Dallas-Sherman/Denison EMA/HSDA

GMD

Ryan White CQM Plan

Calendar Year 2019

Funded by Ryan White Part A, MAI, and Part B Grants. Serving 12 counties: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwall

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1.0 General Overview

1.1 RYAN WHITE PROGRAM

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV (PLWH) who are uninsured or underinsured. The Federal program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people in the United States and over 10,000 people in the Dallas service-delivery area each year.

1.2 INTRODUCTION

The Clinical Quality Management (CQM) program is part of the Grants Management Division (GMD), a department within Dallas County Health and Human Services (DCHHS) and is part of the Administrative Agency (AA). CQM processes and findings are shared throughout the Ryan White program structure and used to make improvements and create new initiatives throughout the Ryan White program. The GMD oversees the Ryan White Program.

1.3 MISSION OF DCHHS

The mission of DCHHS is to protect the health of the citizens of Dallas County through disease prevention and intervention, and through promotions of a healthy community and environment. This is done through assessment, community input education, disease monitoring, regulation, and health services that help control the spread of disease. Resources, both human and financial, are directed toward areas where improvement in public health services is needed. The department will make every effort to ensure the people of Dallas County receive information and services needed to maintain and improve their health and provide good stewardship of public resources.

The CQM Plan sets forth a coordinated approach to addressing quality assessment and improvement of the HIV/AIDS medical and support services in the Dallas Eligible Metropolitan Area/Health Services Delivery Area and Sherman/Denison Health Services Delivery Area (Dallas-Sherman/Denison EMA/HSDA). The CQM Program priority is to maintain a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to PLWH throughout the Dallas-Sherman-Denison EMA/HSDA area. The DCHHS' GMD assists with developing strategies to ensure that the delivery of services to all Ryan White

Program eligible PLWH is equitable and adheres to the most recent DHHS and clinical practice standards.

1.4 LEGISLATIVE REQUIREMENTS

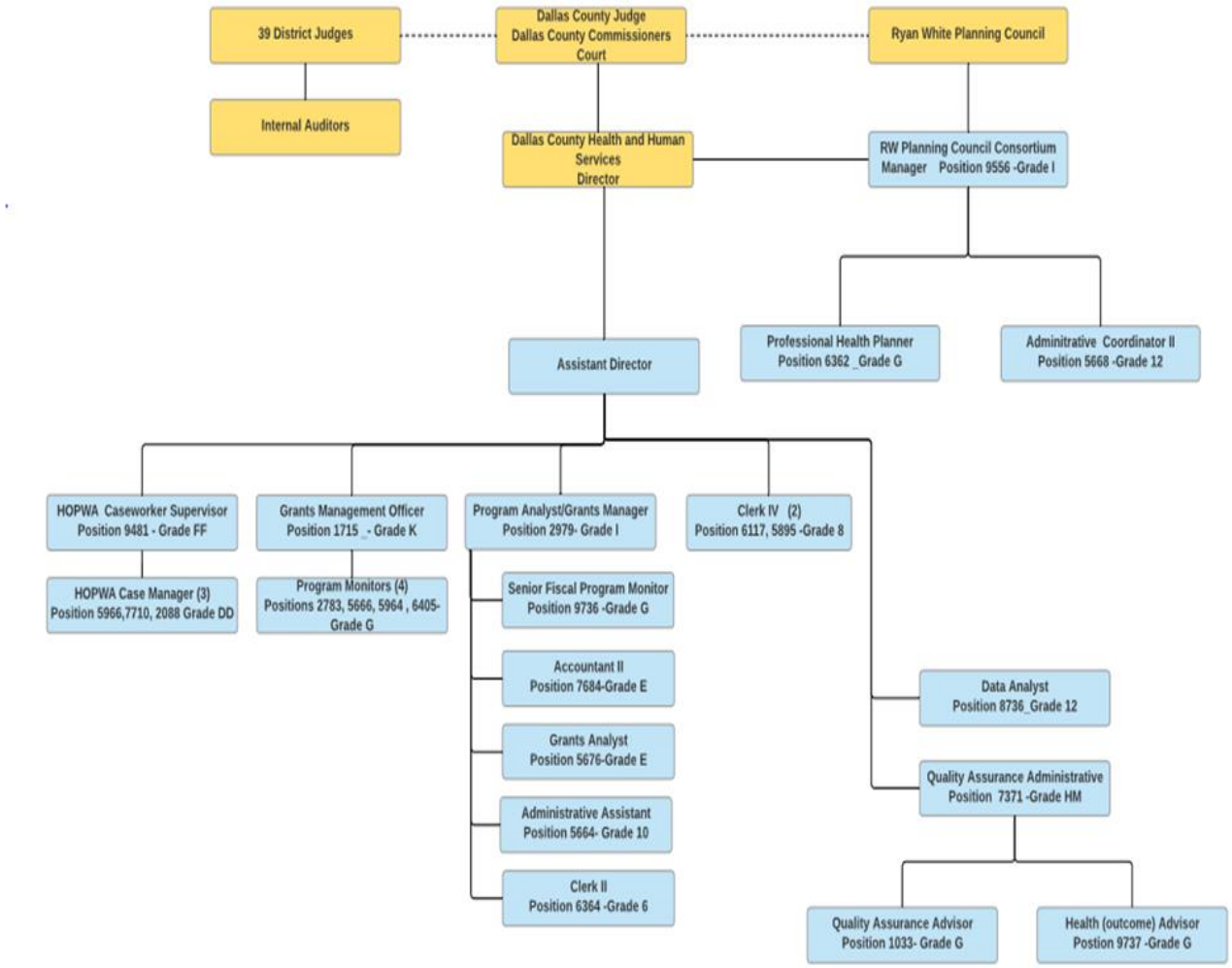
Title XXVI of the Public Health Service Act RWHAP Parts A – D requires the establishment of a CQM Program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent U.S. Department of Health and Human Service guidelines, (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

