

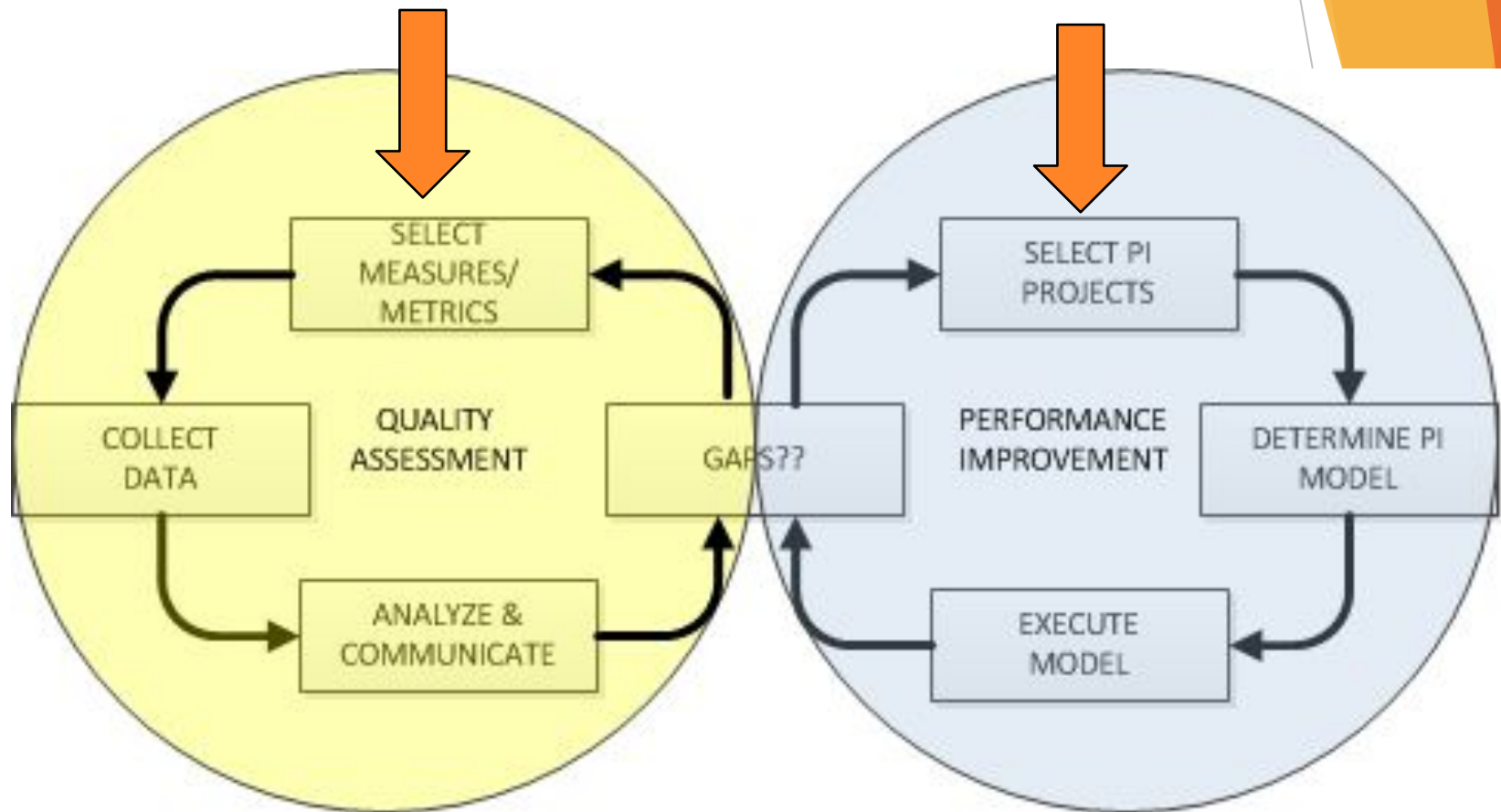
Community Health Services, Inc.

Dr. Mauricio Montezuma

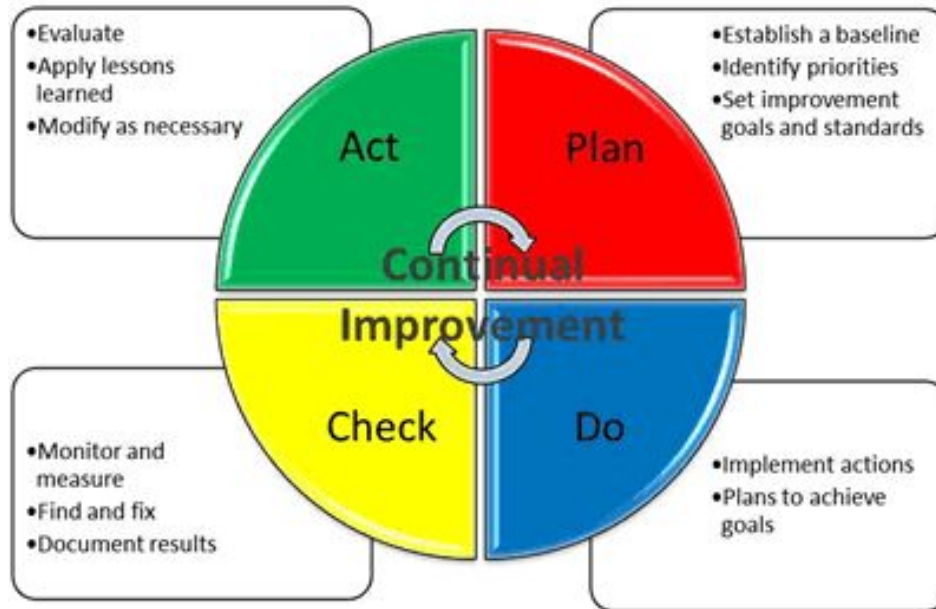
Nitza Agosto

7/15/17

From Quality Assessment to Performance Improvement (QAPI!)



