

# WORKSHOP IB : INVOLVING PEERS IN QUALITY IMPROVEMENT

**Facilitator: Michael Hager**

**Room 905-907**

**10:30AM – 12:00PM**

**Lynnette Ford**  
*GMHC*

Client Involvement is Vital to  
Improving Program Services

**Erick Wilson**  
*Harlem Hospital Center*

Improving New Patient Retention: A  
Peer Intervention

**Erin McKinney-Prupis**  
**Ramona Cummings**  
*ASCNYC*

Peer Program Infrastructure and Its  
Impact on Preparing Peers to Return  
to Work

# Client Involvement is Vital to Improving Program Services

*Lynnette Ford, MSW, MA  
Vice President of Programs & Prevention Services  
The Power of Quality Improvement Conference  
November 9, 2016*

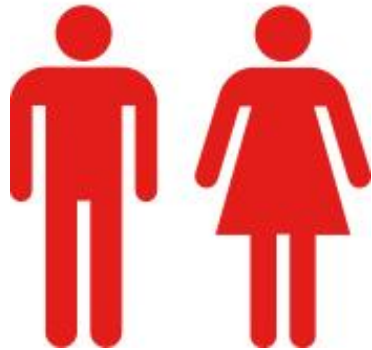


**END AIDS. LIVE LIFE.**

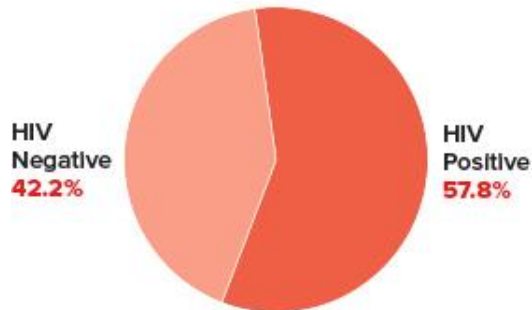
# GMHC MISSION & SERVICES

**GMHC** fights to end the AIDS epidemic and uplift the lives of all affected.

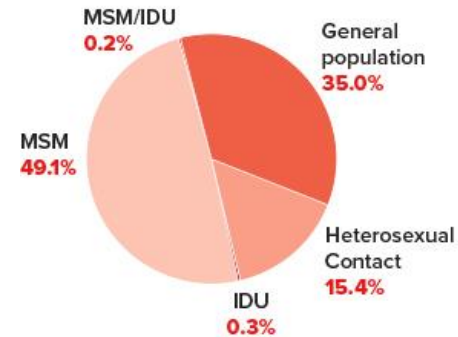
Clients Served: 10,431



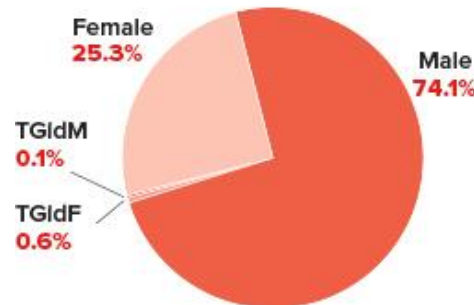
HIV Status



CDC Defined Risk

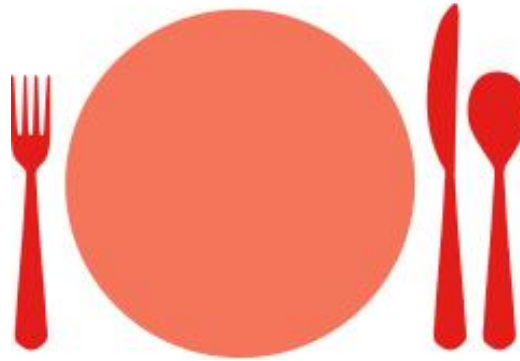


Gender



# GMHC SERVICES

**Meals Served: 85,940**



**Meals in Pantry Bags: 30,663**



- Coordinated Care
- Mental Health
- Prevention
- HIV & STI Testing
- Substance Use
- Legal
- Financial Management
- Advocacy
- Rental Assistance
- Meals & Nutrition
- Workforce
- Wellness
- Outreach and Education



**END AIDS. LIVE LIFE.**

# PROJECT BACKGROUND

- GMHC wanted to ensure services met the needs of clients served by the agency;
- To accomplish this, the agency increased staff involvement in the agency CAB by identifying a trusted staff member who could serve as a liaison between the CAB and the agency.
- Through discussions at the Senior Management team level and with CAB representatives, it was determined the CAB liaison should have the following qualities:
  - built in trust from staff and clients
  - excellent communicator
  - able to mediate and diffuse situations by developing viable solutions
  - able to remain objective.

# BACKGROUND: CAB MISSION:

The Consumer Advisory Board (CAB) advocates for the clients of GMHC. The CAB is made up of GMHC clients, staff, volunteers, and community partners, and provides input to GMHC on the agency's programs and services.



**Manny R.  
Chair**



**Thomas P.  
Vice -Chair**



**John M.  
Secretary**



**Alan P.  
Vice Secretary**



**Winston W.  
Treasurer**

# GOALS & AIMS

## *Goal*

- Improve program services through the development of a collaborative relationship between the agency CAB and GMHC staff.

## *Aim*

- The aim of our consumer advisory board (CAB) project was to improve services based on consumer feedback, accomplished through the development of a collaborative relationship between the agency CAB and GMHC staff.

