Advising on Provider CQM Infrastructure

Virtual CQM Training Series

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Zoom Helpful Hints

- Press esc to exit full screen
- Hover over the top right to change view options
- Place yourselves on **mute** until you're ready to chime in
- We highly encourage use of your **webcams, if possible**
- Use the chat room to interact with your colleagues and our team
- This meeting is being recorded and available for sharing along with the toolkit for this meeting
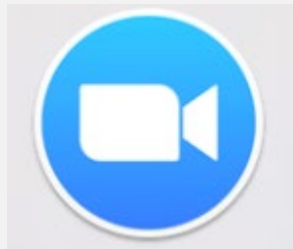
Enter your name, your AA, and a fun fact about yourself in the chat room

Name Tagging

1. Once you join the session, our team will be renaming you by adding your AA name.

2. This allows us to facilitate assigning you to the appropriate breakout sessions based on AA types.

3. If you would like to add additional information (i.e. pronouns – which we encourage) please do not erase your AA Name

4. If you get disconnected and rejoin without your AA Name, our team will add it back for you.

Learning Objectives

- Name the activities associated with CQM infrastructure you will advise providers to complete.
- Identify the overlap in methods used in CQM infrastructure and Achieving Together activities.
- Explain how to transcribe statewide and regional quality goals and CQM process into your provider organizations' CQM processes.
- Describe mechanisms you can use to advise provider organizations on their CQM infrastructure.

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Toolkit Items

- Presentation Slides
- Subrecipient OA
- DSHS CQM Plan Checklist

- Quality Progress articles:
  - A meaningful mantra
  - Some assembly required
  - Reactive to proactive
  - Essential ingredient
  - Essential evaluation
  - Growth potential
  - Course of action
  - The ultimate investment
  - Engineering engaged employees
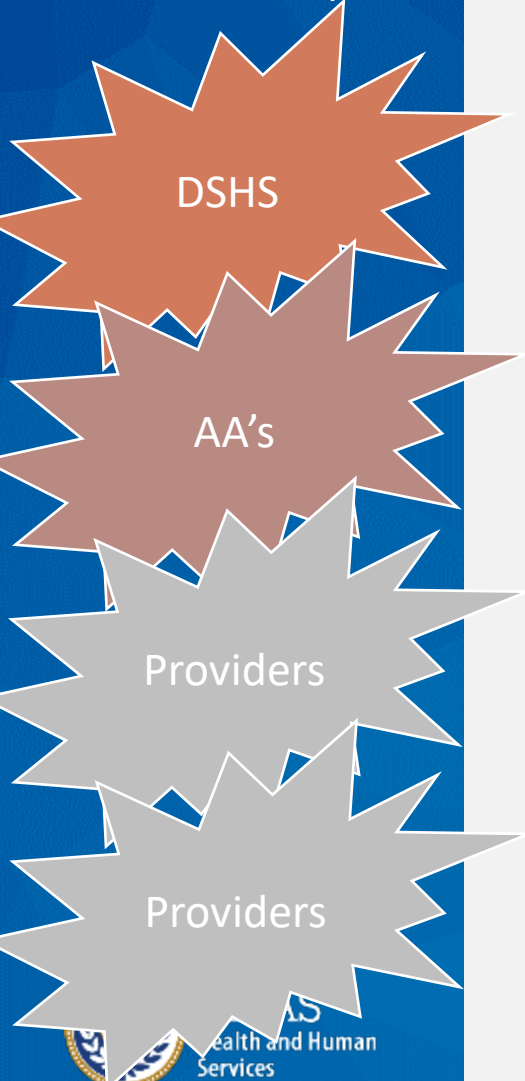
Polling Questions

Quality Control (Operations)

Quality Improvement (System Change)

Key Tasks	Data for Control	Guidance		Key Tasks	Data for Improvement	Aims Alignment

• Define core values
• Articulate principles
• Obtain and deploy resources
• Monitor "Big Dots"
• Frequent frontline observation
	• "Big Dot" system metrics, process and outcomes metrics
	• Reports to external stakeholders
		• Coaching (all tiers) in workplace
		• Monitor T2 standard work
			Tier 3 Executive, VP	• Monitor environment, anticipate change
				• Quality planning:
				  ○ Set strategic direction
				  ○ Commission and drive system-wide initiatives
				• Consistent messaging
				• Celebrate improvement
					• Aggregated system process and outcomes metrics
					• T2, system QI project status and metrics
					• Population, organization impact
						• Negotiate T2 strategic goals
						• Launch, prioritize system QI initiatives

