



**Ryan White Program Part B
Quality Management Plan
April 2008-March 2009**

Georgia Department of Human Resources
Division of Public Health
Office of Essential Preventive Clinical Services
HIV Unit

Revised December 2008

Introduction

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 requires clinical quality management (QM) programs as a condition of grant awards. The QM expectations for Ryan White Program Part B grantees include: 1) Assist direct service medical providers funded through the CARE Act in assuring that funded services adhere to established HIV clinical practice standards and Public Health Services Guidelines to the extent possible; 2) Ensure that strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care; and 3) Ensure that available demographic, clinical and health care utilization information is used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic.

The Georgia Ryan White Program Part B QM Plan is outlined in this document. This document is considered a "living" document and GA will continue to develop and expand the Ryan White Program Part B Clinical QM program and plan. This QM Plan is effective April 1, 2008 to March 31, 2009. A timeline for annual implementation, revision, and evaluation of the Plan is located in Appendix B of this document. If you have any questions concerning this plan, please contact Rosemary Donnelly at (404) 463-0415, Michael (Mac) Coker at (404) 463-0387 or Pamela Phillips at (404) 463-0390.

Georgia Ryan White Program Part B Clinical Quality Management Plan

I. Quality Statement

A. Mission Statement

The mission of the Ryan White (RW) Program Part B Clinical Quality Management (QM) Program is to ensure the highest quality of medical care and supportive services for people living with HIV/AIDS in Georgia.

B. Purpose

The purpose of the QM Program is to meet the clinical quality management expectations of Ryan White HIV/AIDS Treatment Modernization Act of 2006:

- ▶ Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections
- ▶ Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services

C. AIM Statement

The ultimate AIM is to ensure a seamless system of comprehensive HIV Services that provides a continuum of care and eliminates health disparities across jurisdictions for people living with HIV/AIDS in Georgia. This will be accomplished by:

- ▶ Developing and implementing a statewide quality management plan
- ▶ Improving access to ADAP and HICP services by improving the application and recertification processing
- ▶ Improving alignment across health districts by monitoring core performance measures across Ryan White Program Part B sub-recipients
- ▶ Improving alignment across services through standardization of case management
- ▶ Improving alignment across Ryan White Programs by expanding across Programs quality related collaboration

D. 2008 Goals and Objectives

- ▶ **Goal 1: Implement the statewide Ryan White Part B quality management plan.** Objectives include:
 - Monitor statewide outcome measures (check with Epi and NQC).
 - Provide at least 3 quality improvement/management training courses to at least 40 persons by March 31, 2009.
 - Assure quality improvement projects occur at state and local levels by conducting regular State Office CQI committee meetings and monitoring local CQI activities through reports and technical assistance.
 - Communicate findings to key stakeholders at least biannually.
 - Update the QM plan at least annually and the QM workplan at least quarterly.
 - Require that all Ryan White Part B funded-sites revise written QM plans by July 31, 2008, and submit quarterly QM progress reports.

- ▶ **Goal 2: Improve efficiency of the Georgia AIDS Drug Assistance Program (ADAP).** Objectives include:
 - Increase the percentage of Georgia ADAP clients recertified for ADAP eligibility criteria at least annually to 95% or greater.
 - Increase the percentage of newly applying Georgia ADAP clients approved or denied for ADAP services within 2 weeks of ADAP receiving a complete application to 95% or greater.
 - Increase the percentage of correctly completed new ADAP applications submitted to ADAP to 95% or greater.

- ▶ **Goal 3: Improve efficiency of the Georgia Healthcare Insurance Continuation Program (HICP).** Objectives include:
 - Increase the percentage of active HICP clients recertifying before their 6 month due date to prevent delays in payment of health insurance premiums to 95% or greater.
 - Increase the percentage of correctly completed new HICP applications submitted to HICP to 95% or greater.

- ▶ **Goal 4: Improve the quality of health care and supportive services.** Objectives include:
 - Monitor key clinical performance measures in all 16 Part B funded sites at least annually.
 - Implement Part B case management standards statewide.
 - Assess adherence activities, procedures, and policies by Dec. 2008.
 - Expand across Ryan White Programs (Parts A, B, C, and D) quality related collaboration.
 - Screen HIV-infected clients for mental health and substance abuse initially and at least annually.

- Explore the current state of care for managing HIV-infected pregnant women in GA.

E. Quality Management Workplan

- ▶ The QM plan includes a “living” workplan that is updated at least quarterly.
- ▶ The workplan specifies objectives and strategies for QM plan goals.

(See Appendix A)

F. Quality Management Plan Timeline

- ▶ The QM plan includes a timeline to ensure annual revision of the QM plan.
- ▶ The timeline incorporates development, implementation, and revision of the plan based on the Ryan White Program Part B grant year.
- ▶ The timeline includes quarterly QM Core Team meetings and progress reports.

(See Appendix B)

II. Organizational Infrastructure

A. Leadership and Accountability

1. Georgia Department of Human Resources

The State of Georgia through the Department of Human Resources (DHR) is the recipient of the Ryan White Program Part B grant. The Department of Human Resources administers the grant through the Division of Public Health (DPH). Within the DPH, the HIV Care Manager, serves as the RW Ryan White Program Part B Grant Director. The Grant Program Director is responsible for ensuring administration of the grant including the development and implementation of the quality management (QM) plan.

2. HIV Unit

The DPH, Office of Essential Preventive Clinical Services, HIV Unit provides oversight and management of the Ryan White Program Part B grant. The HIV Unit monitors all Ryan White Program Part B funds and sub-recipients to ensure that Ryan White Program Part B funds are the payer of last resort. The HIV Unit leadership is dedicated to the quality improvement process and guides the quality management plan.

- The HIV Unit Director is responsible for HIV Unit leadership and coordination of HIV care and prevention activities.
- The HIV Care Program Manager is responsible for grant oversight and management including ensuring the development and implementation of the QM plan, including systems-level Continuous Quality Improvement (CQI) projects.
- The HIV Care District Liaisons closely monitor the programmatic and fiscal requirements of all contracts and Grant-in-Aid awards including quality management requirements. They will ensure QM/QI findings/reports are shared at Consortia meetings. They will participate on the QM Core Team and State Office CQI Committee. They will also participate in systems-level CQI projects.
- RW Ryan White Program Part B QM staff members:
 - A Nurse Consultant is functioning as the director of QM. Duties include:
 - Functioning as the key contact and team leader for quality management
 - Coordinating the day-to-day QM Program operations
 - Supervising QM staff members
 - Recruiting QM Team members
 - Coordinating QM Team meetings
 - Facilitating the Performance Measures Subcommittee
 - Coordinating Internal State Office CQI Committee
 - Ensuring development, implementation, and evaluation, of the QM plan and workplan
 - Ensuring revision of the QM plan at least annually, and the workplan at least quarterly
 - Completing and submitting required reports related to QM
 - Ensuring QM/QI and other HIV-related training is available
 - Providing technical assistance to the RW Ryan White Program Part B sub-recipients in the development of local QM plans and nursing/clinical services
 - Conducting site visits to review QM plans and activities, and/or to review clinical performance indicators
 - Participating on the DPH Nursing QA/QI Team
 - Participating on the across GA Ryan White Programs committees as indicated
 - Attending the Metro Atlanta EMA Planning Council Quality Management Committee meetings
 - Coordinating revision of the HIV/AIDS-related nurse protocols
 - Developing and revising HIV-related medical guidelines, bloodborne pathogen occupational exposure guidelines, and other guidelines/policies as indicated
 - The QM Coordinator's primary responsibilities include:

