

Growing Together: Geremy Hurley Builds QI Capacity Across the Nevada Department of Human Services' Network

The Center for Quality Improvement & Innovation (CQII) congratulates Geremy Hurley of the State of Nevada Office of HIV for outstanding work in quality improvement (QI). CQII is honored to present Geremy with the 2025 Quality Award in the category of Leadership in QI, due to his leadership in implementing data-driven systems, mentoring subrecipients, and using Lean Six Sigma methods to achieve measurable improvements in care.



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The Nevada Ryan White HIV/AIDS Program (RWHAP) Part B program supports people with HIV through core medical and support services, including the RWHAP AIDS Drug Assistance Program (ADAP). Services are provided through Nevada RWHAP Part B-funded subrecipients in both northern and southern Nevada and serves approximately 5,600 people with HIV in seventeen counties throughout the state.

Geremy Hurley serves as the Clinical Quality Management (CQM) Coordinator for Nevada's RWHAP Part B and ADAP Programs. The position was vacant for two years when he stepped into the position in 2023. Geremy was tasked with re-building the program from the ground up, starting first with creating the CQM plan within four months of starting the role.

Geremy shared that he is “passionate about using data and a QI approach to drive the success of programs and help improve the lives of the people we serve.” As a lifelong learner, Geremy continuously pursues knowledge and skills, including increasing his own QI capacity, so he can lead others through QI. Since starting his role at the Nevada Department of Human Services, Geremy has completed multiple CQII trainings, including the Training of Trainers, Training of Quality Leaders, Beginner QI Learning Lab, and Coaching QI Learning Lab. In 2025, Geremy earned his Lean Six Sigma Black Belt certification, a significant achievement that highlights his commitment to and expertise in applying data-driven methodologies to improve processes and health outcomes.

As CQM Coordinator, Geremy leads statewide QI efforts including developing performance measures, tracking data, and working with subrecipients to improve care for people with HIV and ensuring program goals are met. He also conducts regular QI training sessions for RWHAP Part B staff and subrecipients, helping to build QI capacity in others. He mentors ten subrecipients on QI through coaching, technical assistance, and monthly one-on-one sessions

focused on QI fundamentals, tailored toolkits, and root cause analysis. His leadership goes beyond QI technical support; he plays a key role in the statewide Case Management Collaborative and facilitates learning exchanges among subrecipients to ensure that both client and provider perspectives shape QI initiatives. He relaunched the CQM Committee, which increased engagement and added client perspectives to statewide improvement efforts.

During quarterly CQM Committee meetings, Jeremy leads his coworkers and subrecipients in reviewing QI project results, providing feedback, and refining strategies based on data insights. In CQM meetings, Jeremy incorporates brief, 15-minute trainings on QI concepts and tools using concise slide decks on topics like retention, linkage, and data benchmarks. His most recent training focused on building effective aim statements for Plan-Do-Study-Act (PDSA) cycles. He actively connects with other states to learn about their latest QI projects with subrecipients and adapts these insights into training opportunities for Nevada. For example, he collaborated with Oregon's RWHAP Part B to strengthen Nevada's client satisfaction survey process and worked with Tallahassee, Florida RWHAP Part A to adopt Nevada's dashboard design elements that modernize performance reporting and data visualization. There is full representation from all ten subrecipients at CQM meetings, as well as participation from RWHAP ADAP, community partners, and representatives from Clark County, Nevada (RWHAP Part A), Northern Nevada HOPES (RWHAP Part C and D), and, occasionally, the University of Nevada, Reno (RWHAP Part F).

