



**Department  
of Health**

Bootcamp QI 101:

Class 1: Introduction to Quality  
Improvement

# Good Practices for Zoom Participation

- + **Re-label your Zoom tile** to state your name
- + **Keep video on** and mute your line when needed
- + **Use the chat room** to ask for clarifications, post questions, or share your wisdom



Please be reminded that we will record our session for later replay!

# Introductions

Please share your name and one expectation for this training



# What You Will Learn in this Bootcamp

By attending this Bootcamp, you will have a deeper understanding of:

- AIDS Institute's expectations for a robust quality management program
- What to do with performance data? Tools to help you analyze your performance data and use to improve HIV services
- A structured methodology that you can use to conduct improvement activities
- Setting up a quality management program and quality management plan
- Evaluating and sustaining your quality improvement work

# QI Training Modalities for Part B Providers

Training	Purpose	Frequency	Description
QI Webinar Series	Introducing Part B-funded providers to “QI 101” and providing them with real-world application of QI initiatives	6x a year	Six (6) webinar sessions - sixty (60) minutes each for Part B-funded service providers in need of QI training
QI Bootcamp for Part B Providers	Building their QI capacity to apply the QI learning content within their programs	3x a year	Six (6) sessions - ninety (90) minutes each, using a case study learning approach to apply QI/QM in a Part B provider setting
QI Sharing Sessions	Providing QI content presentations during QI Sharing Sessions	4x a year during each of the 3x groups per year	15-20 min presentations on key QI topics by a QI content expert
Technical Assistance and Coaching by Contract Managers	Providing assistance and guidance to reach all QI milestones	Continuously available with monthly provision anticipated based on experience	Technical assistance and coaching during contract monitoring and quality management assessments
Office Hours	Providing individualized technical assistance	12x a year	Twelve (12) sessions to assist with answering any QI questions
AIRS Training	Ongoing AIRS trainings	Monthly on a variety of topics	Learning how to report performance data
Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI	Continuously available	Sharing of QI training resources, such as Quality Academy tutorials

# QI Training Modalities for Contract Managers

Training	Purpose	Frequency	Description
<b>Introductory Contract Manager QI Training Sessions</b>	Increasing staff knowledge and comfort with the quality improvement and quality management.	2x a year 100% of current and future contract managers attend this training	Three (3) training sessions - ninety (90) minutes each, covering a range of introductory topics such as Background and Rationale for QI, QI Models, QI Projects, QM Infrastructure, and HIV QI Coaching.
<b>QI Bootcamp for Contract Managers</b>	Building their QI capacity how to apply the QI learning content with their assigned Part B providers.	3x a year 100% of current and future contract managers attend this training	Six (6) sessions - ninety (90) minutes each, using a case study learning approach how to provide technical assistance/training for Part B-funded providers.
<b>Staff Meeting Updates</b>	Providing routine updates on QI/QM developments and changes to the Part B Clinical QM Program.	Continuous throughout year	Presentations by Part B Clinical Quality Management Program staff, AIDS Institute staff, supervisors.
<b>Access to CQII Training Materials</b>	Providing an ongoing QI resource to learn more about QI.	Continuously available	Sharing of CQII QI training resources, such as Quality Academy tutorials, QI resource listings.
<b>Contract Manager Office Hours</b>	Opportunity to ask questions to quality improvement experts.	12x a year	Monthly sessions (60min) - second Wed a month to respond to QI questions.

# Learning Objectives for Today

By the end of this class, you will have a better understanding of:

- AIDS Institute's expectations for quality improvement
- The three elements of a robust quality management program:
  - Infrastructure
  - Performance Measurement
  - Quality Improvement
- Introduction to the Model for Improvement developed by Associates for Process Improvements

# Background information

- Read [PCN 15-02](#) and the accompanying Frequently Asked Questions
  - If you're unsure, read it multiple times; that always helps
  - If you're still unsure, ask. It's better to ask than to assume
- Read *The Foundation for Improvement* by Langley, Nolan, and Nolan

## Clinical Quality Management Policy Clarification Notice

Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018)

Related legislation: Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2)

### Scope of Coverage

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHP) Parts A, B, C, and D.

### Purpose of PCN

The purpose of this PCN is to clarify the Health Resources and Services Administration (HRSA) RWHP expectations for clinical quality management (CQM) programs.

