LVTGA
RYAN WHITE PART A
CQI MEETING

January 11, 2021

Jessica Rios

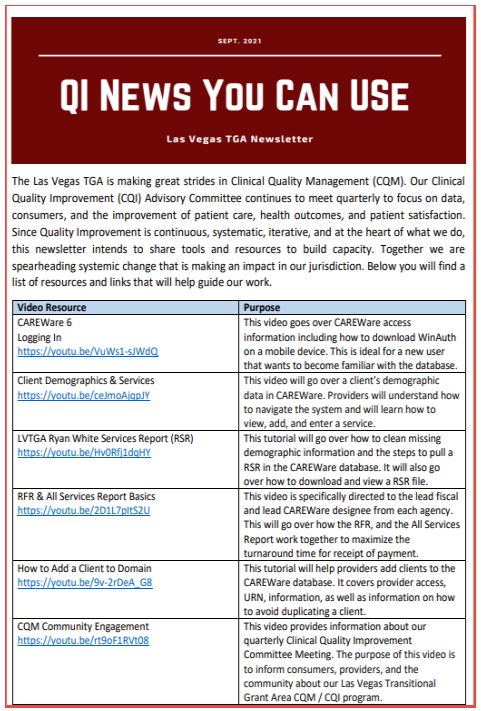
CQI Then & Now

June 2021

SWOT Analysis

SWOT Analysis

January 2022



SEPT. 2021

QI News You Can USe

Las Vegas TGA Newsletter

The Las Vegas TGA is making great strides in Clinical Quality Management (CQM). Our Clinical Quality Improvement (CQI) Advisory Committee continues to meet quarterly to focus on data, consumers, and the improvement of patient care, health outcomes, and patient satisfaction. Since Quality Improvement is continuous, systematic, iterative, and at the heart of what we do, this newsletter intends to share tools and resources to build capacity. Together we are spearheading systemic change that is making an impact in our jurisdiction. Below you will find a list of resources and links that will help guide our work.

Video Resource	Purpose
CAREWare 6 Logging In https://youtu.be/VuWs1-sJWdQ	This video goes over CAREWare access information including how to download WinAuth on a mobile device. This is ideal for a new user that wants to become familiar with the database.
Client Demographics & Services https://youtu.be/ceJmoAjqpJY	This video will go over a client's demographic data in CAREWare. Providers will understand how to navigate the system and will learn how to view, add, and enter a service.
LVTGA Ryan White Services Report (RSR) https://youtu.be/HvORfj1dqHY	This tutorial will go over how to clean missing demographic information and the steps to pull a RSR in the CAREWare database. It will also go over how to download and view a RSR file.
RFR & All Services Report Basics https://youtu.be/2D1L7pltS2U	This video is specifically directed to the lead fiscal and lead CAREWare designee from each agency. This will go over how the RFR, and the All Services Report work together to maximize the turnaround time for receipt of payment.
How to Add a Client to Domain https://youtu.be/9v-2rDeA_G8	This tutorial will help providers add clients to the CAREWare database. It covers provider access, URN, information, as well as information on how to avoid duplicating a client.
CQM Community Engagement https://youtu.be/rt9oF1RVt08	This video provides information about our quarterly Clinical Quality Improvement Committee Meeting. The purpose of this video is to inform consumers, providers, and the community about our Las Vegas Transitional Grant Area CQM / CQI program.

CAREWare 6 Performance Measurement Module https://youtu.be/GXaTOGH4Ka0	The aim of this video is to provide access and guidance to the performance measurement module in CAREware to support subrecipients as they monitor their data to achieve strategic goals. You will also learn how to pull a client list that pertains to the performance measures you are monitoring.
The Tennis Ball Video https://youtu.be/IHCH905IT60	This video illustrates an interactive exercise to teach quality improvement in HIV. This video provides PDSA Cycle information and tests of change.

