AFTER *SUCCEED*, WHICH QUALITY IMPROVEMENT ACTIONS HAVE PRIORITY?
Sharing a priority method to help deciding which quality improvement actions to implement first.

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Background: GAT Portugal[1] is a non-profit NGO based at Lisbon and aims to improve access to prevention, harm reduction and treatment services to tackle HIV/STI/hepatitis/TB syndemic by enhancing local community participation in services delivery and decision-making (advocacy and policy). CheckpointLX[2] is GAT's community-based and peer-led centre, for free, voluntary and anonymous HIV and STI screenings, counselling and linkage to care designed for men who have sex with men at Lisbon. Quality Action[3] is the European Union-wide 'Joint Action on Improving Quality in HIV Prevention' and aims to increase the effectiveness of HIV prevention in Europe by using practical Quality Assurance (QA) and Quality Improvement (QI) tools. GAT join this initiative as collaborating partner, involving three members as trainees for QA/QI tool application. One team member was trained for Succeed4 and applied it to CheckpointLX centre.

Succeed is for self-assessment of the quality of three main aspects of projects and programmes: 'Structure', 'Process', 'Results'. 'Structure' involved self-assessment of centre set-up settings (goals, key populations, approach, responsibility, organisation and resources). 'Process' focused on self-assessment of centre activities (support and participation, networks and reach & response). 'Results' focused on self-assessment of centre outcomes and its measures (measuring effects, environmental, operational and social changes and sustainability). Hence, *Succeed* helped CheckpointLX team to identify quality improvement actions (QIAs) and to develop a quality improvement plan. However, the plan lacked prioritization that considered QIAs dependency and overall importance.

Objectives: To describe the prioritization method used to define which QIAs to implement first in the quality improvement plan.

Methods: 'Results' QIAs were considered dependent of 'Process' and 'Structure' implementation QIAs. 'Process' QIAs were considered dependent of 'Structure' QIAs implementation. 'Structure' QIAs were considered independent. General prioritization to tackle dependency of QIAs was enlightened by marking 'Structure' QIAs red (to be done first), 'Process' QIAs orange and 'Results' QIAs yellow (could be done last) in the plan (Figure A).

Then, precise prioritization to tackle overall plan importance of a specific QIA was realized by using Pineault and Daveluy (1986)[5] prioritization method. The analysis grid (Figure B) is commonly used in health planning, to determine which problems of the community public health diagnosis have priority. The grid has four criteria: (1) problem importance; (2) problem relation to determinant risk factors; (3) technical capacity to solve the problem; and (4) intervention feasibility. A minus (-) or plus (+) classification is successively assigned to all criteria for each problem. The classification sequence gives a rating between 1 and 16, 1 representing the highest priority. Every participant involved should rate each problem; the final rate is the average of all individual ratings.

In our case, the criteria were adapted to be presented as a question focused on QIAs: (1) Is the action important (to population needs and/ or to achieve the project target population goals/ outcomes)?, (2) Is the action problem-related (to population risk factors and/or linked to critical project structure and processes)?, (3) Is there technical capability to implement the action (human resources and/or specific skill or equipment available); and (4) Is the action feasible (considering population and/or management acceptability and/or time/ organizational limitations)?. All team members rate every QIAs and the average rating was calculated. Finally, the plan QIAs line-up was rearranged by rating (from top priority to lower priority) (Figure C).

Results: The plan seemed more feasible to participants when QIAs priority were clear. The QIAs were prioritized on the same meeting. The priority method used give everyone equal opportunity to set the priority level for all QIAs, including those that would be implemented by management.

Conclusion: This priority method is easy-to-use, gives objective questions with reflective intent, helps to assess priority quickly and promotes equal participation of everyone involved. Using priority methods to decide which QIAs to implement first enhances the practicability of the QIAs plan.

