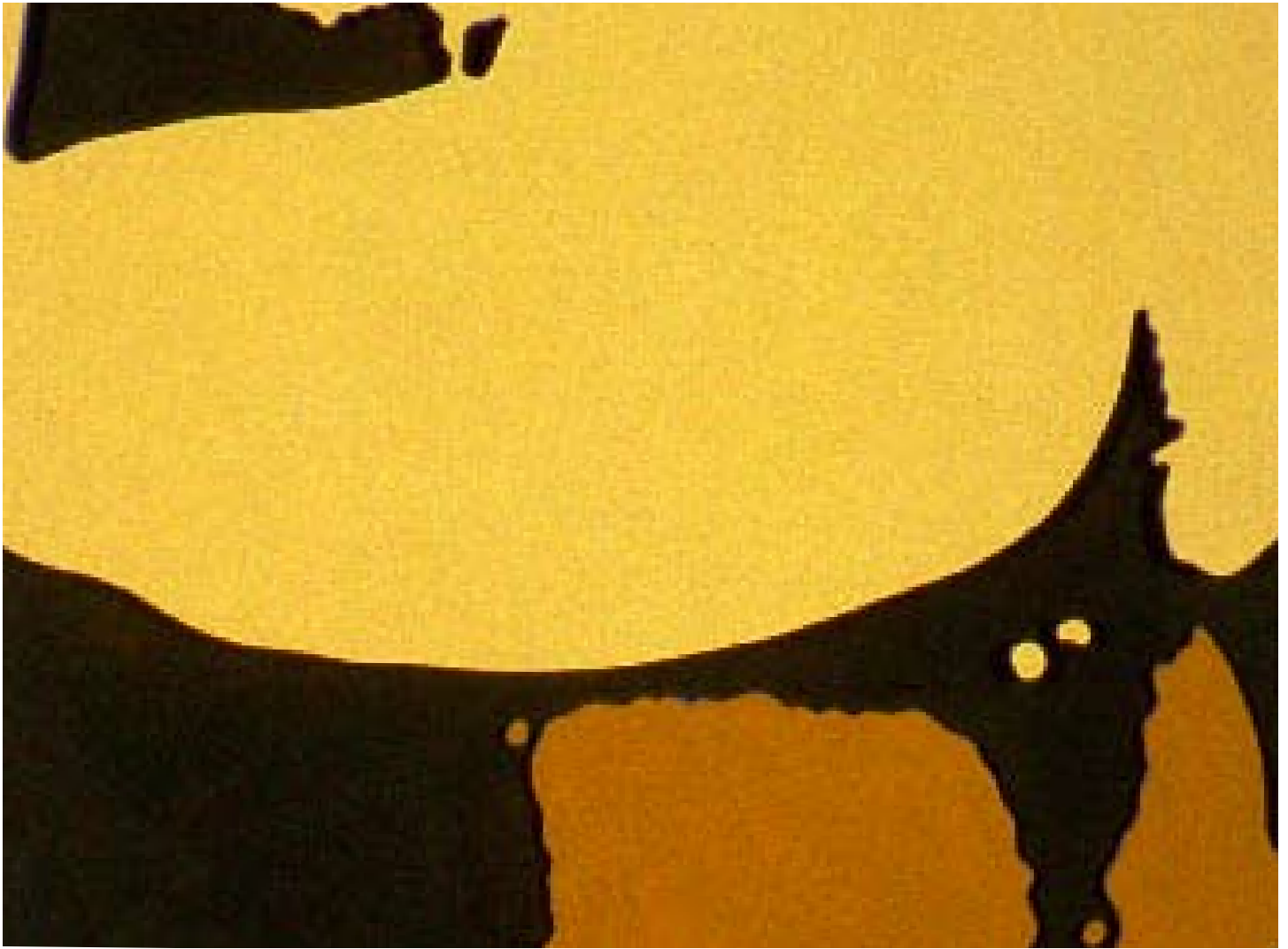


"See only what you wish." Image by Edward Lightner, HIV-positive artist.



Strategies for Implementing Your HIV Quality Improvement Activities

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau

 NATIONAL QUALITY CENTER

NQC Action Planning Guide

Strategies for Implementing Your HIV Quality Improvement Activities

Developed by the National Quality Center
For the Health Resources and Services Administration HIV/AIDS Bureau

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Section 1: Introduction

Care for individuals with HIV/AIDS has advanced greatly in the last decade. But the struggle to consistently deliver high quality care, to each patient still exists for many providers across the country. The 2003 Institute of Medicine report, *Measuring What Matters*, which focused on the allocation, planning, and quality assessment of Ryan White HIV/AIDS Program funding, highlighted the need to continue measuring and improving the quality of care provided by Ryan White Program-funded grantees. At the same time, consumer and professional media have focused increasing attention on medical errors and the need to improve the quality of care. Evidence of effective quality programs is now routinely expected.

Since 2000, the Ryan White Program legislation has included specific provisions directing each grantee to establish, implement and sustain quality management programs. Nine years after reauthorization, however, many Ryan White grantees still require support, expertise, and resources to execute effective quality management programs that are linked to improved health outcomes.

Many Ryan White Program grantees face challenges in developing quality management programs, including comfort in employing quality improvement concepts, lack of staff resources and organizational barriers. Often a key barrier to quality improvement work is not lack of desire but lack of certainty about how to proceed. Action planning is a critical step in translating aspirations and plans into realities that are part of the system of care delivery.

The National Quality Center (NQC), a program sponsored by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), has been working with grantees in the field to facilitate quality improvement efforts, including effective action planning. This Guide captures the insights and expertise captured by NQC experience with grantees from all Parts of the Ryan White Program funding continuum in a wide variety of settings.

Purpose of the Guide

The purpose of this Guide is to provide a resource to HIV/AIDS professionals to facilitate the translation of strategic and operational quality priorities into effective improvement actions. This Guide focuses on tools and approaches for each step of the planning process: from developing a plan to meet your quality goals through tracking your progress over time. Examples from the field provide additional insight to further illustrate the content. It is important to note that the concepts presented can be applied at varying levels including a variety of clinical and non-clinical improvement teams, across all Ryan White Program Parts, and quality committees of all sizes.

Design and Objectives

The Guide does not provide a single, “cookie cutter” approach to action planning. Rather, the Guide provides examples, practical tips, and tools gathered from the experience of National Quality Center staff, consultants, and constituents. While each organization must apply these ideas within unique environments, there are consistent themes that emerge in the stories of those effective in action planning.

The objectives of the Guide are to:

1. Present the basic elements of action planning.
2. Provide a step-by-step approach and recommendations for action planning that are focused on improving the quality of HIV care.
3. Provide tools that can be used in action planning.

It is recommended that you review this Guide with a practical example in mind. Apply the knowledge as you go through each section, creating your own action plan as you go. The Guide can provide practical insights into implementing your plan as well as a resource for future action planning.

Target Audience

This Guide is designed for those who conduct quality improvement activities in HIV care. It is designed to facilitate translation of quality improvement plans into better care and better outcomes for people living with HIV.

Structure

The Guide begins with an introduction to important contextual considerations of action planning, especially as it relates to quality improvement. It then provides prerequisites for action planning followed by a nine-step process to complete an action plan. Implementation strategies follow to give insights into executing a well constructed plan, followed by suggestions for monitoring, communicating and closing out the plan. Each section discusses specific action items, which are described in detail and illuminated through examples and practical tips.

