

FY 2024 QUALITY IMPROVEMENT PLAN INSTRUCTIONS

Contact Scott Bilodeau at scott.bilodeau@hennepin.us or Aurin Roy at aurin.roy@hennepin.us for questions, concerns, and/or assistance.

Due April 1st, 2024

A. AGENCY INFORMATION

1. **Agency name:** The name of your organization.
2. **Name and contact information for the person(s) submitting this plan:** Indicate who will be your agency's quality management contact for FY 2024 and how they prefer to be contacted.
3. **This is a plan for:** **Part A** **Part B/Rebate** Indicate if this plan is for Part A/MAI or Part B/Rebate funding or both. If you receive multiple funding sources, you must have QI projects that address clients and/or services funded by both sources. You may have separate QI projects for each funding source or have the same QI projects for both funding sources.
4. **Services funded for the above part(s):** List all your services that are funded by the funding source (Part A, B, and/or Rebate) indicated above. If you are using the same QI plan for multiple funding sources, please indicate by which source each service listed here is funded.
5. **Do you and your staff have sufficient quality management capacity to carry our quality improvement projects using the [Plan-Do-Study-Act \(PDSA\) cycle](#)?** **Yes** **No** Indicate whether you have the capacity to carry out your QI plan.
If no, would you like in-service training for your staff on quality improvement projects and PDSA cycles? **Yes** **No** Indicate whether you would like additional training on quality improvement or PDSA cycles.

B. GOALS

Aim to have between 2-4 QI goals in total (including across all funding sources).

- a. **QI goal/aim statement:** Your QI goal summarizes what you are trying to accomplish. All goals/aim statements must be [SMARTIE](#) (specific, measurable, achievable, realistic, time bound, [inclusive, and equitable](#)) and your targets should exceed your previous year's performance. Identify where the greatest difference is between your goal and your current performance. Where is your biggest need? What are your priorities as an organization? How can you improve inclusion and equity in your service provision or internal agency processes? Consider what your clients, your staff, your board, your leaders, and your funders have told you.

Your QI goals and quality improvement projects **must**:

1. Address any [corrective actions](#) from your FY 2023 site visit, if applicable.
2. Address your [compliance with universal and service specific standards](#) if not compliant.
3. Address any [other major or urgent concerns](#) communicated to you by Hennepin County Ryan White Program staff, if applicable.
4. Address [disparities in health outcomes or enrollment](#) of Ryan White consumers, if applicable. Look at the Health Disparity Calculator results provided to you by the Quality Management Team to see if you have any disparities in viral suppression rates or ART prescription rates for certain populations, especially for Black/African American Ryan White consumers and men of color who have sex with men. If you do not collect data about viral suppression or ART prescription rates, consider any other disparities you may have in health outcomes or enrollment and create a goal to address these disparities.
5. If you have none of the above, your QI projects can address any of these:

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- a. Continuing unmet QI goals from FY2023 if they are still applicable and relevant to your agency.
- b. Working towards the Clinical Quality Management (CQM) goals for FY 2024. You can adapt any one of these goals to your agency, if applicable. The 5 systemwide CQM goals to meet by the end of FY 2024 are:
 - i. 93% of Black/African American MSM (men who have sex with men) consumers are virally suppressed.
 - ii. [TENTATIVE] 290 HIV tests in the transitional grant area (TGA) are with men of color who have sex with men.
 - iii. 4,260 people living with HIV in the TGA are enrolled in the Ryan White Program.
 - iv. 60% of a cohort of Ryan White consumers who are unstably housed and not virally suppressed as of 12/31/23 are virally suppressed.
 - v. 40% of HIV outbreak cases in the TGA are connected to HIV medical case management services.
- c. Improving cultural responsiveness:
 - i. Address any gaps in your agency's cultural responsiveness.
 - ii. Identify community engagement strategies to reach communities disproportionately affected by HIV.
 - iii. If the population served by your agency changes or has changed, determine how your agency will adapt to be responsive to the cultural needs of the new population you are serving.
- d. Increasing consumer engagement in your quality management program.
- e. Improving parts of the HIV Care Continuum (diagnosis, linkage to care, retention in care, ART prescription, and/or viral suppression) that you impact for your Ryan White consumers.
- f. Improving your internal processes/workflows or creating new processes/workflows to better provide or coordinate services for your consumers.
- g. Any other agency priorities that you may have, especially priorities that are ultimately focused on improving services for your consumers.

Some examples of SMARTIE QI goals/aim statements include:

1. 95% of our multi-racial consumers will be virally suppressed by the end of FY 2024 from a baseline of 90% in FY 2023.
2. We will serve 4 new/unduplicated clients per quarter in our psychosocial support groups in FY 2024 (at least half of whom will be young men of color who have sex with men, ages 18-29) from a baseline of 2 new/unduplicated clients per quarter in FY 2023.
3. We will hold 2 educational events per quarter for all Ryan White staff in FY 2024 to increase knowledge of HIV treatment, care, and prevention in Black youth ages 18-24. The baseline is 2 events/year in FY 2023.
4. We will conduct a new training for medical case managers to increase their cultural responsiveness in serving Native American clients.

