Program Step II: Facilitate Implementation of HIV Quality Program

Program Cycle

Project Cycle
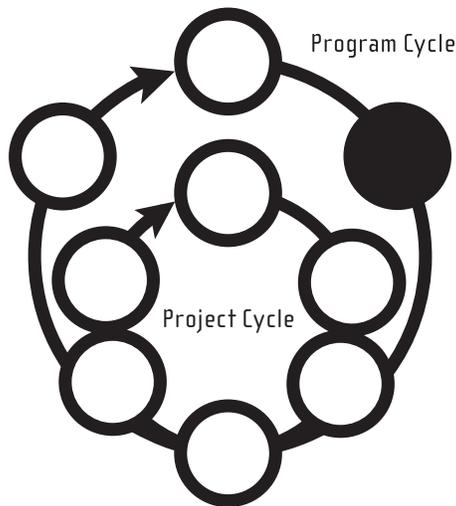
The Big Picture

During Step I of the Program Cycle, the HIV quality program committee develops a quality management plan. During Program Step II, the HIV quality committee helps to establish systems to make the plan a reality and gives those staff members who are involved in quality activities the resources and support necessary to succeed.

What To Do

- Establish performance measurement systems.
- Review performance data.
- Establish improvement project teams.
- Support quality improvement activities.

⛶ Snapshot of HIV Care

Setting Things In Motion: Implementing The Plan

Moving from paper to action is the first order of business of the HIV quality committee. Sometimes, after completing the quality management plan, quality committee members feel that their work is done and that they need to get back to their "regular" work. Sometimes, they feel overwhelmed by the tasks outlined in the plan, or discouraged by their initial level of performance.

It's important to keep the momentum generated through the plan-ning process. Keep in mind, 'Quality is a Journey,' and requires many small steps. It's useful to build some excitement about the quality management program and to identify some activities that can be successfully accomplished. Create an "early success" which everyone can celebrate. The HIV program at Kings County Hospital, NY routinely shares their data reports not only to staff at the bulletin board but also in the waiting room for everyone to see. These steps generated the necessary buzz and allowed the quality committee to routinely report on their progress.

Snapshot of HIV Care...*Continued*

Make the committee work as routine as possible

Quality managers have also found it useful to establish standardized formats for committee materials and meetings. Making the order of the meeting and communications consistent help the meetings move efficiently because everyone understands how the meeting will proceed and to analyze the materials.

To be flexible in their approach to improve HIV care and avoid long meetings, one HIV program decided to quickly meet and create simple 'huddles.' As one member pointed out: "We decided that we all had too many meetings every day. To sit down and meet, took too much time. So we agreed to huddle by simply standing around. Once we sat down, it was a meeting."

To maintain the flow from meeting to meeting, HIV programs decides before they adjourn from the quality committee meeting to quickly review the tasks and ensure that all members knew exactly their roles. "This simple step helped us all to keep everyone on track."

Support committee members

Sometimes, in their implementation, quality committees discover something they hadn't considered when developing the program plan. For example, one agency found that before it could start to measure its performance, it realized that they had to do some training for the quality committee members at how to understand and look at data.

"At first I thought that people were hesitant to review performance data because they were concerned about what they would show. But after talking with some committee members privately, I realized that they felt that they didn't know enough about data to be able to talk about it in a meeting," a quality committee chair reports.

"So I asked one of our facility's 'data geeks' to provide a basic presentation to the entire committee. She kept it simple, and provided some good tools. We also made it mandatory for everyone to attend, so not to single out people. It was also good to have a non-committee member do this because we encouraged people to ask her questions on their own."

Establish Performance Measurement Systems.

The quality improvement management plan details the indicators selected for routine performance measurement and the annual goals for which project teams will be formed. To ensure that the quality committee has routine and accurate data on the facility's performance, the following steps are necessary:

- Validate data systems
- Define performance indicators
- Select the data collection method
- Establish accountability for data collection

Validate Data Systems

The task of the quality committee is to find the most efficient way to collect information from your facility's records and to draw a sample of those records for measurement. The most complete source of information on diagnosis, treatment, and clinical outcomes of care is the medical record. Different facilities store information in different ways. Some maintain paper medical records, others use software to create electronic medical records (EMRs). In addition, data can be gathered from billing systems, appointment books, or from areas such as the pharmacy or lab.