- Assisting with coordination of day-to-day operations of the QM Program:
 - ◆ planning meetings and/or conference calls
 - ◆ communicating with the Core Team and subcommittees
 - ◆ completing reports and other assignments
 - ◆ facilitating the Case Management Subcommittee
 - ◆ participating in the State Office CQI Committee
- Ensuring the development, implementation, and evaluation of statewide case management standards and tools
- Ensuring QM/QI and case management training is available
- Assisting with the revision of the QM plan and workplan
- Providing technical assistance to the RW Program Part B sub-recipients in the development of local QM plans and activities
- Conducting site visits to review QM plans and activities, and/or to review case management services
- Participating in across GA Ryan White Programs committees as indicated
- Attending the Metro Atlanta EMA Planning Council Quality Management Committee meetings
- HIV Medical Advisor responsibilities include:
 - Participating on the QM Core Team and the Performance Measures Subcommittee
 - Providing medical expertise and technical assistance to the HIV Unit, ADAP, Ryan White Program Part B sub-recipients and others
 - Chairing the HIV Medical Advisory Committee
 - Conducting site visits to review clinical performance measures, and management and utilization of antiretroviral therapy
 - Annually revising and approving the HIV/AIDS-related nurse protocols
 - Providing training to HIV providers and others as indicated
 - Mentoring physicians inexperienced in HIV care
 - Assisting with QM related reports and assignments
 - Assisting with development and/or revisions of medical guidelines, policies, and/or procedures.
- Nurse Consultant responsibilities include:
 - Assisting with coordination of day-to-day operations of the QM Program:
 - ◆ planning meetings and/or conference calls
 - ◆ communicating with the Core Team and subcommittees
 - ◆ completing reports and other assignments
 - ◆ participating in the State Office CQI Committee
 - Participating on the QM Core Team

- Providing technical assistance to the RW Ryan White Program Part B sub-recipients in the development of local QM plans and activities
- Conducting site visits to review QM plans and activities, adherence activities, or clinical performance indicators
- Assisting with development and/or revisions of nurse protocols, medical guidelines, policies, and/or procedures.
- Attending the Metro Atlanta EMA Planning Council Quality Management Committee meetings
- Participating in across GA Ryan White Programs quality related activities
- Part-time QM Staff Person
 - Responsible for preparing reports and accounting information for the grantor.
- A member of the Essential Clinical Services Team, Evaluation & Reporting Section, Office of Epidemiology, Evaluation & Health Information (formally the HIV Data Team) is responsible for maintaining the CAREWare database, and submitting monthly ADAP performance measures data reports on the Extranet.
- The AIDS Drug Assistance Program (ADAP)/Healthcare Insurance Continuation Program (HICP) Coordinator is responsible for the ADAP/HICP QM plan including QI projects and performance measures. She will participate in the State Office CQI Committee.
- All Ryan White Program Part B programmatic staff members are responsible for participating in the QM plan as needed.

3. Other DPH Sections

HIV/AIDS Epidemiology

A member of the HIV/AIDS Epidemiology Unit lead the Collaborative outcomes measures work plan and was responsible for reporting the quarterly outcome measures. She continues to participate in the QM Core Team. However, these outcome measures are currently not monitored.

The HIV Unit continues to work closely with HIV/AIDS Epidemiology Unit to utilize HIV and AIDS case reporting data for planning and quality improvement opportunities.

4. Ryan White Program Part B Sub-Recipients/Consortia

- Ryan White Program Part B sub-recipients/Consortia are responsible for ensuring quality management components of the Grant-in-Aid agreements are met.
- The FY 2009 Grant-In-Aid deliverables include the following QM language:

- Ensure that the medical management of HIV infection is in accordance with the U.S. Department of Health and Human Services (DHHS) HIV-related guidelines including:
 - Antiretroviral treatment
 - Maternal-child transmission
 - Post-exposure prophylaxis
 - Management of tuberculosis and opportunistic infections
 - HIV counseling and testing
- Ensure compliance with the HIV Section manual, Medical Guidelines for the Care of HIV-Infected Adults and Adolescents, current edition.
- Ensure that registered nurses (RN) and nurse practitioners (NP) practice under current HIV/AIDS-related nurse protocols. The recommended protocols include:
 - Division of Public Health, Nurse Protocols for Registered Professional Nurses in Public Health, Section 12. HIV/AIDS-related, and;
 - AIDS Education and Training Centers National Resource Center, The Clinical Manual for the Management of the HIV-Infected Adult
- Ensure that all Medical Doctors, Pharmacists, and all other licensed medical professionals possess current licensure and/or certification. Ensure that all Medical Doctors are practicing under current HIV/AIDS-related protocols and are practicing under the current laws of the State of Georgia. If there is any lapse in licensure and/or the occurrence of suspension that deems a medical professional unable to practice medicine under current laws, the HIV Section's District Liaison is to immediately be notified.
- Develop and implement a quality management (QM) program according to HRSA, HAB expectations for Ryan White grantees. Include the following:
 - A written QM plan.
 - A leader and team to oversee the QM program.
 - Organizational goals, objectives, and priorities.
 - Performance measures and mechanisms to collect data.
 - Project-specific continuous quality improvement plan (CQI).
 - Communication of results to all levels of the organization, including consumers when appropriate.
- Participate in the statewide Part B QM Program.
- Monitor performance measures as determined by the QM Core Team/PM Subcommittee.
- Participate in HIV clinical chart reviews by HIV Section Medical Advisor and Nurse Consultants.
- Provide QM plan, reports, and other information related to the local QM program as requested by the HIV Section District

Liaison and/or State Office QM staff. Allow the HIV Section District Liaison and/or State Office QM staff access to all QM information and documentation.

- Participate in the implementation of statewide case management standards.
- Ensure that all case managers enrolling clients into case management use the statewide standardized intake form or an equivalent.

B. Quality Management Committee(s)

1. Quality Management Core Team

a. Purpose

- To provide oversight and facilitation of the Georgia RW Ryan White Program Part B QM Plan
- To provide a mechanism for the objective review, evaluation, and continuing improvement of HIV care and support services.

b. Membership

- The Core Team membership will be reviewed annually and changes made accordingly.
- Membership by consumers and Ryan White Program Part B sub-recipients will be on a voluntary basis.
- Persons interested in volunteering will submit requests to the HIV Unit or Core Team.

● Composition

The Core Team will include the following members:

- The HIV Care Manager
- The Ryan White Program Part B Program Planner
- RW Ryan White Program Part B QM staff
- HIV Care District Liaison(s)
- ADAP/ICP Coordinator
- Representative from HIV/AIDS Surveillance
- Member of Essential Clinical Services Team, Evaluation & Reporting Section
- Consumer(s)
- Ryan White Program Part B sub-recipient (District HIV Coordinator)
- Representatives from RW Programs Parts A, C, and D
- Medicaid representative (if available)

(See Appendix C. for 2008 Core Team Members)

c. Communication

- The Core Team will meet at least once quarterly.
- Conference calls and electronic communication will be ongoing.

- The Core Team will share QM/QI findings/reports within DPH; with the HIV Unit, Ryan White Program Part B sub-recipients/consortia, and others.
- District Liaisons will ensure QM/QI findings/reports are shared at Consortia meetings.

d. Responsibilities

- A Nurse Consultant will serve as the key contact and team leader for quality management.
- A member of the QM staff will attend the Metro Atlanta EMA Planning Council Quality Management Committee meetings.
- The Core Team is responsible for guiding the overall QM program including determining priorities, setting goals, creating/revising the workplan (see Appendix A.), preparing reports, and evaluating the program and plan.
- The Team will:
 - Determine the need for subcommittees and guide the subcommittee's work plan.
 - Actively participate in meetings, conference calls, and other activities as needed.
 - Determine performance measures, and identify indicators to assess and improve performance.
 - Share findings with the HIV Unit, Ryan White Program Part B sub-recipients/Consortia, leadership within DPH, and others.
 - Review and update the QM plan annually.
 - Make recommendations to the HIV Unit for appropriate education related to QI topics.
 - Conduct evaluation activities.

