

Cross-Part Quality Management Guide

Using Collaboratives across Ryan White Funding Streams to Improve HIV Care

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau

National Quality Center

"La Tempeste", 2010, Painting by Jimmy Williams, HIV-positive artist



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Program Funding Streams to Improve HIV Care

Developed by the New York State Department of Health AIDS Institute
National Quality Center

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Introduction

Overview of the Ryan White HIV/AIDS Program

The overall intention of the Ryan White HIV/AIDS Program (RWHAP), as enacted by the U.S. Congress in 1990 and administered by the Health Resources Services Administration (HRSA) HIV/AIDS Bureau, is to reduce unmet health needs of people living with HIV throughout the United States and its territories. The 2003 Institute of Medicine report, *Measuring What Matters*, lauded agencies with RWHAP funding for their individual efforts to incorporate practice-based quality management activities. It also suggested, however, that more could be done to measure and improve the quality of care provided by RWHAP grantees across programs, thus ensuring quality at a broader population level.

Since its founding in 2004, the National Quality Center (NQC) has emerged as a source of innovation, leadership, and support for quality improvement in HIV care nationwide. With direct funding by the HRSA HIV/AIDS Bureau, NQC assists RWHAP grantees in meeting the legislative requirements and expectations for quality improvement, which include “creating and maintaining communities of learning for quality improvement initiatives.”

The 2009 Ryan White HIV/AIDS Treatment Modernization Act contains significant legislative requirements that direct all RWHAP grantees, regardless of Part funding, to “provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent

with the most recent Department of Health and Human Services (HHS) guidelines for the treatment of HIV disease and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.”

Using the legislative requirements, HRSA’s HIV/AIDS Bureau (HAB) has defined clinical quality as the “degree to which a health or [health-related] social service meets or exceeds established professional standards and user expectations.” HAB expects Ryan White HIV/AIDS Program-funded grantees to establish sustainable and patient-centered quality management (QM) systems according to the following guiding framework:

- Quality management infrastructure should be systematic and should include identified leadership, accountability, and dedicated resources
- Quality management process should focus on strengthening linkages, improving efficiencies, and addressing provider and client expectations
- Quality management process should also be continuous, be adaptive to change, and fit within the framework of other quality activities (e.g., Medicaid, JCAHO, other RWHAP Part-funding) expectations
- Quality management systems should use data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks

- Quality management systems should ensure that data are fed back into the quality improvement process to ensure that goals are not only accomplished but also sustained over time

The Ryan White HIV/AIDS Program and its respective programs award grants under the various Parts separately, each with its own structure and reporting requirements. Because of the varied expectations for quality management, grantees across the RWHAP funding continuum often strive independently to meet these quality management requirements. This lack of coordination and communication between regional grantees can result in potential duplication of efforts, inadequate sharing of information, and less-than-optimal management of best practices across grantees.

Despite these difficulties, the overarching goal for clients remains the same: seamless access to high-quality HIV care and services. As all RWHAP grantees aim to provide the best quality of care for HIV patients, collaborations across RWHAP grantees afford an opportunity to further maximize the impact of local communities of learning and to capitalize on the strengths of diverse Ryan White HIV/AIDS programs. To foster already-established networks and to create additional collaborations among HIV providers regardless of their RWHAP funding streams, NQC developed this guide based on its collective experiences and successes.

Introduction on Collaborating to Improve HIV Care

Making a Case for Cross-Part Collaboration

The ideal care system contains no gaps in services, offers smooth handoffs between service providers, and lacks both redundancy and waste, thereby optimizing available resources. Dramatic changes of current health systems are not only radically altering the environment in which HIV medical and supportive service professionals are working, but they are also having a profound impact on how providers advance the care they provide. This new imperative requires an unprecedented level of coordination and collaboration across disciplines within an agency, as well as across local communities.

Two national public policies also emphasize the coordination across HIV providers to advance HIV care: the National HIV/AIDS Strategy and the HIV Care Continuum Initiative.

The National HIV/AIDS Strategy, released in 2010, identified the need for an increase in the number of HIV-infected individuals with undetectable viral loads, and serves as a foundation for the national response to the epidemic and a primary goal for Ryan White HIV/AIDS Program (RWHAP) grantees. To work toward this goal, HIV providers are encouraged to “establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.” HIV providers cannot

single-handedly improve the quality of care, but require the involvement of their local and regional providers across multiple systems of care and established funding silos.

In 2013, the U.S. President signed an Executive Order to accelerate improvements in HIV prevention and care through the application of the HIV Care Continuum. The Executive Order states that “there are significant gaps along the HIV Care Continuum -- the sequential stages of care from being diagnosed to receiving optimal treatment.” This renewed focus on the Care Continuum will enable HIV providers to meet the goals of the 2010 Strategy and move closer to an AIDS-free generation.

When RWHAP grantees across Parts work in partnership toward common goals, they have the potential to accelerate the pace of improvement. By working collectively, grantees increase their potentials to improve the overall quality of HIV care and to meet the needs of clients in their region, leaving a lasting legacy of regional improvements.

Individual RWHAP grantees are expected to maintain grantee-specific QM programs. However, to work jointly on improvement goals across RWHAP funding streams, grantees need to overcome their own local challenges and bring together all of their regional RWHAP grantees. A cross-Part methodology needs to be developed and implemented for outlining common improvement goals, for measuring their performance, and for jointly advancing HIV care. Collabora-

ration across RWHAP grantees drives improvement efforts through spreading and adapting grantees' existing knowledge to multiple settings.

Several initiatives have been successfully implemented in which RWHAP grantees of all funding categories have collaborated to improve HIV care, namely HIV/AIDS Bureau-sponsored NQC Collaboratives and HIVQUAL Regional Groups. These cross-Part collaborations have shown that:

- Patients benefit from care that is actively coordinated across regional providers and funding streams
- Providers profit from working together to improve HIV care, rather than working by themselves
- The pace of improvements is accelerated to better serve individuals living with HIV
- Gaps exist in the quality of care, but successful interventions have been implemented by local providers
- Peer learning and sharing is a motivator and catalyst for quality improvement

A quality management framework is needed to build a regional infrastructure that enables local HIV providers to truly learn from each other, thus improving HIV care. Characteristics of these learning collaborations include:

- All RWHAP grantees actively participate in these improvement efforts
- Consumers are an integral partner in this endeavor
- Standardized performance measurement strategies are established and applied to all participating RWHAP grantees
- Improvement goals are established with input by participating providers and consumers
- A representative group of local providers guides these collaborative efforts
- Written cross-Part improvement goals, quality management plans, and work plans are established
- Face-to-face or virtual meetings promote peer learning and networking

NQC hopes that this guide provides a basic direction for establishing further cross-Part learning opportunities to collaboratively improve HIV care, and serves as a tool for overcoming local challenges to successfully collaborate across different RWHAP funding streams.

Overview of Cross-Part Quality Management Collaboratives

To achieve its goal to build the capacity for quality management on a local level, and by extension nationwide, NQC has sponsored several national collaboratives focusing on the quality management needs of Parts A, B, and C grantees—selecting participants from diverse geographic regions, programmatic structures and client populations. The working hypothesis informing these cross-Part quality management collaborative efforts is that when RWHAP grantees work in partnership, they have the potential both to strengthen their individual quality management programs and to improve the overall quality of HIV care in their region. Grantees across jurisdictions and Parts can form a quality improvement community, no matter how fragmented.

A learning collaborative is an initiative in which teams of providers come together to study and apply quality improvement methodology to a focused topic area. First conceived by the Institute for Healthcare Improvement (IHI) in 1994, learning collaboratives help organizations apply known improvement principles to current health care practices. Learning collaboratives generally include the following features:

- Five to 30 provider teams
- Duration of 12 to 18 months for the active collaborative phase
- Three to four two-day learning sessions, led by content and improvement experts
- Action periods between learning sessions, during which teams carry out and report on tests of change
- Monthly reporting of results and improvements
- Interim conference calls with experts

Over the last four years, NQC has established numerous national collaboratives using the quality improvement approach adapted from the IHI Breakthrough Series model. Most recently, it managed three national Ryan White HIV/AIDS Program collaboratives: the Cross-Part Collaborative, the DC Collaborative, and the HIV Cross-Part Care Continuum Collaborative.

In the Cross-Part Collaborative, the HIV/AIDS Bureau and NQC encouraged, over 18 months, five state quality management teams (from Connecticut, New Jersey, Pennsylvania, Texas, and Virginia and representing staff and consumers from every RWHAP grantee within each state) to figure out how to systemically improve HIV care statewide. The state quality management teams had to learn the most effective ways to remove existing silos. Throughout the process, numerous concerns and barriers to collaboration routinely appeared and various methods to resolve each of them had to be developed and tested. The five participant states not only proved that their RWHAP grantees could all learn to work together collaboratively across Parts, but they were also able to demonstrate through quantified data analysis that their cross-Part quality management activities produced measurable and accelerated statewide quality improvements in HIV care.

Based on the success of this Collaborative, a similar collaborative was effectively implemented in the Washington, DC, Eligible Metropolitan Area (EMA) in 2011-2012. For the first time, grantees in the DC EMA worked jointly on quality improvement efforts, actively shared performance measurement data, and collaboratively imparted innovative strategies; this peer learning initiative created a nonthreatening quality improvement culture that was previously nonexistent. Significant improvements were made regarding the DC EMA quality management infrastructure, and collaboration and alignment across RWHAP grantees improved. Engaging consumers created an independent and well-established consumer component to collaborative learning and allowed consumers to be knowledgeable, competent, and equal improvement partners.

Starting in the fall of 2013, the HIV Cross-Part Care Continuum Collaborative (H4C) brought together grantees from five states (Arkansas, Mississippi, Missouri, New Jersey, and Ohio) to use quality improvement methods to work on increasing viral load suppression rates. Aligned with the National HIV/AIDS Strategy and the Presidential Executive Order on the HIV Care Continuum, H4C aided states in the creation of local care continuum models to direct quality improvement efforts towards deficiencies along the stages of the continuum.

Past cross-Part Collaboratives achieved the following milestones:

- Strengthened partnerships across Parts
 - Established communication strategies among all grantees
 - Documented statewide quality improvement priorities
 - Coordinated joint training opportunities to avoid duplicative efforts
- Unified QM mechanisms across Parts
 - Established portfolios of collective performance measures established for strategic planning and quality improvement processes
 - Routine collection of data according to established unified data collection methodologies
- Unified statewide cross-Part quality management plan
 - Written documents approved and signed off by every RWHAP grantee in the state
 - Written documents detailing an implementation work plan
- Statewide quality improvement project
 - Initiation of quality improvement activities by all RWHAP clinical programs in the state
- Cross-Part quality assessments
 - Routine submission of reports by grantees detailing clinic-level findings from the use of a standardized cross-Part Quality management assessment tool

Real World Resource: NQC-sponsored Collaboratives

To learn more about these Collaboratives and to access the tools that other RWHAP grantees have developed to foster collaboration across RWHAP Part funding, visit the NQC website at NationalQualityCenter.org/Collaboratives.

Real World Resource: NQC Collaborative Guide

For readers interested in learning more about the Collaborative Learning Model and implementation strategies, please refer to the “Planning and Implementing a Successful Learning Collaborative.” This quality improvement resource, developed by New York State Department of Health, can be accessed on the NQC website at NationalQualityCenter.org/index.cfm/35778/index.cfm/22/18366.

Real World Resource: Evidence-based Outcome Studies Using the Collaborative Model

There are numerous evidence-based outcome studies that have successfully demonstrated the effectiveness of using a collaborative model for improving health care quality, including:

- Payne NR, Finkelstein MJ, Liu M, Kaempf JW, Sharek PJ, Olsen S. NICU practices and outcomes associated with 9 years of quality improvement collaboratives. *Pediatrics*. 2010 Mar; 125(3):437-46.
- Hall C, Sigford B, Sayer N. Practice changes associated with the Department of Veterans Affairs' Family Care Collaborative. *J Gen Intern Med*. 2010 Jan;25 Suppl 1:18-26.
- Schouten LM, Hulscher ME, van Everdingen JJ, Huijsman R, Grol RP. Evidence for the impact of quality improvement collaboratives: systematic review. *BMJ*. 2008 Jun 28; 336(7659):1491-4.
- Flamm BL, Berwick DM, Kabcenell A. Reducing cesarean section rates safely: lessons from a "breakthrough series" collaborative. *Birth*. 1998 Jun; 25(2):117-24.

Overview of HIVQUAL Regional Groups

To foster collaboration among local HIV providers, the New York State Department of Health AIDS Institute developed the Regional Group Model in the early 2000s with funding from HRSA's HIV/AIDS Bureau. Regional groups are peer learning networks designed to accelerate the implementation of quality improvement efforts within the context of local complexities and characteristics, as well as to assist RWHAP grantees in successfully meeting HRSA's quality management requirements. This model ultimately aims to increase regional capacity to respond to the growing public health burden of HIV/AIDS.

Regional groups provide a powerful mechanism for creating local opportunities for HIV providers, across all RWHAP Parts and service categories, to explore how they can jointly improve HIV care, exchange and promote proven quality improvement interventions, and showcase successful quality management programs and local improvement champions. Regional groups are adaptable to fit regional priorities and help to align local activities with state and national quality initiatives.

While each regional group is tailored to its respective needs and styles, all have the following common characteristics:

- Involving RWHAP grantees of all RWHAP funding streams
- Meeting two or four times per year, either in-person or virtually (face-to-face meetings typically last four hours while virtual meetings last one-to-two hours)
- Being supported by NQC coaches and local quality champions
- Collaborating on jointly agreed quality improvement projects

- Reviewing comparative data reports among group members
- Sharing interventions that have resulted in improvements

The long-term strategy of the regional groups is to build sustainable peer learning, managed by local quality champions. The initial role of NQC's expert quality management coaches is to kick off the regional group meeting process, provide quality management training on selected quality management topics, develop a common theme that participants can address as a group project and provide, in parallel, individualized on-site coaching to grantees where needed. Over time, the coach becomes more of a catalyst, transitioning the leadership and management of these groups to individual local quality leaders.

The aims of the regional groups are to:

- Enhance the capacity for quality improvement through peer learning and peer sharing
- Improve the coordination of care and the ability of local providers to work together
- Improve HIV care at the agency level and advance the local quality management program
- Align local improvement activities with state/national priorities
- Jointly meet HIV/AIDS Bureau quality management expectations and requirements

Over the last decade, NQC actively promoted the formation of regional groups, which are interagency and across RW-HAP Part funding. As of 2014, twenty-five (25) regional groups are active throughout the United States and Puerto Rico. Participation in regional groups measurably improved quality of patient care resulting from the promotion of best practices and quality improvement through peer learning. Based on local needs, HIV providers participated in the selection of activities, aligned their improvement efforts with

Real World Resource: Regional Group Publication

To learn more about how Regional Groups have improved care for people living with HIV in the United States, consult the following resource:

Schneider KL, Agins BD, Ng D, Monserrate JM, Hirschhorn LR. Evaluation of regional HIV provider quality groups to improve care for people living with HIV served in the United States. *J Health Care Poor Underserved*. 2012; 23: 174-92.

Real World Resource: HIVQUAL Regional Groups

To learn more about Regional Groups and access the tools that Regional Group participants have developed, visit the NQC website at

NationalQualityCenter.org/RegionalGroups.

About this Guide

National Quality Center

Since its inception in 2004, NQC has provided leadership and support in quality improvement for Ryan White HIV/AIDS Program-funded grantees nationwide. It is known as the premier quality improvement technical assistance resource for HIV care, delivering national leadership in the development and administration of effective state-of-the-art HIV-related quality improvement services. Funded through a cooperative agreement by the HIV/AIDS Bureau (HAB) with the New York State Department of Health AIDS Institute, NQC was founded to nationally meet the needs of RWHAP grantees, across all Parts and funded providers, for technical assistance in quality improvement (QI).

NQC seeks to build capacity for HIV/AIDS care and services across the United States and its territories by providing support and assistance that enable RWHAP grantees to respond to and implement legislative quality management mandates. As a leading expert in developing HIV quality improvement activities, NQC is able to offer hands-on assistance to RWHAP providers, helping them advance their quality management programs, access quality management resources, and connect to other HIV providers across the country for quality-related consultations in HIV care and delivery. To this end, NQC provides a myriad of quality improvement services specifically designed to meet the core needs of HIV providers and RWHAP grantees.

To request quality management resources, or to request on-site assistance from an NQC staff, please contact NQC at:

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Phone: 212-417-4730
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NationalQualityCenter.org

Purpose of the Guide

This guide aims to serve as a tool for establishing cross-Part collaborations among Ryan White HIV/AIDS Program-funded grantees and to provide a roadmap for local quality champions who are eager to take on efforts to collaborate across varied funding streams.

Compelled by the success of previous innovative collaborations, NQC and the HIV/AIDS Bureau created this step-by-step Cross-Part Quality Management Guide to facilitate the national spread of HIV improvement efforts.

The objectives of this guide are to:

- Provide a framework for organizing cross-Part collaborative efforts with the overall aim of improving HIV care
- Outline the infrastructure necessary to manage cross-Part collaborations
- Present successful cross-Part implementation strategies and tools
- Provide a plan for assessing performance quality in HIV care across RWHAP Parts
- Provide a model for maintaining the benefits of cross-Part efforts over time

This NQC guide is designed to help RWHAP grantees initiate or refine their quality management-related activities on a local, regional, or statewide level. While the most common geographic catchment area for cross-Part efforts is a state, this guide refers to “regions” to widen its definition and allow for more adaptability by RWHAP grantees.

For programs fairly new to the process of cross-Part collaboration, the guide provides useful information on how to gain buy-in from leadership and describes steps to initiate quality improvement activities. Those further along in the process can compare their approaches, and consider ways to strengthen their current efforts. NQC believes that any RWHAP grantee interested in developing a new (or strengthening an existing) cross-Part quality management system can benefit from the use of this guide.

Please note that the guide is not intended to be used as a single set of “how to” instructions but instead is intended to offer multiple sets of participant-based experiences and lessons learned from NQC’s prior work with other peer learning initiatives. Grantees can use this information to spark new ideas, generate cross-Part discussion, or provide a common starting point for building cross-Part collaboration.

Learning from the experiences of others assists grantees and consumers affiliated with all RWHAP funding streams in better understanding their role in the development of cross-Part efforts and in being able to select specific tools that are best suited for adaptation by regional programs.

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Quality Improvement Acronyms

ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Center
ARV	Antiretroviral
ASO	AIDS Service Organization
CBO	Community-Based Organization
CQI	Continuous Quality Improvement
DHHS	Department of Health and Human Services
DOH	Department of Health
EMA	Eligible Metropolitan Area
HAB	HIV/AIDS Bureau
HRSA	Health Resources Services Administration
NQC	National Quality Center
QM	Quality Management
QI	Quality Improvement
RWHAP	Ryan White HIV/AIDS Program
SCSN	Statewide Coordinated Statement of Need
TA	Technical Assistance
TGA	Transitional Grant Area

Glossary of Quality Management Terms

AIM STATEMENT	A written, measurable, and time-sensitive statement of the accomplishments a team expects to make from its improvement efforts. It contains a general description of the work, the system of focus, and numerical goals.
BENCHMARK	A standard point of reference used to define progress, improvement, or change. A standard by which something can be measured or judged. Also, a defined measurement or standard that serves as a point of reference by which process performance can be measured.
COLLABORATIVE	A systematic approach to health care quality improvement in which organizations and providers test and measure practice innovations, then share their experiences in an effort to accelerate learning and widespread implementation of best practices. “Everyone teaches, everyone learns.”
DATA COLLECTION PLAN	A specific description of the data to be collected, the interval of data collection, and the subjects from whom the data will be collected.
GUIDELINE	Statements or standardized specifications for care to assist practitioners and patients with appropriate health care decisions for specific clinical circumstances. Guidelines are developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus. Guidelines may also be called clinical or practice guidelines.
HIVQUAL REGIONAL GROUP	Regional groups are comprised of local RWHAP grantees and routinely meet, face-to-face or virtually. This model ultimately aims to increase regional capacity to respond to the growing public health burden of HIV/AIDS.
IMPROVEMENT TARGET	A reference point to aim for when developing an improvement goal. It can be a measurement point for comparing outcomes to determine whether an improvement to the system was achieved.
MEASURE OR INDICATOR	A measurement tool or operational definition of one specific quality characteristic that can be measured (e.g., retention or viral load suppression) conforming to guidelines or standards of care. They are often categorized as either outcome or process measures. They also can be called outcome or process indicators.
MODEL FOR IMPROVEMENT	An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the pace of change. The Model includes use of “rapid-cycle improvement,” successive cycles of planning, doing, studying, and acting (PDSA Cycles).

Glossary of Quality Management Terms (Cont.)

RWHP PART A	Federal legislation that provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic.
RWHP PART B	Federal legislation that provides grants to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five U.S. Pacific territories or associated jurisdictions.
RWHP PART C	Federal legislation that provides comprehensive primary health care in an outpatient setting for people living with HIV disease.
PLAN-DO-STUDY-ACT (PDSA) CYCLE	A process to describe a quality improvement cycle using four steps: Plan, Do, Study, and Act. It is sometimes referred to as the Shewart Cycle (Walter A. Shewart) or as the Deming Cycle (W. Edwards Deming). Also called Plan-Do-Check-Act (PDCA) Cycle.
QUALITY ASSURANCE (QA)	A formal set of activities to review and safeguard the quality of services provided. QA includes quality assessment and implementation of corrective actions to address deficiencies. It is focused on ensuring standards are adhered to, identifying problems, and solving single quality issues with problem resolution focused on the responsible individual. QA is used more in a regulatory environment.
QUALITY IMPROVEMENT (QI)	QI is defined as an organizational approach to improve quality of care and services using a specified set of principles and methodologies. Those principles include, but are not limited to, leadership commitment, staff involvement, a cross-functional team approach, consumer orientation, and a continuing cycle of improvement activities and performance measurements. Synonyms include Continuous Quality Improvement (CQI), Performance Improvement (PI), and Total Quality Management (TQM).
QUALITY MANAGEMENT (QM) PROGRAMS	A QM program encompasses all grantee-specific quality activities, including organizational quality infrastructure (e.g., committee structures with stakeholders, providers, and consumers) and quality improvement-related activities (e.g., performance measurement, quality improvement projects, and quality improvement training activities).
QUALITY IMPROVEMENT TEAM	A specially constituted working group to address one specific opportunity for improvement. A QI team consists of those people who have regular involvement in the process and has a leader and sometimes a facilitator (e.g., a quality improvement team to improve the patient adherence to antiretroviral therapy).

Glossary of Quality Management Terms (Cont.)

QUALITY MANAGEMENT (QM) PLAN	A written QM plan outlines the quality management process for ongoing evaluation and assessment to identify and improve the quality of care. A plan also identifies an infrastructure that clearly indicates responsibilities and accountability for the quality program.
QUALITY OF CARE	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
SPREAD	The intentional and methodical expansion of the number and types of people, units, or organizations using the improvements. The theory and application comes from the literature on the concept of diffusion of innovation.
STANDARD OF CARE	Preformed and agreed-upon statements issued for the purpose of influencing decisions and health interventions.

Chapter 1: Building a Foundation for Cross-Part Collaboration

The Big Picture

“The Collaborative was like a rising tide, and our ship was so smart to be a part of it.” —Collaborative Participant

Building the right foundation for cross-Part collaborations to improve HIV care across Ryan White HIV/AIDS Program (RWHAP) grantees is a critical first step on the quality journey. The foundation involves identifying early adopters and supporters, forming the basic framework for how RWHAP providers within a region can begin to work together, and establishing key building blocks to develop the necessary infrastructure.

What to Do:

- Identify the “right” lead to initiate cross-Part improvement efforts
- Identify all RWHAP grantees in the region
- Develop a conceptual outline for cross-Part collaboration
- Secure stakeholder buy-in to improve HIV care through collaborations across grantees
- Gather necessary quality management resources

Identify the “Right” Lead to Initiate Cross-Part Improvement Efforts

All improvement work starts with a single step. To initiate improvement efforts that are coordinated across multiple RWHAP funding streams, often only a single individual is

needed. It is critical to find the most appropriate candidate to be the early champion and advocate for successfully bringing together all RWHAP grantees. Ideally, this individual has the following characteristics:

- Ability to effectively communicate a vision for cross-Part collaboration
- Existing personal relationships with other RWHAP grantees that are based on trust and respect
- Capacity to motivate and encourage others
- Formal or informal leadership skills to provide guidance and direction

Individuals with leadership positions within regional RWHAP networks often have the most experience working with multiple grantee representatives and RWHAP providers from different Parts across an entire state or region. Therefore, they may be initial candidates for kicking off the process of establishing cross-Part collaborations within a particular geographic area. State or city health departments have often brokered cooperative arrangements across multiple health care agencies that have resulted in regional improvements in care delivery, due to their role in funding and implementing regional improvement initiatives. Some RWHAP grantees may have processes already in place to effectively organize, communicate, and work with agencies receiving funding from many of the other Parts within their region.

To identify this cross-Part lead, apply the following strategies:

- Conduct a search among RWHAP grantee representatives
- Ask for volunteers among RWHAP leaders and local quality champions
- Form a committee of RWHAP grantees interested in initiating cross-Part efforts and ‘elect’ an individual from among the participants

It is important to outline the expectations for this cross-Part lead well in advance. A simple “job description” outlines the anticipated roles and responsibilities; these may include:

- Identifying all RWHAP grantees and developing a directory
- Sending out written communications to all regional RWHAP grantees and inviting them to join this collaboration
- Securing the necessary buy-in from regional stakeholders
- Presenting a case for upcoming cross-Part efforts to individual as well as groups of grantees
- Facilitating a planning group of RWHAP grantees to guide the early development of these efforts
- “Recruiting” others to form a cross-Part planning group

If a single individual cannot be identified, a group of active RWHAP representatives with complementary skill sets may take on that role to build the right foundation for cross-Part collaboration. The HIV/AIDS Bureau or NQC may make further recommendations for local quality champions based on their interactions with RWHAP grantees.

