

Evaluation of Quality Program

Participant training objectives:

- To understand the basic activities required to evaluate an HIV quality program
- To consider the effectiveness of your HIV quality program's annual Quality Management Plan

Target audience:

QI committee members, senior HIV leaders, and other staff involved in planning and evaluating the program's annual quality initiatives

Type of exercise:

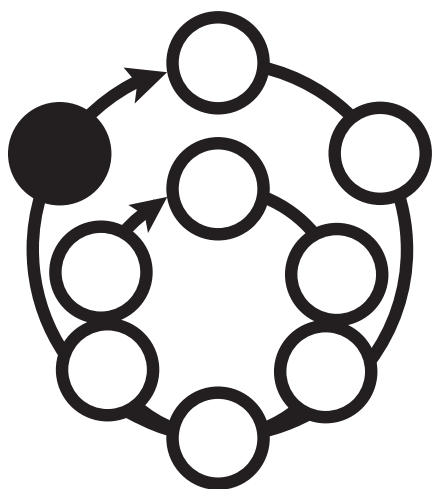
Case study; group exercise, 60 minutes

Key concepts:

The performance of a facility's quality program can be evaluated against the primary elements of its Quality Management Plan:

- Quality statement
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement
- Evaluation

Note: The Quality Management Plan Exercise should be completed before the Evaluation of Quality Program Exercise.



The Big Picture:

Quality program evaluation occurs at the end of the program cycle after initiatives have been developed and implemented for a given period of time, usually one year. When a quality committee transitions from one year to the next without pause, its members miss a valuable window for evaluation and improvement. It provides a structured approach to understanding what worked well and what needs improvement, thereby facilitating planning for the next year.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Program Evaluation Overview	Facilitator	10 minutes
3. Group Exercise: Case Study	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
 - Case Study
 - Learning Transfer Worksheet
 - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Photocopy the Case Study, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Evaluation of Quality Program: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group



Learning Objectives

Tell participants that by the end of the session they will:

- Understand the basic activities required to evaluate an HIV quality program
- Identify at least one improvement opportunity for the coming year based on program performance in the previous year

Agenda

Provide a brief description of the session's primary components:

- Presentation of the activities involved in evaluating an HIV quality program
- Group exercise on evaluating the performance of an HIV quality program
- Learning transfer worksheet to evaluate your facility's quality program and identify improvement opportunities for the upcoming year

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.



Explain that program evaluation allows a quality committee to assess the HIV quality program's performance over a given period of time. Program evaluation activities include:

- Evaluating the improvements made by project teams and developing strategies to sustain quality improvements (Note: See the Systematize Improvements Exercise for a detailed explanation of sustaining quality gains.)
- Determining effectiveness of HIV program's quality infrastructure to support ongoing quality activities
- Reviewing clinical and non-clinical indicators, and external quality evaluations performed by external agencies, to identify future improvement opportunities
- Assessing educational efforts for staff to build knowledge and expertise around quality

By assessing program performance against the Quality Management Plan, a quality committee is more likely to evaluate the program structures and behaviors deemed most important for the previous year, and to collect data that are directly applicable to the next planning cycle.



The primary elements of the quality plan include:

- Quality statement
- Evaluation
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.



Case Study Group Exercise

Distribute the case study to each participant and provide directions for completing the exercise:

- Read the case study individually. (10 minutes)
- As a group, complete the program evaluation form and answer the questions following the form. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and read each evaluation question out loud, alternating between teams for a score. If a team's score differs from yours by more than one point, ask for the members' rationale.

Next, read the first question following the evaluation out loud and select a team to provide the response. After one team completes its answer, ask the other teams if they have anything new to add. Repeat the process for the remaining two questions. At the end, add any points from the answer key that the teams have not addressed.



Learning Transfer Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share the quality program's greatest strength and greatest challenge.

Finally, ask participants to identify the program's most important improvement opportunity for the upcoming year.



Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the basic activities required to evaluate an HIV quality program
- To identify at least one improvement opportunity for the coming year based on program performance in the previous year

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Evaluation of Quality Program: Case Study

Instructions:

Complete the program evaluation form and answer the questions regarding upcoming quality initiatives that follow, based on the information provided.

Year 1

The Campus Care Center, part of an academic hospital, is located on a large university campus. With over 250 HIV+ adults cared for in a new outpatient clinic, the facility has a staff of 12:

- 3 medical providers
- 2 nurses
- 2 case managers
- 1 nutritionist
- 1 peer counselor
- 3 support staff

Recently, the Campus Care Center received Ryan White Title III funding. The Medical Director subsequently scheduled a half-day meeting to develop an annual quality plan and asked a team of staff members to collect baseline data for 7 quality of care indicators, in preparation. The team reported the following results:

- GYN exam: 77%
- Viral load done within past 6 months: 91%
- PPD placed and read: 56%
- CD4 count done within past 6 months: 91%
- PCP prophylaxis for eligible patients: 95%
- HAART for eligible patients: 81%
- MAC prophylaxis for eligible patients: 100%

Based on this information and additional discussion during the meeting, the team developed the facility's annual quality plan:

Infrastructure

The overall responsibility and leadership for the HIV quality program lies with the Medical Director who authorizes the quality committee to plan, assess, measure, and implement performance improvements throughout the entire clinic.

The membership of the quality committee reflects the diversity of disciplines within the Campus Care Center associated with the processes being monitored. The members of the committee include the Medical Director (chairperson), 1 medical provider, 1 nurse, 1 case manager, 1 peer counselor, and 1 support staff member. The chairperson will report back to the overall committee responsible for hospital-wide quality activities. Membership will be approved by the Medical Director.