Alphabet Soup Lingo

The Las Vegas TGA Clinical Quality Improvement meetings contain several acronyms that attendees may not be familiar with. The information below will help you gain an understanding about the lingo you will encounter at our meetings. By becoming familiar with these key words, you will gain a renewed sense of confidence when note taking and participating in future conversations. A glossary of Ryan White HIV/AIDS Program-Related Terms can be found here.

Commonly Used Acronyms In CQM

ADAP – AIDS Drug Assistance Program
CQM – clinical quality management
CQII – Center for Quality Improvement and Innovation
EHE – Ending the HIV Epidemic: A Plan for America
HAB – HRSA HIV/AIDS Bureau
HHS – (Department) of Health and Human Services
HRSA – Health Resources and Services Administration
PDSA – plan do study act
PM – performance measure
RWHAP – Ryan White HIV/AIDS Program
TA – technical assistance
QI – quality improvement
VL – viral load
WP – work plan

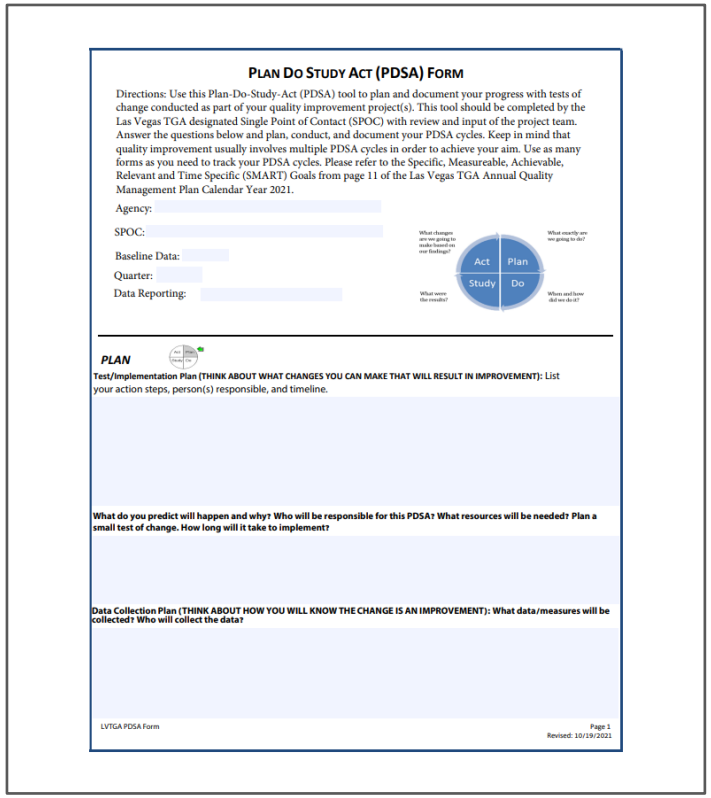
Performance Measurement Module

The Tennis Ball Game CQI Activity

CQM Committee Engagement

Strengths

- Our TGA is at 91.60% on viral suppression data (above State 88.8% & National average of 88.1%)
- 2021 Annual Quality Management Plan is completed & approved
- 2022 Annual Quality Management Draft is ready
- Quarterly QI News You Can Use Newsletters were created & distributed
- Video tutorials & resources were created and shared for training and capacity building purposes



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:

PLAN

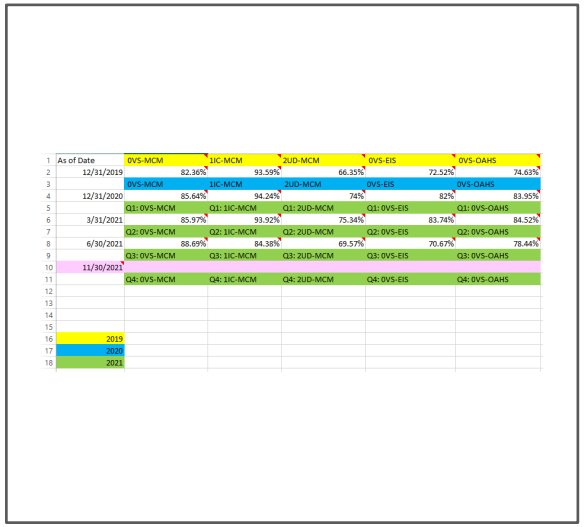
Test/Implementation Plan (THINK ABOUT WHAT CHANGES YOU CAN MAKE THAT WILL RESULT IN IMPROVEMENT): List your action steps, person(s) responsible, and timeline.

