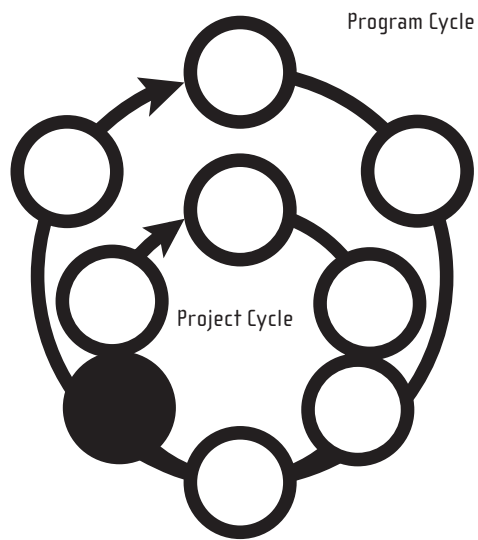


Project Step 5: Evaluate Results with Key Stakeholders.



The Big Picture

The project team's next steps are to document the improvement project results and review them with the HIV quality committee. Once the quality committee determines that the improvement project has remained on track, decisions need to be made regarding how to effectively share the project's success with staff and other stakeholders, and how to implement those improvements system-wide.

What To Do

- Summarize improvement project results.
- Evaluate results with HIV quality committee.



Snapshot of HIV Care

Sharing Results Of Improvement Projects To Create Interest In Quality Improvement.

"Did it work? Who can we tell?" After conducting an improvement project, the team should be excited about their results and will want to share them. The team should use effective methods of communication—storyboards, newsletters, websites, paycheck inserts—to convey the story of the improvement project and to create excitement about implementing the change.

The improvement team "should not be afraid to share information," counsels James Pratt of St. Joseph's and Family Care, Reading, PA, "and when you do, the simplest solutions work best." When reporting their improvement results, staff creates simple easy-to-read handouts to use during our discussions with stakeholders. "Using simple handouts makes the pilot test data user-friendly rather than intimidating," says Pratt. The handouts give the meeting a clear di-



Snapshot of HIV Care...*Continued*

rection and keep everyone focused on the same information. “The handouts also help to set the stage for a clear and open discussion about future tasks.”

The method of presentation should be tailored to the audience and purpose. For example, a presentation to the quality committee may detail the entire process used by the project team, while presentation to the facility’s board may use a graph to clearly display the results and provide a summary of what’s needed to implement the change facility-wide.

Displaying the data and improvement efforts in the public spaces also creates opportunities for patient education. Saneese Stephen, of Kings County Hospital Center, Center for H.O.P.E., Brooklyn, NY recounts, “When patients look at the storyboards displaying our improvement data, they can be educated on clinic performance on indicators. For example, I had one patient ask me ‘What does a PPD with 80% mean?’ They learned that PPDs and vaccinations are important because we’re displaying them on the walls and we’re measuring them. Hopefully, they’ll learn the importance of this care and will come in for this care. It lets them know that the clinic is dedicated to quality improvement and that we’re looking to make patient care better.”

The posters have also helped prompt staff to remind patients about screenings and exams. For example, Stephen reports, “if a social worker is seeing a patient and she sees that the patient hasn’t had a GYN exam and know it is important since it’s an indicator, they might ask the patient, ‘Why haven’t you kept your GYN appointment?’ Hopefully, by displaying our quality information to patients and staff, everyone will get involved in improving quality.”

The Center for H.O.P.E. takes an opposite approach when reporting the results of provider-specific data. “For each provider we look at their PPD, GYN and vaccination rates for the quarter. Then, we make a graphical representation showing how each provider does individually on each of the indicators and how they compare to the total,” Stephens reports.

“At first, the providers were understandably hesitant about this approach, fearing that they would be micro-managed. However, now they are interested in how they’re doing and want to see themselves do better.” The provider-specific results are presented to each provider privately, but for public presentation, each provider is coded with a letter, with only Stephens and the facility’s Medical Director knowing the code.

Summarize Improvement Project Results.

