

Ryan White Part A Clinical Quality Management/Site Visit Orientation

Outpatient substance abuse services
Residential substance abuse services


Presenters:

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Learning Objectives

- To understand the CDPH Ryan White clinical quality management (CQM) process.
- To understand the roles & expectations of the funded agency in terms of sample size, sample selection, provision of clinical reviewers.
- To understand the roles & expectations of host team & visiting team members during the site visit.
- To understand the reporting process.





"It's no use saying we are doing our best, you have got to succeed in doing what is necessary."

--- Winston Churchill



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CDPH Ryan White CQM Program

- CQM reviews have been undertaken in the following Ryan White service categories
 - Oral health services
 - Ambulatory/outpatient medical care services (pilot completed and remaining agencies to be completed 8.09)
 - Mental health services (to be completed 8.09)
 - Psychosocial support services (to be completed 8.09)
- CQM review results used to revise Standards of Care and to identify quality improvement activities within the EMA.



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Philosophy & Approach

- Focus on quality - the degree to which services meet or exceed HAB clinical indicators/performance measures, EMA Standards of Care & consumer expectations
- Maintain consumer involvement
- Assess the service category across the EMA
- Increase consistency between reviewers
- Data driven
- Consultative
- Evaluation of Quality Management Program/ Planning



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- On-site reviews will last between 1 - 2 days, based on the number of charts to be reviewed by clinical reviewers.
- The number of charts to be reviewed is based on the number of clients seen in each service category during the review period and is determined through a standardized process prior to the site review.
- On-site review also includes consumer panel discussion, facility tour and mock client intake.



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Sample Agenda - Day 1

9:00 AM - 10:00 AM	Brief Entry Conference, Review How Charts Are Organized - All team members
10:00 AM - 10:15 AM	Facility Tour - Facilitator & Consumers
10:15 AM - 4:00 PM	Chart Review - Clinical Reviewers Mock intake - Consumers
12:00 PM - 1:00 PM	Lunch Break (reviewers) Consumer Panel (lunch)
4:15 PM - 4:30 PM	Team Debrief - All team members



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Sample Agenda - Day 2 (if multiple days)

9:00 AM - 4:00 PM	Chart review (cont) - Clinical reviewers
12:00 PM - 1:00 PM	Lunch break
4:15 PM - 4:30 PM	Team debrief
4:30 PM - 5:00 PM (last day)	Brief exit conference Agency staff and review team



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Team Composition

- Facilitator/Team leader - CDPH or TRN
- Clinical Reviewer - There may be more than one based on the number of service categories being reviewed and the number of charts to be reviewed.
- Consumer/Peer Reviewer



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Facility Tour

- Generally conducted by the Team Leader, CDPH Staff and the Peer Reviewers
- Looks at issues related to accessibility, safety, confidentiality, patient education materials and flow
- Facility tour will not be conducted if same agency/site has had a review during recent CDPH CQM visit (including pilot) unless there were noted deficiencies during prior tour.



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Consumer Panel

- Group interview of 6-8 clients who receive the Part A services being reviewed are representative of the population(s) served
- If your agency has multiple HIV service delivery sites, include clients from all sites
- The interview will last about an hour
- Transportation
- Refreshments



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Mock Patient Intake

- Is an exercise where the peer reviewers evaluate the intake process. The peers register as new patients and staff conducts a "typical" intake, complete with forms, educational materials, etc.



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Performance Measures

- Measures based on: 1) HAB clinical indicators/performance measures (when available); 2) Local standards of care; 3) best practices.
- Main criteria for development of measures:
 - **Relevance:** Does indicator relate to a condition that occurs frequently or has a great impact on patients?
 - **Measurability:** Can the indicator realistically and efficiently be measured?
 - **Improvability:** Can the performance rate realistically be improved?
 - **Accuracy:** Is the indicator based on accepted guidelines or developed through formal group decision-making methods?



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Client Chart Abstraction Instruments - 1

- Separate instrument developed for each service category (outpatient and inpatient substance abuse treatment.)
- Instruments have been reviewed by content experts and piloted in the field prior to use.
- Reviewers will participate in a training conference call prior to conducting on site review. (Dates of calls TBD and participation is required of all reviewers.)
- Accompanying instructions will assist reviewers in answering questions.
- Reviewers will complete one instrument for each chart being reviewed.