# METHODS

- Senior Management Team met with the CAB leadership to discuss the appointment of a new staff liaison, after the former CAB liaison resigned.
- Because many of our client services are funded by Ryan White Part A, only staff members who worked on these projects were identified as potential candidates.
- Candidates were vetted by the CAB and it was determined that the Senior Managing Director of Legal Services (SMDLS) would serve as the staff liaison.
- Qualifications: Director or above of PHS Ryan White Part A program, committed to successfully integrating CAB suggestions into program development, ability to make time commitment.
- In his role, the SMDLS, attended monthly CAB meetings and provided updates on program services, changes in program services as a result of CAB recommendations, and mediated issues that arose between clients and staff.
- SMDLS, reported on CAB issues and concerns at the monthly Managing Director and Management Team meetings.



# STAFF LIAISON



Felix Lopez, JD  
Senior Managing Director  
Legal Services



# RESULTS

- Communication between clients and staff improved dramatically as evidenced by the decrease in client complaints made during CAB meetings during Konversations with Kelsey, a forum that is held for clients to report issues and concerns.
- Client knowledge on existing and new program improved as evidenced by monthly presentations done at CAB on new programs, changes in programs, and programs that are ending.
- Client feedback was used to identify improvement in the agency's meals program, ex: standardizing serving sizes, adding wider variety to menu options and client survey.

# RESULTS

- Understanding between clients and staff improved as a result of mediation by the staff liaison.
- Transportation assistance for a variety of programs, that did not provide assistance, was implemented.
- CAB members are now a part of the interview process for client – facing positions.
- Cyber– café hours were extended for those clients who may work during the evening

# Konversations with Kelsey



**Kelsey Louie, MSW, MBA**  
**Chief Executive Officer**

# CONCLUSION

Client involvement in the evaluation of programs is essential to ensuring services meet the needs of those an agency is committed to serving. Having a staff liaison who is an objective and trusted member of the CAB affords staff and clients the ability to work together to improve, enhance, or implement programs.

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# Improving New Patient Retention: A Peer Intervention

**Department of Medicine | Infectious Diseases Division**

**Sharon Mannheimer, MD**

**Simona Bratu, MD**

**Erick Wilson, Associate Director**

**Earnest Simpkins, Linkage Specialist**

**Wayne Hobbins, Peer Worker**

**Christa Reece, Peer Worker**



# Background

- New patient retention in primary care is critical to sustain positive outcomes for PLWHA
- A NYLinks Quality Improvement Intervention piloted at NYC HHC's Harlem Hospital Center 11/2014 – 10/2015
- This project built on Harlem Hospital's strength in integrating peer support directly into its HIV prevention and treatment work
- The intervention was interrupted during pilot testing, however data analysis continued and strengthen teams resolve to integrate peers

\*New Patient Retention Measure: % of new patients seen in first 4 months of review period who have a medical visit in each of the 2 subsequent 4-month periods





## Improvement Goal

- Improve new patient retention from baseline of 55% to 70% within 12 months.



## The Peer Intervention Model

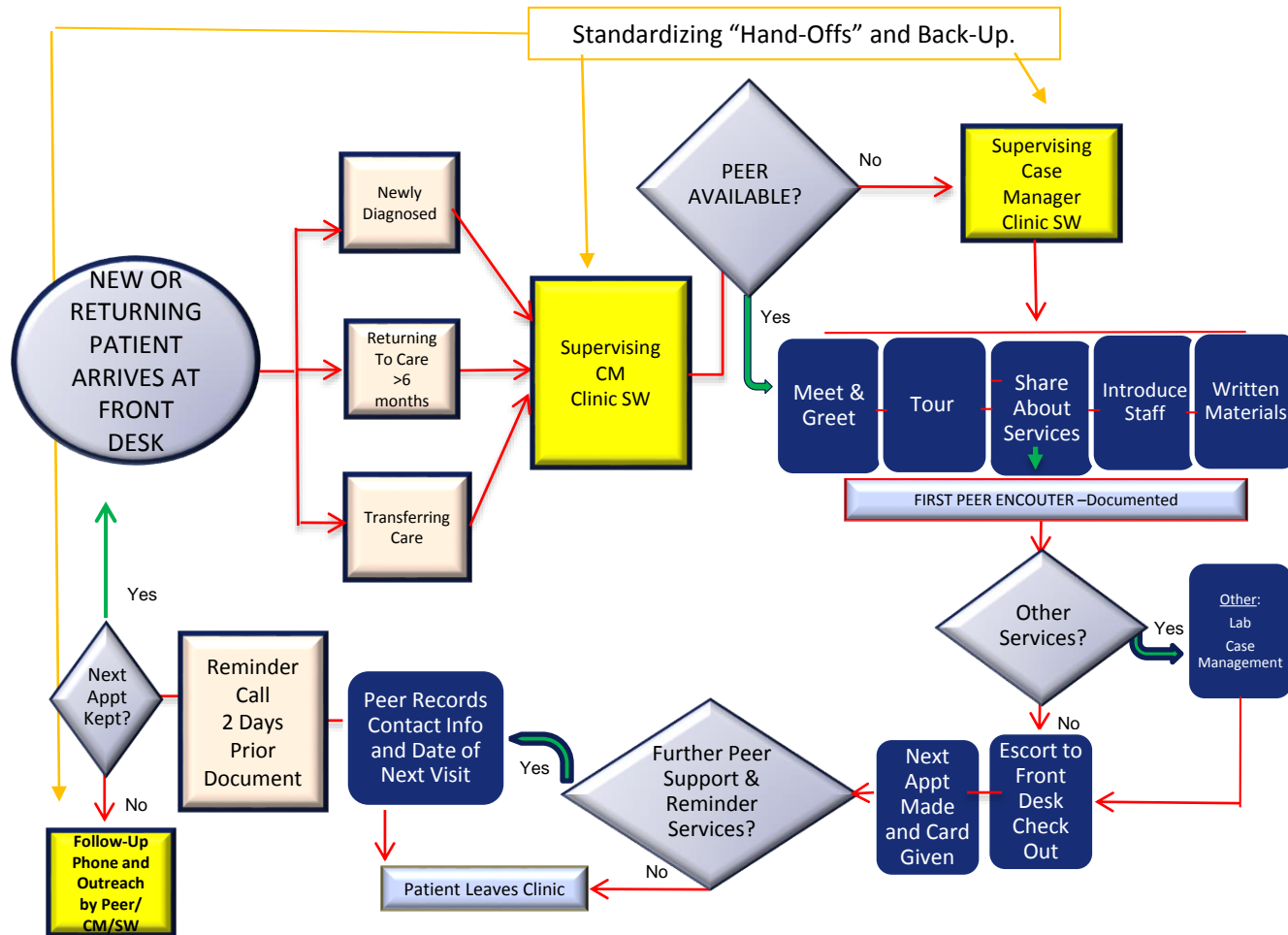
- Two experienced, trained peers were recruited to work with Harlem Hospital's HIV Linkage specialist
- At the patient's first visit the peer carried out a 5-part intervention:
  - Introduces him/herself to the new patient
  - Provides a tour of the clinic
  - Introduces key staff,
  - Explains clinic services
  - Gives the patient a clinic information packet
- The peer is also available to meet with patient at subsequent clinic visits, make reminder phone calls and link patient to case management/social work services