Components of the Guide:

1. Examples: Scenarios based on real world experience are presented throughout the Guide, illustrating how specific steps might be implemented in a particular environment.
2. Voice of Experience: These short statements have been excerpted from conversations with providers in the field over the years and reflect lessons learned about action planning and execution.
3. Tools: These are embedded in the text or referenced to show examples of actual tools used in the field to facilitate action planning.
4. Essentials: At the end of Sections 2 through 5, the most important “take home” messages are summarized.
5. Additional Resources: An appendix at the end of the Guide provides resources relevant to action planning for additional information.

Acknowledgement

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Copyright

The National Quality Center developed this Guide and encourages the use of these resources to build capacity for quality improvement among HIV providers. If you choose to distribute them or use them in presentations, please maintain the citation of the original source or use the following citation: *NQC Action Planning Guide - Strategies for Implementing Your HIV Quality Improvement Activities*, Developed by the National Quality Center, with funding provided by the Health Resources and Services Administration HIV/AIDS Bureau.

Section 2: Before you Begin – Understand the Context

Environmental Considerations

All action planning takes place within an internal environmental context. Teams or committees invariably have differing levels of expertise with planning and plan execution. Competing priorities, staffing challenges and coordination of efforts are universal regardless of the size of the organization. Also, each participant brings baggage: past history of successes and/or failures with action planning/execution and the biases those experiences engender.

These same forces transcend throughout the health care system. However, the greater the complexities of an organization the greater are the challenges to plan and implement quality improvement activities. Larger organizations and multi-organizational planning efforts face challenges of competing priorities as well as of mediating a variety of grantee needs. Constantly changing demographics and complex group dynamics complicate the translation of even the best ideas into action.

Meanwhile, the external environment has become more demanding of both action and accountability. Payers, grantors, administrators, and health care consumers are expecting more evidence of the efficiency and effective-

ness of quality programs. With the advent of technological advancements, organizations have access to increasing amounts of data and information. This has led to data overload and in some organizations, a dilution of focus or “paralysis by analysis.”

Quality committees, charged with leading the organization’s quality activities, outline their strategic approaches on how to put quality goals into action. Although many health care providers are asked to develop written annual quality management plans, they often lack the ability to translate these plans into actionable milestones, leaving the plans an exercise in paper only. Quality improvement teams which are asked to improve specific aspects of HIV care are challenged by the inability to map out the activities over time.

All these reasons make action planning a critical tool and resource for health care professionals. Action planning provides the glue and focus in periods of uncertainty and distraction. Action planning provides the accountability that allows groups to adjust real time to the changing external environment and emerging crises.

Why Action Planning is Difficult

Action planning is challenging because it involves translating abstract concepts and ideas into specific tasks and activities for execution. Action planning requires that roles, timelines, deadlines, and metrics of performance be established. All of these also require negotiation, mediation, and dedicated resources. This is particularly difficult in the HIV/AIDS arena where many stakeholders are contributing time and energy: those resources are scarce and precious commodities. The eagerness to offer ideas on a quality management committee does not necessarily translate into available personnel ready to step up and assume accountability for following through on the action plan. As a result, action planning requires that elements of vision, salesmanship, group dynamic management, and negotiation processes become embedded into the daily fabric of the HIV clinic.

Successful action planning should be linked to organizational priorities and supported by the organization's leadership. Action planning without linkage to strategy adds no value. In fact, one of the challenges many organizations face is random management activities disconnected from the priorities of the organization.

VOICE OF EXPERIENCE

"We have had real struggles with implementation. I am not sure when it really dawned on me, but I realized that our work plan was too detached from what people do every day. Plans really should be used but they just end up on the shelf. We are going to change that and are starting with staff training. My goal is to make sure that in the future, our plan connects directly with each individual in my organization."

Director, HIV Services Part C Program

Planning is an integral part of effective organizations. It is important to provide focus to the organization and to align leadership at all levels. As such, a number of plan types have developed to address the needs at various levels of the organization. The following are terms commonly used in organizations to describe different types of planning:

1. **Strategic Planning:** An organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people.
2. **A Business Plan:** A formal statement of a set of business goals, the reasons why they are believed attainable, and the plan for reaching those goals. It may also contain background information about the organization or team attempting to reach those goals.
3. **Operational Plans:** A description of the goals of an internal organization, working group or department.
4. **Quality Plans:** A definition of a quality program's strategic direction and serves as a blueprint for quality initiatives. The plan describes the purpose of the quality program, the infrastructure that supports quality initiatives, and the quality goals and improvement projects for the upcoming year.

Depending on the environment, these discrete planning processes are often wrapped up into one. For example, a statewide all Part quality committee may not have a permanent infrastructure that allows for a business plan and strategic plan. In contrast, the HIV/AIDS unit that is part of a large complex health care system may very well have a larger strategic plan that must be considered and aligned.

Your organization may have any or all of these plans although what they are called varies considerably. You will note that what they all have in common are words like "goals" or "strategy." These imply a direction and an endpoint but often lack a detailed roadmap of how to accomplish those goals. That is where an action plan comes into play.

Action plans are a descriptions of what needs to be done, when and by whom to achieve the results called for by one or more objectives. It contains task assignments, schedules, resource allocations and evaluation criteria. Action plans are intended to guide day-to-day work.

Action plans can and should be incorporated into any of the other planning processes. Action plans delineate the “who will do what by when” to actually execute the plan. Too often, organizations stop short of translating what they want to get done into the often tedious steps to make it happen.

Key Components of Action Planning:

1. Statements of what must be achieved. These most often align with the goals of a strategic, business, operational or quality management plan.
2. Detailed steps of what must be done to achieve the desired outcome.
3. A schedule for each step and how long it is likely to take.
4. Indication of who will be responsible for making sure each step is completed.
5. Clarification of the resources needed.

These components will be covered in more detail in Section 3.

VOICE OF EXPERIENCE

“We joined a sponsored quality improvement initiative a few years back. We were successful but it always felt like a special project. It wasn’t until we consciously aligned our work plan for our grant with our quality improvement plan and eventually with our strategic plan that we could understand how quality improvement fit as part of the big picture. Now everything flows. It works better and is much easier to explain to our stakeholders!”

Chief Operating Officer (COO) and Quality Director from a Health Center with an embedded Part C Program.

Action Planning in Quality Improvement

Examples of action planning for the purposes of quality improvement can be used to illustrate a few overarching concepts. Note that action planning can be applied at a variety of levels to achieve goals ranging from broad to specific.

Example: Execute the Annual Goals of the Quality Management Committee of an EMA or TGA

You are the Director of a large EMA. The quality improvement committee is made up of a diverse group of stakeholders with a variety of interests. You have led the committee in the creation of a written quality management plan that outlines the areas of focus in alignment with identified areas in the Statement of Need. You have clear goals and indicators that measure success. How should you proceed?

Suggestion: Action planning with a diverse group of stakeholders takes patience and strong negotiation skills. For implementation of the quality management plan, many pieces and parts need to work together. One approach would be to draft a sample action plan for each goal. You could then ask each committee member to take responsibility for one or more goals. Your charge to the members would be to dive more deeply into the goals once you have provided them a framework for their work. As chair, you should request detailed action plans for each goal. Remember that you may have to assist individuals with what they need to provide, especially those with little experience. Templates for developing and reporting for each goal should be provided. As chair, your responsibility would be to assure that all of the necessary steps of action planning are on track to provide the information you expect at each meeting and at year end. In other words, you would orchestrate the action plans to assure that the committee meets their objectives.

