WEBINAR VIDEO TRANSCRIPT
Partnership for Care HIV TAC
Writing Effective Policies and Procedures for HIV Service Delivery in Primary Care Settings
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STEVE LUCKABAUGH: Good afternoon. My name is Steve Luckabaugh. And I'd like to welcome you to the Writing Effective Policies and Procedures for HIV Service Delivery in Primary Care Settings webinar. This webinar is brought to you by the Partnership for Care, HIV Training, Technical Assistance and Collaboration Center, or HIV TAC.

The Partnerships for Care Project is a three-year multi-agency project, funded by the Secretary's Minority Aids Initiative Fund and the Affordable Care Act. The goals of the project are to 1, expand provision of HIV testing, prevention, care, and treatment in health centers serving communities highly impacted by HIV, 2, to build sustainable partnerships between health centers and their state health department, and 3, to improve health outcomes among people living with HIV, especially among racial and ethnic minorities. The Project is supported by the HIV Training, Technical Assistance and Collaboration Center, HIV TAC.

Today's speaker is Donna Ruscavage. Ms. Ruscavage has supported federal, state, and international initiatives in health promotion and disease prevention for over 30 years. Her areas of expertise include HIV/AIDS, substance abuse prevention and treatment, and Women's Health.

She provided training and technical assistance to CDC, HRSA and SAMHSA grantees for over two decades. Ms. Ruscavage holds a Master's Degree in Social Work Administration and has published on HIV, STDs, and Women's Health in the scientific and lay press.

She has served on several boards of nonprofit organizations and on grant review committees for the CDC, the American Foundation for AIDS Research, and the US Conference of Mayors.

She began her career as a volunteer in service to America, VISTA Volunteer. Ms. Ruscavage currently resides in Santa Fe, New Mexico. Please join me in welcoming Ms. Ruscavage.

DONNA RUSCAVAGE: Thank you, Steve. Good afternoon, everybody. We're very happy to be here and talking to you today about writing effective policies and procedures for the HIV services you will be offering in your health centers.

OK. I'd like to start off by reviewing our learning objectives for this webinar. The first objective is for you, by the end, to know the difference between a policy and procedure, to describe how to develop policies and procedures, to understand the challenges to developing, updating, and maintaining P&Ps, and also to identify areas to consider when developing P&Ps specifically for HIV services.

Let's start off with a polling question. We would like to ask you who in your health center will be involved in developing policies and procedures? Is it number 1, your HIV Care Team? Your HIV Program Lead is number 2. Your Administrators and/ or managers, other service providers or other staff that we haven't mentioned here.

If you can take a minute, as Steve said, and answer these questions. OK. Great. Thank you for your responses. It looks like 30% of you have indicated your HIV Care Team and Program Lead 10%-- so 40%-- have indicated that your HIV Care Team will be involved in writing P&Ps. 40% said Administrators and managers. And 20% said other.

Steve, is there any way we could get information on what the other means? Or can we discuss that during the question and answer period?

STEVE LUCKABAUGH: We can talk about that during the question and answer period, or if folks who have entered "Other" as their choice, if you want to enter that into the questions pane right now, I can read those out, or we can save that to the end, however.

So whoever did "Other," please type in what that other is into the questions pane.

DONNA RUSCAVAGE: Great. Thank you, Steve. I think judging from these responses, I think people have given a fairly typical response that people who are either providing the service, or administrators or managers, are the people most frequently involved in writing and developing P&Ps.

Not to inundate you with polling questions right at the beginning, but we would like to get your opinions on why you think the policies and procedures are important for your HIV program. Number 1 is because we won't have to think about what we're doing. Number 2 is they give us a road map for how to do our work and keep us compliant with legal, funding, and organizational requirements. Number 3 is so someone else can take the responsibility to make sure that things are done correctly. And number 4 is not sure.

If you could submit your answers, please. Thank you.

STEVE LUCKABAUGH: And one of the individuals said that "Other" means, I don't know for me.