The Quality Committee should have at least 10 scheduled meetings per year, tentatively planned for the second Wednesday in each month from 8:30-10:30 a.m. The meeting schedule must be coordinated and approved by committee members. Additional meetings may be called, as needed.

Annual Quality Goals

The project goals listed below are based on the program statement and baseline performance data:

- To involve staff in a variety of quality improvement activities.
- To educate staff about quality improvement methodologies.
- To initiate a QI project team in order to improve the GYN rate to 90% or above.
- To initiate a QI project team in order to improve the PPD rate to 75% or above.

We will measure the following quality of care indicators on an annual basis: GYN, PPD, PCP, MAC, Viral load, CD4, and HAART.

Minutes of all quality committee meetings will be distributed to all committee members and to all necessary hospital-wide quality committees. Reports of the Campus Care Center's quality activities will be shared with all staff within one week of presentation to the QI Committee.

Based on the belief that staff should be actively involved in the HIV quality program and its activities, all current and new staff members will receive the hospital's quality manual of QI methodologies and review key chapters during biweekly staff meetings. In addition, staff will be provided with a 2-hour training session about quality improvement principles, and will receive the hospital's quarterly newsletter on quality tools and techniques. All new staff members will receive quality training.

Evaluation

At the end of the year, the annual quality plan will be evaluated and all QI projects will be assessed against goals.

Year 2

After 12 months, the quality committee reconvenes to evaluate the HIV quality program performance during its first year. Committee members comment that the transition to a new infrastructure went smoothly and that the 10 scheduled meetings per year worked well.

Staff education fared somewhat worse. There were not enough quality manuals printed for all members and distribution was limited to supervisors and management. The annual quality training did take place, but most staff members reported that the information presented seemed irrelevant to their daily job responsibilities.

The facility implemented one QI project during the year with the goal of increasing GYN exams from 77% to 90%. The GYN project team reports that, after implementing two pilot solutions over 6 months, the exam percentage increased from 77% to 85%.

In the upcoming year, the facility will measure a new quality of care indicator, Antiretroviral (ARV) Therapy Management, and—at the urging of HRSA—expand the quality program. As part of the expansion, new funding was approved for a treatment adherence initiative in which one health educator will be hired.

Evaluation of Quality Program: Learning Transfer Worksheet

Instructions:

Evaluate your HIV quality program using the grid below.

HIV QUALITY PROGRAM EVALUATION FORM (1-POOR; 5-EXCELLENT)	SCORE
Does the HIV quality program have a comprehensive quality plan?	
Did the HIV leadership support the HIV quality program?	
Does the HIV program have an organizational structure to assess and improve the quality of care?	
Does the HIV program have clearly described roles and responsibilities for the HIV quality program?	
Were annual goals established for the HIV quality program?	
Were quality improvement teams formed to improve specific quality aspects?	
Were appropriate quality indicators selected in the HIV quality program?	
Did the HIV program routinely measure the quality of care?	
Did the workplan specify timelines for the implementation of the HIV quality program?	
Is the staff routinely educated about quality?	
Does the HIV program routinely engage staff in quality program activities?	
Did the quality committee routinely evaluate quality projects?	
Was the quality plan assessed and updated annually?	

Questions:

1. In your opinion, should the annual goals be updated for the upcoming year's annual quality plan? If so, how?

2. Would you change the HIV program's organizational structure? If so, how?

3. What are the most important priorities for the HIV quality program for the next year?

Evaluation of Quality Program: Answer Key

The sample response does not describe how the facility should or would evaluate its program, but rather one way that the program evaluation could be completed.

HIV QUALITY PROGRAM EVALUATION FORM (1-POOR; 5-EXCELLENT)	SCORE
Does the HIV quality program have a comprehensive quality plan?	4
Did the HIV leadership support the HIV quality program?	2
Does the HIV program have an organizational structure to assess and improve the quality of care?	4
Does the HIV program have clearly described roles and responsibilities for the HIV quality program?	2
Were annual goals established for the HIV quality program?	5
Were quality improvement teams formed to improve specific quality aspects?	3
Were appropriate quality indicators selected in the HIV quality program?	5
Did the HIV program routinely measure the quality of care?	3
Did the workplan specify timelines for the implementation of the HIV quality program?	2
Is the staff routinely educated about quality?	2
Does the HIV program routinely engage staff in quality program activities?	2
Did the quality committee routinely evaluate quality projects?	2
Was the quality plan assessed and updated annually?	3

Questions:

1. In your opinion, should the annual goals be updated for the upcoming year's annual quality plan? If so, how?

The quality goals should be updated to include additional project work and expansion requirements, for example:

- To increase the number of PPDs placed and read to 70% or above
- To increase the GYN exam rate to 90% or above
- To develop a strategy for treatment adherence

2. Would you change the HIV program's organizational structure? If so, how?

Given the new treatment adherence initiative, the health educator should be included on the quality committee.

3. What are the most important priorities for the HIV quality program for the next year?

Priorities may include:

- Making quality education more accessible to all staff members and more applicable to on-the-job responsibilities
- Increasing the number of quality improvement projects
- Focusing on a greater number of quality of care indicators, such as the new ARV indicator
- Adding treatment adherent measures
- Measuring additional patient/non-clinical indicators (e.g. waiting time, retention rate)