- Process map for new patient engagement with peer – problems identified:
  - Challenges w/ integration of peers across team
  - Need standardized system for identifying new patients to connect with peers
  - Need back-up systems for when peers are not available to meet with new patient and/or follow-up



## Process Investigation – PEER SUPPORT PATIENT FLOW



**PEER SUPPORT  
ENCOUNTER FORM**

Patient Name: \_\_\_\_\_

Today's Date \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Visit Date: \_\_\_\_\_

New patient? ☐ Yes ☐ No

Initial Encounter with a Peer? ☐ Yes ☐ No

**INITIAL ENCOUNTER**

*Please check all activities that occurred:*

☐ Meet and greet the patient

☐ Introduction to team/staff

☐ Tour of the facility

☐ Educational and organizational materials

☐ Orientation to services and processes

*Additional Peer Services Requested:*

☐ Appointment Reminders & Missed Appt Follow-up

☐ Liaison with other services

☐ Escort and/or attend medical visit

☐ Emotional Support

☐ Other: \_\_\_\_\_

Next Scheduled Medical Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Method of Contact: ☐ Phone

☐ Text Messaging

☐ Email

Contact Information: \_\_\_\_\_

**FOLLOW-UP ENCOUNTER**

*Please check service provided:*

☐ Appointment Reminder ☐ Outreach ☐ Liaison Services ☐ Emotional Support ☐ Attending Appt

☐ Other: \_\_\_\_\_

**Notes**

# Results

| Month         | # of eligible patients | # of eligible patients introduced to a peer | # of patients receiving all 5 core services | # of patient encounters |
|---------------|------------------------|---|---|-------------------------|
| November 2014 | 5                      | 5   | 5   | 4                       |
| December 2014 | 2                      | 2   | 2   | 8                       |
| January 2015  | 6                      | 6   | 6   | 25                      |
| February 2015 | 7                      | 7   | 7   | 15                      |



## Results– continued

|                                   | Enrolled in peer<br>intervention<br>11/1/14- 2/28/15 | With follow up<br>medical visit<br>3/1/15 -6/30/15 | Retention rate | With Follow Up<br>Medical Visit:<br>7/1/15- 10/31/15 | Retention Rate |
|-----------------------------------|--|--|----------------|--|----------------|
| # of new or<br>returning patients | 20   | 15   | 75%            | 13   | 65%            |



