

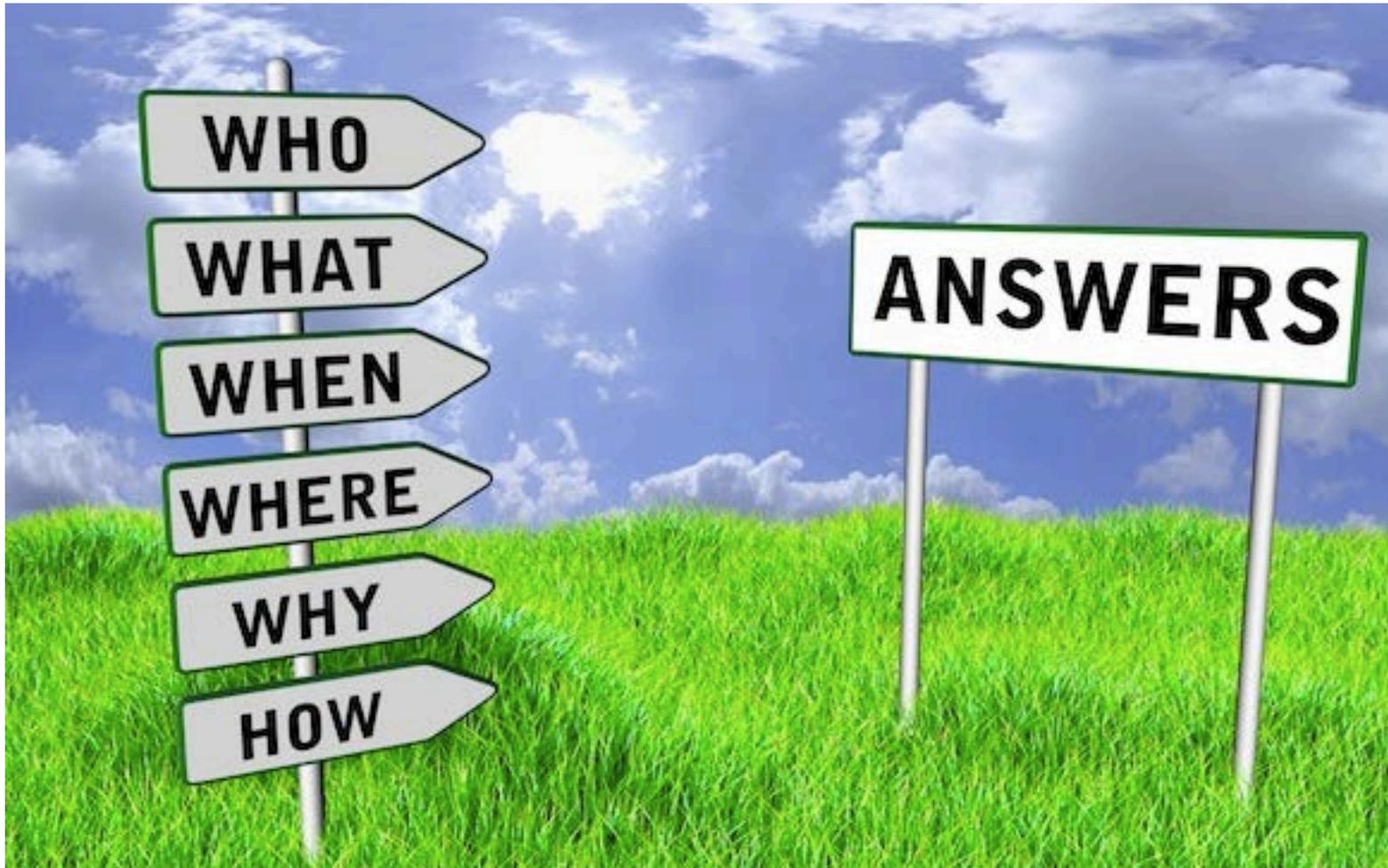
Writing Effective Policies & Procedures for HIV Service Delivery in Primary Care Settings

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Learning Objectives

- Know the difference between a policy and a procedure
- Describe how to develop P & Ps
- Understand the challenges to developing, updating, and maintaining P & Ps
- Identify areas to consider when developing P & Ps for HIV services

Why Are P & Ps Important?



