Ryan White Program Part B
Quality Management Plan
April 2007-March 2008

Georgia Department of Human Resources
Division of Public Health
Prevention Services Branch
HIV Section

Revised November 2007
Introduction

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 requires clinical quality management (QM) programs as a condition of grant awards. The QM expectations for Ryan White Program Part B grantees include: 1) Assist direct service medical providers funded through the CARE Act in assuring that funded services adhere to established HIV clinical practice standards and Public Health Services Guidelines to the extent possible; 2) Ensure that strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care; and 3) Ensure that available demographic, clinical and health care utilization information is used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic.

The Georgia Ryan White Program Part B QM Plan is outlined in this document. This document is considered a "living" document and GA will continue to develop and expand the Ryan White Program Part B Clinical QM program and plan. This QM Plan is effective April 1, 2007 to March 31, 2008. A timeline for annual implementation, revision, and evaluation of the Plan is located in Appendix B of this document. If you have any questions concerning this plan, please contact Rosemary Donnelly at (404) 463-0415 or Michael (Mac) Coker at (404) 463-0387.
Georgia Ryan White Program Part B
Clinical Quality Management Plan

I. Quality Statement

A. Mission Statement

The mission of the Ryan White (RW) Program Part B Clinical Quality Management (QM) Program is to ensure the highest quality of medical care and supportive services for people living with HIV/AIDS in Georgia.

B. Purpose

The purpose of the QM Program is to meet the clinical quality management expectations of Ryan White HIV/AIDS Treatment Modernization Act of 2006:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services

C. AIM Statement

The ultimate AIM is to ensure a seamless system of comprehensive HIV Services that provides a continuum of care and eliminates health disparities across jurisdictions for people living with HIV/AIDS in Georgia. This will be accomplished by:

- Developing and implementing a statewide quality management plan
- Improving access to ADAP services by improving the application and recertification processing
- Improving alignment across health districts by monitoring core performance measures across Ryan White Program Part B sub-recipients
- Improving alignment across services through standardization of case management
D. 2007 Goals and Objectives

- **Goal 1:** Implement the statewide RW Program Part B quality management plan. Objectives include:
  - Monitor statewide outcome measures.
  - Provide quality improvement/management training at state and local levels.
  - Assure quality improvement projects occur at state and local levels.
  - Communicate findings to key stakeholders.
  - Update the QM plan at least annually and the QM workplan at least quarterly.
  - Require that all 16 Ryan White Program Part B sites develop written QM plans and implement by July 2007.

- **Goal 2:** Improve efficiency of the Georgia AIDS Drug Assistance Program (ADAP). Objectives include:
  - Increase the percentage of Georgia ADAP clients recertified for ADAP eligibility criteria at least annually to 95% or greater.
  - Increase the percentage of newly applying Georgia ADAP clients approved or denied for ADAP services within 2 weeks of ADAP receiving a complete application to 95% or greater.
  - Increase the percentage of correctly completed new ADAP applications submitted to ADAP to 95% or greater.
  - Finalize the ADAP policies and procedures and obtain DPH approval.

- **Goal 3:** Improve the quality of health care and supportive services.
  - Finalize key clinical performance indicators and measure in all 16 RW Program Part B sites for the calendar year 2007.
  - Finalize and implement uniform case management standards by March 2008.
  - Develop a statewide adherence program by March 2008.

E. Quality Management Workplan

- The QM plan includes a “living” workplan that is updated at least quarterly.
- The workplan specifies objectives and strategies for QM plan goals.

(See Appendix A)

F. Quality Management Plan Timeline

- The QM plan includes a timeline to ensure annual revision of the QM plan.
- The timeline incorporates development, implementation, and revision of the plan based on the Ryan White Program Part B grant year.
The timeline includes quarterly QM Core Team meetings and progress reports.

(See Appendix B)

II. Organizational Infrastructure

A. Leadership and Accountability

1. Georgia Department of Human Resources

The State of Georgia through the Department of Human Resources (DHR) is the recipient of the Ryan White Program Part B grant. The Department of Human Resources administers the grant through the Division of Public Health (DPH). Within the DPH, the Acting Prevention Services Branch Director serves as the RW Ryan White Program Part B Grant Program Director. The Grant Program Director is responsible for ensuring administration of the grant including the development and implementation of the quality management (QM) plan.

2. HIV Section

The DPH, Prevention Services Branch, HIV Section provides oversight and management of the Ryan White Program Part B grant. The HIV Section monitors all Ryan White Program Part B funds and sub-recipients to ensure that Ryan White Program Part B funds are the payer of last resort. The HIV Section leadership is dedicated to the quality improvement process and guides the quality management plan.

- The HIV Section Director is responsible for HIV Section leadership and coordination of HIV care and prevention activities.
- The HIV Care Manager is responsible for grant oversight and management including ensuring the development and implementation of the QM plan.
- The HIV Care District Liaisons closely monitor the programmatic and fiscal requirements of all contracts and Grant-in-Aid awards including quality management requirements. They will also ensure QM/QI findings/reports are shared at Consortia meetings.
- RW Ryan White Program Part B QM staff members:
  - A Nurse Consultant is functioning as the director of QM. Duties include:
    - Functioning as the key contact and team leader for quality management
    - Coordinating the day-to-day QM Program operations
    - Supervising QM staff members
    - Recruiting QM committee members
- Coordinating QM committee meetings
- Facilitating the Performance Measures Subcommittee
- Ensuring development, implementation, and evaluation of the QM plan and workplan
- Revising the QM plan at least annually, and the workplan at least quarterly
- Completing and submitting required reports related to QM
- Ensuring QM/QI and other HIV-related training is available
- Providing technical assistance to the RW Ryan White Program Part B sub-recipients in the development of local QM plans and nursing/clinical services
- Conducting site visits to review QM plans and activities, and/or to review clinical performance indicators
- Participating on the DPH State QA/QI Team
- Participating on the GA Statewide Ryan White Program Conference Planning Committee
- Attending the Metro Atlanta EMA Planning Council quality committee meetings
- Coordinating the annual revision of the HIV/AIDS-related nurse protocols
- Developing and revising HIV-related medical guidelines, bloodborne pathogen occupational exposure guidelines, and other guidelines/policies as indicated

