

Ryan White Part A HIV/AIDS Program
Las Vegas TGA

Quality Management Program



“Team Work is Our Attitude, Excellence is Our Goal”

Inputs – Processes – Outputs – Outcomes

QUALITY MANAGEMENT

**Ryan White Part A HIV/AIDS Program
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SECTION 1: INTRODUCTION

The purpose of the Quality Management (QM) Program is to meet the quality management expectations of the Ryan White HIV/AIDS Treatment Modernization Act of 2006, which are;

- 1) Assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infections; and
- 2) Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

The QM Program is key in the TGA and will provide vital information to the planning council for use in prioritizing services and allocating funding, and the grantee and service providers to improve access to care, service delivery, quality of care and health outcomes.

This program is based on various resources provided by the National Quality Center (NQC), a quality improvement technical assistance resource in HIV-related quality improvement services.

Background and History

The Ryan White Treatment and Modernization Act of 2006 is Federal legislation that was developed to address the unmet health needs of persons living with HIV/AIDS. One of its primary goals is to improve the quality and availability of care for individuals and families infected and affected by HIV/AIDS.

While HIV-related morbidity and mortality dropped dramatically in the latter 1990's due to advances in HIV/AIDS treatment, reductions have been unevenly distributed across HIV-infected populations. This is due to such factors as unequal access to care and variable quality of services (*e.g.*, treatment regimens, client support, provider skills). QM Programs are designed to bring the benefits of care to all clients by improving the quality of HIV/AIDS related services. Thus grantees are directed to establish, implement and sustain QM programs that monitor access to and quality of health services to ensure that people living with HIV/AIDS (PLWH/A) who are eligible for treatment receive it.

The Bigger Picture

The QM program in the TGA is part of a larger program of monitoring and evaluation of the overall services and activities in the TGA. This comprehensive system is called T.R.A.C., and consists of the following component pieces:

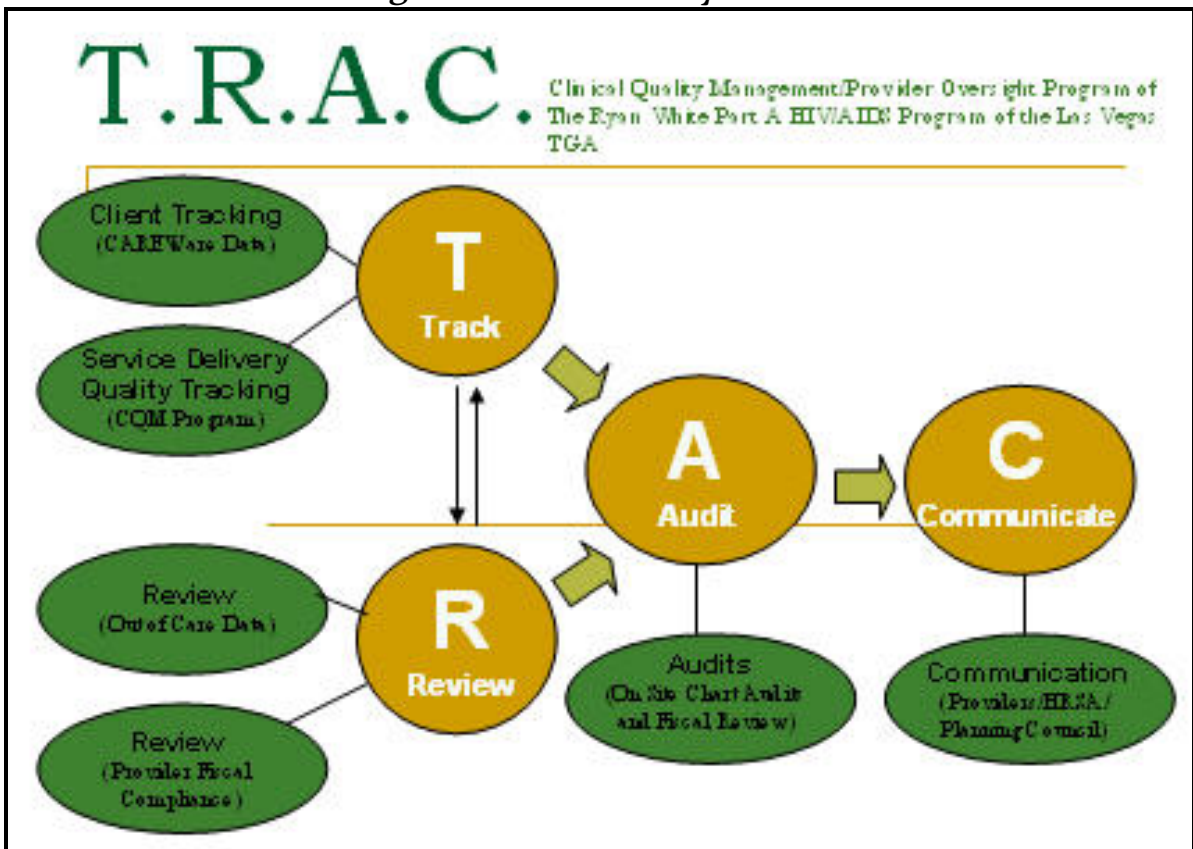
Tracking: This step consists of tracking service utilization and quality management data in the CAREWare system. This review is conducted by grantee staff on an on-going, monthly basis.