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Define Performance Indicators

The quality committee needs to ensure that each routine performance indicator is sufficiently defined. The following should be considered:

- Complete definitions of indicators that are based on current guidelines (e.g., ARV treatment education: 'Patients who initiate ARV treatment or undergo a change in class of drug during any 4-month review period(s) will be evaluated whether treatment education has been provided.')
- Frequency of data collection (e.g., monthly, bi-monthly)
- Efficiency of data collection

Select The Data Collection Method

Determine if any data related to your indicators have already been collected. If your data sources capture the patient-specific information you are measuring and can be queried to produce information in the specified time frames, you may substantially reduce your workload. Investigate all possible sources. If you find an existing data source, determine the ease with which you can generate specific patient-level data. More likely than not, you will need to collect at least some data on your own through chart reviews.

⊞ Toolbox:
Performance Measurement Plan

ELEMENT OF HIV CARE	QUALITY OF CARE INDICATOR(S)	DATA SOURCE	COLLECTION METHOD
HIV Monitoring	• CD4 cell count test performed • Viral load measurement test performed	Lab data, patient medical record, electronic medical record system	Every 4 months via lab data system
ARV Management	• Appropriate management of patients on ARV therapy • ARV therapy medication	Patient medical record, electronic medical record, pharmacy data	Every 4 months via chart review and pharmacy data
Screening	• Treatment adherence to ARV • PPD screening • Lipid screening • Hepatitis (HCV) screening • Mental Health screening	PPD log, patient medical record, electronic medical system, lab data	Annually through chart review
Opportunistic Infection (OI) Prophylaxis	• PCP prophylaxis (CD4<200/mm^3	Lab data, pharmacy data	Annually through lab data, pharmacy
Gynecological Care	• MAC prophylaxis (CD4<50/mm^3) • Pneumococcal vaccination (10 years) • Pelvic exam • Chlamydia screening • PAP smear • Gonorrhea culture	Patient medical record, electronic medical record	Annually through chart review and lab data
STD Management	• Syphilis serology	Lab data	Annually through lab data
Substance Use	• Substance use screening • Tobacco use screening	Patient medical record	Annually through chart review
Coordination of Care	• Annual dental exam • Annual ophthalmologic care (CD4<50/mm^3)	Referral tracking system, lab data, chart review	Annually through chart review
Patient Education	• Basic patient education • ARV treatment education	Chart review	Annually through chart review
Case Management	• Comprehensive assessment • Service plan • Follow-up on service plan goals and referrals • Coordination of services	Chart review	Annually through chart review

Establish Accountability For
Data Collection

The quality committee decides who will routinely and accurately measure the selected indicators. Usually, a staff person or a team will be assigned with this task. At minimum, the designated person or team should receive a brief training to review the measurement process and to fully understand each indicator on which data are collected.

The Toolbox on page 58 provides an overview of a Performance Measurement Plan which outlines the various indicators, their data sources and collection methods.

Additional information about sampling and data collection can be found on page 142 of this Workbook. This section particularly addresses issues of :

- Constructing a population sample
- Designing a data collection tool
- Assigning and training abstractors
- Collecting data
- Validating results

Real-World Tip
Collecting Data.

Keep the following rules in mind when the data collection process is planned and the performance measurement plan is under way:

- Keep your data collection as simple as possible.
- Be sure that data collection is limited to quality improvement activities.
- Reduce the sample size to a minimum (select 24 - 107 records per review).
- Measure the high performing indicators less frequency (e.g., change from monthly to semi-annually).

Additional Resource

You can download a software program called HIVQUAL3 for free at www.hivqual.org. This software which includes clinical indicators based on clinical guidelines and case management indicators providers a means of measuring and reporting HIV care and services.

