

## CQM Plan Review Checklist Template for NRWC Workshop

Clinical quality management plan should address how the grant recipient will meet the key components of a clinical quality management program as outlined in [Clinical Quality Management Policy Clarification Notice 15-02](#). There are also corresponding frequently asked questions for Clinical Quality Management Policy Clarification Notice 15-02. The frequently asked questions address comment questions related to clinical quality management.

The clinical quality management plan should provide a good understanding of the grant recipient’s clinical quality management program in a narrative format. A clinical quality management plan is brief and to the point. It does not contain information tangentially related to the clinical quality management program (e.g. history of the grant recipient), which can be found elsewhere (e.g. grant application).

The table below lists each of the sections of a clinical quality management plan. Each section highlights the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) expectations and includes descriptions of the narrative, resources and tips for each section are listed at the end of the document.

**Applicable to all Parts**

Section	Content	Present: Yes/No/Partial	Comments
<b>General Information</b>			
	Include the name of the grant recipient and the date last updated or approved.		<p>Include a <b>cover page</b> with the timeframe the plan covers (e.g. April 2018-2019), either the calendar, grant, or fiscal/budget year.</p> <p>Include the last <b>month/date</b> the plan was revised/updated or if a new plan, its inaugural date, and when it was approved, and by whom.</p> <p><b>Approval:</b> Consider a signature page (e.g. separated as an appendix), with the leadership hierarchy who theoretically reviewed, understand, agree with, and subsequently approved the document.</p>

### CQM Plan Review Checklist Template for NRWC Workshop

		Ensure the layout is clear and easy to follow and content is well organized.
<b>Quality Statement</b>		
PCN 15-02	None	
Narrative Description	<ul style="list-style-type: none"> <li>Brief, visionary, and related to HIV services</li> <li>Describes the ultimate goal of quality efforts and the purpose of the program</li> <li>“How can client needs be met? How can we ensure high quality care is provided while optimizing resources?”</li> </ul>	<p>Ensure equal access to quality comprehensive HIV care and support services.</p> <p>Ensure the degree to which the performance of funded HIV care and support services achieve the standards.</p> <p>Provide a continuum of care and eliminate health disparities across jurisdictions.</p> <p><b>For example, accomplished by:</b></p> <ul style="list-style-type: none"> <li>Promoting quality medical care and support services based on current DHHS Guidelines and professional standards.</li> <li>Maximizing retention in care.</li> <li>Promoting accessible and appropriate HIV care and support services based on monitoring epidemiological trends.</li> <li>Supporting efficient and effective use of federal and state resources to meet the care and support needs.</li> </ul>

### CQM Plan Review Checklist Template for NRWC Workshop

			<ul style="list-style-type: none"> <li>• Developing and implementing a CQM plan.</li> <li>• Improving access to ADAP services by improving application and recertification processing.</li> <li>• Improving alignment across health districts by developing core performance measures.</li> <li>• Improving alignment across services through standardization of case management.</li> </ul>
<b>Annual Quality Goals</b>			
PCN 15-02	None		
Narrative Description	<ul style="list-style-type: none"> <li>• Outline year’s priorities for the CQM program</li> <li>• Endpoints/conditions towards which program work will be directed</li> <li>• Focus on program’s most important areas of need; emphasis on improvement</li> <li>• Five or fewer goals</li> <li>• Encourage to cover a 12-month period (but no longer than 18-months)</li> </ul>		<p>Consider building on PCN 15-02’s main components (Infrastructure, Performance Measurement, and Quality Improvement) and if applicable to the program, infuse principles from the Applicability to Subrecipients section.</p> <p><b>Accomplished by:</b></p> <ol style="list-style-type: none"> <li>1). Assessing where the program is currently (e.g. historical analysis, quality and reliability of date);</li> <li>2). Quantifying where it is the program is projected to be.</li> <li>3). Building workgroups (e.g. CQM Committee consensus).</li> </ol>

## CQM Plan Review Checklist Template for NRWC Workshop

			<p>4). Understanding program parameters (e.g. know your subrecipients and consumers); and</p> <p>5). Prioritizing goals in all components of 15-02 (Infrastructure, Performance Measurement, and Quality Improvement).</p> <p>Ensure goals are:</p> <ul style="list-style-type: none"> <li>• <b>Relevant</b> (how significant is the problem?),</li> <li>• <b>Impactful</b> (what is the effect on the program?),</li> <li>• <b>Feasible</b> (can something be done about the problem with the resources available?)</li> <li>• <b>Measureable</b> (can numerical value including fiscal impact be demonstrated?), and</li> <li>• <b>Realistic</b> (are the goals achievable)?</li> </ul>
<b>Quality Infrastructure</b>			
PCN 15-02	<ul style="list-style-type: none"> <li>• Utilization of Ryan White HIV/AIDS Program grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed</li> <li>• An ideal infrastructure consists of: leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people living with HIV (PLWH) involvement, stakeholder involvement, and evaluation of the clinical quality management program</li> </ul>		
Narrative Description	<ul style="list-style-type: none"> <li>• Describe how leadership guides, endorses, and champions the clinical quality management program</li> </ul>		Specify and detail. Include the titles, roles, and responsibilities.
	<ul style="list-style-type: none"> <li>• Describe who serves on the quality management committee, who chairs and facilitates the meetings, how often the quality management committee meets, and the purpose of the quality management committee</li> </ul>		Specify and detail, particularly the committee's purpose. Note roles and responsibilities.

