Quality Management Plan
FL DOH Monroe County Health Department (MCHD)
Ryan White CARE Act Title III Early Intervention Services/Primary Care

Vision
Empowered people living healthy lives, self-managing chronic disease, working in partnership within a comprehensive, structured system where there is no fear, stigma, or barrier to adequate and appropriate services to maintain optimal quality of life.

I. Purpose
The Purpose of this Quality Management Plan is to satisfy the legislative requirements for the Ryan White CARE Act Title III to establish a coordinated approach to assuring quality of care and process improvement in the grantee HIV primary care program.
   A. A systematic process with identified leadership, accountability, and dedicated resources;
   B. Use of data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks;
   C. Focus on linkages, efficiencies, and provider and client expectation in addressing outcome improvement;
   D. A continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities;
   E. Ensure the data collected is fed back into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes.

II. Mission
The mission of the FL Department of Health is to promote and protect the health and safety of all people in Florida by delivering quality public health services and promoting health care standards.

The mission of the FL DOH Monroe County Health Department is to improve the health of the public through preparedness, education, prevention and service.

The mission of the Monroe County Health Department HIV primary care program is to create a seamless system of services to promote and sustain the health and well being of the HIV impacted community.

III. Principles of Quality Management (QM)
A Quality Management Plan defines a quality program’s strategic direction and provides a blueprint for upcoming improvement activities for the HIV program. The Quality Improvement Program systematically monitors, evaluates, and continuously improves the quality and appropriateness of HIV care and services provided to clients/patients to
   A. Ensure the highest quality of care.
   B. Focus on clinical outcomes as the measure of quality.
IV. Content
The Quality Improvement Program (CQI) is designed to address the following major functional areas and aspects of care:

- Clinical Primary Care
- Client/Patient and Staff Education
- Continuity of Care
- Client/Patient Satisfaction
- Case Management
- Medical Record/Information Systems
- Utilization Review

Special attention will be given to high volume, high risk and problem prone areas as well as to Ryan White grant expectations and the most current HIV guidelines and standards of care.

V. Quality Infrastructure
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A. Leadership: The HIV Program Director supported by the Medical Director and the Continuous Quality Improvement Coordinator is accountable, responsible and answerable for planning, directing, prioritizing, coordinating, and improving services. This core team meets regularly to approve the performance improvement plan and to review quality improvement activities. The CQI coordinator disseminates reports to the HIV Providers’ Quality Management Committee (QC) and to the Monroe County Collaborative to Improve Care for Persons with HIV (Quality Collaborative). The CQI Coordinator is responsible for the education component of the QM Plan including staff orientation and in-service training of quality improvement process.

B. Quality Management Committee Structure: A QC under the direction of the Medical Director establishes and annually updates the QM Plan and develops and monitors agreed upon quality goals and performance measures, reviews reports at least quarterly to assess clinical, operational and programmatic aspects of patient care. The QC meets bi-monthly and includes approximately 15 HIV Providers.

C. The Monroe County Collaborative to Improve Care for Persons with HIV (Quality Collaborative) meeting bi-monthly includes approximately 35 participants: interagency and multidisciplinary representation including the Monroe County Health Department HIV/Primary Care and Prevention staff, AIDS Help client services and prevention staff, Care Center for Mental Health, AIDS Health Foundation RN case managers, and participants in the Consumer Advisory Board (CAB). The Quality Collaborative agenda includes Care Coordination, Quality Improvement, Process Management, and Strategic Planning to accomplish mutual goals and objectives.

D. Roles and Responsibilities

1. HIV Program Director: final accountability and decision making, interaction with medical providers to translate their expectations into program goals and activities.

2. Continuous Quality Improvement Coordinator: organizes and facilitates meetings, collects and analyzes data, generates reports and provides feedback to stakeholders, alerts Core Leadership and QC of problem areas, monitors work of quality teams, maintains data and statistics for HRSA requirements.

3. Medical Director: Oversees clinical aspects of program

4. Quality Committee: HIV Medical Providers meet bi-monthly as the QC to review clinical issues, to do case reviews, to review quarterly reports of performance measures and identify opportunities for improvement, establish quality teams and monitor results, to review and approve QM Plan annually.

5. Monroe County Collaborative to Improve Care for Persons with HIV (Quality Collaborative): meets bi-monthly to improve procedures for care coordination, continuity of care, retention in care. Reviews performance measures, identifies opportunities
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for improvement, coordinate and manage processes, form quality teams.

6. AIDS Help, Inc.: case management and outreach staff participate in Quality Collaborative as team effort to accomplish the goals and objectives of the FL Keys HIV Community Planning Partnership (FKHCPP) Ryan White II Comprehensive Plan, to meet needs of mutual clients and to accomplish improved program performance and improved health outcomes.

7. HIV/AIDS Prevention Program (HAPP): education and testing staff participate in Quality Collaborative as team effort to implement CDC Advancing HIV Prevention (AHP) strategies and the Prevention Service Delivery Plan.

