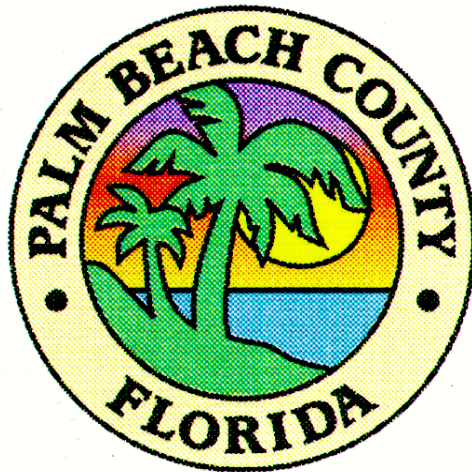


Quality Management Plan



West Palm Beach Eligible Metropolitan Area

May 2007

**QUALITY MANAGEMENT PLAN
West Palm Beach EMA**

TABLE OF CONTENTS

Executive Summary.....3

Background and History.....4

Definition of Quality.....4

Purpose.....4

Goal.....5

Framework of the Quality Management Plan.....6

Organizational Structure of the Quality Management Program.....7

Mechanisms to Promote Quality Care.....9

Goals and Objectives.....12

Appendix.....16

Executive Summary

West Palm Beach Ryan White Part A Program

Quality Management Plan

The purpose of this plan is to establish a systematic approach to quality assessment and performance improvement for the West Palm Beach Ryan White Part A Program. In addition, this plan meets the Ryan White Part A criteria established by the U.S. Health Resources and Services Administration (HRSA) for measuring and influencing quality of care and patient care improvement.

The mission of the West Palm Beach Ryan White Part A Quality Management Program is:

- to assure equitable access to high-quality care;
- to improve clinical outcomes;
- to maximize collaboration of stakeholders and coordination of services;
- to ensure high quality customer service; and
- to ensure compliance with HRSA mandates.

The methodology of the Quality Management Program includes a continuous improvement process: a cycle of assessment, analysis and action for improvement with a foundation of education and training. The Plan and its activities are based on the active and full collaboration with consumers, Ryan White Part A Funded Agencies, Palm Beach County HIV CARE Council, and Ryan White Part A Grantee Office.

The goals for the Quality Management Program are to:

- Provide a common framework, language, and approach for quality improvement initiatives for providers across the EMA.
- Increase accountability and promote informed decisions making particularly in relation to how to use resources to achieve the best outcomes.
- Support and enable the Ryan White Planning Council's goal to provide a Continuum of Care.
- Build capacity among the Ryan White Part A Grantee Office, Palm Beach County HIV CARE Council, and the Quality Management Committee to coordinate Quality Management (QM) efforts.
- Provide a way of linking population health indicators and outcomes with health systems performance indicators.

Core processes of the Quality Management Plan: determination of outcome and performance quality measures; implementation of these quality measures; collection of data; reviewing and analyzing data; developing and reviewing benchmarks and targets based on baseline data; identification and recognition of providers showing improvements; identification of areas needing improvement and development of corrective action plans; evaluation; and the enforcement of service and quality standards.

Each year the Quality Management Coordinator along with the Quality Management Committee will evaluate the Quality Management Plan and how well the goals and West Palm Beach EMA Quality Management Plan, May 2007

strategies were carried out. This evaluation will include a report to all stakeholders and will result in revisions to the plan and new goals, strategies, and indicators for the new fiscal year.

BACKGROUND AND HISTORY

The Ryan White Treatment and Modernization Act is a Federal legislation that addresses the unmet health needs of People Living with HIV/AIDS (PLWHA). The United States Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990 and reauthorized and amended it in 1996 and 2000. Congress enacted the Ryan White Treatment and Modernization Act (RWTMA) in 2006. The RWTMA provides funding to cities, states, and other public and private entities to provide care and support services to individuals with HIV and AIDS who have low incomes and little or no insurance.

The goal of the RWTMA is to improve the quality and availability of care for individuals and families infected and affected by HIV disease by providing emergency assistance to regions most severely affected by the HIV epidemic. The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services is the federal granting agency for the RWTMA. HRSA directs all RWTMA programs to establish a Quality Management Program “to assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infections, and to develop strategies for ensuring that such services are consistent with the guidelines for improving access to and quality of HIV services.”

The Ryan White Part A Grantee Office (Part A Grantee Office) for the West Palm Beach Eligible Metropolitan Area (EMA) has designed a Quality Management Program (QM Program) to meet those criteria, and to establish a systematic approach to quality assessment and performance improvement.