The QM Coordinator's primary responsibilities include:
- Assisting with coordination of day-to-day operations of the QM Program:
  - planning meetings and/or conference calls
  - communicating with the Core Team and subcommittees
  - completing reports and other assignments
  - facilitating the Case Management Subcommittee
- Ensuring the development, implementation, and evaluation of statewide case management standards and tools
- Ensuring QM/QI and case management training is available
- Assisting with the revision of the QM plan and workplan
- Providing technical assistance to the RW Program Part B sub-recipients in the development of local QM plans
- Conducting site visits to review QM plans and activities, and/or to review case management pilot sites
- Participating on the DPH State QA/QI Team
- Participating on the GA Statewide Ryan White Program Meeting Planning Committee
- Attending the Metro Atlanta EMA Planning Council quality committee meetings

HIV Medical Advisor responsibilities include:
• Participating on the Core Team and the Performance Measures Subcommittee
• Providing medical expertise and technical assistance to the HIV Section, ADAP, Ryan White Program Part B sub-recipients and others
• Chairing the HIV Medical Advisory Committee
• Conducting site visits to review clinical performance measures, and management and utilization of antiretroviral therapy
• Annually revising and approving the HIV/AIDS-related nurse protocols
• Providing training to HIV providers and others as indicated
• Mentoring physicians inexperienced in HIV care
• Participating in QM activities for ADAP and HIV viral load testing at the GA Public Health Laboratory
• Assisting with QM related reports and assignments
• Assisting with development and/or revisions of medical guidelines, polices, and/or procedures.

Adherence Nurse Consultant responsibilities include:
• Developing a statewide adherence program in collaboration with the ADAP Pilot and QM plan
• Creating an Adherence Workgroup
• Facilitating the Adherence Workgroup
• Participating on the QM Core Team
• Assisting with the revision of the QM plan and workplan
• Assisting with QM related reports and assignments
• Providing technical assistance to the RW Ryan White Program Part B sub-recipients in the development of local QM plans
• Conducting site visits to review QM plans and activities, adherence activities, or clinical performance measures
• Assisting with development and/or revisions of nurse protocols, medical guidelines, polices, and/or procedures.

Part-time QM Staff Person
• Assisting with the develop of the evaluation components of the QM plan
• Functioning as the QM liaison between the HIV Section Data Team and the HIV/AIDS Epidemiology Section
• Assisting with the revision of the QM plan and workplan
• Assisting with QM related reports and assignments
• Providing technical assistance to the RW Ryan White Program Part B sub-recipients in the development of local QM plans

The HIV Section Data Team is responsible for maintaining the CAREWare database, generating QM-related reports from
CAREWare, submitting monthly Collaborative performance measures data reports on the Extranet, and assisting with other data needs.

- The AIDS Drug Assistance Program (ADAP)/Healthcare Insurance Continuation Program (HICP) Coordinator is responsible for the ADAP/HICP QM plan including QI projects and performance measures.

- ADAP Pharmacist responsibilities include:
  - Assists with QM activities related to the ADAP Alternative Methods Demonstration Project
  - Oversees and monitors the ADAP FDA-approved medications
  - Assists the ADAP Coordinator with development and implementation of a quality management component for ADAP.

- All Ryan White Program Part B programmatic staff members are responsible for participating in the QM plan as needed.

3. Other DPH Sections

The HIV/AIDS Epidemiology Section
A member of the HIV/AIDS Epidemiology Section is leading the Collaborative outcomes measures work plan and is responsible for reporting the quarterly outcome measures.

The HIV Section continues to work closely with the HIV/AIDS Epidemiology to utilize HIV and AIDS case reporting for planning and quality improvement opportunities.

4. Ryan White Program Part B Sub-Recipients/Consortia

- Ryan White Program Part B sub-recipients/Consortia are responsible for ensuring quality management components of the Grant-in-Aid agreements are met.

- The FY 2008 Grant-in-Aid deliverables include the following QM language:
  - Ensure that the medical management of HIV infection is in accordance with the U.S. Department of Health and Human Services (DHHS) HIV-related guidelines including:
    - Antiretroviral treatment
    - Maternal-child transmission
    - Post-exposure prophylaxis
    - Management of tuberculosis and opportunistic infections
    - HIV counseling and testing
  - Ensure compliance with the HIV Section manual, *Medical Guidelines for the Care of HIV-Infected Adults and Adolescents*, June 2005.
Ensure that registered nurses (RN) and nurse practitioners (NP) practice under current HIV/AIDS-related nurse protocols. The recommended protocols include:

Ensure that all Medical Doctors, Pharmacists, and all other licensed medical professionals possess current licensure and/or certification. Ensure that all Medical Doctors are practicing under current HIV/AIDS-related protocols and are practicing under the current laws of the State of Georgia. If there is any lapse in licensure and/or the occurrence of suspension that deems a medical professional unable to practice medicine under current laws, the HIV Section's District Liaison is to immediately be notified.

Develop and implement a quality management (QM) program according to the HRSA, HAB *Quality Management Technical Assistance Manual*. Include the following:
- A written QM plan.
- A leader and team to oversee the QM program.
- Organizational goals, objectives, and priorities.
- Performance measures and mechanisms to collect data.
- Project-specific continuous quality improvement plan (CQI).
- Communication of results to all levels of the organization, including consumers when appropriate.

Participate in the statewide Ryan White Program Part B QM Program.

Monitor performance measures as determined by the QM Core Team/PM Subcommittee.

Provide information related to the local QM program as requested by the HIV Section District Liaison and/or State Office QM staff.

Allow the HIV Section District Liaison and/or State Office QM staff access to all QM information and documentation.

Participate in the collection of statewide outcome indicators as identified by the HIV Section.

Participate in the development and implementation of statewide case management standards.

Ensure that all case managers enrolling clients into case management use the statewide standardized intake form.