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?

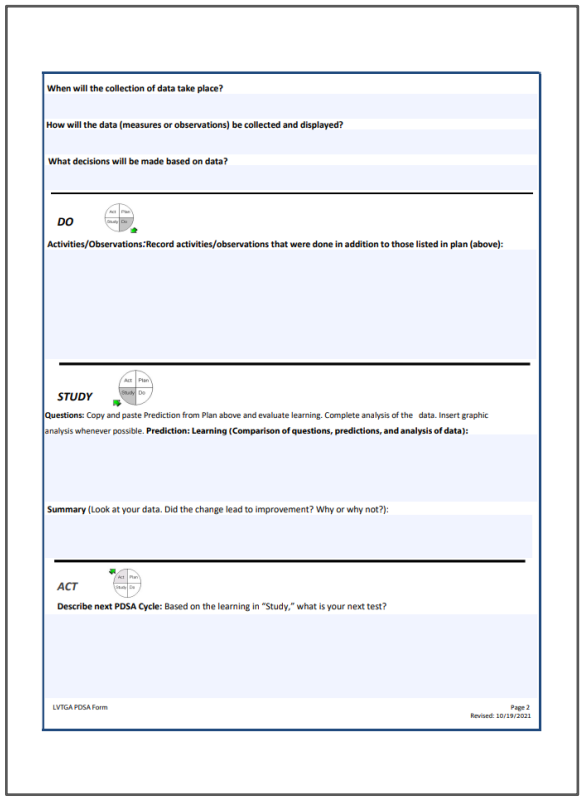
Data Collection Plan (THINK ABOUT HOW YOU WILL KNOW THE CHANGE IS AN IMPROVEMENT): What data/measures will be collected? Who will collect the data?

LVTGA PDSA Form

Page 1
Revised: 10/19/2021



	As of Date	0VS-MCM	1IC-MCM	2UD-MCM	0VS-EIS	0VS-OAHS
2	12/31/2019	82.36%	93.59%	66.35%	72.52%	74.63%
3		0VS-MCM	1IC-MCM	2UD-MCM	0VS-EIS	0VS-OAHS
4	12/31/2020	85.64%	94.24%	74%	82%	83.95%
5		Q1: 0VS-MCM	Q1: 1IC-MCM	Q1: 2UD-MCM	Q1: 0VS-EIS	Q1: 0VS-OAHS
6	3/31/2021	85.97%	93.92%	75.34%	83.74%	84.52%
7		Q2: 0VS-MCM	Q2: 1IC-MCM	Q2: 2UD-MCM	Q2: 0VS-EIS	Q2: 0VS-OAHS
8	6/30/2021	88.69%	84.38%	69.57%	70.67%	78.44%
9		Q3: 0VS-MCM	Q3: 1IC-MCM	Q3: 2UD-MCM	Q3: 0VS-EIS	Q3: 0VS-OAHS
10	11/30/2021					
11		Q4: 0VS-MCM	Q4: 1IC-MCM	Q4: 2UD-MCM	Q4: 0VS-EIS	Q4: 0VS-OAHS
16	2019					
17	2020					
18	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):**

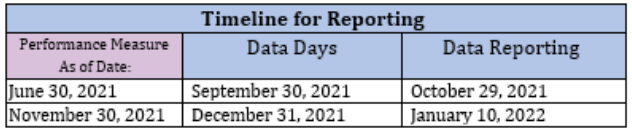
Summary (Look at your data. Did the change lead to improvement? Why or why not?):

