Quality Management Infrastructure
How to Establish a Quality Management Committee

The Quality Academy
Tutorial 6

Begin
Learning Objectives: You Will Learn About…

- The quality management committee: Who? What?
- Other organizational support
- How to assess and improve your HIV quality program
- Helpful assessment tools
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3 Tips for Viewing

National Quality Center (NQC)
Quality Improvement Activities are Supported by a Quality Infrastructure
Key Question

What committees and other structures do we need to run a sound quality management program?
The Quality Management Committee:

- Builds the HIV program’s capacity and capability for quality improvement
- Involves program leaders and other key staff to cement their personal commitment to quality
- In a large organization, links the HIV quality program with the organization’s overall quality program
Sample Organizational Chart for Quality

Organization-wide Quality Committee

HIV/AIDS Center Medical Director

HIV/AIDS Center Quality Committee

HIV/AIDS Center Medical Director

QM Committee: Roles and Responsibilities
Who Might Be on the Committee?

<table>
<thead>
<tr>
<th>For a Teaching Hospital (HIV Caseload: 700)</th>
<th>For a Neighborhood Health Center (HIV Caseload: 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chief of Infectious Diseases</td>
<td>• Medical Director</td>
</tr>
<tr>
<td>• AIDS Center Administrator</td>
<td>• Senior Staff Nurse</td>
</tr>
<tr>
<td>• Director of Ambulatory Care</td>
<td>• HIV Nurse</td>
</tr>
<tr>
<td>• Director of Quality Improvement</td>
<td>• Case Manager</td>
</tr>
<tr>
<td>• Director of Nursing</td>
<td>• Patient Representative</td>
</tr>
<tr>
<td>• AIDS Center Nurse Practitioner</td>
<td></td>
</tr>
<tr>
<td>• Clinic Coordinator for Case Management</td>
<td></td>
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<tr>
<td>• Senior Staff Nurse</td>
<td></td>
</tr>
<tr>
<td>• Patient Representative</td>
<td></td>
</tr>
<tr>
<td>• Part D Provider</td>
<td></td>
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</tbody>
</table>
Getting Committee Work Done

- Identify a chair for the committee
- Set meeting frequency and duration
- Document your progress
- Establish communication channels
- Train committee members on quality improvement
Example of Committee Minutes

**QM Committee: Roles and Responsibilities**

- Victoria S (Chair)

- Call to Order at 8:00am
- Meeting was Adjourned at 8:00am
- Minutes from Last Meeting: Reviewed and Approved
- Announcements: None

### QUALITY COMMITTEE MINUTES

**QUALITY COMMITTEE MEETING**

**DATE:** December 20th, 2005

**DEPARTMENT:** Quality improvement Committee Minutes

**TOPIC/AGENDA**

- **Pediatrics**
  - The results of the Pediatric Nutrition score were presented indicating compliance rates of 3.7% for guidelines. It was discussed that the compliance rate of the Dental Care indicator has increased from 42% to 98% from 11/2004 to 11/2005. It was also discussed that the 50% rate of compliance for the TR status indicator is due to a backlog of follow-up appointments for the ITF ordering.

- **Social Work**
  - The results of the Social Work Inspections Review were presented indicating that 90% of all inspections were outside the inspection visit. The absence of data was discussed.

- **NQF**
  - The results of the National Quality Forum were presented indicating that the compliance for the guideline for counseling is 90%. The compliance for the guideline for screening is 80%

**DISCUSSION/FINDINGS**

- The results of the Pediatric Nutrition score were presented indicating compliance rates of 3.7% for guidelines. It was discussed that the compliance rate of the Dental Care indicator has increased from 42% to 98% from 11/2004 to 11/2005. It was also discussed that the 50% rate of compliance for the TR status indicator is due to a backlog of follow-up appointments for the ITF ordering.

- The results of the Social Work Inspections Review were presented indicating that 90% of all inspections were outside the inspection visit. The absence of data was discussed.

- The results of the National Quality Forum were presented indicating that the compliance for the guideline for counseling is 90%. The compliance for the guideline for screening is 80%

**FOLLOW-UP**

- The results of the Pediatric Nutrition score will be followed up by the team committee. Action regarding ITF ordering need to be discussed by the program’s leadership. Follow-up by Sera K.