1.5 AA

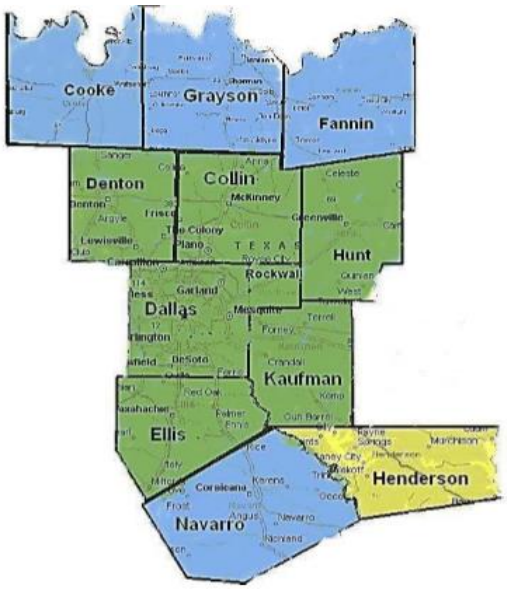
The HIV GMD is managed by the Assistant Director for Ryan White (RW) Grants Compliance, who oversees the division and City of Dallas Housing Opportunities for Persons with AIDS (HOPWA) program staff.

DCHHS HIV GRANTS MANAGEMENT DIVISION ORGANIZATIONAL CHART



2.0 SERVICE DELIVERY AREAS

Eligible Metropolitan Area (EMA)—The Dallas EMA includes Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, and Rockwall counties;
Health Service Delivery Area (HSDA) – The Dallas HSDA is actually composed of two distinct HSDAs – Dallas and Sherman/Denison and includes Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hunt, Kaufman, Navarro, and Rockwall counties;



EMA (Part A)	HSDA (Part B, State Services, State HOPWA)	
• Collin • Dallas • Denton • Ellis • Henderson • Hunt • Kaufman • Rockwall	Dallas HSDA • Collin • Dallas • Denton • Ellis • Hunt • Kaufman • Rockwall • Navarro	Sherman-Denison HSDA • Cooke • Fannin • Grayson

2.1 SERVICE CATEGORIES

The Dallas-Sherman/Denison EMA/HSDA funds 12 sub-recipients providing core medical and related support services to over 9,000 PLWH in the EMA/HSDA. Based on the organizational mission, the CQM Program is committed to ensuring that clients receive comprehensive care based on mandated guidelines, professional standards, and best practices. The CQM Program is therefore designed to address Quality Assurance/Quality Improvement content regarding the necessary functions for core medical and support services.

Core Medical Service Category
Outpatient/Ambulatory Medical Care
Medical Case Management
Oral Health Care
AIDS Pharmaceutical Assistance (local)
Mental Health Services
Health Insurance
Substance Abuse Services - Outpatient
Early Intervention Services (Parts A and B)

Support Service Category
Case Management (non-medical)
Medical Transportation Services
Outreach Services
Food Bank
Congregate Meals
Legal Services
Respite Care/Adult
Linguistic Services
Housing Services
Emergency Financial Assistance
Child Care Services
Respite Care/Child

3.0 QUALITY STATEMENT

The GMD for Dallas County EMA is committed to ensuring that services provided by sub-recipients are of the highest quality for medical and support services. This is accomplished through data collection and analysis, monitoring, planning, assessing, implementing, and evaluating performance strategies and ensuring adherence to the HHS guidelines for the treatment of HIV/AIDS and the National HIV/AIDS Strategies (NHAS).