### Background

Title XXVI of the Public Health Service Act RWHP Parts A – D<sup>1</sup> requires the establishment of a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

The CQM requirement applies directly to Parts A – D recipients; it is the responsibility of the recipient to work directly with their subrecipients to provide overall direction and to implement, monitor and exchange any needed data for performance measure data and/or quality improvement activities. Health care's adaptation of continuous quality improvement and total quality management techniques from manufacturing began nearly 50 years ago with much momentum in the 1980s<sup>2,3,4</sup>. Over the years since, a large body of evidence has emerged suggesting that a robust and effective CQM program contributes to overall

<sup>1</sup> See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.

<sup>2</sup> Donabedian A. Evaluating quality of medical care. *Milbank Q.* 1966; 44:166–206.

<sup>3</sup> Donabedian A. Exploration of quality assessment and monitoring. Vols 1, 2, 3. Ann Arbor, Michigan: Health Administration Press, 1980.

<sup>4</sup> Berwick DM. Continuous improvement as an ideal in health care. *N Engl J Med* 1989; 320: 53-6. 2



# Quality Management Expectations

# QI Project Expectations: RW Part B Quality Standards

- At a minimum, each RW Part B-funded service provider:
  - selects one topic for an annual quality improvement project
  - shares their quality improvement project updates with other service providers using the AIDS Institute-provided meeting structures
  - reports their quality improvement project findings at the conclusion of the annual quality improvement project
- If the RW Part B-funded service provider receives funding for multiple RW Part B service categories, one quality improvement project should be selected that reflects those service categories

## Part B 2021-2022 Improvement Goals

- *Increase health equity by focusing on key HIV populations that are disproportionately impacted by the HIV epidemic in New York State and reduce their performance gap*
- *Advance the quality improvement culture across Ryan White Part B-funded subrecipients*
- *Increase client involvement and improve the service delivery experience for clients that measurably improve the quality of services*
- *Enhance the HIV service delivery system by improving existing data collection systems and data management practices*

# QI Project Initiation

- At the beginning of the year, each Part B program selects one QI project and submits it to the contract manager for review
  - *RW Part B 2021-2022 Annual QI Project Submission Form*
- The Part B program implements the local QI activities and uses the Plan-Do-Study-Act (PDSA) methodology (or other established QI framework)
- The contract manager provides routine assistance
  - *RW Part B Contract Manager Monitoring Tool*
- Service providers who need additional assistance are supported by the Part B QM Team of experts

# QI Project Reporting

- All providers are divided up in 3 QI Sharing Groups; each group meets quarterly
- Each year, each service provider is expected to present at least three (3) times using the provided slide template
  - *RW Part B QI Project Update Template*
- A QI faculty is assigned for each QI Sharing Group and provides feedback for each presentation using a standardized form
  - *RW Part B QI Project Review Tool*
- At the end of each year, each Part B subrecipient submits their annual QI storyboard to reflect their work on their QI project topic
  - *RW Part B QI Project Annual Storyboard Template*

# Quality Standards for RW Part B-funded Providers

## The RW Part B QM Program Standards

- are applicable to HIV service providers that receive Ryan White HIV/AIDS Program Part B funding in New York State
- reflect the AIDS Institute and federal quality management expectations
- are newly updated by the Ryan White Part B Quality Management Committee



# RW B Quality Management Contract Language

## 1. Quality Management Contract Language:

- i. The Contractor shall adhere to the most current Standards of Care, including, but not limited to, those issued by the New York State Department of Health AIDS Institute and the HRSA National Monitoring Standards as a condition of receiving Ryan White funds (<http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html>).
- ii. The Contractor shall plan, implement, and sustain a quality management infrastructure that is in accordance with the most current AIDS Institute-issued Ryan White Part B Quality Management Program Standards and the Clinical Quality Management Policy Clarification Notice (PCN) #15-02 (<https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf>).
- iii. The Contractor shall establish, implement, and update an agency-specific quality management plan and shall conduct quality improvement projects addressing the specific needs of Ryan White Part B-funded services utilizing a proven quality improvement framework, such as the Plan-Do-Study-Act (PDSA) model or equivalent.
- iv. The Contractor shall participate in Ryan White Part B Clinical Quality Management Program activities, including, but not limited to, the timely submission of the agency-specific quality management plan and quality improvement updates, the reporting of established performance measures per the reporting schedule, and the presentations of quality improvement projects at quality improvement meetings per the timeline established by the AIDS Institute.
- v. The Contractor shall provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the AIDS Institute.
- vi. The Contractor shall participate in Ryan White Part B Clinical Quality Management Program-specific quality improvement trainings to ensure that the Contractor staff is aware and capacitated to participate in agency-specific quality improvement projects.

