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| **Clinical Quality Management Plan Review Checklist** |
| The clinical quality management (CQM) plan should address how the grant recipient will meet the key components of a CQM program as outlined in [Clinical Quality Management Policy Clarification Notice (PCN) 15-02](https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf). The CQM plan should provide a good understanding of the grant recipient’s CQM program in a narrative format. A CQM plan is brief and to the point. It does not contain information tangentially related to the CQM program (e.g., history of the grant recipient), which can be found elsewhere (e.g., grant application). The table below lists each of the components of a CQM plan. Each component is highlighted based on the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) expectations and includes descriptions of the narrative, resources and tips for each component. |
| Recipient: Division: Part:Date of Plan: Date reviewed: Reviewer: |
| **General Information** |
| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Include the name of the grant recipient and the date last updated or approved.  |  | Consider a **cover page.** Include the timeframe the plan covers (e.g. April 2018 – March 2019) based on the evaluation period (i.e. calendar, grant, or fiscal/budget year). Include the last **month/date** the plan was revised/updated or if a new plan, its inaugural date (e.g. Footer). |
| **Quality Statement** |
| PCN 15-02  | None |
| **Content** | **Present: Yes/No/Partial** | **Comments** |
| * Include a statement that is brief, visionary, and related to HIV services.
* Describe the ultimate goal of quality efforts and the purpose of the CQM program.
 |  | Answers: 1. How can client needs be met?
2. How can we ensure high quality care is provided while optimizing resources?
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| **Annual Quality Goals** |
| PCN 15-02  | None  |
|  **Content** | **Present: Yes/No/Partial** | **Comments** |
| * Outline year’s priorities for the CQM program
* Endpoints/conditions towards which program work will be directed
* Focus on program’s most important areas of need; emphasis on improvement
* Include five or fewer goals
* Encourage to cover a 12-month period
 |  | **Accomplished by:**1). Prioritizing goals in all main components of PCN 15-02 (Infrastructure, Performance Measurement, and Quality Improvement), and consider a goal for Subrecipient Monitoring (if applicable).2) Quantifying where the program is headed and determining the focus areas requiring development and/or improvement (including areas to scale up and expand). |
| **Quality Infrastructure** |
| PCN 15-02 | * Utilization of RWHAP grant funds to establish an appropriate infrastructure for a CQM program is allowed.
* An ideal infrastructure consists of the following: leadership, quality management committee, dedicated staffing, dedicated resources, CQM plan, people with HIV involvement, stakeholder involvement, and evaluation of the CQM program.
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| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Describe how leadership guides, endorses, supports, and champions the CQM program. |  | Provide examples of “how” leaders are involved and contributing.Include the titles, roles, and responsibilities. Do not include people’s names (staff and other stakeholders).Consider including an organizational chart (Appendix document). |
| Describe who serves on the quality management committee, who chairs and facilities the meetings, how often the quality management committee meets, and the purpose of the quality management committee. |  | Identify (high-level) the roles, responsibilities, duties, and expectations (r/r/d/e) for individual committee members. Are meeting minutes maintained? How? By whom? Are the meeting minutes shared? How? With whom? |
| Describe the staff positions responsible for developing and implementing the CQM program and related activities including the role of contractors funded to assist with the CQM program. |  | Are there select staff members and/or contractors (e.g. CQM Consultant) that functions to implement CQM activities?  |
| Describe who writes, reviews, updates, and approves the CQM plan.*Required Sections* include: Quality Statement, Annual Quality Goals, Infrastructure, Performance Measurement, Quality Improvement, Evaluation of the Program, Work Plan. |  | How often is the CQM plan reviewed and revised? By whom? What is the process in updating the work plan? How often?What is the approval process that finalizes the plan?  |
| Describe how people with HIV (PWH) are involved in the development and implementation of the CQM program. |  | Discuss roles and responsibilities of PWH including how - as committee, Planning Council, or Client Advisory Board members – they contribute.Are people with HIV recruited to participate? How?Are particular subpopulations (e.g. transgender, youth) sought as participants? |
| Describe how stakeholders (e.g., subrecipients, other recipients in the region, planning body/committee, etc.) provide input into the CQM activities. |  | *Part A* *programs:* Detail information related to the Planning Council/Body.*Part C/D programs:* Detail information about Consumer/Client Advisory Boards. |
| Describe how the effectiveness of the CQM program is evaluated. |  | How often is the program’s effectiveness discussed? By whom? How are leaders informed of program progress issues? How and how often? How and when are evaluation findings shared? With whom?How are ineffective CQM activities addressed? |
| **Performance Measurement** |
| PCN 15-02 | * Recipients are strongly encouraged to include HRSA HAB measures, Health and Human Services (HHS) guidelines, and the National HIV/AIDS Strategy (NHAS) indicators.