A CQM Program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM Program requires:

- Specific aims based in health outcomes;
- Support by identified leadership;
- Accountability for CQM activities;
- Dedicated resources
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

Other components of the CQM Program are:

- Identifying Continuous Quality Improvement (CQI) strategies
- Monitoring adherence to the service standards and HHS guidelines
- Facilitating the active involvement of sub-recipients in the implementation of multidisciplinary data driven quality improvement projects
- Promoting communication amongst the AA, CQM Advisory Committee, Sub-recipients, RWPC, and consumers regarding performance improvement issues

3.1 THE VISIONARY GOAL OF CQM PROGRAM

The visionary goals of the CQM Program are to:

- Improve access to care, quality of services, and reduce health disparities for all PLWH within the Dallas-Sherman/Denison EMA/HSDA
- Strive to establish collaborative relationships with diverse community and sub-recipients for the purpose of collectively promoting the general health and welfare of the community served
- Focus on improving quality in all of its dimensions by implementing multidisciplinary, data driven, project teams and encouraging participatory problem solving

4.0 ANNUAL QUALITY GOALS

The following Annual Quality Goals represent established priorities for the CQM Program:

1. Educate and/or train all sub-recipients on CQM by December 2019
2. Complete phase one of data assessment of Dallas EMA/HSDA by December 2019
3. Initiate a plan to conduct longitudinal system-wide client satisfaction surveys in collaboration with Consumers and CQM Advisory Committee by December 2019

5.0 FRAMEWORK OF THE QUALITY PROGRAM

This CQM Plan is intended to specifically document how the CQM Program for the GMD at DCHHS is structured and implemented and to provide a framework for continuous improvement. This plan uses three methods to manage quality of the service delivery system**:**

- **Quality assurance**: Strategies that measure the extent to which the minimum requirements or standards (either grantor imposed, locally developed or other professional organization authorized by the Grant Management Division) are met
- **Quality improvement:** Ongoing strategies that identify problem areas and are aimed at solving those problems through designing activities to correct the problem, implementing a new process, studying the results, and continuously evaluating until problem areas are resolved
- **Outcome evaluation:** Outcomes evaluation looks at the effectiveness of a service or program in achieving its intended results. It can help Ryan White programs determine if they are making a difference in the lives of PLWH. Documentation of outcomes can be used in multiple ways that includes but is not limited to, ensuring and improving service quality, helping guide program planning, and setting priorities and allocating resources.

5.1 ORGANIZATIONAL STRUCTURE OF THE CQM PROGRAM

The Dallas-Sherman/Denison EMA/HSDA CQM Program is authorized by the Ryan White Treatment Extension Act (TEA) which gives the local EMA and HSDAs the authority, responsibility, and resources to establish a system-wide CQM Program that encompasses all structures in the system of care, including the planning body, RWPC, the AA (DCHHS), the providers of HIV services, and the consumers of HIV services in the area. Established in 2000, the Dallas-Sherman/Denison EMA/HSDA CQM Program is currently overseen by three full-time staff members: the Quality Assurance Administrator, the Quality Assurance Advisor, and Health Advisor. In addition to the three CQM staff, the CQM Advisory Committee is charged with evaluating CQI initiatives. The following provides a description of the structures that make up the care system and who will participate in the CQM process.

RWPC – The Chief Elected Official (CEO) of the EMA, the Dallas County Judge, appoints a

planning body assigned with assessing the HIV service needs for the area, establishing priorities, allocating funds, developing a comprehensive plan for the delivery of services, and assessing the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need. In Dallas, this body is comprised of planning council members and RWPC Office of Support Staff, which include the RWPC Manager, RWPC Health Planner, and RWPC Administrative Coordinator.

DCHHS GMD – The CEO for the grantee designates responsibility for management of the grant to the DCHHS department, the AA, in order to ensure that funds are allocated and contracted according to the priorities set by the RWPC. The AA must purchase the services according to the local procurement system, ensure that funds awarded are used appropriately, and comply with reporting and other grantee requirements. Additionally, the AA has also budgeted adequate resources to support the CQM Program. Furthermore, the AA oversees and facilitates the CQM activities throughout all levels of the system.

CQM Advisory Committee – The CQM Advisory Committee is an advisory body that integrates organizational, service delivery, and client-based processes within the parameters of the CQM Program. This committee will help guide quality management activities, review and provide feedback on clinical quality management tools and documents, and contribute to a formal, annual evaluation of the CQM program.

Consumers of HIV Services – Consumers of HIV services in Dallas area are active participants in the CQM committee meetings making their experienced voices heard to move along in the process of improvement and maintenance of quality of HIV services. Consumers will be active participants in the development of client satisfaction survey tools and will provide pertinent feedback. Such feedback will be shared in CQM committee meetings and fed back into the system to improve CQM program activities.

6.0 QUALITY INFRASTRUCTURE

Leadership and Accountability

DCHHS designates the GMD to provide oversight and management of Ryan White grants received by Dallas County. The CQM Program is responsible for grantee wide CQM initiatives, which include assessing, coordinating, evaluating and the improvement of core medical and support services of the Ryan White Program. The structure of the CQM Program is comprised of CQM staff: Quality Assurance Administrator, Quality Assurance Advisor, Health Advisor and the CQM Advisory Committee. The Grants Management Officer (GMO) is responsible for

grant-related activities and accountable for the CQM Program. The Assistant Director (acting now as the GMO) is actively participating very closely with the CQM Program as well, monitoring the growing process to assure goals and objectives are met.

