Local Partner Treatment Facility Quality Assessment Tool

SDF: ____________________

SDF supports PHC site (Yes/No): ____________________

Number of PHC supported: ____________________

Date of Assessment: ____________________

Completed by Name(s)____________________

Facility Personnel Present: Name Position

General Discussion: Describe the overall vision of the facility regarding quality improvement and specific strategies used to promote and implement quality improvement.

<table>
<tr><td colspan="3">A. Quality Management: Leadership, Quality Planning, and Quality Committee

Goal: To assess the facility infrastructure that supports a systematic process with identified leadership, accountability, and dedicated resources.</td></tr>
<tr><td>A1</td><td colspan="2">To what extent does <u>senior leadership</u> create an environment that supports a focus on quality and sustainability and is evident in activities at the facility level?</td></tr>
<tr><td>0</td><td>Getting Started</td><td>o Senior leaders are not visibly engaged in the quality of care program.</td></tr>
<tr><td>1</td><td>Planning and Initiation</td><td>o Leaders show some level of engagement in quality of care with their primary focus on external requirements and regulation (MOH/PEPFAR/other donors).
o Engagement in identifying opportunities for improvement and use of data for improvement is inconsistent.
o Leadership is not fully visible or approachable to staff. Inconsistent attendance of leadership at quality related meetings.
o Resources for QI activities are not provided, including protected time for QI-related activities.</td></tr>
<tr><td>2</td><td>Beginning Implementation</td><td>o Leaders are engaged in quality of care more consistently with their focus on regular identification on opportunities for improvement and use of data for improvement.
o Attendance at quality related meetings and engagement in quality planning is more consistent. Dedicated resources and protected time for QI related activities is available but not optimal to fully support quality activities.
o External regulatory requirements continue to be the primary focus of the program.</td></tr>
<tr><td>3</td><td>Implementation</td><td>o Routine program leadership support of quality of care activities.
o Leadership routinely and consistently assures dedicated staffing and staff time to conduct quality activities.
o The leaders(s) are actively engaged in quality program planning and evaluation and attends (and may facilitate) dedicated meetings related to quality.
o Quality goals and objectives are developed and clearly communicated to all staff. The leaders(s) provide recognition of staff involved in quality activities.
o Performance measures and client outcomes are routinely reviewed by leadership to help set program priorities and use data for improvement.
o Leadership is aware of national trends and their impact on the program. (e.g. changes in national guidelines)</td></tr>
<tr><td>4</td><td>Progress Toward Systematic Approach to Quality Management</td><td>o Leadership prioritizes quality goals and projects so that the most critical areas are addressed first and are consistent with the program’s broader strategic goals.
o Promotes an environment for learning and has begun to create a culture of quality across the program.
o Promotes client-centered care and consumer involvement in the QMP. Leader(s) is engaged in quality planning and evaluation and provides ongoing input and feedback to quality improvement teams.
o Leaders support a robust use of quality methodology.</td></tr>
</table>

5	**Full Systematic Approach to Quality Management in Place**	o Leaders establish a common culture of quality values allowing frequent opportunities for staff to learn about quality and be engaged in improvement activities. o Open communication is the norm and leaders routinely encourage frank two-way communication regarding issues related to quality such as staffing and program activities. o Innovation and change are promoted. o Key decisions are made thoughtfully and with input from staff, clients, and other key stakeholders. o A system for reward and recognition is in place. o Quality improvement activities are directly linked to a larger strategic plan.
A2	**Is a comprehensive facility quality management plan in place with clear definitions of leadership, roles, resources, and accountability?**	
0	**Getting Started**	o A quality plan, specific to the facility, that includes elements necessary to guide the administration of a quality program is not in place.
1	**Planning and Initiation**	o A quality plan has been written but does not include the essential features necessary to direct an effective quality program (see level 3). o A quality plan may be written for the parent agency or the network, but plans specific to the HIV program or for the network sites are not in place.
2	**Beginning Implementation**	o A formal written document, specific to the HIV program, has been developed, which contains some of the necessary components (see level 3). o Steps to have the plan approved by senior leadership and implemented are underway.
3	**Implementation**	o A formal quality plan is in place defining all essential quality improvement components to direct an effective quality program, including goals and objectives, quality committee roles and responsibilities, logistics, performance measurement and review processes, annual goal identification and prioritization process, PI methodology, communication strategy, consumer involvement, and program evaluation procedure. o The plan is routinely communicated to program staff. o A work plan/timeline marking the key activities of the quality program and improvement initiatives is written and includes individuals accountable for each item. The timeline is reviewed regularly by the quality committee and modified as necessary to achieve the identified goals.
4	**Progress Toward Systematic Approach to Quality Management**	o A formal written quality plan with all necessary components (see level 3) has been implemented and used regularly by the quality committee to direct the quality program. o Annual goals are identified on the basis of internal performance results and external requirements through engagement of the quality committee and staff. o A work plan/timeline outlining the plans and activities is in place and routinely used to track progress of performance measures and improvement initiatives and modified as needed to achieve the annual goals. o The plan is communicated to most stakeholders, including staff, consumers, board members and the parent agencies, if appropriate.