Example: Implement a Written Quality Management Plan

You serve as the Quality Director of a Ryan White Part D Program and have a quality management plan that prioritizes access to care, current immunization status and timely Pap tests for female patients. Your plan is well written and includes goals for performance and a strategy to monitor data over time. Where do you start?

Suggestion: The goals that you have chosen involve different sections of your care delivery system. For access, you need tracking of visits, no-shows, appointment availability and others. For immunizations, work flows to assess and track immunizations will be important as will vaccine inventory and vaccine administration policies. Pap test tracking involves tracking of periodic screening, as well as coordination of results from other providers. The point is that even three quality goals will involve multiple systems within an organization. Action planning around each goal will help focus improvement teams on figuring out what changes will lead to improvement and implementing those changes. Action planning can take advantage of pulling key staff in as appropriate in the areas of their expertise without taking undue time. The role of the Quality Director is to orchestrate these action plans of improvement efforts to assure that each aspect of the quality plan is addressed and that there is progress toward goal in each area.

Example: Implement a Quality Improvement Project

A quality improvement project is a series of activities directed toward a specific goal of improving a system, process, or outcome. These activities are often accomplished via a quality improvement team. Suppose you have been designated by the Quality Director in the previous example to lead a

quality improvement team to improve the Pap test rate of female patients in the practice. How would you manage this?

Suggestion: Using the Model for Improvement methodology, your team would first try to learn more about what impacts the less than optimal rate of Pap screening and then test changes to improve the screening rate. Testing changes would involve series of PDSA cycles, testing in multiple situations and finally implementing the changes. If you think about it, PDSA cycles are actually small steps of Action planning! You choose what you are going to do, when, who will be responsible – all of the key elements of action planning are there. As the lead for the team, you would manage the series of PDSA cycles to assure that they achieved the goal of improving the Pap test rate in the practice.

As you have noticed in these scenarios, there are multiple levels of action planning. Action plans at the front line informs those on the team, impacting those of the department, division and organization in turn. Action plans can even be created across organizations but are dependent on the actions of each contributing part.

Essentials of Action Planning:

1. Consider the constraints and opportunities within your environment. Context is important when planning for action.
2. Get the terminology straight. Agree on the terminology you will adopt and assure all involved share a common understanding.
3. Understand the five critical steps of action planning: know what you are trying to achieve, define the steps, know who is responsible for each step, define a schedule and understand the resources you have to work with.

Section 3: Getting Started

Action Planning Pre-Requisites

As you begin action planning, make sure that you have some basics in place. Translating great ideas into reality can be fraught with difficulties, especially in these five areas:

1. **Clarity.** Be clear about the resources you have to work with. Sometimes grand ideas are put forward as goals without complete understanding of resource consumption. It is better to align the expectations up front. Sometimes the scope of what you are trying to accomplish may need modification based on the reality of resource constraints.
2. **Timeframe.** Make sure the timeframe seems reasonable, especially if there are specific metrics that you are trying to achieve. Improvement from a baseline of 20% performance is likely to be achievable within one year whereas achievement to 90% performance within that time frame may not.
3. **Goal Setting.** Assure your goals and objectives are clear. During the planning process, discussions are focused at a more strategic level. Sometimes they stop short of being very clear about what success will look like. In planning to achieve a goal, you have to understand how you will know when you get there. Goals should be specific, realistic, and measurable.
4. **Stakeholder Buy-in.** Assure that there is buy-in among key stakeholders. Planning processes are different in how inclusive they are and sometimes goals are created that are well-intended but not complete in their understanding of ramifications on other departments or organizations. Alignment of expectations is integral to success whether internal to or across organizations.
5. **Time Sensitivity.** Be time sensitive about your planning. Make sure that you have concrete short-term steps and you don't push off action to far into the future. Also factor into your planning potential competing forces such as annual budget planning cycles, grant due dates, and annual performance reviews.

Essentials of Action Planning:

Do not start the project until you are clear about these five areas! It is better to clarify first rather than to correct course later.

Checklist as you begin:

- Resources align with scope.
- Time allowance adequate for success.
- Clear goals and objectives.
- Alignment of stakeholder expectations.
- Realistic planning process.

Section 4: Action Planning, Step- by- Step

The Fundamentals of Action Planning

This section will describe the key steps to develop an action plan to take goals and objectives and translate them into reality. Although there are different approaches to action planning, most come back to these nine steps:

1. Assess key tasks
2. Confirm skills required
3. Build your team
4. Define the tasks in more detail
5. Establish the interrelationships among the tasks
6. Identify the milestones
7. Communicate the draft plan
8. Evaluate the draft plan against the available resources
9. Get your entire action plan approved

In reality, many of these steps are repetitive, not strictly sequential.

Building a team, reviewing goals, navigating the risks, managing the budget, and monitoring progress will be covered in more depth. Tools that have been helpful to others are available as indicated. As we consider the steps in more depth, we will use examples to illustrate some of the key concepts.

Step One: Assess Key Tasks

What are the key tasks that need to be accomplished to achieve the goal? If it seems too complicated, you may need to break it down into smaller parts until you can identify the tasks that will lead to achieving the goal. You don't need to worry about detail at this point. You just need enough to start to think about the tasks at a level where you can envision actual people doing the work.

Example: Create a Newsletter about QI Activities

A Quality Director wants to create a newsletter for consumers about the quality improvement activities of a Part D organization that primarily provides case management support. An initial task list might look like this:

1. Brainstorm session to identify topics of interest – include consumer(s)?
2. Choose story and editorial topics
3. Draft stories – multiple authors with different perspectives?
4. Story review process and final approval
5. Layout draft
6. Layout approval
7. Proofread
8. Final approval
9. Take to print shop
10. Review and approve blueprint from printer
12. Distribute newsletter

Step Two: Confirm Skills Required

Think about each major task and the skills that are required to accomplish each. These skills could be generalized like strong organizational talents or communication skills or specialized such as expertise to administer a screening questionnaire to screen for substance use or depression. Avoid jumping immediately to a person, and instead focus on the skill set to complete each task.

Step Three: Build Your Team

Depending on your situation, you may get to choose the members of your action planning team or they may already be selected. Regardless, you will need to assure that each task that needs to be accomplished is covered. Sometimes that means enlisting others to get the job done.

One scenario involves the quality committee of a large EMA which is trying to get their written quality management plan implemented. The members of the committee will likely be the same members of your action planning team. Although they may be responsible for specified tasks in the quality management (QM) plan, they may well enlist other employees to assist them.

Another scenario is a small organization or department. Perhaps there is a single provider who manages a Part C program within a larger clinic organization. The goals involve improving the tracking of referrals to other specialists for people living with HIV/AIDS. You may have just a few individuals that interface with the work and so your opportunity to select your team may be limited.

In intermediate situations, you may have more choice. For example, the same Part C program mentioned above is trying to improve patient satisfaction in conjunction with a clinic-wide effort. In this situation, there may be people available throughout the organization to assist with the effort.

When you do have a choice, consider the skill sets required, personality dynamics and characteristics including team player and independence of work. Experience is more important than title as long as the plan has buy-in from leadership.

Remember there is no such thing as a perfect team. The role of the leader is to optimize the diverse skills, personalities and group dynamics to get the job done!