The CQM Advisory Committee is a collaborative group initiated by the CQM Program that helps guide CQM activities. The committee meets monthly. Recommended membership is between 7-15 people. The committee structure is composed of AA staff, RWPC staff, sub-recipients, and consumers. Membership consists of RWPC Chair, RWPC Volunteer, Physicians, Quality Assurance Advisor, HOPWA Supervisor, RWPC Planner, Program Data Analyst, Analytics and Innovation Director, Medical Case Manager, Program Manager, Campus Coordinator, Medical Assistant, Compliance Officer/QM Coordinator, and Program Monitor. The committee is chaired by a physician from one of the sub-recipient agencies and co-chaired by the Quality Assurance Administrator, who is also a physician or the GMO.

The purpose of this committee is to review the clinical quality management activities and make recommendations on needed improvements.

- Routinely, the CQM will be a review of the Evaluation of Core Medical Services. Possible outcomes of this committee's work may be in the form of the following:
  - ✓ Recommendation of on-going indicators for measurement
  - ✓ Recommendation for further evaluation(s) of core medical and support services
  - ✓ Recommendation for future QI activities
  - ✓ Recommendation for contractually required CQM activities
- Assist the administrative agency in the revisions and development of the quality management plan.
- Review results from activities outlined in the quality management plan and make recommendations to the appropriate body for improvements.
  - ✓ Administrative Agency
  - ✓ RWPC

Responsibilities of the CQM Advisory Committee Chair and Co-Chair are below:

The Chair:

- Preside at all meetings of the membership and all meetings;
- Charged with providing leadership and direction to the Committee, the Chair is responsible for ensuring that the Committee fulfills its responsibilities for the governance and success of the committee.

- He/she also works to optimize the relationship between the Committee, any employees, volunteers and other members, and to achieve the committee agreed goals.
- The Chair is generally the spokesperson for the committee and should work to maintain key relationships within and outside of the committee

The Co-Chair:

- Perform such duties as the Chair may determine;
- In the absence of the Chair, shall perform the duties of the Chair; and
- The Co-Chair is responsible for assisting the Chair to fulfill his/her responsibilities for the governance and success of the committee.

Additional information regarding the CQM Advisory Committee is located in the Bylaws in the appendix section.

6.1 CAPACITY BUILDING

The CQII/NQC and AIDS Education and Training Center (AETC) are used as resources for sub-recipients and CQM staff. Trainings for the CQM staff and stakeholders are conducted via face-to-face trainings and through online self-directed learning. A training needs assessment is conducted annually by the Health Advisor to identify specific training needs. Furthermore, clinical training for staff on HIV/AIDS related training is recommended and mandated per the Service Standards for all sub-recipients. The CQM staff pursues training opportunities and TA based on staff and program needs. Examples include but are not limited to online trainings, site visits with similar EMAs, CQII/NQC/HRSA/QM/QI, and Department of State Health Services (DSHS) training initiatives.

Following HRSA and DSHS site visits, CQM team needs were identified and are being addressed through technical assistance from HRSA and DSHS consultants. In addition, an independent consultant will be addressing additional CQM needs to enhance CQM program activities.

QI Assessment: At the end of each calendar year and with the guidance of the CQM Advisory Committee, the CQM staff will administer a QI assessment to all sub-recipients. The purpose of this assessment is to gauge QI related strengths and to identify opportunities for improvement.

QI Training for Sub-recipients: In order accommodate the various needs of sub-recipients and levels of Quality Improvement expertise and infrastructure; CQM Staff plans to offer tiered

opportunities for quality improvement training, ranging from basic introductory 3-hour quality improvement trainings to long-term technical assistance and advanced coaching.

Ryan White QI Learning Collaborative: Ultimately, the CQM Staff would like to engage all sub-recipients in a Quality Improvement Learning Collaborative. This is intended to be a forum for sub-recipients to share quality improvement projects, compare best practices, and exchange ideas related to quality management activities. The collaborative will be comprised of monthly phone calls and quarterly convening's with an opportunity to share projects and present storyboards.

6.2 CQM RESPONSIBILITIES AND RESOURCES

The AA funds three full time staff that are responsible for improving health outcomes, patient satisfaction, and patient care throughout the service-delivery area. Responsibilities for these three staff include:

- Ensuring compliance with minimum quality standards
- Implementing quality improvement projects and activities
- Writing the AA's CQM Plan
- Reviewing CQM plans for all sub-recipients
- Coordinating and facilitating CQM Advisory Committee and Local Pharmaceutical Assistance Program (LPAP) meetings
- Collaborate with grantors regarding CQM initiatives, best practices, and technical assistance
- Researching and providing information on best practices among sub-recipients
- Monitoring and evaluating performance measurement data at the client, provider and system levels
- Providing training and technical assistance (TA) based on identified program outcomes
- Collecting client satisfaction data, including following up on suggestions by consumers to improve care and services
- Attending and participating in RWPC Committee meetings
- Conducting CQM site visits and chart reviews

CQM Stakeholders are identified as Internal and External:

- Internal- County Commissioners, RWPC Office of Support Staff/Administration, AA, RWPC, Dallas County HHS, CQM Advisory Committee
- External- Consumers, Community, HRSA, Sub-recipients, DSHS

All Stakeholders are significant in their commitment to insuring access to quality care for all PLWH in the Dallas EMA.

