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| **Does PHQIX have permission to share this initiative?**By submitting your quality improvement initiative to PHQIX, you are agreeing to share the submitted information publicly. Please confirm that the submission of this information for public distribution has been approved by the appropriate parties from your organization and partner organizations.  |
| **Contact information of the submitter**Please provide contact information for the submitter of the QI Initiative: Name(s): Lisa St. JohnTitle: HIV Program ManagerOrganization: Spokane Regional Health districtOrganization Street Address: 1101 W College AveCity: SpokaneState: WAZip 99201Phone: 509-324-1534E-mail: lstjohn@srhd.orgPlease provide contact information for alternate team members.Name: Lyndia WilsonEmail: lwilson@srhd.orgPlease provide contact information for alternate team members.Name: Susan SjobergEmail: ssjoberg@srhd.org |
| **Organization (s) that conducted the QI Initiative**What are the names of the Organization (s) (Health Department, Collaborative, etc.) that led the QI initiative?*Submitter’s Organization:\_Spokane Regional Health District**Partner Organizations:\_\_Not applicable for this project.*  |
| **Organization Type**Which of the following describes the organization(s) which led the QI Initiative?        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Partner Organization Type(s)**Which of the following describes the partner organization(s) which collaborated on the QI Initiative?        Not Applicable to this project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Size Of Population Served By Organization:***Please select the category which describes the population served by the organization who led the QI Initiative.*  |
| **Characteristics of the area/population served by Organization***Please provide geographical information about the physical area served by your organization as well as information about the demographics of the population served.* Spokane Regional Health District (SRHD) is one of 34 local public health agencies serving Washington state's 39 counties. SRHD is located in east central Washington and boarders Idaho. The agency has approximately 200 employees and serves a population of more than 470,000 in Spokane County. The District's 12 member Board of Health is the governing body of the Health District, uniting the cities and county in a cooperative effort to oversee all matters pertaining to public health, according to state law. Spokane Regional Health District networks with local, state and national professionals working together for a safer and healthier community. From restaurant inspections and drinking water safety, to health education, immunizations, and disease control and prevention, the Spokane Regional Health District provides 30 different programs and services to individuals, families and organizations across Spokane County and serves as a regional resource to regional county health departments.The agency is organized into five different divisions and two non-divisional departments to best serve the diverse needs in our community. Details about the wide variety of programs and services offered by our agency can be found at our website at: <http://www.srhd.org/> |
| **Health Department Governance***If your Organization Type is a Local Health Department, p*lease select the category that describes your local health department:   |
| **Accreditation Status**Please select the category that indicates your organization’s accreditation status with PHAB: *Only If the Organization type is Local Health Department:*Is your Local Health Department accredited by your state-based accreditation process? If Yes, Date accredited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Organizational Level of QI Implementation**In the past 12 months, how many formal QI initiatives has your organization implemented to improve the quality of a service, process or outcome? (For the purposes of this question, an “initiative” is defined as a systematic quality improvement initiative that includes an aim statement; a work plan with tasks, responsibilities and timelines; intervention strategy(ies); and measures for tracking change.)  How would you describe the level of QI activity in your organization? |
| **Title of QI Initiative** Please provide a title for the QI initiative you are submitting to PHQIX* *Capture the overall message of the story*
* *Include an action verb, indicate the ‘so what’ message of the initiative or the outcome achieved*
* *Capture the reader’s attention*
* *Indicate that the submission concerns improvement of quality or performance in public health, and the specific aim of the intervention*

HIV/AIDS Case Management Charting Improvement |
| **Keywords**Please provide any key words through which you would like your initiative to be identified.HIV, AIDS, Client, Chart, Case Management, Case Manager, Documentation |
| **Public Health Accreditation Board Domains, Standard** Provide each of the PHAB Domains and Standards addressed by the QI. Use the link below for reference. <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>Domain \_\_\_9\_\_Standard 9.1Use a Performance Management System to Monitor Achievement of Organizational Objectives.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Domain \_\_\_9\_\_Standard 9.2 Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs.Processes, and Interventions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Domain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «Public\_Health\_Accreditation\_Board\_\_Doma» |
