

Introduction

The Quality Management Program at the François-Xavier Bagnoud Center (FXB Center), School of Nursing, Rutgers, The State University of NJ and the New Jersey Department of Health, Division of HIV, STD, and TB (DHSTS) Services play a unique role in assuring quality care for patients with HIV. This partnership, through a Memorandum of Agreement, allows for the development of a robust quality management program and uniform multiagency quality indicators.

Learning Objectives

1. Differentiate between HRSA/HAB measures and Best Practices for Ryan White clients in NJ.
2. Discuss principles of quality management and performance improvement within Ryan White agencies using standard operating procedures, technical assistance, and other quality management tools for root cause analysis and peer learning.
3. Identify the relationship building strategies used to collaborate with agencies to improve the quality of HIV care in New Jersey.

Definitions

- **Quality Assurance:** According to the Health Resources and Services Administration (HRSA), quality assurance (QA) measures compliance against certain necessary standards.
- **Quality Improvement (QI):** is a continuous improvement process focused on processes and systems. QI is proactive and preventive in nature, focusing on patient care.
<https://www.ovcttac.gov/saneguide/maintaining-a-quality-program/quality-assurance-and-quality-improvement/>
- **Continuous Quality Improvement:** is the ongoing collaboration including root cause analysis and PDSA projects developed from chart review, internal performance improvement projects and joint quarterly meeting between the FXB QM team and the Program Monitoring Officers (PMO) as well as system wide with the DHSTS.

Kaizen Model

Kaizen is an approach to creating continuous improvement based on the idea that small, ongoing positive changes can reap significant improvements.

<https://searcherp.techtarget.com/definition/kaizen-or-continuous-improvement>



Methods

Continuous Quality Improvement activities are implemented in 28 Ryan White (RW) Part B and state-funded HIV care sites that provide:

- Primary Medical Care
- Case Management (Medical and Non-Medical)
- Nutrition
- Psychosocial Support Groups
- Mental Health
- Oral Health Services

The FXB team conducts chart reviews, provides coaching, training and technical assistance and oversees Quality Improvement projects. The primary personnel includes social workers, a nurse and support from the current Acting Director for Care and Treatment Services at the DHSTS.

Relationship Building

Fostering relationships has been a guiding principal and strategy for the QM Team. Pre-visit protocols are implemented for new agencies and chart review outcomes take a nonpunitive approach towards performance improvement.

The QM Program is multi-professional and cross part. PMOs from DHSTS collaborate with the QM team to problem-solve site-specific barriers and challenges. A data/CAREWare (CW) team including the DHSTS and representatives from RW B Parts assists RW agencies to problem-solve CW & data issues, and recently helped providers with the upgrade to CAREWare6.

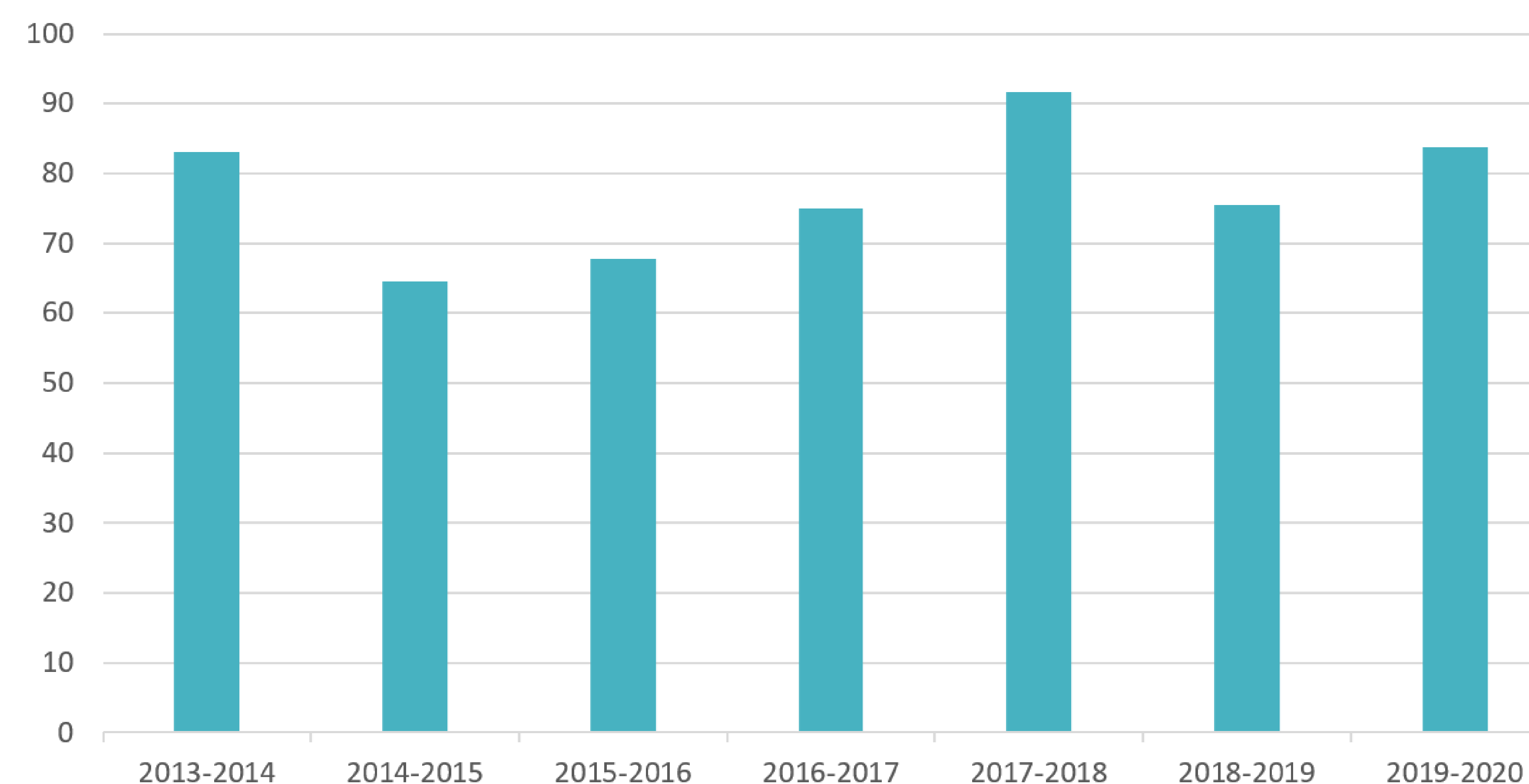


Indicator Specific to New Jersey

Toxoplasmosis Testing

Although toxoplasmosis has been an archived HRSA/HAB Measure, the FXB QM Team has continued to collect data on toxoplasmosis testing. This indicator is specifically important to NJ. Anecdotally, positive toxoplasmosis results have led to HIV diagnosis. This finding prompted education with a case study presentation to the RW quarterly committee meetings.

Toxoplasmosis Testing



The Role of Quality in Ending the Epidemic — Future Directions

Quality measures are guided by the HIV / AIDS Bureau indicators as well as issues specific to New Jersey. Network Meetings bring together the RW Part B-State providers, allowing for continuous feedback of on-site reviews, collaboration, and sharing best practices. A main program focus is using quality management principles to work towards ending the epidemic.