## More Results

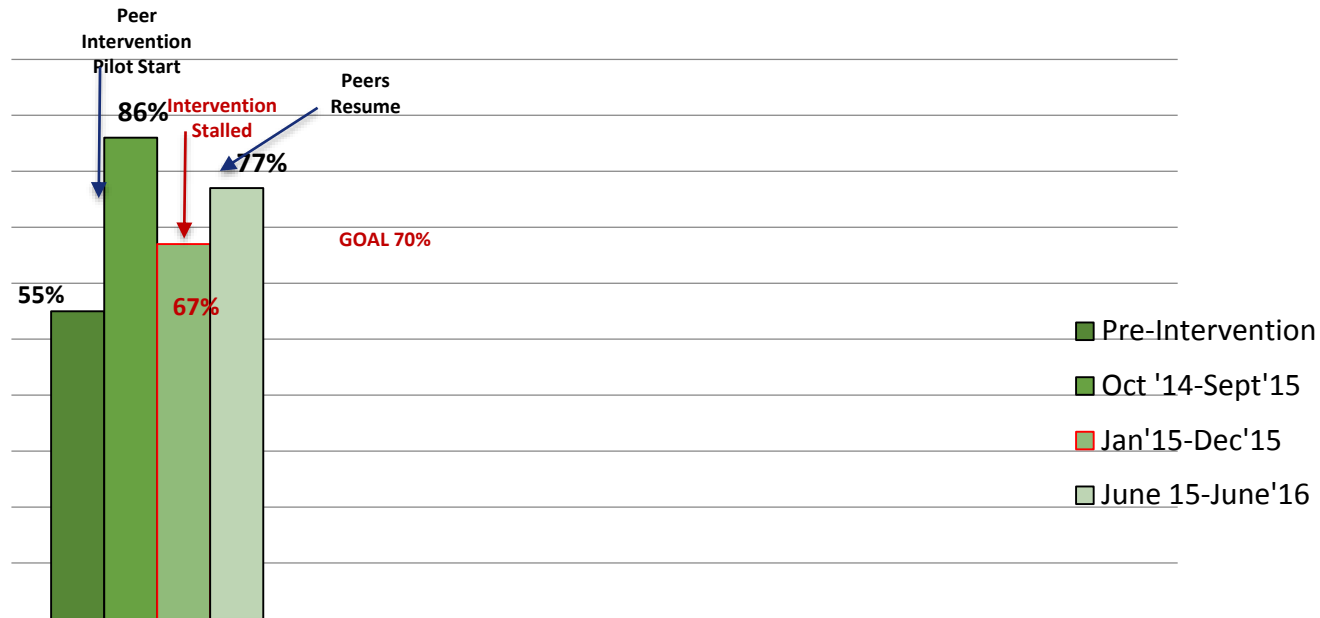
- Of the initial 20 patients seen, 15 had subsequent visits in the first 4-month interval, giving a preliminary retention measure of 75%
- For the second consecutive 4-months interval, the retention rate decreased to 65% from the preliminary 75% when peers were no longer available to the project:
  - 10 out of 20 (50%) patients continue to attend clinic sessions at HFC (Harlem Family Center)
  - 3 additional clients are in different NY programs
  - 3 clients relocated out of NYS
  - 4 clients (20%) were lost to care, could not be reached



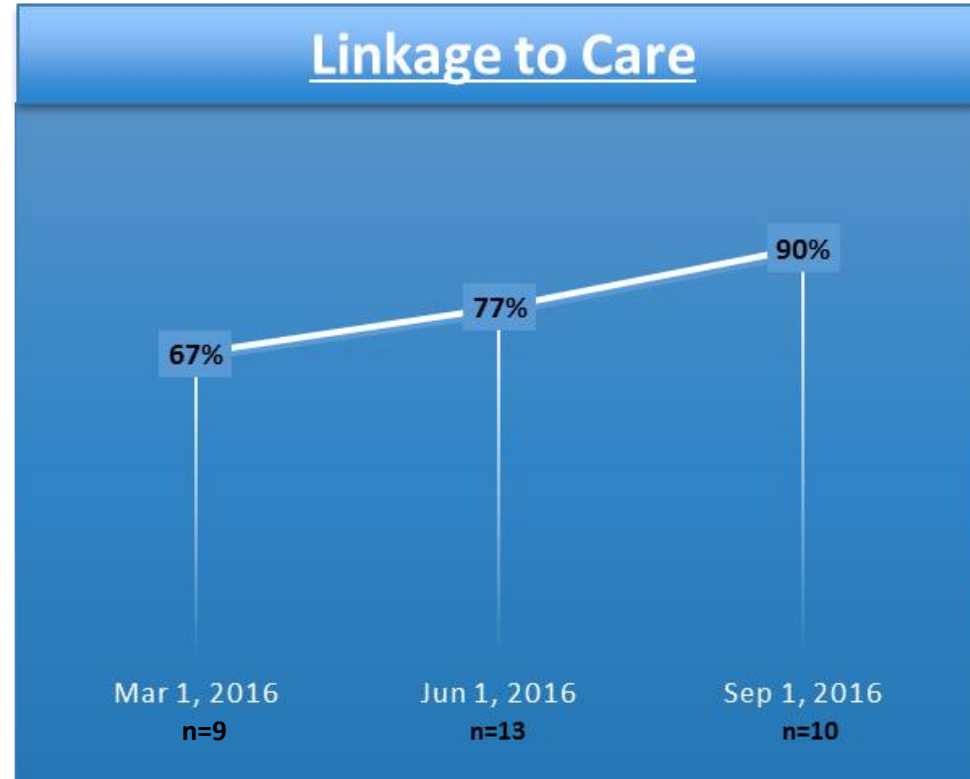


# Peers Improving New Patient Retention

## New Patient Retention



# Peers Improving Linkage



*Percentage of Newly Diagnosed Patients Linked to Care within 30 days*

# Lessons Learned

- The peer intervention is unique relative to usual care. Peers reflect the target population and help mitigate alignment issues between the providers and patients resulting in engagement, retention in care, and improved health outcomes.
- Our project data shows a direct correlation between a peer-led intervention and successful retention rates.
- The challenge was to maintain the success and assure back-up when peers are not available.



# Next Steps

- Clean up retention data, to dig deeper and find if there are any outstanding characteristics for the patients not returning to care
- Expand the peer work/services to both new and existing clients through the RAP program to improve linkage, retention and viral load suppression.
- With newly awarded grant funds, the HFC will continue to use Peer Workers to improve and maintain successful linkage to care and retention rates.
- The peers will reach again to patients, make reminder calls, discuss barriers/reasons why patients stop attending the clinic sessions.



