

Quality Management Plan

Patient Care Section Bureau of HIV/AIDS, Division of Disease Control Florida Department of Health

I. Purpose:

The purpose of this plan is to set forth a coordinated approach to addressing quality assessment and process improvement within the Patient Care Section of the Bureau of HIV/AIDS, Florida Department of Health. The Patient Care Section is dedicated to ensuring the highest quality of HIV medical care and support services provided to HIV/AIDS clients throughout the state of Florida.

II. Structure

A. Framework

The Ryan White CARE Act of 2000 requires that all Ryan White programs establish Quality Management programs that will assist providers in assuring adherence to PHS guidelines, ensure that supportive services provide access and adherence; and ensure demographic, clinical and utilization information is available to monitor and evaluate the local epidemic. The legislative requirements can be summarized into six primary themes: Improved Access, Quality Management, Capacity Development, Targeted Resources, Coordination and Linkages, and Participation & Collaboration of Other Agencies. To meet the legislative requirements, the Bureau of HIV/AIDS established the Quality Management Institute in 2002. The focus of the Quality Management Institute is on statewide quality improvement activities within the six theme areas for all of the internal and external patient care programs. The major goals of the Institute are to assess, educate, and build capacity within Ryan White-funded agencies statewide in order to provide the Bureau of HIV/AIDS with valid and reliable outcome data that can guide policies, decision-making, priority setting, and improve quality in meeting the service needs of patients throughout the state.

The state of Florida, including the Department of Health, has adopted the Sterling Criteria for organizational excellence. The Sterling Criteria are built upon a set of interrelated core values, embedded beliefs and behaviors found in high-performing organizations. They are the foundation for integrating key business requirements within a results-oriented framework that creates a basis for action and feedback, therefore the basic framework for Quality Improvement is based on the Sterling Criteria. (See Attachment A for more details).

The Patient Care Section's senior management team is accountable for planning, directing, coordinating and improving healthcare services in the state's HIV Program. This leadership group approves the performance improvement plan, and reviews quality improvement activities during its regular meetings. A Quality Committee (QC), composed of staff from across the Bureau, has been established, under the direction of the Quality Management Institute director to review and provide input regarding the Goals and Objectives described in this Plan. Members of the Quality Committee include representation from the following:

- Director of HIV Quality Management Institute, Committee Chair
- Patient Care Program Administrator
- ADAP Supervisor
- IT Coordinator
- Community Programs (Field Operations)
- Reporting Unit (Patient Care)

- Senior clinician
- Epidemiology/Surveillance
- A consumer leader who is familiar with the State's programs or who participates in an advisory or planning group
- QI staff from other Bureau sections
- Prevention/Early Intervention staff
- Partner agencies (e.g. Medicaid)

Florida's statewide Patient Care Planning Group (PCPG) and associated consumer advisory groups assist in the quality improvement activities by providing input and assistance as appropriate.

Responsibilities of the Quality Committee include:

- Identification of opportunities for improvement
- Provide input and recommendations regarding the prioritization, planning, design, and measurement of improving organizational performance
- Assist in developing the scope of the improvement activity
- Identification of the improvement team (composed of persons involved in the improvement process)

More details regarding the activities of the improvement teams can be found in Section E below.

The Patient Care Section's quality improvement activities are reported through the Quality Committee. Ongoing Quality improvement reports are provided to the Patient Care leadership group.

B. Content

The Quality Management program is designed to address Quality Assurance/Performance Improvement activities regarding the following major functional areas and important aspects of care, using a Balanced Score Card approach. Therefore the opportunities for improvement will be identified in the following areas:

1. Customer Focus:

(a) Clinical Primary Care to include:

- Patient Outcomes
- Patient Satisfaction
- Case Management
- Improved Access

(b) Support Services, including:

- Continuity of Care
- Coordination and Linkages

2. Financial Focus:

- (a) Contractual
- (b) Expenditures and variances
- (c) Utilization Review
- (d) Managed Care

3. Organizational Excellence

- (a) Human Resources Focus:
 - Employee readiness
 - Qualifications
 - Training & continued Learning
 - Staff retention
 - Employee satisfaction
- (b) Operations & Business Processes:
 - Planning
 - In alignment with guidance
 - Based on scientific evidence (epidemiology, needs assessments, etc)
 - Targeted Resources to greatest need
 - Disaster planning and preparation
- (c) Infrastructure development
 - Data collection systems - Medical Record/Information Systems
 - Capacity Development
- (d) Evaluation and Quality Improvement
 - Progress towards achieving goals and objectives
- (e) Training needs regarding Quality Improvement