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



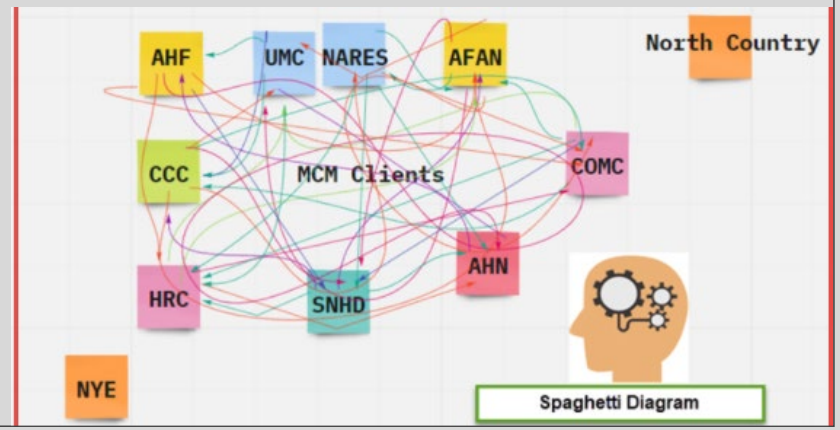
Timeline for Reporting		
Performance Measure As of Date:	Data Days	Data Reporting
June 30, 2021	September 30, 2021	October 29, 2021
November 30, 2021	December 31, 2021	January 10, 2022

Strengths

- Onsite and online technical assistance & training was provided to RWPA SPOCS
- The LVTGA CQI team continues to learn, grow, and collaborate
- We have a data collection and communication plan in place that pertains to reporting
- We are all using the same Plan, Do, Study, Act Methodology & reporting tools
- Our CQI team is flexible and transparent

Weaknesses

- Patient barriers to care still exist
- MCM needs attention
- Communication with clients
- Client follow-up
- Inner agency referrals
- Staff turnover
- New staff training, policies & procedures
- Process maps to illustrate workflow

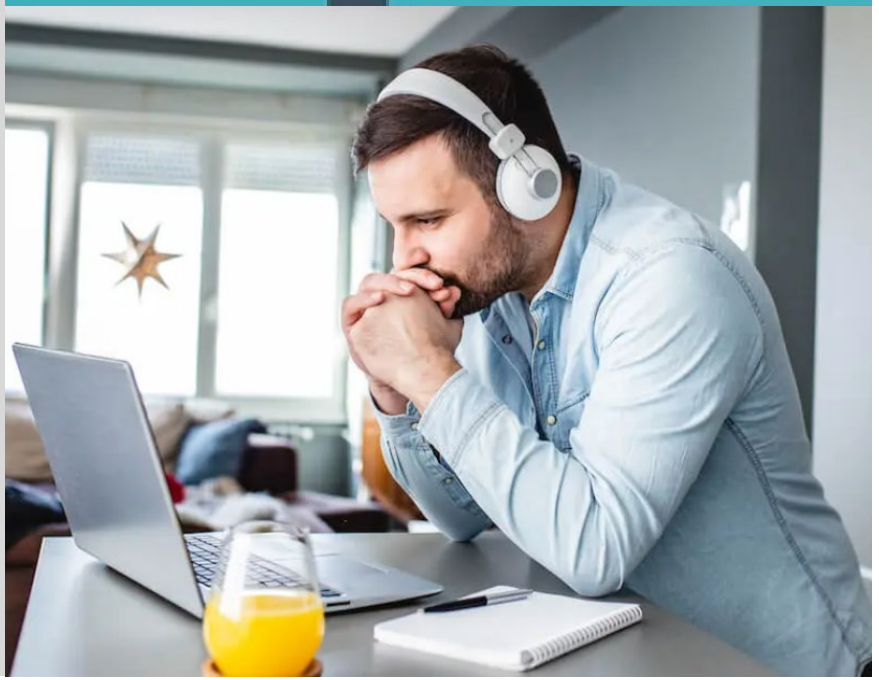


Opportunities

- Meet & greets
- Interagency collaboration
- CQII Training
- Collaboration with community partners
- SPOCs involve their team when completing PDSA forms

