


Calendar Year 2023



Clinical Quality Management Plan

Ryan White Part A

Date of Approval: March 14, 2023

By: Heather R. Shoop 



LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES

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Section 1: INTRODUCTION

As a Ryan White Part A (RWPA) recipient, Clark County manages a Clinical Quality Management (CQM) program that develops, oversees and implements the annual CQM 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 CQM program is to implement a proactive process that can positively impact health outcomes of LVTGA clients 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

The Annual Quality Management Plan outlines how the Clinical Quality Management (CQM) program will be implemented for the current calendar year, including a clear indication of roles, responsibilities, accountability, performance measures, annual quality goals, a workplan, a timeline for quality activities, data collection strategies, reporting mechanisms, and the elaboration of processes for the ongoing evaluation and assessment of the program. The Clinical Quality Improvement (CQI) Advisory Committee and designated Single Points of Contacts (SPOCs) from each agency will guide the revision, and implementation of the annual quality plan. The final approval will be granted by the Grant Administrator.

Goal 1: Promote continuous quality improvement initiatives across the TGA.

Goal 2: Improve the quality of core medical and support services provided by TGA.

Goal 3: Improve performance measurement system to appropriately assess outcomes for people with HIV.

Goal 4: Ensure the comprehensive involvement of people with HIV in the quality improvement process.

Section 4: QUALITY INFRASTRUCTURE

Clinical Quality Improvement (CQI) Advisory Committee

The 2023 CQI Advisory Committee will consist 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 committee’s roles and responsibilities is explicitly defined on the table below. The committee will be responsible for participating in quarterly meetings to review performance measures and system-wide challenges. Participation is a program requirement, not an option (see Section F of the [National Monitoring Standards](#)).

Clinical Quality Improvement Advisory Committee

Representative	Roles	Responsibilities
Part A Heather Shoop	Ryan White Project Director	<ul style="list-style-type: none"> Endorses, champions, and promotes the CQI program and approves the CQI plan Raises the visibility of the CQI program and activities Has final accountability of the CQI program Provides overarching leadership and support
Part A Jessica Rios	Ryan White Clinical Quality Management Analyst	<ul style="list-style-type: none"> Administers the quarterly CQI committee meetings (March, June, September, and December) Starts and ends meetings on time and moves the agenda forward Encourages committee participation Responsible for writing and implementing the CQI annual plan and related activities Provides one-on-one training to subrecipients Shares resources for capacity building purposes Disseminates programmatic activities and accomplishments Communicates systematic updates to the service providers, consumers, Planning Council, and community at large
Part A Staff Tiffany Evans Tony Garcia Vanessa Cruz (Ad-Hoc) Octavio Posada (Ad-Hoc)	Management Analysts/Committee Members	<ul style="list-style-type: none"> Provide guidance in the selection and implementation of Quality Improvement projects based on trends and needs of the service delivery system Provide guidance directed at policies, procedures, and the compliance component of the CQI program Provide support to the CQI program in relation to EHE Initiatives
Part A Subrecipients	Committee Members	<ul style="list-style-type: none"> Provide guidance for QI projects Accountable for entering current and consistent service data for collection and reporting purposes Conduct consumer satisfaction surveys to measure the impact of the RWPA Program Actively participate and collaborate as subject matter experts Are involved in every aspect of the CQI plan and drives QI in a proactive manner Meet contract deliverables Conduct PDSA cycles Present PDSA findings at quarterly meetings and / or shares findings to the Planning Council
TriYoung Staff	Data Contractor/Consultant	<ul style="list-style-type: none"> Provides CAREWare maintenance, customization, documentation, technical support, and reporting assistance
Part B (Ad-Hoc)	Clinical Quality Management Analyst	<ul style="list-style-type: none"> Collaborates with RWPA Clinical Quality Management Analyst to align and leverage community-wide efforts aimed at improving PCHOPS Requests data from State HIV Surveillance, Office of Public Health, and Epidemiology (OPHIE) Program
Part C	Clinical Quality Management Analyst	<ul style="list-style-type: none"> Collaborates with the RWPA Clinical Quality Management Analyst
Part D (Ad-Hoc)	Ryan White Program Management Analyst Pediatrics	<ul style="list-style-type: none"> Shares resources, knowledge, and expertise by providing input on CQI activities