# Peer Program Infrastructure and Its Impact on Preparing Peers to Return to Work

The Power of Quality Improvement: Promoting Health Equity  
through Ryan White Part A Services  
New York, NY, November 9, 2016

Erin McKinney-Prupis, Doctoral Candidate, Evaluation  
Consultant, CUNY School of Public Health

Ramona Cummings, LMSW, Director of Prevention Services,  
ASCNYC



Photos: David Nager/ASCNYC

# Positive Change in ACTION at ASCNYC

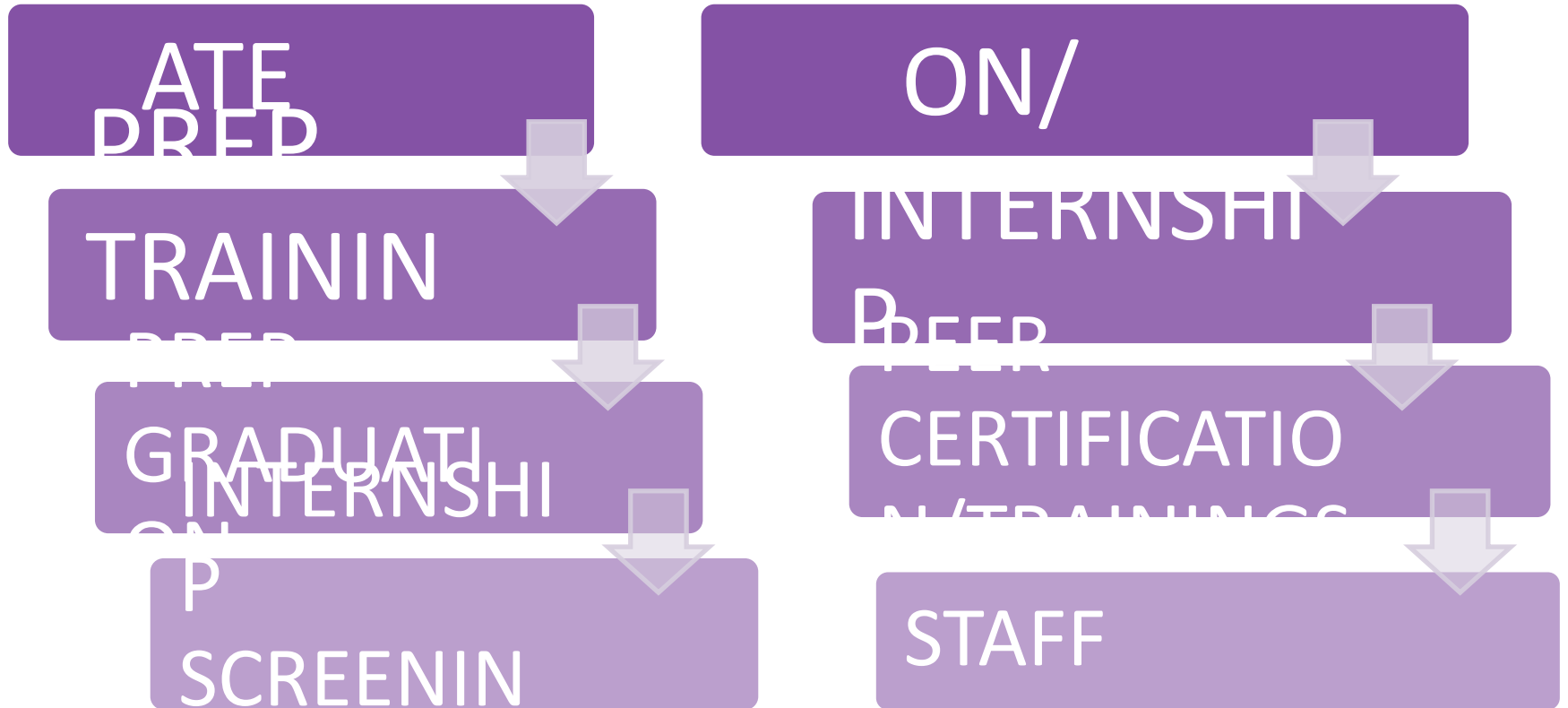
Each year, we help more 14,000 New Yorkers:

- Get tested for HIV
- Overcome addiction
- Access medical care to get their health back on track
- Escape homelessness
- Rejoin the world of work
- Replace isolation with community
- And lead healthier and more self-sufficient lives.



ASCNYC's **individualized, full-service approach** gives each person the unique **mix of support** he or she needs to **feel better, live better, and do better.**