### B. Quality Management Committee(s)
1. Quality Management Core Team

a. Purpose
   - To provide oversight and facilitation of the Georgia RW Ryan White Program Part B QM Plan
   - To provide a mechanism for the objective review, evaluation, and continuing improvement of HIV care and support services.

b. Membership
   - The Core Team membership will be reviewed annually and changes made accordingly.
   - Membership by consumers and Ryan White Program Part B sub-recipients will be on a voluntary basis.
   - Persons interested in volunteering will submit requests to the HIV Section or Core Team.
   - Composition
     The Core Team will include the following members:
     - A senior leader within DPH
     - The HIV Care Manager
     - The Ryan White Program Part B Program Planner
     - RW Ryan White Program Part B QM staff
     - HIV Care District Liaison(s)
     - ADAP/ICP Coordinator
     - Representative from HIV/AIDS Epidemiology Section
     - Member of HIV Section Data Team
     - Consumer(s)
     - Ryan White Program Part B sub-recipient (District HIV Coordinator)
     - Representatives from RW Programs Parts A, C, and D
     - Medicaid representative
     (See Appendix C. for 2007 Core Team Members)

c. Communication
   - The Core Team will meet at least once quarterly.
   - Conference calls and electronic communication will be ongoing.
   - During the Collaborative, Team documents and reports will be placed on the Extranet.
   - The Core Team will share QM/QI findings/reports within DPH; with the HIV Section, Ryan White Program Part B sub-recipients/consortia, and others.
   - District Liaisons will ensure QM/QI findings/reports are shared at Consortia meetings.

d. Responsibilities
   - A Nurse Consultant will serve as the key contact and team leader for quality management.
A member of the QM staff will attend the Metro Atlanta EMA Planning Council quality committee meetings.

The Core Team is responsible for guiding the overall QM program including determining priorities, setting goals, creating the workplan (see Appendix A.), preparing reports, and evaluating the program and plan.

The Team will:

- Determine the need for subcommittees and guide the subcommittee’s work plan.
- Actively participate in meetings, conference calls, and other activities as needed.
- Determine performance measures, and identify indicators to assess and improve performance.
- Share findings with the HIV Section, Ryan White Program Part B sub-recipients/Consortia, leadership within DPH, and others.
- Review and update the quality plan annually.
- Make recommendations to the HIV Section for appropriate education related to QI topics.
- Conduct evaluation activities.
- Participate on the GA Statewide Ryan White Program Meeting Planning Committee

2. Subcommittees

Subcommittees will be created by the Core Team as needed. Since December 2005, there are two subcommittees:

a. Performance Measures Subcommittee

- Membership: Members of subcommittees are selected to represent across RW Parts, and geographic areas of the state (e.g., urban and rural). See Appendix C. for 2007 membership list.
- Responsibilities:
  - Comply with the Core Team’s overall goals and workplan.
  - Actively communicate with the Core Team.
  - Select a chairperson and secretary.
  - Submit meeting minutes in predetermined format.
  - Select key performance measures to be tracked at each RW Ryan White Program Part B site statewide.
  - Determine measurement population and create data collection plan.
  - Pilot measures and make revisions.
b. Case Management Subcommittee
   - Goal: Develop uniform case management standards through consensus building process by March 2008
   - Membership: Members of subcommittees are selected to represent across RW Parts, and other case management agencies providing services to people with HIV (See Appendix C for 2007 members).
   - Responsibilities:
     - Comply with the Core Team’s overall goals and workplan.
     - Actively communicate with the Core Team.
     - Select chairperson and secretary.
     - Submit meeting minutes in predetermined format.
     - Develop standardized initial CM intake form.
     - Develop Ryan White Program Part B CM standards that are compatible with other CM standards utilized by CM providing HIV services in GA.

C. Resources

- The QM plan is supported by the RW Ryan White Program Part B grant including funds and personnel.
- The National Quality Center of the New York State Department of Health will provide technical assistance, training, and QI resources.
- The Metro Atlanta EMA Ryan White Part A Quality Committee.
- The Southeast AIDS Education and Training Center
- HIV/AIDS Surveillance Unit.
- HIV Section Capacity Building Unit.
- Providers from Ryan White Programs Part C and D
- Other DPH personnel as needed.
- Local Consortia

D. Performance Measurement System

The following outlines the processes for ongoing evaluation and assessment.

- The Core Team will determine quality projects and guide the process.
- Data will be used to identify gaps in care and service delivery.
- The details for state level QI activities will be described in the QM workplan (see Appendix A).
All project findings will be prepared by the Core Team, and shared with Ryan White Program Part B sub-recipients, HIV Section, and within the DPH.

Evaluation of QI projects will be ongoing. The work plan will be updated at least quarterly.

CAREWare 4.1 database will be utilized whenever possible to collect data for statewide performance measures. The HIV Section Data Team will generate CAREWare reports as needed.

Ryan White Program Part B sub-recipients will monitor selected performance measures and report to the HIV Section. The Core Team will review measures and compile reports.

Ryan White Program Part B sub-recipients will be monitored by the District Liaisons for compliance with the Grant-In-Aid award deliverables. (See Appendix D. Monitoring Table)

The Core Team will annually assess the QM Program for effectiveness.

E. Coordination with Other Statewide QI/QA Activities

1. Coordination across Ryan White Programs

   The Ryan White Program Part B QM Plan will focus on collaboration of quality activities across all Ryan White Programs in Georgia.

   The Ryan White Program Part B QM Plan involves participation of members from Ryan White Parts A, C, and D. The Core Team has members from Parts C, and D. The Performance Measures Subcommittee has members from Parts A, C, and D. The Case Management Subcommittee has a representative from the Metro Atlanta EMA, Ryan White Part A.

   A QM staff person will attend the Metro Atlanta EMA QM Committee meetings. The Core Team will collaborate across RW Programs on QM activities, when possible.

   Core Team members are participating on Georgia Statewide Ryan White Program Meeting planning committee. The purpose of the 2007 meeting is to improve the quality of HIV care of PLWH in Georgia. There will be two sessions, general and clinical.

2. Coordination within DPH

   The HIV Nurse Consultant and QM coordinator participate on the DPH State QA/QI Team lead by the Office of Nursing (OON). Members of this Team include OON staff, State Office nurse consultants, District Nursing Directors, a District Health Director; and representatives from the PH Laboratory, Office of Pharmacy, Office of Nutrition, Administration Support, and Health
Administration. In the past the focus of this team was on nursing practice related to nurse protocols. The plan is to expand QA/QI efforts to an interdisciplinary approach.

- The Core Team includes a member of the HIV/AIDS Surveillance Unit.
- The Core Team will collaborate with other sections within DPH as indicated. Quality findings will be shared with the related section. For example, if adult immunization rates are measured, then findings will be shared with the Georgia Immunization Program.

3. Coordination with ADAP

- The overall Ryan White Program Part B QM plan will coincide with the ADAP QM plan and the ADAP Alternative Method Demonstration Project (AMDP) QM requirements.
- The ADAP Coordinator is a member of the Core Team.
- The HIV Nurse Consultant and the QM Coordinator participate on the ADAP AMDP workgroup as needed.