References:

[1] http://www.gatportugal.org/
[2] http://www.checkpointlx.com/
[3] http://www.qualityaction.eu/
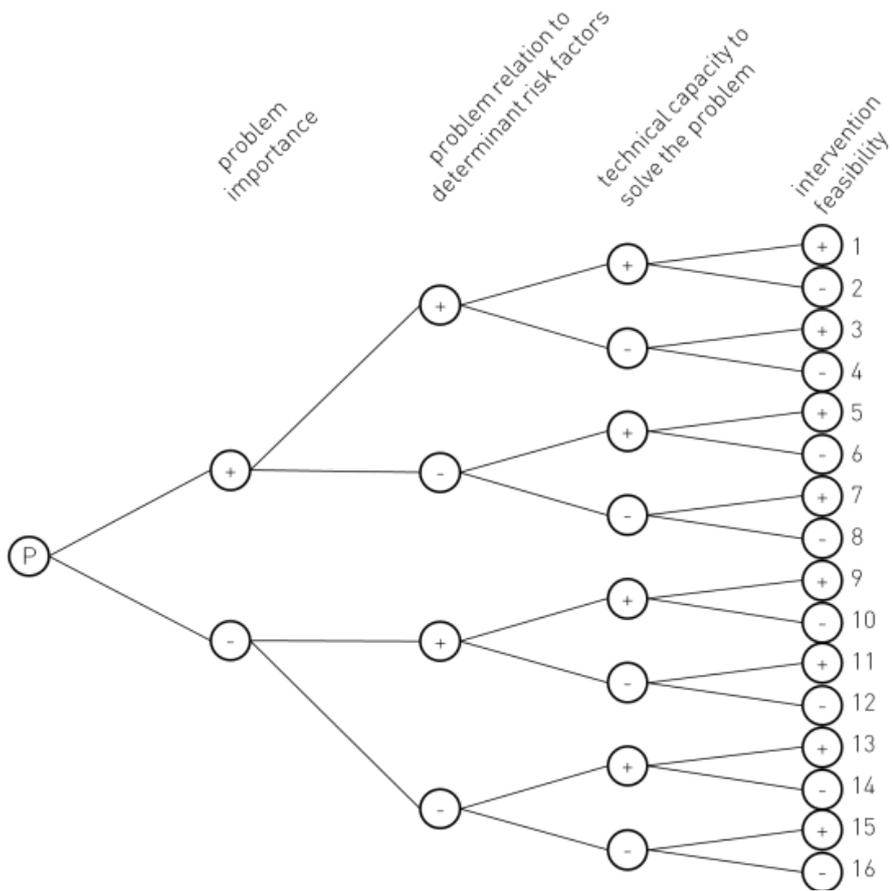[4] http://www.qualityaction.eu/succeed.php
[5] Pineault, R. & Daveluy, C. (1986). *La planification de la santé. Concepts, méthodes, stratégies*. Montréal : Agence d'ARC Inc. (les éditions)

Figure A

🟥	Structure QIAs 1	Priority A
🟥	Structure QIAs 2	Priority A
🟥	Structure QIAs 3	Priority A
🟥	Structure QIAs 4	Priority A
🟧	Process QIAs 1	Priority B
🟧	Process QIAs 2	Priority B
🟧	Process QIAs 3	Priority B
🟧	Process QIAs 4	Priority B
🟧	Process QIAs 5	Priority B
🟧	Process QIAs 6	Priority B
🟨	Results QIAs 1	Priority C
🟨	Results QIAs 2	Priority C

Figure B

problem importance
problem relation to determinant risk factors
technical capacity to solve the problem
intervention feasibility

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47
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Figure C

🟥	Structure QIAs 1	Priority 3
🟥	Structure QIAs 4	Priority 4
🟥	Structure QIAs 3	Priority 7
🟥	Structure QIAs 2	Priority 16
🟧	Process QIAs 6	Priority 1
🟧	Process QIAs 1	Priority 2
🟧	Process QIAs 4	Priority 4
🟧	Process QIAs 5	Priority 7
🟧	Process QIAs 3	Priority 12
🟧	Process QIAs 2	Priority 13
🟨	Results QIAs 2	Priority 1
🟨	Results QIAs 1	Priority 6

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