



Ryan White Quality Management Update

All Parts Meeting

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South Carolina Department of Health and Environmental Control

Promoting and Protecting the Health of the Public and the Environment



Presentation Objectives

- Quality Management Terms
- Ryan White Quality Management Site Visits
- Continuum of Care-HAB Performance Measures
- Clinical Report Card (CRC) Compare 2012 to 2013
- Clinical Quality Improvement Projects – PDSA Cycles
- HIV and Viral Hepatitis Integration
- Quality Management Steering Committee



Define: CQI

Continuous Quality Improvement (CQI): *is 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 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 upon objective, measured data.*
- Quality requires continuous improvement.*



Quality Management Site Visits Goals

Goal I: Ensure equal access to quality HIV/AIDS Care and Treatment services for People Living with HIV/AIDS (PLWHA).

Goal II: Evaluate annual performance through assessment and comparison of annual performance measures data, in order to continuously improve the quality of care provided by Ryan White providers.

- Objectives:
 - Review clinical quality report card
 - Compare site data to established benchmarks:
 - 2012 SC state average/benchmark
 - 2013 Target Percentage
 - Identify and discuss strengths/success
 - Identify and discuss opportunities for improvement
 - Establish action plan/corrective action for improvement
 - Develop and implement PDSA cycle for improvement
 - Identify training/educational needs (HIV & Viral Hepatitis)

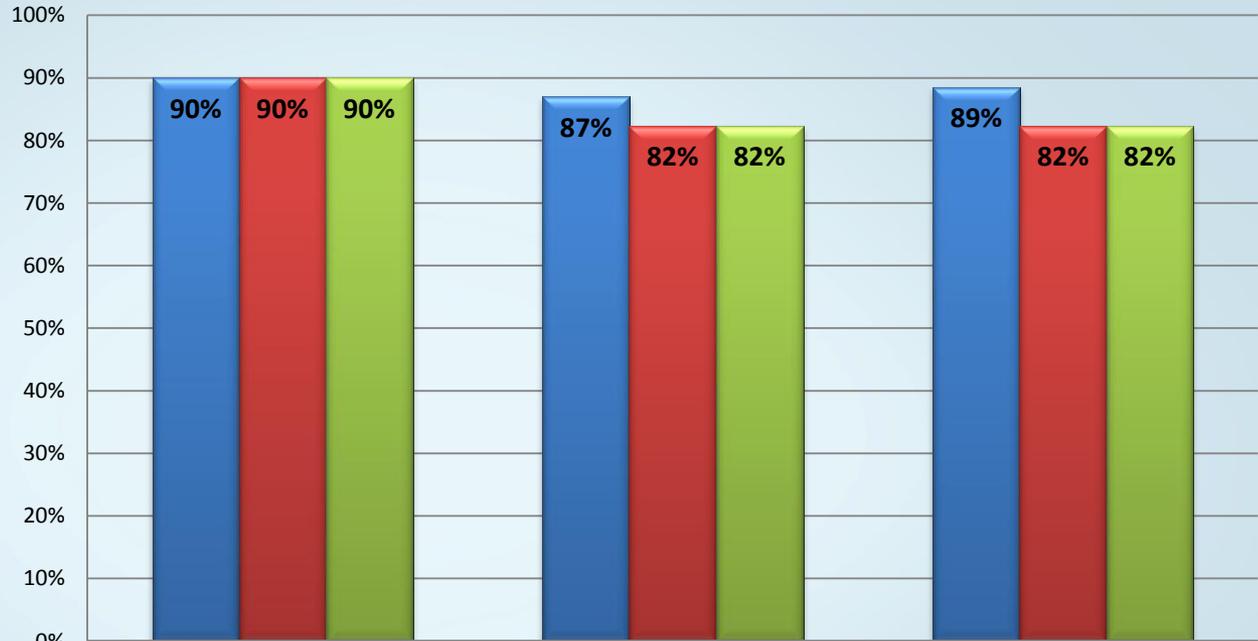


Continuum of Care aligned with HAB HIV Performance Measures

HIV Continuum	HAB Performance Measure Category	Performance Measure(s)	Included in SC QM Clinical Report Care (CRC)
Testing	System-Level	<ul style="list-style-type: none"> •HIV test results for PLWHA •HIV Positivity 	2013-No
Linkage	System-Level	<ul style="list-style-type: none"> •Waiting time for initial access to outpatient/ambulatory medical care •Late HIV Diagnosis •Linkage to HIV Medical Care 	2013-No
Retention (Quality of Care)	Core	<ul style="list-style-type: none"> •HIV Medical Visit Frequency •Gap in HIV Medical Visits •Pneumocystis jiroveci Pneumonia (PCP) Prophylaxis 	2013-Yes
Antiretroviral Therapy (ART)	Core	<ul style="list-style-type: none"> •Prescription of HIV Antiretroviral Therapy 	2013-Yes
Viral Suppression	Core	<ul style="list-style-type: none"> •HIV Viral Load Suppression 	2013-Yes



