

Clinical Quality Management Plan Review Checklist

The clinical quality management (CQM) plan should address how the grant recipient will meet the key components of a CQM program as outlined in [Clinical Quality Management Policy Clarification Notice \(PCN\) 15-02](#).

The CQM plan should provide a good understanding of the grant recipient’s CQM program in a narrative format. A CQM plan is brief and to the point. It does not contain information tangentially related to the CQM program (e.g., history of the grant recipient), which can be found elsewhere (e.g., grant application).

The table below lists each of the components of a CQM plan. Each component is highlighted based on the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) expectations and includes descriptions of the narrative, resources and tips for each component.

Recipient:		Division:	
Date of Plan:	Date reviewed:	Reviewer:	

General Information

Content	Present: Yes/No/Partial	Comments
Include the name of the grant recipient and the date last updated or approved.		

Quality Statement

PCN 15-02	None
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Content	Present: Yes/No/Partial	Comments
<ul style="list-style-type: none"> Include a statement that is brief, visionary, and related to HIV services. 		

<ul style="list-style-type: none"> Describe the ultimate goal of quality efforts and the purpose of the CQM program. 			
Annual Quality Goals			
PCN 15-02	None		
Content		Present: Yes/No/Partial	Comments
<ul style="list-style-type: none"> Outline year's priorities for the CQM program. Include five or fewer measurable and realistic goals. Describe endpoints/conditions towards which program work will be directed. Focus on the program's most important areas of need with an emphasis on improvement. 			
Quality Infrastructure			
PCN 15-02	<ul style="list-style-type: none"> Utilization of RWHAP grant funds to establish an appropriate infrastructure for a CQM program is allowed. An ideal infrastructure consists of the following: leadership, quality management committee, dedicated staffing, dedicated resources, CQM plan, people with HIV involvement, stakeholder involvement, and evaluation of the CQM program. 		
Content		Present: Yes/No/Partial	Comments

Describe how leadership guides, endorses, and champions the CQM program.		
Describe who serves on the quality management committee, who chairs and facilitates the meetings, how often the quality management committee meets, and the purpose of the quality management committee.		
Describe the staff positions responsible for developing and implementing the CQM program and related activities including the role of contractors funded to assist with the CQM program.		
Describe who writes, reviews, updates, and approves the CQM plan.		

Describe how people with HIV are involved in the development and implementation of the CQM program.		
Describe how stakeholders (e.g., subrecipients, other recipients in the region, planning body/committee, etc.) provide input into the CQM activities.		
Describe how the effectiveness of the CQM program is evaluated.		

Performance Measurement		
PCN 15-02	<ul style="list-style-type: none"> • Recipients are strongly <u>encouraged</u> to include HRSA HAB measures, Health and Human Services (HHS) guidelines, and the National HIV/AIDS Strategy (NHAS) indicators. • Data collection and analysis for the CQM performance measures should occur quarterly at a minimum. • For RWHAP service categories funded by direct RWHAP funds, rebates, and/or program income: <ul style="list-style-type: none"> ○ Recipients should identify at least two performance measures where greater than or equal to 50 percent of the recipients' eligible clients receive at least one unit of service; ○ Recipients should identify at least one performance measure where greater than 15 percent and less than 50 percent of the recipients' eligible clients receive at least one unit of service; and ○ Recipients do not need to identify a performance measure where less than or equal to 15 percent of the recipients' eligible clients receive at least one unit of service. 	
Content	Present: Yes/No/Partial	Comments
Describe how performance measures are selected and regularly reviewed for relevance, need, etc.		
Describe the process to collect performance measure data including engagement of subrecipients.		
Describe the process to analyze the performance measure data including stratifying the data to identify health disparities and sharing the data with stakeholders.		

Identify performance measures for all RWHAP-funded service categories, per PCN 15-02		
Quality Improvement		
PCN 15-02	<ul style="list-style-type: none"> Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., Model for Improvement, Lean, etc.). Documentation of all QI activities. Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.) 	
Content	Present: Yes/No/Partial	Comments
Describe the QI approach or methodology used (e.g., Model for Improvement/PDSA, Lean, etc.).		
Describe how QI priorities or projects are selected; if known, state the QI priorities or projects for current year.		

Describe how QI projects are documented.		
Describe how subrecipients are engaged, supported, and monitored with respect to QI.		
Work Plan		
PCN 15-02	None	
Content	Present: Yes/No/Partial	Comments
Provide a thorough overview of implementation: establish timelines, milestones, and accountability for all CQM program activities outlined in the CQM plan.		
Table format may be used to state goals with columns detailing objectives, key activities (milestones), timelines		

<p>(target dates), responsible parties (accountability), and outcomes/impact.</p>		
<p>Describe how the work plan will be shared/communicated with all stakeholders (e.g., staff, people with HIV, board members, parent organizations, other recipients, funders, etc.).</p>		