Universal Quality Management Standards

Overview

The Universal Quality Management Standards listed below are applicable to all Ryan White HIV/AIDS Program Part B-funded subrecipients. Standards can be found in the Ryan White HIV/AIDS Program Part B Manual and the Policy Clarification Notice (PCN): 15-02. Subrecipients provide the documentation of their quality management activities as evidence Standards are being met. The Quality Management Program and Standards are divided into components to easily organize quality management activities. The recipient (Indiana Department of Health, IDOH) is required by the Health Resources and Services Administration (HRSA) to adhere to monitoring standards and by extension, any funded subrecipients are required to adhere to the same monitoring standards.

Standard	Documentation
Component 1: Infrastructure	
Quality Management Plan • **The program must have a quality management plan (standard operating procedures) that describes all aspects of the quality management program including infrastructure, service category performance measurement, quality improvement, program evaluation, and annual priorities/goals** and **action planning.**	The Quality Management Plan must include the following: • Quality statement • Description of the program's infrastructure • Service category performance measurement • Annual goals/ Work Plan/ Implementation timeline • PLWH/Stakeholder involvement • Quality improvement methodology • How the program is evaluated • Capacity building • How reports are communicated Quality Management Plan • IDOH will use the Clinical Quality Management Plan Review Checklist to evaluate content

Leadership • **Quality Management Program must have identified leadership who guide, endorse, support and champion the quality management program.**	Quality Management Program Leadership Organizational Chart – include quality management manager and committee.
Quality Management Committee • **Quality Management Program must have an identified quality management committee who develops, coordinates, reviews, and evaluates the quality management program and its corresponding activities for infrastructure enhancement, service category performance measurement data, quality improvement, and program evaluation.**	Minutes for all quality management committee meetings from the last 12 months *** Redact client/patient names on any material shared with IDOH quality management team. ***
Dedicated staffing and/or resources • **Staff are assigned quality management roles, responsibilities, duties, and expectations. This includes contractors** • **Funding is adequate for quality management infrastructure, service category performance measurement, quality improvement activities, and program evaluation. This includes costs related to QM-related certificates.**	Job duty matrix • Describe the roles, responsibilities, duties, and expectations of quality management program employees • This may be included in the quality management plan or its own separate document
People living with HIV involvement • **The program must have people living with HIV who are involved/participate in the quality management process reflect the population being served.**	• Quality Management Committee notes, • Client satisfaction survey results, • Client town hall notes/transcript, and/or • Focus group notes/transcript *** Redact client/patient names on any material shared with IDOH quality management team. ***

Stakeholder involvement • **Stakeholders who are involved in the quality management process provide input on activities being undertaken by the agency. Stakeholders include referring** and **referral agencies, oversight councils, coalitions, and other organizations who have a vested interest in the subrecipient's success.**	Stakeholder organizational chart • A stakeholder map is a visual representation of groups that have an interest in the QM program • Clarifies the relationship between the QM program and how involved groups are with the QM committee
Work plan • **Using information gathered through the program evaluation process (organizational assessment, quality management committee, client/ staff/ stakeholder satisfaction surveys, focus groups, town halls, etc.) complete a** w**ork** p**lan to write annual goals to enhance the program.** • **The work plan should include a summarized context for the annual goals, objectives (goals broken down), action steps (objectives broken down further), assigned responsibilities, timelines to complete goals/ objectives/ action steps, and progress notes.**	Work plan • Context • Goal(s) • Objectives • Work steps • Person(s) responsible • Timelines • Progress notes

Component 2: Service Category Performance Measurement (SCPM)	
Client utilization • **The program must calculate the client utilization of each funded service category determined by the service agreement/contract** • **Service categories with a client utilization of ≥50%, subrecipients must identify at least two performance measures** • **Service categories with a client utilization of ≥15% but ≤50%, subrecipients must identify at least one performance measure** • **Service categories with a client utilization of <15%, subrecipients do not have to identify a performance measure.**	Client utilization for service categories and ADAP • Numerator and denominator • Percentage • To calculate client utilization, divide the total number of unduplicated clients who accessed a certain service category (Numerator) by the total number of unduplicated clients who accessed any service category (Denominator). Convert the resulting decimal to a percentage by multiplying decimal by 100. Use the guide to the right to determine the minimum number of performance measures required for each service category.

