Miami-Dade County Ryan White Program
Performance Improvement Plan

I. Purpose

The 2000 reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act requires grantees to establish a quality management program "to 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, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services." The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services is the federal granting agency for the CARE Act. HRSA mandates that Ryan White CARE Act grantees, as well as all service providers, must measure and influence quality of care and patient improvements in order to support continued funding by the Congress.

This performance improvement plan is designed to meet those criteria, and to establish a systematic approach to quality assessment and performance improvement for the Miami-Dade County Ryan White Program.

The plan addresses key CARE Act themes, which are addressed directly in the Miami-Dade HIV/AIDS Partnership Comprehensive Plan:

- Improved access to and retention in care for HIV positive individuals
- Quality of services and related outcomes
- Linkage of social support services to medical services
- Elimination of disparities in care.

This Performance Improvement Plan establishes the methods for maintaining quality in the implementation of the activities in the Comprehensive Plan.

The underlying principles of this Performance Improvement Plan are:

- All providers must involve themselves and participate in the process of developing and implementing performance improvement activities in their areas of expertise.

- Small, systematic, measurable steps can lead to major change.

- The Performance Improvement Advisory Team (PIAT) will serve as a core advisory group reviewing and recommending quality improvement initiatives to the Ryan White Program.

- Education about and adherence to best practices leads to improved service provision and improved quality of service.

II. The Performance Improvement Program

A. Mission

The Miami-Dade County Ryan White Program is developing a system-wide and agency level quality assessment, management and improvement program, known as the Performance Improvement Program. Its mission is to:

- Assure equitable access to high-quality care
- Improve clinical outcomes
- Maximize collaboration of stakeholders and coordination of services
- Ensure high quality customer service
- Ensure compliance with HRSA mandates.

B. *Method*

The methodology to be used by the Performance Improvement Program includes a planning process as well as a cycle of assessment, analysis and improvement, including recognition and corrective action. This process is undergirded by continuing education and training. See Figure 1.

The planning phase involves the development of specific standards of care, outcome measures for services, and coordination of efforts and communication between providers, the Miami-Dade County HIV/AIDS Partnership, Miami-Dade County Office of Grants Coordination (OGC) and the Performance Improvement staff (Behavioral Science Research). A key element of the program is ongoing education, providing both targeted technical assistance to providers and general training on standards of care, performance excellence, and quality enhancement principles and techniques.

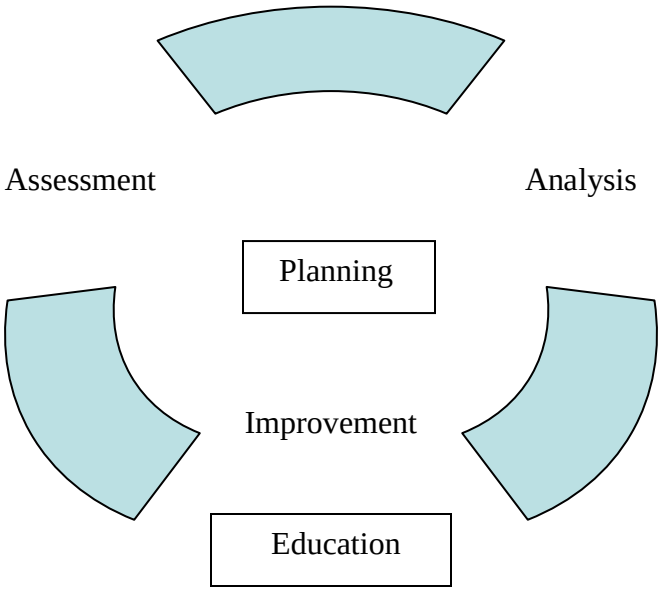
The assessment phase of the Performance Improvement Program includes a coordinated system of ongoing record reviews of programmatic and administrative functions. Internal provider review systems will be supplemented by external review by Behavioral Science Research and the Miami-Dade County Office of Grants Coordination. Other assessment activities include gathering SDIS data, conducting surveys of consumer, provider and participant satisfaction, site visits, and focus groups.