## The RW Part B QM Contract Language

- Reflects the updated Part B Quality Management Standards
- Will be integrated into upcoming new RW Part B contracts



# What is Quality Improvement?



# What Is Quality Improvement

There is no one, “best” definition in healthcare. The Robert Wood Johnson Foundation defines quality improvement as,

*“The process-based, data-driven approach to improving the quality of a product or service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality.”*

# HIV/AIDS Bureau Expectations for Quality Improvement

- Must use a defined approach
  - Defined approach means that a single quality improvement methodology is chosen
  - The Model for Improvement is one such defined approach that we will discuss in this course
- You not only review your data quarterly, but you analyze it using quality improvement tools
- Act on your data – improvement means just that; improve the results you're getting and do better next time

# The Quality Program

- HIV/AIDS Bureau's term = clinical quality management program
- It's the sum of activities to improve services or processes
  - Ex., Lean is not considered a quality management program, it's a methodology
  - It uses people and tools to accomplish the overall mission to improve

# The Quality Program

At a minimum, the clinical quality management program:

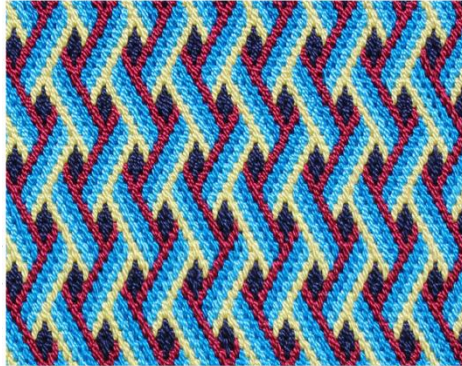
- It's composed of a multi-disciplinary team
- It may have multiple quality improvement project teams to execute projects
- The program writes a plan and establishes measure

Learn About the Value of Teams  
Gather 5 to 8 people and try this activity

# Survive on the Moon Game

Source: July 1999 issue of the NightTimes

# Survive on the Moon Game Overview



## Virtual Game Guide

Interactive Exercises for Trainers to Teach  
Quality Improvement in HIV Care Online

New York Department of Health AIDS Institute  
Health Resources and Services Administration HIV/AIDS Bureau



www.cqii.org

### Game: Survive on the Moon

**Type of Game:** A team problem solving game that emphasizes prioritization and collaboration.

**Length:** 20-30 minutes

**Target Audience:** Staff, quality improvement team members, people with HIV, and anyone else who are part of a quality improvement team.

### Learning Objectives

- Learn about how groups outperform individuals when solving complex challenges.
- Engage participants in a creative way to demonstrate the importance of team problem solving.
- Demonstrate the importance of collaboration.
- Learn how to prioritize and find consensus among team members.

For more information | Check out the CQII Virtual Game Guide (2021) at [www.CQII.org](http://www.CQII.org), including additional games, resources and the corresponding facilitator guide

# Team Activity: Survive on the Moon Game

- Team Activity: Survive on the Moon Game
  - Download the score sheet ([click here](#))
  - Download the slide presentation ([click here](#))
- Complete this activity with 5 to 8 people



Source: July 1999 issue of the NightTimes



# NASA Game Scenario

You are a member of a space crew originally scheduled to rendezvous with a mother ship on the lighted surface of the moon. However, due to mechanical difficulties, your ship was forced to land at a spot some 200 miles from the rendezvous point. During reentry and landing, much of the equipment aboard was damaged and, since survival depends on reaching the mother ship, the most critical items available must be chosen for the 200-mile trip. Below are listed the 15 items left intact and undamaged after landing. Your task is to rank order them in terms of their importance for your crew in allowing them to reach the rendezvous point.'