Real World Resource: Cross-Part Lead Job Description

Example of a job description for a Cross-Part Lead:

Purpose:

This individual initiates the process of actively engaging RWHAP Part grantees across the region and, together with other stakeholders, coordinates the formation of cross-Part

collaborative efforts to improve HIV care. The Cross-Part Lead ideally embraces the following talents: inspiring visionary, creative catalyst, and tireless cheerleader and spokesperson.

Roles:

- Plans and conducts initial meetings with stakeholders to discuss the formation of a cross-Part collaboration
- Develops and shares a vision for how to collaborate with other RWHAP grantees in the region
- Recruits individuals from the RWHAP community to form a planning group
- Routinely communicates with stakeholders and grantees alike, in person and via email, to kick off cross-Part activities
- Coordinates team activities and ensures progress is made

Qualifications:

The Cross-Part Lead is an energetic person who believes in the success of this effort and has the ability to bring busy providers to the table. He or she has formal and informal leadership skills and can lead without dominating. This is an open-minded person, sensitive to the needs of all other providers and respectful of all viewpoints.

- Extensive first-hand knowledge of RWHAP and quality improvement
- Involvement in and understanding of the processes in RWHAP networks
- Existing relationships with RWHAP grantees across the region

Initial Tasks:

- Organize an exploratory meeting to discuss options for cross-Part collaborations in the region
- Contact all RWHAP grantees in the region to make a personal case for cross-Part collaboration
- Develop a contact list of all RWHAP grantees in the region
- Form a planning group with representation of all key stakeholders

Identify All Ryan White HIV/AIDS Program grantees in the Region

A true cross-Part collaboration requires the participation of every RWHAP grantee in the catchment area. While many relationships already exist among local RWHAP grantees, individual grantees often are unable to identify all of the RWHAP grantees within their region. At times, the RWHAP funding streams are not fully understood given the complexity of directly funded grantees versus subgrantees and clinical versus supportive service providers.

It is important, as one of the first steps, to develop a directory of all RWHAP grantees in the region. This directory should list the following information for each grantee: name, funding sources, key contacts, key characteristics, and services provided. An initial list of RWHAP grantees with some of the referenced information can be obtained through HIV/AIDS Bureau Project Officers.

It is a good idea to discuss the cross-Part concept with each contact on the grantee list via personal phone calls or emails. Either the cross-Part lead or a team of grantee representatives may initiate these communications. Early conversations with all RWHAP grantees assist in:

- Verifying the information on the grantee directory
- Gauging initial level of interest of RWHAP grantees for cross-Part collaboration
- Detecting key issues of concerns that can be addressed by better coordination across RWHAP grantees in the region
- Identifying and recruiting additional early adopters capable of forming a cross-Part planning group

Based on the gathered information, create a stakeholder map that visualizes the involvement of RWHAP grantees. Once an initial directory of all RWHAP grantees is completed, consider strategies for updating the ever-changing directory on a regular basis — at least annually.

Toolbox: Sample Grantee Contact Sheet

This is a template to record the contact information for RWHAP grantees.

Grantee Information

RWHAP Grantee Name:

Address:

Phone:

Direct RWHAP Part Funding: Part A Part B Part C Part F

Subgrantee to a RWHAP Part: Part A Part B Part C Part F

Case Load:

Services Provided:

Key Roles

Medical Director Name: _____ Phone: _____ Email: _____

Administrator Name: _____ Phone: _____ Email: _____

QM Manager Name: _____ Phone: _____ Email: _____

Data Manager Name: _____ Phone: _____ Email: _____

Key Systems

Data Systems: _____

Current Experience with Quality Improvement: Novice Advanced Expert

Past Experience with Quality Improvement: in+care NQC Collaborative HIVQUAL Regional Group Other

Develop a Conceptual Outline for Cross-Part Collaboration

Not all grantees initially see a benefit in working together to establish regional cross-Part collaborations to improve HIV care. Therefore, the early focus should be on making a strong regional case for cross-Part efforts and on showcasing tangible benefits to build the necessary momentum. Based on the experience of others, the development of a concept paper is useful. This document, often only a single page, outlines the goals and objectives so that you can communicate with others about these cross-Part efforts. This concept paper should deliver compelling arguments on how the quality of HIV care throughout the entire region can be improved if all RWHAP grantees agree to unify their improvement activities under a regional “quality management umbrella.”

The following list describes several benefits for regional cross-Part collaborations; others may be added based on local priorities:

- Alignment and harmonization of performance measures across Parts
- Standardization of reporting templates and benchmarking across grantees and over time
- Addressing local improvement issues that cannot be improved by a single grantee or Part, but by a group of providers (e.g., care continuums, retention, or viral load suppression)
- Opportunities for peer sharing of successful improvement interventions and avoiding “re-inventing the wheel”
- Strengthened partnerships across Parts to better coordinate patient care and improve communications among grantees
- Coordinated joint training opportunities to avoid duplicative efforts

In addition to identifying value-added benefits for regional grantees, the concept papers are most successful when organized by the following categories:

- Background
- Purpose and aims
- Expectations for participants
- List of proposed activities
- Timetable for implementation

The final concept paper provides an initial blueprint to guide the cross-Part efforts and should be openly shared with all grantees, key stakeholders and consumers. Use every opportunity to share this concept paper and aim to get widespread support for its implementation. The concept paper also may be useful throughout the initiative to provide updates and highlight accomplishments, as well as to orient new participants.

Real World Resource: Sample Cross-Part Concept Paper

An example of an abbreviated cross-Part concept paper appears below. Access examples of other cross-Part concept papers at NationalQualityCenter.org/CrossPartGuide.

Background

The Ryan White HIV/AIDS Treatment Modernization Act and its respective programs create an environment in which grants are awarded separately under various Parts, each with its own structure and reporting requirements. Despite these differences, the overarching goal for clients remains the same: seamless access to quality HIV care and services.

Ryan White HIV/AIDS Program grantees within [insert region] face challenges in implementing quality improvement efforts because of unique geographic and constituency considerations. Because consumers move fluidly between the different RWHAP Parts and programs that independently service their respective geographical areas, challenges in adherence, retention, data management and coordination of care are common across programs.

When grantees across Parts work in partnership toward common goals, they have the potential to strengthen their

individual programs and speed the pace of improvement in the overall quality of HIV care for clients in their region. Numerous opportunities exist to better align quality management efforts to meet the needs of clients and reduce administrative burden on grantees.

Purpose

The collaboration of RWHAP grantees in [insert region] aims to strengthen the regional capacity for collaboration and to align quality management goals to jointly meet the Ryan White HIV/AIDS Program legislative mandates. It also promotes quality improvement activities that will jointly advance the quality of care for people living with HIV across constituencies within [insert region] and coordinate HIV services seamlessly across Parts.

This collaboration will accomplish the following objectives:

- Foster cross-Part alignment, partnership and collaboration among regional grantees and stakeholders
- Advance the quality improvement infrastructure across the region and build a sustainable model moving forward
- Develop a common quality improvement vision across grantees and regional constituencies, and generate buy-in from all participating partners
- Initiate a joint quality improvement project across all participating grantees
- Advance quality management competencies through coordinated joint quality improvement training activities
- Strengthen consumer involvement in quality activities to improve HIV care

Methods

A response team will be formed with grantee representatives to allow for better coordination of grantee quality improvement activities. This response team will include team members across all Parts and provide a sustainable leadership role.

Participating grantees meet together face-to-face every three months to learn from each other and develop new plans for action and tests for change.

Phone or web conference calls will be held between face-to-face meetings on topics that arise from the group and include content experts when appropriate. These calls will also allow the response team to communicate with the teams, ensure progression and discuss any issues that may arise.

Participating grantees are responsible for reporting bi-monthly on a uniform set of outcome and process measures in addition to any individual measures each grantee wishes to track. A standard reporting template includes performance data, data follow-up activities, QI projects, and QM infrastructure updates.

Secure Stakeholder Buy-in to Improve HIV Care through Collaborations across Grantees

Experience has shown that it is more effective to begin with those grantees showing high levels of interest and invite them to an exploratory meeting to discuss how a regional cross-Part infrastructure might be formed. This initial core group should be charged with the dual tasks of assessing who among this group may have the most influence in bringing additional stakeholders to the table, as well as regionally promoting the concept of cross-Part collaboration. Additional stakeholders should include remaining grantees, subgrantees, consumers, and others across the state who are involved in HIV services and have the specific skills needed for successfully planning these efforts.

To secure the necessary support and buy-in among RWHAP grantees, consider the following strategies:

- Formally invite all grantees in the region to participate in this collaborative effort
- Visit grantees face-to-face and make a more personal case to them
- Attend regional conferences with participation of many local grantees
- Ask NQC to potentially facilitate a face-to-face meeting with RWHAP grantees in the region to get their input
- Ask the HIV/AIDS Bureau for their support of this

initiative and promote their potential support to all RWHAP grantees in the region

- Showcase the benefits of cross-Part collaboration by highlighting success stories from other states; consider inviting a participant speaker from past NQC collaborative activities

The HIV/AIDS Bureau has issued initial letters inviting grantees to participate in NQC Collaboratives. These letters were, in turn, used by the state teams to invite key stakeholders to participate in the collaborative in their respective states.

Toolbox: Sample Grantee Contact Sheet

The following resource includes the initial letter inviting grantees to participate in a recent NQC Collaborative:

Dear Ryan White HIV/AIDS Program grantees,

The National HIV/AIDS Strategy identifies linkage to and retention of people living with HIV in ongoing care as a foundation for the national response to the HIV epidemic and a primary goal for Ryan White HIV/AIDS Program (RWHAP) grantees. The first step toward achieving this goal is to “establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.”

Many quality improvement goals were reached in the last 25 years in our region. Pursuing future advancement of HIV care, a group of providers has initiated an upcoming quality management cross-Part collaboration. This collaboration aims to build regional capacity for quality improvement, across the entire RWHAP funding stream, to maximize the use of available performance data by local HIV providers, and to enhance the capacity of providers for quality improvement. The purpose of these activities is to foster cross-Part alignment, partnership and collaboration among grantees, and to strengthen health systems to provide seamless access to quality HIV care and services.

An exploratory face-to-face meeting will be held on [insert date] in [insert location] to bring key stakeholders to the table and jointly discuss the implementation of these quality improvement efforts. The goals of this meeting are to help shape the initiative, clarify the goals and outcomes, and initiate the planning process for an initial face-to-face provider meeting.

Your attendance at this meeting is welcome as your input is needed.

If you have any questions, please contact [insert name].

Sincerely,

[insert signature]

As stakeholders are identified, share the concept paper with them and talk about the level and type of work that will be expected. Remember to tie the effort to the potential benefits that may be realized.

Once there is initial consensus among RWHAP grantees to develop a cross-Part quality management infrastructure to oversee regional activities, a formal process for developing that infrastructure will need to be created. The process will likely vary based on geography, population, availability of resources, HIV epidemiology, existing RWHAP structures, political leadership, and other unique characteristics of each state or region.

Despite differences in the initial formation process, it is necessary to charge a single collective group of individuals with the task of driving the process. In general, that collective group, to be known hereafter as the Response Team, should be comprised of stakeholders with the needed expertise and authority to assess and set regional priorities, support change, and, if possible, allocate resources. The Response Team's primary work is to collectively discuss issues related to HIV care throughout the region and then develop and implement appropriate responses addressing these concerns. You should consider inviting all individuals who participated in the planning process thus far to join the Response Team. Find more information about the formation of a regional Response Team in Chapter 2.

Gather Necessary Quality Management Resources

The extent to which resources are both available and accessible is a good predictor of success for any venture. This also holds true for the successful establishment of a cross-Part collaboration. Resources do not solely refer to money and objects, however; they also may include more abstract member-related "resources" such as time, information, experience, drive, skill, and training. To succeed at building a cross-Part infrastructure, the Response Team will need to:

- Identify which resources are needed (e.g., a cross-Part consultant, quality management trainings, or meeting locations)
- Know where to locate those resources (e.g., HAB, NQC, other state grantees, local health departments, or AIDS Education Training Centers)
- Procure those resources at the appropriate time

It is usually a good idea to create a list of all the resources needed. Some of the resources can be readily identified at the onset while others may emerge only after cross-Part work has begun. For instance, during a recent NQC Collaborative, consumer participants recognized a consumer need for computer access and office space in order to review materials and provide feedback. As a result, a regional grantee secured space and computer access to ensure that consumers could actively participate.

Toolbox: Key Quality Management Logistical Needs

The following document outlines some key resources needed to kick off any collaborations across RWHAP grantees in a region. Please note that not all listed resources are needed at the initial kickoff of your cross-Part efforts.

CATEGORY	RESOURCES NEEDED
Logistical Support	<ul style="list-style-type: none"> • Meeting space • Support for local travel • Coordinator of meetings
Communications	<ul style="list-style-type: none"> • Platform to share resources (e.g., GlassCubes) • Listserv to routinely email stakeholders • Webinar platform • Conference line • Coordinator for communications
Training Support	<ul style="list-style-type: none"> • Training space • Training experts • Copying of training materials • Support for local travel • Coordinator of trainings
Consumer Support	<ul style="list-style-type: none"> • Coordinator for consumer activities

Checklist

To help ensure that the initial steps are in place, use the checklist below to track progress and identify activities needing more focused attention.

✓	ACTIVITY
	Identify the cross-Part Lead or group of individuals to initiate cross-Part QM efforts.
	Identify all RWHAP grantees in the region.
	Contact all RWHAP grantees in the region to make a case for cross-Part collaboration and assess their interest in participating.
	Develop a concept paper that describes the basic framework for cross-Part collaboration in the region.
	Secure stakeholder buy-in to support the framework for cross-Part collaboration.
	Gather necessary QM resources to initiate the cross-Part efforts.

Key Lessons Learned:

- ✓ Be strategic in finding an individual to initially lead the development of cross-Part efforts; this person is crucial for your early success.
- ✓ Identify a co-lead early on to ensure continuity of leadership over time.
- ✓ Find a support structure for the cross-Part lead to avoid burn out.
- ✓ Work closely with the HRSA HIV/AIDS Bureau or NQC to develop the initial directory of all RWHAP grantees in your region.
- ✓ Use online tools, such as SurveyMonkey, to routinely and comprehensively update the directory of all RWHAP grantees in your region.
- ✓ Make many personal contacts early on with each grantee; these communications build rapport and trust.
- ✓ Ensure that all RWHAP grantees are invited and openly share which grantees are already participating; peer pressure is often a good motivator to join.
- ✓ Be flexible when sharing the concept paper to outline the key concepts of cross-Part efforts; making changes to the document based on input by grantees builds engagement and ownership.
- ✓ Be creative to secure stakeholder buy-in; allow for multiple engagements by various individuals to reach each stakeholder and grantee.
- ✓ Get a clear sense of what resources are needed before you begin.
- ✓ If you conduct an exploratory meeting, invite the HIV/AIDS Bureau or NQC to make opening remarks.
- ✓ Ask for technical assistance from NQC to support your efforts, building a strong foundation for your cross-Part collaborative efforts.

Chapter 2: Forming a Cross-Part Response Team

The Big Picture

“When the cross-Part relationships began to develop, we could understand how to better leverage resources and skills. It brought everyone to the same table, so we could maximize the resources we had.” —Response Team Member

To lead and facilitate a regional cross-Part collaborative effort, a self-organizing team of individuals with a variety of skill sets representing all Ryan White HIV/AIDS Program (RWHAP) Parts, called the Response Team, works cooperatively to elevate the health status of HIV patients in their catchment areas. This group reaches out to all grantees with a spirited and enthusiastic message about collaborating to improve care. The Response Team operates on trust and respect, and offers guidance and support to the regional grantees as they embark on a collaborative journey together.

What to Do:

- Establish a regional Response Team
- Select membership for the Response Team
- Identify roles for the Response Team
- Assign tasks to Response Team members
- Establish the Response Team infrastructure

Establish a Regional Response Team

Forming a team representing different funding streams, provider types and localities is important for guiding cross-Part improvement efforts. This self-organizing, peer-driven

group, made up completely of grantees in the region, is called the Response Team. It offers the necessary infrastructure for peer leadership to coordinate the various improvement activities, including streamlining communication among participating grantees, standardizing performance measurement expectations, and setting improvement priorities for the region.

Membership for the Response Team, often between six to 10 individuals, is cross-agency, cross-provider category, and reflects the various functional skills needed to accomplish regional improvement goals. The team has regularly scheduled team meetings (via teleconference, web conferencing, or in person if possible).

The primary function of the Response Team is to develop a regional collaboration that can initiate and monitor quality activities across all RWHAP grantees. While team structure and methodology may differ between regions, successful Response Teams share the following key functions that are critical to the efficient and effective establishment of a functional regional collaboration:

Guide strategic planning

The Response Team is charged with strategizing how to best establish and maintain sustainable regional cross-Part collaborations among grantees. It develops the vision and a written regional cross-Part QM plan, and prioritizes goals and projects so that the most critical areas are addressed

first. With input from all regional grantees, the Response Team assumes responsibility for outlining the project's infrastructure, identifying performance measures, and planning program assessment, therefore setting the direction of the regional quality journey.

Oversee implementation of quality improvement activities

This is done through the development of a regional cross-Part QM plan, which not only outlines the collaboration's infrastructure, but also offers details as to how the planned cross-Part quality improvement activities are implemented across the region. This plan also serves to ensure that efforts are in line with key quality priorities that grantees and other stakeholders have decided through consensus.

Perform data collection, analysis and feedback

Data are collected from all participating grantees or agencies on a regular basis. It is aggregated, trended, and shared back with all participants. With input from regional grantees, the Response Team will determine an appropriate format to display the collected data, and how it will be returned to participants; it may be blinded or unblinded, and it compares each agency to the regional group of participants. Feedback occurs with each data submission.

Provide guidance and reassurance

On a routine basis, the Response Team oversees the progress of improvement activities to ensure they are on track and provide guidance to grantees. Quality improvement activities may involve changes to the local status quo, which can be challenging. It is anticipated that Response Team members listen to, observe, support, encourage, and are responsive to grantees, subgrantees, providers, and consumers as they document their cross-Part quality improvement actions and articulate their emerging regional quality management needs throughout the improvement process.

Build capacity for quality improvement

Training is necessary to prepare grantees for the complex task of implementing regional quality improvement activities. The local AIDS Education Training Center (AETC)

may be in an ideal position to assist in implementing trainings and in ensuring that providers are fully knowledgeable about clinical care related to the regional quality improvement activities. In addition to trainings, onsite technical assistance by quality improvement experts should be provided to help grantees adapt their sites to fit the quality management requirements of regional collaborations. As part of the cross-Part QM plan, it is helpful to include goals and objectives that address ways in which technical assistance can be provided.

Recommend allocation of resources

Effective leadership ensures that necessary resources for a successful cross-Part quality management collaboration are available, such as the staff time necessary for data collection and analysis, dissemination of results, and discussion of statewide quality improvement activities during staff and other departmental meetings. Important resources that should be secured from grantees include: dedicated staff time for quality management, meeting space, information technology resources/personnel, funds for staff training and technical assistance, and funds to facilitate consumer participation. Experienced regional Response Teams have managed this in different ways. One Response Team asked agencies to identify the type of support they could provide, such as meeting space, staff time, and conference lines. In another region, each agency donated a specific amount of financial resources. And in a third region, the Response Team received Part B funds to cover expenses for the consumer quality committee.

Oversee implementation of a regional quality improvement project

An important role of the Response Team is to guide the development and implementation of a region-wide quality improvement project. This project is based on local priorities and is agreed upon with the input of providers. Keep in mind that the ultimate goal of quality improvement efforts is measured by the impact on patient health outcomes. The Response Team provides guidance to RWHAP grantees in the selection of the topic, outlining expectations, training grantees on common quality improvement methodologies,

setting up measurement systems, and sharing successful interventions. The heart of the collaboration experience is to share successful interventions and learn from one another.

Select Membership for the Response Team

Initial momentum for establishing membership on a Response Team often starts with one phone call to one person who has a passion for and belief in quality improvement. As these initial quality improvement advocates begin to share their ideas about building a region-wide collaboration to improve the care of all patients in their catchment area, they need to identify other quality champions within those RWHAP agencies. Those individuals who have built the foundation to establish the collaborative work across a region should be encouraged to participate in the formation of the Response Team.

Providers among the region's RWHAP grantees should be invited to join the Response Team and contribute to a cross-Part collaborative effort. The following criteria for selecting members for the Response Team should be considered:

Ryan White HIV/AIDS Program Parts

It is critical to have representation from all RWHAP Parts. Input and feedback from different Parts build a more comprehensive process that benefits all patients. Keep in mind that it may not be possible to have a representative from every RWHAP grantee on the actual Response Team. Grantees or agencies not directly represented still have ample voice and opportunity for input.

Geography

It is important that all geographic areas of the region are represented. There may be significant differences between patients in rural or urban communities, or for patients in areas with a high minority population, or in areas that present different challenges with care access.

Service roles

A Response Team should not consist solely of the quality managers from every agency. An effective collaboration that works for all grantees requires a good mix of roles, functions and service areas. Be conscious of including case managers, medical case managers, social workers, nurses, physicians, data managers, administrators, support staff, program managers, and consumers. All staff that interact with patients have the potential to impact the quality of care. A representative combination of service roles provides a variety of different perspectives.

Skill sets

The operations of the Response Team function more smoothly if there are complementary skill sets amongst the members. Some key skills that are useful for Response Team activities include technical writing, training, statistical analysis, organizational or logistical skills, communication skills, and technology skills. If there is at least one member willing and able to craft a written QM plan, another willing to set up meetings and special events, someone else to communicate information to the larger community of providers and the public, and yet someone else to set up training webinars, the Response Team is well prepared to tackle any task.

It might take several attempts to get the right team together. If initial recruits find that their roles are not in line with their own priorities, it may take some time to engage new participants in the Response Team membership. As the Response Team grows, note that membership should always be an open process to recruit and engage the individuals necessary for its success. A specific plan should be in place to replace members as they leave the Response Team or add new members as a missing skill or service role is noted.

Identify Roles for the Response Team

As noted in the section above, cross-functional representation of all professional and hierarchical backgrounds proves most effective for the planning and decision-making necessary for impactful collaborative efforts. Below are some suggestions for lead functions on the Response Team. The team should allow itself the flexibility to modify these roles or add new roles, so that participants can contribute their expertise in a way that is beneficial but not overly burdensome. Membership evolution over time should be anticipated, especially in the beginning.

As collaborations are most productive when designed for long-term sustainability, it is desirable to have “co-lead” or “assistant lead” roles. Should a team member functioning in a lead role need to leave, little momentum is lost if an assistant or co-lead is available to carry on the activities for that position. This is particularly important for the Team Leader role.

Based on experience of prior NQC collaborative projects, the following roles on the Response Team are suggested:

Team Leader/Cross-Part Leader

As mentioned in Chapter 1, this is an energetic, confident person who believes completely in the success of this effort. This person is the ultimate tireless cheerleader and is willing to provide ongoing support and encouragement to all participants.

Role:

- Plans and conducts team meetings, sets agendas, and guides discussion
- Coordinates team activities, ensuring progress and that timelines are met
- Posts appropriate notices, reports, and events
- Works closely with team members by providing support and encouragement, and by linking them to any

additional resources or experts that they may need to fulfill their roles

- Speaks on behalf of the collaborative and the Response Team, and broadcasts successes outside of the catchment area

Data Liaison

This person has a broad understanding of data, data management and data analysis that extends beyond the use of any single database. This person understands universally how data are recorded and used, and how data can drive improvement. These concepts are common to all database systems.

This person has a solid understanding of HAB measures — the numerators, denominators, inclusions, and exclusions.

This role in particular may benefit from the establishment of a data work group or at least a co-data manager.

Role:

- Accepts and responds to questions agencies might have about how they are reporting data or how the data elements are defined
- Helps ensure that all agencies are reporting data in a standard method, so that aggregation of data across all databases and all agencies is meaningful
- Helps assess the needs of the agencies regarding data collection and reporting, and recommends training topics to the Response Team
- Collects data from all participating grantees on an established timeline, aggregates and trends the data, and returns it to all agencies (or returns it to the Team Communicator for dissemination)
- Formats the data reports and presentations so that they are useful and meaningful to grantees and other interested parties. Agencies should be able to easily compare their own progress with that of the region

Facilitator

This person is good with logistical arrangements and has access to or knowledge of meeting spaces. This individual has sound organizational skills and enjoys the challenges of

planning or helping to plan larger events.

Role:

- Works with the Team Leader to arrange and facilitate team meetings, and ensures that meeting objectives are met
- Watches the passage of time at meetings and keeps the team on track with the agenda
- Helps ensure active participation by all team members and full representation by all identified stakeholders
- Helps ensure that all points of view are heard and represented throughout the course of the collaborative efforts
- Helps to coordinate larger events such as region-wide conferences or summits that are attended by all grantee or agency participants

Communicator/Public Relations Manager

This person likes people. This person is tactful, diplomatic, nonjudgmental, upbeat, and positive. This person also is respectful of other people's time and energy and can communicate effectively and efficiently.

Role:

- Develops a database of contact information for all participating agencies
- Develops positive working relationships with the people responsible for project participation at each agency
- Collaborates with the Team Leader to develop public releases and broadcasts outside the catchment area
- May provide "nudges" when data reports are due or late
- Disseminates information, training aids, newsletters, project reports, and other relevant information to all grantees as requested by the Team Leader
- Has the potential to suggest partners, linking those agencies with a level of skill in a specific area with an agency that is struggling in that same area
- Works to promote active participation in the collaborative effort by all RWHAP providers and can recommend potential new members as the team evolves

Quality Improvement Trainer

This person is comfortable speaking to groups of people and is adept at assessing improvement needs. This person is familiar with authorities/experts in the region and can engage them in training efforts when needs are identified. This person also is familiar with quality improvement methodologies and tools, and has prior quality improvement training experience.

