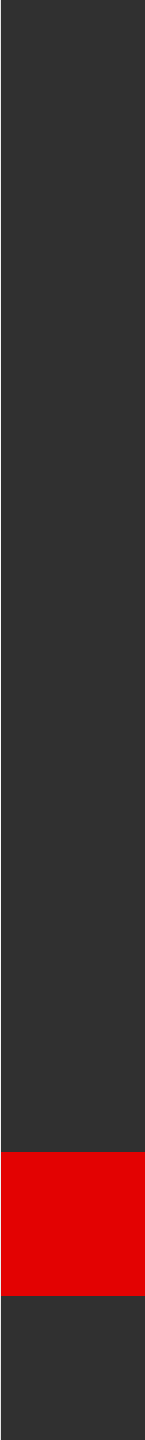




RYAN WHITE  
Part A Program  
**FULTON COUNTY**



# Organizational Assessment

- **Developer**

- National Quality Center



- **Purpose**

- Evaluation tool to ensure that all key organizational components are in place to meet improvement milestones by Part A Office

Organizational Assessment  
for Ryan White HIV/AIDS  
Program  
Part A Grantees

- **Questionnaire**

- 11 questions
- 7 domains
  - **QM Program Components**



# Methods

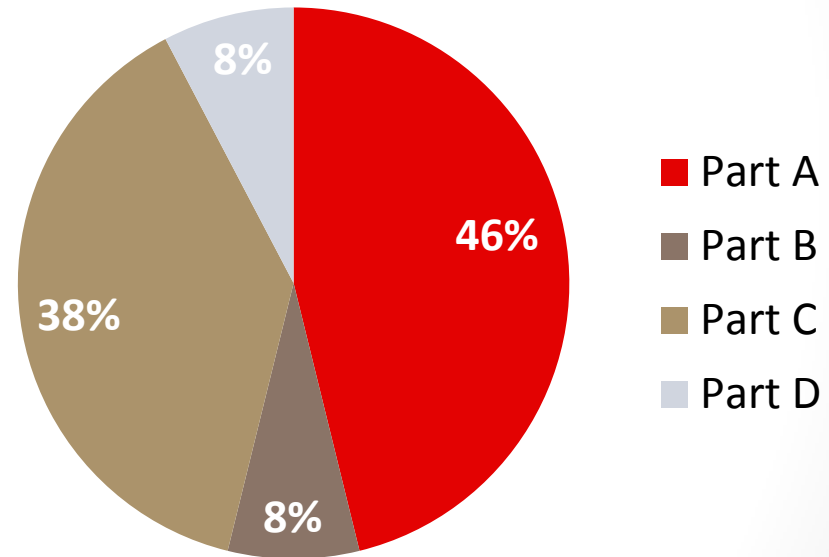
- **Distribution**

- Via email in December 2015 & May 2016
- Sent to 48 QM Committee Members

- **Participation**

- **QM Committee representation**
  - Overall 27% participation
  - **13 of 48 QM Committee Members responded**
- **Sub-recipient representation**
  - 10 of 17 Part A funded agencies
- **Cross-Part representation by Parts A, B, C, & D**
  - 5 of 7 Part C funded agencies
  - 3 RW Program Grantees (A, B, D)

## Cross-Part Representation



# Methods

## NQC Scoring

- Contacted NQC's Kevin Garrett
- Each question was scored on a scale 0-5
  - If Grantee did not satisfy everything in one stage, received next lower score and stage
- Calculated averages for each question
  - **Average Score 0.0 - 0.4 : Getting Started**
  - **Average Score 0.5 -1.4: Planning and Initiation**
  - **Average Score 1.5 -2.4: Beginning Implementation**
  - **Average Score 2.5-3.4: Implementation**
  - **Average Score 3.5 - 4.4: Progress toward systematic**
  - **Average Score 4.5 and above: Full systematic approach to quality management in place**

