

Implementation of a Quality Improvement Committee

AIM: The Division of HIV and STD Programs (DHSP) wants to improve our performance management system by implementing a coordinated, functioning, and sustainable quality improvement committee to serve our entire organization.
DPH Strategic Plan Alignment: Strategic Priority 6: Improved DPH Infrastructure: strengthen DPH to remain a high-performing and innovative organization; Goal 6.6: Ensure readiness for national accreditation. Objective 6.6.d Ensure that DPH programs systematically evaluate their work and apply continuous quality improvement to assure that interventions are maximally effective.

PLAN

Identify opportunity for improvement

DHSP formed in 2011 from 3 legacy DPH programs (OAPP, HEP, and STDP) coinciding with DPH's re-energized push for quality. Since 1990 Federal legislation and Health Resources and Services Administration (HRSA) funding regulations for HIV care services stipulated and supported clinical quality management (QM). DHSP already engaged successfully in some QM activities, while some activities were missing or fell short.



Assembling the team

In 2010 legacy OAPP QM Chief, Mary Orticke recruited staff, Marcy Fenton (QM Specialist) and Juhua Wu (HRSA Analyst), to brainstorm, plan, persist, and coordinate. Leadership, Mario Pérez (director) and Sonali Kulkarni (medical director) were consulted, gave buy-in and input. HRSA funded National Quality Center (NQC) provided technical assistance by Barbara Rosa.

Examine the current approach

In 2012 B Rosa facilitated a Quality Organization Assessment (QOA)¹ that evaluated 11 elements (see Table 1) and found DHSP:

1. Did not have a formal quality committee
2. Improvement efforts are largely triggered by external forces
3. DHSP sections are responsible for its own problems and solutions
4. QI work is limited to specific staff
5. Lacks a structured data review process to regularly identify and prioritize improvement needs

Identify potential solutions

A strong sustainable quality program has 3 backbone components: (1) leadership, (2) quality committee, and (3) quality plan. As quality committee scored 1 (0-5), the first step was to establish a DHSP-wide Quality Improvement Committee (QIC) and score 3 after 1 year.

Develop an improvement theory

To score 3, the DHSP QIC² must:

- Be formally established and led by a Program Director, Medical Director or senior clinician
- Represent most disciplines
- Have defined roles and responsibilities as codified in the quality plan
- Review performance data at each meeting, including staff and consumer satisfaction, if available
- Discuss QI progress and redirects teams as appropriate
- Introduce early stages of ground rule management and efficiency tools during meetings

DO

QIC implemented

- Leadership & QIC support team pre-meet
- QIC members = DHSP ED, MD, section chiefs + support
- QIC meetings scheduled monthly; *kick off* meeting 6/12/2013
- QIC Charter drafted
- Reporting calendar prioritized
- Routine meetings include meeting agenda, evaluation, sign-in, notes, and report/review of program data
- Performance measures reviewed
- Problems identified; work plans developed
- Ongoing QI education purchased/used Public Health Quality Improvement Encyclopedia³
- Kick off meeting 6/12/2013



STUDY

QIC evaluated after 12 months

- The repeated QOA (Table 1) found DHSP quality committee improved with gap: QIC roles and responsibilities not codified in the quality plan.
- Aggregate evaluation of meetings found
 - 75% monthly meetings occurred
 - 77% members attended
 - 53% attending submitted meeting evaluation

TABLE 1.

Elements of a Sustainable QM Program	May 2012 NQC TA	May 2014 Target	Target Increase	April 2014	Actual Increase
1. A1 Leadership	1	2	100%	3	200%
2. A2 Quality Committee	1	3	200%	2.5	150%
3. A3 QI Plan	1	2	100%	2	100%
4. B1 Staff Involvement	0	1	100%	2	200%
5. B2 Staff Satisfaction	1	DNC	n/a	1	0%
6. C1 Measurement & Use of Data	2	3	50%	2	0%
7. D1 QI Initiatives	2	3	50%	2	0%
8. E1 Consumer Involvement	1	2	100%	1	0%
9. F1 Quality Program Evaluation	0	1	100%	1	100%
10. G1 Achievement of Outcomes	1	2	100%	1	0%
11. G2 Measuring Disparities	3	4	33%	3	0%
TOTAL	12	23	933%	20.5	750%
AVERAGE	1.2	2.3	92%	2	63%
RANGE	0-3	DNC-4	100-300%	1-3	0-200%

Notes: Scoring: 0 = getting started; 5 = full systematic approach to QM is in place; % change: New value - original value / original value X 100%; If value is zero, use logic; A2 Quality Committee: April 2014 2.5 as half evaluators scored 2 and half scored 3; B2 Staff Satisfaction, omitted on TA's Quality Program 5/2012 Findings & QMOA Scores

- Meetings rated (1=poor, 4=outstanding):
 - 3.3 meetings overall
 - 3.3 clarity & organization of meeting format
 - 3.2 time investment
 - 3.4 relevance
 - 3.4 applicability

Lessons learned

DHSP units vary in approach and support for QI. Programmatic units have standardized clinical services performance measures & work directly with providers on QM/QI initiatives. Operations units have different lines of reporting and ways of working together; Chiefs wear "quality hats."

Challenges

DHSP integration early & still moving: organizational chart still pending; bifurcated locations (Commonwealth and Grand); reorganization & streamlining of core functions; staffing: attrition of key leaders with high staff vacancy; QM leadership change. QIC to take hiatus from 8/2014 until 1/2015.

Accomplishments

Leadership's ongoing support & commitment; senior managers engagement, gave QIC momentum, & increased their QI knowledge; QIC's first year enabled members together to review core DHSP business reports and processes, think through and learn about each others' work products; examine & re-envision QIC structure and purpose.

ACT

DHSP QM Chief Lisa Klein worked with DHSP leadership to: re-inventory QIC purpose; increase structure; finalize charter; reduce QIC membership; balance programmatic & operations QI issues; reduce projects in number and make them concrete & achievable. Resume QIC 1/27/2015.

DHSP Contact

Lisa Klein RN MSN CPHQ: lklein@ph.lacounty.gov
 Marcy Fenton MS RDN: mfenton@ph.lacounty.gov