2. Subcommittees

Subcommittees will be created by the Core Team as needed. Since December 2005, there are two subcommittees:

a. Performance Measures Subcommittee

- Goal: Monitor key clinical performance measures in Ryan White Part B-funded sites at least annually
- Membership: .Members of subcommittees are selected to represent across RW Programs, and geographic areas of the state (e.g., urban and rural). See Appendix C. for 2008 membership list.
- Responsibilities:
 - Comply with the Core Team's overall goals and workplan.
 - Actively communicate with the Core Team.
 - Select a chairperson and secretary.

- Submit meeting minutes in predetermined format.
 - Select performance indicators and assist with statewide data collection
 - Monitor performance measures reports
- b. Case Management Subcommittee
- Goal: Implement case management standards statewide
 - Membership: Members of subcommittees are selected to represent across RW Programs, and other case management agencies providing services to people with HIV (See Appendix C. for 2008 members).
 - Responsibilities:
 - Comply with the Core Team's overall goals and workplan.
 - Actively communicate with the Core Team.
 - Select chairperson and secretary.
 - Submit meeting minutes in predetermined format.
 - Develop standardized initial CM intake form.
 - Develop Ryan White Program Part B CM standards that are compatible with other CM standards utilized by CM providing HIV services in GA.

3. State Office CQI Committee

- a. Purpose
- Plan, implement, and evaluate CQI projects to improve HIV care systems
 - Met HRSA expectations regarding statewide improvement projects
- b. Members
- State Office HIV Care team members will participate on this Committee including: the QM staff, HIV Care Manager, Part B Planner, ADAP/HICP Coordinator, ADAP and HICP Associates, and District Liaisons.
- c. Responsibilities
- The Committee will:
- Meet at least quarterly
 - Identify areas for improvement projects
 - Conduct and evaluate improvement projects
 - Document improvement projects and results
 - Utilize PDSA (Plan, Do, Study, Act) cycles for small tests of change and document results (within CQI project or separately)
 - Report back to committee during meetings and sooner if needed
 - Systematize changes if appropriate

4. Local Consortium QM Committee

Each consortium will convene and maintain a local HIV-specific QM committee. This committee should contain representation of key stakeholders including, an identified committee chair, a medical provider, nurse, case manager, clerk, consumer, and other relevant persons. Local QM committees should meet at least quarterly and guide HIV care related QM activities. The local QM committee should develop, implement, and evaluate the local QM plan.

C. Resources

- ▶ The QM plan is supported by the RW Ryan White Program Part B grant including funds and personnel
- ▶ The National Quality Center (NQC) of the New York State Department of Health - technical assistance, training, and QI resources
- ▶ The Metro Atlanta EMA Ryan White Part A Quality Management Committee
- ▶ The Southeast AIDS Education and Training Center
- ▶ HIV/AIDS Epidemiology Unit
- ▶ Providers from Ryan White Programs Part C and D
- ▶ Other DPH personnel as needed
- ▶ Local Consortia

D. Performance Measurement System

The following outlines the processes for ongoing evaluation and assessment.

- ▶ The Core Team will determine quality projects and guide the process.
- ▶ Data will be used to identify gaps in care and service delivery.
- ▶ The details for state level QI activities will be described in the QM workplan (see Appendix A) and/or outlined on the CQI grid.
- ▶ All project findings will be prepared by the Core Team, and shared with Ryan White Program Part B sub-recipients, HIV Unit, and within the DPH.
- ▶ Evaluation of QI projects will be ongoing. The work plan will be updated at least quarterly.
- ▶ CAREWare 4.1 database will be utilized whenever possible to collect data for statewide performance measures.
- ▶ Ryan White Program Part B sub-recipients will monitor selected performance measures and report to the HIV Unit. The Core Team will review measures and compile reports.
- ▶ Ryan White Program Part B sub-recipients will be monitored by the District Liaisons for compliance with the Grant-In-Aid award deliverables. (See Appendix D. Monitoring Table)

- ▶ HIV Nurse Consultants and the HIV Medical Advisor reviewed HIV clinical charts in all Part B funded agencies for specific clinical performance measures (See Appendix D. Monitoring Table). Findings are summarized and reported back to each site with a request for improvement plan based on findings. A summary report of all reviews is currently in development.
- ▶ The Core Team will annually assess the QM Program for effectiveness.

E. Coordination with Other Statewide QI/QA Activities

1. Coordination across Ryan White Programs

- The Ryan White Program Part B QM Plan will focus on collaboration of quality activities across all Ryan White Programs in Georgia.
- The Ryan White Program Part B QM Plan involves participation of members from Ryan White Parts A, C, and D. The Core Team and Subcommittees has members from Parts A, C, and D.
- A QM staff person will attend the Metro Atlanta EMA QM Committee meetings. The Core Team will collaborate across RW Programs on QM activities, when possible.
- Core Team members are collaborating to complete Georgia Ryan White Program client satisfaction surveys across the state.

2. Coordination within DPH

- The HIV Nurse Consultants participate on the DPH Nursing QA/QI Team lead by the Nursing Section.
- The Core Team includes a member of the HIV/AIDS Epidemiology Unit.
- The Core Team will collaborate with other sections within DPH as indicated. Quality findings will be shared with the related section.

3. Coordination with ADAP/HICP

- The overall Ryan White Program Part B QM plan will include the ADAP/HICP QM plan.
- The ADAP/HICP Coordinator is a member of the Core Team.

4. Feedback from Key Stakeholders

- The Core Team will communicate findings and solicit feedback from both internal and external key stakeholders on an ongoing basis. Presentations will be made during Ryan White Program Part B

Coordinators meetings, Consortia meetings, RW Programs meetings, and others as identified.

- Written reports will be shared with key stakeholders.
- Stakeholders will be given the opportunity to provide feedback to reports and to prioritize quality activities.
- “To improve the quality of health care and health outcomes” is a goal in the 2006-09 Statewide HIV Comprehensive Plan. This plan was developed based on the 2006 Statewide Coordinated Statement of Need, which included input from key stakeholders and consumers throughout Georgia and across Ryan White Programs.

III. Implementation

A detailed QM workplan is included as Appendix A. The workplan will be revised at least quarterly by members of the Core Team. The work plan will include goals, objectives, strategies, assignments, timeline, and progress for performance goals and outcome measures.

A. Data Collection

1. Data Collection Strategies

- Essential Clinical Services Team of the Evaluation & Reporting Section, HIV/AIDS Epidemiology Unit, and others will assist with data collection strategies.
- Data Sources include the following:
 - Access database for ADAP applications
 - CAREWare 4.1
 - Enhanced HIV/AIDS Reporting System (eHARS)
 - Vital Records
 - Clinical Indicators Chart Review Tool via Scantron® Class Climate system
 - Programmatic monitoring tools as well as reports from sub-recipients
 - Pharmacy Benefits Manager database (DataRX)
 - Client satisfaction surveys
 - Case management review tools
- Data collection will be implemented utilizing appropriate sampling methodology.

2. Reporting Mechanisms

- Ryan White Program Part B sub-recipients will be required to report data on key performance indicators.
- The Core Team will review and compile findings.

- District Liaisons and/or Ryan White Program Part B QM staff will review sub-recipient QM plans and reports for effectiveness and accuracy.
- Findings will be shared with HIV providers, Ryan White Program Part B sub-recipients, Consortia, the HIV Section, the DPH leadership, and others.
- A data feedback mechanism will be established including a process to evaluate, assess, and follow up on HIV quality findings. The Core Team will be responsible for establishing this mechanism/process. The Ryan White Program Part B QM staff will be responsible for oversight and ensuring implementation.
- Findings will be used to guide CQI activities.