Internal Stakeholder	Community Stakeholder Participation
Part A Planning Council (Ad-Hoc)	<ul style="list-style-type: none"> • Monthly meetings • Research best practices and work done by other TGAs • Reviews and utilizes data • Reports as part of the priority setting and resource allocation • Identifies areas for improvement • Provides and periodically updates standards of care for the TGA • Reviews and utilizes service data and reports • Uses quality management data in decision making
Consumers (Ad-Hoc)	<ul style="list-style-type: none"> • Participate in quarterly CQI committee meetings • Participate in monthly Planning Council meetings • Participates in satisfaction surveys (online, email, etc.) • Participate in focus groups, market research, and observations
External Stakeholders	Community Stakeholder Participation
HRSA	Establishes guidelines and standards for performance and program compliance
Pacific AIDS Education and Training Center (PAETC)	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 Clinical Quality Management Analyst updates and evaluates the CQI plan annually with the guidance and support from the LVTGA subrecipients that participate as SPOCs in the CQI advisory committee.

To evaluate our efforts, the Clinical Quality Management Analyst collects and analyzes both qualitative and quantitative methods of data. Subrecipients share descriptive qualitative data as a method of inquiry to provide context and a better understanding of what type of care is provided as well as how care is provided to inform health care practices.

SPOCs from each agency complete a [Plan, Do, Study, Act \(PDSA\) template](#) to document and evaluate PDSA cycles on a quarterly basis (April, July, October, and January). The committee also produces an annual report of the monitored performance measures and compares the data to our benchmark and the predicted outcome. Collectively, committee members share what was learned during the PDSA cycle by sharing problems, successes, and surprises. If the committee is not satisfied with the result, we will iterate through the process and repeat the cycle with different strategies until the desired process or outcome is satisfactory.

Section 6: PERFORMANCE MEASUREMENT

Performance measurement is the systematic collection and analysis of data. 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 are included in contracts for subrecipients funded to provide services that meet this criterion 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](#).

To appropriately assess outcomes, measurement must occur. 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. Since the CAREWare database is “live,” the

SPOCs shall monitor and analyze data over time and every quarter, at minimum (April, July, October, and January). The 2022 LVTGA **Service Utilization Data Report** can be found [here](#).

The Clinical Quality Management Analyst and SPOCs will use CAREWare performance measurement reports that are service category specific to collect and analyze performance measurement data on a quarterly basis. These specific reports are provided to subrecipients to support the development and monitoring of their own quality management program and activities. Subrecipients will use quarterly custom reports for deep dive data analysis to access the quality of care and health disparities by race, age, and gender. The LVTGA is currently monitoring the following service categories: Early Intervention Services (EIS), Medical Case Management (MCM), Outpatient Ambulatory Health Services (OAHS). Since a successful program translates into viral suppression, “support service” agencies will also monitor their clients’ viral suppression. The CQI committee will use the performance measurement data to identify, stratify, and prioritize QI projects and goals (Performance Measures are defined are on page 11).

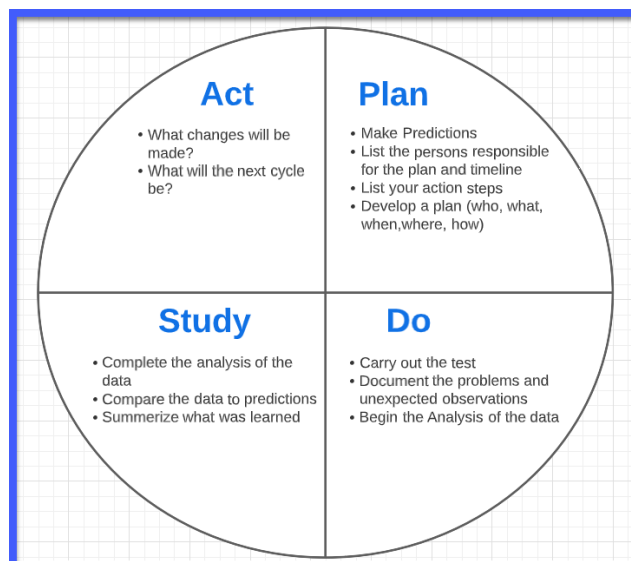
Section 7: QUALITY IMPROVEMENT

The RWPA Clinical Quality Management Analyst collaborates with subrecipients to build capacity and provide guidance on prioritizing measures and data collection to identify quality improvement opportunities and activities.