Role:

- Conducts electronic surveys to assess barriers and challenges that the participating grantees may face in meeting the objectives of the collaborative project
- Provides training resources, fact sheets, or other literature to the Communicator for region-wide distribution
- Conducts training programs or organizes trainings, and invites other authorities/experts to conduct them

Secretary/Recorder

This person can capture the thoughts of participants and organize ideas in writing in a meaningful way. This person has sound writing skills, is a good listener, and ensures that everyone's ideas are correctly captured.

Role:

- Records minutes at all meetings and submits them to the Communicator for distribution or posting
- Provides a technical review of all narrative reports
- Takes the organizational responsibility for the construction and dissemination of a region-specific newsletter to broadcast upcoming events, deadlines, and highlights of recent accomplishments
- Helps create or review progress reports as needed
- Serves as the lead for the creation of the QM plan and oversees the annual updates; this task may require the assistance of a workgroup

Consumer Liaison

This person is a recipient of HIV services in the respective region. Ideally, the individual already has experience participating on planning boards or other committees, and

communicating with or advocating for other HIV patients. This person is comfortable communicating with provider communities of medical care and social service support and has, at minimum, a basic understanding of quality improvement concepts and RWHAP funding structures.

Role:

- Provides a personal perspective on the implementation of improvement strategies and the challenges that consumers face in obtaining high quality care
- Serves as a liaison between the Team members, peers, and other councils and boards, and shares information, concerns and successes between the entities
- Educates peers and other council and board members on progress towards achieving cross-Part goals
- Where needed, speaks to groups of peers or providers encompassing the entire catchment area or leads discussions during consumer tracts at region-wide meetings

Clinical Lead (or Lead- Clinician or Clinical Advisor)

This person is a provider of HIV services and provides clinical leadership for the cross-Part effort.

Role:

- Recruits and engages other clinical providers in cross-Part efforts
- Identifies key clinical issues and is able to communicate degree of relevance to the Response Team
- Serves as a liaison between the Team members and other clinical providers
- Provides feedback on prioritization of quality improvement projects

Several regions, which are experienced in collaborative efforts, have noted the importance of using workgroups to assist the Secretary/Recorder and the Data Liaison. The Secretary/Recorder may take the lead in writing the QM plan, or the Response Team may opt to add an additional role to accept responsibility for that document. In either case, using a work group structure facilitates the construction of a comprehensive QM plan that represents all perspectives. The Secretary/Recorder or the QM plan author works to blend the contributions of several writers and ensure the document

is useful and meaningful. Not only does this reduce the burden on the lead author, but it also provides an opportunity for other Response Team members without a lead role to make a contribution.

As the collaboration work begins in a region, the Data Liaison will become quite busy. There will be many hours spent assisting agencies with cleaning data and developing queries to respond to the measures selected by the Response Team. However, once this assistance is provided, the level of required activity for the Data Liaison diminishes. At that point, there is a flurry of activity when data reports are due and feedback needs to be generated and disseminated. A small workgroup or an assistant data liaison greatly helps to reduce the burden of this position.

It is important that Response Team members understand the skills needed when volunteering for a specific role. They also need to assess the time they have available to make a contribution, as well as secure support from their agencies to assume the additional responsibilities.

Real World Resource: Communication Directory

To facilitate communication between the Response Team, grantees and their subgrantees, the Communicator will need an electronic directory. Each Communicator may elect to include different sets of information, and may work to establish the directory with a Response Team member adept with database skills. A sample MS Access-based Collaborative Directory with mock data and routine queries can be accessed at NationalQualityCenter.org/CrossPartGuide.

Toolbox: Assign Tasks to Response Team Members

To promote long-term member engagement, assign tasks according to interest, skill, and ability, as this often leads to higher team productivity and member satisfaction. All those who are interested in joining the Response Team are invited to its first meeting, during which specific roles are assigned.

The table below provides suggestions on how to link members to team roles based on individual strengths:

INDIVIDUAL STRENGTHS	ACTIVITY
<ul style="list-style-type: none"> Individuals who are good at motivating others and exude positivity should be in charge of public relations concerning all facets of work conducted by the regional grantees. 	<ul style="list-style-type: none"> Communicator (Public Relations) Facilitator
<ul style="list-style-type: none"> Individuals with the authority to enact system changes across multiple grantees and/or agencies (e.g., state medical director, grantee administrator, etc.) should assume “task-enforcement” responsibilities. 	<ul style="list-style-type: none"> Team Leader
<ul style="list-style-type: none"> Individuals able to successfully mediate differences. 	<ul style="list-style-type: none"> Facilitator
<ul style="list-style-type: none"> Individuals with a talent for understanding how the various data collection and extraction systems operate should be asked to serve as an IT resource for the team or contribute to the data collection process. 	<ul style="list-style-type: none"> Data Liaison Data Workgroup Data Co-lead
<ul style="list-style-type: none"> Individuals who enjoy writing would function well as “team scribes” with responsibility for developing written documents, such as the cross-Part QM plan, data reports, and newsletters. 	<ul style="list-style-type: none"> Secretary/Recorder
<ul style="list-style-type: none"> Individuals with a solid understanding of QI methodology, as well as some experience in training, presenting, public speaking, or strategizing, should volunteer to provide TA. 	<ul style="list-style-type: none"> Trainer
<ul style="list-style-type: none"> Individuals who work well with data and are good with statistics should work in a data position and help format data reports or provide simple text so that graphical depictions are clear and well understood. 	<ul style="list-style-type: none"> Data Liaison Data Workgroup Data Co-lead

INDIVIDUAL STRENGTHS	ACTIVITY
<ul style="list-style-type: none"> Individuals with excellent organizational skills and the ability to keep others on track should be assigned administrative tasks (e.g., maintaining a team calendar, sending meeting reminders, etc.) or help with large event planning. 	<ul style="list-style-type: none"> Team Leader Secretary/Recorder Facilitator
<ul style="list-style-type: none"> Individuals known for resolving issues and overcoming barriers by thinking “outside the box” should be involved with strategic planning and technical assistance activities. 	<ul style="list-style-type: none"> Team Leader Trainer
<ul style="list-style-type: none"> Individuals who have personal experiences dealing with the RW-HAP system at the front line and/or consumer level. 	<ul style="list-style-type: none"> Consumer Liaison
<ul style="list-style-type: none"> Individuals who provide clinical services. 	<ul style="list-style-type: none"> Clinical Lead (or Lead Clinician or Clinical Advisor)

Keep in mind that some team members may share any number of skill sets and/or be gifted with multiple talents. It is absolutely reasonable to consider sharing roles among several team members or assigning multiple roles to one team member, so long as each member is clear about his or her own specific task responsibilities and agrees to work collaboratively to complete any shared tasks.

Establish the Response Team Infrastructure

To facilitate the work of a regional cross-Part quality management collaboration, the establishment of an official Response Team structure is important. Basic operational ground rules for the team are established in the following areas:

Meeting frequency, location and duration

Meetings should be scheduled every other month with locations and times that are as convenient as possible for most team members and allow for virtual attendance options. One Response Team changed their meeting venue to a community health center with videoconferencing capability, thereby increasing consumer participation.

Documentation

In addition to recording formal minutes, other important documents such as the regional cross-Part QM plan, task assignments, and progress reports also need to be created and maintained to allow future team members to understand how and why past team efforts occurred. Developing a reporting template to facilitate note taking is recommended. The Response Team determines where to keep various documents so they are accessible. An online repository of materials, such as GlassCubes, has been helpful in past collaborative efforts.

Orientation and education

Develop a plan for orienting new team members to the goals of the cross-Part collaboration process and expectations. Furthering the education and training of current team members on emerging quality-related issues is also a key activity. Orientation and education reinforces that quality improvement is an ongoing process rather than an identifiable moment in time. The creation of an orientation manual is one strategy that can be employed. A formal orientation plan is especially helpful in bringing new consumers to the table.

Communication

Communication must occur top down and bottom up to maintain sustainable interest and participation. Ensure there are clear communication pathways with all Response Team members and grantees involved in the various improvement activities and that a plan for collecting provider level input is in place and used routinely. Be sure to avoid over-communication. Too many emails or overly detailed reports can blur the original intent of the message. Online repositories of materials have been established for current collaboration projects through various platforms.

Assessment, planning and quality goal setting

Analysis of historical performance data helps identify areas of strength and opportunities where improvement may be needed the most. Understanding the status quo often leads to meaningful goals that grantees relate to and support. Consider sources such as various available performance data, stakeholder input, or external benchmarks. In addition, it is important to use the assessment of past performance and the picture of the current environment to identify and prioritize goals for the development of an effective regional collaboration effort.

Use of workgroups to address key priorities

Once goals have been identified, workgroups are helpful in more closely focusing efforts on addressing specific goals or other priorities in the region. Workgroups can include non-team members, especially those who possess expertise in the areas of focus. Some Response Teams use workgroups on an ad hoc basis while others have formal workgroups established.

Real World Resource: New Jersey Needs Assessment

In an effort to determine the level of support that would be needed in relation to data collection and reporting, the New Jersey Cross-Part Team completed an online cross-Part RW-HAP grantee needs assessment. This allowed the Response Team to best determine the areas of focus and create a plan and structure to address the needs of their grantees. A summary of the key areas explored with the survey is described below:

- **Data storage systems**
 - Paper charts versus electronic storage or both.
 - Identify EMRs or other databases.
 - Indicate if entry occurs into multiple databases/EMRs.
- **Data trails**
 - How does patient information get from the patient medical record into the database/EMR and into a performance measurement report?
 - Identify if: full/part-time data manager, self-entry by each provider, dictation by provider and transcribed, case manager or nurse doubles as data entry, or other.
 - How many staff members are responsible for data entry? Does one staff member enter data for all providers? Does each provider, including clinical and case management, enter his or her own data?
- **Data reporting obligations**
 - For how many RWHAP Parts do you currently develop routine data reports? Include standard time frames.
 - Describe staff member(s) responsible for data retrieval and analysis.
- **Technical assistance needs**
 - Does your program have a person identified to oversee quality management activities?
 - Describe the level of confidence in your performance measurement data systems (clean and comprehensive).
 - Describe staff familiarity with HIV/AIDS Bureau measure definitions, inclusion and exclusion criteria.
 - Describe challenges you anticipate in responding to the reporting requests of this regional collaboration.

Checklist

To help ensure that the Response Team infrastructure has been effectively developed, use the checklist below to track progress and identify activities needing more focused attention. Remember that these are suggestions and may or may not always fit the local environment. One step taken is better than two discussed.

✓	ACTIVITY
	Identify initial core group of interested persons.
	Compile list of RWHAP grantees region-wide.
	Identify missing membership based on RWHAP Parts, geography, skill set, service roles, and personal demographics.
	Conduct outreach to all grantees, solicit appropriate membership, and promote buy-in.
	Determine lead roles and responsibilities for the Response Team.
	Fill Response Team membership.
	Establish infrastructure, including team meeting schedule, visioning, and goal setting.

Key Lessons Learned:

- ✓ If all Response Team members do their jobs, the work product will be impactful; watch for members who are unable to fulfill their roles, or who are overwhelmed by it, and actively support them.
- ✓ The potential of each individual (knowledge, skills, and expertise) needs to be tapped to the fullest extent; create pairs of co-leads with complementary skill sets for each function of the Response Team.
- ✓ Actively plan the transition of a Response Team member to avoid any long gaps in coverage of key roles and responsibilities.
- ✓ Working together across Parts on a joint project creates other opportunities for grantees to collaborate and strengthen their own programs.
- ✓ Make members of the Response Team visible to others so they are actively seen in their roles and receive appreciation for their hard work in return.
- ✓ Once a year, plan a gathering to celebrate and publicly recognize the contributions of the Response Team members.
- ✓ Early on, use only those roles that are necessary and useful to the cross-Part efforts; create new ones as needs arise.
- ✓ To the extent possible, quantify the amount of time required to successfully fulfill a defined role, so future volunteers have a full understanding of the commitment.

Chapter 3: Assessing Agency and Cross-Part Improvement Efforts

The Big Picture

“Learning about quality initiatives that were [put] in place by other facilities in our state was an amazing opportunity. It was nice to take the best practices of group members and modify them [...].” —Response Team Member

It is helpful to use existing cross-Part efforts as a foundation, facilitating growth and development. By assessing individual agency capacity and cross-Part efforts both at the onset of regional improvement efforts and annually thereafter, it is easier to routinely identify strengths and opportunities, delineate gaps, and develop a plan for enhancing the cross-Part efforts. Since conducting thorough assessments at the beginning of cross-Part work can be overwhelming, Response Teams are encouraged to choose only those assessments that feel relevant and feasible given their specific circumstances. This chapter explores various methods available to effectively assess individual Ryan White HIV/AIDS Program (RWHAP) grantees as well as cross-Part improvement efforts, acknowledging that it will not be possible for all Response Teams to conduct all methods included.

What to Do:

1. Conduct an assessment of cross-Part collaborations
2. Solicit input from key stakeholders
3. Gather existing information about individual quality management programs
4. Conduct an IT assessment survey
5. Summarize opportunities for cross-Part collaborations

Conduct an Assessment of Cross-Part Collaborations

In some capacity, most RWHAP agencies are already collaborating and working with other organizations. The focus of any baseline or follow-up assessment is determining to what extent solid cross-Part activities already exist and where to make additional enhancements.

The National Quality Center developed a Collaborative Assessment Tool to assess regional collaborations:

Quality Management Infrastructure:

- Is there an HIV-specific quality management infrastructure in place to engage all RWHAP grantees within your region?
- Are cross-Part communication strategies in place to solicit feedback from all RWHAP grantees and to promote quality improvement activities across the region?
- Does a written comprehensive quality management plan exist to guide cross-Part quality improvement activities?

Performance Measurement:

- Have appropriate performance and outcome measures been selected? Have methods to collect and analyze region-wide performance data across all Parts been outlined?
- Have performance data been collected to assess the quality of HIV care and services across all Parts across the region?

Quality Improvement Activities:

- Have region-wide quality improvement goals been developed in collaboration with RWHAP grantees of all Parts?
- Have joint quality improvement project(s) been conducted with the engagement of RWHAP grantees across Parts?

Capacity Building for Quality Improvement:

- Is quality improvement training and technical assistance on quality improvement offered to HIV providers and consumers across the region and across Parts?

Real World Resource: NQC Collaborative Assessment Tool

NQC developed this assessment tool to evaluate the regional collaboration of RWHAP grantees and coordination to improve HIV care. Find the entire tool, including scoring criteria, on the NQC website at NationalQualityCenter.org/CrossPartGuide.

Because the intent is to identify and assess the range and sophistication of existing cross-Part efforts, all RWHAP agencies across the region are invited to participate in the assessment process, including subcontractors. Those individuals who have access to region-wide information about these cross-Part efforts are in an ideal position to share their input. It is often helpful to complete the assessment tool as a group. The Response Team has the following options to conduct this cross-Part assessment:

- Cross-Part or region-wide meetings serve as a unique opportunity to reach the intended audience to quickly collect the necessary data.
- The use of Audience Response System (ARS) technology has proven effective in NQC Collaboratives, as the system immediately tabulates and displays results from meeting participants
- Online survey tools facilitate response collection and tabulation by sending out the link via email communications
- Creating polling questions during webinars provides immediate results for all to see
- Distributing hard copies of the assessment tool may be needed where IT services are lacking
- Designated individuals, equipped with a centralized assessment tool, reach out to all regional RWHAP grantees and conduct individualized interviews that are recorded on the assessment tools

Identify one or more members of the Response Team to assume the responsibility for the distribution, collection, tabulation, and tracking of results. A detailed timeline for completion of these assessments often facilitates this process. A simple spreadsheet can be used to track completed results over time, and as subsequent assessment are completed, additional data can be added to trend changes. Findings of these assessments may be shared broadly and used as points of discussion as the Response Team identifies priority areas of focus for cross-Part efforts.

Solicit Input from Key Stakeholders

Conducting cross-Part assessments is the first step in determining the degree to which current collaborations exist and change over time. It is helpful to gather additional input from a range of sources to identify the current level of care and services being provided and to prioritize areas toward which the improvement efforts can be directed across the region. These findings augment the results from other cross-Part assessments and paint a fuller picture across the region.

Key stakeholders serve as an important source of information, and as such, mining the information is an essential step. As part of this process, create a list of the key stakeholders that can contribute to the discussion. The exact composition depends on the region and the funding landscape. Groups to consider include:

- Providers
- Consumers
- Local or State Departments of Health

- Part A Planning Groups
- Community Planning Groups, such as those supported by the CDC
- Local Provider or Advocacy Groups
- HIVQUAL Regional Groups
- Community-Based Organizations/AIDS Service Organizations (CBOs/ASOs)
- AETCs
- HIV/AIDS Bureau

Information can be solicited in a variety of ways. Options to consider include conducting key informant interviews or focus groups; creating topic-specific surveys or re-purposing existing surveys; or holding town hall sessions or roundtable discussions. Standing meetings also may serve as an ideal entry point.

The following questions may guide the development of survey tools:

- Are you personally or is your organization actively involved in cross-Part improvement efforts with other RWHAP grantees in the region? What has been your experience so far?
- What are the opportunities for convening all RWHAP grantees and for setting common improvement goals? What are the pitfalls?
- How supportive is your organization of participating in cross-Part collaborative efforts? What role can your agency play?
- How do you assess the current level of participation of RWHAP grantees in cross-Part improvement efforts? What should be done differently?
- Which stakeholders should be part of the cross-Part process?
- How would you convince others to actively participate in cross-Part improvement efforts?

Findings from these interviews should be reviewed by the Response Team and used for guiding the cross-Part journey.

Gather Existing Information about Individual Quality Management Programs

Assessing the current state of grantee-level quality management programs is helpful in establishing and maintaining cross-Part efforts. By examining these Ryan White HIV/AIDS programs, strengths of individual programs and opportunities for improvement are identified. Each agency will vary based on their level of sophistication. Those agencies that have expertise in a particular area may potentially serve as a resource to others in the region. As assessments are conducted, cross-cutting themes are identified.

Aspects to assess within individual RWHAP grantees include:

- Performance measurement
- Quality management organizational assessment scores
- Implementation of local quality improvement projects
- Knowledge level of stakeholders around quality management concepts

Performance measurement

Quality of care data should be obtained from every Ryan White HIV/AIDS Program-funded HIV provider in the region to determine key priorities. These data could be collected in many ways, including:

- Request the most recent end-of-year summaries detailing results of quantitative data analyses of key HIV performance measures
- Gain access to available benchmarking reports, including HIVQUAL Regional Groups or in+care Campaign
- Examine regional care continuums to identify local gaps in HIV care
- Review qualitative client satisfaction survey analyses from grantees

- Study data that identify local and regional health disparities

Once data are collected, the Response Team needs to review the information to identify and prioritize emerging trends or commonalities regarding performance deficits needing regional quality improvement interventions. As those regional improvement efforts mature over the years, most regions with effective cross-Part efforts will come to have sound performance measurement systems in place with standardized data submissions and routine benchmark reports.

Quality management organizational assessment scores

Organizational assessment tools, created by NQC for each RWHAP Part, provide a standardized format for assessing all of the key elements associated with a sustainable quality management program. These tools explore the following key domains:

- Quality management infrastructure
- Workforce engagement in the HIV quality program
- Measurement, analysis, and use of data to improve program performance
- Quality improvement initiatives
- Consumer involvement
- Quality program evaluation
- Achievement of outcomes

Real World Resource: NQC Organizational Assessment Tools

NQC has developed assessment tools for each RWHAP Part, which include detailed scoring criteria. To access these resources, visit the NQC website at NationalQualityCenter.org/CrossPartGuide.

Organizational assessments can be implemented in two ways: by an expert quality improvement consultant or as a self-evaluation. Regardless of method, key leadership and staff should be involved in the assessment process to ensure

stakeholders have an opportunity to provide important information related to the scoring. Some Response Teams have elected to assess all RWHAP agencies, including their subcontractors.

Implementation of local quality improvement projects

Exploring the topics of ongoing quality improvement projects provides an opportunity to learn what regional grantees are most concerned about improving. These assessments allow the Response Team to learn about the structure and approach for implementing improvement projects, including:

- Topics or issues prioritized by RWHAP grantees
- Method chosen to identify priority areas
- Quality improvement methodology and tools employed
- Use of quality improvement teams and engagement of staff
- Results and impact on the system of care

Options to gather input about local QI priorities include:

- Conduct focus groups with HIV consumers around the state to identify quality of care concerns
- Identify quality of care concerns mentioned in the most recent Statewide Coordinated Statement of Need (SCSN)
- Ask each grantee to develop a list ranking their top five current quality of care concerns
- Post a web-based survey targeting both providers and consumers to obtain their input concerning the most critical quality of care concerns
- Provide a forum for planning team members to discuss their ideas about quality of care concerns

Common concerns that are being addressed across RWHAP grantees may lend themselves to cross-Part improvement projects. This process informs the Response Team about what has been implemented to date and commonalities across programs, thereby assisting them in the selection of future cross-Part improvement projects.

Knowledge level of stakeholders around quality management concepts

Assessment of the individual knowledge of RWHAP representatives is useful in determining the specific needs for quality improvement trainings and technical assistance. Results lead to more targeted capacity building activities that ultimately strengthen local competencies for quality improvement.

Strategies to assess regional capacity for quality improvement:

- Conduct an online survey to allow all RWHAP grantees in the region to assess their knowledge and expertise around quality improvement
- Conduct focus groups with RWHAP grantees
- Ask the local AETC performance site to provide any recent information they may have collected identifying provider HIV care training needs
- Review results of organizational assessments of RWHAP grantees that may suggest areas of knowledge deficits

Toolbox: Quality Improvement Survey Tool

Rate your current level of agreement with each statement using the scale described below. Consider each statement carefully and rate yourself honestly. Your response will help us to make sure that we can provide as much needed information as possible. This survey is about you, and we need to know what you know and where we can help you know more!

a) Please use the following scoring criteria: 1 - Strongly Disagree; 2 – Disagree; 3 - Somewhat Agree; 4 – Agree; 5 - Strongly Agree

- I understand the quality requirements and expectations for all RWHAP grantees
- I am familiar with basic quality improvement terminologies and acronyms, such as QI or PDSA Cycle
- I am comfortable using basic quality improvement tools such as flowcharts
- I understand what an indicator or performance measure is
- I understand the concept of a denominator and numerator
- I know the purpose of a QI team and the roles and functions of its team members
- I am confident about participating in quality improvement teams as an active member
- I am familiar with consensus decision-making used in QI team settings
- I understand the functions of a quality management committee
- I am confident about participating in a quality management committee as an active member
- I understand the purpose of a written QM plan
- I have ideas about how my clinic or system may improve the services they offer to people living with HIV
- I have worked in a team with others toward a common goal
- I understand common decision-making models used by groups
- I believe that patient involvement systems are important to improve HIV care

b) Please use the following scoring criteria: 1 - None; 2 – Novice; 3 - Apprentice; 4 – Professional; 5 - Expert

- How do you rate your personal quality improvement knowledge?
- How do you rate your personal quality improvement expertise?
- How do you rate your agency's quality management proficiency?

c) Please provide narrative responses:

- What are your personal quality improvement strengths?
- What are the challenges you anticipate to becoming an active participant in your local or regional quality improvement efforts?

The Response Team needs to determine who takes on the role to coordinate these assessments; the QI Trainer on the Response Team may assume the responsibility in assessing training needs, the Data Liaison may collect performance data, and the Facilitator may assess current quality improvement projects.

Conduct an Information Technology Assessment Survey

Having an understanding of the mix of health information systems in use across the region assists the Response Team in connecting groups of users within the region to work collectively toward simplifying and standardizing data collection systems. Conducting an IT assessment survey allows the Response Team to collect critical information. Elements of the survey include:

- Agency name
- Electronic health record in use
- Expected need for assistance in extracting, synthesizing or reporting cross-Part measures
- Ability to serve as a resource for others
- Use of other data systems for reporting purposes (e.g., CAREWare)
- Experience in using health information technology
- Stratification of data
- Use of data for quality improvement efforts

The Response Team collects these data via an online survey, phone interviews with the agencies, or face-to-face IT site visits.

Toolbox: IT Assessment Survey

The following questions have been used to identify the IT systems across RWHAP grantees:

a) Does your agency utilize any of the following electronic health record systems?

- My agency does not have an electronic health record system
- All Scripts
- Aviga
- Centricity
- eClinicalWorks
- Epic
- LabTracker
- SuccessEHS
- My agency uses another electronic medical record

b) Do you feel your agency (or someone at your agency) is knowledgeable enough about your health record system to assist other agencies in using it for the purpose of cross-Part efforts?

- Yes
- No

c) Does your agency enter data into any of the following data systems for reporting?

- AIRS
- ARIES
- CAREWare
- MAVEN
- WITS
- We enter our data into another system for reporting
- We do not enter data into any of these systems

d) How do you rate your proficiency in the following areas? Use the following scoring criteria: Not Proficient at All (Novice); Somewhat Proficient (Intermediate); Completely Proficient (Expert):

- Data Extraction/Synthesis/Reporting
- Use of Data to Identify Disparities
- Use of Data to Develop QI Projects
- Use of Data to Evaluate QI Projects

e) Which of the following performance measures does your agency use?

- Gap in Care Measure (single-year retention)
- Medical Visit Frequency
- Measure (two-year retention)

Toolbox: IT Assessment Survey (Cont.)

- ART Prescription Measure
- HIV Viral Load Suppression Measure

f) Have you stratified your performance measurement data in any of the following ways?

