

Chart Review Project

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In this session...

- Description of Project
- Process
- Results
- Lessons Learned

Description of Project

- MATEC-IL contracted by Illinois Department of Public Health (IDPH) to develop a chart review instrument & conduct chart reviews at AIDS Drug Assistance Program (ADAP) sites in IL
- QA requirement of funder
- 2 years: 2005-06, 2006-07

Purpose of Chart Review Instrument

- Test collection of outcomes data on patients enrolled in Illinois ADAP
- Evaluate extent clinics enrolling these clients in ADAP meet or exceed clinical practice guidelines in HIV Care and treatment
- Test tool created to collect this information

Considerations for Tool

- Tool designed to measure main objectives
 - Were ADAP prescribers following DHHS guidelines
 - % of clients enrolled in ADAP
- Tool designed to measure things we anticipated HRSA might ask in future
- Tested tool to make sure it met our goals before implementing on a larger scale

Other Considerations

Measure other indicators of quality care

- Prophylaxis for OI's
- PPD placement
- Other clinical parameters as well, STD & hepatitis screening, etc.

Process

- MATEC-IL and IDPH developed the chart review tool and protocol
- Piloted on 2 clinics, prior to implementing state wide
- An additional 4 clinics were reviewed
- Goal to review 5-7 charts per site

Criteria for 2005-06

- HIV-positive
- Patients new to care between January 1 and June 1, 2002
- Minimum of 4 visits with a HIV-treating clinician from January 2002 to present
- Have been in continual care at your clinic (less than 1 year between visits to their clinician)
- Presently on antiretroviral therapy
- Are over 18

Findings

- 37 charts reviewed
- 78% of charts reviewed were patients enrolled in ADAP
- 92% of regimens prescribed were consistent with DHHS guidelines

Lessons Learned

- Criteria too narrow
- Most clinics reviewed had under 200 patients. Minimum number of charts in our time frame was difficult to achieve
- Additional fields were needed (i.e., incarceration of client and its influence on providing care)
- All sites but 2 had paper record, remaining sites had a combination of electronic and paper records

2006-07 Chart Review

- Expanded selection criteria
- Used HIVQual criteria as basis for number of charts requested for review
- Had 5 clinics, 3 with patient populations over 1000
- Tool modified to include incarcerations

Findings

- With small team of reviewers, impossible to meet HIVQual standards
- Sites had combination of electronic and paper records
- Clinics with QA processes in place and well organized charts, seem to reflect a quality of care that is consistent with current standards of HIV care

Other Findings

- Regimen changes due to changes in CD4 counts or viral loads were well documented
- Often, there was documentation of a regimen change with no rationale given when CD4 and viral load values were stable
- Flow sheet and charting inconsistencies
- Several sites had multiple HRSA visits this year

QUESTIONS?

Targeted Clinic Model

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August 9, 2007

In this session...

- Description of the TCM
- Key Elements of the Model (Process)
- Lessons Learned

Targeted Clinic Model...

A longitudinal, collaborative partnership to move clinic along the continuum from being HIV identifiers to clinically competent HIV service providers and resources.

- **Estimated length of time:** One-year capacity building model
- **LPS Offerings:** needs assessments, HIV knowledge and attitude assessments, ongoing clinical HIV training, quality assurance tools, clinical consultation, and technical assistance

What is a Targeted Clinic?

A community based health center:

- in areas serving an increasing number of HIV+ clients
- interested in enhancing its ability to provide HIV care services within the community

Seven Key Elements of the Model

1. Initial Discussions – “Buy-in”
2. Visioning
3. Needs Assessment
4. Developing Goals, Objectives and Outcome Measures
5. Development of Work Plan
6. Evaluation
7. Identification of Future Challenges and Directions

1. Initial Discussions – “*Buy-in*”

- Between the leadership of both organizations
- Lead to a Memorandum of Agreement (MOA)

2. Visioning

- Dialogue with clinic leadership to consider the level of HIV care the clinic envisions providing.
- Identifies the clinic's goals, potential challenges and resources.
 - Example of a Vision Statement: *“To be the leader in providing high quality, multi-disciplined community sexual health & wellness services in the Bear River Valley of Illinois”*

3. Needs Assessment

- Initial assessment to help establish a baseline of HIV care capacity and quality
- Performed through multiple measures

Needs Assessment Modalities

- Administer KA Questionnaire to clinical/ non-clinical personnel
- Administer a modified Primary Care Assessment Tool (PCAT)
- Chart reviews
- Focus groups

4. Developing Goals, Objectives, and Outcome Measures

- Collaborative process between MATEC and the Clinic
- Based on findings from needs assessments
- Leads towards clinic's vision
- Development of measurable outcomes

Developing Goals, Objectives and Outcomes

Example of an objective with measurable outcomes:

“The clinic will provide HAART to 75% of its HIV+ clients.” To measure achievement of this objective the clinic will count the number of patients on HAART monthly and divide this by the total number of HIV+ patients.

5. Development of Work Plan

- Based on Clinic's goals and objectives.
- Collaborative process between MATEC and the Clinic to develop a training plan that includes multiple training events, modalities, and levels.

6. Evaluation

- Integrated into the entire Targeted Clinic Process
- Based on the measurable outcome objectives
- Multiple measures utilized as necessary

7. Identification of Future Challenges and Directions

Having completed the initial Targeted Clinic experience, where does the clinic go from here?

Lessons Learned

- ❑ Time is lost between key steps of the TCM
 - ✓ Document all contact made with clinic (successful/unsuccessful)
 - ✓ Execute all activities with ***creative resolution***
- ❑ Too many goals/objectives
 - ✓ Focus on what's most feasible for the clinic
 - ✓ Follow *SMART* rule
- ❑ Model is in need of improvement
 - ✓ Review model in FY20 with total LPS team input
 - ✓ Implement enhancements