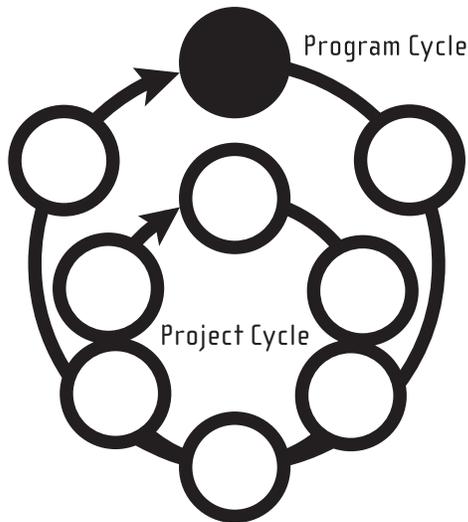


Program Step I: Develop and Plan a Quality Management Program



The Big Picture:

Quality management programs are most successful when led and supported by the leadership of the HIV facility. Leaders can provide an environment conducive to establishing changes. In Program Step I, those individuals who will champion the improvement efforts at strategic levels are identified. These individuals then assume responsibility for the HIV quality management plan—a blueprint to guide quality initiatives for the upcoming year.

What To Do:

- Identify leaders and key stakeholders.
- Form a quality management committee.
- Develop HIV quality management plan.
- Strategize to implement the quality plan.



Snapshot of HIV Care

Training Your Staff – A Great Start

It's not necessarily important where you start in developing your quality program. It's that you start.

Providing training on quality management to staff is often an initial and key step that can build interest, motivation and ownership for the quality program. Interfaith Community Health Center,

Bellingham, WA trained its staff and board members so that everyone had a common knowledge base from the start and were able to participate in the planning process. Including the entire staff and governance helped jump start the program. "The general sense in the clinic was that the time for this kind of consistency had come," says Sam Curd, Care Coordinator. "The idea of making quality improvements has been embraced."



Snapshot of HIV Care...*Continued*

What Should Your Quality Infrastructure Look Like?

Over time quality experts in the field noted that in order to sustain quality improvement gains, a sound quality management infrastructure is needed. Sitting down with staff and defining the quality infrastructure is critical to map out who needs to be involved, what goals you have for your quality program and when staff meet to talk about quality. Whether you are a stand-alone community health center or a multi-site agency or network, this process takes time, involves others and requires decisions by leaders.

The Dallas Family Access Network (Dallas FAN) is composed of a lead agency and subcontractors that provide medical and social services. When developing their quality program, they needed to form a consensus on what they were going to measure and how the quality program would be structured. Decisions had to be acceptable to both the lead agency as well as to the subcontractors—many of which had their own existing quality management programs and different data collection systems.

“Networks are challenging,” states Elizabeth (Betty) Cabrera, Executive Director. The process was lengthy. “We didn’t want to develop a whole new set of indicators for people to measure, so we had to get buy-in from network members.” Identifying indicators that were common across the network and were able to be measured was also challenging. “We know that our comprehensive services work, and we want to be able to measure how it makes a difference for our clients.”

Involving Staff And Consumers

Julie Alrich, at Unity Health Care, a multi-site agency in Washington, DC says that it is important to resist the temptation to have only one person develop the plan. “This would have simplified the process, but we would have missed the opportunity to have discussions and constructive dialog.” States Alrich, “The group approach not only allowed everyone to feel ownership of the final product, but it also served as an educational forum. By creating the quality management plan together, we were able to learn from each other.”

Recruiting quality committee members is often difficult at facilities where staff already feel over-worked. However, at the PATH Center at Brooklyn Hospital, interested staff had to be turned away because of overwhelming interest in serving on its committee. Dan Sendzik, Executive Director attributes the popularity of this committee to the leadership’s support. “Staff are eager to participate,” he says. The committee’s work is seen as important. “The issues discussed are real and relevant. People want to be part of the decisions that will affect their day-to-day work.” Also, Sendzik believes, people also see professional and personal benefits to participating on the committee. “People feel they are learning something from being on the committee. The committee has a seminar quality about it that attracts professionals who want to learn more.”

The Circle of Care, Philadelphia, PA sought to involve consumers in the development of quality indicators for their family-centered primary care and case management services. Providers and consumers worked together. A consumer panel using a “talk show” format was part of the process. The group developed a consensus document on four primary care and four case management indicators.

Outlining Your Quality Program On Paper

Too often when staff moves on or other priorities appear, no staff member seems to clearly remember what the next steps are. A simple written quality management plan can help you to remember how HIV programs can accomplish their quality goals, where they left off at their last quality committee and clarifies the roles and responsibilities of staff. During a recent national conference call, an HIV provider noted that ‘stealing shamelessly, sharing senselessly’ was their approach to learn from other already existing plans. She noted: “Seeing and reviewing other plans, made me realize a common framework and how simple they can be. They were really helpful.” The message was loud and clear, use established templates and get started.

Identify Leaders And Key Stakeholders.

Simply stated: leadership is an essential component of an HIV quality program. For HIV programs just beginning on a quality journey, leadership helps in getting those quality efforts off the ground and making sure they do not peter out after a few well-intentioned months. For those HIV programs that have an existing quality program, leadership is crucial to maintain and support ongoing changes to the HIV care delivery system.

Leaders are those individuals who have the ability to formally and informally influence and inspire others providing a vision and direction for the quality program. Leaders create the culture in which quality is both prized and promoted.

In addition to leaders, key stakeholders are also instrumental in an HIV quality program. Stakeholders are those who have an interest in seeing quality efforts succeed. This category of people might include patients, advocacy groups, board members, or representatives from funding organizations.

Dialogue is initiated to listen to the voices of leaders and key stakeholders. The objectives are to:

- Better understand the environment in which the quality management program works.
- Get input and buy-in in key areas for the quality program.
- Develop a vision for the quality program and strategically outline the goals and objectives.
- Identify potential members for a quality management committee or leaders of quality activities.

In most cases, this dialogue is informal. But the information gathered should be documented so that the ideas and opinions can be integrated later into the development of an HIV-specific quality program.



The Toolbox on page 31 provides a simple chart for identifying individuals. Use the chart to answer the following question: Who are the key individuals at your HIV facility from whom you can obtain input and build a sustainable quality management program?



Real-World Tip Engage Leaders And Key Stakeholders.

