

Quality Management Plan

Participant training objectives:

- To understand the purpose and primary elements of a quality management plan
- To consider how to develop key elements of your HIV program's quality management plan

Target audience:

Quality committee members, HIV program leaders, and other staff involved in planning the program's annual quality initiatives

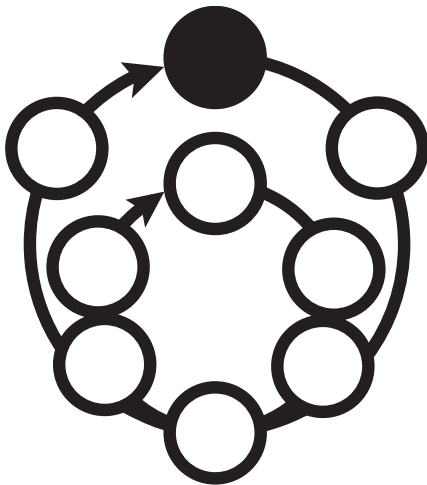
Type of exercise:

Case study; group exercise, 65 minutes

Key concepts:

The primary elements of a quality management plan include:

- Quality statement
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement
- Evaluation



The Big Picture:

Quality improvement planning occurs at the beginning of the model's program cycle when HIV program leaders prioritize quality improvement goals and projects for the year and establish accountability for quality performance at all levels of the organization. The quality management plan documents how the HIV quality program is structured and what its members hope to accomplish in the coming year. It becomes the foundation for improvement efforts at the project level.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Elements of a Quality Management Plan	Facilitator	10 minutes
3. Group Exercise: Case Study	Participants	35 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		65 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
 - Case Study
 - Learning Transfer Worksheet
 - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Photocopy the Case Study, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session’s structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Prepare the training room:

- Arrange the tables and chairs in a circle or square
- Make sure you have plenty of flipchart paper and a marker.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Quality Management Plan: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the purpose and primary elements of a quality management plan
- Have at least one idea for how to better define the HIV program's quality management plan

Agenda

Provide a brief description of the session's primary components:

- Presentation of the key elements in a quality management plan
- Group exercise on how to develop a quality plan for the first time
- Learning transfer worksheet to generate practical ideas for developing the quality management plan

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that a quality management plan is a blueprint for the HIV program's yearly quality initiatives.

Introduce the primary elements of a quality management plan:

- Quality statement
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement
- Evaluation


Quality statement. Explain that the statement describes the purpose of the HIV quality program (e.g. "To provide state-of-the-art HIV quality of care to HIV+ adolescents in the Albany, NY area.") The quality statement is the end toward which all other program activities are directed.

Quality improvement infrastructure. Explain that the quality improvement infrastructure indicates how the program is staffed and structured in order to get work done. The QM plan should include the following information about quality improvement infrastructure:

- **Leadership**—Who is ultimately responsible for the HIV program's quality initiatives? Typically, a quality committee, authorized by the facility's Board of Trustees, is responsible for the HIV quality program. A quality committee plans and oversees all quality activities at the facility, particularly the quality improvement projects

completed by individual project teams. Leadership also reports back to the appropriate internal and external quality committees.

- **Membership**—Who will participate in the program’s quality committee? The most effective quality committees include a multidisciplinary representation from all professional backgrounds within the HIV program. Membership may be extended to other department or hospital representatives, if desired.
- **Meeting structure**—When will the quality committee meet to plan and assess progress? Most quality committees meet 6-10 times per year to review and facilitate ongoing quality activities, as well as to evaluate the HIV quality program and plan future activities.


 **Annual quality goals.** Explain that the true work of an HIV quality program is completed during individual quality improvement projects. The quality management plan should include the following information about its yearly projects:

- **Annual quality goals**—endpoints or conditions toward which the facility will direct its efforts and available resources during project work (e.g. "85% adherence to antiretroviral therapy" or "To reduce patient ‘no-shows’ by 15%.")
- **Quality improvement teams**—groups designated to implement quality improvement projects. Most QI teams consist of 4-8 staff members who represent the areas that impact, or are impacted by, the process in question.

- **Performance measurement**—quality of care indicators measured to help the facility assess where it is and where it would like to go (e.g. GYN exams, CD4 count, PPD screening)

Staff involvement. Explain that all staff members should be informed of the facility’s ongoing quality initiatives, as well as educated in general quality concepts and skills. The quality management plan should include the following information about staff participation:

- **Communication**—how the facility shares information about its quality activities and project results. Options include meeting minutes, staff meetings, newsletters, and reports to internal/external committees and to consumers.
- **Education**—how the facility provides staff training and learning opportunities. Options include quality manuals, formal training sessions, or group learning sessions about quality.

 **Evaluation.** Explain that the quality plan should outline how the program will evaluate its performance, specifically:

- **Quality projects conducted during the plan year**—the projects should be a worthwhile investment in the facility’s quality of care and result in improvements that are sustainable over time.
- **Effectiveness of the quality management plan**—the plan should provide the vision and organization required for QI teams to complete quality initiatives.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.