The purpose of documenting the improvement project results is to communicate with others how problems in current processes have been solved and what results have been achieved. The final project write-up succinctly describes the efforts of the quality improvement team and allows future teams to learn from past projects.



The Toolbox on page 130 shows an example of the type of information that should be included in either a written report or a storyboard.

Documenting Results

The data presented typically include baseline data and pilot test results. Graphic displays of data, such as charts and tables, help to convey results at-a-glance and should be used whenever possible. Refer to the Project Step 1 'Review, collect and analyze project data' on page 90 for a more detailed discussion of the graphic presentation of data.

How the improvement team chooses to summarize project results—the choice of report format, length, and sophistication—may vary. Two potential formats are a written report or a storyboard (a poster display that includes a graphic display of data over time).

To effectively present project results in either format, the "Four Cs" of effective communication should be applied:

- **Clear:** Use terms that committee members and staff understand and relate to.
- **Concise:** Be short and to the point.
- **Complete:** Include all relevant information.
- **Correct:** Ensure that all data are accurate.



Real-World Tip Make Your Storyboard a Bill.

Storyboards can help teams communicate the highlights of an improvement project to others. If a project team opts to prepare a storyboard, the following tips can help to make it an effective format:

- Construct the storyboard as a logical progression of 'boxed information.'
- Lead the reader through the main points and steps of the improvement project.
- Communicate with descriptive pictures and graphics more than words.
- Use color and keep any text simple.
- Following the HIV quality committee's review of the storyboard, post it in a visible location to share the team's results with consumers and staff.
- Present storyboard to the Consumer Advisory Committee.



Toolbox:

Sample Improvement Project Data for Presentations

Site:	AIDS Hospital Center
Contact Person:	Phaedra Charman, AIDS Center Administrator
HIV Caseload:	700
Facility Type:	Teaching Hospital

IMPROVEMENT STEPS	PROGRESS TO DATE/RESULTS
Improvement Area	HIV PPD Improvement Project
Goal	Between January 15 and June 30, 2006, increase the percentage of PPD chart documentation (placed and read) from 66% to 85%
Team Membership	<ul style="list-style-type: none"> • Thomas Oddou, MD, Chief of Infectious Diseases • Phaedra Charman, AIDS Center Administrator • Elvira Flores, Director of Ambulatory Care • Gary Gross, Director of Quality Assurance • Cynthia Ferraro, Director of Nursing • Chris Feno, AIDS Center Nurse Practitioner • Jorge Carrillo, Clinic Coordinator for Case Management • Betsy Stelle, R.N., Senior Staff Nurse
Investigation of the Process	<p>Analytic tools used:</p> <ul style="list-style-type: none"> • Gantt chart • Pareto chart • Run chart • Cause-and-effect diagram • Brainstorming <p>Underlying causal analysis:</p> <ul style="list-style-type: none"> • No individual clearly assigned responsibility • As a teaching hospital, house staff rotate through the AIDS Hospital Center, are unaware of PPD requirement and unfamiliar with patients' history of care • Patients forget to return for PPD reading
Pilot Test Interventions and Results	<p>Interventions on 1/06 and 2/06</p> <ul style="list-style-type: none"> • Beginning 1/06, clinic case managers were assigned responsibility for flagging charts of patients due for PPD • Develop a written reminder card for patients • Communicate with patients about the importance of PPD testing • Track of PPD performance rates over time • Beginning 2/06, senior staff nurse was assigned responsibility for planting PPD and giving patients a reminder card to return in 48 – 72 hours <p>Results on 2/06 and 3/06 - percentage of PPDs placed and read increased from 66% to:</p> <ul style="list-style-type: none"> • 75% by the end of 2/06 • 81% by the end of 3/06
Systematized Change	<ul style="list-style-type: none"> • Results were reported at the regularly scheduled quarterly HIV Quality Committee meeting Won 4/06. • A decision was made to make interventions permanent and system wide.



