement for program participants over time on one or more intended outcomes
Level 4	Your approach is based on <u>quasi-experimental research</u> comparing outcomes

# Evaluating the Change

## Change Ideas

## Balance Measures





# Case Study – Improving Onboarding

- **Background:** 123 FQHC has onboarded an increasing number of staff in the last two years – both due to turnover and expansion.
- **Problem:** anecdotal evidence suggests staff are slow to meet onboarding milestones, which decreases agency effectiveness and efficiency.
- **Aim:** by August 31, 2024, pilot a standardized onboarding tool that increases percentage of staff that meet onboarding milestones (baseline data to be determined).

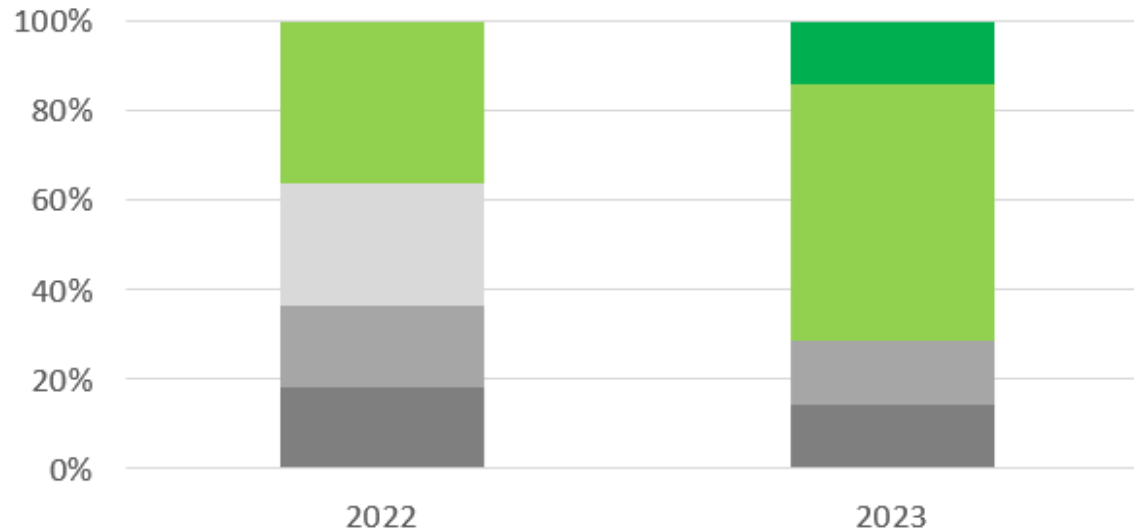
# Case Study – Improving Onboarding

## Plan

- Collect baseline data through survey of staff onboarded in the last 24 months
- Identify root causes through follow up with survey respondents and managers
- Test acceptance and effect of intervention (to be determined)

# Case Study – Improving Onboarding

## “I Understand the Expectations of My Position”



- 47% of line staff were neutral or disagreed
- Understanding of expectations improved from 2022 to 2023
- Time to understanding improved from 2022 to 2023

## Case Study – Improving Onboarding

QI Opportunity: No standard, and high variation, for how managers communicate the expectations of new employee's position. Creating a standard, training, and evaluating is likely to improve staff understanding their role.

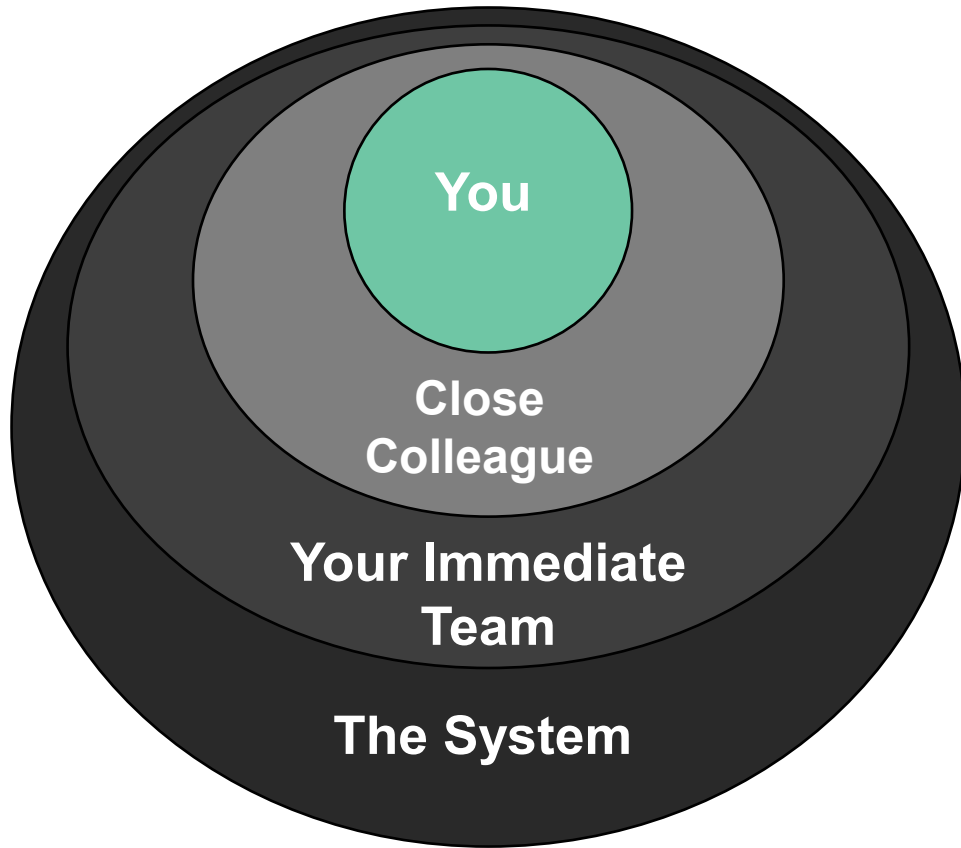
# Case Study – Improving Onboarding

NEW HIRE ONBOARDING Milestones		NEW HIRE		
TIMEFRAME		Completed? INITIAL	TASK	ENTER DATE [MM/DD/YY]
<b>ADMIN/FORMS/REGISTRATIONS</b>				
Day 1	Test/verify Sharepoint access with manager			
Day 3	<a href="#">Read and submit company car risk forms</a>			
Day 1	<a href="#">Complete telework agreement</a>			
Day 1	Upload Work Headshot to Headshot folder		<b>Uploaded to folder:</b>	
Day 3	<a href="#">Upload Work Headshot to Zoom Profile (link to instructions)</a>			
<b>Review and/or Complete the Following Trainings</b>				
Day 7	<a href="#">CDC Public Health Essentials</a>			
Day 14	<a href="#">Allegories on Race and Racism TEDx- Dr. Camara Jones</a>			
Day 14	<a href="#">Public Health 101</a>			

# Case Study – Improving Onboarding

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Day 14	Public Health 101			

## Tip #4 – Start at Your Feet



1. Number of days to complete a task
2. Respond to coaching requests
3. Respond to data requests
4. Staff experience during meeting

# Tips - Summary

- Process measures – start with process measures in non-clinical settings before you add projects that measure changes in outcomes.
- Compassionate curiosity – use questions that show respect for others as you identify opportunities for improvement in non-clinical settings.
- Project selection – start by identifying quick wins. As your process and skills mature, consider adding helpful tools like a project selection matrix.
- Start at your feet – apply process improvement within your own work, then work outwards in your sphere of influence to effect improvement.



# Contact Information



## Coaches

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## Learn More

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[Info@CQII.org](mailto:Info@CQII.org)

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