# PREP TO STAFF FLOWCHART



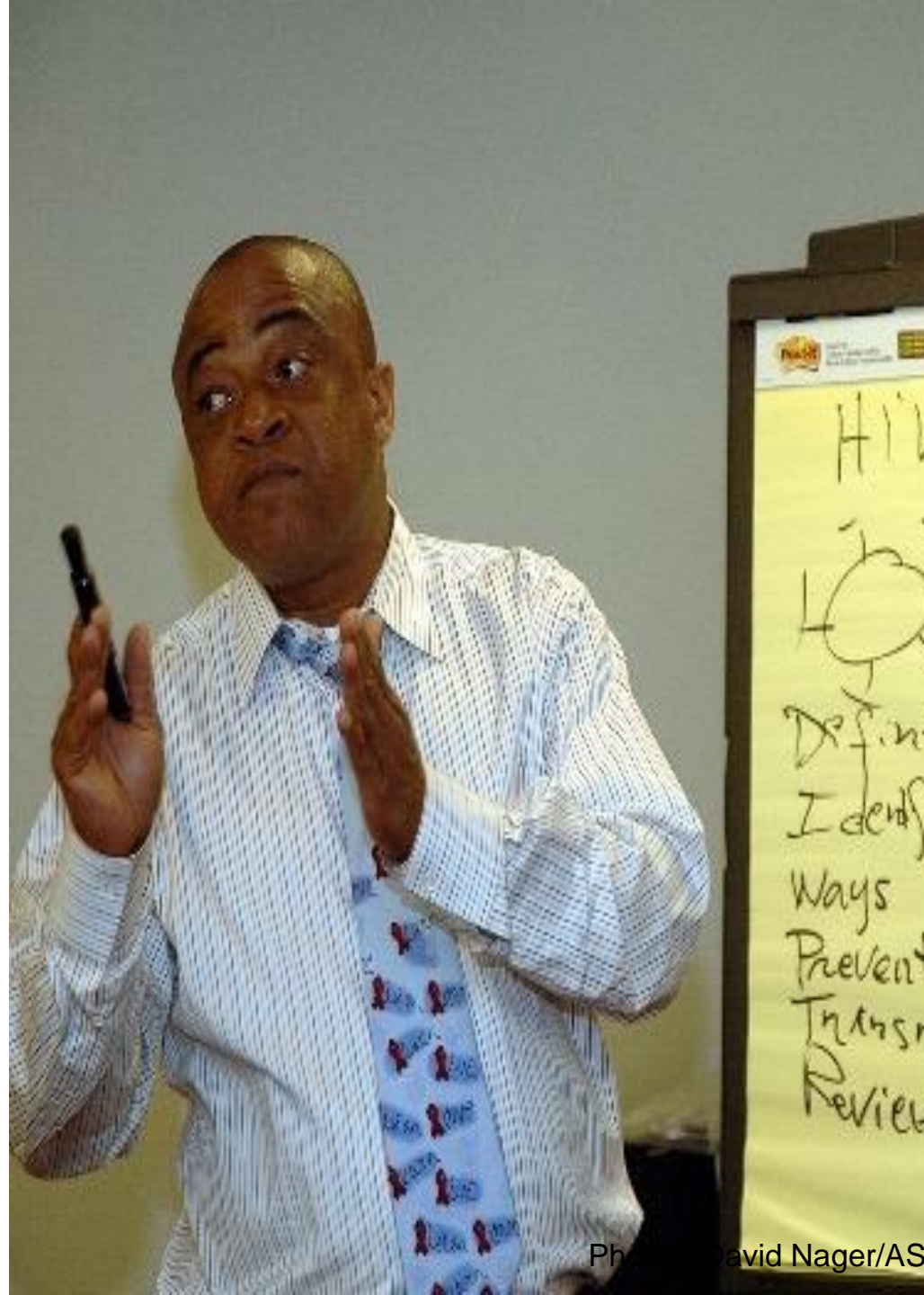


# PEER RECOVERY AND EDUCATION PROGRAM (PREP)

- Eight week training, three days per week
- 40 half-day workshops; 120 training hours
- 8 weekly support group
- Breakfast and lunch provided onsite
- Daily round-trip Metro-Cards

## PARTICIPANT ELIGIBILITY:

- In recovery from drug and/or alcohol use for a minimum of 9 months
- Stable independent housing for a minimum of 9 months
- Receiving medical care
- Affected by HIV/AIDS





# PREP LEARNING MODULES

PREP Increases knowledge and skills in the areas of:

- HIV transmission and prevention
- Hepatitis
- Safer sex
- Relapse prevention strategies
- Outreach
- Case Finding
- Group Facilitation Skills
- Harm reduction Strategies
- Treatment adherence strategies
- Communication skills
- Cultural diversity





## INTERNSHIP PLACEMENTS

- Outreach and Engagement (Condom Distribution, Program promotion, Health Promotion)
- Peer Navigation (Care Management and Linking to Care)
- Basic Needs (Kitchen, Clothing)
- Operations (Reception, IT, Data Entry)
- Training and Interventions (Facilitate PREP and DEBI's)
- Testing and Screening Services (HIV Testing and HEP C Screening)
- Harm Reduction (AOD Group Education, Referrals, Accompaniment)
- External placements with several hospitals; conducting outreach, health education, accompaniment, facilitation of DEBI's, data entry



## PEER INTERNSHIP PROGRAM INFRASTRUCTURE

- **Levels:** Paid Internships 15-20 hours per week (10-15 hours of task and 5 hours of support)
- **Weekly Mandatory Support Group:** Provide skill enhancements, encouragement, and guidance to help the Peer Interns “stay on track” with their own recovery and personal aspirations
- **Bi-Weekly Supervision with Staff Mentor:** Focus on skills development by creating individualized personal and professional development plans tailored to each Peer’s interests, priorities, and needs
- **Continued Training / Education:** Internal quarterly training on variety of topics; CDC and NYC DOH Trainings; Peer Certification



## PEER INTERNSHIP PROGRAM INFRASTRUCTURE CONT'D

- **Peer Development Plan**: Peers choose long term goals related to: Professional Development, Health and Wellness, and Recovery and Wellness. The peer and mentor create 1-3 actions steps in the format of SMART objectives to help them reach their goals.
- **Peer Development Plan Monthly Update**: Each month the mentor records progress made toward completing action steps and provides recommendations on how to better complete their action steps.
- **Monthly Evaluation**: Mentors and peers work collaboratively to complete monthly evaluations that address a variety of workplace skills including: communication, teamwork, appropriate dress, and time management.