7.0 PERFORMANCE MEASUREMENT

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes (on an individual or population level), and patient satisfaction. According to HRSA policy, Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service. Recipients should identify at least one performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than 15% and less than 50% of the recipients' eligible clients receive at least one unit of service. Recipients do not need to identify a performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where less than or equal to 15% of the recipients' eligible clients receive at least one unit of service.

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service	Minimum number of performance measures
>=50%	2
>15% to <50%	1
<=15%	0

DCHHS will work with HRSA and sub-recipients to identify performance measures that are relevant, measurable, improvable, and accurate for each service categories. Although the measures are still in draft form, a copy of them can be found in Appendix B.

***Data Tracking*:** The CQM staff is responsible for collecting and aggregating performance data from sub-recipients and tracking outcomes quarterly. There are several service categories that have elected to use 'client satisfaction' as their indicator. For this measure, the CQM program staff will devise a system for the collection and analysis of client satisfaction surveys.

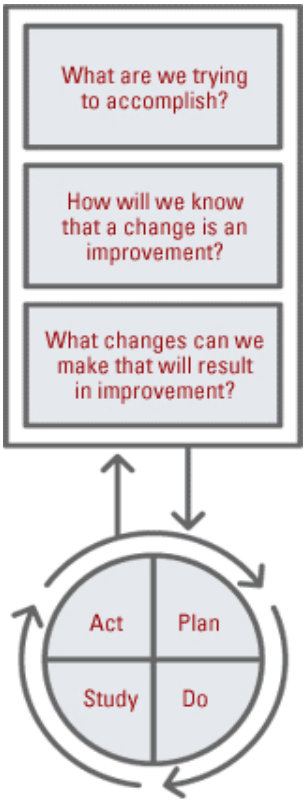
Reporting and Disseminating Results: The CQM staff is responsible for compiling performance measures and summarizing them in quarterly reports that will be distributed to each sub-recipient. The reports monitor agency-specific performance as well as performance across each category. The format is user-friendly and is used as a means for providers to track their own progress and identify opportunities for quality improvement activities. Results from reports will be shared to the various stakeholders.

***Projected Plan for Clinical Chart Review*:** The Quality Assurance Administrator-Medical is

responsible for evaluating the quality of care through a clinical chart review project conducted every year at sub-recipient sites that are also clinical sites providing medical case management. This information provides a foundation for agencies to initiate quality improvement projects. The Quality Assurance Administrator-Medical is responsible for the dissemination of feedback to the clinical sites and this site-specific data is made available to the grantee (DCHHS). To set the stage for quality improvement projects, CQM staff will prepare a summary presentation that will deliver via webcast, conference call, or in person. They will also prepare individual reports to be delivered to each clinic for sub-recipient use and discussion. The information in these reports and presentations will focus on key process and clinical indicators, comparing earlier rounds of data collection with the most recent round, to examine trends and identify areas in need of improvement. Discussions will explore underlying problems or successes from the individual providers' perspectives and generate new questions and requests for focused technical assistance. The CQM staff will arrange meetings and discuss projects as needed. Regular communication about ongoing project will allow the CQM Program to help shape the reports/study each year. The clinical performance indicators that will be evaluated in the chart review are in line with HAB measures including: medical visits; CD4 count; PCP prophylaxis; and antiretroviral therapy.

8.0 QUALITY IMPROVEMENT

In conjunction with the CQM Advisory Committee, the CQM team will develop quality improvement projects that focus on improving areas that are weak. Annual revision of the goals and objectives, analysis of data, feedback from stakeholders and incorporation of all findings is fed into the QI loop to be utilized in identifying performance issues and measuring improvement. The improvement methodology chosen is the Plan, Do, Study, Act (PDSA) methodology. Other methodologies that may be used include flow chart analysis, brainstorming, observational studies, cause and effect diagrams and activity logs. The true action of quality improvement requires review, redesign and acknowledgement that it is an ongoing and continual process.



9.0 PARTICIPATION OF STAKEHOLDERS AND COMMUNICATION

All stakeholders are an important part of the CQM Program and function in different capacities. In an effort to engage stakeholders, the CQM Program

recognizes the necessity of both internal and external involvement. The stakeholders include consumers, sub-recipients, regulatory agencies, the AA, and the affiliated CQM/RWPC committees. See Stakeholder and Communication table for details.