Keep the following guidelines in mind when engaging individuals who will be involved in the HIV quality program:

- Talk with program staff and patients; include as many people as is feasible.
- Interview the leaders and stakeholders about their ideas for building a successful quality management program.
- Hold focus groups or interviews with patients to identify their needs and expectations.
- Consult routinely with the Consumer Advisory Board (CAB) and ask for recommendations.
- Meet with the facility's board to discuss the main directions for the HIV quality program.



Toolbox:

Identification of Quality Improvement Leadership

WHO	NAME
Formal Leaders	
Medical Director	
HIV Program Administrator	
Practitioners	
Nurses	
Case Managers	
Quality Improvement Staff	
Others	

KEY STAKEHOLDERS	
Patients	
Board Member(s)	
Patient Advocate(s)	
Project Officer/Grant Representative	
Others	

OTHERS	
Individuals who influence others because of their personality, ability to get things done, or in-depth knowledge	

Form A Quality Management Committee.

In order to build momentum for HIV quality improvement activities, a group of individuals can be brought together—an HIV quality management committee. These individuals build an HIV facility's capacity and capability for quality improvement. Some of the same people identified as leaders or key stakeholders may also serve on the quality committee.

The major task of a quality management committee is to help ensure everything is in place at an HIV facility for the improvement efforts to succeed and be sustained over time. The quality committee plans and oversees all quality program activities at the facility, particularly the quality improvement projects completed by individual project teams.

Members of the quality committee have five main areas of responsibility:

- Strategic planning. The quality committee is charged with strategizing how to best establish and maintain a sustainable quality management program. The committee develops the facility's HIV quality management plan and prioritizes goals and projects so that the most critical areas are addressed first. The committee assumes responsibility for outlining the quality management program infrastructure, identifying performance measures, and planning for program evaluation.
- Facilitating innovation and change. A quality committee removes any negative restraints or barriers to achieving and sustaining improvements. Depending on the given situation, this may require changing policies that could potentially impede improvements. Some level of training may be necessary to prepare staff for change. Or, it

might be as simple as promoting open, two-way communication to ensure everyone at a facility feels that they have a voice in the quality management program.

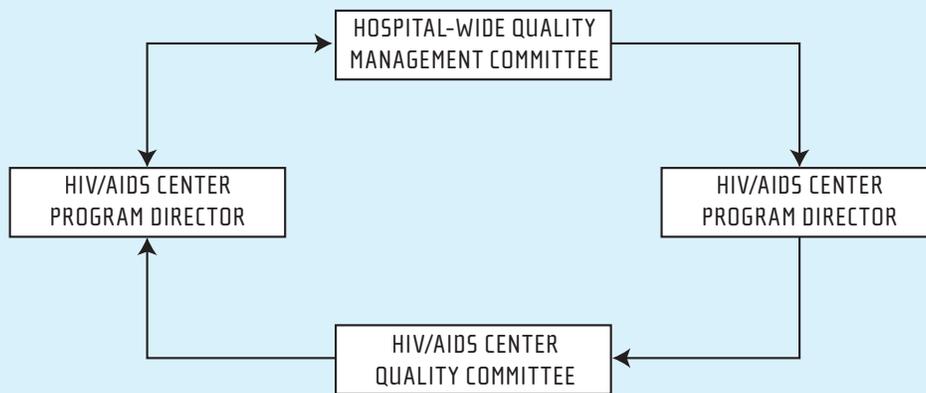
- Providing guidance and reassurance. On a routine basis the quality committee oversees the progress of quality activities to ensure that they are staying on track and to provide guidance. Quality improvement projects will involve some measure of changing the status quo. Departures from routine conventions can become challenging. The quality committee needs to listen, observe, be responsive to staff needs during the improvement process, and provide support and encouragement at appropriate junctures.
- Establishing a common culture. In order for an HIV quality management program to succeed, staff will want to be "on board." To gain the buy-in of staff and stakeholders, the quality committee should demonstrate a true commitment to the quality program. Success in making HIV care improvements results in quality being a shared value among everyone at a facility.
- Allocating resources. HIV facilities already face many time constraints and resource pressures on a daily basis. The HIV quality committee needs to ensure that staff has both the time and the information necessary to actively participate in the projects set forth in the quality management plan.



Toolbox: Organizational Chart for Quality Management

The following example showcases the organizational structure for quality management:

‘The hospital-wide Quality Management Committee oversees internal quality improvement activities that are performed at the HIV/AIDS Center. The overall responsibility for the HIV/AIDS Center lies with the Program Director who authorizes the HIV/AIDS Center Quality Committee to plan, assess, measure, and implement performance improvements throughout the entire HIV/AIDS Center. The HIV/AIDS Center Quality Committee reports back to the hospital-wide Quality Management Committee.’



Selecting quality committee members

Quality committee participation depends on several factors including HIV service delivery model, co-located services, and program size. Typically a cross-functional representation of all professional backgrounds proves most effective in planning and decision-making. Visualize taking a vertical and horizontal slice of your organization.



The Toolbox on page 35 lists the titles of individuals who are logical candidates to serve on a quality committee at two different HIV care facilities.

If your facility already has a quality management program and an HIV quality committee in place, plan to annually review and (as necessary) revise the list of committee members. In putting together an HIV quality committee for the first time, the HIV medical director in consultation with staff and the facility's leadership decides who should serve on the committee.

Notes



Additional Resource

The HIVQUAL Group Learning Guide "Leadership for Quality" exercise can help you teach small groups about a quality leader's roles and responsibilities. It could also be used as an icebreaker when a facility's quality program leaders meet for the first time. You can download this publication at www.hivqual.org.



Real-World Tip Build A Credible Committee.

An HIV quality committee should be an actively engaged committee which can make a difference. To build a credible committee:

- Build a cross-functional group; draw from different service areas within the clinic.
- Identify individuals who are potential influencers and can get things done.
- Start with a small group of individuals who are most critical to the program's success.
- Keep everyone informed about the process.
- If applicable, include cross-title representation (Ryan White Title III and Title IV) in this committee.
- Include patients and/or stakeholders on the committee.
- Identify a person who will facilitate the meeting.