DEFINITION OF QUALITY

HRSA defines quality as *the degree to which a health or social service meets or exceeds established professional standards and user expectations*. In order to continuously improve systems of care, evaluation of the quality of care must consider the quality of the inputs (structures), the quality of the service delivery processes (planning, administrative and service delivery), and the quality of the outcomes (system wide and consumer level).

PURPOSE

The West Palm Beach EMA QM Program serves to assure that RWTMA -funded medical providers ensure that services adhere to established HIV treatment guidelines; ensure that strategies for improving medical care include health-related supportive services that enhance access to care and adherence to HIV medical regimen; and ensure that available demographic, clinical, and health care utilization information is used to monitor HIV-related illnesses and trends in the local epidemic. The key components of the Ryan White Part A QM Program are:

- Performance and Outcome Measurement
- Data Analysis and Presentation
- Identification of CQI strategies
- Implementation of CQI initiatives
- Monitoring adherence to the standards of care and performance indicators of the services offered by the agency
- Coordinating data collection for the agency's review by outside organizations
- Identifying processes and procedures for improvement.

Furthermore, in support of the U.S. Department of Health and Human Services, HRSA's Mission, "to improve the Nation's Health by assuring equitable access to comprehensive quality health care", the West Palm Beach EMA's QM Program incorporates HRSA's five (5) long-range strategies (Appendix B):

- Reduce barriers to care
- Reduce health disparities
- Improve quality of care
- Strengthen public health and health care access
- Improve the emergency preparedness of the health care system

GOAL

The West Palm Beach EMA is committed to developing and implementing its Quality Management Program in collaboration with consumers, Ryan White Part A Funded Agencies (Part A Funded Agencies), Palm Beach County HIV CARE Council (Planning Council), and Part A Grantee Office.

The goals of the Quality Management Program are to:

- Provide a common framework, language, and approach for quality improvement initiatives for providers across the EMA.
- Increase accountability and promote informed decision-making particularly in relation to how to use resources to achieve the best outcomes.

- Support and enable the Planning Council’s goal to provide a Continuum of Care.
- Build capacity among the Part A Grantee Office, Planning Council, and Quality Management Committee to coordinate Quality Management (QM) efforts.
- Provide a way of linking population health indicators and outcomes with health systems performance indicators.

FRAMEWORK OF THE QUALITY MANAGEMENT PLAN

The methodology to be used by the QM Program includes a planning process as well as a cycle of assessment, analysis and improvement. This process is sustained by continuing education and training (Appendix C).

The planning phase involves the development of standards of care, outcome measures for services, and coordination of efforts and communication between the Planning Council, Part A Grantee Office, and Part A Funded Agencies.

The assessment phase includes a coordinated system of ongoing record reviews of programmatic and administrative functions. Other assessment activities include gathering CAREWare data, conducting consumer satisfaction surveys, provider feedback surveys, and monitoring visits.

Information from the assessment phase then undergoes analysis. This compares results of the record reviews, data collection, survey results and other information to the goals established in the Comprehensive Plan. Status of progress toward goals is monitored by the Part A Grantee Office.

When analysis reveals that performance is not meeting established goals, improvements are made using the Plan, Do, Study, Act (PDSA) model and an array of process improvement and performance tools (Appendix C).

Corrective Action Plans will be requested from providers who consistently fail to improve performance. The Part A Grantee Office will provide technical assistance and support as needed to assist providers with this process.

The QM Plan includes various activities [e.g., CAREWare data, record reviews, training, and the implementation of improvement teams for priority projects]. Regular feedback regarding improvement projects is critical to its success in sustaining improvements over time. Monitoring visits will be conducted annually to ensure that the plan remains successful. Major activities will remain constant, though their focus will change as the plan cycles through phases and time frames. Because quality improvement is a continuous process, so too, the plan will continuously evolve within its own framework. The QM Plan will be formally reviewed annually.

