

# **Ryan White Quality Management Plan for Area 15**

---



---

**Indian River, Martin, Okeechobee and St. Lucie Counties**

**2011-2015**

## Thank You

The Evaluation and Quality Assurance (EQA) Committee and the Planning Committee would like to thank all involved in the creation of this Quality Management Plan for your participation and contributions. Your input was very valuable in the drafting of this working document and will assist our service delivery system in providing the best quality care for our clients.

The following participants attended the work groups that helped complete this document. Work groups were held on April 12, 2011 and May 3, 2011.

Cyndee Alves	Tamekia O'Neal
Anthony Arroyo	Roberto Ortiz
Danielle Baron	Andrea Stephenson
Kim Bradley	Trude Tuohy-Kersey
Dyanne Davis	Alvin Tyler
Anette DeFelice	Pat Weiner
Steve Hoke	Lori Zeh
Irene Moore	

## **Quality Statement**

### **Purpose**

The purpose of this Quality Management Plan (QM Plan) is to direct a coordinated approach to addressing continuous quality improvement activities and process improvement for the Ryan White Part B Program in Area 15. The Quality Management Plan guides the continuous quality improvement activities of the Part B funded providers serving HIV/AIDS infected individuals and their families.

The Florida Department of Health Bureau of HIV/AIDS defines quality as the degree to which a health or social service meets or exceeds established professional standards and user expectations. The QM Plan identifies QM leadership and infrastructure, outlines annual QM activities, defines established QM priorities and identifies local quality improvement goals.

## **Quality Management Program Infrastructure**

### **Leadership**

Leadership for Area 15's QM Plan is the responsibility of the Treasure Coast Health Council, Inc. (TCHC), the Part B Lead Agency in Area 15. TCHC is a private, not-for-profit corporation created under Chapter 408.033, Florida Statutes. The agency's mission is to improve the health of the residents of the Palm Beaches and the Treasure Coast by promoting access to affordable, quality health and human services. TCHC is one of eleven local health planning councils under contract with the Florida Department of Health to perform various health care service responsibilities as designated in the statute.

TCHC has a long history and a broad range of experience in health services planning, research and community involvement; and providing clinical and supportive services to persons living with HIV/AIDS who have limited resources. An area-wide system of care is accomplished through a series of subcontracts and working relationships with health and psychosocial support service providers. Part of TCHC's contract management functions include ongoing monitoring of providers to determine the quality of care being provided, and technical assistance as needed to ensure the funding supports the highest quality of services. TCHC commits both the financial and human resources needed in order to meet the goals described in the Part B QM Plan. The Quality Assurance (QA) Coordinator has the responsibility of developing and implementing a Continuous Quality Improvement (CQI) Program and CQI Plan for HIV/AIDS Services. The QA Coordinator will have primary responsibility establishing external relationships with other HIV/AIDS quality assurance and evaluation professionals in Area 15 and other QM programs throughout the state.

## **The Care Network of the Treasure Coast**

The Care Network of the Treasure Coast (CNTC) serves as the HIV/AIDS advisory body for community planning for People Living with HIV/AIDS (PLWHA) in Indian River, Martin, Okeechobee and St. Lucie counties. The CNTC is committed to improving the health and quality of life for all PLWHAs and subscribes to the philosophy that no person should be alone in maintaining his or her HIV health. Along with serving as the advisory board for Area 15, the CNTC also provides an opportunity for service providers, consumers, and affected individuals to serve on several committees, which assist in determining the priorities and goals for Area 15 Part B funded HIV/AIDS system of care.

## **Evaluation and Quality Assurance Committee**

The Evaluation and Quality Assurance Committee is the primary body to help determine performance and outcomes measures on a continuous basis. Additionally, the EQA Committee facilitates coordination by collaborating with consumers, representatives from both Part B and C, and the AIDS Education and Training Center (AETC).

## **Planning Committee**

The Planning Committee is charged with determining the existing gaps in services within the community, assessing needs, and identifying and recommending potential improvements in the service delivery system that would address the gaps and increase the quality of life for PLWHA

## **Roles and Responsibilities**

The ***Part B Lead Agency*** is responsible for maintaining the staff required to successfully operate the QM Program and to ensure that each funded agency meets contractual obligations regarding Standards of Care. In addition, the Lead Agency is responsible for staffing the CNTC and for completing the annual Client Satisfaction Survey.

