



# Annual Quality Management Plan Calendar Year 2021

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## **Section 1: INTRODUCTION**

As a Ryan White Part A (RWPA) recipient, Clark County manages a Clinical Quality Improvement (CQI) program that develops and oversees the CQI plan to ensure that HIV health services are consistent with the most recent Health and Human Services (HHS) Guidelines and clinical practice standards. This plan is considered a “living” document intended to be modified and updated as part of the RWPA clinical quality improvement process.

## **Section 2: QUALITY STATEMENT**

### **Shared Mission**

The mission of the RWPA CQI program is to provide a proactive process that can positively impact health outcomes of people accessing core medical and support services.

### **Shared Vision**

RWPA creates an annual integrated CQI plan and quality improvement system to support subrecipients so they can deliver optimal care services and quality of care that will make a positive difference in the lives of persons infected and affected by HIV.

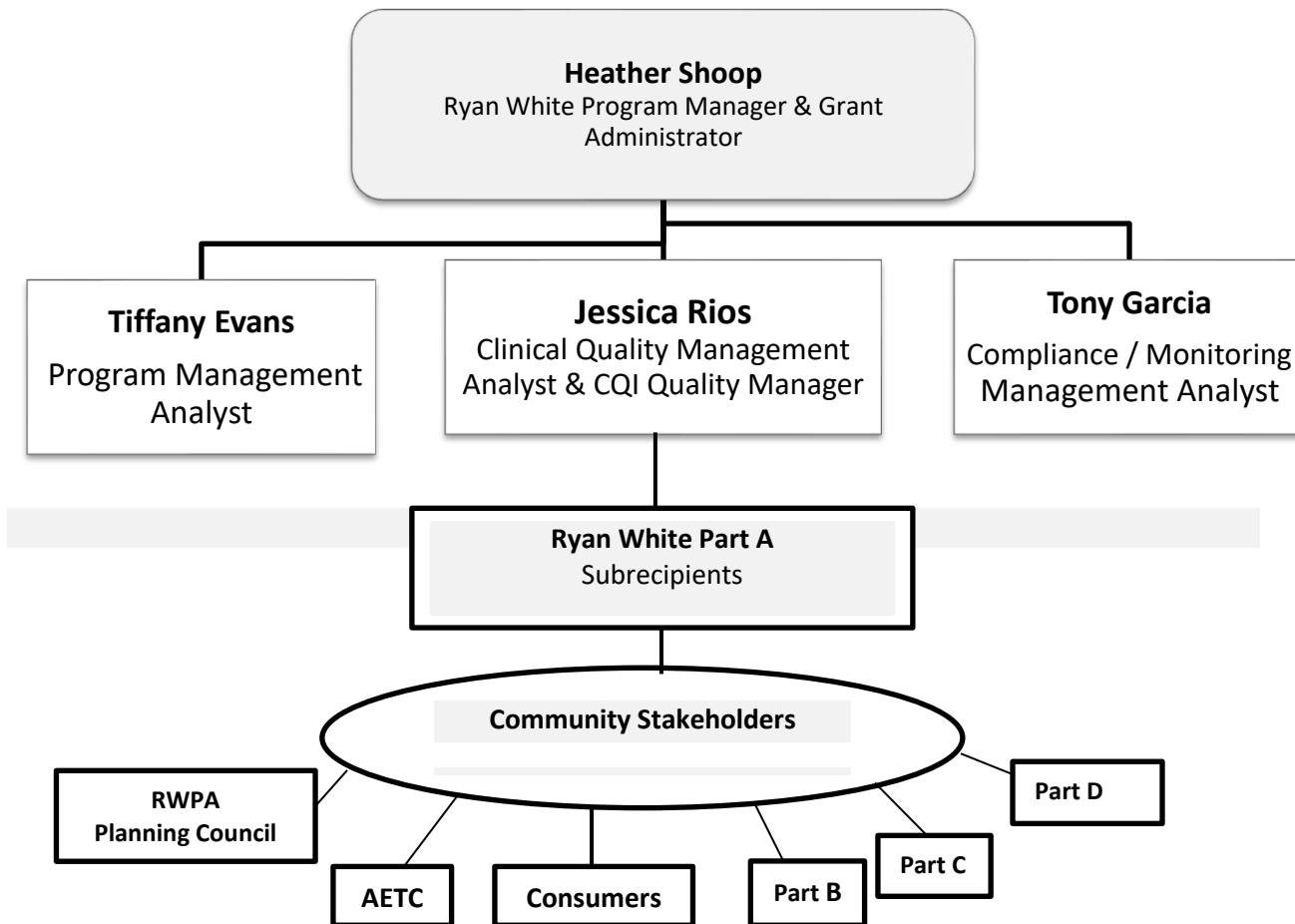
## **Section 3: ANNUAL QUALITY GOALS**

**Goal 1:** Convene the CQI committee to review and develop the infrastructure of the CQI plan.

**Goal 2:** Improve the overall quality of health outcomes and services for people with HIV.

**Goal 3:** Develop a reliable data tracking and performance measurement system.

## Section 4: QUALITY INFRASTRUCTURE



## Clinical Quality Improvement (CQI) Advisory Committee

A description of the CQI advisory committee consists of several essential individuals that work together in a synchronized and ongoing manner, to improve Patient Care, Health Outcomes, and Patient Satisfaction (PCHOPS). A list of the committees' roles and responsibilities is defined in the table below. The committee will be responsible for participating in quarterly meetings to review performance measures and system-wide challenges.

Clinical Quality Improvement Advisory Committee		
Representative	Roles	Responsibilities
Heather Shoop, Part A	Ryan White Program Manager	<ul style="list-style-type: none"> <li>• Endorses, champions, and promotes the CQM program and approves the CQM plan</li> <li>• Raises the visibility of the CQM program and activities</li> <li>• Has final accountability of the CQM program</li> <li>• Provides overarching leadership and support</li> </ul>
Jessica Rios, Part A	Quality Manager	<ul style="list-style-type: none"> <li>• Chairs, oversees, and facilitates the quarterly CQM committee meetings (March, June, September, and December)</li> <li>• Starts and ends meetings on time and moves the agenda forward</li> <li>• Encourages committee participation</li> <li>• Responsible for developing and implementing the CQM annual plan and related activities</li> <li>• Provides one on one training to subrecipients and shares resources for capacity building purposes</li> <li>• Disseminates programmatic activities and accomplishments</li> <li>• Communicates systematic updates to the service providers, consumers, Planning Council, and community at large</li> </ul>