• Interdepartmental coordination • Obtain and deploy resources • Define department metrics • Monitor department operations, planning	• T2 summary of daily operational issues • Standard department operational metrics	• Coaching T1 on standard work • Monitor staff, process capability • Monitor T1 standard work	**Tier 2 Dept. Manager, Director**	• Conduct root cause analysis • Quality planning: Commission T1 projects • Lead interdepartmental projects	• Aggregated unit process and outcomes metrics • T1 project status and metrics • Staff QI capacity	• Negotiate T1 goals • Launch, prioritize, monitor T2 projects
• Monitor unit operational status • Define unit standard work, metrics • Manage shift staffing, shift patient priorities, etc. • Incident response, escalation	• Summary of daily operational issues • Standard unit operational metrics • Incident reports	• Coaching "what to do and how" • Coaching on problem detection and response • Monitor frontline standard work	**Tier 1 Unit Manager**	• Coordinate with improvement specialist to surface problems, best practices • Lead T1 QI projects • Lead root cause analysis • Lead daily PDSA	• Unit project status and metrics • Problems for escalation to T2 projects • PDSA results	• Negotiate unit goals • Launch, prioritize, monitor unit-level QI projects
• Situational awareness, prioritize care tasks • Define frontline standard work • Adjust to usual process variation, patient needs • Respond to atypical process variation	• Observations of care process and environment • Patient feedback and observations • Clinical data, tallies of process operation	• Clear communication to support patient and family decisions and expectations	**Charge Nurse, Frontline Staff**	• Undertake simple process fixes ("See-Solve") • Identify ideas for change • Engage in PDSA	• Identify problems for escalation to T1 • Ideas for improvements	• Participation in QI teams for aligned improvement • Engage patients in improvement
Patient Care Interface				Patient Care Interface		
• Trigger acute system responses • Report on current symptoms, situation, emerging needs, etc.	• Presentation • Stories and observations • "What matters to me?"	• Candid talk, transparent dialogue • Post quality data (online)	**PATIENTS and FAMILIES**	• QI team participation	• Identify process problems, offer suggestions • Stories and observations	• Patients and families shape aims for improvement

AA-Level vs Provider-Level

- At the AA-level we use the Texas AA Organizational Assessment (DSHS adaptation of the Part B OA)
  - Reviews the system of care and care network
  - Reviews the way the system promotes quality and helps to drive high quality outcomes
- At the provider-level we use the Part C/D OA
  - Reviews the provider organization
  - Reviews the way the provider organization promotes quality and helps to drive high quality outcomes

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AA OA Builds on Provider OA

- AAs represent the sum of their parts in many ways to create the system of care
  - OAs at the provider-level can help the AA to direct time-limited TA or ongoing resources to assist all funded providers or a subset as needed
  - OAs at the provider-level allow advisory groups to weigh in on system-level priorities in order to better direct resources and supports
- AAs can work together to develop training sets and action steps
- DSHS can provide a set of materials to help direct AAs and their funded providers move quickly toward Achieving Together
  - Specific provider-level activities enrich the regional approach

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OA Domains

AA-level OA

⭐ Quality Management (x3)

⭐ Capacity Building (x1)

- Measurement, Analysis and Use of Data for QI (x2)
- QI Initiatives (x1)

⭐ Consumer Involvement (x1)

⭐ Evaluation (x1)

- Achievement of Outcomes (x2)
- HIV Care Continuum (x1)

Provider-level OA

⭐ Quality Management (x3)

⭐ Capacity Building (x1)

- Measurement, Analysis and Use of Data for QI (x1)
- QI Initiatives (x1)

⭐ Consumer Involvement (x1)

⭐ Evaluation (x1)

- Achievement of Outcomes (x2)
- HIV Care Continuum (x1)

⭐ Organizational Integration (x1)