ORGANIZATIONAL STRUCTURE OF THE QUALITY MANAGEMENT PROGRAM

The West Palm Beach EMA is given the authority, responsibility, and resources to establish a system-wide QM Program that covers all structures in the system of care including the Planning Council, Part A Grantee Office, the Part A Funded Agencies, and the consumers of HIV services in the area. The following provides a description of the structures that make up the care system and who will participate in the Quality Management process. (Appendix A)

Ryan White Part A Grantee Office Responsibilities:

The Palm Beach County Board of County Commissioners designates responsibility for management of the grant to the Palm Beach County Department of Community Services (Part A Grantee Office) to ensure that funds are allocated and contracted according to the priorities set by the Planning Council. The Part A Grantee Office must purchase the services according to the local procurement system, ensure that funds awarded are used appropriately, and comply with reporting and other grantee requirements. The Part A Grantee Office also oversees and facilitates the quality management activities throughout all levels of the system. All Part A Grantee Office staff will participate in quality management activities at some level however the position primarily responsible for the quality activities outlined in this plan is the Quality Management Coordinator. Other responsibilities of the QM Coordinator include:

- Implementation of the Quality Management Program
- Assess the quality management activities within the West Palm Beach EMA, oversee activities conducted
- Facilitate the development and implementation of continuous quality improvement (CQI) mechanisms and measures for funded agencies.
- Ensure that technical assistance and training is provided to facilitate ongoing improvement of services.
- Provide updates to the Part A Grantee Office and Planning Council on QM activities within the EMA.
- Report cumulative service outcome results to the Quality Management Committee.
- Report information to the HRSA Part A Project Officer during their conference calls.

Palm Beach County HIV CARE Council:

The Palm Beach County HIV Services Planning Council was created through an ordinance of the Board of County Commissioners in November 1993. In August of 1997, the Planning Council and the Palm Beach County AIDS Consortium officially merged and became the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council. This Planning body is assigned with assessing the area's HIV service needs, establishing priorities, allocating funds, developing a comprehensive plan for the delivery of services, and assessing the efficiency of the Part A Grantee Office in rapidly allocating funds to areas of greatest need. The Planning Council body is comprised of a

maximum of 45 members who represent legislatively mandated membership categories. In addition, the Planning Council's membership includes members of AIDS Service Organizations, Ryan White Part B, Medicaid, HOPWA, VA, and PLWHA. Participation of the Planning Council in quality activities will take place through committee structures and processes. Other responsibilities of the Planning Council include:

- Federal Legislative requirements expect the Planning Council to review and utilize service outcome and quality assurance data of services in the prioritization and allocation of the Ryan White Treatment and Modernization Act Part A Grant Award for the West Palm Beach EMA.
- The Planning Council will be educated on the quality assurance activities for the EMA. The Planning Council will review and comment on the QM Plan.
- The Planning Council will be updated on QM activities via the Grantee Report.

Ryan White Treatment and Modernization Act Part A Funded Agencies Responsibilities:

The current Ryan White-funded Continuum of Care includes community based health and social service organizations that provide all of the services through contracts with the Part A Grantee Office. The Part A Agencies collaborate with one another through the monthly Provider Meetings.

- All Part A funded agencies will participate in system-wide quality activities and be responsible for developing quality systems of their own.
- Service (process) indicators and health outcomes will be tracked, documented and reported to the Part A Grantee Office through the CAREWare Data System by all funded agencies.
- Part A Funded Agencies will participate in the annual, standardized, EMA-wide Client Satisfaction Survey.

Consumer Responsibilities:

Consumers of HIV services in the West Palm Beach EMA participate in the planning process through Planning Council membership. They are also encouraged to participate through various client feedback mechanisms in place both system-wide and with individual funded agencies. Consumers will be appointed to serve on the Quality Management Committee.

- Attend QM training as offered by the Part A Grantee Office (or its consultants)
- Be involved in providing input for the Standards of Care and developing Quality Service Indicators at the Quality Management Committee.

Quality Management Committee Responsibilities:

The Quality Management Committee shall meet bi-monthly, or as needed, to fulfill committee responsibilities. It is the primary body to help determine measurement priorities and methods on an ongoing basis. Additionally, the Quality Management Committee will facilitate cross -Title coordination by collaborating with consumers, representatives from Part A&B, and the AIDS Education Training Center (AETC). The Quality Management Committee is also responsible for:

- Providing input and direction on the West Palm Beach EMA Quality Management Program.

- Reviewing and updating the Quality Management Plan annually.
- The Committee will develop Standards of Care and outcome measures utilizing Planning Council Committees, in cooperation with the grantee.
- Make recommendations to the Part A Grantee Office for appropriate education relating to quality improvement concepts and techniques.
- The QM Coordinator will report cumulative service outcome results to the Quality Management Committee which will be presented to the Planning Council.

