**NOTE:** These QI goals were consensually selected from six Ryan White providers’ QI plans for FY24 as examples of comprehensive and relatable SMARTIE goals that exemplify QI principles. All data points, targets, names, and agencies have been changed/anonymized for privacy purposes, but the actual content of these goals was produced by staff from provider agencies.

We have included comments highlighting the parts of these goals that are written well or demonstrate QI principles so that you have a better understanding of what we look for in QI plans. Please feel welcome to use this document as a guide when drafting your own QI goals/plans, but do not copy these goals directly.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. AGENCY INFORMATION**

**1. Agency name:** Quality Clinic

**2. Name and contact information for the person(s) submitting this plan:** Fred Fishbone, [fred.fishbone@qualityclinic.org](mailto:fred.fishbone@qualityclinic.org), 612-782-5489

**3. This is a plan for:  Part A  Part B/Rebate**

**4. Services funded for the above part(s):**

Part A: Early Intervention Services, Medical Case Management, Food Bank/Home-Delivered Meals, Health Education/Risk Reduction

Part B: Food Bank/Home-Delivered Meals, Non-Medical Case Management, Housing Services

1. **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**

**If no, would you like in-service training for your staff on quality improvement projects and PDSA cycles?  Yes  No**

**B. GOALS**

1. **Measurable QI Goal #1**
   1. QI goal/aim statement: Improve the viral suppression rate among a cohort of clients that were unstably housed as of 12/31/24 to 75%.
   2. Intervention/strategy that will help you achieve your goal:
      1. A cohort of clients that were unstably housed as of 12/31/24 with a viral load of 200 or greater will be identified by the data analyst and Quality Management Steering Committee (QMSC).
      2. 10 clients will be selected for intensive review of other possible Quality Clinic services that the client could benefit from.
      3. Clients will be flagged at the food bank for a follow-up with EIS worker to complete a needs assessment of Quality Clinic services in exchange for a $10 Target gift card.
      4. After the needs assessment is reviewed by the QMSC, a committee member will have a conversation with the client to offer them Quality Clinic services that the committee has identified them qualifying for, including EIS linkage to care, Medical or Non-Medical Case Management, Housing Services, or Health Education/Risk Reduction.
   3. Staff responsible for intervention: Early Intervention Services, Case Management, Housing Services, Harm Reduction Services, Food Services, Health Education Services, QMSC.
   4. How will you measure progress?
      1. By the end of quarter 1, we will have identified the cohort members and piloted one client through the process to identify potential roadblocks and successful strategies.
      2. By the end of quarter 2, we will have made changes to the process and 5 clients will be engaged through the process.
      3. For quarters 3 and 4, we will update our progress in our quarterly reporting based on successes and challenges in quarters 1 and 2.
      4. Additionally, all clients’ progress will be tracked through viral suppression rates, number of clients who completed the needs assessment, and number of clients who have been successfully connected with other Quality Clinic services and what kinds of services. This data will be reviewed monthly by the QMSC and reported quarterly in our reports.
   5. Where will you track the data? CAREWare, Excel spreadsheet for tracking the workplan for this goal and the process measures identified above
   6. How will your progress be communicated and to whom? Progress will be communicated to staff, the QMSC, Directors, and in our quarterly reports to Hennepin County.
2. **Measurable QI Goal #2**
   1. QI goal/aim statement: Increase consumer engagement by improving our client surveys by the end of quarter 4, and survey at least 100 consumers.
   2. Intervention/strategy that will help you achieve your goal:
      1. A new baseline client survey will be developed in collaboration with the Quality Management Steering Committee (QMSC), Consumer Advisory Board (CAB), and Diversity, Equity, and Inclusion (DEI) committee.
      2. Three focus groups of members from historically underserved populations at Quality Clinic will be engaged in a participatory survey development process to suggest issues for the new baseline survey.
      3. The new survey will be administered to all Quality Clinic clients through in-person and online recruitment methods. With roughly 400 unduplicated clients accessing a Quality Clinic service in a month, our goal is to reach 100 (25%) of the clients with the new survey at minimum.
      4. The goal of this survey is to increase consumer engagement by asking questions about issues that are of actual importance to clients, and developing baseline measures that can better inform future QI efforts.
   3. Staff responsible for intervention: QMSC, CAB, and DEI committees, Anita Quality, PhD (Quality Clinic Research Scientist)
   4. How will you measure progress?
      1. By the end of quarter 1, initial brainstorming meetings with the QMSC, CAB, and DEI committees will be conducted.
      2. By the end of quarter 2, three focus groups with members of historically underserved populations at Quality Clinic will be conducted by Dr. Quality
      3. By the end of quarter 3, the focus group data will be analyzed, and a new survey presented to the QMSC, CAB, and DEI committees for review.
      4. By the end of quarter 4, the new survey will be rolled out to members online and in-person.