What is a Policy?

- A statement that provides a **guide** to decision making regarding processes or activities that take place regularly
- Outlines the goal or purpose of a specific process or activity
- Describes why the process or activity has been issued and explains the context for it

Policy Example

The Nurse Manager will oversee all referrals made for HIV patients to specialty medical care not provided by the health center to ensure positive health outcomes. The Nurse Manager will manage appropriate follow-up on all referrals to ensure services were accessed, services were appropriate, and patients were satisfied with services.

What is a Procedure?

- The desired action steps for staff to take to achieve certain objectives in a defined circumstance
- A resource to assist staff in carrying out specific functions
- May require adaptation in clinical settings due to unique patient characteristics

Procedure Example

- 1) The HIV Primary Care Provider will assess and identify patient medical needs using the *Patient Assessment Form*, documenting needs for specialty medical care not provided at the health center.
- 2) The HIV Primary Care Provider will notify the Nurse Manager of patient needs for specialty medical care and document this in the patient's EMR or chart.
- 3) The Nurse Manager will identify appropriate referral sources for patient and complete a *Referral Form* for each referral made.

Procedure Example

- 4) The Nurse Manager will follow up with the patient within no longer than 1 month to determine referral was successful and appropriate and patient was satisfied with referral. All patient interactions and contact with referral sources will be recorded by the Nurse Manager on the *Referral Tracking Form*.
- 5) The Nurse Manager will work with the HIV Program Lead to create a listing and update referral sources for specialty medical care every 6 months, and make changes sooner if alerted by the referral source.

Why Have P & Ps?

- Provide the “why” and “how” for service delivery
- Promote compliance with legal regulations and statutes
- Promote compliance with accreditation or certification requirements
- Ensure compliance with funding requirements
- Facilitate adherence with recognized professional practices and standards of care

Benefits of P & Ps

- Standardize practices across multiple departments and agency locations within a single health system
- Serve as a resource for staff, particularly new personnel
- Reduce risk for errors or oversights by having staff not rely on memory
- Lower legal liability

Getting Started

- Designate an interdisciplinary team to oversee development, review, and updating of P & Ps
- Interdisciplinary team includes clinical, administrative, and quality staff
- Be sure to involve staff who will be implementing the P & Ps, including the HIV Care Team and Program Lead

Getting Started

- Discuss Board of Directors involvement regarding required review and sign-off
- Determine who will be the signatory(s) on the document