- We have never stratified our quality data in any way
- Age
- Ethnicity
- Gender
- Geographic Location (distance to clinic)
- Housing Status
- Income Level
- Insurance Status
- Mental Health Assessment (completion)
- Mode of Exposure to HIV
- Race
- Stage of HIV Disease (CDC defined)
- Substance Use Assessment (completion)

g) How often do you synthesize and review performance measurement data to guide HIV-related quality improvement activities?

- Never
- Once per year
- Twice per year
- Quarterly
- Monthly

Real World Resource: H4C IT Assessment Tool

NQC used an online survey to assess the IT systems and performance measurement needs of participating grantees in the H4C Collaborative. To access this resource, visit the NQC website at NationalQualityCenter.org/CrossPart-Guide.

Summarize Opportunities for Cross-Part Collaborations

Once RWHAP grantees begin to look at quality issues within the region as a joint effort, it will be easier for them to identify shared areas where service performance gaps exist. By translating shared quality improvement needs into regional improvement goals, grantees are able to contribute their already limited quality management resources to meet their collective RWHAP quality requirements. Collaboration in this domain can be measured by assessing:

- The level of cooperation and input being provided by each of the RWHAP grantees when developing joint quality improvement goals
- How closely developed regional quality management priorities reflect the actual identified regional improvement needs
- The level at which cross-Part improvement efforts focus on the improvement of regional quality management priorities versus grantee-specific quality management priorities

To make the case for cross-Part collaboration, the Response Team needs to summarize its findings based on assessments of individual agencies and current cross-Part efforts. Results should be widely disseminated (via posters, slide presentations or storyboards) to create the necessary impetus for future improvement efforts.

Checklist

The following checklist contains a set of actions for assessing grantee-specific as well as regional cross-Part improvement efforts. To help ensure that a baseline and subsequent assessment are conducted, the Response Team should revisit this checklist each year and check off those tasks that are successfully accomplished. Again, remember that these suggestions need to be adjusted to meet local quality improvement needs.

✓	ACTIVITY
	Identify which assessments are most appropriate to conduct.
	Conduct an assessment of current cross-Part collaborative activities.
	Solicit input from key stakeholders on quality improvement needs and cross-Part potential.
	Gather existing information about individual quality management programs.
	Conduct an assessment survey on current health IT capacity for routine performance measurement.
	Reach out to consumers for feedback on current gaps in quality of care.
	Summarize opportunities for Cross-Part collaborations.

Key Lessons Learned:

- ✓ Conduct only those assessments that are relevant and feasible for your Response Team – don't let assessment bog down your collaborative process.
- ✓ Using a variety of data sources in your baseline assessment gives a more nuanced picture of quality of care in your region.
- ✓ Informant interviews build interest and buy-in for the implementation of upcoming efforts.
- ✓ Online surveys, such as SurveyMonkey, are quick, easy, and convenient for grantees or other stakeholders to complete.
- ✓ Pilot testing electronic surveys before implementation is a good practice to ensure they are clear and nonthreatening.
- ✓ Make sure to reach all potential stakeholders in the baseline assessment, including consumers.
- ✓ Gaps in services can be pinpointed from existing information: performance data, and organizational assessment from specific grantees.
- ✓ Understanding current data systems jumpstarts technical assistance efforts and improves the ability to routinely report on performance measures.
- ✓ Reach the correct person at each agency with your survey. Think about the best person at each agency to complete the survey and make sure it gets to their hands. Otherwise, your efforts might be ignored.

Chapter 4: Establishing a Written Cross-Part Plan

The Big Picture

“I saw all types of people ... managers, directors, data people ... who did not, at first, understand quality, even some of the data people ... [Eventually] I started to understand how it all came together.” —Collaborative Participant

To begin quality work within the cross-Part collaboration, the Response Team should develop a few written elements to build consensus regarding the routine functioning of the collaboration and begin the priority-setting process. These elements include: a vision statement, an aim statement, and a written cross-Part quality management plan.

What to Do:

- Create a vision for cross-Part collaboration
- Determine cross-Part quality management aims
- Write a cross-Part quality management plan
- Develop a work plan for regional implementation

Real Word Resource: Definitions

The following definitions provide a summary of various terms used in this chapter:

- A vision statement is a brief sentence describing the desired end point of the collaboration
- An aim statement describes in more detail the specifics of how the vision is accomplished, in a way that is actionable and measurable
- A quality management (QM) plan defines the strategic

direction for the cross-Part collaboration and provides a blueprint for upcoming improvement activities

Create a Vision for Cross-Part Collaboration

One of the early charges of the established Response Team that guides the various collaborative efforts of Ryan White HIV/AIDS Program (RWHAP) grantees is the development of the overall vision — the ideal outcome of all the hard labor of participants. It is critical to achieve consensus for the vision as it sets the improvement tone for all regional improvement activities.

A vision statement describes the “end state” the cross-Part quality management efforts aspire to achieve. It should resonate with all participants and help them feel proud, excited, and part of something bigger than themselves. A vision should stretch the imagination of regional RWHAP grantees by giving shape and direction to its future. Vision statements are generally only a sentence or two in length, which is easy for members to remember and apply to daily activities. Effective statements are precise, practical, and inspiring.

Through the process of creating a vision statement, the Response Team is better positioned to identify what the intended impact is of the cross-Part quality management efforts on the quality of HIV care services throughout the region. To secure the buy-in of all stakeholders, the vision

incorporates the collective beliefs of stakeholders regarding the delivery of quality care to HIV patients across the region. The vision statement should therefore:

- Accurately reflect the overall mission and guidelines of RWHAP legislation
- Indicate the intended broad outcomes of establishing regional cross-Part quality management efforts
- Meet the individual improvement goals of each of the grantees, subgrantees, and additional stakeholders
- Guide the development of the regional cross-Part collaborations and associated cross-Part QM plan
- Direct the methods used to execute regional quality improvement activities at the provider level

There is no single method for developing a vision statement. It is, however, important to try to build upon the HIV quality management ideas and goals that have already been developed by the grantees from each of the individual Parts within the region. Often, the Response Team or a workgroup is charged with the development of a first draft, which is then widely shared to allow others to comment, including local provider and consumer communities. Feedback and engagement from grantees and consumers in the development of this regional vision statement is crucial to build buy-in and ownership in its implementation.

Real World Resource: Examples of Vision Statements

The following vision statements are from two states that engaged all RWHAP grantees in their respective states:

New Jersey Cross-Part Vision Statement

Using a platform of sustainability, the vision of the statewide quality management program is to ultimately improve and enhance the health and wellness of the population we serve.

Connecticut Cross-Part Vision Statement

The mission of the Connecticut Cross-Part Collaborative is to systematically monitor, evaluate, and continuously promote the improvement of the quality of HIV care and services provided to all RWHAP recipients in the state through the combined

efforts of all RWHAP Parts in concert with USPHS guidelines for care.

Determine Cross-Part Quality Management Aims

Based on the developed vision statement, the Response Team needs to create concrete aims for the regional collaborative effort. These aims cement the vision statement and turn it into actionable goals and objectives for the regional cross-Part collaboration. While the Response Team may develop an early draft, it is important that all participating grantees have an opportunity to participate and voice their input.

An aim statement is an explicit statement summarizing what the region plans to achieve through cross-Part collaboration in an actionable, measurable, and time-specific way. The aim statement should take a narrative tone that focuses on the established vision of the cross-Part quality management efforts. The statement should have two to four specific goals directed towards the aim the Response Team wants to accomplish within a determined timeframe. These should be “stretch goals” that push for systemic change and for the collaboration to be used to its upmost benefit. The aim statement should be as concise as possible.

The following steps help Response Teams to establish an achievable aim statement:

Assess the current situation

Understanding the current status quo helps produce meaningful goals that Response Team members and participating grantees alike can both relate to and support. See Chapter 3 for a variety of assessment methods to identify opportunities for improvement.

Quantify future goals

All goals need to be quantifiable. Use baseline information gathered from the assessments to set goals that are lofty yet achievable. If goals are related to infrastructure development, they need to be restated in quantitative terms, such

as: “by [month/day/year], [xx]% of all Ryan White HIV/AIDS program grantees in the region will have at least one representative serving as a member of the Response Team.”

The following criteria might be helpful in prioritizing improvement goals:

- **Significance.** Does the aim relate to a situation that occurs frequently among many grantees and/or has a negative impact on consumer care within the overall HIV care system?
- **Relevance.** How large is the problem (e.g., number of HIV patients with CD4 counts of <200 cells/ μ L across the state who are not virally suppressed)?
- **Impact.** Will addressing this problem significantly improve HIV care received by patients across the region?
- **Feasibility.** Can this problem be fixed using existing and available resources?

Real World Resource: Sample Aim Statement

The following aim statement provides an example based on the experience of past NQC Collaboratives:

Our cross-Part state team will improve its HIV Care Continuum to provide improved care for our patients living with HIV.

This will be evidenced by:

- *At least 80% of HIV-infected patients are viral load suppressed by January 2015 from baseline 72% in December 2013*
- *At least 80% of adult patients are provided with consistent messaging on the importance and benefits of viral load suppression*
- *At least 70% of patients who are ART adherent but remain not viral load suppressed are genotype or phenotype tested for drug resistance by January 2015*
- *90% of patients have a viral load test every 6 months in 2014*

Response Teams are responsible for updating the aim statement periodically to reflect changing regional needs and goals, national priorities, funding requirements, and other priority shifts.

Write a Cross-Part Quality Management Plan

Once the vision and aim statements are developed and widely accepted, the Response Team develops a blueprint to guide regional cross-Part quality activities for the upcoming year. This document is called the quality management plan.

The planning process to develop the quality management plan provides an opportunity to create a sense of ownership among participants and consumers for the regional improvement activities. Before diving into the details of a quality management plan, however, decide on a general approach for developing and finalizing the plan that includes a wide representation of grantee, stakeholders and consumers.

Select from one, or a combination, of the following planning options:

Planning meeting

Facilitate a meeting, or meetings, in which decisions are made regarding key components of the quality management plan. Prior to the meeting(s), gather and distribute background information to participants pertaining to the meeting and prepare a draft of recommendations to give focus to the decision-making process.

Planning group

Rather than a large-group meeting, form a group comprised of two to three individuals who are responsible for delineating a process to gather grantee and stakeholder input to subsequently finalize the quality management plan.

The cross-Part quality management plan is a written document that outlines methodology for both establishing cross-Part quality management collaboration and enacting

region-wide QI activities. While there is no universal “how-to” template for creating a QM plan, this section outlines the basic elements that should be covered:

- Quality statement
- Quality management infrastructure
- Performance measurement
- Annual aim statements
- Participation of stakeholders
- Evaluation
- Capacity building

Quality statement

The quality statement or vision statement provides a brief description of purpose for the cross-Part quality management collaboration and the intended outcomes of enacted improvement activities. It describes the end goal of all quality management collaborations, in an ideal world, and a shared vision to which all other activities are directed.

Quality management infrastructure

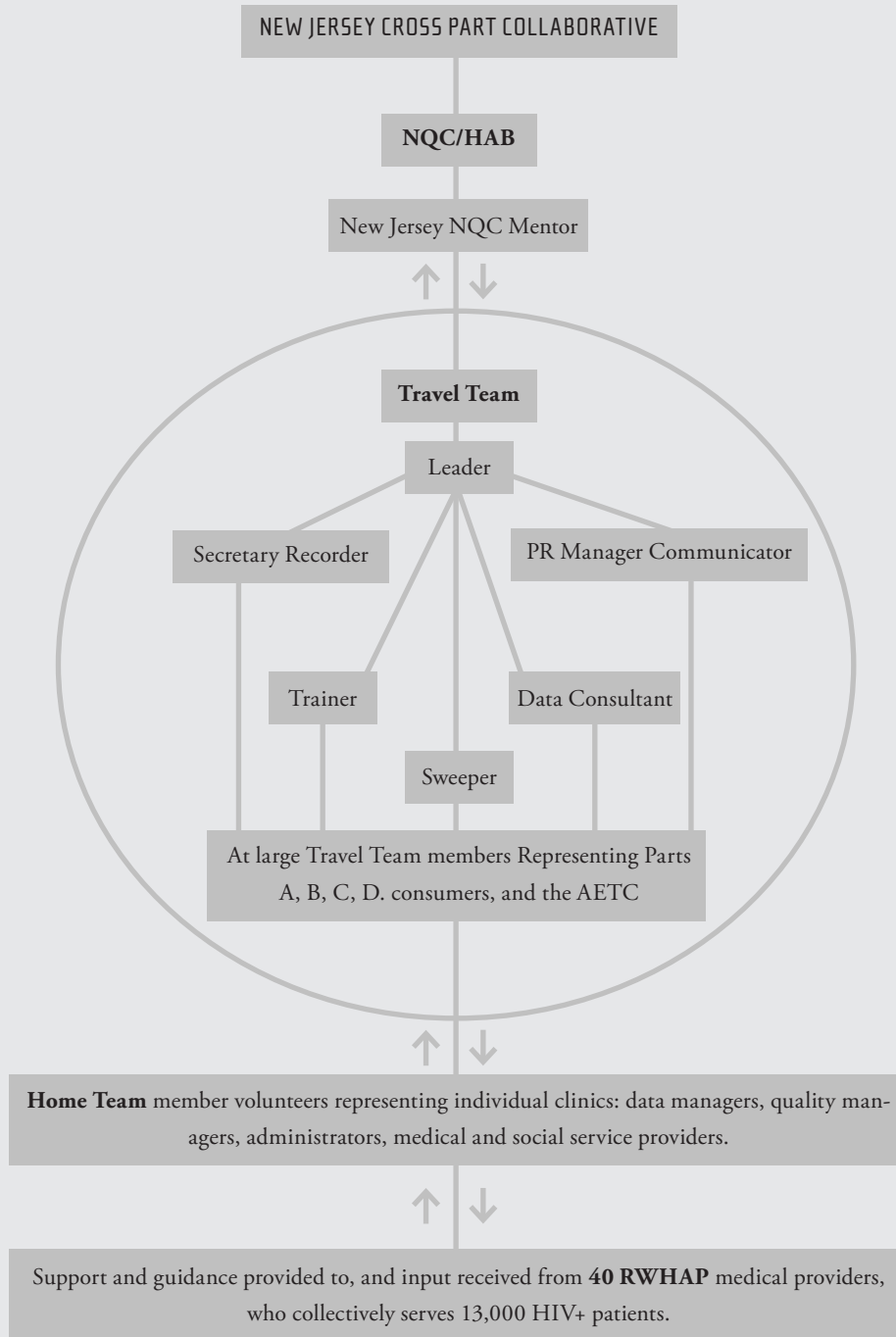
The quality management infrastructure describes how the cross-Part collaboration is structured and staffed in order to get work done. The following questions help the Response Team determine the methods by which the quality management plan is to be carried out region-wide:

- **Response Team Structure.** Who should serve on the Response Team? What are their roles and responsibilities? How often does this group meet?
- **Grantee Meetings.** How often and when will the participating grantees meet? Will they meet virtually or in person?
- **Communications.** How will the Response Team routinely communicate with all grantees? Who is responsible for these activities?

If it works for the Response Team, consider using an organizational chart to depict how groups or individuals are aligned in these collaborative efforts.

Toolbox: Cross-Part Infrastructure Example

See the following example from the New Jersey Cross-Part Collaborative Team depicting their cross-Part infrastructure.



Performance measurement

The cross-Part quality management plan should clearly indicate strategies and goals for performance measurement, and it should outline strategies for standardizing data collection and submission processes for grantees. At minimum, this section of the quality management plan includes the list of performance measures and the frequency of data submissions; it also indicates who will collect, analyze, and review the submitted performance data.

Annual aims statements

Available quality improvement resources, namely staff time, are finite and therefore limit the number of improvement projects grantees can conduct in any given year. Prioritizing goals assists the Response Team in focusing on the most important quality issues within the region. This section of the quality management plan lists the already developed aim statements.

Participation of stakeholders

Effective engagement requires the Response Team to have functioning communication channels with stakeholders — including grantees, funders, external funders, and consumers. If stakeholders feel “lost,” they will likely tune out of the entire cross-Part effort. The Response Team should therefore provide ample opportunity for stakeholders to learn more about the cross-Part collaborative efforts, its goals and its accomplishments. To build and sustain region-wide support, the Response Team can use methods such as:

- Posting Response Team minutes, data reports, and progress reports onto a dedicated public cross-Part website or sending them via postal and/or email to stakeholders
- Hosting local and regional stakeholder meetings via live, video, and/or telephonic formats
- Conducting site-specific stakeholder focus groups
- Delivering surveys or evaluations to stakeholders via telephonic, web, and/or email formats
- Distributing periodic cross-Part update newsletters via print, email, and/or web formats

Quality program evaluation

Performance measurement provides hard data about improvements to care delivery over time, but it is also important to assess how efficiently cross-Part quality management collaborative efforts are operating on a local and regional basis. There are two areas to consider:

- Impact of quality improvement activities
 - Are these activities a worthwhile investment in stakeholder time and resources?
 - Do they result in improvements that are actually sustainable over time?
- Effectiveness of quality management infrastructure
 - What changes are necessary to the cross-Part quality management plan to make it more effective?
 - Is the Response Team structure appropriate?

Capacity building

The cross-Part quality management plan should detail specific provisions for capacity building among providers and key stakeholders, which may include:

- Workshops held during regional conferences
- Consumer training opportunities
- Online educational courses
- Self-study of quality improvement manuals and/or guides
- In-service trainings by the Response Team, AETCs, NQC, or other agencies
- On-site technical assistance

Real World Resource: New Jersey Quality Management Plan

Excerpts from the NJ Cross-Part Collaborative Quality Management Plan are provided below. Other examples of cross-Part plans are available on the NQC website. To access this resource, visit the NQC website at NationalQuality-Center.org/CrossPartGuide.

Quality Statement:

The purpose of the quality management program for the New Jersey Cross Part Collaborative is to systematically monitor, evaluate and continuously improve the quality and appropriateness of HIV care and services provided to all RWHAP patients in New Jersey. Representatives from all RWHAP Parts, the NY/NJ AETC, and consumers will work collaboratively and cooperatively to create, implement and maintain a dynamic program to facilitate receipt of comprehensive, state of the art, high quality care. This quality management program will comply with all requirements outlined in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the Ryan White HIV/AIDS Treatment Extension Act of 2009, and will adhere to established HIV clinical practice standards and Public Health Service guidelines in order to best address the special and specific needs of the New Jersey RWHAP clients. Using a platform of sustainability, the vision of the statewide quality management Program is to ultimately improve and enhance the health and wellness of the population we serve.

Aim Statement:

HRSA grantees will improve the quality of care provided to people living with HIV disease in New Jersey through the development of a collaborative and standardized methodology for statewide quality management activities.

We will accomplish our AIM in 18-month intervals by:

- Utilizing our standardized method of a data tool, a database and a data collection protocol to collect data across multiple parts within New Jersey;
- Meeting regularly as a Cross-Part Collaborative Team to analyze and unify data;
- Identifying and monitoring which (if any) indicators are in need of improvement based upon benchmarks set by the Cross-Part Collaborative Team;

- Updating and implementing a statewide Quality Improvement Plan using PDSA cycles to evaluate progress at targeted HRSA Grantee sites over time.

Quality Infrastructure:

The initial guidance for infrastructure development was provided by HRSA and the National Quality Center (NQC). After an 18-month period of oversight, the ultimate responsibility for the leadership of a sustainable cross part collaborative framework now lies within the New Jersey Cross Part Collaborative (CPC) Team. The processes used for measurement and evaluation were largely developed by the NQC and adopted by the New Jersey CPC Team. This team now operates independently of federal oversight and strives to continue with the design and implementation of sustainable statewide quality improvement activities.

The current New Jersey CPC Team consists of 16 members representing all RWHAP Parts, the NY/NJ AETC, and a consumer. Within this Team, the roles of leader, secretary/recorder, facilitator/sweeper, data consult, trainer, and alignment officer/public relations have been established. These roles are filled by volunteer team members, with approval by the team at large. The primary functions of each role are outlined below.

Team meetings are held in person, in Trenton, on a quarterly basis. Teleconferencing is available to anyone who is unable to travel but available to listen to the meeting and participate via phone.

Resources for this collaborative project are limited. Local meeting space and teleconferencing are provided by the RWHAP Part D grantee. Blocks of time and breakout sessions at statewide conferences are allotted to this collaborative through the NY/NJ AETC and the Part B grantee. Other meeting spaces that may be needed for trainings are offered through Robert Wood Johnson and the centrally located Middlesex TGA. Other grantees may be asked to volunteer funds for food at statewide meetings. Travel and any other expenses incurred by team participants are funded by their individual grantees.

Performance Measurement:

In line with the HAB HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents, the NJ Team has prioritized key clinical care aspects and related service categories for routine performance measurement and data-driven quality improvement activities. The HAB indicators chosen for evaluation serve to monitor the quality of HIV care in New Jersey with a focus on adherence to federal Public Health Service Guidelines. The indicators are selected by the team, with input from all 40 RWHAP providers, and are reviewed and updated every 18 months. All indicators are collected by race and ethnicity.

- 1a. Percentage of patients 18+ years old who received an annual syphilis screen
- 1b. Percentage of patients with a positive syphilis screen result for which treatment is needed
- 1c. Percentage of patients with a positive syphilis screen who were prescribed treatment
2. Percentage of patients 13 years and older receiving an annual depression screen
3. Percentage of women 18 years and older receiving an annual Pap screen
4. Percentage of patients with a viral load test performed every 6 months
5. Percentage of patients with a medical visit every 6 months for 1 year (in+care: Gap)
6. Percentage of patients with a medical visit every 6 months for 2 years (in+care: Frequency)
7. Percentage of new patients with a medical visit every trimester (in+care: New Patients)
8. Percentage of patients with most recent viral load <200 (in+care: Suppression)

Toolbox: NQC Cross-Part QM Plan Checklist

NQC has developed a checklist for the review and assessment of an HIV-specific cross-Part QM plan.

Response Team: _____

Date: _____

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
Quality Statement	<ul style="list-style-type: none"> Provides brief statement of purpose describing the end goal of the HIV quality program and a shared vision to which all other activities are directed; assume an ideal world and ask, “What do we want to be for our patients and our community?” 	
Quality Infrastructure	<ul style="list-style-type: none"> Leadership: Identifies who is responsible for the quality management initiatives Response Team structure: Documents who serves on the Response Team, who chairs the meetings, and who coordinates the QI activities Roles and responsibilities: Defines all key persons, organizations, and major stakeholders and clarifies their expectations for the cross-Part collaborations Resources: Identifies resources for the cross-Part collaborations 	
Performance Measurement	<ul style="list-style-type: none"> Identifies and quantifies the critical aspects of care and services provided by the organization Identifies measures to determine the progress of the collaboration Indicates who is accountable for collecting, analyzing, and reviewing performance data results and for articulation of findings Includes strategies on how to report and disseminate results and findings; communicate information about quality improvement activities Processes in place to use data to develop new QI activities to address identified gaps 	

Toolbox: NQC Cross-Part QM Plan Checklist (Cont.)

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
Annual quality goals	<ul style="list-style-type: none"> • Includes up to five measurable and realistic goals annually; uses a broad range of goals • Indicates that those annual goals are established priorities for the cross-Part collaboration • Establishes thresholds at the beginning of the year for each goal 	
Participation of stakeholders	<ul style="list-style-type: none"> • Lists internal and external stakeholders and specifies their engagements in the cross-Part efforts • Provides opportunities for learning about quality for stakeholders • Includes community representatives, as appropriate • Specifies how feedback is gathered from key stakeholders 	
Evaluation	<ul style="list-style-type: none"> • Evaluates the effectiveness of the infrastructure to decide whether to improve how quality improvement work gets done • Evaluates QI activities to determine whether the annual quality goals for quality improvement activities are met • Reviews performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care across the region 	
Capacity building	<ul style="list-style-type: none"> • QI capacity building of providers and spread of QI performance measurement systems and QI activities. • Identifies methods for QI training opportunities • Provision of technical assistance on QI and support for QI activities • Indicates how data are being fed back to providers and key stakeholders 	
Process to update QM plan	<ul style="list-style-type: none"> • Identifies routine schedule to at least annually update QM plan • Specifies accountability – indicates who will initiate process to update/revise plan. • Indicates a sign-off process to finalize plan; potentially include internal/external stakeholders; include signatures of key stakeholders 	

Toolbox: NQC Cross-Part QM Plan Checklist (Cont.)

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
QM plan implementation	<ul style="list-style-type: none"> • Specifies timelines for implementation to accomplish those goals – work plan • Specifies accountability for implementation steps • Provides milestones and associated measurable implementation objectives 	
Communication	<ul style="list-style-type: none"> • Outlines process to share information with all stakeholders at appropriate intervals • Identifies format for communication • Identifies communication intervals 	
Formatting	<ul style="list-style-type: none"> • Clear and easy to follow layout and organization of content • Clear dating of document, including date of ‘expiration’; page numbers 	

Develop a Work Plan for Regional Implementation

An annual work plan benefits implementation of cross-Part quality management efforts by:

- Clearly documenting the necessary steps to implement the QM plan
- Assisting the Response Team in allocating appropriate resources for quality activities, including project teams, staff training, data collection, and evaluation efforts
- Effectively communicating quality activities to grantees and stakeholders
- Creating a template to monitor the implementation process of the QM plan

Simply stated, an annual work plan answers the questions of who, what, where, when and how a quality management plan is implemented. Although there are different approach-

es to writing this work plan, a template should include, at minimum, the following categories:

- Major quality goals. Goal statements divide the work plan into categories, under which several activities are noted to accomplish each goal.
- Quality activities. Each activity is briefly explained. The documentation should be informative, but also concise, to keep the form practical and user-friendly.
- Responsibility. A staff person or Response Team member is identified to oversee and report back on the implementation of each activity.
- Date of completion. The duration and/or date by which each activity should be accomplished should be noted.