Information from the assessment phase then undergoes analysis, done collaboratively by providers, Miami-Dade County Office of Grants Coordination and the Performance Improvement staff from Behavioral Science Research. This analysis compares results of the record reviews, data collected, survey results and other information to the goals established in the Comprehensive Plan, by the Miami-Dade HIV/AIDS Partnership or the Miami-Dade County Office of Grants Coordination. Status of progress toward goals is monitored by the OGC, the Performance Improvement staff, and the Performance Improvement Advisory Team in collaboration with the Strategic Planning Committee of the Partnership.

When analysis reveals that performance is not meeting established goals, improvements may be made through the use of improvement teams (specific cross-functional work groups developed to address needed improvements) and existing committees using the Plan-Do-Study-Act (PDSA) model and an array of process improvement and performance tools. Success in implementing improvements and/or meeting established goals will be recognized by the Office of Grants Coordination, in collaboration with the Partnership. Annually, providers excelling in the areas of client satisfaction, overall performance, and most improved performance will be considered to receive public recognition. The Performance Improvement Advisory Team, in consultation with OGC, will develop guidelines for this recognition.

Specific performance improvement plans may be requested from providers to address issues identified by reviews and evaluation of data. The Performance Improvement Program staff and Office of Grants Coordination will provide technical assistance and support as needed to assist organizations with this process. There may also be a need for corrective action steps and sanctions against providers who consistently fail to improve performance. The Office of Grants Coordination, as the sole contractual authority, would establish measures for corrective action if needed.

The continuous Assessment, Analysis and Improvement cycle, informed by Planning and supported by Education, is pictured in Figure 1, below:



The Performance Improvement Plan includes various activities, e.g. record reviews (internal and external), training (customer service, measuring performance, use of data, and how to measure performance), and the implementation of improvement teams for priority projects. The ongoing planning process will define roles and activities within the various components. Major components and activities will remain constant, though their focus will change as the plan cycles

through phases and time frames. Because quality improvement is a continuous process, so too, the plan will continuously change and evolve within its own framework. The Performance Improvement Plan will be formally reviewed annually, as a part of the review of the Comprehensive Plan.

C. *Participants/Stakeholders*

Service Providers

The provider network for Ryan White Program services includes more than seventeen contracted providers, some with multiple locations, offering medical and support services. These services include outpatient medical care, oral health care, prescription drugs, medical case management and peer counseling, substance abuse treatment (residential and outpatient), mental health therapy, insurance services, psychosocial counseling, outreach services, food services, transportation services and legal services.

All service providers are required to have in place a process to assess the quality of care and service provided. Surveys of provider programs have revealed great variation in understanding and ability to perform internal reviews and performance improvement activities. Agencies offering services to the Ryan White community range from JCAHO accredited hospitals to emerging Community Based Organizations. A major goal of the Performance Improvement Program is to reduce or eliminate disparities in care and service, no matter where or by what agency the service is provided. Thus, an important activity of the program will be to assist providers where needed in the form of training and technical assistance at the agency level.

Individual providers' Performance Improvement plans are expected to include the following internal functions:

- Self assessment of performance, including random as well as focused record reviews and measures of customer satisfaction
- Problem identification and problem-solving activity using a standard model
- Implement and evaluate changes

The recommended method for accomplishing these improvements is Plan, Do, Study, Act. The goal is to develop and implement a routine process for continually identifying opportunities to improve, and act on those opportunities.

The Performance Improvement Program is also designed, at the system level, to involve all contracted providers as participants and partners. Both the internal quality improvement efforts at the agency level and the external system-wide reviews and improvements will be provided to and reviewed by the Miami-Dade County Office of Grants Coordination and the Performance Improvement Advisory Team. Behavioral Science Research and the team will assist in identifying important aspects of care and treatment to be measured and reported for each service category. These measures will include both processes and outcomes.