4. Community Partnerships and Relationships

- (a) Internal Partners, Stakeholders and Customers
 - HAPCs
 - Lead Agencies
 - CHDs and contract managers
- (b) External Partners
 - AIDS Education & Training Center
 - Medicaid
 - Dept of Corrections
 - Children's Medical Services
 - Veteran's Administration
 - Private provider agencies

III. Goals and Objectives:

A. Overall goals of the Quality Management Program include:

A systematic, state wide process for planning, designing, measuring, assessing and improving performance with the following components:

1. *Develop a planning mechanism* incorporating baseline data from external and internal sources and input from leadership, staff and patients. Clinical, operational and programmatic aspects of patient care will be reviewed.

2. *Emphasize design* needs associated with new and existing services, patient care delivery, work flows and support systems which maximize results and satisfaction on the part of the patients and their families, physicians and staff.
3. *Evolve and refine measurement* systems for identifying trends in care and sentinel events by regularly collecting and recording data (through a valid sampling program when appropriate) and observations relating to the provision of patient care across the continuum.
4. *Employ assessment* procedures to determine efficacy and appropriateness and to judge how well services are delivered and whether opportunities for improvement exist.
5. *Focus on improving* quality in all of its dimensions by implementing multidisciplinary, data driven, project teams and encouraging participatory problem solving.
6. *Promote communication*, dialogue and informational exchange across the Bureau and throughout its reporting structure, with regard to findings, analyses, conclusions, recommendations, actions and evaluations pertaining to performance improvement.
7. *Strive to establish collaborative relationships* with diverse stakeholders and community agencies for the purpose of collectively promoting the general health and welfare of the community served.

B. Specific goals and objectives for the Patient Care Section for Fiscal Year 2005-2006 can be found in Attachment B.

C. Data Collection Plan

Selection of *performance measures* for the major functional areas and the important aspects of care and service.

Regular *review of data for performance measures* from a variety of sources will occur as per the attached schedule. The Quality Management Institute Director and the Data Manager will coordinate these activities. Data reports will be presented for review to Quality Committee and designated teams

Data collection will be implemented utilizing appropriate sampling methodology and will include both concurrent and retrospective review.

D. Assessment and Evaluation

Assessment and evaluation of the data will be performed by various existing teams who will determine if the data warrants further evaluation. Based on this ongoing review, priorities will be set and opportunities for improvement identified.

E. Multidisciplinary Team and Development of Improvement Plan

Once an opportunity for improvement has been identified a multidisciplinary team will be convened to analyze the process and develop improvement plans. These teams will include those staff members closely associated with the process under study. Every attempt will be made to include individuals from other departments who may be impacted by changes made by the team and to help promote collaboration between departments.

Continuous Quality Improvement Methodology will be utilized and may include, but not be limited to, the following:

PDSA (Plan/Do/Study/ACT)
Flow Chart Analysis

Cause and Effect Diagrams

Brainstorming

Observational Studies

Activity Logs

Quality Committee/Team Meeting Improvement Plans will be developed and implemented by the teams:

Improvements may include:

System Redesign

Education (Staff, Clients, Stakeholders and Customers)

Clinical Guidelines review, revision or development

Procedure and policy changes

Form development or revision

All improvement plans will be communicated to all appropriate staff and to clients if deemed appropriate.

F. Sustaining Improvements

Regular feedback regarding improvement projects is critical to its success in sustaining improvements over time. Once an improvement plan has been successful a regular monitoring schedule will be implemented to determine whether the success continues over time.

G. Communicate results to relevant individuals and groups

As described in Section II. Structure, all performance activities of the HIV Program will be reported to the appropriate inter- and intra-departments. Meetings, e-mail, memos, informal verbal communication are all considered appropriate methods to communicate the team's activities and improvement plans.

Attachment A

Sterling Core Values and Concepts

The Sterling Criteria are built upon a set of interrelated core values and concepts. These values and concepts, given below, are embedded beliefs and behaviors found in high-performing organizations. They are the foundation for integrating key business requirements within a results-oriented framework that creates a basis for action and feedback.