Review performance measurement data.

When developing the quality management plan, take advantage of any existing performance data for selected indicators. Using data in the development of the quality management plan is helpful for:

- Problem identification: Reviewing data helps to verify staff's assumptions and anecdotes about the nature of existing problems.
- Planning and goal setting: Performance measurement data can be used in developing the quality management plan for identifying the annual quality goals and activities.
- Focus: Data help to focus the efforts of the quality improvement activities. Often, data will give the quality committee what to address first.
- Buy-in: A preliminary look at the existing performance level can make problems visible and establish the need for change.

Data that are already available provide a quick and easy way to get started. Sources of existing performance data might include:

- Reports in HIVQUAL3 software.
- Reports from other clinical software programs.
- External audit results from regulatory agencies.
- Information collected through organization-wide quality activities.
- Written logs in HIV programs.

Once you've reviewed these data, determine which areas are in need of improvement and include these in your quality management plan and workplan.

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Establish Improvement Project Teams.

Creating The Basic Structure For Teams

Improvement projects are the vehicle by which staff members address the quality goals set forth in the facility's quality management plan. Typically, a cross-functional group of staff members is assigned to each project. This helps to ensure that multiple viewpoints are represented in the improvement effort.

To the degree possible, the team should include those staff members who influence the project goal as well as those impacted by the goal. A broad representation strengthens the team's ability to make informed decisions and signals to the organization that the program values input from those staff members who are most impacted by the project work. Someone who feels personally invested in a project is much more likely to actively seek its completion. If feasible, include staff members in the selection process.

The facility's quality committee needs to communicate the following information for each project:

- Define the quality goal for the project. This basic information frames the scope of the project and helps improvement teams launch their efforts. For example, a quality committee might describe a project goal as, "improve patient adherence to ARV therapy to 85% using a 3-day self-report." The project team starts with this goal.
- Team members assigned to the project. In many clinics, the HIV quality committee decides who will be included on each quality improvement project team. At a minimum, the quality committee should select staff to serve as team leader and/or team facilitator for each quality improvement project.
- Project deliverables. Specifying deliverables (such as the improvement project memo, weekly written updates or a final report) clearly communicates the quality committee's expectations for a project and ensures the committee and the improvement team are 'on the same page.'
- Deadline for completion and any interim deadlines. Clear deadlines for reporting back to the quality committee (such as weekly project updates and a final report in 5 weeks) allow an improvement team to efficiently plan project activities.

Notifying Team Members And Staff

The quality committee shares the basic project documentation with each staff member so that everyone is aware of the improvement project work. Every opportunity (e.g., staff meetings, internal emails and newsletters) can be used to publicize current and upcoming quality improvement projects.

Real-World Tip
Build A Solid Base.

Consider the following practices in putting together an improvement project team:

- Include at least one member of the HIV quality committee to a project team.
- Choose individuals who have previous experience to serve as team leader or team facilitator.
- Recruit a consumer to participate on a project team to voice concrete concerns and suggest improvements from the consumer perspective. Consumers can also help to promote system improvements to other consumers.
- Provide a training session or update to the team prior to initiating the quality improvement team.
- Provide a list of available projects and allow candidates to self-select. Or ask staff members to list the types of projects they are interested in and factor in their preferences.

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Additional Resource

Scholtes, Peter R., Joiner, Brian L. and Streibel, Barbara J.. The Team Handbook. Second Edition. Madison, WI: Joiner Associates Inc., 1996.

Support Quality Improvement Activities.

The success of the quality management program and its activities requires the support the quality committee and the integration of quality into the facility's HIV care delivery. Key techniques to create a quality culture in HIV programs include

- Providing training and education
- Creating communication pathways
- Recognizing staff members efforts
- Demonstrating program successes

Providing Training And Education

Staff members are trained to provide HIV care, but not necessarily trained to improve the quality of care. Quality improvement has its own body of knowledge and skills that are necessary in completing project work and implementing quality management strategies. Core topics include the principles and techniques of quality improvement and the methodologies of making change.

