Starting Strong:  Scott Beck and Dashiell Huebner Build Quality Improvement Momentum Across the Network at Public Health – Seattle & King County

The Center for Quality Improvement & Innovation (CQII) congratulates Scott Beck and Dashiell Huebner of Public Health – Seattle & King County with the 2025 Quality Award in the category of New to Quality Improvement (QI) for strengthening QI capacity across the network through training and mentoring.  This new award category recognizes those with little to no QI experience who have effectively implemented QI activities to improve HIV medical care.

Public Health – Seattle & King County is the recipient of the Ryan White HIV/AIDS Program



Above is Public Health – Seattle & King County's Part A QI team.  From left to right Dashiell Huebner, CQM Coordinator and Scott Beck, CQM Program Manager.

(RWHAP) Part A Seattle Transitional Grant Area (TGA).  Their clinical quality management (CQM) program supports serving approximately 3,200 people with HIV.  The program partners with 12 subrecipient agencies across King County, Snohomish County, and Island County to provide RWHAP core medical and support services.

The CQM program is responsible for ensuring that RWHAP-funded services are client-centered and aligned with national clinical standards.  In April 2024, Dashiell Huebner joined the organization as a new Program Coordinator, followed by Scott Beck as the new CQM Program Manager in July 2024.  Dashiell had experience monitoring and evaluating HIV, tuberculosis, malaria, and tropical disease programs abroad as well as working for Public Health – Seattle & King County as a COVID-19 pandemic outbreak investigator.  Scott brought leadership and data expertise from his previous roles.  However, both were new to formal QI practice within the RWHAP context.  The CQM team and leadership were highly motivated to provide robust training of QI frameworks, such as the Model for Improvement (MFI) and the Plan-Do-Study-Act (PDSA) cycle.  At that time, when many subrecipients were also new to QI, there had not been structured QI training or a process that supported subrecipient QI capacity building.

To build their own QI capacity, Scott and Dashiell actively participated in training opportunities including CQII's Beginner Learning Lab.  Scott further deepened his skills by attending the CQII Training of Trainers in 2024, which specifically prepared him to lead and facilitate QI training for subrecipients.  These experiences provided Scott and Dashiell with the foundational concepts, tools, facilitation strategies, and confidence needed to guide staff through practical QI application.

In the fall of 2024, Scott, Dashiell, and RWHAP Part B partners at the Washington State Department of Health surveyed subrecipients to gather information on their QI experience, confidence levels, and training preferences.  The results confirmed that most subrecipient staff responsible for CQM were new to structured QI methods and wanted hands-on, practical learning.  The survey results led to the TGA's first formal QI initiative called the Planning for Agency CQM Excellence (PACE) Project.  The initiative used surveys, training, and hands-on technical assistance (TA) to engage and equip subrecipients with practical QI skills, including how to implement the MFI, PDSA cycles, and root cause analysis, which they also applied to their work plan revisions.

Prior to PACE, only 30% of subrecipients included actionable QI components in their respective work plan.  Through the PACE project, subrecipients not only learned about core QI tools, but also co-produced their work plans to ensure inclusion of a QI emphasis on data-informed, client-centered improvement across the network.  This gave subrecipient staff the opportunity to move from learning concepts to producing a work plan that included those concepts and would drive their QI activities for the year.  After the initial PACE training, 78% of work plans were stronger and identified more feasible system-wide QI projects, and based on a post-training survey, QI confidence among staff also improved (see image below).  The CQM Program now has a repeatable process, an engaged network of subrecipients, and growing internal leadership capacity creating a sustainable foundation for future QI growth.

When asked about their best practices for conducting QI trainings, Scott and Dashiell emphasized the importance of helping partners see that QI is practical and applicable to their work.  Dashiell said that "bringing everyone together in the same room builds relationships between Part A and Part B programs and creates opportunities for knowledge sharing."  The team emphasizes ongoing TA, led by Scott, which goes beyond the training and post-event surveys by actively engaging with subrecipients on their QI project plans, and helping agency staff apply new QI knowledge to their real-world QI efforts.