# Recovered Items

- Box of matches
- Food concentrate
- 50 feet of nylon rope
- Parachute silk
- Portable heating unit
- Two .45 caliber pistols
- One case of dehydrated milk
- Two 100 lb. tanks of oxygen
- Stellar map
- Self-inflating life raft
- Magnetic compass
- 5 gallons of water
- Signal flares
- First aid kit, including injection needle
- Solar-powered FM receiver-transmitter

# Individual Ranking: 3 minutes



- What are the most important items?
  - Using the Reporting Form, place the number 1 by the most important item, the number 2 by the second most important, and so on through number 15 for the least important.

# Group Ranking: 20 minutes



- Form Groups: 8-10 individuals and assign one facilitator, one observer and a recorder.
  - Discuss the ranking of the recovered items in the group and develop one ranking.
  - Using the Reporting Form, place the number 1 by the most important item, the number 2 by the second most important, and so on through number 15 for the least important.

# Scoring



- For each item, mark the number of points that your score differs from the NASA ranking, then add up all the points. Disregard plus or minus differences. The lower the total, the better your score.
  - Example: Box of matches – Individual Ranking 5 and NASA Ranking 10; count 5 points
  - Score the individual and group rankings

# What is Quality Improvement?

# The Quality Committee

- May be part of the overall agency-wide quality program
- It reviews performance data at least quarterly (required by AI Quality Standards)
- It executes improvement activities based on available data, public health priorities and input by the community
- The work of the committee is carefully documented
- Develops and monitors the quality management plan

# The Quality Improvement Concept

- Quality improvement is a continuous process
- Quality improvement is part of an overall quality management program
  - Quality improvement is a practice and a mind set
  - Quality improvement addresses a single problem
- Think of quality improvement as the action steps of your overall program



# Why Is Quality Improvement Important?

- Our clients deserve our best efforts
- It can achieve economies of scale and make your organization more efficient in delivering services
- It has an overall benefit to communities
- It can make the job or task more enjoyable and meaningful
- It's mandated – Ryan White legislation, PCN 15-02, and AIDS Institute contract expectations

# Some Simple Rules

- Use what works for you
  - If you're new to quality, use a simple method like the Model for Improvement
  - If you have individuals with statistical backgrounds, maybe Six Sigma is the way to go
  - Lean offers a highly analytical approach to improvement; it is not math-based
- Quality incorporates common sense
  - Most of us have set some sort of goals in our lives
  - We achieve them systematically or step-by-step

# Some Simple Rules

- If you want to design a rocket, you better have rocket scientists on hand
  - The more complex a project, the less likely you will have complete buy-in from all staff
  - Data need to be in easy to understand format; make charts where possible
- Everyone in the organization should know the goals of the quality program and do their part to reach them

# Some Simple Rules

- Engage staff in quality improvement activities; give them a sense of ownership
- The Gallup Organization Q 12 survey asks questions like:
  - “At work, my *Opinions Seem to Count.*”
  - “My associates or fellow employees are *Committed to Doing Quality Work.*”
  - “In the last year, I have had opportunities at work to *Learn and Grow*”
  - “I have the *Materials and Equipment* I need to do my work right.”

**Do you know if your co-workers feel connected to the work?**

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# What Should QI Program Be?

