



NATIONAL QUALITY CENTER

What is Quality Improvement? How can Key Principles be Applied in HIV Care?

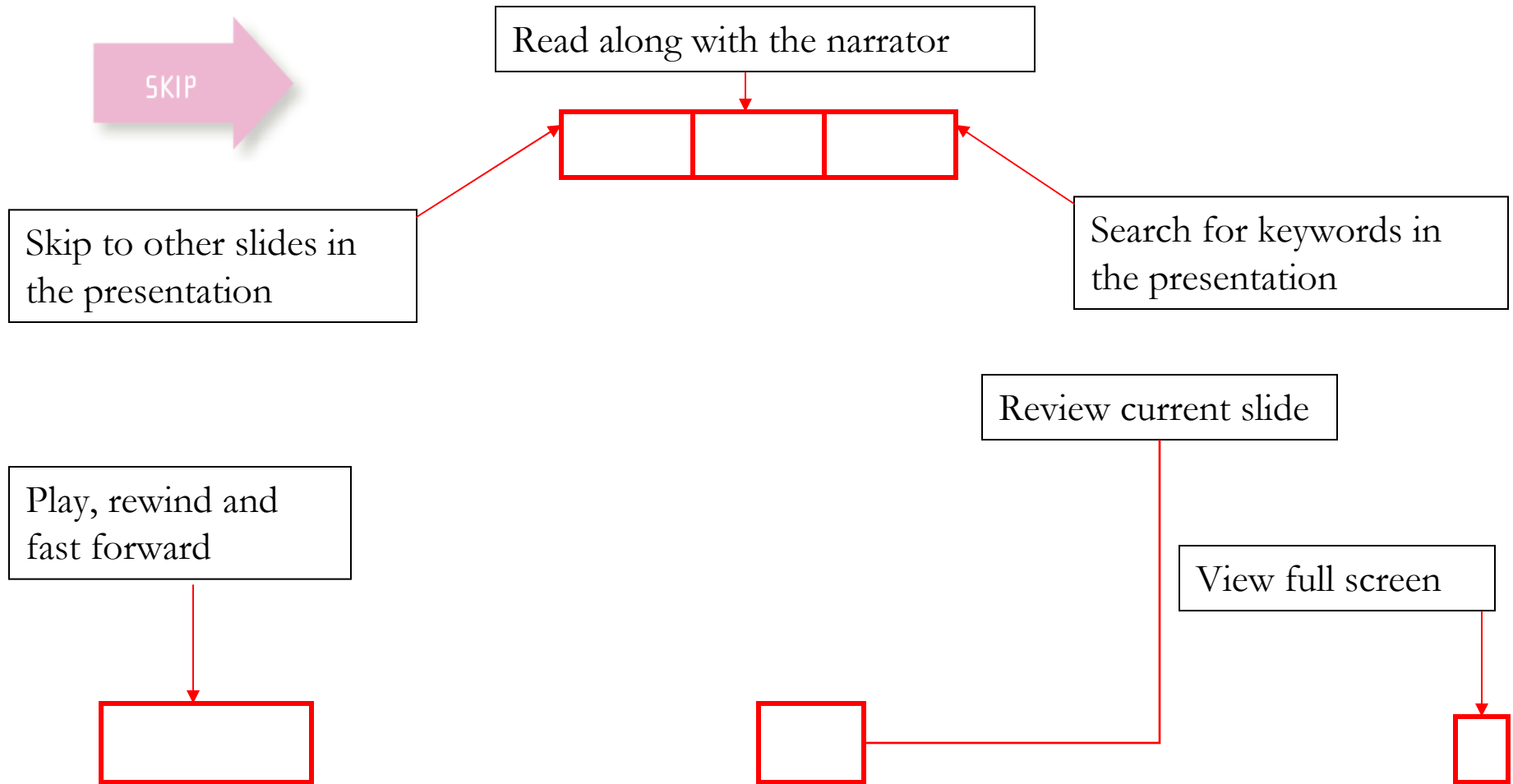
The Quality Academy
Tutorial 2



Learning Objectives: You Will Learn About...