4. Feedback from Key Stakeholders

- The Core Team will communicate findings and solicit feedback from both internal and external key stakeholders on an ongoing basis. Presentations will be made during Ryan White Program Part B Coordinators meetings, Consortia meetings, RW Programs meetings, and others as identified.
- Written reports will be shared with key stakeholders.
- Stakeholders will be given the opportunity to provide feedback to reports and to prioritize quality activities.
- “To improve the quality of health care and health outcomes” is a goal in the 2006-09 Statewide HIV Comprehensive Plan. This plan was developed based on the 2006 Statewide Coordinated Statement of Need, which included input from key stakeholders and consumers throughout Georgia and across Ryan White Programs.

III. Implementation

A detailed QM workplan is included as Appendix A. The workplan will be revised at least quarterly by members of the Core Team. The work plan will include goals, objectives, strategies, assignments, timeline, and progress for performance goals and outcome measures.

A. Data Collection

1. Data Collection Strategies
The HIV Section Data Team, HIV/AIDS Surveillance Unit, and others will assist with data collection strategies.

Data Sources include the following:
- Access database for ADAP applications
- CAREWare 4.1
- Enhanced HIV/AIDS Reporting System (eHARS)
- Vital Records
- Clinical Indicators Chart Review Tool
- Programmatic monitoring tools as well as reports from sub-recipients
- Pharmacy Benefits Manager database
- Client satisfaction surveys
- Case management review tools

Data collection will be implemented utilizing appropriate sampling methodology.

2. Reporting Mechanisms

- Ryan White Program Part B sub-recipients will be required to report data on key performance indicators through Grant-in-Aid reports.
- The Core Team will review and compile findings.
- District Liaisons and/or Ryan White Program Part B QM staff will review sub-recipient QM plans and reports for effectiveness and accuracy.
- Findings will be shared with HIV providers, Ryan White Program Part B sub-recipients, Consortia, the HIV Section, the DPH leadership, and others.
- A data feedback mechanism will be established including a process to evaluate, assess, and follow up on HIV quality findings. The Core Team will be responsible for establishing this mechanism/process. The Ryan White Program Part B QM staff will be responsible for oversight and ensuring implementation.
- Findings will be used to develop new QI activities

3. Performance Measurement

- The Collaborative requires participants to monitor and report on 5 outcomes measures quarterly.
  - Percent of individuals newly reported with HIV infection who also have AIDS diagnosis
  - Percent of individuals newly reported with HIV infection (not AIDS) who progress to AIDS diagnosis within 12 months of HIV diagnosis
  - Ratio of individuals who die within 12 months of HIV diagnosis to the number of individuals newly reported with HIV infection
- Percent of individuals with at least two (2) general HIV medical care visits in the last 12 months
- Percent of individuals with either a CD4 or VL in the last 6 months

The Performance Measurement Subcommittee will identify key clinical and non-clinical performance indicators to measure statewide. These indicators will be selected to assess the essential core services of Ryan White Program Part B (i.e., Primary Medical Care consistent with Public Health Service Treatment Guidelines, HIV-Related Medications, Mental Health Treatment, Substance Abuse Treatment, Oral Health, and Case Management). Selection will be based on data, findings from clinical site visit reports, Metro Atlanta EMA measures, sample measures from other states, as well as feasibility of measurement. (See Appendix D. Monitoring Table).

**B. Quality Improvement Projects**

- The Core Team will select and prioritize statewide or system QI projects.
- The Team will utilize data to guide project selection.
- Continuous Quality Improvement (CQI) Methodology will be utilized and will include the following:
  - The Model for Improvement (PDSA Cycles [Plan/Do/Study/Act]). See Appendix E.
  - Flow chart analysis
  - Cause and effect diagrams
  - Brainstorming
  - Observational studies/patient flow
  - Activity logs

  *The Testing Change (PDSA) Worksheet* will be utilized to document QI projects (See Appendix E).

- Improvement projects will be documented in the QM workplan.
- Sub-recipient QM plans will include CQI projects.
- State office staff will form and internal CQI committee to address systems improvement projects.

**C. Capacity Building**

- The Ryan White Program Part B QM staff will be responsible for providing or coordinating technical assistance/training for Ryan White Program Part B sub-recipients. QM training will be coordinated through the National Quality Center, New York State Department of Health, when possible.
- A mechanism to request TA on QM will be developed and distributed to sub-recipients.
IV. Evaluation

A. Self-Assessment

- The Core Team will complete the HAB/NQC Collaborative Ryan White Program Part BQM Assessment Tool at least annually.
- The QM plan will be assessed using the Checklist for the Review of an HIV-Specific Quality Management Plan, assessment tool developed by the NQC.
- The Core Team will complete an annual assessment and subsequent revision of the QM plan.
- The Core Team will evaluate the QM Program on an annual basis including rating the completeness of strategies.

B. Site Visits

- Site visits are conducted annually by the District Liaisons to review the following: (Refer to Appendix D. Monitoring Table)
  - Eligibility of client and recertification documentation
  - Fee for Service (clients with incomes exceeding 100% of the current Federal Poverty Level)
  - Programmatic Report documentation
  - Expenditure Report documentation
  - Data report documentation
  - Clients Rights and Responsibilities
  - Case Management
  - ADAP
  - Security and confidentiality
  - Linkages to external providers

- QM sites will be conducted to review local QM plans including QI activities and progress on case management standards and performance indicators.