## CQM Plan Review Checklist Template for NRWC Workshop

		<p>As a separate internal document (with pieces included in the CQM plan), recipients could consider a committee charter that details how the committee functions (e.g. how members are recruited/selected, how long are member terms, voting processes, initial orientation to the role, how decisions are made, knowledge sharing, etc.).</p>
	<ul style="list-style-type: none"> <li>Describe the staff positions responsible for developing and implementing the clinical quality management program and related activities including the role of contractors funded to assist with the clinical quality management program</li> </ul>	<p>Specify and detail.</p> <p>As an aside, encourage the recipient to consider the value in reviewing staff position descriptions to ensure CQM program related roles and responsibilities included. Work with leadership to revise if language is either vague or nonexistent.</p> <p>Consider the same approach to subrecipient contracts (if applicable).</p>
	<ul style="list-style-type: none"> <li>Describe who writes, reviews, updates, and approves the clinical quality management plan</li> </ul>	<p>Specify and detail. Does it include all components?</p> <p>How often is the CQM plan reviewed and revised? By whom? In what forum?</p> <p>What is the process in updating the work plan? How often?</p> <p>What is the approval process that finalizes the plan?</p>

## CQM Plan Review Checklist Template for NRWC Workshop

	<ul style="list-style-type: none"> <li>Describe how people living with HIV are involved in the development and implementation of the clinical quality management program</li> </ul>		<p>Specify and detail. Discuss committee structures and the roles and responsibilities of its consumers. How are PLWH recruited?</p> <p>Are subpopulations particularly impacted sought or participating?</p>
	<ul style="list-style-type: none"> <li>Describe how stakeholders (e.g. subrecipients, other recipients in the region, planning body/committee, etc.) provide input into the clinical quality management activities</li> </ul>		<p>Specify and detail.</p> <p>Part A programs, detail information related to the Planning Council/Body.</p> <p>Detail information about Consumer Advisory Boards.</p> <p>What are leaders/staff doing to establish a regional reach of CQM program collaborations?</p>
	<ul style="list-style-type: none"> <li>Describe how the effectiveness of the clinical quality management program is evaluated</li> </ul>		<p>Detail the process, for example:</p> <ol style="list-style-type: none"> <li>1). Is the program’s evaluation a CQM Committee agenda item? How often?</li> <li>2). How is leadership informed of program progress issues? How often? Through what means?</li> <li>3). How and when are evaluation findings shared? With whom?</li> <li>4). How are ineffective CQM activities addressed?</li> </ol> <p><b>Why evaluate a CQM program?</b></p>

### CQM Plan Review Checklist Template for NRWC Workshop

			<p>Evaluating processes and resources may reveal needed areas of improvement.</p> <p>Demonstrates the effectiveness of the infrastructure to decide whether QI work is completed.</p> <p>Allows performance measures to be reviewed to help determine whether they are appropriate to assess clinical and non-clinical HIV care.</p> <p>If changes are made, an evaluation tells whether changes created effective, positive improvements.</p> <p>Successes allows consideration to scale up activities (determine where else in the systems of care these activities can be implemented).</p> <p>Better concentrate energies and resources to develop and advance improvement strategies and activities for future objectives.</p> <p>Provides an opportunity to assess people (e.g. do you have buy-in?); teams (e.g. do you have people with the right skills sets? Performing in the right roles?), and processes.</p>
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## CQM Plan Review Checklist Template for NRWC Workshop

		<p><b>When developing your evaluation process:</b>          Should be in context to the relative size and scope of your program.</p> <p>Should be a part of your CQM plan.</p> <p>Do not overthink the evaluation piece.</p> <p>There is no need to hire a consultant with expertise in organizational assessment. Should not take an extensive amount of time.</p> <p>Use the CQM plan’s work plan as a guide; it will help verify whether objectives established at the outset have been accomplished.</p> <p>Celebrate successes.</p> <p>If activities do not lead to improvement, then identify barriers, focus on making adjustments to processes and/or create new processes or activities.</p> <p>Write about the plan and its impacts. A paragraph or two would suffice.</p> <p><b>When to evaluate?</b></p> <p>Perhaps throughout the performance cycle (e.g. at CQM Committee meetings), but certainly consider the last annual CQM Committee meeting.</p>
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## CQM Plan Review Checklist Template for NRWC Workshop