      5. Additionally, we will report in our quarterly reports on these process measures: number of meetings, focus groups conducted, and clients surveyed, and through which administration methods.
   5. Where will you track the data?
      1. Focus group and meeting minutes will be recorded and analyzed by Dr. Quality and stored on our HIPAA compliant server to which only Dr. Quality and QMSC members have access. All quotes will be de-identified before being presented to other Quality Clinic committees.
      2. Online survey data will be collected through our HIPAA compliant subscription to RedCAP. Paper surveys will be entered on a spreadsheet stored on our HIPAA compliant server to which only Dr. Quality and QMSC members have access. The data will later be analyzed in the next QI plan.
   6. How will your progress be communicated and to whom? Quality Management Steering Committee, Consumer Advisory Board, and Diversity, Equity, and Inclusion Committee will receive quarterly updates on progress. Quality Clinic Directors will be given regular updates on progress. Hennepin County Ryan White staff will be quarterly updated for feedback on the survey.
3. **Measurable QI Goal #3**
   1. QI goal/aim statement: 72% of Quality Clinic’s Ryan White clients referred in CY2025 are Hispanic, Black, Asian, Pacific Islander, Multi-Racial, and/or American Indian.
   2. Intervention/strategy that will help you achieve your goal:
      1. High Priority Activities: organize monthly meeting with partners for knowledge sharing and network building, create interactive map and resource guide for clients and referrers on website, HIV community testing events (we will provide non-medical resource kits and partner with testing agencies who will be doing the testing), and establishing new partnerships to increase our accessibility to greater metro HIV clients.
      2. Ongoing activities: monthly newsletter, in-service presentations, attend HIV focused conferences/community events to build partnerships
   3. Staff responsible for intervention: Fred Fishbone, Community Outreach Lead
   4. How will you measure progress?
      1. Referral Data: tracked monthly and include number of referrals received by organization (compared to organization clientele served by race) and enrolled in clinic, race of client referred.
      2. Events/Outreach: data tracked will include # individuals/partnerships attended event; # attended events; interaction with map & resource guide on website; # of new partnerships established to increase accessibility for HIV clients.
   5. Where will you track the data? Client Track and Excel spreadsheets
   6. How will your progress be communicated and to whom? Progress will be communicated via monthly meetings or email communications by the Community Outreach & Projects Manager to the CEO, Directors, and Contract Manager.​
4. **Measurable QI Goal #4**
   1. QI goal/aim statement: To increase the number of HIV tests conducted in African American MSM clients by 5% by the end of FY2025.
   2. Intervention/strategy that will help you achieve your goal:
      1. Quality Clinic will conduct Quarterly HIV education events focusing on the sub-population. The Director of the Program will leverage our partnerships with the Pride Institute, Phillips Community Clinic, the public health clinic, and community members to recruit participants for educational events.
      2. The program director will review the literature and work with Hennepin County to identify resources to inform educational events. Evidence-based intervention and resources will be developed quarterly to train African American MSM
      3. Participants will be given $25 incentive to test for HIV.
      4. Surveys will be used to evaluate training and disseminated using REDCap.
      5. The HIV Taskforce will meet quarterly to review training and performance measures to inform strategies in alignment with quality involvement (QI) goals. The Program and Community Engagement teams will convene quarterly stakeholder meetings with partners the Pride Institute, the public health clinic, other African-American and/or LGBTQ+ Organizations, community members, and others to disseminate findings and share HIV resources.
   3. Staff responsible for intervention: HIV Program Director & Manager, Director of Clinical Services, and HIV Testing Coordinator
   4. How will you measure progress?
      1. # of HIV educational events
      2. % of knowledge gained, which will be measured using an existing pre- and post-assessment
      3. # of unduplicated persons attending events disaggregated by gender
   5. Where will you track the data? Excel Databases and REDCap Surveys Data Repository
   6. How will your progress be communicated and to whom? Quarterly stakeholder meetings and team strategic planning retreats. We have quarterly team retreat to discuss strategy and programmatic needs. This is primarily attended by the task force members. We also meet with stakeholders, community-based organizations and other community members to discuss HIV rates, resources, and our work!
5. **Measurable QI Goal #5**
   1. QI goal/aim statement: To serve at least 15 justice involved patients (patients that have been identified as either newly diagnosed and/or out of care and have served a stint in Hennepin County jail within the fiscal year) by March 31st, 2025.
   2. Intervention/strategy that will help you achieve your goal: Develop a streamlined approach to identifying justice involved individuals that are HIV positive and determine which partner agency will work on ensuring that these clients are linked to care. For individuals in jail who are interested in engaging in care at the Quality Clinic, one of our medical case managers will develop a relationship with the individual and work on getting them established within the Quality Clinic.