Retention in Care



	Target	SC 2012	SC 2013
■ Ambulatory Service-2 or More Times, At Least 3 Months Apart	90%	87%	89%
■ CD4-2 or More Times, At Least 3 Months Apart	90%	82%	82%
■ Viral Load-2 or More Times, At Least 3 Months Apart	90%	82%	82%



CRC Compare from the HAB Performance Measures ***Selected by the Statewide Steering Committee***

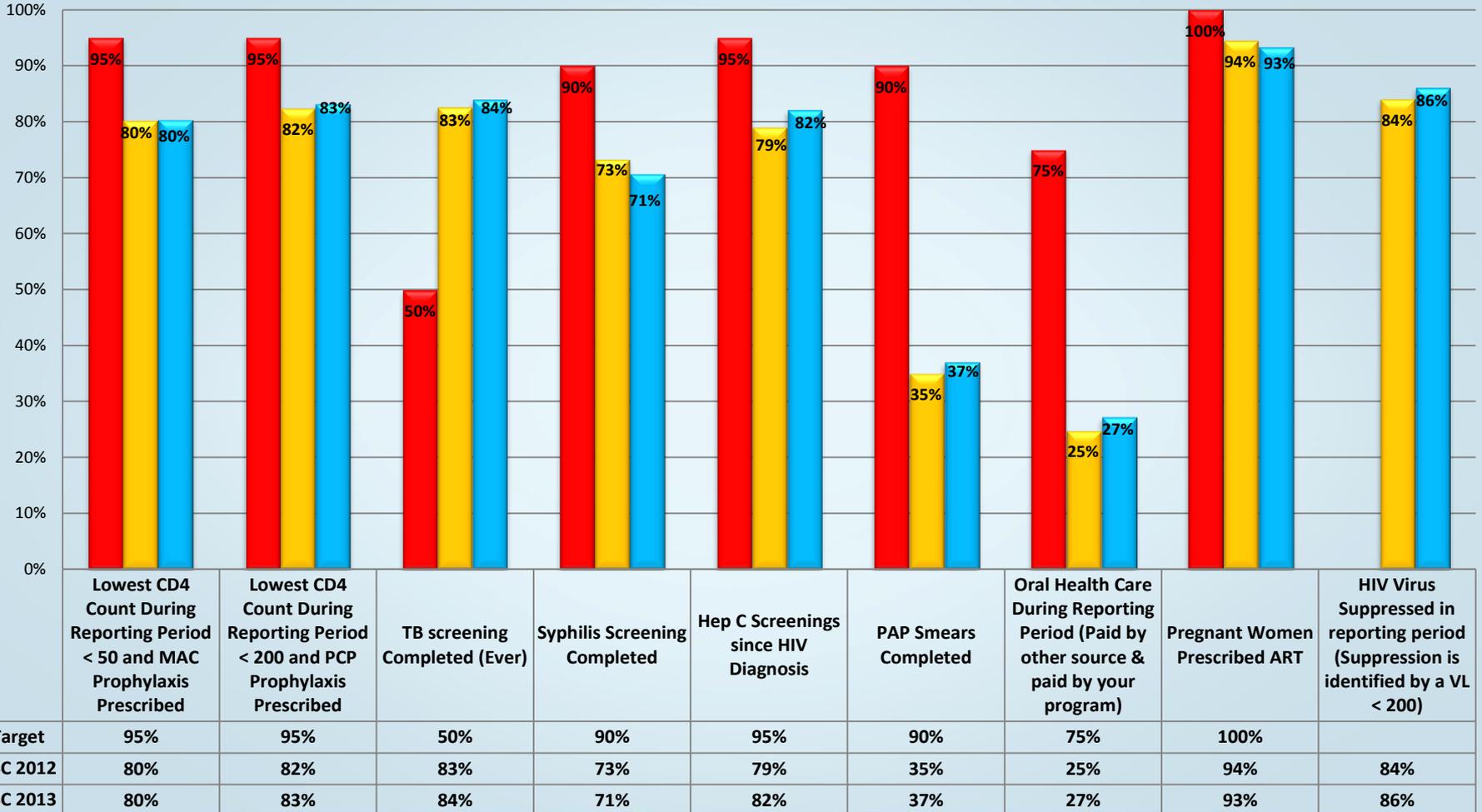
Criteria	Target	SC 2012	SC 2013
Lowest CD4 Count During Reporting Period < 50 and MAC Prophylaxis Prescribed	95%	80%	80%
Lowest CD4 Count During Reporting Period < 200 and PCP Prophylaxis Prescribed	95%	82%	83%
TB screening Completed (Ever)	50%	83%	84%
Syphilis Screening Completed	90%	73%	71%
PAP Smears Completed	90%	35%	37%
Oral Health Care During Reporting Period (Paid by other source & paid by your program)	75%	25%	27%
Pregnant Women Prescribed ART	100%	94%	93%