# HEALTH IMPACTS OF THE PEER AND PREP EXPERIENCE on the PEER

- 93% have sustained viral suppression
- 74% have not missed a dose of prescribed medication in the last month
- 93% of have visited their doctor in the last 6 months
- 97% of have had no hospitalizations in the past six months.



# PSYCHOSOCIAL IMPACTS OF THE PEER AND PREP EXPERIENCE

The **Peer Training Program** *Significantly*

- Decreases Depression
- Increases Patient Self-Advocacy
- Decreases Sexual Communication Anxiety

The **Peer Internship** *Significantly*

- Increases Self-Esteem





## STUDY DESIGN

### Process Evaluation of the Peer Training Program

- Peer Satisfaction Survey (57 Participants)
- Peer Focus Groups (24 Participants)
- Peer to Staff Survey (21 Participants)
- Chart Review

# Mentorship



- 82% of former peers who have moved on to work found the mentorship to be very helpful in preparing them for work.
- Peers reported mentors helping them in: accomplishing goals, finding appropriate trainings, teaching new work skills, and providing effective feedback.
- Peers reported a variance in the quality of mentors. The most important qualities of a mentor include: Approachability and setting clear expectations
- The Peer Development Plan and Monthly evaluation help to facilitate the peer-mentee relationship.



# Peer Development Plan

- 98% of peers report utilizing the peer development plan in their personal or professional lives.
- Peers appreciate being pushed to work on goals and having someone to help them accomplish them
- 76% of former peers who have returned to work found the plan very helpful in their work readiness development
- Usefulness of the peer development plan depends on the mentor
- Approximately half of the mentors provide monthly updates—making it hard to measure if peers are completing actions steps
- Amongst peers with mentors who complete the update, 75% are completing their action steps



# Monthly Evaluation



- 67% of peers and 77% of peers who have obtained employment find the monthly evaluation to be very important
- Peers like the evaluation because it lets them know where they are at and what they need to improve upon.
- Only half of mentors complete four or more monthly evaluations a cycle.

# Peer Support Group

- 49% of peers and 58% of peers who have moved to work reported the support group to be very important.
- There is a huge variance on how peers feel about the support group.



## Lessons Learned from Process Evaluation

- Changed the time and number of participants in each support group
- Changed the Peer Development Plan to a SMART objectives format
- Included new items in the monthly evaluation
- Increased mentor trainings on program tools



# Program Component Impacts on Work Readiness (Peer to Staff Survey)

|   | 1 (least helpful) | 2           | 3           | 4           | 5 (most helpful) | Total | Weighted Average |
|---|-------------------|-------------|-------------|-------------|------------------|-------|------------------|
| Peer Development Plan   | 5.00%<br>1        | 5.00%<br>1  | 15.00%<br>3 | 30.00%<br>6 | 45.00%<br>9      | 20    | 4.05             |
| Supervision   | 0.00%<br>0        | 4.76%<br>1  | 14.29%<br>3 | 28.57%<br>6 | 52.38%<br>11     | 21    | 4.29             |
| Access to external trainings  | 0.00%<br>0        | 0.00%<br>0  | 9.52%<br>2  | 19.05%<br>4 | 71.43%<br>15     | 21    | 4.62             |
| Monthly Meetings  | 14.29%<br>3       | 9.52%<br>2  | 9.52%<br>2  | 33.33%<br>7 | 33.33%<br>7      | 21    | 3.62             |
| Advanced Skills Building (i.e. Treatment Updates, Benefits and Returning to Work) | 0.00%<br>0        | 4.76%<br>1  | 4.76%<br>1  | 14.29%<br>3 | 76.19%<br>16     | 21    | 4.62             |
| Mentorship  | 0.00%<br>0        | 4.76%<br>1  | 14.29%<br>3 | 19.05%<br>4 | 61.90%<br>13     | 21    | 4.38             |
| Support Group   | 14.29%<br>3       | 19.05%<br>4 | 4.76%<br>1  | 28.57%<br>6 | 33.33%<br>7      | 21    | 3.48             |
| Monthly Evaluations   | 9.52%<br>2        | 0.00%<br>0  | 14.29%<br>3 | 38.10%<br>8 | 38.10%<br>8      | 21    | 3.95             |
| Peer Internship   | 0.00%<br>0        | 0.00%<br>0  | 15.00%<br>3 | 25.00%<br>5 | 60.00%<br>12     | 20    | 4.45             |

