# Sustaining HIV Practice Transformation

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# Disclosures

None of the planners or presenters for this presentation have any financial conflicts of interest to disclose.

# Acknowledgements

- Clemens Steinbock, Center for Quality Improvement & Innovation

- Ryan Buckley, MD, constant inspiration
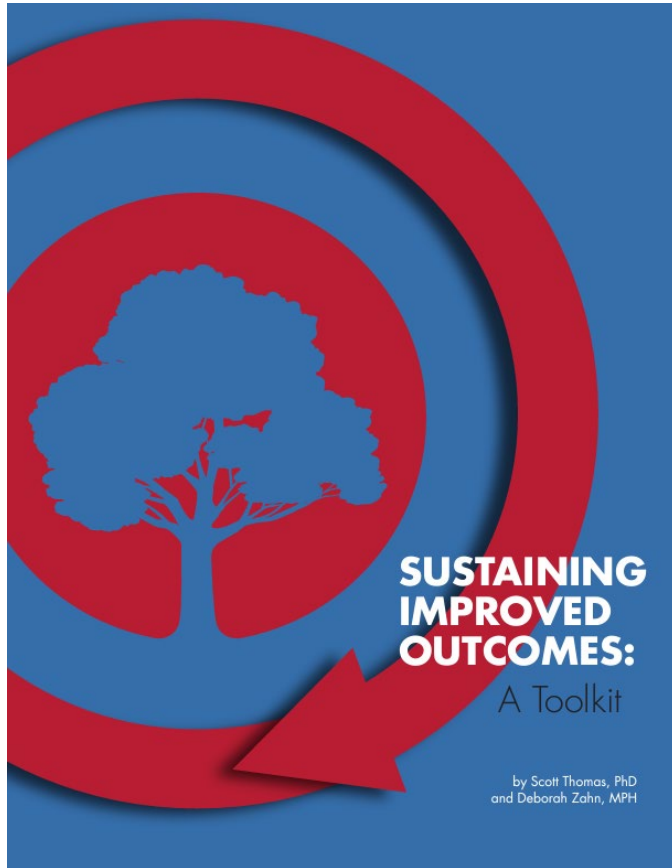
# Learning Objectives

- Define sustainability

- Describe how to use a Plan Do Study Act (PDSA) Cycle for QI projects

- Identify key challenges to HIV quality improvement and apply PDSA to outline solutions and outcomes
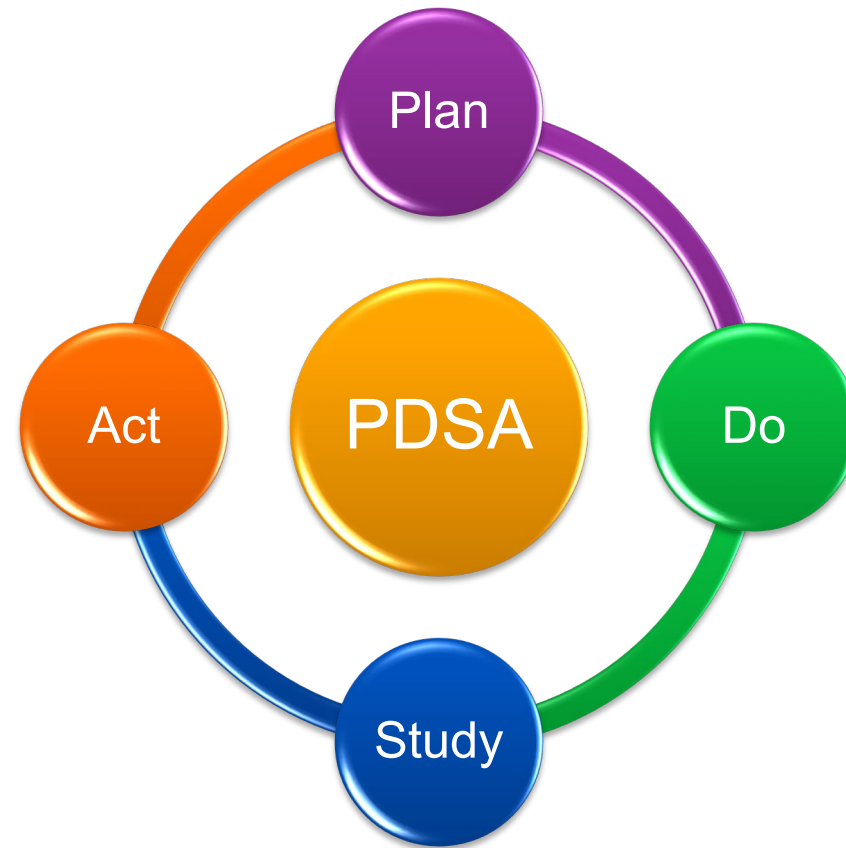
# What's next at your site?