The LVTGA CQI SPOCs will use the Plan, Do, Study, Act (PDSA) model for improvement to learn and build knowledge and expertise overtime as they design a test of change that will result in improvements. The results from evaluations are used to reevaluate, build, or expand successful activities. If subrecipients have difficulty meeting goals, barriers are addressed, and one on one training is provided. All steps of quality improvement are documented by subrecipients on the LVTGA PDSA Form.

The PDSA Methodology 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



Section 8: WORK PLAN

Activity	Action Steps	Responsible Staff	Time Frame	Comments / Outcomes												
Goal 1: Promote continuous quality improvement initiatives across the LVTGA.																
CQI Meetings																
Part A Program Director, Management Analysts, QM, SPOCs, and community stakeholders will meet quarterly to discuss updates, challenges, successes, and quality improvement.		Part A Staff & CQI Single Points of Contact (SPOC)	March, June, Sept. January (2024)	Representation will include LVTGA community partners, clinical, and support staff.												
CQI Technical Assistance, Training & Capacity Building																
Capacity Building <ul style="list-style-type: none"> Review updated PDSA Form Review CQI 2023 Timeline Revisit PM data spreadsheet & service categories Go over quality improvement & teamwork in HIV Care (Tennis Ball Game) Revisit Performance Measurement Module and PMs 		Clinical Quality Management Analyst CQI SPOCS	March 2023	All reporting documents from Capacity Building sessions are linked and attached to this plan.												
Goal 2: Improve the quality of core medical and support services provided by the TGA.																
Identify provider service categories that will be monitored.	Create a 2022 Service Utilization Data Report to determine performance measures needed for CY 2023.	Clinical Quality Management Analyst	Feb. 22, 2023	MCM, OAHS agencies will monitor viral suppression. MCM agencies will also monitor retention in care. EIS agencies will monitor linkage to care. Support services will monitor viral suppression as well.												
Identify the Performance Measures that will be monitored by the TGA.	Create Custom Reports for tailored Performance Measures	Clinical Quality Management Analyst	March 2023	1 PM for EIS 2 PMs for MCM 1 PM for OAHS												
Increase the percentages of linked to care EIS clients from 62.25% to 75%. Increase the percentages of virologically suppressed MCM clients from 83.03% to 85%. Increase the percentages of virologically suppressed OAHS clients from 90.57% to 92%.	Use the PM quarterly data spreadsheet the QM created to pull data on "Data Days." Complete the PDSA Form to document progress, share problems, successes, and surprises. Submit the PDSA Form & PM updated spreadsheet to the QM on the calendared "Reporting Days."	Single Points of Contact (SPOC)	May 10, 2023 Aug. 10, 2023 Nov. 10, 2023 Feb. 10, 2024	Additional viral suppression performance measures monitored include: Emergency Financial Assistance (oVS-EFA), Medical Nutrition Therapy (oVS-MNT), Medical Transportation (oVS-MTr), Health Education Risk Reduction (oVS-HERR), and Oral Health (oVS-OH).												
Increase the percentages of MCM enrolled clients who are retained in care from 76.10% to 80%.	Use the PM quarterly data spreadsheet the QM created to pull data on "Data Days." Complete the PDSA Form to document progress, share problems, successes, and surprises. Submit the PDSA Form & PM updated spreadsheet to the QM on the calendared "Reporting Days."	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="2">Core Medical</th> </tr> </thead> <tbody> <tr> <td>AFAN</td> <td>AHF</td> </tr> <tr> <td>AHN</td> <td>CCC</td> </tr> <tr> <td>COMC</td> <td>DH</td> </tr> <tr> <td>NCHC</td> <td>NC</td> </tr> <tr> <td>SNHD</td> <td>UMC</td> </tr> </tbody> </table>	Core Medical		AFAN	AHF	AHN	CCC	COMC	DH	NCHC	NC	SNHD	UMC	May 10, 2023 Aug. 10, 2023 Nov. 10, 2023 Feb. 10, 2024	Study the data on a quarterly basis, observe the results and submit reports (PM spreadsheet and PDSA Form) as scheduled on the timeline.
Core Medical																
AFAN	AHF															
AHN	CCC															
COMC	DH															
NCHC	NC															
SNHD	UMC															