- Defining quality in terms of client needs
- Focus on processes, rather than on people
- Quality of HIV care in the U.S.
- Why we seek to improve it
- Examples of improvements in HIV care quality

Tips for Viewing This Presentation



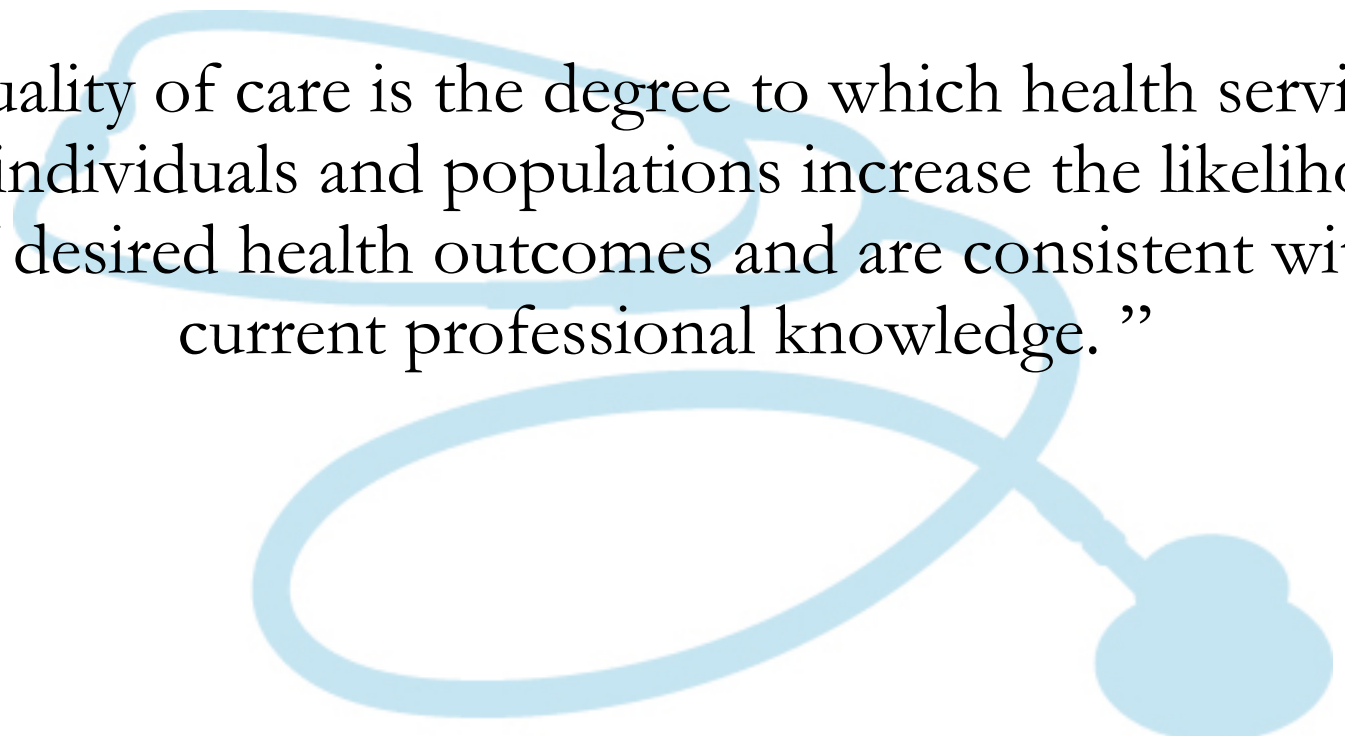
Key Question



What do we mean by quality, and how does this definition relate to the provision of HIV care and services?

How the Institute of Medicine Defines Quality:

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”



Institute of Medicine. *Medicare: A Strategy for Quality Assurance*. Vol. 1. (1990)

What Individuals and Populations Matter in HIV Care?