- It was suggested that reviewing who shares between Catherine G, Hannah W and Isaac K to avoid the overloading and to favor the presentation of the results. Follow-up by Catherine G.

- It was suggested to go beyond what OASIS rule for us in guidelines and indicate HIV testing and Hepatitis information in the review tool. It was discussed that there should be automatic referrals for HIV counseling and testing (clearing administration program under annual review). Follow-up by Isaac G.

**SUBMITTED BY:** Daphne C; December 27th, 2005

National Quality Center (NQC)
Responsibilities of the Quality Management Committee

- Strategic planning
- Facilitating innovation and change
- Providing guidance and reassurance
- Allocating resources
- Establishing a common culture
Strategic Planning

• Develops the HIV quality management plan
• Prioritizes goals and projects
• Outlines the quality program infrastructure
• Identifies performance measures
• Plans for program evaluation
Facilitating Innovation and Change

- Removes barriers to making and sustaining improvements
- Prepares staff for change
- Promotes communication: gives everyone at the facility a voice in the quality management program
Providing Guidance and Reassurance

• Oversees the progress of quality activities
• Helps quality improvement teams in their work
• Supports changes that result from quality improvement projects
• Listens, observes, responds to staff concerns
Allocating Resources

- Makes staff time available for quality committee meetings and quality improvement project team work
- Ensures that staff has the tools, knowledge and data necessary to participate in quality improvement work
Establishing a Common Culture

- Demonstrates a true commitment to the quality program
- Successful buy-in to the quality program means “not to get people to do what they are told but to do what they are not told”
Tips for Success

• Select a chair who will be the quality program’s champion
• Build a cross-functional group: draw from different service areas in the program
• Include individuals who have influence and can get things done
• Start small: recruit those most critical to the program’s success
• Include consumers
Test Question

An HIV program serves 120 patients. Its staff consists of two clinical providers (MD, NP), 1 nurse, 1 HIV program director, 3 case managers/HIV counselors, 1 secretary, part-time nutritionist, and 1 volunteer. Who should be on its quality management committee?

A) The MD and the Program Director.
B) No one, the program is too small. It should rely on its parent organization's quality committee.
C) One of the clinicians, the nurse, the program director, the case manager and a patient or patient representative.
D) Everybody on the staff, since it is so small
Test Question

Which of the following statements is NOT correct regarding the principle "Strategic Planning"?

A) The quality management committee should establish annual quality goals for the program in alignment with the overall facility goals.

B) The quality management plan should be written and approved by the medical director only.

C) Once a year, the committee dedicates one quality meeting to review and update its performance measures and to set indicator goals.

D) Annually the quality committee assesses its quality program by using an established organizational assessment tool.
Test Question

Which of the following statements regarding the quality committee's responsibilities is NOT correct?

A) To give everyone at the facility a voice in the quality management program, the quality committee should routinely conduct brief surveys about potential quality improvement projects.

B) One of the key responsibilities of the quality committee is to remove barriers to making and sustaining improvements.

C) The quality committee should routinely train all staff on key quality improvement concepts.

D) The quality committee should immediately interface if the quality improvement team cannot find a solution.
Ways to Strengthen the HIV Quality Program

- Convey the importance of quality to others
- Organize educational activities to promote quality
- Recognize staff for their quality improvement efforts
- Institutionalize quality improvements
- Demonstrate program successes
Convey the Importance of Quality to Others

Summarize quality data and show where improvements are needed.

Clarify the HIV quality activities to your parent organization’s leadership.

Create a quality "story board" in the waiting room, visible to both clients and staff.

