Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

COMMITTEE: Quality Management Committee
Date/Time: September 16, 2019, 12:30 p.m.
Location: Governmental Center Room A-337
Chair: Vacant **Vice Chair: Bisiola Fortune-Evans**

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS**: 9/16/19 Agenda, 8/19/19 Minutes

3. **STANDARD COMMITTEE ITEMS**
   None
4. **UNFINISHED BUSINESS**
   None.

5. **MEETING ACTIVITIES/NEW BUSINESS**

I. QMC Member Notebooks

Work Plan Activity Objective 3.1: Organize and conduct quality trainings for agencies, networks and QMC members using resources from the AIDS Education and Training Center (AETC), Center for Quality Improvement and Innovation (CQII), and consultants to expand knowledge on data-to-care strategies and QI processes.

ACTION ITEM: Review Notebook Organization and Discuss Plans for Use (specifically: sections on Frequently Asked Questions, the 2019-2020 Workplan, Planning Council Policy and Procedures, 2018-2019 Broward EMA Quality Improvement Project (QIP) AIM Statement and Brief Project Summary

II. **Quality Improvement in HIV Care: Responsive, Team Based and Data Powered Presentation**

Work Plan Activity Objective 3.1: Organize and conduct quality trainings for agencies, networks and QMC members using resources from the AIDS Education and Training Center (AETC), Center for Quality Improvement and Innovation (CQII), and consultants to expand knowledge on data-to-care strategies and QI processes.

ACTION ITEM: Members will become familiar with Quality Improvement Models and Processes

III. **Presentation of Broward EMA Quality Improvement for the Broward RW EMA 2018-2019**

Work Plan Activity Objective 5.1: Facilitate and support the development, implementation, and evaluation of a minimum of one quality improvement project (QIP) per agency and for the EMA during the fiscal year.

ACTION ITEM: Members will learn about the development and progress of the EMA Quality Improvement Project (QIP) for 2018-2019 and progress on the Quality Network Agency-Specific QIPS

6. **RECIPIENT REPORT**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** **Date:** October 21, 2019 **Venue:** A-337
9. **ANNOUNCEMENTS**
   a. Broward Peer Counselor Graduation
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Minutes

Committee: Quality Management Committee
Date/Time: Monday, September 16, 2019 at 12:30 p.m. **Location:** Governmental Center Annex, A-337
Chair: Vacant **Vice Chair:** Fortune-Evans, B.

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Recipient Staff**
1	Barnes, B.	**X**			Hensley, G.	Morris, R.
2	Fortune-Evans, B. *V Chair*	**X**			Richardson, C.	Walker, N.
3	Katz, H. B.	**X**			Butler, T.	
4	Markman, N.	**X**				**Support Staff**
5	Muneton, Z.	**X**				Guice, M
6	Simpson, R.	**X**				Oratien, V.
7.	Caraballo, J	**X**				Cestaro-Seifer, D.
						Ukpai, F.
						Seitchick, J.
	Quorum = 4	**5**				

1. CALL TO ORDER:

The Vice-Chair called the meeting to order at 12:30 p.m. and welcomed all present. The Vice-Chair and Clinical Quality Management (CQM) Support Staff welcomed guests. Attendees were notified of information regarding the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, Committee members, guests, Recipient staff and support staff made self-introductions. A moment of silence was observed. There were no public comments.

2. APPROVALS:

Motion #1 To approve the 9/16/19 meeting agenda
Proposed by: Barnes, B. **Seconded by:** Katz, H. B.
Action: Passed Unanimously

Motion #2 To approve minutes were taken at the 8/19/19 meeting
Proposed by: Barnes, B. **Seconded by:** Markman, N.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

None.

4. MEETING ACTIVITIES/NEW BUSINESS

QMC Member Reference Notebooks: CQM program staff explained changes to the QMC member reference notebooks. Items changed were as followed: QMC Workplan was updated; attendance policy was included; frequently asked questions (FAQs) were updated; emergency financial assistance (EFA) service delivery model (SDM) was updated to reflect the current approved version. CQM staff explained that this notebook will be

updated as needed and is provided as a reference for Committee members. Committee members are able to check-out notebook from CQM staff or request copies of included documents by emailing quality@brhpc.org.