Part A Staff Tiffany Evans  Tony Garcia  Vanessa Cruz (Ad Hoc)	Committee Members	<ul style="list-style-type: none"> <li>• Provides guidance in the selection and implementation of Quality Improvement projects based on trends and needs of the service delivery system. Posts CQI agenda, meeting minutes, and resources to the LVTGA website</li> <li>• Provides guidance directed at policies, procedures, and the compliance component of the CQM program</li> <li>• Provides support to the CQM program in relation to EHE Initiatives</li> </ul>
Part A Subrecipients	Committee Members	<ul style="list-style-type: none"> <li>• Provides guidance for QI projects</li> <li>• Accountable for entering current and consistent, service data for collection and reporting purposes</li> </ul>

		<ul style="list-style-type: none"> <li>• Conducts consumer satisfaction surveys to measure the impact of the RWPA Program</li> <li>• Actively participates and collaborates as subject matter experts</li> <li>• Are involved in every aspect of the CQM plan and drives QI in a proactive manner</li> <li>• Meets contract deliverables, participates in conducting PDSA cycles</li> <li>• Presents PDSA findings at quarterly meetings and / or shares findings to the Planning Council</li> </ul>
TriYoung Staff	Data Contractor/Consultant	<ul style="list-style-type: none"> <li>• Provides statistical reports that consist of tracking clinical behavior in CAREWare to support QI.</li> <li>• Collaborates with Quality Manager to track and extract performance measures to identify performance variance, root causes of underperformance, and areas that fall short of QI (PCHOPS).</li> <li>• Imports current VL, CD4s, and other care labs from both local and state health departments to ensure accurate reporting as needed for QI.</li> </ul>
Part B (Ad Hoc)	Clinical Quality Manager	<ul style="list-style-type: none"> <li>• Collaborates with RWPA Quality Manager to align and leverage community-wide efforts aimed at improving PCHOPS</li> <li>• Shares resources, knowledge, and expertise by providing input on CQM activities to be carried out.</li> <li>• Requests data from State HIV Surveillance, Office of Public Health and Epidemiology (OPHIE) Program.</li> </ul>
Part C	Clinical Quality Manager	<ul style="list-style-type: none"> <li>• Collaborates with the RWPA Quality Manager to align efforts and contribute expertise to QI activities.</li> <li>• Shares ideas and results for QI initiatives</li> <li>• Enhance communication, resources, and service implementation across the HIV continuum.</li> </ul>
Part D (Ad Hoc)		<ul style="list-style-type: none"> <li>• Collaborates with RWPA Quality Manager to align and leverage community-wide efforts aimed at improving PCHOPS</li> <li>• Shares resources, knowledge, and expertise by providing input on CQM activities to be carried out.</li> </ul>
<b>Community Stakeholders</b>		
<b>Internal Stakeholder</b>	<b>Participation</b>	<b>Task</b>
Part A Planning Council	<ul style="list-style-type: none"> <li>• Reviews and utilizes data</li> </ul>	<ul style="list-style-type: none"> <li>• Data Reports: ex: performance measures and service utilization</li> </ul>

