1. Agenda

   Documents: AGENDA 07.30.13.PDF
2. Healthcare For The Homeless Presentation

   Documents: HEALTHCAREFORTHEHOMELESSPRESENTATION.PDF

CITY OF PORTLAND, MAINE

REVISED AGENDA - Public Safety / Health & Human Services Committee

Public Safety, Health and Human Services

DATE: 7/30/2013

TIME: 6:00 PM

LOCATION: Council Chambers / City Hall
389 Congress Street

AGENDA

1. Meeting Called to Order and Minutes from June Meeting Reviewed
2. Healthcare for the Homeless Governance Action
3. Discussion of Residential Sprinkler Requirement Contained in Ch. 10 of Portland City Ordinance
4. Information Regarding Protests Outside Planned Parenthood *Please note, there will be no public comment on this item

TO Ed Suslovick, Chair and Members
Public Safety, Health & Human Services Committee
FROM Kathi Fortin, Program Manager KF
Portland Health Care for the Homeless Program
DATE 7/25/2013
SUBJECT Request for Grant Application Approval

At the Federal Site visit in June, we learned that all grant applications must be approved by the HCH Board of Directors. Because the City Council serves as the interim governing body, I am submitting a request for approval for the following grant applications. One grant has been submitted and awarded; the other is due in August.

HRSA-13-279: Outreach and Enrollment (O/E) Assistance Grant

Application Deadline: 5/31/2013
Budget/Project Period: 7/1/2013-6/30/2014
Maximum Allowed: $70,433 Amount Requested: $70, 433
Amount Awarded: $74,433

Purpose: To help federally qualified health centers provide eligibility assistance and enrollment support for people to participate in "market place" insurance supported by the Affordable Care Act. This grant required a minimum of 1.0 NEW full-time equivalency (FTE) position.

O/E funding will allow HCH to increase enrollment services for adolescents and adults experiencing homelessness in the Portland area from 0.60 FTE to 2.0 FTE for a total of 1.4 new FTE. The primary population for expanded O/E activities is the more than 1,300 individuals currently served by HCH who do not have any type of health coverage. O/E workers are expected to achieve application counselor certification.

HRSA-14-023: Service Area Competition (SAC)

Application Deadline: 8/28/2013
Budget/Project Period: 1/1/2014-12/31/2016 (3 years)
Maximum Allowed: $ 622,679 (per year) Amount Requested: $1,868,037
Amount Awarded: We will receive notification in December 2013

Purpose: The purpose of this grant is to provide comprehensive, primary and preventive health care services to people experiencing homelessness in Portland, Maine.

In 1/2013, the City was awarded a one year renewal of the federally qualified health center (330h) grant to serve homeless adolescents and adults in Portland, Maine. This request is an opportunity to renew that grant for up to three years.

Required and supplemental services will continue to be provided at 20 Portland Street in alignment with 330(h) grant requirements and as summarized on Forms 5A, B, C of the grant application.

Portland Health Care for the Homeless Program
20 Portland Street, Portland, Maine 04102

TO Ed Suslovick, Chair and Members
Public Safety, Health & Human Services Committee
FROM Kathi Fortin, Program Manager KF
Portland Health Care for the Homeless Program
DATE 7/25/2013
SUBJECT Request Policy Approval

In follow-up to the June 17, 2013 City Council meeting, I am submitting a request for approval for the following:

QA/I Policy — We are required to have a board approved quality assurance and improvement policy that applies to the full scope of services provided at HCH. This policy was reviewed and approved at the 7/25/2013 HCH Quality Assurance Committee (attached).

QA/I Plan — We are also required to have a board approved plan for ongoing quality assurance and improvement activities. This plan covers the process and overarching objectives. This plan was reviewed and approved at the 7/25/2013 HCH Quality Assurance Committee (attached).

Specific goals and objectives are contained in a 17-page detailed work plan that includes performance measures defined by HRSA. This plan does not need board approval.

Approval of these documents is required to meet the federal grant requirements.

Thank you.

Public Health Prevent. Promote. Protect. Portland Public Health Division	Title	**Quality Assurance and Improvement Policy**
	Responsibility	Medical Director
	City Council Approval	
	Internal QA/I Approval	7/25/2013
	Review/Revision Dates	3/2013
	Original Effective Date	April 2010
	File Location	Environment of Care

It is the policy of the Portland Health Care for the Homeless Program (HCH) to provide high quality services to adolescents and adults experiencing homelessness in the Portland area. To ensure high quality, HCH maintains a continuous quality assurance and improvement program in accordance with applicable licensing or regulatory requirements.