3. Performance Measurement

The Performance Measurement Subcommittee will identify key clinical and non-clinical performance indicators to measure statewide.

- HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Groups 1 and 2 will be incorporated into the performance measurement process. Other HAB performance measures will be incorporated as finalized.
- There are three clinical performance measures included in the Part B District QM Quarterly Report. Districts began reporting on these measures in the 3rd quarter CY 2007 and continue to date.
 - Percent of HIV-infected new clients with an AIDS diagnosis admitted during this reporting period
 - Percent of HIV-infected clients with AIDS who were prescribed HAART
 - Percent of HIV-infected clients on HAART with HIV viral loads < 75 copies/mL
- The HIV Nurse Consultants and Medical Advisor reviewed Ryan White Part B HIV clinical charts for key clinical performance measures.
- Performance measures for case management will be incorporated into the plan after implementation of the Case Management Standards and approval of the HAB CM performance measures.
- District Liaisons monitor non-clinical indicators at least annually (See Appendix D. Monitoring Table).

B. Quality Improvement Projects

- ▶ The Core Team or the State Office CQI Committee will select and prioritize statewide or system QI projects.
- ▶ The Team will utilize data to guide project selection.
- ▶ CQI Methodology will be utilized and will include the following:

- The Model for Improvement (PDSA [Plan/Do/Study/Act] Cycles). See Appendix E.
- Flow chart analysis
- Cause and effect diagrams
- Brainstorming
- Observational studies/patient flow
- Activity logs
- ▶ *The Testing Change (PDSA) Worksheet* will be utilized to document tests of change during QI projects (See Appendix E).
- ▶ Improvement projects will be documented in the QM workplan.
- ▶ Sub-recipient QM plans will include CQI projects.

C. Capacity Building

- ▶ Three members of the Ryan White Program Part B QM staff attended the National Quality Center's (NQC) Training of Trainers on Quality. They will be responsible for providing or coordinating technical assistance/training for Ryan White Program Part B sub-recipients. NQC training materials and resources will be utilized as much as possible.
- ▶ QM technical assistance/training needs will be assessed through requests in Consortia applications, monitoring of local QM plans/programs, and through training evaluations and/or needs assessments.

IV. Evaluation

A. Self-Assessment

- ▶ The Core Team will complete the *HAB/NQC Collaborative Ryan White Program Part B QM Assessment Tool* at least annually.
- ▶ The QM plan will be assessed using the *Checklist for the Review of an HIV-Specific Quality Management Plan*, assessment tool developed by the NQC.
- ▶ The Core Team will complete an annual assessment and subsequent revision of the QM plan.
- ▶ The Core Team will evaluate the QM Program on an annual basis including rating the completeness of strategies.

B. Evaluation of Local QM Plans

- ▶ QM staff members will review local QM plans including QI activities and progress on case management standards and performance indicators. They will provide written feedback regarding each plan.

C. External Evaluation

- ▶ QM plans and progress will be reported to HRSA during Part B grant applications and progress reports. HRSA will provide external feedback regarding the GA Part B QM Program.

D. DPH Evaluation

- ▶ At least annually, findings will be reported to leadership within DPH.
- ▶ A revised QM plan will be submitted to HIV Unit leadership for approval on an annual basis.

Appendix A. Quality Management Workplan

**WORKPLAN: GA Ryan White Program Part B QM Plan
July-Sept. 2008**

Goal 1: Implement the statewide RW Program Part B quality management plan

| Objectives | Strategies | Lead | Staff/ Resources | Deadline | Progress notes |
|---|--|-------------------------------|---|-------------------------------|--|
| 1-1 Monitor statewide outcome measures. | 1-1.a. Generate reports for mortality, progression to AIDS, and perinatal HIV transmission. 1-1.b. Share reports with QM Core Team. | Deanna, and Rosemary | QM Core Team HIV/AIDS Surveillance | 1-1.b. 9/25/08 | Deanna provided district/county and racial breakdown of mortality rates. She provided cumulative perinatal HIV/AIDS cases by health district. She hasn't generated a report for the progression to AIDS measure. |
| 1-2 Provide at least 3 quality improvement/management training courses to at least 40 persons by March 31, 2009 | 1-2.a. Identify topics, dates, and locations for next training(s) 1-2.b. Plan and implement at least one quality training course per quarter | Rosemary, Mac, and Pam | Part A Carla Johnson | Ongoing | Face-to-face training on hold due to travel restrictions. Plan to conduct training needs assessment. |
| 1-3 Assure quality improvement projects occur at the state and local levels | 1-3.a. Hold quarterly internal CQI committee meetings 1-3.b. Utilize the PDSA cycle and documentation to record activities 1-3.c. Review local CQI projects and provide technical assistance (TA) as needed 1-3.d. Meet with local QM committees as needed 1-3.e. Monitor local quarterly QM reports for CQI and best practices. 1-3.f. Review Dec. 07 Consortium applications QM sections. | Rosemary, Mac, and Pam | Internal CQI Committee NQC training materials and assessment tools Local Committees | Ongoing | Scheduled internal CQI meeting dates for this grant year (Sept. 9, Dec. 2, 08 and March 3, 09). Sept. 9 meeting cancelled and not rescheduled at this time. HICP data gathered from AID Atlanta, AIDGwinnett, and Emory. Met with TB nurse consultant to discuss improvements with communication between the two programs. |
| 1-4 Communicate findings to key stakeholders at least biannually | 1-4.a. Present at Coordinators or other RW meetings 1-4.b. Share progress reports, specifically share workplans with progress notes completed. | Rosemary, Mac, and Pam | QM Core Team | Ongoing | Email to HIV Coordinators in July 08 with summary of district quarterly reports. |
| 1-5 Update the QM plan at least annually and the QM workplan at least quarterly. | 1-5.a. Complete revision of 2008 QM update and send to QM Core Team 1-5.b. Revise workplan quarterly 1-5.c. Obtain HIV Section Director approval of the QM plan at least annually. 1-5.d. Send QM plan to PH Clinical and Nursing Coordinators and HIV Coordinators | Rosemary, Mac, Pam, and Libby | QM Core Team | Ongoing 1-5.d. Oct. 31, 08 | Part B QM plan is a "living" document. Last revised June 2008. Workplan revised quarterly. Plan to send out updated Plan with updated workplan. |
| 1-6 Require that all 16 | 1-6.a. Review 2007 Consortium applications | Rosemary, | District HIV | Ongoing | QM Qtr. Reports are due April 20, |

| | | | | | |
|---|---|---------------------|--|--|---|
| <p>RW Part B-funded Health Districts revise written QM plans by July 31, 2008</p> | <p>for QM 1-6.b. Continue to obtain quarterly QM reports from the Part-B funded health districts 1-6.c. Develop summary report of quarterly performance measures and share with HIV Coordinators. 1-6.d. Incorporate quarterly report in other Part B reports and include in the 2008 GIA Annex. 1-6.e. Obtain revised QM plans from each Part-B funded health district by July 31, 08 1-6.f. Review local QM plans and provide feedback</p> | <p>Mac, and Pam</p> | <p>Coordinators and Local QM Committees QM Core Team</p> | | <p>July 20, Oct. 20, and Jan. 20. July 2008 quarterly reports improved and received from all. Will email to HIV coordinators. Quarterly report is now part of the GIA Annex. Received all but one local QM plan. Will review and provide feedback.</p> |
|---|---|---------------------|--|--|---|

**WORKPLAN: GA Ryan White Program Part B QM Plan
July- September 2008**

Goal 2: Improve efficiency of the Georgia AIDS Drug Assistance Program (ADAP).