The ***QA Coordinator*** is charged with the coordination of all QM activities for the Area 15 health and psychosocial support programs funded by Part B. The QA Coordinator conducts on site reviews of client records, generates CQI recommendations to providers, and monitors progress towards achieving those recommendations. The Coordinator, along with the EQA Committee, is also accountable for collecting, analyzing and reviewing performance data, and for identifying results and articulating the findings to stakeholders. The data collected and outcome measures are used to determine progress towards relevant, evidence-based benchmarks, which are established by HRSA and DOH.

The ***Health Planner*** is responsible for professional planning support for the Part B Program to ensure that the contractually required planning related activities are successfully completed. The planner conducts the comprehensive needs assessment, supplemental needs assessment, serves as the staff liaison between the Bureau and the Lead Agency and CNTC as it relates to the

comprehensive plan and other required planning activities, and provides staff support for the CNTC Planning Committee.

The ***Financial Analyst*** is responsible for conducting all financial reviews of providers as part of the monitoring process. The Financial Analyst will also ensure proper reporting and billing of services by all Part B contracted providers under the Lead Agency, and provide training to users of the TCHC database.

The ***Director of Health Information Systems*** is responsible for creating Crystal Reports using the local CAREWare database and TCHC database as needed. These reports will address the specific QA issues surrounding case management and medical services, and will be modified by the QA Coordinator and the Director of Health Programs as needed.

The ***Director of Health Programs*** is responsible for overall coordination, development, implementation and evaluation of all Part B health and psychosocial support programs as well as maintaining the network of providers through contracts and Letters of Agreement. In addition, the Director of Health Programs is responsible for sharing financial and contract information to the CNTC.

The ***Part B Funded Provider Agencies*** are responsible for participating in system-wide quality activities and be responsible for developing and implementing quality systems of their own. These agencies are also responsible for tracking, documenting and reporting all service indicators and health outcomes to the Lead Agency. Part B provider agencies will also participate in the annual Area 15 Client Satisfaction Survey.

The ***EQA Committee***, as mentioned above, is responsible for determining measurement priorities and methods on a continuous basis. The Committee is also responsible for providing input and direction to the QM Program, reviewing and updating the annual QM Plan, updating the CNTC Service Guidelines, Standards of Care and outcome measures, and making recommendations for appropriate education relating to quality improvement concepts and techniques.

The ***Planning Committee*** is responsible for the development and oversight of the HIV/AIDS Comprehensive Plan and the Needs Assessment for the Treasure Coast.

The ***Consumers and Affected individuals*** are encouraged to provide input on the Standards of Care and assist in the development of Quality Service Indicators as well as share personal perspectives to help inform the service delivery system.

The ***Stakeholders*** are responsible for providing feedback on all Quality Assurance reports provided. Stakeholders will receive a report on the outcomes of each quality indicator.

## Data Collection Plan

The QM Program is designed to address quality assurance and process improvement content regarding the following major functional areas and important aspects of care. Please see *Attachment A* for the data collection timeline.

- Supportive and Comprehensive Case Management
- Medical and Pharmaceutical Services
- Support Services
- Housing Services
- Patient Satisfaction
- Continuity of Care
- Information Systems (TCHC Database, CAREWare)

At least annually, the QM Coordinator and the EQA Committee will identify gaps and trends through data reports and the system wide indicators to determine opportunities for improvement. Once an opportunity has been identified, the EQA Committee will analyze the process and develop improvement plans, activities, projects and interventions using the PDCA Cycle (Plan, Do, Check or Study, Act). Please see *Attachment B* for a diagram of the PDCA cycle.

Improvement Activities may include:

- Education (Technical Assistance from National Quality Center, or state and local staff)
- Updating the Standards of Care
- Policy development and/or changes
- Program guidelines review, revision or development
- Form development or revision
- Procedural change(s)

Each year, the QA Coordinator with the assistance from the EQA Committee, will identify priorities for improvement and approximately 3-5 goals toward which the QM Program will direct its efforts and resources for the upcoming year. The priorities will derive from the Area's Comprehensive Plan, National AIDS strategies, the QM Plan, and issues or questions that have surfaced throughout the contract year. Goals that are not completed within the year will be modified and continued based on the progress made. The priorities and goals will be based directly on the gaps and trends that the data reports from the previous year identified.

CNTC Committees will develop work plans to ensure that the priorities and goals identified remain on task. These work plans will be updated at each committee meeting.