During the evaluation stage, the Response Team can use this work plan to assess implementation efforts. Additionally, it generates a template for future planning efforts and work plans

Toolbox: Excerpt from Virginia Work Plan

More work plan examples are available on the NQC website. To access this resource, visit the NQC website at NationalQualityCenter.org/CrossPartGuide.

AREA	OBJECTIVES	KEY ACTION STEPS	PERSON/AGENCY RESPONSIBLE FOR COLLECTION	METHOD OF REPORTING/DATA SOURCES	TIMELINE
QI Activities	Encourage incorporating the RWHAP goals into agencies.	Disseminate performance measure goals to all agencies.	All stakeholder VDH staff.	Written documents, face-to-face meetings, telephone, and emails.	Ongoing by March 2013
		Implementation of selected QI activities in agencies to meet annual goals.	All providers.	Submitted QI reports and site visit reports on monthly basis.	Ongoing by March 2013
	ADAP QA assessments of medication treatment regimens, adherence issues, and drug utilization.	Conduct 5-10 site visits (2 visits per month) and chart audits to assess the adherence status.	HCS ADAP staff.	ADAP database, Site visit reports, and ADAP Eligibility Report system (AERS).	By March 2013
Peer Review	Request for Proposal (RFP) opens for bid.	Draft and release the RFP, process selection contractor and negotiate agreements.	HCS staff.	Released RFP and contract in place.	By March 2013
	Strengthen peer review tools and process.	Conduct review of selected sites including chart abstractions and data collection.	Selected contractor.	Written documents, policies, and procedures.	By March 2013 and as needed
	Evaluate processes and effectiveness of HIV programs.	Present annual PR report to key stakeholders.	Selected contractor and HCs staff.	End of year final report.	May 2013

Toolbox: Excerpt from Virginia Work Plan (Cont.)

AREA	OBJECTIVES	KEY ACTION STEPS	PERSON/ AGENCY RESPONSIBLE FOR COLLEC- TION	METHOD OF REPORTING/DATA SOURCES	TIMELINE
QI Projects	Ensure QI projects occur at the state and local levels.	QM committees will identify needed QI projects.	HCS and selected contractor.	Meeting Minutes List of identified projects and teams.	As needed by March 2013
		Communicate findings to key stakeholders.		End of project summary reports.	Ongoing and by May 2013

Checklist

To help ensure that the Response Team has developed an effective QM plan, use the checklist below to track progress and identify activities needing more focused attention.

✓	ACTIVITY
	Write a vision and aim statement.
	Involve various stakeholders in the creation of the cross-Part quality management plan.
	Write a quality management plan for the cross-Part collaborative efforts.
	Use a work plan to delegate and manage tasks.
	Evaluate effectiveness of cross-Part quality management plan.

Key Lessons Learned:

- ✓ If a responsible person in the work plan is struggling with tasks, try to find assistance rather than assume the task. Once another person assumes the task, that person is likely the new permanent owner.
- ✓ Remember that a work plan is more than just a piece of paper. Bring it to all Response Team meetings and allow it to help track the timeliness of activities. Remember that it may be updated or amended as needed.
- ✓ Ensure that the authors of the QM plan components are good listeners and transcribe accurately. They are creating a plan that affects a wide variety of agencies and providers throughout the region.
- ✓ Input equals buy-in. When creating a vision statement and aims, be sure to include a variety of perspectives and then offer it to the larger membership for amendment or approval.
- ✓ Ensure the QM plan continues to meet the needs of the region. Revise as necessary.
- ✓ Each time the QM plan is revised and updated for the next 12- to 18-month period, consider inviting all stakeholders a signing ceremony (perhaps even with a cake or other treat).

Chapter 5: Establishing a Cross-Part Collaborative Infrastructure

The Big Picture

“This was a safe place for providers to come together and feel comfortable sharing and interacting.” —Participating Provider

Enticing a diverse group of providers to participate in a regional collaborative project with unified goals can be challenging. Garnering commitment from regional grantees requires mutual trust and respect, as well as attention to the voices and concerns of the HIV providers involved. Open avenues of communication are critical, as they facilitate commitment and engagement. To accomplish these goals, the Response Team is charged with setting an appropriate cross-Part infrastructure to routinely communicate and meet with all Ryan White HIV/AIDS Program (RWHAP) grantees in the region.

What to Do:

- Build commitment among grantees and leadership
- Set up virtual communication systems
- Identify face-to-face meeting structures

Build Commitment among Grantees and Leadership

Any regional cross-Part collaboration will include diverse entities with multiple, often competing, priorities. It is difficult for any one stakeholder group — even agencies operating within the same Part — to appreciate or understand each other’s needs at all times. It is important for the Response Team to demonstrate to all stakeholders that by working together, despite differing needs and funding streams, a region-wide collaborative effort leads to long-term benefits for all.

Without commitment, the bonding force that drives the cross-Part collaboration forward is unable to sustain grantee efforts over time. The Response Team should strive to identify the diverse array of values and concerns that grantees bring to the table and should assess them to the greatest extent possible at the start of regional improvement efforts.

To begin building commitment, the Response Team should have a clear assessment of the political landscape within the region. It is important for the team to understand where the quality improvement allies are strongest and where engagement efforts need to be targeted the most. The Response Team needs to identify, support, and encourage quality improvement champions at the grantee level, so those champions may help ensure that the rest of their staff members are involved in improvement efforts. The Response Team

sends a clear message that the collaborative process is built on trust and respect and is never punitive or judgmental.

Securing a sustainable collaborative infrastructure, buy-in, and commitment occurs at two levels:

Building grantee commitment

All Ryan HIV/AIDS White-funded grantees must be approached with the message of working together to improve specific aspects of care for all patients. Grantees likely all recognize the benefit of having access to region-wide data that allow them to measure their own success against the larger group of grantees. However, it is often not possible to secure commitment from every grantee within the region at the onset of any collaborative efforts. There are several ways to engage the more reluctant grantees as the project unfolds. These might include:

- Sharing data that are collected to date and showing how those data are driving improvement efforts at other participating agencies in the rest of the region.
- Requesting that agency staff members with a high level of expertise in a particular quality improvement area speak to the team. Giving them the opportunity to share their knowledge will make them feel valued and thus more willing to make a sustained contribution to the collaborative project.
- Asking for their input and valuing their concerns to deter resistance to participation. If providers are given the opportunity to make suggestions and contribute to the underlying collaborative framework, they are more likely to remain engaged.

Implementing cross-Part collaborative activities often requires a significant systematic change for individual grantees. It is important to thoroughly evaluate grantee capacity for change. A survey to assess commitment and concerns regarding the collaboration process is helpful in planning their engagement efforts and in working to resolve any identified barriers.

Real World Resource: Sample Provider Survey

Most surveys are now conducted online, via an Audience Response System (ARS), or other online polling system. To view the ARS survey conducted at a statewide summit to garner provider input for future quality initiatives, visit the NQC website at NationalQualityCenter.org/CrossPart-Guide.

Real World Resource: Working with Subcontractors

To learn more about how to engage subcontractors around quality improvement initiatives, explore NQC's Partnering with Subcontractors to Improve HIV Care, available online at NationalQualityCenter.org.

Building senior leadership commitment

Equally important is securing buy-in at the senior management level. In particular, senior leaders in government or state agencies that dictate how employees spend their work time can have a powerful impact on the success or failure of implementing the agreed upon collaborative infrastructure. If commitment is attained at that level, the message trickles down through the workforce and becomes the new status quo. It is equally important to secure clinical leadership buy-in and commitment, as many improvements will directly or indirectly involve clinical processes. The Response Team should be prepared to effectively approach these senior leaders, armed with all the potential benefits of collaboration to the community and the belief that successful outcomes reflect positively on all entities involved.

Set Up Virtual Communication Systems

The importance of establishing effective avenues of communication with all grantees throughout the collaborative project cannot be emphasized enough. Information needs to find its way from the front-line providers of care to the grantees and up to the Response Team. The Response Team needs to be diligent in responding to the information they receive from the provider community. It also needs to routinely share information on progress even further — with external funders and senior leaders. Any positive feedback from those leaders should flow back to the provider and consumer levels.

Virtual communication systems are becoming more familiar and more readily available. The Response Team may choose a mix of systems depending on the type of information to be communicated and the type of audience. It is important that there is a specific Response Team member responsible for managing each type of communication that is employed.

Toolbox: Types of Communication

TYPE OF COMMUNICATION	RESPONSE TEAM LEAD
Conference calls: Used when information is fairly brief and visual depictions are not important.	Communicator or Facilitator
Webinars: Used when visual depictions are essential to understanding the message. Webinar features including chat rooms, messaging, and polling are useful.	Data Liaison or QI Trainer in tandem with team member with IT skills
Newsletters: Should occur on a regular basis and should share progress, updates, highlights, and upcoming events. These can be provided as hard copies and posted online.	Secretary/Recorder or Communicator
Listserv: Helpful in maintaining a list of interested parties and alerting certain members to pertinent information.	Communicator in tandem with team member with IT skills
Virtual document storage: This virtual resource helps unclutter email inboxes and provides an easily accessed storage place for important documents and notes.	Team Leader or Secretary/Recorder

Toolbox: Types of Communication (Cont.)

TYPE OF COMMUNICATION	RESPONSE TEAM LEAD
Electronic directory: This tool is invaluable for facilitating communication. It should contain all contact information for at least two individuals per agency.	Communicator or Secretary/Recorder
Electronic surveys: Using online survey tools is a great way to collect input or assess needs. If the questions are sensitive in nature, answers can be collected anonymously.	QI Trainer, Team Leader, or Data Liaison

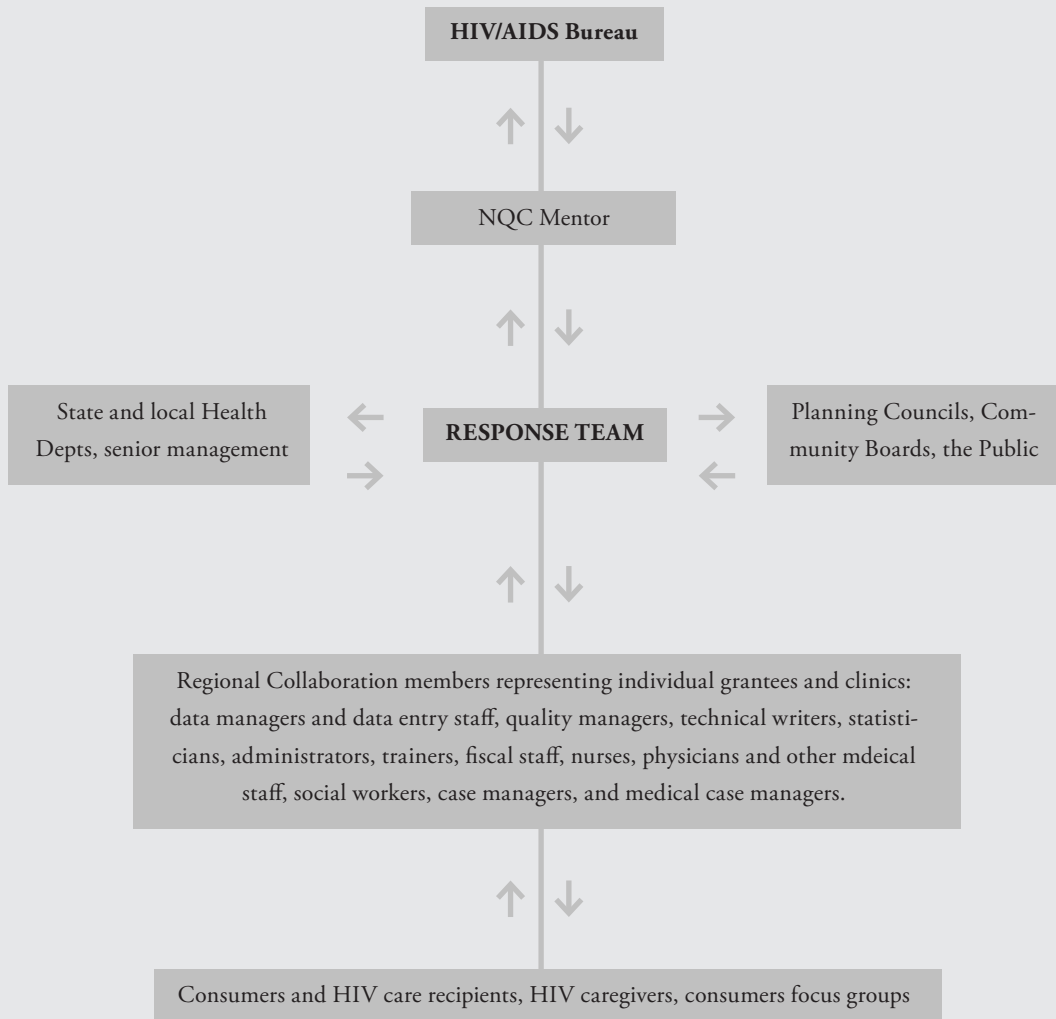
Real World Resource: GlassCubes

NQC provides no-cost access to GlassCubes, a virtual platform to share documents and to set up listservs. The Response Team may contact NQC to set up this virtual resource for your regional collaborative effort. Visit NationalQualityCenter.org/GlassCubes for more information.

Real World Resource: Sample Communication Model

A past Response Team visualized the paths through which information should be communicated to stakeholders in order to keep collaborative activities a priority. The Response Team is at the center of all regional communications. Input flows from the consumer through the providers up to the Response Team where feedback is offered. Progress is spread throughout the community and up to NQC and the HIV/AIDS Bureau. Their responses filter back down again to all stakeholders through the Response Team.

Toolbox: Information Flow Through the Larger Collaborative Infrastructure



Identify Face-to-Face Meeting Structures

“We had unbelievable discussions; we talked about how stuff all fits together. We created a community of people that had never existed before we built these new relationships. All this discussion and planning across the state with all agencies had never happened before.” —Response Team Member

The value of face-to-face interaction is constantly recognized by experienced collaboration partners as essential to the collaborative spirit and the sharing of ideas and interventions. Face-to-face meetings, although potentially more time-consuming and expensive than virtual meetings, are recommended when feasible.

There are numerous options for face-to-face meetings, and the Response Team may opt for the most appropriate mix given the available resources, the ability of participating grantees to attend, and the timeliness of bringing grantees together in a single room.

Toolbox: Face-to-Face Meeting Structures

OPTIONS FOR FACE-TO-FACE MEETINGS	RESPONSE TEAM LEAD
Response Team Meetings: “Home” for routine Response Team meetings that are convenient for all members to attend.	Team Leader
QI Trainings: Trainings can be held in small meeting rooms or larger conference rooms depending on the number of training participants.	QI Trainer or Consumer Liaison
Learning Sessions: Routine face-to-face meetings with all participating grantees to provide updates of progress made so far and to share successful interventions among providers.	Team Leader, Data Liaison, Facilitator, and Consumer Liaison
QI Summits: Annual region-wide conferences that address a wide array of QI topics and allow for QI training opportunities.	Team Leader, Data Liaison, Facilitator, and Consumer Liaison
Work Group Meetings: Face-to-face work group meetings are helpful to closely focus efforts on addressing specific priorities in the region.	Team Leader and any lead role that employs a work group
Consumer Meetings: Meetings that specifically invite individuals living with HIV to voice their challenges in accessing high quality HIV care, to learn about the collaborative efforts, and to learn how to partner with their providers to jointly improve HIV care.	Consumer Liaison

Locating facilities to host small or large region-wide meetings may be a challenge. Consider inquiring into venues that have already been used for similar conferences, summits, regional group meetings, or trainings. Frequently, large teaching hospitals or universities have community rooms they can offer for free. Libraries often cooperate with small meeting hosts. State Health Departments may be able to share their space for team meetings and sometimes for larger meetings.

Real World Resource: Statewide Quality Improvement Summit Agenda

All collaborative projects thus far offer an annual (or every 18 months) region-wide quality improvement conference that solicits participation from every RWHAP grantee involved. These are designed to showcase successes, garner input, provide training, and promote provider networking. Find a sample Regional Summit Agenda online at the NQC website, NationalQualityCenter.org/CrossPartGuide.

Checklist

To help establish the most effective collaborative infrastructure with RWHAP grantees, use the following checklist to track progress and identify activities needing more focused attention.

✓	ACTIVITY
	Build long-term commitment among grantees.
	Build senior leader buy-in for collaborative efforts.
	Set up effective communication systems to routinely connect with participants and stakeholders.
	Establish face-to-face meeting structures with participating grantees.

Key Lessons Learned:

- ✓ Listening to input from grantees and making the necessary adjustments are critical to both building and sustaining an effective collaboration infrastructure and project.
- ✓ Mutual trust between Response Team members and respect for the priorities, needs, and concerns of all participating regional grantees are essential to establishing buy-in and maintaining a productive and sustainable infrastructure.
- ✓ Convening a face-to-face stakeholders meeting with senior leaders will help gain their support for building a sustainable collaborative infrastructure.
- ✓ Identifying the right amount and type of communication is important so that grantees hear the important messages easily and clearly.
- ✓ Adjust the mix of communication options over time; often, it is more helpful to meet face-to-face early on to build the necessary momentum.
- ✓ A mix of virtual and face-to-face communication helps to keep information flowing, but face-to-face interaction has been noted to be more productive and effective.

Chapter 6: Gather HIV Performance Data from Ryan White HIV/AIDS Program grantees

The Big Picture

“[The] culture has changed; the way we ask ourselves ‘How are we doing?’ is different. It’s no longer how we ‘feel,’ it’s what we ‘know.’ And if we don’t ‘know’ it, we can go out and find it. That is a huge change because we used to be content that everyone was content! No more status quo!” —Response Team Member

Effectively collecting, analyzing and using HIV performance data across a region is critical to move cross-Part improvement efforts forward. Through the use of a standard set of measures, the quality of care across the region can be assessed and used to show improvements, and to identify opportunities for improvement.

What to Do:

- Select quality indicators for region-wide performance measurement
- Select an agent to receive all regional performance data
- Determine data collection methodology
- Analyze collected performance data
- Provide performance measurement reports to stakeholders

Select Quality Indicators for Region-wide Performance Measurement

Obtaining cross-Part performance data from all Ryan White HIV/AIDS Program (RWHAP) grantees is essential to improving regional HIV care. Once grantees see their own performance data benchmarked against data from other grantees, they are more likely to appreciate the importance of actively participating in cross-Part improvement activities. Keep in mind that the ultimate goal of collecting and analyzing performance data is to establish the momentum for quality improvement activities, both regionally and at the individual grantee-level. Based on data findings, the Response Team has the opportunity to use these results to identify and prioritize regional improvement areas.

One of the initial steps is the selection of the most appropriate quality indicators for region-wide performance measurement. Much progress has occurred within the RWHAP community in developing standardized performance measures from which to choose. The HIV/AIDS Bureau developed the HIV/AIDS Core Clinical Performance Measures for Adults and Adolescents with busy RWHAP grantees in mind. These sets of measures provide an ideal starting point to choose the initial set of regional measures.

Real World Resource: HIV/AIDS Bureau HIV/AIDS Core Clinical Performance Measures for Adults and Adolescents

This set of measures has been created for various populations and aspects of care, which include the following:

- Viral Load Suppression
- Prescribed Antiretroviral Therapy
- Medical Visits Frequency
- Gap in Medical Visits
- PCP Prophylaxis

Access detailed information about these and other measures on the HAB website at:

<http://www.hab.hrsa.gov/deliverhivaidscore/habperformance-measures.html>.

The following steps may help identify the most appropriate quality indicators for region-wide performance measurement:

Form a data workgroup

To accomplish these goals, the Response Team should consider forming a data workgroup. This workgroup includes stakeholders who have extensive RWHAP-related data experience in order to ensure that the data being collected from each grantee are able to meet the intended improvement goals, actually exist within database systems in use by various RWHAP providers, and are accessible for extraction and subsequent analysis.

Determine the number of performance measures

As a region, the Response Team or its designated data workgroup initially identifies how many performance measures should be monitored at the same time. The baseline assessments and IT survey provide key information to ascertain those performance measures already in use by RWHAP grantees. While myriads of aspects of care can be assessed, the actual number of measures to be used for cross-Part performance measurement is limited since resources for data collection are finite at the grantee level. Past NQC Col-

laboratives typically collected up to five measures, a balance between the time commitment for performance measurement and the subsequent quality improvement work.

Select performance measures

Many factors play into the decision of which measures to use for regional improvement work. Keep the following criteria in mind:

- Current performance levels across regional RWHAP grantees
- Ease of data collection, facilitated by existing data systems
- Regional and local improvement priorities
- Alignment with national priorities, such as the National HIV/AIDS Strategy
- Availability of already defined performance measures, and acceptance by grantees

The Response Team has the responsibility to choose the most appropriate measures with direct input of local RWHAP grantees. Providers who are engaged in this decision are more likely to participate in data collection efforts.

Real World Resource: Examples of Cross-Part Measures

The following measures have been used in recent NQC Collaboratives:

Performance Measure: HIV Viral Load Suppression

Percentage of patients with a diagnosis of HIV, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

Performance Measure: Prescription of HIV Antiretroviral Therapy

Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

Performance Measure: HIV Medical Visit Frequency

Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits

Numerator: Number of patients in the denominator who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior six-month period and the last medical visit in the subsequent six-month period

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first six months of the 24-month measurement period

Patient Exclusions: Patients who died at any time during the 24-month measurement period

Performance Measure: Gap in HIV Medical Visits

Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last six months of the measurement year

Numerator: Number of patients in the denominator who did not have a medical visit in the last six months of the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first six months of the measurement year

Patient Exclusions: Patients who died at any time during the measurement year

As the region becomes more comfortable with these measures, decisions about whether to retain, retire, or expand the measure set over time need to be addressed. On an annual basis, the Response Team reviews its portfolio of established measures and selects measures that are monitored for the upcoming year.

Select Quality Benchmarks and Choose Quality Targets

Once the Response Team has selected the performance measures, they should identify national quality benchmarks, which are comparative data sets using the same indicator definitions. By comparing the aggregated average performance score of all regional RWHAP grantees against the related national benchmarks, clinical practice areas in need of regional improvement can be identified. If external professional groups have developed a measure, comparative data might be available for benchmarking.

Real World Resource: National Benchmarking Datasets

The following datasets are available:

- HIV/AIDS Core Clinical Performance Measures for Adults and Adolescents at www.hab.hrsa.gov/deliver-hivaidscare/coremeasures.pdf
- NQC's in+care Campaign performance data at www.incareCampaign.org
- eHIVQUAL data reports at eHIVQUAL.org
- Department of Veterans Affairs at www.hiv.va.gov/pdf/VA2011-HIVSummaryRpt.pdf

There is no “correct” method for choosing improvement targets for each regional performance measure. However, it is often closely aligned with the differential between a region's actual performance on a quality measure and the selected benchmark. Some targets might be set at the benchmark, others might be set above the benchmark — at the 75th or even 90th percentile — and some may even be set below the benchmark. It all depends upon the consensus view of the Response Team members as to how likely regional grantees are to reach a given improvement target in that specific performance area during a particular timeframe. When setting targets from one year to the next, ensure they are realistic enough not to discourage providers, while still creating momentum for improvements.

Select an Agent to Receive All Regional Performance Data

Performance measurement data are used to determine the quality of care being provided across the region on a specific set of measures. In order to facilitate data submission and ensure that all RWHAP grantees understand their measurement responsibilities, the selection of a single data-receiving agent has proven helpful.

This individual or entity, identified and supported by the Response Team, should understand data, database systems, data analysis, and data reporting techniques. This agent should have access to a database software system capable

of receiving, storing, processing, and maintaining large amounts of data coming in from potentially different database systems around the region. This agent also should be widely regarded by all grantees as trustworthy, diligent, and objective.

Once this task is accomplished, the data agent will have unprecedented access to regional performance data directly indicating the quality of HIV care services being delivered by grantees and subgrantees to HIV patients. It is therefore important to recognize that grantees may raise questions regarding the selection of a data agent because of concerns about how that information may affect their future retention of funding, incite inter-agency competition for clients, or diminish their public reputations.

Real World Resource: Tips from Past NQC Collaboratives

Various Cross-Part Teams from past NQC Cross-Part Collaboratives addressed this issue in a variety of ways. For example, several of the states selected their Part B grantee to serve as the receiving agent; another tapped their regional AETC site, considering it to be the most neutral fit for the role; while another appointed the quality management director at the Part A program to assume this responsibility. In each case, the grantees received unequivocal assurance that the selected data agent would be able to maintain grantee and subgrantee data confidentiality throughout the cross-Part quality management process. Until consensus was reached by grantees, the data agents promised to ensure that all site-identifiers would be removed from publicly disseminated data reports and comparative performance analyses by Part and/or by grantee to either the stakeholders or the public.

Determine Data Collection Methodology

With the implementation of Meaningful Use and electronic medical records (EMRs), fewer providers rely on paper charting each year. This shift from paper to electronic data sets yields an ability to assess total populations or specific subpopulations (e.g., females, adolescents, etc.) within the providing agency. Once appropriate queries are established, the electronic process is less time-consuming and gives a more complete picture of the care provided. Agencies currently using paper charts will want to access tools that can provide guidance in random sampling and sample sizes.

Real World Resource: eHIVQUAL Sampling Methodology

The New York State Department of Health has established a sampling methodology for HIV providers. Access this tool at NationalQualityCenter.org/CrossPartGuide.

The next task after the identification of cross-Part performance measures is to identify appropriate data sources that allow for the effective measurement of performance. Key considerations in this process are the pertinence, accessibility, and quality of the data. The Data Liaison or the Response Team data work group should work with all grantees to assess their ability to report complete and accurate data and subsequently link them to technical assistance if the quality of data is questionable. Should a grantee submit data that they feel is incomplete or not an accurate portrayal of the services provided, they should be encouraged to define their data limitations clearly and submit their restrictions with upcoming data reports.