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Performance measures

- All instruments abstract client demographic (Section 1) data—CDPH staff/consultants will assist reviewers with this section.
- Performance measures are reported as a the proportion: The number of clients who received the specified component of care; (numerator)/The number of clients meeting the eligibility criteria (denominator).
- For example:
 - “Percent of outpatient substance abuse clients who received an assessment.”
 - “Percent of outpatient substance abuse clients who had a treatment plan.”



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Client Chart Sampling Methodology - 1

- Representative sample of clients served by RW program during the review period (August 1, 2008 to July 31, 2009).
- Random selection of records is necessary to ensure that sample reviewed is representative and can be generalized to the agency's patient population (within a margin of error).
- Agencies will be told how many client records to randomly select from their total eligible client population . The number of records to select will exceed the number to be reviewed.



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Client Chart Sampling Methodology - 2

- Agencies with more than one clinical site will separately select charts from each of their clinical sites. These agencies will develop a separate list of patients for each clinical site.
- The location for these multi-site clinical reviews will be determined (e.g., selected charts will be brought to one central site or reviewers will go to each site to conduct their review.)
- If records are electronic, then adequate access needs to be arranged



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Client Chart Sampling Methodology

- Range of charts to be randomly selected by agency for review:

Number of unduplicated patients at Ryan White Part A sites seen during review period (August 1, 2008 to July 31, 2009)*	Number of charts to be pulled using sampling methodology	Estimated number of clinical reviewer days on-site (additional reviewers may be added to decrease the number of days on-site)
Up to 20	ALL	1
21- 60	28 to 45	2
61-90	48 to 55	2 to 3
91-159	60 to 74	2 to 3
160-249	75 to 87	3
250-399	92 to 98	3 to 4
400-749	100 to 115	4 to 5
750 or more	115 to 130	4 to 6

* Total number of patients seen by agency at all of its clinical sites.

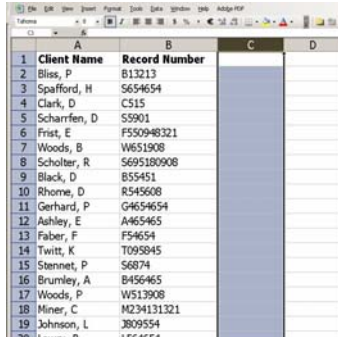


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Client Chart Sampling Methodology/Process - 1

Step 1:

- Develop a list of clients who had at least one Ryan White substance abuse visit during the period August 1, 2008 to July 31, 2009.
- Put the list in Excel. (Client name, record number, site, etc.)
- Complete **Sample Size Planning Survey (e-mail survey)**. You will be provided with # of charts to pull for the review via e-mail.



	A	B	C	D
1	Client Name	Record Number		
2	Blise, P	B13213		
3	Spafford, H	S654654		
4	Clark, D	C515		
5	Scharffen, D	S5901		
6	Frist, E	F550948321		
7	Woods, B	W651908		
8	Scholter, R	S695180908		
9	Black, D	B55451		
10	Rhorne, D	R545608		
11	Gerhard, P	G4654654		
12	Ashley, E	A465465		
13	Faber, F	F54654		
14	Twitt, K	T095845		
15	Stannet, P	S6874		
16	Brunley, A	B456465		
17	Woods, P	W513908		
18	Miner, C	M234131321		
19	Johnson, L	J809554		

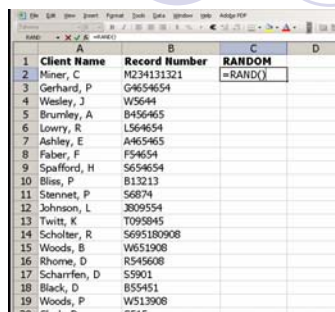


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Client Chart Sampling Methodology/Process - 2

Step 2:

- Add a column for Random number function =RAND()



	A	B	C	D
1	Client Name	Record Number	RANDOM	
2	Miner, C	M234131321	=RAND()	
3	Gerhard, P	G4654654		
4	Wesley, J	W5694		
5	Brunley, A	B456465		
6	Lowry, R	L564654		
7	Ashley, E	A465465		
8	Faber, F	F54654		
9	Spafford, H	S654654		
10	Blise, P	B13213		
11	Stannet, P	S6874		
12	Johnson, L	J809554		
13	Twitt, K	T095845		
14	Scholter, R	S695180908		
15	Woods, B	W651908		
16	Rhorne, D	R545608		
17	Scharffen, D	S5901		
18	Black, D	B55451		
19	Woods, P	W513908		

