

**Idaho Department of Health and Welfare
Family Planning, STD and HIV Programs
Ryan White Part B Program**

2010 HIV QUALITY MANAGEMENT PLAN

QUALITY STATEMENT

The Idaho Department of Health and Welfare's Family Planning, STD and HIV Programs, in cooperation with the HIV Quality Management Committee and the Idaho Advisory Council on HIV and AIDS (IACHA), are committed to developing and continually improving a quality continuum of care statewide meeting the identified needs of people living with HIV and AIDS.

Structure of the HIV Quality Management Plan

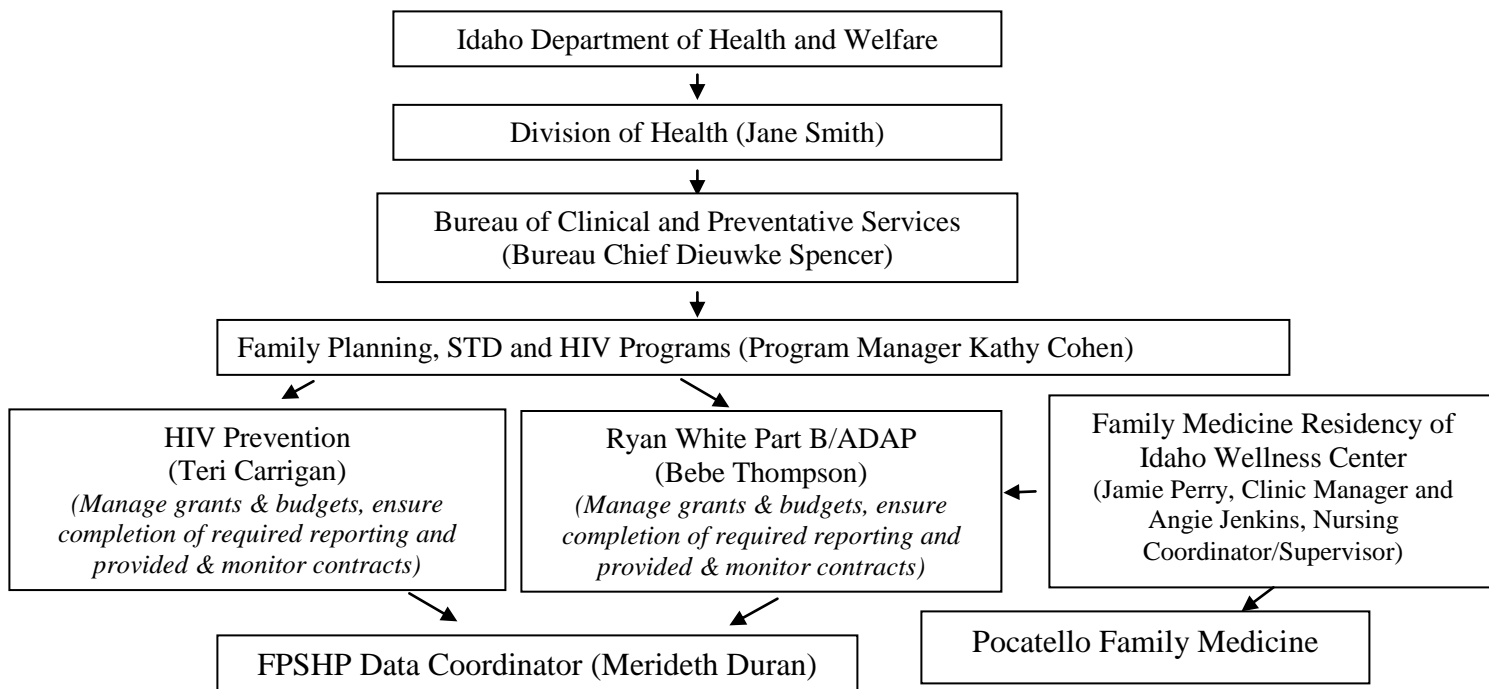
This document will provide the following:

1. A review of the quality management (QM) infrastructure available in Idaho
2. A description of QM performance measurement of data
3. A description of QM capacity building efforts
4. A description manner in which stakeholders will participate and communicate in the QM Program
5. A description of manner in which the QM Program will be evaluated
6. A description of the manner in which the QM Plan will be updated
7. A brief outline of the accomplishments of the previous year
8. An appendix with glossary of applicable terms and acronyms

HIV QUALITY MANAGEMENT INFRASTRUCTURE

Programmatic Leadership

Please review the flow chart to see the leadership provided for the HIV Quality Management Committee.