People with HIV and AIDS



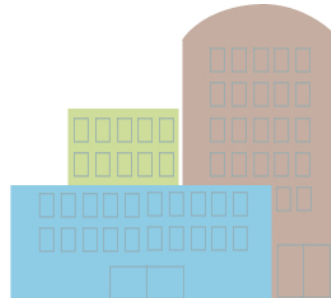
Their partners, wives or husbands



Their children, families and friends



Their potential partners, or others whom they might infect



The communities in which they live and work



The people who provide health care and other supportive services to them

What are Their Desired Health Outcomes?



- Long life
- Stable health
- Ability to work, play, contribute to their families and their community

Current Professional Knowledge: What Helps Us Achieve These Outcomes?

- Evidence-based care
 - Antiretroviral treatment
 - Focus on TB, PCP, gynecological complications in women, etc.
- Support for adherence to treatment
 - Education
 - Counseling
 - Support for infected individuals and loved ones
- Care that is coordinated across disciplines

Test Question

Which of the following is not a part of quality care?

- A) The health of the overall community
- B) Using evidence-based care
- C) Providing a good working environment
- D) Having appropriate counseling and support services for clients
- E) All of the above
- F) None of the above

Quality Improvement Requires a Different Approach Than Quality Assurance

	<i>Quality Assurance</i>	<i>Quality Improvement</i>
Motivation	Measuring compliance with standards	Continuously improving processes
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers: “ <i>bad apples</i> ” Individuals	Processes Systems
Responsibility	Few	All

Faces of Quality Improvement

	<i>Quality Improvement</i>	<i>Clinical Research</i>
Aim	Improvement of care	New knowledge
Test observability	Test observable	Test blinded
Sample size	“Just enough” data, small sequential samples	“Just in case” data
Testing strategy	Sequential tests	One large test
<p><i>Solberg, Mosser, and McDonald, Journal on Quality Improvement. March 1997, Vol.23, No. 3.</i></p>		

Principles on the Quality Improvement Journey...

“Quality improvement is a journey of many small steps.”

Principle: "Success is Achieved Through Meeting the Needs of Those We Serve"



Is your hospital prepared for the future?

Two Dimensions of Quality



Technical Quality

*Provider Perception of
Quality of HIV Care*

Experience Quality

*Consumer Perception of
Quality of HIV Care*

Leonard Berry, Texas A&M University, IHI conference 2001

Principle: "Most Problems are Found in Processes and Systems, Not in People"



How Processes Fail

- Poor design
- Too complex
- Not well understood by those who work in them
- Not set up to deliver what the “individuals and populations” require

Failed Processes Affect Employees as Well



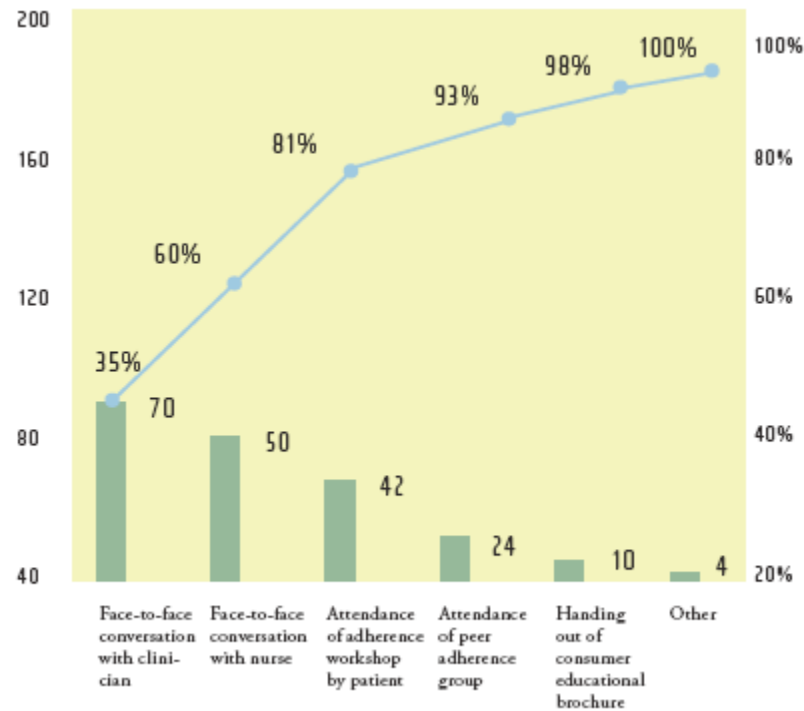
- They get frustrated
- Their workload increases (more “non-real work”)
- They can be unfairly blamed
- They don’t get the satisfaction of doing a good job