- Current grant cycle is ending
- Let's talk about how to sustain all of the incredible changes you've worked hard to make!
- Remember: SE AETC will always be a resource

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# What is Sustainability?



*"When new ways of working and improved outcomes become the norm."*

Thomas, S., Zahn, D. Sustaining improved outcomes: A Toolkit. Available at:
http://nyshealthfoundation.org/resources-and-reports/resource/sustaining-improved-outcomes-a-toolkit

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# Plan Do Study Act (PDSA) and Sustainability



Plan

Do

Study

Act

PDSA

Resources:
- www.IHI.org

- https://www.ihi.org/resources/tools/plan-do-study-act-pdsa-worksheet

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# What are some possible challenges a clinic may when working to build a sustainable program?

| | | |
|---|---|---|
| Funding and staff | Resources | Resistance to change |
| Board support and understanding | Insufficient funding/inadequate staffing | Outreach |
| Support | Lack of Admin buy in | People are resistant to change |
| Funding Provider buy in with testing | Staffing, appointment time constraints, resistance to change | Staffing Challenges Funding and engaging patients |
| Lack of quality assurance/oversight | Apart from funding (which is our biggest obstacle), nurturing relationships with other providers (local and across the country). | Difficulties with the patients culture and resistance to treatment |

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# **Plan** Do Study Act (PDSA)

# 5 Whys

## Determining Root Cause and What to Needs to be Measured in PDSA Cycles

- In order to address a gap or issue, you need to know the root cause.

- Ask why 5 times until you reach the answer.

Resource:

https://www.ihi.org/resources/tools/5-whys-finding-root-cause#downloads

# Case: Sherise

## Utilizing and Sustaining Integration of Viremia Data at an HIV Clinic

- Data was being gathered on HIV viremia of patients at our clinic

- Data was reported out quarterly and used for strategic planning, quality improvement and HRSA reporting.

- Data was not being used to systematically identify individual patients who may benefit from Nurse Case Manager support.

  - Nurse Case Managers coordinate care within our interdisciplinary clinic, health care system and the community.  Evidence based, personalized care plans are developed and implemented utilizing protocols designed for this team.

  - Referrals to our nurse case manager team were based on provider and other interdisciplinary team member referrals. Additionally, all new patients are referred.

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# Case: Sherise

## Utilizing and Sustaining Integration of Viremia Data at an HIV Clinic

- Data was not being used to systematically identify individual patients who may benefit from Nurse Case Manager support.

- Why?

  - Staff with access to data unsure how to systematically disperse this information to busy nurse case managers and ensure proper follow up happened.

- Why?

  - No process in place to delineate roles and responsibilities of managing this data nor observing follow up.

- Why?

  - Protocol for this process was not yet developed.

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# Case: Sherise
## Utilizing and Sustaining Integration of Viremia Data at an HIV Clinic

**Plan**: Plan the test, including a plan for collecting data

- State the question you want to answer and make a prediction about what you think will happen.

  - Will developing a protocol for identifying individual patients with viremia to the nurse case manager team improve overall viral suppression rates?

- Develop a plan to test the change. (Who? What? When? Where?)

