



HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY  
IMPROVEMENT & INNOVATION**



**NASTAD**

# ADAP Clinical Quality Management

Session 3



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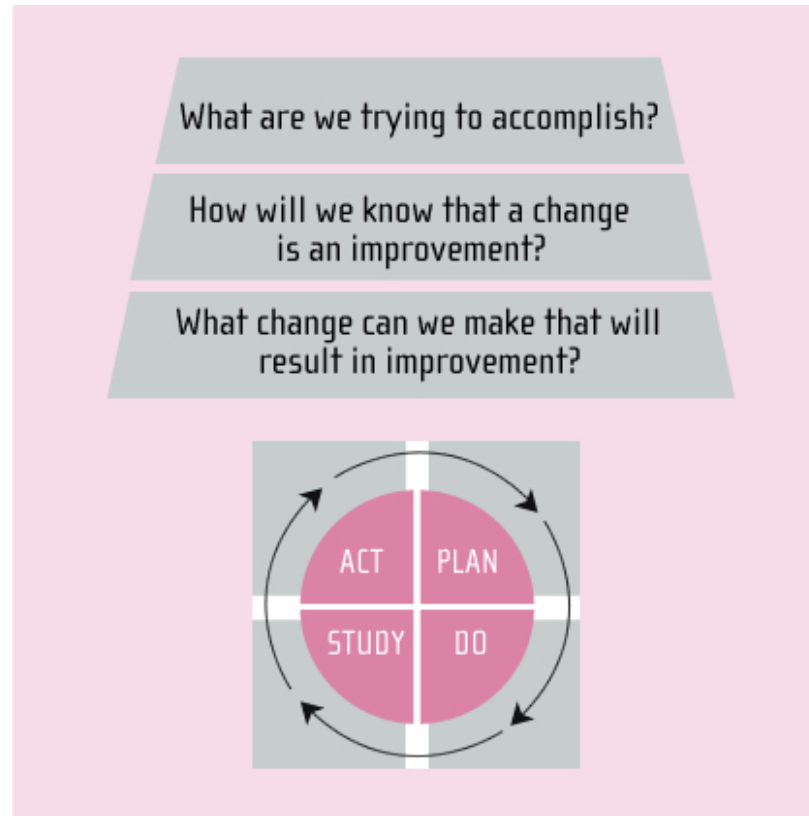
# Recap

- Components of a robust clinical quality management program
- Applicability of PCN 15-02 to ADAP
- Review of ADAP measures
- Displaying your data
- Using tools to examine/analyze your data and processes

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# The Next Step...

# ...the Model for Improvement



Developed by the Associates in Process Improvement. Building on the work of W.E.Deming and Walter Shewhart

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# Model for Improvement

**What are we trying to accomplish?**

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How will we know that a change is an improvement?

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What change can we make that will result in improvement?

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# What Are We Trying to Accomplish?

- What are you trying to accomplish?
  - What is your hypothesis – what do you feel needs to change?
  - What is your data saying?
- Examples:
  - We want to improve the timely recertification rates for ADAP enrollees
  - Viral suppression of ADAP enrollees should be equal to, or better than 92%

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# What Are We Trying to Accomplish?

- This calls for an Aim Statement
- An Aim statement should be:
  - Time specific
  - Measurable
  - Define the population to which it's directed
- It defines what your success should look like

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# Building the Aim Statement

One way is to use a template

- [Organization name] seeks to [increase or decrease] the [number of, or the percentage] of [what?] over the next [define the time period]
- Example: *The State of Atridies wants to achieve a 10% increase in the recertification of ADAP eligible enrollees by June 30, 2019 to achieve a goal of 100% compliance with the HAB measure on recertification*



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# Building the Aim Statement

- Use a table

What?	What do you want to achieve?
For whom?	Who benefits?
By when?	A specific time frame
How much?	Is it a percent increase/decrease? Is it a number such as the number of clients?

- Then use the elements from this to build the AIM statement

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# AIM Statement Examples

- “Through the implementation of an electronic medical record, our residents at risk of pressure ulcers will get better care”
- We will create a truly interdisciplinary team to boost help enroll eligible individuals quickly
- The Friendly Care Community Clinic wants to achieve a 10% increase in the engagement of our consumers in retention activities by June 30, 2019 to assist us meeting the goal of the EMA
- Improve the Linkage to Care Process beginning with the reported date of HIV diagnosis and ending with completed medical appointment with a medical provider
- Increase the percentage for newly diagnosed persons linked to HIV medical care within 30 days of diagnosis to at least 40%, from the baseline of 20%

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## WHY DO THIS?

- Documentation of QI work is vital
- Improvement is a mindset
- Improvement is a vital commitment to your consumers
- (PS, It's required)

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# Model for Improvement

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# How Will We Know a Change Is an Improvement

- Simply put, this is where we start to understand the components to a problem
- This requires performance measures (you can't improve what you can't measure)
- The measures yield data to show your success (or failure)

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# Model for Improvement

What are we trying to accomplish?

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How will we know that a change is an improvement?

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**What change can we make that will result in improvement?**

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# What Change Can We Make That Will Result in Improvement?

