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

The Quality Academy
Tutorial 2

Begin
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

- Read along with the narrator
- Search for keywords in the presentation
- Review current slide
- View full screen
- Play, rewind and fast forward
- Skip to other slides in the 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.”

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
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

<table>
<thead>
<tr>
<th></th>
<th><strong>Quality Assurance</strong></th>
<th><strong>Quality Improvement</strong></th>
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<tbody>
<tr>
<td><strong>Motivation</strong></td>
<td>Measuring compliance with standards</td>
<td>Continuously improving processes</td>
</tr>
<tr>
<td><strong>Attitude</strong></td>
<td>Required, defensive</td>
<td>Chosen, proactive</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Outliers: “bad apples”</td>
<td>Processes</td>
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<td></td>
<td>Individuals</td>
<td>Systems</td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td>Few</td>
<td>All</td>
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## Faces of Quality Improvement

<table>
<thead>
<tr>
<th></th>
<th>Quality Improvement</th>
<th>Clinical Research</th>
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</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Improvement of care</td>
<td>New knowledge</td>
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<tr>
<td><strong>Test observability</strong></td>
<td>Test observable</td>
<td>Test blinded</td>
</tr>
<tr>
<td><strong>Sample size</strong></td>
<td>“Just enough” data, small sequential samples</td>
<td>“Just in case” data</td>
</tr>
<tr>
<td><strong>Testing strategy</strong></td>
<td>Sequential tests</td>
<td>One large test</td>
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“Quality improvement is a journey of many small steps.”
Principle: “Success is Achieved Through Meeting the Needs of Those We Serve”
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”

- 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”
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
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
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
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

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%

Continue
What Improvements Have Been Made?

Annual PPD Screening

- Lyon Womens Health Ctr
- Hendry Cty Health Dept
- U Miami Pediatrics Dept

Performance Rate (%)

Year

2003 2004 2005

HIV Quality Today and Tomorrow
Quality Improvements

Annual Mental Health Assessment

Performance Rate (%)

Year

2002 2003 2004 2005

U Mississippi Pediatrics
16th St community Health Center
Boriken Health Center

36 HIV Quality Today and Tomorrow
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


- Improvement stories on HIV care can be found at [http://www.ihi.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/ImprovementStories/](http://www.ihi.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/ImprovementStories/)
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• To learn more about PDSA Cycle, study Tutorial 13
• To learn more about quality improvement teams, study Tutorials 12

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