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| **Clinical Quality Management Plan Review Checklist** |
| The clinical quality management (CQM) plan should address how the grant recipient will meet the key components of a CQM program as outlined in [Clinical Quality Management Policy Clarification Notice (PCN) 15-02](https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf). The CQM plan should provide a good understanding of the grant recipient’s CQM program in a narrative format. A CQM plan is brief and to the point. It does not contain information tangentially related to the CQM program (e.g., history of the grant recipient), which can be found elsewhere (e.g., grant application). The table below lists each of the components of a CQM plan. Each component is highlighted based on the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) expectations and includes descriptions of the narrative, resources, and tips for each component. |
| **Recipient:** **Division:** **Part:** **Date of Plan:** **Date reviewed:** **Reviewer:**  |
| **General Information** |
| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Include the name of the recipient organization and the date the CQM plan was last updated and/or approved.  |  | Consider a **cover page.** Ensure the layout is clear, easy to follow, and that content is well organized.Include the **timeframe** the plan covers. Typically based on the evaluation period (i.e., calendar, grant, or fiscal/budget year) – for example, GY2024. Consider noting the month and year the plan was **last revised/updated** or if a new plan, note the inaugural date. Usually as a Footer.Consider a **signatory page** (as an appendix document) or **signature block** (on the cover page). |
| **Quality Statement** |
| PCN 15-02  | None |
| **Content** | **Present: Yes/No/Partial** | **Comments** |
| * Include a statement that is brief, visionary, and related to HIV services
* Describe the ultimate goal of quality efforts and the purpose of the CQM program
 |  | Answer: 1. *How can client needs be met?*
2. *How can we ensure high quality care is provided while optimizing resources?*

Demonstrates:Equal access to quality comprehensive HIV care and support services. Degree to which the performance of funded HIV care and support services achieve the standards.How the program provides a continuum of care and eliminates health disparities across jurisdictions. |
| **Annual Quality Goals** |
| PCN 15-02  | None  |
|  **Content** | **Present: Yes/No/Partial** | **Comments** |
| * Outlines the year’s priorities for the CQM program
* Endpoints/conditions towards which program work will be directed
* Focus on program’s most important areas of need with an emphasis on improvement
* Include five or fewer goals
* Covers a 12-month period
 |  | Accomplished by:Prioritizing goals in the main components of PCN 15-02 (Infrastructure, Performance Measurement, and Quality Improvement), and consider addressing subrecipient monitoring (if applicable).Assessing where the program is currently and where the program is headed.Identifying areas (1) of non-compliance, (2) that require development or improvement, (3) to scale up, and/or (4) to expand. |
| **Quality Infrastructure** |
| PCN 15-02 | * Utilization of RWHAP grant funds to establish an appropriate infrastructure for a CQM program is allowed.
* An ideal infrastructure consists of the following: leadership, quality management committee, dedicated staffing, dedicated resources, CQM plan, people with HIV involvement, stakeholder involvement, and evaluation of the CQM program.
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| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Describe how leadership guides, endorses, supports, and champions the CQM program. |  | Provide examples of “how” leaders are involved and contributing.Include the titles, roles, and responsibilities of leaders associated with the CQM program. Do not include staff and other stakeholders by name.Consider including an organizational chart (appendix document). |
| Describe who serves on the quality management committee, who chairs and facilities the meetings, how often the quality management committee meets, and the purpose of the quality management committee. |  | Identify (high-level) the roles, responsibilities, duties, and expectations (r/r/d/e) for individual committee members. Are meeting minutes maintained? How? By whom? Are the meeting minutes shared? How? With whom? |
| Describe the staff positions responsible for developing and implementing the CQM program and related activities including the role of contractors funded to assist with the CQM program. |  | Are there select staff members and/or contractors (e.g., CQM consultant) that functions to implement CQM activities? What are the r/r/d/e of staff assigned to CQM work including agreements (i.e., statement of work) with external CQM contractors?  |
| Describe who writes, reviews, updates, and approves the CQM plan.*Required Sections*: Quality Statement, Annual Quality Goals, Infrastructure, Performance Measurement, Quality Improvement, Evaluation of the CQM Program, and Work Plan. |  | How often is the CQM plan reviewed and revised?What is the process to review and update the work plan? How often? By whom?What is the approval process that finalizes the CQM plan?  |
| Describe how people with HIV (PWH) are involved in the development and implementation of the CQM program. |  | Consider the various ways PWH can be involved (e.g., surveys, focus groups, committee participation).Include r/r/d/e.How are PWH recruited to participate in the CQM program? Are specific subpopulations recruited?If applicable, include the involvement of PWH associated with regional partners and community stakeholders.  |
| Describe how stakeholders (e.g., subrecipients, other recipients in the region, planning body/committee, etc.) provide input into the CQM activities. |  | How are subrecipient CQM activities (e.g., performance measures portfolio, identification of quality improvement activities) guided and monitored?What are recipient leaders/staff doing to establish a regional reach of CQM program collaborations?Provide brief but detailed information about regional collaborations (planned and ongoing).  |
| Describe how the effectiveness of the CQM program is evaluated. |  | How often is the program’s effectiveness discussed? By whom? How are leaders informed of program progress issues? How and how often? How and when are evaluation findings shared? With whom?How are ineffective CQM activities addressed? |
| **Performance Measurement** |
| PCN 15-02 | * Recipients are strongly encouraged to include HRSA HAB measures, Health and Human Services (HHS) guidelines, and the National HIV/AIDS Strategy (NHAS) indicators.