Family Planning, STD and HIV Programs (FPSHP) charged the Ryan White Part B Program (RWPB) Coordinator with the task of ensuring the development and oversight of an HIV QM Program. The FPSHP Data Coordinator provides QM support and has access to RWPB data. Other program staff can provide access to data as needed. The HIV QM Coordinator, which is provided through a contact with Mountain States Group, Inc., is responsible for ensuring accuracy of data collection methods and reporting. The Wellness Center and Pocatello Family Medicine will provide clinical data for ADAP and Part B patients to the QM Coordinator. Eventually, the RW Part C clinics will report available clinical data for all Idaho clients.

HIV Quality Management Committee

Recognizing that individual members bring unique skill sets, each member will provide different roles in the development, implementation, evaluation and support of the QM Program and written plan. Each member serves an important role in helping ensure accountability and standardization of efforts, identifying gaps in care and fostering collaboration and sharing of knowledge.

Members of the QM Committee are expected to participate in at least one yearly face-to-face meeting and three conference calls each year.

The following table describes the current and potential membership of the QM Committee.

Agency/Title	Role	Resource/Area of Expertise	Name	Current Status
Ryan White Part B Program Coordinator	Quality Management Leader	RWPB Programs	Bebe Thompson	Participating
Statewide HIV Quality Management Coordinator	QM Coordinator/ Communication conduit	QM Plan	Lynsey Winters Juel	Participating
Family Planning, STD and HIV Programs Manager	Policy & Department influence	FPSHP Program Manager	Kathy Cohen	Providing oversight
HIV Surveillance Program Manager	Provide access to HARS data and Epi Report	HARS Data Epi Report	Jared Bartschi	Participating
Family Planning, STD and HIV Programs Data Coordinator	Statewide data collection conduit	CAREWare and ADAP Data	Merideth Duran	Participating
HIV Prevention Program Coordinator	Statewide HIV prevention providers contact	HIV Prevention Program Manager	Teri Carrigan	Participating
Ryan White Part C Program Manager	Clinical Data Expert	RW Part C Program and Data	Jaime Perry	Participating
Special Needs Grant Administrator	Statewide housing issues expert	HOPWA Program	Sherri Cook	Participating
Part C Nurse	Clinical process/procedures expert	RW Part C Case Program	Angie Jenkins	Participating
Medicaid Nurse		HIV Care-specific training	Not yet identified	Not yet contacted
Pocatello Family Medical Center RN	PFMC Data Expert	RW Part C Patient Care Program/ Medicaid adherence Liaison for the Pocatello Family Medicine HIV Quality Team	Shane Ames	Participating
Northwest AIDS Education & Training Coordinator	Link to community health providers	HIV Medical Education	Judy Thorne	Participating
Health District Representative	Policy and procedure influence/ health district perspective	Health Districts	Gary Rillema	Participating
Co-Chairs from IACHA's Data Committee, Research Committee and Finance Committee	Community & planning committee information link	Statewide review and guidance	Data Committee (Treena Clark & Casey Moyer) Research Committee (Rick Pongratz & Margaret Legarreta) Finance Committee (Gary Rillema & Shane Anderson)	Participating
Mental Health Provider Representative	Link to mental health providers	Mental Health information	To be determined	Not yet contacted
Primary Care Provider Representative	Link to primary care providers	Primary Care information	To be determined	Not yet contacted
Oral Health Representative	Link to oral health care providers	Dental information	To be determined	Not yet contacted

PERFORMANCE MEASUREMENT

The following tables describe the program goals in regards to client-level health outcomes and quality assurance/process evaluation. Client-level health outcomes goals are based on HAB's HIV Clinical Performance Measures, following the division of Group One, Two and Three.

