

# Developing and Sustaining a Collaborative Statewide QI Team

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe key mechanisms to create a sustainable collaborative statewide QI team
2. Identify ways to overcome challenges faced by a longstanding collaborative statewide QI team
3. Demonstrate and share how to use statewide data to improve client outcomes

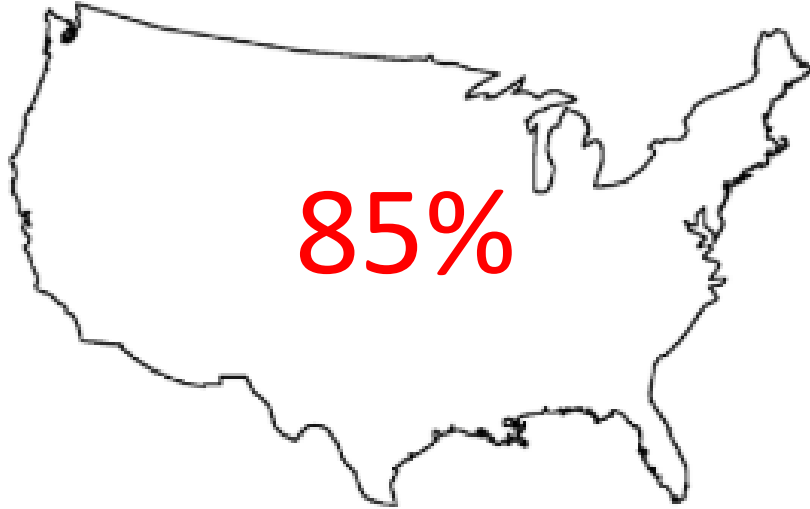
# Where are you now?

## 4 Corners

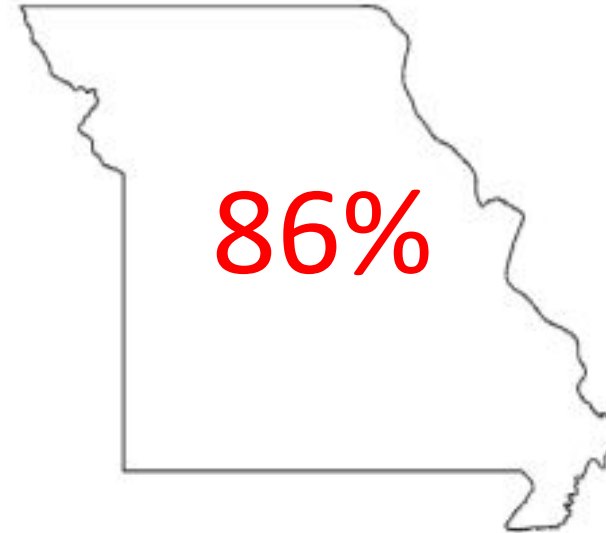
1. No statewide QI team
2. Considering a statewide QI team
3. Developing a statewide QI team (In-Process)
4. Established statewide QI team

Head to the corner of the room that describes your statewide QI team. Introduce yourself to someone you don't know – state where you're from and why you selected this particular corner.

# Where the MO CAN team is now



RSR clinical data national  
viral load suppression rate as  
of 2016



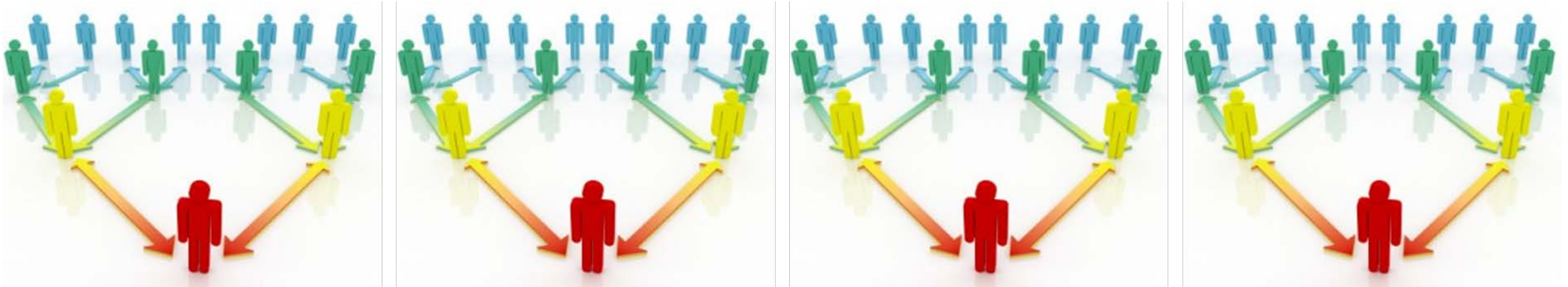
MO CAN viral load  
suppression rate as of March  
31, 2018