* Data collection and analysis for the CQM performance measures should occur quarterly at a minimum.
* For RWHAP service categories funded by direct RWHAP funds, rebates, and/or program income:
* 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;
* 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
* 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.
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| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Describe how performance measures are selected and regularly reviewed for relevance, need, etc. |  | Is client service utilization data used to determine the minimum # of measures required for each RWHAP-funded service category?What is the process to select measures? When does this occur? Who’s involved?Are the measures appropriately reflective of RWHAP-funded services?Will the selected measures inform us about the RWHAP-funded service(s)? Are the measures relative to the local HIV epidemiology? Do the measures identify the needs of PWH? |
| Describe the process to collect performance measure data including engagement of subrecipients. |  | How are subrecipients involved (if applicable)?What is the primary source of data?What other data management system(s) is (are) used and in what (central) data system is data stored?How is subrecipient data transferred (e.g., all data is entered in one data system, manual entry by recipient staff, etc.)?How is data validated for accuracy, completeness, and timeliness (data quality and integrity)? |
| Describe the process to analyze the performance measure data including stratifying the data to identify health disparities and sharing the data with stakeholders. |  | What is the data analysis process?Who is responsible for analyzing data and articulating findings?Is data stratified? How?What is the most recent data available?How are data results reported? Shared? With whom?  |
| Identify performance measures for all RWHAP-funded service categories, per PCN 15-02 |  | Consider a Performance Measurement portfolio listing all RWHAP-funded service categories and associated performance measures (Appendix document). |
| **Quality Improvement** |
| PCN 15-02 | * Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., Model for Improvement, Lean, etc.).
* Documentation of all QI activities.
* Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.)
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| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Describe the QI approach or methodology used (e.g., Model for Improvement/PDSA, Lean, etc.). |  | Specify in brief detail. |
| Describe how QI priorities or projects are selected. If known, state the QI priorities or projects for the current evaluation period. |  | How is data used to determine, guide, support, and develop QI activities?Detail the QI focus selection process and include who is involved.  |
| Describe how QI projects are documented. |  | How are subrecipients involved in site level QI activities? How are recipients involved in system level QI activities?How are QI activities documented (e.g., PDSA template)? |
| Describe how subrecipients (if applicable) are engaged, supported, and monitored with respect to QI. |  | Have staff and subrecipient QI capacity building needs (e.g., training, technical assistance) been assessed, identified, and addressed? Are QI activities (impact and outcomes) shared with providers and key stakeholders? When and how?How does subrecipient QI activities impact the recipient’s CQM program (if applicable)? |
| **Work Plan** |
| PCN 15-02 | None |
| **Content** | **Present: Yes/No/Partial** | **Comments** |
| Provides a thorough overview of the implementation of the CQM program including establishes timelines, milestones, and accountability for all CQM program activities as outlined in the CQM plan.  |  | Be detailed and review regularly.Is there a narrative section that details the purpose of the work plan and how it is utilized to support the CQM program? |
| Table format may be used to state goals with columns detailing objectives, key activities (milestones), timelines (target dates), responsible parties (accountability), and outcomes/results (impact of key activities). |  | Reflective of annual quality goals.Include both successes and challenges.Determine how best to document impact, outcomes, and sustainability plans. |
| Describe how the work plan will be shared/communicated with all stakeholders (e.g., staff, people with HIV, board members, parent organizations, other recipients, funders, etc.). |  | Include in the CQM Plan narrative section. |