

LVTGA Ryan White Part A Q3 CQI Meeting

September 28, 2023 | Jessica Rios



LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES



Agenda

LVTGA Ryan White Part A CQI Q3 Meeting



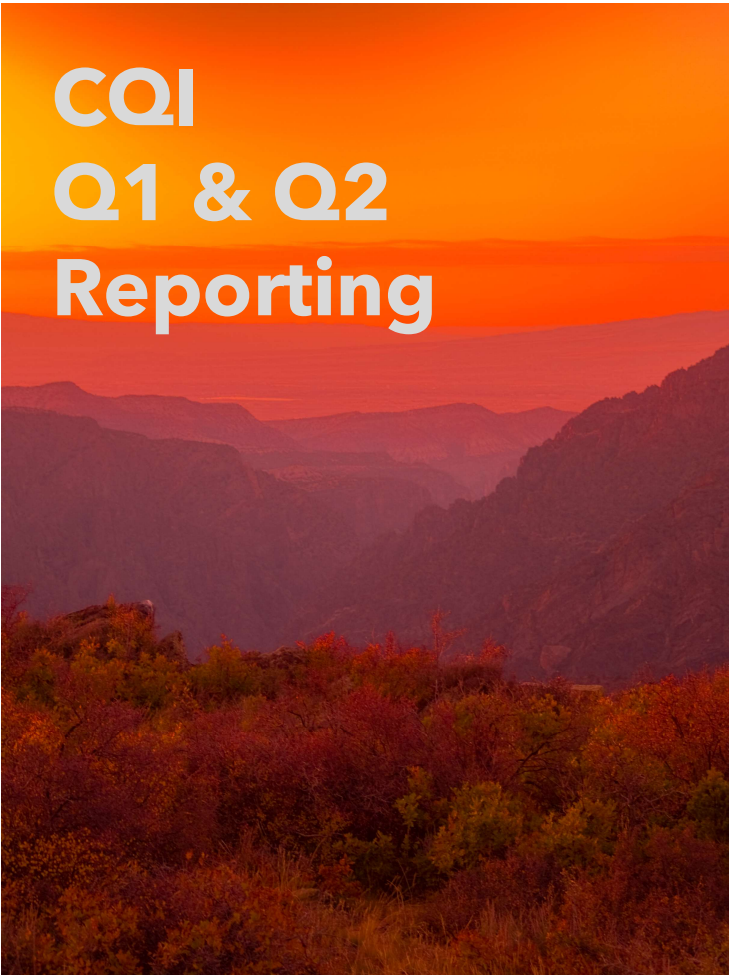
- Introductions & Ice Breaker
- Milestones & CQM Quarterly Reporting
- CQI Capacity Building & Technical Assistance Support Sessions
- Nevada State & LVTGA Viral Suppression and Retention in Care
- Buds, Roses & Thorns
- Take Aways & General Discussion

September 25, 2023

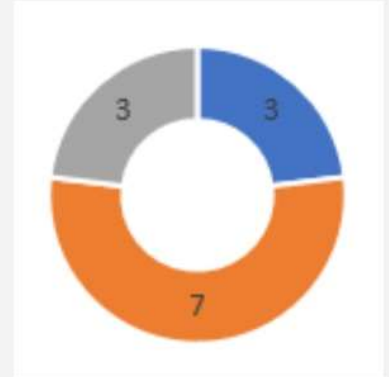
Milestones

- **Met with the QM to go over available tools and resources, while focusing on efficiencies to address process and outcome improvements.**
- **Added SMART AIM Statements to our PDSAs and understand the importance of Specific, Measurable, Attainable,, Relevant, and Time-based (SMART) Goals.**
- **Understand the difference between a problem statement and AIM Statement.**
- **Submitted Q1 & Q2 quantitative data spreadsheet & PDSA forms.**
- **Followed labeling conventions to keep our 2023 reports and files organized to manage federal CQM program information.**
- **Capacity Building Lab Data Day sessions (6) to assist with unpacking data from CAREWare Custom Reports.**
- **Scheduled individual CQI Quarter 1 & Quarter 2 Capacity Building and Technical Assistance Support Sessions.**
- **Commenced monthly Quality Quickies in August 2023.**
- **Adhered to the proposed 2023 timeline for data days and data reporting.**
- **Identified cause and effect relationships within our LVTGA Part A CAREWare & RWISE.**
- **Sought ways to understand the CQI Program & CQI Workplan.**
- **Observed how patterns and trends within our program have changed and remained the same.**
- **Recognize that our efforts generate behavior.**
- **Communicate to increase understanding and consider problems fully before jumping into conclusions.**