Review: This step consists of a monthly review of out of care data (provided by the SNHD Out of Care program) and provider fiscal expenditure and compliance information.

Audit: This step consists of an on-site review by a SNAHEC HIV/AIDS medical professional of provider client charts. The purpose of this step is to provide a check on the services provided, to ensure that services are being correctly documented in the client charts and in the CAREWare system.

Communication: The step served as the communication return loop. Information from the steps above is compiled into reports for the providers to review and discuss. Aggregate reports are compiled for review and consideration by the planning council. These reports serve as the basis for a CQM improvement plan to be designed and developed between the grantee staff, SNAHEC and the individual providers.

Figure 1.1-T.R.A.C. System



Aligning with the TGA's Vision and Goals

The vision of the Las Vegas TGA is; Over the next five years, the community, including planners, service providers, consumers, and community leaders, will work together to improve and expand a coordinated system of HIV/AIDS prevention and care in order to improve the quality of life for the infected and affected communities.

The major goals of the Ryan White Part A Program of the Las Vegas TGA, developed for the 2008-2011 Comprehensive HIV/AIDS Services Care Plan, are as follows;

- To ensure a seamless system of HIV/AIDS care that is available and accessible for PLWH/A in the Las Vegas TGA based on the disease management model.
- To ensure a high quality client centered service system designed to address barriers to access and adherence to care.
- To reduce disparities in the access and availability of services for special and emerging populations.
- To ensure continuity and quality of core medical and support services that meets or exceeds Public Health Standards (PHS) and other industry standards.
- To understand and address unmet need.
- To ensure that Las Vegas TGA's Planning Council conducts its activities efficiently and effectively and that it fulfills all mandated roles and responsibilities.

The comprehensive strategic three year plan and the overall vision and goals of the organization will guide the development of each annual QM plan. As the comprehensive care plan is designed to help us create the ideal continuum of care, quality management practices will measure our progress on achieving that overall goal and vision.

Mission Statement

To continuously monitor and improve HIV/AIDS service delivery processes through a QM Program in order to provide tangible benefits and a unified system of quality medical care and supportive services for people living with HIV/AIDS in the Las Vegas TGA.

Expectations

As emphasized in the Ryan White Program expectations, quality management programs are crucial in addressing the following key themes;

- Providing improved access to and retention in care for HIV-positive individuals aware of their status,
- Enhancing the quality of services and client outcomes,
- Linking social support services to medical services,

- Making program changes to respond to the evolving epidemic,
- Using epidemiologic, quality, and outcomes data for planning and priority setting, and
- Ensuring accountability.

Program Goals

The QM Program of the Las Vegas TGA is a systematic ongoing process designed to monitor, evaluate and improve the degree to which administrative, financial, operational, clinical and professional practices are performed. The goals of the program are to:

- Ensure the delivery of client care at the maximum achievable level of quality in a safe and cost-effective manner,
- Design effective mechanisms for identifying, assessing, improving and evaluating professional practices,
- To report the quality of care, its effectiveness and client satisfaction,
- Ensure that the QM program is designed to provide staff with the support needed to deliver the best services possible with measurable outcomes.