Staff members may be most familiar with the "workshop" format, where a facilitator presents information to a small group and opportunities are provided to apply the information in structured exercises.

Real-World Tip
Informing Staff About Quality Improvement.

Informed staff members are better participants in quality activities. The following strategies can be used to keep staff up-to-date:

- Provide a copy of this Workbook to all staff.
- Invite outside speakers to present their quality projects to staff.
- Create a training bulletin board in staff areas that highlights one quality tool concept per month.
- Create and distribute a quarterly newsletter about quality or share articles on quality.
- Discuss key quality concepts during every staff meeting.
- Include information about the quality management program in new employee orientation and training.
- Start small. Focus on areas in which staff members have already asked for assistance.

Additional Resource

For guidance in teaching small groups about the primary responsibilities of program facilitation, see the HIVQUAL Group Learning Guide "Facilitation of Quality Program" exercise. The exercise could also be used to kick off a new HIV quality committee's initial facilitation efforts. You can download this publication at www.hivqual.org.

🧰 Toolbox:
Quality Improvement Team Reporting Form

TEAM REPORTING FORM	
TEAM	Improving Patient Retention for Initial Medical Appointment
TEAM MEMBERS	John Guercio, Jenny Smith, Susan Rodriguez (team leader), Catrin Papros, SD Huang
DATE	May 15, 2005

PROJECT OVERVIEW	
PROJECT GOAL	The team was initiated to increase the show-rate for medical initial appointments from currently 23% to 60%.
DATA POINTS	The team collects the show-rate for medical initial appointments from the appointment system every month. Indicator is defined as the % of patients with initial medical appointments being seen by medical provider on the day of appointment (no walk-ins).

PROJECT UPDATE

INTERVENTIONS (SINCE LAST REPORT)	FINDINGS AND RESULTS	NEXT STEP
• Mailing out new orientation package to patients	• Patients appreciated mailing; contact information in many cases incorrect	• Need to get better contact information of patients to send out orientation packages
• Update patient contact information at every visit	• Front staff updated contact information at every visit; special effort was made to get the entire contact information before initial visit	• Generate report of current contact information to review with patient at time of registration; write corrections onto the form for data entry into the computer.
• Ask for additional contacts to get in touch with patient ("Who knows where you are?")	• New field in computer system was added to enter additional contact information; staff enters information in computer	• Staff needs to be reminded to enter additional contacts in computer
• Make reminder calls	• Phone script for staff is used to make initial appointment; adjustments were made to shorten the script	• A new script needs to be written for initial medical appointments for contacting additional contacts

Creating Communication Pathways

An open flow of communication between the quality committee and staff involved in quality activities helps to ensure steady progress toward established goals. The simplest way to endorse communication is to create an open door policy.

Any reporting expectations or requirements will depend upon individual experience with the improvement process. Checkpoints should be set to review the team's progress or when staff members are expected to report on their activities.

If a more structured process is required, consider adding status updates to the agenda of quality committee meetings or regularly set time aside to discuss the project updates. If meetings aren't possible, ask for a status report in writing and discuss it with team members over the phone or via email.

If a project has fallen behind, the committee should help and encourage staff members to identify and remove any project barriers.

Real-World Tip
Support Quality Improvement Teams.

An HIV quality committee 'jump starts' improvement projects, guides teams in their efforts and keeps improvement activities aligned to the quality management plan. The following practices can help the committee to be effective:

- Appoint one quality committee member to be directly responsible for a quality improvement team.
- Have the quality committee chairperson occasionally participate in improvement project team meetings to answer questions and provide input.
- Reward the progress of improvement teams by officially acknowledging their work or by throwing a 'quality lunch' for the next team meeting.
- Ask quality improvement team members to routinely update staff at internal staff meetings about team progress.

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💼 Toolbox:
Data Follow-up Form

The following Toolbox provides a framework for immediately taking action steps once the data results are presented to the quality committee project team.