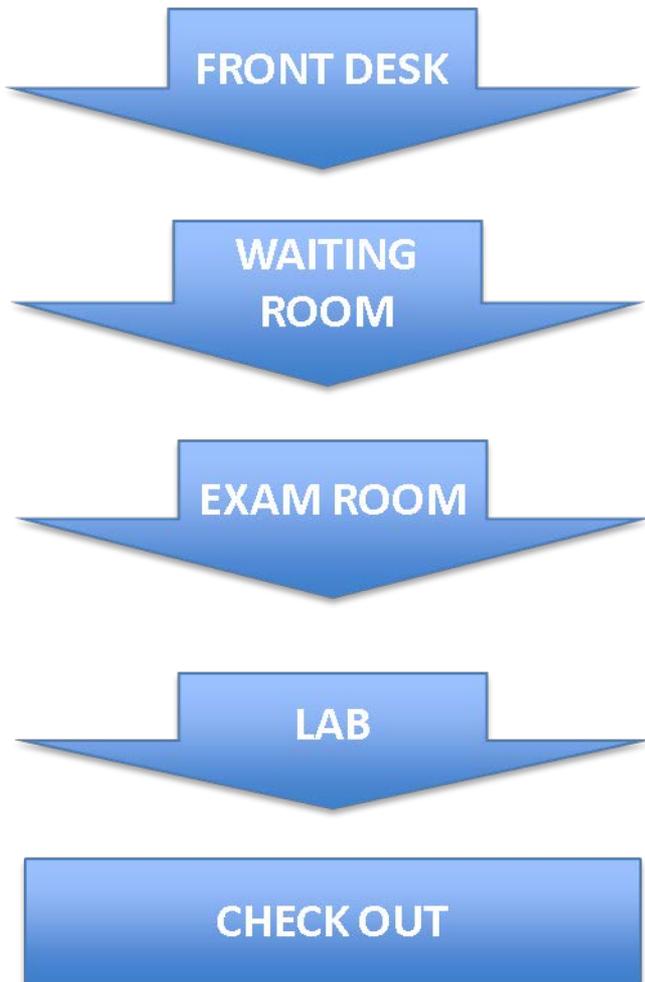
Developing P & Ps

- Specialty P & Ps can be integrated into existing agency P & Ps or put into a separate manual
- Having separate P & Ps for HIV services may be more user-friendly and reduce staff confusion because everything related to HIV service delivery is all in one place
- Recommend putting the policy and its procedure in the same document for ease of use

Developing P & Ps

- Assess client needs
- Inventory staff knowledge and expertise to determine staff training needs
- Identify any special space or equipment that will be needed to implement procedures
- Map patient flow for to determine the procedure (what, where, when, who, how) for the service
- Can include a map/flow chart in the P & P or as an attachment

Patient Flow Mapping Example For HIV Testing



Check-In: Routine Screening Sheet attached to Encounter Form

Intake Process: Tester (Nurse/MA) offers HIV Test (could be in exam room or another area)

- Patient is offered test with Q and A
- Patient receives test information
- Patient signs consent
- Sample obtained and sent to lab for processing
- Tester enters results on Routine Screening Form
- Results given by tester or provider when appropriate (if rapid test, on same day; if not rapid, schedule patient to return for results)
- **Blood Draw**
- **Check Out**

Developing P & Ps

- Create a tracking mechanism to ensure P & Ps are reviewed and updated
- Work with Quality to include ways to evaluate and improve procedures
- Ensure patient feedback mechanisms are in place (suggestion box, forms, surveys)
- Build a timeline for rolling out P & Ps and a staff training schedule

Implementing P & Ps

- Train appropriate staff, including refreshers
- Provide ongoing support and guidance to staff with periodic review meetings
- Assign a lead staff person for each service area that staff can get support and guidance from on P & P implementation
- Monitor implementation with direct observation
- Develop a schedule to review staff and patient feedback

Implementing P & Ps

- Respond to non-compliance in a timely manner
- Address any urgent staff or patient concerns immediately
- Secure a shared space on health center server and/or easily accessible location to house P & Ps
- Keep hard copies in 3-ring binders for easy updating and additions
- If appropriate, put procedures on cards or paper that can be laminated or create posters to display in exam/counseling rooms

Coordination Across Departments and Multiple Sites

- Regular (monthly, quarterly) team meetings to discuss service delivery, service gaps, and staffing and procedural issues
- Case conferencing to discuss patients' progress and unmet needs
- Monitoring of external referrals for patient progress reports

Continuous Quality Improvement

- Identify QC measures and design and implement a monitoring plan for making improvements
- Develop a feedback mechanism for staff to report what works, issues that are not working or could be improved, and noncompliance

Continuous Quality Improvement

- Identify areas for improvement through direct observation, focus groups, questionnaires, talking to key individuals
- Include patient input and experience in QC activities
- Share any pertinent audit results with staff

Anticipated Outcomes of P & Ps

- Consistent, high-quality, up-to-date patient care
- Well-trained staff who feel supported in their work
- Patient satisfaction
- Standardized patient data
- Successful audits

Writing Effective P & Ps: Who Will Write Them?