9.1 PARTCIPATION OF STAKEHOLDERS AND COMMUNICATION TABLE

Stakeholder Participation	Involvement in CQM Program	CQM Program Communication Methods
Consumers	• Participate in the development of client satisfaction survey tool • Make suggestions/ recommendations for quality improvement initiatives and needs to CQM Program and Sub-recipients	• Monthly CQM Advisory Committee meetings • Monthly Consumer Council Committee (CCC) meetings
Sub-recipients	• Provide care to consumers consistent with HHS Guidelines and service standards • Ensure that CQM components for the contracts are met • Provide grantee with requested performance data in respective service categories	• Quarterly CQM Advisory Committee meetings • TA and education via Center for Quality Improvement and Innovation (CQII)/National Quality Center (NQC) tutorials and quality improvement workshops as needed • CQM performance reports
Regulatory Agencies DSHS and HRSA	• Provide funding for CQM department • Identifies core measures and outcomes • Support quality development with training programs • Monitor AA's practices in regards to quality • Publish guidelines on/through HRSA website	• Annual submission of CQM activities with grant application renewal to DSHS and HRSA • TA from CQII/NQC and DSHS consultants as needed • Annual Ryan White Service Report (RSR) to HRSA and quarterly Data Improvement Plan (DIP) to DSHS
The RWPC/RWPC Support Staff	• Works in collaboration with the AA in defining the service standards for medical and supportive service categories • Reviews and updates service standards as needed	• Periodic updates at Evaluation Committee
AA	• Provides input on CQM activities • Shares information from site visits • Provides data analysis • Develops best practices for service delivery	• Share reports as needed
County Commissioner Judge/DCHHS	• Functions as CEO of Part A EMA	• Briefings in Commissioners Court as needed
CQM Advisory Committee	• Participates in strategic planning (assist in updating CQM Plan, prioritize performance measures, etc.) • Facilitates innovation and change (promotes communication)	• Quarterly meetings with CQM team • Reports to RWPC

10.0 EVALUATION

The CQM Advisory Committee will evaluate the CQM Program annually using the CQII/NQC Organizational Assessment (OA) tool. The OA assesses many areas of the CQM Program for effectiveness including:

- Infrastructure
- Performance Measurement
- Quality Improvement

When applicable, the results will be: used for future quality effort and goals; shared annually with stakeholders and consumers; used to determine new performance measures based on priorities; integrated into routine program activities as part of assessing quality; used to assess the success of QI projects, interventions, and other activities to improve care; used to assess current status of quality performance as a baseline determinant and used to reevaluate priorities based on Sub-recipient/consumer input.

Clinical Quality Management Plan: The CQM staff will review the overall CQM plan, as well as focus on the goals and objectives on an annual basis, completing the process and producing a revised plan by the beginning of the next Calendar Year. Within the CQM plan, we will include lessons learned from the previous year and adjust our goals and objectives as needed. The plan will be reviewed and approved by the CQM Advisory Committee Chair and the Assistant Director, Ryan White Grants Compliance.

CQM Advisory Committee: The CQM program staff will evaluate their execution of the CQM Advisory Committee by collecting evaluations quarterly that will survey the preparedness of the staff, the applicability of the topics, and overall productiveness of the committee. Additionally, at the end of the calendar year, the committee will produce a report on all the activities that the CQM Advisory Committee took part in throughout the year. This report will be written by the CQM staff, with participation from the committee, and will be published on the CQM website.

Performance Measures: Performance measures, definitions, and indicators will be reviewed quarterly. At the end of each calendar year, the CQM team will compile a report detailing outcomes on performances measures for each sub-recipient, service category and for the EMA/HSDA overall.

10.1 PROCEDURES FOR UPDATING CQM PLAN

The CQM Advisory Committee and CQM team will review and update the CQM Plan annually, at a minimum. The update includes reviewing/revising performance measures, goals, performance data and the work plan. The CQM team drafts edits to the plan and presents them to the CQM Advisory Committee for recommendations and approval. Once the plan is approved, the Assistant Director, Chair, and Co-Chair will sign it.

11.0 EVALUATION

Activities	Responsible Party	Function	Frequency
Organizational Assessment	CQM Advisory Committee	Conduct an assessment of CQM Program and make recommendations for improvement	Annually
Review CQM Plan	CQM staff CQM Advisory Committee	Update CQM Plan and make revisions as needed	Quarterly
Monitor Performance Measures	CQM staff CQM Advisory Committee Sub-recipients RWPC	Measures changes in outcomes and quality based on performance data submitted by Sub-recipients and compiled during site visits and other CQM activities	Quarterly
Training	CQM Staff CQM Advisory Committee State or federal agency as needed	CQM related TA based on identified training needs and performance-based data/outcomes	As needed
Technical Assistance	CQM staff Sub-recipients CQM Advisory Committee	CQM related TA based on identified training needs an performance-based data/outcomes	As Needed
Client Satisfaction Surveys	CQM staff CQM Advisory Committee	Develop, administer, and compile results of client satisfaction survey	Annually

12.0 CLIENT SATISFACTION

Client satisfaction surveys are conducted annually. Survey results are collected to trend satisfaction and identify areas with suggestions for improvement. Client satisfaction data is reported to all structures within the system of care. Client satisfaction mechanisms should not be confused with the Needs Assessment and Comprehensive Planning processes. The Needs Assessment identifies the needs of consumers in the EMA/HSDA and the Client satisfaction survey reflects the client's level of satisfaction with the quality of services received. Other forums for consumer input are also encouraged. In order to develop and implement consumer involvement, engagement methods may also include focus groups, use of a suggestion box, and continued open communication with the CQM team and the CQM Advisory Committee as needed.

