

**2024-
2025**

2024-2025

**Metropolitan
Government of
Nashville &
Davidson2500
Charlotte Avenue
Nashville TN 37209
Bell, Regina (Health)**



RYAN WHITE PART A DAVIDSON COUNTY

2024- 2025

BELL, REGINA (HEALTH)

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON2500 CHARLOTTE AVENUE NASHVILLE TN 37209

2500 CHARLOTTE AVE

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INTRODUCTION

The Purpose of the Quality Management (QM) Plan is to guide the development and implementation of the Nashville Transitional Area (TGA), The Ryan White Part A Program Quality Management Program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction within the scope of core and support services. This is a living document and is subject to change based on the needs of the program and the TGA service needs. This plan is effective for **March, 8, 2024 to February 2025.**

QUALITY STATEMENT

Vision Statement: To improve the quality of care for PLWHA in the Nashville TGA. To foster an environment of high quality of HIV services guided by community input and best practices to eliminate health disparities and attain viral suppression for the Ryan White Clients

Mission Statement: The mission of the Quality Management (QM) Program is to ensure access through a consistent and comprehensive system of quality HIV medical and support services. To provide quality medical and support services by continuously assessing and improving client care, client satisfaction, and client outcomes through the development and maintenance of a comprehensive quality management program.

Annual Goals for the Quality Management Program in the Nashville TGA

The Annual Goals are developed by the QM monitor and the QM committee based on the need and improvement of delivering quality care to the clients in the TGA. The goals are reviewed annually and updated when applicable. All sub-recipients are represented in the progress through the QM committee.

Strengthen the CQM program infrastructure to be able to improve services and gaps in the TGA.

- To improve the CQM group to effectively make decisions to improve services and gaps in the TGA.

- To enhance and improve communication and collaboration among the sub-recipients in the TGA to eliminate barriers for service for the clients.

Support the sub-recipients in meeting and exceeding performance measures goals

- To increase the understanding of performance measures among the sub-recipients and stakeholders.
- educate the sub recipients and clients about service utilization.

Utilize data to make informed decisions around quality improvement efforts and activities

- enhance the knowledge of the utilization and data to make inform decision to change or implement new services.
- Use TGA utilization data to create innovative ways to deliver quality HIV services to clients

To improve linkage to care to the needed minority/targeted populations in the Nashville TGA, which consist of 13 surrounding counties.

- Using the utilization data, to identify the minority and targeted populations.
- Identify services and methods needed in the community by using the best practices, techniques to provide linkage to care in the TGA.

DEFINITION OF QUALITY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Program. HAB defines quality as “the degree to which a health or social service meets or exceeds established professional standards and user expectations.”

Definitions of other quality terminology include:

- *Quality Assurance (QA) refers* to the process of identifying problems in service delivery, designing activities to overcome these problems with a follow up plan aimed at ensuring compliance with minimum quality standards.
- *Quality Improvement (QI)* also called Continuous Quality Improvement (CQI) is an ongoing process of monitoring and evaluating activities and outcomes aimed at improving performance and service delivery.
- *Continuous Quality Improvement (CQI)* an ongoing process to seek to prevent problems and to maximize the quality of care. The continuous study and

improvement of the processes involves organization members, in monitoring, evaluating program continuously to improve service delivery to meet the needs of the individual and others. The key components of CQI are:

- People are 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 analyzed and measured data
- Quality requires continuous improvement

SCOPE OF RYAN WHITE PART A NASHVILLE TGA FUNDED ACTIVITIES

Metropolitan Nashville Davidson County, Lentz Public Health Department is the recipient of Ryan White Part A funds for the provision of medical and support services throughout the Nashville TGA. The Nashville TGA Ryan White Part A Program serves the eligible Persons Living with HIV/AIDS (PLWH) in the surrounding 13 counties to include the following: ***Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson***



The planning and allocation of Part A services are coordinated with the Ryan White Nashville Region HIV Planning Council (Planning Council) using utilization and service data from the Ryan White Epidemiological Profile. The Planning Council allocates monies to the 5 funded sub-recipients in the Nashville TGA.