| **QI Initiative focus Activity (ies)**Please indicate specific activity(ies) on which the QI Initiative focused. When submitting the online form, there is a list of Public Health activities to choose from. Quality of documentation around timeliness, accuracy, adherence to protocols, and completion. |
| **Area for Improvement**Describe the scope of the public health issue in your jurisdiction or introduce the problem that the QI Initiative addressed*Use data (include references) to frame the issue, including health burden and/or economic costs, and specify the affected population(s).*HIV Medical Case Management (MCM) is a practice designed to ensure that those living with HIV access medical care. Access to medical care increases the likelihood that an individual will take anti-retroviral medications regularly. Adherence to anti-retroviral medications decreases both HIV related mortality/morbidity and infectivity levels.   |
| **Need For The QI Initiative**How Was The Need For The QI Initiative Determined? *Describe who and how the improvement was chosen to be worked on.*Because of the aforementioned benefits of MCM to individuals and the community, the Washington State Department of Health contracts to Local Health Jurisdictions and other AIDS Service Organizations to ensure that MCM services are in place. These contracts stipulate that documentation of services provided occur accurately. MCM were looking at ways to improve the timeliness, accuracy, protocol adherence, and completion of chart documentation. Ability to document activities related to MCM and retention in care are crucial to retaining contracts and providing MCM services for those with HIV. |
| **QI Initiative Aim**Describe the QI team’s specific aim for this qi initiative. If the team revised the original aim statement during the project, please include the original and revised aim statements and explain revisions.  *Aim statements include a time specific, numerical measure for the future target and define the specific population that will be affected. Aim Statements should be Specific, Measurable, Achievable, Relevant and Time-Bound.*The specific aim of the QI team was to increase the percent of HIV/AIDS case charts that are timely, accurate and complete to 70% by April 30, 2008. |
| **Initiative Dates**Provide the timeline for the QI including the period as defined by the funding source. If not applicable, please provide the begin date and when the PDSA cycle was completed. **Initiative Begin Date** Feb. 20, 2008 to **Initiative End Date** April 16,2008 |
| **QI Method/Approach**Select one or more of the following QI Methods:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **QI Tools**Select one or more of the following QI Tools that were used for this improvement:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **QI Tool Links**When completing this form through the PHQIX website, submitters will be asked to upload completed QI tools that were generated during the course of the QI initiative. If you have been asked to complete this form offline, please email us any completed QI tools that were generated during the course of your QI initiative. |
| **Implementation of the QI Initiative** Describe how the specific QI methods and tools were used. Describe the initiative itself; why it was chosen; and what was to be done initially, and by whom. Describe how the initiative was implemented, including where and when it took place and how it addressed the problem. Brainstorming was used to determine activities to be employed utilizing Plan, Do, Study, Act. Four activities were determined that would be utilized by MCM:1. Dictation (1 case manager for 1 month)2. Scheduling of charting time each week (1 case manager for 1 month)It was anticipated that these activity changes would be implemented to determine which one resulted in increases in completion, accuracy, and timeliness of the charts. |
|  **Root Cause**List the root cause or causes identified in planning the Initiative.The root cause of difficulty in keeping accurate records was the sheer volume of cases that case managers were handling; each MCM had a workload that was nearly twice the recommended number of cases. |
| **Methods of evaluation**How did/will you measure the impact of the QI Initiative? Describe both the Outcome and Process Measures used to evaluate the impact of the QI initiative. Please provide information on the data sources used for capturing each measure, e.g. billing data, direct observation, HER, survey. Include information about the type of evaluation design used e.g. Pre-test, post-test, Pre-test post-test with comparison group, Interrupted time series. The impact of the QI initiative was measured by:The percent of case charts finished/updated within 72 hours of provision of service. The percent of case charts that have 90% of identified fields completed.The percent of case charts that have historical data brought up to date.The data source that was used to measure the aforementioned impacts was individual chart audits at the beginning of the QI period and the end. Chart audits were recorded on a uniform chart audit form. |