Tools: Identifying Team Members

TASK DESCRIPTION	SKILL REQUIRED	POTENTIAL TEAM MEMBERS

Tool: Developing Your Action Steps

Action Steps	Who
Develop annual quality work plan	QIC
Prepare planning information (data collection, program assessment/evaluation, organizational priorities, HRSA grant)	Bonnie
Review Quality Program Plan recommendations and make changes if needed by the HIV care team	QIC
Develop projects for annual goals: <ul style="list-style-type: none"> • Maintain patient satisfaction at 99% • Repeat QOL survey • Consumer involvement • Improve the clinic flow 	QIC
Monitor implementation of plan and revise as needed	QIC
Evaluate Quality Program: <ul style="list-style-type: none"> • QI Project Team • Program goals 	Lynda QIC

Step Four: Define the Tasks in More Detail

There are multiple purposes to clearly defining tasks in your action plan. First, you want to make sure that all the work that is needed is clearly identified. In other words, when you complete all of the tasks you should have accomplished your goal. Second, it allows you to organize the tasks into a logical sequence, assign them to the appropriate person and schedule them. Finally, it allows the work to be communicated in a definite way. All team members understand their role as well as their part in the overall action plan.

Step Five: Establish the Interrelationships among the Tasks

While you want to implement efficiently, you cannot put the proverbial cart before the horse. Some tasks need to be completed before others. Sometimes tasks can be completed in parallel.

The approach to this step varies widely. For smaller projects, tasks can be numbered in order, with lower numbered tasks being done before higher numbered ones. Tasks that can be done in parallel have the same number.

Step Six: Identify the Milestones

Others prefer the 'sticky note approach' where tasks are moved as needed to create a logical flow to the project. Usually, the result is a map of the tasks that read left to right. Tasks to the left are done first. Tasks that are stacked can be done in parallel.

A third approach is a project management computer software program. The advantage is that very complicated projects can be managed and progress can be reported directly from the software at intervals. The disadvantages include software cost, staff training to learn how to use the software as well as significant up front time to enter all the tasks, personal and goals.

Regardless of your methodology, this is a critical step to organize key tasks in your action plan.

Milestones are important communication tools as your action plan unfolds. Milestones identify progress toward your ultimate goal and are useful to those leading the project, the team involved in the implementation as well as stakeholders in the quality process. Milestones are in and of themselves no work, just an indication of progress toward your overall goal.

The tool below depicts a quality management (QM) plan that illustrates this point. The plan is broken up into sections with a goal or milestone for each section. The action plan to meet that goal or that milestone is listed with the detailed tasks that are necessary to achieve that goal. Two of the seven goals of the plan are included. Together, if all the milestones are achieved, the implementation of this quality plan will be considered successful.

Tool: Establishing Your Milestones

GOAL: Establish and sustain an effective quality management program.

Activites	Who	Jan 2008	Feb	Mar	Apr	May	June	July	Aug	Oct	Nov	Dec
1. Develop, review, revise annual quality management plan	All	x										
ai. Prepare planning information, including data collection, program assessment and organizational priorities	All	plan for 2/08										
aii. Determine new quality indicators	All	x										
b) Discuss and set annual goals	All		x									
d) Develop an annual CQI workplan	All		x									
ei) Monitor implementation of plan	All	x			x			x		x		
eii) Meet quarterly to review goals, data, etc.	All	x			x			x		x		
f) Evaluate Quality Program	All	x					x					
*QI Project Team												
*Program Goals												
*Data Collection												
g) Obtain CAB input re: CQM program	CAB Team		Report new plan to CAB					Report/discuss CQM				Obtain input from CAB

Tool: Establishing Your Milestones

GOAL: Establish ongoing data collection and reporting to support performance measurement.

Activities	Who	Jan 2008	Feb	March	Apr.	May	Jun	Jul	Aug	Sept.	Oct.	Nov	Dec
1. Determine and define clinical and non-clinical quality indicator	All	X											
2. Collect and analyze the data collected	All	X			X			X			X		
3. Evaluate challenges of data collection and get suggestions from participating agencies	QIC Liason Committee						X						

Step Seven: Communicate the Draft Plan

Although the plan is not finalized regarding scheduling and who will do what, this is a great time to share ideas, especially with the implementation team. This will assure that many eyes evaluate the logic of the work flow and also that key tasks have not been mistakenly omitted. Creating an outline of the milestones with key tasks included under each is a common strategy for sharing a draft plan. Others prefer a more visually appealing map of the project. Regardless, the question you want answered is: have we included everything that is important and does the flow of the work make sense?

Step Eight: Evaluate the Draft Plan and the Available Resources

With the plan becoming better defined, it is time to assure that you have everything you need to complete it. Thinking about the following categories may help:

1. Personnel
2. Equipment
3. Facilities
4. Materials and Supplies
5. Information Technology
6. Access to Expertise
7. Time
8. Money

Personnel (1)

Based on your tasks, do you have someone in mind that has the skill, expertise and time to complete each task? Do you need to contract some of the tasks or can you have another individual, department or agency help out? Your goal is to have someone accountable for completing each task of your action plan. This person can be labeled the owner of that task.

Remember that it is imperative to consider the context as you link personnel to a task. A few ideas for you to consider are:

1. Most improvement project implementation tasks are completed by individuals who have other work to do. It is not a great idea to make the success of your action plan dependent on one individual.
2. Remember that tasks that could otherwise be done in parallel will need more time and be more sequential if one person will be doing all of them.
3. Consideration needs to be made in smaller organizations where individuals wear multiple hats. An unanticipated crisis in one area can divert attention to even the best action plan. Adding in additional flexibility in the time line is prudent.
4. Carefully consider volunteers' workloads before assigning tasks. Even though an individual may be the best suited as far as skill set to do a certain task, they may have competing priorities for the time that they are willing to donate. Communication with the individual you hope will take on specific tasks can go a long way toward sorting out the "reality" for volunteers on whom you will depend.
5. Anticipate the need to support personnel if these will be new tasks. For instance, a Part B provider decides to evaluate ways to improve initiation of first medical appointment. The project is to understand the barriers to accessing care and to remove those barriers as possible. To do that, the assigned Part B staff would need to know who has just tested positive as well what the ground rules about contacting these individuals would be. This might involve additional training in HIPAA as well as state reporting laws to navigate the systems appropriately.

One tendency in action planning is to want to assign your first choice person for every task. At first glance, that may seem to be the most effective way to get the job done. This example may provide some insight into how personnel choices can be a challenge or leverage your success.

Example: Changes for Improvement

You are a Quality Director for a Part C provider. The recently completed Ryan White HIV/AIDS Program Data Report (RDR) indicated that the screening rate for syphilis had dropped during the previous year. You are tasked with developing a project to improve the screening rate. You determine, through your research, that potential changes for improvement fall into three primary areas: provider factors, patient factors, and system factors to identify opportunities for improvements. Provider factors included an understanding of the increasing prevalence of syphilis within the HIV/AIDS population and the guidelines for screening, the challenges inherent in discussing screening with those who indicate a long-term monogamous relationship and the willingness to accept standing orders or suggestions from ancillary personnel to improve screening rates. Patient factors might be awareness of the increasing problem of syphilis, feeling that the provider does not "trust" the report of monogamy and the fears and costs associated with the actual testing. System issues might include accessibility of RPR results, reliance on provider initiation of all, even routine, screening, and "no-show" follow up policies.

Dilemma: You know that the medical director could quickly dispatch the provider factors. She is direct and action-oriented. She would approach these issues by designing an in-service for providers, creating a policy that all patients be screened regardless of their sexual history and develop standing orders for the medical assistants to carry out. On the other hand, you know that you need buy-in and understanding from all staff.

Potential Solution: You decide that although the improvements might be faster with a directive approach, sustainable solutions were more important than a slower rate of improvement. So instead of assigning all the provider related tasks to the Medical Director, you take a multi-pronged approach.