Local system indicators:

- Progress towards utilization of area-wide standards of care

- Progress towards implementation of statewide Eligibility and Case Management procedures
- Increase the percentage of clients with two or more medical visits at least 3 months apart by 10% of baseline established in CY 2011/2012.
- Increase the percentage of AIDS clients on HAART by 10% of baseline established in CY 2011/2012.
- Increase the percentage of clients with two or more CD4 tests at least three months apart by 10% of baseline established in CY 2011/2012.
- Increase percentage of clients that have eligibility re-certifications within the 6-month required period by 10% of the established baseline in CY 2011/2012.

**2011-2015 Quality Management Goals and Objectives**

<b>Goal 1: To ensure that all Part B health and psychosocial support services are of the highest quality and provide maximum stability to clients.</b>		
<b>Objective 1: To develop and implement a four-year Quality Management Plan for Part B services in Area 15.</b>		
<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Work with the EQA Committee and the Planning Committee to develop a four year QM Plan to meet HRSA guidelines and to reflect the needs of the providers and clients in Area 15.	6/11	Quality Assurance Coordinator and Health Planner
2. Review and revise the QM Plan based on findings of the annual data reports (monitoring, client satisfaction surveys), etc.	May 2012	Quality Assurance Coordinator, EQA Committee
3. Provide copy of the QM Plan to Part B providers.	Annually (June)	Quality Assurance Coordinator
<b>Objective 2: To ensure that Part B providers follow the measurable standards of care and the HIV/AIDS Case Management Operating Guidelines.</b>		
<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Review, revise and develop Standards of Care as needed.	Annually	EQA Committee, CNTC
2. Review and revise contract monitoring tools as needed.	Annually	Quality Assurance Coordinator and the Director of Health Programs
3. Monitor compliance with Standards of Care and quality indicators using reporting methods in CAREWare and the TCHC database.	Ongoing	Quality Assurance Coordinator, and Director of Health Information Systems
4. Provide technical assistance to funded agencies (i.e. training on monitoring tools, database use, etc.)	Ongoing	Quality Assurance Coordinator
5. Report results of compliance monitoring to stakeholders and the EQA Committee.	Annually	Quality Assurance Coordinator and the Director of Health Programs

<b>Objective 3: To improve the process of the Client Satisfaction Surveys.</b>		
<b>Key Action Steps</b>	<b>Timeline</b>	<b>Accountability</b>
1. Ensure that the mailing labels provided for Client Satisfaction Surveys are correct.	9/11	Quality Assurance Coordinator
2. Review and update process for distributing satisfaction surveys to include other methods of distribution and implement a plan to include new methods.	5/11-9/11	Quality Assurance Coordinator
3. Ensure that the client's preference for language is updated in CAREWare to include clients who prefer reading Spanish and Haitian Creole.	Quarterly	Quality Assurance Coordinator
4. Translate satisfaction surveys to Spanish and Haitian Creole.	7/11	Quality Assurance Coordinator
5. Analyze and report findings of Client Satisfaction Surveys to Part B stakeholders and the EQA Committee.	Annually	Quality Assurance Coordinator
6. Develop and implement a plan to inform Part B clients of the results of the annual satisfaction survey.	10/11	EQA Committee and Quality Assurance Coordinator
7. Offer technical assistance to assist in improving client satisfaction, when needed.	Ongoing	Quality Assurance Coordinator
<b>Objective 4: To ensure clients receive care that offers maximum stability in their health outcomes.</b>		
1. Establish a baseline to determine the percentage of clients with two or more medical visits at least three months apart.	CY 11/12	Quality Assurance Coordinator and the Director of Health Information Systems
2. Establish a baseline to determine the percentage of AIDS clients on HAART.	CY 11/12	Quality Assurance Coordinator and the Director of Health Information Systems
3. Establish a baseline to determine the percentage of clients with two or	CY 11/12	Quality Assurance Coordinator and the Director of Health Information

more CD4 tests at least three months apart.		Systems
4. Establish a baseline to determine the number of Part B funded clients that utilize two dental cleanings within one contract year.	CY 11/12	Quality Assurance Coordinator and the Director of Health Information Systems