Active ADAP Clients Definition:

- *Client enrolled into ADAP program and/or client is eligible and on ADAP waitlist**
- *Client received at least one medication order during the reporting period*

Active Part B Clients Definition:

- *Client enrolled into Part B program*
- *Enrollment date falls on or before reporting period start date*
- *Client receives at least one RWPB funded service during reporting period*
- *Includes clients NOT in ADAP*

≥ 18 Definition:

- *Client meets active client definition*
- *Client is 18 years old during the entire 12 months of the calendar year*

Medical Visit Definition:

- *An HIV care setting is one which received Ryan White HIV/AIDS Treatment Modernization Act of 2006 funding to provide HIV care and has a quality management program in place to monitor the quality of care addressing gaps in quality of HIV care.*
- *A "provider with prescribing privileges" is a health care professional who is certified in their jurisdiction to prescribe ARV therapy (i.e. MD, PA, or NP)*

Measurement Year:

- *The time period from January 1 to December 31*

* When ADAP waitlist is necessary
HIV Quality Management Plan

CORE CLINICAL MEASURES (Based on HAB Group One Data)				
Measurement Outcome	Indicator to be Measured	Data Elements used to Measure Indicator	Data Source & Methods	Analyzing & Reviewing Data
<p>1. Percent of ADAP and/or Part B clients with HIV infection who had two or more CD4 T-cell counts performed in the calendar year</p> <p>GOAL: 90 percent</p>	<p>Change in the number of ADAP and/or Part B clients reporting CD4 tests completed every six months</p>	<p>Numerator: Number of active ADAP and/or Part B clients who had two or more CD4 T-cell counts performed at least three months apart during the measurement year</p> <p>Denominator: Clients who have had at least one ADAP order and/or Part B MCM visit and at least one medical visit in the first half and second half of the measurement year</p>	<p>Part B MCMs and The Wellness Center submit to the RWPB Data Coordinator</p> <p>ADAP Database</p> <p>CAREWare</p> <p>Clinic EMR</p>	<p>RWPB Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee</p>
<p>2. Percent of ADAP and/or Part B clients with HIV infection who had two or more Viral Load counts performed in the calendar year</p> <p>GOAL: 90 percent</p>	<p>Change in the number of ADAP and/or Part B clients reporting viral load tests completed every six months</p>	<p>Numerator: Number of active ADAP and/or Part B clients who had two or more Viral Load counts performed at least three months apart during the measurement year</p> <p>Denominator: Clients who have had at least one ADAP order and/or Part B MCM visit and at least one medical visit in the first half and second half of the measurement year</p>	<p>Part B MCMs and The Wellness Center submit to the RWPB Data Coordinator</p> <p>ADAP Database</p> <p>CAREWare</p> <p>Clinic EMR</p>	<p>RWPB Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee</p>
<p>3. Percent of ADAP and/or Part B clients with HIV infection who had two or more medical visits in an HIV care setting during the calendar year</p> <p>GOAL: 100 percent (with QI project to follow up with clients who do not meet measurement)</p>	<p>Change in number of ADAP and/or Part B clients reporting general HIV medical care visits every six months</p>	<p>Numerator: Number of active ADAP and/or Part B clients who had two or more medical visits at least three months apart during the measurement year</p> <p>Denominator: Clients who have had an ADAP order and/or Part B MCM visit at anytime during the measurement year</p>	<p>Monitor data in the ADAP Database and CAREWare</p> <p>The Wellness Center Reports</p> <p>Clinic EMR</p>	<p>RWPB Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee</p>

Measurement Outcome (continued)	Indicator to be Measured (continued)	Data Elements used to Measure Indicator (continued)	Data Source & Methods (continued)	Analyzing & Reviewing Data (continued)
<p>4. Percentage of ADAP and/or Part B clients with HIV infection and a CD4 T-cell count below 200³ cells/mm³ who were prescribed PCP prophylaxis during the calendar year</p> <p>GOAL: 100 percent (with follow up to determine reason some clients did not meet measure)</p>	<p>Change in number of ADAP and/or Part B clients with HIV infection and a CD4 T-cell count below 200³ cells/mm³ who were prescribed PCP prophylaxis during the calendar year</p>	<p>Numerator: Number of active ADAP and/or Part B clients with CD4 T-cell counts below 200³ cells/mm³ who were prescribed PCP prophylaxis during the measurement year</p> <p>Denominator: Clients who have a CD4 T-cell count below 200³ cells/mm³ and who had at least one ADAP order and/or at least one MCM visit in the first half and second half of the measurement year</p>	<p>Monitor data in the ADAP Database</p>	<p>RWPB Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee</p>