| **Measurable QI Outcomes**Include all specific numbers to illustrate the scope of the impact (e.g., X of XX health departments, # of days saved in reporting to CDC). If you used a formal statistical analysis to evaluate the outcomes, please include information on the confidence intervals and/or statistical significance of the outcomes. We welcome submissions of QI initiatives that were not able to achieve positive QI Outcomes as they can provide valuable lessons learned. Even if your organization was not able to achieve positive QI Outcomes, please provide specific numbers to illustrate how outcomes were measured. The outcomes were:The percent of case charts finished/updated within 72 hours of provision of service went from 35% to 85%, exceeding the 70% goal.The percent of case charts that have 90% of identified fields completed went from 36% to 57%, falling 13% short of the anticipated goal.The percent of case charts that have historical data brought up to date went from 48% to 72%, slightly exceeding the 70% goal. |
| **Other QI Outcomes**Identify any non-measurable short-term or intermediate outcomes as a result of the QI that demonstrate how the improvement addressed the problem (e.g., change in policy, change in local-level practices, establishment of additional funding)One Case Manager chose to continue dictation for client charting as he found that it made the task much less complex and time-consuming for him. |
| **Standardize the Initiative and Establish Future Plans**Describe plans to maintain the gains, and provide any insights on the likelihood that observed gains may weaken over time, and plans for monitoring and maintaining improvement. Describe plans to replicate the QI in other units, service lines, or organizations. Describe plans to standardize the initiative and future plans established to ensure continued improvement.Formal and informal audits have been conducted on client charts at least quarterly since the QI was completed, these audits are conducted 4x more frequently than prior to the QI project. |
| **Size of QI Initiative Team**Total number of Staff on QI Team\_\_3Total number of Full Time Equivalents (FTEs) on QI Team\_\_\_3 |
| **Characteristics of QI Initiative team**Please provide information on the main health department staff who were involved with this QI Initiative. Please provide the Role in the Initiative (e.g. Lead, Project Manager), the Role in the Organization (e.g. job title), and FTE (your best estimate of the staff member’s time commitment to the initiative ranging from 0 to 1, with .2 = 20 percent time by a full time employee). Role in the Initiative\_\_\_\_\_Medical Case Manager\_ Role in Organization \_\_\_Medical Case Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTE \_\_\_1.0\_\_\_\_\_Role in the Initiative\_\_\_\_\_Medical Case Manager\_ Role in Organization \_\_\_Medical Case Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTE \_\_\_1.0\_\_\_\_\_ Role in the Initiative \_\_\_File Auditor\_\_\_\_\_\_\_\_\_\_\_\_Role in Organization \_\_\_\_\_\_Program Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTE \_\_\_\_1.0\_\_\_\_Role in the Initiative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role in Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTE \_\_\_\_\_\_\_\_ |
| **Technical Assistance Received**Did members of the QI team receive any technical assistance for the QI Initiative other than QI related Training?  If Yes, what type of technical assistance was received?*Describe who received the technical assistance, the mode of the technical assistance offered, who it was provided by, and the timeframe of when the assistance was offered and for what duration. Include any other relevant information about the technical assistance that would impact the results of the Initiative.*  |
| **QI Related Training Received**Did Members Of The QI Team Receive Any QI Related Training during or just prior to the QI Initiative? *If Yes, what type of QI related training was received?*Describe who received the training, the mode of the training offered, who it was provided by, and the timeframe of when the training was offered and for what duration. Include any other relevant information about training that would impact the results of the Initiative. *If there is a way to provide others with access to the training, such as a link or url, please provide that information.* |
| **Lessons Learned, Observations and Insights**Describe other factors relevant to the conduct and interpretation of the QI findings.Examples of this information might include:* *Any insights regarding the findings of your QI initiative, including a summary of key successes and difficulties in implementing the improvement*
* *Efforts to minimize and adjust for study limitations;*
* *Reasons for differences between observed and expected outcomes.*
* *ethical aspects of implementing and studying the improvement, and how ethical concerns were addressed*
* *Any caution that should be applied when learning about the Initiative (limitations, confounding).*

The QI process allowed for the introduction of two processes that were continued by the team; scheduled charting time and dictation utilization. These continued processes have been successfully adopted and subsequently have contributed to favorable and more complete chart reviews over the four years since completion of the QI. |
| **Other Information**Please provide any information not already provided about the QI Initiative which might help others in their QI work.  |
| When completing this form through the PHQIX website, submitters will be asked to upload any materials that were generated during the course of the QI initiative that they would like to share. If you have been asked to complete this form offline, please email us any completed materials that were generated during the course of your QI initiative.**Check if any of the following are being submitted to complement your Initiative :**           |