Activity	Action Steps	Responsible Staff	Time Frame	Comments / Outcomes
Implement quality improvement project to enhance the effectiveness of Medical Case Management and facilitate progress with retention in care across the Las Vegas TGA.	Procure consultant to lead the CCSS Office of HIV, subrecipient agencies, consumers and other relevant stakeholders in the development and implementation of a new more effective model of Medical Case Management service delivery.	Program Management Analyst, Consultant TBD	Sept. 30, 2023	The intention is to provide services that are increasingly effective in supporting individual client health outcomes and facilitating system-wide retention in care.
Goal 3: Improve the performance measurement system to appropriately assess outcomes for people with HIV.				
Lab Data Import Process	Provide a comprehensive overview of how data is captured and reported.	Clinical Quality Manager & HIV Surveillance Guest	Jan. 11, 2023	Presentation with process maps is on the LVTGA website.
Create a schedule with Data Days and Reporting Days	Distribute and calendar the timeline with Data Days & Reporting Days.	Clinical Quality Management Analyst	January 2023	Subrecipients have a clear understanding of when deliverables are due. Calendar invites were emailed on 1.12.2023
Individual Capacity Building	Meet in person or online with the Clinical Quality Management Analyst to discuss performance measures and PDSA Cycle documentation.	QM & Subrecipients	Quarterly Ongoing	Trainings will be held in person or online. This is an opportunity for the QM and the SPOCs to discuss and discover opportunities around quality improvement.
Capacity Building Open Lab Data Days	Meet online to train SPOCs on how to unpack data and find disparities to maximize quality improvement. Provide AM & PM sessions to maximize participation.	QM Subrecipients	March 2023 May 2023 August 2023 November 2023	Participants will: <ul style="list-style-type: none"> ➤ Run custom provider reports. ➤ Dive in and unpack interactive numerical data. ➤ Brainstorm on next steps
Run service category performance measures on a quarterly basis.	Use the CAREWare6 Performance Measurement Module to run PMs (April, July, October, January).	Subrecipients	Refer to timeline on page 12.	
Report Performance Measurement data to Clinical Quality Management Analyst quarterly.	Use the custom-made provider PM spreadsheet.	Subrecipients		
Goal 4: Ensure the comprehensive involvement of people with HIV in the quality improvement process.				
Invite consumers to the CQI meetings for participation.	Determine and document the mechanisms for inviting including clients in CQI activities.	Clinical Quality Management Analyst Rapid stART Coordinator Subrecipients	Ongoing	
English & Spanish content to engage participants Spanish Community Engagement Video English Community Engagement Video	Create, post, and distribute Community Engagement videos in English and Spanish through providers and on the LVTGA website.	Clinical Quality Management Analyst	Ongoing	The purpose of these videos is to invite and engage community partners and consumers in the CQI decision-making process at the LVTGA CQI Quarterly Meetings.

Activity	Action Steps	Responsible Staff	Time Frame	Comments / Outcomes
LVTGA CQI SWOT Analysis				
Analyze and address the Strengths, Weaknesses, Opportunities, and Threats (<u>SWOT Analysis</u>) of the Las Vegas TGA	CQI committee participates in a SWOT Analysis of the TGA to share qualitative information about the current CQI program.	Part A Project Director, Clinical Quality Management Analyst, Management Analysts, and CQI SPOCs	Q3	The QM will use this qualitative data to understand and address the needs of the LVTGA.
Conduct an Action Priority <u>Matrix</u> Assessment	After LVTGA CQI SWOT Analysis, the QM will plot the committee's input to pursue action steps for the 2023 CY.	Clinical Quality Management Analyst SPOCS	Jan. 11, 2023	The Priority Matrix will help the recipient evaluate the impact and ease of implementation while gaining additional clarity on moving forward with improvements.

Section 9: CAPACITY BUILDING

Capacity Building, Information Sharing, and Communication

The Clinical Quality Management Analyst 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, Pacific AIDS Education and Training Center Program (PAETC) and other recognized organizations in HIV care. CQI resources may address quality improvement topics or topics emphasizing gaps in care. In addition, the Clinical Quality Management Analyst creates 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 Clinical Quality Management Analyst also provides one on one technical assistance to providers on an as-needed basis. The two types of technical assistance, training, and support sessions provided by the Clinical Quality Management Analyst are in person and online. 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.