	<ul style="list-style-type: none"> <li>• Reports as part of the priority setting and resource allocation</li> <li>• Identifies areas for improvement</li> <li>• Provides and periodically updates standards of care for the TGA</li> <li>• Reviews and utilizes service data and reports</li> <li>• Uses quality management data in decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly meetings</li> <li>• Research best practices and work done by other/similar TGAs</li> </ul>
<a href="#">Consumers</a> (Ad Hoc)	<ul style="list-style-type: none"> <li>• Participates in the Planning Council committee and CQI committee</li> <li>• Participates in satisfaction surveys and focus groups</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in Surveys</li> <li>• Participate in monthly / quarterly meetings</li> </ul>
<b>External Stakeholders</b>	<b>Participation</b>	<b>Task</b>
HRSA	Establishes guidelines and standards for performance and program compliance	
AIDS Education and Training Center ( <a href="#">AETC</a> )	AETC provides targeted, multidisciplinary education and training programs for healthcare providers, including presentations on updated clinical guidelines, information, on new pharmaceuticals and chronic disease management	

**Section 5: EVALUATION**

The CQM Analyst updates and evaluates the CQM plan on an annual basis with the guidance and support from the LV TGA subrecipients that participate as the CQI advisory committee. The committee reviews TGA goals, data, and activities yearly and quarterly (March, June, September, and December).

To evaluate our efforts, the Quality Manager collects and analyzes both qualitative and quantitative methods of data. Subrecipients share descriptive qualitative data to provide context and a better understanding of what type of care is provided as well as how care is provided.

The Single Points of Contacts (SPOCS) from each agency use a Plan, Do, Study, Act (PDSA) template to document and evaluate PDSA cycles on a quarterly basis. The committee also produces an annual report of the monitored performance measures and compares the data to our benchmark and the goal or predicted outcome. Collectively, committee members share what was learned during the PDSA cycle by sharing problems,

successes, including surprises. If the committee is not satisfied with the results, we will iterate through the process and repeat the cycle with different strategies until the desired process or outcome is satisfactory.

Since the CAREWare database is live, the committee members shall monitor and analyze data over time and every quarter, at minimum. The committee uses calendar year, service utilization data that includes the number of unduplicated people who received at least one service unit of any RWHAP funded service, and the number of unduplicated people who received at least one unit of specific RWHAP funded service to ensure that we are meeting the minimum required Performance Measures per funded service category as prescribed on page 4 of [Policy Clarification Notice \(PCN\) 15-02](#).

## **Section 6: PERFORMANCE MEASUREMENT**

Performance measurement is the systematic collection and analysis of data. A successful program translates into viral suppression. Performance measures are required, at minimum for any Service Category utilized by 15% or more of clients in the Las Vegas TGA. Performance measures shall be defined by the COUNTY and included in contracts for subrecipients funded to provide these services that meet this criterion.

The Quality Manager collects and analyzes performance measurement data to review and discuss the performance measurement status and progress with the committee and stakeholders. According to the current performance measurement formula from calendar year 2019 baseline, the Las Vegas TGA is currently monitoring viral suppression and linkage to care for Early Intervention Services (EIS), Medical Case Management (MCM), and Outpatient Ambulatory Health Services (OAHS). The committee will use this performance measurement data to identify and prioritize QI projects and goals.

Performance measurement indicators let us know how we are doing; they also inform us if we met our goals, if improvements are necessary, whether our consumers are satisfied, and if our process aligns with our plan.