C. External Evaluation

D. DPH Evaluation

- At least annually, findings will be reported to leadership within DPH.
- A revised QM plan will be submitted to DPH leadership for approval on an annual basis.
Appendix A.
Quality Management Workplan
**Goal 1: Implement the statewide RW Program Part B quality management plan**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
<th>Lead</th>
<th>Staff/Resources</th>
<th>Deadline</th>
<th>Progress notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1 Monitor statewide outcome measures.</td>
<td>1-1.a. Collaborate with HIV/AIDS surveillance to ensure monitoring of outcome measures. 1-1.b. Schedule meeting with new Epi 3 to discuss challenges and resume measurement of outcomes</td>
<td>Deanna</td>
<td>HIV QM staff and Core Team</td>
<td>1-1.b.</td>
<td>Outcome measures haven’t been reported since Q3 2006 because of challenges with eHARS and staffing.</td>
</tr>
<tr>
<td>1-3 Assure quality improvement projects occur at the state and local levels</td>
<td>1-3.a. Schedule internal CQI committee meeting at least quarterly 1-3.b. Utilize the PDSA cycle and documentation to record activities 1-3.c. Review local CQI projects and provide technical assistance (TA) as needed 1-3.d. Meet with local QM committees as needed 1-3.e. Review local quarterly QM reports</td>
<td>Rosemary</td>
<td>Internal CQI Committee, NQC training materials and assessment tools, Local Committees</td>
<td>Ongoing</td>
<td>ADAP and HICP associates conducted flow chart analysis and implementing follow-up improvement projects. Missed September 2007 quarterly meeting – schedule ASAP</td>
</tr>
<tr>
<td>1-4 Communicate findings to key stakeholders</td>
<td>1-4.a. Present at Coordinators or other RW meetings 1-4.b. Develop summary report of Collaborative</td>
<td>Rosemary</td>
<td>QM Core Team</td>
<td>Presented updates at the October 2007 RW Program Statewide meeting</td>
<td></td>
</tr>
<tr>
<td>1-5 Update the QM plan at least annually and the QM workplan at least quarterly.</td>
<td>1-5.a. Complete revision of 2007 QM update and send to QM Core Team 1-5.b. Revise workplan quarterly</td>
<td>Rosemary Mac Libby</td>
<td>QM Core Team</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>1-6 Require that all 16 RW Part B funded sites develop written QM plans and implement by July 2007</td>
<td>1-6.a. Review all local QM plans and provide TA 1-6.b. Attend local QM committee meetings in all 16 Part B-funded health districts 1-6.c. All subrecipients submit quarterly QM reports starting Nov. 20, 07 for July-Sept.</td>
<td>Rosemary</td>
<td>District HIV Coordinators and Local QM Committees</td>
<td>Reviewed all local plans that were submitted in July 2007 and provided feedback.</td>
<td></td>
</tr>
</tbody>
</table>
Goal 2: Improve efficiency of the Georgia AIDS Drug Assistance Program (ADAP).

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</table>
| 2-1 Increase the percentage of GA ADAP clients recertified for ADAP eligibility criteria at least annually to 95% or greater. | 2.a. Continue to generate monthly reports for these objectives.  
2.b. Develop and implement ADAP training curriculum (possibly online) for new case managers (enrollment site staff)  
2.c. Provide technical assistance on documentation of ADAP applications.  
2.d. Send draft ADAP policies to districts which outlines the procedures to complete ADAP applications.  
2.e. Convene monthly conference calls to provide TA regarding ADAP policies, procedures, applications, and recertifications. | Libby  
Suzette | District staff  
ADAP staff | 2.a. ongoing  
2.b.  
2.c. ongoing  
2.d.  
2.e. ongoing |
| 2-2 Increase the percentage of newly applying GA ADAP clients approved or denied for ADAP services within 2 weeks of ADAP receiving a complete application to 95% or greater. | | | | |
| 2-3 Increase the percentage of correctly completed new ADAP applications submitted to ADAP to 95% or greater. | | | | |
| 2-4 Finalize the ADAP policies and procedures and obtain DPH approval | 2-4.a. Obtain input from Medical Advisor and Nurse Consultant  
2-4.b. Reformat ADAP policies and procedures  
2-4.c. Distribute for final review and comments  
2-4.d. Route for DPH approval  
2-4 | Libby  
Dr. Katner  
Rosemary | ADAP staff  
District HIV staff | | |
Goal 3: Improve the quality of health care and supportive services.

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<tr>
<td>3-1 Finalize key performance indicators and measure in all 16 RW Program Part B for the calendar year 2007.</td>
<td>3-1.b. Develop CAREWare QM instructions and send to HIV Coordinators 3-1.c. Require all 16 sites to report on measures for calendar year 2007 3-1.d. Collaborate with Atlanta EMA RW Program Part A by developing statewide CAREWare user manual and service category definitions 3-1.e. Finalize performance measures chart review tool and initiate clinical site visits 3-1.f. Monitor three PM via quarterly reports from subrecipients.</td>
<td>Rosemary Mac Dr. Katner PM Subcommittee</td>
<td>SEATEC and Atlanta EMA RW Part A staff QM Core Team Local QM Committees</td>
<td>3-1.a. August 07 3-1.b. 3-1.c. March 08 3-1.d. January 08 3-1.e. Dec. 07 3-1.f. Nov. 07 start</td>
<td>Requested assistance from HRSA on generation of reports from CAREWare in June 07. Received instructions in July 07. PM subcommittee members attempted to generate reports base on instructions, unable to generate all reports. Working with Part A, SEATEC, and Part D to develop statewide CAREWare service categories</td>
</tr>
<tr>
<td>3-2 Finalize and implement uniform case management standards by March 2008</td>
<td>3-2.a. Revise standards and tools based on pilot findings 3-2.b. Incorporate components of medical case management into standards and intake form 3-2.c. Hire QM Coordinator with CM experience to lead subcommittee 3-2.d. Distribute final draft to key stakeholders and revise as needed 3-2.e. Route for DPH approval 3-2.f. Develop CM training course</td>
<td>Rosemary and Mac CM Subcommittee</td>
<td>QM Core Team SEATEC</td>
<td>3.2.a. – Jan. 08 3-2.b. – Jan. 08 3-2.c. – Dec. 08 3-2.d. – by Jan. 31, 08 3-2.e. – Feb. 08 3-2.f. – March 08</td>
<td>Phase II site visits were conducted July – August 07 Rosemary and Mac are working with committee members to revise intake tool and review standards.</td>
</tr>
<tr>
<td>3-3 Develop a statewide adherence program by March 2008</td>
<td>3-3.a. Assess adherence activities in the 3 AMDP pilot sites 3-3.b. Form an adherence subcommittee to develop the program 3-3.c. Develop adherence component for medical case management</td>
<td>Mac</td>
<td>Rosemary CM subcommittee</td>
<td>3-3.a. Aug. 16, 07 3-3.b. March 08 3-3.c. Jan. 08</td>
<td>Nurse consultant hired 8/16/07 Adherence questions added to intake form – Nov. 08</td>
</tr>
</tbody>
</table>
Appendix B.
Annual QM Plan Timeline
Annual QM Plan Timeline