Why we Focus on Processes



- “Each process is perfectly designed to get the results it achieves”
- Getting a better result therefore requires re-designing the process

Principle: “Actions are Based Upon Accurate and Measured Data”



Balance Between Data Collection and Quality Improvement Activities



Principle: "Achieve Continual Improvement Through Small, Incremental Changes"



Survey of 92 Quality Improvement Projects in *Journal of Quality Improvement*

JOURNAL ON QUALITY IMPROVEMENT

The authors describe a method—and provide the survey tool—for comparing quality improvement projects within and across organizations.

QUALITY IMPROVEMENT TEAMS

A Survey of 92 Quality Improvement Projects

FARHOD ALEMI, PhD
FARHAD K. SAFAIE, PE
DUSKAN NEUHAUSER, PhD

In recent years, a number of studies have assessed the impact of improvement efforts on the organizations.¹⁻⁷ The findings have been mixed, some showing that patient outcomes are more likely to be improved when organizations implement process improvement. Others show no difference among organizations that do and do not implement process improvement. Such variations in the results have increased interest in examining the processes of improvement that organizations use.

This article, based on 3 years of data collection, treats the project as the unit of analysis to describe a variety of improvement efforts and their impact on the organizations that sponsored them. In contrast to current studies of the impact of process improvement, the focus here is on the improvement method rather than the clinical process and patient outcomes, on the

steps involved in the planning and execution of the projects rather than the best clinical practices.

Methods

Source of Data

We based our analysis on a convenience sample of 92 improvement projects in 32 organizations. The characteristics of the organizations included in the study are reported in Table 1 (p 621). Most (80%) of the improvement projects were conducted by hospitals or clinics affiliated with hospitals, and the organizations reported an average of 7 years of using QI.

Methods of Data Collection

For every semester from 2008 to 2010, we asked health administration, medical, and nursing students in our interdisciplinary quality improvement (QI) classes at Cleveland State University (Cleveland), Case Western Reserve University (Cleveland), and George Mason University (Fairfax, Va) to interview improvement teams in various organizations and report the performance of process improvement projects. We also asked participants in approximately 20 day-long industry conferences on rapid improvement techniques in Iowa to describe their own improvement teams; six of the participants completed.

Survey Questions

We developed a self-administered questionnaire to measure 10 characteristics of improvement projects

Farhodi Alemi, PhD, is Assistant Professor of Management, College of Nursing and Health Sciences, George Mason University, Fairfax, Virginia. Farhad Safaie, PE, is Chief Executive Officer, Healthcare Group Performance, Inc., Annandale, Virginia. Duskan Neuhauser, PhD, is Professor, Department of Epidemiology, Case Western Reserve University, Cleveland, Ohio. Address correspondence to Dr. Alemi, College of Nursing and Health Sciences, George Mason University, 4400 University Drive, Fairfax, VA 22191; phone 703/787-3629; e-mail faalemi@managing.com.