13.0 WORK PLAN

The work plan is utilized to outline goals, activities, actions, timelines, and responsible parties for the implementation of the CQM Plan. The CQM team will review the work plan quarterly and make revisions as needed. See Appendix A.

This CQM Plan has been reviewed and approved by RW CQM leadership as listed below.

_____ _____

Chair, Dr. Deborah Morris-Harris Date

_____ _____

Co-Chair, Dr. Oscar Salinas Date

_____ _____

Assistant Director, Sonya Hughes Date

Appendix A: Work Plan

Goal 1: Educate and/or train all Sub-recipients on CQM by December 2019.

Objective 1: Bring all Sub-recipients to a general standard on CQM.

KEY ACTIVITIES	RESPONSIBLE PARTY	DEADLINE	OUTCOME
1. Establish baseline on CQM knowledge for each Sub-recipients' CQM Program Leader.	CQM Staff	September 2019	
2. Administer pre-test CQM 101.	CQM Staff	September 2019	
3. Provide CQM 101 Training.	CQM Staff/CQII	September 2019	
4. Administer post-test CQM 101.	CQM Staff	September 2019	

Objective 2: Train Sub-recipients on how to identify health disparities.

KEY ACTIVITIES	RESPONSIBLE PARTY	DEADLINE	OUTCOME
1. Teach Sub-recipients how to identify their priority populations.	CQM Staff	September 2019	
2. Register Sub-recipients for CQII training, How to Utilize the Disparity Calculator.	CQM Staff/CQII	September 2019	

3. Assist Sub-recipients on how to develop PDSA to reduce disparities among group (s) identified.	CQM Staff/CQII	October 2019	

Goal 2: Complete phase one of data assessment of Dallas EMA/HSDA by December 2019.

Objective 1: Establish diagnosis of the data cycle at Sub-recipient level.

KEY ACTIVITIES	RESPONSIBLE PARTY	DEADLINE	OUTCOME
1. Develop data assessment tool.	CQM Staff	April 2019	Data assessment tool was developed in April 2019 and approved by the special committee in the first week of May 2019.
2. Schedule the Sub-recipient visits to apply the tool and collect the data.	CQM Staff	May 2019	Visits to apply the tool and collect the data were scheduled in April 2019 and will be done in conjunction with site visits.
3. Collect the data.	CQM Staff	November 2019	
4. Analyze the data.	CQM Staff	December 2019	

Objective 2: Analyze the data and implement an improvement project.

KEY ACTIVITIES	RESPONSIBLE PARTY	DEADLINE	OUTCOME
1. Implement PDSAs to address data assessment outcomes.	CQM Staff	January 2020	
2. Review PDSA cycle and adjust based on outcome.	CQM Staff	April 2020	

Goal 3: Initiate a plan to conduct longitudinal system-wide client satisfaction surveys in collaboration with Consumers and CQM Advisory Committee by December 2019.

Objective 1: Establish real-time client satisfaction data to improve the quality of service.

KEY ACTIVITIES	RESPONSIBLE PARTY	DEADLINE	OUTCOME
1. Research companies that develop software for data collection and analysis in client satisfaction.	CQM Team, Assistant Director, and Director	June 2019	
2. Develop the tool for client satisfaction survey.	Consumers and CQM Advisory Committee	August 2019	
3. Train Sub-recipients on utilization of the data collection tool.	Consumers, CQM Staff, CQM Advisory Committee, and Vendor	August 2019	
4. Administer client satisfaction survey.	Consumers, CQM Staff, and Sub-recipients	September 2019	

Objective 2: Share client satisfaction outcomes with Sub-recipients.

KEY ACTIVITIES	RESPONSIBLE PARTY	DEADLINE	OUTCOME
1. Provide recommendations to address issues quarterly as needed.	CQM Staff	December 2019	
2. Present outcome data on satisfaction to Ryan White Planning Council, Evaluation Committee, and Consumer Council Committee.	CQM Staff	December 2019	

Appendix B: FY 19 Performance Measures

(Performance measures were developed in 2014)

Funded service category	# of Sub-recipients	Performance measure	Numerator	Denominator	Exclusions
HIA	5	**Health Insurance Assistance**: Percentage of clients enrolled in health insurance through the health insurance assistance program	Number of referred eligible clients enrolled in health insurance through program services	Number of eligible clients referred to the insurance assistance program	Clients whose access to program supported health insurance has been interrupted by disruption in funding distribution
LPAP	5	**Prescription of HIV Antiretroviral Therapy**: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	Provider has determined it is inappropriate for a patient to be on ART at this time
MCM	8	**Care Plan:** Percentage of medical case management patients regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least 3 months apart in the measurement year	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year	1. Medical case management patients who initiated medical case management services in the last 6 months of the measurement year 2. Medical case management patients who were discharged

		measurement year			from medical case management services prior to 6 months of service in the measurement year
MH	4	**Global Assessment of Functioning (GAF) Score:** Percentage of clients who have maintained or improved GAF score	Clients who have maintained or improved GAF score	Clients with minimum of two mental health visits within measurement period	None
ORAL	2	**Periodontal Screening or Examination:** Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year	Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year	1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year 2. Edentulist patients (complete) 3. Patients who were <13
OAHS	5	**HIV Viral Load Suppression:** Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year	Acute/walk-in medical visits