**Goal 2: To ensure that Ryan White is the payer of last resort.**

**Objective 1: To ensure that Part B funded agencies are knowledgeable of eligibility procedures.**

<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Provide oversight of eligibility via CAREWare to ensure all documentation is collected and all other funding sources have been utilized.	Ongoing	Quality Assurance Coordinator
2. Work with the DOH and Area 9 consultant on additional eligibility and monitoring tools to ensure payor of last resort.	5/11	Quality Assurance Coordinator
3. Offer technical assistance on eligibility procedures, when needed.	Ongoing	Quality Assurance Coordinator

**Objective 2: To ensure clients are referred to the PAC Waiver Program and other funded programs.**

<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Ensure that CAREWare and/or the TCHC database will identify clients potentially eligible for the PAC Waiver Program. Inform Case Management agency of the clients identified and request follow up on those identified.	Quarterly	Quality Assurance Coordinator and the Director of Health Information Systems
2. Identify training topics on other funded programs that will assist Case Managers in ensuring Part B is payor of last resort.	Quarterly	Quality Assurance Coordinator

**Goal 3: To ensure that Ryan White Part B clients and providers have knowledge of the service delivery system for Area 15.**

**Objective 1: Increase access to services for clients by addressing stigma awareness and promoting services.**

<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Contact other HIV/AIDS service areas and other service providers/programs to identify successful campaigns that can be used as a resource to the CNTC in addressing stigma (i.e. prevention)	Quarterly	Planning Committee
2. Develop and distribute materials that will increase the knowledge base of clients on the available services (i.e. website, newsletter, Service Navigation Brochure, and health fairs.)	Ongoing	Lead Agency
3. Promote the CNTC and available Ryan White funded services at health fairs and other community events.	Quarterly	Lead Agency

**Objective 2: Increase the knowledge base of the Area 15 service delivery system for providers.**

<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Design and implement an annual training session for providers on the service delivery system inclusive of the navigation of a client through the system (i.e. process mapping.)	9/11	Lead Agency, Membership Committee, Evaluation & Quality Assurance Committee, and Quality Assurance Coordinator
2. Conduct discussions on developing a system orientation for new employees and providers to determine the effectiveness of implementation.	8/2011	EQA Committee

**Goal 4: To ensure a Continuity of Care among the Ryan White Part B funded agencies.**

**Objective 1: To ensure availability and accessibility to Ryan White Part B funded health and psychosocial support services.**

<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Monitor Care Connection’s quarterly reports to ensure that clients referred were linked into care.	Quarterly	Quality Assurance Coordinator, EQA Committee
2. Offer technical assistance to providers regarding the navigation of a client through the service delivery system.	Ongoing	Quality Assurance Coordinator
3. Monitor CAREWare and annual contract monitoring reports to track the number of later or missed re-determinations, and provide improvement suggestions as needed.	Bimonthly	Quality Assurance Coordinator
4. Monitor CAREWare to determine the number of non-medical case managed (supportive) clients that had eligibility within the 6-month required period. Establish a baseline for the first year.	Biannually	Quality Assurance Coordinator
5. Continue to improve communication between the Lead Agency and the providers to decrease interruptions in service for clients.	Ongoing	EQA Committee and the Lead Agency

**Objective 2: To ensure that providers can access the client data needed to best serve the client.**

<b>Key Action Step</b>	<b>Timeline</b>	<b>Accountability</b>
1. Offer technical assistance to providers when needed to ensure data in CAREWare and TCHC Database are up-to-date.	Ongoing	Quality Assurance Coordinator, Director of Health Information Systems, and Fiscal Analyst
2. Provide trainings via webinar or on-site for all Part B funded providers that use the state CAREWare database on the required fields in the CAREWare and TCHC databases.	3/2011	Quality Assurance Coordinator, Director of Health Information Systems, and Fiscal Analyst
3. Develop reports that all providers can use to extract client related	Ongoing	Quality Assurance Coordinator and Director of Health Information

information from the TCHC database for those clients served.(i.e. eligibility due dates report)		Systems
4. Discuss the implementation of case conferencing between providers for clients that require additional intervention.	8/2011	EQA Committee

## **Communication**

All improvement activities and findings will be communicated to stakeholders and interested consumers via reports or updates at committee meetings and CNTC Meetings no less than on a quarterly basis.

## **Evaluation of the QM Program Effectiveness**

Each year the EQA Committee and stakeholders will be solicited for feedback in the form of a Self Assessment Survey, which is used to measure how well the representatives of the Care Network of the Treasure Coast (CNTC) carry out its major responsibilities, the effectiveness and efficiency of the CNTC, the efficiency of communication between the CNTC officers and members, and how committed the CNTC is in preparing new members to meet the goals of the Consortium.

