

Open Door Community Health Centers
HIV/AIDS Primary Care Program



**Developing a CQI Program
in a Rural HIV Care Setting**

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Open Door Community Health Centers

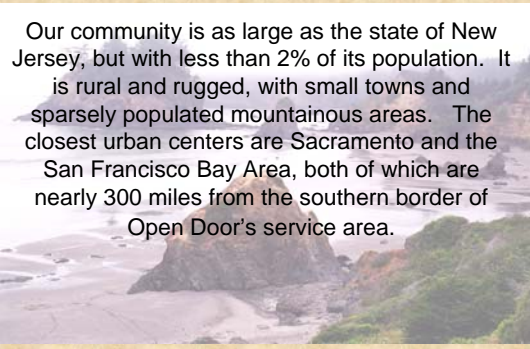


Humboldt and Del Norte Counties are located in Northern California among lush redwood forests, green mountains, beautiful streams and lakes along the most spectacular coastal access on the Pacific Coast.



Open Door Community Health Centers

Our community is as large as the state of New Jersey, but with less than 2% of its population. It is rural and rugged, with small towns and sparsely populated mountainous areas. The closest urban centers are Sacramento and the San Francisco Bay Area, both of which are nearly 300 miles from the southern border of Open Door's service area.





Open Door Community Health Centers

- Started as one storefront clinic in 1971
- Currently employs 272 FTE staff
- 37,500 patients (2007)
- 157,000 visits (2007)
- 165 active HIV patients (2007)
- HIV Staff includes:
 - 3 Providers (2 HIV Specialists)
 - 3 RN Medical Case Managers
 - Registered Dietitian
 - Mental Health providers
 - Dentists
 - Project Director
 - CQI Coordinator
 - HIV Screening Coordinator

CQI aims to improve quality of care

- Committed providers
- Excellent support system for providers
 - Great teamwork
- Communicate, Communicate, Communicate !
- We identify what to improve and develop processes to address those areas

In the beginning, long time ago

<u>Indicator</u>	<u>Threshold/Goal</u>
• Dental Exam	75%
• Gonorrhea/Chlamydia	50%
• Hep A/B	90%
• Influenza	90%
• Nutritional assessment	50%
• PAP	75%
• Syphilis Serology	90%
• Hepatitis C	90%
• PPD Placement	90%

How we chose an indicator

- Is it important to us?
- Can we measure it?
- Is it based on accepted guidelines or group decision-making?
- Is it a grant requirement?

In 2003, “QA” had a Medical Services Review & Peer Review component

- Performed on a quarterly basis
- Random sampling, by provider, and inclusive of both new and established patients
- Based upon the population with provider visits within that quarter
- Quarterly size - minimum of 10% or 3 charts per provider, whichever is greater.

How we looked at results of audits

- Analyzed individually and as a group using the Medical Record Audit – Summary Worksheet
- Forwarded to the Medical Director, Care Team, and the Open Door Health Centers QA committee for review and any necessary action.
- Maintained in a confidential file

What we checked for...

- Allergies noted
- Papers organized and attached
- Forms are complete
- Initial visit documentation complete
- Pertinent history complete

We audited these things too!

- Documentation each subsequent visit complete
- Medication documentation complete
- Record entries dated and signed
- Record entries legible/black ink
- Errors corrected properly
- Phone contacts documented
- Patient education documented
- Consents documented

Didn't want to miss vaccines...

- Vaccine documentation complete
- Influenza q 12 months
 - Pneumovax q 5-7 yrs
 - Td q 10 years
 - Hep B as per lab
 - Hep A with active
 - Hep C
 - PPD q 12 months

And the providers audited...

- Patient offered Treatment (HAART)
- Patient offered Opportunistic Infection Prophylaxis
- CD4 T-Cell counts/Viral loads
- Chemistry Profiles/Genotype testing
- Hepatitis Serology A,B,C, performed at least once a year

And you're only reading some of what providers audited

- All lab, diagnostic, and consultation reports are reviewed timely, include provider initials and any subsequent orders are noted as done
- Patient received education regarding treatment regimen
- Patient noncompliance is documented (other than medication)

Que Mas? Mah Zot?