There are several key steps to developing an effective data collection methodology:

Develop a data submission tool and process

- The data work group may construct a simple spreadsheet and ask that all grantees submit performance data using the same form. In this format, all spreadsheets can be

compiled into a single document and easily aggregated. Data reports are received via email.

- In regions where every provider is using the same database (i.e., CAREWare), the database may be networked, and the data are centralized. The Response Team could then access data from this database as permitted. Alternatively, it may ask each grantee to use the same export function and subsequently forward the data file. This process requires some expertise, skill, and training, as well as cooperation and agreement from all participating grantees.
- If resources and technical ability are available, the Response Team can develop an online data portal so that all providers can enter data directly onto a website. The Data Liaison or a work group member monitors the site. Reports may be generated and returned through the same portal.

Define data collection expectations

- Establish the timeframe of routine data submissions and ensure that all appropriate staff members at the grantee and agency level are aware of these expectations. The Response Team should develop a calendar to outline the various submission deadlines. The frequency of reporting for NQC Collaboratives typically has been every other month during the first 19 to 24 months. Some response teams have elected to reduce reporting cycles to quarterly, or every four months, subsequent to solid engagement, reliable reporting, and ongoing commitment of all grantees.
- It is important to be specific about what reports are due at what point in time. Clearly outline which performance measures are due and what other expectations the Response Team has. For instance, each grantee may be asked to also submit a disparity breakdown by age, gender, and race/ethnicity for each measure, or a narrative report about key findings and any potential technical assistance needs the grantee may have.
- The Data Liaison or a member of the data work group should be designated as the primary “data receiver.” This person monitors the reports for completeness, alerts the work group of any reported agency data limitations,

notes when agency reports are delayed, and advises the work group when all reports have been received.

- The Response Team Communicator or the Data Liaison should be charged with sending a simple alert when data reports are due and reminders to those grantees that are overdue. When sending such prompts, use this opportunity to offer assistance.

Train the grantees and agencies on the selected tool or entry process

- It is likely that the agency staff member responsible for other data tasks within the facility is also responsible for the region-wide collaborative reports. While there are many benefits to using the same individuals in terms of their familiarity with the site's database systems, knowledge of indicators, and comprehension of analysis reports, it is important to ensure that person also is trained in submitting reports to the Response Team. That will ensure that standardization across all grantees is achieved.
- Training needs to be offered routinely as agency staff changes over time. Personal interactions between new agency staff and the Response Team promote buy-in and help ensure that reports are completed accurately.
- The data work group may opt to produce a series of PowerPoint slides that can serve as refresher training or as a reference for inexperienced reporters. These may be posted on a website and accessed when needed by the agencies.
- If an agency is operating with paper medical charts, training on sampling size and randomization needs to be offered. The Response Team must understand that the reporting burden for this agency is likely to be greater than the burden on agencies able to generate electronic reports. The Response Team may assign a 'data volunteer' to assist this agency with paper chart abstraction. The volunteer will assist the agency for one morning during each data cycle submission until the agency has transferred to an electronic database.

Real World Resource: Data Entry Web Portal

In Pennsylvania, the HIV/AIDS Web Portal was created as a means to support statewide HIV providers in bettering the quality of services offered through improved data reporting, quality management training, and access to current resources. This Portal allows the user to submit data for all Parts and export data sets as MS Excel files. Depending on the user privileges, data can be queried by the site, region, or state. Access a screen shot of the Portal and list of performance measures currently being collected at NationalQualityCenter.org/CrossPartGuide.

Analyze Collected Performance Data

Once performance data are collected, the results may be prepared for analysis and dissemination. Data should be presented in the most understandable format possible. This will allow decision-makers to take appropriate actions and to consider whether opportunities for improvement exist.

Key steps for analyzing performance data are provided below:

- The Data Liaison with the data workgroup should designate a person responsible for aggregating the data for the region.
- Data should be reviewed for completeness. If any data are missing, the Data Liaison should follow-up with the respective sites, ideally within a few days of submission. This allows the site to submit missing data, yet allows the Response Team to remain within their timeline.

- Because performance measurement data are only as good as their collection process, the integrity of the data needs to be examined. Implement the following steps to ensure the collection process is accurate and reliable:
 - Manually review a sub-set of charts by a second data collector to see if the same data report is generated.
 - Re-run administrative review reports by the same and then by another data collector.
 - Compare a sub-sample of data from the database against data that had been manually retrieved from the same charts.
 - If only electronic methods are used, assess routinely for missing data elements, logical inconsistencies, and general comprehensiveness.
- Consider how progress over time is tracked. At a minimum, the data should be trended by agency and aggregated so that the agency may see their own progress as it relates to the progress of the region.
- The data work group may also opt to include “min” and “max” values.
- Ongoing comparison of aggregate data to national benchmarks and to the regional goal is important.
- Reports may also include data aggregated by providers within the same region: by EMA, TGA, or Part B consortia. Consider breaking down data by key grantee characteristics, such as rural versus urban, caseload size and location.
- As competency with data management evolves at the Response Team level, reports may also be generated by other categories such as race/ethnicity, risk factor, age, or viral load status, if those components are available.
- Compare grantee level as well as regional performance scores over time.
- The results should be shared with the Response Team before disseminating region-wide.

While many data analyses are possible, keep in mind that straightforward charts identifying key findings are often as powerful as detailed data tables. Consider the needs of the target audiences when running data analyses. The Response

Team or Data Liaison should seek input from the grantees on the types of formats that would be most beneficial to them.

Provide Performance Measurement Reports to Stakeholders

Performance data play a critical role in informing the community and in identifying needs and gaps in services. This information is essential for making informed decisions about improvement priorities for the region. Simply stated, data reports are tools to trigger improvement activities and should be used as such. It is important to find a balance between measurement and improvement activities to avoid wasting finite resources.

Data reports help the Response Team to finalize answers to some key questions pertaining to the continued evolution of the cross-Part network:

- What performance measures should be used to set regional goals for quality improvement?
- What goals should be set as targets for specific measures?
- What factors may be influencing differences in the quality of care between the individual HIV care sites as well as between the state and the national average?

Communicating data findings to the RWHAP grantees, subgrantees and other stakeholders helps everyone to better understand the quality improvement process and to recognize why improvement activities need to be implemented. When reporting regional performance data back to individual grantees and stakeholders at large, the following points may provide some assistance:

- Use regional and national benchmarks
- Use colored arrows to indicate whether performance has increased or decreased
- Indicate the top 25% and top 10% performance scores to create momentum for higher performances

-
- Provide routine reporting templates to facilitating a learning curve to understand the data analyses
 - Be consistent and timely when reporting the data analyses
 - Use a dashboard or executive summary to recap the findings
 - Provide electronic formats to grantees to allow for further data analyses

Over the last decade, public reporting of performance data has become the new norm. This also applies for un-blinding data reports, listing the actual names of providers and their performance scores. The Response Team determines the value for RWHAP grantees in directly comparing their own performance measurement scores against those of other grantees. While competition may accelerate their quality improvement efforts, it may also deter their future desire for, or willingness to, engage in cross-Part collaborative activities.

Checklist

To help ensure that the Response Team's data collection strategy has been effectively developed and implemented, use the checklist below to track progress and identify activities needing more focused attention.

✓	ACTIVITY
	Form a data workgroup.
	Select performance measures.
	Choose quality targets.
	Develop a data collection methodology.
	Analyze performance data.
	Share performance data with key stakeholders.

Key Lessons Learned:

- ✓ Use electronic region-wide voting or online polling to garner input and select the regional performance measures. This helps generate buy-in.
- ✓ Establish a routine and stick with it. If the reporting periods are every four months, normalize the behavior so that it becomes routine.
- ✓ The use of a standardized reporting template for data collection is powerful.
- ✓ In order to support grantees that are struggling with performance, use positive messaging and reinforcement rather than negative or punitive strategies.
- ✓ Having an online repository for the cross-Part materials facilitates access for the sites.
- ✓ The use of a "buddy" system for mentoring enabled agencies to provide technical assistance to other agencies. This led to the development of relationships and a broader awareness of the services available through the respective agencies.
- ✓ When beginning a process, start with something that can be easily implemented without undue burden or expense for the agencies so that early success can be achieved.
- ✓ Provide feedback to the participating sites regarding their data and offer technical assistance to continue to support and enhance performance. Query agencies on what format of feedback is most helpful.
- ✓ Remember that data must drive improvement efforts. Data collection and analysis are just the first steps. Grantees must subsequently respond to the data.
- ✓ Remember to pilot test your data collection tool before you disseminate it. It is much harder to maintain buy-in for this activity if the forms are constantly changing.

Chapter 7: Conducting a Cross-Part Quality Improvement Project

The Big Picture

“It has changed the way we do business. One of the most lasting improvements was that we learned how to really look at our data systems. We started to understand how communication was or was not happening effectively. We learned how to determine if the care we were providing was actually being captured and reported correctly . . . ” —Response Team Data Liaison

Dr. Don Berwick, a national improvement leader, once stated that “every system is perfectly designed to get the results it produces. To change the outcome, you must redesign the system. Trying harder at your old system will never work.” This statement reminds us that performance data may identify opportunities for improvement, but by themselves, do not lead to change. And without change, the system of care cannot be improved. Through the implementation of cross-Part quality improvement projects, agencies collectively identify long-lasting change ideas that work across a region, thereby enhancing the system of care as a whole.

What to Do:

- Identify region-wide priorities to select a QI project
- Ask grantees to set up local QI teams
- Collect QI project data and track over time
- Share successful interventions and disseminate information
- Acknowledge and celebrate cross-Part quality improvement successes
- Spread successful interventions

Identify Region-wide Priorities to Select a Quality Improvement Project

The selection of regional quality improvement project topics is critical to identify those areas that are the most impactful and pertinent to the region. As an initial step, the Response Team reviews recent performance data by participating Ryan White HIV/AIDS Program (RWHAP) grantees and, if possible, includes data from other available sources. Brainstorming potential improvement topics at regional provider and consumer meetings and soliciting input from key stakeholders provide opportunities to listen to the various voices. Providers across all Parts should actively participate in this selection process, as it increases transparency.

As specific aspects of HIV care services are considered, use the following criteria to prioritize improvement topics:

- **Meaningfulness.** How meaningful is the issue to providers, agency staff, and other key stakeholders across the region?
- **Prevalence.** How common is the problem? Is there a general deficit or significant variation across programs?
- **Potential for improvement.** Can this aspect of HIV care be improved given the finite resources of providers? To what degree can the issue be improved?
- **Impact.** How much of an impact would it have if the issue was addressed?

Ultimately, the Response Team, in tandem with the RWHAP community, determines the focus of the regional improvement project. Remember that transparency of this selection process creates buy-in among providers and consumers.

Toolbox: Ranking Matrix

The following example of a ranking matrix serves as a tool to prioritize a topic for an upcoming regional improvement project.

Using a five-point scale, rank the respective criteria for each area of focus. 1 = least important, 5 = most important

CRITERIA	POTENTIAL AREAS OF FOCUS		
	VIRAL LOAD SUPPRESSION	PCP PROPHYLAXIS	PAP SMEARS
Meaningfulness	5	3	2
Prevalence	4	2	4
Potential for Improvement	3	4	3
Impact	4	3	2
Total	16	12	11

Once a topic for the regional improvement project is selected, the next step is to establish a region-wide goal to quantify the endpoint for all collective improvement efforts. In addition to a numeric goal, the Response Team should define the timeframe by which the targets should be reached. Use benchmark reports to help set this goal, such as the following:

- in+care Campaign [incarecampaign.org]
- Ryan White HIV/AIDS Program Service Report (RSR)
- eHIVQUAL reports [ehivqual.org]
- State-based reports
- HIV Research Network

The following examples illustrate goals for cross-Part quality improvement projects:

- At least 85% of adult patients with HIV across the region will achieve viral load suppression within one year.
- By June 2015, HIV providers in the region will reach the National HIV/AIDS Strategy goal of 85% retention rate for all patients diagnosed with HIV.

Creating a work group within the Response Team can be a useful way to delegate responsibilities and to allow the group to focus on and oversee quality improvement efforts as they are implemented across the RWHAP sites. The leader of the work group should have a solid understanding of quality improvement and be able to guide the team process.

Ask Grantees to Set Up Local Quality Improvement Teams

The success of the region-wide quality improvement project is dependent on the success of each participating RWHAP agency and its improvement efforts. As a result, it is critical that each grantee establishes an agency-specific quality improvement team to best suit its local needs. The collective effort of all local improvement teams in the region has the most potential for a measurable success.

Keep in mind that including the right people on these grantee-specific improvement teams is important to a successful improvement effort. The improvement teams vary in size and composition; each team, however, needs a leader who understands the improvement process, members who are familiar with the process to be improved, and a liaison to report their activities to the Response Team.

Once local improvement teams are established, each team starts their own improvement journey with the following milestones:

Set local improvement goals

As a first order of business, the local improvement team reviews its own performance data and the regional improvement goal established by the Response Team, and determines a realistic and attainable improvement goal. Allow for flexibility in setting agency-level goals. For those agencies that already surpass the targeted regional goal, a higher local goal may be set. For other sites, the regional goal maybe unattainable, and therefore, they should set a local goal that is more realistic for their current system.

Write an improvement project memo

An improvement project memo serves as a project blueprint. Teams develop memos to help ensure that all members work toward the same goals according to a single set of operational guidelines. Completion of the improvement project memo is important to clarify and focus the team's direction and scope of work. It also creates a standard document for communicating what the project is, what it intends to accomplish, when it is likely to be completed, and who is responsible for the project implementation. An improvement project memo typically includes:

- Problem statement
- Improvement goal
- Team leader and team members
- Other (e.g., resources, authority, frequency of reporting, ground rules, etc.)

Toolbox: Example of an Improvement Project Memo

The following improvement project memo outlines key aspects of an upcoming QI project:

Start Date: October 22, 2014

Completion Date: April 15, 2016

Measure: HIV/AIDS Bureau Viral Load Suppression Indicator

Problem Statement:

Currently, only 65% of adult HIV patients are viral load suppressed, compared with the statewide average of 75%. During the last two years, no measurable improvements were reported.

Improvement Goal:

The team will work to improve the clinic's performance on this important outcome measure. The team should focus on increasing the number of patients who are virally suppressed — to 80% and above — by April 2016, thus meeting the goals of the National HIV/AIDS Strategy.

Team Members:

Ann Cavanaugh, C.S.W. (team leader)

Peter Brown

Paul Sabo, M.D.

Santiago Rodriguez

Helen Kearney

Cheryl March, R.N.

Other:

Mac Martin on the Response Team is available to help with data analysis.

Team members provide written monthly updates to the Response Team.

Investigate the process

Team members review the process from which the problem originated in order to understand how the problem evolved and why it persists. Identification of these problem areas and their underlying causes provides team members with the necessary information to help solve the problem.

One of the best ways to understand a process is to draw a flowchart. A flowchart shows the steps of any process in sequential order. Flowcharts can be used to illustrate a sequence of events, activities, or tasks for processes ranging from simple to complex.

Having completed the flowchart, the QI team begins identifying potential barriers and underlying causes of the problem(s). Underlying causes are the reasons a problem happens repeatedly. If the team can identify and eliminate underlying causes, they eliminate the problem.

Real World Resource: Quality Improvement Tools

NQC has developed many resources to explain key quality improvement tools. The following links are available at NationalQualityCenter.org:

Flowcharting, HIVQUAL Workbook [page 109], Quality Academy – Tutorial 14

Cause-and-Effect diagram, HIVQUAL Workbook [page 114], Quality Academy – Tutorial 14

Conduct improvement activities

Because not all changes will result in improvements, the improvement team identifies promising ideas for changes, tests them on a small scale, and assesses the impact on the aspect of HIV care under review. Improvement changes are tried as Plan-Do-Study-Act (PDSA) cycles before committing valuable time and resources to system-wide implementation. Selecting and planning these PDSA cycles and evaluating the results are probably the most critical activities in quality improvement projects.

As potential change ideas are identified, the ideas should be assessed to determine which ones can be implemented quickly, simply, and at low cost. It is also important to consider how easy or difficult it will be to measure change once the idea has been implemented and whether the program can actually support the proposed idea with the needed resources (i.e., staff time and dollars) over time.

Toolbox: Selection Grid

A list of potential PDSA cycles are identified, narrowed down to a manageable number, and then prioritized by the improvement team. The more time a team knows about the process, the easier it is to identify practical solutions.

The following criteria are helpful for making a quick determination about which PDSA cycle to start first:

- Measurable. Can improvements be measured to track progress?
- Immediate. Will the pilot test produce short-term visible results?
- Focused. Is the pilot test targeted to the underlying cause?
- Feasible. Is the pilot test feasible given available resources?
- Supportable. If the test is successful, will staff and facility leaders support successful changes?

List the PDSA cycles and score each cycle from 1 (lowest) to 5 (highest) for each criteria.

CRITERIA	PDSA CYCLE 1:	PDSA CYCLE 2:	PDSA CYCLE 3:
Measurable			
Immediate			
Focused			
Feasible			
Supportable			
Total			

Collect Quality Improvement Project Data and Track over Time

To determine the success of an intervention, it is important to track and trend data over time. This should occur at both the agency level and across the region. Clear target dates for grantees to report both their quality improvement project data and their written updates allow the Response Team to better assess and support the individual agencies as they implement their improvement activities.

Key information to collect from the RWHAP agencies includes:

QI project performance data

The grantees routinely report their quality improvement project indicator data. Since all grantees are using the same measure, the Response Team can aggregate the data and develop benchmarking reports.

Progress updates from quality improvement teams

The grantees routinely provide a written update on their progress, including the various PDSA cycles used, key lessons learned, and technical assistance needs to move forward.

As information is collected, it is important that the Response Team reviews it and provides individualized feedback to the respective agencies. Such a process demonstrates the utility of the information and encourages sites to continue submitting information.

Toolbox: PDSA Cycle Reporting Template

The following form can be used by grantees to report their QI project updates:

Team Name: _____ Date: _____

QI INTERVENTIONS SINCE THE LAST REPORT	FINDINGS AND RESULTS	NEXT STEPS

At varying points throughout the cross-Part quality effort, grantees require technical assistance.

Buddy systems have proven effective in past cross-Part efforts and provide a mechanism to share the responsibility. Creating an inventory of skills or tabulating areas of expertise allows the Response Team to quickly match a grantee in need of assistance with an individual with expertise in a specific area or topic.

Share Successful Interventions and Disseminate Information

The value in conducting region-wide quality improvement projects is to benefit from the expertise, experiences, and wisdom of the group as a whole. Sharing successful interventions allows other agencies to test ideas and spread efforts beyond one agency. Methods for sharing information include:

Annual QI project report

The end-of-year report documents results from the cross-Part region-wide improvement project. It discusses how problems in current processes have been addressed and what results have been achieved. Typically, this write-up includes baseline data, pilot test results, and evaluation information—all of which can be effectively conveyed through graphic displays, such as charts and tables. The choice of report format, length, and sophistication may vary according to the intended audience and/or purpose. Some helpful tips on writing data reports:

- Be clear. Use terms that Response Team members and other stakeholders can all understand and that have relevance to them. Use charts and tables when appropriate.
- Be concise. Be short and to the point.
- Be complete. Include all relevant information.
- Be correct. Ensure that all data are accurate.

Storyboards

Storyboards can help teams visually communicate the highlights of any improvement project over a brief period of time. Some tips for storyboard creation:

- Construct the storyboard as a logical progression of “boxed information”
- Lead the reader through the main points and steps of the improvement project
- Communicate with descriptive pictures and graphics more than words; use color and keep any text simple
- Present the storyboard to stakeholders at live events such as Statewide Coordinated Statement of Need meetings, grantee meetings, AETC conferences, and cross-Part planning groups
- Post an electronic storyboard version to a public website (e.g., State Department of Health, AETCs, etc.) for viewing by individuals around the region and nation with interest in learning about new QM-related concepts and successfully implemented cross-Part improvement activities

Webinars and presentations

Explore opportunities to present cross-Part work at various webinars and meetings. Invite speakers from each of the RWHAP Part programs to present their quality approaches at site-specific meetings, planning council meetings, grantee meetings, or cross-Part quality management meetings. Seek out opportunities to showcase these efforts through national forums such as National Quality Center webinars and AETC-sponsored conferences and seminars.

Newsletters

Newsletters, both print and electronic, can be a useful and cost-effective venue for sharing information. If your region already has a widely circulated newsletter or journal, inquire about inserting a “Quality Corner” brief in each issue to highlight a particular success story or a full article to summarize a completed, successful regional project.

Sharing of materials, tools and resources

Widely distributed tools and materials have been used or created through many previous cross-Part efforts. Online virtual repositories of materials can be extremely effective for posting and housing materials. Their use also helps to declutter email inboxes and affords easy access to documents and tools to all participants any time they want them.

As information is disseminated, select mechanisms that will make it relevant to the various target audience(s) and keep it as short and to the point as possible to avoid information overload.

Acknowledge and Celebrate Cross-Part Quality Improvement Successes

Letting stakeholders know about each other's successes helps sustain cross-Part efforts and maintain interest. It also may convey the importance of cross-Part quality improvement activities and how they ultimately improve the quality of care. Celebrating the success of those involved on the planning team and in work groups also is helpful. Their direct involvement in the cross-Part effort — whether that involvement occurred during the development of the first region-wide cross-Part quality management plan, by securing 100% submission of requested data from front-line staff, or by providing on-site technical assistance about quality improvement to lower-performing stakeholder entities — should be publicly recognized.

The Response Team should consider the following tips for celebrating cross-Part successes:

- Communicate cross-Part activity results to all levels within each grantee's infrastructure, including staff, senior management, consumers, sub-grantees and boards of directors, as well as to the general public
- Build excitement for quality by publicizing success stories in local, regional, and state publications; mount success storyboards openly so that all internal and external stakeholders (including clinical care providers, front-line staff, and consumers involved at each of the HIV care sites) can see them
- Report successes to local, regional, statewide, and national funding entities, councils, organizations and professional bodies, as appropriate
- Congratulate cross-Part Response Team members in public arenas, such as network planning meetings, statewide conferences, site visits to stakeholder agencies and so forth at least annually on a regional level; make a special effort to acknowledge them if their efforts on the planning team or associated work groups are about to end
- Consider annual quality improvement awards for site/individual successes, leadership, and innovation

Spread Successful Interventions

Spreading proven ideas involves taking a successful intervention from its pilot phase and replicating that change or package of changes on a larger scale, either applying them to more patients or to more organizations. The Response Team has learned valuable lessons that can help them effectively spread the impact of the cross-Part improvement efforts to new stakeholders as well as to potential initiators of new cross-Part efforts in other regions.

Spread efforts could include activities such as:

- Helping additional RWHAP grantees in the region to identify, adapt, and adopt needed changes to their systems
- Increasing the number of cross-Part quality improvement projects in the region
- Using various communication methods to demonstrate to other stakeholders how initial improvements have been sustained by the grantees over time
- Resolving key infrastructure issues that may be relevant to RWHAP systems elsewhere in the nation
- Assisting other states in optimizing task sequencing when initiating their own cross-Part efforts

Checklist

To help ensure that the Response Team implements a regional quality improvement project with the involvement of RWHAP grantees, use the checklist below to track progress and identify activities needing more focused attention.

✓	ACTIVITY
	Use existing data and regional priorities to select a QI project.
	Involve stakeholders in the selection of a QI project.
	Help agencies and grantees recruit their own QI teams.
	Collect data and intervention outcomes from agencies and grantees.
	Trend results and provide feedback.
	Offer support and training to agencies.
	Communicate and share; help spread the successes.

Key Lessons Learned:

- ✓ Results reflect the current system, so changing performance requires work on a systems level.
- ✓ Take the time to understand each grantee’s priorities and limitations so that a regional project can truly be relevant to all participants.
- ✓ When offering technical assistance to an agency, ensure that it is provided at an appropriate level. Talking under the participant’s level is demeaning and talking above the participant’s head is frustrating.
- ✓ Since not all changes result in improvements, test changes to track progress on QI projects before widespread implementation.
- ✓ Agencies are proud of their successes. Sharing them loudly and widely only serves to increase their drive to improve even further.

Chapter 8: Building Capacity across Ryan White HIV/AIDS Program grantees

The Big Picture

“The collaborative unlocked the quality message for me and for other persons living with HIV. It brought quality improvement to the consumer community.” —Consumer Participant

Ryan White HIV/AIDS Program (RWHAP) grantees with sufficient capacity to conduct quality improvement activities on their own are more successful in the long run, not only in advancing their own quality management program, but also in actively participating in cross-Part improvement efforts across the region. Cross-Part activities have the most impact when the Response Team invests in building regional capacity for quality improvement. By establishing a coordinated system to train and coach RWHAP grantees, the Response Team uses resources efficiently and significantly improves collaboration.

What to Do:

- Identify regional training needs
- Write a capacity building plan
- Develop and conduct quality improvement trainings
- Identify individuals to become improvement coaches
- Coach individual grantees to advance their quality management proficiency

Identify Regional Training Needs

Routine updates in the quality improvement field, ever-changing quality expectations for Ryan White HIV/AIDS programs, and staff turnover all contribute to grantees' need for routine quality improvement trainings. Thus, it is helpful to offer quality improvement trainings on a regular basis, especially for new members joining the Response Team or following staff turnover at the grantee level.