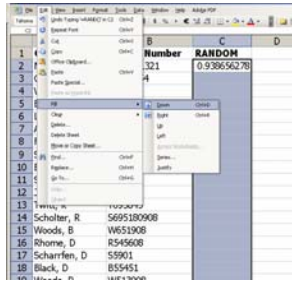


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Client Chart Sampling Methodology/Process - 3

Step 3:

- Fill RAND() function down through column
- Edit/Fill/Down



Client Name	Record Number	RANDOM
Honer, C	1423411321	0.123898532
Gerhard, P	G4654654	0.906541267
Wesley, J	W5644	0.275082044
Brunley, A	B456465	0.446123401
Lowry, R	L564654	0.342115307
Ashley, E	A465465	0.32327708
Faber, F	F54654	0.098183951
Spafford, H	S654654	0.124487504
Bliss, P	B13213	0.500420391
Stennett, P	56874	0.21816663
Johnson, L	J09554	0.549806126
Twitt, K	T095845	0.690400621
Scholter, R	S695180908	0.531909655
Woods, B	W651908	0.640703985
Rhorne, D	R545608	0.374883126
Scharffen, D	S5901	0.909247346
Black, D	B55451	0.073528144



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Client Chart Sampling Methodology/Process - 4

Step 4:

- Copy entire worksheet

Client Name	Record Number	RANDOM
Honer, C	1423411321	0.123898532
Gerhard, P	G4654654	0.906541267
Wesley, J	W5644	0.275082044
Brunley, A	B456465	0.446123401
Lowry, R	L564654	0.342115307
Ashley, E	A465465	0.32327708
Faber, F	F54654	0.098183951
Spafford, H	S654654	0.124487504
Bliss, P	B13213	0.500420391
Stennett, P	56874	0.21816663
Johnson, L	J09554	0.549806126
Twitt, K	T095845	0.690400621
Scholter, R	S695180908	0.531909655
Woods, B	W651908	0.640703985
Rhorne, D	R545608	0.374883126
Scharffen, D	S5901	0.909247346
Black, D	B55451	0.073528144
Woods, P	W513908	0.122839468
Clark, D	CS15	0.732034426
Frist, E	F500948321	0.239847462



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Client Chart Sampling Methodology/Process - 5

Step 5:

- Paste entire worksheet
- Edit/Paste Special/

	Record Number	RANDOM	
1	234131321	0.125898532	
2	654654	0.906541267	
3	5644	0.275082044	
4	156465	0.446123401	
5	64654	0.342315307	
6	65465	0.32327708	
7	4654	0.098183951	
8	154654	0.124487504	
9	3213	0.500420391	
10	874	0.21816663	
11	09554	0.549806126	
12	095845	0.690490621	
13	Scholter, R	5695180908	0.531909655
14	Woods, B	W651908	0.640703985
15	Rhome, D	R545608	0.374583126
16	Scharffen, D	S5901	0.909247346
17	Black, D	B55451	0.073528144



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Client Chart Sampling Methodology/Process - 5

Step 5 (cont):

- Paste entire worksheet
- Edit/Paste Special/Value

	Client Name	Record Number	RANDOM
1			
2	Bliss, P	B13213	0.154689496
3	Spafford, H	S654654	0.377509712
4	Clark, D	CS15	0.506404323
5	Scharffen, D	S5901	0.559447255
6	Frist, E	F550948321	0.785731789
7	Woods, B	W651908	0.670345211
8	Scholter, R	S695180908	0.582222553
9	Black, D	B55451	0.778227227
10	Rhome, D	R545608	0.278886124
11	Gerhard, P	G4654654	0.161918427
12	Ashley, E	A465465	0.225201762
13	Faber, F	F54654	0.649345151
14	Twitt, K	T093845	0.812792443
15	Stannet, P	S6874	0.449326796
16	Bruniley, A	B45465	0.454615982
17	Woods, P	W513908	0.816617117
18	Miner, C	M234131321	0.930456864
19	Johnson, L	J809554	0.383599085
20	Lowry, R	L564654	0.236483238
21	Wesley, J	W5644	0.178825571



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Client Chart Sampling Methodology/Process - 6

Step 6:

- Sort worksheet on Random number column. Sort in ascending order.

