HCHN’s QI/QA for Contractors

HCHN Governance Council Meeting- April 15th, 2019
Jody Rauch- Clinical Quality Lead
Chante’ Stubbs- Contract Monitor
Philosophy

The QI/QA program is based on patient-centered and trauma informed philosophies that require respect and autonomy for all individuals.
To improve health and achieve health equity through access to quality services, we must:

- Engage patients in their own care
- Routinely integrate racial and ethnic disparity analysis into QI/QA activities
Purpose

- To assure the delivery of quality health care services to people living homeless
- To document that QI/QA requirements are being met for programs in 330h grant scope operating outside the CHS Division
To ensure that all contractors/sub-awardees maintain QI/QA policies, procedures and practices that meet all the standards passed down by the awarding department.

Sub-awardees will provide aggregate reports on data gathered via QI/QA practices no less than once/year.
Quality Improvement & Quality Assurance

Roles & Responsibilities

1. Governance Council adopts & evaluates the QI/QA policy that establishes a QI/QA program

2. Public Health/HCHN Admin. team implements the QI/QA program

3. Data is produced, shared, and analyzed on a routine basis

4. Council helps to evaluate performance based on HRSA requirements and community needs

5. Admin. team makes continual improvements and recommends policy updates based on emerging issues
Quality Management Components

- Quality and utilization of health center services
- Patient satisfaction and patient grievance processes
- Patient safety, including adverse events
Approaches to Monitoring

- Annual Narrative
- Data Submissions
- Peer Review
- Programmatic Site Visit
  - Which includes Chart Review
Annual Narrative

**Purpose**
- Gather qualitative data on operational changes, program implementation, and learning objectives
- Provide an opportunity for programs to showcase client experiences and client narratives

**Frequency**
- Annual

**Elements**
- Operational Updates
- Training & Technical Assistance
- Telehealth & Medication Assisted Treatment
- Client Engagement/Satisfaction & Racial Equity Advancement
- Client Stories
Data Submission

**Purpose**
- Monitor performance of individual programs/strategies
- Build the universe of patients and encounters for UDS
- Analyze and respond to health needs and service gaps
- Report to all funders

**Frequency**
- Monthly

**Elements**
- Demographics, services provided, site/locations, and health conditions/diagnostic data (specific elements based on program/strategy)

**Confidentiality**
- Data submitted, handled, and stored according to Public Health’s privacy regulations for protected health information
Peer Review

**Purpose**
- Provide a Peer Learning opportunity for staff
- Improve the care and services provided to clients
- Understand how best practices of Trauma Informed Care, Motivational Interviewing and Harm Reduction are used
- Understand how Case Presentations/Case Reviews are utilized to enhance the use of best practices

**Elements**
- Observation of a colleague/client interaction
- Participate in team case conferences or consults
- Summary Report to HCHN Admin team

**How Info is Used**
- Shared across the network to learn about trends in work and needs of providers.
Based on 2018 feedback:
1) No formal HCHN process in 2019
2) Programs will report on internal PL in Annual Narrative

HCHN will:
1) Develop a tool to help contractors track PL moments
2) Provide an annual peer learning event

Formal process guided by HCHN:
1) Description of chosen modality
2) Peer Learning (PL)
3) Supervisor Review

Peer Review Transitions

2018

2019

2020 & Beyond
Programmatic Site Visit

Purpose

- Assess compliance with contract deliverables and funder requirements
- Explore successes and challenges with program implementation
- Identify areas for improvement, training needs, and opportunities for Technical Assistance (TA)

Frequency

- Annually as of 2017 (previously biennially)
Elements of the Site Visit

Pre-Visit Preparation

- Required organizational documents
- Required program deliverables and documentation

On-Site Discussion, Observation & Review

- Successes and Challenges
- Capacity and Partnerships
- Culturally and Linguistically Appropriate Care
- Quality Improvement and Quality Assurance
  - Including review of client grievances and overview of patient safety incidents reported during the grant year
- Chart Review
Chart Review

Purpose
- Provide opportunity for deeper discussion on QI and health outcomes
- Assure adherence to principles of record management outlined in the contract
- Identify challenges in documentation and barriers to capturing reporting elements

Frequency
- Annually as of 2018

Elements
- Review of required reporting and compliance elements
- Review of items related to quality and continuity of care
Based on 2018 visits:
1) Revised chart review to include more charts (15-25)
2) Scheduled chart review separate from rest of site visit

HCHN will:
1) Develop tools to help programs internally audit their own charts
2) Explore new methods for TA and guidance

Revised Site Visit Tool to better:
1) Align with funder requirements
2) Identify opportunities for improvement and TA

2018

2019

2020 & Beyond
Summary

Uses

Data gathered through QI/QA activities is used in the following ways:

- To evaluate and improve practices and procedures in health and service delivery
- To address quality, access, and utilization of health center services; patient satisfaction and patient grievance processes; and patient safety, including adverse events
- To brief Medical Officer and other leaders on contractor compliance and clinical quality issues
Questions?
Contact the HCHN Quality Management Team

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