| Objectives | Strategies | Lead | Staff/ Resources | Deadline | Progress notes |
|---|---|---|---|--|---|
| 2-1 Increase the percentage of GA ADAP clients recertified for ADAP eligibility criteria at least annually to 95% or greater. | 2.-1.a. Generate monthly reports to monitor this objective. 2-1.b Utilize monthly report to communicate with district and agency staff regarding clients' recertification status. Process is monitored. | Libby, Chondra, Cotina Suzette | District and agency staff. ADAP staff. | 2-1 Ongoing – by the 5 th of each month. | Reports continue to be produced for monitoring recertifications for active clients. |
| 2-2 Increase the percentage of newly applying GA ADAP clients approved or denied for ADAP services within 2 weeks of ADAP receiving a complete application to 95% or greater. | 2-2.a. Provide technical assistance on ADAP applications and backup documentation to staff and agencies on a daily and monthly basis. 2-2.b. Assist with medical case management training (adherence and treatment monitoring) for ADAP/HICP case managers 2-2.c. Coordinate the development and implementation of ADAP training curriculum for case managers. | | | 2-2.a. Ongoing 2-2.b. Completed 2-2.c. After approval of policy 2-3a. Completed 2.-3.b October 2008; December,2008 2.-3.c. Ongoing 2-3.d. October, 2008 | ADAP Application has been approved by DHR and disseminated to districts effective October 1, 2008 Future calls will be convened quarterly and will be ongoing. A VICS ADAP/HICP Training Session was held on September 9, 2008 Additional HIV cases have been identified since implementing the requirement of case reports with new ADAP and HICP applications in November 1, 2007. |
| 2-3 Increase the percentage of correctly completed new ADAP applications submitted to ADAP to 95% or greater. | 2-3.a.Coordinate ADAP/HICP presentation on ADAP and HICP policies and procedures during the Spring Part B Statewide Meeting 2-3.b. Reconvene monthly conference calls to provide educational sessions, policy updates, identify concerns, share best practices, and feedback on procedures. Provide TA on ADAP policies, procedures. 2-3.c Require HIV/AIDS case reports with new HICP and ADAP application starting Nov. 1, 2007. 2-3.d. Initiate and implement internal audit for all active 4200 clients to identify incomplete applications and recertifications submitted by enrolling agencies. 2-3.e. Monitor Send Back data from Custom Access data base to determine repeated problems from the same districts and agencies and offer TA and guidance. | | | | To date, active clients' files from almost all of the districts and agencies have been reviewed by internal audit reviewers. Findings and required documentation will be communicated to ADAP enrollment site coordinators in addition to requesting required documentation. Send back data is monitored routinely. Progress has been made due to Internal Audit Process and recent requests for required documentation |

| | | | | | |
|---|---|---|--|---|--|
| <p>2-4 Finalize the revisions on ADAP policies and procedures and obtain DPH approval</p> | <p>2-4.a. Obtain input from Medical Advisor and Nurse Consultant on ADAP policies. 2-4.b. Reformat and revise ADAP policies and procedures 2-4.c. Route to Legal and for DPH approval 2-4.d. Develop ADAP provider application and policy for MDs, PAs, and APRNs to create a list of approved ADAP providers.</p> | <p>Libby, Chondra ADAP/HIC PWorkgroup</p> | <p>Dr. Katner Rosemary ADAP staff District HIV staff</p> | <p>2-4.a. Completed 2-4.b. Policy Reformatting completed; ADAP/HICP Workgroup is reviewing revisions 2-4.c. Sept 08 Based on DPH process 2-4.d. In-Process</p> | <p>A workgroup has been formed to address revising the ADAP and HICP application and recert; a process to pay insurance co-pays, other policy issues. and Medicare Part D. Revised ADAP application has been approved and sent out to district effective October 1, 2008. A working draft ADAP policy document will be utilized until final is approved. Provider application has been drafted; has not been finalized and is pending based on provider application process and how confidential provider information will be maintained. Provider policy is pending based on clarity needed from DHR regarding MDs, PAs and APRNs who serve ADAP clients.</p> |
|---|---|---|--|---|--|

**WORKPLAN: GA Ryan White Program Part B QM Plan
July-September 2008**

Goal 3: Improve the quality of the Georgia Healthcare Insurance Continuation Program (HICP)

| Objectives | Strategies | Lead | Staff/ Resources | Deadline | Progress notes |
|---|---|-----------------------------------|---|---|---|
| 3-1 Increase the percentage of active HICP clients recertifying before their 6 month due date to prevent delays in payment of health insurance premiums to 95% or greater | 3.-1.a. Generate monthly reports to monitor this objective. 3-1.b Utilize monthly report to communicate with district and agency staff regarding clients' recertification status. 3-2.a. Provide technical assistance on HICP applications and backup documentation to staff and agencies on a daily and monthly basis. 3-2.b. Assist with medical case management training (adherence and treatment monitoring) for ADAP/HICP case managers. 3-2.c.Coordinate ADAP/HICP presentation on ADAP and HICP policies and procedures during the Spring Part B Statewide Meeting 3-2.d. Reconvene monthly conference calls to provide educational sessions, policy updates, identify concerns, share best practices, and feedback on procedures. Provide TA on HICP policies, procedures. 3-2.e Require HIV/AIDS case reports with new HICP P application starting Nov. 1, 2007. | Libby, Hawaly, Cotina | District and agency staff. HICP staff | 3-1 Ongoing – by the 5 th of each month. 3-2.a. Ongoing 3-2.b. Completed 3-2.c. Completed 3-2.d. Oct. 2008 & Dec, 2008 3-2.e. November 1, 2007 and ongoing 3.2.a.1. July-august, 2008 - Special projects HICP Workgoup is in progress to review data from May and June, 2008 HICP client log. 3-3.a Work on revising HICP policies and procedures is in progress. | Reports continue to be produced for monitoring timely recertifications for active clients. Training Curriculum for ADAP and HICP will be initiated upon the approval of revised policies. Future calls will be convened quarterly and will be ongoing. A VICS ADAP/HICP Training Session was held on September 9, 2008. Additional HIV cases have been identified since implementing the requirement of case reports with new ADAP and HICP applications in November 1, 2007. |
| 3-2 Increase the percentage of correctly completed new HICP applications submitted to HICP to 95% or greater | 3-2.a.1. Initiate a project to identify problem areas regarding applications and documentation and seek solution inclusive of applications and recerts that have to be returned for incompleteness. | Libby, Hawaly ADAP/HICP Workgroup | District and agency staff. HICP staff and consumers | | An HICP working draft document inclusive of all policies and application will be utilized until the final is approved. An ADAP/HICP workgroup has been formed to address a process to pay insurance co-pays, the application and other HICP policy issues. |
| 3-3 Finalize the revisions on HICP policies and procedures and obtain DPH approval | 3-3.a. Reformat and revise HICP policies and procedures 3-3.b. Route to Legal and for DPH approval | | | | |