Provider-level OA Domains & AT

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

Common Elements

- If a provider does this well, they are likely to score well on the OA
  - **Communication with stakeholders** (**A1**, **A2**, **A3**, **B1**, **C1**, **D1**, **E1**, F1, **G2**, **H1**)
  - **Performance Measurement** (**A1**, **A2**, **A3**, **C1**, **D1**, **E1**, **G1**, **G2**, **H1**, **I1**)
  - **Facility leadership engagement in CQM/QI** (**A1**, **A2**, **A3**, **B1**, **C1**, **D1**, F1, **H1**, **I1**)
  - **Demonstrating passion for improving services/care** (**A1**, **A2**, F1, **G1**, **H1**, **I1**)
  - **Training of stakeholders** (**A1**, **A3**, **B1**, **C1**, **D1**, **E1**, **I1**)

Find common denominators to develop CQM Plan updates and prioritize next steps based on themes

Discussion

Frida Khalo, 1940

Polling Questions

Revisiting an Old Example

- DATA focus in quality culture…
  GET THAT DATA!

- Leaders should be a part of the solution directly or indirectly…
  GET IN THERE!

- RESOURCE sets that are tied to QI activities to show providers what is expected/ needed…
  SUPPORT SUPPORT SUPPORT

A.1. To what extent does senior leadership create an environment that supports a focus on improving the quality of HIV care?		
Getting Started	0	☐ Senior leaders are not visibly engaged in the <u>quality of care</u> program.
Planning and initiation	1	<u>Leaders are:</u> ☒ Minimally involved in improvement efforts, quality meetings, or supporting provision of resources for QI activities. ☒ Primarily focused on external requirements and supporting compliance with regulations. ☒ Inconsistent in use of data to identify opportunities for improvement.
Beginning Implementation	2	<u>Leaders are:</u> ☒ Sporadically or loosely engaged. ☐ Engaged in quality of care with focus on use of data to identify opportunities for improvement. ☒ Somewhat involved in improvement efforts. ☐ Somewhat involved in quality meetings. ☐ Supporting some resources for QI activities.
Implementation	3	<u>Leaders are:</u> ☐ Providing routine leadership to support the clinical quality management program. ☒ Providing routine and consistent allocation of staff or staff time for QI. ☐ Actively engaged in QI planning and evaluation. ☐ Actively managing/leading quality meetings.

Another Old Example

- **DATA** review process and the timing of sharing/discussing is needed

- **INCLUDE** all direct service units in CQM and QI planning

- **IDENTIFY** roles and responsibilities of all staff hands in QI /learning

A.2. To what extent does the HIV program have an effective clinical quality management committee to oversee, guide, assess, and improve the quality of HIV services?		
Getting Started	0	☒ A clinical quality management committee has not yet been developed or <u>formalized, or</u> is not currently meeting regularly to provide effective oversight for the CQM program.
Planning and initiation	1	The quality committee: ☒ May review data triggered by an event or <u>problem, or</u> generated by donor or regulatory urging ☐ Is minimally integrating quality activities into other existing meetings.
Beginning Implementation	2	The quality committee: ☐ Has plans to hold regular meetings, but meetings may not occur regularly and/or do not focus on performance data. ☐ Has been formalized, representing most institutional disciplines. ☐ Has identified roles and responsibilities for participating individuals.
Implementation	3	The quality committee: ☐ Is formally established and led by a program director, quality coordinator, medical director, or senior clinician. ☐ Has implemented a structured process to review data for improvement. ☐ Has drafted a workplan/calendar but it is not actively used to guide timely progress. ☐ Has defined roles and responsibilities as codified in the quality management plan. ☐ <u>Reviews</u> performance data regularly, including staff and consumer satisfaction, if available. ☐ Discusses QI progress and redirects teams as appropriate.

Causes for Provider Stagnation

- Capability
  - Lack of technical QI knowledge
  - Lack of strategic planning/thinking
  - Lack of written/established protocols or documentation

- Solutions focus on training, sharing tools/resources, and professional peer supports

- Capacity
  - There aren't enough hours in the day
  - There aren't enough hands on deck
  - There isn't enough funding

- Solutions focus on creativity, task shifting, and identifying what IS possible

Be Constructive, It's Productive!