DONNA RUSCAVAGE: Oh. OK. Thank you. Well everybody gets an A+ for picking the correct answer.

This is just a silly little graphic, but it illustrates what you've all answered, that P&Ps are important because they tell us the who, the what, the when, the where, the why, and the how for delivering a specific service in your setting.

OK. What I'd like to start off with is just to keep your brief overview of some helpful information about policies and procedures. We're going to start with talking about definitions, and review some basics about policies and procedures, including development tips, benefits, implementation, quality control, and anticipated outcomes.

So let's start with, what is a policy? And basically, this is the why. Why you're doing what you're doing. Policies provide guides to decision making so you can have uniform practices taking place around the delivery of a service.

They discuss the purpose of why we're providing a service. And they also give some context to it. Why your center has decided to undertake or offer this type of service.

And if we look at the next slide, we have a example of a policy that's very brief. I know many of you will be providing, I mean you all, will be providing a HIV medical care, but sometimes you might have patients who need specialty medical care and services that your health center doesn't currently provide.

So this policy this is an example of providing referrals for specialty medical care. And I'll just go ahead and read it for you. "The Nurse Manager will oversee all referrals made for HIV patients to specialty and medical care not provided by the health center in order to assure positive health outcomes. The Nurse Manager will manage appropriate follow-up on all referrals to ensure that services were accessed, appropriate, and patients were satisfied with services."

So in this policy, it's very specific that it's dealing with referrals for specialty medical care. It names who's going to be overseeing this process. And it tells you why you want to do this, because you want to ensure positive help outcomes.

It also talks about that the Nurse Manager will manage the referrals. What it's not telling you is the, how you're going to do this? So this actually is the desired steps that you will take.

You know exactly what you need your staff to do to carry out providing those specialty referrals for specialty medical care. And, you know, just in general, procedures are really good resources to assist staff in carrying out specific tasks.

One thing I'd like to point out. We're all working in health care settings. And in a clinical setting, you do have a procedure that tells you step-by-step what to do. But you need to keep in mind that there might be times that that procedure might necessitate an adjustment, depending an characteristics or unique things that are going on with your patient. So there are some flexibilities in terms of procedures and you'll need to tailor them working with your HIV primary care provider, if you need to make exceptions to meet specific client needs.

So I wanted to give you an example of a procedure using our example of providing specialty medical care referrals for services you're not providing at your center. Number 1, HIV PCP will assess and identify patient medical needs using an internal patient assessment form.

Number 2, the PCP will notify the Nurse Manager of patient needs for specialty care and document this in the patient's Electronic Medical Records or-- if you don't have EMRs-- in a chart. But I'm assuming you all have an EMR kind of system.

Number 3, the Nurse Manager will identify appropriate referral sources for the patient and complete a referral form for each referral made.

Number 4, the Nurse Manager will follow up the patient within no longer than 1 month to ascertain that the referral was successful and appropriate, and the patient was, in fact, satisfied with the referral. And all patient interactions and contact with referral sources will be recorded by the Nurse Manager on the Referral Tracking Form.

And Number 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 also make changes sooner if alerted by the referral source.

So just to give you one example of what I mean by how you might make exceptions and use some of procedures as a guideline is Number 4 where we say that the Nurse Manager will make a follow up no longer than 1 month to make sure the referral was successful.

If you had a patient with an acute medical need that needed urgent care, and needed to see a specialist within a couple of days, obviously, you wouldn't wait a month to follow up to determine that the referral was, in fact, what the patient needed. In that type of case, I would recommend checking up in a couple of days, or have the patient call you to let you know, or have some communication with that provider sooner than within one month.

What I want to do now is just give you some basics that might be review for some of you, and hopefully will be helpful. So when we ask ourselves the questions, why do we want to have P&Ps, as we just showed, they provide the why and the how for the service delivery. With the "why" being the policy, the "how" being the procedure.