Content

Our Quality Management Program is also designed to address quality assurance and program improvement for all programs in the following major areas:

- Compliance with Public Health Services guidelines,
- Compliance with Las Vegas TGA Standards of Care,
- Compliance with HRSA requirements,
- Patient satisfaction,
- Fiscal responsibility,
- Program assessment, and
- Program evaluation.

Special focus will be given to high volume, high risk and problem prone areas as well as regulatory requirements.

SECTION 2: QUALITY OVERSIGHT AND INFRASTRUCTURE

Leadership, Accountability, and Dedicated Resources

It is imperative in our QM program to have dedicated resources, outlined responsibilities and committed time for participation in QM activities.

Therefore, specific roles, responsibilities and dedicated knowledgeable staff have been appointed to coordinate the day-to-day operations of the QM Program.

Additionally 5% of the annual Part A grant in the Las Vegas TGA is assigned to quality management activities.

Participation and leadership are as follows:

Quality Management Coordinator-Ryan White Part A Management Analyst I

Responsibilities include;

- Establishing content of and scheduling meetings,
- Research on best practices,
- Quarterly reports on projects and progress to the grantee, sub-grantee and to the planning council,
- Facilitating consumer involvement on quality improvement and program planning,
- Providing instruction on quality improvement principles,
- Following up on suggestions by consumers to improve the care they are receiving,
- Provide technical assistance to sub-grantee providers on data collection, performance measures and outcomes,
- Oversee data collection efforts,
- Ensure the development, implementation, and evaluation of the quality management plan and annual quality plan,
- Evaluate and guide internal quality procedures,
- Serve as the key contact for quality management related activities and questions,
- Conduct chart reviews on support services,
- Attend trainings and conferences to enhance skills in quality management protocols, and
- Overall management of the quality management program.

Registered Nurse Consultant

Responsibilities include;

- Assisting with the development, implementation, and evaluation of the quality management plan and annual quality plan,
- Coordinate revisions of the HIV/AIDS related nurse protocols,
- Conduct chart reviews for core medical services to ensure adherence activities, and to review clinical performance indicators, and
- Assist with the development and/or revision of medical guidelines, policies, and procedures.

Quality Management C.O.R.E Team

The purpose of the QM C.O.R.E. (Continuous Organizational Review and Evaluation) Team is to provide a mechanism for the objective review, evaluation, and continuing improvement of the quality management system. It is also responsible for guiding the direction of quality improvement projects, forming quality improvement committees when necessary, documenting improvements, results, and guiding the implementation of successful practices TGA wide. The C.O.R.E. Team will also be responsible for guiding the review, revision, and implementation of the Annual Quality Plan.

The QM C.O.R.E. Team will include the following members:

- Ryan White Part A Grantee,
- The Part A Quality Management Coordinator,
- Registered Nurse Consultant,
- Ryan White Part A Data Manager, and
- The Quality Manager of each Ryan White Part A funded agency or their designee.

C.O.R.E. Team membership will be reviewed annually, or more often as necessary, and changes made accordingly.

Program Infrastructure

The Las Vegas TGA Part A Program's quality infrastructure is a two part system housed under the QM Program; 1) the Annual Quality Plan including annual goals and timeline, and 2) the Quality Improvement Program.

Quality Management Program

The QM Program encompasses all systematic and continuous quality processes, including the formal organizational quality infrastructure and quality improvement related activities, consistent with other quality improvement and quality assurance programs with identified leadership, accountability and resources to develop a strategy for using and measuring data to determine progress toward evidence-based benchmarks with a focus on linkages and provider and client expectations using data collection practices to ensure that goals are accomplished and result in improved outcomes.

Annual Quality Plan

The Annual Quality Plan is a written document that outlines how the quality management program will be implemented for that grant year, including a clear indication of responsibilities and accountability, performance measurement strategies, annual quality goals, a timeline for quality activities, data collection strategies, reporting mechanisms, and elaboration of processes for ongoing evaluation and assessment of the program. The C.O.R.E Team will guide the review, revision, and implementation of the annual quality plan, the finalized plan will be approved by the C.O.R.E Team and the grantee. (The annual quality plan for grant year 2010-2011 can be obtained from the QM Coordinator or online at www.LasVegasEMA.org).