		o Plan is evaluated annually by the quality committee to ensure that the needs of all stakeholders are met and that changes in the healthcare and regulatory environment are assessed to ensure that the program meets the changing needs of the client.
5	**Full Systematic Approach to Quality Management in Place**	o A formal written quality plan with all necessary components (see level 3) has been implemented and used regularly by the quality committee to direct the quality program. o Annual goals are included that were identified by the quality committee using data on internal performance measures and external information affecting the client. o A work plan/timeline outlining the plans and activities is in place and routinely used to track progress on performance measures and improvement initiatives and modified as needed to achieve the annual goals. o The plan is communicated broadly to all stakeholders, including staff, consumers, board members and the parent agencies, if appropriate. o Plan is evaluated annually by the quality committee to ensure that the needs of all stakeholders are met and that changes in the healthcare and regulatory environment are assessed to ensure that the program meets the changing needs of the HIV client. o The quality plan is aligned with the external funding agency.
Comments:		
A3	**To what extent does the HIV program have an effective quality committee to oversee, guide, assess, and improve the quality of HIV services?**	
0	**Getting Started**	o A quality committee has not been developed or formalized or is not currently meeting regularly to provide effective oversight for the quality program.
1	**Planning and Initiation**	o Informal gatherings to review data on measures may occur in response to events, problem identification, or urging from funding sources or regulatory bodies. o No structured process in place to use data to identify and prioritize annual goals. o Roles and responsibilities for participating individuals have not been defined.
2	**Beginning Implementation**	o Quality committee has been established, and most disciplines are represented on the committee. o Roles and responsibilities of committee members have been identified. o Meeting logistics have been developed, however meetings may not be held regularly and/or do not focus on reviews of performance. o No structured process is in place to identify opportunities on the basis of data review.
3	**Implementation**	o Facility quality committee formed and is led by program director or medical director, and site senior leadership involvement in the quality effort is evident.

		o Most disciplines are represented, and roles and responsibilities of members are identified and codified in the quality plan. o Performance data is reviewed at each meeting, including clinical and consumer satisfaction. Progress of previous improvement efforts is discussed, and teams redirected as appropriate. o The HIV program leadership annually reviews the quality management planning document. Early stages of ground rule management and efficiency tool use during meetings.
4	**Progress Toward Systematic Approach to Quality Management**	o A formal HIV program quality committee, led by a senior clinician or administrator, actively oversees the work of the quality program with meeting dates established annually. o A performance review process is in place in which data on clinical measures is evaluated regularly and acted upon as appropriate. o Communication with non-members is accomplished through distribution of minutes and discussion in regular staff meetings. o All disciplines are represented, and roles and responsibilities are identified and codified in the quality plan. o The quality committee actively utilizes a work plan to closely monitor the progress of the quality activities and team projects. The committee also provides progress reports to larger agencies about the quality program.
5	**Full Systematic Approach to Quality Management in Place**	o A formal HIV quality committee is in place, led by a senior clinician or administrator and, where appropriate, is linked to agency quality committees through common members. o Roles and responsibilities of participants have been identified and codified in the quality plan. o A systematic performance review of data, including clinical and consumer satisfaction and operational measures, is conducted to identify annual goals. Changes in evidenced-based treatments, as well as national environmental concerns, are used, in part to prioritize improvement initiatives. o Senior leadership is fully engaged and lead discussions during committee meetings. o Communication of activities, annual goals, and performance results and progress on improvement initiatives is sent to all stakeholders, including staff, consumers, and board members.
Comments:		