Visionary Leadership. An organization's senior leaders

- set directions and create a customer focus, clear and visible values, and high expectations.
- ensure the creation of strategies, systems, and methods for achieving excellence, stimulating innovation, and building knowledge and capabilities,
- inspire and motivate your entire workforce.
- serve as role models through their ethical behavior, personal involvement in planning, communications, coaching, development of future leaders, review of organizational performance, and employee recognition.

Customer-Driven Excellence. Quality and performance are judged by an organization's customers.

Customer-driven excellence has both current and future components:

- understanding today's customer desires and anticipating future customer desires and marketplace offerings
- value and satisfaction may be influenced by
- your organization's relationship with customers that helps build trust, confidence, and loyalty
- awareness of developments in technology and competitors' offerings
- rapid and flexible response to customer and market requirements.

Organizational and Personal Learning. Achieving the highest levels of business performance requires

- a well-executed approach to organizational and personal learning
- continuous improvement of existing approaches and adaptation to change
- opportunities for personal learning and practicing new skills by being responsive, adaptive, and efficient – giving your organization marketplace sustainability and performance advantages.

Valuing Employees and Partners. An organization's success depends increasingly on the

- knowledge, skills, creativity, and motivation of its employees and partners
- valuing employees by committing to their satisfaction, development, and wellbeing
- building internal and external partnerships to better accomplish overall goals
- develop longer-term objectives, thereby creating a basis for mutual investments and respect.

Agility. Success in globally competitive markets demands agility

- a capacity for rapid change and flexibility and customized responses.
- new/improved products and services, as well as faster and more flexible response to customers
- cycle time has become a key process measure

Focus on the Future. A focus on the future requires

- understanding the short- and longer term factors that affect your business and marketplace
- a strong future orientation and a willingness to make long-term commitments to key stakeholders
- planning should anticipate factors such as customers' expectations, the increasingly global marketplace, and the evolving e-commerce environment
- developing employees and suppliers, creating opportunities for innovation, and anticipating public responsibilities

Managing for Innovation. Innovation means making meaningful change to

- improve an organization's products, services, and processes
- create new value for the organization's stakeholders

- make innovation part of the culture and integrated into daily work

Management by Fact. Organizations depend on the measurement and analysis of performance.

Measurements should

- derive from business needs and strategy
- provide critical data and information about key processes, outputs, and results
- support evaluation, decision-making, and operational improvement
- entail using data to determine trends, projections, cause and effect that might not otherwise be evident, comparing your performance with competitors' or with "best practices" benchmarks
- best represent the factors that lead to improved customer, operational, and financial performance.

Public Responsibility and Citizenship. An organization's leaders should stress its responsibilities to the public regarding the need to practice good citizenship, including

- basic expectations related to business ethics and protection of public health, safety, and the environment
- effective planning to prevent problems, provide for a forthright response if problems occur, and make available information and support needed to maintain public awareness, safety, and confidence
- meeting all local, state, and federal laws and regulatory requirements, and treat these requirements as opportunities for improvement
- support publically important purposes, such as improving education and health care in your community, community service, and improving business and industry practices, as well influencing other organizations to partner for these purposes.

Focus on Results and Creating Value. An organization's performance measurements need to focus on key results. Results should be used to

- create and balance value for your key stakeholders – customers, employees, stockholders, suppliers and partners, the public, and the community
- build loyalty and contribute to growing the economy
- develop strategies that explicitly include key stakeholder requirements, meet differing stakeholder needs and avoid adverse impacts on any stakeholders.

Sterling Criteria

The Sterling Criteria are a set of questions that can help determine whether your organization is considering all of the important aspects of successful business operations. These include the following categories:

The **Leadership** Category examines how your organization's senior leaders address values, direction, and performance expectations, as well as a focus on customers and other stakeholders, empowerment, innovation, and learning. Also examined is how your organization addresses its responsibilities to the public and supports its key communities.

[1] How do senior leaders create and communicate values and performance expectations?

[2] How do senior leaders create an organizational focus on customers and other stakeholders?

[3] How do senior leaders create an environment that encourages learning and innovation?

[4] How do senior leaders review organizational performance? Describe how progress relative to your organization's action plans is assessed.

[5] How does your organization address regulatory, legal, and ethical compliance?

[6] How are senior leaders, employees, and the organization involved in supporting the community?

The **Strategic Planning** Category examines how your organization develops strategic objectives and action plans. Also examined are how your chosen strategic objectives and action plans are deployed and how progress is measured.

[1] What is your organization's strategic planning process?