Quality Improvement in HIV Care: Responsive, Team-Based and Data-Powered Presentation: CQM team presented slideshow regarding quality improvement. Key take-aways from this presentation are as follows: quality Improvement is about learning, measuring progress, and sustaining improvements through continuous cycles of changes; focus on the Triple Aim "end goal" to avoid complacency and create a culture of continuous improvement to ultimately support person-centered HIV treatment and care; each QI goal and project is connected to the aim of improving the health of people with HIV; partner with consumers to develop, inform and evaluate Quality Improvement Projects (QIPs). A previously recorded version of the presentation can be found at: https://www.seaetc.com/quality-improvement-in-hiv-care-responsive-team-based-and-data-powered-course/. Committee members discussed the importance of creating a culture of improvement in addition to utilizing paperwork and procedures to conduct quality improvement. One member suggested a resource for learning more about creating a culture of quality improvement. This book is titled *Primed to Perform: How to Build the Highest Performing Cultures Through the Science of Total Motivation.*

Presentation of Broward EMA Quality Improvement for the Broward RW EMA 2018-2019: CQM Support Staff presented information regarding the 2019-2020 Broward EMA Quality Improvement project. This Project is the Dental-No Show Tracking Tool. Work on the Project began in the Spring of 2019. The Dental Network members have served as advisors and contributors to the Project. Currently all of the Broward Ryan White Part A EMA Oral Health Providers are using the No Show Tracking Tool to Collect Data for the Project. CQM support staff presented an overview of the Project, aims, and timeline for Project execution. Committee members provided feedback on the Project and asked questions of CQM support staff.

5. PUBLIC COMMENT

None.

6. RECIPIENT'S REPORT

The Recipient discussed the new funding opportunity for Ending the Epidemic. This is an initiative first mentioned in the 2019 State of the Union Address granting $55 million to be distributed to identified EMAs and states. The goal of this grant is to reduce new cases of HIV nationwide. This grant is due October 15th while the Part A grant is due September 30th.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING (10/21/19, 12:30PM in GC A-337)

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
QMC Committee Work Plan Framework	N/A	N/A
QI project updates	N/A	N/A

8. ANNOUNCEMENTS

The CQM support staff shared a video that gave a short over view of the Class of 2019 Peer Certification graduation. If anyone is aware of open Peer positions at their agencies, please contact BRHPC Staff or send an email to quality@brhpc.org.

CQM support staff shared a flyer for AETC Southeast event "EPIC - Enhancing Prevention in Communities Summit 2019 . This event takes place on September 29th, 2019 in Weston, FL. More information can be found on AETC Southeast's website (https://www.seaetc.com/).

9. ADJOURNMENT

The meeting was adjourned at 2:29 pm.

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Quality Management Committee Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	28	C	C	C	C	C	CX	19	16				
0	1	0	**1**	Caraballo, J.	N - 8/22								X				
1	1	0	**2**	Fortune-Evans, B. *V. Cha*	X						X	X	X				
0	0	**2**	**3**	Katz, H.B.	A						A	X	X				
0	0	**2**		Moragne, T.	A						A	Z - 7/15					
0	0	1	**4**	Simpson, R.	X						A	E	X				
0	0	1		Taveras, J.	A				Z - 4/1								
0	1	0	**5**	Barnes, B.	N - 3/28						X	X	X				
0	0	0	**6**	Markman, N.	N - 6/27						X	X	X				
0	0	0	**7**	Muneton, Z.	N - 6/27						X	X	X				
				Quorum = 5	2	0	0	0	0	0	4	5	6	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - cancelled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
	R - removal letter

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Quality Improvement in HIV Care

Responsive, Team-based, and Data Powered

Created and Presented by Debbie Cestaro-Seifer, MS, RN, NC-BC
Southeast AIDS Education and Training Center

Acknowledgements

- Acknowledgements:
  National Quality Center (NQC), New York State Department of Heath AIDS Institute and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau

- The presenter does not have any financial relationships with commercial entities to disclose

HIV Continuum of Care

- Quality Improvement (QI) supports and connects all elements of the HIV Care Continuum
- Using CQI, programs identify strategic interventions to improve patient experience and ultimately health outcomes

Center for Disease Control and Prevention: https://www.aids.gov/federal-resources/policies/care-continuum/

Review of Content

- Continuous Quality Improvement (CQI) in HIV Treatment and Care: Definitions and Goals
- Becoming a Learning Organization: The Six Aims of CQI in HIV Care
- Identifying HIV Care Indicators, Processes, and Data Management Practices for Change
- Using Data and Feedback for CQI Initiatives
- Methods of Change
- Moving Towards Sustainable Change

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Getting Started

CONTINUOUS QUALITY IMPROVEMENT (CQI) IN HIV TREATMENT AND CARE: DEFINITIONS AND GOALS

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What is Quality Improvement?

The Robert Wood Johnson Foundation defines Quality Improvement (QI) as:

"The process based, data-driven approach to improving the quality of a product or service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality."

