

**Kansas City Free Health Clinic
HIV Primary Care Department
Quality Assurance Program Summary**

Program	Quality Management Components in place
HIV Primary Care	<p>Chart Audits Completed monthly and quarterly per plan. In addition to outcomes monitored under Ryan White Part C/Part A plan, the following are monitored on Clinic patients only:</p> <p>Indicators</p> <ol style="list-style-type: none"> 1. % of patients with an adherence assessment at last visit Definition: An adherence assessment will be considered completed if patient or any member of the health care team documents number of missed doses, percent of missed doses, number of refills since last visit, or number of missed refills since last visit. Goal: 80% 2. % of patients on ARV with at least an annual lipid profile Definition: An annual lipid profile will be considered completed if a fasting lipid profile lab report done in the previous 12 months from date of audit is noted in the chart Goal: 80% 3. % of patients with at least an annual RPR Definition: An annual RPR will be considered completed if an RPR lab result done in the previous 12 months from date of audit is noted in the chart. Goal: 80% 4. % of female patients with a PAP smear in the previous 12 months. Definition: An annual PAP smear will be considered completed if there is a PAP smear lab report done in the previous 12 months from date of audit is noted in the chart. Goal: 80% 5. % of patients with a primary care visit at least every 4 months Definition: A primary care visit will be considered completed if a Physician, Nurse Practitioner, Physician Assistant or Registered Nurse documents a face to face visit in the medical chart. Goal: 80%

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HIV Primary Care	<p>6. % of patients on ARV with a viral load every 4 months Definition: A viral load will be considered completed if a lab report done in the previous 4 months is noted in the chart. Goal: 80%</p> <p>7. % of patients on ARV with a CD4 count every 4 months. Definition: A CD4 count will be considered completed if a lab report done in the previous 4 months is noted in the chart. Goal: 80%</p> <p>Process Audits</p> <ul style="list-style-type: none"> • Appropriate implementation of standing orders Audit 2 charts per week. 13 weeks per quarter. 26 charts per quarter. 80% compliance. <p>Reports Monthly activity report to Executive Director 6 month progress report for Part C Annual RDR for Part C and Part A Quarterly administrative and quality management reports to Health Department</p> <p>Patient Satisfaction Survey – Done annually. Mailed to 25% of active patients.</p> <p>Informal Review of Voice Mail log – Log is reviewed to determine timeliness of response, reason for call, action taken. Those with medication refills are compared with chart to determine adherence to standing orders and nursing practice</p> <p>Multidisciplinary Team Meetings: Case Conferencing Tool – Weekly all clients who receive primary care and case management services at the Clinic, who are scheduled for an appointment during the upcoming week, are clinically reviewed. Able to observe Primary Care staff’s knowledge of their patients, plans for care, integration of other services into the care plan and general communication and collaboration with other</p>

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HIV Primary Care	<p>departments. Monitor referrals of new positives into primary care. On the spot problems identification and resolution occurs.</p> <p>Ridgemark Statistics – Monthly reports of patient encounters, demographics of new and all patients. Shared with all of Primary Care staff.</p> <p>Bi Weekly Staff Meetings-- Information sharing, problem identification and resolution, review of qm audits and results, development of new services, policies and procedures.</p>
Program	Quality Management Components in place
Peer to Peer Treatment Adherence	<ul style="list-style-type: none"> • Process: Demographics, number of peer contacts, number of primary care visit, viral load, CD4 counts <p>Phone Log Audits—80% of patients with a scheduled appointment and who have given us permission to call will be given an appointment reminder phone call the day before their appointment</p> <p>Did Not Keep Appointment Log Audits- 75% of patients who did not keep their medical appointment and who have given us permission to call will be given phone call prompting them to reschedule their missed appointment</p> <p>Chart Audits 25% client charts audited quarterly to assess client directed goals developed and achieved.</p> <p>Referrals for Just in Time Individual Encounters—80% of patients referred through Multidisciplinary Team Meeting for a peer individual encounter will be contacted.</p> <p>Referrals for Just in Time Group Encounters---80% of patients referred through Multidisciplinary Team Meeting for a peer group encounter will be contacted.</p> <p>Patient Program Evaluation Survey –Completely quarterly. Mailed to 25% of active patients.</p> <p>Reports Monthly activity report 6 month and 12 month CAP/DIFFA report</p>

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Peer to Peer Treatment Adherence	B-Weekly Supervision – Treatment Adherence Specialist meets with each peer counselor on a bi-weekly basis. Reviews progress notes and verbal reports of interactions with clients. Offers coaching, mentoring and support.
Program	Quality Management Components in place
Peer Education Training Site (PETS)	Reports Quarterly activity reports Organizational Capacity Building Activity Log completed monthly
Program	Quality Management Components in place
Part C	<p>Quarterly Chart Audit At each site Kansas City Free Health Clinic staff or site staff will audit 10% of the patients supported by Part C for the same indicators as noted in HIV Primary Care. Per Part A contract, 80% compliance is expected.:</p> <p>Kansas City Free Health Clinic staff will complete at least 1 administrative, clinical and fiscal site visit per year at each site.</p> <p>Annual Site Visit – Site visit to assess fiscal, clinical and administrative compliance with legislative mandate, program requirements and contract.</p> <p>Registration/Billing – Systems are in place to assure that patients are registered as a Part C patient by each site prior to payment of any submitted bill. Systems are in place to assure that only outpatient care is reimbursed.</p> <p>Informal Assessment of sites – Done on an ad hoc basis through contact with sites at meetings and on phone. Problem identification and resolution.</p> <p>Reports 6 month progress report Annual RDR Bi-Monthly call with Project Officer</p>



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