Miami-Dade County Office of Grants Coordination

Ryan White Program funds flow from the federal government to Miami-Dade County. Day-to-day activities of the program are administered by the Miami-Dade County Office of Grants Coordination. All contracts are approved by the Mayor and the Miami-Dade County Board of County Commissioners. As the administrative agent for the Ryan White Program, the Miami-Dade County Office of Grants Coordination is responsible for:

- Issuing Requests For Proposals
- Negotiating and executing contracts and amendments
- Providing information on program requirements to contracted providers
- Monitoring contract compliance
- Management and oversight of the Performance Improvement Program
- Auditing submitted bills to ensure compliance with service/billing requirements
- Authorizing payments
- Implementation of recommendations from the Performance Improvement Program and PIAT
- Quality management and performance improvement consulting with the Miami-Dade HIV/AIDS Partnership
- Complying with federal reporting requirements
- Submitting the Ryan White Part A and MAI applications for funding to the federal government.
- Participating in and overseeing the activities of the Miami-Dade HIV/AIDS Partnership.

The Ryan White CARE Act states that responsibility for implementation of a quality management program rests with the grantee, i.e. Miami-Dade County as represented by the Office of Grants Coordination.

Performance Improvement Staff

Behavioral Science Research, under contract with Miami-Dade County Office of Grants Coordination, coordinates and implements the Performance Improvement Plan and Program (Quality Management Program), provides staff support to the Miami-Dade HIV/AIDS Partnership, conducts needs assessments and data analyses, assists in preparation of the federal grant application, and provides training for providers. The Performance Improvement staff is responsible for development of the plan, training on quality improvement for providers, conducting record reviews, writing record review reports, providing technical assistance as appropriate, establishing goals for improvement and outcome measures based on process indicators, developing ongoing processes for improvement/change in performance improvement activities and modifying the plan as needed in collaboration with the Miami-Dade County Office of Grants Coordination and the Performance Improvement Advisory Team. Behavioral Science Research will present reports and information to the team and Miami-Dade County Office of Grants Coordination along with advice for needed action and change as the Performance

Improvement Program develops. Behavioral Science Research will also report on quality and improvement activities to the Miami-Dade HIV/AIDS Partnership and its committees.

Performance Improvement Advisory Team

The Performance Improvement Advisory Team (PIAT) is comprised of providers and consumers acting in an advisory capacity to both Behavioral Science Research and the Miami-Dade County Office of Grants Coordination. Each service category should be represented on the PIAT. Performance Improvement Advisory Team membership will include a representative of each of the top priority (core) service categories (Outpatient Medical Care, Prescription Drugs, Medical Case Management, Substance Abuse Treatment, Oral Health Care, Mental Health Therapy and Insurance Services). Other service categories will be included on the team as needed when addressing particular quality initiatives. Ryan White Program service recipients (PLWHA) will participate on the PIAT; the team will also collaborate with providers' Patient Advisory Committees. Performance improvement information will be shared with consumers through the patient advisory committees, and input, suggestions and review of performance improvement initiatives will be gathered from consumers through these committees. The team will function as a conduit to and from the provider community as well as the community of consumers. As such, it should communicate with all providers to obtain feedback on the quality improvement process. Input and guidance from providers and consumers of services, via this advisory team, is used in establishing standards, outcomes and other measures. The knowledge of the service delivery system and agency workings that providers and service recipients bring to the process is indispensable in creating an effective Performance Improvement Program.

Membership on the Performance Improvement Advisory Team is voluntary. Through rotating participation, the goal is to have all Ryan White service providers and categories represented and participating on the team at some point in time. The team meets monthly; its chair is elected every two years and may not be an employee of the OGC or BSR.

BSR staff, in coordination with the OGC, prepares an annual work plan for approval and monitoring by the PIAT. The team will participate in developing quality initiatives and reviewing results of reviews. The PIAT and staff will develop key indicators for service categories to become part of system-wide monitoring and agencies' internal monitoring. Finally, the team will review results and recommend solutions, interventions, and improvement actions. The PIAT does not set policy, provide accreditation, or rate providers, and is not a committee of the Miami-Dade HIV/AIDS Partnership. The Performance Improvement Advisory Team functions in a strictly advisory capacity to the Office of Grants Coordination, Behavioral Science Research's performance improvement staff and the Miami-Dade HIV/AIDS Partnership's Strategic Planning Committee, Medical Care Subcommittee and Oral Health Care Subcommittee.