  - Nurse case manager team developed a protocol through shared governance answering the Who? What? When? Where? questions.

- Identify what data you will need to collect.

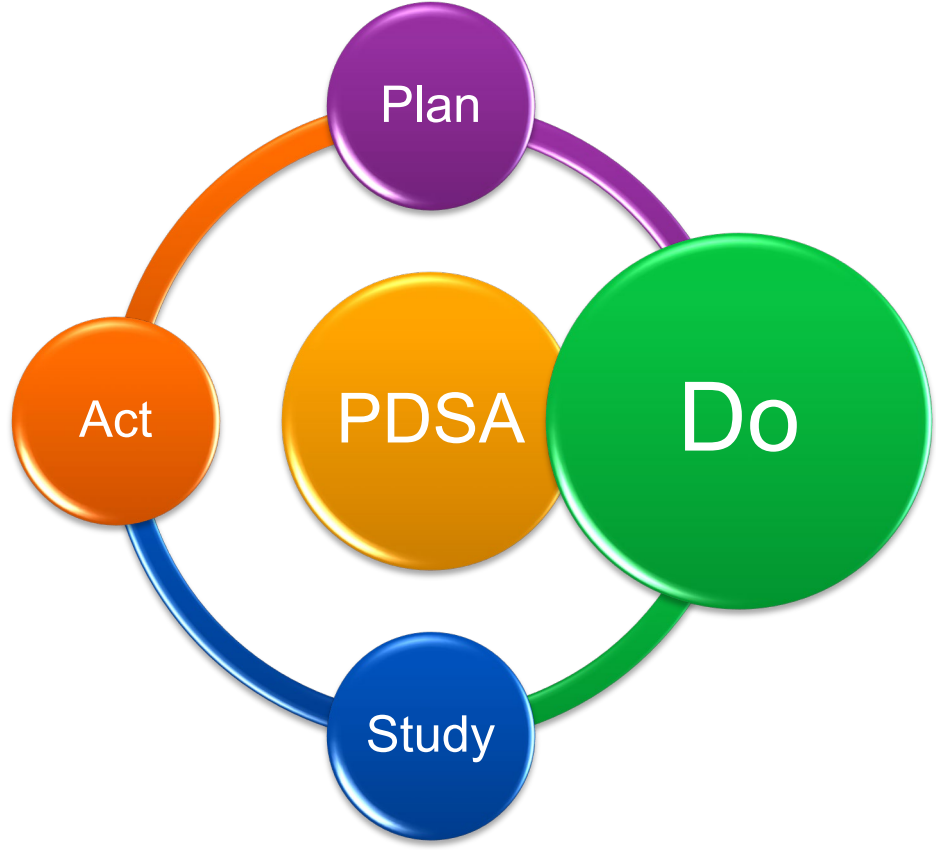  - Individual viremia data and clinic wide viral suppression rates.

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# Case: Sherise

## Utilizing and Sustaining Integration of Viremia Data at an HIV Clinic

**Plan**: Plan the test, including a plan for collecting data

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- Develop a plan to test the change. (Who? What? When? Where?)
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- Identify what data you will need to collect.
  - Individual viremia data and clinic wide viral suppression rates.

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# Plan Do Study Act (PDSA)

# Case: Sherise

## Utilizing and Sustaining Integration of Viremia Data at an HIV Clinic

**Do**: Run the test on a small scale.

• Carry out the test.

Protocol for reviewing individual viremia levels was developed and implemented

• Document problems and unexpected observations.

Nurse who was monitoring the rates had to fine tune how she obtained and managed that data.

Tweeks were made to how the nurse case managers were notified and management of follow up was aided by an electronic work plan.

• Collect and begin to analyze the data.

Ongoing data collection and review continued.