Client Name	Record Number	RANDOM
Miner, C	B23413121	0.775171247
Gerhard, P	C4654654	0.530165943
Wesley, J	W5644	0.97860241
Brumley, A	B456465	0.671697955
Lowry, R	L564654	0.910639933
Ashley, E	A465465	0.537654391
Faber, F	F54654	0.56638171
Spafford, H	S654654	0.056919249
Bliss, P	B13213	0.023971966
Stennet, P	S6874	0.606060078
Johnson, L	J009554	0.845150945
Twitt, K	T095845	0.62460314
Scholter, R	S695180908	0.451467533
Woods, B	W651908	0.332226148
Rhorne, D	R545608	0.499406613
Scharffen, D	S5901	0.169463226
Black, D	B55451	0.480895187
Woods, P	W513908	0.733997912



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Client Chart Sampling Methodology/Process - 7

Step 7:

- Select the target number of records to pull, counting down from the first patient record (row 2).
- Please save and print the worksheet and provide it to the reviewers at time of the site visit to assist them in tracking the charts to be selected for review.

Client Name	Record Number	RANDOM
Bliss, P	B13213	0.154689496
Gerhard, P	C4654654	0.161918427
Wesley, J	W5644	0.178825571
Ashley, E	A465465	0.225201762
Lowry, R	L564654	0.236483238
Rhorne, D	R545608	0.276886124
Spafford, H	S654654	0.377509712
Johnson, L	J009554	0.383599085
Stennet, P	S6874	0.449326796
Brumley, A	B456465	0.454615982
Clark, D	C515	0.506404323
Scharffen, D	S5901	0.559447253
Scholter, R	S695180908	0.582722553
Faber, F	F54654	0.649345151
Woods, B	W651908	0.670345211
Black, D	B55451	0.778227227
Frist, E	F550948321	0.785731789



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Scheduling the CQM review

- TRN will contact agencies to schedule the date for the CQM review.
 - Jessica Uleck and Jeronimo Augusto, Logistics Coordinators



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Clinical reviewers - Agency expectations - 1

- All funded agencies are required to provide clinical reviewers to participate in the CQM reviews.
- Clinical reviewers must be qualified to provide the service being reviewed.
- The number of clinical reviewers (reviewer days) will be determined based on the number of review days of the providing agency. (For example, if the agency's CQM review will be 2 reviewer days—1 day/2 clinical reviewers—then the agency is expected to provide 1 clinical reviewer for a minimum of 2 days for another CQM review.)



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Clinical reviewers - Agency expectations - 2

- Agencies should identify the clinical reviewers to be provided and complete the [Clinical Reviewer Contact Form](#) (identify primary and alternates) and fax/e-mail to TRN.
- Conference call(s) will be held with all clinical reviewers to review instrument, instructions and to answer questions regarding client chart review.
- Clinical reviewers will be scheduled by TRN staff.



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Site Review Reports

- Agency-specific report that identifies strengths and opportunities for improvement will be provided to each agency.
- Report will be a "report card" and narrative assessment of site based on interviews/observations on site by team and a separate report of achievement of performance measures based on client chart abstraction.



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Site Review Reports - 2

- Reports can also be used to:
 - To evaluate key performance measures across the service category EMA-wide, (results will be blinded as to individual vendors).
 - To identify potential quality improvement projects at the individual agencies or across the EMA.
 - To identify way to improve the current standards.



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Site Review Timeline

- **By 15 August 2009:** Agency completes [Clinical Reviewer Form](#) ; faxes (or scan and e-mail) to TRN.
- **By 21 August 2009:** Agency completes [Sample Size Planning Survey \(e-mail\)](#). TRN will inform agency how many charts to pull for review.
- **By 15 September 2009:** Clinical reviewers participate in conference call to review clinical instrument and instructions. (Additional



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Site Review Timeline

- By Day -14 to -3: Agency pulls the charts identified in random sample list. List and charts to be provided to Team Leader at site review.
- By Day -14: Agency and Team Leader/Logistics Coordinator, via telephone, review agenda and plans for consumer panel.
- Day 0 : Site review



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