They promote compliance with any legal regulations of statutes I know you're all required to provide HIV testing at your sites. Different states have different regulations and policies for HIV testing that can range from who can do the test to who can give the results.

So you need to clearly state that in your P&P to show that you're compliant. They also promote compliance with different accreditation or certifying bodies that health centers are responsible to.

They ensure compliance with your funding requirements for this Partnership for Change Project.

They also facilitate adherence with recognized professional practices and standards of care. For instance, I'm sure you're all aware in HIV care, there's standardised United States Public Health Service guidelines for the delivery of HIV clinical care. So you need to familiarize yourself with those types of standards and best practices so you can make sure your P&Ps are compliant.

In terms of benefits of policies and procedures, obviously, they're going to give you a standardized tool. Many of your health centers have different departments that are going to be providing HIV services, and also different locations within your health system. So having P&Ps really standardizes what every person across the board is doing.

For example, everyone will be following the same HIV testing protocol, whether the HIV test is done in a primary care clinic, or STI clinic, or if you go out in a mobile van and bring services to your community. So everyone will be doing the same thing all the time.

They also serve as a great resource for new staff, not just existing, but new staff who are learning all your practices and procedures.

They reduce risk for errors by not relying on your memory. Anything like me, you can think you remember all the steps, but it's really helpful to have everything in writing. So you're performing everything consistently.

And they lower the health care center's legal liability. The more people are trained and doing things in systematic, standardized way, the less opportunity there is for errors and misjudgements, in terms of patient care.

So how do you get started when you want to develop policies and procedures for your new HIV services that you're offering? It's very helpful to set up an interdisciplinary team.

That's something we would recommend to oversee the development review and updating of all your P&Ps that are related to your HIV services. That team typically includes clinical, administrative, and quality staff. I'm sure you all have Quality Managers or Quality Directors that are responsible for continuous quality improvement in your centers.

There may be times when you might want to involve your fiscal and legal staff, but that's going to depend on the nature of your protocol. For instance, if you're putting together a sliding fee scale policy and procedure, you might want to have your fiscal people look out at it to make sure it's all in compliance with your fiscal standards.

For your HIV testing policy and procedure, you might want to involve your legal counsel just to make sure everything is compliant with all the state requirements and federal requirements.

Also when you're putting your team together, it's really important to involve staff in the process who will actually be responsible for carrying out the P&Ps, specifically your HIV Care Team and your designated Program Lead.

Another important thing when you're getting started to organize your process is to talk about who you need in your agency to review and sign-off on these procedures. Most agencies require that their Board of Directors review and the President of the Board signs off. Some agencies want the Medical Director to sign-off.

Some of your agencies might want your HIV Program Lead to sign-off on the documents. It's really important to research your process that you use at you agency and make sure that you're involving all the people that need to be involved.

But these are documents that are part of the organizational infrastructure. And they really need to be reviewed and signed-off on by your Board of Directors at a minimum. Some people, some Boards, designate special committees with people who have the requisite expertise to review them. It's not like every board member gets to look at them. That's not how it works in most places. But you will need a signatory on your policies and procedures.

I wanted to make a few comments about developing policies and procedures. In your settings, you're going to be doing specialty policies and procedures for HIV service delivery. You can integrate those into your existing agency P&Ps or put them into a separate manual.

Because you're starting a new program, however, it might be more advantageous for you to have a separate manual for HIV services. This could be more user friendly, reduce staff confusion, because everything related to your HIV service delivery is all in one place.

Also, in terms, of development, we recommend putting in the same document the policy and its requisite procedure. Some agencies have a manual of policy, some may have a manual of procedures. But again, to reduce confusion and make them more user friendly, it's really helpful to include them in the same document.

So when you're developing P&Ps, it's also helpful to know, to figure out what you need to know before you get started. One way of doing that is to look at your client needs regarding HIV service delivery. Is there anything particular one group of clients, or one location, versus another that people might have different needs around service delivery, in terms of how the service is going to be delivered?