**WORKPLAN: GA Ryan White Program Part B QM Plan
July-Sept. 2008**

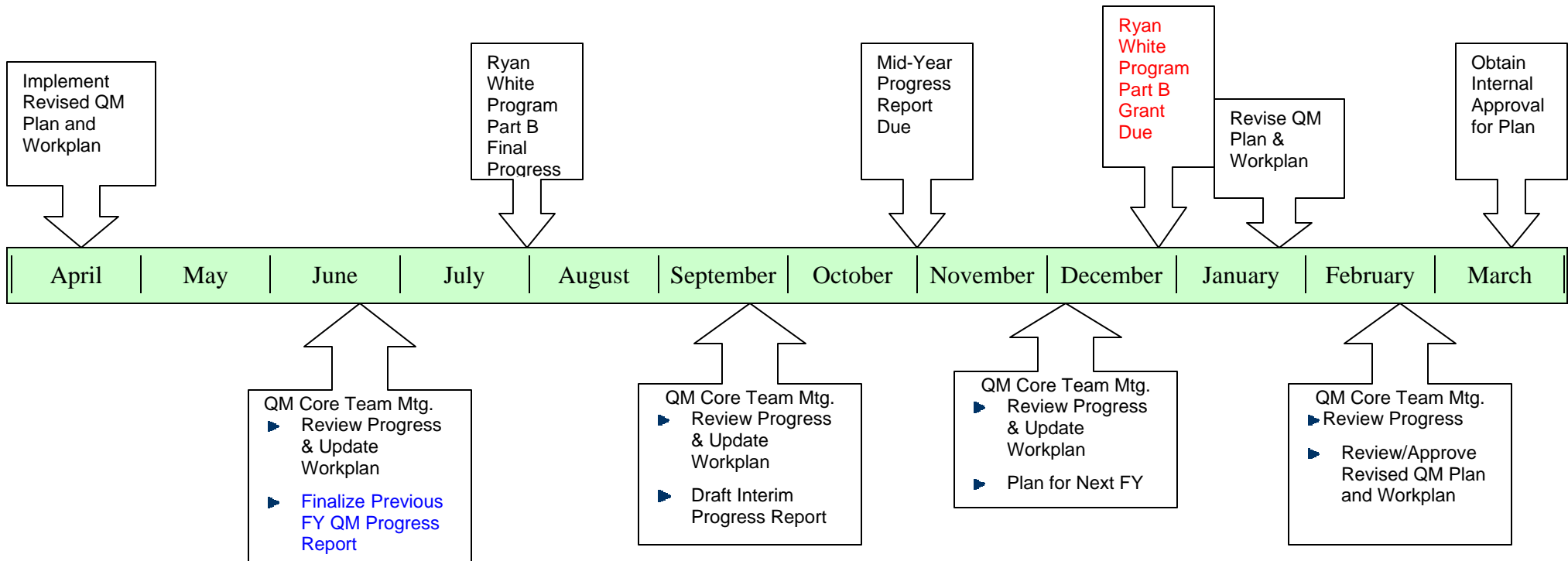
Goal 4: Improve the quality of health care and supportive services.

| Objectives | Strategies | Lead | Staff/ Resources | Deadline | Progress notes |
|--|--|------------------------------------|--|--|---|
| 4-1 Monitor key clinical performance measures in all 16 Part B-funded sites at least annually. | 4-1.a. Require all 16 programs to report on measures for calendar year 2007 4-1.b. Collaborate with data team to implement standard definitions in Part B central server and to host CAREWare training. 4-1.c. Conduct HIV clinical chart reviews throughout GA, at least one clinic in each of the Part B funded Health Districts. 4-1.d. Monitor three PM via quarterly reports from subrecipients. | Rosemary PM Subcommittee | John Milberg, HRSA SEATEC and Metro Atlanta Parts A and D QM Core Team Local QM Committees DPH data team | 4-1.a. ? 4-1.b. ? 4-1.c. Dec. 08 4-1.d. ongoing | Unsure of Part B central server status in regards to implementation of standardized service and subservice categories; and which build of CAREWare we're using. Plan to check. This quarter 6 clinical chart reviews were done; 20 total (by end of Sept.) QM quarterly report added to GIA Annex. Received July 08 quarterly reports from all sites. |
| 4-2 Implement Part B case management standards statewide by March 2009 | 4-2.a. Provide training and technical assistance for case managers 4-2.b. Implement CM intake tool 4-2.c. Implement final draft of standards 4-2.d. Route standards for DPH approval | Pam CM Subcommittee | Rosemary and Mac QM Core Team RW Parts A & D AID Atlanta SEATEC | 4-2.a. – Aug. 08 4-2.b. – Aug. 08 4-2.c. – Aug. 08 4-2.d. – July 08 4-2.e. – July 08 | Finalized CM standards with intake tool routed for DPH approval. Approved on July 22, 08. Pam provided TA to Dublin Aug, 19-20, 2008 and Albany Aug 26-27, 2008 |
| 4-3 Assess adherence activities, procedures, and policies by Dec. 2008 | 4-3.a. Survey districts to identify current adherence activities, procedures, and policies 4-3.b. Identify best practices from findings 4-3.b. Provide technical assistance to implement the adherence component of medical case management. | Mac and Pam | Rosemary QM Core Team CM subcommittee | 4-3.a. 4-3.b. 4-3.c. ongoing | On hold. Susan Alt volunteered to share adherence policy/procedures developed by student intern. |

| | | | | | |
|---|--|-------------------------------------|---|--|---|
| 4-4 Expand across Ryan White Programs (Parts A, B, C, and D) quality related collaboration. | 4-4.a. Finalize statewide client satisfaction surveys and implement 4-4.b. Attend Part A Planning Council QM Committees 4-4.c. Include across Ryan White Programs representation on the Part B QM Core Team 4-4.d. Collaborate across RW programs to provide quality related training statewide | Rosemary, Pam, Mac | QM Core Team Part A QM Committee | 4-4.a. End of August 08 Ongoing | 7/8 & 7/10: Completed two training sessions for individuals who will conduct survey. 7/14-8/22: Survey Implemented 9/18/08: Aggregate reports prepared and sent out Members of the Part B QM staff routinely attend Part A QM Committee meetings. QM training on-hold because of travel restrictions. |
| 4-5 Screen HIV-infected clients for mental health and substance abuse initially and at least annually | 4-5.a. Identify a simple and comprehensive screening tool for MH and SA for use by non-MH providers 4-5.b. Provide training regarding MH/SA screening 4-5.c. Implement the screening tool | Pam | Sanjay Sharma, MD SEAETC | 4-5.a. ongoing 4-5.b. ongoing | Numerous attempts have been made to meet, however due to scheduling conflicts the meeting is still on hold at this time. Currently collaborating with SEATEC regarding training and possible screening tools. |
| 4-6 Explore the current state of care for managing HIV-infected pregnant women in GA | 4-6.a. Develop a survey for HIV providers regarding how they manage and track HIV pregnant women 4-6 c. Implement the survey 4-6.d. Identify gaps in care | Rosemary, Dr. Katner, Jacque Muther | Part D Programs QM Core Team | 4-6.a. | Survey on-hold. Plan to convene a perinatal workgroup meeting early 2009. Identified a HIV perinatal transmission pocket guide on the AETC website. Shared with QM Team. Will contact SEATEC about assistance with pocket guide. |

Appendix B. Annual QM Plan Timeline

Annual QM Plan Timeline



Appendix C.
2008 Ryan White Ryan White Program Part B
Quality Management Committees

Ryan White Program Part B 2008 Quality Management Core Team Members

- ▶ Mary Daise Basil, Part B Planner
- ▶ Jeffery Brock, HIV Care Manager
- ▶ Libby Brown, ADAP/HICP Coordinator
- ▶ Deanna Campbell, HIV/AIDS Epidemiology
- ▶ Chiquita Covington, HIV Care District Liaison
- ▶ Michael (Mac) Coker, BSN, ACRN, HIV Nurse Consultant
- ▶ Marie Dockery, HIV Program Director, District 1-2 (RW Parts B and C)
- ▶ Rosemary Donnelly, MSN, APRN, HIV Nurse Consultant, Part B QM Lead
- ▶ Harold Katner, MD, HIV Physician Consultant (RW Parts B and C)
- ▶ Jeff Moody, HIV Care District Liaison
- ▶ Jacqueline Muther, Grady IDP (RW Parts A and D)
- ▶ Pamela Phillips, QM Coordinator
- ▶ Derek Stokes, Consumer
- ▶ Kathy Whyte, Fulton Co. Government (RW Part A)
- ▶ Suzette Thedford, Statistical Analyst I, Office of Epidemiology, Evaluation & Health Information

