

When developing our ongoing performance measures, four criteria were used in selecting the final measures: relevance, measurability, accuracy and improvability. This is in keeping with our focus to “measure things that matter.”

The QI committee monitors data quarterly and makes recommendations for improvement strategies. Members of the HCS QM team and/or the HCS data/fiscal team prepare and analyze data for the QI committee and other stakeholders (e.g. Ryan White Part B Advisory Group) at least quarterly.

The Ryan White Year 25 (April 1, 2015 to March 31, 2016) QM Performance Measures selected are included in Attachment 3.

Annual Quality Goals for 2015-2016

The QI committee (with input from the Part B Advisory Group) selects Annual Quality Goals from the previously-identified performance measures. Benchmarks are then set for each annual goal and QI projects are designed based on the identified goals. These QI projects are conducted during the year.

The Annual Quality Goals selected for 2015-2016 are included in Attachment 3, entitled “Annual Quality Performance Measures Ryan White Year 25.” In summary, these goals include:

- Increasing the percentage of clients in HIV medical care who are prescribed antiretroviral therapy (ART) to 95% by March 31, 2016
- Improving viral suppression percentages for clients in HIV medical care to 73% by March 31, 2016
- Increasing the percentage of clients in medical case management who self-report HIV Medication Adherence by taking all doses of ART” to 80% by March 31, 2016

The Status Report on 2015-2016 Annual Quality Goals Outcomes are included in Attachment 4.

IV. Quality Process/Projects

HCS uses a quality improvement process whereby any internal or external stakeholder may suggest an idea for a QI project. The idea must be presented to a member of the HCS QM team and the QM team member works with the idea originator to further define the idea. In conjunction with the HCS QI committee, HCS managers, HCS staff and other appropriate stakeholders, the defined idea may be further analyzed and selected as a QI project.

Criteria for projects include one or more the following:

- Alignment with agency's mission or strategic plan
- Number of people affected
- Financial consequence
- Timeliness
- Capacity
- Availability of baseline data or present data collection efforts
- Alignment with Public Health Accreditation Board (PHAB) domains or prior review feedback

All QI ideas and QI projects are documented in a tracking system (called iTRACK) along with the status of each idea. Ideas are then vetted by QI committee or QM team to determine priority level. From this prioritized list, QI projects are selected.

Below is a sample of our present and pending QI projects:

- Investigation of fax issues in OHDAP
- Standardize Returned Mail Process
- Improve Clinical Data Collection
- Reduce Number of Returned OHDAP Checks
- Assess Any Negative Impact of Removing Printed Applications from Renewal Letters

All quality improvement project aims are focused on improving client outcomes and each QI project must have a clearly defined benchmark or method of measuring progress/movement. When creating the QI project team for each project undertaken, the question "Are the right people working on the quality improvement project?" is continually asked to ensure all relevant stakeholders are involved. If needed, additional staff or stakeholders are either added to the project team or consulted as subject matter experts. The project's status, progress, and results are communicated to staff, at a minimum, on a quarterly basis.

We use standard industry quality management tools and techniques to develop and implement projects (ex. PDSA, Lean, Six Sigma, etc.) which include QI tools such as charters, fish bones, solution and effect diagrams, impact control matrix, SIPOC, process mapping, etc. Documentation is completed throughout the QI process and storyboards are developed for recently completed QI projects.

Feedback is gathered from stakeholders throughout the QI project at the completion of each cycle or phase (e.g. PDSA) to identify areas where the QI staff and the QI project teams can improve for future cycles.

Evaluation is conducted at the end of the QI project cycle by QI committee/ QM team to determine if QI project met established benchmarks.

The *2015-2016 Current Quality Improvement Projects* are included in Attachment 5.

V. Priority Program Activities for 2015-2016

The QM team identified 6 specific program activities for 2015-2016 that have, as the ultimate aim, to improve client health outcomes. The QM team will continue to complete other activities (for example, increasing the number of site visits to provide technical assistance to case management and/or provider agencies surrounding quality improvement initiatives) but the below are the priorities for the 2015-2016 year. Activities are presented as SMART objectives and include benchmarks. All QI priorities link to the 2015-2016 selected performance measures.

Priority Program Activity #1: 50% of case management sub-grantee agencies will identify a quality improvement project by 3/31/2016

Activity 1.1: The QM team will define the scope of the QI projects to be proposed by the agencies.

Activity 1.2: The QM team will assess how many agencies currently have an identified quality improvement project.

Activity 1.3: The QM team will assess the current capacity and needs of the case management agencies regarding the ability to conduct QI projects.

Activity 1.4: The QM team will work with each agency to identify potential projects.

Activity 1.5: The QM team will continue to work with the CM agencies in regards to the identified projects to ensure agencies have the support they need to continue the full QI project cycle.

Priority Program Activity #2: An analysis of the number of Part B clients on anti-retroviral therapy (ART) who are not virally suppressed will be completed by 3/31/2016

Activity 2.1: The QM team will define the start and ends dates for the analysis.

Activity 2.2: The QM team will finalize the measure to be used for the analysis

Activity 2.3: Using the measure in Activity 2.2, analyze the data to determine characteristics of clients who are on ART but not virally suppressed.

Activity 2.4: Review analyzed data to determine possibility of future QI project(s) to increase viral suppression among the cohort of clients in analysis.

Activity 2.5: TBD based on outcomes of Activities 2.3 and 2.4

Attachment #5: 2015-2016 Current Quality Improvement Projects

QI Project Name	Description	Project Phase (P, D, S, A or other?)	Next step(s)	Status
Investigation of fax issues in OHDAP	Incoming OHDAP faxes are sometimes out-of-order which results in considerable staff time to reorder the documents; need to investigate to see root cause	In progress (Plan phase)	Complete process mapping	
Standardize Returned Mail Process	During a previous QI project, it was discovered there is inconsistency in how staff process returned mail. A standardized process is required.	Complete (Act phase)	Storyboard development	
Improve Clinical Data Collection	There are numerous stakeholder complaints about the two HCS clinical data forms (Physician Verification Form and Medical Provider Visit Form) including duplicate copies, confusion between the two forms, etc. Need to discover ways to obtain the clinical data so it is more complete and reduces frustrations of stakeholders	In progress (Plan phase)	Implementing identified strategies	
Assess for Any Negative Impact of Removing Printed Applications from Renewal Letters	In order to reduce the volume of paper used and to support a paper-free application system, printed OHDAP applications will no longer be included in client renewal letters starting with the November mailing (which includes clients due to re-enroll in January 2015). Request is to run pre- and post-enrollments to ensure there is not an unintended change.	N/A	Baseline data collected for two months; will recheck data after change is made	

The status of the above Quality Improvement Projects are reported out periodically to stakeholders in the most efficient manner including the use of storyboards.