1. You check in with the Medical Director about potential speakers for the in-service and assign the scheduling to your administrator.
2. You approach the nurse practitioner in the practice and ask him to think more about the challenges of Sexually Transmitted Disease (STD) screening in clients who identify themselves as monogamous. He will advise next steps which might be discussed at subsequent provider meetings. Motivational interviewing techniques, an article regarding best practices in screening or a facilitated discussion about how to overcome these challenges in the exam room might assist providers not only with RPR screening but with similar STD screening.
3. You approach a physician and a medical assistant that seem to have a particularly good working relationship and give them the task of figuring out how to make ordering an RPR part of the way the work gets done and not solely reliant on an order initiated at each visit.

Benefits of the Solution:

More people are engaged in the strategies to improve—they participate in creating the solution and are not just told what will change. Chances are you will get more thoughtful approaches that will be easier to implement. For instance, the medical assistant will have insight as to what would help on the front line to get the screening done and what would work best to incorporate it into the flow of the visit.

Equipment and Facilities (2 and 3)

These are not often a constraining component of action planning for quality improvement but it is worth viewing the tasks through this lens. Common examples include: meeting space reservations for the implementation team or equipment purchases or rental you might need to anticipate. A Part C clinic trying to improve HIV medication adherence might choose to employ medication reminder devices. Part A, B, or C programs might anticipate needing in-home monitoring equipment to monitor a patient's condition (scale, glucose monitor, BP cuff) for improvement projects involving transition from hospital care or decreasing readmission rates. Another way to think about equipment

is: will the equipment you have be able to handle the task at hand? A fax machine that jams when more than two sheets are inserted might be better replaced but a top of the line machine may not be required.

Materials and Supplies (4)

You may be tempted to gloss over this area, especially if you are not using any material or supply that is out of the ordinary. A conversation with the individual that usually orders supplies will quickly alert you to items that tend to be back ordered or challenging to keep in stock. Running out of seemingly ordinary supplies is a sure way to frustrate your team and can usually be avoided by reviewing your task list and thinking through what supplies each will require.

If you will need supplies you have not needed before, make sure that you have someone evaluate procurement, storage and documentation as needed.

Example: Increase Awareness of Intravenous Drug Use

Assume you are a Part B provider in a rural part of the state. There has been an unfortunate increase in intravenous (IV) drug abuse, and you want to implement a plan to increase awareness of the problem with the overall goal of mitigating the rate of new infections. Although you are seeing an increase in the HIV infected rate in your area, you fear that many affected are not aware. Part of your action plan is to facilitate an outreach testing site. HIV test kits and associated supplies, including alcohol wipes, supplies to collect fingerstick or venous specimens, and gloves would need to be available to implement your plan.

Information Technology (5)

More about monitoring your progress will appear in section 4, but some mention in this planning section is important. Based on the goals you are trying to achieve, you will be asked to demonstrate progress. If monitoring of your plan

will interface with information technology systems such as registries or Electronic Health Records (EHR), now is the time to engage your information expert. Make sure you can articulate any tasks that may involve electronic information transfer as well as any data you will need from a registry or EHR to help you monitor your improvement progress.

Another potential use for information technology is to facilitate trainings or meetings. If your plan involves a wide geographic area or if traffic renders commuting for meetings less than ideal, supplementing your face-to-face meetings with webcasts or teleconferences may be a value-add. You will need to assure that you have met the appropriate hardware, software, and licensing requirements. Training for all participants should be incorporated into your timeline, but newer programs are much more user-friendly and approachable than just a few years ago.

Access to Expertise (6)

Regardless of how well you plan, unexpected questions come up. It is wise to consider some potential resources – technological and human – for certain plans. If consultants are needed, it is best to get bids to better estimate costs. Research the costs of subscriptions or training materials as well.

Time (7)

For some quality management programs, time is relative. For most, improving HIV quality is the underlying goal. Most importantly you want to ensure that things continue to get better.

With increasing scrutiny and external accountability, this arena is definitely changing. Since the Institute of Medicine's *Crossing the Quality Chasm* indicated many areas that health care systems were not delivering the expected quality of care, health care leaders have become understandably impatient with improvement timeframes. Numerous improvement initiatives have highlighted the ability to demonstrate substantial improvement in just a few months time. Having a time constraint creates an urgency to make these improvements happen. A deadline keeps your action plan front and

center, less likely to languish amid competing priorities.

Sometimes a timeline is imposed. This could be the case if you were trying to demonstrate a certain degree of improvement prior to your next grant cycle. Or perhaps you wanted to reach a certain threshold before responding to a Request for Proposal (RFP) to assure you were competitive. Perhaps you have an accreditation survey coming up in the future and you want to align your improvement efforts with that timing.

In other situations, you will need to estimate how long an action plan will take to implement. This is often the case with complex plans involving many entities and goals.

How long will it take you to implement your action plan? The angst about timing does not revolve so much around the process of estimating: you need to estimate how long each task will take to complete and then how long the plan will take to implement overall. If you have done a good job lining up your sequential and parallel tasks, the math is usually pretty straight forward. The challenge is that this “estimate” will often become synonymous with the expectation for plan completion for which the leader of the implementation will be held accountable. Spending some time to think this through is infinitely superior to the educated guess strategy.

Funding (8)

There is never enough! The trick during this planning phase is to be able to look at your best guess of what implementing your action plan will be versus any budget parameters within which you must work. Any discrepancies must be addressed before you move forward. Resolution of the differences could involve a decrease in scope of what you are trying to achieve, lengthening of the time line, finding a less expensive way to complete a task or stretching what you can do with volunteers and donations. All of these are in effect compromises – it depends totally on your situation. To assess your needs, go through all of the previous categories and add up the expenses. Unexpected things do happen.

Most leaders recommend some padding of the budget or an insurance policy to cover unanticipated expenses; 20% – 30% is fairly common.

Contracted personnel and equipment purchases are obvious expenses to be included. Other expenses may not be so straightforward:

1. If it is a multi-agency action plan, find out who will absorb the cost of copying, printing, and teleconferencing expenses.
2. Within large agencies, will some of the expense be absorbed by the division or department or will all expenses incurred be attributed to the implementation?
3. Get input from those who will complete the task. For example, you might underestimate the expense of providing Hepatitis B vaccines at an outreach site if you are unaware of the refrigeration and procedures required for safe vaccine handling.

Some final thoughts on budget: budgets will most likely be challenged by leadership and may be reduced. The more you understand the costs and the impacts of reduction, the more expectations will be aligned. It is critical that you can justify all of your estimates and assumptions as well as the impact of any proposed changes. Try to think of the return on investment for your proposed changes. Anticipate the questions your leadership or financial officer might have about your plan. Negotiation is a healthy exercise to assure that scarce resources are used effectively and efficiently. The more you anticipate the issue and questions the better prepared you will be for that negotiation process and the greater chance of success you will have with your process.

Here are some examples of changes made in action plans once funding was noted as a constraint:

1. A Part B program planned to support quality improvement efforts in their contracted agencies by providing a series of four face-to-face trainings. It was believed that this would facilitate peer networks and accelerate adoption of the improvement methodologies. Once the

cost of travel and logistics was calculated, the plan was amended to include two face-to-face meetings and two webcasts, reducing the costs by 37%.