## **Section 7: QUALITY IMPROVEMENT**

The RWPA Quality Manager works with subrecipients to build capacity and provide guidance on prioritizing measures and data collection to identify improvement opportunities and monitor QI activities.



RWPA utilizes the Plan, Do, Study, Act (PDSA) model for improvement. The PDSA method is widely utilized in human service fields and is identified as a preferred option by HRSA for RWHAP. The PDSA steps are:

1. Plan – Develop an objective with questions and predictions
2. Do – Carry out the plan on a small scale and document the process
3. Study/Check – Analyze the data, compare to the “Plan” section and document process
4. Act – Adapt the new process, abandon it, or revise and begin the cycle again

QI goals and results are monitored to measure performance and impact. The results from evaluations are used to reevaluate, build, or expand successful activities. If goals are not met, barriers are addressed, and new goals are developed.

## Section 8: WORK PLAN

Activities	Action Steps	Responsibility	Target Date	Comments / Outcomes
<b>Goal 1:</b> Convene CQI advisory committee to review and develop the infrastructure of the CQI program, plan, and committee.				
Meet to discuss the CQI plan and committee member roles and responsibilities.	Use the June 22 <sup>nd</sup> quarterly meeting as an opportunity to review and come to a consensus of member roles and responsibilities.	Quality Manager	June 22, 2021	CQI Members agreed to their contributing roles and responsibilities.
Analyze and address the Strengths, Weaknesses, Opportunities, and Threats (SWOT) of the Las Vegas TGA	CQI committee participated in a SWOT Analysis of the TGA to share qualitative information about the current CQI program.	Quality Manager	June 22, 2021	The Quality Manager used this data to understand and address the needs of the CQI program and to finalize the CQI Plan. Resources such as educational videos were created to help illustrate the CQI committee expectation and to illustrate what the CQI committee does.
Appoint Single Points of Contact (SPOC) to actively participate and meet deadlines for deliverables that pertain to all CQM activities.	The Quality Manager reached out to agencies to verify who the responsible SPOC from each agency is.	Quality Manager	June 22, 2021 Sept. 30, 2021	Individual agencies completed a form to verify who the appointed SPOC is. This was revisited and updated on the 2 <sup>nd</sup> quarterly CQI meeting.
Provider Custom Data Report Form	The QM engaged SPOCs in creating a Custom Data	Quality Manager	July 8, 2021	This tool was created to support

was created to anticipate subrecipient needs.	Report Form Project as a tool to assist with future data requests.			subrecipients collection of data and to expedite the process of collecting and delivering data.
Collect qualitative data from each provider to inform how their current quality improvement activities are aimed to improving PCHOPS.	Subrecipient appointed SPOCs completed an activity to share qualitative data to inform how they improve PCHOPS at their agency.	Quality Manager	August 9, 2021	The Quality Manager used this information as a guide to complete the Annual CQI Plan and to understand the Las Vegas TGA's needs.
<b>Goal 2: Analyze and discuss the current baseline quality of health outcomes and services for people with HIV.</b>				
Identify the Performance Measures needed for each service category.	Use service utilization data to determine how many performance measures are needed. Create a spreadsheet with 2019 & 2020 data.	Quality Manager	Aug. 1, 2021	In the future, this will be done at the beginning of the Calendar Year.
Create a schedule with Data Days and Reporting Days	Distribute this timeline with Data Days & Reporting Days to subrecipients.	Quality Manager	Sept. 13, 2021	Due to the technical assistance and training provided to subrecipients the Reporting Day for October will be on October 29, 2021.
Schedule one TA Day with the Quality Manager	Meet in person or online with the Quality Manager to discuss performance measures and PDSA Cycle documentation.	QM & Subrecipients	Oct. 27, 2021	The trainings will be scheduled in person or online. This is an opportunity for the QM and the subrecipients to discuss and discover opportunities around quality improvement.