Quality Improvement Program

The Quality Improvement (QI) Program involves; 1) taking problems identified within the QM Program activities, 2) pinpointing the cause(s) of those problems, 3) designing activities to overcome these problems, 4) systematizing change and 5) following up to ensure that no new problems have developed and that corrective

actions have been effective with the emphasis on meeting PHS Guidelines and TGA specific Standards of Care.

The QM C.O.R.E. Team is charged with identifying opportunities for improvement and will convene quarterly or more often as necessary to analyze data, processes, and develop improvement plans or appoint a QI Team(s) to do so.

It is vital for QI Teams to include the experts and those affected by the consequences or outcomes, therefore QI Teams will include staff members who are closely associated with the process under study, additional experts in the related field, and members of the C.O.R.E. Team. It is the intent of the QM Program that staff members from the system(s) being assessed work together in teams and are engaged in the quality improvement process when possible. With this method they are more likely to feel ownership in process, generate ideas, and accept changes. Formation of QI Teams can be accomplished by either the C.O.R.E. Team asking additional members to participate with that specific project or by asking a panel of experts to form an ad-hoc QI team. QI Teams aim to identify areas of change, implement pilots to test the change, review data assessing the change, and ultimately make recommendations about improvements. Therefore it is imperative to have those knowledgeable in that field.

Quality improvement methodology will be utilized and may include, but is not limited to, the following:

- **Observational Studies**
 - An investigational method involving description of the associations between interventions and outcomes.

- **Flow Chart Analysis**
 - The purpose of the flowchart is to identify the actual path a process follows and to ultimately have a process that is predictable, consistent, and has minimal waste. By documenting a process in this manner, the team will be able to identify redundancies, inefficiencies, misunderstandings, and waiting loops. The flow chart also allows the team members to gain a better understanding of how a process should be performed.

- **Activity Logs**
 - To ensure accuracy and timeliness, tracking logs and meeting notes should be updated, generated, and distributed immediately after each meeting. This will reinforce the issues discussed; decisions made and inform any team members who were absent. The notes can also serve as a forum to communicate progress to senior leadership and/or the rest of the staff.

- **Cause and Effect Diagrams (Fishbone Analysis)**
 - These diagrams are intended to illustrate the range of causes that lead to a particular outcome. The diagram helps a team visualize how the various components relate to one another and highlights specific conditions that require further attention.

- **Brainstorming**
 - A group creativity technique designed to generate a large number of ideas for the solution of a problem.

Quality improvement activities for implementation may include, but aren't limited to, the following;

- Education (local and state staff, consumers, stakeholders),
- Program guidelines review, revision or development,
- Procedure and policy development changes,
- Form development or revision, and
- System change.

The PDSA (Plan, Do, Study, Act) method will be used to guide QI Teams and quality improvement activities. This method is shorthand for testing a change in the real work setting on a smaller scale before implementing it system wide. The steps include;

- Plan-Plan a change.
- Do-Test or pilot the change for an appropriate interval.
- Study-Observe the results (what worked and what didn't? what should be kept and what should change?)
- Act-Refine the change until it ready for broader implementation.

