

Improving Quality Together: A Shared Project to Better Coordinate Outreach and Internal Referrals among Ryan White Part A Programs

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BACKGROUND

CAMBA's HIV Services Program has found that carrying out an annual quality improvement project with a shared goal helps to build collaboration between programs and increases capacity for quality management activities. Program management staff identified increasing intakes as a goal for 2016.

Staff recognized that internal referrals between programs were not being optimized, due in part to lack of understanding of eligibility, communication between programs, and staff turnover.

CAMBA's three Ryan White Part A programs, FNS (Food and Nutritional Services), SCG (Supportive Counseling and Family Stabilization Services), TCC (Transitional Care Coordination) and CHES (Case Management and Health Education Services) implemented a QI project to better coordinate outreach and internal referrals.

AIM

- **To increase the number of intakes to FNS, SCG, TCC, and CHES through better coordination of outreach and internal referrals.**
- **To improve our infrastructure to support quality management and involve more staff in QI activities.**

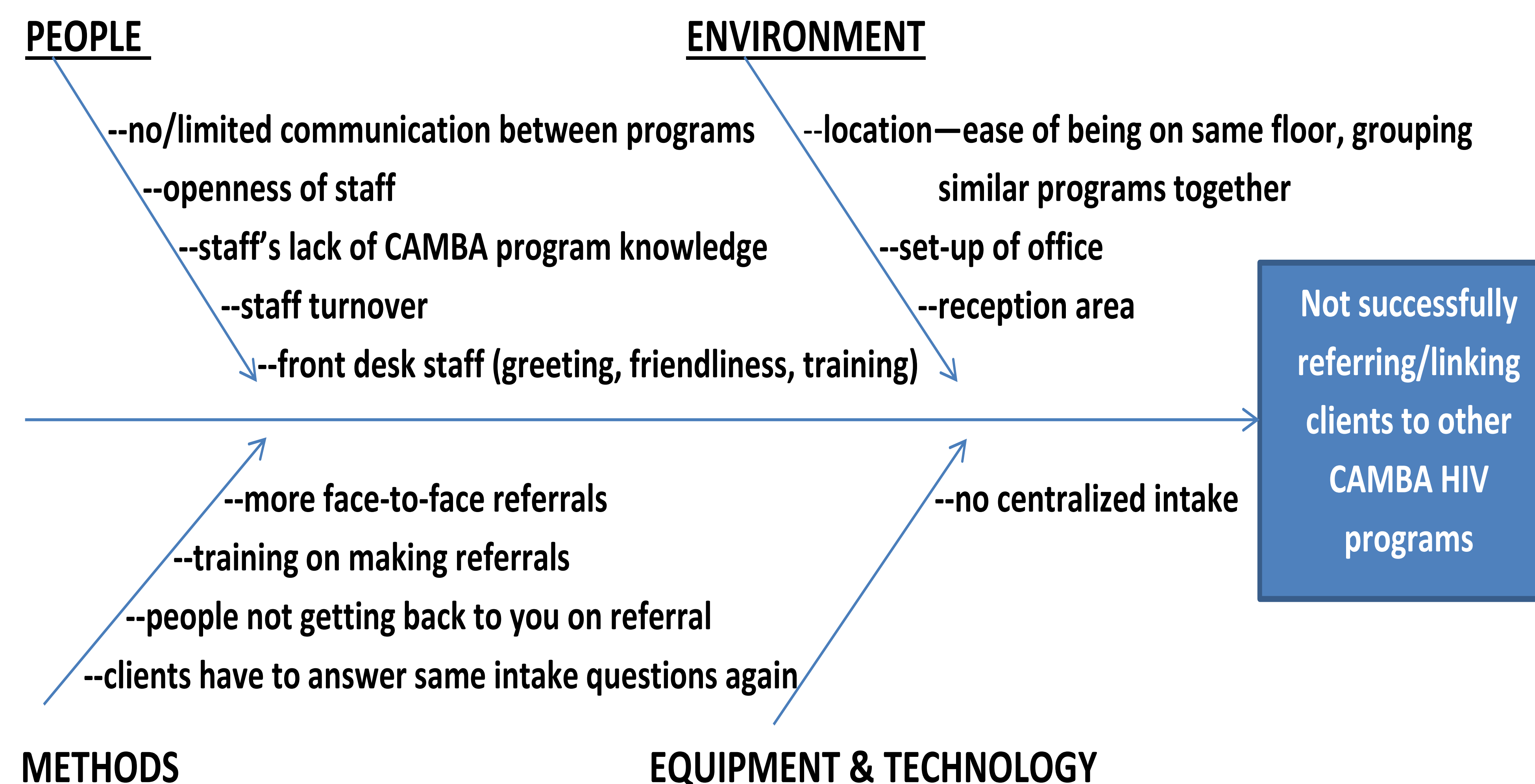
METHODS

Staff identified two first steps:

- 1) Engaging frontline staff in the project
- 2) Understanding current processes and barriers

Nine staff members from the 4 programs met in April 2016 and carried out fishbone diagram activities to identify barriers to meeting enrollment goals and internal referrals and brainstormed solutions.

Figure 1: Fishbone Activity Findings



Changes Identified and Tested:

Based on fishbone activities and staff recommendations 3 changes to test were identified:

- 1) Holding a bimonthly outreach meeting
- 2) Drafting an updated brochure to promote the four programs
- 3) Sharing programs' calendars

We are tracking the number of new enrollments into FNS, SCG, and TCC and the new clients' referral sources to gauge the effects of these changes.