Case Study Group Exercise

Distribute the case study to each participant and provide directions for completing the exercise:

- Read the case study individually. (5 minutes)
- Review the quality plan as a team and reach consensus on what additional information should be included. Each group should write its response on the flipchart paper. (20 minutes)

Call time after the first 5-minute interval and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 20-minute interval. Select a team to display its responses in front of the group and ask for a volunteer to review them aloud. After one team completes its answer, ask other teams if they have anything new to add. At the end, add any points from the answer key that the teams have not addressed.



Learning Transfer Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to better define the facility's quality management plan.



Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the purpose and primary elements of a quality management plan.
- To have at least one idea for how to better define the facility's quality management plan during the next month.

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Quality Management Plan: Case Study

Instructions:

Evaluate the completeness of the Campus Care Center's quality management plan based on the background information provided. Keep in mind that the plan should address the program's statement, infrastructure, goals, staff involvement, and evaluation. Write any missing information as it should appear in the quality plan and indicate the related section.

Background

The Campus Care Center, part of an academic hospital, is located on a large university campus. With over 250 HIV+ adults cared for in a new outpatient clinic, the facility has 12 staff members:

- 3 medical providers.
- 2 nurses.
- 2 case managers.
- 1 nutritionist.
- 1 peer counselor.
- 3 support staff.

Recently, the Campus Care Center received Ryan White Title III funding. In response, the facility's Medical Director made the following remarks:

"Being a new recipient of Title III, we're aware that we should build a quality program. Currently, we don't have any real structure in place, although we do discuss individual cases when they come up during our weekly case conferences. I'd like to create a quality committee to plan and implement more structured quality initiatives.

Officially, we're linked with the academic hospital's quality program; in fact, I think we're mentioned in its statement to 'assure the best quality of care to our clients.' Unfortunately,

we don't have many opportunities to interact with hospital staff regarding quality improvement. And to my knowledge, our staff doesn't have a lot of practical knowledge about quality, like to how to use quality tools or work on quality improvement projects."

The Medical Director subsequently scheduled a half-day meeting to develop a quality management plan and asked a team of staff members to collect baseline data for 7 quality of care indicators, in preparation. The team reported the following results:

- GYN exam: 77%
- Viral load done within past 6 months: 91%
- PPD placed and read: 56%
- CD4 count done within past 6 months: 91%
- PCP prophylaxis for eligible patients: 95%
- HAART for eligible patients: 81%
- MAC prophylaxis for eligible patients: 100%

Based on this information and additional discussion during the meeting, the team developed the first draft of the facility's quality management plan.

Quality Management Plan: Learning Transfer Worksheet

Instructions:

Assess your actions as leader in your facility's HIV program.

Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
QUALITY STATEMENT		
QI INFRASTRUCTURE <ul style="list-style-type: none"> • Leadership • Membership • Meeting structure 		
ANNUAL QUALITY GOALS <ul style="list-style-type: none"> • Annual goals • QI teams • Performance measurement 		
STAFF INVOLVEMENT <ul style="list-style-type: none"> • Communication • Education 		
EVALUATION <ul style="list-style-type: none"> • Quality projects • QI plan 		

Quality Management Plan: Answer Key

The sample response does not describe how the facility should or would create a more detailed quality management plan, but rather one way that the plan could more fully address each element of the plan.

Quality Statement

"The HIV quality program is based on the commitment of the Campus Care Center, and the hospital at large, to assure the best quality of care to our clients. We aspire to provide the highest quality of care to the communities infected and affected by HIV, and to continuously improve the quality of care."

Infrastructure

Membership: "The membership of the quality committee reflects the diversity of disciplines within the Campus Care Center associated with the processes being monitored. The members of the committee include the Medical Director (chairperson), 1 medical provider, 1 nurse, 1 case manager, 1 peer counselor, and 1 support staff member. The chairperson will report back to the overall committee responsible for hospital-wide quality activities. Membership will be approved by the Medical Director."

Meeting structure: "The Quality Committee should have at least 10 scheduled meetings per year, tentatively planned for the second Wednesday of each month from 8:30-10:30 a.m. The meeting schedule must be coordinated and approved by committee members. Additional meetings may be called as needed."

Annual Quality Goals

Goal: "To initiate a QI project team in order to improve the GYN rate to 90% or above."

Goal: "To initiate a QI project team in order to improve the PPD rate to 75% or above."

Performance Measurement: "We will measure the following quality of care indicators on an annual basis: GYN, PPD, PCP, MAC, Viral load, CD4, and HAART."

Staff Involvement

Education: "Based on the belief that staff should be actively involved in the HIV quality program and its activities, all current and new staff members will receive the hospital's quality manual of QI methodologies and review key chapters during biweekly staff meetings. In addition, staff will be provided with a 2-hour training session about quality improvement principles and will receive the hospital's quarterly newsletter on quality tools and techniques. All new staff members will receive quality training."

Evaluation

"At the end of the year, the quality management plan will be evaluated and all QI projects will be assessed against goals."