

Learning by Doing: Carlene Vesprey, Haley Silverman, and Windy Jacques Embrace Quality Improvement and Get Results

The Center for Quality Improvement & Innovation (CQII) congratulates the Brooklyn Hospital Program for AIDS Treatment and Health (PATH) Center's Clinical Quality Management (CQM) executive leadership team for outstanding work in quality improvement (QI). CQII is honored to present Carlene Vesprey, Haley Silverman, and Windy Jacques of the Brooklyn Hospital PATH Center (Brooklyn, New York) with the 2025 Quality Award in the category of New to QI for



Above is the Brooklyn PATH Center's QI team. From left to right: Carlene Vesprey, Executive Director; Dr. Leonard Berkowitz, Chief of Infectious Disease Division and Medical Director of PATH; Haley Silverman, Program Coordinator; and Windy Jacques, Special Projects Manager.

revitalizing their QI program, building a robust QI team, and achieving improvements in viral suppression. This new award category recognizes those with little to no QI experience who have effectively implemented QI activities to improve HIV medical care.

The Brooklyn Hospital PATH Center is a comprehensive HIV clinic in Brooklyn, New York serving a high-need population of approximately 1,100 clients through the Ryan White HIV/AIDS Program (RWHAP). The clinic provides a full range of medical, behavioral health, case management, and prevention services, with a strong emphasis on improving engagement and outcomes of people

with HIV.

At the start of 2024, Windy Jacques and Haley Silverman stepped into the role of CQM co-leads at the PATH Center with no prior formal experience in QI. Although skilled in HIV care and program implementation, they were entirely new to CQM frameworks, performance measurement, Plan-Do-Study-Act (PDSA) cycles, and data-driven improvement methods specific to RWHAP settings. The co-leads quickly immersed themselves in a variety of training and technical assistance opportunities including CQII's Intermediate QI Learning Lab, Training of Quality Leaders and Training of Trainers, and participated in several New York Links QI trainings as part of the New York State Quality of Care Program. Haley and Windy commented that it was not only the skills they learned, but the energy they brought back after each training that increased interest and buy-in from colleagues. Their training experiences gave the CQM co-leads a solid foundation in QI principles and enabled them to reenergize the PATH Center's

approach to continuous QI, including leading monthly QI meetings that tracked progress and helped staff troubleshoot barriers to care. They also introduced QI education for people with HIV to foster community involvement, including a presentation to the PATH Center's Consumer Advisory Board.

Prior to Windy and Haley stepping into their new roles, a Health Resources and Services Administration (HRSA) site visit (June 2023) found that the PATH Center's CQM program required refocusing efforts and structural improvements. In March 2024, Haley and Windy took over the QI program and introduced robust reengagement strategies. They conducted a survey of monthly QI meeting participants and redesigned those meetings to be more interactive and responsive to the preferences of QI committee members. They introduced objective-driven agendas ("objendas"), incorporated games to build staff QI capacity, included case conferences to elicit peer input on difficult cases, displayed the organization's viral suppression graphs at each meeting to demonstrate progress and opportunities, and gathered feedback through post-meeting surveys. As a result of these efforts, and with consistent team and leadership support, the PATH Center increased viral suppression rates for the cohort of patients in their QI project from 19.5% to 62.1% between March and December 2024.

Once the clinic's overall viral suppression rate was sustained at 92%, due to the increase that took place from March to December 2024, Haley and Windy refocused their efforts on other pressing care gaps. They launched a cervical cancer screening QI project in January 2025 as part of their participation in CQII's Intermediate QI Learning Lab, seeking to increase the rate of cervical cancer screenings from 63% to 78%. Throughout the project, they mapped out their current process, identified strengths and challenges, completed a project charter, and conducted a root cause analysis using both a fishbone diagram and the five whys tool. They then launched a PDSA cycle with a group of medical case managers (MCMs), increasing the number of MCMs involved to better identify barriers to screening. This insight helped the team refine their assumptions and shift the focus from referring patients out for cervical cancer screening to offering cervical cancer screenings in-house.

MCM engagement has been a significant success of this project with team contributions directly informing change ideas. By conducting screenings directly with their patients, MCMs identified issues and opportunities for improvement. They found ambiguity in the screening guidelines and confusion amongst providers, which resulted in under-screening, lack of awareness amongst patients and missed opportunities for intervention. The MCMs played an important role in identifying these issues and suggesting how to make the guidelines clearer to ensure patients were reached. By creating a brief, standardized, screening tool, MCMs were able to identify patients in need cervical exams and schedule on-site appointments for this service. As

a result, the clinic's monthly cervical cancer screening rates recently surpassed their goal for the first time, and they are now focused on maintaining the 78% rate.

They attribute the success of this QI project to checking in with their team frequently, keeping PDSA cycles short, and using fun and creative games to engage others and build enthusiasm for QI, including adapting the game Wordle to demonstrate PDSA cycles in a simple and interactive way. They also credit leadership for supporting their QI growth, allowing them to participate in virtual as well as in-person QI trainings, some of which required travel. The Executive Director of the PATH Center, Carlene Vesprey, even participated in the Intermediate QI Learning Lab alongside the two CQM co-leads. Supportive leadership also extends beyond the PATH Center, as the CQM team cited their HRSA Project Officer, Jocelyn McKenzie, as instrumental in helping them develop their QI workplan and encouraging them to look beyond viral suppression when planning QI projects for 2025. Carlene emphasized the importance of leadership support stating, "I just think leadership support is extremely, extremely, extremely valuable, and it shouldn't be restricted. Supporting staff 100% allows you to see what each individual can bring to the table to engage others." She added, "You know, in QI, you're always testing something. So, there are highs and lows—just trust the process and trust those that you've instilled in that position to deliver back to you."

Their advice for others who are new to QI is to participate in as many training opportunities as possible and to consider co-leading QI initiatives with a partner. The PATH Center team believes having CQM co-leads is a key to their success. As Haley put it, "You don't need to know everything before you start—QI is a lot of learning as you go." Windy agreed, "We've made mistakes along the way, but we're figuring it out, and that's part of the process."



Location:	Zoom
Time:	1:30pm-2:30pm
Objective by end of meeting:	To update staff on CQI data (viral load suppression data) from December 2024
Agenda:	<ol style="list-style-type: none"> Review CQI Data (1:30-1:45) <ol style="list-style-type: none"> Trends Feedback from team Call rate Pre-test (1:40-1:50) Do you know your QI tools recap? (1:50-2:10) Post-test (2:10-2:20) Check-out (2:20-2:25)
Action Items from Previous Mtg:	MCM to make monthly CQI calls MCMs to connect calls/reassessments/case conferences to Episodes of Care
Preparation/Prework:	



Above are screenshots from the PATH Center’s December 2024 CQI meeting presentation, in which they reviewed QI tools with staff and presented an overview of their 2024 QI journey.

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