

QI News You Can Use

Q3 Newsletter from the Las Vegas TGA Recipient's Office

The Las Vegas Transitional Grant Area (LVTGA) Clinical Quality Management Advisory Committee is a dynamic team of multidisciplinary individuals and subrecipients from local in network agencies that work together through careful planning to improve the quality of core medical and support services provided in our jurisdiction. Developing a workplan and recognizing milestones have been a great benefit for our overall Clinical Quality Management Program's success. Both tools work in conjunction with each other; while our work plan is a structured approach and blueprint to success, our milestone chart acts as a "living" communication marker that identifies progress toward our ultimate goals. Although completing our work plan is important, we also understand that it is just as important to also take the time to pause, check off our milestones, and reflect on our accomplishments and hard work. Here are ways work plans and celebrating milestones have helped our committee and may help yours too.

As mentioned above, a work plan is like a blueprint. This blueprint clearly and openly guides your team to project completion. It outlines the goals of the project, lists responsible members assigned to certain tasks, and provides a timeline that needs to be followed. When subrecipients have a process and sequence of what they need to do and by when they need to do it, it increases momentum, minimizes misunderstandings and promotes accountability. As such, regularly visiting a milestones chart helps encourage open communication by providing opportunities to check-in on progress for team members to share feedback, ideas, and promote open communication and collective problem-solving that our providers can apply across the LVTGA.

Involving committee members in meaningful work, cultivates a sense of community and encourages the team to share insights and ideas. Celebrating milestones also fosters a sense of appreciation and boosts the teams moral, leading to greater motivation and job satisfaction. Working together and celebrating milestones helps us recognize that our efforts generate behavior and sets a benchmark for what success looks like.

The LVTGA work plan can be found in Section 8 of our [Clinical Quality Management Plan](#) and is available at our [LVTGA website](#). Our milestones check list from February through August 2024 can be found below.

Section 8: WORK PLAN				
Activity	Action Steps	Responsible Staff	Time Frame	Comments / Outcomes
Goal 1: Promote continuous quality improvement initiatives across the LVTGA.				
Part A Project Director, CQM Analyst, Senior Management Analyst, Program Analyst, Compliance Analyst, CR Consultant and SPOCs, meet monthly to discuss updates, challenges, successes, and quality improvement.		Office of HIV Staff, CR, & CQM SPOC	Jan.- Dec. 2024	
LVTGA SPOCs submit their Quality Improvement Project (QIP) proposal through the PDSA form and will act as ambassadors as they monitor individualized site based QIPs.		CQM SPOCs	First Cycle: QIP proposal due March 10, 2024 QIP Cycle ends July 10, 2024 Reporting of Outcomes are due August 10, 2024. Second Cycle: QIP proposal due September 10, 2024 QIP Cycle ends January 10, 2025 Reporting of Outcomes are due February 10, 2025.	
Action Steps: SPOCs will submit PDSAs twice a year. See the subrecipient timeline for reporting on table to the right and on page 12.				
CQM Technical Assistance, Training & Capacity Building				
Capacity Building		CR CQM Analyst CQM SPOCs	Feb. 2024	This information will be delivered at the February Quality Quickie and will be posted on Basecamp .
<ul style="list-style-type: none"> Review updated PDSA Form Review 2024 CQM Program Timeline 				
Capacity Building, Technical Assistance Support Sessions		CQM Analyst & CR	April 2024	CQM Analyst will provide capacity building and support for SPOCs presentations.
Create and distribute QIP presentation templates for SPOCs to deliver agency QIP proposal and outcome report information.				
Goal 2: Improve the quality of core medical and support services provided by the TGA.		Clinical Quality Management Analyst	March 2024	The frequency of these reports will be pulled on a quarterly basis.
Identify LVTGA service categories and performance measures that will be monitored.	Create a 2023 Service Utilization Data Report to determine PMs that will be monitored.			

Goal 3: Improve the performance measurement system to appropriately assess outcomes for people with HIV.				
Lab Data Import Process	Provide a comprehensive overview of how data is captured and reported.	CQM Analyst	Feb. 2024	Communicate with committee that there is a delay in reported data.
Create a schedule with Data Days and Reporting Days	Create a Subrecipient Timeline for Reporting on Miro. Create Timeline for Reporting Data Collection table on the PDSA form. Add Subrecipient Timeline for Reporting on the annual CQM Plan.	CQM Analyst	February 2024	CR will communicate the timeline at the February Quality Quickie. The timeline is posted on Basecamp and on page 12 of this document.
Create a schedule of Quality Quickie and CQM Dates	CQM Analyst and CR plan on meeting monthly. CQM Analyst sent calendar invitations to CQM Advisory Committee to plan.	CQM Analyst CR	February 2024	Recipient communicated this information via email and calendar invites sent February 1, 2024.
Individual Capacity Building	Meet in person or online with the Clinical Quality Management Analyst to discuss QIP performance measures and PDSA Cycle documentation.	CQM Analyst & Subrecipients	April 10 Sept. 10	Held in person or online. This is an opportunity for the CQM Analyst and the SPOCs to discuss and discover opportunities around quality improvement.
Capacity Building Lab Data Days	Provide capacity building, technical assistance, and support sessions online.	CQM Analyst Subrecipients	April 2024 July 2024 Oct. 2024 Jan. 2025	CQM Analyst will provide morning and afternoon sessions to maximize participation.
Goal 4: Ensure the comprehensive involvement of people with HIV in the quality improvement process.				
Invite consumers to the CQM meetings for participation.	Determine and document the mechanisms for inviting clients in CQM activities.	Recipient CR	Ongoing	

Las Vegas TGA CQM Cycle 1 Committee Milestones	February	March	April	May	June	July	August
Submit Cycle 1 Quality Improvement Project (QIP) Proposal.		X					
Participate in Cycle 1 QIP Proposal and Outcome presentations.			X				
Q1 Lab Data Day Session 1 Topic: Aggregate Data Report			X				
Lead data driven conversations with internal CQI teams.	X	X	X	X	X	X	X
Q2 Lab Data Day Session 2 Topic: Data Visualization Bar Graphs						X	
Enter data collection on PDSA Form	X	X	X	X	X	X	X
Submit completed PDSA Form to Basecamp							X
Participate in Cycle 1 QIP Reporting Outcomes presentation.							X
Monthly CQM Meetings (Quality Quickies & Quarterly CQM)	X	X	X	X	X	X	X
Capacity Building, Technical Assistance Support Sessions	February	March	April	May	June	July	August
AFAN			X				
AHF			X				
AHN	X		X				
CAN			X		X	X	
CCC			X			X	
COMC			X				
DH			X				
GR			X			X	
IEx			X				
NCHC			X				
Nye			X			X	
SNHD			X	X			
UMC			X		X		
UNLV SDM				X		XX	X
The Center							X
Project HOME							X



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