MECHANISMS TO PROMOTE QUALITY CARE

Contractual Monitoring Site Visits

The Part A Grantee Office executes and manages all contracts with funded agencies, conducts program and fiscal monitoring of service contracts, maintains a service utilization database, and participates in evaluation studies conducted by the Planning Council. The Part A Grantee Office: a) requires (contractually) of all service providers the submission of programmatic (monthly) and financial data (monthly) reports ; b) conducts annual program and fiscal monitoring visits on all funded agencies; and c) reports information to the Planning Council through its various Committee and Council processes. The Part A Grantee Office will perform Contractual Monitoring Site Visits which consist of an evaluation of general organizational policies and procedures, quality management efforts, financial policies and procedures/financial expenditures, and other contractual requirements including the scope of services plan for purposes of accountability requirements. The monitoring visit team will also conduct a review of randomly selected set of charts of HIV/AIDS clients for evidence of documentation only of specific data (Appendix D). Cumulative findings will be reported to the Quality Management Committee annually.

Performance Indicators and Outcomes

The Part A Grantee Office and the Planning Council will continue client-and system-level outcome tracking throughout the EMA. The EMA is in the process of implementing the CAREWare Data System and require all Part A -funded agencies to enter information such as viral load and CD⁴ counts, among other important biological and clinical indicators. These data can then be extracted into the software module to assist with the unduplication of client and will allow data base queries by client, provider, and service category. The collection of data was previously done through the FACTORS data system.

Outcomes have been developed to measure the impact for each of the service categories as part of the Standards of Care (SOC). This EMA is in the process of developing and revising SOC and outcomes measures for all funded service categories. The HAB Performance Measures will be used to measure medical outcomes. These include:

- **CD4 T-cell count-** percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year
- **HAART-** percentage of clients with AIDS who are prescribed HAART

- **Medical Visits**- percentage of clients with HIV infection who had 2 or more medical visits in an HIV care setting in the measurement year
- **PCP Prophylaxis**- percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm³ who were prescribed PCP prophylaxis
- **ARV Therapy for Pregnant Women**- percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy.

Central to the success of the QM Program are four components:

- Review of quarterly program reporting submissions
- A system of data collection and analysis
 - Database to coordinate care
- A mechanism for feeding back the important information regarding quality of care to staff in such a way as to encourage staff self-evaluation, involvement and accountability in improving care:
 - Contractual Monitoring Site Visits
 - Standards of Care Site Visits
 - Coordination of Client Satisfaction Process
- Technical Assistance Workshop

1. **Review of Quarterly Submissions:** The Part A Grantee Office periodically reviews and makes recommendations regarding the agency's data collection and analysis systems. The Part A Grantee Office will maintain a list of reports to provide feedback to the various components of the agency; this list addresses the frequency of reports and intended audience for distribution of the reports.

2. **System of Data Collection & Analysis**

- a. **Database to coordinate client care:** Efforts to improve the implementation of an EMA- wide database for client care coordination continue through the CAREWare Data System.

3. **A Mechanism for Feedback and Evaluation**

- a. **Contractual Monitoring Site Visits:** The Part A Grantee Office performs Contractual Monitoring Site Visits which consist of an evaluation of general organizational policies & procedures, quality management efforts, financial policies and procedures/financial expenditures, and other contractual requirements including the scope of services plan for purposes of accountability requirements. In addition, the monitoring site visit team will conduct a review of randomly selected set of charts of HIV/AIDS clients for evidence of documentation only of specific data based on HRSA, Ryan White/PHS contractual guidelines.

- b. **Coordination of Standards of Care (SOC):** In addition to the Contractual Monitoring Site Visits, the Part A Grantee Office coordinates SOC Assessments. The SOC are designed to guide service provision and set minimum expectations in the respective service categories and serve as the basis for indicators and performance measures. These assessments are designed to focus on the adherence and implementation of the SOC specific to the various services categories currently funded under the Ryan White Part A Program.

The Planning Council Committees created the SOC with the aim/approach of developing comprehensive standards that incorporated the full range of operational and clinical factors. A joint effort by the Planning Council support staff, the Quality Management Committee, and the Quality Management Coordinator is working to ensure that this ongoing approach will result in the SOC with defined and measurable outcomes that align with our Continuum of Care.