Figure 2.1 PDSA Cycle

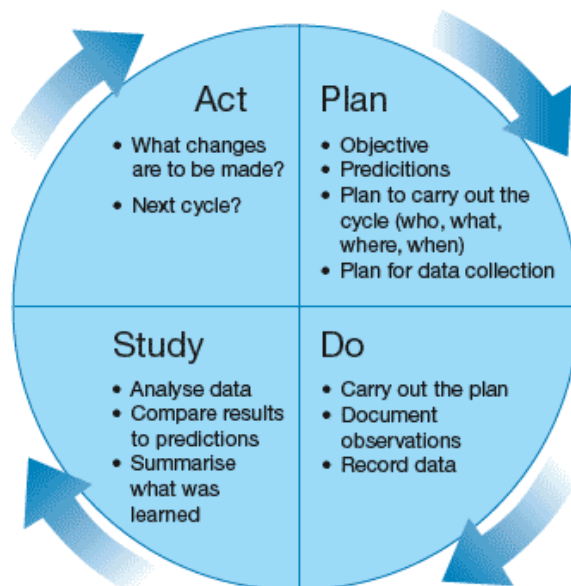
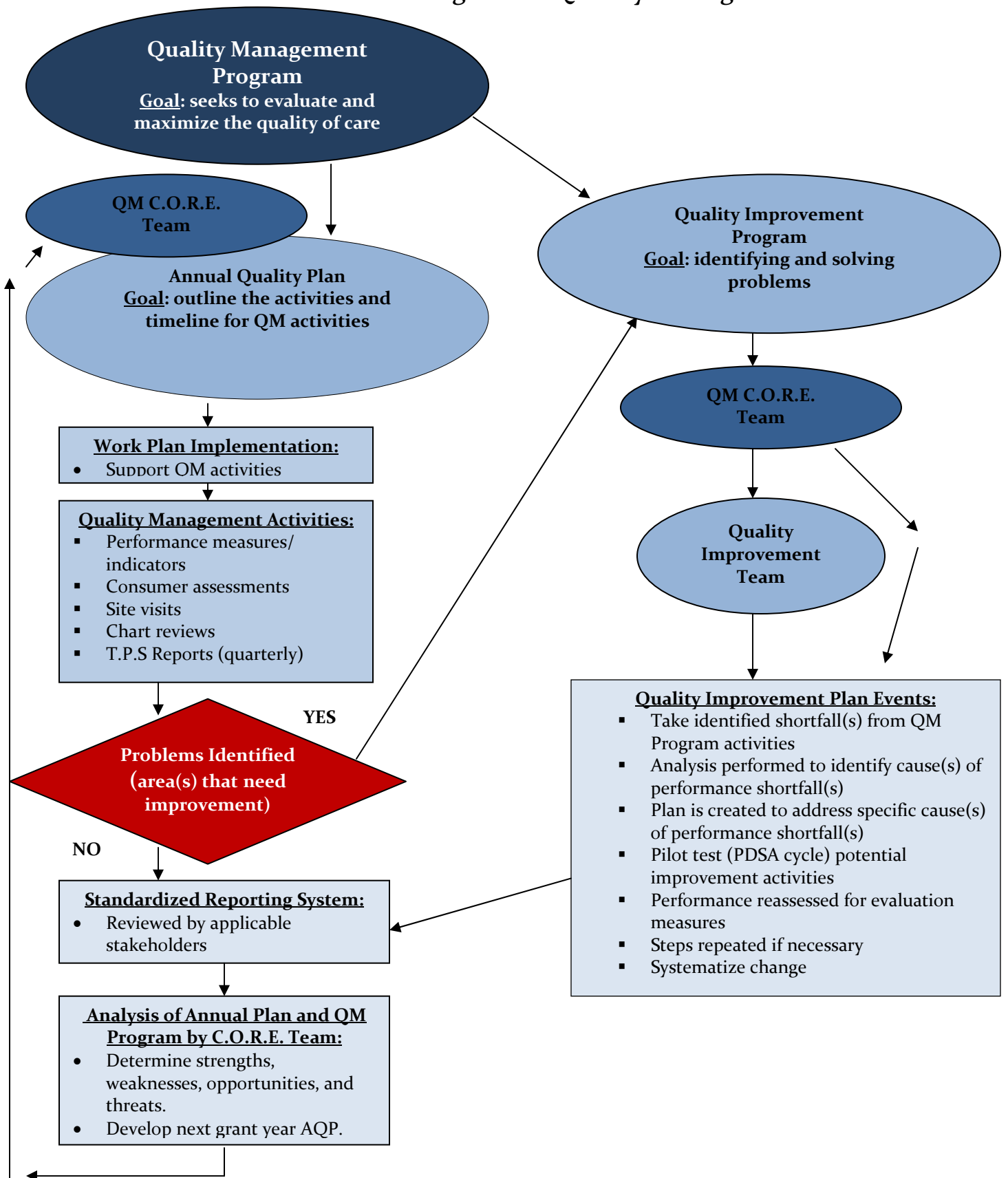


Figure 2.2-Quality Management Workflow Guide



Sustaining Improvements

Regular feedback to all stakeholders regarding improvement projects is critical to its success in sustaining improvements over time. Improvement activity/plan reports will be developed and disseminated, at a minimum of a quarterly basis, to all stakeholders to monitor progress on any domain for improvement. Once an improvement plan has been implemented and successful, a regular monitoring schedule will be implemented to determine whether the plan remains successful over time.