The Quality Assurance and Improvement Policy (QA/I) applies to all staff (employee, contractor or volunteer) and to all clinical and non-clinical programs delivered by HCH. The QA/I Plan defines the structure, methodology and workplan for all QA/I activities.

Public Health
Prevent. Promote. Protect.
Portland Public Health Division
City of Portland, Health and Human Services Department

Portland Health Care for the Homeless Program

Quality Assurance & Improvement

Five-Year Plan
CY 2013 - 2017

Written by	Kathi Fortin, Program Manager Shuli Bonham, MD, Medical Director
Review Date(s)	First Quarter 2013
Revision Date(s)	5/2013, 4/2010
Original Date of Implementation	2008
File in the following manual	Environment of Care

Approval Dates

Internal QA/I Committee	City Council
7/25/2013	

Table of Contents

I. Purpose and Structure

The Portland Health Care for the Homeless (HCH) program is committed to providing high quality services to adolescents and adults experiencing homelessness in the greater Portland area. To ensure quality, HCH maintains a continuous quality assurance and improvement program in accordance with applicable licensing and regulatory requirements.

The Quality Assurance and Improvement (QA/I) Plan, which includes all clinical and non-clinical processes, defines a systematic approach to identify opportunities to improve services and resolve identified problems. Quality activities and priorities shall be flexible and responsive to the changing environment in which HCH operates and will be in compliance with Section 330(k)(3)(B) of the Public Health Services Act (PSA).

A defined quality assurance plan promotes improved outcomes and overall satisfaction with the service delivery system. Quality assurance (QA) is the development of standards (measures) and monitoring performance in relation to these standards. Quality improvement (QI) is used to improve a process or system as measured by quantitative and/or qualitative data and the systematic use of improvement models or tools. Routine quality audits are conducted to ensure quality and decrease risk. The HCH program incorporates quality assurance and improvement activities for all clinical and non-clinical services.

Structure

In accordance with Section 330(k)(3)(C) of the PHS Act, 45 Code of Federal Regulations (CFR) Part 74.25(c)(2), (3) and 42 CFR Part 51c.303(c)(1-2), the Portland Health Care for the Homeless Program has established an ongoing QA/I Plan that includes:

a) Confidentiality of client records and protected health information;
b) Periodic assessment of appropriate service utilization and quality of services provided to individuals served by HCH. Such assessments shall:
    1. Be conducted by physicians or by other licensed health professionals under the supervision of the medical director;
    2. Be based on the systematic collection and evaluation of client records; and
    3. Identify and document the necessity for change in the provision of services by HCH and result in the institution of such change, where indicated.
c) Include periodic assessment of activities including compliance with regulatory requirements, policies and procedures.

All data and recommendations associated with the HCH's quality assurance/improvement activities are solely for the improvement of services provided. As such, all material is confidential and is accessible only to those parties responsible for assessing quality improvement.

Governance

HCH is a part of the City of Portland's Health and Human Services Department, Public Health Division. The City of Portland is a duly authorized municipality within the State of Maine,

meets the HRSA definition of a public agency (entity) and is recognized as the PHS Act Section 330(h) grantee. In accordance with Maine law (30 MRSA), the City of Portland established and is governed by the City Charter and Code of Ordinances. As a public entity, the City Council serves as the governing body and retains appropriate authority to oversee the operation of the Portland Health Care for the Homeless Program. The City Charter and Code of Ordinances serve as the "bylaws" in accordance with Section 330(k)(3)(H) of the Public Health Service Act and 42 CFR 51c.304.

A quarterly QA/I report is presented to the City Council Public Safety, Health and Human Services Committee for review. The report shall include a summary and analysis of performance data, identified barriers and interventions, and conclusions about the overall effectiveness of the QA/I activities. The Committee Chairperson shall present the report to the full City Council for vote. Approval of the QA/I report shall be recorded by the City Clerk in accordance with Part II Code of Ordinances, Chapter 1, Article II, Section 2-17 (a).

Internal Quality Assurance and Improvement (QA/I) Committee: HCH will maintain an internal QA/I Committee that will consist of the medical director (chairperson), program manager and staff representatives of primary care, behavioral and oral health programs. The HCH QA/I Committee meets regularly but no less than six times per year; QA/I work groups meet as needed.