The Quality Assurance Coordinator will also analyze the reports provided to the stakeholders throughout the year to determine the overall effectiveness of the process improvement methods, and the attainment of the goals outlined in the QM Plan.

## **Conclusion**

The goals, outcomes, and strategies established by the EQA and Planning Committees were guided by the member's understanding of the needs of the community and vision of the CNTC. The two Committees will continue to assess the needs of people living with HIV/AIDS and those affected by the disease to ensure that these objectives remain appropriate to the epidemic in Area 15. The goals and relevant outcomes and strategies will be reviewed annually by the Committees and updated as necessary.

## Attachment A

### Data Collection Plan Methods for Goals and Objectives

#### Activities Table for 2011-2012

<b>Major Function</b>	<b>Important Aspect of Care</b>	<b>Opportunity Identified</b>	<b>Timeline</b>
Case Management	Case Management Standards	New guidelines warrant tracking of progress towards implementing	Annual monitoring
	Eligibility Guidelines	New guidelines warrant tracking of progress towards implementing	Annual monitoring
	Payer of Last Resort	Ensure CAREWare documentation reflects other funded programs are utilized before Ryan White (Other Eligible Funding Sources)  Monitor CAREWare for those clients who appear eligible for the PAC Waiver Program and compare to results in TCHC database	Beginning June 2011 then Quarterly  Quarterly
	Total # of clients seen per month by provider agency	Monitor CAREWare and the TCHC database for client totals	Data collected monthly
Continuity of Care	Patient/Client Retention	Monitor CAREWare and the TCHC database for clients who do not have a documented medical appointment within 3 months  Monitor CAREWare for clients with re-determinations not conducted before 6-month due date  Monitor CAREWare and the TCHC database for clients who do not have	Annual (for baseline)  Annual (for baseline) Bimonthly for monitoring  Annual (for baseline)

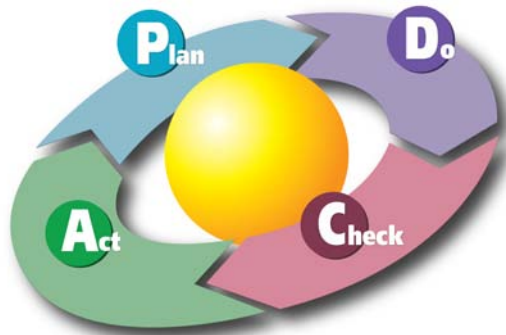
		<p>CD4 tests in the past 3 months</p> <p>Monitor CAREWare and the TCHC database for clients who have AIDS diagnosis and are/are not on HAART (Comparison)</p> <p>Monitor the TCHC database to establish the number of clients that receive 2 dental cleanings within the contract year</p> <p>Monitor Care Connection reports to determine the number of clients back in care and the barriers that disrupted their care</p>	<p>Annual (for baseline)</p> <p>Annual (for baseline)</p> <p>Quarterly</p>
Information Systems	HRSA Mandates	Monitor CAREWare to ensure that Client Level Data is being recorded	Data collected quarterly
Patient Satisfaction	Patient/Client Retention	Analyze customer satisfaction surveys	Annually

## Attachment B

### The PDCA Cycle

The PDCA (or PDSA) Cycle was originally conceived by Walter Shewhart in 1930's, and later adopted by W. Edwards Deming. The model provides a framework for the improvement of a process or system. It can be used to guide the entire improvement project, or to develop specific projects once target improvement areas have been identified.

The PDCA cycle is designed to be used as a dynamic model. The completion of one turn of the cycle flows into the beginning of the next. Following in the spirit of *continuous* quality improvement, the process can always be reanalyzed and a new test of change can begin.



**Plan** - a change or a test, aimed at improvement. Analyze the intended improvement, looking for areas that hold opportunities for change.

**Do** - Carry out/implement the change or test (preferably on a small scale) that was identified in the plan phase.

**Check or Study** - the results. What was learned? What went wrong? Did the change lead to improvement?

**Act** - Adopt the change, abandon it, or run through the cycle again.

After planning a change, implementing and then monitoring it, you must decide whether it is worth continuing that particular change. If the change led to a desirable improvement or outcome, consider expanding the trial to a different area, or slightly increasing your complexity. If the change did not provide the improvements expected, complete the cycle again with a different plan.