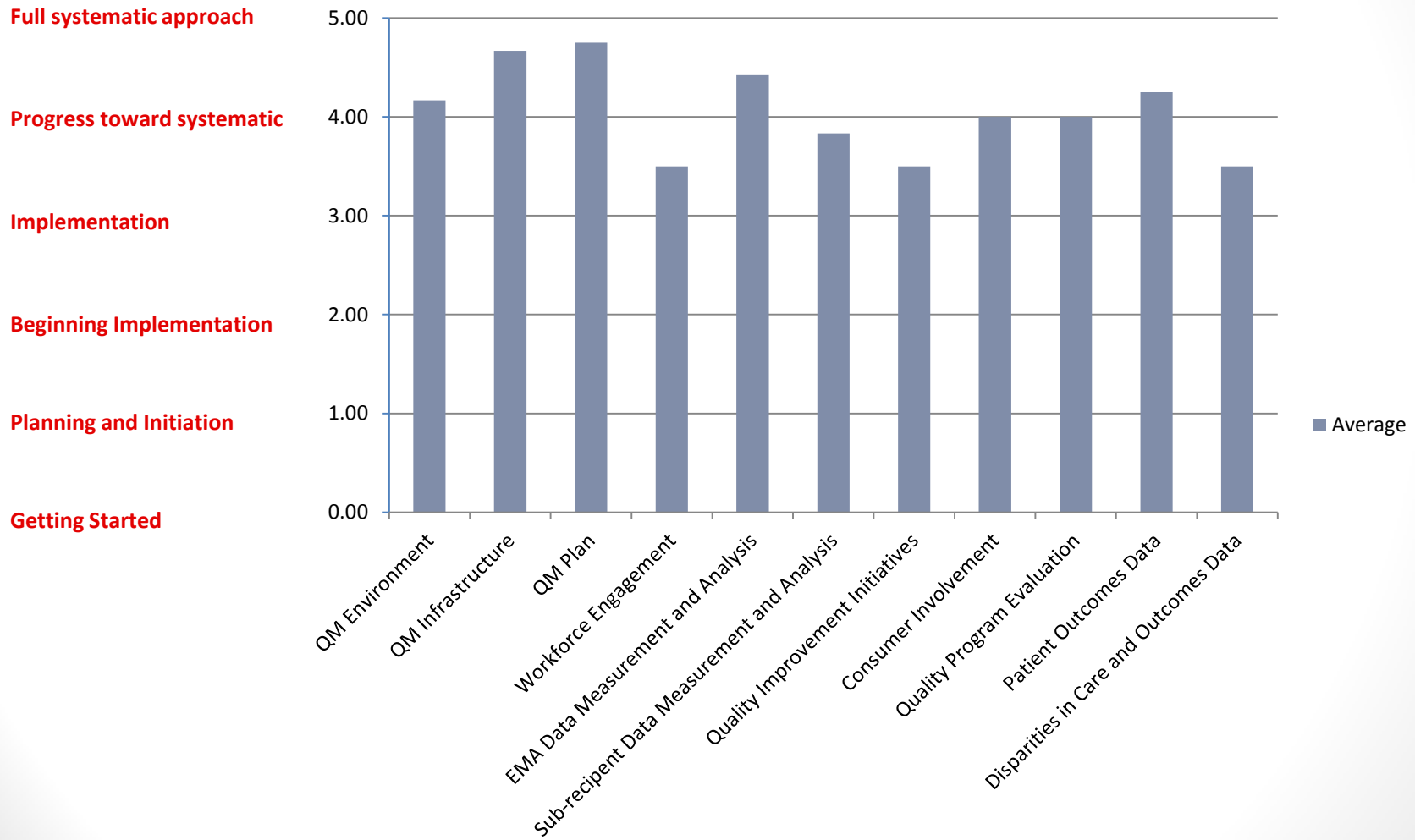
		council/advisory body's quality committee.
Progress toward systematic approach to quality	4	<p><u>The quality plan:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Has been implemented and regularly used by the grantee's quality committee to guide the quality program.</li> <li><input checked="" type="checkbox"/> Includes annual goals identified on the basis of internal performance measures and external requirements through engagement of the quality committee, the overall planning body and the subgrantees.</li> <li><input checked="" type="checkbox"/> Includes a work plan/timeline outlining key activities in place and routinely used to track progress of performance measures and improvement initiatives, and is modified as needed to achieve annual goals.</li> <li><input checked="" type="checkbox"/> Is routinely communicated by the grantee to key stakeholders, including EMA/TGA staff, consumers, and planning body members.</li> <li><input checked="" type="checkbox"/> Directs that a needs assessment is conducted periodically (once at least every 2 years) to assess the needs of consumers and utilize results in service planning.</li> <li><input checked="" type="checkbox"/> Defines how changes in the healthcare and regulatory environment are assessed to ensure that the services meet the changing needs of the HIV patient.</li> <li><input checked="" type="checkbox"/> Grantee requires that subgrantees have written QM plans in place and provides feedback on the plans.</li> </ul>
Full systematic approach to quality management in place	5	<p><u>The quality plan:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Includes regularly updated annual goals that were identified by the quality committee using data on internal performance measures and external requirements through engagement of the planning council/advisory body's quality committee and the subgrantee.</li> <li><input type="checkbox"/> Is communicated broadly to all stakeholders, including EMA/TGA staff, consumers, planning council/advisory body's quality committee.</li> <li><input checked="" type="checkbox"/> Has a mechanism for the planning council/advisory body's quality committee to provide feedback to the grantee on the changing needs of the HIV patients.</li> <li><input checked="" type="checkbox"/> Of each subgrantee is aligned with that of the EMA/TGA and the subgrantee reports results of improvement projects on an annual basis to the grantee.</li> </ul>

# Organizational Assessment

- **Quality Management**
  - QM Environment
  - QM Infrastructure
  - QM Plan
- **Workforce Engagement**
- **Measurement, Analysis, and Use of Data**
  - EMA Data Measurement and Analysis
  - Sub-recipient Data Measurement and Analysis
- **Quality Initiatives**
- **Consumer Involvement**
- **Quality Program Evaluation**
- **Achievement of Outcomes**
  - Patient Outcomes Data and Usage
  - Disparities in Care and Outcomes Data

# Summary of Results

## Average Scores



# Recommendations

- **Quality Management**
  - Awards, incentives, and recognition for sub-recipients
  - Technical assistance related to quality management at sub-recipient level
- **Workforce Engagement**
  - Training onsite at sub-recipient level
  - Technical assistance related to workforce engagement
- **Measurement, Analysis, and Use of Data**
  - Monitor consistently
  - Share data
  - Use for decision-making
- **QI Initiatives**
  - QI Methodology
  - Documentation and monitoring
- **Consumer Involvement**
  - Continue recruitment efforts
  - Solicit and use consumer feedback
  - Train consumers
- **Quality Program Evaluation**
  - Consistent evaluative methods and tools
- **Achievement of Outcomes**
  - Share and use information
  - Post on EMA website