

Tools to Drive Local CQM Progress and Leadership

Virtual CQM Training Series
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Zoom Helpful Hints

Press esc to exit full screen

- zoom
- Hover over the top to change "view" options
- Place yourselves on "mute" until you're ready to pose a question or make a comment
- Use the "chat" room to pose questions and make comments
- Meeting will be recorded and available for sharing after the meeting



 Please enter your name in the "chat" room



Learning Objectives

- Provide an elevator speech on Achieving Together and your AA's role in making it a reality.
- ➤ Name the assessment domains from the OA that are relevant to Achieving Together.
- Explain how to translate statewide goals and process into workable components for the HIV service providers funded in your region, including:
 - Achieving Together and QI project frameworks, and
 - CQM performance measurement
- ➤ Describe mechanisms you can use to ensure ALL HIV service providers in your region participate in regional and statewide CQM activities, regardless of:
 - Funded service,
 - Provider/facility type, and
 - Primary client service population.



Achieving Together Show & Tell

DSHS takes us on tour to see the Achieving Together website!

Polling Questions





Tour Time





Elevator Speech: 27-9-3 Method

- Think twitter! 140 characters is a "sweet spot"
- Average English word is around 5 characters, translating to
 - 27 words in 3 sentences
 - 9 words per sentence

Example Elevator Speeches

"Water is life. Yet 768 million people do not have access to safe, clean drinking water, and 2.5 billion people live without proper sanitation. When water is unsafe and sanitation non-existent, water can kill."

(Unicef Clean Water Campaign)

"Every new investment involves risk. Show the Dragons you understand what the risks are, and how you will quell them. By the way, nothing makes investment risk in a startup go away faster than showing you have sales. Show the Dragons your sales pipeline to get a deal done fast."

(fun dragon-based example)

Discussion





Achieving Together and Organizational Assessments

A review and building next steps



Polling Questions





OA Domains Related to AT

- Workforce Engagement (domain B)
- CQM Performance Measurement (domain C)
- Quality Improvement (domain D)
- Consumer Involvement (domain E)
- Achievement of Outcomes (domain G)
- HIV Care Continuum (domain H)



Texas Department of State Health Services In coming months, we'll have <u>FOUR</u> more sessions tying AT to provider-level CQM using data and their OA results

Common Elements

- If you do this well, you are likely to score well on the OA
 - Communication with stakeholders (A1, A2, A3, B1, C1, C2, D1, E1, F1, G2, H1)
 - Performance Measurement (A1, A2, A3, C1, C2, D1, E1, G1, G2, H1)
 - Clear contract language (A1, A2, A3, B1, C1, D1, F1, H1)
 - Foster a collaborative approach to providing regional health services (A1, A2, C2, F1, G1, H1)
 - Training of stakeholders (A1, A3, B1, C1, D1, E1)

How Does This Work in Texas?

Evaluation (including the providers' OAs) Information ROLL UP

HRSA

DSHS

AA

Providers

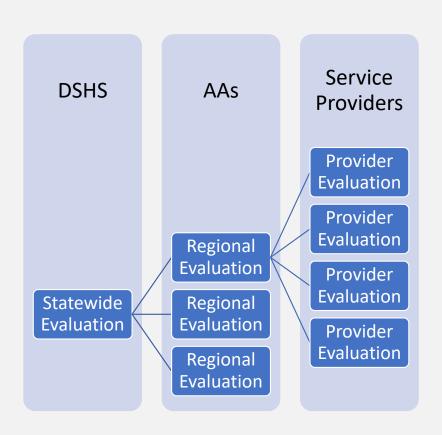


Recipient

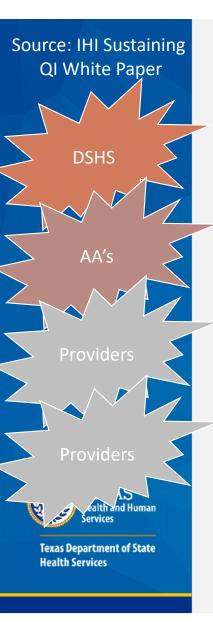
Subrecipients

Sub-Subrecipients

Rolling Up = Amplification of Effect



- Lowest common denominators
- Regression to the mean
- Granularity is needed to show relationships and effects
 - Especially when communicating nuanced findings to stakeholders
 - Reports help show high and low points in your regional network
 - Use these reports to call forth spotlights and identify twinning matches among your providers
- Statewide communication allows for high performers to collaborate across regions