The Internal QA/I Committee is responsible for:

- Development, revision, and maintenance of QA/I policies and procedures. The policies and procedures will be reviewed in accordance with document review policy.
- Development of a consolidated QA/I work plan (Attachment B). The work plan shall outline the dimensions of quality to be monitored and includes, but is not limited to: the indicators to be measured, performance goals, benchmarks, past performance results, and frequency of monitoring and reporting.
- Establishment of workgroups as needed. Work group membership and leadership will be appointed by the medical director. The roles and responsibilities of a work group will be determined when it is established.
- Completion of a quarterly report to be presented to the Director, Public Health Division and the Director, Health and Human Services Department for review, discussion and approval prior to submission to the City Council. The report shall include a summary and analysis of performance data, identified barriers and interventions, and conclusions about the overall effectiveness of the QA/I activities. The Internal QA/I Committee is ultimately accountable to the City Council (board of directors).

QA/I Minutes

Minutes for the Internal QA/I Committee and/or workgroup meetings shall be documented at each meeting and reflect attendance, discussion, decisions, recommendations, and/or conclusions. The minutes shall be signed and dated by the respective QA/I Chairperson. QA/I program documentation is confidential and should not be subject to disclosure to any individual or group without written permission of the HCH program manager.

II. Data Collection

HCH will base quality assurance and improvement activities on discrete facts and will implement management information systems (MIS) to gather, process, store and present information to support quality assurance and improvement and program evaluation. MIS may be in paper and/or electronic format. Accurate data collection and reporting is critical to inform key stakeholders such as staff, senior leadership, City Council and funding agencies. Information systems will include quantitative (numerical) and qualitative (non-numeric) data.

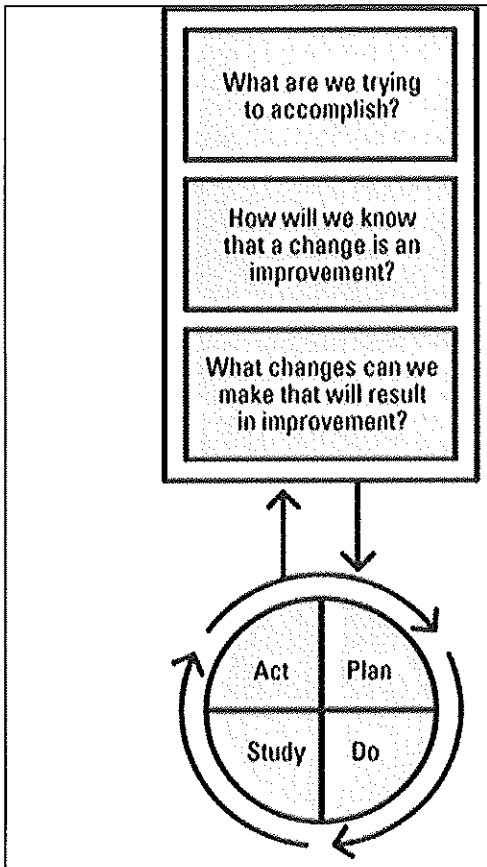
HCH has implemented information systems to capture and process the data needed to conduct QA/I activities. These systems include but are not limited to:

- Next Gen Enterprise Practice Management: Billing data is used to develop a scientifically drawn sample of 70 patients selected from all patients who fit the selection criteria.
- Paper health records: Until such time that resources become available to implement an electronic health record, HCH relies on paper health records for documentation.
- Microsoft Office Suite, other personal computer programs or manual tracking systems are used to collect and/or express data using various methods including but not limit to spread sheets, tables, graphs, flowcharts or cause and effect diagrams.

<u>Continuous Quality Improvement</u>

Quality improvement initiatives within key functional areas are developed or redesigned using continuous quality improvement resources which include but are not limited to: Institute for Healthcare Improvement, Public Health Foundation, and Fundamentals of Health Care Improvement. Staff directly involved in providing clinical or non-clinical services are involved in QA/I planning and implementation phases.

The primary quality improvement process used at HCH is derived from Shewart's Continuous Quality Improvement (CQI) model. This model is also known as the PDSA model which stands for Plan, Do, Study, Act. Once an opportunity for improvement has been identified, staff will implement the PDSA process. The handbook, Embracing Quality in Public Health: A Practitioner's QI Handbook (Attachment A) will serve as the primary staff resource.



PLAN • Develop plan for process improvement. • Identify resources for data collection • Determine a measurement tool • Determine a target or benchmark goal • Develop project timeline • Assign team role in collecting and analyzing data
DO • Perform data collection using identified methodologies • Keep within established timeframe
STUDY • Compare data collected to identified goal(s) • Analyze results
ACT • If results meet established goal, standardize process to ensure ongoing compliance and determine review cycle. • If results do not meet establish goal, develop and test changes that improve the process and continue to study until results meet stated goal. Establish review cycle to ensure ongoing compliance. • Implementation of a standard is the end of one improvement and the start of the next improvement.