CQI Q1 & Q2 Reporting

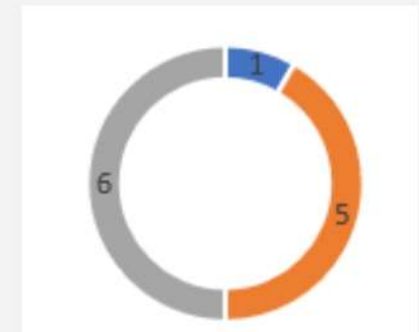


Quarter 1



■ Late ■ On Time ■ Early

Quarter 2





CQI Quarter 3

SPOC & Management Analyst Activities

LVTGA Ryan White Part A CQI Q3 Meeting

<p>Quarter 4</p> <p>CQI Single Points of Contact (SPOCS):</p> <ul style="list-style-type: none"> • Meet, collaborate, and communicate with CQI teams • Run Performance Measures in CW PM Module • Enter PM percentages on their designated PM data spreadsheet • Use PM data to complete a Plan, Do Study, Act Form <p>CQ Management Analyst:</p> <ul style="list-style-type: none"> • Submit Labs to State • Facilitate Lab Import to CW6 • Follow up with agencies to provide technical assistance, capacity building and/or support. • Manage & review Q4 provider CQM files • Track reporting submissions • Lead Q4 CQI Committee meeting (January) • Provides Lab Data Day capacity building sessions. 	<p>Quarter 1</p> <p>CQI Single Points of Contact (SPOCS):</p> <ul style="list-style-type: none"> • Meet, collaborate, and communicate with CQI teams • Run Performance Measures in CW PM Module • Enter PM percentages on their designated PM data spreadsheet • Use PM data to complete a Plan, Do Study, Act Form <p>CQ Management Analyst:</p> <ul style="list-style-type: none"> • Submit Labs to State • Facilitate Lab Imports to CW6 • Follow up with agencies to provide technical assistance, capacity building and/or support. • Manage & review Q1 provider CQM files • Track reporting submissions • Lead Q1 CQI Committee Meeting (March) • Provide Lab Data Day capacity building sessions.
<p>Quarter 3</p> <p>CQI Single Points of Contact (SPOCS):</p> <ul style="list-style-type: none"> • Meet, collaborate, and communicate with CQI teams • Run Performance Measures in CW PM Module • Enter PM percentages on their designated PM data spreadsheet • Use PM data to complete a Plan, Do Study, Act Form <p>CQ Management Analyst:</p> <ul style="list-style-type: none"> • Submit Labs to State • Facilitate Lab Import to CW6 • Follows up with agencies to provide technical assistance, capacity building and/or support. • Manage & review Q3 provider CQM files • Track reporting submissions • Lead Q3 CQI Committee Meeting • Conduct LVTGA Rose, Bud, Thorn reflection activity • Determine needs & create Priority Matrix Chart • Draft next Annual CQI Plan • Provide Lab Data Day capacity building sessions. 	<p>Quarter 2</p> <p>CQI Single Points of Contact (SPOCS):</p> <ul style="list-style-type: none"> • Meet, collaborate, and communicate with CQI teams • Run Performance Measures in CW PM Module • Enter PM percentages on their designated PM data spreadsheet • Use PM data to complete a Plan, Do Study, Act Form <p>CQ Management Analyst:</p> <ul style="list-style-type: none"> • Submit Labs to State • Facilitate Lab Imports to CW6 • Follows up with agencies to provide technical assistance, capacity building and/or support. • Manage & review Q2 provider CQM files • Track reporting submissions • Lead Q2 CQI Committee Meeting (June) • Provide Lab Data Day capacity building sessions.