CORE CLINICAL MEASURES (Based on HAB Group Two Data)				
Measurement Outcome	Indicator to be Measured	Data Elements used to Measure Indicator	Data Source & Methods	Analyzing & Reviewing Data
<p>5. Percent of ADAP and/or Part B clients who receive a syphilis test every 12 months</p> <p>GOAL: 90 percent</p>	<p>Change in the number of ADAP and/or Part B clients who receive a syphilis test every 12 months</p>	<p>Numerator: Number of active ADAP and/or Part B clients ≥ 18 years old who had a serologic test for syphilis at least once during the measurement year</p> <p>Denominator: Clients who have had at least one ADAP order and/or Part B MCM visit and at least one medical visit in the first half and second half of the measurement year</p>	<p>RW Program Data Report (RDR)</p> <p>CAREWare</p>	<p>RWPB Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee</p>
<p>6. Percent of ADAP and/or Part B clients who receive a cervical cancer screening every 12 months</p> <p>GOAL: 90 percent</p>		<p>Numerator: Number of ADAP and/or Part B female clients who had Pap screen results documented in the measurement year</p> <p>Denominator: Clients who have had at least one ADAP order and/or Part B MCM visit and at least one medical visit in the first half and second half of the measurement year</p>		

CORE CLINICAL MEASURES (Based on HAB Draft Group Three Data)				
Measurement Outcome	Indicator to be Measured	Data Elements used to Measure Indicator	Data Source & Methods	Analyzing & Reviewing Data
7. Percent of ADAP and/or Part B clients who receive a Chlamydia test every 12 months. GOAL: 90 percent	Change in number of ADAP clients who receive a Chlamydia test every 12 months	Numerator: Number of active ADAP and/or Part B clients ≥ 18 who received a test for Chlamydia during the measurement year Denominator: Clients who have had at least one ADAP order and/or Part B MCM visit and at least one medical visit in the first half and second half of the measurement year	CAREWare	RWPB Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee
8. Percent of ADAP and/or Part B clients who receive a Gonorrhea test every 12 months. GOAL: 90 percent	Change in number of ADAP and/or Part B clients who receive a Gonorrhea test every 12 months	Numerator: Number of active ADAP and/or Part B clients ≥ 18 who received a test for Gonorrhea during the measurement year Denominator: Clients who have had at least one ADAP order and/or Part B MCM visit and at least one medical visit in the first half and second half of the measurement year	CAREWare	RWPB Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee
9. Percent of ADAP and/or Part B clients who receive a substance abuse/mental health screening every 12 months GOAL: 90 percent	Change in number of ADAP and/or Part B clients who receive a SAMISS every 12 months	Numerator: Number of HIV-infected clients who received the SAMISS during the measurement year Denominator: Clients who had at least one Part B medical case management visit during the measurement year.		

QUALITY ASSURANCE/ PROCESS EVALUATION GOALS				
Measurement Outcome	Indicator to be Measured	Data Elements used to Measure Indicator	Data Source & Methods	Analyzing & Reviewing Data
10. Percent of clients accessing RWPB and ADAP services with eligibility documented (HIV Status, Income, Insurance Status) GOAL: 70 percent	Change in # of clients who are eligible for services	Numerator: Number of active ADAP and/or Part B clients recertified during the measurement year Denominator: ADAP clients active for the entire reporting period and/or Part B clients active for entire reporting period	Medical Case Managers and clinic staff submit documentation Maintained on CAREWare	RWPB Coordinator and QM Coordinator responsible for reviewing data
11. Proportion of ADAP enrollees recertified for ADAP eligibility criteria every six months GOAL: 70 percent	Change in number of ADAP enrollees recertified for ADAP eligibility criteria at least every six months	Numerator: Number of active ADAP enrollees recertified during the preceding six months Denominator: ADAP clients active for the entire reporting period	Medical Case Managers and clinic staff submit documentation Maintained on CAREWare Random quarterly audit of files at state office	RWPB Coordinator and QM Coordinator responsible for reviewing data

CAPACITY BUILDING

Capacity building within the QM Program involves Quality Improvement (QI) projects. QI refers to a formal and systematic process of identifying problems in service delivery, designing activities to overcome these problems and following up to ensure that corrective actions have been effective and no new problems have developed.