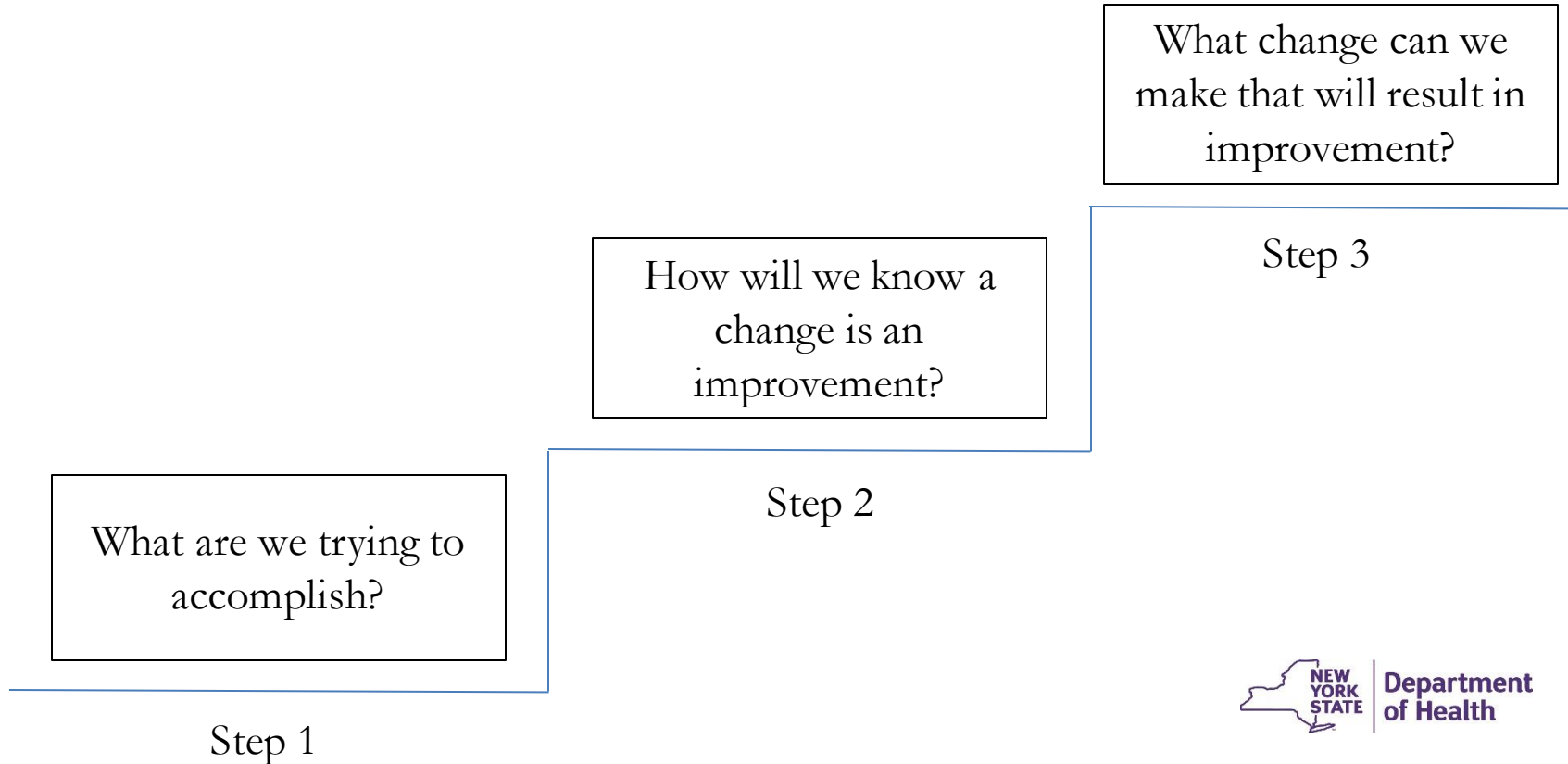
- Consistent
- Thorough
- Data oriented – both quantitative and qualitative
- Engaging
- Informative
- Rewarding



# The Model for Improvement

- Developed by the Associates for Process Improvement  
[\(https://www.apiweb.org/\)](https://www.apiweb.org/)
- Widely used in healthcare
- It's scalable
- Asks three simple questions
  - What are we trying to accomplish?
  - How will we know a change is an improvement?
  - What changes can we make that will result in an improvement?

# The Model for Improvement



# Scenario



# Scenario

*You own a diner that has traditionally provided good food and service. Recently, customers complain that they spend a third of their lunch break waiting to order and get their food. The customers have 30 to 45 minutes to eat.*

Based on this, you need to address the wait times because if you do not, your customers will seek other dining options.

# What Are We Trying to Accomplish? [Step 1]

*“We want to make changes in how we prepare for and run our lunch business so that our customers receive better service”*

We will teach you that to fully answer the question - *What Are We Trying to Accomplish?* - you need an Aim Statement. The Aim Statement fully defines what success should look like. It's based on the following hypothesis: if we do this, then this will happen.