- Listen carefully to your providers' needs and concerns.
  - Conflicting and/or duplicative requirements based on funding stream
  - Similar, but different performance measures
  - Requirements for, or limits to, the types of training that providers support
- Be flexible in expectations to allow for providers to be creative in the way they can meet multiple demands with fewer activities
  - They will be better able to concentrate and perform well!
  - Try to fill gaps and avoid duplication
- Be consistent, be transparent
  - It's about fairness, equity, and parity in the end!

Discussion

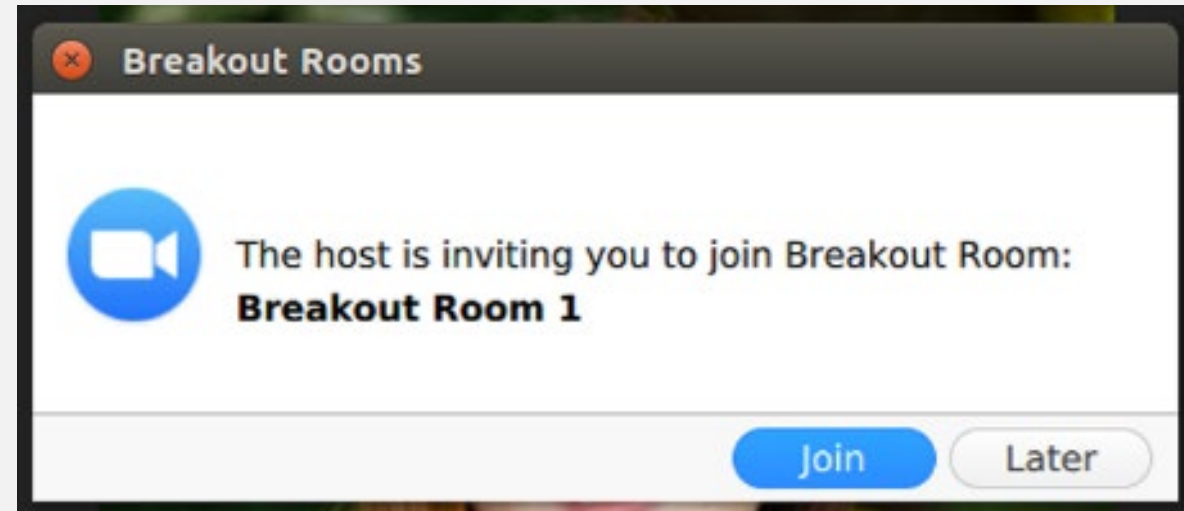Barkley Hendricks, 1977

Taking a Deeper Dive

Let's breakout!

Zoom Breakout Room Process

- All participants have been tagged according to their group.
- Each participant will receive an invitation to join a breakout room.
- Accept the invitation and you will be moved to the breakout room.
- When time is up, you will be notified and asked to rejoin the main room.

BO1	BO2
TRG	Star
BVCOG	STDC
Dallas	
Tarrant	
UH	

A New Example!

		☐ Directly linking QI activities back to institutional strategic plans and initiatives.

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Another New Example

F.1. Is a process in place to evaluate the HIV program's infrastructure and activities, and processes and systems to ensure attainment of quality goals, objective, and outcomes?		
Getting Started	0	☐ No formal process is established to evaluate the CQR program.
Planning and Initiation	1	Quality program evaluation: ☐ To assess program processes and systems is exclusively external.
Beginning Implementation	2	Quality program evaluation: ☐ Is part of a formal process and is integrated into annual QM plan development.
Implementation	3	Quality program evaluation: ☒ Occurs annually, conducted by the quality committee, and includes QM plan and workplan updates and revisions. ☒ Involves annual (at minimum) revision of quality goals and objectives to reflect current improvement needs. ☒ Results are used to plan for future quality efforts. ☒ Includes a summary of improvements and performance measurement trends to document and assess the success of QI projects. ☒ Results, noted above, are shared with consumers and other key stakeholders.
Progress toward systematic approach to quality	4	Quality program evaluation: ☒ Findings are integrated into the annual QM plan and used to develop and revise program priorities. ☐ Is reviewed during clinical quality management committee meetings to assess progress toward planning goals and objectives. ☐ Includes review of performance data, which is used to inform decisions about potential changes to measures.
		☐ Is used to determine new performance measures based on new priorities. ☒ Includes analysis of QI interventions to inform changes in program policies and procedures to support sustainability.