QI Project	Person/Agency Involved	Method and Frequency of Communication	Status
1. Additional development of Policies and Procedures for all existing RWPB Services	Coordinate efforts for developing Policies and Procedures with the following: <ul style="list-style-type: none"> • QM Coordinator • RWPB Coordinator • RWPB MCMs • QM Committee • FPSHP Staff • Contractors 	Update by March 31, 2010 To be reviewed annually and as needed by FPSHP staff. RWPB Coordinator and QM Coordinator will provide RWPB MCM training, education and technical assistance opportunities. Training manuals to be sent to MCM by April 2010.	Ongoing

QI Project (continued)	Person/Agency Involved (continued)	Method and Frequency of Communication (continued)	Status (continued)
2. Develop Case Management Acuity Scale to prioritize time and funds associated with case management and client needs	QM Coordinator RWPB Coordinator RWPB Medical Case Managers	Review The Wellness Center's MCM Acuity Scale Implementation timeline to be determined	Need to follow up with Alfredo Hernandez regarding acuity scale pilot project at the Wellness Center
3. Develop Quality Assurance Tool to follow up on new Medical Case Management forms	QM Coordinator RWPB Coordinator RWPB Medical Case Managers	Develop by 2010 via contract through Mt. States Group	
4. Review and update Case Management Standards and Idaho IDAPA Rules	RWPB Program Coordinator QM Coordinator QM Committee	Develop during Spring/Summer 2010 for 2011 legislature session RWPB Coordinator and QM Coordinator communicate with legislative branch of IDHW Involve IACHA's Data Committee	Ongoing
5. Develop process for tracking if clients received a risk assessment	QM Coordinator RWPB Coordinator HIV Prevention Coordinator RWPB Medical Case Managers Clinic Staff	The Wellness Center, HIV Prevention (Teri), CARE (Bebe) and Lynsey will discuss how to best implement a tracking mechanism in Idaho. Possibly use the three risk-assessment questions currently being used by the Wellness Center and in Pocatello. Once a system is determined, add tracking of risk assessments as a measurement for the 2011 QM Plan.	Further develop in 2010
6. Address problems with recertifications a) Use clinic's financial form for the six-month recertifications b) Develop PDSA Cycle to address needs of annual recertifications	QM Coordinator RWPB Coordinator RWPB Medical Case Managers Clinic Staff	MCM Conference Call QM Committee review in February 2010	
7. Link CAREWare databases throughout Idaho and develop training manual	RWPB Coordinator Clinic Wellness Center Staff Meredith Duran Kathy Cohen QM Coordinator	Bi-weekly meetings	Ongoing

Quality Improvement Project (continued)	Person/Agency Involved (continued)	Method and Frequency of Communication (continued)	Status (continued)
8. Determine how to address Right to Refuse in CAREWare	RWPB Coordinator QM Coordinator		
9. Improve medical visit rates	RWPB Coordinator QM Coordinator	<ul style="list-style-type: none"> a. RWPB/ADAP Program will provide a list of clients who have had at least one ADAP order and or RWPB MCM visit during the second quarter of the reporting year within 14 days of the last day of the quarter to Part C Clinics. b. First and second combined list of clients will constitute third and fourth quarter lists c. The QM Coordinator will contact appropriate MCM via email notifying them of the clients which need to be contacted (using the Client Contact sheet, which is to be developed). MCMs will be asked to follow up with the QM Coordinator six weeks after initial contact. 	
10. Determine better evaluation tool for the QM Plan		<p>Develop a form to send to members prior to meeting asking questions such as the following:</p> <ul style="list-style-type: none"> i. What goals were achieved? ii. Was the work plan executed as designed? If so, how? iii. How were established milestones hit? iv. How were stakeholders informed? v. Are results in the expected range? If so, how? vi. Did our infrastructure work? Did we do what we said we were going to do? vii. Did we get the results we sought? viii. Were we measuring the right things to understand this? ix. In regards to data results, ask, “Was the goal met?” and “Should we continue track this measurement?” 	