Toolbox:

Sample Improvement Project Data for Presentations...*Continued*

IMPROVEMENT STEPS	PROGRESS TO DATE/RESULTS
Next Steps	<p>Additional interventions</p> <ul style="list-style-type: none"> To achieve further improvement, the senior staff nurse was assigned responsibility for calling patients on day two to remind them to return on day three for PPD reading. Any patient not showing on day three for reading is called again by the senior staff nurse and urged to come in on day four. <p>Data collection</p> <ul style="list-style-type: none"> Data were collected through focused survey on chart sample at the close of each month to monitor the impact of the interventions. The two additional interventions (above) increased performance to 88% by the end of 4/06. <p>Future planning</p> <ul style="list-style-type: none"> Assessment of PPDs planted/read is now an indicator in ongoing quarterly chart review cycle. PPD and other performance data are reviewed quarterly by the center's HIV Quality Committee.
Program Infrastructure to Manage Ongoing Quality Improvement	<p>Role of program leadership</p> <ul style="list-style-type: none"> The medical director, administrator and staff nurse took the lead and were involved throughout. <p>Role of the improvement team</p> <ul style="list-style-type: none"> Team met bimonthly at the close of clinic to review sample survey data, assess progress and determine next steps. <p>Communication mechanisms</p> <ul style="list-style-type: none"> Dr. Oddou, MD, Chief of Infectious Diseases, serves on the hospital HIV Quality Committee and kept the committee informed. Phaedra Charman, AIDS Center Administrator, kept improvement team minutes and shared them with three quality hospital committees (HIV, internal medicine and ambulatory care). <p>Ongoing mechanisms</p> <ul style="list-style-type: none"> PPDs placed/read now an ongoing indicator on chart review tool; applied to a random sample of 45 charts quarterly. Data are reported at all HIV Quality Committee quarterly meetings.
Factors Influencing Improvement Projects	<p>Factors which helped us</p> <ul style="list-style-type: none"> High degree of staff motivation and teamwork Excellent patient-staff relationships <p>Obstacles which hindered progress or needed to be overcome</p> <ul style="list-style-type: none"> Some patients (due to poverty and/or other psychosocial factors) lack telephones and are hard to reach for follow-up.
Lessons Learned from the Improvement Project	<p>As a program</p> <ul style="list-style-type: none"> Patients appreciate high-quality comprehensive care and proactive staff who work in the interest of their health. <p>As a team</p> <ul style="list-style-type: none"> Mutual support and teamwork Developing and supporting new leadership

Evaluate Results With HIV Quality Committee.

Presenting the progress of the improvement project to the quality committee is important for several reasons. Sharing this information provides a feedback mechanism on the team's present work and lays the groundwork for getting "buy-in" on how best to spread and systematize changes. It also promotes public relations and helps build future support for improvement activities from the HIV quality program.

Making A Decision

Based on the evaluation of the project, a decision can be made whether the improvement project should be continued for future gains and/or implemented system-wide.

Quality improvement project results are evaluated against the following criteria:

- Effectiveness against goals. Did the project reach its promised goal(s)?
- Range of impact. Should the project be further expanded to increase its impact?

After reviewing the information with the HIV quality committee the final decision is made and the follow-up tasks required to pursue the chosen course of action are identified.

Implementing Programs System-Wide

Spreading improvements into the wider system means implementing effective solutions based on the results of the pilot tests, where appropriate, throughout the HIV program. Perhaps the larger organization, of which the HIV program is a part, could also be included. A decision to implement the improvement project changes system-wide requires additional discussion and planning.

Different system-wide implementation scenarios are:

- Expansion to the entire HIV program. A successful project could be implemented at the entire clinic or all clinics in the HIV program's network.
- Expansion to non-HIV programs in a facility. A successful project in the HIV program of a hospital could be shared with other departments.

Sharing The Report

Sharing improvement project progress with the entire program has the additional benefit of educating other staff members on how changes were made and what quality improvement really means. Staff members can learn a great deal about planning resource allocation and prioritizing pilots for implementation. The report should also be shared with the HIV program's leadership, board members, con-



Additional Resource

For guidance in teaching team members about the purpose of presenting project data to specific audiences, see the HIVQUAL Group Learning Guide "Data Presentation" exercise. You can download this publication at www.hivqual.org.