SCPM data collection plan
• **Service categories are measured by the HRSA-HAB measures**
• **Measures should be selected that best assess the services the subrecipient is funded for and best reflect the needs of people living with HIV served by the organization.**
• **There are the adequate number of performance measures per service category as outlined by the client utilization calculation. The subrecipient may choose to collect more performance measures for service categories if they wish but they may not choose to collect less.**
	SCPM data collection plan
	• HRSA-HAB performance measure(s)
	• Operational definitions
	  ○ Description
	  ○ Numerator and denominator
	  ○ Exclusions
	• Data stratification indicator (at least one)
	  ○ Category with most need
	  ○ (ex. Age, Race, Sex, etc.)
	• Data elements
	  ○ Measurement period
	  ○ Reporting cycle
	  ○ Baseline/target percentages
	  ○ Data source

Data collection	Data spreadsheet • Service category

• **Subrecipients must have an established process to collect and analyze performance measure data (numerator, denominator,** and **percentage) at least quarterly.** o **Data stratification has occurred for at least one condition/population.**	• Performance measures • Numerator/denominator/percentage • Data stratification measurement • Reporting periods • Benchmarking (optional)
Analyzing data • **Recipients must analyze service category performance measure data to assess quality of care, improvements, and gaps in health care delivery at least quarterly during the quality management committee meeting.**	Notes on data • Data summary

Component 3: Quality Improvement (QI)	
Methodology • **Subrecipients are expected to implement quality improvement activities using a defined approach or methodology. Quality improvement activities should be implemented in an organized and systematic fashion.** • **Subrecipients may choose any root cause analysis methodology, but the quality management plan should document the methodology the committee chooses.**	Root cause analysis and/or primary, secondary drivers and change ideas • Documentation showing discussion about quality improvement project options, determining the priorities, and how the project was decided on by leadership, the QM committee, etc.

Outcome measurement data collection plan
• **Based on change ideas and goals, the subrecipient decided outcome measures. Outcome measures include the operational definition (description of the measure, numerator, denominator, and any exclusions), data stratification condition/ population, and data elements (measurement period, reporting cycle, target, baseline, data source)**
• **The quality improvement project should have at least one outcome measure. The outcome measures do not need to be a HRSA-HAB measure.**
	Outcome Measurement Data Collection Plan
	• Outcome Measure(s)
	• Operational Definitions
	  ○ Description, Numerator, Denominator, & Exclusions
	• Data Stratification indicator/ population
	  ○ Category with the most need
	• Data Elements
	  ○ Measurement Period
	  ○ Reporting Cycle
	  ○ Baseline/ Target Percentages
	  ○ Data Source

Action plan • **Using information gathered through the quality improvement project process complete a work plan to achieve goals.**	Action plan • Context • Goal(s), objectives and work steps • Person(s) responsible • Timelines • Progress notes

• **The action plan should include a summarized context for the quality improvement project goals, objectives (goals broken down), action steps (objectives broken down further), assigned responsibilities, timelines to complete goals/ objectives/ action steps, and progress reports.**	
Data collection • **The subrecipient has a consistent process of gathering, collecting, and evaluating outcome measurements**	Data spreadsheet • Shows service category performance measurements and data stratification of at least one condition/population
Analyzing data • **Recipients should analyze outcome measure data to assess quality of care and gaps in health care delivery. Additionally, the subrecipient may use the performance measure data to inform quality improvement project/activities.**	Notes on data • Data summary
Component 4: Program Evaluation (PE)	
Organizational assessment • **An organizational assessment is implemented at least annually** • **The organizational assessment is completed and scored by the program leadership, the quality management committee, and other stakeholders (if they participate)**	Copy of most-recent organizational assessment and notes
Bi-monthly monitoring call and quarterly quality managers meeting • **Quality managers must attend the bi-monthly monitoring calls. Quality manager provides updates**	Attendance • Be able to discuss program's infrastructure progress, service category performance measurement data and quality improvement

to IDOH concerning subrecipient's infrastructure (work plan), service category performance measurement, quality improvement, and program evaluation. • **Quality managers must attend the quarterly quality managers meeting.**	
Reporting • **Subrecipient must send reports regarding infrastructure (work plan), service category performance measurement, and quality improvement (action plan), and program evaluation at least quarterly to IDOH**	Report due dates • April 1 – June 30 - due July 20 • Jul. 1 – Sept. 30 - due Oct. 20 • Oct. 1 – Dec. 31 - due Jan. 20 • Jan. 1 – March 31 - due April 20
Annual progress summary report • **Summary of all quality management activities during the grant year. A concise document that highlights the key achievements of the quality program during the grant year for infrastructure, service category performance measurement, quality improvement, and program evaluation.**	Annual summary report - Due TBD
Measuring client satisfaction (universal services service standards) • **Subrecipient must establish a method to measure and evaluate client satisfaction of the service category delivery program.** • **Subrecipient must use results from the measurement and evaluation methodology to improve service delivery.**	Visual verification that measurement occurred: client satisfaction survey results, visual confirmation of suggestion box during annual site monitoring visit and/or summary of suggestion box submissions, QM committee notes results, focus group/ town hall notes, etc. Show the quality program used feedback results to better service delivery: policy & procedure changes, training, improved communication, etc. in either infrastructure

	work plan or quality improvement project action plan. *** Redact client/patient names on any material shared with IDOH quality management team. ***
Comprehensive site monitoring visit • **Quality management leadership (or their designated representative) must participate in the annual site monitoring visit interview.**	Attendance to quality management meeting Required documents submitted on-time