- **April**: Obtain Internal Approval for Plan
  - QM Core Team Mtg.
    - Review Progress
      - & Update
      - Workplan
    - Finalize Previous FY QM Progress Report

- **May**: Implement Revised QM Plan and Workplan
  - Ryan White Program Part B Final Progress

- **June**: Review Progress
  - & Update Workplan

- **July**: QM Core Team Mtg.
  - Review Progress
    - & Update Workplan
  - Draft Interim Progress Report

- **August**: QM Core Team Mtg.
  - Review Progress
    - & Update Workplan
  - Plan for Next FY

- **September**: QM Core Team Mtg.
  - Review Progress
    - & Update Workplan
  - Finalize Previous FY QM Progress Report

- **October**: Mid-Year Progress Report Due

- **November**: Ryan White Program Part B Grant Due
  - Revise QM Plan & Workplan

- **December**: Ryan White Program Part B Final Progress

- **January**: Ryan White Program Part B Final Progress
  - Mid-Year Progress Report Due

- **February**: Obtain Internal Approval for Plan

- **March**: Implement Revised QM Plan and Workplan
Appendix C.
2007 Ryan White Ryan White Program Part B
Quality Management Committees
Ryan White Program Part B
2007 Quality Management Core Team Members

- Mary Daise Basil, Part B Planner
- Wendy Briscoe, HIV Care District Liaison
- Jeffery Brock, HIV Care Manager
- Libby Brown, ADAP/HICP Coordinator
- Deanna Campbell, HIV/AIDS Surveillance
- Michael (Mac) Coker, BSN, ACRN, HIV Nurse Consultant
- Marie Dockery, HIV Program Director, District 1-2 (RW Parts B and C)
- Rosemary Donnelly, MSN, APRN, HIV Nurse Consultant, QM Leader and Key Contact
- Harold Katner, MD, HIV Physician Consultant (RW Parts B and C)
- , QM Coordinator
- Renee Ross, MA, HIV Section Director
- W. Jason Stanford, HIV Care District Liaison
- Derek Stokes, Consumer
- Tomi Stultz, Director of Client Services, AIDGwinnett (RW Parts A, B, and C)
- Suzette Thedford, Statistical Analyst I, HIV Data Team

Note: Unable to recruit Medicaid representative
Ryan White Program Part B
2007 Performance Measures Subcommittee

- Susan Alt, RN,Coordinator of HIV Services, Coastal Health District (Parts B and C)
- Deanna Campbell, HIV/AIDS Surveillance
- Michael Coker, HIV Nurse Consultant
- Rosemary Donnelly, HIV Nurse Consultant
- Marie Dockery, District HIV Director, North Georgia Health District (Parts B and C)
- Dr. Katner, HIV Medical Advisory, North Central Health District (Parts B and C)
- Lynne Rollins, RN, CFNP, Northwest Georgia Specialty Care (Parts B and C)
- Chanel Scott-Dixon, MSW, District HIV/AIDS Program Manager, Southwest Health District (Part B, subcontract medical services)
- Derek Stokes, Consumer, North Central Health District (Parts B, and C)
- Deborah Swinford, Program Manager, District 10 (Parts B and C)
- Suzette Thedford, Statistical Analyst I, HIV Data Team
Deanna Baker, RN, North Georgia Health District (Parts B and C)

Robbie Bowman, RN, STD/HIV Coordinator, South Central Health District (Part B)

Michael Coker, HIV Nurse Consultant

LaShawne Graham, Social Services Provider 1, South Health District (Parts B and C)

Karla Hendriquez, Program Assistant, District 2 (Part B)

, HIV Quality Management Coordinator

Doris Pearson, Social Services Provider I, ADAP/HICP Coordinator, East Central Health District (Part B, subcontract medical services)

Jane Powell, Social Services Provider, District 10 (Parts B and C)

Jacqueline Reed, Case Manager, West Central Health District (Parts B and C)

Beverly Robertson RN, ACRN District 2

Nicole Roebuck, Director of Client Services, AID Atlanta (Parts A and B)

Sister Judy Jones, Case Manager, West Central Health District

Justine Sher, Case Manager, AIDS Athens (Parts B and C)

Betty Simmons, Case Manager Supervisor, Coastal Health District (Parts B and C)