<p>Increase the percentages of EIS enrolled clients who achieve viral suppression from 71.76 % (2019) to 74 %</p>	<p>Use the quarterly data spreadsheet the Quality Manager created to pull data on “Data Days.” Complete the PDSA Cycle worksheet to document progress, share problems, successes, and surprises. Submit the PDSA Cycle worksheet to the Quality Manager on the calendared “Reporting Days.”</p>	<p>Subrecipients from the following 4 agencies:</p> <ol style="list-style-type: none"> <li>1) AHF</li> <li>2) SNHD</li> <li>3) UMC</li> </ol>	<p>Oct. 29, 2021  Jan. 10, 2022</p>	<p>Study the data on a quarterly basis, observe the results and submit reports (spreadsheet and PDSA Form) as scheduled on the timeline.</p>
<p>Increase the percentages of MCM enrolled clients who achieve viral suppression from 89.53% (2019) to 92%</p>	<p>Use the quarterly data spreadsheet the Quality Manager created to pull analyze and report the data. Complete the PDSA Cycle worksheet to document progress, share problems, successes, and surprises. Submit the PDSA Cycle worksheet to the Quality Manager on the calendared “Reporting Days.”</p>	<p>Subrecipients from the following 11 agencies:</p> <ol style="list-style-type: none"> <li>1) AFAN</li> <li>2) AHF</li> <li>3) AHN</li> <li>4) CCC</li> <li>5) COMC</li> <li>6) HRC</li> <li>7) NARES</li> <li>8) NCHC</li> <li>9) NYE County</li> <li>10) SNHD</li> <li>11) UMC</li> </ol>	<p>Oct. 29, 2021  Jan. 10, 2022</p>	<p>Study the data on a quarterly basis, observe the results and submit reports (spreadsheet and PDSA Form) as scheduled on the timeline.</p>
<p>Increase the percentages of MCM enrolled clients who are linked to care from 91.34% (2019) to 93%</p>	<p>Use the quarterly data spreadsheet the Quality Manager created to pull analyze and report the data. Complete the PDSA Cycle worksheet to document progress, share problems, successes, and surprises. Submit the PDSA Cycle worksheet to the Quality Manager on the calendared “Reporting Days.”</p>	<p>Subrecipients from the following 11 agencies:</p> <ol style="list-style-type: none"> <li>1. AFAN</li> <li>2. AHF</li> <li>3. AHN</li> <li>4. CCC</li> <li>5. COMC</li> <li>6. HRC</li> <li>7. NARES</li> <li>8. NCHC</li> <li>9. NYE County</li> <li>10. SNHD</li> <li>11. UMC</li> </ol>	<p>Oct. 29, 2021  Jan. 10, 2022</p>	<p>Study the data on a quarterly basis, observe the results and submit reports (spreadsheet and PDSA Form) as scheduled on the timeline.</p>
<p>Increase the percentages of OAHS enrolled clients who achieve viral suppression from 87.54% (2019) to 90%</p>	<p>Use the quarterly data spreadsheet the Quality Manager created to pull analyze and report the data. Complete the PDSA Cycle worksheet to document progress, share problems, successes, and surprises.</p>	<p>Subrecipients from the following 6 agencies:</p> <ol style="list-style-type: none"> <li>1) AHF</li> <li>2) COMC</li> <li>3) HFC</li> <li>4) NCHC</li> <li>5) SNHD</li> </ol>	<p>Oct. 29, 2021  Jan. 10, 2022</p>	<p>Study the data on a quarterly basis, observe the results and submit reports (spreadsheet and PDSA Form) as scheduled on the timeline.</p>

	Submit the PDSA Cycle worksheet to the Quality Manager on the calendared "Reporting Days."	6) UMC		
<b>Goal 3: Develop a reliable data tracking and performance measurement system.</b>				
Run service category performance measures on a quarterly basis.	Use the CAREWare6 Database to run the Performance Measures quarterly (March, June, September, and December)	Subrecipients	Refer to timeline on page 15.	
Report Performance Measurement data to Quality Manager quarterly.	Use the agency custom made provider spreadsheet the quality manager created for individual agencies.	Subrecipients		

**Section 9: CAPACITY BUILDING**

**Capacity Assessment, Information Sharing, and Communication**

The Quality Manager shares relevant resources, webinars, articles, and success stories with the CQI committee, consumers, and internal stakeholders. Resources include information from the Center for Quality Improvement and Innovation ([CQII](#)) center, [HRSA/HAB](#), [Target HIV website](#), AIDS Education and Training Center Program ([AETC](#)) and other recognized organizations in HIV care. CQI resources may address quality improvement topics or topics emphasizing gaps in care. In addition, the Quality Manager creates resources (i.e., video tutorials) to build capacity, engage the community, and provide support to subrecipients. Subrecipients shall set time aside on data days to import, log and report quarterly data. The Quality Manager also provides one on one technical assistance to providers on an as-needed basis. The two types of technical assistance provided by the Quality Manager consists of direct in person technical assistance and training or electronic technical assistance and training. The CQI committee believes that sharing information provides transparency and serves to strengthen partnerships within the community. The table below outlines the delivery of communication at the LVTGA.