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Mittman, B & Salem-Schatz, S. Improving Research and Evaluation Around Continuous Quality Improvement in Health Care.Robert Wood Foundation Memo. December 2012;1-7
Accessed on 7/7/2017 at http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf403010

What is Quality Improvement?

The Center for Disease Control (CDC) and the Institute for Healthcare Improvement (IHI) define Quality Improvement (QI) as those activities that:

1. Improve the heath of populations
2. Reduce the per capita cost of healthcare
3. Improve the patient experience

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CDC. Performance Management and Quality Initiatives; 2016, accessed at https://www.cdc.gov/stltpublichealth/performance/index.html
Institute of Healthcare Improvement. Science of improvement. How to improve; 2011, available at http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

What is Quality Improvement?

The CDC also describes **QI as one component of the performance management system**, which has three defining characteristics:

1. Uses data for decisions to improve policies, programs, and outcomes
2. Manages change
3. Creates a learning organization

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CDC. Performance Management and Quality Initiatives; 2016, accessed on 7/7/2017 at https://www.cdc.gov/stltpublichealth/performance/index.html

Becoming a Learning Organization

THE SIX AIMS OF CONTINUOUS QUALITY IMPROVEMENT IN HIV CARE

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What is Quality Improvement?

The Institute of Medicine's definition further clarifies the CDC's definition by identifying **six aims for improvement**:

1. Safe
2. Effective
3. Patient-centered
4. Timely
5. Efficient
6. Equitable

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Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. Washington, D.C.: National Academies of Science; 2001. Accessed on 7/7/2017 at http://www.nap.edu/catalog/10027.html

Aim #1: Safe HIV Care

Case Example

Patient calls their provider and pharmacist requesting a new 3-month prescription for PrEP. The patient was a "no show" for their 3-month appointment. The patient's PrEP prescription "ran out" 5 days ago.

SAFETY RESPONSE BY CLINICAL TEAM

- **Evidence-based practice** requires all patients taking PrEP be reevaluated every 3 months.
- **Action:** All staff and clinical team members will support this "evidence-based practice."

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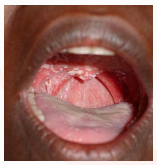
U.S. Department of Health and Human Services HIV Clinical Guidelines accessed on 7/7/2017 at https://aidsinfo.nih.gov/guidelines

Aim #2: Effective HIV Care

Case Example

66 year-old African American female, recently widowed, with a history of asthma, arrives at Emergency Department (ED) complaining of shortness of breath, white patchy sores in mouth, and loss of appetite.



EFFECTIVE RESPONSE BY ED CLINICAL TEAM

- **Evidence:** Grade "A" HIV Testing Recommendation from the U.S. Preventive Services Task Force (USPSTF).
- **Action:** Provide routine HIV testing to patient.

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U.S. Department of Veteran's Affairs. HIV/AIDS for Health Care Providers accessed at https://www.hiv.va.gov/provider/image-library/oral.asp?post=1&slide=327 http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm

Aim #3: Patient-Centered HIV Care

Case Example

A transgender man who is HIV-positive requests that the clinic staff address him by the name Vance even though the driver's license states their name is Vanessa. Vance presents to the to their HIV speciality-care appointment (first prenatal appointment).

PERSON-CENTERED CULTURALLY RESPONSIVE ACCESS TO HIV CARE

- **Evidence:** Provide responsive and respectful care; individuals who are HIV-positive should be started on antiretroviral (ARV) therapy as soon as possible.
- **Action:** Staff welcomes Vance to HIV specialty care.

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U.S. Department of Health and Human Services HIV Clinical Guidelines accessed on 7/7/2017 at https://aidsinfo.nih.gov/guidelines

Aim #4: Timely HIV Care

Case Example

A Latino male, who identifies as MSM and undocumented, tested HIV-positive during a mobile health screening that incentivized testing by offering free lunch. The patient does not speak English and left the mobile unit in a rush, crumbling up the follow-up appointment card in his hand.

TIMELY HIV CARE

- **Evidence:** Language, health literacy, homelessness, MSM sexual practices, and undocumented status are all barriers to timely linkage to HIV treatment and care.
- **Action:** Identify community health worker or peer advocate who is bilingual to provide culturally responsive linkage to HIV care.

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U.S. Department of Health and Human Services HIV Clinical Guidelines accessed on 7/7/2017 at https://aidsinfo.nih.gov/guidelines

Aim #5: Efficient HIV Care

Case Example

A 20-year old Caucasian male was infected with HIV at birth. He was lost to care when he ran away from his 4th foster home at age 17. He has been seen at the food bank by staff who remember him when he lived with his 4th foster mother.