			Typically well attended meeting and thus, an ideal opportunity to retrospectively applaud the hard work, successes, and achievements of the team. Also offers an opportune moment to recognize and announce potential focuses for the upcoming year.
<b>Performance Measurement</b>			
PCN 15-02	<ul style="list-style-type: none"> <li>• Recipients are strongly <u>encouraged</u> to include HRSA HIV/AIDS Bureau (HAB) measures, Health and Human Services (HHS) guidelines, and the National HIV/AIDS Strategy (NHAS) indicators.</li> <li>• Data collection and analysis for the CQM performance measures should occur quarterly at a minimum.</li> <li>• For RWHAP service categories funded by direct RWHAP funds, rebates, and/or program income:             <ul style="list-style-type: none"> <li>○ 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;</li> <li>○ 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</li> <li>○ 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.</li> </ul> </li> </ul>		
Narrative Description	<ul style="list-style-type: none"> <li>• Describe how performance measures are selected and regularly reviewed for relevance, need, etc.</li> </ul>		<p>Specify and detail. Have PCN 15-02 expectations met?</p> <p>Are the measures appropriately reflective of RWHAP-funded services?</p> <p>Are the measures relative to the local HIV epidemiology?</p> <p>Do the meaasures identify the needs of PLWH in the communities?</p> <p>What is the selection process, and who is involved and how?</p>

### CQM Plan Review Checklist Template for NRWC Workshop

	<ul style="list-style-type: none"> <li>Describe the process to collect performance measure data including engagement of subrecipients.</li> </ul>		<p>Specify and detail. Are PCN 15-02 expectations met?</p> <p>Should occur more frequently than when data is collected simply for reporting purposes (e.g. more than RSR reporting).</p> <p>How are subrecipients involved?</p> <p>What is the primary source of data?</p> <p>What data management system(s) are used and in what data system is data stored?</p>
	<ul style="list-style-type: none"> <li>Describe the process to analyze the performance measure data including stratifying the data to identify health disparities and sharing the data with stakeholders.</li> </ul>		<p>Specify and detail. Are PCN 15-02 expectations met?</p> <p>Mention revised 15-02 expectations regarding how many performance measures expected for determined percentage of eligible clients receiving at least one unit of service.</p> <p>Who is responsible for analyzing and articulating findings?</p> <p>Is data stratified? How?</p> <p>What are the most recent data available?</p> <p>How are data results reported?</p>

## CQM Plan Review Checklist Template for NRWC Workshop

			How are results and findings disseminated? To whom?
			How is data used to drive CQM activities?
	<ul style="list-style-type: none"> <li>Identify performance measures for all Ryan White HIV/AIDS Program funded service categories.</li> </ul>		Consider an appendix listing all RWHAP-funded service categories and associated performance measures (program based).
<b>Quality Improvement</b>			
PCN 15-02	<ul style="list-style-type: none"> <li>Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., model for improvement, Lean, etc.).</li> <li>Documentation of all quality improvement activities.</li> <li>Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.)</li> </ul>		
Narrative Description	Describe the QI approach or methodology used (e.g. Model for improvement/PDSA, Lean, etc.)		Specify and detail. Are PCN 15-02 expectations met?
	Describe how QI priorities or projects are selected; if known, state the QI priorities or projects for current year		Is performance data used to develop QI activities? How?
	Describe how QI projects are documented		Specify and detail.
	Describe how subrecipients are engaged, supported, and monitored with respect to QI		<p>Have QI capacity building (e.g. training opportunities) needs been assessed, identified, and implemented?</p> <p>Has technical assistance on QI and support for QI activities been identified? To whom? Detail.</p> <p>How is data being fed back to providers and key stakeholders? Into the recipient's CQM program (if applicable).</p>

### CQM Plan Review Checklist Template for NRWC Workshop

Work Plan			
Narrative Description	<ul style="list-style-type: none"> <li>A work plan created to provide a thorough overview of implementation: establish timelines, milestones, and accountability for all clinical quality management program activities outlined in the clinical quality management plan.</li> </ul>		<b>Be detailed.</b> Update regularly. Tell the story including the 5 W's and How.
	<ul style="list-style-type: none"> <li>Table format may be used with columns for objective, key activities/milestones, timelines (deadlines), responsible staff person(s) [accountability], and outcomes/impact</li> </ul>		Include both successes and difficulties.
	<ul style="list-style-type: none"> <li>Describe how the work plan will be shared/communicated with all stakeholders, including staff, consumers, board members, parent organizations, other grant recipients, funders, etc.</li> </ul>		Include this in the body of the document (e.g. evaluation).