Quality Control (Operations)				Quality Improvement (System Change)		
	⇧	Φ			企	₽
Key Tasks	Data for Control	Guidance		Key Tasks	Data for Improvement	Aims Alignment
Define core values Articulate principles Obtain and deploy resources Monitor "Big Dots" Frequent frontline observation	"Big Dot" system metrics, process and outcomes metrics Reports to external stakeholders	Coaching (all tiers) in workplace Monitor T2 standard work	Tier 3 Executive, VP	Monitor environment, anticipate change Quality planning: Set strategic direction Commission and drive system-wide initiatives Consistent messaging Celebrate improvement	Aggregated system process and outcomes metrics T2, system QI project status and metrics Population, organization impact	Negotiate T2 strategic goals Launch, prioritize system QI initiatives
Interdepartmental coordination Obtain and deploy resources Define department metrics Monitor department operations, planning	T2 summary of daily operational issues Standard department operational metrics	Coaching T1 on standard work Monitor staff, process capability Monitor T1 standard work	Tier 2 Dept. Manager, Director	Conduct root cause analysis Quality planning: Commission T1 projects Lead interdepartmental projects	Aggregated unit process and outcomes metrics T1 project status and metrics Staff QI capacity	Negotiate T1 goals Launch, prioritize, monitor T2 projects
Monitor unit operational status Define unit standard work, metrics Manage shift staffing, shift patient priorities, etc. Incident response, escalation	Summary of daily operational issues Standard unit operational metrics Incident reports	Coaching "what to do and how" Coaching on problem detection and response Monitor frontline standard work	Tier 1 Unit Manager	Coordinate with improvement specialist to surface problems, best practices Lead T1 QI projects Lead root cause analysis Lead daily PDSA	Unit project status and metrics Problems for escalation to T2 projects PDSA results	Negotiate unit goals Launch, prioritize, monitor unit-level QI projects
Situational awareness, prioritize care tasks Define frontline standard work Adjust to usual process variation, patient needs Respond to atypical process variation	Observations of care process and environment Patient feedback and observations Clinical data, tallies of process operation	Clear communication to support patient and family decisions and expectations	Charge Nurse, Frontline Staff	Undertake simple process fixes ("See-Solve") Identify ideas for change Engage in PDSA	Identify problems for escalation to T1 Ideas for improvements	Participation in QI teams for aligned improvement Engage patients in improvement
Pa	Patient Care Interface			Patient Care Interface		
 Trigger acute system responses Report on current symptoms, situation, emerging needs, etc. 	Presentation Stories and observations "What matters to me?"	Candid talk, transparent dialogue Post quality data (online)	PATIENTS and FAMILIES	QI team participation	Identify process problems, offer suggestions Stories and observations	Patients and families shape aims for improvement

Discussion





Make it Matter, Make it Count

Relevance is Royalty, Context is King!

Polling Questions





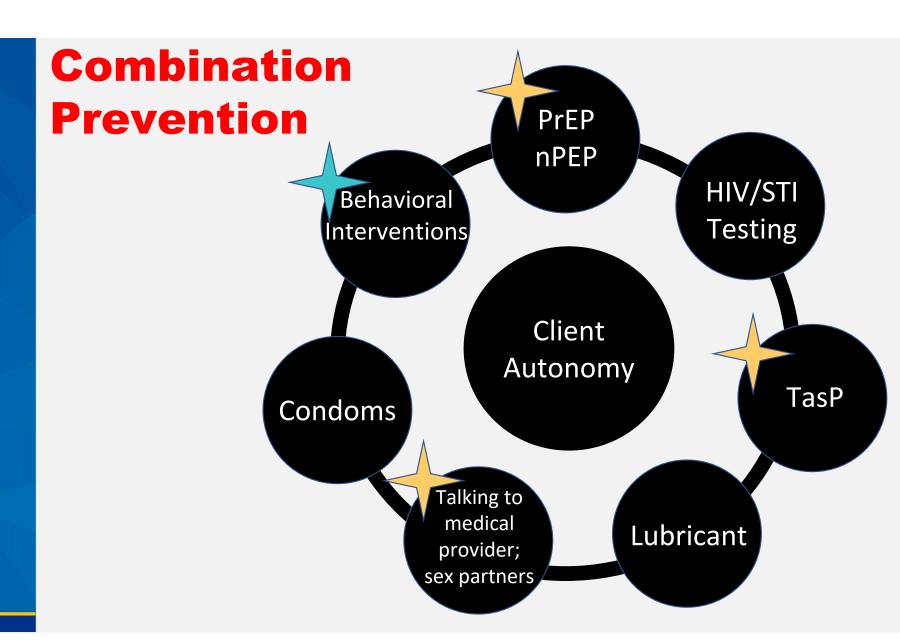
Achieving Together Goals

- Increase viral suppression
- 2. Decrease HIV transmission
- 3. Eliminate health disparities
- 4. Cultivate a stigma-free service environment

