



Las Vegas TGA Ryan White Part A CQI Meeting

September 30, 2021

Jessica Rios

Single Point of Contact

QUALITY MANAGEMENT POINT OF CONTACT:

Staff Name: Enter First and Last Name

Title: Enter Staff Title

Staff Email: Enter Staff Email Address

Phone: Enter Contact Phone Number

Member	Provider
Antioco Carillo	Aid for AIDS of Nevada (AFAN)
Susanna Gonzalez	Access to Healthcare Network (AHN)
Sandra Najuna	AIDS Healthcare Foundation (AHF)
Aaronella Matta (Yendi Webster)	Community Counseling Center (CCC)
Josefa Ozaeta	Community Outreach Medical Center (COMC)
Joemar Buyao	Huntridge Family Clinic
Sherry Pionier	Dignity Health St. Rose
Gary Costa (Darnell Duwyenie)	Golden Rainbow
Bruce Eddins	Horizon Ridge Clinic
Cynthia Watson	Nevada AIDS Research and Education Society (NARES)
Karyn Smith	Nye County Health and Human Services
Carrie St. Amand	North Country Health and Human Services
Merylyn Yegon	Southern Nevada Health District
Christine Baron	University Medical Center (UMC)
Claudia Nuñez	UNLV School of Dental Medicine

Southern Nevada Rapid stART: Purpose & Goals

Alisha Barrett, Manager
Clark County Social Service



HRSA SPNS Capacity Building in the Ryan White HIV/AIDS Program Southern Nevada Rapid stART Learning Collaborative



Las Vegas, NV



Vanessa Cruz, Clark County Social Service Office of HIV
Management Analyst II / EHE Coordinator

09/30/2021



CQI

TGA

Rapid start

CQM Plan

1

Goal 1: Convene CQI committee to review and develop the infrastructure of the CQI plan.

2

Goal 2: Improve the overall quality of health outcomes and services for people with HIV.

3

Goal 3: Develop a reliable data tracking and performance measurement system.

Current Accomplishments

- Met to discuss the CQI plan and committee members' roles and responsibilities
- Analyzed and addressed the Strengths, Weaknesses, Opportunities, and Threats (SWOT) of the Las Vegas TGA
- Appointed Single Points of Contact (SPOC) to actively participate and meet deadlines for deliverables that pertain to all CQI activities
- Provider Custom Data Report Form project was created to anticipate subrecipient's needs
- Collected qualitative data from each provider to inform how current quality improvement activities are aimed to improving Patient Care, Health Outcomes, and Patient Satisfaction (PCHOPS)
- Quality Manager Identified how many Performance Measures are needed per each service category

What's Next?

- Technical Assistance – online or in person to discuss performance measures and quarterly PDSA Cycle documentation
- Data Days for reporting
- Resources (QI Newsletter & Video Tutorials)

PDSA Forms

PLAN DO STUDY ACT (PDSA) FORM

Directions: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of your quality improvement project(s). This tool should be completed by the Las Vegas TGA designated Single Point of Contact (SPOC) with review and input of the project team. Answer the questions below and plan, conduct, and document your PDSA cycles. Keep in mind that quality improvement usually involves multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles. Please refer to the Specific, Measureable, Achievable, Relevant and Time Specific (SMART) Goals from page 11 of the Las Vegas TGA Annual Quality Management Plan Calendar Year 2021.

Agency: _____

SPOC: _____

Baseline Data: _____

Quarter: _____

Data Reporting: _____

What changes are we going to make based on our findings?

What exactly are we going to do?

What were the results?

When and how did we do it?

PLAN

Test/Implementation Plan (THINK ABOUT WHAT CHANGES YOU CAN MAKE THAT WILL RESULT IN IMPROVEMENT): List your action steps, person(s) responsible, and timeline.

What do you predict will happen and why? Who will be responsible for this PDSA? What resources will be needed? Plan a small test of change. How long will it take to implement?

Data Collection Plan (THINK ABOUT HOW YOU WILL KNOW THE CHANGE IS AN IMPROVEMENT): What data/measures will be collected? Who will collect the data?

LVTGA PDSA Form
Page 1
Revised: 10/19/2021

When will the collection of data take place?

How will the data (measures or observations) be collected and displayed?

What decisions will be made based on data?

DO

Activities/Observations: Record activities/observations that were done in addition to those listed in plan (above):

STUDY

Questions: Copy and paste Prediction from Plan above and evaluate learning. Complete analysis of the data. Insert graphic analysis whenever possible. Prediction: Learning (Comparison of questions, predictions, and analysis of data):

Summary (Look at your data. Did the change lead to improvement? Why or why not?):

ACT

Describe next PDSA Cycle: Based on the learning in "Study," what is your next test?

LVTGA PDSA Form
Page 2
Revised: 10/19/2021

Timeline for Reporting

Performance Measure As of Date:	Data Days	Data Reporting
June 30, 2021	September 30, 2021	October 29, 2021
November 30, 2021	December 31, 2021	January 10, 2022

Schedule TA





Discussion & Adjourn Meeting