DC COLLABORATIVE ANNUAL QUALITY SUMMIT





WELCOME

CLOVER L. BARNES, MBA, BSN, RN

Care and Treatment Division

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)







NETWORKING OPPORTUNITY

HOT TOPICS DURING LUNCH

There are sticky notes on your table. Please write down one topic you would like to discuss at lunch and put it on the wall before starting the ice breaker activity. We will be breaking out tables at lunch grouped by these topics for discussion!







Ice Breaker – Tic-Tac-Toe

- You have a sheet with a list of questions on them
- When we break, you are free to mingle and ask other participants the questions.
- If someone can answer yes to a question have them initial
- Your goal is to be the first to get three initials across in any direction







Agenda Review

Time	Topic
9:00 – 9:45 am	Welcome & Icebreaker
9:45 – 10:15 am	Collaborative Overview
10:15-10:25 am	Break
10:25-11:15 am	Quality Keynote: Making Quality Personal
11:15 am-12:00 pm	Data Presentation
12:00-1:00 pm	Networking Lunch
1:00-1:45 pm	Interactive Quality Game – Measurement
1:45-2:00 pm	BREAK
2:00 - 2:30 pm	QI Didactic Breakouts
2:30 – 3:00 pm	Case Presentations
3:00 – 3:30 pm	Make Your Voice Heard!
3:30 – 4:00 pm	Evaluation & Wrap Up

THANK YOU!

For your ongoing commitment to provide high-quality services for our Ryan White customers in the EMA!





DC EMA CQM: THE STATE OF THE COLLABORATIVE





MANY COLLABORATORS: ONE MISSION, ONE VISION, ONE GOAL

The DC Collaborative's QM Program is committed to improving the health and well-being of customers by providing TA and resources in Clinical Quality Management (CQM) to the DC Eligible Metropolitan Area (EMA) Ryan White Service Providers and customers so that they can provide high-quality healthcare and support services.





Collaborative Timeline

Formed in Januar © 2004 Liprattive continue operation on Viral Load Vanguard Meeting atoHs RS fain, is active suppression and in Rockville, MDLr First care campaign. Pap smears Learning Session Research taitions at various Regular Learning 5-6, 2011 conferences Sessions Continue

More focus at jurisdictional level Learning Sessions MD and VA.
Introduction of Lean and Six Sigma methodologies

end+disparities
collaborative enters
sustainability phase.
HAHSTA and RT conduct
thorough evaluation of
DC Collaborative

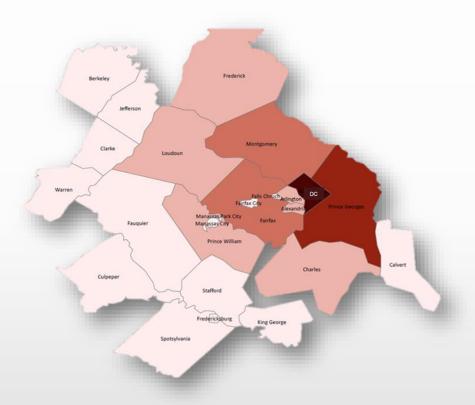


Response Team officiall Pata comes into focus Revamp of provider takes ownership with introduction of DC Report cards. independent of HRSA/HAB AREWare dataset. DC Collaborative and NQC (now CQII) wins NQC Presented at IAS sustainability award

Presented at IAS
A4Q Starts consumer led
trainings

Joined CQII Project ECHO end+disparities collaborative Oh the Places We'll Go!

Regional Group History







CUSTOMER INVOLVEMENT: QPAC/A4Q



Positive All-Parts Collaborative for Quality (Q-PAC) started as the consumer quality committee of the DC Collaborative. They morphed into Advocates for Quality (A4Q) and received Part A Ryan White quality funding to grow and work with consumers, CABS, and organizations throughout the EMA.

- Conducted an organizational consumer involvement assessment survey.
- Facilitated patient self-management trainings.
- Empowered agitators and activists to embrace QI principles to advocate for high quality care.
- Provide Technical Assistance to local providers in the area of consumer involvement in Quality Improvement activities.
- Laid the groundwork for a national model to train consumers in QI





LESSONS LEARNED

- Joining national campaigns and collaboratives has helped us innovative, but also can lead to fragmentation and burnout.
- Quality can be fun, very relevant to daily work, and have an impact on the lives of our customers.
- Passionate leaders and volunteers has been the key to sustainability.
- There is always a big need for the basics: building the infrastructure, buy-in, and skills to do QI. We need to teach quality in an inclusive way that can actually be used by the community.
- Even with a long history of success, major changes are still big challenges.
 - CAREWare
 - PCN 15-02
 - Unit Cost Reimbursement
 - Joining national initiatives end+disparities, ending the epidemic
 - Realignment of Funding in the region





OUR FUTURE – GY30 AND BEYOND

RE-BOOT

verb

/re boot/

- 1. (with reference to a computer system) the act of shutting down and starting again.
- 2. To start something over consistent with the principals of the original in a new and interesting way; unconstrained by what has taken place before.





What is collaboration all about

It is...

- Celebrating success with the community
- Sharing best practices
- An opportunity to learn
- A critical element for us all to meet CQM guidelines
- Informed by active participants

It is not...