Communication

All quality improvement activities/reports and annual quality management work plans will be made available to all stakeholders in the TGA for review and will be posted on the TGA's website (www.LasVegasEMA.org). Frequent updates regarding QM activities and outcomes will be given to all program staff during department meetings, all providers during quarterly provider meetings and to the Planning Council on a semi-annual basis by the Quality Management Coordinator. The purpose of this communication loop is to encourage quality efforts to reflect in Planning Council priority setting and resource allocation processes and additionally in sub grantee quality improvement projects.

SECTION 3: METHODOLOGY

Quality Management Activities

The Las Vegas TGA Ryan White Part A Program will use a variety of mechanisms to assess and monitor the quality of HIV services provided by Ryan White Part A funding in the Las Vegas TGA, including:

Agency Wide Quality Management Plan Reviews

The Las Vegas TGA requires, as a component of the service contract agreement, that each sub grantee develop and implement an agency-wide quality management plan that includes all of their HIV/AIDS services. Each plan should be developed to ensure culturally relevant, client centered services, a systematic process for monitoring, evaluating, improving and measurement methodology for the following domains:

- Accessibility of care
- Appropriateness of care
- Continuity of care
- Effectiveness of care
- Efficacy of care

The plan must include the following domains:

- Quality Statement
- Quality Improvement Infrastructure
- Quality Plan Implementation
- Performance Measurement

- Annual Quality Goals
- Participation of Stakeholders
- Evaluation
- Capacity Building
- Process to Update the Plan
- Process for Communication of Results

Each quality management plan will be reviewed by the QM staff for completeness prior to the beginning of each grant year. The review process will utilize a Review Checklist of an HIV-Specific Quality Management Plan based on the National Quality Center (NQC) model. Feedback will be given to the sub grantees for areas of improvement and/or correction within a defined time for re-submission. Additionally, QM staff will provide technical assistance in the development and monitoring of a plan, as necessary. (The QM Plan Review Checklist can be found at www.LasVegasEMA.org).

Quality Management Organizational Assessment

A second quality management program/plan review will be conducted as a site visit by the QM staff to assess the progression of the quality plan, quality infrastructure, performance measurement, staff/consumer involvement and quality activities. This review will be conducted six to eight months after the beginning of the grant year. (This review will be conducted utilizing a Organizational Assessment modeled after the NQC model that can be found at www.LasVegasEMA.org).

Consumer Assessments

Periodic consumer assessments will be held to focus on satisfaction with (1) the quality of services, (2) the role of the service in the consumer's overall healthcare, and (3) the accessibility of services. Consumer focus groups, surveys, periodic in-depth interviews, consumer advisory board and suggestion boxes located at provider locations are the methods by which consumer data will be collected.

Chart Reviews

Chart reviews will be conducted at clinical care sites and support service locations to ensure that HIV services meet public health guidelines, standards of care, and evaluate performance measures.

Clinical chart reviews will be conducted by research nurses who have had detailed training in the project and are familiar with standards and processes of HIV outpatient care. Support service chart reviews will be conducted by QM staff. These reviews will use clinic records including progress notes, flow sheets, laboratory reports and other documentation contained within the record to complete the data collection instrument. Other sources of supporting secondary data (i.e. from information system database or billing information) may also be

used to fill in gaps or corroborate chart information if appropriate. Confidentiality agreements will be signed assuring their adherence to complete patient privacy protection. The NQC's HIVQUAL sample size table will be utilized to sufficiently collect an eligible random sample.

Ad-hoc Standards of Care Committees

The Ryan White Part A HIV/AIDS Planning Council of the Las Vegas TGA is entrusted to develop standards of care to guide providers in delivering services. The grantee uses these standards of care in monitoring contractors and in determining service quality, as part of its quality management function. In the Las Vegas TGA developing standards of care is a joint activity where those who provide the services take the lead. To keep the standards of care current the grantee, providers, consumers, and experts on particular service categories will be asked to participate on an ad-hoc committee to update and revise standards. Three standards of care will be chosen to be updated each year with all cycling through the updating process every three to four years. These standards of care must be consistent with current PHS guidelines on HIV/AIDS care and treatment as well as HRSA/HAB standards and performance measures and approved by the Planning Council. (Standards of care that have been updated or those in progress can be found at www.LasVegasEMA.org)

Quarterly CAREWare Performance Measure Reports

Performance measures quantitatively tell us something important about our services, and the processes that deliver them. They are a tool to help us understand, manage, and improve what our organizations do. Performance measures let us know:

- How well we are doing,
- If we are meeting our goals,
- If our customers are satisfied,
- If and where improvements are necessary, and
- If our processes are in statistical control.