Evaluation

Improvement projects will be evaluated regularly until thresholds are achieved. If the measured level of performance does not improve to the minimum threshold, continued auditing and intervention will be required. Improvements may include but are not limited to:

- Process redesign;
- Staff and/or client education;
- Clinical practice guideline review, revision or development;
- Procedure development or revision; or
- Form development or revision.

All improvement plans will be communicated to staff and clients as appropriate. Informal communications, meetings, e-mail and memos are all considered acceptable methods to communicate QA/I Committee activities and improvement plans.

When a project has reached a satisfactory level of improvement and demonstrates sustainability, the PDSA project will be discontinued. Once an improvement plan has been successful, a regular auditing schedule will be implemented to ensure the plan remains successful over time.

Routine Audits

HCH has developed management plans focused on specific topics such as risk management, safety, clinical outcomes, financial outcomes, policies and procedures, strategic planning and needs assessment. The QA/I program will monitor all clinical and non-clinical activities regardless of which authority defines the objectives and measures. Many of the objectives overlap and have been combined into overarching goals:

A. To ensure quality care and improved health outcomes.
B. To recruit, retain and evaluate a quality work force.
C. To ensure a safe environment of care.
D. To ensure financial viability.

Audits will be conducted on a regular basis to determine if processes and standards are followed and established goals are met. The list of routine audits listed below provides an overview of QA/I activities; measurable objectives have been consolidated in a single, multi-year work plan (Attachment B).

Goal A: To ensure quality care and improved health outcomes.	
Area	Description
Clinical Policy and Procedures	• Appropriate clinical policies and procedures are developed, implemented and reviewed. • The QA/I Committee audits the review/revision status of clinical policies and procedures on a regular basis but no less than every two years unless circumstances indicate an earlier review.
Patient Care Management	Audits are conducted to ensure compliance with established protocols and clinical outcome objectives.
Peer Review: All Types	Audits are conducted to ensure peer review has been conducted in accordance with established guidelines.
Clinical Performance Measures	Audits are conducted to ensure data quality and compliance with required clinical measures and outcomes.
Access to Care: Patient Satisfaction	• A periodic patient satisfaction survey is conducted; results are compiled and analyzed. • The internal QA/I Committee reviews the results and takes action as appropriate. • The results and related actions are presented to Senior Leadership and City Council.

Access to Care: Hours of Operation & Service Delivery Location	• Service utilization is monitored and analyzed to ensure hours and location meet the needs of the target population. • Audits are conducted to ensure utilization trends have been monitored and action has been taken as appropriate.

Goal B: To recruit, retain and evaluate a quality work force.	
Area	Description
Quality Workforce	Audits are conducted to ensure compliance with established credential/privilege polices and procedures.
Continuing Education	Audits are conducted to ensure that staff are receiving appropriate annual trainings and are maintaining appropriate education credits toward license renewal.
Performance Expectations	• Audits are conducted to ensure job descriptions clearly define performance expectations for each position. • Audits are conducted to ensure annual performance reviews have been conducted in a timely manner.
Work Force Development	Audits are conducted to ensure that student volunteer opportunities are consistent with established policies and procedures.

Goals C: to ensure a safe environment of care (EOC).	
Area	Description
EOC: Safety	Audits are conducted to ensure a safe environment of care. Audits may include but are not limited to: • Quarterly fire extinguisher inspection and test of hazard lighting. • Visual inspection of health center facility to ensure good repair. • Adherence to established safety standards.
EOC: Security	Audits are conducted to ensure access is limited to authorized personnel in order to protect confidential information, specialty equipment and medical supplies.
EOC: Bio-Hazard	Audits are conducted to ensure compliance with regulatory requirements, policies and procedures related to infectious disease, blood borne pathogens and infection control.
EOC: All Hazards & Emergency Planning	Audits are conducted to ensure compliance with established all hazards and emergency planning policies and procedures.

Goal D: To ensure financial viability	
Area	Description
Corporate Compliance	Audits are conducted to ensure compliance with regulatory requirements including but not limited to: OSHA, CLIA, HRSA/BPHC, CMS, OIG and the State of Maine.

Financial Performance Measures	Audits will be conducted to ensure data quality and compliance with required financial measures.
Financial Policies and Procedures	• Appropriate financial policies and procedures are developed, implemented and reviewed. • Audits are conducted to ensure that financial policies and procedures have been reviewed in accordance with established guidelines.
Financial Performance: Billing & Collections	• Audits of super bills will be conduct to ensure services are appropriately coded and charged. • Audit of the usual and customary fees are conducted to ensure HCH fee schedule is appropriate.