Current LVTGA Capacity Building & Technical Assistance Support Sessions

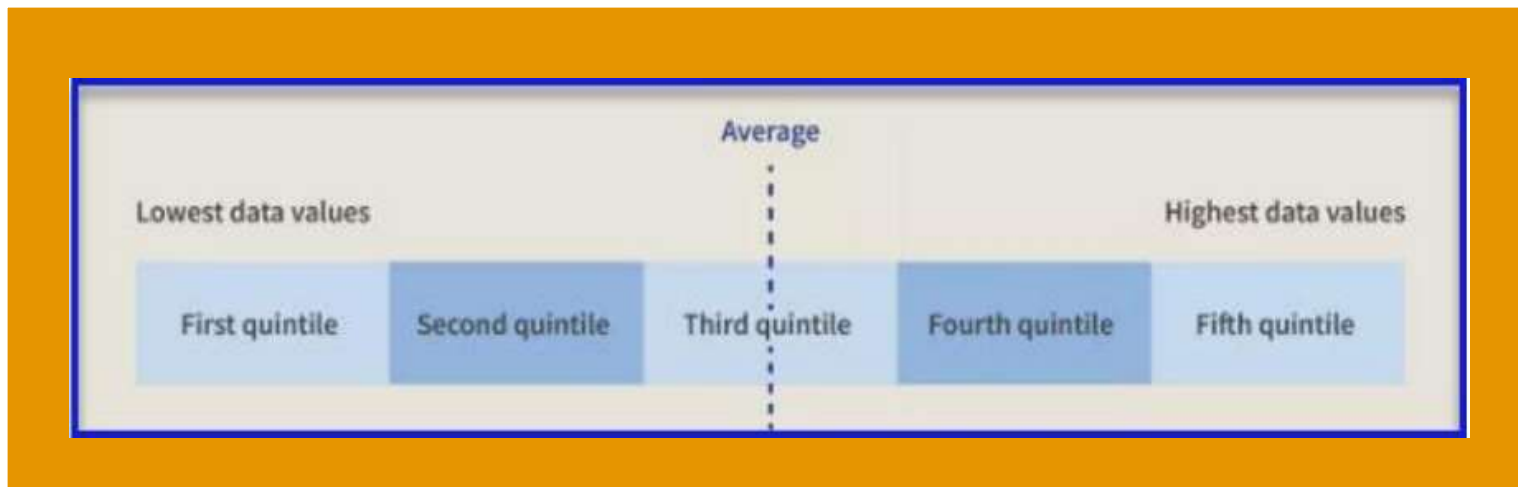


Agency	Frequency
AFAN	3
AHN	2
AHF	2
CCC	2
COMC	2
DH	3
GR	2
HFC	0
IE	2
NCHC	4

Agency	Frequency
Nye	4
SNHD	3
UMC	2
UNLVSDM	1

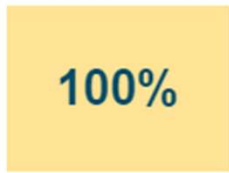
Ryan White HIV/AIDS Program Compass Dashboard

Displays aggregate-level RSR data and provides users an opportunity to interact with and visualize the reach, impact, and outcomes of the RWHAP.



Performance Summary for Las Vegas, NV, 2021

All Clients



of clients
(2,244/2,244)

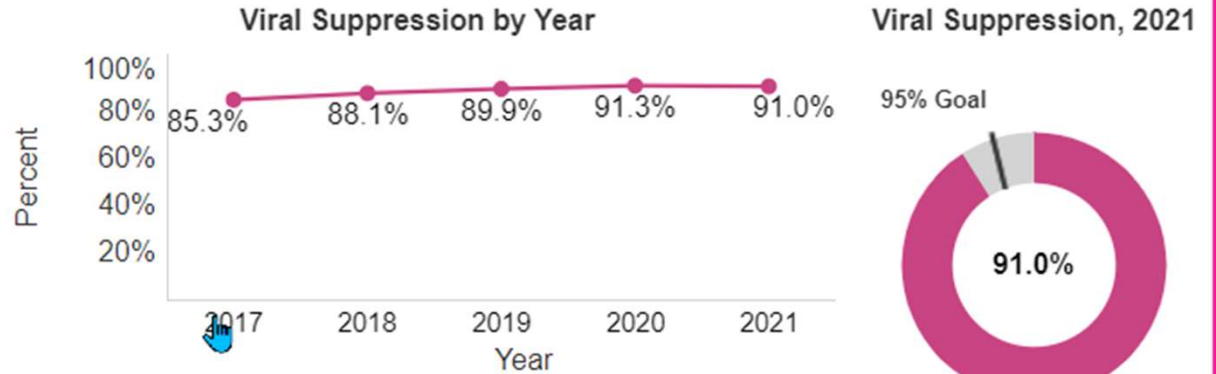


About Standardized Performance

HRSA HAB's performance benchmarking methodology allows the calculation of expected outcome measure values based on a jurisdiction's client mix. This can then be compared to national averages, allowing a snapshot understanding of whether a jurisdiction is performing above or below expected results. Learn more by navigating to the Related Resources section at the bottom of this page and selecting Standardized Performance Fact Sheet.