Jeremy's leadership of QI projects has resulted in significant improvements in the timeliness of RWHAP ADAP referrals. In November 2024, he identified that one subrecipient had a 14-day referral completion rate of 54% and that only 50% of two-day emergency referrals were completed on time. Jeremy applied Lean Six Sigma tools, including a fishbone diagram, process mapping, and PDSA cycles to guide the agency in identifying and addressing root causes such as staffing shortages, incomplete documentation, and unclear timelines. To address these challenges, he worked closely with the subrecipient to develop and implement a corrective action plan guided by PDSA cycles. The project introduced several change ideas, such as standardized referral checklists, same-day documentation verification, daily referral tracking, and cross-referencing data between data systems including CAREWare, RWISE, and Salesforce to improve accuracy and accountability. The project ran from November 2024 through May 2025, with Jeremy providing technical assistance, leading data review meetings, and following up to assess progress on sustainment. As a result, the subrecipient's 14-day referral completion rate increased to 90%, and its two-day emergency referral completion rate increased to 61%, demonstrating how structured QI methods can drive measurable and lasting improvements in timeliness of service and client access.

To achieve standardization of statewide QI metrics and the refinement of program-level performance measures, Jeremy introduced dashboards to track real-time viral suppression, retention in care, and timely eligibility determinations, a streamlined process in which one eligibility assessment applies to both RWHAP Part B and ADAP. Previously, subrecipients were entering incorrect dates and failing to process six-month eligibility renewals accurately causing clients to lose RWHAP eligibility.

Through the dashboard, meetings, and other tools, Jeremy aims to increase transparency and equip subrecipients with the data needed to design QI interventions. For example, recognizing the existing QI template was complex and potentially a barrier, Jeremy developed a simplified project charter that made it easier for subrecipients to outline and envision QI projects. He prioritized mapping out subrecipient program workflows from the ground up. This included the development of process maps to help each site understand how programs currently function and define how programs would operate moving forward.



Project Charter

Project Description / Purpose	
Project Name:	Improving NMAP Referral Processing Time Frames
Clinic:	Access to Healthcare Network (AHN)
Process:	DMAC and enhance their compliance with State and Federal guidelines for HIV/AIDS
Project Description / Purpose	
The purpose of our quality improvement project at AHN is to improve the processing time frames for Nevada Medication Assistance Program (NMAP) referrals. By identifying reasons for delays and implementing changes, we aim to increase the percentage of referrals processed within the designated time frames. This will enhance consumer access to services, improve health outcomes, and increase overall satisfaction with the care provided at AHN. Through the implementation of Lean Six Sigma methodologies, AHN will identify and address barriers to timely processing and ensure that NMAP referrals meet state-set time frames.	

Project Overview	
Problem Summary:	AHN has identified a significant issue with our referral process. Too many referrals are not being completed within established timeframes. We recognize that timely referrals are crucial for individuals living with HIV, and addressing this problem is vital for enhancing consumer experiences and ensuring we deliver high-quality support.
Desired Outcome(s):	Achieve 90% of NMAP referrals processed within the state-mandated time frames (14 days for regular referrals, 48 hours for emergency referrals) by May 31, 2025. Ensure that more clients are able to access the necessary medications and services in a timely manner, improving overall service delivery and client satisfaction. Detect inefficiencies and obstacles in the referral processing system and implement changes to improve speed and accuracy. Strengthen the data collection and reporting process to track referrals and monitor processing times in real-time, ensuring continuous improvement. Streamline referral processes to increase operational efficiency and meet the performance goals set by the State Office of HIV.
Benefits:	Improved referral processing. Increased client access. Enhanced efficiency. Better data tracking. Higher client satisfaction. State compliance.

Above is a completed project charter template, designed by Jeremy, to assist subrecipients with QI projects.

Jeremy said that his “willingness to learn as much as [he] can as fast as possible and dedicating [his] free time to learning” is part of the secret to his success in QI leadership. He emphasizes the importance of talking with subrecipients to understand their established processes and learn about their current needs. He co-creates plans with them to ensure their input is reflected and their needs are addressed. Jeremy says that “QI isn’t about having endless meetings or using fancy language—I don’t want to make improvements just for the sake of making them—but to make sure that they’re beneficial for the people we serve.”

His advice for those just starting out in QI, “Don’t try to make things perfect, just build something that works”.

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