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CQM Committee Evaluation Responses

Q. 7: Subrecipient & Staff Commitment to CQM Process: What is your understanding of quality improvement versus quality assurance?

- Quality improvement is continuous to ensure processes are efficient to ensure quality assurance (how well we are doing the job)
- Quality improvement is brainstorming ideas to make it better and assurance is making sure that all goals are met.
- Quality assurance (QA) measures compliance of a process, quality improvement (QI) is a continuous improvement of the process.
- QI describes improving the whole, primarily known areas below certain data average to inflict an immediate positive change. Finally, QA refers to conducting testings to ensure optimal functionality and according to standards (e.g., MCM Skill Set, Surveys, etc.).
- QA is a compliance with the HRSA standards and QI is an improvement of quality with accordance with the HRSA standards.
- Improvement is addressing areas of low performance, assurance is to sustain quality.
- Improvement is the implementation of new objectives whereas assurance is ensuring fidelity to objectives already in place.
- Quality improvement focus on a systematic approach to analysis continuous actions to lead to measurable improvement. Quality assurance is focus on if the product or service meets the quality standards.
- According to Health Resources and Services Administration (HRSA) quality assurance (QA) measures compliance against certain necessary standards, typically focusing on individuals, where quality improvement is a continuous improvement process focused on processes and systems.
- Identify areas where improvement is need and initiate a way of getting it done.
- QI looks towards improving the quality of the medical experience, QA looks at whether a specific intervention was/was not performed, and if so to standards.
- Quality improvement: The services to be implemented with clients. Quality assurance: Services that are already being provided to clients
- Quality assurance measures compliance against standards, whereas quality improvement is a quality improvement process or CQI.
- Quality assurance is more administrative in nature, ensuring subrecipients are adhering to program standards and contractual requirements for service delivery. Quality improvement focuses on the benefits to clients of having access to quality services that have the ultimate result in improving their health outcomes: achieving and maintaining viral suppression towards becoming undetectable.
- QI is the process component whereas QA is ensuring that those responsible are following protocols and procedures aimed at improving workflows are doing such.
- Quality improvement focuses on the client's satisfaction and experiences which may impact retention in care while quality assurance focuses on the administrative processes. I did not understand this until the last CQM meeting when Carla explained it in detail.
- I understand the differences however, for this particular process, it was not made clear until the end of the project.
- Quality improvement directly impacts the client vs Quality assurance measures outcomes.
- Quality Assurance is everything we do to ensure the maximum quality of services; however, Quality Improvement is an ongoing process toward identifying gaps/weaknesses that could negatively impact the standard of care to work diligently on resolving them.
- Quality improvement is a continuous process of improving that focuses on processes and systems whereas Quality Assurance measures compliance with standards. Quality Improvement is oriented to improving patient care by using a systematic approach through based on collected data and information.
- Quality improvement is improving the quality of services offered.Quaility assurance is a tool to measure outcomes and determine which services can be enhanced for the best outcomes for our clients.
- Quality improvement is intended to be a continuous process while quality assurance is a intended to meet standards or benchmarks.
- Quality Assurance - All standards are being met. Maintaining the standards after a CQM project is completed. Quality Improvement - identifying areas that require improvement and creating PDSA's to improve them.
- Quality improvement relates to performance and efforts to improve performance, while QA relates to prevention that helps establish a flawless business process.
- Quality Improvement is mainly about finding the root causes and developing a project in order to create a sustainable improvement and quality assurance relates to monitoring specific elements in order to ensure compliance.
- Quality Assurance measures compliance and it focuses on people. Quality Improvement is done to improve performance and it focuses on processes and systems.
- Quality improvement is making a process better. Quality assurance is making sure that the process is running smoothly.

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Q. 12: Quality Improvement Culture: What is your understanding of what your role as a CQM Committee member is?