Resources

Standardized performance is above average for the population served. Resources are available to help sustain or further improve outcomes. Learn more by navigating to the Related Resources section at the bottom of this page and selecting Review Available Resources.



Standardized Performance



Standardized performance is above average. It is in the 4th quintile compared to national

Performance Trend



Viral Suppression has remained stable compared to the previous year.

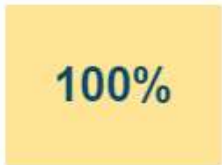
National Goal



Viral Suppression did not meet the national goal.

Performance Summary for Nevada, 2021

All Clients



of clients
(3,024/3,024)



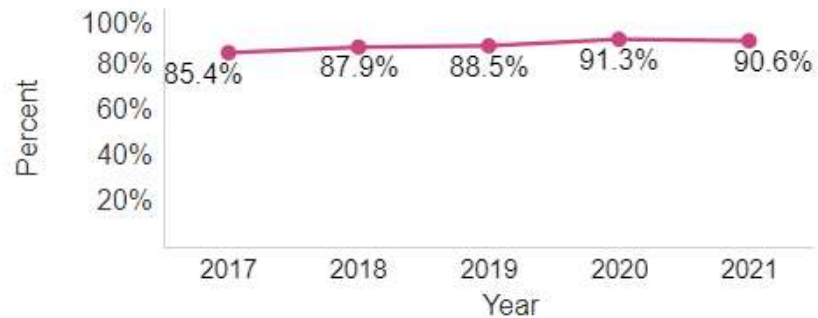
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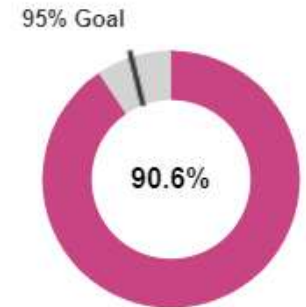
Resources

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Viral Suppression by Year



Viral Suppression, 2021



Standardized Performance



Standardized performance is average. It is in the 3rd quintile compared to national

Performance Trend



Viral Suppression has remained stable compared to the previous year.

National Goal



Viral Suppression did not meet the national goal.

Performance Summary for Las Vegas, NV, 2021

All Clients

100%

of clients
(2,005/2,005)

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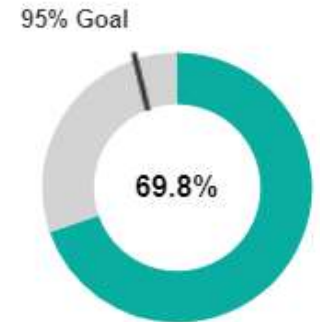
Resources

Standardized performance is below average for the population served. Resources are available to help improve outcomes. Learn more by navigating to the Related Resources section at the bottom of this page and selecting Review Available Resources.

Retention in Care by Year



Retention in Care, 2021



Standardized Performance



Standardized performance is below average. It is in the 1st quintile compared to national

Performance Trend



Retention in Care has increased compared to the previous year.

National Goal



Retention in Care did not meet the national goal.

Performance Summary for Nevada, 2021

All Clients

100%

of clients
(2,775/2,775)

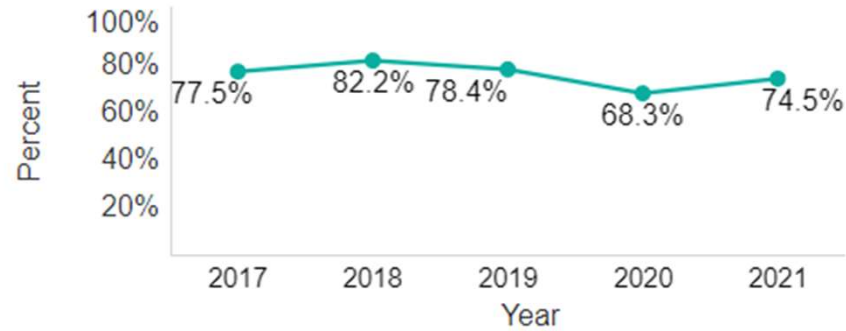
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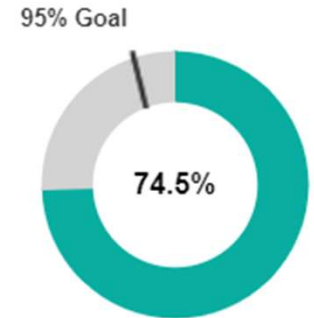
Resources

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Retention in Care by Year



Retention in Care, 2021



Standardized Performance



Standardized performance is below average. It is in the 2nd quintile compared to national

Performance Trend



Retention in Care has increased compared to the previous year.