EFFICIENT HIV CARE RESPONSE

- **Evidence:** Training disease intervention specialists to function as Expanded Partner Services advocates can assist to locate and reengage individuals out of HIV care.
- **Action:** Expanded Partner Service advocates will spend time at key community-based organizations to create opportunities to reengage patients into HIV treatment and care.

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Tesoriero, JM, et al. Improving Retention in HIV Care Through New York's Expanded Partner Services Data-to-Care Pilot. *JPHMP.2017;23(3):255-263;* Bean, MC et al. Use of an Outreach Coordinator to Reengage and Retain Patients with HIV in Care. *APCS* .2017,May;31(5):222-226.

Aim #6: Equitable HIV Care

Case Example

A 19 year-old Caucasian female presents at a sexual health clinic in rural Florida. She says she lives with her uncle. Her clothes are torn and she appears nervous and hyper vigilant. She says she needs medicine for an infection, but needs to get back to work before she is missed. She tells the nurse that she is a working girl, but only has a little cash on her. Her STD tests come back positive for syphilis and HIV.

Shelley Hetzer "Masks"

EQUITABLE HIV CARE RESPONSE

- **Evidence:** Providing Trauma Informed Care (TIC) is specialty care that is recovery-oriented and provides survivors with safety and respect.
- **Action:** Asking the individual, "What happened to you?" instead of "What's wrong with you?"

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Substance Abuse and Mental Health Services Administration (SAMHSA) accessed on 7/7/2017 at https://www.samhsa.gov/nctic/trauma-interventions

What is Continuous Quality Improvement (CQI)?

CQI is a philosophy that encourages all healthcare team members to continuously ask themselves:

"How are we doing?"

AND

"How can we do it better?"

Continuous improvement begins with the development of a culture of ongoing sustainable improvement for the patient, the practice, and the population served by the practice.

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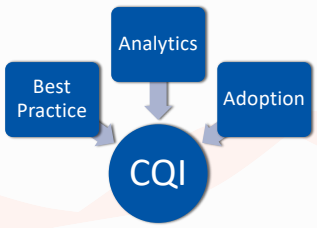
Edwards PJ, et al. Maximizing your investment in EHR: Utilizing EHRs to inform continuous quality improvement. *JHIM* 2008;22(1):32-7.

Creating a Culture of CQI

CQI requires an infrastructure based on three systems within a a program or organization:



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Call to Action

- Creates early momentum
- Begins initiative engagement by the established authority with accountability
- Communicates to all members that the CQI is an organizational priority and is backed by commitment and resources

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Form the CQI Committee and Leadership Team

Committee and Leadership Team

- Members must be able to influence, resource, support, and mobilize QI strategy and understand the causes of poor outcomes
- Members must be involved in the parts of the program that the quality improvements will impact

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Committee Guidelines

- Keep the team small, but allow for adequate representation (including consumers)
- Seek out team members who are enthusiastic about the vision of QI outcomes
- Emphasize the need for accountability and discipline

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Teams

"A team is a small number of people with complementary skills who are committed to a common purpose, set of performance goals, and approach for which they hold themselves accountable."

A CQI Team is a type of team that runs things by overseeing the activities and processes that support continuous quality improvement in a program or organization.

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Katzenbach, JR & Smith, DK. The discipline of teams, *Harvard Business Review*. July/August 2005;7(4) accessed on 7/7/2017 at https://hbr.org/2005/07/the-discipline-of-teams

The Ryan White Care Act and its Expectations for Quality

Health Resources Service Administration (HRSA) HIV/AIDS Bureau (HAB) describes the following characteristics of quality management programs:

- Systematic processes with identified leadership, accountability, and dedicated resources
- Use data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks
- Focus on linkages, efficiencies, and client expectations in addressing outcome improvements
- Ensure that data are fed back into the quality improvement process to assure that goals are achieved

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https://hab.hrsa.gov/clinical-quality-management/quality-care

Question 1

What does CQI stand for?

a. Complete Quality Initiative
b. Circular Quality Intervention
c. Community Quality Instruction
d. Continuous Quality Improvement

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Question 1

What does CQI stand for?

a. Complete Quality Initiative
b. Circular Quality Intervention
c. Community Quality Instruction
d. Continuous Quality Improvement

Question 2

The following performance data report is presented at a CQI Committee Meeting: viral load suppression 85%, gynecology screening 95%, depression screening 55%. As a member of the CQI Committee you recommend that the program continue to measure:

a. Only depression screening
b. Viral load depression and gynecology screening
c. All three indicators

Question 2

The following performance data report is presented at a CQI Committee Meeting: viral load suppression 85%, gynecology screening 95%, depression screening 55%. As a member of the CQI Committee you recommend that the program continue to measure:

a. Only depression screening
b. Viral load depression and gynecology screening
c. All three indicators

