

QI Resource Guide

FY 2025-2026

**A Quality Improvement Guide for
Orange County Ryan White Part A
Network Providers**



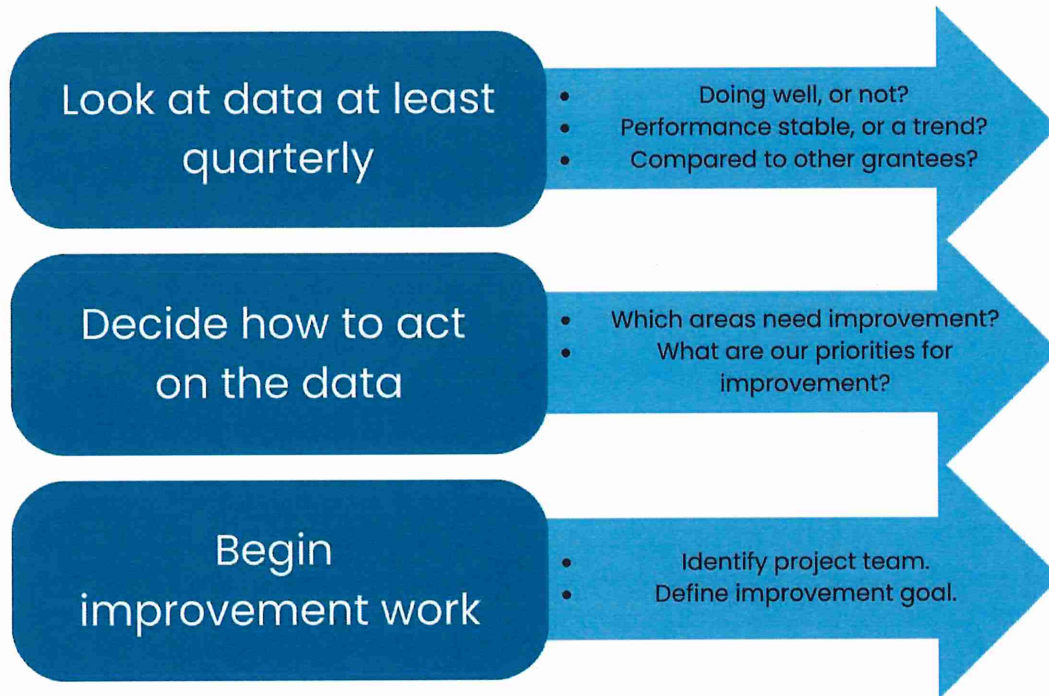
STEP 1: GEARING UP FOR QIPs

Learning Objectives:

- Examine agency performance measurement data
- Identify areas for improvement

Data-Informed Quality Improvement

Quality improvement should be informed and guided by data.



Data Sources

The Orlando RWHAP program utilizes Provide Enterprise (PE) as the HIV management information system. PE has many features that enable providers to review performance data at the agency level, such as the HAB measures report. Instructions for utilizing PE to generate reports can be found in *Appendix A: PE Reporting Guide*.

HAB Measures

The HAB Measures Report shows the portion of clients achieving the specified HAB measure in the measurement period. HAB measures are developed by HRSA HAB. The Orlando EMA utilizes a selection of HAB measures to serve as process and outcome measures. A full listing of HAB measures can be found at <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>.

HAB measures data can be compared to EMA-wide HAB measures, previous year's agency data, or internal agency goals.

Other Data Sources

PE provides a variety of **quantitative data** (numeric data). There is a multitude of other quantitative data sources that can inform quality improvement activities, including EMR/EHR data, scheduling data; chart reviews; client surveys.

Qualitative, or descriptive, data can also be useful in quality improvement. Qualitative data sources can include focus groups, staff, or client feedback.



<https://www.etchpoint.com/uncovering-actionable-insights-in-your-cx-comments/>

Elements that Influence Project Selection

- *External Factors*
 - National goals or collaborative
 - HIV Continuum of Care
 - Ending the HIV Epidemic (EHE)
 - end+disparities ECHO collaborative
 - Patient-Centered Medical Home
 - Regional or statewide activities
 - Local or citywide activities
- *Internal*
 - Mission/Vision of your agency
 - Leadership's priorities and commitment
 - Staff availability and involvement
 - The voice of the consumer
- *Resources*
 - Staff – Who needs to participate? How many?
 - Time – How much time each day? How much time overall?
 - Dollars – Will the project cost anything? Are funds available?
 - Training – Is training needed? Who will provide?
- *Impact - Will the project impact a few clients or many?*
- *Ease of implementation – Do you have the resources to accomplish the project?*
 - Technical feasibility
 - Economic feasibility
 - Regulatory feasibility
 - Schedule feasibility
 - Operational feasibility

A [Brainstorm, Priority Matrix or Force Field Analysis](#) may be helpful in selecting a project and generating consensus among stakeholders.

Checkpoint 1: Identify Focus Areas for Quality Improvement Projects

QIPs aim to improve the quality of care provided to consumers within the EMA. The goal for all consumers within the EMA is sustained retention in care. There are many issues faced by consumers that impact their ability to achieve sustained retention in care.

Please identify one to three areas that could be targeted with a QIP.

| | |
|---------------------------------|--|
| Issue: | CARE TEAM COORDINATION |
| Prevalence/Frequency/Incidence: | |
| Populations(s) affected: | Long-term housing assistance with Ryan White services not virally suppressed or in need of extra attention |
| Seriousness/Urgency: | A priority to achieve viral suppression and achieve housing stability. |
| Available data sources: | PROVIDE (LABS, SERVICES) |
| Possible interventions: | CASE CONFERENCING w/ CARE TEAM TO PROVIDE FULL RESPONSE TO NEEDS. |
| Current interventions: | Multiple case managers working independently. |

Materials Adapted From:

- Schlueter, J., Washington, E., & Moore, J. (2019, November 21). *Choosing an Improvement Project*. Retrieved from TargetHIV: <https://targethiv.org/library/choosing-improvement-project>
- *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services