National Goal

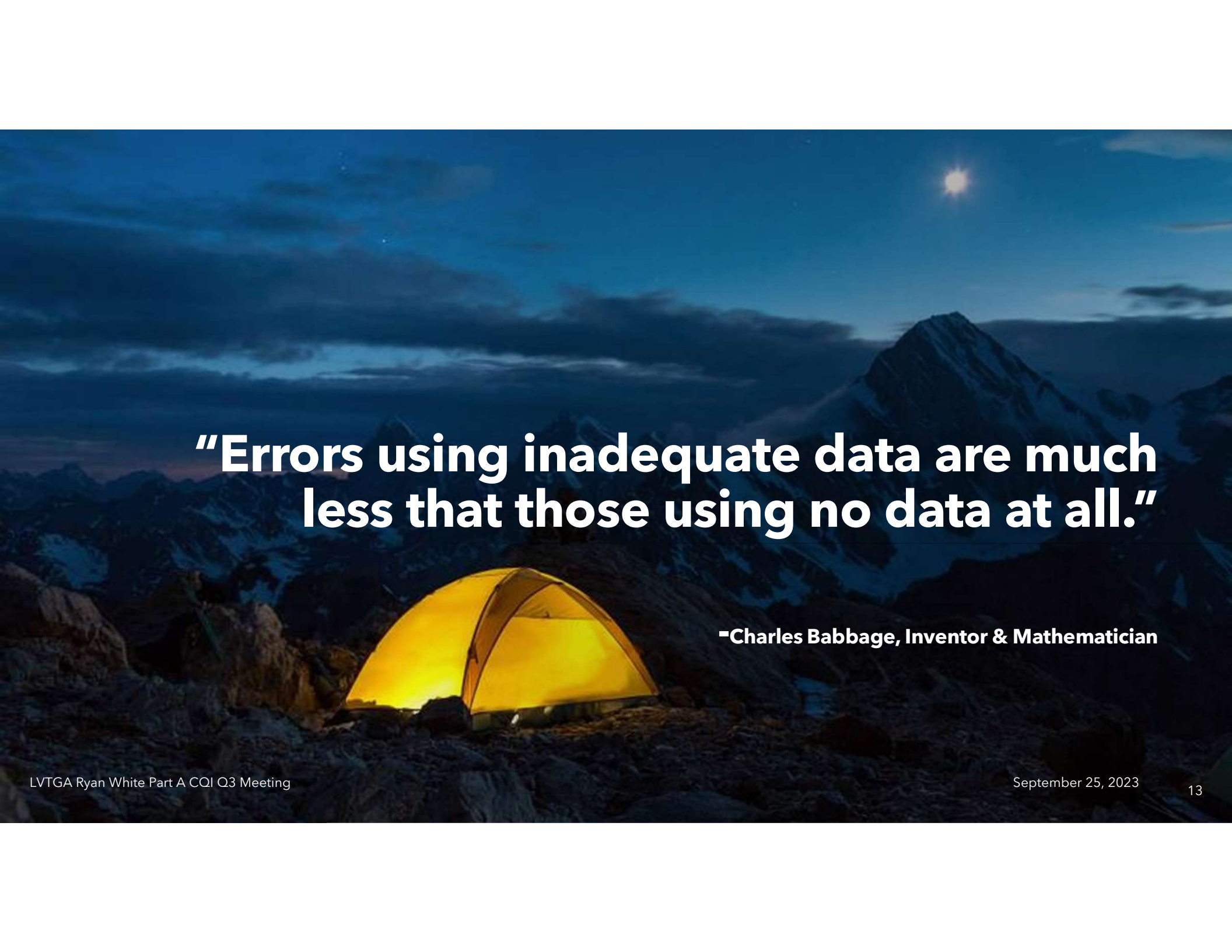


Retention in Care did not meet the national goal.