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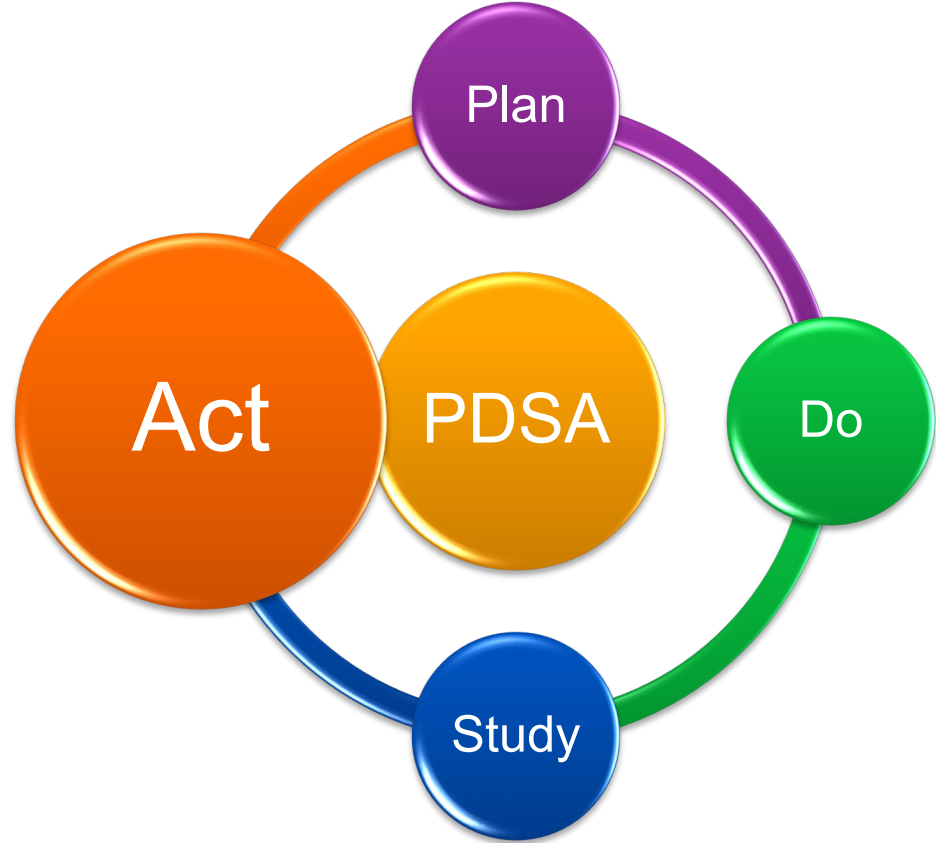# Plan Do Study Act (PDSA)
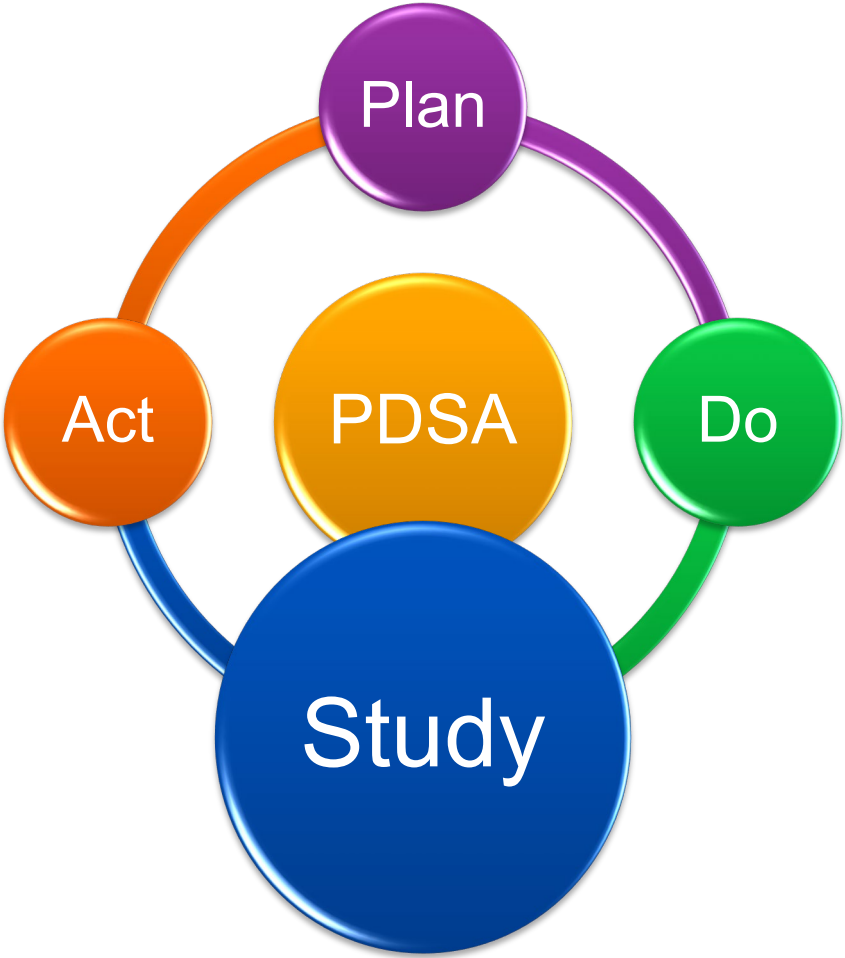
# Case: Sherise
## Utilizing and Sustaining Integration of Viremia Data at an HIV Clinic