National Quality Center (NQC)
Organize Educational Activities to Promote Quality

- Have clinical and administrative leaders talk about the importance of quality at the next staff meeting
- Organize "brown bag lunch" training sessions on quality improvement for clients and staff
- Create and distribute a quarterly newsletter about quality
- Copy relevant articles from medical journals and distribute them to staff
Recognize Staff for Their QI Efforts

• Publish quality project outcomes in the quarterly HIV newsletter
• Use the waiting room bulletin board to feature one QI team’s quality efforts
• During annual picnic, thank staff members for their efforts in recent quality activities
• Seek opportunities for staff to present their work on quality at outside meetings and conferences
Institutionalize Quality Improvements

- Include language in job descriptions to make quality part of all jobs
- Consider participation in quality activities as part of annual staff evaluations
- Involve as many staff as possible
Demonstrate Program Success

- Publicize the program’s success stories in your organization’s internal publications and/or at an all-staff meeting
- Collect performance data showing annual time/money saved due to QI efforts and create a brochure depicting positive trends
Let's return to our case study, the 120-client program with two clinical providers (MD, NP), 1 nurse, 1 HIV program director, 3 case managers/HIV counselors, 1 secretary, part-time nutritionist, and 1 volunteer. What provides the best venue for educational activities to support quality in this small program?

A) Brown-bag lunches
B) Circulating articles from journals
C) Creating a newsletter
D) "a" and "b"
E) "b" and "c"

Submit
Which of the following elements does NOT support the quality program?

- A) Recognize staff for their QI efforts
- B) Demonstrate program successes
- C) Focus your quality improvement training on committee members only
- D) Convey the importance of quality to others
The Annual Assessment Looks At:

- How effectively the HIV program’s quality infrastructure supports quality activities
- Clinical and non-clinical indicators, and external quality evaluations performed by external agencies, to identify future improvement opportunities
- The improvements made by project teams and how well these improvements have been sustained over time
- Educational efforts for staff and clients and how well these have built knowledge and expertise about quality
Infrastructure Questions

• Was the quality management committee effective in its efforts to improve the quality of HIV care?
• Does the quality infrastructure require any changes to improve how quality improvement work gets done?
Measurement Questions

- Were the performance measures appropriate to assess the clinical and non-clinical HIV care in the facility?
- Are the results in the expected range of performance?
Improvement Questions

- Were annual quality goals for quality improvement activities met?
- How effectively did you meet your goals?
- What were the strengths and limitations?
Education Questions

Did the appropriate people have the ability to participate in quality improvement training opportunities?
Quality Program Assessment Tool

• Part-specific Organizational Assessment Tools to assess the HIV-specific quality program.

• Benefits of using these tools include:
  - increased inter-rater reliability due to standardized scoring tools
  - allowing for comparisons over time
  - comparisons with other HIV programs
Quality Program Assessment Tool

- Available for each Part
- Series of key questions to assess quality plan, quality infrastructure, performance measurement, staff/consumer involvement and quality activities
- Scoring instrument from 0 (rudimentary) to 5 (advanced)
- Written scoring instructions
How to Best Use These Tools…

- Comparison against ‘golden standard’
- Identification of program priorities
- Evaluation of your quality program
Assessment Tools Can be Found by Clicking:

- Part A
- Part B
- Part C
- Part D
Once again, let’s return to our case study. Here is this organization’s approach to assessment of the quality program:

“The Medical Director and HIV Program Director review the quality program goals annually. The Medical Director is responsible for the implementation of changes to the quality program through personal interactions with individual providers. Time tables and actions steps will be kept by Nurse Practitioner for follow-up.”

Is this approach sufficient?

- A) Yes
- B) No
Key Points

- The quality management committee builds the HIV program’s capacity and capability for quality improvement.
- Quality management committee is responsible for:
  - strategic planning
  - facilitating innovation
  - providing guidance
  - establishing a common culture
  - allocating resources
- Assess effectiveness of quality management work annually
- Assessment tools exist, use them
Resources

• ‘HIVQUAL Workbook’ A guide for HIV providers to learn about quality management and quality improvement. A publication of the New York State Department of Health, AIDS Institute, 2006. The guide can be downloaded at: http://www.nationalqualitycenter.org/index.cfm/5659

• The Nine Step Model from HRSA can downloaded at: http://hab.hrsa.gov/tools/QM/

• Organization Assessment tools
  http://nationalqualitycenter.org/index.cfm/5852
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Did this Tutorial meet your expectations and goals?

Was the Tutorial clearly organized and easy to use?

Would you recommend this Tutorial to colleagues of yours?

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• To learn more about choosing performance measures, study Tutorial 8
• To learn more about leadership support, study Tutorial 17
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