The following are some core training topics to consider, so that all stakeholders involved in cross-Part improvement activities are routinely learning about relevant quality improvement concepts:

- Understanding QI principles and methodologies
- Establishing HIV-specific QM infrastructures
- Writing actionable QM plans
- Developing effective data collection strategies
- Identifying HIV quality measures
- Prioritizing, selecting, and conducting QI projects
- Nurturing the development of QI leaders and quality champions
- Presenting and disseminating relevant performance data results
- Fostering the involvement of HIV consumers in improvement activities

To determine the most appropriate topics for upcoming quality improvement trainings, the Response Team or its designees may apply the strategies below. The results of these efforts allow the Response Team to gather and prioritize topics for upcoming capacity building activities.

Strategies to identify regional training needs are:

- Review results of organizational assessments of RWHAP grantees and performance data submissions to identify common themes across the region
- Conduct focus groups with potential trainees to better understand their training needs

- Conduct an online survey to allow all RWHAP grantees in the region to rank predetermined training topics and suggest additional ones
- Brainstorm with participants at cross-Part meetings to solicit their input

Based on these findings, the Response Team can develop a prioritized list of training needs and potential audiences. Keep in mind that while grantees with mature quality management programs require more advanced quality improvement topics, staff turnover at all levels often necessitates frequent introductory quality improvement trainings.

Toolbox: Quality Improvement Training Survey

The following online survey questions have been used to query the RWHAP audiences for their improvement training needs.

Contact Information:

Name: _____

Position/Title: _____

Email: _____

Phone: _____

Grantee Information:

Organization Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Toolbox: Quality Improvement Training Survey (Cont.)

Please check your top five training priorities:

- Flowcharts, process maps, fishbone diagrams, and use of other QI tools
- Nuts and bolts of implementing a quality improvement project
- Establishing or strengthening our HIV quality management Infrastructure (e.g. plan, membership engagement, etc.)
- Building internal capacity for training and supporting a network of agencies in quality improvement
- Engaging collaborative participants in quality efforts
- Involving consumers in quality efforts
- Engaging leadership in quality efforts
- Interpreting and using data from performance measurement to identify improvement strategies
- Displaying performance measurement data
- Developing measures for short tests of change
- Patient experience evaluation
- Staff experience evaluation
- Sustaining quality improvement efforts
- Other (please specify) _____

Please check the most significant barriers limiting your agency's ability to effectively implement quality management work:

- Staffing/workload
- Staff turnover
- Limited quality improvement knowledge and experience to lead the quality management work
- Limited staff interest
- Limited leadership support
- Already engaged in other quality improvement work outside of HIV
- Limited ability to use electronic health records for performance measurement or quality improvement
- Other (please specify) _____

Write a Capacity Building Plan

Based on the detailed findings of the quality management knowledge assessment, the Response Team develops a comprehensive annual plan to offer training and other learning opportunities to build capacity among all participating RWHAP grantees in the region. This written capacity building plan allows for strategic planning of training activities over the course of the year and sufficient preparation time

for those involved. Most importantly, bringing grantees together for joint capacity building events facilitates peer sharing of successful interventions and enhances networking among the community of local learners.

The overall purpose of this annual capacity building plan is to:

- Strategically outline a coordinated training approach
- Ensure better coordination of ongoing training activities and better utilization of already existing training opportunities across the entire region
- Optimize existing training resources in the region, including local quality champions as trainers

The Response Team, potentially the Quality Improvement Trainer on the Response Team or a capacity building work group formed for this purpose, is responsible for developing this written plan. The following steps provide guidance for planning and outlining this strategic approach:

Identify target audience(s)

The initial step is to identify the target audiences in the region that should be reached by these quality improvement trainings. Stakeholders may include, but are not limited to:

- Organizational leaders
- HIV unit leaders
- Quality leaders and managers
- Consumers
- Data managers
- Quality committee members
- Clinicians
- Response Team members

Outline educational needs of target audience(s)

The Response Team identifies and prioritizes local quality improvement needs based on reviews of survey results and gaps identified in organizational assessments. The Response Team is in the position to analyze these data and to determine common quality improvement deficiencies across the region. Developing a rationale for proposed trainings helps clarify and communicate why these capacity building activities should occur. These justifications may facilitate the process to secure the necessary funds and resources for implementation.

Choose appropriate training modalities for the topic and target audience

Capacity building for quality improvement takes a variety of forms. Different training approaches work better for specific audiences. The Real World Resource provides a list of training options to choose from, well beyond quality improvement workshops and webinars. The Response Team chooses the most appropriate training modalities for the topic and target audience.

Develop a training implementation plan

The Response Team drafts an initial quality improvement training plan by outlining key training milestones, including an initial timetable. With this initial outline in hand, the Response Team is able to secure the necessary resources to implement the training plan, including logistical support, training rooms, and financial support for meeting expenditures. Often, local AETCs are key partners and play a critical role in ascertaining the necessary resources. To receive further feedback from grantees, stakeholders, and consumers alike, the Response Team shares its current ideas with others and makes necessary adjustments. The final implementation plan is integrated into the overall Response Team work plan for the year.

Evaluate the training modalities and plan

Having a sound documentation system in place allows for better tracking of participants and training outcomes. Collecting evaluations from each training activity provides a better understanding of what has worked and what can be improved. Over time, these evaluation findings assist the Response Team in determining whether outlined training goals are being met. Re-distributing quality improvement capacity building surveys to training graduates may reveal gains in quality improvement knowledge, competencies, skills, and attitudes. The training plan is routinely updated based on these findings.

Real World Resource: Variety of Training Modalities

The following suggestions provide an array of training modalities to choose from:

Group Development:

- Face-to-face workshops
- Webinars on quality improvement concepts
- Just-in-time training; infuse quality improvement training content at the moment that it is needed
- Trainings at each Response Team or stakeholders meeting
- Online learning tutorials
- Peer exchange summits
- Field trips to other HIV programs
- Mentorship program
- Brown bags and lunch learns
- Reading circles or journal clubs
- Review of case studies or storyboards

Self-Development:

- Self-study of key quality improvement topics
- Participation in a mentor/mentee program
- Visiting a local quality champion
- Job shadowing
- Teaching others quality improvement concepts
- Participation in discussion boards or blogs
- Journaling of quality improvement journey

Toolbox: Sample Capacity Building Plan

The following Capacity Building Plan summarizes the training approach.

Key objectives for developing capacity for quality improvement this year?

- More consistent use of root cause analysis
- More robust tests of change when conducting quality improvement activities
- Better consumer involvement in quality improvement activities

TARGET AUDIENCE(S) (WHO NEEDS TRAINING?)	DETAILED QI TRAINING NEEDS (WHAT DO THEY NEED TO KNOW OR BE ABLE TO DO?)	TRAINING OUTCOME (HOW WILL WE KNOW WE REACHED OUR GOAL?)	TRAINING SETTING/METHOD (HOW WILL WE REACH THE TRAINING GOALS?)	TIMELINE
<ul style="list-style-type: none"> • Response Team Members 	<ul style="list-style-type: none"> • Use of common QI tools and how to apply them in Response Team meetings 	<ul style="list-style-type: none"> • Completed fishbone by Response Team • Completed flow diagram for QI project 	<ul style="list-style-type: none"> • Email to members to review Quality Academy tutorial • Review of QI tools at Response Team meetings • Copies of training materials for all members • Post completed tools in clinics 	<ul style="list-style-type: none"> • First quarter
<ul style="list-style-type: none"> • QM managers from all grantees • Other grantee representatives from all clinics 	<ul style="list-style-type: none"> • Theory of small tests of change • When to use PDSA • How to plan and document a PDSA 	<ul style="list-style-type: none"> • Every grantee effectively uses the PDSA approach when planning QI projects • Every grantee documents their PDSAs to the Response Team 	<ul style="list-style-type: none"> • Webinar to review Quality Academy tutorial and discuss chapter from HIVQUAL Workbook • Training workshop on PDSAs • Buddy system for peer-to-peer support 	<ul style="list-style-type: none"> • Second quarter

Toolbox: Sample Capacity Building Plan (Cont.)

TARGET AUDIENCE(S) [WHO NEEDS TRAINING?]	DETAILED QI TRAINING NEEDS (WHAT DO THEY NEED TO KNOW OR BE ABLE TO DO?)	TRAINING OUTCOME (HOW WILL WE KNOW WE REACHED OUR GOAL?)	TRAINING SETTING/METHOD (HOW WILL WE REACH THE TRAINING GOALS?)	TIMELINE
<ul style="list-style-type: none"> • QM managers from all grantees • Other grantee representatives from all clinics • Selected consumers 	<ul style="list-style-type: none"> • Understand the potential roles/ responsibilities of consumers in QI activities • How to prepare/support consumers in QI role • For consumers — better understand QI, QM infrastructure and ongoing QI activities 	<ul style="list-style-type: none"> • Consumers participate in each QI project • At least one consumer consistently participates in grantee-level QM committees 	<ul style="list-style-type: none"> • Field trip to nearby city to see consumer council in action • Training participants read and discuss “Making Sure your HIV Care is the Best it Can Be” curriculum • Training — conduct Satisfaction Continuum and have consumer panel describe their experiences in the region • Sharing of QI projects and routine performance data during upcoming regional consumer meetings • Conduct a training for consumers to better understand QI and recent QI activities 	<ul style="list-style-type: none"> • Third quarter

Develop and Conduct Quality Improvement Trainings

Once the capacity building plan is written and approved, the Response Team initiates its implementation, executing the agreed-upon quality improvement trainings across the region. Using the written plan as a guide for the timeline, audience, and general area of focus, the Response Team develops the actual training curricula or modifies existing curricula. To develop a specific training curriculum for each training, the capacity building team should follow these steps:

Define the topic and rationale

Engage in a dialogue about why participants need the training and what they want to gain from attending, engaging in, and practicing the training content. This assessment of training needs will identify gaps in quality knowledge or competencies. The rationale for the training should address and enhance the participants' intrinsic motivation to learn and change, allowing the Response Team to tailor these trainings to their specific audiences.

Clarify the performance objectives

Identify the clear actions participants should be able to do after completing the training. The objectives provide specific goals that everyone in the training should be able to attain.

Develop training agenda

Training courses should be both practical and participatory, and should easily allow the application of acquired knowledge/skills to current work activities. When developing a training agenda, be creative. It is critical to not only transfer content, but also to allow time for peer sharing and interactive exercises. NQC supplies a large quantity of training materials, available at NationalQualityCenter.org. These training resources and tools can provide the necessary frameworks for identifying content, learning methods, and approaches.

Integrate interactive activities

Adult learners are most engaged when they are actively participating rather than passively listening. Activities provide mechanisms for effectively engaging adult learners in the training. Activities should be engaging, fun, and inherently interesting, sparking the participants' curiosity.

Evaluate the training

Assess whether the participants met the performance objectives, not only to guide revisions to the training, but also to reinforce the content. Evaluation allows a basic understanding of the participant experience, creating room for improvement for future trainings and increased competency in capacity building.

Toolbox: Sample of Training Outline

The following template provides a simple outline for determining the training topic, design, training objectives, agenda, and resources needed. This form may be completed for each training and be approved by the Response Team.

TIME	LEAD	TOPIC / DESIGN	NOTES/ TRAINING OBJECTIVE	RESOURCES/ TOOLS NEEDED
8:00 - 8:45	CMS	Welcome and Introduction Day 1 (M1) Presentation with PowerPoint slides; Group Exercise at Small Group Tables	<p><u>Purpose and Key Lessons Learned:</u></p> <ul style="list-style-type: none"> • Orient participants to the training program, agenda, instructors, and each other so they feel comfortable enough to engage in the program learning activities • Learn about key strengths and gaps in participant skills as indicated by the pre-work assessment • Show how the pre-training assessment influences the development of the training <p><u>Overview of Activity – 40 min:</u></p> <ul style="list-style-type: none"> • 15 min: Participant Welcome — ‘Setting the Stage’ • 05 min: Faculty Introductions • 10 min: Participant Introductions at Small Tables • 15 min: Warm-up Activity 	<p>Presentation slides (‘M1 Welcome Introduction’)</p> <p>Copies of Talent Pool handout (‘M1 Talent Pool’)</p> <p>Prepared flip charts NQC remotes Post-it notes</p>
8:45 - 9:30	BB	Game: Survive on the Moon (M2) Interactive Game	<p><u>Purpose and Key Lessons Learned:</u></p> <ul style="list-style-type: none"> • Reinforce that groups typically make better problem-solving choices than individuals do when confronted with complex issues • Illustrate group dynamics based on interactive exercise • Practice hands-on facilitation, recorder and reporter skills 	<p>Presentation Slides (‘M2 Survive on the Moon’)</p> <p>Copies of handout (‘M2 Survive on the Moon’)</p> <p>Flip chart</p>

Toolbox: Sample of Training Outline (Cont.)

TIME	LEAD	TOPIC / DESIGN	NOTES/ TRAINING OBJECTIVE	RESOURCES/ TOOLS NEEDED
			<p><u>Overview of Activity – 45 min:</u></p> <ul style="list-style-type: none"> • 10 min: Introduction to Group Activity • 20 min: Small Group Discussions • 15 min: Debrief and Key Points 	
9:30 - 10:15	Ginna	Communication Style Assessment (M3) Individual Assessment; Presentation with PowerPoint slides; Group Activity	<p><u>Purpose and Key Lessons Learned:</u></p> <ul style="list-style-type: none"> • Allow individuals an opportunity to gain insights into how others see them • Give insights into communications style, building trust, and issues which disrupt group effectiveness and trust • Help participants identify ways to adapt to others in order to build more effective relationships <p><u>Overview of Activity – 30 min:</u></p> <ul style="list-style-type: none"> • 02 min: Setting the Context/Instructions • 03 min: Individual Styles Assessment • 15 min: Facilitator Presentation • 10 min: Small Group Discussion 	<p>Presentation slides ('M3 Communications Styles Assessment')</p> <p>Copies of handout ('M3 Behavior Style Inventory Form' and 'M3 Behavior Style Inventory Graph')</p> <p>Flip chart; masking tape</p>

Real World Resource: NQC Training Resources

The following NQC training resources can be found at NationalQualityCenter.org to assist trainers in developing training content:

- The Quality Academy is an Internet-based modular learning program on quality improvement, which stress quality improvement theories and methodologies, real world examples from other HIV providers, and methods for applying this information in HIV programs. Trainers may download and use the presentation slides for each tutorial.
- *The NQC Game Guide* includes 21 distinct games and is organized around five “critical concepts” for quality improvement; that is, five ideas that need to be understood to be comfortable in quality improvement work.
- *The HIVQUAL Group Learning Guide* provides workshop materials for facilitators to help them conduct interactive group exercises to promote quality improvement among HIV providers.

While the above steps help in the essentials of creating a training curriculum, the following two tips provide guidance on how to make a training program as effective as possible in reaching adult learners.

Incorporate adult learning theory

It is important to remember target audiences when planning and conducting trainings because of this simple fact: adults learn differently. The application of the adult learning theory helps trainers to better connect with participants.

- As individuals mature, they tend to prefer self-direction. The role of the instructor is to engage in a process of inquiry, analysis, and decision-making with adult learners rather than to transmit knowledge alone.
- Adult experiences are a rich resource for learning. Adult learners retain information more easily if they can relate it to their past and current experiences. As a result, active participation in planned experiences — such as discussions or problem-solving exercises, as well as an analysis of those experiences and their application to

work or life situations — should be the core methodology for training adults.

- Adults are aware of specific learning needs generated by real-life events. Their needs and interests are starting points and serve as guideposts for training activities.
- Adults are competency-based learners. They want to learn skills or acquire knowledge that they can apply pragmatically to their immediate circumstances. Life or work-related situations present a more appropriate framework for adult learning than academic or theoretical approaches.

Address all learning styles

Keep participants engaged by mixing up the teaching styles. Most people learn more if they use more than one sense when encountering new information. When developing quality improvement trainings, try incorporating visual, auditory, and experiential learning components. Activities that put participants at ease and reduce tension or boredom can help set the stage for real learning. During full-day conferences or workshops, think about introducing ice-breaker games, group challenges, peer sharing activities, or role modeling examples.

Real World Resource: NQC Training Programs

NQC offers a variety of advanced quality improvement trainings programs:

- The Training-of-Trainers (TOT) program offers in-depth training for quality staff or Response Team members on how to train others in quality improvement principles and methods. NationalQualityCenter.org/TOT
- The Training of Quality Leaders (TQL) program develops the skills of quality managers and those who direct quality management programs to more effectively lead and facilitate quality improvement activities. NationalQualityCenter.org/TQL
- The Training on Coaching Basics program (TCB) teaches in-depth techniques for coaching agencies and other stakeholders in quality improvement. NationalQualityCenter.org/TCB

- The Training of Consumers on Quality program (TCQ) trains consumers on the basics of quality improvement to empower them to engage with local quality efforts. NationalQualityCenter.org/TCQ

Identify Individuals to Become Improvement Coaches

In addition to offering training opportunities, many grantees need technical assistance and coaching to develop their capacity for quality management. Individuals, equipped with the appropriate knowledge and attitude, need to be identified to provide on-site and off-site coaching to grantees based on their local technical assistance needs.

Those responsible for coaching should aim to build relationships with grantees to foster an honest, ongoing appraisal of the grantee's challenges around improving HIV care and to assist them in meeting the quality management skill level needed to actively participate in cross-Part collaborative efforts.

The Response Team has the following options to identify individuals to become quality improvement coaches:

- Select members of the Response Team with the appropriate skill set
- Reach out to RWHAP grantees, particularly those with networks in the region who are already coaching others or have the potential to do so
- Contact NQC and ask for a regional list of successful graduates of its Training of Quality Leaders (TQL) or Training on Coaching Basics (TCB) programs

The following skill sets are essential for coaches and can be used for either selecting the most appropriate coaches or for determining individual coaching strengths and weaknesses:

- **Quality improvement proficiency**
Coaches with excellent quality improvement technical expertise and knowledge can best guide grantees

through challenges. This means they should be proficient in the practical application of quality improvement methodologies and tools for a variety of unique front-line providers. Coaches should also be well-versed in quality improvement resources specific to HIV.

- **Communication style**

Coaches with communication skills are able to facilitate group work and motivate quality teams to succeed. These skills include the capacity to listen, assess verbal and nonverbal cues, and deliver information through speaking and writing. Coaches should also interact with grantees in a professional, nonjudgmental manner and be friendly and approachable.

- **Organizational skills**

Coaches with operational skills keep improvement efforts organized and dependable. Important operational skills such as developing action plans relative to the agreed-upon goals, tracking progress over time, and maintaining clear and accurate documentation are essential. Coaches should also have a basic understanding of data analysis and graphing.

- **Self-awareness**

Coaches with self-awareness ensure their personal strengths are employed regularly and personal weaknesses do not obstruct the quality improvement process. This means coaches should know their own strengths, weaknesses, and limitations to determine their roles in group settings that will effectively meet the overall objectives. Coaches should also recognize their own biases, misunderstandings, and limitations that may contribute to interpersonal tensions.

- **Flexibility**

Coaches are adaptive to change and variable environments and are able to overcome unforeseen barriers to achieving established goals. A coach should be able to use multiple approaches to achieve the same goal and choose which method is most successful based on the individual environments and the quality team's learning styles, values, and cultural norms.

Before making these coaches available to grantees, the Response Team should ensure that each coach is familiar with essential coaching functions and that the group of coaches collectively covers all coaching domains. Training and ongoing support of these coaches is essential for success. The Response Team can apply the following support structures:

- Arrange routine face-to-face meetings with coaches and provide them with content updates
- Set up an online depository, such as GlassCubes, to promote peer-to-peer sharing of best practices
- Sign-up individuals for NQC's Training of Quality Leaders (TQL) or Training on Coaching Basics (TCB) programs to advance their coaching skills
- Ask for assistance from NQC or hire an external coach to provide routine support for regional coaches

Real World Resource: Coaching Functions

A well-rounded quality improvement coach encompasses the following key coaching functions that they need to actively embrace:

1. Quality Improvement Catalyst:

- Promotes quality improvement activities and assists subcontractors in maintaining momentum toward their quality improvement goals
- Provides an improvement framework for advancing HIV care in the context of the organization and its objectives
- Helps organizations to identify and prioritize the opportunities for improvement, including barriers to access and resources
- Reinforces the need to change and supports organizations and individuals in generating enthusiasm for change to enable providers to achieve their quality improvement goals
- Creatively seeks opportunities for testing improvements to support local adoption of improvement projects
- Promotes the development of an organization-wide infrastructure for quality management
- Enables the formation of quality improvement teams to reach specific quality improvement goals

2. Collaboration Builder:

- Helps grantees build collaborative partnerships to achieve their improvement goals
- Builds trusting work relationships with individuals and groups
- Partners with all disciplines and builds consensus around common goals
- Helps providers ensure all stakeholders and required decision-makers are involved when needed
- Recognizes team roles and leverages the diversity of functions and competencies to accomplish those goals
- Engages organizational leaders in the improvement process to lead improvement initiatives
- Effectively negotiates group processes while balancing individual needs

3. Strategic Thinker:

- Strategically develops a system-level quality management program and assists others in doing the same
- Understands the complexities of health care organizations and recognizes the importance of a systems approach for improving HIV care
- Assists providers in strategically developing an organization-wide quality management program incorporating multiple perspectives
- Develops or assists providers to develop a written quality management plan, including a master implementation work plan with detailed milestones and roles/responsibilities
- Identifies and engages internal and external stakeholders who are instrumental for successfully sustaining the quality management program

4. Capacity Builder:

- Helps grantees build their capacity to implement quality improvement on their own
- Builds the quality improvement capacity of HIV providers using different training modalities
- Identifies training needs and desired learning outcomes and selects effective teaching strategies
- Develops educational plans to outline training activities over time

- Develops training curricula and training content relevant to the trainee audiences
- Presents quality improvement content in group settings, such as workshops
- Shares relevant pivotal examples from peer organizations to spread improvements

5. Facilitator:

- Guides grantees through group processes
- Manages team dynamics and recognizes barriers to team effectiveness
- Manages meeting logistics, including agenda development
- Evaluates team dynamics and group behaviors and provides individual and group feedback
- Mentors individuals to reach their potential in the group or organization

6. Measurement Advocate:

- Advocates for a system-wide performance measurement system that meet the needs of the grantee and subcontractors for monitoring quality and outcomes of change efforts
- Develops a system-wide performance measurement system reflective of internal and external needs
- Articulates the framework for an organization-wide performance measurement system, and helps provider organizations do the same
- Helps organizations and networks define key indicators to effectively measure the quality of HIV care
- Assists performance measurement systems to routinely produce performance data reports
- Analyzes and gives feedback on data reports, and facilitates sharing them with internal and external stakeholders
- Continuously advocates for linkage of data findings with quality improvement activities

7. Objective Assessor:

- Assesses performance, gives feedback, and tracks progress over time

- Assesses the organizational quality management program using standardized assessment tools
- Provides oral and written recommendations based on key review findings
- Develops action plans which outline upcoming milestones, roles, and responsibilities
- Tracks the implementation of the action plan over time and re-adjusts the plan when needed
- Provides feedback to organization regarding progress, delays, timelines, action items, and successes
- Routinely tracks the progress toward an agreed-upon goal

Coach Individual Grantees to Advance Their Quality Management Proficiency

The Response Team has the opportunity to provide coaching to those grantees that are in need of technical assistance for quality improvement. Before coaches can assist RWHAP grantees in the region, the Response Team needs to establish the following basic system to monitor the various coaching activities:

- Develop a technical assistance request form to identify the quality improvement needs of RWHAP grantees
- Establish a procedure to triage incoming requests for coaching and to match these technical assistance requests with available skill sets of coaches
- Institutionalize a tracking system for routine reporting of coaching activities, to be routinely reviewed by the Response Team
- Create a feedback mechanism for grantees to report their coaching experiences

Coaches should use the following tactics to engage RWHAP grantees in building their capacity for quality improvement:

- Create personal connections
 - Be positive, supportive, and approachable
 - Provide appropriate praise and constructive criticism
 - Discuss weaknesses in a nonthreatening manner

- Observe nonverbal communications
- Be calm and respectful
- Allow disagreement and do not take sides
- Focus on the “system” and not the individual
- Objectively assess organizational needs
 - Be clear about the objective in assessing the quality management program and its quality improvement activities to improve HIV care
 - Use questions to facilitate stakeholder thought processes
 - Use standardized assessment tools
 - Provide immediate feedback
- Assist stakeholders in articulating measurable goals
 - Provide training on developing measures during stakeholder meetings
 - Provide worksheets or tools for use in developing measures
- Cheerlead quality improvement activities
 - Check in on a regular basis to provide support and encouragement
 - Highlight stakeholders’ successful improvement activities with their leadership and peers
- Help to develop an action plan and provide feedback
 - Use organizational assessment tools to identify capacity building needs
 - Develop clear goals and an action plan for building capacity

Many grantee staff responsible for quality management use standardized organizational assessment tools to evaluate RWHAP quality management programs and coach them toward more robust quality management infrastructure. It can be useful to track organizational assessment scores on a spreadsheet to monitor and track technical assistance needs and improvements over time.

It is critical that the coaches routinely report their experiences to allow the detection of quality improvement themes across multiple grantees. The Response Team can make adjustments to the capacity building plan and reach more grantees with similar technical assistance needs.

Real World Resource: NQC Organizational Assessment Tools

NQC developed standardized quality management assessment tools for each RWHAP Part. To access resources, visit the NQC website at NationalQualityCenter.org/CrossPart-Guide.

Checklist

To help ensure that capacity building activities are adequately performed, use the checklist below to track progress and identify activities needing more focused attention.

✓	ACTIVITY
	Assess needs and gaps in quality improvement knowledge.
	Write an educational plan to guide capacity building activities.
	Develop quality improvement trainings that address the needs of specific audiences.
	Identify Response Team members or other individuals to serve as coaches.
	Coach grantees on quality improvement to increase their capacity to participate in cross-Part efforts.
	Evaluate capacity building efforts to update and improve the capacity building plan.