Outline of Performance Improvement Plan Core Processes

I. **Determine outcome and performance measures**

II. **Implement outcomes**

III. **Collect data**

IV. **Review & analyze data**

V. **Develop & review benchmarks and targets based on baseline data**

VI. **Identify & recognize providers with reported improvements in customer satisfaction, overall performance and most improved performance**

VII. **Identify opportunities for improvement and develop improvement action plans**

VIII. **Evaluation**

IX. **Enforcement of standards**

Performance Improvement Plan Action Plan

PROCESS	ACTIVITY	FREQUENCY	RESPONSIBILITY	RESOURCES
1. *Determine outcome and performance measures*		Develop initially, review and revise annually	PI staff for OGC	Care & Treatment Committee, Performance Improvement Advisory Team, Medical Care Subcommittee, HRSA TA Manual, comparative information
2. Implement outcomes				
	2a. Communicate outcomes to providers	Initially, and annually	OGC, PI staff	PIAT
	2b. Train providers on outcomes and measurements	Initially and annually	OGC, PI staff	PIAT
	2c. Formalize outcome measures into policies, guidelines and standards	Initially	OGC, PI staff	PIAT
	2d. Technical Assistance for outcomes and provider performance improvement plans	Initially and as needed	OGC, PI staff	PIAT
3. *Collect data*				
	3a. Programmatic record reviews for outpatient medical care and case management	Biannually, more often if needed	Providers internal review; PI staff external review, OGC	PI staff, AETC, contractors

PROCESS	ACTIVITY	FREQUENCY	RESPONSIBILITY	RESOURCES
3. Collect data (continued)				
	3b. Programmatic record reviews for targeted services as identified needs emerge	As needed	Providers internal review; PI staff external review, OGC	PI staff, AETC, contractors
	3c. Entry of client information and service utilization data into the SDIS	Ongoing collection	Providers	ACMS, OGC, PI staff
	3d. Consumer satisfaction surveys	Biannually external Annually internal	PI staff Providers	Providers PI staff
	3e. Provider satisfaction surveys	Annually Biannually	Providers PI staff	Performance Improvement Advisory Team
	3 f. Quarterly report from providers to the Ryan White A grantee (OGC) indicating progress on key indicators of outcomes	Quarterly	Providers, OGC	OGC, ACMS, PI staff
	3g. Complaint and grievance records	Annual	Providers	Performance Improvement Advisory Team, PI staff
	3h. Comparative data	Annual	ACMS, PI staff	Performance Improvement Advisory Team
	3i. Billing record review	Biannual	OGC	SDIS, Prior record review findings
	3j. Attendance at training activities	Tracked continuously	PI staff	PIAT, OGC

PROCESS	ACTIVITY	FREQUENCY	RESPONSIBILITY	RESOURCES
4. Review and analyze data				
	4a. Reporting of results from reviews and surveys, to providers and OGC	Following each review or survey	PI staff, AETC	PIAT
	4b. Recommendations for improvement, resulting from reviews and surveys	Following each review or survey	PIAT, PI staff , AETC	OGC
	4c. Review and analysis of other data collected	At least annually	PIAT, OGC, PI staff, ACMS	ACMS, providers, PI staff
5. *Develop and review benchmarks and targets, based on baseline data.*		Annual	PI staff	Comprehensive Plan, Outcome measures' results, Performance Improvement Advisory Team
6. *Identify and publicly recognize organizations showing improvements in client satisfaction, best overall performance, and most improved performance*		Annual	OGC, PI staff	Performance Improvement Advisory Team
7. Identification of Opportunities for Improvement and development of action plans to address them		Annual	PI staff, providers	AETC, PIAT, OGC
	7a. Identify priorities for improvement	Annual	PI staff, PIAT, providers	Performance Improvement Advisory Team, OGC, Strategic Planning Committee