Based on HRSA priorities identified in the FY 05 – 06 Application Guidance, historical funding levels, Priority and Allocation, the Planning Council and the Part A Grantee Office have selected the following service category Standards of Care to review, revise, and develop as needed in FY 07 -08:

1. Medical Case Management
2. Oral Health Services
3. Mental Health Services
4. Substance Abuse Services- Outpatient
5. Pharmaceutical Assistance
6. Health Insurance Premium & Cost Sharing Assistance
7. Medical Transportation Services
8. Outreach Services
9. Emergency Financial Assistance

Additionally, the Quality Management Committee, will review, evaluate and revise (as necessary) individual service categories each calendar year.

1. Review Social Standards of Care
2. Review Medical Standards of Care
3. Review Universal Standards
4. Review Cultural Competency Standards

The following guidelines are to be utilized in updating the SOC:

- Planning Council and Part A Grantee Office jointly select 2-4 service categories to update annually. Any categories identified as high risk, as generating consumer complaints,

and as being of interest to the Planning Council due to recent changes in funding levels will be selected.

- The Quality Management Committee develops a uniform format for the Standards.
- The SOC in the selected categories are sequentially reviewed, formatted, and circulated to providers for comments.
- Stakeholder input is finalized and ideas for outcomes to be measured are gathered
- Approved standards and outcomes will be measured through pilot testing SOC.

c. **Client Satisfaction Survey:** The Quality Management Coordinator will begin planning for an EMA wide Client Satisfaction Survey for all funded service categories for FY 2008.

4. **Technical Assistance Workshops:** The Part A Grantee Office will coordinate yearly workshops to enhance the quality management efforts across the EMA. The purpose of the workshops is to improve HIV/AIDS consumer and client outcomes by increasing the core competencies of clinics and providers.

GOALS AND OBJECTIVES

The goals of the West Palm Beach EMA Quality Management Program for FY 2007, 2008, and 2009 are as follows:

GOAL 1: To ensure all Part A funded services are of the highest quality.		
OBJECTIVE 1: To develop and implement a three-year Quality Management Plan for the West Palm Beach EMA.		
Key Action Step	Target End date	Accountability
1. Develop the QM Plan to meet HRSA guidelines.	6/1/2007	<ul style="list-style-type: none"> Quality Management Committee, QM Coordinator
2. Review and revise the QM Plan incorporating the findings of the monitoring report.	Annually	<ul style="list-style-type: none"> Quality Management Committee, QM Coordinator
3. Integrate data collection and reporting systems, and ensure that CAREWare supports Quality Management.	On going	<ul style="list-style-type: none"> Grantee Office staff, QM Coordinator
OBJECTIVE 2: To ensure Ryan White funded service providers conform to measurable standards of care.		
Key Action Step	Target End date	Accountability
1. Review, revise, and develop Standards of Care as needed.	Annually	<ul style="list-style-type: none"> Planning Council Medical and Support Committees, Quality Management Committee
2. Monitor compliance with Standards of Care and quality indicators.	FY 2007	<ul style="list-style-type: none"> QM Coordinator
3. Report cumulative compliance and quality indicators by service category to the Quality Management Committee and Planning Council.	FY 2007 and annually thereafter	<ul style="list-style-type: none"> QM Coordinator

OBJECTIVE 3: To improve consumer satisfaction.		
Key Action Step	Target End date	Accountability
1. Standardize Consumer Satisfaction Survey.	FY 2007	<ul style="list-style-type: none"> Quality Management Committee ,QM Coordinator
2. Analyze and report findings to the Quality Management Committee, Planning Council, and funded agencies.	FY 2007	<ul style="list-style-type: none"> QM Coordinator
3. Develop strategies to improve consumer satisfaction.	FY 2007	<ul style="list-style-type: none"> Planning Council, Grantee Office staff

GOAL 2: Raise and standardize the quality of care/service delivery to improve health outcomes.		
OBJECTIVE 1: Ensure that primary medical care adheres to the most recent Public Health Service Guidelines/Standard of Care for the treatment of HIV and opportunistic infections.		
Key Action Step	Target End date	Accountability
1. Monitor each primary medical care clinic for adherence to the recommended screenings, assessments, exams, referrals, and education guidelines in the Public Health Service Guidelines/Standards of Care.	Ongoing	<ul style="list-style-type: none"> QM Coordinator, Program Monitors
OBJECTIVE 2: To improve client health outcomes.		
Key Action Step	Target End date	Accountability
1. Identify and select measurable health outcomes and process indicators.	FY 2007 – 2009	<ul style="list-style-type: none"> Planning Council Medical and Support Committees, Quality Management Committee
2. Collect client health outcome and process data.	Quarterly	<ul style="list-style-type: none"> QM Coordinator

