Driven by Data, United by Quality Improvement: University Health Leads the Way in Systemwide Change

The Center for Quality Improvement & Innovation (CQII) congratulates University Health Ryan White HIV/AIDS Program (RWHAP) Administration for outstanding work in quality improvement (QI). CQII is honored to present University Health with the 2025 Quality Award in the category of Leadership in QI due to their leadership in uniting six subrecipients under one QI framework, streamlining intake and eligibility, and improving retention across their network.

Above is an image of the University Health RWHAP QI Team. From left to right: Carol Nielsen, Program Manager of Quality and Regulation; Dawn Arce, Assistant Director of Quality and Regulation; Mary Kay Mitchell, Director of Quality and Regulation; Dean Parra, Assistant Director of Ryan White HIV/AIDS Program and Data

University Health, based in San Antonio, Texas, receives RWHAP Parts A, B, and D as well as Ending the HIV Epidemic funding and serves approximately 4,500 people with HIV. As the RWHAP Part B administrative agency for Texas Public Health region 8 and the State Housing Opportunities for Persons with AIDS (HOPWA) grantee on behalf of the Texas Department of State Health Services, University Health oversees services across 28 counties. Through RWHAP Part B funding, University Health coordinates six subrecipients in the San Antonio area to deliver comprehensive HIV care.

University Health demonstrates strong leadership in QI through its ongoing efforts to enhance coordination, efficiency, and client-centered care across its service areas and network. One recent example is their leadership of a complex, multi-agency effort to standardize the RWHAP intake and eligibility process across six subrecipient agencies. University Health clinical quality management (CQM) staff worked with subrecipient agencies to better understand their workflows, challenges, and strengths, while also identifying areas for improvement to ensure that changes would be practical for frontline staff. One of the outputs of this QI effort is the centralized electronic data system University Health developed to simplify documentation, reduce paperwork, and create a more efficient entry into care for clients.

The idea for the new centralized data system emerged from years of client and staff frustration with the intake and eligibility process. At one point,

clients were required to complete 22 pages of paperwork at every appointment; and if they needed a referral to receive services at another agency, they often had to start the process again at the other agency.

In response, University Health brought together their six RWHAP Part B subrecipients (Alamo Area Resource Center, B.E.A.T. AIDS Coalition Trust, El Centro Del Barrio, Maverick County Hospital District, San Antonio AIDS Foundation, and University Health's Family-Focused AIDS Clinical Treatment Services Clinic) and asked: *How can we simplify this?* They used QI tools such as process mapping, Gemba walks, and staff shadowing at each subrecipient agency to understand what was working and what was not. They discovered that intake and eligibility processes had been combined, and that new forms had been added over the years without removing outdated forms, leaving agencies unsure which documents were required. The first breakthrough was centralizing eligibility. Clients no longer had to carry paperwork to different locations. In the next step, they standardize forms using input from all six subrecipients. What once ranged from eight to 30 different documents has now been consolidated to four, with intake completed once at the agency level and updates managed centrally in the new electronic data system. The electronic data system also includes permissions to share documents between RWHAP-funded agencies under Global Consent Authorization, reducing duplication and outdated information.

The impact of this work has been significant with clients experiencing smoother entry into care, retention has increased from 59% in May 2023, to 72% in May 2025, and staff have more time to work with clients instead of paperwork. The project is in its second Plan-Do-Study-Act cycle with completion expected by October 2025. Carol Nielsen, the team's Program Manager, commented that "Over the years, every time a new form came out it just got added on top of the old ones. No one knew which forms were necessary. Now, we finally have clarity." Looking ahead, University Health plans to continue refining systems, ensuring adaptation as client and agency needs evolve.

As the leader of a QI project across different subrecipients, University Health staff understood early on that not every organization was starting from the same place. Dawn Arce, the team's Assistant Director stated that "Success for one subrecipient looks different for another." By meeting agencies where they were, University Health was able to balance standardization with flexibility, which helped avoid pushbacks and provided agencies a sense of ownership in the process.

Building on this progress, University Health developed a comprehensive QI model that brings all six subrecipients under a single CQM plan that all agencies follow, creating a unified and shared QI framework for the program. University Health leads one large network-wide QI project with direct contributions from all subrecipients, while also requiring each agency to implement a

smaller agency-specific QI project. This approach ensures shared QI goals are advanced network-wide, while empowering subrecipients to strengthen QI skills through projects tailored to their own organizational priorities.

Sharing results has been another key part of the new model. University Health holds regular CQM meetings where subrecipients present updates, discuss challenges, and review data together. These meetings create a space for collaboration and help build a regional culture of QI. Looking back on one of these sessions, Dawn recalled, "One of the subrecipients worked on a gaps-in-medical-care project, they took it, and they ran with it, created a presentation with data, and we were speechless. The project is still ongoing." In addition, client surveys, focus groups, and structured reporting give leadership, staff and community members the chance to offer input on progress and help shape the next steps. Together, these efforts ensure that improvements are consistent, practical, and responsive to the needs of people with HIV.

When reflecting on their QI journey, Dawn noted that the greatest reward has been "getting buy-in from agencies about CQM and how it can be beneficial, instead of a task to be done." Mary Kay, the team's Supervisor's advice for others starting out in QI is to "Use your team appropriately. What do they excel in? What do they do well? What do they not do well? Maybe people can complement each other. Use what you have."

Above is a screenshot of a process map created by the University Health CQM team to illustrate patient flow from intake to the provision of services.

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