

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY HIV SERVICES PROGRAM QUALITY MANAGEMENT PLAN

Revision start date 11/2018
Revision approval date 3/20/19

MISSION STATEMENT

The mission of the Santa Cruz County Health Services Agency's (HSA's) HIV Services Program is to protect and improve the health of people in Santa Cruz County who have HIV or are at risk of infection with HIV. This is accomplished by creating and maintaining a Patient-Centered Medical Home that provides comprehensive, high quality, culturally sensitive outpatient medical care and support services to persons living with HIV, as well as HIV prevention, education, and antibody counseling and testing.

As part of an agency geared toward the needs of indigent and low-income clients (patients), the HIV Services Program targets people who are unable to access care because of race, language, and/or socio-economic barriers.

SCOPE OF SERVICES

Outpatient HIV medical care is integrated into HSA's two of the four General Medical Clinics (GMC's), located in North and South Santa Cruz County. On-site services include:

1. HIV antibody counseling and testing
2. Outpatient primary care including diagnosis and treatment of HIV disease, prophylaxis and treatment of opportunistic infections, laboratory, X-ray, and pharmacy services
3. Integrated Behavioral Health Services
4. Nutritional counseling, body composition assays, and Diabetes Education
5. Medication education and adherence counseling
6. Comprehensive medical and non-medical case management
7. Referral and Outreach to community-based resources

Clinical trials, specialty care providers, dental care, mental health and chemical dependency services are provided through direct referral to local agencies and clinicians. After-hours consultation and coordination with hospitalized patients help assure continuity of care.

Professional salaried staff and consultants include physicians, dentists, psychiatrists, physician assistants/nurse practitioners, nurses, social workers, mental health

counselors, benefits counselors, health educators, outreach workers, and support staff.

PRIORITIES/GOALS FOR THE YEAR

1. Improve data collection and analysis and utilize in program development
2. Clarify and update performance measures
3. Increase consumer participation
4. Initiate quality activities based on data outcomes such as PDSAs
5. Perform a functional evaluation of the CQM program

OVERSIGHT, LEADERSHIP AND ACCOUNTABILITY

The Board of Supervisors of Santa Cruz County is ultimately accountable for the quality of care and services provided to the Agency's clients/patients. The Board of Supervisors has delegated oversight responsibility for the effectiveness and efficiency of care and services to the Agency Administrator, who has assigned responsibility for implementation of policies to the Health Officer, Director of Nursing and Chief of Clinics.

The Health Services Agency Health Officer/Medical Director currently participates in the CQM Committee. Coordination and sharing of quality resources now takes place with the Senior Health Services Manager, who oversees the Health Services Agency General Medical Clinics quality activities. Clinic leadership is kept abreast of CQI activities and consulted with when necessary.

The Health Services Agency leadership has established a continuous process improvement initiative known as PRIMO Santa Cruz. The initiative aims to promote strategies to improve productivity, eliminate unnecessary hard work, and further humanize the workplace. PRIMO supports demonstration projects, training and communication. The HIV Quality Management Program falls under this umbrella.

HIV QUALITY MANAGEMENT COMMITTEE

The operation of the HIV QM program is the collaborative responsibility of the HIV Quality Management Committee, which involves all appropriate personnel including management, clinical staff, and support staff. The Quality Management Committee currently consists of the following members (or their representatives):

1. HIV Physician, Physician Assistant or Nurse Practitioner
2. Health Officer/Medical director and/or Director of Nursing
3. RW Part C Services Manager
4. RW Part C Case Management Supervisor
5. RW Part C Nurse/Social Work Case Manager
6. CQI Clinical Nurse

7. CQI Clinic Staff
8. Epidemiologist
9. Data Analyst
10. Other staff as necessary
11. Guest Contributor- see below

The committee will include a guest contributor as appropriate to discuss various topics that relate to patient care.

Potential Contributors/Topics:

- Clinic Management, Registration Staff, Clinic Operations
- HIV Prevention
- SCAP/Encompass
- Patient Representatives

The Ryan White Part C Manager or designee chairs this committee.

The QM Committee generally meets monthly. There may be occasions when sub-committees will meet to address specific issues in lieu of or in addition to full committee meeting.

The RW Part C clinical quality management plan is to be written, reviewed and updated by appropriate members of the HIV Quality Management Committee. This is to include a clinician, the RW Part C manager, and other designated staff (currently an RN). The final draft of the CQI plan is to be reviewed and approved by the QM committee.

PURPOSE

The purpose of the Quality Management Program is to assure the best quality of care to our clients and customers by objectively, systematically, and continuously

1. Monitoring the breadth of care and services
2. Assessing important processes and outcomes of care
3. Setting Standards of Care and developing Quality Goals
4. Identifying areas in need of improvement
5. Facilitating creation and support of Improvement Teams
6. Achieving improvements in the quality of care and systems
7. Evaluating the effectiveness of improvements in care and system, while remaining mindful of sustainability of quality care by considering efficiency, cost effectiveness, and access to funding opportunities

PERFORMANCE MEASURE DATA

Identifying Performance Measures

As a clinical program that is integrated with the Public Health department of Santa Cruz County, our program has the dual objective of reaching a community-wide undetectable HSA RW Part C QM Plan Updated Nov 2018-Feb 2019

HIV viral load to prevent new infections and of providing high quality primary and HIV specialty care for people living with HIV who receive care in our clinics. As such, our committee tracks a wide variety of indicators that reflect the county-wide HIV cascade, as well as our internal clinical care indicators for both primary and HIV specialty care. We have iterated our approach to ensure that we are as effective as possible with the limited resources and time available.