Question 3

Which of the following is not one of the CDC's three defining characteristics of a *performance management system?*

a. Manages change
b. Creates a learning organization
c. Uses data for decisions to improve policies, programs and outcomes
d. Organizes a research team to create short and long term clinical research initiatives funded by grant awards

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Question 3

Which of the following is not one of the CDC's three defining characteristics of a *performance management system?*

a. Manages change
b. Creates a learning organization
c. Uses data for decisions to improve policies, programs and outcomes
d. **Organizes a research team to create short and long term clinical research initiatives funded by grant awards**

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Question 4

What is the triple aim of CQI?

a. Researching HIV care, limiting unnecessary staff, and reducing costs
b. Improving the heath of PLWH, reducing the cost of care, and improving patient experience
c. Organizing information, improving patient clinic flow, and creating lean systems of HIV care
d. Managing patients, reducing staff, and making huge improvements in HIV care delivery systems

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Question 4

What is the triple aim of CQI?

a. Researching HIV care, limiting unnecessary staff, and reducing costs
b. Improving the heath of PLWH, reducing the cost of care, and improving patient experience
c. Organizing information, improving patient clinic flow, and creating lean systems of HIV care
d. Managing patients, reducing staff, and making huge improvements in HIV care delivery systems

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Question 5

What is the purpose of a CQI Performance Team?

a. To make things
b. To develop research projects
c. To choose a chief or leader
d. To oversee activities and processes

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Question 5

What is the purpose of a CQI Performance Team?

a. To make things
b. To develop research projects
c. To choose a chief or leader
d. To oversee activities and processes

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CQI Methods and Strategies

IDENTIFYING HIV CARE INDICATORS, PROCESSES, AND DATA MANAGEMENT PRACTICES FOR CHANGE

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CQI Readiness Assessments

Organizational and Project Readiness Assessments help to:

1. Identify potential organizational barriers that may interfere with CQI Project success
2. Ensure the QI Team has all needed resources to develop and execute QI projects

- Quality Management Program Assessment Tools for Ryan White Part A, Part B, and Part C and D
- Team Culture (Pritchard & Dewing, 2000)

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Pritchard, E & Dewing, J.A multi-method evaluation of an independent dementia care service and its approach. *Aging and Mental Health*. 5(1), 63-72; New York State Department of Health Network, AIDS Institute, *HIV/QUAL Workbook: Guide for Quality Improvement in HIV Care*; National Quality Center, 2006 https://www.hrsa.gov/quality/toolbox/methodology/readinessassessment/; https://www.hrsa.gov/quality/toolbox/508pdfs/readinessassessment.pdf accessed on 7/10/2017

CQI Program Management Plan

Domain	Description	Rating
Quality Statement	Brief purpose and end goal	
Quality Infrastructure	Elements: Leadership, quality committee, roles and responsibilities, resources	
Performance Measurement	Critical aspects of care and integration of all its parts, QI indicators, accountability, data collection and analyzing, reporting and dissemination of findings, process to continue QI Plan and identification of gaps in care	
Annual Quality Goals	Measurable and realistic goals to continue quality efforts	
Participation of Stakeholders	Internal and external stakeholders, continued QI learning for all staff, community representatives and networking with plans for obtaining annual feedback from stakeholders	
Evaluation	Evaluate: Effectiveness of the QI Program, QI activities and performance measures	
Formatting	Clarity of document, clear dating and date of expiration	

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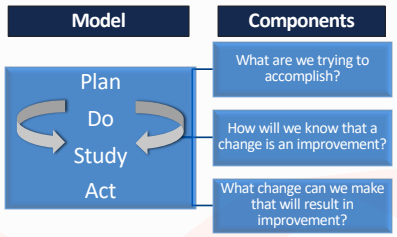
New York State Department of Health AIDS Institute NQC, *Training of Trainer's Guide*, Publication, January 2007,154-155.

One Model for Improvement



Model for Improvement: Component/Question #1

#1 Improvement is About Learning

What are we trying to accomplish?

- Use the scientific method ("trial and error")
- Improvements require change, but not all changes are an improvement

New York State Department of Health Network, AIDS Institute, *HIV/QUAL Workbook: Guide for Quality Improvement in HIV Care*, National Quality Center, 2006: accessed at http://nationalqualitycenter.org/resources/hivqual-workbook-guide-for-quality-improvement-in-hiv-care-pdf/

Improvement is About Learning

What are we trying to accomplish?

Example

The clinic will improve the care delivered to people with HIV by making changes in the following areas:

-adherence and self-management support
-delivery system design
-community linkages

and focusing on engagement in care, prevention, cultural humility, and trauma informed care

Improvement is About Learning

What are we trying to accomplish?