Toolbox: Quality Planning Meeting Agenda

Purpose: Family Health Center's first draft of the annual quality management plan

Date: December 3, 2005

Time: 1:00 – 4:00pm

Place: Conference Room A

Participants: Dr. Jane Dissan, Dr. Vincent Seaton, Taimi Miller, René Santos

TIME	TOPIC	WHO
1:00	Check-in	All
1:05	Review meeting purpose and agenda topics	Dr. Dissan
1:15	Review and discussion of 2006 quality improvement goals (Handout A)	All
1:45	Review of project improvement team results for 2005 (Handout B)	All
2:15	Determine the focus of the quality management plan for 2006	All
3:45	Summarize next steps/action items	René Santos



Toolbox: Quality Improvement Leaders

This Toolbox provides two examples of quality committee membership to highlight the differences between various HIV delivery systems.

QUALITY COMMITTEE MEMBERS FOR A TEACHING HOSPITAL (HIV CASELOAD: 700)

Chief of Infectious Diseases
AIDS Center Administrator
Director of Ambulatory Care
Director of Quality Improvement
Director of Nursing
AIDS Center Nurse Practitioner
Clinic Coordinator for Case Management
Senior Staff Nurse
Patient Representative
Title 4 Provider

QUALITY COMMITTEE MEMBERS FOR A NEIGHBORHOOD HEALTH CENTER (HIV CASELOAD: 100)

Medical Director
Senior Staff Nurse
HIV Nurse
Case Manager
Patient Representative

Getting committee work done

To be effective, the HIV quality committee needs to have basic operational ground rules in place.

- **Chairperson identification.** One individual is responsible for directing the activities of the quality committee, mediating and resolving conflicts among committee members, and representing the quality committee to other parts of the HIV facility. This chairperson needs to fully understand the HIV facility's quality goals and principles.
- **Meeting frequency and duration.** A regular quality committee meeting schedule should be set up at least bi-monthly. The scheduled time should be as convenient as possible for all committee members. Meetings should start and end on time to facilitate attendance.
- **Documentation.** Every quality committee meeting should have an agenda to guide points of discussion and prevent the session from running over time. If it's not possible to develop an agenda in advance, the first few minutes of the meeting should be spent writing one on a flipchart. Likewise, minutes of the meeting should be recorded to summarize the discussion points and remind committee members about action items to be performed. In the event that new staff or consumers join the quality committee, such historical documentation can be valuable in getting them up to speed.
- **Communication.** It is important to keep staff and consumers informed about committee activities. Many quality committees do this effectively by sharing meeting minutes with the facility board, staff and consumers.

This helps staff to understand the improvement issues and challenges facing the quality committee. You may consider posting your findings in the hallways and waiting rooms for consumers to see how the facility is working to improve HIV care.



Real-World Tip Prepare The HIV Quality Committee.

HIV quality committee members cannot be expected to be experts in all the knowledge and skills required to plan and oversee quality activities. The following practices can contribute to committee's success:

- Educate all committee members about quality improvement methodologies and tools.
- Develop a committee charter to outline the committee purpose and member responsibilities.
- Initially provide a wide range of performance data to inform members about the status-quo.
- Spend time to develop an agenda and necessary hand-outs for meetings; share them prior to the meeting.
- Keep minutes; brief minutes are better than no minutes.
- At least once a year, dedicate a quality committee meeting to reviewing and/or revising the committee's charter.
- Create a 'notebook' that includes the quality management plan, workplans, agendas, and minutes.



Toolbox: Quality Improvement Committee Minutes

QUALITY COMMITTEE MEETING

DATE	December 20th, 2005
MEMBERS PRESENT	Victoria S (chair) Catherine G; Hannah W; Daphnee C; Sheldon M; Barbara W; Michael D; Susan G; Stephen A, MD; Tom D; Janet W; Isaac K; Leona W; Peter S; Clemens S
CALL TO ORDER AT	8:00am
MEETING WAS ADJOURNED AT	8:00am
MINUTES FROM LAST MEETING	Reviewed and Approved
ANNOUNCEMENTS	None

QUALITY COMMITTEE MINUTES

TOPIC/AGENDA	DISCUSSION/FINDINGS	FOLLOW-UP
<ul style="list-style-type: none"> Pediatrics 	<ul style="list-style-type: none"> The results of a Pediatric Outpatient review were presented indicating compliance rates of 73% for growth/nutrition. It was discussed that the compliance rate of the Dental Care indicator has increased from 22% in 8/2005 to 75% in 11/2005. It was also discussed that the 30% rate of compliance for the TB status indicator is due to inaccessibility for follow-up appt. for the PPD reading. 	<ul style="list-style-type: none"> The rate of compliance for the growth/nutrition indicator will be followed up by the forms committee. Actions regarding PPD reading need to be discussed by the program's leadership. Follow-up by Steve A
<ul style="list-style-type: none"> Social work 	<ul style="list-style-type: none"> The results of a Social Work Inpatient Review were presented indicating that 89% of our inpatients were receiving medical care previous to the admission. It was discussed that patients are being followed up by a private attending. It was discussed that some clarification needs to be provided regarding the results of the review. 	<ul style="list-style-type: none"> It was suggested that a meeting take place between Catherine G, Barbara W and Clemens S to revise the review tool and to discuss the presentation of the results. Follow-up by Catherine G
<ul style="list-style-type: none"> MMTP 	<ul style="list-style-type: none"> The results of an Annual Medical Review were presented. It was discussed that the indicators used in the review tool are based from OASIS' Standards. It was also discussed that as of 11/19 MMTP began working jointly with CTRPN. The results of a Counseling Admission Review were presented indicating low compliance rates for agreement for testing (25%), completed within first week of treatment (20%). Orientation completed and signed w/in 30 days (67%). It was discussed that there was additional information added to the interviewing process and the conversation. 	<ul style="list-style-type: none"> It was suggested that we go beyond what OASIS asks for as indicators and include HIV testing and Hepatitis indicators to the review tool. It was discussed that there should be automatic referrals for HIV counseling and testing (for new admission to program and to annual review). Follow-up by Susan G
SUBMITTED BY:	Daphee C; December 27th, 2005	

Develop An HIV Quality Management Plan.

Lasting improvements in HIV care do not happen overnight. True to the HIVQUAL Model, the planning process is also continuous. In particular, an HIV quality management plan serves as the blueprint for quality initiatives. It describes the overriding purpose of a facility's quality program, the infrastructure that supports quality activities, and its goals for the upcoming year. It also serves as a reference tool for both current and future staff. The following two steps are needed:

- Deciding on a planning approach
- Creating the quality management plan

Deciding On A Planning Approach

The planning process to develop a quality management plan provides an opportunity to create a sense of ownership among staff members and consumers for the facility's improvement initiatives. Before diving into the details of your quality management plan, decide on a general approach for developing and finalizing the plan that includes a wide representation of staff and stakeholders. Select from one, or a combination, of the following planning options.