   3. Staff responsible for intervention: HIV Program Director & Manager, Medical Case Managers, Outreach Staff Supervisor
   4. How will you measure progress? Monitor the number of justice-involved patients that have been referred to Quality Clinic and compare to the number of patients that have successfully attended at least one medical appointment within the fiscal year.
   5. Where will you track the data? Epic
   6. How will your progress be communicated and to whom? The HIV Program Director and Medical Case Managers will communicate on a monthly basis, and difficulty in accessing patients will be triaged with community partners (Public Health Clinic, Minneapolis Harm Reduction Clinic).
6. **Measurable QI Goal #6**
   1. QI goal/aim statement: At least 90% of outreach events are supported by other county staff and/or community partners to ensure a “wraparound” approach to HIV and STI services. We've seen from experience that having multiple staff at events ensures that patients receive more timely and complete supports around HIV care, STI treatment, housing, tools and education around harm reduction and other common needs, and that staff are more supported and less likely to burn out. This coordinated collaboration will address HIV and STIs both in terms of the HIV outbreak in Hennepin County as well as for general STI/HIV prevention and care among other intended populations.
   2. Intervention/strategy that will help you achieve your goal:
      1. We will continue building partnerships with other area service providers and deepening the relationships we currently have. We have discussed outreach support with agencies like Minneapolis Central Hospital and Pride Clinic, and have recently conducted outreach alongside Minneapolis Harm Reduction Clinic, the Infectious Diseases (ID) team, and at partner organizations including Philips Community Clinic and Family Services Clinic. Community Outreach Lead Fred Fishbone is currently attending meetings between Quality Clinic’s DI staff and county staff focused on the drug-related infectious disease (DRID) work in Hennepin County to look for new ways to collaborate with these teams in the field.
      2. When pursuing new outreach sites and opportunities, we will invite appropriate community partners to attend alongside Quality Clinic staff. While we have done this sporadically in the past, these efforts will be regularly prioritized for every outreach event moving forward. These decisions will be made based on expected populations served at each site and other service providers’ intended populations (for instance, inviting Philips Community Clinic to be present at an event intended for Black and African American residents) and on our partners’ availability.
      3. In addition to building external partnerships, we will work on expanding outreach capacity through increasing outreach staff, and creating partnerships within the clinic so that other clinic staff can attend outreach events at the same time.
   3. Staff responsible for intervention: Fred Fishbone, Community Outreach Lead
   4. How will you measure progress? Progress is measurable by tracking which outreach events are attended by a sole staff member versus those attended with other HIV-related service providers. We will also collect data on utilization of services offered both by Quality Clinic outreach staff and by other providers attending outreach with us.
   5. Where will you track the data? Staff will create a spreadsheet for tracking this data, which will include:
      1. Site name
      2. Date and times of outreach event
      3. Name(s) of community partner(s) attending alongside Quality Clinic staff
      4. Number of patients/clients receiving INSTI from outreach staff
      5. Number of patients/clients receiving non-testing services ONLY (connection to care, housing, further screening, etc.)
      6. Number of patients/clients receiving both INSTI testing and non-testing services
   6. How will your progress be communicated and to whom? ​Progress will be shared within the outreach grant staff team through biweekly team updates, as well as with Hennepin County in the quarterly Part B report. Partnering agencies will also be notified of progress and collaborations at outreach events.
7. **Measurable QI Goal #7**
   1. QI goal/aim statement: ​Increase staff competency providing sexual health education by completing two separate trainings; for at least one American Indian/Alaska Native community, and for transgender youth. ​
   2. Intervention/strategy that will help you achieve your goal: Complete sexual health education trainings for American Indian communities possibly with Dr. Quality and for transgender youth possibly through the public health clinic by December 2025. We will develop a pre and post survey to assess knowledge gained from the training. ​
   3. Staff responsible for intervention: Program Supervisor, Quality Care Specialist, MCMs.
   4. How will you measure progress? All program staff will be invited to the training and expected to attend. A short pre-post survey will be administered to assess knowledge transfer. We will discuss impact of trainings at quarterly QI conversations with the team to discuss how the trainings have impacted their work individually with clients.
   5. Where will you track the data? Training dates and attendance will be recorded on our annual training log. Pre and post knowledge assessment will be documented in quarterly reports.
   6. How will your progress be communicated and to whom? ​Program staff will discuss at quarterly Program/QI meetings. Program Supervisor and Quality Management Coordinator will check in monthly to determine progress towards getting a trainer and steps needed to be taken in the following month to move closer towards goal​