PROCESS	ACTIVITY	FREQUENCY	RESPONSIBILITY	RESOURCES
7. Identification of Opportunities for Improvement and development of action plans to address them (continued)				
	7b. Choose improvement projects	Annual	Recommendations from PIAT, OGC, Planning & Implementation committee, PI staff, Providers	All data collected and results of data analysis, results of planning process,
	7c. Provide training and technical assistance to providers on Opportunity for Improvement (OFI) action plans, improvement projects, improvement teams and PDSA	Ongoing	OGC, PI staff, PIAT, consultants	
	7d. Recruit, train, and convene Improvement Teams (to address improvement projects)	One or more annually for the Ryan White Program; one annually for each provider internally	PI staff	Performance Improvement Advisory Team
	7e. Improvement teams use PDSA model to study assigned issue, develop, test and implement improvements	Same as above	Providers, PI staff, OGC	Performance Improvement Advisory Team
	7f. Re-measure indicators used by Improvement	After implementation of improvement	Improvement teams and providers	Performance Improvement Advisory Team,

	Teams		internally; PI staff and OGC externally	
8. Evaluation				
	8a. Review and analysis of results of improvement projects	After implementation of improvement	Providers internally; PI staff and OGC externally	Performance Improvement Advisory Team
	8b. Standardize and communicate improvements	After improvement projects	Improvement teams and providers internally; PI staff and OGC externally	Performance Improvement Advisory Team, PI staff
	8c. Identify areas that did not improve as planned or that need further improvement	After improvement projects	Providers internally; PI staff and OGC externally	Partnership Committees
9. Enforcement of standards				
	9a. Review and analysis of performance data and improvement project data	Following improvement projects	PI staff, providers, PIAT, OGC	Partnership committees
	9b. Determine and implement policy or contract changes as needed	Following review of data	OGC	PIAT, PI staff, providers, Partnership

Attachment 1. What is Quality?

Quality is defined as services that meet or exceed guidelines, standards and customer expectations.

Quality service includes customer service, as defined by the customer. This may include such elements as courtesy, timeliness, and responsiveness, Quality service also includes accurate assessment of needs, referral to needed services, assistance in getting those services when necessary, follow-up and documentation of all of this. Quality assurance includes checking documentation for completeness and accuracy, making sure things got done that needed doing, and checking with the client on results. Quality improvement is the activity of using the information gathered in quality assurance activities and using it to change and improve operations, services, or other elements of care in a systematic manner.

How can we ensure quality services?

In order to ensure that services meet or exceed established guidelines, standards and customer expectations, we must:

- Understand those criteria
- Know where we stand in regard to the criteria and expectations (based in data collection)
- Determine in what ways services are not meeting the criteria
- Plan improvements in services, making our decisions based on data, not hunches, intuition or even experience
- Seek and analyze root causes of problems; seek permanent, systematic and systemic solutions rather than "quick fixes"
- Test the improvements, measure the results
- Implement improvements, moving toward exceeding the guidelines, standards and expectations

Data: Information for Improvement

Three categories of information are used to measure quality:

- Structure (e.g., staff, policies and procedures, facilities - systems)
- Process (e.g., assessment, care planning, monitoring adherence - activities)
- Outcomes (e.g., change in the patient, change in cost or utilization - results)

Data and measurement are the essential tools of quality improvement. Without the ability to obtain and use data and count events, it is impossible to measure, evaluate and improve services.

Once data is collected it must be analyzed in a routine way. There are many tools for measuring these, and most can be produced in graphic form. We can measure trends and changes over time, and displaying them graphically aids in understanding where we are going. Numbers are sometimes difficult to view but they are essential in performance improvement. Tools for evaluating data and deciding what needs to be improved are necessary to the quality management program. All participants will learn how to display and use data, develop improvement teams

and use the Plan-Do-Study-Act model and various techniques to formally identify causes and implement improvements.