Deborah Swinford, Program Manager, District 10
Appendix D.
Monitoring Table
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
<th>Data Elements</th>
<th>Data Sources &amp; Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan White funds are used as payer of last resort</td>
<td>1. Standard income verification form completed with allowable documents attached in client file, referrals and follow-up in client file. 2. Case management progress notes document all referrals and follow-up to referrals.</td>
<td>1. Number and percent of client files with appropriate documentation for income verification. 2. Number and percent of client files with documentation in progress notes or event records of all referrals and follow-up activities.</td>
<td>Source: Case management client files reviewed during site visits and client file reviews to case management agencies.</td>
</tr>
<tr>
<td>Ryan White funded providers will coordinate the delivery of services and funding mechanisms for HIV/AIDS services with programs other than Care Act programs.</td>
<td>Documentation of meetings between each Ryan White Ryan White Program Part B funded case management programs and local non-Ryan White Funded programs which provide services to people with HIV/AIDS.</td>
<td>Number and percent of Ryan White Ryan White Program Part B funded case management programs which submitted documentation of meetings with outside agencies. Number and percent of meetings per case management program.</td>
<td>Source: Ryan White Ryan White Program Part B Quarterly Report. Ryan White Ryan White Program Part B funded case management programs submit a completed quarterly report.</td>
</tr>
<tr>
<td>Ryan White Funded providers will implement continuous quality improvement (CQI) mechanisms within their own agency.</td>
<td>A written Quality Management Plan available for review at the provider location. A copy of the most current report of CQI activities and results.</td>
<td>Number and percent of Ryan White Ryan White Program Part B funded programs with quality management plans and a current report of CQI activities and results.</td>
<td>Source: Quality Management Program Review protocol. Collected annually during site visits.</td>
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<td>Criteria</td>
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<td>Data Elements</td>
<td>Data Sources &amp; Methods</td>
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| Ryan White funded providers will ensure that every client is informed about:  
  - Client confidentiality  
  - Client grievance  
  - Client rights & responsibilities                                                                                                           | All client files in all Ryan White Ryan White Program Part B funded programs utilize the standard forms for client information and all forms for client information and all forms are signed and dated by the client. | Percent and number of client files with all forms included, signed and dated by the client.                                                                                                                | Source: Client record reviewed during site visits.                                                                                     |
| Eligibility will be documented for all clients receiving Ryan White Ryan White Program Part B services:  
  - HIV status  
  - Income  
  - Proof of residency                                                                                                                                                                           | All client files in all Ryan White Ryan White Program Part B funded programs utilize the standard forms for eligibility determination and include the allowable documentation. | Percent and number of client files with standard forms completed and allowable documentation attached.                                                                                                      | Source: Client record reviewed during site visits.                                                                                     |
<p>| All clients receiving Ryan White Ryan White Program Part B services will have a current Release of Information in their file.                                                                                          | All client files in all Ryan White Ryan White Program Part B funded program utilize the standard form for Release of Information and all forms are current, signed and dated by client.                                                                                       | Percent and number of client files with current, signed, and dated ROI form.                                                                                                                                  | Source: Client record reviewed during site visits.                                                                                     |
| Clients will be satisfied with the Ryan White Ryan White Program Part B services they receive.                                                                                                                                                                        | A majority of clients responding to the client satisfaction survey will indicate they are satisfied with the services they have received.                                                                                                                                   | Number and percent of client responses to questions about their satisfaction with specific services.                                                                                                          | Source: Review of District level Client Satisfaction survey results annually.                                                           |
| Case management services meet the program's case management standards. (Beginning 07)                                                                                                                   | Change in the percent of indicators for standards criteria being met by local case management programs.                                                                                                                                                              | Percent of a case management site's activities that meet standards requirements.                                                                                                                             | Source: Case management Program review Protocol collected annually during site visits and client record reviews.                         |</p>
<table>
<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td>All HIV infected female clients 18 yrs. or older will receive a pelvic</td>
<td>Percent of HIV-infected female clients who received a pelvic examination and a Pap smear at least once in the last 12 months</td>
<td>The number of eligible HIV-infected female clients who had at least one pelvic examination and Pap smear in the last 12 months divided by the number of eligible HIV-infected female clients.</td>
<td>Custom report in CAREWare 4.1 Clinical chart reviews</td>
</tr>
<tr>
<td>examination and a Pap smear at least annually</td>
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<tr>
<td>All women with abnormal Pap smear results will be referred for</td>
<td>Percent of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation (e.g., colposcopy plus biopsy)</td>
<td>The number of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation divided by the number of female clients with abnormal Pap smear results</td>
<td>Referral modules in CAREWare or manual referral logs Clinical chart reviews</td>
</tr>
<tr>
<td>diagnostic evaluation.</td>
<td></td>
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<tr>
<td>All women with abnormal Pap smear results will complete a diagnostic</td>
<td>Percent of HIV-infected female clients with abnormal Pap smear results that completed diagnostic evaluation within 60 days of abnormal screening</td>
<td>The number of female clients with abnormal Pap smear results that completed diagnostic evaluation within 60 days divided by the number of female clients with abnormal Pap smear results</td>
<td>Referral modules in CAREWare or referral logs Clinical chart reviews</td>
</tr>
<tr>
<td>evaluation within 60 days of abnormal screening results.</td>
<td></td>
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<tr>
<td>All HIV-infected clients will receive a complete physical examination</td>
<td>Percent of HIV-infected clients who had a complete physical examination within the last 12 months</td>
<td>The number of HIV-infected clients who had a complete physical examination within the last 12 months divided by the total number of HIV-infected clients</td>
<td>Clinical chart reviews</td>
</tr>
<tr>
<td>at least annually.</td>
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<tr>
<td>All HIV-infected clients will receive a dental examination at least</td>
<td>Percentage of HIV-infected clients who received a dental examination in the last 12 months</td>
<td>The number of HIV-infected clients who had a dental exam in the last 12 months divided by the number of HIV-infected clients</td>
<td>CAREWare report Clinical chart reviews</td>
</tr>
<tr>
<td>annually.</td>
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<tr>
<td>All HIV-infected clients will have CD4 counts measured at baseline and</td>
<td>Percentage of HIV-infected clients with CD4 counts done at least every 6 months.</td>
<td>The number of HIV-infected clients who had CD4 counts done at least every 6 months divided by the number of HIV-infected clients</td>
<td>CAREWare report Clinical chart review</td>
</tr>
<tr>
<td>then repeated at least every 6 months.</td>
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<tr>
<td>All HIV-infected clients will have HIV viral loads measured at baseline</td>
<td>Percentage of HIV-infected clients with HIV viral loads done at least every 4 months.</td>
<td>The number of HIV-infected clients who had HIV viral loads done at least every 4 months divided by the number of HIV-infected clients</td>
<td>CAREWare report Clinical chart review</td>
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<td>and then repeated at least every 4 months.</td>
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<tr>
<td>Criteria</td>
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<tr>
<td>HIV-infected clients receiving highly active antiretroviral therapy (HAART) will improve their immune status.</td>
<td>The percentage of HIV-infected clients on HAART with CD4 counts &gt; 200/mm³</td>
<td>The number of HIV-infected clients with CD4 counts &gt; 200/mm³ divided by the total number of HIV-infected clients on HAART.</td>
<td>CAREWare report</td>
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<td>Clinical chart reviews</td>
</tr>
<tr>
<td>HIV-infected clients receiving HAART will have undetectable viral loads.</td>
<td>Percent of HIV-infected clients on HAART with HIV viral load was &lt; 75 copies/mL</td>
<td>The number of HIV-infected clients on HAART with VL &lt; 75 copies/mL divided by the total number of HIV-infected clients on HAART.</td>
<td>CAREWare report</td>
</tr>
<tr>
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<td></td>
<td>Clinical chart reviews</td>
</tr>
<tr>
<td>HIV-infected clients diagnosed with AIDS will be prescribed HAART.</td>
<td>Percent of HIV-infected clients diagnosed with AIDS who were prescribed HAART.</td>
<td>The number of HIV-infected clients diagnosed with AIDS taking HAART divided by the number of HIV-infected clients diagnosed with AIDS.</td>
<td>CAREWare report</td>
</tr>
<tr>
<td></td>
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<td>Clinical chart review</td>
</tr>
<tr>
<td>HIV-infected pregnant women will be prescribed ART.</td>
<td>Percent of HIV-infected pregnant women who were prescribed ART.</td>
<td>The number of HIV-infected pregnant women taking ART divided by the number of HIV-infected pregnant women.</td>
<td>CAREWare report</td>
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<tr>
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<td></td>
<td>Clinical chart review</td>
</tr>
<tr>
<td>HIV-infected clients will be appropriately managed on HAART and clinically stable.</td>
<td>1) Percent of HIV-infected clients taking ART according to DHHS guidelines</td>
<td>1) The number of HIV-infected clients taking ART according to DHHS Guidelines divided by the number of HIV-infected clients taking ART.</td>
<td>Clinical chart review</td>
</tr>
<tr>
<td></td>
<td>2) Percent of HIV-infected clients clinically stable</td>
<td>2) The number of HIV-infected clients clinically stable divided by the number of HIV-infected clients.</td>
<td></td>
</tr>
<tr>
<td>HIV-infected clients in care will have an ambulatory/outpatient medical care visit at least every 4 months.</td>
<td>1) Percent of HIV-infected clients who have a medical visit at least every 6 months.</td>
<td>1) The number of HIV-infected clients seen by a physician, PA, NP at least twice in the last 12 months, ≤ 6 months apart divided by the number of HIV-infected clients seen by a physician, PA, or NP.</td>
<td>CAREWare report</td>
</tr>
<tr>
<td></td>
<td>2) Percent of clients seen at least once during each trimester of a 12 month review period.</td>
<td>2) The number of HIV-infected clients seen at least once during each trimester divided by the number of HIV-infected clients.</td>
<td>Clinical chart review</td>
</tr>
<tr>
<td>Criteria</td>
<td>Indicators</td>
<td>Data Elements</td>
<td>Data Sources &amp; Methods</td>
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</tr>
<tr>
<td>All HIV-infected clients will be screened for syphilis at least annually.</td>
<td>Percent of HIV-infected clients who were screened for syphilis (i.e., RPR or VDRL) in the last 12 months</td>
<td>The number of HIV-infected clients who had an RPR or VDRL done in the last 12 months divided by the number of HIV-infected clients</td>
<td>CAREWare – Care Act Data Report (CADR)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinical chart review</td>
</tr>
<tr>
<td>All HIV-infected clients with CD4 counts below 200 mm$^3$ will be</td>
<td>Percent of HIV-infected clients with CD4 counts below 200 mm$^3$ who were prescribed PCP prophylaxis.</td>
<td>The number of HIV-infected clients with CD4 counts below 200 mm$^3$ who were prescribed PCP prophylaxis divided by the number of HIV-infected clients with CD4 counts below 200 mm$^3$.</td>
<td>CAREWare</td>
</tr>
<tr>
<td>prescribed PCP prophylaxis.</td>
<td></td>
<td></td>
<td>Clinical chart review</td>
</tr>
<tr>
<td>All HIV-infected persons without a history of previous TB treatment or</td>
<td>1) Percent of HIV-infected clients with a tuberculosis (TB) skin test (i.e., purified protein derivative (PPD) by the Mantoux method) placed in the last 12 months.</td>
<td>1) The number of HIV-infected clients who had a PPD placed in the last 12 months divided by the number of HIV-infected clients</td>
<td>CAREWare – CADR</td>
</tr>
<tr>
<td>positive TST will be screened for TB at least annually.</td>
<td>2) Percent of HIV-infected clients with a TST placed and read in the last 12 months.</td>
<td>2) The number of HIV-infected clients who had a PPD placed and read by a trained healthcare worker in the last 12 months divided by the number of HIV-infected clients with at least one ambulatory/outpatient medical visit in the last 12 months.</td>
<td>Clinical chart review</td>
</tr>
<tr>
<td>All HIV-infected persons with a TST induration of $&gt;5$mm (positive TST)</td>
<td>Percent of HIV-infected clients with a TST induration of $&gt;5$mm (positive TST) and/or active TB disease who were referred to the TB Program</td>
<td>The number of HIV-infected clients with a TST induration of $&gt;5$mm (positive TST) and/or active TB disease who were referred to the TB Program divided by the number of HIV-infected clients with a TST induration of $&gt;5$mm (positive TST) and/or active TB disease</td>
<td>CAREWare – Referral modules</td>
</tr>
<tr>
<td>and/or active TB disease will be referred to the TB Program</td>
<td></td>
<td></td>
<td>Clinical chart review</td>
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</tbody>
</table>
Appendix E.
Model for Improvement
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