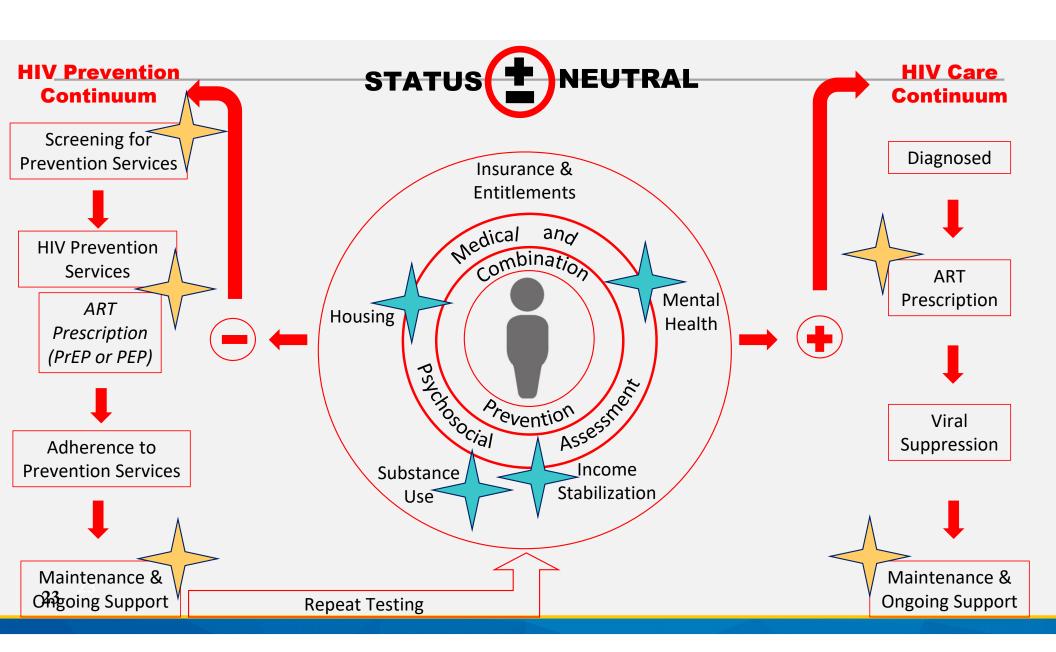
Address social determinants of health!

Strengthen safety nets and care networks!









Making a Case – The Right Thing To Do

- Social determinants of health!
 - Many organizations have adjusted their vision and mission to explicitly mention these
 - If not explicitly mentioned, still a major component of "who they are" are a company.
- Addressing Disparities...
- Addressing Stigma...
- Ending the Epidemic...



Making a Case – Cuz You Gotta!

- Take it back to the contract language!
 - Wanna keep getting funded??
 - How would your organization continue without the funds?
- Use the OA findings to inform your annual site visit process
 - Deficiencies amount to findings that land on a CAP and YES then the agencies are on the hook for reporting on it
 - Use a cross-walk approach to map the OA to your contract requirements



Making a Case – Peer Pressure!

- Stakeholders get excited and ask questions of the organizations they're affiliated with based on your outward sharing and cheerleading
 - Consumers
 - Board members
 - Staff
- The competitive spirit of agencies across your region can be lightly leveraged where appropriate
 - Make that comparison for them where productive!



Question & Answer





CQM Resources

- PCN 15-02
- PCN 15-02 FAQs
- HRSA-HAB Center for Quality Improvement and Innovation
- HRSA-HAB Target Center
- NQC Quality Academy
- NASTAD
- National Quality Forum
- Institute for Healthcare Improvement
- American Society for Quality
- Texas DSHS CQM Staff!
- Hager Health, LLC!

Webinars in Virtual Training Series

Session Title	Session Date	Duration
Tools to Drive CQM Progress and Leadership	5/14/2021	90m
Advising on Provider CQM Infrastructure	7/14/2021	90m
Advising on Provider CQM Performance Measurement	9/16/2021	90m
Advising on Provider Quality Improvement Projects	11/18/2021	90m



