

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY HIV SERVICES PROGRAM

QUALITY MANAGEMENT PLAN FOR 2011

Revised 1/20/11

MISSION STATEMENT

The mission of Santa Cruz County Health Services Agency's (HSA's) HIV Services Program is to protect and improve the health of people in Santa Cruz County who have HIV or are at risk of infection with HIV. This is accomplished through the provision of comprehensive, high quality, culturally sensitive outpatient medical care and support services to HIV positive people, as well as HIV prevention, education, and antibody counseling and testing.

As part of an agency geared toward the needs of indigent and low-income clients the HIV Services Program targets people who are unable to access care because of race, language, and/or socio-economic barriers.

SCOPE OF SERVICES

Outpatient HIV medical care is integrated into HSA's two General Medical Clinics (GMC's), located in North and South Santa Cruz County. On-site services include:

1. HIV antibody counseling and testing
2. Outpatient primary care including diagnosis and treatment of HIV disease, prophylaxis and treatment of opportunistic infections, laboratory, X-ray, and pharmacy services
3. Nutritional counseling and body composition assays
4. Medication education and adherence counseling
5. Comprehensive medical and psychosocial case management

Clinical trials, specialty care providers, dental care, mental health and chemical dependency services are provided through direct referral to local agencies and clinicians. After-hours consultation and coordination with hospitalized patients help assure continuity of care.

Professional salaried staff and consultants include physicians, dentists, psychiatrists, physicians' assistants/nurse practitioners, nurses, social workers, mental health counselors, benefits counselors, health educators and outreach workers, and support staff.

PURPOSE

The purpose of the Quality Management Program is to assure the best quality of care to our clients and customers by objectively, systematically, and continuously

1. Monitoring the breadth of care and services
2. Assessing important processes and outcomes of care
3. Identifying areas in need of improvement
4. Achieving improvements in the quality of care and systems
5. Evaluating the effectiveness of improvements in care and systems

OVERSIGHT AND ACCOUNTABILITY

The Board of Supervisors of Santa Cruz County is ultimately accountable for the quality of care and services provided to the Agency's clients/patients. The Board of Supervisors has delegated oversight responsibility for the effectiveness and efficiency of care and services to the Agency Administrator, who has assigned responsibility for implementation of policies to the Health Officer, Chief of Clinics, and Chief of Public Health.

The operation of the HIV QM program is the collaborative responsibility of the HIV Quality Management Committee, which involves all appropriate personnel including management, clinical staff, and support staff. The Quality Management Committee may consist of the following members (or their representatives) and other staff as necessary:

1. HIV Physician QM Coordinator
2. Early Intervention Services Manager
3. Nurse Case Manager
4. HIV Medical Assistants
5. Nurse Site Specialist
6. Data Analyst
7. Midlevel provider.

The HIV Physician QM Coordinator (or designee) chairs this committee during its first year of operation. Once the program has been functioning, chairs will be selected from the committee membership. The QM Chair will also sit on the Clinic Improvement Committee.

IMPLEMENTATION

The following Dimensions of Performance¹ form the framework upon which the CQI process is based. They are:

- I. Doing the Right Thing

¹ Joint Commission On Accreditation of Health Care Organizations
C:\Users\coskerk\Desktop\QM PLAN 2011.doc

- A. The **efficacy** of the procedure or treatment in relation to the patient's condition.
 - B. The **appropriateness** of a specific test, procedure, or service to meet the patient's needs.
- II. Doing the right Thing Well
- A. The **availability** of a needed test, procedure, treatment, or service to the patient who needs it
 - B. The **timeliness** with which a needed test, procedure, treatment, or service is provided to the client
 - C. The **effectiveness** with which tests, procedures, treatment, and services are provided
 - D. The **continuity** of the services provided to the client with respect to other services, practitioners, and providers, over time
 - E. The **safety** of the client (and others) to whom the services are provided.
 - F. The **efficiency** with which services are provided and
 - G. The **respect and caring** with which services are provided.

COMMITTEE ROLE

1. Develops priorities and sets thresholds for Quality Indicators
2. Requests further investigation of specific topics
3. Analyzes data and audits
4. Recommends membership on Quality Improvement Teams
5. Participates in and assesses patient satisfaction surveys
6. Reports committee findings and recommendations to the Health Officer, Chief of Public Health, and Chief of Clinics and
7. Participates in an annual evaluation of the Quality Management Program.

SOURCES OF AUDIT TOPICS

Audit and data collection may be directed at problem areas identified by:

1. Chart reviews
2. Needs assessment data
3. Clinic logs
4. Licensing and funding standards
5. Statistical reports
6. Prescribing patterns
7. Billing data
8. Scheduling and staffing plans
9. Incident/occurrence reports, and
10. Patient satisfaction surveys/grievance forms.

CONFIDENTIALITY

The activities of the Quality Management Program are legally protected under the California Health & Safety Code Section 1370. The law protects those who participate in quality of care or utilization review. It provides further that “neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired thereat.”

All copies of minutes, reports, worksheets and other data are stored in a manner ensuring strict confidentiality. A written confidentiality policy detailing procedures for maintenance and release of data and other QI related information governs the release of such information. This policy specifies the use of record number or other identifiers in place of patient names, and code numbers in place of physician or other provider and staff names. This policy also provides methods for restricting all quality improvement documents solely to authorized individuals. In addition, all data will be treated as Medical Staff peer review information as defined in the California Statute and shall be considered protected information under the provisions of the California Evidence Code 1157.