

Oakland Transitional Grant Area 2007-2008 Quality Management Work Plan

| GOAL 1: To improve service delivery in the Oakland Transitional Grant Area | | | |
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| Strategies and Action Steps | Data Source | Timeline | Staff Responsible |
| 1.1 Facilitate alignment of regional activities consistent with Public Health Standards and HRSA expectations. | Meeting minutes | 1/3/07-2/29/08 | AIDS Directors, QM coordinator; COC |
| 1.2 Continue the 'Quality Circle of Care" meetings to share and provide input into the Oakland TGA quality initiative | Meeting minutes | 1 st Wednesday of every month-3/1/07-2/29/08; | COC |
| 1.3 Continue to hold the Cross Title Quality Improvement Committee (QIC) meetings with representatives from the subcontracting agencies, the grantee, and program staff to review data and initiate quality improvement strategies | Meeting minutes | Quarterly-Jan. April, July, October | CQI committee members |
| 1.4 Review, revise and publish standards for home care, food, housing, and add treatment adherence language into the case management standards. | Standards of Care | 1/3/07-2/29/08 | COC |
| 1.5 Review the agency specific annual QM plans and assess how the staff use the plan for program planning; document the # of completed plans | QM plans | 12/31/07 | Program managers, QM staff |
| 1.6 Provide consultation to the contractors to develop an agency-based QI program with a written work plan | Progress reports, meeting minutes | 1/3/07-2/29/08 | QM staff |
| 1.7 Develop and measure at least one indicator for the Planning council and administrative staff; continue to agree on indicators across the TGA and within core service categories | indicator | 3/1/07-2/29/08 | Planning Council, COC, CQI members |
| 1.8 Ensure all core-funded contractors conduct and/or participate in an annual, standardized Client Satisfaction Survey | Survey, written analysis | 6/1/07-02/29/08 | Peter, Patricia |

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| GOAL 2: To increase the awareness of QI principles and knowledge about quality management | | | |
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| Strategies and Action Steps | Data Source | Timeline | Staff Responsible |
| 2.1 Continue to educate consumers, providers and planning council members on the Chronic Care Model and implementation in programs and support additional models for quality care | Dates of trainings, QM plans | Each agency reviewed once per year. | COC; QM Coordinator; program managers |
| 2.2 Attend a 3-day Train the Trainer sponsored by the National Quality Center; participate in the RWP Part C TA for the CQI committee | List of attendees, agenda, | 01/21/07-01/24/07 | QM Coordinator, QM staff |
| 2.3 Conduct a minimum of 3 trainings on quality activities 1) planning council 2) grantee staff; 3) targeted providers as required by QM TOT program | List of attendees, agenda, sign-in sheet | 3/1/07-9/30/07 | QM Coordinator, QM staff |
| 2.4 Participate in the quality management technical assistance trainings (1 hour web cast) sponsored by NQC every other month. | List of attendees | Jan. 2007-every other month | Program managers, QM staff |
| 2.5 Provide technical assistance on developing quality management plans, documenting outcomes and quality activities to contractors as requested or required | Technical assistance logs, progress reports | 3/1/07-2/28/08 | Program managers, QM coordinator, data coordinator |

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| GOAL 3: To improve the effectiveness of the council's decision-making process for allocations | | | |
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| Strategies and Action Steps | Data Source | Timeline | Staff Responsible |
| 3.1 Continue to assess, develop and implement HIV/AIDS Client Services System (HACS) in Alameda County and ARIES in Contra Costa county and share successes and challenges. | Annual agency reviews | All agencies are reviewed once during contract period | DATA management staff; Directors ; program managers |
| 3.2 Analyze data collected from database programs, progress reports, outcomes reports and chart review. | Database, chart review results | 1/1/07-2/28/08 | QM staff, COC, CQI committee members |
| 3.3 Use the results to distribute dollars within the service category, plan program changes, and implement the CQI cycle (PDSA) for improvement in care. Share results with Planning Council members to assist with the allocations process. | Results document | 1/3/07-2/29/08 | Directors, Program staff; Data and QM staff |
| 3.4 Provide ongoing technical assistance to contractors on measuring and reporting outcomes. | Progress reports, database systems, chart reviews | All agencies reviewed annually during contract period. | Program staff, data staff, QM Coordinator HIVQHAL Consultant |
| 3.5 Assist providers in producing the annual CADR report, share results with the Planning Council to assist with the allocations process. | CADR report | March 2007 | Data staff; program staff |

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| 3.6 | Orient providers on administrative, case management, substance abuse and mental health standards. Develop and publish home care, legal, housing, food and day care standards. Develop a data collection system to measure performance based on the Oakland TGA standards | Published standards, outcome reports | 3/1/07-2/29/08 | QM staff, AIDS Program Staff |
| GOAL 4: To improve access and retention in substance abuse and mental health services | | | | |
| Objective 4 | Identify four specific health improvement projects in which services, practices, professional performance, and patient outcomes can be improved upon to assure the highest quality of care possible for clients. | | | |
| 4.1 | Continue to review current practices for mental health, including the RWP Part D assessment; (assess disparities in use, access patterns, allocations, linkage with primary care and location of services; consider RFP) | Meeting minutes | September 2007 | Program staff |
| 4.2 | Review current tools, and if needed develop and test a substance use tool and mental health screening tool that encompasses the 7 HIVQUAL components of the mental health screen. (for mental health providers) | Substance use and mental health tools | 3/1/07-02/29/08 | CQI committee; Program staff; COC |
| 4.3 | Discuss and report on specific substance use and mental health data collected, outcomes and recommendation to the planning council for decision making process (allocations) | Data bases; chart review | 3/1/07-2/29/08 | COC, Program staff |

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| Goal #5: To improve the efficiency of the administrative programs | | | |
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| 5.1 Develop a tool which elicits responses from contractors on the 2 strategies that are most helpful in imparting information during the fiscal year. (site visits, specific trainings, contractors meetings, updating resource guides, same service category meetings ,etc. | Survey monkey | September 2007 | QM staff; program staff |
| 5.2 Staff to participate in local, regional and national opportunities to receive additional quality management training. Conduct presentations, and participate in local and state initiatives on quality improvement. | Agendas, certificates of completion | 3/1/07-2/29/08 | Directors, QM staff, program managers |
| 5.3 Utilize data from current sources and implement new strategies for collecting data, monitoring program and improving fiscal responsibility | Grantee Reports | 3/1/07-2/29/08 | Program staff Administrative staff |
| 5.4 Conduct annual test and evaluation of current indicators, language for contracts and health outcome indicators across the TGA | List of indicators and outcomes | April 2007 and ongoing | All program staff; QM coordinator |
| 5.5 Monitor, measure, and respond to health outcome results. Report to HRSA the service delivery health outcomes. | Outcome report; progress report | 3/1/07-2/29/08 | QM coordinator, program staff |
| 5.4 Respond to the grant application, HRSA required progress reports, etc. regarding quality activities. | Grant application, progress reports | October 2007- February 2008 | All program staff; QM coordinator |

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COC-Quality Circle of Care
QM-Quality Management
CQI-Continuous Quality Improvement