QUALITY MANAGEMENT COMMUNICATION			
Information	Stakeholder	Frequency	Communication Methodology
Annual CQI Plan	HRSA Planning Council Subrecipients	Annually	Written document & LVTGA website publishing
Service Standards	HRSA Planning Council Program Management Analyst (MA) Subrecipients Clients	As needed	Written documents & LVTGA website publishing
Performance Measures Outcome Reports	HRSA Planning Council Subrecipients Clients	Annually	Annual Report
Annual Site Reviews	Planning Council Compliance & Monitoring MA Subrecipients HRSA	Annually	Annual Report
Monthly Service Call & Reports	HRSA Project Officer	Monthly	Narrative report
CQI Newsletters	CQI Committee Subrecipients	Quarterly	Monthly communication on LVTGA website
Data Days, Reporting Days & Technical Assistance	CQM & SPOCs	Quarterly	Scheduled Calendar Reminders

Commonly Used Acronyms and Definitions in CQM

CAREWare is an 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.

Clinical Quality Management (CQM) encompasses infrastructure, measurement, and improvement. It is also used interchangeably with CQI

Clinical Quality Improvement (CQI) is used interchangeably with CQM

Center for Quality Improvement and Innovation (CQII) a resource that provides technical assistance on quality improvement to Ryan White HIV/AIDS Program recipients.

Health and Human Services (HHS) 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.

Health Resources and Services Administration (HRSA) is the agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved.

HIV/ AIDS Bureau (HAB) 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.

Human Immunodeficiency Virus (HIV) 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.

PCHOPS – Patient Care, Health Outcomes, Patient Satisfaction

Plan, Do, Study, Act (PDSA) Methodology is a four-step process for quality improvement. The first step (plan), develop an objective with 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.

Policy Clarification Notice (PCN) 15-02

Qualitative Data describes qualities or characteristics. It is collected using questionnaires, interviews, or observation, and frequently appears in narrative form.

Quantitative Data is defined as the value of data in the form of counts or numbers where each dataset has a unique numerical value associated with it.

Ryan White HIV / AIDS Program (RWHAP)

Subrecipient 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.

Las Vegas Transitional Grant Area 2023 Performance Measures	
EISo1: EIS Linkage to Care	
Description	Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis.
Numerator	Number of patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis.
Denominator	Number of patients, regardless of age, with an HIV diagnosis in the 12-month measurement year.
oVS-OAHS: HIV Viral Load Suppression	
Description	Percentage of OAHS patients with HIV whose last viral load in the measurement year is <200 copies.
Numerator	Number of patients with HIV whose last viral load is <200 copies at the last viral load test during the measurement year.
Denominator	Number of patients with HIV with at least one OAHS visit in the measurement year.
oVS-MCM: HIV Viral Suppression	
Description	Percentage of MCM patients with HIV whose last viral load in the measurement year is <200 copies.
Numerator	Number of patients with HIV whose last viral load is <200 copies at the last viral load test during the measurement year.
Denominator	Number of patients with HIV with at least one MCM visit in the measurement year.
C5-MCM: Retention in Care	
Description	Percentage of HIV patients with at least two encounters in the measurement year.
Numerator	Number of patients with HIV with at least two HIV medical care encounters at least 90 days apart within a twelve-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.
Denominator	Number of patients with HIV who had at least one HIV medical encounter within the 12-month measurement year.
Patient Exclusions	Patients who died at any time during the measurement year.
oVS-EFA, oVS-MNT, oVS-HERR: Support Services Performance Measurement Codes	
Description	Percentage of (EFA, MNT, MTr, HERR, OH) patients with HIV whose last viral load in the measurement year is <200 copies.
Numerator	Number of patients with HIV whose last viral load is <200 copies at the last viral load test during the measurement year.
Denominator	Number of patients with HIV with at least one visit in the measurement year.

Timeline for Reporting

*If the data reporting day falls on a weekend or holiday, the data reporting will be due on the last working day before the holiday or weekend.

Performance Measure As of Date:	Data Days Providers run CAREWare PMs on or after this date using the "As of Date" on the first column	Data Reporting Providers submit their PM spreadsheets & PDSA Forms to the LVTGA QM
March 31, 2023	April 27, 2023	May 10, 2023
June 30, 2023	July 27, 2023	August 10, 2023
September 30, 2023	October 27, 2023	November 10, 2023
December 31, 2023	January 31, 2024	February 10, 2024