Note: Unable to recruit Medicaid representative

Ryan White Program Part B 2008 Performance Measures Subcommittee

- ▶ Susan Alt, RN, Coordinator of HIV Services, Coastal Health District (Parts B and C)
- ▶ Deanna Campbell, HIV/AIDS Epidemiology
- ▶ Michael Coker, HIV Nurse Consultant
- ▶ Rosemary Donnelly, HIV Nurse Consultant
- ▶ Marie Dockery, District HIV Director, North Georgia Health District (Parts B and C)
- ▶ Dr. Katner, HIV Medical Advisory, North Central Health District (Parts B and C)
- ▶ Lynne Rollins, RN, CFNP, Northwest Georgia Specialty Care (Parts B and C)
- ▶ Chanel Scott-Dixon, MSW, District HIV/AIDS Program Manager, Southwest Health District (Part B, subcontract medical services)
- ▶ Derek Stokes, Consumer, North Central Health District (Parts B, and C)
- ▶ Suzette Thedford, Statistical Analyst I, Office of Epidemiology, Evaluation & Health Information

Ryan White Program Part B 2008 Case Management Subcommittee

- ▶ Deanna Baker, RN, North Georgia Health District (Parts B and C)
- ▶ Robbie Bowman, RN, STD/HIV Coordinator, South Central Health District (Part B)
- ▶ Michael Coker, HIV Nurse Consultant
- ▶ LaShawne Graham, Social Services Provider 1, South Health District (Parts B and C)
- ▶ Karla Hendriquez, Program Assistant, District 2 (Part B)
- ▶ Pamela Phillips, HIV Quality Management Coordinator
- ▶ Doris Pearson, Social Services Provider I, ADAP/HICP Coordinator, East Central Health District (Part B, subcontract medical services)
- ▶ Jane Powell, Social Services Provider, District 10 (Parts B and C)
- ▶ Jacqueline Reed, Case Manager, West Central Health District (Parts B and C)
- ▶ Beverly Robertson RN, ACRN, District 2
- ▶ Nicole Roebuck, Director of Client Services, AID Atlanta (Parts A and B)
- ▶ Sister Judy Jones, Case Manager, West Central Health District
- ▶ Justine Sher, Case Manager, AIDS Athens (Parts B and C)
- ▶ Betty Simmons, Case Manager Supervisor, Coastal Health District (Parts B and C)
- ▶ Deborah Swinford, Program Manager, District 10

Ryan White Program Part B 2008 State Office CQI Committee Members

- ▶ Mary Daise Basil, Part B Planner
- ▶ Jeffery Brock, HIV Care Manager
- ▶ Libby Brown, ADAP/HICP Coordinator
- ▶ Chiquita Covington, HIV Care District Liaison
- ▶ Michael (Mac) Coker, BSN, ACRN, HIV Nurse Consultant
- ▶ Hawaly Dicko, HICP Lead Associate
- ▶ Rosemary Donnelly, MSN, APRN, HIV Nurse Consultant
- ▶ Chondra Kelley, ADAP/HICP
- ▶ Pamela Phillips, QM Coordinator
- ▶ Cotina Routh, ADAP Operations Analyst

Appendix D. Monitoring Table

**Georgia HIV Client Services Quality Management Program
Monitoring Table**

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|--|---|---|---|
| Ryan White funds are used as payer of last resort | <p>Clients screened for other healthcare providers and insurance.</p> <p>Eligible clients referred for enrollment into Medicare, or Medicaid</p> | <p>Documentation indicating that clients are screened at intake and recertification.</p> <p>Documentation that clients are referred for enrollment into Medicare or Medicaid.</p> | Client record reviews |
| <p>Eligibility documented for all clients receiving Ryan White Program Part B services:</p> <ul style="list-style-type: none"> - HIV status - Income - Proof of residency - Assets | <p>Documented HIV+ status.</p> <p>Clients with documentation of financial screening initially then every 6 months; and income below or at 300% of FPL.</p> <p>Documentation of GA residency.</p> | Documentation of HIV test, financial screening, and proof of residency | Client record reviews |
| Ryan White funded providers coordinate the delivery of services and funding mechanisms with other programs or providers. | <p>Memoranda of agreements exist with community partners.</p> <p>Contracts executed for subcontracted services.</p> | <p>MOA on file</p> <p>Contracts on file</p> | Review of MOAs and contracts. Site visit reports for subcontractors. |
| Client security and confidentiality maintained. | <p>Employees' signed confidentiality agreements.</p> <p>Charts secured under lock.</p> <p>Electronic records are password protected.</p> <p>Access to areas with medical records and computers restricted</p> | <p>Signed confidentiality agreements.</p> <p>Locked storage area for client charts and other information.</p> <p>Computers password protected and secure while in use.</p> <p>Layout of clinic prevents unauthorized access to records and computers.</p> | <p>Review of employee files</p> <p>Observation of security/confidentiality measures.</p> <p>Review of written policy and procedures regarding security and confidentiality.</p> |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|---|--|
| Ryan White funded providers ensure that every client is informed about: - Client confidentiality - Client grievance - Client rights & responsibilities | Clients are informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities initially then annually. | Documentation in chart that client is informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities. | Client record reviews |
| Clients are satisfied with the Ryan White Program Part B services they receive. | A majority of clients responding to the client satisfaction survey will indicate they are satisfied with the services they have received. | Client responses to questions about their satisfaction with specific services. | Review of District level client satisfaction survey results annually. Results of statewide client satisfaction surveys. |
| Ryan White funded providers implement QM Plans with continuous quality improvement (CQI) projects. | Written Quality Management Plan. Copies of the most current report of CQI activities and results. | Number and percent of Ryan White Program Part B funded programs with quality management plans and a current report of CQI activities and results. | Review of quality management plans and reports |
| Ryan White Part B case managers utilize the standardized Case Management Client Intake form or equivalent. | Standardized CM Intake form utilized for clients enrolled into CM. | CM Intake Form located in the chart | Case management chart reviews |