B) Measurement, Analysis, and Use of Data to Improve Program Performance **Goal:** To assess how the facility uses data and information to identify opportunities for improvement, develop measures to evaluate the success of change initiatives, to identify targets, to align initiatives, and to monitor program status. To ensure that accurate, timely data and information are available to stakeholders throughout the facility to drive effective decisions.		
B1	**To what extent does the HIV program routinely measure performance and use data for improvement?**	
0	**Getting Started**	o Performance measures are not tracked, analyzed, or used to evaluate the overall performance of the program related to the program goals. o The accuracy of the data that is collected is not validated and therefore, it is not useful for the identification of areas in need of improvement.
1	**Planning and Initiation**	o Measures have been identified to evaluate some components of the program, but do not cover all significant aspects of service delivery. o Definitions for all measures are identified and used by personnel at some, but not all, supported clinics. o A process to ensure the validity of the data has been planned but not fully implemented. o Processes to analyze and interpret results on measures are in early stages of development and use. o No process is used to routinely share results of measures with key stakeholders, such as staff and clients.
2	**Beginning Implementation**	o Measures have been identified to evaluate most components of the program. o Definitions for all measures are identified and used by personnel at all clinics. o A process to ensure data validity has been developed and initiated. o Measures are analyzed informally; however, a structured process to review measures to identify and prioritize improvement opportunities is not in place. o Results are occasionally shared with staff and clients, but a structured process to share results is not used.

3	**Implementation**	o Measures are selected using MOH and service expansion and early detection of HIV/AIDS (SEEDS) project priorities and facility annual goals with the intent to meet external regulatory requirements and the needs of stakeholders, including clients. o A process is in place to validate the accuracy of data on all measures at all supported clinics. o Definitions for all measures are identified and used consistently at all clinics. o Data is tracked, analyzed, and reviewed with the frequency required to identify areas in need of improvement. o A structured review process is used regularly by the leadership to identify and prioritize improvement needs and initiate action plans to ensure that goals are achieved. o All staff involved with data collection know the indicator definitions and apply them appropriately. o Some targets for measures have been selected on the basis of available benchmarks, while others are not evidenced-based. o Measures, targets, and results are routinely shared with staff and their input is considered to make improvements.
4	**Progress Toward Systematic Approach to Quality Management**	o Measures are selected on the basis of results of MOH and SEEDS project priorities and facility annual goals with the intent to meet external regulatory requirements and the needs of stakeholders, including clients, and the need to align with current evidence in the diagnosis and treatment of HIV. o Processes are in place to collect accurate and timely data on all identified measures to ensure the validity of the data. o Data is tracked, analyzed, and reviewed with the frequency required to identify areas in need of improvement and take appropriate action to initiate corrective action plans. o Targets for measures are selected on the basis of available benchmarks, such as MOH and SEEDS. o Measures, targets, and results are shared with staff frequently enough to gather their input and engage them in improvement processes aligned with agency goals.

<table>
<tr><td>5</td><td>Full Systematic Approach to Quality Management in Place</td><td>
o Performance measures are defined for each program component and actively used to drive improvement activities.
o Measures are selected on the basis of results of HIV/AIDS bureau (HAB) measures and agency annual goals with the intent to meet external regulatory requirements and the needs of stakeholders, including clients, and the need to align with current evidence in the diagnosis and treatment of HIV.
o Processes are in place to collect accurate and timely data on all identified measures to ensure the validity of the data.
o Data is tracked, analyzed, and reviewed with the frequency required to identify areas in need of improvement and take appropriate action to initiate corrective action plans.
o Data is displayed in formats that enable accurate interpretation, such as run charts and/or control charts.
o Targets for measures are selected on the basis of available benchmarks, such as MOH and SEEDS.
o Measures, targets, and results are shared with all stakeholders, including clients and boards, if applicable, frequently enough to gather their input and engage them in improvement processes aligned with agency goals.
o Measures are evaluated regularly to ensure that the program is able to respond effectively to internal and external changes quickly.
</td></tr>
<tr><td colspan="3">Comments:</td></tr>
</table>

