

## **II. Quality Infrastructure**

### **Leadership Support**

HCS has a solid organizational infrastructure that is supportive of quality management initiatives. This support is critical in sustaining quality management, including quality improvement, activities over time. The HCS Ryan White Part B Program Administrator ultimately oversees all programs within the Ryan White Part B program, including the Quality Management (QM) program. The Quality Management Supervisor is responsible for the QM program's development, implementation, evaluation and improvement.

The Ohio Department of Health (ODH) also supports quality improvement in a number of ways, including having an Office of Performance Improvement (OPI) that includes a Quality Improvement Committee (QIC) and Quality Improvement Plan (QIP). OPI focuses on ODH's ability to meet its goals and achieve its mission by measuring the efficiency and effectiveness of its operations. OPI integrates agency strategic planning, quality improvement initiatives, and performance measures and standards. OPI is the department lead on coordinating CQI initiatives across the ODH. The QIC consists of at least one representative from each Office within ODH and the HCS QM Program Manager is a member of the committee. QIC members are responsible for assisting with creating department policy and procedures as it relates to QI and ensuring the alignment of the QI goals with the ODH strategic plan. The QIP is the policy and procedure guidance developed to empower ODH's systematic management, deployment and review of quality improvement throughout the agency.

### **HCS Quality Management Standards**

HCS Quality Management Program Standards were established in October 2014. These standards lay the framework for HCS' QM program expectations and outline the components of a QM program. It is expected that the HCS QM program as well as all HCS sub-grantees and subcontractors will implement and abide by the standards. The standards are updated annually by the HCS QM team and HCS QI committee.

The HIV Quality Management Program Standards are included in Attachment 2.

### **HCS Quality Management Team**

The HCS Quality Management team is composed of one program manager and four quality management coordinators. The team meets at least bi-weekly and is responsible for organizing HCS' quality improvement (QI) activities. The QM team is responsible for the oversight for the HIV Clinical Quality Management Program including the HCS QI committee and the HCS QM Plan. The QM program

manager reports to the Ryan White Part B Administrator and also works closely with the other Part B program managers and HCS staff.

### **HCS Quality Improvement Committee**

The HCS Quality Improvement committee was formed to provide guidance for the quality management efforts within the Ryan White Part B program. The QI committee is made up of at least one representative from each of the HIV Care Services (HCS) Section program areas: Ohio HIV Drug Assistance Program (OHDAP), Community-Based Program, Data/Fiscal Management, and Quality Management. A representative from the Administrative Support team also participates. The committee meets a minimum of six times a year to standardize implementation of continuous quality improvement practices within the HCS programs and for sub-grantees and providers.

The scope of work and responsibilities of HCS QI committee include, but are not limited to:

- Standardize implementation of continuous quality improvement practices throughout all HCS programs
- Enhance the current culture of quality within the program by the use of continuous QI methods and tools to improve program performance
- Assess that medical services provided are consistent with the most recent Health and Human Services (HHS) treatment guidelines for individuals living with HIV
- Determine annual performance measures for HCS
- Collaborate with the HCS Program Administrator, HCS Program Managers, section staff and other stakeholders in the implementation of quality improvement activities
- Determine annual quality goals and review quarterly data on progress toward the annual goals
- Conduct and participate in quality improvement activities to achieve the annual goals using a formal QI process such as Lean Six Sigma (DMAIC), and PDSA (Plan/Do/Study/Act)
- Prioritize QI projects based upon available data and the immediacy of the section needs
- Develop and implement the HCS Quality Management Plan.

### **Quality Improvement Capacity Building**

HIV Care Services continues to build QI capacity throughout all aspects of the Ryan White Part B Program by regularly implementing the following activities:

- Funded medical case management agencies are required to submit an annual QM Plan, an evaluation of their QM program, and to respond to QM requirements in their annual grant proposals. The HCS QM team reviews the

quality improvement documents from case management agencies and identifies where QI follow-up would be beneficial. If several agencies have identified a need, then QI training is created using the most effective method of delivery. If these needs cannot be grouped together, then direct technical assistance is provided to the sub-grantee agency.

- Funded medical providers are required to have a clinical QM program in place per their provider agreement. The HCS QM program is building a list of QI contacts for each of the funded providers in order to work closely with them on QI training and technical assistance.
- HCS data/fiscal team reviews HCS data and develops strategies to improve data collection as needed. They collaborate with QM team to ensure these improvement efforts have minimal burden on program or providers.
- The HCS web site contains e-learning QI opportunities for program staff and stakeholders based on identified needs. Progressive levels of CQI training and additional complimentary training are offered both in-person and via the web. Training and technical assistance needs are monitored each year and all training opportunities are evaluated.

### **Evaluation of HCS QI Infrastructure**

The HCS QM program is evaluated using two QI tools adapted from the National Quality Center (NQC). The first tool, *Checklist for the Review of an HIV-Specific Quality Management Plan*, examines the HCS quality management plan by ensuring the presence of a quality infrastructure, creation of annual goals, participation of stakeholders, etc. The second tool, the *Organizational Assessment Tool for Quality Management Programs*, was developed by NQC and adapted by the HCS QM team and referred to as Quality Management Assessment Tool (QMAT).

Updated for each federal fiscal year, the HCS Quality Management Plan includes performance measures, work plans and methodology tools. The QI committee leader initiates the process to update and revise the QM Plan. The HCS Administrator, HCS Program Managers and a representative of the HCS QI committee each must sign-off on the final plan.