• Attend meetings; participate in discussion; offer suggestions or solutions to issues addressed; take information back to my agency to ensure quality improvement is incorporated in the practice.
• Impart point of view, to better the outcomes.
• Assess the quality management activities, to help facilitate the development and implementation of CQI mechanisms and measures. Report service outcome results to the Clinical Quality Management Committee and Planning Council.
• As a CQM Committee member, our role is to review quarterly reports and evaluate performance. Also, to speak up about barriers and work with the committee to find solutions that will improve services and client outcomes.
• It has not been identified to me directly. My role within "my agency" Quality Committee is clear.
• To learn and provide best practices.
• I sometimes struggle to understand where our agency's role lies as most of the discussion surrounds services we do not provide.
• My role as a CQM Committee member is to help evaluate and identify quality improvement opportunities, for improving services to RW clients.
• To participate, attend and support the activities of the CQM Committee.
• To identify area were improvement can be made to increase the quality of services.
• To bring a patient/client perspective.
• Case Management Services Manager.
• My role as a CQM Committee member is to help evaluate and identify quality improvement opportunities, for improving services to RW clients.
• Identify standards, QI/QA processes, change implementation, measure results.
• A Program Administrator of the Recipient agency for these funds, it is my role to ensure that our jurisdiction has an appropriately functioning CQM program; and hold subrecipients accountable for participating in the CQM process. I assist with presenting roles and responsibilities of CQM Committee stakeholders, in accordance with HRSA guidelines, as well as identifying training opportunities. It is also my role to participate in the CQM discussions that help identify, develop, review and evaluate Quality Improvement projects.
• To take back to my organization, what is discussed in the committee and to work internally at our own CQM plan. Share those lessons with the larger committee.
• I contribute data and participate in identifying and implementing processes to improve quality of care for clients.
• To create a QI culture among agencies receiving RW funding.
• My role is to provide QI input to the committee. I also discuss our internal practices related to SFAN.
• We are responsible for bringing our experience to the committee, discussing what other members get, analyzing the elements that are positively and negatively impacting the services, and coming up with the best recommendations and protocols to improve the quality of care we provide.
• To participate in the CQM meetings and contribute to its goals and objectives.
• Identify areas for improvement in delivery of services and improve outcomes.
• Regularly attend CQM meetings, participate in developing, planning and evaluating QI goals, strategies and processes; review performance data and participate in developing recommendations.
• To take the information provided in the CQM committee meetings and utilize it in our organizations quality projects.
• Monitor the quality of projects in progress and assists team members in correcting problems. Emphasis is often on process control. Provide leadership in the efforts to develop, manage, and maintain quality assurance processes, regardless of all current challenges.
• My role within the CQM Committee is to collaborate with members regarding continuous quality improvement for those in the HIV care continuum.
• Members' role is to help with prioritization of QI initiatives, opportunities to improve services, and to participate in the implementation and exchange of QI activities to improve the quality and health outcomes
• To help improve the RW Dade process

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Q. 15: Quality Improvement Culture: If you do not agree, what do you feel you need help with? (refers to Q. 14: As a CQM Committee member, I have been provided the knowledge to

• Throughout the process I was not provided with an accurate understanding of the difference between quality improvement and quality assurance. This was not made clear to me until the very last meeting.
• Need clearer understanding of the request for a QI project vs a QA project.
• A robust data system to rely upon.
• Not sure about BSR Culture - are you asking QI Culture within BSR Culture or within "my agency's" QI Culture or within OMB QI Culture? My agency's QI Culture is outstanding and we have policies, procedures and processes to make it easier to understand and follow.

Q. 19: What suggestions can you offer the Recipient to improve communication with subrecipients regarding expectations and responsibilities in the QI process? List 3 suggestions. Suggestion #1

• Continue to communicate issues.
• Communication via txt.
• Training.
• I believe all agencies should have a strong communication and collaboration to optimized patient outcomes and services.
• Not sure about BSR Culture - are you asking QI Culture within BSR Culture or within my agency's QI Culture or within OMB QI Culture? My agency's QI Culture is outstanding and we have policies, procedures and processes to make it easier to understand and follow.
• Ensure QIQA projects are reported on a regular basis by sub recipients.
• Identifying expectation sand responsibilities unique to each service category.
• Provide data in a timely manner.
• Increase participation of the member of this committee.
• Recipient can always offer a few "carrots" to encourage subrecipient participation.
• Monthly Reports (Clients CD4/Viral Load).
• How to involve ADAP/Mental Health QI Knowledge.
• Provide data in a timely manner.
• Communication between all team members.
• Revisit the CQM Committee Roles and Responsibilities regularly (annually at a minimum).
• More frequent assessing the subrecipients' understanding.
• More county involvement in the QI process.
• Clear understanding of the expectations of the QI projects.
• They continue doing what they have been doing so far.
• Provide education on QI to sub recipient staff people, including receptionists etc.
• Include consumers.
• Re-instate face to face meetings.
• Developing a timeline for projects.
• Provide training with clear message.

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Suggestion #2

- Continue to offer TA assistance as needed.
- Trainings.
- Communication.
- Provide Enterprise's secure internal messaging system for agencies to communicate to use as a flagging system.
- Review data with sub recipients and ensure supports QI activities for the agency.
- Continue/ongoing support.
- And for those that need a stick, recipient can use contract enforcement tools.
- Monthly R. (ADAP Including ACA eligibility).
- Continue to offer TA assistance as needed.
- Trainings.
- Continue/ongoing support.
- Clear expectations / accountability.
- Ensure the CQM meetings are a safe space for frank and open discussions.
- More feedback on the QI projects during the processes.
- More feedback during the QI processes.
- More communication.
- Perhaps a Quality Newsletter with QI and QA articles; resources.
- Include peers.
- Revise/update RW Guidelines.
- Email.
- Send clear expectations and responsibilities by email.

Suggestion #3

- Continue to hold providers accountable to ensure improvement
- Invitation to the meetings.
- Scorecard support.
- Monthly R. (PCP follow-ups)
- Continue to hold providers accountable to ensure improvement.
- Timelines / deadlines.
- Strongly encourage each subrecipient organization to have their CQM champion(s) attend CQM Committee meetings.
- Continue to keep agencies abreast of Ryan White policy updates and changes.
- Include more medical case managers.
- Check in meetings during the CQMC meetings.