- Planning meeting. Facilitate a yearly meeting in which decisions are made regarding the key components of the quality management plan. Prior to the annual meeting, gather and distribute background information to participants pertaining to the meeting and prepare a draft of recommendations to give focus to the decision-making process.
- Series of planning meetings. Break the annual meeting down into smaller steps and plan a series of short meetings.
- Planning group. Rather than a large-group meeting, form a group comprised of two to three individuals who are responsible for delineating a process to gather staff and stakeholder input to subsequently finalize the quality management plan.



Whichever option is chosen, the planning meetings should be held at a scheduled time and place with an agenda prepared. A sample meeting agenda is shown in the Toolbox on page 35.



Additional Resource

For guidance in teaching small groups how to develop a quality improvement management plan, see the HIVQUAL Group Learning Guide "Quality Improvement Management Plan" exercise. The exercise could also be used to familiarize a leadership group before starting to develop a plan. You can download this publication at www.hivqual.org.

Creating The Quality Management Plan

A quality management plan defines a quality program's strategic direction and provides a blueprint for upcoming improvement activities for the HIV program. While there is no universal "how-to" template for creating a quality management plan, this section outlines the basic elements that should be covered:

- Quality statement
- Quality improvement infrastructure
- Performance measurement
- Annual quality goals
- Participation of stakeholders
- Evaluation



The Toolbox on page 43 showcases an HIV facility's quality improvement management plan which illustrates examples for each element. More examples are listed later in this step.

Quality Statement

What do we want to be?

A quality statement describes the purpose of the HIV quality program. It is the end to which all other program activities are directed. Some programs may refer to this as their quality mission statement, others as their guiding purpose for quality activities. To write a quality statement for the quality management plan, assume an ideal world and ask yourselves, "What do we want to be for our patients and our community?"

Quality Management Infrastructure

How are we organized?

The quality management infrastructure describes how the program is structured and staffed in order to get work done:

- **Leadership:** Who is ultimately responsible for the HIV program's quality initiatives?
- **Quality committee structure:** Who chairs the HIV quality committee? Which staff serves on the quality committee?
- **Quality committee meeting frequency:** When will the quality committee meet to assess progress and plan future activities?
- **Quality committee reporting:** What is the relationship of the quality committee to the facility at large? How will the quality committee communicate its progress to staff and consumers?



If your facility uses organizational charts to illustrate how groups and individuals are aligned across the facility, consider using the same model to create a quality program organizational chart. The Toolbox on page 33 shows an example.

Performance Measurement

How will we assess progress?

Performance measurement is a method for identifying and quantifying the critical aspects of care within your facility. This is essential to assembling baseline performance data and measuring the effectiveness of improvement efforts over time.

Most HIV quality programs assess progress using quality of care indicators. A quality of care indicator is a measured aspect of patient care used to evaluate the extent to which a facility provides a particular element of care. Generally, indicators are based on specific standards of care derived from guidelines issued by a professional society and/or government agency. For example, the frequency of viral load tests is an indicator for how well a facility conducts HIV monitoring. Based on current guidelines, a viral load test should occur every three to four months.

Identify aspects of care for performance measurement, keeping in mind four main criteria:

- **Relevance.** Does the indicator relate to a condition that occurs frequently or has a great impact on the patients at the facility?
- **Measurability.** Can the indicator realistically and efficiently be measured given the facility's resources?
- **Improvability.** Can the performance rate associated with the indicator realistically be improved given the limitations of your clinical services and patient population?
- **Accuracy.** Is the indicator based on accepted guidelines or developed through formal group-decision making methods?



Real-World Tip Beg, Borrow, And Steal Indicators.

When choosing quality of care indicators, feel free to adopt indicators that your facility has already designated as a priority from the following websites:

- National HIVQUAL Project (www.HIVQUAL.org)
- National Quality Center (www.NationalQualityCenter.org)
- New York State Department of Health AIDS Institute (www.hivguidelines.org)
- Improving Care for People Living with HIV/AIDS Disease. Institute for Healthcare Improvement, HRSA/HAB. HIV/AIDS Bureau Collaborative. Order via the HRSA Information Center (www.ask.hrsa.gov) or call 888-ASK-HRSA
- National Quality Measures Clearinghouse (www.qualitymeasures.ahrq.gov)

If you answer "no" to any of these questions, the indicator—while still relevant to patient care—is probably either too difficult to measure or less than critical to patient care. On the other hand, if you answer "yes" to all of these questions, you have most likely found a viable indicator that will give you the most benefit for your measurement resources.



The Toolbox on page 45 shows several elements of HIV care and corresponding aspects which may be used as indicators.

Annual Quality Goals

What are the priorities for the quality program?

Quality goals are endpoints or conditions toward which the facility will direct its efforts and resources during project work. Quality goals help staff focus on improving aspects of care. While an HIV program is able to measure several key performance indicators, the available resources for quality improvement work might limit the HIV program to conduct one to three quality improvement projects per year. The quality committee needs to work with staff and stakeholders to develop annual goals so that they are understood and embraced by everyone at the facility. Prioritization helps the facility to direct resources toward the issues that need it the most. The following three criteria can be helpful to a quality committee in prioritizing annual HIV-specific improvement goals:

- **Frequency:** How many patients received and how many did not receive the standard of care?
- **Impact:** What is the effect on patient health if they do not receive this care?
- **Feasibility:** Can something be done about this problem with the resources available?



For further description of how to establish annual HIV quality goals, see the Toolbox on page 46.

Participation Of Stakeholders

How will we get staff members and consumers on board?

If HIV quality improvement activities are to become a reality at a facility, provisions need to be outlined in the quality management plan for actively engaging staff and consumers, communicating information about quality improvement activities and providing opportunities for learning about quality.