Clinical Performance Indicators

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|--|---|--|
| All HIV infected female clients 18 yrs. or older will receive a pelvic examination and a Pap smear at least annually | Percent of HIV-infected female clients who received a pelvic examination and a Pap smear at least once in the last 12 months | The number of eligible HIV-infected female clients who had at least one pelvic examination and Pap smear in the last 12 months divided by the number of eligible HIV-infected female clients. | Custom report in CAREWare 4.1 Clinical chart reviews |
| All women with abnormal Pap smear results will be referred for diagnostic evaluation. | Percent of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation (e.g., colposcopy plus biopsy) | The number of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation divided by the number of female clients with abnormal Pap smear results | Referral modules in CAREWare or manual referral logs Clinical chart reviews |
| All women with abnormal Pap smear results will complete a diagnostic evaluation within 60 days of abnormal screening results. | Percent of HIV-infected female clients with abnormal Pap smear results that completed diagnostic evaluation within 60 days of abnormal screening | The number of female clients with abnormal Pap smear results that completed diagnostic evaluation within 60 days divided by the number of female clients with abnormal Pap smear results | Referral modules in CAREWare or referral logs Clinical chart reviews |
| All HIV-infected clients will receive a complete physical examination at least annually. | Percent of HIV-infected clients who had a complete physical examination within the last 12 months | The number of HIV-infected clients who had a complete physical examination within the last 12 months divided by the total number of HIV-infected clients | Clinical chart reviews |
| All HIV-infected clients will receive a dental examination at least annually. | Percentage of HIV-infected clients who received a dental examination in the last 12 months | The number of HIV-infected clients who had a dental exam in the last 12 months divided by the number of HIV-infected clients | CAREWare report Clinical chart reviews |
| All HIV-infected clients will have CD4 counts measured at baseline and then repeated at least every 6 months. | Percentage of HIV infected clients with CD4 counts done at least every 6 months. | The number of HIV-infected clients who had CD4 counts done at least every 6 months divided by the number of HIV-infected clients | CAREWare report Clinical chart review |
| All HIV-infected clients will have HIV viral loads measured at baseline and then repeated at least every 4 months. | Percentage of HIV infected clients with HIV viral loads done at least every 4 months. | The number of HIV-infected clients who had HIV viral loads done at least every 4 months divided by the number of HIV-infected clients | CAREWare report Clinical chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|---|---|--|---|
| HIV-infected clients receiving highly active antiretroviral therapy (HAART) will improve their immune status. | The percentage of HIV-infected clients on HAART with CD4 counts > 200/mm ³ | The number of HIV-infected on HAART clients with CD4 counts > 200/mm ³ divided by the total number of HIV-infected clients on HAART. | CAREWare report Clinical chart reviews |
| HIV-infected clients receiving HAART will have undetectable viral loads. | Percent of HIV-infected clients on HAART with HIV viral load was < 75 copies/mL | The number of HIV-infected clients on HAART with VL < 75 copies/mL divided by the total number of HIV-infected clients on HAART. | CAREWare report Clinical chart reviews |
| HIV-infected clients diagnosed with AIDS will be prescribed HAART. | Percent of HIV-infected clients diagnosed with AIDS who were prescribed HAART. | The number of HIV-infected clients diagnosed with AIDS taking HAART divided by the number of HIV-infected clients diagnosed with AIDS. | CAREWare report Clinical chart review |
| HIV-infected pregnant women will be prescribed ART. | Percent of HIV-infected pregnant women who were prescribed ART. | The number of HIV-infected pregnant women taking ART divided by the number of HIV-infected pregnant women. | CAREWare report Clinical chart review |
| HIV-infected clients will be appropriately managed on HAART and clinically stable. | 1) Percent of HIV-infected clients taking ART according to DHHS guidelines 2) Percent of HIV-infected clients clinically stable | 1) The number of HIV-infected clients taking ART according to DHHS Guidelines divided by the number of HIV-infected clients taking ART. 2) The number of HIV-infected clients clinically stable divided by the number of HIV-infected clients. | Clinical chart review |
| HIV-infected clients in care will have an ambulatory/outpatient medical care visit at least every 4 months. | 1) Percent of HIV-infected clients who have a medical visit at least every 6 months. 2) Percent of clients seen at least once during each trimester of a 12 month review period. | 1) The number of HIV-infected clients seen by a physician, PA, NP at least twice in the last 12 months, \leq 6 months apart divided by the number of HIV-infected clients seen by a physician, PA, or NP. 2) The number of HIV-infected clients seen at least once during each trimester divided by the number of HIV infected clients. | CAREWare report Clinical chart review |

| Criteria | Indicators | Data Elements | Data Sources & Methods |
|--|---|--|---|
| All HIV-infected clients will be screened for syphilis at least annually. | Percent of HIV-infected clients who were screened for syphilis (i.e., RPR or VDRL) in the last 12 months | The number of HIV-infected clients who had an RPR or VDRL done in the last 12 months divided by the number of HIV-infected clients | CAREWare – Care Act Data Report (CADR) Clinical chart review |
| All HIV-infected clients with CD4 counts below 200 mm ³ will be prescribed PCP prophylaxis. | Percent of HIV-infected clients with CD4 counts below 200 mm ³ who were prescribed PCP prophylaxis. | The number of HIV-infected clients with CD4 counts below 200 mm ³ who were prescribed PCP prophylaxis divided by the number of HIV-infected clients with CD4 counts below 200 mm ³ . | CAREWare Clinical chart review |
| All HIV-infected persons without a history of previous TB treatment or positive TST will be screened for TB at least annually. | 1) Percent of HIV-infected clients with a tuberculosis (TB) skin test (i.e., purified protein derivative (PPD) by the Mantoux method) placed in the last 12 months. 2) Percent of HIV-infected clients with a TST placed and read in the last 12 months. | 1) The number of HIV-infected clients who had a PPD placed in the last 12 months divided by the number of HIV-infected clients 2) The number of HIV-infected clients who had a PPD placed and read by a trained healthcare worker in the last 12 months divided by the number of HIV-infected clients with at least one ambulatory/outpatient medical visit in the last 12 months | CAREWare – CADR Clinical chart review |
| All HIV-infected persons with a TST induration of ≥ 5 mm (positive TST) and/or active TB disease will be referred to the TB Program for co-management | Percent of HIV-infected clients with a TST induration of ≥ 5 mm (positive TST) and/or active TB disease who were referred to the TB Program | The number of HIV-infected clients with a TST induration of ≥ 5 mm (positive TST) and/or active TB disease who were referred to the TB Program divided by the number of HIV-infected clients with a TST induration of ≥ 5 mm (positive TST) and/or active TB disease | CAREWare – Referral modules Clinical chart review |

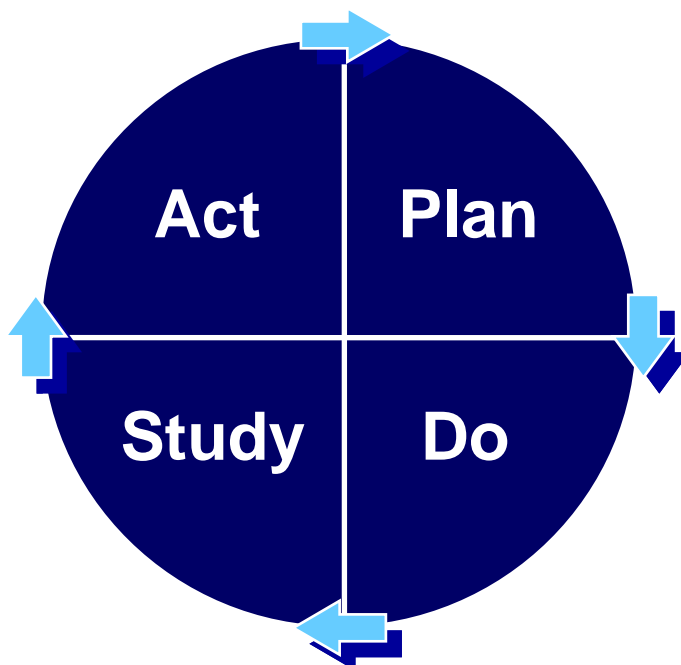
Appendix E. Model for Improvement

Model for Improvement

- ▶ What are we trying to accomplish?
- ▶ How will we know that a change is an improvement?
- ▶ What change can we make that will result in improvement?

PDSA Cycles

| | |
|---|--|
| ACT What changes are to be made? Next cycle? Adapt, Adopt, Abandon? | PLAN Objective Questions and predictions (why) Plan to carry out the cycle (who, what, where, when) |
| STUDY Complete the analysis of the data Compare data to predictions Summarize what was learned | DO (Small Scale) Carry out the plan Document problems and unexpected observations Begin analysis of the data |



From the HAB/NQC Ryan White Program Part B Collaborative, LS1, National Quality Center (NQC)

Testing Change (PDSA) Worksheet

Date: _____ Cycle#: _____ Began: _____ Completed: _____ Team: _____

PLAN (fill out before the test/cycle)

What is the purpose of this cycle?

Details: Who, What, Where, When, How

What do we expect (predict) will be the effect or outcome of the change?

If our expectation (prediction) is on target, what will be our next test/cycle or action?

DO and STUDY (fill out during and after the test/cycle)

Was the test/cycle carried out as we planned? Yes No If no, why not?

What did we observe that was not part of our plan?

How did we study and understand the result?

How did or didn't the outcome of this test/cycle agree with our expectation (prediction)?

What did we learn from this test/cycle?

ACT: (fill out after the test/cycle is completed)

Given the above understanding and learning, what are we going to do now?

Are there forces in our organization that will help or hinder these changes?