# What Are We Trying to Accomplish?

## [Step 1]

- An Aim Statement should be:
  - Time specific
  - Measurable
  - Define the population to which it's directed
- It defines what your success looks like if your hypothesis is correct
- As an example:

*The Good Grub Diner will reduce the wait time for a table from 15 minutes to 7 minutes between the hours of 11:30 am to 2:00 pm in 15 days or less.*

# How Will We Know That a Change Is an Improvement?

## [Step 2]

- In our example, the owners found that:
  - Customers waited in line for 15 minutes
  - Tables were usually available
  - Many of the customers were regulars
  - People taking orders for food and prepping food were getting in each other's way
- The owners decided to collect data during lunch on all the problems listed above
- These became measures, which you can use to measure a change's effect:
  - Measure the amount of time between the customer arriving and the customer being seated
  - Measure how many times the wait staff and food preparers obstructed each others' paths
- The owners developed the measurements and also obtained background information

# What Changes Can We Make That Lead to Improvement?

## [Step 3]

- This is where we develop ideas to test
  - We have to assign them priorities
  - Each idea is tested a number of times to determine its effect on solving the problem
- Always look for the unintended consequences or confounds
  - This is why we test – to gain confidence in our change idea
  - An idea may prove to be not feasible – multi-disciplinary cooperation is important

# Check Sheet

Q: How do they collect this data?

A: Check sheet – write the time the customer comes in, when they were seated, and when served

Customer Name	Time Customer Arrived	Time Customer Seated	Time Customer Served

Simple and collects exactly what you need

Let's start to look at a real-world example and see how this model can be applied

# Applying the Model for Improvement

- We are all focused on providing good care and helping consumers reduce viral loads to be eventually undetectable
- The Model for Improvement is as useful in healthcare as it is in the diner
- You review your data and look for trends and issues
- Consumer input is vital – make sure subrecipients involve consumers
- The quality team must determine improvement priorities then institute improvement projects



# Applying the Model for Improvement

- We will discuss over the coming weeks the implementation of the Model for Improvement, and PDSA Cycles using performance data
- We will do this step by step and you will practice each step
- You will have a coach to assist you with questions
- You have access to “Office Hours” to ask questions

# For Our Next Class

For our next class, you will need six months of data

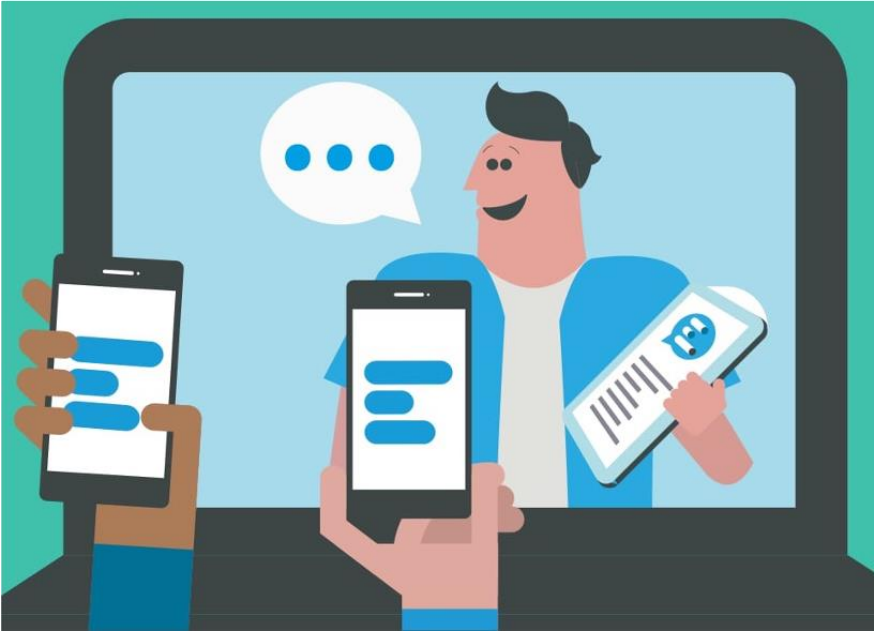
- Think about your subrecipients and which one may be having problems
- Consider pulling AIRS data that is reflective of these problems
- Example, useful data would be:
  - viral suppression rates
  - Demographic (poverty level, age, M/F)

# Analyze the Data

- What do you see in your data?
- How have you analyzed it?
- What do stakeholders think?
- Educate staff in quality improvement practice
- Give everyone a voice and respect every voice
- What have you heard from your clients?