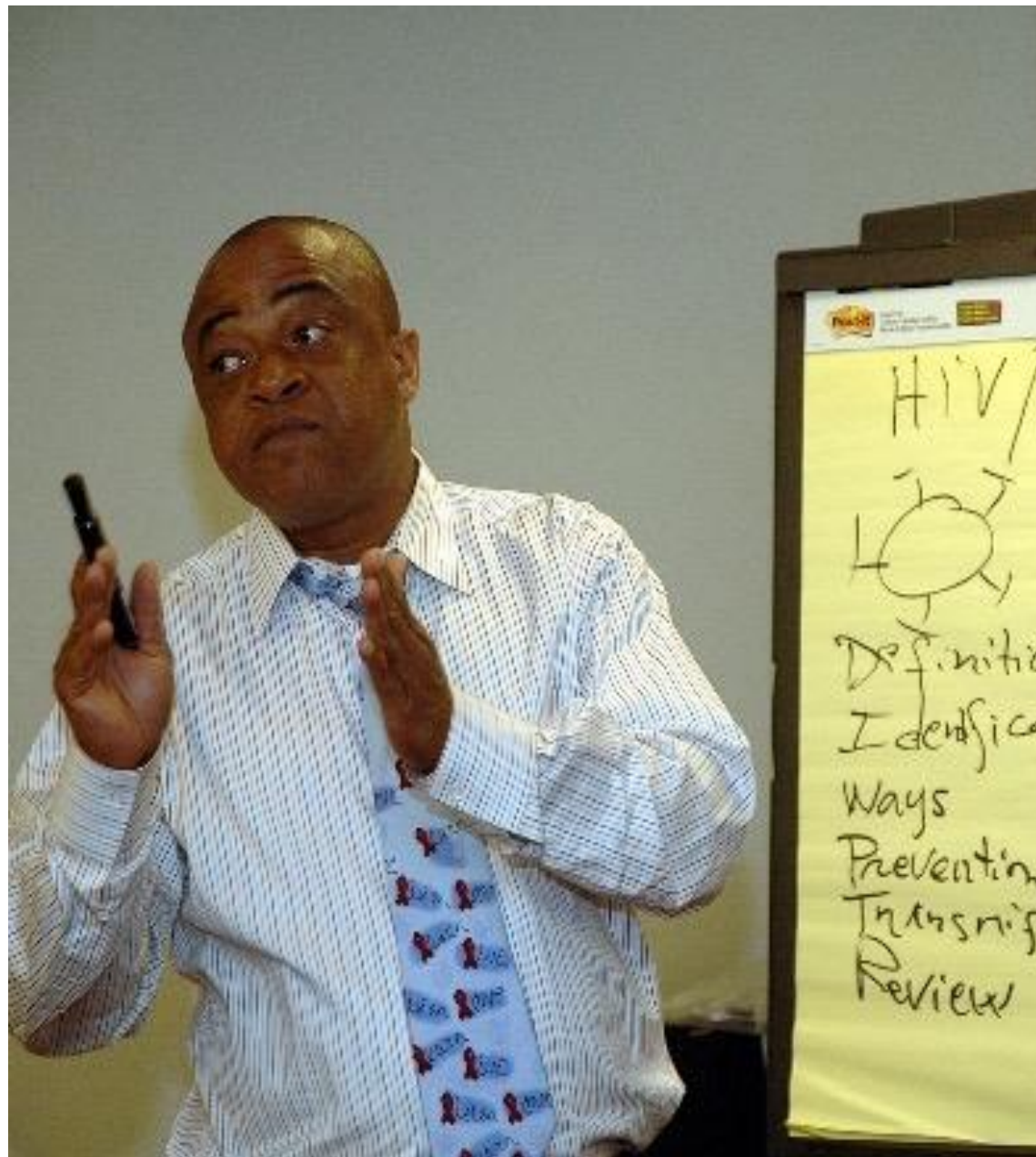
# New and Improved Skills Gained from Peer and Prep Participation (Peers to Staff Survey)

|   | Obtained Skill      | Improved Skill      | Total Respondents |
|---|---------------------|---------------------|-------------------|
| Writing Skills                              | <b>16.67%</b><br>3  | <b>94.44%</b><br>17 | 18                |
| Active Listening                            | <b>28.57%</b><br>6  | <b>76.19%</b><br>16 | 21                |
| Computer Skills                             | <b>21.05%</b><br>4  | <b>78.95%</b><br>15 | 19                |
| Outreach and Engagement                     | <b>47.62%</b><br>10 | <b>71.43%</b><br>15 | 21                |
| Internship                                  | <b>52.63%</b><br>10 | <b>57.89%</b><br>11 | 19                |
| Resume Writing                              | <b>33.33%</b><br>6  | <b>66.67%</b><br>12 | 18                |
| Interview Skills                            | <b>29.41%</b><br>5  | <b>82.35%</b><br>14 | 17                |
| Appropriate work place attire               | <b>18.75%</b><br>3  | <b>93.75%</b><br>15 | 16                |
| Boundaries in the workplace                 | <b>23.81%</b><br>5  | <b>85.71%</b><br>18 | 21                |
| Affective professional communication skills | <b>15.79%</b><br>3  | <b>94.74%</b><br>18 | 19                |
| Understanding the chain of command          | <b>22.22%</b><br>4  | <b>88.89%</b><br>16 | 18                |

“ASCNYC let me know that just because you have HIV doesn’t mean you can’t do everything you wanted to in life. ASCNYC gives that type of support to people, and then we’re able to go out and give that same message to others.”



“I’ve been an  
ASCNYC Peer for  
5 years. I tell  
people, ‘I came  
from where you’re  
coming from, and  
there was help for  
me, hope for me—  
and there can also  
be hope for you.’”





“The peer trainings put my skills to use. As an outreach Peer, the prevention presentations I make in communities are more than just words on paper. I speak with conviction, because the information is so personal. When I’m talking about prevention and see the ‘light bulb’ go on in someone’s head, it’s payday for me. Being a Peer gave me the tools to help myself.”



# ASCNYC



*positive change*

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