E. Resources:

1. 1.0 FTE Sr. Human Services Program Manager serves as Continuous Quality Improvement Coordinator.
2. 0.5 FTE Registered Nurse assists with CQI.
3. 0.5 FTE Administrative Assistant I enters encounter data into the RW CAREware patient database and generates reports as required.
4. MCHD Management Information Systems staff provide IT support as needed. (no dedicated FTE)

**VI. Quality Goals**

50% of patients on HAART will have an undetectable (<400) Viral Load.
80% of patients on HAART will have a CD4 count >200
75% of patients on HAART will have documentation of adherence counseling every 3 months.
50% of women patients will have documentation of Pap Smear in the last 6 months.
80% of patients will have a clinic visit every 3 months.

Efforts and resources are directed toward achieving measurable and realistic goals established annually by the QC and including measures of both health outcomes and process improvement. Goals are selected and revised according to impact and feasibility. Thresholds are established at the beginning of the year for each goal. (see attachment for annual goals)

Following the Chronic Care Model from the Institute for HealthCare Improvement changes will be tested in each of the six improvement areas:

- Delivery System Design
- Community Linkages
- Patient Self Management and Adherence
- Leadership
- Decision Support,
- Information Management
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Goals will include 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 patients and their families, clinicians and other providers of services, and staff.

VII. Participation of Stakeholders

A. Feedback is gathered from internal and external customers involved in the planning, implementation, and evaluation of the quality management program including:
   - Clients/patients are represented on the Consumer Advisory Board (CAB) and on ad hoc committees or specific projects. Clients participate as employees of the HIV program. Feedback is gathered from clients in an annual satisfaction survey, in focus groups and interviews, and from the surveys conducted by the Ryan White Title II consortium (FKHCPP).
   - Clinicians and specialty providers attend the bi-monthly meetings of the Quality Collaborative at which time they review QI reports and provide input into the program. These meetings facilitate participatory problem solving, development of project teams and strategic planning.
   - The AIDS service organization providing case management and Health Education Risk Reduction/Outreach services (AIDS Help Inc) participates in the Quality Collaborative bi-monthly meeting. They review QI reports and provide input into the program.
   - Members of the community are invited as appropriate to meetings of the Quality Collaborative.
   - Clerical and support staff participate in bi-monthly meetings of the Quality Collaborative and serve as members of quality improvement teams.
   - Information Technology staff provide support and input for maintaining data integrity, assuring confidentiality and security, and reporting capability.

B. The Ryan White consortium (FKHCPP) develops a Quality Management plan in close alignment with that of the Monroe County Health Department HIV program. Because many of the goals and performance measures are the same The HIV Collaborative to Improve Care for Persons with HIV serves as common ground for QI activities.

C. Continuous Quality Improvement (CQI) depends upon the participation of stakeholders to test changes aimed at improving performance and processes. Changes are based on the needs and desires of the clients/patients and health professionals involved in the entire work process. Teams are convened to develop plans and study results to continuously improve. Individuals most closely impacted by the changes and associated with the process should be members of the quality team. The key to quality improvement is identifying causes affecting performance and changing systems to effect improvements.
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VIII. Performance Measurement
A. The Core Leadership Team identifies and quantifies performance measures related to critical aspects of care and services.
B. Indicators are specified to determine the progress of the QM Program.
C. The Data Entry clerk will collect and enter concurrent data from CAREware Encounter Forms, CIS/CSR forms, and diagnostic laboratory reports into the CAREware patient data base until 2007 when the database can be managed in the FL DOH Health Management System (HMS). Demographic data, visit frequency and missed appointment data will be used from both CAREware and the FL DOH Health Management System (HMS).
D. The Quality Improvement Coordinator is accountable for collecting, analyzing, and reviewing performance data results and articulation of findings.
E. The Quality Improvement Coordinator will present data reports for review at the HIV Collaborative meetings, including customer satisfaction reports. Both concurrent and retrospective review of data will comprise reports. Quality Teams will receive reports relating to their performance improvement work.
F. The QC and the Quality Collaborative will use data to develop new QI activities to address identified gaps.

IX. Capacity Building
The Quality Improvement Coordinator will assure that training and technical assistance are available to spread performance measurement systems and QI activities throughout the health system and provider network. The education component includes employee orientation and updates.

X. Evaluation
A. The Core Leadership Team will evaluate the Quality Management Program:
   - QM/QI infrastructure effectively accomplishes the work of quality improvement.
   - QI activities are accomplishing intended goals.
   - Performance measures satisfactorily assess clinical and non-clinical HIV care.
B. Regular feedback regarding improvement projects is critical to success in sustaining improvements over time. Once an improvement plan has been successful, a regular monitoring schedule will be implemented to determine whether the plan remains successful over time.

XI. QM Plan Implementation
The Quality Improvement Coordinator develops a QI workplan and submits a progress report quarterly. This workplan establishes the priorities for the QM Program. (see addendum for each year’s specific goals and workplan/progress report.) The Quality Committee reviews the progress report and makes recommendations.
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XII. QM Plan Update
The Quality Improvement Coordinator will place the QM Plan on the agenda of the January meeting of the QC of HIV Medical Providers for review and updating.

XIII. Communication
The Quality Improvement Coordinator communicates with all participants in the QM program by regular emails and at regular meetings: Agenda and Minutes of meetings, announcements of training opportunities, useful websites and other resources, current QI activities, Quarterly QI reports of performance measures, identified challenges to meet and successes to celebrate.

Signatures:

____________________________________   _________________
Monroe County Health Department Director    Date

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HIV Early Intervention Services/Primary Care Director  Date

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Medical Director        Date