

# National HIVQUAL PROJECT

## Organizational Quality Assessment Tool (2.2)

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**HIV Program:** \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Type of Facility: (select one)  Community Health Center  Designated AIDS Center(NY)  
 University Hospital  Community Hospital  Free Standing Clinic  
 Drug Treatment Center  Private Practice

Funding Sources:  RW Part A  RW Part B  RW Part C  RW Part D  AETC  
 State-Initiated Grants  Other HIV Grants, \_\_\_\_\_

HIV Caseload: all HIV pts \_\_\_\_ Ryan White-funded pts \_\_\_\_ (unduplicated patients/year)

On-Site Services:  Primary Care  Case Management  Education/Training/Outreach  
 Peer Program  GYN Care  Dental Care  Mental Health  
 Pediatric Services  Substance Use  Ophthalmology  Methadone  
Other: \_\_\_\_\_

HIV Care Delivery:  Separate location and time  Separate only by time  Fully Integrated into primary care

Staffing:  FT HIV Medical Director  FT HIV Administrator  
 FT HIV Quality Manager If not FT, \_\_\_\_ % HIV Quality Manager  
Background of Q Manager:  MD  Nurse  PA  Other, \_\_\_\_\_  
\_\_\_\_ FTEs HIV Staff \_\_\_\_ FTEs HIV Clinical Providers  
\_\_\_\_ FTEs HIV Case Managers  access to MIS Staff  
Other: \_\_\_\_\_

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Survey Completed: by: \_\_\_\_\_ Date: \_\_\_\_\_  
Assessment:  baseline  annual If new, HIVQUAL site since: \_\_\_\_ / \_\_\_\_  
HIVQUAL Data Submission During Assessment Period:  yes  no  N/A

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please note any events that have impacted service delivery, positively or negatively, as well as other information in the last assessment year)

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<b>Functions</b> (All questions relate to the previous 12-months' activities)	<b>Score</b> (see scoring tool)					
<b>A) Quality Structure</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
A.1. Does the HIV program have an organizational structure to assess and improve the quality of care?						
A.2. Were appropriate resources committed to support the HIV quality program?						
A.3. Did the HIV leadership support the HIV quality program?						
A.4. Does the HIV quality program have a comprehensive quality plan?						
<b>B) Quality Planning</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
B.1. Were annual goals established for the HIV quality program?						
B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?						
B.3. Is there a document in place (i.e., workplan) to specify timelines for the implementation of the HIV quality program?						
<b>C) Quality Performance Measurement</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
C.1. Were appropriate quality indicators selected in the HIV quality program?						
C.2. Did the HIV program routinely measure the quality of care?						
<b>D) Quality Improvement Activities</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
D.1. Did the HIV program conduct quality projects to improve the quality of care?						
D.2. Was a team approach utilized to improve specific quality aspects?						
<b>E) Staff Involvement</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
E.1. Does the HIV program routinely engage staff in quality program activities?						
<b>F) Consumer Involvement</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F.1. Are consumers involved in quality-related activities?						
<b>G) Evaluation of Quality Program</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
G.1. Is a process in place to evaluate the HIV quality program?						
<b>H) Clinical Information System</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
H.1. Does the HIV program have an information system in place to track patient care and measure quality?						
<b>Total Score</b>						

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**HIVQUAL Organizational Assessment Sheet – Comment Sheet**

Comments by: \_\_\_\_\_ Date: \_\_\_\_\_

**What are the major findings from the Organizational Assessment?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**What are the key recommendations? What specific areas should be improved? What are specific improvement goals for the upcoming year?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**What are the suggested next steps to improve the quality program?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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### A) Quality Structure