QUALITY MANAGEMENT PROGRAM INFRASTRUCTURE

Appropriate and sufficient infrastructure is needed to make the CQM Program successful and sustainable. Infrastructure is needed to ***plan, implement, and evaluate CQM program activities.***

The Ryan White Part A Quality Management Program is housed within the Clinical Services Bureau in Lentz Metropolitan Public Health Department at Lentz in Nashville, Tennessee.

Director

Oversees and ensures administration of the Part A grant, including resource allocation to develop and implement the Ryan White Part A Quality Management Program by:

- Assessing and reviewing performance data makes program recommendations
- Reviewing and approving quality management monitoring processes and tools.
- Provide feedback and guidance related to alignment of program activities with legislative requirements
- Supervise QM staff and Epidemiologist for QM activates
- Participates in CQM Committee
- Oversees QM Monitoring surveys and QI projects

Clinical Quality Monitor

Closely monitors the programmatic and legislative requirements of the Quality Management Program and functions as the key contact and team leader for the quality management program.

- Coordinate day-to-day QM program operations
- Recruit QM committee members/Planning Council Members
- Chairs and coordinates QM committee meetings
- Attends Planning Council meetings and give QM updates
- Develop, implement, and evaluate the QM plan, work plan, QI projects and activities
- Development, revision, and monitoring of the performance measures
- Conducts QM site visits to review QI and QA activities
- Participates in other jurisdiction QM committee meetings, to include, Part B (state of TN), Atlanta GA, Memphis TN, Las Vegas, North Carolina
- Revise the QM Plan annually
- Complete and submit required reported related to QM
- Provide technical assistance to the Ryan White Program Part A and sub-recipients
- Conduct site visit to review QM plans and activities
- Evaluates QM program and QI activities of Part A and sub-recipients

Clinical Services Medical Director

- Participates in the QM committee meetings
- Provides medical expertise and medical protocols for the MPHD
- Oversees the Ryan White Program
- Assist with QM related reports and annual data presentation
- Assist with the developmental and/or revisions of medical guidelines, policies, and procedures for standard of care
- Supervise the Ryan White Part A and other Clinical services in the MPHD

Epidemiologist

- Develops quarterly Ryan White Part A performance measurement reports for the QM Committee
- Develops data visualizations for QM related presentation and trainings
- Provides Technical Assistance to the sub-recipients as needed on data related requirements (implementation plans, reporting, data collection)
- Participates in informing the QM Committee of data trends, gaps, and service utilization
- Participates in QM planning strategy meetings
- Assist with QI interventions

Quality Management Committee and Metropolitan Public Health Organizational Chart Structure (RWPA)