PARTICIPATION AND COMMUNICATION WITH STAKEHOLDERS

The following table describes the groups and agency stakeholders currently involved in HIV care activities and in providing data for the QM Committee.

Stakeholder	Type of Involvement	Modes of Communication	Frequency and Interval of Communication
Consumer (People living with HIV/AIDS)	<ol style="list-style-type: none"> 1. Participate with QM Committee 2. Participate in surveys <ol style="list-style-type: none"> a. Client Satisfaction Survey to evaluate ADAP and case management b. Needs Assessment Survey 	<ol style="list-style-type: none"> 1. Provide reports on QM Program outcomes and QM Committee meetings 2. Review survey results at QM Committee meetings. Survey results on Family Planning, STD and HIV Programs Website or consider publishing results to be distributed by Medical Case Managers 	<ol style="list-style-type: none"> 1. Attend QM Committee meetings (1 face-to-face and 3 conference calls yearly) 2. Completion and review of surveys: <ol style="list-style-type: none"> a. Client Satisfaction Survey to be completed and reviewed yearly b. Needs Assessment Survey to be completed and reviewed every 1-3 years
Contractors: <ul style="list-style-type: none"> • North Idaho AIDS Coalition • The Wellness Center • Health Districts 5, 6 and 7 • Treasure Valley Labs • Allscripts (A-S Medications Solutions) • Pocatello Family Medical Center 	<ol style="list-style-type: none"> 1. Provide data on services provided via reports submitted to RWPB staff 2. Participate with MCM Chart Review 3. Participate in QI project 4. Ensure standards of service according to contracts 	<ol style="list-style-type: none"> 1. Submit data on services provided as per contracts to RWPB staff 2. Site visits by QM Coordinator and RWPB Staff 3. As determined by needs of QI projects 4. Medical Case Managers review contract requirements 	<ol style="list-style-type: none"> 1. a) RWPB staff and QM Coordinator provide data reports to contractor meetings and trainings b) Provide data reports to QM Committee at meetings as needed 2. Every 2 years 3. To be determined 4. Yearly or when requirements updated or changed
Idaho Advisory Council on HIV and AIDS (IACHA)	<ol style="list-style-type: none"> 1. Planning group guidance 2. Provide data collected for Community Planning Group activities 3. Maintain membership on QM Committee 	<ol style="list-style-type: none"> 1. Present individual committees' work results to QM Committee 2. Ensure one co-chair from the Data Committee, Finance Committee and Research Committee attend QM meetings and conference calls 	<ol style="list-style-type: none"> 1. As needed 2. Co-chairs attend QM meetings (one face-to-face and three conference calls per year)

QUALITY MANAGEMENT PROGRAM EVALUATION

The goal of evaluating the QM Program is to determine whether or not the program made a difference. The QM Committee will be charged with the following:

1. Determining the effectiveness of the QM Program infrastructure and activities
2. Reviewing annual goals and identifying those that have been met and those that have not (and the reasons these goals were not met)
3. Reviewing appropriateness of measures and identifying new measures that should be introduced.

The evaluation process is explained in the table below.

Process	Timeline	Agreement Process
QM Committee members will complete the National Quality Center/HAB Part B Quality Management Program Assessment prior to the face to face meeting. The QM Coordinator will cumulate the assessments and present results at the meeting.	Annually at the face to face QM Committee meeting	Consensus voting allowing for follow up when full consensus is not achieved

PROCESS TO UPDATE THE QUALITY MANAGEMENT PLAN

To ensure a useful and current QM Plan, it is essential to update the plan in a systematic and consistent manner. The process upon which the QM Plan will be updated is explained in the table below.