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Q. 20: What suggestions can you offer BSR to improve QI Knowledge?
Suggestion #1

- Offer trainings as needed.
- Trainings.
- Onboarding training.
- The MCM Skill Set is an innovative way to assess knowledge and provide teaching if needed.
- QIQA 101 training for sub recipient staff.
- Additional training sessions to orient new providers to the CQM documents.
- Ongoing trainings as new members come in.
- More handouts.
- Keep talking about it.
- Ongoing trainings as new members come in.
- How to involve ADAP/Mental Health QI Knowledge.
- QI Methodologies utilized/preferred.
- Ensure BSR staff are fully trained to understand the difference between CQM and QA (ensuring they understand and can communicate to subrecipients the error when a subrecipient identifies an internal paperwork process change as their sole QI project).
- Conduct quarterly "quizzes" aimed at providing a refresher on QA/QI and to track results.
- More accurate training on the difference between QI and QA.
- More accurate data reporting.
- Continue with CQM meeting.
- Shorten meetings.
- frequent meetings with the centers.
- They should be able to use Provide Enterprise at the same level subrecipients do.
- Simplifying the QIP template.
- Provide Presentations on QI Models.

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Suggestion #2

- Continue to give tools needed to accomplish goals/objectives.
- Informative news letters.
- News letters.
- PDSA training.
- Clear expectation from group.
- Discuss issues related to QI for those agencies that are in need of information.
- Continue to give tools needed to accomplish goals/objectives.
- Informative news letters.
- How to keep clients on retention of care.
- Implementation and Outcomes Reporting.
- Ensure BSR coordinates appropriate training for CQM committee and subrecipient staff involved in the QI projects.
- Assessment of subrecipients' QI knowledge prior to implementation of projects.
- Clear understanding on data options for a QI projects. (i.e. client satisfaction surveys).
- They continue implementing training based on the feedback from sub-recipients and clients and collected through surveys, data analysis, and regular meetings with MCM and Supervisors.
- Continue with CQM projects
- QI education sessions for health centers separate from the meetings.
- Having guest speakers.
- Provide online resources.

Suggestion #3

- Continue to offer support as needed.
- Communication.
- Ensure agencies implement projects by line staff not supervisors.
- Distribute the contact information of the member of this committee.
- Continue to offer support as needed.
- How to involve OAHS QI knowledge.
- Identifying QI Initiatives / Accuracy and Needs.
- Ensure BSR communicates the CQM expectations, data and processes clearly with CQM stakeholders.
- Clearer explanation of relevance of data used for QI initiatives.
- Continue using data to identify agencies where improvement could be accomplished.
- Having agencies collaborate together.

Q. 21: List the top 3 QI related topics you believe you need guidance on to improve your QI knowledge.

Topic #1

- Analysis of data.
- HRSA.
- Onboarding training
- Should work to ensure staff of sub recipients learn about QIQA.
- Best practices being used by other organizations.
- Process/steps not always clear.
- Improve patients health.
- Coordination of specialty care for comorbidity.
- Data Methodology / Extraction.
- Other CQM models than PDSA.
- For me, getting more used to the national standards/measures and finding unique ways at improving our internal process.
- How to use various data for QI initiatives (not just report card).
- QI vs QA.
- Challenges and barriers.
- Use of QI tools.
- Evaluation.
- How to manage QI project time line.
- Achieving buy in.
- QI Models.

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Topic #2

- Strategies or activities to implement in a QI project.
- Data quality.
- Improve efficiency of managerial and clinical process.
- Choosing appropriate projects to ensure improvement and compliance.
- Data quality.
- How to involve OAHS QI knowledge.
- Access to reporting systems.
- Identifying various possible interventions.
- Data comparison.
- How to implement QI culture in an agency.
- Role of staff in QI projects.
- Kaizen Blitzes.

Topic #3

- Improve communication with resources and solve problem.
- Strategies or activities to implement in a QI project.
- How to involve ADAP/Mental Health QI Knowledge.
- Simplify Data Reporting.
- How best to report the QI process, findings, interventions and improvements.
- How to amend QI projects to fit changing data and client needs.
- Training on the different models of QI-PDSA, LEAN etc.-
- Sustaining a change

Q. 22: Do you have any additional comments or suggestions to help improve Miami-Dade County's CQM program?

- Miami- Dade County's CQM program is evolving while staying resilient; we are on the right path to improving every quarter.
- MDC CQM for BSR or for "my agency" or for OMB? Not sure what are you asking. As I mentioned before, it is unclear the role of BSR in subrecipient's practice.
- Should work to ensure staff of sub recipients learn about QIQA.
- Training should be on going as new members are introduce to group.
- Reports active and inactive clients in the RW program.
- Teamwork, Collaboration and ensure accuracy of QI initiatives.
- I think the CQM committee has done a very good job in identifying areas for improvement. I hope we continue to do that. Too often QI takes a back seat in our agencies.