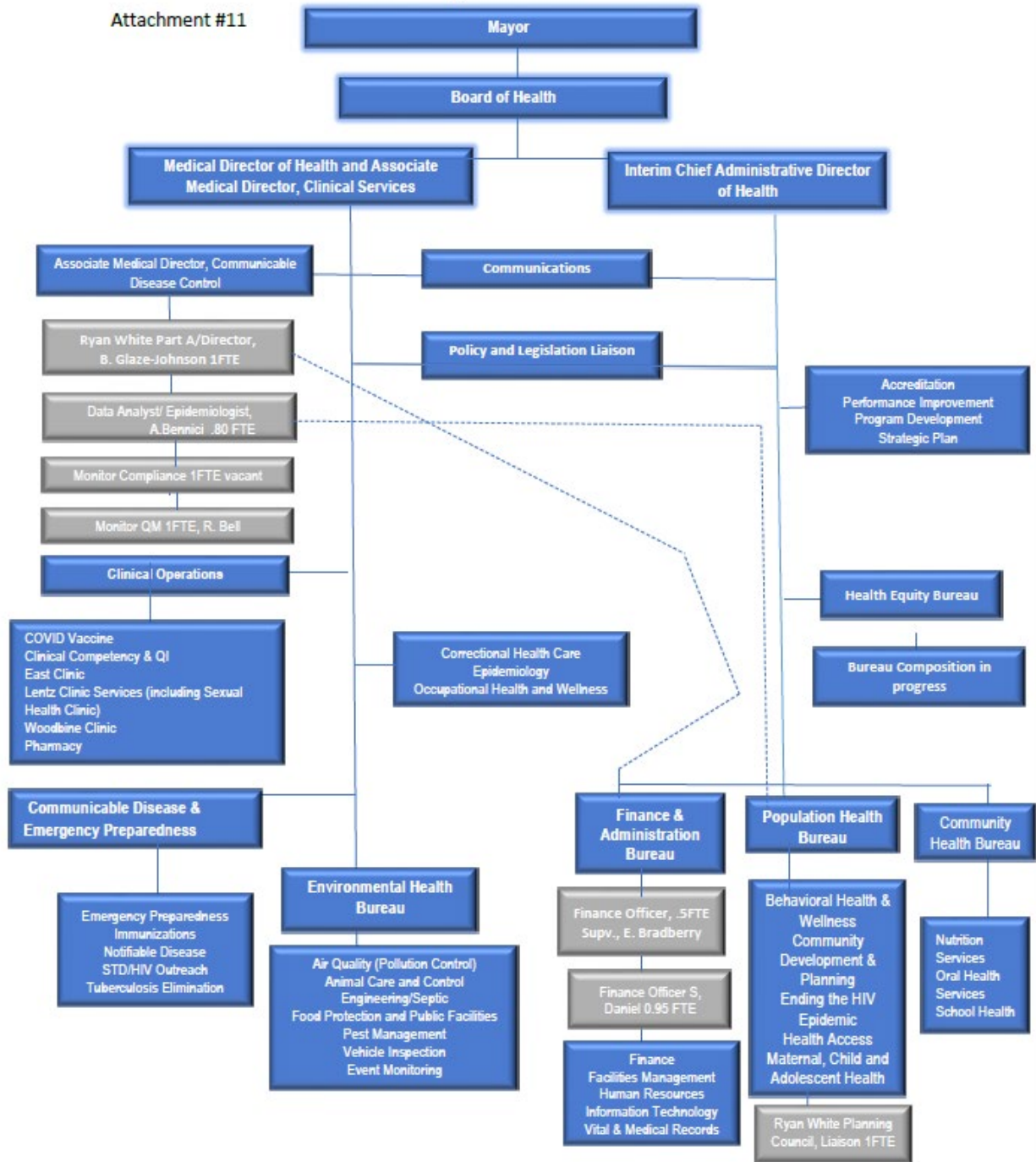
The RWPA QM Committee values the input of each QM Member and understands the importance of each person who will bring their own unique skill set and educational background along with a vast knowledge of experiences. The QM program has continued efforts in recruiting an array of members from all different discipline in the community. This will ensure the QM committee is diverse, inclusive, and equitable. Which is essential to the growth and development of the QM Program.

See Organizational Chart Below:

Metropolitan Nashville Davidson County Public Health Department Organization Chart

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Attachment #11



Clinical Quality Management Committee Group

The committee also provides a mechanism for the objective review, evaluation and continuing improvement and uniformity of HIV care and support services throughout the TGA. The Committee ensures the PWHHA Part A Quality Management Program is implemented in accordance with the Health Resources and Services Administration/HIVAIDS Bureau (HRSA/HAB)

Infrastructure and Responsibilities of the Committee (CQM)

- An updated QM Plan
- A leader and team to oversee the QM Program
- Organizational goals, objectives, and priorities
- Performance measures and mechanisms to collect data
- QM Committee group meets quarterly to review updates and QM activities
- RWPA QM Committee will share QM/QI findings, reports, and data with the community
- Committee is made of members from all the subrecipients agencies and community members, stakeholders, and clients in the TGA
- The charge of the committee to make ensure the best practices are used for the delivery of services to the clients in the Nashville TGA
- Committee will be given data and other educational information needed to make decisions
- A sub-committee will be formed and utilized for special QI projects
- Committee will meet in person or on an electronic format (virtually)
- Meetings will last at least one hour
- Committee meetings invites will be sent out via emails
- Meetings will be recorded for review and archive purposes.

The Quality Management Committee Communication

- The committee will convene quarterly to review updates to the QM activities and performance measures data

- The Ryan White Part A Committee will share QM/ OI findings/reports with the stakeholders, sub-recipients, clients and the TDH Ryan White Part B Program

Participations and Communication with Stakeholders and clients

One of the priorities of the RWPA Program is to engage Stakeholder Involvement and recruitment of clients in the quality management activities. The RWPA recipient collaborates with stakeholders and community partners to attend and participate in QM committee meetings and the Planning Council Meetings. These clients and community stakeholders will receive QM reports, quarterly performance measure outcomes and QI projects reports. Clients who are necessarily engaged in the QM committee are also recruited and engaged in the quality management through the needs assessment survey distributed annually. The people living with HIV (PLWH) will be involved in the development and planning of the Nashville TGA quality management activities. The other methods of obtaining PLWH input includes the need assessment and client satisfaction survey. The subrecipients are required to utilize at least one of these methods to gain consumer input. Additionally, PLWH will have the opportunity to participate in the quality improvement trainings, such as, Training of Consumers on Quality (TCQ) sponsored by The Center for Quality Innovation and Improvement (CQII), and /or Recipient sponsored trainings.