This year, subrecipients continued to develop their capacity through the April 2025 CQM Summit.  Informed by a pre-training needs assessment, the Summit emphasized hands-on learning focused on the MFI, PDSA cycles, root cause analysis, and using clients' experiences.  The 31 participants, many of whom were new to QI, learned about and applied concepts and tools through interactive mini lectures.  The Summit concluded with an activity where teams were given a healthcare challenge and tasked with designing a QI project using the tools and strategies learned throughout the day.  Following the Summit, Scott provided one-on-one TA to support using the QI concepts.
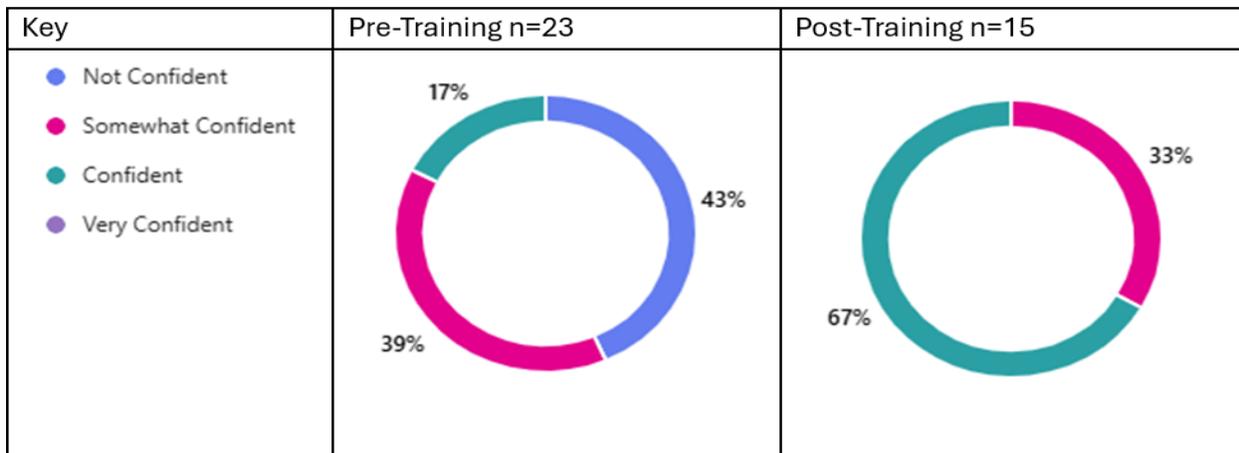
These capacity-building efforts are already making a difference.  One subrecipient, Lifelong, which administers the Ryan White Part A dental program through partnerships with community providers and offers additional support services for people with HIV, made a significant pivot in their approach on their dental QI project.  Haley Higgins, Quality and Compliance Manager at Lifelong said that "after last year's effort to increase kept dental appointments, our team… chose to focus specifically on clients not virally suppressed and not attending their dental appointments.  This focused strategy allows us to reach some of our most vulnerable clients and

better engage them in care.  By narrowing the scope, we can create smaller, more manageable projects that deliver greater impact for those with the greatest need.  Our team is energized and excited to move this work forward."

The CQM team worked to gain TGA staff and leadership buy-in and approval for the subrecipient QI training.  One of the main challenges in launching QI training was balancing the timing and workload, especially during a busy contract period in April 2024.  Strong leadership support and a committed team helped overcome this challenge, allowing the CQM team to maintain the momentum and continue to host annual QI trainings.

In addition to training, Dashiell led the creation of a centralized resource hub on SharePoint to support information sharing and real-time tracking of health outcomes, giving subrecipients access to CQM plans, QI tools, meeting materials, and other key resources across the TGA.  This hub provides important information and promotes the culture of sharing, learning, and transparency fostered by the CQM team.

When asked about the secret to their success, Dashiell and Scott felt they were inspired and motivated to make change from the start.  Scott added "I believed we could do it, and our leadership did too."  They both credit the belief and trust they had in themselves and each other as well as trust and support from leadership as keys to their success.  This enabled them to succeed even when projects seemed daunting at first.  Scott's and Dashiell's advice for those just starting out in QI is to "…follow the process even though you don't know where the end may take you. Each step forward is another step closer."

| Key | Pre-Training n=23 | Post-Training n=15 |
|---|---|---|
| ● Not Confident <br> ● Somewhat Confident <br> ● Confident <br> ● Very Confident | 17% / 43% / 39% (donut chart) | 33% / 67% (donut chart) |

Above is an excerpt from the pre- and post-training surveys at the 2025 CQM Summit, which assessed participants' QI capacity.

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