- Generally is best to have 1 or 2 writers
- Can identify 1 staff person with expertise in writing policy and 1 person with experience in writing procedures
- Writers are typically management level staff or program directors

Writing Effective P & Ps: Format and Language

- Develop a standard format
- Insert your logo
- Choose a simple, recognizable name for the title
- Define terms simply and clearly that require explanation
- Do not use jargon or abbreviations

Writing Effective P & Ps: Be Inclusive

- Note other P & Ps that are similar or helpful to the one you are writing for cross-reference
- Cite any federal or state statutes that are the basis for the P & P
- Utilize recognized standards of care, clinical guidelines, and best practices
- Attach any evidence-based resources used to develop the P & P (journal articles, published guidelines and best practices)

Writing Effective P & P: Clear Policies

- State the goal or purpose of the service
- Specify any organizational requirements for service delivery
- Note any federal or state requirements or regulations that must be followed
- Be concise—use as few words as possible to state the policy
- Share any agency values or commitments in the statement

Writing Effective P & Ps: Understandable Procedures

- Write clear and concise action steps
- Use the active voice
- Specify staff person(s) responsible for carrying out each step
- Do not under-specify—include all essential elements in the procedure
- Site relevant shared documents and forms needed to implement the procedure and where they are located on your server

Sample Formatting for P & Ps

Title
Number
Site/Department
Effective Date
Review Date
Definitions
Resources
Policy
Procedure
Related P & Ps
Approval
Signature(s)
Attachments

P4C P & P Content Requirements for HIV Testing

- Site/Department
- Providers, Staff, Referral Organizations
- How service is integrated into general primary care &/or visits
- When & where services is provided
- State laws impact service?
- Informed consent process
- Actions that need to occur before, during & after service
- How service varies by patient characteristics

- How service delivery, referrals, clinical decisions & outcomes are tracked, followed-up, & documented
- How lab/diagnostic test results & other information is shared with patients
- Support available for clinical decision making
- Quality control, assurance, & improvement mechanisms

Overcoming Challenges to P & P Implementation



Overcoming Challenges To Implementation

Resistance to Change

- Include staff input in P & P development
- Educate staff on need and benefits; provide evidence-based information for the change
- Hold meetings and forum to discuss the change
- If appropriate, share audit results that highlight areas for change

Overcoming Challenges To Implementation

Time for Training Staff

- Offer CEUs
- Schedule training during regular work time
- Hold Lunch and Learns
- Include reminders for P & P implementation and refreshers for training over time

Overcoming Challenges To Implementation

Providing Constructive Feedback

- Hold regular meetings to allow for feedback
- Set ground rules for giving feedback
- Have available feedback questionnaires with focused questions and space for suggestions

Overcoming Challenges To Implementation

Cultural Differences/Staff Preferences Across Departments or Multi-Site Locations

- Include staff input from each department and site in the development process
- Conduct an assessment of departmental or site characteristics and needs and identify barriers to implementation
- Involve staff in developing strategies to overcome implementation barriers

Overcoming Challenges To Implementation

Buy-In from Leadership and Staff

- Communicate regularly about the development process and need for P & Ps
- Maintain transparent communications
- Provide evidence-based educational materials, best practices, and standards of care
- Hold forums to discuss the P & Ps

Overcoming Challenges To Implementation

Buy-In from Leadership and Staff

- Understand clinical staff may have special challenges with implementing procedures
- Emphasize benefits and new skills to be learned in P & P trainings
- Identify internal Opinion Leaders or Champions and involve them in assessment and staff training activities

What You Need to Know About Writing Effective P & Ps for HIV Services

HIV CARE CONTINUUM:

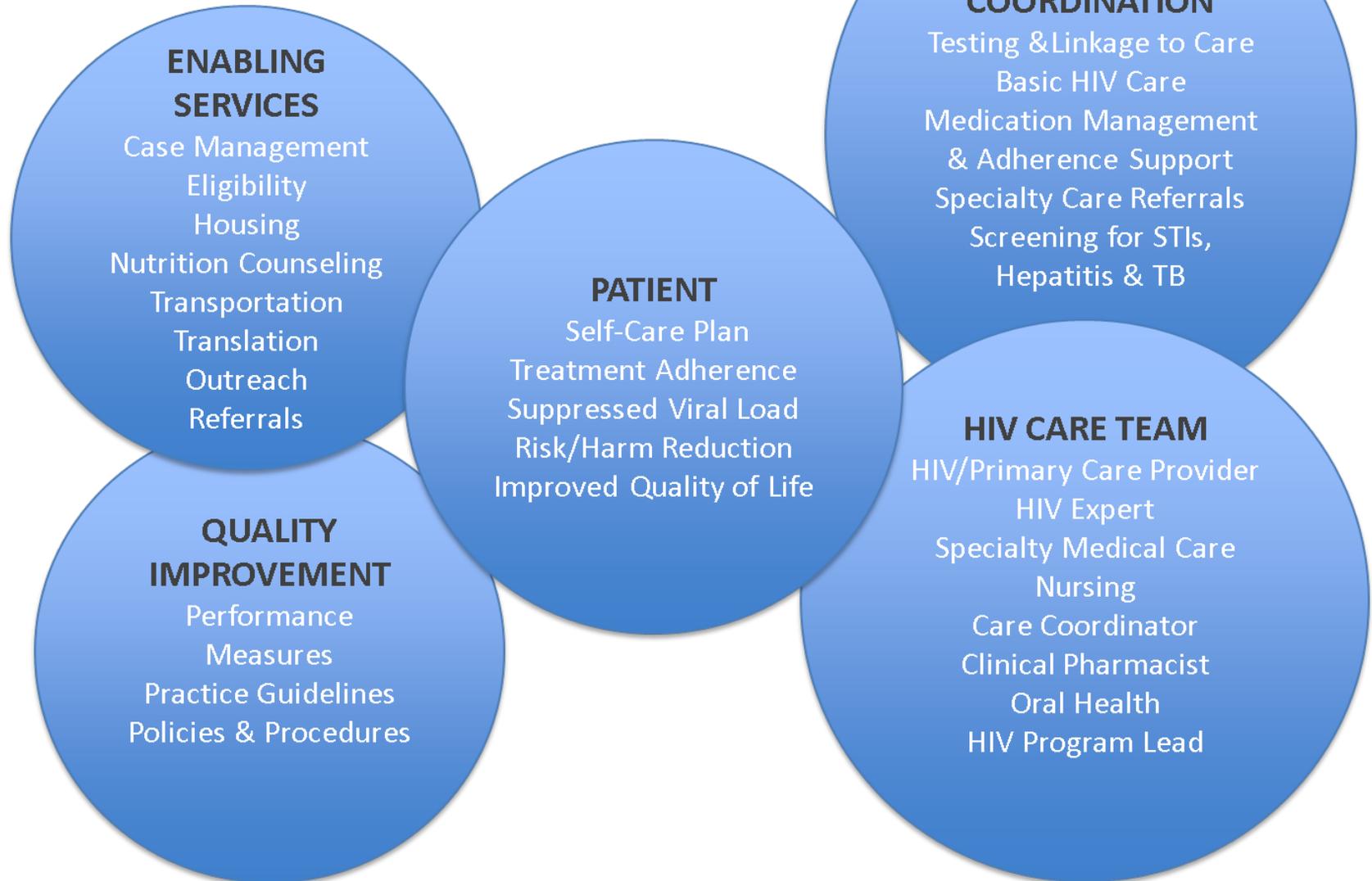
THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



Of the 1.2 million people living with HIV in the United States in 2011:

- 30% were virally suppressed
- Of the 70% who were not virally suppressed, 66% were diagnosed but **not** enrolled in care

HIV Service Delivery Components and Areas for P & P Development



HIV Testing and Linkage to Care

- Know your state Department of Health's requirements for training and certification of HIV testers
- Understand your state's process for reporting test results and partner notification
- Determine who will conduct testing
- Select the type of HIV test to use

HIV Testing and Linkage to Care

- Develop an internal process for linking patients who test HIV positive to the HIV Care Team
- Establish a referral network of other HIV service providers to give patients a choice in their HIV care
- Provide prevention services for high risk HIV-negative patients

Basic HIV Care

- Delivered by the Primary Care Provider
- Manages patients' HIV primary care needs
- Identifies subspecialty care needs, in consultation with an HIV Expert
- Makes referrals for specialty medical care
- Develops an HIV medical care plan for each patient
- Collaborates with HIV Care Team to keep patient engaged and retained in care

Patient Self-Care Plans

- Care coordinator or case manager develops plan with client
- Review treatment options, side effects, lifestyle, and dosing schedules
- Review other needs such as safer sex practices, having a stable living situation, maintaining weight, getting help for substance abuse, establishing a support system