2. A Part C program wanted to improve medication adherence support for their patients. In evaluating root causes, they discovered a significant amount of unmet need for behavioral health services. An action plan was created that included hiring staff to meet some of the need. When the budget was cut, the plan was changed to focus on strengthening referral relationships with existing behavioral health providers and to provide additional training about meeting the behavioral health needs of people living with HIV/AIDS.
3. A Part B program wanted to develop a quality plan to improve the quality of their case management services. The program had experienced a lot of turn over and there was no expertise to assist with the process. The intended plan included training of staff with a local consulting firm for quality improvement as well as regular meetings of key staff to build local capacity. The Board approved of the plan but not the financial burden of the staff time and resources for training that the plan would take to implement. The Director thought the plan was solid and set about to find a different strategy to implement. Using training resources and technical assistance from the National Quality Center, the costs to the consulting firm could be eliminated. A small grant for capacity building allowed staff adequate time to invest in the quality improvement process.

VOICE OF EXPERIENCE

“Sometimes when you are told you can’t do something, it isn’t the ‘what’ that is bad. You have to re-think the ‘how’.”

Part B Program Director

Step Nine: Get your Entire Action Plan Approved

Your action plan should convey enough information to meet the needs of those who will approve it. This could range from a brief overview summary that includes goals, milestones, timeline and budget to a more detailed presentation that includes planning assumptions, detailed tasks and timelines.

In some settings this may be an informal process where the plan is reviewed by a committee of volunteers. In others, action plans may need to be approved by management before proceeding to the implementation phase. Regardless, the rationale for approval is the following:

1. Appropriate stakeholders get to see the plan in its entirety. Who is going to do what by when to accomplish the detailed list of goals? This is an opportunity to visualize the scope and potential impact of the improvement efforts. As mentioned previously, an action plan translates abstract goals and vision into tangible steps. For most, seeing this translation is inspiring and reinforces the importance of the work.
2. One more opportunity for new eyes to fill in unanticipated gaps or to challenge assumptions.
3. Communicate to appropriate stakeholders so that expectations are fully aligned. We plan to accomplish x goals by y date within a budget of z.

Once approved, your action plan is done.

Essentials of Action Planning:

1. Start with the pre-requisites: alignment, adequate time, clear goals, congruence of resources and scope and an objective assessment of the likelihood of success.
2. Assure that you complete each of the nine steps. This will be an iterative process.
3. Communicate the plan with key team members to assure that all important considerations have been incorporated into your action plan before finalizing.
4. Reconcile any “red flags” with leadership before you proceed.

Section 5: Executing your Action Plan

Seasoned leaders know that plans are rarely completely executed without adjustments. But barring unforeseen major changes within your organization, a well designed action plan will give you a sufficient roadmap to get where you need to go. Using your plan and adapting it as you go should be a purposeful exercise. Remember, your plan was approved. Any significant deviation from that plan must be communicated to all stakeholders.

While a complete overview of all the nuances of successful execution is beyond the scope of this Guide, a few high leverage comments are worth noting. In this section, we will look at tips to keep the work going, to facilitate coordination among the implementation team as well as for effective communication strategies at all levels. We will also share examples of how to monitor progress and how to communicate progress to various stakeholders.

Getting to Work: Provide the Infrastructure and Systems to Organize the Work

The planning phases have focused on what will be done by whom and by when. The execution phase is actually accomplishing the work. One of the most important services that a leader can provide is an infrastructure and systems to organize the work. We will cover three important components here: meetings, reports, and supportive culture.

VOICE OF EXPERIENCE

“I realized too late that an official start date would be important to my team. I made the assumption that once the plan was approved, we would all know to start. Once I realized that I needed to be clearer, we are making more progress and aligned in what we are doing.”

Part C Quality Improvement Team Leader

VOICE OF EXPERIENCE

“I used some resources for a face-to-face meeting that would launch the implementation plan. Many of the stakeholders had not worked with each other before. It was an effective way of starting to build key relationships within the context of our anticipated work over the next 15 months.”

Leader of a planning group to evaluate options for statewide efforts for improved quality

Many leaders plan an official launch meeting. You will want to structure the implementation to a variable degree depending on the formality of the setting and the complexity of the plan.

Consider the following:

1. Meetings

- a. Routine meetings of the implementation team. Meet often enough to keep efforts aligned but not too often so as to interfere with the work. Many have been successful by holding periodic formal meetings with less formal huddles as needed. Meetings of the implementation team should provide insight as to the following:
 - i. Progress - reality as compared to the plan
 - ii. Unanticipated barriers, expenses
 - iii. Morale of the team – are they all engaged? Are there any subtle or not so subtle signs of poor cooperation among team members?
- b. Periodic meetings with leadership. Typically, these meetings are held to communicate progress toward milestones, to request assistance with overcoming barriers and to discuss any significant deviation from the plan including the interventions to get things back on track. Often these meetings are designed to present a written report and to allow questions and feedback from leaders.
- c. Meetings with other stakeholders. Depending on the project, there may be benefits to keeping other stakeholders informed. One example might be a Consumer Advisory Board. Suppose you had enlisted a group of consumers to advise your Part B program about areas they should focus on to improve quality. You were concerned about the number of missed appointments to specialists because it meant that patients were not getting important care and that specialists were losing patients with the no show rate of those you referred. Consumers were concerned about referrals to specialists as well, but for different reasons: they were asked to repeat medical information to their primary care provider and

their case manager. Why couldn't everyone communicate instead of relying on multiple channels that may not fully convey the message? You decide that a core part of all of these issues was communication among all parties and part of your quality action plan was to tackle this with all concerned. It would be helpful to communicate progress to your consumers both to validate a legitimate concern as well as to encourage remediation of the "no show" problem. Stakeholder buy-in goes a long way in advancing your quality agenda.

VOICE OF EXPERIENCE

"Action plans need to be meaningful to what people do everyday. We need to work harder to help communicate successful implementation of improvement plans is not just about grant funds. Rather it is about improving the care we deliver every day."

Executive Director of a Part C program

2. Reports

Reports are often considered a necessary evil by team members. It is up to you, the leader, to turn that thinking around. There are good reasons why reports are helpful when executing a plan. Here are just a few:

- a. Reports impose a deadline to get the work done. This allows people to focus on the tasks at hand and not to get distracted with competing priorities.
- b. Reports convey that a certain amount of discipline is inherent in the work. A great example is summarizing PDSA cycles. So many organizations complain that this is tedious and not necessary. And yet when it comes time to explain why a change was made, they will be hard pressed without documentation. Accrediting agencies love this type of summary that explains the rationale for changes backed by data.

- c. Reports encourage reflection on the work. Sometimes when changes are happening in an otherwise busy setting, the team gets focused only on what is ahead. Pausing to reflect on the work is important to emphasize what has been accomplished and not just consider the work ahead. Milestone reports are especially helpful to encourage the team. Achieving milestones allows the team to celebrate small successes on their journey to implement their plan.
 - d. Reports allow team leaders to assess progress on a “big picture level” and to compare progress to date with the project timeline.
 - e. Reports are an accepted communication tool for stakeholders. Reports can vary from the formalized versions given to leadership to the few paragraphs in a local newsletter. Reports craft a message about progress toward goals in a way appropriate to the intended audience.
3. Cooperative, supportive work culture. Strong leaders recognize that change is hard work and often messy. Despite best intentions and efforts, all does not go as planned. Sometimes individuals put their “game face” on to not disappoint their fellow team members in public forums. Sometimes reports are even written to share a view that stretches reality.