<b>A.1. Does the HIV program have an organizational structure to assess and improve the quality of care?</b>	
Score 0	No quality structure in place; routine reporting to external governing body may exist but data are not utilized for quality activities
Score 1	Quality structure is only loosely in place; a few quality meetings of some HIV staff; knowledge of quality assessment structure is limited to only a few people in HIV program; meetings are only used to discuss individual cases
Score 2	
Score 3	Senior HIV clinician leads the HIV quality committee; at least 4 quality meetings a year; multidisciplinary team members are represented in HIV quality infrastructure; routine reporting to external governing body; staff knows about quality committee meetings; minutes are kept
Score 4	
Score 5	Senior HIV medical clinician is actively involved in quality committees; HIV quality meetings include written minutes and with written follow-up activities; understanding of entire staff about quality structure and reporting mechanism; active support by overall institution; structured input from consumers or consumer advisory board
<b>Comment:</b>	
<b>A.2. Were appropriate resources committed to support the HIV quality program?</b>	
Score 0	No designated resources are committed to support HIV quality program
Score 1	Only senior HIV clinician or designated quality coordinator was responsible to coordinate quality efforts; quality was not part of staff's job expectations; quality work was done in addition to daily work loads; little resources were made available for information systems
Score 2	
Score 3	Key staff members had time allotted for quality activities; half-time quality manager position was available at larger HIV programs; moderate resources for information systems
Score 4	
Score 5	Most staff members have quality in their job descriptions and expectations; full-time quality manager position was available at larger HIV programs; resources are committed for information systems; MIS staff is responsive to program's needs or requests for assistance
<b>Comment:</b>	
<b>A.3. Did the HIV leadership support the HIV quality program?</b>	
Score 0	No evidence of leadership involvement in the quality of care program
Score 1	HIV program leadership reviewed some quality data; support for QI was not consistent and regularized; involvement was only active if needed; HIV leadership had limited experience in QI activities; link to institution's overall quality program was only by reporting data
Score 2	
Score 3	HIV program leadership supported QI and saw quality improvement as a priority; HIV leadership established program commitment to quality; HIV leadership supported staff and quality activities if needed; HIV leadership involved in setting quality priorities; institution's overall quality program encouraged interdepartmental cooperation
Score 4	
Score 5	HIV program leadership stressed being proactive; quality and patient focus was built into new

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	programs and initiatives; HIV program leadership advocated for QI with the rest of the organization; HIV leadership was actively involved in ongoing education about quality; HIV leadership used frequent opportunities to promote quality improvement; quality and improvement issues were discussed at top staff meetings at overall organization
<b>Comment:</b>	
<b>A.4. Does the HIV quality program have a comprehensive quality plan?</b>	
Score 0	No written plan in place
Score 1	HIV quality program has only a loosely outline of a structured quality plan; written QM plan does not reflect current day-to-day operations
Score 2	
Score 3	The written QM plan is reviewed and updated annually; the quality plan describes the quality committee structure and its frequency of meetings; key quality principles and objectives are outlined; the quality plan is shared with staff
Score 4	
Score 5	The development of the written quality plan included the input of various staff; the final quality plan details the link to the institution's overall quality program, how quality activities are reported, and how the quality committee is actively overseeing quality improvement project activities; staff is aware of the plan; staff is actively involved in review and update of the quality plan
<b>Comment:</b>	

### B) Quality Planning

<b>B.1. Were annual goals established for the HIV quality program?</b>	
Score 0	No annual goals established for the HIV quality program
Score 1	Goals for the quality program were not established or do not reflect current priorities; staff is unaware of goals; goals were selected without participation of HIV quality program staff; goals only based on external requirements
Score 2	
Score 3	Annual goals were discussed and agreed on by HIV quality committee; goals were selected based on past performance and external requirements; some staff was aware of quality goals; no process in place to routinely review and update goals
Score 4	
Score 5	Annual goals were set for quality projects and performance measures; goals were actively communicated and understood by staff; selection and prioritization process was clearly defined; staff was actively involved in selection process; goals were relevant to HIV program; at least annual review and update of annual goals; goals incorporated consumer feedback
<b>Comment:</b>	
<b>B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?</b>	
Score 0	No roles and responsibilities described in quality structure