- **Engage staff and consumers.** Gaining staff and consumer support for quality improvements requires capturing and integrating their voices. The needs and expectations should be understood and their feedback are reflected in the quality improvement management plan. To accomplish this, the quality committee should seek staff and consumer input to the extent feasible. Staff meetings and other informal one-on-one discussions are both appropriate methods. A short questionnaire might be developed and circulated.
- **Communicate information about quality improvement activities.** It is important that staff and consumers know about the facility's quality initiatives on an ongoing basis. A quality management plan should document how the facility will share information about its quality activities and project results. Options include providing



Additional Resource

Measuring Clinical Performance: A Guide for HIV Health Care Providers is a step-by-step guide to measuring HIV performance. Excerpts of this publication are included at the back of this Workbook on page 142. If needed, you can refer to the information for details about how to select and measure quality of HIV care. You can download this publication at www.hivqual.org.

updates at staff meetings, sharing quality committee meeting minutes, publishing newsletters, external committees and to consumers.

- Provide opportunities for learning about quality. Because staff members ultimately bring the quality management plan to life, it is likely that staff will need to be educated in some basic quality concepts and skills. The quality management plan should describe how the facility intends to provide staff training and learning opportunities. Options include self-study of quality manuals and quality posters, or attendance at formal training sessions about quality. As appropriate, these learning interventions could be shared with consumers.

Evaluation

How will we evaluate our overall performance as a program?

Performance measurement provides the hard data about improvements to care delivery over time, but it is also important to assess how efficiently the program is operating as a whole. There are two areas to consider in evaluation:

- Quality improvement projects conducted during the year. The projects should be a worthwhile investment in the facility's quality of care and result in improvements that are sustainable over time.
- Effectiveness of the quality management plan. The quality plan should provide the vision and organization required to evaluate the effectiveness of the entire quality program.

At this point, the management plan only need to outline when a program evaluation will be conducted. Program Step III on page 69 provides additional information about how to actually conduct a quality program evaluation and who should be involved in the process.



The Toolbox on page 50 provides another example of one HIV facility's quality management plan.



Additional Resource

Delbecq, A., Vand de Ven, A., and Gustafson, D. Group Techniques for Program Planning: A Guide to Nominal Group and Delphi Processes. Middleton, WI: Green Briar Press, 1975/1986.



Toolbox: Quality Management Plan

Consider the following example of a quality management plan for 'Campus Care Center,' an ambulatory clinic serving over 250 HIV+ adults located within a large academic hospital:

Quality Statement

The mission of the HIV Quality Management Program is to plan, assess, measure, and implement performance improvements in the systems and processes which affect the quality of care and services of the AIDS Center at the "Campus Care Center." The Quality Program strives to continuously improve the quality of care and services in a multidisciplinary team approach and is consistent with the organization-wide approach to quality improvement.

Quality Improvement Infrastructure

The overall responsibility and leadership for the HIV quality program lies with the Medical Director, who authorizes the quality committee to plan, assess, measure, and implement performance improvements throughout the entire clinic.

The membership of the quality committee reflects the diversity of disciplines within the "Campus Care Center." The members of the committee include the Medical Director (who serves as chairperson), one medical provider, one nurse, one case manager, one peer counselor, and one support staff member. The chairperson will report back to the overall committee responsible for hospital-wide quality activities. Membership is approved by the Medical Director.

The quality committee will have at least 10 scheduled meetings per year, tentatively planned for the second Wednesday of each month from 8:30-9:30 a.m. Additional meetings may be called as needed. Minutes of meetings will be kept and will be distributed to each member of the committee and to all necessary hospital-wide committees. A written summary of the meeting will routinely be made available to staff and consumers.

Performance Measurement

We will measure the following quality of care indicators on a quarterly basis:

- HIV monitoring (viral load, CD4 count)
- Antiretroviral therapy management
- Treatment adherence
- Treatment readiness education
- Access to expert HIV care
- Opportunistic infections prophylaxis (PCP, MAC)
- Tuberculosis screening (PPD)
- Gynecologic care (pelvic exam with PAP smear, GC, chlamydia screening)



Toolbox:

Quality Management Plan...*Continued*

- Substance use screening
- Dental and ophthalmology care
- Mental health screening and referral
- HIV patient education

Annual Quality Goals

Based on last year's performance rates, the quality committee prioritizes the following quality projects:

Two quality improvement project teams will be initiated in order to improve

- GYN rate (annual pelvic exam) to 90% or above and
- Annual Mental Health Screening of all HIV patients rate to 60% or above.

Participation of Stakeholders

One of the quality goals of "Campus Care Center" is to involve staff actively in the HIV Quality Program and its quality improvement activities. All staff members will be asked to participate in at least one quality improvement team. The participation in the quality program should be part of job expectations.

Findings of quality improvement activities as well as summary reports of quality committee meetings will be shared with staff to ensure open communication flow within the HIV program. Based on the belief that staff should be actively involved in the HIV quality program and its activities, all current and new staff members will receive the hospital's quality manual of quality improvement methodologies and review key chapters during bi-weekly staff meetings. In addition, staff will be provided annually with a 2-hour training session about quality improvement principles and will receive the hospital's quarterly newsletter on quality tools and techniques.

Consumers will be invited to the 2-hour training session about quality improvement principles and will receive the hospital's quality newsletter.

Evaluation

At the end of the year, the quality management plan will be assessed against its goals. This will facilitate planning of future quality improvement plans. An annual organizational assessment will be performed using the most current HIVQUAL Organizational Assessment Tool. Additionally, all quality improvement projects will be revisited and evaluated to learn more about future quality improvement projects regarding goal accomplishment, resource efficiency, and team collaboration.