The Annual Quality Management Plan, CQI agendas and meeting minutes are archived on the Las Vegas [TGA](#) website.

<b>OUTLINE OF REGULAR QUALITY MANAGEMENT COMMUNICATIONS</b>			
<b>Information</b>	<b>Stakeholder</b>	<b>Frequency</b>	<b>Communication Methodology</b>
CQI Plan	HRSA Planning Council Subrecipients	Annually	Written document and presentation LV TGA Website publishing
Service Standards	HRSA Planning Council Subrecipients Clients	As needed	Oral and written documents and presentations as appropriate LV TGA Website publishing
Service-specific Outcome Reports	HRSA Planning Council Subrecipients Client	Annually	Annual Report
Annual Site Reviews	Planning Council Subrecipients HRSA	Annually after review	Annual Report
Monthly Service Call & Reports	HRSA Project Officer	Monthly	Quantitative and narrative reports
Evaluation of Administrative Mechanism	HRSA Planning Council	Annually	Narrative Report
CQI Newsletters	CQI Committee	Quarterly	Monthly communication containing updates and meeting information on LVTGA website
Data Days, Reporting Days & Technical Assistance	CQI Committee	Quarterly	Monthly communication containing updates and meeting information on LVTGA website

Commonly Used Acronyms and Definitions in CQM
<b>CAREWare</b> is a free, electronic health and social support services information system for HRSA’s Ryan White HIV/AIDS Program recipients and providers. CAREWare was developed by HRSA’s HIV/AIDS Bureau and first released in 2000.
<b>Clinical Quality Management (CQM)</b> encompasses infrastructure, measurement, and improvement. It is also used interchangeably with CQI
<b>Clinical Quality Improvement (CQI)</b> is used interchangeably with CQM
<b>Center for Quality Improvement and Innovation (CQII)</b> a resource that provides technical assistance on quality improvement to Ryan White HIV/AIDS Program recipients.
<b>Health and Human Services (HHS)</b> is the U.S. Department of Health and Human Services that enhances the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
<b>Health Resources and Services Administration (HRSA)</b> is the agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved.
<b>HIV/ AIDS Bureau (HAB)</b> is the bureau within HRSA of the U.S. Department of Health and Human Services that is responsible for administering the Ryan White HIV/AIDS Program.
<b>Human Immunodeficiency Virus (HIV)</b> is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment. If left untreated, HIV can lead to the disease AIDS.
<b>PCHOPS – Patient Care, Health Outcomes, Patient Satisfaction</b>
<b>Plan, Do, Study, Act (PDSA) Methodology</b> is a four-step process for quality improvement. The first step (plan), develop an objective what questions and predictions, The second step (do), carry out the plan on a small scale and document the process. The third step (study), analyze the data, compare it to the “plan” section and document the process. The fourth step (act), adapt to the new process, abandon it, or revise and begin the cycle again.
<b>Policy Clarification Notice (PCN) 15-02</b>
<b>Qualitative Data</b> describes qualities or characteristics. It is collected using questionnaires, interviews, or observation, and frequently appears in narrative form.
<b>Quantitative Data</b> is defined as the value of data in the form of counts or numbers where each data-set has a unique numerical value associated with it.
<b>Ryan White HIV / AIDS Program (RWHAP)</b>
<b>Subrecipient</b> includes the terms “provider”, “agency”, and “organization.”

**Transitional Grant Area (TGA)** are population centers that are the most severely affected by the HIV/AIDS epidemic. To be an eligible TGA, an area must have 1,000 to 1,999 reported AIDS cases in the most recent 5 years.

**Quality Improvement (QI)** is the framework used to systematically improve the ways care is delivered to patients.

<b>Timeline for Reporting</b>		
<b>Performance Measure As of Date:</b>	<b>Data Days</b>	<b>Data Reporting</b>
June 30, 2021	September 30, 2021	October 29, 2021
November 30, 2021	December 31, 2021	January 10, 2022