Communication

The QM Committee meets quarterly to update the work-plan. The QM Monitor will provide updates to the committee and the planning council. The QM will meet with the subrecipients quarterly to obtain update on the activities and programs and will provide feedback about the QI/ activities and progress.

CAPACITY BUILDING

To provide training and practice in quality management, the Ryan White Part A (RWPA) Recipient works with subrecipients to reinforce knowledge and practical skills for performance improvement. RWPA QM Program participates in CQII Trainings and webinars to support QM skills development. This methodology enable staff and the QM

Committee Monitor to provide and coordinate technical assistance and trainings to the RW Part A subrecipients.

- CQII trainings materials and resources are incorporated in the QM activities
- Southeast AIDS Education and Training Center (SE AETC)
- QM technical assistance and training needs are assessed through requests from subrecipients, monitoring of QM Plans, training evaluations, and QM Committee
- QM Technical assistance is also available upon request from the HRSA Project Officer and from the HRSA nurse Consultant & Senior Public Health Analyst Clinical Quality Branch

Measurement Year

The measurement year for evaluations of the QM program will be from March 1 through February 28 of each year.

Performance Measurements

Performance measurements are measures set by the QM Monitor, the Epidemiologist, and the QM committee, using HRSA HAB (HIV/AIDS Bureau) Performance Measures. Performance measures are to help the Ryan White Part A HIV/ AIDS Program and subrecipients to monitor and improve upon the quality of care that is being delivered to the clients and community. The performance measures are viewed approved by the QM committee annually. The various databases will be utilized along with quarterly analysis reports will be developed by the RWPA Epidemiologist and shared with the RWPA Team, QM Monitor and the QM committee.

Implementation of the QM Plan (Work Plan)

The work plan is used as a guide to track Ryan White Part A QM Activities. The Work plan includes activities, output measures, timelines and specifies accountability for implementing QM related tasks. The work plan is developed annually and updated by the QM Monitor and will be reviewed by the QM committee to track progress. (Appendix A)

DATAT COLLECTION

Ryan White Part A Program recipients will be required to report data on key performance indicators through the RW contract reports. A data feedback mechanism evaluates, assessed and follows-up on the HIV quality findings. Findings are shared with RWPA the sub-recipients, community stakeholders, HIV/STD Program at the Metro Health Department, TDH QM Director. Data findings will be used to develop new QI activities and projects.

Technical assistance is provided by the RWA Program QM Monitor, RWPA sub-contractors and through other forms of webinars from Target HIV to the sub-recipients, through on- site and remote learning training sessions. Data collection will be implemented utilizing appropriate sampling methodology.

The RWAP Program will collect data utilizing from

- Ryan white Eligibility System (RWES)
- CAREWARE
- Other agencies apparatus (Client track, E-clinical)
- Chart reviews for Part A funded categories
- QM Plans/Reports and Service Reports
- Programmatic Monitoring Tools
- Consumer Needs Assessment/ Epidemiological Profile
- Client Satisfaction Surveys/Questionnaires

QUALITY IMPROVEMENT ACTIVITES

Quality improvement activities are ongoing and continuous The Ryan White Part A Program in Nashville Tennessee TGA will set the overarching goal for the quality improvement projects for the PWPA sub-recipients using the data from the performance measure, surveys, and focus group to determine the priority need of improvement in the TGA. The sub-recipients will develop their own QI projects within the focus of the overarching goal set from the recipient office. The recipient will review the sub-recipients QI projects and will report progress or challenges to the recipient QM monitor quarterly through reports. This report will be presented to the QM committee at the end of the measurement year.