[2] How does your organization include customer requirements, competitors or similar providers, technology, financial and societal risk, strengths and weaknesses of suppliers/partners, and human resources as inputs to the strategic planning process?

[3] List your organization's key strategic objectives and the timetable for accomplishing them. Summarize your organization's action plans, including human resource plans. How do your action plans support the strategic objectives?

[4] What are your key performance measures/indicators for tracking progress relative to your action plans?

[5] Describe the communication and deployment of strategic objectives, action plans, and related measures throughout your organization.

The **Customer and Market Focus** Category examines how your organization determines requirements, expectations, and preferences of customers and markets. Also examined is how your organization builds relationships with customers and determines the key factors that lead to customer acquisition, satisfaction, and retention and to business expansion.

[1] List your organization's key customer groups and/or market segments and their most important requirements.

[2] How does your organization determine the requirements and product/service features important to customers?

[3] How does your organization establish and maintain customer relationships?

[4] List your organization's customer contact standards that employees are expected to maintain. How are these standards measured? How are these standards deployed?

[5] How does your organization make it easy for customers to seek assistance or complain?

[6] Describe the process used to track and resolve the handling of customer complaints.

[7] How does your organization measure customer satisfaction/dissatisfaction?

The **Information and Analysis** Category examines your organization's information management and performance measurement systems and how your organization analyzes performance data and information.

[1] How does your organization decide what to measure?

[2] How does your organization use comparative data and information to improve organizational performance?

[3] How does your organization perform analyses to assess overall organizational performance and set priorities?

[4] How does your organization ensure the reliability, accuracy, timeliness, security and accessibility of data and information?

[5] How does your organization ensure the quality, reliability, and user-friendliness of its hardware and software?

The **Human Resource Focus** Category examines how your organization motivates and enables employees to develop and utilize their full potential in alignment with your organization's overall objectives and action plans. Also examined are your organization's efforts to build and maintain a work environment and an employee support climate conducive to performance excellence and to personal and organizational growth.

[1] How does your organization manage work to promote cooperation, individual initiative, innovation, flexibility, communications, and knowledge/skill sharing across work units?

[2] How are your organization's compensation and recognition approaches and the performance management system used to reinforce high performance?

[3] How does your organization recruit, hire, and retain new employees?

[4] How does training support what is important to your organization and the individual?

[5] How does your organization manage training and evaluate its effectiveness?

[6] How does your organization maintain a safe and healthy work environment?

[7] Describe how the organization determines employee satisfaction, and how this information is used to improve employee well-being.

The **Process Management** Category examines the key aspects of your organization's process management, including customer-focused design, product and service delivery, key business, and support processes. This Category encompasses all key processes and all work units.

[1] What are your organization's key processes (product, service, business, and support)?

[2] How does your organization design processes to ensure they meet customer and others' requirements?

[3] What key performance indicators does your organization use to measure, manage, and improve key processes?

[4] What process do you use to minimize errors, defects, and rework?

The **Business Results** Category examines your organization's performance and improvement in key business areas — customer satisfaction, product and service performance, financial and marketplace performance, human resource results, and operational performance. Also examined are performance levels relative to those of competitors.

[1] What are your organization's current levels and trends for those measures related to customer satisfaction/ dissatisfaction and product/service performance?

[2] What are your organization's current levels and trends for those measures related to financial and marketplace performance?

[3] What are your organization's current levels and trends for those measures related to employee well-being, satisfaction, and development?

[4] What are your results for key measures/indicators of accomplishment of organizational strategy? What are your results for key measures/indicators of regulatory/legal compliance and citizenship?

Attachment B

FY 2005-2006 Quality Improvement Plan for the Patient Care Section, Bureau of HIV/AIDS

HRSA's HIV/AIDS Bureau launched a Title II Collaborative Demonstration Project: *Improving Care for People Living with HIV Disease*. Focusing on the four themes listed below, the overarching purpose of the Collaborative is to improve the quality of care for people living with HIV in the state. Through creating an effective and actionable quality management plan, and assuming a direct role in support of quality improvement activities in the state, Collaborative participants will conceptualize and implement a quality management program, and develop a supporting infrastructure across the defined service area that is consistent with legislative requirements and guidance expectations for Title II. The scope of the Collaborative will include opportunities to explore and test strategies that will focus on:

- Alignment Across Jurisdictions and Services, including ADAP, to support a common vision of service delivery and quality of services;
- Integration of Data and Information Systems to facilitate information sharing and performance measurement to support delivery of quality health services;
- Improving Access to Care and Retention of HIV/AIDS Clients; and
- Optimization and Management of Resources within the currently constrained environment including recruitment and retention of personnel.