Key Lessons Learned:

- ✓ Needs and gaps in quality improvement knowledge can be assessed through a variety of mechanisms, including online surveys.
- ✓ Conduct a full-day meeting to write the capacity building plan.
- ✓ Determine past training activities in the region and work with training organizers to incorporate quality improvement topics.
- ✓ Use a variety of capacity building interventions to increase knowledge from different angles; explore training options beyond face-to-face workshops.
- ✓ Use adult learning theories to ensure that trainings are as effective as possible for audiences.
- ✓ Use the same pre-training and post-training assessment survey to compare the effectiveness of trainings.
- ✓ Convene routine face-to-face meetings with all coaches to self-assess their strengths and weaknesses and allow for sharing of best practices.
- ✓ Offer trainings and other educational opportunities for a variety of skill levels to account for staff turnover at facilities and on the Response Team.

Chapter 9: Sustaining Cross-Part Collaborative Efforts

The Big Picture

“We now try to weave quality into everything being done. Quality is now in the forefront of thought. We fit it in everywhere.” —Cross-Part Collaborative Participant

The core of any truly successful collaboration is the ability to sustain improvement activities over time. The sustainability of these efforts requires the development of a culture of quality that is woven into the institutional fabric and systematized so that improvements become the status quo. Reflective assessments of goals and achievements, ongoing efforts to freshen relationships and buy-in, and a region-wide attempt to celebrate successes all contribute to sustaining improvements over time.

What to Do:

- Support sustainability of grantee and cross-Part quality management infrastructures
- Institutionalize successful improvement projects
- Assess Response Team effectiveness
- Sustain Response Team infrastructure
- Revisit Response Team members and their roles
- Prepare for Response Team membership turnover
- Continue to address remaining quality improvement issues

Support Sustainability of Grantee and Cross-Part Quality Management Infrastructures

Cross-Part collaboration demands significant time, energy, skill, and dedication. To ensure that all these improvements experienced by the regional grantees do not diminish over time, the Response Team must encourage each grantee’s quality management committee to integrate quality into their daily HIV care delivery systems and also work towards sustaining the established cross-Part infrastructure. The Response Team is charged with supporting the sustainability of both of these levels: grantee quality efforts, as well as the cross-Part quality management infrastructures.

The Response Team and individual grantee programs should use the following four key concepts to foster sustainability:

Provide training and education

Quality improvement has its own body of knowledge and skills that are necessary in completing project work and implementing quality management strategies. The Response Team should organize ongoing local or region-wide trainings to further increase skills at the grantee or agency level. With staff turnover and new additions to the Response Team, capacity building efforts must be sustained over time.

Maintain open communication pathways

An open flow of communication between the Response Team and grantees is critical for sustaining regional improvement efforts. This flow of information should also occur at the agency level. Open communications between the agency's quality management committee and the staff involved in cross-Part improvement activities help to ensure steady progress toward established goals and buy-in at the agency level for cross-Part activities. The simplest way to endorse communication is to create an open door policy. Project status reports, barriers and successes, and offers to assist grantees should be part of routine communication strategies.

Recognize staff member efforts

The Response Team should always recognize the efforts of the grantees as they make progress towards goals and improvements are actualized. The Response Team encourages that same practice at the grantee level. Staff members are the backbone of the HIV quality program and recognizing their efforts regularly reinforces the importance of their quality improvement work. This might occur through personal letters or emails, public postings, articles in newsletters, or verbal recognition at meetings or conferences.

Demonstrate program successes

The Response Team builds excitement for regional collaboration work by publicizing its success stories regionally or nationally and should encourage grantees to do the same at the agency level. Grantees can recognize team results formally at board meetings, during full staff meetings, at conferences, and in reports to internal and external councils or committees. In addition, success storyboards can be mounted in the various waiting rooms, so patients as well as others can appreciate the efforts.

Toolbox: Basic Resources that Can Help Sustain a Regional Collaboration to Improve HIV Care

NEEDED RESOURCE FOR SUSTAINABILITY	TYPE/QUANTITY OF NEEDED RESOURCE	POTENTIAL OPTIONS FOR SECURING RESOURCES
SCHEDULED REGIONAL MEETINGS	<ul style="list-style-type: none"> • Time (hours, frequency) • Meeting space • Travel funds • Packet printing costs • Web/phone conferencing system 	<ul style="list-style-type: none"> • Request HAB to put meeting attendance in RWHAP guidance • Allocate money in grant applications • Piggyback with other meetings • Request in-kind contributions or pooling of funds from stakeholders
ROUTINE COMMUNICATIONS	<ul style="list-style-type: none"> • Web/phone system • Postage/shipping • Listserv • Electronic directory 	<ul style="list-style-type: none"> • AETC/NQC • State/local resources
LEADERSHIP SUPPORT	<ul style="list-style-type: none"> • Indirect participation by decision-makers at grantee sites, university faculty, political appointees, and elected officials 	<ul style="list-style-type: none"> • Required mandates for HAB • Contracts to require leadership to support QI • Identify champion leaders • Develop marketing strategy to influence and gain public support for pressuring leaders
FRONT-LINE SUPPORT	<ul style="list-style-type: none"> • Direct participation by clinical providers, case managers, consumers, quality managers, and data/IT staff 	<ul style="list-style-type: none"> • Use HAB current RWHAP provider list to identify potential planning team members • Organize local/state HIV consumer groups • Use SurveyMonkey to engage stakeholders by collecting their ideas and feedback and then returning a statewide QM plan • Incorporate key partners outside RWHAP system

NEEDED RESOURCE FOR SUSTAINABILITY	TYPE/QUANTITY OF NEEDED RESOURCE	POTENTIAL OPTIONS FOR SECURING RESOURCES
QM PLAN AND WORK PLAN	<ul style="list-style-type: none"> • A written plan serving to guide and document all improvement activity • A corresponding work plan with assigned time frames and responsible individuals 	<ul style="list-style-type: none"> • Team Secretary/Recorder with work group or co-chair • Seek input from other collaboration participants with an interest and skill in writing • Review other cross-Part QM plan samples
STATEWIDE CROSS-PART QM COORDINATOR POSITION	<ul style="list-style-type: none"> • Full time position that is centrally located and embedded into the regional RWHAP fabric 	<ul style="list-style-type: none"> • Ask state DOH for dollars • Pool money from all Part grantees • Tap into HRSA funding • Write letters to state officials • Switch from salaried position to volunteer position where leadership rotates among grantees to avoid burnout
HRSA/HAB MANDATES	<ul style="list-style-type: none"> • Cross-Part QM participation required in RWHAP grant guidance • Letters from HAB Project Officers directing involvement • Require cross-Part involvement be demonstrated at site visits 	<ul style="list-style-type: none"> • Additional and specific financial support for cross-Part activities in RWHAP grant guidance • Require cross-Part data in Part reports • Clarify/standardize QM language across Parts • Require standardized measures and provide options

Institutionalize Successful Improvement Projects

Every improvement project reaches an end point. Before the Response Team completes one improvement project and starts the next, it is important to take the necessary time to guide those involved in systematizing the changes they have tested and successfully implemented. Many hours are often dedicated to instituting a change idea and too often, those gains are lost. The goal is to institutionalize improvements so that they become the new ‘status quo’ and so that gains are sustained over time.

The following actions are helpful in maintaining the long-term effects of hard-earned improvements:

Re-measure performance levels

The process that has been improved should be re-measured routinely to ensure that gains do not recede. The re-measurement should be integrated both into the Response Team’s work plan and into the grantee’s quality management program. The teams should also decide on a threshold at which a renewed focus on that project would be triggered.

Educate staff to support improvements

Some level of training will always be necessary to ensure that all staff understand new tools and process changes, as well as their new roles and responsibilities in implementing the planned improvements. The Response Team provides cross-institutional training to regional grantees, as well as guides grantees in conducting their own trainings at the agency level.

Identify a champion of change

All Response Team members become champions of change, and they must strive to identify and support at least one champion at each agency. These individuals have a passion for quality and intimate knowledge of the improvements; thus, they become the local and regional ‘human faces’ of the new status quo and a visual reminder to sustain the changes of that improvement project.

Ensure ownership of change

Steps taken to ensure the ownership of changes help make the improvement project ‘part of the new institutional fabric.’ Every opportunity is used to promote the new status quo to the entire staff either at staff meetings, through storyboards in hallways or in mini-presentations, as well as during regional conferences and meetings. These activities send a clear message that quality activities are everyone’s responsibility and keep the momentum of change going.

Institutionalize changes

The Response Team reviews and revises, if necessary, their policies and procedures to ensure that new processes are documented. The team may also consider updating job descriptions to include more defined quality responsibility. The process of sustaining project gains must be clearly communicated to leaders and key stakeholders to ensure system-wide buy-in. These changes should also be institutionalized at the grantee level within agency quality management committees.

Real World Resource: Action Planning Tool for Systematizing Improvements

Institutionalizing successful improvements to ensure benefits are maintained is a process that is facilitated by watchfulness and documentation. The tool “Action Plan for Systematizing Improvements” has been designed to track the improvement and maintenance of individual improvement projects and can be used for any quality improvement project. To access this resource, visit the NQC website at NationalQualityCenter.org/CrossPartGuide.

Assess Response Team Effectiveness

While the Response Team is working to guide grantees in their efforts to systematize change at their facilities, they also need to re-evaluate their own effectiveness. Evaluation activities are important in making routine revisions to annual quality management plans. This applies to site-specific as well as region-wide quality management plans. As improvements are made and maintained in one area, new measures can then be selected to further enhance the region's RWHAP care system. This continuous process both expands and sustains improvements in HIV care.

The Response Team may begin a self-evaluation by asking several basic questions:

Cross-Part quality management infrastructure

- Was the Response Team effective in its efforts to improve the quality of HIV care services across the region?
- Does the cross-Part collaboration infrastructure require changes to improve how quality improvement work around the region gets done?
- Are Response Team roles still appropriate and effective for the work that needs to be done?

Annual cross-Part improvement goals

- Were annual quality goals for quality improvement activities met?
- What were the strengths and limitations?

Cross-Part quality management collaboration performance measures

- Are current measures appropriate to assess RWHAP care systems and programs?
- Are results in the expected range of performance?

Stakeholder involvement in cross-Part quality improvement activities

- Did all appropriate stakeholders participate in cross-Part quality improvement activities?
- Were all stakeholders informed about ongoing quality activities?
- Are all stakeholders knowledgeable about quality improvement methodologies?

Annual cross-Part quality improvement activities

- Did the implementation process go as planned?
- How often were established milestones met at both the regional and grantee level?
- What were the strengths and limitations of the implemented activities for improving care?

The responses can help shape and reformat the Response Team and its infrastructure to better respond to the tasks it has designed.

An expressed goal of any cross-Part work by Ryan White HIV/AIDS Program (RWHAP) grantees is to better coordinate local care systems and to strengthen regional partnerships across Parts. To ensure that this goal is routinely met over time, the Response Team uses the standardized NQC assessment tool to gauge the level of ongoing cross-Part collaboration. This tool, the NQC Cross-Part Collaboration Assessment Tool, is described in further detail in Chapter 3. The results guide the evaluation and help focus on areas where the most improvements are most needed. The tool employs a concrete scoring system and can be implemented annually to track progress and shift priorities. Continual assessments help the Response Team drive and sustain regional improvement efforts.

Sustain Response Team Infrastructure

Sustaining an established infrastructure is a challenge when there are changes in leadership, loss of key membership, the addition of new partners with different perspectives or agendas, or reductions in funding. To address these potential barriers to sustainability, several collaboration projects developed organizational charts of their Response Team infrastructure to provide a mechanism for future cross-Part efforts to be anchored to the original vision.

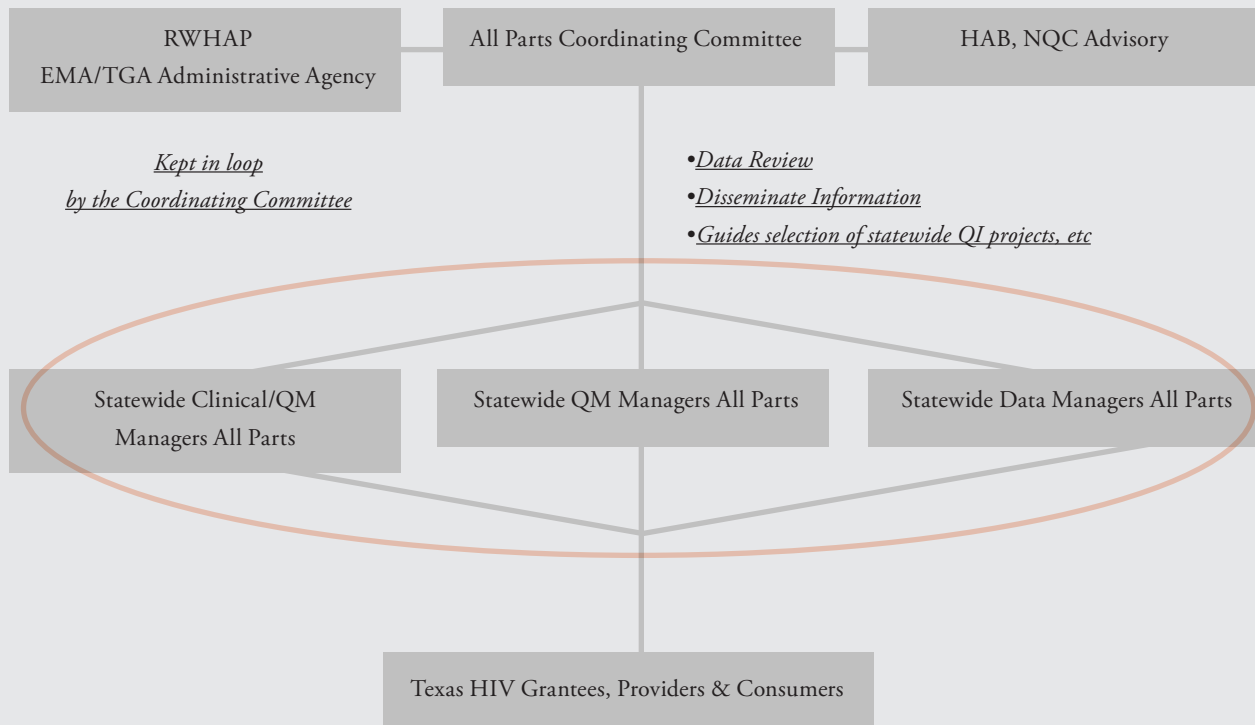
Finding a “home” to provide the Response Team with ongoing support in terms of meeting space and logistical assistance is essential. Gaining the support of senior level management is equally important. Communicating progress and success to senior leaders keeps the collaboration among RWHAP grantees on everyone’s priority list. Sustained support from senior management helps ensure that the basic needs of the Response Team are met. In addition to space, these might include a conference phone and conference line, laptop projector availability, Internet access during meetings, and even parking availability. Having a home with physical supports and senior management buy-in facilitates long-term commitment by Response Team members.

Toolbox: Integration of Response Team into Existing Infrastructures

The infrastructure from the cross-Part Texas team is depicted below. An additional example from the Virginia's quality management program structure is depicted online at NationalQualityCenter.org/CrossPartGuide. In Virginia, the state's Quality Management Advisory Committee embraced the statewide cross-Part collaboration and absorbed their goals and activities. The chart below shows the structure of the Texas HIV/AIDS Quality Improvement Coordinating Committee:

TEXAS HIV/AIDS QUALITY IMPROVEMENT COORDINATING COMMITTEE

PHASE I INFRASTRUCTURE 2010-2012



Communication by Routine Telephone Conference Calls and Emails

Revisit Response Team Members and Their Roles

Experienced cross-Part Response Team Leaders explain that if all team members fulfill their roles and perform the tasks assigned to them in a timely manner, the team progresses effectively. After each full year of cross-Part activities, the Response Team should reflect on the appropriateness of assigned roles and responsibilities and should allow the flexibility to make adjustments to better meet their ever-changing needs. They may ask themselves the following basic questions:

- Were the assigned roles and responsibilities sufficient to address the activities that needed to occur? Is an additional role needed?
- Was any particular team member overburdened and unable to meet the expectations of his or her role? Is there a team member with skills that were underutilized?
- Is there room for more co-leads, or is there a need for a work group to help get work done more efficiently?
- Is the Response Team missing a particular skill set?
- Is the Response Team lacking diversity in terms of race, ethnicity, gender, sexual orientation, geography, Part, or other personal demographic that would help bring all perspectives to the table?
- Was the consumer participation effective on the Response Team? Is there a need for more consumer training or participation?
- Do you have a plan in place to address any Response Team membership changes? Can you survive a loss of leadership, or a change in our data liaison or other key role?
- How would we begin to recruit new key Response Team members should replacements be necessary? Do we need an application process?

If regional improvement activities are to be fully realized and sustained over time across all RWHAP Part-funded grantees, the processes put in place by the Response Team should be aligned with the original vision and the annual cross-Part quality management plan. This graphic is a simple reminder to the Response Team of how they might continually evaluate, revise, and plan for sustained activities.

Prepare for Response Team Membership Turnover

Response Team members are the driving force behind ongoing and sustained regional improvement activities, and therefore, the Team must remain fully staffed and engaged to ensure that grantee efforts continue. The Response Team should define a process for maintaining membership in the event that a key lead leaves the Response Team. This transition planning might be outlined within the regional quality management plan, or might be a document that stands on its own.

There are several strategies to consider when deciding how to ensure sustained membership:

- Use “Co-Leads,” so that when one person vacates a position, an experienced team member is already on board to assume additional duties until a replacement is found.
- Use “Assistant Leads” in roles where Co-Leads are not warranted. The Assistant Lead should assume that role with the understanding that they will be called on to accept the lead role in the event of turnover.
- Establish workgroups from which to find a new lead who already has some experience in the needed role.
- Develop an application and establish an application process to look externally for a new member.
- As the Response Team members become familiar with the staff at participating agencies, start to compile a list of provider and agency staff experts who might be able to make a valuable contribution to the team. Review this list if needed to recruit new members and lead roles.

- Establish a solid list of skill sets needed for each role, so that potential applicants can weigh their own assets against the job criteria.

Continue to Address Remaining Quality Improvement Issues

Ultimately, each grantee has the responsibility to act on its commitment toward cross-Part collaboration both for itself and for any subgrantee(s) it may administer. There are numerous strategies for the grantee to ensure their subgrantees' compliance with cross-Part quality improvement efforts. These include contract agreements, site visits, quarterly report submissions, submission of data for defined quality indicators, and chart audits conducted by external reviewers.

However, it is also within the scope of the Response Team work to attempt to identify any remaining improvement issues and jointly strategize with grantees to address them. If the Response Team communication lines are wide open, grantees are able to alert the team to any lingering issues they cannot or did not address themselves. Additionally, the Response Team should conduct intermittent needs assessment surveys to identify any region-wide weaknesses or issues of ongoing concern.

The Response Team has the potential to assist with any remaining improvement issues, and they can address them in several ways:

- If a concern is isolated within one grantee or agency, the Response Team might match one of its members or another participating grantee with the struggling entity. On-site, friendly one-on-one TA can produce immediate results and build lasting symbiotic relationships.
- If a concern is common to a number of grantees or agencies and the issue is not terribly complex, a training webinar may be helpful. The Response Team can share the webinar slides and notes widely or email them to participants unable to attend the initial presentation.
- If a concern is common but complex in nature, the Response Team can offer a region-wide training. The Response Team Facilitator can make arrangements, the Communicator can advertise the event, and the Team Leader can engage the Quality Improvement Trainer or an AETC staff member to identify speakers and presenters.

It is critical to the sustainability of region-wide collaboration efforts that grantees or agencies do not struggle to participate. Levels of frustration rise, wheels start to spin, and productive work ceases when obstacles remain unresolved. As the collaboration progresses, the Response Team becomes acutely aware of where specific aspects of expertise lie in the region. If trustful and respectful relationships have been built, it is a simple task to engage those with the needed expertise in providing assistance in areas where it is needed. The Response Team should always follow up on any technical assistance provided to confirm that it has been helpful, that the problems have been addressed, and that staff members can participate fully going forward.

Checklist

The following sustainability checklist contains a set of actions that need to occur to keep the collaboration sustained. To help ensure ongoing and productive quality improvement work region-wide, the Response Team should revisit this checklist each year and check off those tasks that are successfully accomplished.

✓	ACTIVITY
	Maintain a functional Response Team with dedicated leadership, regular meetings, and posted minutes.
	Write and annually update the cross-Part quality management plan.
	Have an action-oriented work plan in place that designates individuals per task and depicts time frames for activities.
	Acquire input from all grantees and providers regarding project priorities and training needs.
	Routinely collect and analyze performance data and provide feedback to each grantee after each submission.
	Establish a method of communication to advise all grantees of all regional events, activities, and updates.
	Secure and maintain buy-in from all grantees and senior management.
	Assess annually the effectiveness of Response Team roles and the assignments of tasks.
	Identify a process for addressing Response Team turnover, and the replacement and training of new key roles or members.
	Have at least one active consumer on the Response Team who brings a personal perspective to the table and liaisons with other regional consumers.

Toolbox: Sustainability Tips

Several experienced collaboration projects share some tips on maintaining support for sustained regional quality improvement activities:

Recommendations from the District of Columbia

- Ensure commitment and buy-in from the administrative agents across the region. By having them engaged from the start, they are able to answer questions from their respective subcontractors and show their commitment to the process.
- Use the Response Team to leverage the relationships with each other and the respective agencies to gain buy-in. Having a balance of quality management professionals, data experts, executive directors, and consumers from across the EMA resulted in a well-informed and democratic process.

Recommendations from Connecticut

- Demystify the quality improvement lingo to facilitate sustained work with confidence.
- Try to use CAREWare as the quality management network's centralized server for data collection to reduce the need for complex software adaptations, increase analysis efficiency and improve data system alignment. Reducing the data burden on providers makes sustained work easier.
- Use a survey process through face-to-face meetings, webinars, or SurveyMonkey to identify potential quality improvement projects that could be achievable in 12 months and that stakeholder participants believe would result in important enhancements to consumer well-being. Value input.
- Design individualized TA for each provider to customize and align data collection efforts across Parts. Targeted TA reduces problems and encourages ongoing participation.

Recommendations from New Jersey

- Success breeds success. Highlight individual provider successes to all, so that credit is given to hard work and sustained efforts are encouraged.
- Seek low-hanging fruits when initially prioritizing quality improvement projects — those with high yield and low effort will reduce any remaining stakeholder resistance to cross-Part engagement by providing evidence that cross-Part collaboration does improve care.
- Try tackling harder quality improvement projects when the collaboration process is already fully integrated into the fabric of the region's RWHAP system and few can remember the era of RWHAP Part silos.
- Use state epidemiological data to substantiate stakeholder-identified need and to help in prioritizing impactful quality improvement projects.
- Implement electronic and confidential voting and opinion polling during statewide provider and grantee meetings to engage stakeholders in the prioritization process and adhere as much as possible to their choices. If their voices are heard, sustained work will continue.
- Offer further online surveys to assess training needs. Do this at least every time you implement a new region-wide quality improvement project, so that all grantees are prepared to participate.

Toolbox: Sustainability Tips (Cont.)

Recommendations from Pennsylvania

- Ensure that all Response Team members are clear about the time and commitment involved to participate fully.
- Leverage existing statewide meetings to communicate and gain stakeholder input and support.
- Use electronic forms of communication whenever possible — especially in states with large geographic distances between grantees and/or with few available quality management resources to tap into.
- Consider whether to use clinical or nonclinical measures — medical case management was very ambitious and can be challenging.
- Conduct an effort-yield matrix for decision-making about which quality improvement project would be best to select for the state. A sample effort-yield matrix tool is provided below.

	EFFORT HIGH	EFFORT LOW
YIELD HIGH		
YIELD LOW		

Recommendations from Texas

- Talk about sustainability early.
- Seek total upper management buy-in. This is critical for keeping efforts sustained.
- Watch for red flags and changes in dynamics. Quickly address any resistance or reluctance.
- Use a decision matrix to help prioritize and plan for future quality improvement projects.
- Do not forget to ensure data integrity at all times. Good data cause less frustration and more confidence, making sustained work easier.
- Try marketing and branding to increase public awareness and build stakeholder interest.

Recommendations from Virginia

- Sustainability depends heavily on convening and personal face-to-face interactions.
- Everyone at the table is an equal. Each participant needs to be treated that way if they are to sustain their efforts.
- Use surveys to build consensus across the state before selecting a region-wide project.
- Pick a quality improvement project that can be completed AND will produce real results to enhance provider pride.
- Avoid taking on simultaneous quality improvement projects even in cases where there are “ties” between prioritized projects.
- Train data entry staff before initiating any quality improvement project. Poor data cause frustration which causes reduced participation.
- Take on small pieces of the quality improvement project one at a time until experience levels are high. Avoid diminished interest due to frustration or lack of successful progress.

Key Lessons Learned:

- ✓ Learn from collaborative projects that are already sustainable. Reach out to the Response Team Leaders for advice or guidance.
- ✓ Everything in the collaborative process is connected. Everyone's work is connected to each other's work. When everyone does their job, progress is swift and sustained work continues.
- ✓ When participants feel that their voice is heard and their needs are addressed, sustained work is less of a burden, and buy-in is more abundant.
- ✓ Buy-in from providers as well as upper level management needs to be acquired, nurtured, and maintained so that participation does not diminish over time.
- ✓ The Response Team needs to help promote a culture of quality in every agency. The improvement process is the function of every staff member, every day.
- ✓ Don't discourage sustained participation by reaching for goals that will cause unmanageable burden, are too expensive to fix, or are not relevant to the majority.
- ✓ A collaboration project is a dynamic process. Allow flexibility and continue to update and amend processes and structures to best facilitate your goals.
- ✓ Strive to keep the project fresh. Step back occasionally and review the "raison d'être." Ask "Why are we here? Where do we want to go? Is there a better way to get there?"

