Clinical Quality Management Plan Review Checklist

Clinical quality management plan should address how the grant recipient will meet the key components of a clinical quality management program as outlined in Clinical Quality Management Policy Clarification Notice 15-02. There are also corresponding frequently asked questions for Clinical Quality Management Policy Clarification Notice 15-02. The frequently asked questions address comment questions related to clinical quality management.

The clinical quality management plan should provide a good understanding of the grant recipient's clinical quality management program in a narrative format. A clinical quality management plan is brief and to the point. It does not contain information tangentially related to the clinical quality management program (e.g. history of the grant recipient), which can be found elsewhere (e.g. grant application).

The table below lists each of the sections of a clinical quality management plan. Each section highlights the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) expectations and includes descriptions of the narrative, resources and tips for each section are listed at the end of the document.

Recipient: Part: Reviewer: Division:

Date of Plan: Date reviewed:

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Section	**Content**	**Present: Yes/No/Partial**	**Comments**
General Information			
Include the name of the grant recipient and the date last updated or approved.			
Quality Statement			
PCN 15-02	None		
Narrative Description	• Brief, visionary, and related to HIV services		
Annual Quality Goals			
PCN 15-02	None		
Narrative Description	• Outline year's priorities for the clinical quality management program • Five or fewer measureable and realistic goals		
Quality Infrastructure			
PCN 15-02	• Utilization of Ryan White HIV/AIDS Program (RWHAP) grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed		

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	• An ideal infrastructure consists of: leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people living with HIV (PLWH) involvement, stakeholder involvement, and evaluation of the clinical quality management program		
Narrative Description	• Describe how leadership guides, endorses, and champions the clinical quality management program		
	• Describe who serves on the quality management committee, who chairs and facilities the meetings, how often the quality management committee meets, and the purpose of the quality management committee		
	• Describe the staff positions responsible for developing and implementing the clinical quality management program and related activities including the role of contractors funded to assist with the clinical quality management program		
	• Describe who writes, reviews, updates, and approves the clinical quality management plan		
	• Describe how people living with HIV are involved in the development and implementation of the clinical quality management program		
	• Describe how stakeholders (e.g. subrecipients, other recipients in the region, planning body/committee, etc.) provide input into the clinical quality management activities		
	• Describe how the effectiveness of the clinical quality management program is evaluated		
Performance Measurement			

PCN 15-02	• Recipients are strongly <u>encouraged</u> to include HRSA HIV/AIDS Bureau (HAB) measures, Health and Human Services (HHS) guidelines, and the National HIV/AIDS Strategy (NHAS) indicators.
	• Data collection and analysis for the CQM performance measures should occur quarterly at a minimum.
	• For RWHAP service categories funded by direct RWHAP funds, rebates, and/or program income:
	   o Recipients should identify at least two performance measures where greater than or equal to 50 percent of the recipients' eligible clients receive at least one unit of service;
	   o Recipients should identify at least one performance measure where greater than 15 percent and less than 50 percent of the recipients' eligible clients receive at least one unit of service; and
	   o Recipients do not need to identify a performance measure where less than or equal to 15 percent of the recipients' eligible clients receive at least one unit of service.		

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Narrative Description	• Describe how the performance measures are selected and regularly reviewed for relevance, need, etc.		
	• Describe the process to collect performance measure data including engagement of subrecipients.		
	• Describe the process to analyze the performance measure data including stratifying the data to identify health disparities and sharing the data with stakeholders.		
	• Identify performance measures for all RWHAP-funded service categories.		
Quality Improvement			
PCN 15-02	• Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., model for improvement, Lean, etc.). • Documentation of all quality improvement activities. • Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.)		
Narrative Description	• Describe the QI approach or methodology used (e.g. Model for improvement/PDSA, Lean, etc.)		
	• Describe how QI priorities or projects are selected; if known, state the QI priorities or projects for current year		
	• Describe how QI projects are documented		
	• Describe how subrecipients are engaged, supported, and monitored with respect to QI		
Work Plan			
Narrative Description	• A work plan created to provide a thorough overview of implementation: establish timelines, milestones, and accountability for all clinical quality management program activities outlined in the clinical quality management plan.		
	• Table format may be used with columns for activities/milestone, timeline, responsible staff person, and outcomes		
	• Describe how the work plan will be shared/communicated with all stakeholders, including staff, PLWH, board members, parent organizations, other grant recipients, funders, etc.		