B2	To what extent does the facility have an information system in place to track client care and measure quality?	
0	**Getting Started**	○ Accurate data and/or information, in manual or electronic format, is either significantly limited or not available at the various levels of the agency to enable effective and timely decision making.
1	**Planning and Initiation**	○ Processes to ensure the validity and accuracy of data are in early stages of use. ○ Processes to ensure the integrity of data at all sites are not developed or not in us at all sites. ○ Data and information are limited at some levels of the program and do not enable effective and rapid decision making.
2	**Beginning Implementation**	○ Processes are in place to ensure that data collected manually and/or electronically are accurate. ○ Processes are in place to ensure the integrity of data at all levels of the program, including at the clinic and from all stakeholders. ○ Some data and information are available to leaders and staff to make operational decisions, however, some significant gaps exist. ○ A process is in place to ensure continuous availability of data and information to drive effective individual client and program decisions, including during emergency situations.
3	**Implementation**	○ Processes are in place to ensure that data collected manually and/or electronically are accurate. ○ Processes are in place to ensure the integrity of data at all levels of the program, including at the clinic and from all stakeholders. ○ Data and information required by leaders and staff to make rapid, effective operational decisions are in place at all levels of the program. ○ A process is in place to ensure continuous availability of data and information to drive effective individual client and program decisions, including during emergency situations.
4	**Progress Toward Systematic Approach to Quality Management**	○ Processes are in place to ensure that data collected manually and/or electronically are accurate. ○ Processes are in place to ensure the integrity of data at all levels of the program, including at the clinic and from all stakeholders. ○ Data and information required by leaders and staff to make rapid, effective operational decisions are in place at all levels of the program. ○ Data and information are readily available to all stakeholders, including clients, sponsoring agencies, and boards. ○ A process is in place to ensure continuous availability of data and information to drive effective individual client and program decisions, including during emergency situations.

5	**Full Systematic Approach to Quality Management in Place**	○ Processes are in place to ensure that data collected manually and/or electronically are accurate. ○ Processes are in place to ensure the integrity of data at all levels of the program, including at the clinic and from all stakeholders. ○ Data and information required by leaders and staff to make rapid, effective operational decisions are in place at all levels of the program. ○ Data and information to enable effective, timely strategic decisions are available to leaders at various levels of the program. ○ Data is readily available to all stakeholders, including clients, suppliers, sponsoring agencies, and boards, if appropriate. ○ Processes are in place to promote sharing of lessons learned and adoption of best practices at various components of the facility, if applicable. ○ A process is in place to ensure continuous availability of data and information to drive effective individual client and program decisions.
Comments:		
C) Workforce Engagement in the HIV Quality Program **Goal: To assess the program physician and staff awareness, interest, and engagement in quality improvement activities.**		
C1	**To what extent are physician and staff routinely engaged in quality improvement activities and provided training to enhance knowledge, skills and methodology needed to fully implement QI work on an ongoing basis?**	
0	**Getting Started**	○ Formal quality improvement projects have not yet been initiated in the program.
1	**Planning and Initiation**	○ All staff (clinical and non-clinical) are not routinely engaged in QI activities and are not provided training to enhance skills, knowledge, theory, methodology, or encouragement to identify opportunities for improvement and develop effective solutions.
2	**Beginning Implementation**	○ A plan to engage all staff (clinical and non-clinical) in QI activities is under development or completed and includes training of QI methods and opportunities to attend meetings where QI projects are discussed. ○ A plan has been developed but not yet implemented.
3	**Implementation**	○ A plan to engage all staff (clinical and non-clinical) in QI activities has begun. Some staff have been trained in QI methodology, and QI meetings are attended by some designated staff.