Example: Problems from Lack of Support

Ralph is the lead front office person and part of a team who is trying to improve retention in care for a Part C program. The PDSA cycle was to test running a list of patients not seen in the previous six months and to attempt to contact them by phone. The next QI team meeting will be held in six days and Ralph needs to get his report to the team leader to prepare for the meeting. Ralph has been short staffed but is almost about 30% through the list. He decides that by staying late, he can finish up in time for the meeting. Meanwhile he bases his report on what he has done to date. That way he does not have to let his team members down and he won't need to give excuses for not getting the job done as planned. While this may seem innocuous enough on the surface, this example illustrates that Ralph did not feel comfortable asking for help. There was no explicit message of what to do when a problem arises. This lack of support can unravel a team over time.

One part of the cooperative support system for a project must be the nurturing of healthy team dynamics. It is not unusual to encounter conflict while implementing action plans. Differing points of view is an advantage in projects but conflict can be counterproductive. Leaders must be able to provide effective facilitation to resolve these differences.

Many leaders will emphasize an open door policy and that they are the one to go to if a problem arises. Helping team members solve problems in a constructive way will build confidence in the overall team process and the commitment to improvement.

Essentials of Action Planning:

1. Create the infrastructure to get the job done.
2. Adjust meetings, reports and attend to the culture if the team is not progressing as you had expected.

Section 6: Monitoring and Communicating Progress

We covered the importance of assuring that you had strategies to collect the data you needed for measurement in Section 3. Part of the implementation strategy is to make sure that all of that data is being collected as expected. Another important component is that this data is actually used, especially in quality improvement projects. This means that you need to set time aside to think about the data you have and what it means.

Example: Improving Systems for Medical Adherence

Suppose you are a Part A program and one of your areas of focus is improving the quality of the systems to support medication adherence. The indicator that you have chosen is that medication adherence is discussed and assessed quantitatively at least once every four months. As such you have data from your ADAP program, medical case managers and providers about these efforts around the same indicator. Possible considerations for this data: In addition to thinking about progress within each agency, how can the data be analyzed to meet the goal of better support of medication adherence throughout the service area? Are there emerging best practices to share among agencies providing similar services? Are there opportunities to look at the continuum of care to bridge gaps? The take home here is to use data in any way you can to improve quality.

Example: Leading Improved Team Efforts

You are the team leader for a Part B program that is trying to improve retention in care. The indicator monitored is the percentage of clients that report to seeing their Primary Care Provider (PCP) within the last 6 months. Improvement team members assure you that they are working hard with their clients to try to improve performance on this measure. Unfortunately, the percentage of clients retained in care looks flat for the last three months and the team is discouraged. How can you use this information to refocus (and reenergize) the team?

Possible Next Steps:

First, put the data into context. If you see your clients only quarterly, even the best efforts to improve retention may not show up for more than three months. If it seems that the team is applying reasonable approaches, watchful waiting may be the strategy. Next, see if you can discern any trends within the raw data - is there one case manager that seems to be more successful? If so, asking that individual to share some techniques may be helpful. Finally, if the performance really is flat and not at goal, reconvening the team and discussing alternative approaches is prudent. Do you need to do a root cause analysis to update your PDSA strategy? Remember, not every change is an improvement! Working hard at something that is not resulting in improvement is just hard work - a sure way to frustrate your team.

For quality improvement projects, monitor data at least quarterly and when possible monthly. It is recommended that the improvement team consider the data at least monthly at one of their team meetings. Using the data real time to guide your PDSA cycles will accelerate change and assist you in reaching your goals more quickly.

Data should be communicated with other stakeholders and leadership as appropriate. Often, communication happens at the time of completion of significant milestones,

at specified time periods during plan implementation and at the designated endpoint of the project. When in doubt, communicate more often.

Here is a tool that is used to monitor the action plan of a QI project team. Note that the sheet has a meeting title as well as a date. Each task has someone responsible, a deadline, room for comments and a status. At a glance, you can see the progress of the project.

Health Clinic PROJECT TEAM

Teleconference Call, July 24, 2008

Number 21 – July 28, 2008

Next Teleconference on August 7, 4-5 p.m.

Follow-up Action List

Item	Responsible	Deadline	Task/Comment	Status
Notice of <i>QI Planning Group</i> telecon call	Tom	Friday July 25	<ul style="list-style-type: none"> Send notice of telecon for Aug. 7 – 3 - 4 p.m. 	In progress
<i>QI Meeting</i> Draft Agenda	Patty	Monday July 28	<ul style="list-style-type: none"> Send draft Agenda to Practice Facilitators & Planning Group 	In progress
Simplify Access template data tool	Patty	Friday August 1	<ul style="list-style-type: none"> Clarify what QI Teams need to report 	In progress
Look for potential names for Celebration Meeting speakers	Christine	Wednesday August 6	<ul style="list-style-type: none"> Seek input from Practice Facilitators 	In progress
Discuss draft Agenda for Celebration Meeting	Tom	Thursday August 7	<ul style="list-style-type: none"> Outline approach to Celebration Meeting 	In planning
Instruct presenters for Celebration Meeting to submit handouts much earlier	Christine	TBD	<ul style="list-style-type: none"> Focus on having all presentations on CD rather than binders 	In progress
Review consolidated timetable of QI Plan update	Tom	Thursday August 7	<ul style="list-style-type: none"> Provide feedback & offer suggestions 	In progress
Seek CEO or Quality Director to open Celebration Meeting	Patty	Thursday August 7	<ul style="list-style-type: none"> Discuss invitation with Vena or Fred 	In planning

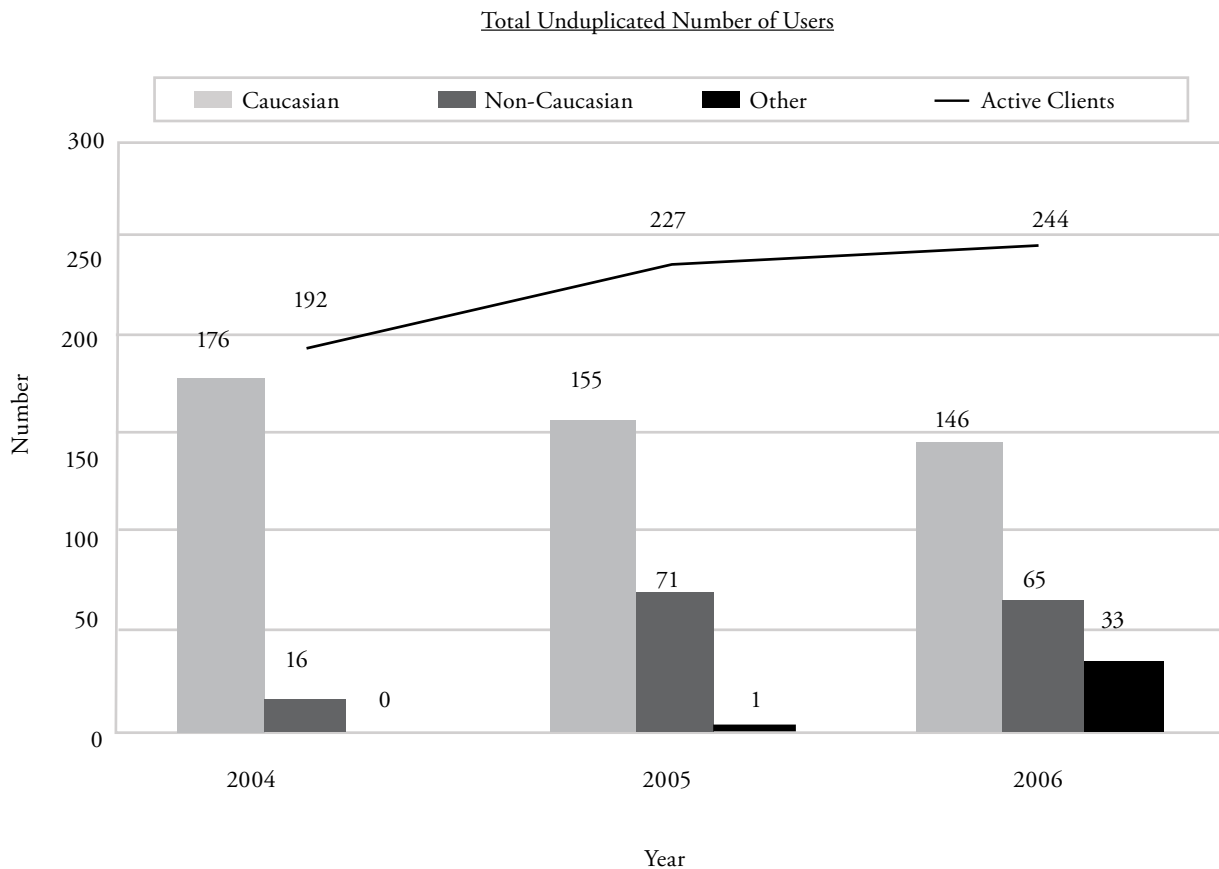
Another strategy to monitor and communicate progress of action plans is monitoring data over time. These can give a visual depiction of where you are relative to your goal. Clinical quality goals are particularly useful to monitor in this way.