Results of performance must be shared within the organization. Openness is a hallmark of the quality improvement program and process. Data must be routinely analyzed so progress can be measured. If expectations are not met, priorities for improvement will be identified and referred to a cross-functional Improvement Team. Improvement Teams addressing system-wide improvements will include representatives of various providers and services, as well as PLWHAs. Improvement Teams working with issues within a specific organization will consist of members of that organization including management and front-line staff. These teams will:

- Analyze the process leading to the outcomes
- Identify the root causes of the problem
- Identify changes needed
- Make the changes in the process
- Test the changes and measure results
- Implement the change
- Measure the gain

It is important to have open minds and not assume the answer is clear. The quality experts advise to ask "why?" five times to get at the real (root) causes. Involvement of more than one person is very helpful in this process. Process analysis tools the group can use include:

- Brainstorming
- Process flow analysis and charting
- Focused record review
- Look at more data
- Ask the recipient of the services
- Consider comparative data

A formal process is important, and including people with different perspectives is important. Finding causes and improving processes is the key to improving outcomes. Blame placing is not a part of this system. The focus is upon continuous improvement and teamwork.

Attachment 2. Outcomes

Development of Outcome Measures

Outcomes are results, positive or negative. In health care, an outcome is a precise quantification (measure) of a change in a patient's health status between two or more time points. It can also be an event that represents a surrogate for change in health status, such as a return to full time work. Outcome measures can include:

- Health status
- Quality of life
- Cost of care
- Patient satisfaction

Outcomes are the ultimate measure of quality, as they focus on the client. Outcomes also focus on a result, an end-point: for example, did the patient live, or did the patient get better, or did the patient get worse? However, structure and process must also be examined in order to find out where things went wrong, to identify where improvements are needed and to discover best practices, learn from role models, and share improvements and effective methods.

Behavioral Science Research, working in conjunction with the grantee and other members of the Performance Improvement Advisory Team, is developing client-level and system-level outcome measures. Information is also being gathered on processes in place to achieve the outcomes (process measures). Measurement of progress toward outcomes is also used to determine unmet need, and to measure the impact and effectiveness of services provided. To avoid duplication the key indicators used to measure outcomes and processes are coordinated with HRSA required reports and information available in the SDIS.

Outcome measures for outpatient medical care, medical case management, oral health care, substance abuse treatment and outreach have been given priority in development. These services have been and will continue to be evaluated using record reviews based on standards of care with the idea that following standards of care contributes to positive outcomes of treatment.

HRSA has made clear its expectations for outcomes to be measured in quality management programs. They are interested in measuring these by examining changes in CD4 counts and Viral Load; in response to these expectations, we are preparing to better specify the outcomes listed above, as well as to add new ones if necessary.

While the outcome measures will focus on HRSA-driven measures, record reviews and guidelines for practice will be incorporated into the measurement and improvement of quality. Agencies will thus be held to a variety of performance measures consistent with good practice in the relevant field.

The Ryan White Service Delivery Information System (SDIS) and other data sources, such as record reviews and special analyses and reports, will support the measurement of outcomes. All

Ryan White Program contracted providers of service are connected to the SDIS. Client demographic and service utilization (billing, reporting and monitoring) data are collected in the SDIS.

OUTCOMES
MIAMI-DADE COUNTY RYAN WHITE PROGRAM

SYSTEM-WIDE MEASURES

Outcomes	Indicators	Data Elements	Data Sources/Methods
Increase the percentage of the HIV/AIDS population in care	Number of people in care in a year compared with prevalence	Measurement of met and unmet need Measurement of the number not in care People lost to care returned to care	Surveillance data Surveys Unmet need data Cross-program data
Improve health status of the HIV/AIDS population	Improved or maintained CD4 counts, viral loads for clients	Test results needed to calculate changes in CD4 counts, viral loads for individual clients over a specified time	SDIS Cross-program data
Eliminate disparities in care	Gender and race/ethnicity equity in health status measures	CD4, viral load, mortality, utilization of medical care, on ART	Cross-program data