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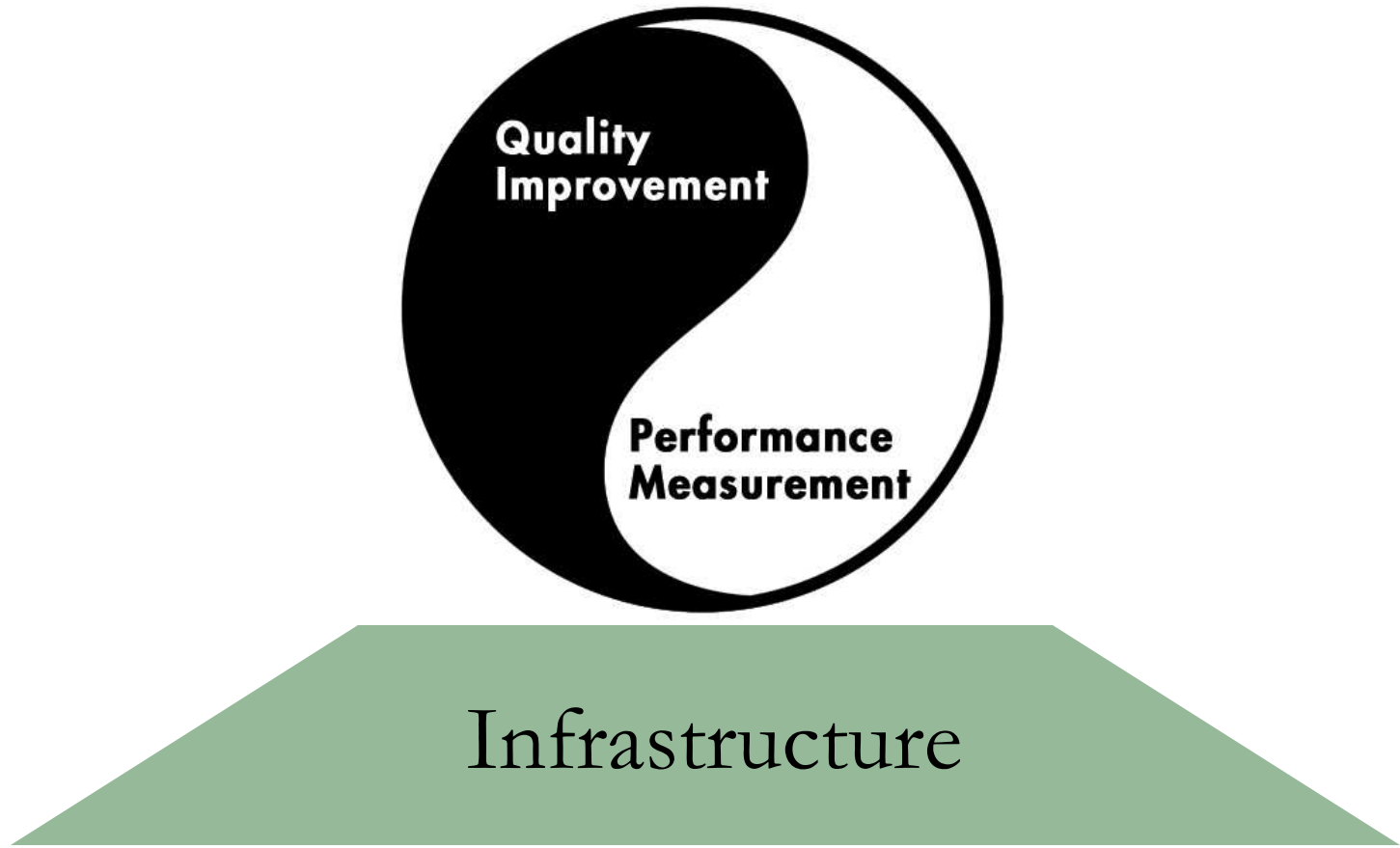
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Alemi F, Safaie F, Neuhauser D. “A Survey of 92 Quality Improvement Projects.” *Journal of Quality Improvement* 2001, 27(11): 619-632

- 504 days from problem identification to completion of first pilot
- 397 days from first team meeting to the end of first cycle
- 75 days to describe current situation in flowchart
- 62 days for data collection if change was improvement

Principle: "Infrastructure Enhances Systematic Implementation of Improvement Activities"



Principle: “Do not Reinvent the Wheel - Steal Shamelessly, Share Senselessly”



Test Question

What is the main difference between Quality Assurance and Quality Improvement?