- We were measuring a lot of stuff... really lots of stuff
- Our patient outcomes looked very good
- Patients attended meetings
- Satisfaction surveys were great
- Support groups, pt. education forums happened
- Case conferencing with sister organizations happened monthly
- Wow, a program of excellence!???

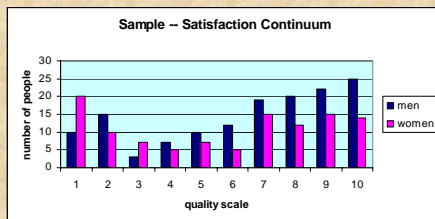
We were doing a good job...

- Why did we decide to change?
- How did we grow?
- Are we getting any better for it?

What does *QUALITY* mean to you?



How satisfied are you with YOUR healthcare?



1 = the worst care 5 = average 10 = the best care

CQI... what and why

- “Quality of care is the degree to which health services... increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”
 - Institute of Medicine (1990)
- **Quality improvement** is an organizational approach to improve quality of care and services using a specified set of principles and methodologies.
- WHY.....
 - We want to provide good care
 - HAB requires us to do it... might as well do it well!
 - It effects the bottom line \$\$\$\$\$\$

So... How did we change?

- Staffing
 - Created a full time CQI position
 - Required all staff to participate in QI activities
- Creating a culture of quality
 - Integrate QI into all aspects of operations
 - “Quality Corner” e-newsletter
 - Emphasize team effort



CQI Committee overhaul

- New membership
 - Program Medical Director
 - Project Director
 - CQI coordinator (chair person of the committee)
 - RN Clinical Coordinator
 - Medical Assistant
 - Medical Records and/or Front Desk Staff member
 - Psychologist
 - Nutritionist
 - Case Manager (community agency)
 - Consumer

CQI Committee overhaul (cont')

- Established a structure/purpose
 - Vision Statement
 - Goals
 - Reporting Structure
 - Specific meeting schedule



- Training
 - 3 part series of 90 minute trainings
 - QI Principles 101
 - Establishing Measures and Setting Aims
 - Selecting and Testing Changes

Rewriting our QM Plan

- The Old Plan = policy but no structure
- The New Plan
 - Written based on National Quality Center guidelines
 - Quality Statement
 - Infrastructure
 - Leadership
 - CQI Committee
 - Roles and Responsibilities
 - Resources
 - Participation of Stakeholder
 - Performance Measurement details
 - ANNUAL GOALS
 - Evaluation
 - Confidentiality Statement

Adding a work plan



Activity	Who	Completed by				
		Jan	Feb	Mar	Apr	May
Revise annual quality management plan	CQI Committee	X				
Prepare planning information (data collection, program assessment, etc.)	CQI Coordinator	X				
Review quality data on all indicators from previous year.	CQI Committee			X		
Discuss and set annual goals	CQI Committee			X		

Defining our indicators

- What's the "eligible population?"
 - Retained in care (2 visits, 1 in ea. half of the year)
 - Exclusions
 - Pap smears: complete abdominal hysterectomy
- Setting thresholds, defining goals
 - Comparing national standards to local realities
 - Striving for improvement, not perfection



It takes time...



- 6 mo. to complete committee overhaul/training
- Another month to write QM Plan
- Full, active program wasn't rolling for nearly a year from start date....
- BUT... we were doing SOMETHING!

Annual Quality Goals

- Setting annual goals helped us:
 - Narrow the focus
 - Set priorities
 - Build a work plan
- How did we choose them?
 - Data driven.... Reviewed 2007 quality data
 - Is it important to providers and consumers?
 - Is it measurable?
 - Are there accepted guidelines?

Annual Quality Goals

• 2008 Goals

- Develop and systematize the use of an annual Mental Health Screening Tool.
- Increase the percentage of HIV+ females receiving annual PAP smears by 20%.
- Increase the percentage of HIV+ patients receiving annual dental exams by 20%.
- Increase the percentage of HIV Patient Satisfaction Surveys completed to 35%.