* Data collection and analysis for the CQM performance measures should occur quarterly at a minimum.
* For RWHAP service categories funded by direct RWHAP funds, rebates, and/or program income:
* Recipients should identify at least two performance measures where greater than or equal to 50 percent of the recipients’ eligible clients receive at least one unit of service;
* Recipients should identify at least one performance measure where greater than 15 percent and less than 50 percent of the recipients’ eligible clients receive at least one unit of service; and
* Recipients do not need to identify a performance measure where less than or equal to 15 percent of the recipients’ eligible clients receive at least one unit of service.
 |
| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Describe how performance measures are selected and regularly reviewed for relevance, need, etc. |  | Is client service utilization data used to determine the minimum # of measures required for each RWHAP-funded service category?What is the process used to select measures? When does this occur? Who’s involved?Are the measures appropriately reflective of RWHAP-funded services? Are the measures relative to the local HIV epidemiology? Do the measures identify the needs of people with HIV? |
| Describe the process to collect performance measure data including engagement of subrecipients. |  | What is the data collection process?What is the primary source of data?What other data management systems are used and in what data system is data stored?How is subrecipient data transferred (i.e. all data is entered in one system; manual entry by recipient staff, etc.)?How is data validated for accuracy, completeness, and timeliness (data quality and integrity)? |
| Describe the process to analyze the performance measure data including stratifying the data to identify health disparities and sharing the data with stakeholders. |  | What is the data analysis process?Who is responsible for analyzing and articulating findings?What is the most recent data available?How are data results reported?How are results and findings disseminated? To whom?   |
| Identify performance measures for all RWHAP-funded service categories, per PCN 15-02 |  | List all RWHAP-funded service categories and associated performance measures (Appendix document). |
| **Quality Improvement** |
| PCN 15-02 | * Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., Model for Improvement, Lean, etc.).
* Documentation of all QI activities.
* Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.)
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| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Describe the QI approach or methodology used (e.g., Model for Improvement/PDSA, Lean, etc.). |  |  |
| Describe how QI priorities or projects are selected; if known, state the QI priorities or projects for current year. |  | How is data used to determine, guide, and support QI activities?What is the QI focus selection process? Whom is involved?  |
| Describe how QI projects are documented. |  | Who documents site level QI activities – the subrecipient or recipient?Is there a template used to document activities? |
| Describe how subrecipients (if applicable) are engaged, supported, and monitored with respect to QI. |  | Have QI capacity building (e.g. training) needs of recipient and subrecipient staffs been assessed, identified, and implemented? Provide details.Has technical assistance and support for QI activities been identified? To whom? Provide details.How is data shared providers and key stakeholders?  |
| **Work Plan** |
| PCN 15-02 | None |
| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Provides a thorough overview of how annual quality goals and objectives will be implemented: establish timelines, milestones, and accountability for all CQM program activities outlined in the CQM plan.  |  | Is there a narrative section that details the purpose of the work plan and how it is utilized to support the CQM program?  |
| Table format may be used to state goals with columns detailing objectives, key activities (milestones), timelines (target dates), responsible parties (accountability), and outcomes/results (impact of key activities). |  |  |
| Describe how the work plan will be shared/communicated with all stakeholders (e.g., staff, people with HIV, board members, parent organizations, other recipients, funders, etc.). |  | Include in the narrative section. |