3. Analyze health outcome and process data.	Quarterly and Annually	<ul style="list-style-type: none"> • QM Coordinator
4. Report cumulative service category findings to Quality Management Committee and Planning Council.	Quarterly and annually	<ul style="list-style-type: none"> • QM Coordinator
5. Report agency specific findings to each agency.	Quarterly and annually	<ul style="list-style-type: none"> • QM Coordinator
6. Develop strategies to improve health outcomes and process.	On-going	<ul style="list-style-type: none"> • Planning Council, Grantee Office staff

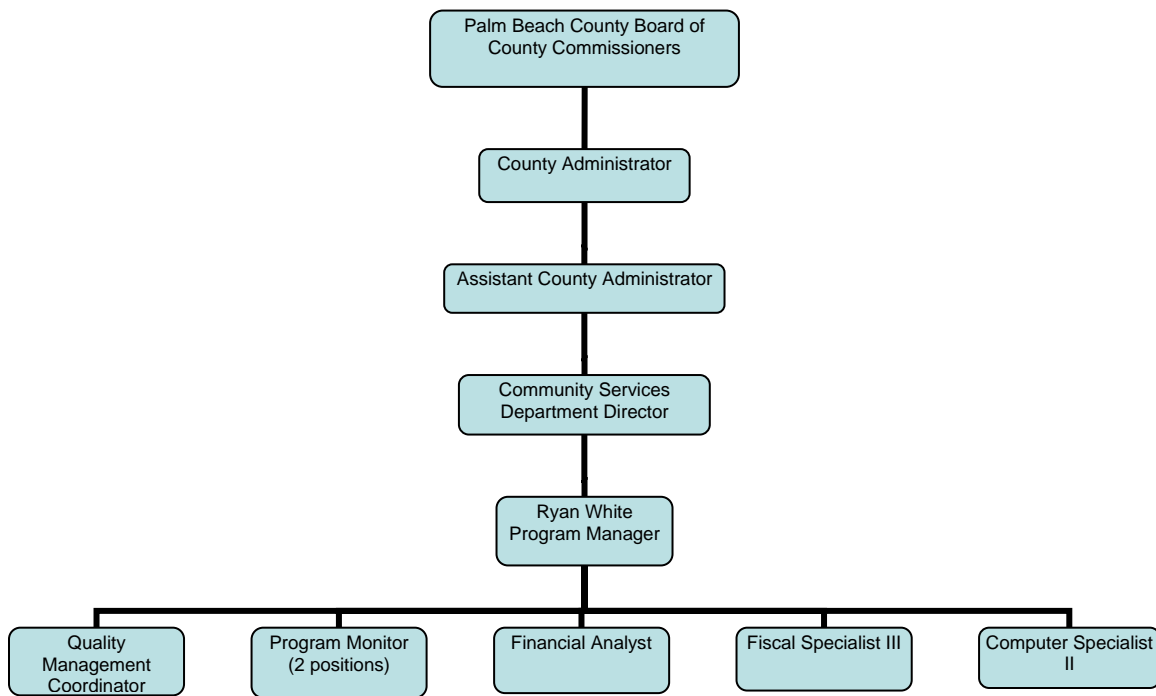
GOAL 3: Assure that services are targeted to counter the epidemic's growing impact among under-served minority and hard-to-reach populations.		
OBJECTIVE 1: To provide capacity building in minority agencies.		
Key Action Step	Target End date	Accountability
1. To develop strategies to bring people not in care into the primary health care system.	FY 2008	<ul style="list-style-type: none"> • Planning Council support staff, Grantee Office staff
2. Assessment of capacity building needs of HIV services providers.	FY 2008	<ul style="list-style-type: none"> • Grantee Office staff

GOAL 4: To develop a data management process that meets HRSA requirements and supports data driven priority setting and resource allocation for the EMA		
OBJECTIVE 1: To ensure accurate service utilization data is provided		
Key Action Step	Target End date	Accountability
1. To review and verify submitted data.	Ongoing	<ul style="list-style-type: none"> • QM Coordinator, Program Monitors, Grantee Office staff, Part A funded agencies

<p>2. Analyze data collected and make recommendations for improvement of services to funded agencies.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Grantee Office staff
<p>3. To track and report on service utilization.</p> <ul style="list-style-type: none"> a. Medical records/chart reviews b. Monthly reports c. CAREWare data 	<p>Quarterly</p>	<ul style="list-style-type: none"> • QM Coordinator, Program Monitors, Grantee Office staff, Part A funded agencies
<p>4. Developing and providing training for providers and Grantee Office staff as CAREWare is implemented and enhanced.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Grantee Office staff, Contracted trainers

APPENDIX A:

West Palm Beach EMA Organizational Chart



APPENDIX B:

DEFINITIONS

For the purposes of this QM Plan, the following definitions are used:

CAREWare-A management information system that helps grantees and service providers collect, manage and report client-level data. Downloadable software, a user manual, instructions and technical support are available.