Process	Timeline	Agreement Process
QI PROJECT #10: Details To Be determined		
QM Committee members and stakeholders will bring proposed QI projects and performance measurements to the attention of the RWPB Coordinator and QM Coordinator to be addressed at the QM Committee face-to-face meetings	As needed	Consensus voting allowing for follow up when full consensus is not achieved

2009 ACCOMPLISHMENTS

The following table lists the QI projects that were completed in 2009:

Completed Quality Improvement Projects
1. Developed Phase 1 of the Ryan White Part B Policies and Procedures P&P (implemented July 1, 2009)
2. Standardized Case Management Intake forms (implemented July 1, 2009)
3. Standardized Case Management Recertification forms (implemented July 1, 2009)
4. Updated Medical Case Management Psychosocial Assessment (incorporating screening tools for financial status, substance abuse and mental health, transportation, nutrition, domestic violence, homelessness and adherence) and Wellness Plan (implemented July 1, 2009)

Appendix 1

GLOSSARY OF TERMS AND ACRONYMS

ADAP (AIDS Drug Assistance Program) -the state of Idaho's program that funds HIV medication for people who are HIV positive and unable to pay for the medications they need. This program is administered by the Family Planning, STD and HIV Programs

AIDS (Acquired Immune Deficiency Syndrome) - the disease which is often the final stage of HIV progression within the body. AIDS is characterized by opportunistic infections, high viral load counts of HIV within the blood, and low T-cell counts

ARV (Antiretroviral Drugs) - medications for the treatment of infection by [retroviruses](#), primarily [HIV](#). Different classes of antiretroviral drugs act at different stages of the HIV life cycle

FPSHP (Family Planning, STD and HIV Programs) - the program within Idaho Department of Health & Welfare, Bureau of Clinical and Preventive Services, which deals with sexually transmitted diseases, especially in gathering the statistics, increasing education and outreach, and working with the CDC and HRSA. All state funding for HIV and other sexually transmitted diseases goes through this office with the approval of the Idaho legislature

HAART (Highly Active Anti-Retroviral Therapy) – a combination of several antiretroviral drugs for the treatment of HIV

HAB (HIV/AIDS Bureau) - bureau within the Department of Health and Human Services, Health Resources and Services Administration, which administers the Ryan White HIV/AIDS Program which funds several programs

HARS (HIV and AIDS Reporting System) - a collection of computer programs and data files developed by the Division of HIV/AIDS Prevention at the CDC that simplifies the management and analysis of HIV and AIDS surveillance data

HIV (Human Immunodeficiency Virus) - the virus that causes AIDS by deteriorating the immune system by destroying the T-cells

HRSA (Health Resources and Services Administration)- the federal agency within the Department of Health & Human Services that administers and oversees the Ryan White Care Act. The Family Planning, STD and HIV Programs is a recipient of Ryan White Part B. Family Practice Residency of Idaho and the Community Health Association of Spokane (CHAS) are recipients of Ryan White Part C which serve Idaho residents.

IACHA (Idaho Advisory Council on HIV and AIDS) - the community planning group which advises the Family Planning, STD and HIV Programs in the designed and implementation of HIV and AIDS care and prevention services/interventions in Idaho

MCM (Medical Case Management) - addresses the needs of clients who are HIV positive disease, assisting them to overcome the obstacles they face in obtaining critical services

NWAETC/LPS (The Northwest AIDS Education and Training Center Local Performance Site) - offers HIV treatment education, clinical consultation, capacity building and technical assistance to health care professionals and agencies in Washington, Alaska, Montana, Idaho, and Oregon

PLWH/A - people living with HIV and AIDS

QA (Quality Assurance) (also known as Outcomes Evaluation) – answers the question, “Did the program make a difference?” QM usually addresses initial outcomes such as increased knowledge, may also address intermediate

outcomes such as success in obtaining services, and can include evaluation of longer-term results or impacts such as the programs ultimate impact on morbidity or mortality among clients living with HIV and AIDS.

QI (Quality Improvement) – a formal and systematic process of identifying problems in service delivery, designing activities to overcome this problems, and following up to ensure that correction action have been effective and no new problems have developed. The emphasis is usually on ensuring that minimum standards of care are met. It is an approach for improving service delivery that is closely related and complementary to program evaluation.

QM Program (Quality Management Program) – a systematic process with identified leadership, accountability, and dedicated resources and uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks

RWPB (Ryan White Part B) - a program administered by the Idaho Department of Health & Welfare's Family Planning, STD and HIV Programs. Services provided by RWPB include the ADAP and other direct care services as defined in IDAPA 16.02.05