Threats

- Inaccurate reporting
- Funding
- Working in silos



ANNUAL QUALITY WORK PLAN 2022

CY2021			
Total Ryan White Clients Served 5,046			
Service Categories	**Unduplicated Clients**	**Percent**	**Performance Measure**
Early Intervention Services	**843**	**24.93%**	**1**
Emergency Financial Assistance	82	**2.42%**	**0**
Food Bank/ Home Delivered Meals	105	**3.10%**	**0**
Health Education/ Risk Reduction	291	**8.60%**	**0**
Health Insurance Premium & Cost Sharing Assistance	29	**0.86%**	**0**
Housing	0	**0.00%**	**0**
Medical Case Management (Incl. Treatment Adherence)	**4045**	**119.60%**	**2**
Medical Nutrition Therapy	371	**10.97%**	**0**
Medical Transportation	283	**8.37%**	**0**
Mental Health Services	219	**6.48%**	**0**
Oral Health Care	164	**4.85%**	**0**
Outpatient/ Ambulatory Health Services	**862**	**25.49%**	**1**
Psychosocial Support	129	**3.81%**	**0**
Substance Abuse Outpatient Care	22	**0.65%**	**0**

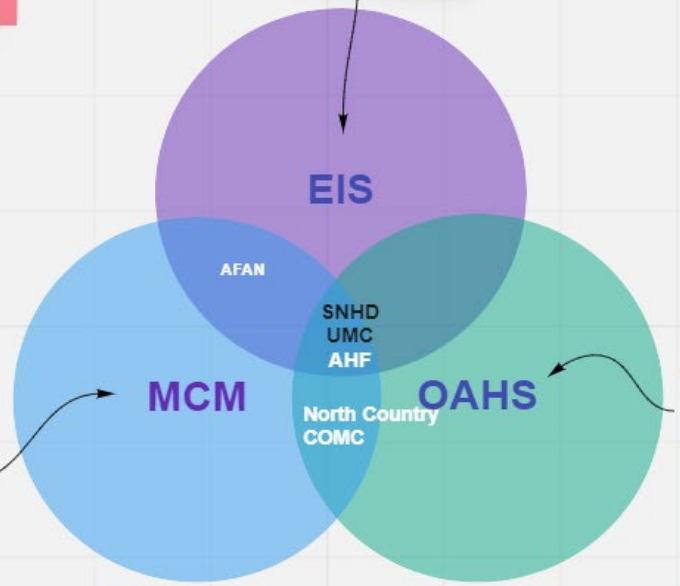
SERVICE UTILIZATION REPORT

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funding service category.	Minimum number of PM
>=50%	2
>15% to <50%	1
<=15%	0