Improvement Projects

- Increase the percentage of female HIV patients with an annual Pap smear by 20%
 - Identify those overdue for a pap
 - Analyze for population trends, documentation issues
 - Create a PAP smear "hit list"

RESULTS: 2006: 53% ----- 2007: 72%



Improvement Projects

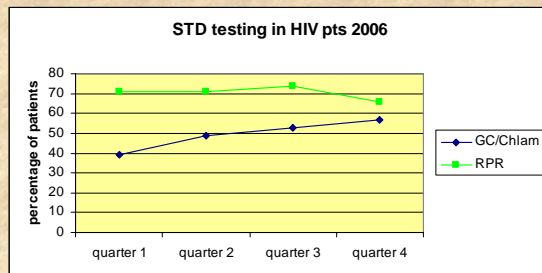
- Increase completion rate of HIV pt satisfaction surveys completed from 25% to 35%.

- Mail with self-addressed stamped return envelope.
- Include a "veggie-buck" with each survey.
- Make anonymous survey available online.
- Ask local case management organization to help with distribution.
- **RESULTS: pending next round of surveys**

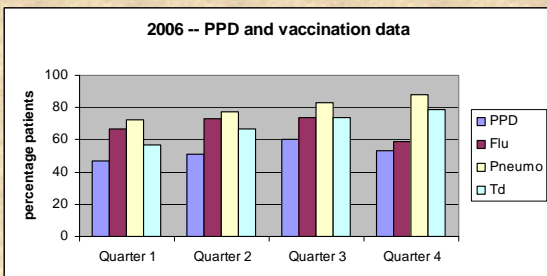
Organizing and sharing data

Quality Indicators	Total # of charts			% of charts	
	A	N	N/A	Appropriate	N/A
Allergies noted	32	0	0	100%	0
Forms are complete	30	0	0	100%	0
Pertinent history complete	15	1	16	94%	6%
Documentation each visit complete	32	0	0	100%	0
Medication documentation complete	31	1	0	97%	3%
Record entries dated and signed	30	1	1	97%	3%
Record entries legible/black ink	31	0	1	100%	0
Errors corrected properly	6	0	25	100%	0

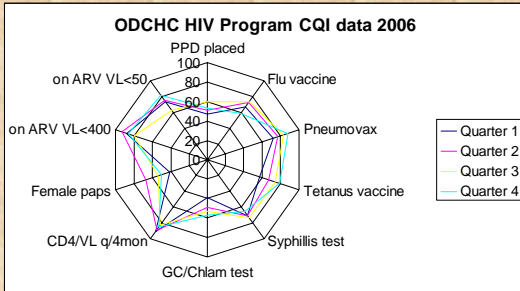
Organizing and sharing data



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Organizing and sharing data



Involving the consumer

- Patient Advisory group woes
 - Lack of interest
 - Same group of patients
 - Difficult to sustain / Poor attendance

After 4 years of trying to make it work... we decided to change our mindset.

Involving the consumer (cont)

- What's working for us?
 - Bi-annual focus groups
 - Quarterly patient newsletter
 - Bi-annual satisfaction surveys
 - Patient education forums/workshops
 - Representation on the CQI Committee

Involving the consumer (cont)

- **Getting a consumer on the CQI Committee**
 - Prepare other staff, CQI members
 - Write it into the QM Plan
 - Invite consumers who are willing and able
- **Requirements for participation**
 - formal training on QI principles
 - ability to attend quarterly meetings regularly
 - participates in self-management/care to maximize own quality of health outcomes.
 - Agrees to confidentiality clause

The tail wags the dog



- The larger organization is following suit.
 - Jan 2008: wrote a QM Plan based on the HIV plan. revamped CQI committee
 - Mar 2008: Hired a CQI Coordinator



The tail wags the dog

- Apr 2008: Chose annual quality goals
 - Lowering HgA1c levels in Diabetic patients
 - Increasing mammogram completion rates in women
 - Increasing behavioral health visits for insomnia
 - Increasing preventative dental visits for kids 0-4years old.
- Ongoing
 - forming site QI committees and improvement teams.
 - Implementing PDSA's
 - Streamlining data collection processes

165 patient HIV program paved the way for a system of nearly 40,000 patients!

Lessons Learned

- Think big but start small.
- Find a CQI Champion, alter job descriptions.
- Don't be a slave to data collection.
- Get creative when involving consumers.



QI had a distinct beginning...



...but where does it end?







CONTINUOUS Quality Improvement

Contact information



Open Door Community Health Centers
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