4	**Progress Toward Systematic Approach to Quality Management**	o All staff (clinical and non-clinical) members have attended at least one training in QI methodology. Staff members are generally aware of program QI activities (quality plan/priorities), and some staff are engaged in QI projects and committees. o QI projects are chosen in collaboration with some staff, and projects are discussed and reviewed during staff meetings. o Staff (clinical and non-clinical) roles and responsibilities related to QI are clearly communicated. Physicians and staff are aware of quality plans and priorities for improvement. o Staff (clinical and non-clinical) are engaged in QI project activities, including selection of quality projects.
5	**Full Systematic Approach to Quality Management in Place**	o In addition to training all staff (clinical and non-clinical) in QI methodology, there is evidence that staff are engaged and encouraged to use those skills to identify quality improvement opportunities and develop solutions. o A shared language regarding quality is evident through discussion with staff (clinical and non-clinical). The annual quality plan includes a section on staff training and education and describes clear expectations of staff involvement in QI activities. o Data is routinely provided and reviewed by leadership and all staff (clinical and non-clinical) to understand performance.
C2	**To what extent are staff and quality improvement teams routinely recognized for their improvement activities?**	
0	**Getting Started**	o Leadership understands the need to recognize all staff (clinical and non-clinical) for their participation in QI activities, but there is no formal or informal plan to carry this out.
1	**Planning and Initiation**	o All staff (clinical and non-clinical) are provided clear expectations of their role and responsibilities in the programs QI program. o A plan to recognize active engagement and improvement efforts is developed but not fully implemented.
2	**Beginning Implementation**	o Acknowledgement of contributions made by all staff (clinical and non-clinical) from senior leadership occurs regularly in both formal and informal manners. o There is a formal process for regularly recognizing physician and staff performance in quality improvement activities via performance appraisals or public recognition during staff meetings, etc. o Leadership informally encourages program physicians and staff during day to day interactions.
3	**Implementation**	o Leadership utilizes formal and informal processes to widely recognize physicians and staff for active participation and successful improvements. o QI teams are provided opportunities to present their successful projects to all staff and larger organization leadership. o Individuals and teams are provided written recognition of their work through program newsletters or wider organization publications. o Abstracts submitted to related conferences or publications include names of QI project teams.
4	**Progress Toward**	o A formal process is in place to recognize staff involvement and may include a public awards ceremony or promotions based on QI work.

	Systematic Approach to Quality Management	o Expectations are built into job descriptions and utilized to assess staff performance and the submission of QI projects to local or national conferences. o Staff are recognized for identifying opportunities for improvement during day to day work activities.
5	**Full Systematic Approach to Quality Management in Place**	o There is complete alignment within the facility; thus, the core values of providing exceptional consumer care, such as mutual respect and recognition, are observable between staff, physicians, and consumers and between leaders, physicians, and staff. o Physicians and staff value each consumer and strive to make his/her experience exceptional. o The agency has systematized and integrated consumer experience into its planning mechanisms — QM planning to care planning, has physician and staff buy-in, and staff and physicians are in turn recognized through consumer feedback of their outstanding work.
C3	**To what extent is staff satisfaction included as a component of the quality management program?**	
0	**Getting Started**	o There is no mechanism in place to assess and address staff satisfaction.
1	**Planning and Initiation**	o Satisfaction is assessed through informal discussion with some staff. o No formal process to measure staff satisfaction is in place.
2	**Beginning Implementation**	o A formal process for assessing staff satisfaction has been developed and includes, at minimum, a staff satisfaction survey. o At least one survey has been implemented. o Results have not yet been reviewed and used to identify opportunities for improvement.
3	**Implementation**	o A formal process to measure staff satisfaction is in place, and results from the process are utilized to determine opportunities for improvement. o Results are reviewed with staff and areas for improvement are identified. o There are multiple methods to provide open communication between staff and leadership.
4	**Progress Toward Systematic Approach to Quality Management**	o A formal process to measure staff satisfaction is in place and results from the process are utilized to determine opportunities for improvement. o Results are reviewed with staff and areas for improvement are identified. o There are multiple methods to provide open communication between staff and leadership. o Leadership are approachable and available to staff and are present during staff meetings and other forums to address staff concerns and to assure ongoing open communication.
5	**Full Systematic Approach to Quality Management in Place**	o In addition to the above, the link between staff satisfaction and quality of care is clearly recognized and articulated by senior leadership. o Staff satisfaction is measured in multiple ways (surveys, performance reviews, team meetings), and results from those processes are utilized to improve work conditions and staff satisfaction within the ability of the program. Staff satisfaction results are shared, and staff and improvement opportunities are identified. o QI project teams are initiated based on analysis of the results and are led by staff with updates regularly communicated to leadership and all staff members.