The march towards excellence requires a first step...





PDCA-S

Plan, Do Check, Act, SHARE!

Turning **Red** to **Green**

Plan

- ▶ Name the problem/Identify the AIM
 - ▶ Evidence based standards of care?
 - ▶ Heard something at a conference?
 - ▶ Saw something on CNBC?
 - ▶ Talked to a colleague?
- ▶ Do a little research (Google U??)
 - ▶ Who is doing this better?
 - ▶ How?
 - ▶ Can we improve?
- ▶ Decide where you want to go?
 - ▶ Where are we now?
 - ▶ How good do we want to be?
 - ▶ By when?
 - ▶ How will we know when we are there? (HOW WILL WE MEASURE??)
- ▶ What can we do to get there??
 - ▶ Steal shamelessly.
 - ▶ Think small bites.
 - ▶ One or two small changes. Don't try to solve world peace!

Do

- ▶ Establish the current state
 - ▶ Available information?
 - ▶ If not, get some!
 - ▶ Data collection, audits
- ▶ Test your improvement theories
 - ▶ *SMALL BITES!*
 - ▶ Measure along the way



Check

- ▶ Impact on department
 - ▶ Easier?
 - ▶ Unanticipated problems?
- ▶ Impact on stakeholders (patients, other departments??)
- ▶ What do the numbers say?
 - ▶ Better?
 - ▶ Worse?
 - ▶ The same?

Act

- ▶ If favorable, stay the course!



- ▶ If problems, course correct...quickly!!



SHARE!!!

- ▶ Success!
- ▶ But more important...
 - ▶ Frustrations
 - ▶ Landmines
 - ▶ Lessons learned



TIME TO SHARE!!

Community Health Services

Ryan White Team

The Core Team

- ▶ Dr. Montezuma, Clinical Director, Adult Medicine Department
- ▶ Nitza Agosto, HIV Program Manager
- ▶ Mildred Diaz, Patient Care Liaison/Medical Case Manager
- ▶ Elsie king, Medication Adherence Nurse
- ▶ William Morales, Medical Case Manager
- ▶ Dennis Gordon, Medical Case Manager
- ▶ Albert Ruperti, Medical Case Manager
- ▶ Juan Hernandez, Expanded Testing Coordinator/PrEP Navigator
- ▶ Dr. Sheikh, Infectious Disease Providers
- ▶ Joan Ashman, Medical Assistant
- ▶ Jazmin Malave, Medical Assistant

Plan

- ▶ Organizational Assessment for Ryan White Programs since 2008
 - Quality Management Infrastructure
 - Workforce engagement in HIV Quality improvement
 - Measurement, Analysis and use of data to improve program
 - Quality improvement Initiatives
 - Consumer Involvement
 - Quality Program Evaluation
 - Achievement of outcomes

- ▶ Continue to use this process to evaluate and guide quality Improvement activities.
 - For 2016**
 - ▶ Annual STI's : Gonorrhea, Chlamydia and Syphilis

Plan for STD Screen Example

- ▶ Decided where we wanted to go?
 - ▶ Where are we now? -
 - * **Gonorrhea 72%, Chlamydia 69% Syphilis 76%**
 - ▶ How good do we want to be?
 - * **Goal: Gonorrhea 85% Chlamydia 85% Syphilis 90%**
 - ▶ By when?
 - * **December 2016**
 - ▶ How will we know when we are there? **When we have reached our goal.**
 - ▶ What can we do to get there (improvement theory)?
 - **Pre- order the labs for patients needing screens**
 - **Contact patients who need screens to come get their labs drawn.**
 - **Use of daily huddles**
 - ▶ What might be causing the problem (hypothesis)?
 - * **Patients not going to get their labs or labs not ordered**

Do

- ▶ Establish the current state
 - * Gonorrhea **72%**, Chlamydia **69%** Syphilis **76%**
- ▶ Take action
 - Team will discuss patients needing screens during daily huddles for patients with Medical, Case Management or Map nurse appointments.
 - Providers pre-ordered screens.
 - The team continued to run reports weekly for patients needing screens.
 - Medical Case Managers, Patient Care Liaison and MAP nurse contacted patients to come in to get labs drawn.
 - Medical Assistants reminded provider to provide patients seen with a lab requisition.

Check

- ▶ Impact on department
 - ▶ Easier? Unanticipated problems?
 - Initial work flow changes for providers
 - More effort with contacting patients that do not received supportive services.
 - ▶ Impact on stakeholders
 - * **Work flow changes for providers**
 - * **Obtained Patient outcomes**



Measure	Base Line	Goal	Dec 2016
Gonorrhea Screen	72%	85%	91%
Chlamydia	69%	85%	93%
Syphilis Screen	76%	90%	90%

Act



- ▶ The team will stay the course to maintain the gain!

Consider the process of reviewing performance in June as a way to increase any performance measures that need another level of intervention.





Plus/Delta

The background features abstract geometric shapes in shades of orange and yellow. A large, semi-transparent yellow triangle is positioned in the upper right quadrant, overlapping with other shapes. The overall design is clean and modern, with a focus on geometric forms and a warm color palette.

Thank you!!

The background features abstract geometric shapes in shades of orange and yellow, primarily concentrated on the right side of the slide. These shapes include overlapping triangles and polygons, creating a dynamic and modern aesthetic. The colors range from a light, pale yellow to a deep, vibrant orange.