**Study**: Analyze the results and compare them to your

predictions.

- Complete, as a team, if possible, your analysis of the data.

- Compare the data to your prediction.

- Summarize and reflect on what you learned.

Our team and clinic review the clinic viral suppression rate of the clinic quarterly.  Prior to this intervention,  we had seen many years of continual improvement, reaching a viral suppression rate of 89 to 90%.  After 1 year of the intervention, the clinic attained a viral suppression rate of 91.3%.

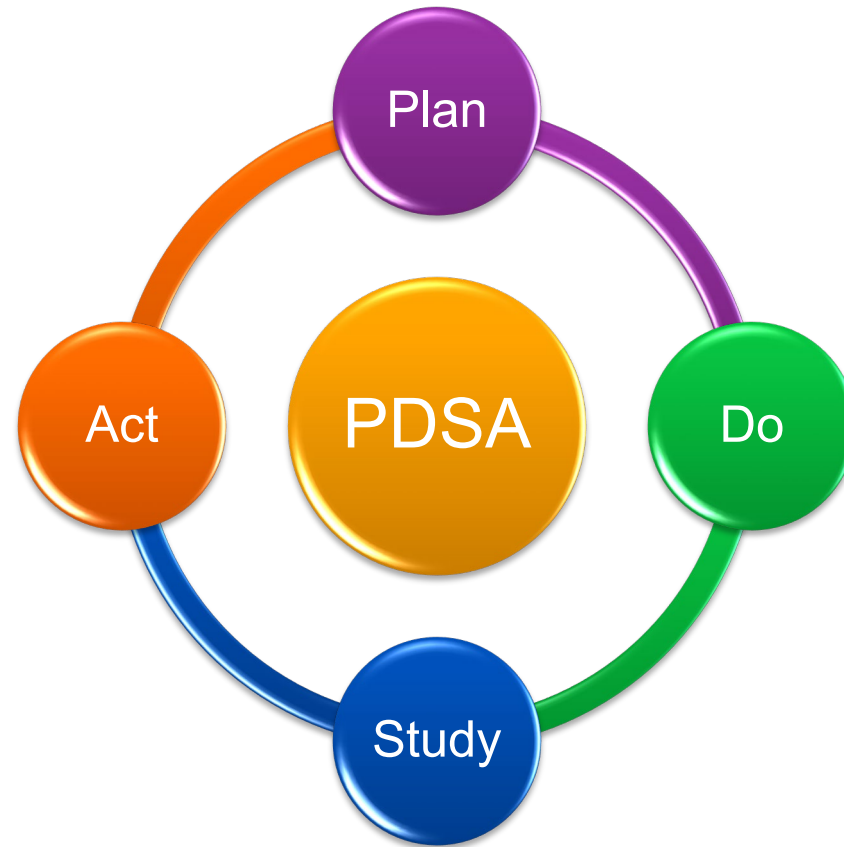April 12, 2024

# Plan Do Study Act (PDSA)

# Case: Sherise

## Utilizing and Sustaining Integration of Viremia Data at an HIV Clinic

**Act**: Based on what you learned from the test, make a plan for your next step.

- Adapt (make modifications and run another test),

  - We adopted some changes in our process based on challenges we met

- Adopt (test the change on a larger scale)