EIS, MCM, & OAHS Agencies

Dignity Health
Golden Rainbow
UNLV SDM
Better Lunch

3 EIS Agencies:
1. AHF
2. SNHD
3. UMC

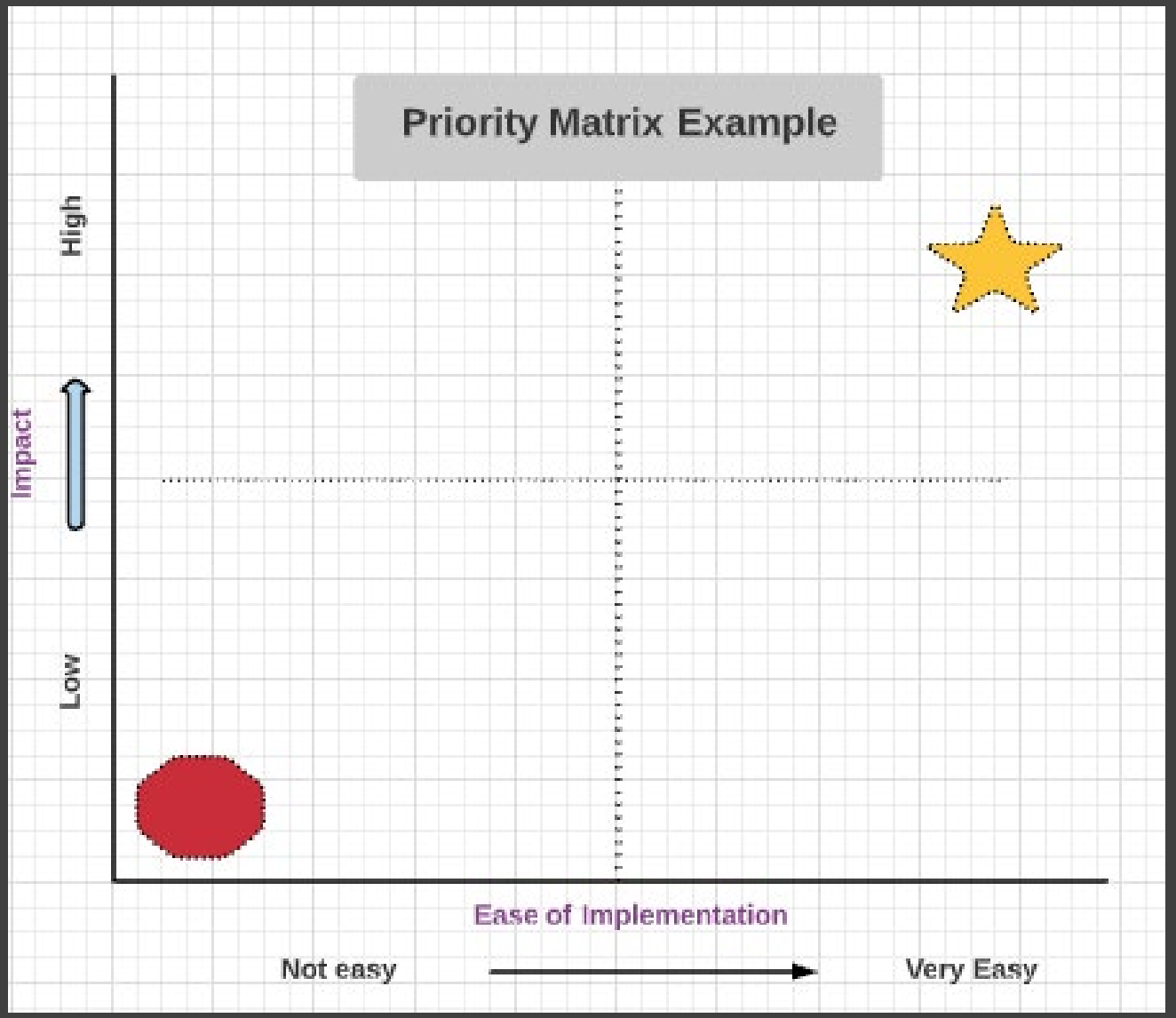


11 MCM Agencies:
1. AFAN
2. AHF
3. AHN
4. CCC
5. COMC
6. Horizon Ridge
7. NARES
8. North Country
9. NYE County
10. SNHD
11. UMC

6 OAHS Agencies:
1. AHF
2. COMC
3.Huntridge
4. NARES
5. SNHD
6. UMC

SWOT ANALYSIS FOR SERVICE UTILIZATION

PRIORITY MATRIX ACTIVITY



GENERAL DISCUSSION

SPOC Key Takeaways

THANK YOU!

"If everyone is moving forward together, then success takes care of itself." – Henry Ford