Debrief and Aha! Moments

John Wilson, 1943

Overall Session Question & Answer
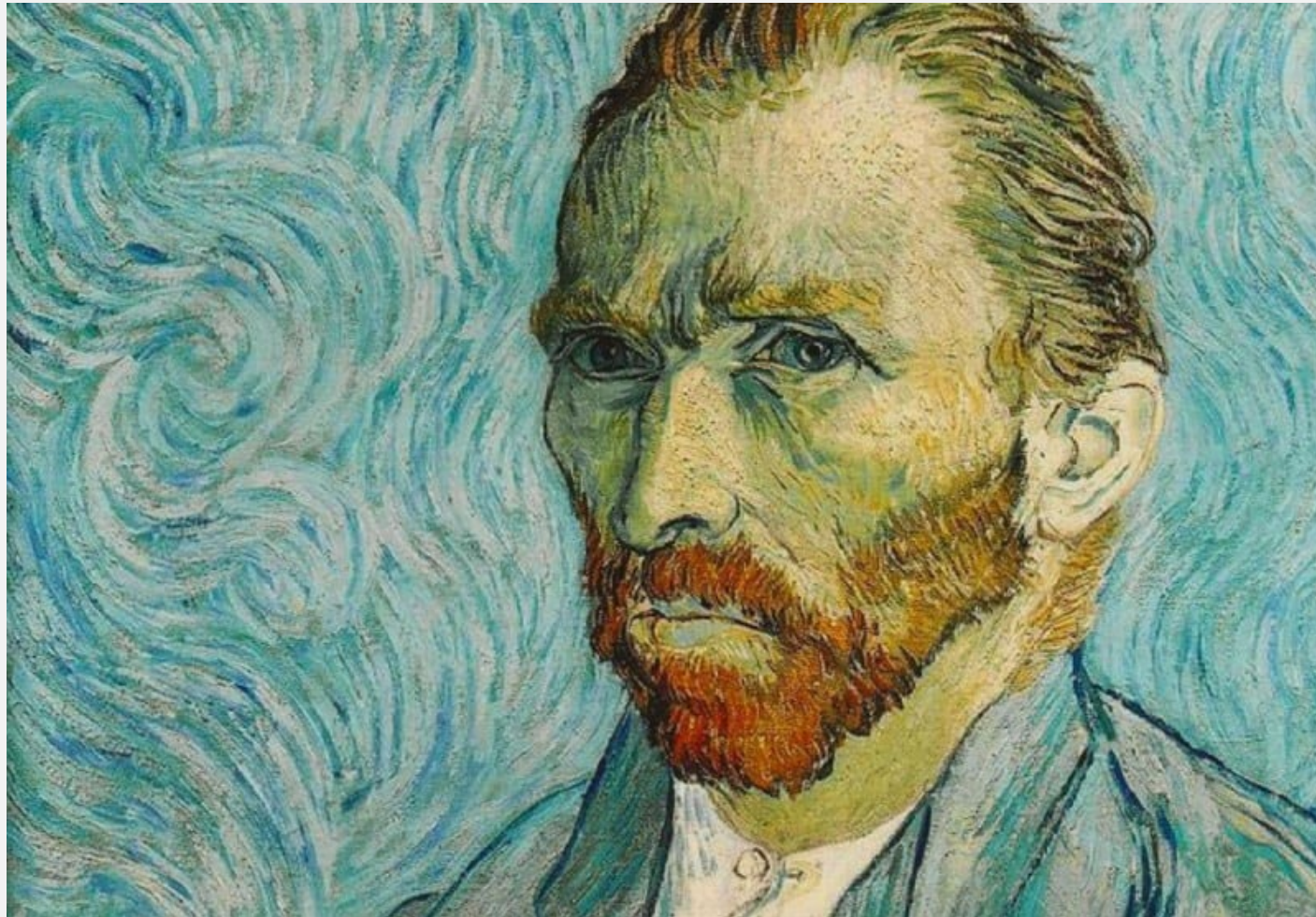
Vincent VanGough, 1889

Webinars in Virtual Training Series

Session Title	Session Date	Duration
Advising on Provider CQM Performance Measurement	9/16/2021	90m
Advising on Provider Quality Improvement Projects	11/18/2021	90m

Additional CQM Resources

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