- A) Quality Assurance uses mainly a team approach
- B) Quality Improvement focuses on statistical outliers for improvements
- C) Quality Assurance and Quality Improvement are practically the same
- D) None of the above

Test Question

Does the definition of quality, articulated by the Institute of Medicine, apply for clinical and/or non-clinical services?

- A) Clinical services only
- B) Non-clinical services only
- C) Both types of services

Test Question

Which of the following statements are correct?

- A) The focus on quality assurance is on "bad apples"
- B) The focus on quality improvement is on individuals
- C) Quality improvement focuses on measuring compliance with standards
- D) Quality improvement and clinical research have very different methodologies
- E) a, c, d
- F) a, d
- G) All of the above

Test Question

Which of the following statements are correct applications of the QI principle "Success is achieved through meeting the needs of those we serve?"

- A) React to any concerns expressed by clients
- B) Routinely involve consumers in quality improvement activities
- C) Let consumers make key decisions for your clinic
- D) Measure client satisfaction through complaints

Test Question

Which of the following statements are correct applications of the QI principle "Actions are based upon accurate and measured data?"

- A) The clinic has to measure every process of HIV care
- B) Measurement of HIV care should only focus on clinical care
- C) Sampling of records provides "good enough" data
- D) Only clinical providers should conduct chart reviews

How Are We Doing, in HIV and AIDS Care?

The Institute of Medicine (IOM) says:

- Ryan White-funded clinics and programs are doing an admirable job of defining, assessing, and attempting to improve the quality of care received by HIV-infected individuals...*
- Yet, HRSA, RW grantees, and providers could still do much more to measure and improve quality of care

*Institute of Medicine. *Measuring What Matters: Allocation, Planning and Quality Assessmentt for the Ryan White CARE Act*. Washington, DC: National Academy Press; 2003.

Pop Quiz

The National HIVQUAL Project analyzed the rate at which the top 25% of sites were administering PPD screenings. The *2006 HIVQUAL Performance Data Report* found that of the top 25% of sites, what % were administering the test?

43.3%

74.8%

59.1%

91.3%

Continue

Pop Quiz

What is the national performance rate for *CD4 cell count tests every 4 months* based on the 2006 national *HIVQUAL Performance Data Report*?

45.7%

76.2%

63.9%

88.1%

Continue

Pop Quiz

What is the national performance rate for assessment of *adherence to ARV therapy* based on the 2006 national HIVQUAL *Performance Data Report*?

54.5%

69.4%

63.7%

60.8%

Continue

Pop Quiz

What is the national performance rate for *substance use assessments* based on the 2006 national HIVQUAL *Performance Data Report*?