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Score 1	Staff has vague idea about roles and responsibilities for quality program; no written documentation or activities described in job descriptions
Score 2	
Score 3	Key roles for quality program are clearly described; leadership and governance are established; staff is informed about different roles; QI team roles are described; follow-up for quality activities is clear
Score 4	
Score 5	The staffs' roles and responsibilities are clearly described regarding involvement in HIV committee structure, performance measurements, and quality activities; description of accountability is routinely reviewed and updated at least annually; staff is involved in design of roles and responsibilities; structure in place to monitor progress of quality activities
<b>Comment:</b>	
<b>B.3. Is there a document in place (i.e., workplan) to specify timelines for the implementation of the HIV quality program?</b>	
Score 0	No workplan utilized for quality program and no specific timeframes established
Score 1	No formal process for quality findings in place; follow-up of quality findings only as needed; workplan may be in place but is not reviewed and updated regularly
Score 2	
Score 3	Quality activities include moderate planning for the near future; workplan in place and reviewed and updated periodically; quality committee was aware of timetable
Score 4	
Score 5	Full workplan with timelines and individual roles and responsibilities in place; monitored by quality committee and staff aware of timelines and workplan activities
<b>Comment:</b>	

### C) Quality Performance Measurement

<b>C.1. Were appropriate quality indicators selected in the HIV quality program?</b>	
Score 0	No indicators selected to measure performance
Score 1	Only those indicators were selected that were externally required; no process took place to annually review and update indicators; selection of indicators was done by senior HIV clinician or by quality coordinator
Score 2	
Score 3	Selection of indicators was based on results of internal quality initiatives and external audits; indicators had written definitions and frequencies of review; staff was aware of indicators; indicators reflected standard of care
Score 4	
Score 5	Annual process to update indicators; additional indicators were selected; indicator definitions are clearly described; staff was involved in development of indicators; most staff knew indicators and its definitions
<b>Comment:</b>	

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<b>C.2. Did the HIV program routinely measure the quality of care?</b>	
Score 0	No routine measurement of quality of care in place
Score 1	Program measured only what was required; only a few staff members were involved in measurement process or measurement was done sporadically
Score 2	
Score 3	Process in place to measure performance; performance reviews and implementation steps had defined timetables; most staff was involved in measurement process; results were reviewed in quality committee
Score 4	
Score 5	Process to evaluate and measure performance clearly described; performance reviews conducted on a regular basis but at least annually; performance measurement results were regularly reviewed by the HIV leadership and the overall institution, and action was taken on the results; staff was trained in performance measurement methodologies
<b>Comment:</b>	

### **D) Quality Improvement Activities**

<b>D.1. Did the HIV program conduct quality projects to improve the quality of care?</b>	
Score 0	No quality projects in place or initiated
Score 1	Quality improvement activities focused on individual cases without any analysis of underlying cause; reviews were primarily used for monitoring or reporting
Score 2	
Score 3	Quality improvement activities focused on processes; projects were conducted based on performance data results; findings were presented to quality committee; QI principles (consumer focus, staff involvement, team approach) were applied; at least one QI project was completed
Score 4	
Score 5	Structured process of selection and prioritization; projects were data-driven; routine identification of consumer needs and input in quality improvements; majority of staff involved in quality improvement projects; findings were shared with entire HIV staff; effective QI was expanded to include the entire patient population
<b>Comment:</b>	
<b>D.2. Was a team approach utilized to improve specific quality aspects?</b>	
Score 0	No team approach for quality improvement conducted
Score 1	Staff met to discuss improvements; mostly the same staff members were involved; methodologies for quality improvement team approach not used
Score 2	
Score 3	Team approach to QI introduced; basic staff knowledge about QI team approach; results were presented at quality committee meetings; team approach used established QI methodologies (PDSA, fishbone, flowcharting)
Score 4	