The continuous/Clinical Quality Improvement (CQI) Methodology will be utilized and will include the following for the

QI Methodology & Project Implementation

- The Model for Improvement (PDSA Cycle {Plan-Do-Study-Act})
- Asking the 5 WHY's (Questions why is there such a problem or issue)
- Cause and Effect diagrams
- Flow charts analysis
- Brainstorming
- Activity Logs

The Recipient QM Monitor, QM Committee, and subrecipient will participate in a system-wide QI project aimed to improve viral load suppression rates among the clients in the 13 surrounding counties by 30% from March 1 to Feb 28, 2025. Recipient shall conduct quality improvement activities of learning collaborative consist of monthly HIV trainings sessions to improve the HIV knowledge and skills of the front facing staff to provide quality service to the HIV clients in the Nashville Transitional Grant Area.

Reporting Mechanisms

Subrecipients report performance measures and program data quarterly to the recipient office. Part A Recipient may provide agency-specific data reports directly to each subrecipient for the purpose of enhancing their quality management program and reviewing data quality. Findings from quality management activities will be reported only in aggregate form and are used to guide CQI activities.

Quality Monitoring and Evaluation

The Quality Program activities aim to assess the extent to which funded core medical and support services provided to clients are consistent with the treatment guidelines, standards, and regulations. The Part A Program and the QM Monitor will evaluate performance using various methods throughout the year. QM Monitor and RW Team will conduct site visits and chart reviews annually to ensure programmatic and fiscal standards are being met according to the Ryan White Program Part A National Monitoring Standards for all funded service categories. The QM Monitor and the Program Monitor will review and evaluate subrecipient's QM Plan annually to ensure

QM program requirements are being met. The QM Monitor and the Epidemiologist will monitor subrecipients level performance measure data and the aggregate performance measure data with the QM Committee Quarterly. The QM Committee will develop the QI projects annually. Feedback from the stakeholders is gathered through participation in the agency meetings, site visit reports, and QM Committee. The evaluation will be completed annually.

APPENDIX A

NASHVILLE TGA RYAN WHITE RYAN WHITE PARTA

QUALITY MANAGEMENT PROGRAM WORK PLAN

I. Strengthen the CQM program infrastructure to be able to improve services and gaps in the TGA.

Objectives	Activities	LEAD Person	Staff Resources	Timeline	Progress note
<p>A. By March 2024 The QM Team will have finalized the TGA QM Plan and provide recommendation for revisions if any are needed</p>	<ol style="list-style-type: none"> 1. Develop QM Program evaluation-based on the work plan 2. Evaluate QM Program 3. Draft and update the QM plan with recommendations for future activities 4. Review and approve the QM plan 	<ol style="list-style-type: none"> 1.QM Monitor 2.QM Supervisor 3. QM Team 4. QM Committee 	<ol style="list-style-type: none"> 1.Recipient QM Team 2.QM Committee 3.Epidemiologist 	<ol style="list-style-type: none"> 1.March 2024/2025 2.Dec. 2024/2025 3. April 2024 	<p>Work in progress</p>

B. By June 2024 QM team review complete work plan	1. Review and update QM work plan annually or as needed	QM Monitor QM supervisor QM Committee	QM Committee and stakeholders and Recipient staff	Twice a year June and Dec.	Work in progress
c. By April 2024 subrecipients will submitte their QM plan to the recipient	Part A subrecipients to submit QM plan	Part A subrecipients	Recipient staff and subrecipient	April 2024/2025	
D. May 2024/2025 Recipient approves plan or make recommendations to subrecipients	QM recipients review plans and make any recommendations needed or approves subrecipient plans (stores and files plana)	QM monitor QM Team	QM Recipient QM Team Epidemiologists	May 2024/2024	Work In progress