Toolbox: Quality of Care Indicators

ELEMENT OF HIV CARE	QUALITY OF CARE INDICATOR(S)
HIV Monitoring	<ul style="list-style-type: none"> • CD4 cell count test performed every 4 months • Viral load measurement test performed every 4 months
Antiretroviral (ARV) Management	<ul style="list-style-type: none"> • Appropriate management of patients on ARV therapy based on whether the patient is deemed clinically stable or unstable • Antiretroviral (ARV) therapy medication • Treatment adherence to ARV
Screening	<ul style="list-style-type: none"> • Annual PPD screening • Annual lipid screening • Annual hepatitis (HCV) screening • Annual mental health screening
Opportunistic Infection (OI) Prophylaxis	<ul style="list-style-type: none"> • PCP prophylaxis (CD4<200/mm³) • MAC prophylaxis (CD4<50/mm³)
Gynecological Care	<ul style="list-style-type: none"> • Annual pelvic exam • Annual chlamydia test • Annual PAP smear • Annual gonorrhea culture
STD Management	<ul style="list-style-type: none"> • Annual syphilis serology
Substance Use	<ul style="list-style-type: none"> • Annual assessment of substance use • Annual assessment of tobacco use
Coordination of Care	<ul style="list-style-type: none"> • Annual dental exam • Annual ophthalmologic care (CD4<50/mm³)
Patient Education	<ul style="list-style-type: none"> • Basic patient education • ARV treatment education
Case Management	<ul style="list-style-type: none"> • Comprehensive assessment • Service plan • Follow-up on service plan goals and referrals every 4 months • Coordination of services every 4 months



Toolbox:

Establishment of Annual HIV Goals

The following four steps may assist an HIV program to identify and establish annual goals for the HIV quality management plan:

1. Assess where you are. Analysis of historical performance data helps to identify areas of strength and weakness where improvement may be needed the most. Understanding the current status-quo most often leads to meaningful goals that both staff and stakeholders will relate to and support. Consider sources such as internal performance data, consumer satisfaction survey results, staff input, consumer advisory committee, or external benchmarks.
2. Understand your parameters. Identify the basic parameters that describe your HIV program and the community it serves. Putting together such a succinct description of the program, including the aspects of HIV care you currently deliver, the demographics of patients served, and the external expectations of funding/regulatory agencies helps to identify where to focus quality improvement efforts.
3. Prioritize your annual goals. The assessment of past performance and the picture of the current environment give the quality committee the necessary information to brainstorm a list of annual HIV goals. A list of potential annual goals can be easily generated at a single quality committee meeting once an initial assessment is performed. The quality committee can then prioritize the goals.
4. Quantify where you want to be. Annual HIV quality goals need to be measurable. Based on the information gathered in the previous three steps, the annual quality goals need to be restated in quantitative terms such as: "85% adherence to antiretroviral therapy for all HIV+ patients receiving HAART therapy" or "To reduce patient 'no shows' by 15%."



Toolbox:

Checklist for the Review of an HIV-Specific Quality Management Plan

How to Use this Plan:

A Quality Management (QM) Plan defines a quality program's strategic direction and provides a blueprint for upcoming improvement activities for the HIV program. While there is no universal "how-to" template for creating a quality management plan, this checklist outlines the basic domains that should be covered in each plan: Quality statement, Quality improvement infrastructure, Quality Plan Implementation, Performance measurement, Annual quality goals, Participation of stakeholders, Evaluation, Capacity Building, Process to update the Plan, and Communication. This checklist can be used to assess your quality management plan for completeness and to identify areas which need to be incorporated into the plan. Keep in mind that this checklist should be used as a reference and assessment tool and that the most important step is to get started.

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
Quality Statement	<ul style="list-style-type: none"> Provides brief purpose describing the end goal of the HIV quality program and a shared vision to which all other activities are directed; assume an ideal world and ask yourselves, "What do we want to be for our patients and our community?" 	
Quality Infrastructure	<p>The quality infrastructure includes the following elements:</p> <ul style="list-style-type: none"> Leadership: Identifies who is responsible for the quality management initiatives Quality committee(s) structure: Documents who serves on the quality committee, who chairs the committee, and who coordinates the QM activities Roles and Responsibilities: Defines all key persons, organizations, and major stakeholders and clarifies their expectations for the quality management program Resources: Identifies the resources for the QM program 	
Annual Quality Goals	<ul style="list-style-type: none"> Quality goals are endpoints or conditions toward which quality program will direct its efforts and resources Selects only a few measurable and realistic goals annually (not more than 5); uses a broad range of goals Indicates that those annual goals are established priorities for the QM program Establishes thresholds at the beginning of the year for each goal 	
Participation of Stakeholders	<ul style="list-style-type: none"> Lists internal and external stakeholders and specify their engagements in the QM program Provides opportunities for learning about quality for staff Includes community representatives, as appropriate Specifies how feedback is gathered from key stakeholders 	



Toolbox:

Checklist for the Review of An HIV-Specific Quality Management Plan...*Continued*

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
Performance Measurement	<ul style="list-style-type: none"> Identifies and quantifies the critical aspects of care and services provided in the organization; ensures integration with other titles or accrediting bodies, GPRA, Program Assessment Rating Tool (PART) measures and unmet need Identifies indicators to determine the progress of the QM program Indicates who plans to develop collect, and analyze data Indicates who is accountable for collecting, analyzing, and reviewing performance data results and for articulation of findings Includes strategies on how to report and disseminate results and findings; communicate information about quality improvement activities Processes in place to use data to develop new QI activities to address identified gaps 	
Capacity Building	<ul style="list-style-type: none"> QI capacity building of providers and spread QI performance measurement systems and QI activities Identifies methods for QI training opportunities Provision of technical assistance on QI and support for QI activities Indicates how data are being fed back to providers and key stakeholders 	
Evaluation	<ul style="list-style-type: none"> Evaluates the effectiveness of the QM/QI infrastructure to decide whether to improve how quality improvement work gets done. Evaluates QI activities to determine whether the annual quality goals for quality improvement activities are met Reviews performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care 	
QM Plan Implementation	<ul style="list-style-type: none"> Specifies timelines for implementation to accomplish those goals - workplan Specifies accountability for implementation steps Provides milestones and associated measurable implementation objectives 	
Process to update QM Plan	<ul style="list-style-type: none"> Identifies routine schedule to at least annually update QM plan Specifies accountability - indicates who will initiate process to update/revise plan Indicates a sign-off process to finalize plan; potentially include internal/external stakeholders; include signatures of key stakeholders 	
Communication	<ul style="list-style-type: none"> Outlines process to share information with all stakeholders at appropriate intervals Identifies format of communication Identifies communication intervals 	
Formatting	<ul style="list-style-type: none"> Clear and easy to follow layout and organization of content Clear dating of document, including date of 'expiration'; page numbers 	

Strategize To Implement The Quality Plan.

An annual workplan benefits the quality implementation efforts by:

- Clearly documenting the necessary steps to implement the quality management plan.
- Assisting the quality committee to allocate the appropriate resources essential for quality activities, including project teams, staff training, data collection, and evaluation efforts.
- Effectively communicating quality activities to staff and stakeholders.
- Creating a template to monitor the implementation process of the quality management plan.