By the end of the Collaborative, Title II Grantees will have:

- Developed or refined a quality management plan for the State and initiated implementation of processes to ensure and demonstrate quality of care and services;
- Tested and implemented changes in at least two of the bulleted areas above;
- Developed plans to support ongoing and collaborative quality improvement efforts, through integrating and using the tools made available during the Collaborative to administer their own statewide Collaborative.

Measurement Strategy Title II Collaborative Demonstration Project Process and Outcome Measures of Florida				
Label	Measure	Formula	Data Collection Plan	Goal
R.P.01	Percent of applying state ADAP clients approved or denied for ADAP services within two weeks of ADAP receiving a complete application.	<p>N = Number of ADAP clients approved/denied for ADAP services within two weeks.</p> <p>D = Number of complete applications that the ADAP received during the month.</p>	On the 15th of each month, count the total number of complete applications that the state ADAP received during the previous month. Then, from this group, count the number of ADAP clients that were approved or denied for ADAP services within two weeks of the state ADAP receiving them(N).	
R.P.02	Percent of ADAP enrollees recertified for ADAP eligibility criteria at least annually	<p>N = Number of call ADAP clients who have reached their twelve month anniversary that have been recertified</p> <p>D = Total number of ADAP clients who have reached their twelve month anniversary</p>	At the end of the current month, count the total number of ADAP enrollees who reached (during the current month) their twelve-month anniversary from the date of their enrollment (D). Then from this group count the number who have been re-certified (N). Finally divide N by D and multiply the result by 100%.	
Florida RP.03	The percent of active clients who are inappropriately	N = the number of active clients who are inappropriately enrolled in	At the end of the month, count the total number of active clients who are enrolled in both the Medicaid and ADAP databases (D). Then from this group	Decrease by 50%

	enrolled in both Medicaid and ADAP	both Medicaid and ADAP D = the number of active clients who are enrolled in the ADAP databases	count the number who are inappropriately enrolled in both (N). Finally divide N by D and multiply the result by 100%. Note: 1) Inappropriate – Those with no validated medical reason for dual enrollment	
Florida RP.04	The percent of clients receiving suboptimal care	N = the number of clients receiving suboptimal care D = the total number of active clients in the ADAP database	At the end of the month, count the total number of active clients in the ADAP database (D). Then from this group count the number of clients receiving suboptimal care (N). Finally divide N by D and multiply the result by 100%. Note: 1) Suboptimal care is defined as mono or dual therapy	Decrease by 50 %
Florida RP.05	Percent of clients receiving contraindicated drug regimens	N = the number of clients receiving contraindicated drug regimens D = the total number of active clients in the ADAP database	At the end of the month, count the total number of active clients in the ADAP database (D). Then from this group count the number of clients receiving contraindicated drug regimens (N). Finally divide N by D and multiply the result by 100%. Note: 1) Contraindicated treatment - HAART regimens containing drug combinations that have been identified as contraindicated by FDA & DHHS guidelines	Decrease by 50 %
R.OUT.01	Percent of clients newly reported with HIV infection who also have AIDS diagnosis	N = Number of individuals newly reported with HIV infection who also have AIDS diagnosis D = Number of individuals newly reported with HIV infection	Report on quarterly	
R.OUT.02.a	Percent of clients newly reported with HIV infection who progress to AIDS diagnosis	N = Number of individuals newly reported with HIV infection who progress to AIDS diagnosis D = Number of individuals newly reported with HIV infection	Report on quarterly	
R.OUT.02.b	Ratio of clients who die w/in 12 months of HIV diagnosis to the number of clients reported with HIV	N = Number of individuals who die within 12 months of HIV diagnosis D = Number of individuals newly reported with HIV infection	Report on quarterly	
R.OUT.03	Percent of clients with at least two primary care visits in the last 12 months	N = Number of HIV/AIDS individuals with two (2) general HIV care visits in the last 12 months D = Number of HIV/AIDS individuals with at least one encounter within the last 12 months	Report on quarterly	
R.OUT.04	Percent of clients	N = Number of individuals with a CD4 and/or VL in the	Report on quarterly	

	with a lab test in the last 6 months	last 6 months. D = Number of HIV/AIDS clients with at least one encounter within the last 12 months		
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