As part of the HCS QM Plan review, each performance measure is evaluated to determine whether the measure is still effective in assessing of clinical and non-clinical (program/process) HIV care. The HCS QI committee compares goals with results and those findings are reflected in the QM Plan for the following year. The Ryan White Part B Advisory Group also assists in the review of performance measures and may make suggestions for changes. In addition, the plan and other measures are evaluated to ensure alignment with the Statewide Coordinated Statement of Need and Comprehensive Services Plan. Additionally, the

effectiveness of the quality infrastructure is evaluated to identify areas of improvement.

The Quality Management Assessment Tool (QMAT), developed by National Quality Center and adapted by HCS QM Program, identifies all of the essential elements associated with a sustainable quality management program. This tool is used by the HCS QM team to assess our own QM program as well as those developed by our sub-grantee agencies. Scores from the QMAT assessments are compared with those from prior years to identify patterns or trends and to highlight strengths and areas for improvement. HCS provides capacity building support to funded agencies to help them improve their lowest scoring areas. For example, work plans were identified as an area of improvement in 2014 for both the internal HCS QM team as well as for the funded agencies. As a result, the HCS QM team educational coordinator created an online training about work plan development to meet this need.

### **III. Performance Measurement/ Annual Quality Goals**

#### **Performance Measurement**

Performance measurement describes a system used to track outcomes and progress towards ensuring that provided services are as good as or better than the national treatment standards. There are two important steps to measuring performance:

- 1) Identify critical aspects of care and services provided, and
- 2) Develop indicators and measure the progress to determine how you are doing on these important aspects of care and service.

Our performance measures have been chosen based on guidance from several references:

- HRSA/HAB measures
- Case management work plan
- HCS implementation plan
- QI prioritization based upon available data

HCS obtains data from multiple sources, including but not limited to:

- Client outcome measures
- Client enrollment data
- Client claims data
- Annual surveys
- Needs assessments
- Client laboratory test results
- Epidemiology data for Ohio
- Other data collected through the Ohio HIV Drug Assistance Program (OHDAP)
- Established best practices for case managers and providers

# Attachment #2: HIV Quality Management Program Standards

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Ohio Ryan White Part B / HIV Care Services Section  
HIV Clinical Quality Management Program  
***Knowledge. Excellence. Innovation.***

## HIV Quality Management Program Standards

As the Ohio Ryan White HIV/AIDS Part B grantee, the HIV Care Services (HCS) Section at the Ohio Department of Health (ODH) is required by our funder, the Health Resources and Services Administration (HRSA), to set quality expectations for Part B program services. A formal quality management program that embraces quality improvement (QI) philosophy must be in place as part of the HIV service delivery program. The minimum components of an HIV Quality Management Program are the following:

### 1) Infrastructure for HIV Quality Program

- Each HIV quality program should have a quality plan that is reviewed and updated annually describing the mission of the quality program, key quality principles and objectives, and the infrastructure of the quality program.
- The quality plan should specifically a) outline quality committees including membership, frequency of meeting and reporting mechanisms, b) specify accountability for all quality improvement activities within the HIV program, c) describe processes to evaluate, assess, and follow-up on HIV quality findings, d) link the HIV quality program to organization's overall quality program and e) detail the roles and responsibilities of leadership and its commitment of resources for the quality program.
- Specific programmatic annual goals regarding quality projects and performance measures should be set and shared with program staff. These goals should be formally reviewed and updated by the quality committee at least annually.

### 2) Staff Involvement in Quality Improvement Activities

- The objectives, progress, and results of quality activities and performance measurement indicators should be routinely communicated to staff and stakeholders to increase participation in the HIV quality program.
- Members of different professional disciplines and programmatic backgrounds should be included in the quality committee membership to ensure multiple stakeholders are represented and to encourage sharing of ideas.
- At a minimum, education should be provided to all section staff annually. Education should include QI-related topics including, but not limited to, quality improvement principles, and HIV quality program goals and objectives.

### 3) Performance Measurement

- The quality program should describe its clinical and non-clinical indicators including written definitions, desired health outcomes, and frequencies of review in the quality plan. Indicators should be updated at least annually and reflect current standards of care.
- The HIV program should routinely measure the quality of care with the involvement of staff and consumers and review results in quality committees. A work plan for follow-up action(s) should include implementation steps, anticipated barriers (including how to mitigate them) and a timetable for completion of each step.

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- Performance data results should be shared with staff, clients, and other stakeholders.
- 4) Quality Improvement Projects
- The process of selection and prioritization of quality improvement activities should be clearly outlined and should respond to external expectations and internal priorities. Staff should be involved in the selection of quality initiatives and these quality initiatives should be documented as part of a written work plan.
  - A process of reviewing results of quality initiatives should be integrated into the HIV quality program.
  - The agency/program's quality committee should oversee and provide support and feedback on quality improvement projects.
  - Project specific quality improvement teams with cross-functional representation should be formed to address specific quality improvement opportunities and continue to monitor change.
  - Results of quality improvement projects should be presented to quality committees, stakeholders, shared among staff, and used for future planning.
- 5) Consumers Involvement
- The quality program should routinely assess patients' needs and/or satisfaction, and integrate consumer feedback into the quality program.

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Ohio Ryan White Part B HCS Program Administrator

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Ohio Ryan White Part B HCS Program Manager Quality Management

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Ohio Ryan White Part B HCS QM Team Provider QM Coordinator

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Ohio Ryan White Part B HCS QM Team Sub-grantee QM Coordinator

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Ohio Ryan White Part B HCS QM Researcher

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Ohio Ryan White Part B HCS QM Education Coordinator

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