Simply stated, an annual workplan answers the questions of what, when, where, and how a quality management plan is implemented. Although there are different approaches writing this workplan, a template should include, at minimum, the following categories:

- Major quality goals. A straightforward goal statement divides the workplan into categories under which several activities are noted to accomplish each goal.
- Quality activities. Each activity is briefly explained. The documentation should be informative and concise at the same time, to keep the form practical and user-friendly.
- Responsibility. A staff person or team is identified to oversee and report back on the implementation of each activity.
- Date of Completion. The duration and/or date by which each activity is completed should be noted.

During the evaluation stage, the quality committee can use this workplan to assess the implementation efforts by the facility. Additionally, it generates a template for future planning efforts and workplans.



The Toolbox on page 52 illustrates an annual workplan by one HIV facility which outlines several goals, related activities, the staff person responsible for implementation, and the date of completion.



On page 102 of this Workbook, the process of developing a Gantt chart is described in detail. This tool is helpful for many programs to visually display project goals and milestones.



Toolbox:

Quality Management Plan from a Large Hospital - Based Facility

ALBERT EINSTEIN MEDICAL CENTER
The Immunodeficiency Center
Quality Assessment and Improvement Plan
Fiscal Year 2002

1. Mission Statement

The purpose of the Quality Improvement (QI) Program is to ensure that all patients of the Immunodeficiency Center (IDC) are receiving healthcare as recommended by the Department of Health and Human Services (DHHS), The International AIDS Society of the United States of America (IAS-USA), and the United States Center for Disease Control (CDC). We will utilize QI principals and methodologies as a basis for improvement of care and services. By identifying opportunities for improvement, collecting and analyzing data, developing and implementing plans and subsequently evaluating those plans we can continuously improve the processes and systems that influence patient outcomes. This QI Program is consistent with the organization-wide approach to quality improvement at Albert Einstein Medical Center.

2. Priorities for IDC QI Program

- Establish an organizational structure within the IDC that supports QI. This includes but will not be limited to: membership, frequency of meetings, roles and responsibilities, resources, and reporting systems.
- Adopt standards of care set forth by the DHHS, IAS-USA, and the CDC.
- Track clinical outcomes to ensure standards of care are being met for all patients of the IDC.
- Educate IDC Staff about QI methodologies and techniques through training sessions.
- Facilitate the active involvement of IDC staff in the quality program and its quality improvement activities.
- Ensure that QI activities are routinely conducted to continuously improve the quality of care and services.
- Facilitate communication among Administration, Department of Medicine, and IDC staff on findings, conclusions, actions, and resolution of performance improvement issues.
- Participate in the Albert Einstein Medical Center Quality Improvement Program through the Performance Committees of the Departments of Medicine and the Immunodeficiency Center.
- Document and report performance improvement activities.

3. Scope and Organization

The Immunodeficiency Center (IDC) at The Albert Einstein Medical Center provides full-service care for patients at all stages of HIV disease. The patient population served at present is approximately 250 in number and comes from various socioeconomic, ethnic, and racial backgrounds. Included among the services provided are: HIV primary care, HIV prevention and disease education, mental health counseling, nutritional assessments and education, and care access counseling. Service for referrals to Gynecology, Obstetrics, Psychiatry, Radiology, Oncology, Gastroenterology, Cardiology, Nephrology, Ophthalmology, Pulmonary, Neurology, Surgery, Orthopedics, Rehabilitation, and Rheumatology is available on site.

It is the goal of the IDC Quality Improvement Team to provide compassionate and comprehensive care in accordance with the guidelines mandated by the United States Department of Health and Human Services, the International AIDS Society of the United States of America and the United States Center for Disease Control. The Immunodeficiency Center's quality program incorporates the values of the Albert Einstein Healthcare Network and is reflective of its stated mission. The IDC QI committee core membership consists of the Medical Director, Nurse Practitioners, and the CQI Coordinator. Other members of the IDC Staff such as Social Workers, Dietitian, Nurse Manager of the Community Practice Center, Medical Assistants and the Office Manager will be involved, as appropriately indicated.

4. Statement of Authority and Accountability

Hospital Accountability

IDC quality improvement activities are reported to the performance committee of the Department of Medicine and the AEMC Quality Management Department. These departments report to the Board of Trustees of the Albert Einstein Medical Center, which in return support The Immunodeficiency Center's QI program. The Board of Trustees is ultimately responsible for all quality related activities.

Immunodeficiency Center Accountability

The Medical Director, with the assistance of other staff, has primary responsibility for the quality of patient care provided as well as the daily operation of the IDC. The Medical Director reports to the Chairperson of the Department of Medicine. The Chairperson of the Department of Medicine appoints a Department Quality Representative, who is responsible for coordinating the development and implementation of the Quality Assurance Improvement Program (QAIP). The Quality Management Department assists the development and implementation of the Department of Medicine Quality Assurance Improvement Program (QAIP).

The IDC has a CQI coordinator who is responsible for the coordination of all QI activities between the hospital, the Department of Medicine and the IDC. The CQI Coordinator is accountable to the Medical Director of the IDC, the program administrator, and the Hospital Quality Management Department.



Toolbox: Quality Management Plan...*Continued*

Consumer Input

An important goal of the Immunodeficiency Center is meeting the needs of our patients and ensuring their satisfaction with our services. To achieve this goal, the IDC will incorporate feedback received from our Consumer Advisory Board (CAB) and suggestions culled from the distribution of periodic patient satisfaction surveys. Information will also be gathered from two monthly educational meetings that are held in the IDC conference room.

QI Committee Structure and Function

The Immunodeficiency Center Quality Improvement Committee will be responsible for:

- Development and implementation of an annual Quality Improvement Plan.
- Overseeing implementation of team projects.
- Peer review of patient charts.
- Monitoring and measuring performance of service standards with regard to clinical treatment, case management, and related services.
- Educate team members in tenants of QI process and implementation.

The IDC Quality Improvement Committee will meet bi-monthly at a time that will allow attendance by all members.

The CQI coordinator will compose an agenda consisting of:

- A review of minutes from previous QI meeting to ensure open issues have been or are in the process of being resolved.
- Review current findings of ongoing QI projects, such as newly internally or externally acquired data, problems, and corrective actions.
- Implementation and evaluation of QI team projects.
- Address all concerns of the Medical Director, QI Core Committee and QI team members.
- Suggestions and recommendations for new improvement projects.
- Minutes from QI Core Committee meetings will be recorded by the CQI Coordinator. Documentation of meetings and activities of individual QI projects will be the responsibility of that project's team leader.