The 25 HAB HIV/AIDS Core Clinical Performance Measures for Adults and Adolescents (as well as any additional performance measures) are to be pulled on a quarterly basis by individual provider as well as the TGA as a whole. Performance measures will be pulled from CAREWare quarterly (March 1st, June 1st, September 1st, and December 1st) and reports will be available for providers no later than the end of each month stated. Performance measure reports will also be reviewed by the C.O.R.E. Team quarterly for the development of quality improvement plans/activities and/or the formation of QI teams.

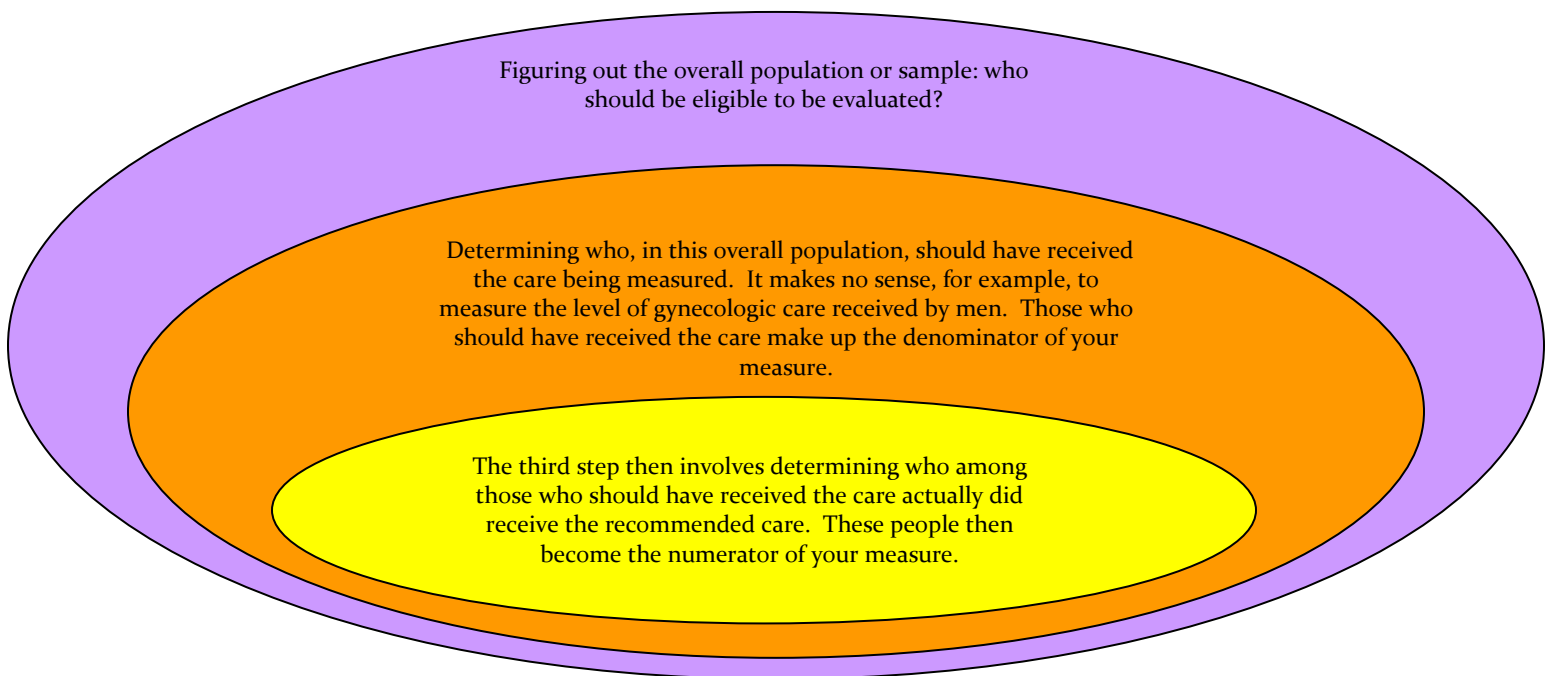
Additional performance measures will be developed for each service category funded in the Las Vegas TGA utilizing the following NQC guidelines:

- Relevance-looking at something that matters to our program,

- Measurability-can we actually measure this aspect of care, given the resources we have?
- Accuracy-How valid is it? Does it really reflect current professional knowledge? Does it build on accepted guidelines for HIV care? If it deals with an aspect of care not yet covered by a guideline, has there been consensus by professionals and peers? And lastly,
- Improvability-the ultimate goal is to improve the quality of care, focusing first on those that will help our TGA's quality of HIV care improve.