It's helpful to do a little inventory about what your staff knows and identify areas that you need to build expertise in, so staff can implement the policies and procedures. It's also helpful to look at any special space or equipment that will be needed to implement procedures.

For instance, if you decide to do rapid HIV testing, you're going to need to secure your test kits and figure out a place to store them. If you are going to be doing more counseling and

education than you normally do, it might not work to provide that service in an exam room when people are waiting. Clinicians are waiting to see other clients. You might need to set aside a separate space in a location, or designate a special room for counseling and education.

It's also incredibly helpful to sit down and do mapping of your service. So you can actually map the patient flow to determine the what, where, when, who and how, for how you're going to deliver the service. And if you do develop a patient mapping flow chart, you can include that in the policy and procedure, either within the body or put it as an attachment. So people have a picture. Sometimes staff have an easier time looking at a picture than reading a lot of text.

So the next slide. I have this sample of what Patient Flow Mapping is. I'm using this for routine HIV testing. So you see we have just a simple diagram on the left. The patient moves from the front desk to the waiting room to the exam room to the lab and then checks out.

At check in, the routine screen initially is attached to the standard patient encounter form. The intake process, the tester, whether that's a nurse, the medical assistant, or some other staff in your clinic offers the HIV test. The patient is offered the test, receives information, signs the consent.

Depending on whether you're during a rapid test or a routine screening where you're doing a blood draw and having a patient come to return, you would follow the procedure. And then the patient would proceed to checkout. So that this is just a very simple example to show you what we mean by Patient Flow Mapping for services.

Another important thing to remember when you're developing P&Ps is to create, up front, a tracking mechanism to ensure your P&Ps are reviewed and updated over time. You don't want to just develop an P&Ps and five years later return to it to figure out what you might need to update.

You should build into your development process checkpoints to review and update as needed. Especially, when you're starting a new service. Some clinics just do once a year that they update their P&Ps with the new service. I would recommend maybe looking at it in three month's time, and six month's time, and then going to one year.

And like I've said before, it's really important to work with your Quality Manager to include ways to evaluate and improve your procedures and build that into your tracking mechanism. You also want to make sure that patients have an opportunity to give you feedback. I'm sure in most of your health care centers you have suggestion boxes and feedback forms.

Some clinics sometimes do yearly surveys. You can certainly include questions on your new HIV services.

Also it's important when you're developing P&Ps, to build a timeline for how you're going to roll out and train your staff. You don't want to introduce 10 new procedures in the same week. You

might want to stagger them over time and have a staff training schedule so people can all get trained.

In terms of implementing policies and procedures, as we've just talked about, it's really important to train staff. It's also important to include refreshers. You can even send out periodic emails or notices just to remind people and give them guidance on the new P&Ps implementation. You can have periodic review meetings or build them into team meetings that you already have, just to have time on a agenda to talk about how these new P&Ps are going.

Another thing that's really helpful is to appoint a lead staff person for each service area, like testing, HIV, clinical, medical care, referrals, all the different areas you're going to be providing services in. So that person can become like the in-house expert on that P&Ps and can be designated to answer questions and give you guidance if you have concerns or are not sure how to implement something.

Another thing to do, we've talked about already, is reviewing, and getting information to see how you're doing with carrying out new P&Ps. So some clinics have staff observe each other, have supervisors observe staff. I know that sometimes can be nerve wracking. But it's a really useful tool. And if it's done in a way where the spirit is to help and help people learn and improve, it can be really effective.

And again, you want to develop a schedule to review-- excuse me-- not just staff, but patient feedback. You should always have some process for how to respond to noncompliance in a timely manner if a staff person is not complying with procedure. And also have some mechanism if there's a urgent staff, or patient, concern that could directly affect the quality of care and their health and well-being. It's helpful to have a process in place for how you can get these things addressed the same day or within 48 hours.

So in terms of once you're implementing your P&Ps, once you have them written and approved, it's really important to figure out where you want to house them. We recommend securing a shared space on your health center server that everyone knows about. So they can just login and click on the HIV program policies and procedures and print them out.