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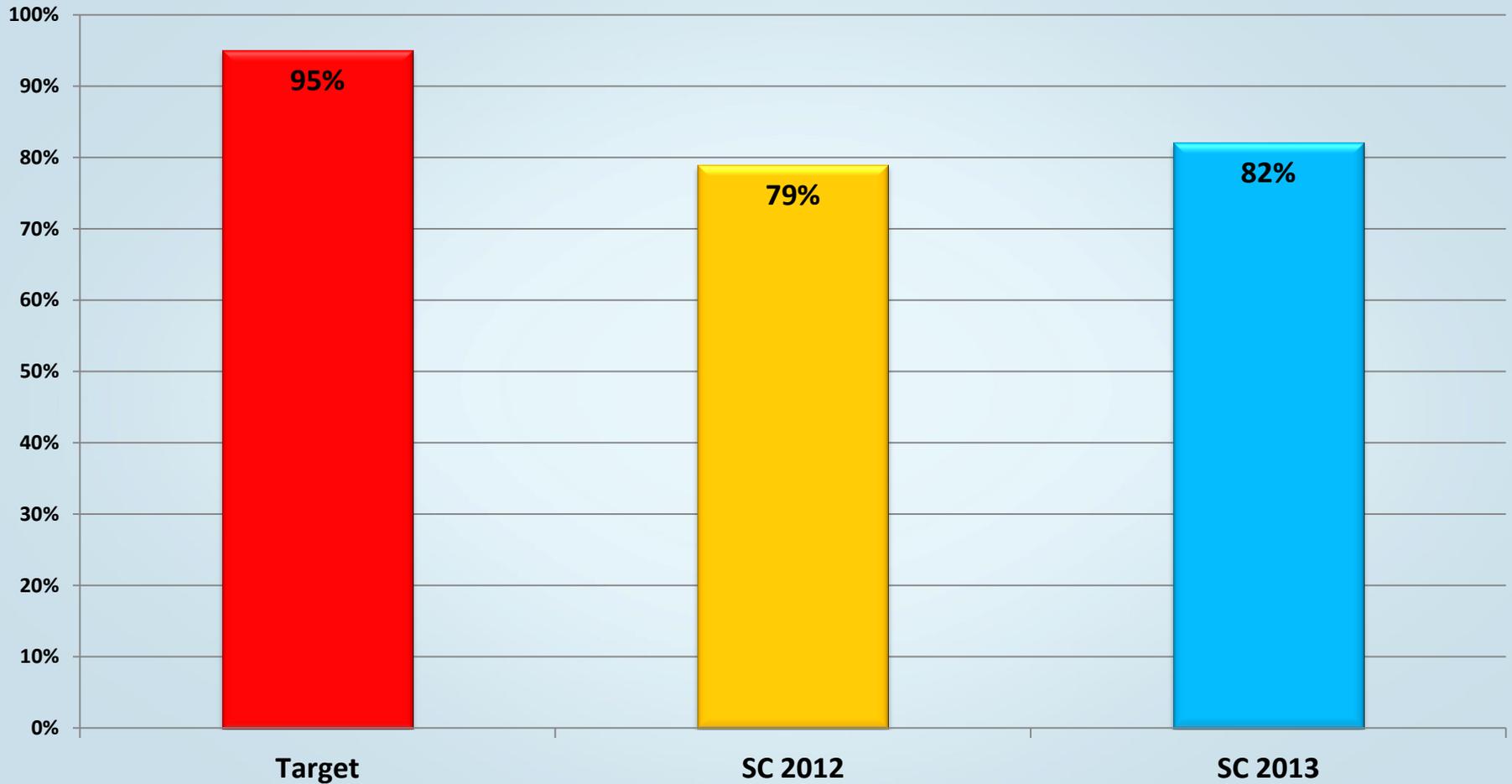
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Ryan White Performance: 2012 - 2013