The methodology for developing performance measures either initially or on a continuous basis should adhere to the following NQC Model.

Figure 3.1-Performance Measure Development Model



(All HAB HIV/AIDS Core Clinical Performance Measures as well as TGA specific Performance Measures can be seen in detail online at www.LasVegasEMA.org).

Work Plan and Timeline

The Quality Management Plan includes a living work plan that is updated on an as needed basis and reviewed and revitalized annually by the C.O.R.E. Team, prior to implementation at the beginning of the Grant Year. A detailed work plan and timeline for Grant Year 2010-2011 can be seen in the Annual Quality Plan at www.LasVegasEMA.org).

Capacity Building

Dedicated QM Staff will attend the National Quality Center's (NQC) Training of Quality Leaders Program in January of 2010 as well as the Training of Trainers in June of 2010. QM staff will participate in all HRSA related quality projects, trainings, and calls and also continue to participate in the following;

- Monthly NQC web-conference calls on best practices and program development,
- NQC quality link which is an online peer learning forum where quality topics can be discussed and shared through a network of quality managers,
- NQC podcasts on quality improvement activities when they become available, and
- NQC's Quality Academy an internet-based modular learning program on quality improvement.

NQC Projectspace, an online password protected forum, will be utilized for the C.O.R.E Team and quality improvement teams to store, share and update tools and materials as necessary.

QM staff is responsible for providing or coordinating technical assistance training(s) for Ryan White Part A sub grantees and/or providing related materials. Additional training needs will be assessed through monitoring of local QM plans/programs, sub grantee requests, and training evaluations and/or needs assessments.

SECTION 4: EVALUATION

Annual Evaluation

The Las Vegas TGA's QM Program will be evaluated annually to assess quality infrastructure and activities to ensure that the quality program is in line with its overall purpose and goals. It will also be evaluated utilizing the Quality Plan Review Checklist utilized to evaluate sub-grantees quality plans. Based on evaluative results the QM C.O.R.E Team will refine strategies for improvement and implementation for the follow year.

Ongoing Development and Process for Updating

The Las Vegas TGA's QM Program is a systematic ongoing process of planning, measuring, monitoring, evaluating, and improving the degree to which administrative, financial, operational, clinical and professional practices are performed. Our QM program is centered around seven specific components which have been developed as a focus throughout the year, which are; plan, design, refine, assess, improve, communicate, and collaborate. These components are our guide for successful yearly implementation of a continuously improving and developing QM program in our TGA that assists us in effectively attaining and achieving our goals on an annual and continuous basis.

- **Plan**
 - Outline a plan that incorporates baseline data from external and internal sources, input from leadership, staff and patients, and includes clinical, operational and programmatic aspects.
- **Design**
 - Emphasize design needs associated with new and existing services, patient care delivery, work flows and support systems which maximize results and satisfaction on the part of the patients, physicians, and staff.
- **Refine**
 - Evolve and refine measurement systems for identifying trends by regularly collecting and recording data and observations relating to the provision of patient care across the continuum.
- **Assessment**
 - Employ assessment procedures to determine efficacy and appropriateness to judge how well services are delivered and whether opportunities for improvement exist.
- **Improvement**
 - Focus on improving all dimensions of quality by implementing data driven, project teams and encouraging participatory problem solving.
- **Communication**
 - Promote communication and information exchange across all Ryan White Parts in the region/state with regard to findings, analyses, conclusions, recommendations, actions and evaluations pertaining to performance improvement.
- **Collaborate**
 - Strive to establish collaborative relationships with diverse stakeholders and community agencies for collectively promoting the general health and welfare of the community served.

The Las Vegas TGA QM program will be reviewed annually and updated as necessary by the QM staff in collaboration with the C.O.R.E Team, grantee, sub-grantees, and QI teams. The Annual Quality Plan will be reviewed and updated each January prior to the beginning of the new grant year.