- Abandon (don't do another test on this change idea

- Prepare a plan for the next PDSA.

  - We review the process continuously and with our quarterly report out of clinical viral suppression rates.

  - We continue to plan to sustain our success by repeating this PDSA cycle on a quartely basis and as issues arise.

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# Plan Do Study Act (PDSA) and Sustainability



Resources:
- www.IHI.org

- https://www.ihi.org/resources/tools/sustainability-planning-worksheet

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# Sustainability Planning Worksheet

**Measurement**

• What will we continue to measure?

• What will we stop measuring?

• What will we do if we see a negative signal (i.e., special cause variation)?

# Sustainability Planning Worksheet

**Ownership**

• Who will own the new standard work?

    o Is he or she engaged and onboard with the improvement?

# Sustainability Planning Worksheet

**Communication and Training**

• How will we communicate about the change and who will be the messengers?

• How will we support individuals in the new "right way"?

• What type of training will we use?

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# Sustainability Planning Worksheet

**Hardwiring the Change**

• How will we make it hard to do the wrong thing and easy to do the right thing?

    o Can we reduce reliance on human memory?

• How will we standardize?

    o Do we need new documentation and resources?

# Sustainability Planning Worksheet

**Assessment of Workload**

• Are our changes increasing the overall workload to the system?

    o If so, how can we decrease the workload?

    o If not, how will we communicate about what is changing and not changing?

# Cases

- We will do the first one together

- Pick 1 problem (there may be multiple problems in the case)

- Complete a PDSA cycle on your poster board

- Report out

# Case: Anita

Anita is the charge nurse for a primary care clinic in the South. She has been working for the last 18 months to implement routine HIV Ab/Ag testing processes to increase the % of patients screened and tested for HIV. As of March 2024, the clinic's efforts resulted in an increase of 45% and achieved the objectives outlined in the aim statement.

The medical director initially requested the project. The local QI committee was peripherally involved to set the goal for this project. The chairs of the local consumer advisory committee (CAB) were supportive of the program and the medical director provided routine updates to the CAB.

The medical director provided the internal support and resources where needed. She mentioned the importance at routine staff meetings. Test kits were ordered, and all relevant staff are trained to engage patients to be tested. Due to time constraints, HIV testing is not routinely done, and new staff are not properly introduced to new procedures.

# Break into groups of 5-7
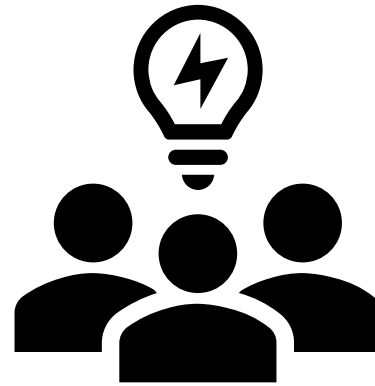
## Assign a scribe

## Assign a presenter

# Meet your Group

⏰ 5 minutes

- Name

- Where do you work?

- What do you do there, and what is your involvement with PT or SHARE?

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# Case: Sally

Sally is the QI director for a busy urban clinic in the Midwest and has been working for the last 13 months to implement PrEP for those at risk. The program focused on increasing the # of patients identified as at risk to start them on PrEP and return them for follow up. The results were mixed. While the uptake among MSM was high, the access to PrEP among women was limited. The # of individuals who started on PrEP reached program goals but those maintained on PrEP did not reach the goals.