BEST PRACTICES (also called Benchmarks) - Best practices are proven solutions to common problems. They provide performance data that are used for comparisons.

CLIENT SATISFACTION-The assessment of consumer/client satisfaction with services provided using periodic written surveys, oral interviews or other methods.

CONTINUOUS QUALITY IMPROVEMENT (CQI) -A never-ending series of changes and measurements designed to keep quality improving and programs adapting to meet changing needs.

DATA COLLECTION AND ANALYSIS - A process to measure health status, utilization of services (e.g., number of clients served, demographics, units of service provided, outcomes, etc.)

FOCUS-PDSA (Plan, Do, Study, Act) **CYCLE**- “F” or “find” a process to improve. “O” or “organize” a team that knows the process. “C” or “clarify” current knowledge of the process. “U” or “understand” causes of process variation. “S” or “select” the process improvement. - “P” or “plan” involves identifying an area of need or an opportunity for improvement and determining the root causes of the problem. “D” or “do” requires coming up with strategies to prevent the problem or improve the way things are done. “S” or “study” involves collecting data to evaluate the effectiveness of the strategies tested. “A” or “act” is about making these strategies part of the ongoing work. If strategies don’t work, you go back to the “plan” stage, and try again.”

HEALTH DISPARITIES -Distinct differences in kind and quality of healthcare among members of various groups defined by race/ethnicity, gender, sexual orientation, socio-economic status, and age.

HIV/AIDS QUALITY ASSURANCE-Measuring performance to prove it meets standard or benchmark.

HRSA STRATEGIES -HRSA’s strategic plan describes four long-range strategies that support the Agency’s goal of “100% Access and 0 Health Disparities.” (HRSA Strategic Plan)

Strategy 1: Eliminate Barriers to Care to assure access to comprehensive, timely, culturally competent, and appropriate health care services for all underserved, vulnerable, and special needs populations. HRSA increases the use of health care services by underserved populations, increases access points, and focuses on target populations.

Strategy 2: Eliminate Health Disparities in health status and health outcomes for underserved, vulnerable, and special needs populations. HRSA reduces the incidence/prevalence of disease and morbidity/mortality, increases the use of services by underserved populations, and focuses on target populations.

Strategy 3: Assure Quality of Care is provided to the underserved by fostering a diverse, high quality workforce and using emerging technologies. HRSA accomplishes this by promoting appropriateness of care, assuring effectiveness of care, and improving customer and patient satisfaction.

Strategy 4: Improve Public Health and Health Care Systems to improve the delivery of health-related systems by enhancing the infrastructure of public health and health care systems. HRSA improves information development and dissemination, promotes education and training of the public health and health care workforce, and promotes systems and infrastructure development.

OUTCOMES -Results for participants during or after their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition, or status.

