

# HCHN's QI/QA for Contractors

HCHN Governance Council Meeting- April 15<sup>th</sup>, 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**

# Philosophy

To improve health and achieve health equity through access to quality services, we must:

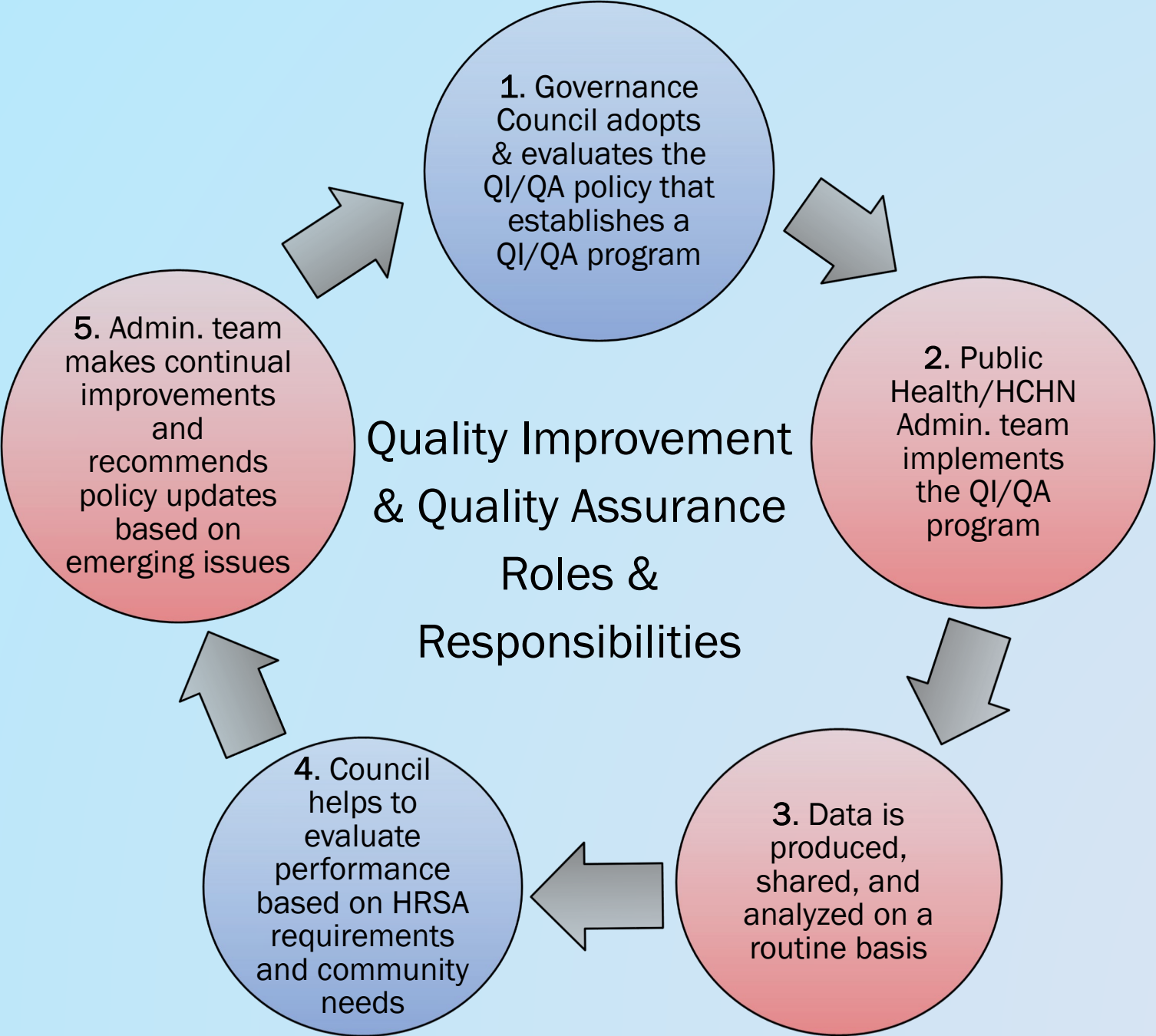
- Engage patients in their own care
- Routinely integrate racial and ethnic disparity analysis into QI/QA activities

# 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

# Purpose

- 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 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.

# Peer Review Transitions

Formal process guided by HCHN:

- 1) Description of chosen modality
- 2) Peer Learning (PL)
- 3) Supervisor Review

**2018**

**2019**

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

**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

# Site Visit Transitions

Revised Site Visit Tool to better:

- 1) Align with funder requirements
- 2) Identify opportunities for improvement and TA

**2018**

**2019**

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

**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**

**Jody Rauch**  
**Clinical Quality Lead**  
[jody.rauch@kingcounty.gov](mailto:jody.rauch@kingcounty.gov)  
206-477-7917

**Chante' Stubbs**  
**Contract Monitor**  
[chante.stubbs@kingcounty.gov](mailto:chante.stubbs@kingcounty.gov)  
206-263-1354

**Lee Thornhill**  
**Data & Evaluation Manager**  
[lee.thornhill@kingcounty.gov](mailto:lee.thornhill@kingcounty.gov)  
206-263-7838