The data team routinely captured the data and made the reports routinely available to the clinic team, at times late. The results were discussed at the staff meetings for their feedback and input, but not shared with the consumer advisory board (CAB). The medical director plans to present the results at upcoming conferences.

The staff decided to make adjustments to focus more on women, otherwise the clinic decided not to make any other changes. A single staff person was assigned to review the data going forward.

# Case: Chico

Chico works at a clinic that is part of a Part B network of 23 sites which focus on linkage to care for those newly diagnosed or lost to follow up. After 12-months of working together, the linkage to care rate improved by 25% by putting new procedures in place across the clinic, while the rest of the network improved by 45% over the same time frame. The network decided to change the network focus on PrEP. The linkage to care efforts never really took off in the clinic and the staff never fully bought in. While the well-respected QI manager was spearheading the efforts, she did not have the support and resources, mainly staff time, to implement the program as outlined. The Part B network provided support for implementing the linkage to care program and provided a financial support for participating in network QI projects, now shifting to the new PrEP project.
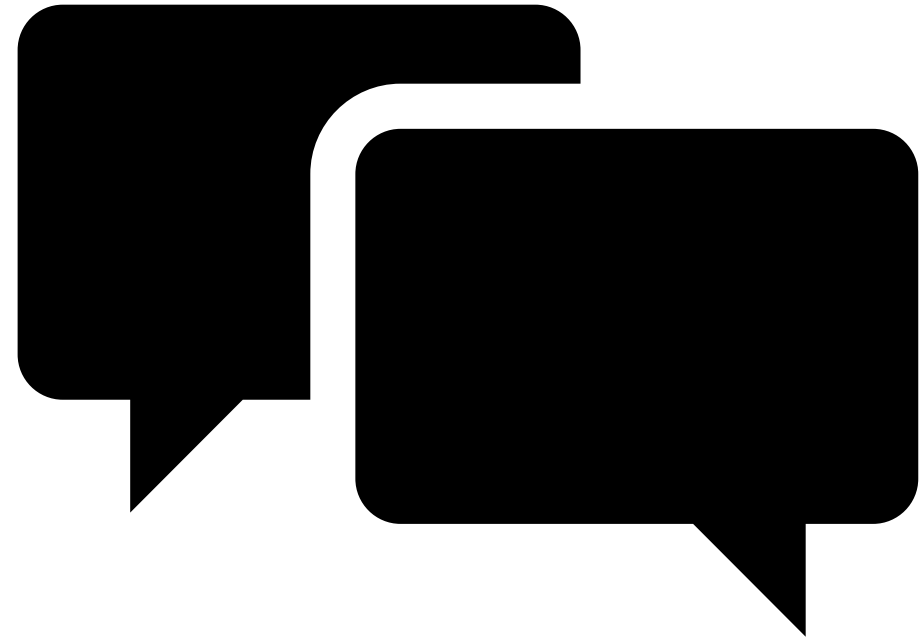
# Report out
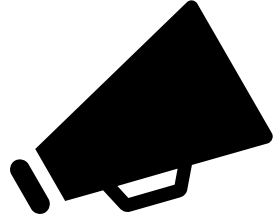
1. What problem did you select?
2. **P**lan
3. **D**o
4. **S**tudy
5. **A**ct

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Look at key areas of practice that face sustainability challenges outlined in Menti, and identify an area that is common to the members of your group.

Funding and staff

Resources

Resistance to change

Board support and understanding

Insufficient funding/inadequate staffing

Outreach

Support

Lack of Admin buy in

People are resistant to change

Funding Provider buy in with testing

Staffing, appointment time constraints, resistance to change

Staffing Challenges Funding and engaging patients

Lack of quality assurance/oversight

Apart from funding (which is our biggest obstacle), nurturing relationships with other providers (local and across the country).