Example

Our goals include the following:

- 85% of patents have a minimum of one visit every 6 months
- 90% of patients have documented medication adherence counseling
- 85% of patients have documented screenings for substance use every 6 months
- 85% of patients have documented screenings for depression and distress every 6 months

Model for Improvement: Component/Question #2

#2 Measure Your Progress

How will we know a change is an improvement?

- Only data can tell you whether improvements are made
- Integrate measurement into the daily routine
- You cannot improve that what you cannot measure

New York State Department of Health Network, AIDS Institute, *HIV/QUAL Workbook: Guide for Quality Improvement in HIV Care*, National Quality Center, 2006: accessed at http://nationalqualitycenter.org/resources/hivqual-workbook-guide-for-quality-improvement-in-hiv-care-pdf/

Case Application

Introducing….

*Community Care 4U (CC4U)*is a healthcare organization located in Fort Lauderdale, Florida. The clinic began as a community-based organization in 2013. At the start, *CC4U* focused on primary care in a low-income area of the city. The clinic's routine HIV testing program resulted in a very high HIV positivity rate from the two zip codes where most of the clinic's patient live/work.

In response to these statistics and patient health needs, the clinic providers built their capacity to deliver comprehensive HIV care in January 2018. The Chief Operating Officer for the Clinic is the part-time Psychologist.

Case Application

The Team

***CC4U* Clinical Team**
- Physician (0.5 FTE)
- Nurse Practitioner (ARNP) (0.5 FTE)
- Social Worker (MSW) (0.5 FTE)
- Registered Nurse (0.5 FTE)
- Medical Assistant (1.0 FTE)
- Psychologist (PhD) (0.5 FTE)

***CC4U* Support Team**
- Receptionist (1.0 FTE)
- Outreach and HIV Testing Specialist (1.0 FTE)
- Peer Advocate (0.5 FTE)

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Case Application

CC4U has a small CQI Committee made up of the CEO, Nurse Practitioner, and Peer Advocate. The Committee meets to discuss the Clinic's current strengths and challenges relating to the care of patients who are HIV-positive (n=147):

- HIV Viral load (VL) suppression rate (aggregate) is 91%
- Average patient "wait time" to see a prescriptive provider ranges from 1-2 hours
- Patient "no show" rates increased from 31% to 38%

After the data are presented, the CEO says this clinic is seriously "under performing."

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Case Application

What should the CQI Committee recommend at this time?

a. Develop a CQI Project to improve patient experience
b. Develop a CQI Project to improve patient VLs
c. Develop a CQI Project to improve staff communication
d. Develop a CQI Project to improve revenue

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Case Application

The following *CC4U* team members should be involved in the QI Project focused on improving patient experience:

a. Full clinical team
b. Full non-clinical team
c. CQI Committee only
d. Combination of clinical/nonclinical team members
e. Any staff who care about cost efficiency and patient care

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All That Data!

USING DATA AND FEEDBACK FOR CQI INITIATIVES IN HIV CARE

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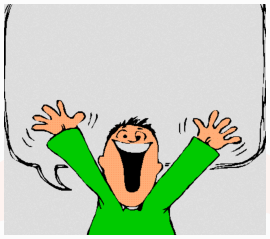
CQI and Data Collection

For Accountability?

For Learning?



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Source: WorldArtsMe

The CQI Family of Measures

- Outcomes — Measures of the consumer or patient
- Process — Measures of the workings of the system
- Balance — Measures of the other parts of the system

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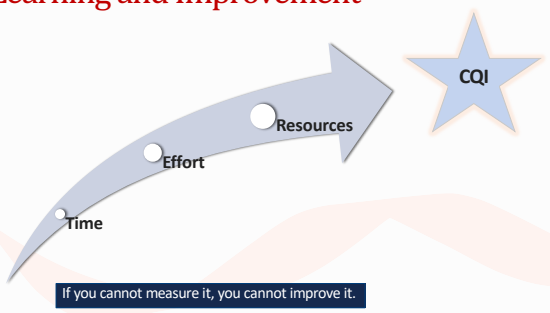
Data Collection for Learning and Improvement



If you cannot measure it, you cannot improve it.