|  |  |
| --- | --- |
| 1. **QI PLAN SUMMARY** | |
| **Measurable Goal for 2025** (rewrite your aim statements from above here) | **Baseline Measure**(your starting point or what you achieved in 2024) |
| **Goal #1:** Improve the viral suppression rate among a cohort of clients that were unstably housed as of 12/31/24 to 75%. | 42 clients out of 60 clients (70%) who are identified in CAREWare as unstably housed as of 12/31/2024 have a viral load under 200. |
| **Goal #2:** Increase consumer engagement surveying 100 consumers through improving our client surveys by the end of quarter 4. | Quality Clinic currently does an annual member survey with low consumer engagement. |
| **Goal #3:** 72% of Quality Clinic Ryan White clients referred in CY2025 are Hispanic, Black, Asian, Pacific Islander, Multi-Racial, and/or American Indian. | At the end of CY2024, 61% of referrals received for HIV clients (300) were for Hispanic, Black, Asian, Pacific Islander, Multi-Racial, and/or American Indian clients (183). |
| **Goal #4:** To increase the number of HIV tests conducted in African-American MSM by 5% by the end of FY2025. | 70 African-American MSM were tested 3/1/24-2/29/25  We will focus on providing HIV education to African-American MSM to increase knowledge about prevention, treatment, and care resources to address disparities. |
| **Goal #5:** To serve at least 15 justice involved patients (patients that have been identified as either newly diagnosed and/or out of care and have served a stint in Hennepin County jail within the fiscal year) by March 31st, 2025. | We do not have a baseline measure at this time as we have never tracked individuals that were justice-involved. In our weekly meetings with the public health clinic, we are establishing a streamlined workflow of discussing patients that should be engaged by Quality Clinic. |
| **Goal #6:** At least 90% of outreach events are supported by other county staff and/or community partners to ensure a “wraparound” approach to HIV and STI services. | In the past fiscal year, 85.2% of all RW Part B EIS outreach was conducted by Quality Clinic staff with additional support from at least one other county employee and/or community partner whose work is focused on HIV. Having seen the benefits of this approach, we hope to further increase the percentage of outreach events supported by multiple staff. |
| **Goal #7:** Increase staff competency providing sexual health education by completing two separate trainings; for at least one American-Indian/Alaska Native community, and for transgender youth. ​ | Staff have not been formally trained in this area. This was a QI goal identified in the prior funding year; however, we were not able to complete the goal due to difficulty in finding trainers, staff shortages and funding for trainings. Staff continue to request these specific trainings, so we are moving this forward to the current funding year. |

**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**](mailto:scott.bilodeau@hennepin.us) **by April 1st, 2025.**