50.8%

69.2%

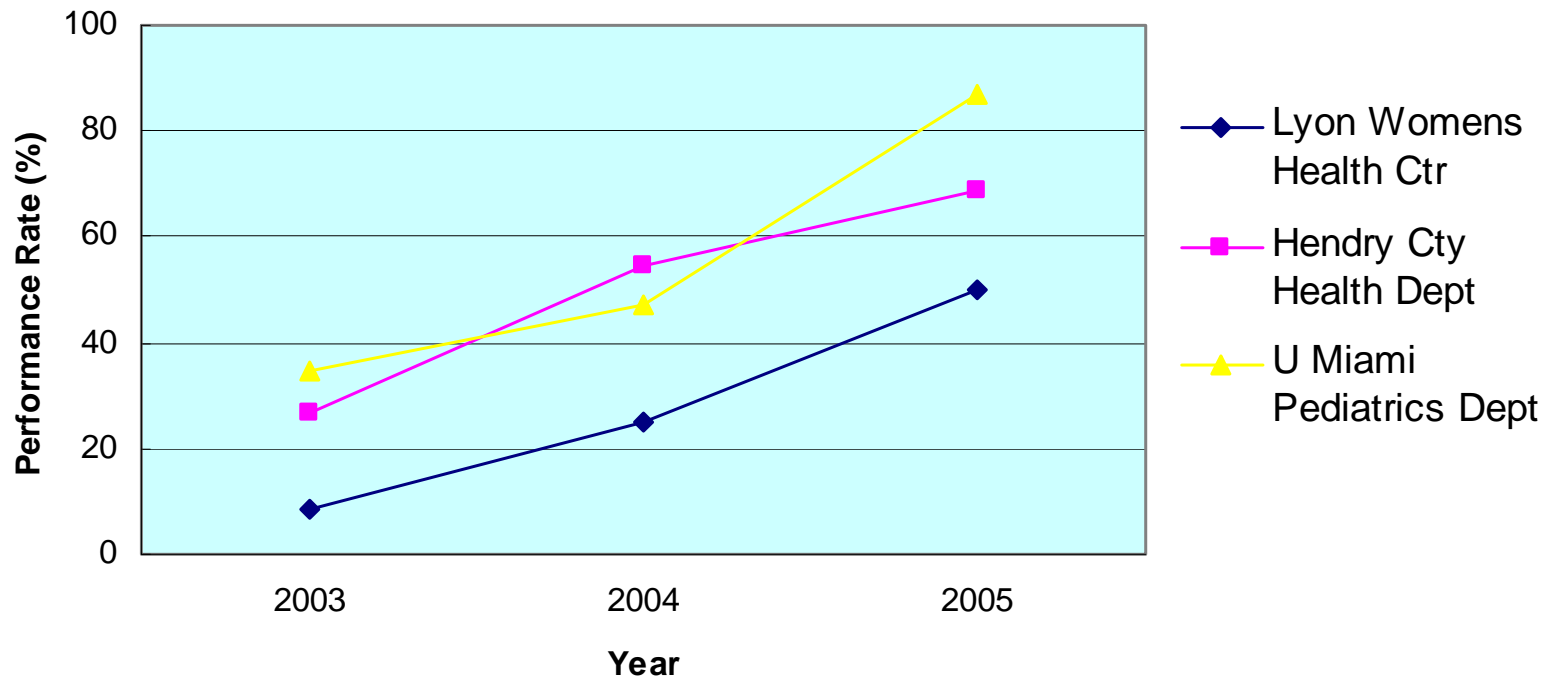
57.0%

92.7%

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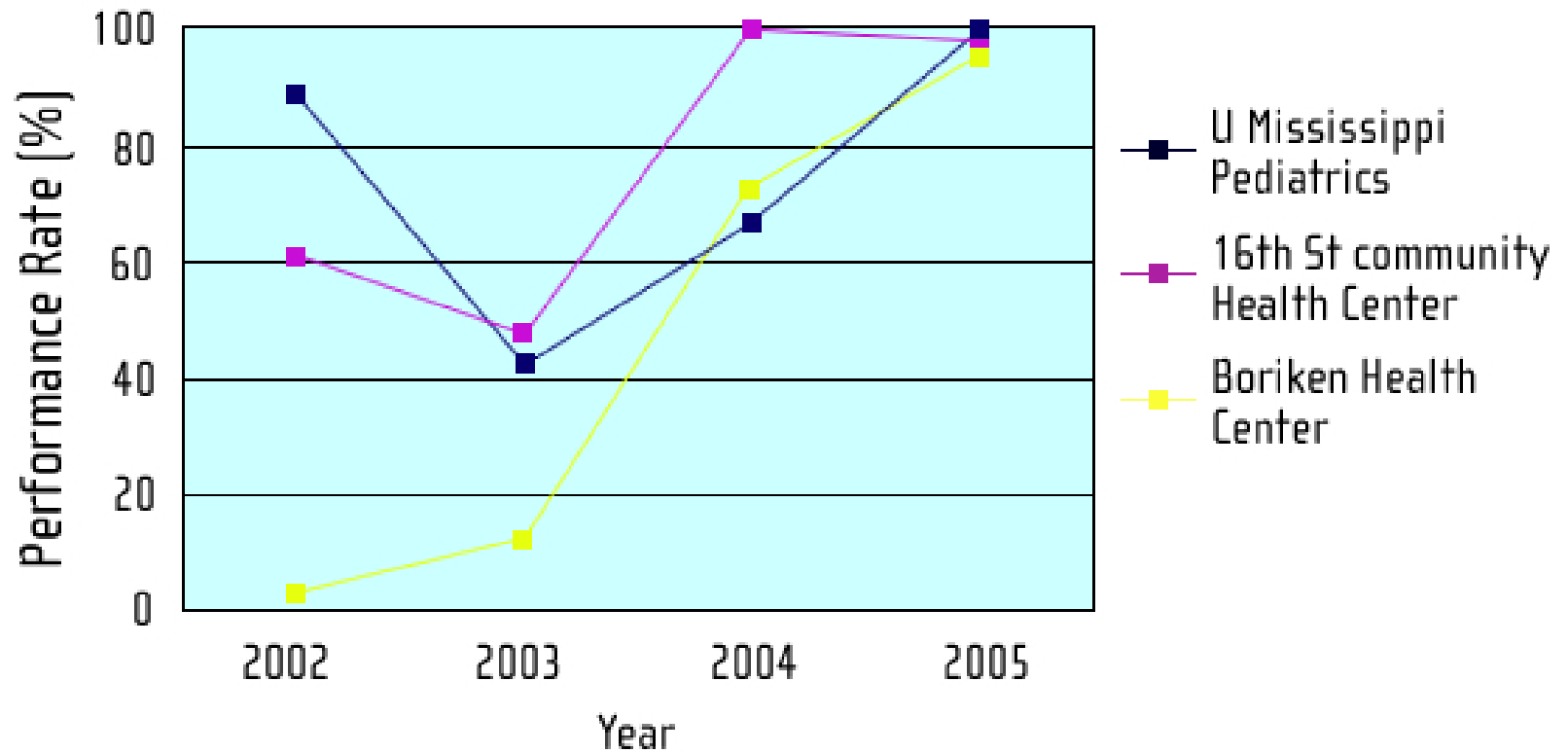
What Improvements Have Been Made?

Annual PPD Screening



Quality Improvements

Annual Mental Health Assessment



Test Question

Efforts to improve the quality of HIV care nationwide are:

- A) Sufficient
- B) Ineffective
- C) Effective but not sufficient
- D) We don't know

Key Points

- Quality means meeting the needs of the people who use your HIV care and services:
 - your clients
 - their loved ones
 - their communities
- Poorly designed process = poor quality
- Focus needs to be on processes
- Quality improvement efforts can address most aspects of HIV care

Resources

- Institute of Medicine. *Measuring What Matters: Allocation, Planning, and Quality Assessment for the Ryan White CARE Act*. Washington, DC: The National Academies Press, 2003.
- Health Resources and Services Administration, HIV/AIDS Bureau. *Quality Management: Technical Assistance Manual*. Rockville, MD: HRSA/HAB, 2003. <http://66.98.198.100/NQC/index.cfm/5659>
- Berwick, Donald M, et. al., *Curing Health Care*. San Francisco, Jossey-Bass, 1990.
- Improvement stories on HIV care can be found at <http://www.ihl.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/ImprovementStories/>

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Yes, a lot *Yes, a little* *Neutral* *No, not very much* *No, not at all*

Was this Tutorial helpful to you?

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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Related Tutorials

- To learn more about the Ryan White Program, study Tutorial 3
- To learn more about PDSA Cycle, study Tutorial 13
- To learn more about quality improvement teams, study Tutorials 12



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For further information, contact:

National Quality Center
New York State Dept. of Health
90 Church Street, 13th floor
New York, NY 10007-2919
Work: 212.417.4730
Fax: 212.417.4684

Email: Info@NationalQualityCenter.org

Or visit us online at
NationalQualityCenter.org