Difficulties with the patients culture and resistance to treatment

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1. As a group, prioritize the **top** challenge related to sustainability for that area

2. Apply PDSA cycle to determine a course of action

3. Discuss different possible outcomes

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# 90-Second Report Out

1. Which sustainability challenge did you select?

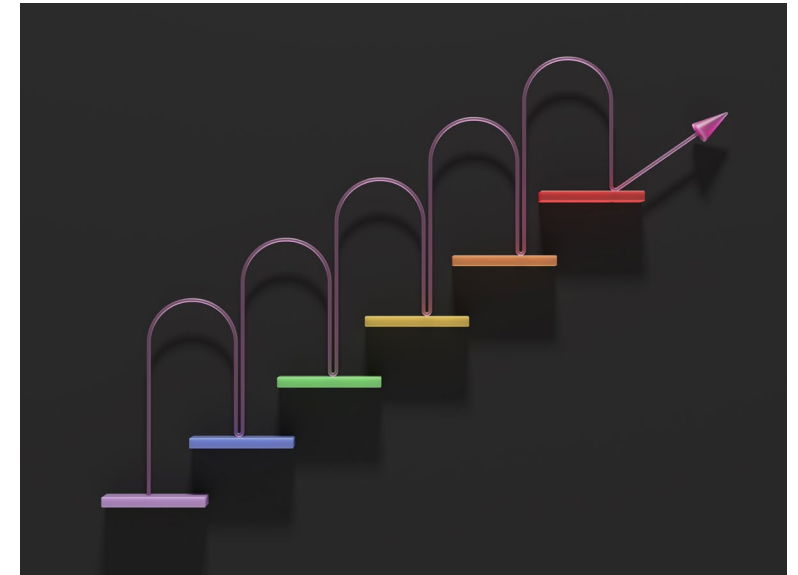2. What does your PDSA cycle look like?

3. What are the possible outcomes?
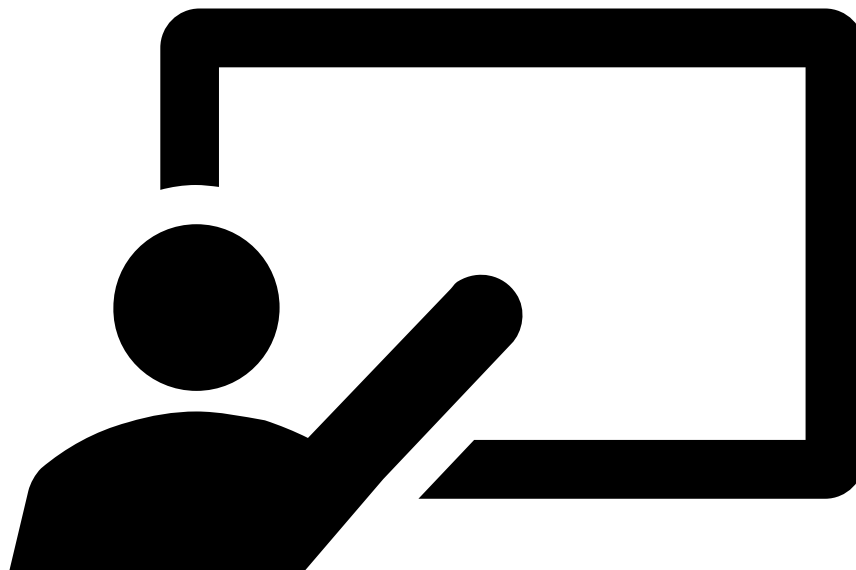
# Next steps

Resources:

- Institute for Healthcare Improvement - https://www.ihi.org/

- PSAT and CSAT – sustainability assessment tools https://www.sustaintool.org/

In the next 2 – 3 weeks, conduct your own PDSA.

- Who are the stakeholders?

- When can you communicate the plan with them and ask for feedback?

# Next steps

- AETC Training, Technical Assistance, Coaching – still available!

- Annual Virtual Conference: August 28 – 30 (will include two tracks for people new to HIV, one clinical and one non-clinical)

- Be thinking about this question to discuss with your AETC coaches: **What can the AETC do to support you moving forward? How do you want to stay connected with us?**