PDSA Cycles

<table>
<thead>
<tr>
<th>ACT</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>What changes are to be made?</td>
<td>Objective</td>
</tr>
<tr>
<td>Next cycle?</td>
<td>Questions and predictions (why)</td>
</tr>
<tr>
<td>Adapt, Adopt, Abandon?</td>
<td>Plan to carry out the cycle (who, what,</td>
</tr>
<tr>
<td></td>
<td>where, when)</td>
</tr>
<tr>
<td>STUdy</td>
<td>DO (Small Scale)</td>
</tr>
<tr>
<td>Complete the analysis of the</td>
<td>Carry out the plan</td>
</tr>
<tr>
<td>data</td>
<td>Document problems and unexpected</td>
</tr>
<tr>
<td>Compare data to predictions</td>
<td>observations</td>
</tr>
<tr>
<td>Summarize what was learned</td>
<td>Begin analysis of the data</td>
</tr>
</tbody>
</table>

From the HAB/NQC Ryan White Program Part BCollaborative, LS1, National Quality Center (NQC)
Testing Change (PDSA) Worksheet

Date: ___  Cycle#: ___  Began:  ___  Completed:  ___  Team: ___

**PLAN** *(fill out before the test/cycle)*

What is the purpose of this cycle?

Details:  Who, What, Where, When, How

What do we expect (predict) will be the effect or outcome of the change?

If our expectation (prediction) is on target, what will be our next test/cycle or action?

**DO and STUDY** *(fill out during and after the test/cycle)*

Was the test/cycle carried out as we planned?  Yes  No  If no, why not?

What did we observe that was not part of our plan?

How did we study and understand the result?

How did or didn’t the outcome of this test/cycle agree with our expectation (prediction)?

What did we learn from this test/cycle?

**ACT:** *(fill out after the test/cycle is completed)*

Given the above understanding and learning, what are we going to do now?

Are there forces in our organization that will help or hinder these changes?