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Score 5	Team approach was used routinely to address complex quality issues; members educated about their roles; continued to monitor changes; results were shared throughout the agency or openly displayed with all HIV staff and within agency
<b>Comment:</b>	

### **E) Staff Involvement**

<b>E.1. Does the HIV program routinely engage staff in quality program activities?</b>	
Score 0	Staff not routinely educated about QI; staff are not aware of quality management plan and do not participate in quality activities
Score 1	Only a few people have access to training opportunities; no additional resources for quality training are available; some staff may be aware of quality plan and priorities for improvement; staff are not routinely included in QI project activities
Score 2	
Score 3	No formal process in place to involve all HIV staff routinely in quality activities; no formal process for training in QI principles; some HIV staff members attend external quality trainings; staff are aware of quality management plan; some staff participate in QI project activities
Score 4	
Score 5	Almost all HIV staff members are involved in quality activities; all attend an annual quality training; staff knows about QI principles; content of quality conferences and recent developments are routinely communicated among staff; staff are involved in the review and updating of the quality plan; staff participate in selection of priorities or goals and routinely participate in quality project activities; HIV staff was actively involved in measurement process; resources in place to ensure education of new staff and updates for all staff
<b>Comment:</b>	

### **F) Consumer Involvement**

<b>F.1. Are consumers involved in quality-related activities?</b>	
Score 0	No consumer involvement in quality-related activities
Score 1	Patient concerns are only discussed as they arise; patients' satisfaction is not measured routinely; no structure in place to gather patients' feedback
Score 2	
Score 3	Patient needs and/or satisfaction are assessed; feedback of patients is discussed in quality committees
Score 4	
Score 5	Findings of consumer assessments are routinely integrated into the quality program; QI project reflected results of issues identified by consumers; structured input from consumers such as patients, family members, advocates, etc.; consumer feedback is incorporated in setting quality goals; results of quality activities are routinely communicated with patients and other consumers; patient centered quality activity is launched
<b>Comment:</b>	

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### **G) Evaluation of Quality Program**

<b>G.1. Is a process in place to evaluate the HIV quality program?</b>	
Score 0	The HIV quality program has not been evaluated
Score 1	Quality activities are only reviewed if necessary; no review of quality workplan; no annual review of quality goals and infrastructure; evaluation tools may exist; no recent evaluation
Score 2	
Score 3	Review of ongoing quality activities is done by group involved in leading HIV quality efforts including routine evaluating improvements achieved through a team approach; some results from evaluations are used to plan ahead for future quality efforts, but not in a comprehensive approach; summary of findings are documented
Score 4	
Score 5	Structure in place to use evaluations to facilitate future planning for quality, including identification of improvement opportunities; past results of performance measurements and improvement activities are used to update workplan, annual goals, and timelines; the quality committee or group is actively engaged in the process of evaluation; evaluations are used to review annually the quality infrastructure; effective improvements are spread into wider care system, if indicated; results from evaluations are used to plan ahead for future quality efforts; staff participation in quality program is monitored
<b>Comment:</b>	

### **H) Clinical Information System**

<b>H.1. Does the HIV program have an information system in place to track patient care and measure quality?</b>	
Score 0	No system established to use data to assess quality of HIV care; basic paper medical record in place but no system to collect data for quality purposes; routine reporting to external governing body may exist but data collection through chart extraction is difficult
Score 1	Medical record and very basic manual system in place to collect data for external governing body purposes; externally reported program data are reviewed to assess program level data, i.e., # patients in care, # on ART, etc.
Score 2	
Score 3	Has functional information system (manual or electronic) to track patients and patient care; some data are collected and used for quality activities; limited capacity to easily manage quality measurements with current system
Score 4	
Score 5	Fully functional clinical information system to track patient care, track core components of HIV program and produce useful quality of care information reports from an electronic database or health record
<b>Comment:</b>	