II. Support the sub-recipients in meeting and exceeding performance measures goals

Objectives	Activity	LEAD Staff	Staff Resources	Timeline	Progress Notes
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<p>A. By June 2024/2025 develop, review and update performance measures (PM)</p>	<p>1. Develop and review PM based on the HAB PM and the PCN 15-02</p>	<p>QM Monito QM Committee Epidemiologists</p>	<p>QM monitor QM Committee Other TGA jurisdiction</p>	<p>June 2024/2025</p>	
<p>B. By June 2024 the QM committee will review PM data quarterly to monitor progress of TGA performance,</p>	<p>1. Provide Planning Council (PC) and QM Committee with a review of outcomes and data reports on quarterly basis</p> <p>2. Identify trends and patterns based on agency progress, or gaps in service areas</p> <p>3. Give feedback and recommendations to address gaps in service</p>	<p>Recipient staff and QM monitor</p>	<p>Recipient staff QM QM Committee</p>	<p>June 2024 Sept 2024 Dec. 2024</p> <p>June 2024 Sept. 2024 Dec. 2024</p>	
<p>III. Utilize data to make informed decisions around quality improvement efforts/projects across the TGA</p>					
<p>Objectives</p>	<p>Activities</p>	<p>Lead Staff</p>	<p>Staff Resources</p>	<p>Timeline</p>	<p>Progress Notes</p>

<p>A. By July 2024/2025 enhance the knowledge of the utilization and data to make inform decision to change or implement new services and quality improvement projects</p>	<p>1. Participant in CQII Webinars and send out learning webinars to the funded agency to participate and learn about QI projects quality initiatives</p> <p>2. Report data and progress on QI projects performance date in funded service categories</p>	<p>QM monitor, subrecipients</p>	<p>CQII HRSA, nurse Consultant, QM QM Committee Recipient Part A Team, subrecipient QM staff' TDH QM Staff</p>	<p>On-going</p>	<p>On-going</p>
<p>B. Develop reports and conduct a TGA-Nashville wide Quality Improvement and Epi profile/Needs Assessment C, in 2024/2025 engage in other QM/PC quality Meetings to learn and share ideas about best practices in QM</p>	<p>1. Quarterly meetings with subrecipient to check on progress and give technical assistance when and where needed about the QI data</p> <p>2.Attend the other QI/PC meetings with surrounding TGA/EMA's such as Memphis, Atlanta, and Tenn. Dept. of Health Part B</p>	<p>QM, Epidemiologist</p>	<p>QM, Epidemiologist Recipient, other TGA/EMA Recipients</p>	<p>June/ July 2024/2025/ on-going</p>	<p>On-going</p>
<p>III. To improve linkage to care to the needed minority/targeted populations in the Nashville TGA, which consist of 13 surrounding counties</p>					
<p>Objectives</p>	<p>Activities</p>	<p>Lead Staff</p>	<p>Staff Resources</p>	<p>Timeline</p>	<p>Progress Notes</p>
<p>A. Using the utilization data, to identify the minority and targeted population by June/ July 2024/2024</p>	<p>1.Review the utilization of service categories where the gaps in services are needed</p> <p>2. Develop QI Projects/ surveys and questionnaires based on the utilization in the targeted population</p>	<p>QM, Epidemiologist Recipient Team</p>	<p>QM, Epidemiologist, Recipient Team Clients, TDH, Part B</p>	<p>on-going</p>	<p>On-going</p>

<p>B. Identify services needed in the community and using the best practices, techniques to provide linkage to care in the TGA.</p>	<p>1.Develop QI learning HIV Session by partnering with Gilead to teach case managers and front facing staff best practices, and skills to develop quality HIV services.</p> <p>2. promote healthy outcomes in the TGA by using innovative way to deliver HIV services.</p>	<p>QM monitor, Gilead. Recipient Team Part A</p>	<p>QM Monitor, Recipient Team Part A, Gilead</p>	<p>On-going</p>	<p>On-going</p>
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APPENDIX B

QUALITY MANAGEMENT DICTIONARY

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A Program

TDH: Tennessee Department of Health Part B Program

PLWH: People living with HIV/AIDS

QM: Quality management (monitor)

TN: Tennessee

TDH: Tennessee Department of Health

CQI: Clinical/ Continuous quality improvement

COE: Centers of Excellence

ADAP: AIDS Drug Assistance Program

TGA: Transitional Grant Area

CQII: Center for Quality Improvement and Innovation

MCM: Medical case manager

QI: Quality Improvement (projects)

Category	Performance measures	Target Goal %
EARLY Intervention Specialist (EIS)	Linkage to Care Retention in Care	85% 80%
Psychosocial Group/Individual	Retention in Care	85%
Medical Transportation	Linkage to care	85%
Referral for		
Medical Case Manager	Retention in Care (12 Month)	85%
Ambulatory Outpatient	HIV Viral Load Suppression Retention in Care Prescribed ART Linkage to care	90% 85% 85% 90%