RESULTS

Outreach meetings: Four meetings have been held. These allowed staff to clarify their understanding of program requirements, discuss arising issues, and to participate in quality improvement activities. Staff reported increased communication between programs as a result, with some challenges in scheduling meetings due to time and staff availability constraints.

Updated brochure: Drafted with staff input and in the process of being finalized.

Sharing program calendars: Helpful with scheduling intakes and reengaging clients. Ongoing need to give new staff members access to calendars.

RESULTS (continued)

In the first half of the 2016 contract year, (March through August):

FNS had 66 intakes (44 internal, 66.7%)

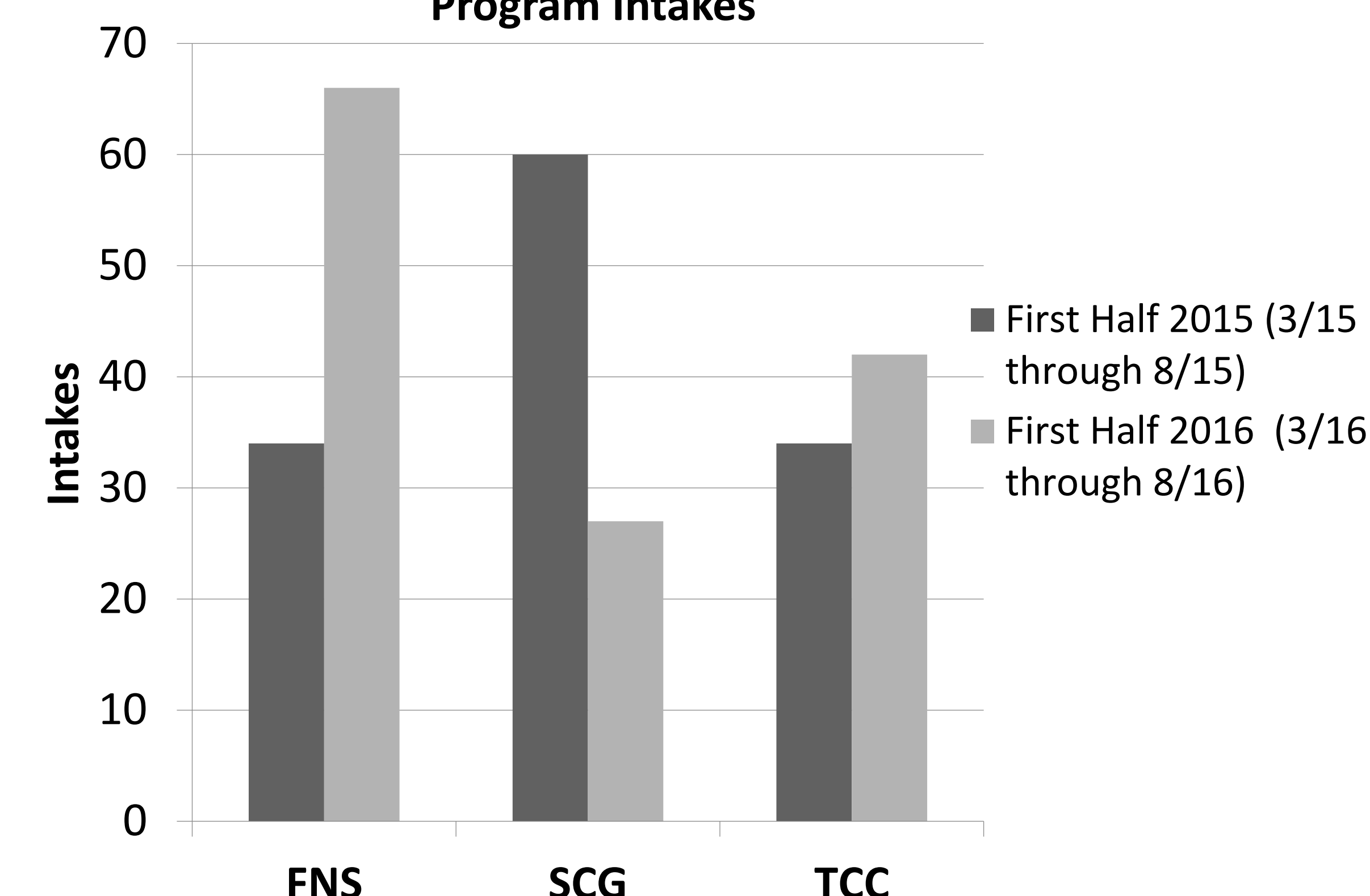
SCG had 27 intakes (24 internal, 88.9%)

TCC had 42 intakes (12 internal, 28.6%)

Staff report that the number of internal referrals has increased, varying by type of program. TCC has a higher percentage of intakes from outreach and external referrals due to its focus on engaging people not connected to care.

Compared to the first half of contract year 2015, intakes have increased in FNS and TCC. (Figure 2). The 2015 data for SCG is skewed because existing clients were re-enrolled in the new contract.

Figure 2: Ryan White Part A Program Intakes



NEXT STEPS/LESSONS LEARNED

Conducting a shared quality improvement project and convening outreach meetings seems to have contributed to the increase in the number of intakes in FNS and TCC in 2016, compared to the same time period in 2015.

Given positive staff feedback, the outreach meetings will continue, and the outreach committee will identify new changes to further improve outreach and the internal referral efforts.