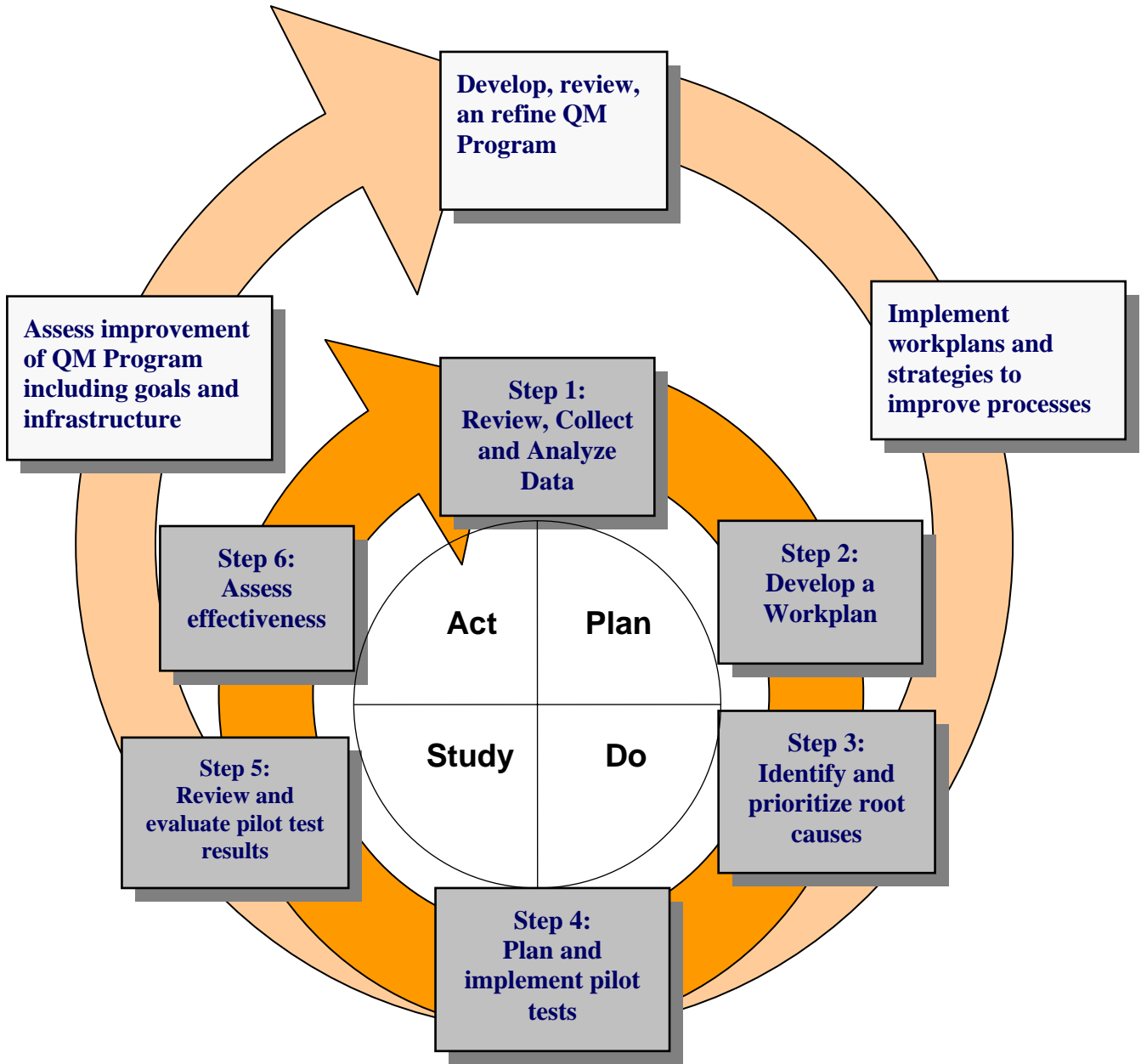
OUTCOME INDICATORS - Specific items of information that track a program’s success (or failure) on outcomes. They describe observable, measurable characteristics or changes that represent the product of an outcome.

QUALITY - The degree to which a health or social support service meets or exceeds established standards of care and user expectations.

STANDARDS OF CARE- Standards of Care are principles and practices for the delivery of health and social services that are accepted by recognized authorities and used widely. Standards of care are based on specific research (when available) and the collective opinion of experts.

APPENDIX C:

**QUALITY IMPROVEMENT
MODEL**



APPENDIX D:

Chart Randomization Selection Methodology

1. Review all records for eligibility.
2. Determine the total number of eligible records, as well as how many are male and how many female.
3. Use the **Minimum Sample Table** (figure 1) to determine how many records to sample based on your total eligible case load.

Total Eligible Cases	Sample Size: Men Minimum Charts to Pull	Sample Size: Women Minimum Charts to Pull	Total Minimum Size
50 or fewer	11	19	30
51-75	12	22	34
76-100	13	23	36
101-125	13	25	38
126-150	14	25	39
151-175	14	26	40
176-200	14	27	41
201-225	14	27	41
226-250	14	27	41
251-275	14	28	42
276-299	14	29	44
300 or more	15	30	45

4. The online Research Randomizer is used to randomly select client codes for site visit chart reviews. The address is:

<http://www.randomizer.org/form>

5. To generate a set of random numbers, simply fill out the form, indicating:
 - How many sets of random numbers you would like.
 - How many numbers you want in each set.
 - The range within which you want your numbers to fall.
 - Whether or not you want each number in a set to be unique.
 - Whether you would like the numbers in each set sorted.
 - How you wish to view your outputted numbers.