The QM committee will strive to build upon prior work in the selection and review of performance measures. HAB measures are used as a template in helping us to identify performance measures and will be modified according to relevance to our program and population. Performance measures focus on 4 categories:

- HIV Continuum
- Vaccinations
- Routine preventative care
- Psychosocial barriers to care

Throughout the year we will focus on clarifying key indicators within each of the identified categories and on improving the quality of the data we record, collect and analyze.

Clinicians, information technology support, and other appropriate staff will coordinate efforts to streamline methodology to enter and collect data in order to ensure optimal accuracy. Performance measure reports are to be run quarterly based on the previous year by the systems data analyst. Additional reports may be requested for specific quality activities. Part C does not currently utilize subrecipients.

Outcomes of quarterly and other quality reports are to be reviewed and analyzed by the HIV QM committee, and results are to be shared with staff and appropriate stakeholders. Disparities are identified, and quality activities will be implemented accordingly.

Please see attachment A of performance measures that we are currently using.

CONSUMER INVOLVEMENT

The HIV QM committee is in the process of developing a forum to increase consumer participation, in conjunction with the RW Part C Case Management Program and the Clinic. Our intention is to have quarterly CQI meetings that would include consumers. These meetings are intended to help us to identify quality issues from a consumer perspective, and to implement quality activities that would address service delivery gaps.

Patient satisfaction surveys will also be disseminated on an annual basis to receive feedback on various RW Part C services which may include:

- Clinic operations
- Medical care received
- Referrals to outside resources
- Case Management services

-Other RW Outpatient/Ambulatory Care services (ex dental, mental health, nutrition)

STAKEHOLDER INPUT INTO HIV CLINICAL QUALITY MANAGEMENT ACTIVITIES

RW Part C grantee coordinates care/services with various stakeholders in the community such as:

- Clinics, medical providers, and hospitals
- Mental Health providers
- Santa Cruz AIDS Project
- Dental provider
- HIV Prevention and Education program (which includes HIV counseling and testing)
- HIV surveillance program
- Partner Services
- Communicable Disease Program (which includes STI's)
- Homeless Persons Health Project
- Other community partners such as substance use treatment centers or housing programs

Stakeholders may provide input into quality issues through collaboration with RW Part C grantee. This includes working with case managers and clinic staff/providers and monthly HIV consultant meetings

Stakeholders may also be invited to HIV QM meetings as appropriate.

Quality Improvement Methodology

Once gaps in quality care have been identified through the process of Quality Assessment, the QM Committee chooses priority activities to focus improvement efforts. The HIV QM Committee has adopted the PDSA (Plan, Do, Study, Act) approach for quality improvement. PDSA cycles may be facilitated by Process Improvement sub-groups within the HIV QM Committee. Baseline measures should be established prior to the PDSA cycle, and appropriate comparison measures should be obtained to assess for success of the intervention. The Process Improvement Team presents their findings to the QM Committee, and successful interventions are implemented. The QM Committee is responsible for ensuring consistent implementation, which includes communication to and training of appropriate staff members.

The HIV QM Committee also uses less formal approaches, such as meeting in sub-groups, analysis of performance measures, and conversation on specific topics to address quality issues.

QI priorities/projects will be selected based on identified gaps through data review, consumer, and stakeholder input. Identified priorities for the current year include

clarifying our performance measures/definitions, improving our data quality, and increasing consumer and stakeholder participation.

QI projects will be documented in meeting agendas, minutes, PDSA projects, and other CQI activities. They will be kept in the RW Part C shared drive and will also be placed in a binder.

EVALUATION OF THE HIV CLINICAL QUALITY MANAGEMENT PROGRAM

The HIV QM Committee will use an annual Organization Assessment tool to evaluate the clinical quality management program. The tool consists of components to evaluate:

- Senior leadership support and involvement
- Effectiveness if the HIV QM committee
- Quality planning
- Workforce involvement
- Consumer involvement
- Quality improvement activities
- Infrastructure and activities of HIV programs
- Monitoring of clinical outcomes and use of data to improve patient care
- Disparities in care and patient outcomes, and use of data to improve care or mitigate discernible disparities

In addition, the QM committee will integrate a regular evaluation of our quality activities to ensure that we are meeting identified timelines and deliverables.

WORK PLAN

2019 Work Plan Tasks	Frequency
HIV QM Committee meetings	The 3 rd Wed of each month
Updating and clarifying performance measures	Ongoing
Committee Approval of Quality Management Plan	March, 2019
Performance Measures Report	Quarterly based on the previous year: 1/1/18-12/31/19 4/1/18-3/31/19 7/1/18-6/30/19

	10/1/18-9/30/19 Report to be run within 1 month of end date
PDSA	At least twice per year; to be driven by data outcomes Next PDSA to begin by March 1, 2019
Organizational Quality Program Evaluation	February 20, 2019
Consumer Participation in QM Meeting	Quarterly, beginning April 2019
Consumer Satisfaction Survey	September 2019
Staff Satisfaction Survey	October 2019

The HIV QM Plan will be e-mailed to appropriate staff, discussed in staff meetings, and posted on the HSA internet.

CONFIDENTIALITY

The activities of the Quality Management Program are legally protected under the California Health & Safety Code Section 1370. The law protects those who participate in quality of care or utilization review. It provides further that "neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired thereat."

All copies of minutes, reports, worksheets and other data are stored in a manner ensuring strict confidentiality. A written confidentiality policy detailing procedures for maintenance and release of data and other QI related information governs the release of such information. This policy specifies the use of record number or other identifiers in place of patient names, and code numbers in place of physician or other provider and staff names. This policy also provides methods for restricting all quality improvement documents solely to authorized individuals. In addition, all data will be treated as Medical Staff peer review information as defined in the California Statute and shall be considered protected information under the provisions of the California Evidence Code 1157.