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5. We will create a new monthly workflow in CAREWare to track at which partner agencies our unhoused Ryan White clients are also receiving services and will set up monthly calls with these partner agencies to improve care coordination for our unhoused clients.
6. We will ensure that all (100%) of our clients served in FY 2024 have proof of eligibility from a baseline of 95% in FY 2023.
7. We will reduce our missing viral load rate to 10% from a baseline of 20% and ensure that there are no racial disparities in missing viral load rates.

- b. Intervention/strategy that will help you achieve your goal:** Get input from your clients, your staff, your peers, the Quality Management Team, and any other professional associations on what strategies might help you meet your goal. Find evidence based interventions by asking the Quality Management Team or by looking here: [TargetHIV](#), [HIV Care Innovations: Replication Resources](#), [NASTAD](#), [LGBTQIA+ Health Education Center](#), or other reputable sources.

Remember, your interventions should be specific and new/different from things that you've tried before. You may have multiple strategies you want to try but implement them one at a time and at a smaller scale at first so that you can clearly trace your outcomes to one intervention. Your QI plan is also a living document; you should adapt your interventions and strategies or scale up as needed based on what you learn each quarter.

- c. Staff responsible for the intervention:** Identify which staff members are responsible for what aspects of this goal/intervention. Be specific and include timelines if relevant.
- d. How will you measure progress?** Determine how you will measure progress towards this goal. Be sure to include both outcome measures (the measure you use to set your goal target, such as viral suppression rates or number of clients served) and process measures (the measure you use to track how well you're implementing your strategy, such as number of educational materials created). There is no limit to how many measures you want to include, but, in general, 2-4 measures are sufficient for each QI project.

When choosing measures, ask yourself: Is the measure relevant and meaningful to my clients, my staff, my funders, and HRSA? Is it feasible or possible for me to measure it? How will I track my measure? How often will I collect the data and analyze it? Is it a measure that is easily understood by my staff and myself? Does it relate to the strategic goals of my organization or to national, state, or county strategies or plans? Is it inclusive and equitable? Remember, you must measure your progress towards your QI goals monthly at the minimum.

- e. Where will you track the data?** Determine what systems you will use to track your data and progress towards your QI goal. Will you be using electronic medical records, and, if so, will you be pulling reports periodically? Will you be using an Excel spreadsheet to track your data? Will you have a poster visible to all staff with your data? Ensure that whatever system you use to track your data is valid, accurate, and compliant with data confidentiality or privacy policies.

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- f. How will your progress be communicated and to whom?** Determine which parties to whom you need to communicate your progress or lack of progress. This can include staff, clients, boards, leaders, funders, etc. Determine how much information each stakeholder needs, how often they need it, and what type of information they need to know. Determine how often you will be communicating with stakeholders and what means/strategies you'll use to communicate your progress. Remember, data and progress must be reported to Hennepin County Ryan White staff quarterly at the minimum.

In the **QI Plan Summary** table, write out your goals and your baselines. In the example below, the goal is to have 95% of Black MSM clients virally suppressed by the end of FY 2024. The baseline or the previous fiscal year's results – 90% in this example – are included in the right-hand column. The baseline should be your measure from FY 2023, your starting point, or a summary of what you achieved in FY 2023. Include dates, units, and, if applicable, explanations for your baseline. If you're reporting a percentage as your baseline, include a numerator and denominator.

4. QI PLAN SUMMARY	
Measurable Goal for 2024 (rewrite your aim statements from above)	Baseline Measure (your starting point or what you achieved in 2023)
Goal #1: 95% of our Black MSM clients will be virally suppressed by the end of FY 2024.	90% (108/120) of our Black MSM clients were virally suppressed at end of FY 2023.

Please review and check the following before submitting to the Quality Management Team.

- Our QI plan/project(s) addresses clients and/or services for all our funding sources
- Our QI goal(s) is specific.
- Our QI goal(s) is measurable.
- Our QI goal(s) is attainable.
- Our QI goal(s) is relevant.
- Our QI goal(s) is time bound.
- Our QI goal(s) is inclusive or considers inclusivity.
- Our QI goal(s) is equitable or considers equity.
- Our QI goal is an improvement on what we accomplished year to date or last year.
- Our staff involved in these programs have agreed to these projects and reviewed this submission.
- Our program leadership has reviewed and agreed to this submission.
- Our QI project intervention is specific, and it is clear what we are going to do to try to reach our goal.
- Our QI project/intervention is not the same project/intervention we wrote last year.

Please submit your QI plan as a Word document to scott.bilodeau@hennepin.us and aurin.roy@hennepin.us by April 1st, 2024.