- A punitive activity to correct deficiencies
- Creating extra work
- Just another meeting
- Something you attend to check a box
- A top down approach to quality





RESPONSE TEAM

THIS IS THE STEERING COMMITTEE FOR CQM IN THE EMA

- Is merging with HAHSTA CQM Team
- Meeting frequency at least quarterly, with additional as needed
 - Typically will meet via ZOOM with some meetings in person at HAHSTA
- Membership We seek to empower and grow CQM leaders among community partners
- Roles and responsibilities will largely remain the same:
 - CQM Plan
 - Measure Portfolio
 - Reviewing, Analyzing & Sharing Data
 - Technical Assistance
- Focus on having a lead and co-lead for each position, not necessarily a subcommittee



RESPONSE TEAM ACTIVITIES

- Actively engage in QI planning and evaluation.
- Clearly define quality goals for the Ryan White and communicate them to HAHSTA staff and subrecipients.
- Train and engage stakeholders in quality
- Discuss relevant national health care trends/priorities that pertain to the EMA/District.
- Supporting development of a culture of QI in the EMA and with subrecipients.
- Promote patient-centered care and consumer involvement.
- Share CQM activities for the overall EMA, with all stakeholders.
- Give feedback regarding CQM to HAHSTA from subrecipient perspective





OPEN RESPONSE TEAM ROLES

FOR SUBRECIPIENTS AND COMMUNITY PARTNERS

- Community Collaborative Response Team Co-Lead
- Community Data Lead Co-Lead
- Community Quality improvement Co-Lead
- Community Technical Assistance Advisor Co-Lead
- Communicator
- Recorder





APPLY

FILL OUT A PAPER COPY TODAY, OR SEND THE FILLABLE PDF TO

RW.QUALITY@DC.GOV







CUSTOMER INVOLVEMENT:

- Customers are encouraged to attend ALL DC Collaborative events!
- Leverage those trained in DC TCQ+ training
- Opportunity for DC EMA consumers to participate in national ECHO consumer affinity group
- Annual Consumer Summit

How do you involve customers in your CQM improvement activities? Do you need help getting them to the table? What skills and opportunities do they want and need?





COMMUNICATION

HOW DO YOU WANT TO BE CONNECTED AND GET FEEDBACK?

- Website and YouTube
- Coaches
- RW Quality Email
- Virtual Sessions
- Glasscubes
- Response Team Report Out







PERFORMANCE MEASUREMENT

- Process for measures to be annually reviewed, prioritized, and aligned with region-wide quality goals.
- Response Team chooses portfolio based on outcome and utilization data, with input from clinical leaders
- RT shares the draft portfolio with all subrecipients and they have a chance to provide feedback in-person and online
- Subrecipients are free to choose your own portfolio based on your utilization by part!





DATA ANALYSIS

FROM MEASUREMENT TO IMPROVEMENT

- Conducted at least quarterly by Response Team
- Aligns with HAHSTA portfolio
- Will primarily be CAREWare dataset
- Includes at least viral load stratified to look for health disparities among special populations
- Response Team will review data quarterly and share with entire network
- We'll take a more in-depth look at data in a little bit!





REGIONAL QI ACTIVITIES

HOW TO LEARN AND INTERACT WITH YOUR PEERS

- Annual Summit
- Quarterly Learning Sessions
- Monthly Virtual Sessions
 - Didactics
 - Case Presentations
- Training, Coaching, and TA





MONTHLY VIRTUAL MEETINGS

60-MINUTE VIRTUAL SESSION:

- Quality Didactics 20 minutes on CQM topics presented by HAHSTA much like the webinars from last grant year
- Coaches work with sites to schedule two subrecipients per monthly Zoom session
 - Subrecipients are free choose their own projects; work with coaches
- ZOOM Link: https://us04web.zoom.us/j/4675241610

<u>Dates:</u> Second to last Wednesday of each month at 11AM.





QUARTERLY LEARNING SESSIONS

THREE HOUR IN PERSON SESSIONS WILL BE AT HAHSTA

Typical agenda will include:

- Data Report
- Interactive QI simulations
- Topics identified at on monthly virtual sessions, things like:
 - Clinical topics
 - Intervention ideas
 - QI Project updates
- Whatever else the network wants we want to hear from you on how to best use your CQM time.





EVALUATION

Our success is defined by meeting the needs of those we serve—our stakeholders!

- Participants evaluate each activity they participate in via survey
- Providers have ability to give input on the collaborative open call for feedback during IP meetings; annual survey sent out to all subrecipients, feedback to rw.quality@dc.gov
- Response Team looks Regional Group OA at least annually
- All participants are asked to complete RG OA at least annually (at Summit)
- Work-plan for the RT is maintained in online project management space
 - Posted on our CQM website





SPECIAL THANKS TO ALL RESPONSE TEAM MEMBERS!!! (2011-2020)

Tim Agar

Nima Ahmady

Koyin Aladesuru

Jide Amosu

Toby Austin

Tammy Blair

Justin Britanik

Demetria Broadnax

Lloyd Buckner

Keith Callahan

Martha Cameron

Glen Clarke

Angela Clements

Andre' Farquharson

Jose Delao Hernandez

Candice Daniel

Safrere Diawara

Elana Desrivieres

DeLante Fooks

Anne Garcia

Jimmy Gathua

Michael Hager

Khalil Hassam

Amelia Khalil

Mohammed Jalloh

Lena Lago

Rachel McLaughlin

Julie Mehan

David Moody

Tarsha Moore

Danielle Pleasant

Anne Rhodes

Rachel Smith

Chinnie Ukwuchuku

Angela Wood

Messay Zerga