Here is an example of a run chart that is enhanced further with bar charts. This chart shows data over time and conveys a lot of information visually that can be easily assessed by stakeholders.

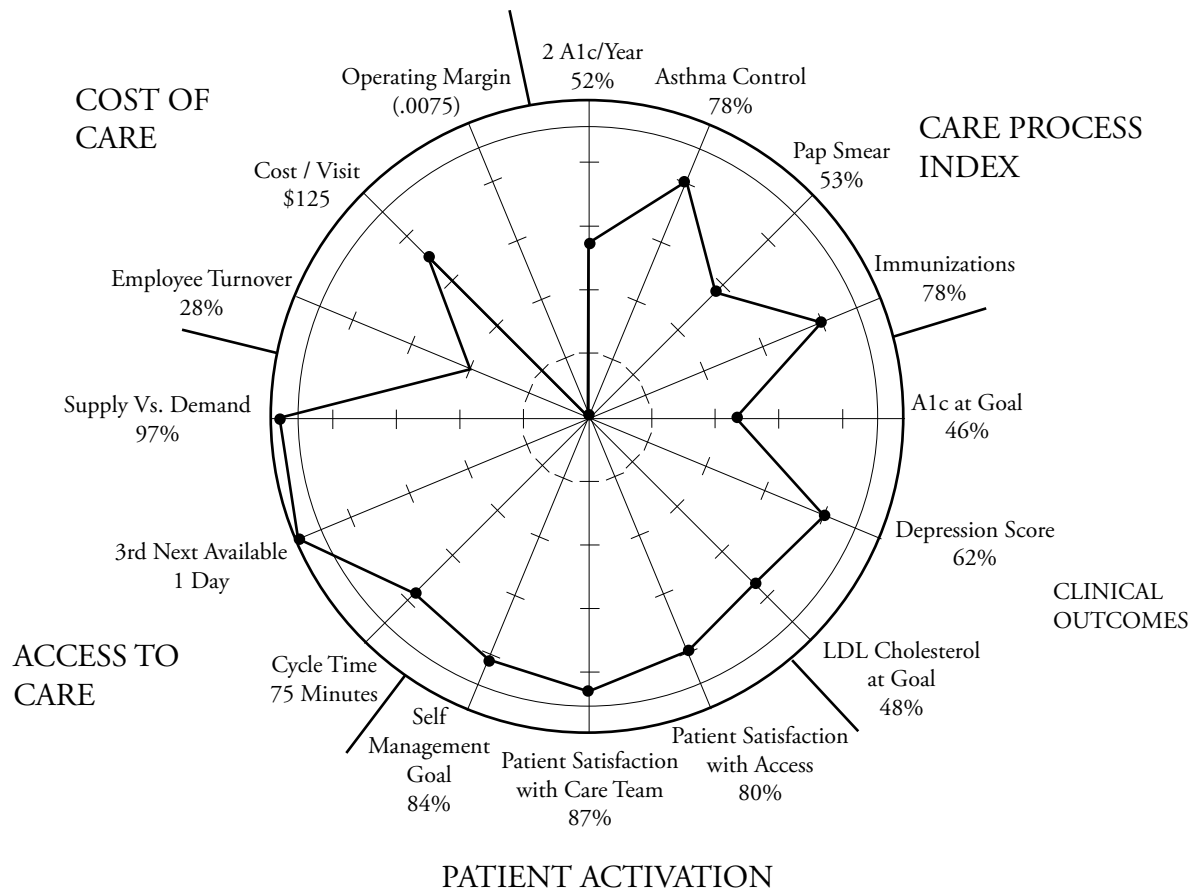
From this graph, you can see that the number of clinic users is increasing and that there is a shift in the racial mix. You

also can see that the number of “other” has increased. As it turned out, a new staff member had been hired late in the middle of 2006 and this individual did not understand the importance of capturing race and ethnicity data.

The next figure illustrates a strategy that many organizations experienced in quality are exploring: dashboards. This is but one example of a dashboard type called a spider diagram. Organizations that monitor multiple quality issues in different parts of their organization can see at a glance that progress in these domains is balanced.



BALANCED SCORE CARD



In this illustration from a primary care clinic, the goals are at the periphery. This graphic style gives you a snapshot of multiple areas at one glance but not a sense of data over time.

As you become more sophisticated in quality improvement, you will want to explore new ways to monitor progress and communicate effectively. For more about run charts, dashboards and other graphical depiction strategies, visit the NQC website at NationalQualityCenter.org and the NQC Quality Academy.

Essentials of Action Planning:

1. Monitor the project to meet the needs of key stakeholders.
2. Communicate progress effectively and systematically.
3. Use graphical depictions of data as appropriate to convey the message.
4. Use tools to standardize monitoring and communication.

Section 7: Celebrate your Success

We have mentioned that part of an effective execution strategy involves recognizing small successes along the way. It is even more important to celebrate the endpoint of a successfully executed action plan. This does not mean that every last goal and objective was met. Rather, you want to recognize the contributions of the team and take the opportunity to identify those areas that have improved due to their efforts. You want to acknowledge what you have collectively learned. Many take advantage of the opportunity to find some humor as you consider some of the challenges in retrospect. Reflect on what went well during the implementation and what could be improved. Celebrating implies closure and gives all involved a meaningful sense of accomplishment.

Some ideas from the field include:

1. Summarize activities in newsletters.
2. Display outcomes on bulletin boards.
3. Present to consumer advisory board fora.
4. Ask team members to present in public forums such as: staff meetings and Board of Director meetings.

Voice of Experience:

“We include updates to the quality improvement plans we are executing in our monthly newsletter for staff. We hear progress from team leads and highlight team members who learned something interesting as well as any significant jumps in performance. At the end of each execution time period we summarize our goals, what we actually achieved, what we learned and any related plans for the future. We find it contributes to the overall culture we are trying to build where everyone can contribute to improvement. We all have something to learn.”

Quality Director, Part C Program

Essentials of Action Planning:

1. Use milestones to keep the forward momentum and celebrate achievement.
2. Public forums are a great strategy to recognize staff contributions.
3. Reflect on your experience as the project closes. Capture lessons learned and pause to appreciate the work that the team has accomplished together.

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Health Resources and Services Administration HIV/AIDS Bureau

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