2023 CY Goals

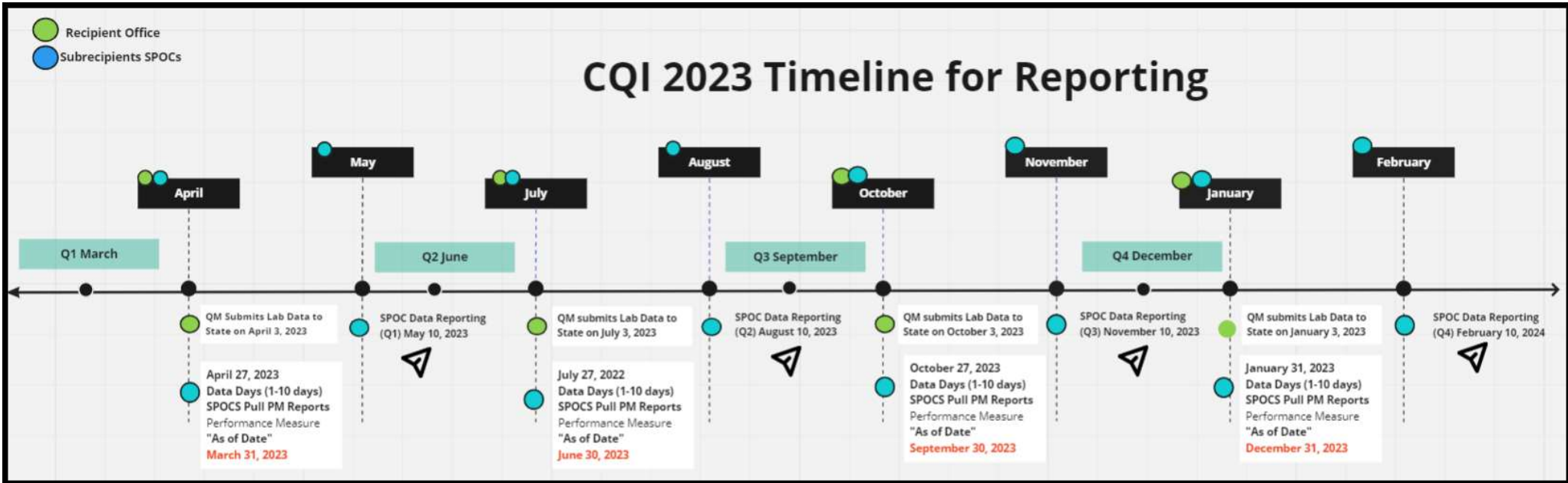
Are we almost there?

Service Category	2022 Baseline Data	Current Q2 Outcomes	2022 EOY Goal
EIS Linkage	62.25%	64.13%	75%
MCM Viral Suppression	83.03%	84.51%	85%
OAHS Viral Suppression	90.57%	90%	92%
Retention in Care	76.10%	65.59%	80%

A glowing yellow tent is pitched on a rocky, snow-dusted mountain peak at night. The sky is dark blue with a bright moon and several stars. The background shows more rugged mountain ranges.

“Errors using inadequate data are much less than those using no data at all.”

-Charles Babbage, Inventor & Mathematician



Timeline

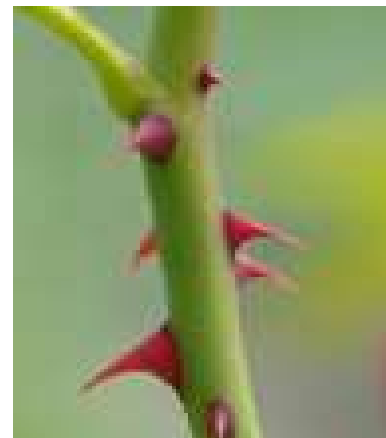
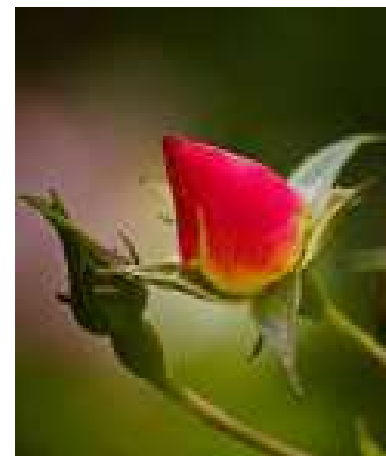
Roses, Buds & Thorns

A mindful way to reflect.

Rose = A highlight, success, small win, or something positive that happened.

Thorn = A challenge you experienced or something you can use more support with.

Bud = New ideas that have blossomed or something you are looking forward to knowing more about or experiencing.



Thank you



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