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Learning Focus: Four Key Elements

1. The problem
2. The goal
3. The aim
4. The measures

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Learning Focus: Four Key Elements

1. The problem — 37% of the patients in the Program are not keeping their follow-up appointments for HIV specialty care.
2. The goal
3. The aim
4. The measures

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Learning Focus: Four Key Elements

1. The problem — 37% of the patients in the Program are not keeping their follow-up appointments for HIV specialty care.
2. The goal — The Program will improve retention in care outcomes over a 3-month time period.
3. The aim
4. The measures

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Learning Focus: Four Key Elements

1. The problem — 37% of the patients in the Program are not keeping their follow-up appointments for HIV specialty care.
2. The goal — The Program will improve retention in care statistics over a 3-month time period.
3. The aim
   - 10% of patients currently out of HIV care (not seen in Clinic for greater than 6 months) will be contacted by the Outreach Coordinator and rescheduled for an office visit
   - 75% of patients in the Clinic will show for appointments during a 3-month time period
4. The measures

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4. The measures
   - Number of attended and missed Clinic visits
   - Documented pre-visit reminder calls to all patients and outreach to all patients out of HIV care

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Data Collection and Management

- Baseline data
- Data access
- Automated ways to measure how consistently best practices are being used and their impact on outcomes
- Skills building opportunities for staff to learn how to use data for improvement
- Knowledge of effective data tools and strategies to know how to determine if a change is an actual improvement

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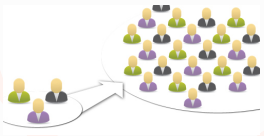
QI Measurement: Helpful Tips

Sampling



Create a Daily Measurement Routine

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QI Measurement: Helpful Tips

Use Numbers and Words

Plot Data Over Time

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Case Application Revisited

What hunch, theory, or idea listed below might be a starting place for the initiation of a timely QI Project for *CC4U* to address the identified performance indicators presented at the CQI Committee Meeting?

a. Add expanded clinic hours to improve clinic "show rates"
b. Use a clinic flow sheet to improve timeliness of care provided
c. Hire a part-time pharmacist to reduce the workload of prescriptive providers
d. Send the receptionist and MA to a training to deliver culturally relevant care to improve patient engagement in care.

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Choosing a Method

METHODS OF CHANGE

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Change Ideas

"All changes do not lead to improvement but all improvement requires change."

How to identify changes to improve care for people with HIV:

http://www.IHI.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Changes/

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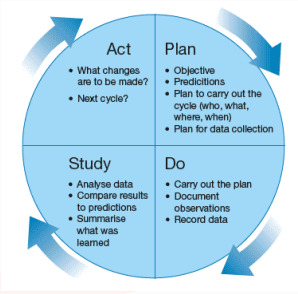
Institute for Healthcare Improvement accessed at www.ihi.org on 7/8/2017

The Learning Process is the PDSA Cycle



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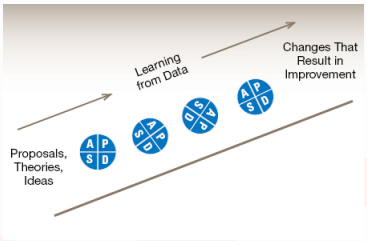
http://www.teachingandlearningtoday.co.uk/blo/

PDSA Repeat PDSA Repeat PDSA Repeat



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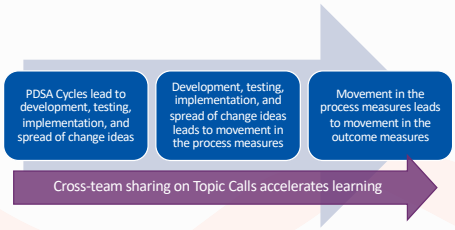
Source: Accessed on 7/8/2017 at http://medicare.qualishealth.org/qi-basics/model-for-improvement

Continuous Learning Using a Team Approach



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Source: https://www.childrenssafetynetwork.org/CSCoIIN accessed on 7/7/2017

Key Takeaways

- Quality Improvement is about learning, measuring progress, and sustaining improvements through continuous cycles of changes
- Focus on the Triple Aim "end goal" to avoid complacency and create a culture of continuous improvement to ultimately support person-centered HIV treatment and care
- Each QI goal and project is connected to the aim of improving the health of people with HIV
- Partner with consumers to develop, inform and evaluate QIPs

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Change Starts Here

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Resources

- California Healthcare Foundation Improvement Network, CIN Partners Share: Supporting Change at Provider Practice and Clinic Sites, *California Improvement Network Quarterly Partner Report*. December 2012:1(7)1- accessed at http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20C/PDF%20CINQtrMtngReportDec2012.pdf.
- California Healthcare Foundation Improvement Network, CIN Partners hare: Whole Person Care, *California Improvement Network Quarterly Partner Report*. January 2014:12,1-5 accessed at http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20C/PDF%20CINQtrMtngReportJan2014.pdf.
- Falk, L. & Tinker, A. The Top Five Essentials of Quality Improvement in Healthcare, *Health Catalyst*, 2012, accessed at https://www.healthcatalyst.com/Outcomes-Improvement-Five-Essentials.
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- Provost, L. & Murray, S. *The Health Care Data Guide: Learning from Data for Improvement, Jossey-Bass, Publication, 2011.*
- New York State Department of Health Network, AIDS Institute, *HIV/QUAL Workbook: Guide for Quality Improvement in HIV Care*, National Quality Center, 2006: accessed at http://nationalqualitycenter.org/resources/hivqual-workbook-guide-for-quality-improvement-in-hiv-care-pdf/.