CQI Team Structure/Function

CQI teams shall be selected at the discretion of the IDC quality committee. Team members will utilize their process experience and knowledge to:

- Improve one quality aspect through routine meetings of a multidisciplinary CQI Team.
- Use QI methodologies to investigate and improve the HIV delivery process.
- Document and report, internally and externally, QI team activities.

5. Key Indicators

The IDC will utilize the HIVQUAL QI program strategy to measure key indicators of HIV health care for patients. The program provides software that allows for computerized accountability of quality improvement. Clinical indicators that will be measured include, but are not limited to:

- CD4 cells and viral loads
- Pneumonia and flu vaccines
- PAP smears and GYN care
- Prophylaxis for PCP, MAC
- PPD screening
- Antiretroviral therapy
- Referrals to specialists, specifically Ophthalmology, Dermatology and Gynecology

The Immunodeficiency Center will also track medication adherence, emergency room use, annual RPR's, eligibility and administration of Hepatitis vaccines, and patient no-show rate.

Data Collection

Quarterly chart review will be conducted to gather data on key indicators. The appropriate information will be captured on data entry sheets, which will facilitate transfer into the HIVQUAL database. The data will be entered into the database by the CQI coordinator or assigned medical assistant. The responsibility for generating all reports for review or analysis will fall to the CQI coordinator. Reports will be presented to the hospital QA Department and the Department of Medicine quality committee.

6. Improvement Evaluation

All projects will be evaluated on a quarterly basis (until improvement of key indicators reaches an 85% compliance level). If the level of performance indicators measured does not improve from baseline, continued monitoring and intervention is indicated. IDC interventions include: training and education of team members, revision of present clinic policies, or development of new policies. When a measured indicator reaches a satisfactory level of improvement, the project will be discontinued. Periodic monitoring of discontinued project indicators will be reviewed to ensure continued compliance with agreed upon thresholds.

Updated by: Patrick Coady

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Toolbox: Annual Quality Management Workplan

GOAL: ESTABLISH AN EFFECTIVE HIV QUALITY MANAGEMENT PROGRAM

2005 - 2006													
ACTIVITY	WHO	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Revise HIV quality management plan	John	X	X										
Develop annual quality workplan	John		X	X	X								
Prepare planning information (data collection, program assessment/evaluation, organizational priorities, HRSA grant) – for bimonthly meeting.	Mindy			X	X	DUE							
Review HIV quality management plan. Make changes if needed	Mindy					X	DUE						
Discuss and set annual goals	John		X			X	DUE						
Monitor implementation of plan Revise as needed	Committee			X				X				X	
Evaluate quality management program	Committee												X
Quality improvement project teams – at bimonthly meetings	Committee		X		X		X		X		X		X
Program goals	Committee		X				X						X
Annual organizational assessment	Committee	X											

GOAL: ESTABLISH ONGOING DATA COLLECTION AND REPORTING TO SUPPORT PERFORMANCE MEASUREMENT

2005 - 2006													
ACTIVITY	WHO	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Determine and define quality indicators (clinical, non-clinical) measured thru HIVQUAL	Committee	X		X									
Collect and analyze data on indicators	Mindy		X			X			X			X	
Train data abstractors	Mindy	X	X										
Validate results	Mindy			X									
Review with Quality Committee	Committee			X		X			X			X	
Conduct HIV patient satisfaction survey	John									X	X		
Adapt survey and brief test cycle	John				X	X							
Revise survey, if necessary	John						X						
Review with Quality Committee	Committee								X			X	
Share and report results	Committee			X									
Prepare findings	John				X								
Share with staff	Alex						X					X	
Share with Board	Alex												X



Toolbox: Different HIV Program Models of Care

Recognizing different service delivery models for HIV care, the following table highlights some nuances for several delivery systems how to best develop and plan a quality management plan.

SMALL HIV PROGRAMS

- Given the reduced number of quality committee members and the likelihood that the same members will conduct quality activities, envision a quality structure that accommodates participation. Piggy back on the existing meeting structures, and find informal ways to meet (but do not forget to document).
- Find a balance between available resources and goals for the quality program. Although the same elements of a quality management plan (quality statement, quality improvement infrastructure, performance measurement, annual quality goals, evaluation) apply for smaller HIV programs, make sure that each element is covered in your plan. Be realistic when establishing the goals and objectives for your program.
- Make the quality committee membership as inclusive as possible. Include stakeholders such as providers from referral services and consumers on your committee.
- Be sure to document your quality activities and committee meetings to ensure consistency beyond staff turnover.

HIV NETWORKS AND MULTI-SITE AGENCIES

- Identify and include representatives from the entire network on your quality committee so that they can voice their input in the development of the quality program. This will create a sense of ownership when outlining the quality expectations.
- Find strategies to best communicate results and updates about the quality program. Share minutes, reports and findings with all sites in the network. Rotate site presentations of their quality activities at committee meetings.
- Create a sense of collaboration beyond the individual HIV facility. Promote benchmarking and sharing best practices among sites.
- Rotate quality committee meeting locations among network members.
- In addition to clinical measures, identify indicators that assess the network performance regarding communication, sharing of information, data collection, etc.
- Establish consistency across the network regarding data collection, data reporting, and methodologies to conduct quality activities while allowing individual providers to address their unique challenges.



Toolbox:

Different HIV Program Models of Care...*Continued*

ADVANCED HIV PROGRAMS

- Identify ways to include consumers in the quality improvement structure. Educate and promote consumers to become members on the overall quality committee. Invite consumers to participate in project teams.
- Gather routine feedback from consumers to shape your quality program. Create a routine communication link to your Consumer Advisory Committee (CAB). Hold frequent focus groups with them and sincerely follow-up on their recommendations.
- Hire a full-time staff person for quality improvement in your HIV program.
- Establish stronger links with other advanced HIV programs around the country to share experiences.
- Include all staff in the quality program. Conduct a survey with all staff to identify barriers to quality. Ask staff which quality projects should be prioritized. Create 'competition' among staff (e.g., two quality teams work on the same quality aspect).
- Create ways to rapidly and systematically respond to quality findings.
- Select non-clinical and service-oriented measures in addition to clinical indicators.