SA	2	**Global Assessment of Functioning (GAF) Scor**e: Percentage of clients who have maintained or improved Global Assessment of Functioning (GAF) score	Clients who have maintained or improved GAF score	Clients with minimum of two substance abuse visits within the measurement period	None
Child Care	2	**Child Care Services:** Percentage of clients receiving child care in order to attend medical visits and/or work	The number of clients able to keep medical appointments and/or attend work while child is in care during the reporting period	The number of clients utilizing child care services	None
Food Pantry	2	**Body Mass Index:** Percentage of clients showing stable or improved overall health as evidenced by Body Mass Index (BMI)	Number of clients who have stable or improved BMI	Number of clients for whom BMI is collected or reported when utilize pantry services	1. Clients that decline to be weighed 2. Clients that utilized program fewer than six times within 6 months 3.Clients who have food pantry items delivered to them
Housing Based Case Management	2	**HIV Medical Appointment:** Percentage of patients who attended an HIV/AIDS medical appointment/care within the last 6 months	Number of persons with HIV/AIDS diagnosis who attended an HIV/AIDS medical appointment/care within the last 6 months	Number of persons with HIV/AIDS diagnosis receiving housing services	HIV negative family members that live with patient
HOPWA	HOPWA UNIT	Number of outreach activities performed within the reporting period	Number of network meetings attended in a fiscal year. One per quarter is a requirement	The number of network meetings had per fiscal year	None

Congregate Housing	2	**HIV Medical Appointment:** Percentage of patients who attended an HIV/AIDS medical appointment/care within the last 6 months	Number of persons with HIV/AIDS diagnosis who attended an HIV/AIDS medical appointment/care within the last 6 months	Number of persons with HIV/AIDS diagnosis receiving housing services	HIV negative family members that live with patient
Congregate Meals	4	**Meals Program:** Percentage of clients reporting that the meals program helped, improved or maintained their overall health	Number of clients reporting that the meals program helped or improved or maintained their overall health	Number of clients surveyed at the 6 months recertification	Clients who utilized the program fewer than 24 times within the previous 6 months
Linguistics	1	**Linguistic Program:** Percentage of individuals that received linguistic services during the reporting period who state the linguistic program has helped them to access and/or understand HIV services	Number of individuals surveyed who state that the linguistic program has helped them to access and/or understand HIV services	Number of individuals that receive linguistic services that are surveyed	None
Medical Transportation	4	**Van Transportation:** Percentage of clients who were transported to outpatient ambulatory medical care appointment in the reporting period	Number of patients who utilize van transportation to attend a medical visit	Number of individuals that utilize van transportation	Clients who utilize van transportation less than twice every 6 months

NMCM	8	**Screening for Clinical Depression:** Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized screening tool	Patients screened for clinical depression on the date of encounter using an age appropriate standardized tool	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible non-medical case management encounter during the measurement period	1. Patient Reason(s) - Patient refuses to participate 2. Medical Reason(s) - Patient is in an urgent or emergent situation where time is of the essence and to delay treat would jeopardize the patient's health status 3. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
Other Professional	1	**Power of Attorney:** Percentage of clients initiating power of attorney cases during the reporting period	Number of clients initiating power of attorney cases during the reporting period	Number of clients initiating legal assistance during the reporting period	None
Outreach	1	**Outreach for Lost to Care:** Percentage of patients linked back to HIV medical care	Number of patients who have status of "Linked to HIV Medical Care" [e.g. in care at Parkland, in care elsewhere, incarcerated]	Number of patients who did not have a medical visit in the last 6 months of the measurement year	1. Patients who died at any time during the measurement year 2. Moved out of service area

CYA Respite	1	**Developmental Surveillance:** Percentage of HIV infected or exposed children who had developmental assessments documented	Number of clients who utilized respite services three or more times per week who had developmental assessments during the measurement year	Number of HIV infected or exposed clients who receive respite services three or more times per week during the reporting period	None
Adult Respite	1	**Adult Respite Care:** Percentage of individuals that utilize adult respite care who state it helps relieve them of some of the stress of living with HIV and helps keep them healthy	Number of respite care clients surveyed who state the adult respite care program (will be referred to as day and meals program) helps relieve them of some of the stress of living with HIV and keeps them healthy	Number of respite care clients surveyed	Individuals that utilized the program less than 24 times in 6 month period
Short Term Housing	1	**Medical Visits:** Percentage of clients that had one or more medical visits within 6 months measurement period	Number of clients that had one or more medical visits within 6 months measurement period	Number of HIV clients receiving short term housing	None
Tenant Based Housing	1	**Medical Visits:** Percentage of clients that had one or more medical visits within 6 months measurement period	Number of clients that had one or more medical visits within 6 months measurement period	Number of HIV clients receiving tenant based Housing	None