OUTCOMES
MIAMI-DADE COUNTY RYAN WHITE PROGRAM

OUTPATIENT MEDICAL CARE

Outcomes	Indicators	Target	Data Sources/Methods
Decrease in the percentage of clients served experiencing an AIDS-defining opportunistic disease	Change in the number/percent of clients served who experience an AIDS-defining opportunistic disease	25% of clients who had at least one medical visit during the reporting period were not diagnosed with an AIDS-defining opportunistic disease	SDIS data, record reviews
Increase in the percentage of clients with improved or stable CD4 counts	Change in the number/percent of clients with improved or stable CD4 counts	75% of clients served with 2 or more CD4 counts during the reporting period show improved or stable CD4 counts	SDIS data, record reviews
Increased satisfaction of clients receiving outpatient medical care services	Change in the number/percent of clients who receive outpatient medical care and report a service satisfaction level of good or better than good	85% of HIV+ clients who receive outpatient medical care report an overall rating of good or better than good for outpatient medical care services during the specified time period	Client survey

OUTCOMES
MIAMI-DADE COUNTY RYAN WHITE PROGRAM

MEDICAL CASE MANAGEMENT

Outcomes	Indicators	Target	Data Sources/Methods
Among new clients who enter care, an increase in the percentage who receive an initial HIV/AIDS medical evaluation within 2 weeks of completing intake	Change in number/percent of new clients who enter care and receive an initial HIV/AIDS medical evaluation within 2 weeks of completing intake	70% of new clients served during the reporting period will have an initial HIV/AIDS medical evaluation within 2 weeks of completing intake as measured during the specified period	SDIS data Record reviews
Increase in the percentage of client files containing a medical case management plan consistent with established standards that includes a medical treatment plan	Change in number/percent of client files containing a medical case management plan consistent with established standards that includes a medical treatment plan	80% of the client files reviewed during the reporting period that contain a medical case management plan will also include a medical treatment plan	SDIS POCs Record reviews
Increased satisfaction of clients receiving medical case management services	Change in the number of clients who receive medical case management and report a service satisfaction level of good or better	85% of HIV+ clients who receive medical case management will report an overall rating of good or better for case management services as a percent of total client responses during the specified period	Client survey

CASE MANAGEMENT PROCESS MEASURES

Process Measure	Data Elements	Data Sources/Methods
Complete comprehensive health assessment in record	Comprehensive Health Assessment	SDIS, Record Review
Care plan and goals in record, signed and dated by medical case manager and client	POC	SDIS, Record Review, TA monthly reviews
Each case management client has a Face to Face encounter with the case manager at least every six months	Encounter Codes, Billing Data, Progress Notes	SDIS Data
Financial and Health Information is updated every six months	Financial Assessments, Comprehensive Health Assessments	SDIS, Record Reviews, TA monthly reviews

OUTCOMES
MIAMI-DADE COUNTY RYAN WHITE PROGRAM

SUBSTANCE ABUSE TREATMENT RESIDENTIAL CARE

Outcomes	Indicators	Target	Data Sources/Methods
Increase in the percentage of clients with a substance abuse diagnosis who enter and complete an inpatient substance abuse treatment program during the specified period of time	Change in number/percent of clients with a substance abuse diagnosis who enter and complete an inpatient substance abuse treatment program	60% of clients with a substance abuse diagnosis will enter and complete inpatient substance abuse treatment during the reporting period	SDIS Data SDIS Substance Abuse Residential Client Disposition Report
Increase in the number of clients accessing outpatient treatment upon completion of a substance abuse residential treatment program during the reporting period	Change in number/percent of clients entering outpatient substance abuse treatment after completing residential treatment	75% of clients completing a residential substance abuse treatment program will then access outpatient substance abuse counseling during the reporting period	Future quarterly report SDIS data/referrals