Comments:

D) Evaluation		
D1	**Is a process in place to evaluate the HIV organization's infrastructure and activities, processes, and systems to ensure that the facility achieves its quality goals, objective, and outcomes?**	
0	**Getting Started**	o No formal process is established to evaluate the quality organization.
1	**Planning and Initiation**	o Currently, only external evaluations are utilized to assess the organizational processes and systems.
2	**Beginning Implementation**	o A formal process for evaluation of the organization's quality organization is integrated into the annual quality management plan development but has not been consistently employed.
3	**Implementation**	o Quality activities are evaluated annually by the quality committee and include QM plans and work plan updates and revisions. o Quality goals and objectives are revised at least annually to reflect current improvement needs. o Some results of the evaluation are used to plan for future quality efforts. o A summary of improvements and performance measurement trends is used to document and assess the success of QI projects. o Performance measurement results and QI activities are shared with consumers and other key stakeholders.
4	**Progress Toward Systematic Approach to Quality Management**	o Quality activity evaluation is integrated into the annual quality plan. o Progress toward planning goals and objectives are evaluated during all quality committee meetings. o Data are reviewed regularly to evaluate the success of QI project interventions.
5	**Full Systematic Approach to Quality Improvement in Place**	o A systematic process is in place for evaluating quality activities, outcomes, and progress toward goals. Data and information are provided regularly to the quality committee. o The quality committee regularly assesses the success of QI project work through successful interventions and other markers of improved care. o Data reflecting improvement initiatives are central to the evaluation of the organization. o Data are presented to assure comprehensive analysis of all quality activities. o The evaluation uses a detailed assessment tool. o The results of this detailed assessment are utilized to revise and update the annual quality plan, adjust the HIV organization priorities, and identify gaps in the organization. o The evaluation includes an analysis of progress toward goals, objectives, and QI organization successes and accomplishments. o Performance measurement trends are documented and used to inform future quality efforts. o There is evidence that quality improvement efforts informed through this evaluation process resulted in measureable improvement.
Comments:		

E) Consumer Involvement

Goal: To assess the extent to which consumer perspectives* about quality of care are solicited and incorporated into the organization, and to assess the formal involvement of consumers in quality improvement planning and implementation.

***"Consumer involvement" encompasses the diversity of individuals using an organization's service who are engaged in a broad range of quality improvement activities.**

E1	**How is "consumer involvement" defined and to what extent are consumers involved in the facility's quality management organization activities?**	
0	**Getting Started**	○ There is currently no process to involve consumers in quality management organization activities.
1	**Planning and Initiation**	○ Consumers are told by staff that they are partners in the quality management organization. However, there is no process to involve consumers in quality management organization activities.
2	**Beginning Implementation**	○ Consumers are occasionally asked to participate in quality management organization activities. However, no consistent process is in place for ongoing consumer participation in quality management organization activities.
3	**Implementation**	○ A process is in place for consumers to participate in quality management organization activities. This may include sharing performance data and discussing quality improvement during consumer advisory board meetings. However, the extent to which consumers participate in quality management organization activities is not documented or assessed.
4	**Progress Toward Systematic Approach to Quality Management**	○ A process is in place for consumers to participate in quality management organization activities. ○ Consumer involvement in improvement activities includes three or more of the following: sharing performance data and discussing quality during consumer advisory board meetings, consumer membership on the internal quality management team or committee, training for consumers on quality management principles and methodologies, engaging consumers to make recommendations based on performance data results, and increasing documentation of recommendations by consumers to implement quality improvement projects. ○ Information gathered through these activities is documented and used to improve the quality of care. However, staff does not review with consumers how their involvement contributes to refinements in quality improvement activities.

5	**Full Systematic Approach to Quality Improvement in Place**	○ A well-documented process is in place to involve consumers in quality management organization activities. ○ Information gathered through these activities is documented, assessed, and used to improve the quality of care. ○ Staff members review with consumers about changes made based on recommendations received, and consumers have opportunities to offer refinements for improvements. ○ On at least an annual basis, the quality management team/committee discusses successes and challenges of consumer involvement in quality management organization activities to foster and enhance collaboration between consumers and providers engaged in quality improvement.