# Develop



**Mechanisms and Steps Used to Create a  
Statewide Quality Improvement Team**

# It Starts at the Top



# Statewide Recipient Leader Support

- Long standing history of cross-part collaboration across our state
  - “Grantees” Meeting
    - QI is standing agenda item at this meeting
      - Leader reports out
- Each Recipient leader agreed to always have representative on the team and identified the specific staff
- Recipient leaders reviewed/signed the statewide quality management plan
- Newly created Part B funded Statewide Clinical Quality Manager position
  - Constant leader



# Leadership of Statewide QI Team

- Two Leaders (Constant leader/Co-leader)
- Preparation
  - Monthly planning call
  - Check in with Liaison positions on specific responsibilities and offer support
    - E.g., QI Liaisons – Progress on collection of PDSA cycles
  - Send reminder emails re. assigned action items from the previous meeting
- Facilitation
  - Rotate who is ‘in charge’ of the meeting
    - The leader that is not facilitating take notes for action items and agenda items for next meeting
  - Prioritize items – put items that require a lot of ‘brain power’ at the beginning
  - Use the whiteboard, create visuals!
  - Set the pace and timing for each agenda item
    - Team takes their cues from you!

# Building Capacity

- Each Recipient required to have representation on the team
  - **Every** person has an assigned role
    - Resource: Roles/Responsibilities Handout
  - In the QM Plan
- Meet monthly face-to-face
- Created Statewide Quality Management Plan and Work Plan
- Performance Measures
  - 4 measures – stratified by race, gender, age and collect quarterly
    - Resource: Data submission worksheet
  - Statewide Clinical Quality Manager aggregates, creates run charts, team reviews
- PDSA Cycles
  - Standardized form
    - Resource: PDSA reporting form
  - Individual recipients aligned their expectations with this reporting

# Addressing Training Needs

- Training for statewide QI team provided by CQII (formerly NQC)
- Trainings for providers (medical and social service) offered across the state
  - Conducted by experts on statewide QI team
- Sent team members to CQII trainings (TOT, TQL, TCB)
- Onboarding PowerPoint and training for new members of statewide QI team
  - Regional support
- Leadership – training for new leads for successful leadership transitions

# Create Meaningful Communication

- Agenda Design
  - Leaders carefully create and allow preparation time to create
- Statewide QI team efforts are standing agenda items at regularly held meetings across the state
  - E.g., Planning Council, Regional Case Management meetings, Consumer Advisory Boards, etc...
- Infographics for outcomes of PDSA cycles (targeted the head and the heart)



## INDIVIDUAL IMPACT: VIRAL LOAD SUPPRESSION.

83% Of MO Ryan White Clients Are Virally Suppressed\* Compared To Just 30% Nationally.

**106 newly suppressed HIV+ persons!**  Since April 2014 to June 2015, Viral Load Suppression (VLS) in the MO Ryan White system has increased from 80.76% to 83.33%

*and of those*

**83 newly suppressed HIV+ persons**  represent one of the most impacted racial groups. Blacks report the highest increase in VLS, going from 76.98% to 80.54%

\*Reporting agencies include: AIDS Project of the Ozarks, Mercy Hospital, St. Louis University, Washington University, Truman Medical Center and Kansas City Care Clinic.



## ECONOMIC BENEFITS: VIRAL LOAD SUPPRESSION.

**83% Of MO Ryan White Clients Are Virally Suppressed**

**More than 3,400 MO Ryan White Clients have undetectable viral loads which equates to significant economic benefits!**

**\$31,340,880** annual Clinical Care Costs Averted for suppressed MO Ryan White clients

**\$137,901,240** in annual productivity losses averted for suppressed MO Ryan White clients

**\$33,965,388** annually averted new transmission medical costs per 100 MO Ryan White clients who become virally suppressed at the end of a 12-month period

**\$65,306,268** in economic benefits per 100 HIV-infected MO Ryan White clients who became viral load suppressed by the end of a 12-month measurement

Sources: NY State Department of Health. "What Are the Economic Benefits of Increasing Viral Load Suppression Rates" 2014

Reporting agencies include: AIDS Project of the Ozarks, Mercy Hospital, St. Louis University, Washington University, Truman Medical Center and Kansas City Care Clinic.

# Consumer Involvement

- Regional Consumer Representative from the very beginning
- QI Content Expert (usually Quality Manager from local Recipient) from each region supports their regional rep
- Application Process
- Standing agenda item for Statewide QI meetings
- CQII Provided Training of Regional Consumer Representative on Quality
  - Continued to hold annual statewide meeting for graduates
- TCQ+

# Celebrate Successes



*Winners of the 2016  
Leadership in Quality  
award from the  
National Quality Center*



*Recognized all agencies  
that submitted PDSA  
cycles at Statewide Case  
Management Conference*

# Develop – Walk Away Tips

- Start with leadership buy-in
- Two leaders of the statewide QI team at all times
- Consistent meetings – preferably monthly and face-to-face
- Don't let perfect be the enemy of good!



# Develop – Activity Time!

- On your notecard, write down 2 things you can do by the end of the month to get your statewide team started, restarted, or an additional aspect added to your team.
- Share this with the person on your left.