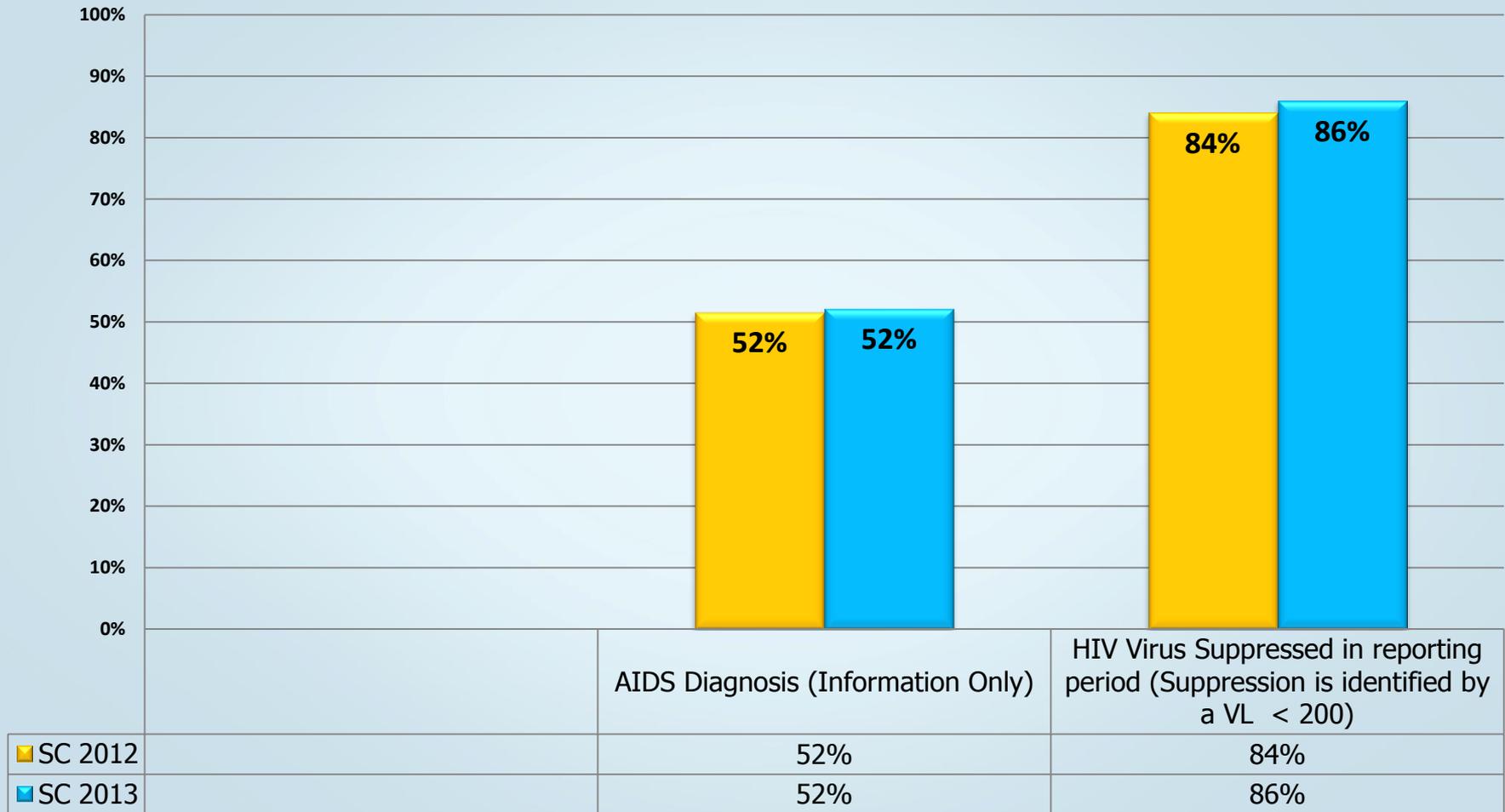


Hep C Screenings since HIV Diagnosis





AIDS Diagnosis to Viral Suppression

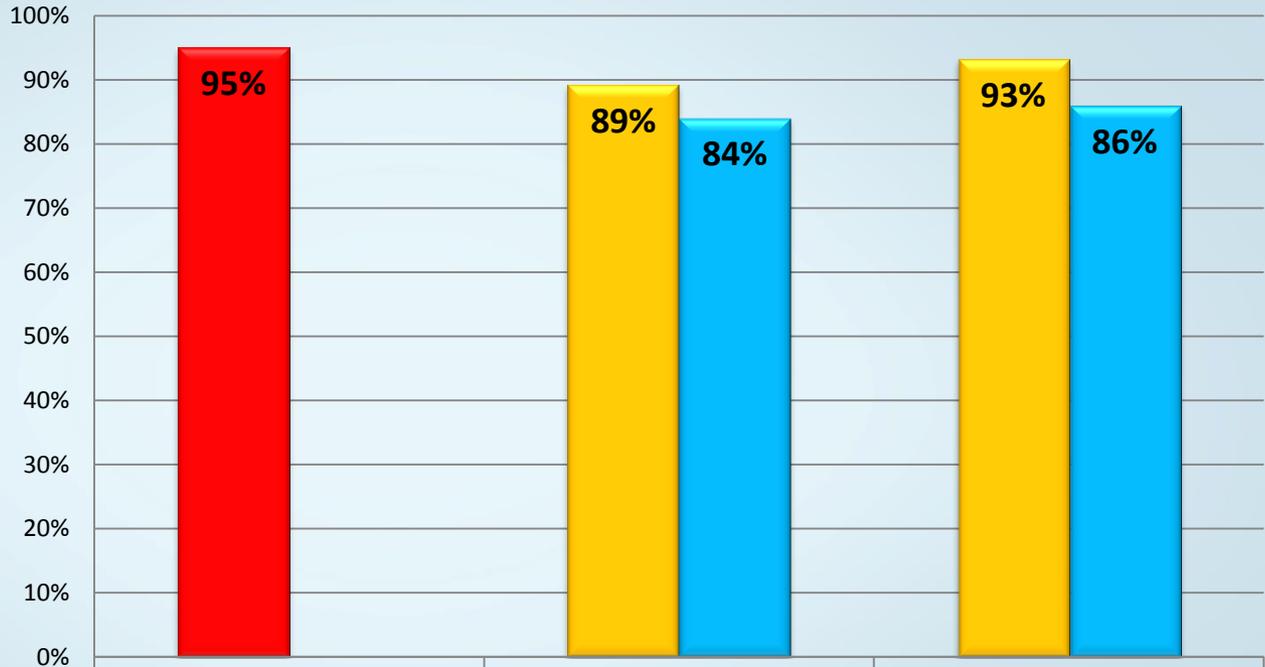




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***CD4 <= 350 or VL >= 100,000 Older than 13 years prescribed ART
 and***

HIV Virus Suppressed in reporting period (Suppression is identified by a VL < 200)



■ CD4 <= 350 or VL >= 100,000 Older Than 13 yrs Prescribed ART

■ HIV Virus Suppressed in reporting period (Suppression is identified by a VL < 200)

Target

SC 2012

SC 2013

95%

89%

93%

84%

86%



Model for Improvement and Learning

- How will we utilize the data to identify demographic trends and risk factors ?
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?



Utilization of the PDSA Cycle for Learning and Improvement

Plan: objective, questions and predictions (why), plan to carry out the cycle (who, what, where, when).

Do: carry out the plan, document problems & unexpected observations, begin analysis of data.

Study: complete analysis of data, compare data to predictions, summarize what was learned.

Act: what changes are to be made? next cycle?



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Quality Management Steering Committee

Key Areas of Responsibility:

- 2015 Priority to review and select quality performance measures
- Synchronize various quality initiatives
- Strategic planning
- Prioritize task
- Facilitate innovation and change
- Provide guidance and reassurance
- Establish a common culture-all parts/statewide
- Review statistical trends



Questions

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