- Develop ideas on how you will achieve your Aim
- Ideas are prioritized and tested
  - Don't try to test everything
  - Use a tool to help you decide what to test
- A methodological testing method is used; in our case the PDSA Cycle

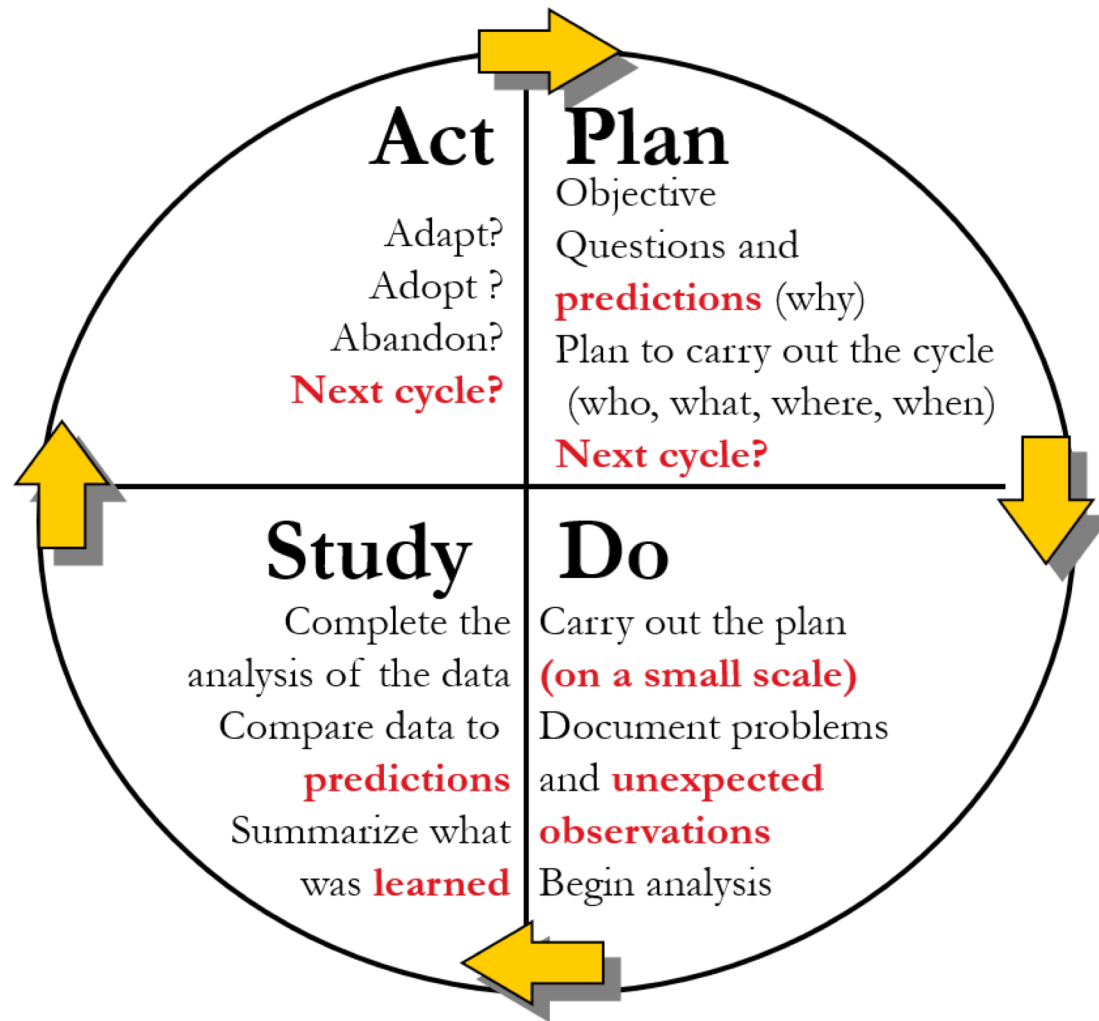
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# Plan, Do, Study, Act (PDSA) Cycle

- This is one way to test your change idea
- It consists of four phases
- It increases in complexity until full confidence in the change idea is reached



# The PDSA Cycle for Learning and Improvement



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# Plan

- What are your predictions or hypothesis? (if this then that)
- Who is involved in the test?
- How many test will be done?
- Have you engaged the testers before now?

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# Do

- Start testing
  - Small tests first then expand
  - Collect data
- The Do cycle requires that you have step measures
  - Step measures look at the stages along the way to get us to the change we seek
  - Step measures give structure to the test you are doing and let you see if it has the desired effect

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# Study

- Review your data
- Used QI tools whenever possible
- Did the data match your predictions
- Document what was learned

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## Act

- Based on what you learned, what do you do next?
  - What is the next PDSA Cycle
  - Do you need to make changes to your test or your hypothesis?
- You may decide to abandon your idea
  - If an idea “fails” its really a learning opportunity
  - Its why we do small tests and build up to a full roll out – you’re experimenting really
- If your data matches your predictions, you move onto the next test

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# Addressing Failure

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## If Your PDSA Cycle Fails

- “I have not failed 10,000 times—I’ve successfully found 10,000 ways that will not work.”

Thomas Edison

- “Only those who dare to fail greatly can ever achieve greatly.”

Robert F. Kennedy

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# State Examples



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# Evaluation

- Evaluation is inherent in your PDSA Cycles
- Your overall ADAP should be evaluated
  - Look at PCN 15-02; evaluate the three components
  - How have you incorporated consumer input into your quality efforts
  - How your program fits into the larger Part B program
- Establish yearly goals for what your successful program looks like