1) WHAT ARE THE MAJOR FINDINGS OF YOUR DATA ANALYSIS?

- Overall substance use screening score is 78%.

- Documentation of past substance use history is 75%.

- Referral for active substance users in only 20%.

2) WHAT ARE THE IMMEDIATE STEPS FOR FOLLOW-UP RESULTING FROM YOUR ANALYSIS?

A) SHARING OF DATA

- Share report with all staff; make individual copies and present at next staff meeting.

- Post data points in hallway.

- Present findings to HIV leadership.

B) GENERATING OWNERSHIP

- Ask leadership for input how to improve referral system for active substance users.

- Ask case managers for their input to improve system.

- Create quick questionnaire for staff about barriers for substance use referral.

C) INDIVIDUAL PATIENT FOLLOW-UP

- Identify patients in the review with no referral and arrange referrals.

- Create a list of active substance users and follow-up with them about referrals.

D) ADDRESSING IMMEDIATE SYSTEMS ISSUES

- Arrange meeting with substance use program to improve referral.

- Create new form to track substance use referrals.

3) WHAT ARE YOUR OVERALL PLANS FOR SYSTEMIC IMPROVEMENT?

- Propose a project team to be formed to address this issue.

- Increase reporting frequency of this indicator to monthly.

- Invite representative from substance use program to the overall quality committee.

Recognizing Staff Members' Efforts

Staff members are the backbone of the HIV quality program. Recognize their efforts regularly to reinforce the importance of their quality improvement project work. For example, write letters of recognition and post them in clinic locations where staff, patients and stakeholders will see them. Send an email of recognition to staff. If budget allows, offer small gifts such as movie passes or gift cards to team members upon completion of successful quality improvement activities. Or host a lunch where patients give testimonials of how a particular improvement project directly benefited their health.

Demonstrating Program Successes

Build excitement for the HIV quality program by publicizing its success stories. Recognize team results formally at board meetings, full-staff meetings, conferences, and in reports to internal and external councils or committees. Publish successes in internal newsletters and journals. Mount success storyboards in the waiting room so patients are aware of quality improvement efforts. Look for ways to show how quality improvements affect every aspect of the staff's daily activities.

Keep in mind that achieving quality improvements in HIV care is multifaceted. Quality successes in HIV care result from top-down commitment and empowered staff at all levels. Work to build a sense of staff ownership for the quality program.

Quality improvements become part of an HIV facility's daily routine. All staff members, regardless of job titles or positions, should think of themselves as contributing to quality efforts and improving the care of people living with HIV.

📖 Additional Resource

For guidance in teaching small groups about the importance of organizational support to an HIV quality program, see the HIVQUAL Group Learning Guide "Support for Quality Program" exercise. The exercise could also be used to plan specific tasks for how to build the program's base of support. You can download this publication at www.hivqual.org.

🧰 Toolbox:
Different HIV Program Types

Recognizing different service delivery models for HIV care, the following table highlights how several delivery systems can facilitate the implementation of an HIV-specific quality program.

HIV NETWORKS

- Establish a central topic to focus quality activities across the entire network (e.g., ARV management of unstable patients). Share results and findings with all network sites and benchmark across sites. Create 'competition' between teams.

- Create quality champions who can become internal resources for the network. Bring sites with similar quality activities together and showcase the success of your quality champions.

- Identify a data collection system that consistently and regularly measures and compares the performance across the network. Train the data abstractors together. Use standardized data forms.

- Bring representatives of network sites together to jointly develop strategies to implement the quality plan. Train staff together about quality methodologies and techniques. Share policies and procedures.

ADVANCED HIV PROGRAMS

- Provide a quick training on quality for team leaders and/or facilitators of project teams before engaging them in quality activities. Include consumers who participate in these activities in the training.

- Develop a frequent quality newsletter to promote the successes of the quality program. Showcase successes of teams and individuals.

- Develop an award system for staff members which includes financial incentives for quality successes.

- Train all staff annually (e.g., 1-day quality workshop) about quality improvement and the HIV quality program.