# Aha Moments and Wrap Up

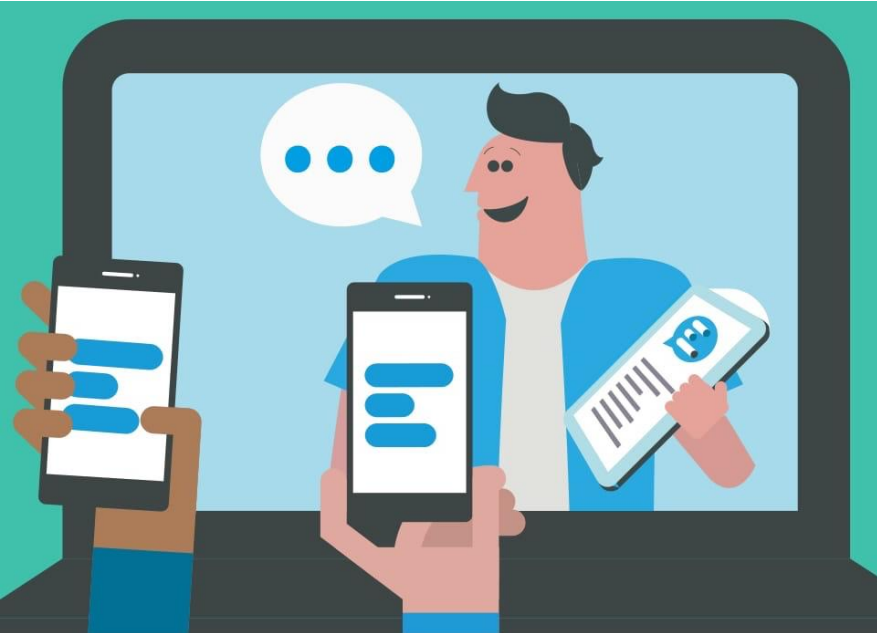
## Time for Some Polling Questions



*How helpful was today's session to learn about quality improvement?*

[Select one]

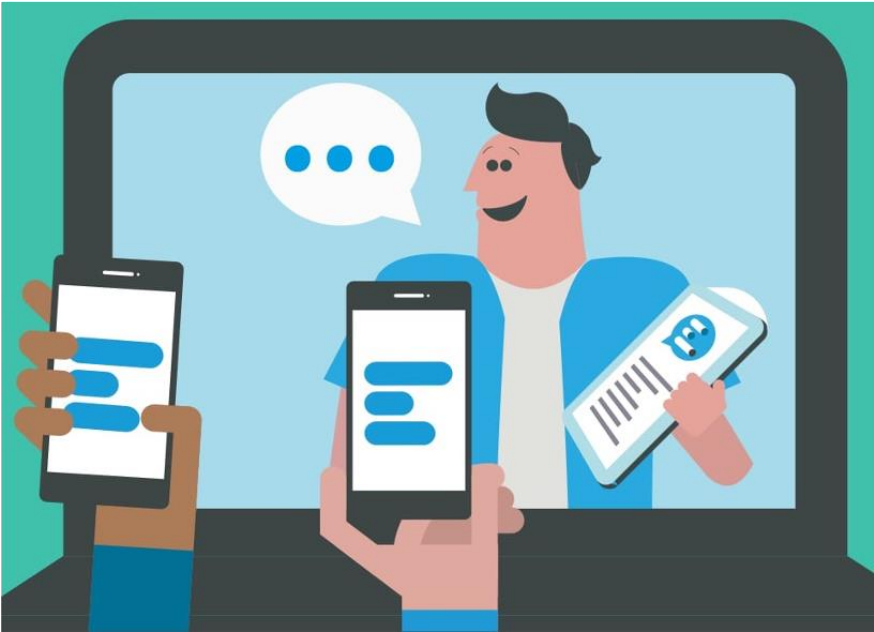
## Time for Some Polling Questions



*How engaged were you in today's session?*

[Select one]

## Time for Some Polling Questions



*How likely will you implement the lessons learned of this session when working with your programs?*

[Select one]





## Contact Information

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