OUTCOMES
MIAMI-DADE COUNTY RYAN WHITE PROGRAM

PRESCRIPTION DRUGS

Outcomes	Indicators	Target	Data Sources/Methods
Increase in the percentage of clients with improved or stable CD4 counts during the reporting period	Change in the number/percent of improved or stable CD4 counts during the specified period	75% of clients served having 2 or more CD4 counts during the reporting period show improved or stable CD4 counts	SDIS Laboratory Data
Increase in the number of clients with access to prescribed HIV/AIDS medications during the reporting period	Change in the number/percent of clients with access to prescribed HIV/AIDS medications during the specified reporting period	25% of the clients served during the reporting period are new to prescription drug services	SDIS Data

OUTCOMES
MIAMI-DADE COUNTY RYAN WHITE PROGRAM

OUTREACH

Outcome	Indicators	Target	Data Sources/Methods
Increase in the number of HIV+ clients who were never in care in the Ryan White Program who are contacted through outreach efforts and are connected for the first time to a core service provider	Number/percentage of new clients (individuals who have never been enrolled in the Ryan White Program system of care) who were connected for the first time to a core service	10% of clients who were never in care that are contacted and billed for are actually brought into care (i.e., a core service) during the reporting period	SDIS Data Report
Increase in the number of lost to care HIV+ clients that are contacted through MAI outreach efforts and re-connected to a core service provider	Number/percentage of clients lost to care who were reconnected to a core service provider	25% of clients lost to care that are contacted and billed for are actually brought back into care (i.e., a core service) during the reporting period	SDIS Data Report

Attachment 3. Glossary of Terms

Quality is the degree to which a service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider 1) the quality of the inputs, 2) the quality of the service delivery process, and 3) the quality of outcomes, in order to continually improve systems of care.

Quality Improvement (QI) or Performance Improvement (PI) refers to activities aimed at improving performance and is an approach to the continuous study and improvement of the processes of providing services to meet the needs of the individual receiving services, and other needs. These terms generally refer to the overriding concepts of continuous quality improvement and total quality management.

Continuous Quality Improvement (CQI)) are generally used to describe the ongoing monitoring, evaluation, and improvement processes. It is a patient/client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. The key components of CQI are:

- Patients/clients and other customers are the first priority
- Quality is achieved through people working in teams
- All work is part of a process, and processes are integrated into systems
- Decisions are based on objective, measured data
- Quality requires continuous improvement.

Total Quality Management (TQM) is a larger concept, encompassing continuous quality improvement activities and the management of systems that foster such activities: communication, education, and commitment of resources.

Quality Assurance (QA) refers to a broad range of evaluation activities aimed at ensuring compliance with *minimum* quality standards.

Performance is the way in which an individual, a group, or an organization carries out or accomplishes its important functions and processes.

Performance measures are quantitative tools that provide an indication of an organization's (or individual's) performance in relation to a specified process or outcome.

Indicators are measures used to determine, over time, an organization's performance on a particular measure or element of care. The indicator may measure a particular function, process or outcome. Examples of indicators include: efficiency, patient satisfaction, effectiveness, timeliness, appropriateness, etc.

Outcomes are results, positive or negative, that may occur during or after a process, activity or intervention. Outcomes can be client-level or system-level.

A **process** is a sequence of tasks to get to an outcome. It is a goal directed interrelated series of actions, events, mechanisms or steps.

A **system** is a group of related processes.

Team refers to a small number of people with complementary skills (cross functional, representing different jobs and perspectives on the issue) who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable. Performance Improvement Teams are an important element of any quality effort. Improvement teams may function within a single agency, if the improvement is to be agency-wide, or may represent several agencies if the improvement is to be system-wide.

Root Cause Analysis is the process of developing permanent solutions to problems by first identifying all the contributing factors and underlying causes of the problem

PDSA – Plan, Do, Study, Act is a widely used framework for testing changes on a small scale before implementing them throughout an organization or group. It is a model for making improvements, and includes root cause analysis, problem identification and clarification, process mapping with flowcharts, analysis of data, development of pilot solutions and evaluation of results of those pilots.