

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

Priority Program Activity #3: The QM team will continue to facilitate the initiation, implementation and completion of a minimum of three (3) QI projects by 3/31/2016

Activity 3.1: The QM team will continue to accept and track QI ideas from any internal or external stakeholder.

Activity 3.2: The QM team will work with the QI idea originator to further define the idea and determine next steps.

Activity 3.3: The QM team will work with the HCS QI committee, HCS staff, HCS managers and other stakeholders as needed to gather data and background about the improvement idea and determine priority level.

Activity 3.4: The QM team will facilitate the creation, implementation and completion of QI projects taken from the highest priority improvement ideas.

Activity 3.5: The QM team will communicate results to necessary stakeholders and continue to work to build the QI process into an everyday routine within HCS.

Priority Program Activity #4: The QM team will explore the possibility of QI Innovation Grants and, if approved by senior leadership, the Request for Proposal (RFP) will be posted by 12/31/2015

Activity 4.1: The QM team will create a QI Innovation Grants proposal to define the purpose, outcomes and monitoring of the initiative.

Activity 4.2: The QM team will develop specific data measures and outcomes for the innovation grants and work with ODH grants/contracts units to develop Request for Proposal (RFP) if approved.

Activity 4.3: The QM team will work to convene a review team to analyze grant applications to determine the projects best suited for the purpose of the grant (e.g. based on data, availability of baseline data and benchmarks, degree to which they affect the HIV Care Continuum, ability to be replicated, etc.)

Activity 4.4: The QM team will oversee the implementation of the selected innovation grants and meet all ODH grant requirements.

Activity 4.5: The QM team will work with the funded innovation projects and other stakeholders regarding sustainability after the initiative.

Priority Program Activity #5: QI training, including at a minimum QI concepts, tools and ideas, will be provided to the HCS QI committee by 12/31/2015

Activity 5.1: The QI committee requested training from the QM team to increase quality improvement knowledge among committee members. Training will be provided to QI committee members with the goal of providing training to 100% of the members.

Activity 5.2: Increased QI knowledge will be measured through pre and post-test questionnaires (or similar methods of data collection)

Activity 5.3: Analyze quality data (pre/post-tests), determine opportunities for improvement for the training and apply what was learned from the pre/post-test analysis to eliminate gaps between current and desired levels of performance

Activity 5.4: Identify how identified gaps will be addressed. Identify process by which training(s) will be reviewed and modified to maximize quality.

Activity 5.5: Continue to provide training(s) and assess if the goals defined in 5.1 and measured in 5.2 are met through initial and subsequent trainings. Assess possibility of expanding to other staff and stakeholders.

The 2015-2016 Priority Program Activities are included in Attachment 6.

VI. Participation of Stakeholders

Stakeholder	Type of Involvement	Communication
HCS Managers	<ul style="list-style-type: none"> • communicate specific programmatic reporting needs to the QM Program Manager or HCS Administrator; • select program representatives to serve on the HCS Internal QI committee; • communicate outcomes to internal partners (including staff) and external stakeholders 	<ul style="list-style-type: none"> • collaborate with the QI committee to implement quality improvement activities
Bureau of Health Services Composed of Women Infants Children (WIC), Children with Medical Handicaps (CMH), Early Intervention (EI) and HIV Care Services (HCS).	<ul style="list-style-type: none"> • provide leadership support; • share ODH QM information with HCS section as needed 	<ul style="list-style-type: none"> • share our QM information with other bureaus in the Department.
HCS Advisory Group composed of representatives from all Ryan White Parts, consumers, physicians, pharmacists, nurses, dentists, medical case management,	<ul style="list-style-type: none"> • responsible for providing guidance on Part B programming, reviewing the quality of HIV care, and recommending medications to the Director for approval for 	<ul style="list-style-type: none"> • collaborate with the QI committee to implement quality improvement activities

Attachment #6: Status Report on 2015-2016 Priority Program Activities

Priority Program Activity Name	Tools Used (if applicable)	Next step(s)	Status
50% of case management sub-grantee agencies will identify a quality improvement project by 3/31/2016			
An analysis of the number of Part B clients on anti-retroviral therapy (ART) but not virally suppressed will be completed by 3/31/2016			
The QI team will continue to facilitate the initiation, implementation and completion of a minimum of three (3) QI projects by 3/31/2016			
The QI team will explore the possibility of QI Innovation Grants and, if approved by senior leadership, the Request for Proposal (RFP) will be posted by 12/31/2015			
QI training, including at a minimum QI concepts, tools and ideas, will be provided to the HCS QI committee by 12/31/2015			

All Program Activities for RW Year 25 were established in March 2015 therefore all are currently in the define phase.