# Maintain



Challenges and solutions for maintaining forward movement of an established statewide QI team

# Changing the Guard

- Abrupt departure of leadership in September 2017
  - Forced the team to reassess how we could continue existence
  - Forced the team to recommit to the process

# Creating Stabilization

- Completed Regional Group Organizational Assessment (RG OA)
  - **Resource: RG OA**
  - Difference between new members and veteran members
    - New members scored very high
    - Veteran members scored low

# Areas for Improvement


- Areas for improvement identified by the RG OA
  - Recommitment to the process
  - Redeveloping the structure
  - New members vs. veteran members have a different QI skill set
    - Identified training needs
      - Quality 101
      - Benchmarking
      - Fishbone diagram
      - Splicing in Excel
      - Spread and scale-up of changes
      - Decision support tools

# Strengths


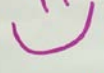
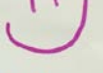


- Identified strengths
  - Loyalty
  - All Recipient support
  - Commitment to quality
  - Flexibility
  - Maintained submission and analysis of performance measures
  - Collected PDSA cycles
  - Regional Consumer Representative position maintained

# Finding a Way Forward






## MUST HAVES

- Data Sub. Reminder 
- Submit data for 4 perf. measures
- analyze data for 4 perf. measures
  - aggregate from all sites
  - run charts trend analysis
- Communication: 1) meeting facilitation  
2) between mtg communication
- Dependability - PAM/PAA
- Everybody plays a part
- Sharing out PDSAs quarterly w/in this group
- Quarterly submission of PDSA
- Training
- ~~1~~ Support 3 Regional Consumer Reps (shout out to Kneeshe)
- Report to Grantees as standing agenda

## WOULD BE NICE

-   
- agency-level choice to use & share Disparity Calculator [annually]
- Liaison to Integrated Plan
- PDSA sharing/dissemination outside of this group
- Regular, consistent standing Quality Meetings @ each Regional level
- Clinical Representation (shout out to Sally )
- Setting targets & benchmarks for other perf. measures (MUF, ARV, )
- Storyboard annual basis

## PIE IN THE SKY

-    
- Standard QI skills/knowledge of all team members
- SCOUT used to run statewide reports in support of this team's work
- Taking Team's Quality Game Higher
- 
- CCPQ Quality Group

# Finding a Way Forward Highlights

## Must Haves

- Shared leadership
- Support from All Recipients
- Data submission & analysis
- QM Workplan

## Would Be Nice

- PDSA sharing outside of the group
- Agency level disparity calculator
- Clinical Representation on team
- Annual Storyboard

## Pie In The Sky

- Standardized QI knowledge
- SCOUT to run statewide reports
- Elevate the teams QI game



# Maintain – Activity Time!



# Team Roles

- Educated new members about the original team structure and role functions
- Evaluation of the necessary and important team roles
- All team members assigned a role

# Maintain – Walk Away Tips

1. Constant Leader and Co-leader
2. Honestly evaluate your team
3. Training

# Data



How a statewide QI team can collect, analyze, and share data to demonstrate changes in health outcomes

# Data – Activity Time!



# Accessing Data

- What data is needed?
  - Determine what data points are needed and can be gathered consistently
- Where is the data?
  - EMRs, Client Level Data system, State Surveillance system, etc.
- How do you access the data?
  - Put into place all written data sharing agreements
  - Electronically vs. Manually

# Maintaining Data

- Who will monitor or maintain data?
  - Appoint a data leader or develop a data team
- What are your goals or desired outcomes?
  - Develop clear goals/outcomes based on the data that you can obtain and the needs of the population
- What is your data plan?
  - Create a set data submission format
  - Develop a timeline for consistent data submission and review

# Using the data to make change

- Review data as a team/group
  - Meet consistently to review collected data, evaluate progress and formulate the next steps
- Share quality management activities and the associated data
  - Meet consistently to discuss and evaluate all levels of quality management activities, giving recommendations and guidance for success
- Report data out
  - Develop a consistent mechanism to report data/outcomes with recipients, subrecipients, medical staff, planning bodies, clients, etc.



# Data - Walk Away Tips

- Get started
  - Get started even if it is small amount of participants, data or population. Growth will follow but you have to get started.
- Be consistent
  - Stick to time frames, schedules, data formats, etc. - adjustments can be made but don't cancel or skip.
- Share
  - Share your data findings/outcomes, good or bad, with all the appropriate parties and accept feedback.

# Walk Away Tips

## Develop

- Start with leadership buy-in
- Two leaders of the statewide QI team at all times
- Consistent meetings – preferably monthly and face-to-face
- Don't let perfect be the enemy of good!

## Maintain

- Constant Leader and Co - Leader
- Honestly evaluate your team
- Training

## Data

- Get started
- Be consistent
- Share

# Resources

The following resources were discussed in this presentation. Please feel free to follow up with us to get electronic copies.

- Roles/Responsibilities Handout
- Data submission worksheet
- PDSA reporting form
- RG OA - Regional Group Organizational Assessment

# Contact Information

For other questions, discussion or to receive electronic copies of the resources discussed contact:

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