Patient Self-Care Plans

- Set realistic goals together
- Give patient a copy of goals and place in their record
- Review plan with client on a regular basis
- Share plan with HIV Care Team

Medication Management and Adherence Support

- Provided by a PA, nurse, or pharmacist
- Manages patients' medications and identifies drug interactions
- Counsels patients to ensure adherence to treatment regimen
- Oversees medication profiles with other medical and behavioral health providers
- Collaborates with HIV Care Team to help patient maintain treatment regimen

Formal Referrals for Specialty Care

- Written referral and service agreements in place
- Up-to-date community resource guide
- Process to record and track referrals
- Patient satisfaction with referrals

Enabling Services

- Supportive services to ensure patient engagement and retention in care
- Examples include case management, referrals to mental health and substance abuse services, housing, nutrition counseling, transportation, translation, and outreach
- Up-to-date community resource guide
- Process to track and evaluate referrals and measure patient satisfaction

Considerations During and After P4C

- Health centers can include additional information in P & Ps that is not required by P4C
- Considerations during and after the P4C project period include:
 - Lessons learned
 - Community needs
 - Organizational infrastructure
 - Environmental/regulatory issues

Resources

- State Health Departments for HIV statistics, reports, and policies and procedures
- State HIV Care and Prevention Planning Groups for needs assessment reports and community resources
- HRSA Bureau of Primary Care <http://www.bphc.hrsa.gov> for information on Health Center Program Opportunities, Requirements, Quality Improvement, and Current News and Announcements
- HRSA AIDS Programs <http://hab.hrsa.gov> for information about the Ryan White Program, Guidelines/Protocols for Care Delivery, Performance Measures, and Funding Opportunities
- HRSA Target Center Webinars on a wide range of topics; go to to Webinars at <https://careacttarget.org>
- [HRSA's Guide for HIV/AIDS Clinical Care](#)
- AIDS Info Clinical Guidelines Portal <https://aidsinfo.nih.gov/guidelines>

Resources (2)

- [HRSA's HIV Performance Measures](#)
- HRSA's Ryan White Program
<http://hab.hrsa.gov/abouthab/aboutprogram.html>
- HRSA Target Center <https://careacttarget.org> for online resources to help deliver Ryan White HIV/AIDS care; scroll down on home page to box on the lower right hand side for Clinicians—this section includes helpful Guidelines and Manuals, Webinars and Training, and a Clinical Consultation Center
- HRSA AIDS Education & Training Centers <http://www.aidsetc.org> for information on regional AETCs and the technical assistance and resources they provide—click on the Resource Library tab for Clinical Reference Tools, Guidelines, Trainings, and Web links; the Resource Library tab has a Topic Index as well
- Centers for Disease Control & Prevention Division of HIV/AIDS Prevention
<http://www.cdc.gov/hiv/dhap> for statistical and programmatic information
- Centers for Disease Control & Prevention HIV Testing
<https://gettested.cdc.gov> for testing site locations throughout the United States and testing information

Resources (3)

- Centers for Disease Control & Prevention Effective Interventions <https://effectiveinterventions.cdc.gov> for CDC-approved evidence-based prevention interventions
- National Association of State and Territorial AIDS Directors <https://www.nastad.org> for the latest materials and white papers on HIV/AIDS, conference information and more—the home page scroll has a new HIV Testing Toolkit
- [Article on policies and procedures](#) and risk management for healthcare organizations
- HRSA Target Center Webinar on Tools & Strategies for Care Coordination & Referral Tracking in Patient Centered Medical Homes—go to the Resource Library at <https://careacttarget.org> and type in the webinar name
- [CDC Publication on Implementation](#) of Routine HIV Testing in Health Care Settings: Issues for Community Health Centers

Resources (4)

- UCSF HIV InSite for HIV/AIDS treatment information
<http://hivinsite.ucsf.edu>
- [Institute for Health Care Improvement](#), Set and Document Self-Management Goals Collaboratively with HIV/AIDS Patients
- [How to Change Practice Barriers to Change](#)—a helpful document from the UK on how to enable change in a health care organization