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No-Show Tracking Tool QIP

September 16, 2019

Background

- Missed HIV medical care visits predict poor clinical outcomes (i.e. lower rates of engagement, retention, and viral suppression).
- Personal barriers often stand between the client and the ability to make their appointment.
  - One study shows that clients who are most likely to fail to keep a given appointment is one who is young, comes from a low socioeconomic group, has large and unstable family, and has previous history of no-shows.[1]
  - Another study showed that living in a “deprived” area was associated with a threefold increase in the likelihood of missing an appointment.[2]

Problem

We are not currently formally tracking missed appointments in the EMA and cannot statistically conclude factors associated with missed appointments that are specific to our EMA.

Within the Oral Health Network, providers have anecdotally identified populations of interest who are more likely to miss their appointments.

Goal

The Broward EMA seeks to improve the ability to quantify individuals who miss Oral Health appointments over a 12-month period.

This goal will be driven by the implementation of a ‘No-show’ Tracking tool.

We have defined No-shows as patients who has missed a scheduled appointment after confirmation has been made prior to the appointment and does not make contact with the agency ahead of appointment to cancel.

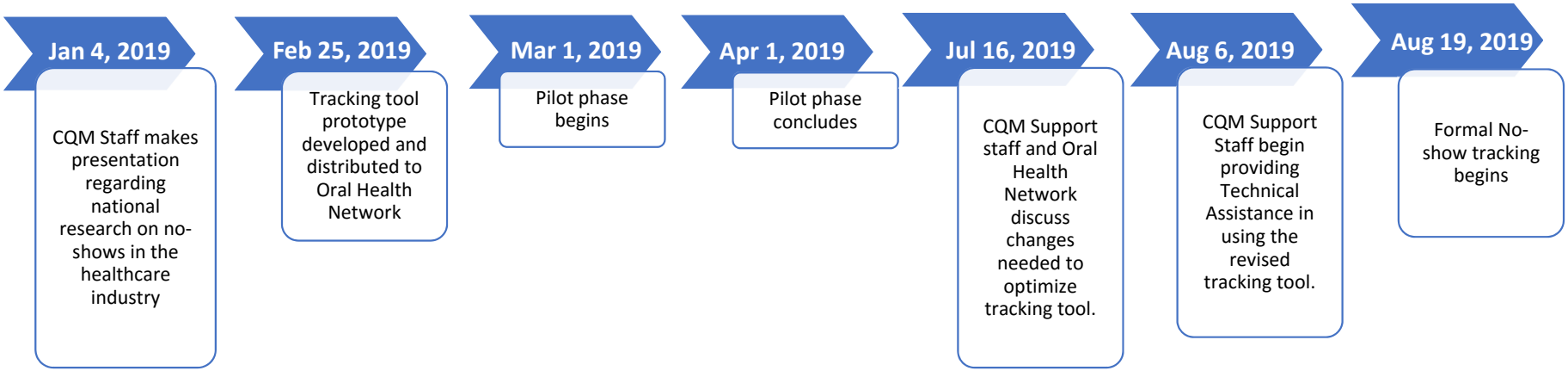
Aim

75% of clients meeting the definition of “no-show” in Oral Health clinics will be identified to inform Oral Health providers on root causes for incomplete oral health retention.

Measures

- Number of missed Oral Health visits by appointment type
- Percentage of Ryan White Part A missed Oral Health visits
- Number of attended Ryan White Part A clients
- Percentage of walk-ins
- Frequency of reasons for missed Oral Health visits
- Record of pre-visit reminder calls to clients with Oral Health appointments
- Client characteristics (retrieved in PE)
- Agency-specific actions taken after no-show
- Viral load suppression

Timeline


Jan 4, 2019
CQM Staff makes presentation regarding national research on no-shows in the healthcare industry
Feb 25, 2019
Tracking tool prototype developed and distributed to Oral Health Network
Mar 1, 2019
Pilot phase begins
Apr 1, 2019
Pilot phase concludes
Jul 16, 2019
CQM Support staff and Oral Health Network discuss changes needed to optimize tracking tool.
Aug 6, 2019
CQM Support Staff begin providing Technical Assistance in using the revised tracking tool.
Aug 19, 2019
Formal No-show tracking begins