Some people prefer using hard copies. So you can also put the P&Ps in a 3-ring binder to allow you to update and make additions, and put that in a central location in your clinic. Also some health centers have actually put procedures on cards or paper that you can laminate, and even hang up on a wall, if it's appropriate. But having these quick reference guides can be really handy, especially when people are new to the organization.

But another thing to keep in mind, that we've talked about already a little bit, is how you're going to coordinate across departments and different sites. And one way to do this is to have regular team meetings, whether they're monthly or quarterly, where you can talk about what's working and what isn't working.

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Are there any gaps in services that you're seeing that you need more referrals for? Are there any procedural issues that are making it harder for you to do your job?

It's a great time for staff to make suggestions on what might be able to be done more efficiently. Also, when you're referring, if you're working across multiple sites or departments, it's helpful to have case conferencing type of meetings to talk about what's going on with your patients.

Do they have any unmet needs? Are there any changes you can make to your procedures to help better meet their needs, and to your policies?

And then also, if you make external referrals, it's important to have ongoing contact and communication with those referral sources, whether it's a mental health therapist, another clinician, someone in a substance abuse treatment program. Just so you can get feedback on how the patient is doing, and is the treatment helping. And if not, what can you do together to brainstorm what can better address the client's needs?

We want to talk a little bit about continuous quality improvement. And as we've already mentioned, it's helpful to identify quality control measures specific to each procedure that your-- policy or procedure-- that you're developing and with your quality manager design and implement a monitoring plan for making improvements, specifically to your HIV policies and procedures.

And that includes developing some type of feedback mechanism, as I said, for staff to report what works, what's not working, and what can be improved, is anyone non-compliant? That feedback mechanism could happen at meetings. It could happen through forms that staff could fill out, through e-mails. However you want to set that up, it's really important that staff have continuous feedback into what you're doing.

And also, like we've already mentioned, for CQI it's important to have observation. You might want to hold focus groups or have questionnaires or schedule interviews with people to talk about how the P&Ps are being rolled out. And is there anything that can be done to improve what you're doing, and ultimately your service to your patients?

And as we've already talked about, it's important to include patient input and experience.

Also another thing you can do is every health center has periodic audits from different monitoring bodies. And if you have any results that are specific to what you're doing with your HIV services, that's also really helpful to share with staff so people can brainstorm, if you are deficient in any areas, what could be done to shore up your policies and procedures and improve quality of care for a patient.

In terms of outcomes. If you have really good, and effective, and clear policies and procedures, and you provide the staff with the support to implement them, you're going to end up getting

consistent, high quality, up-to-date patient care which I know is at the top of all of our lists. We come to work every day to do this work to provide really good patient care.

And we all want to be up-to-date and utilize best practices and evidence based on findings. You can also anticipate staff is going to be well-trained. And they're going to feel supported in their work. And patients will be satisfied with their services, which is another key outcome we all strive for.

In terms of patient data, because you're standardizing services, you will have standardized patient data which can make it helpful for you when you have to write reports to funders, or reports to your constituents or supporters. And you will have more successful audits if your P&Ps are implemented correctly.

A new polling question as we move into talking about the mechanics more of writing policies and procedures. So which of these statements is correct? Number 1, P&Ps should only be written by an expert on the subject matter. Number 2, P&Ps should be written in the active voice using clear, understandable language. Number 3, P&Ps should be written in technical terms using medical jargon and abbreviations. And number 4 should be not sure. I apologize for that number 4, the last true should be not sure.

So if you all can take a minute and put your responses in, please? OK. And again, everyone got 100% correct. The best way to write P&Ps is to use a active voice, be clear, and make sure your language is understandable. OK.

So let's talk a little bit about writing policies and procedures. The first thing you're going to need to determine in your agency is who will write them. And our recommendation is it's best to have one or two writers. The more people you have, the more difficult a process it's going to be to manage.

We'll talk about inviting staff support and feedback and input. But in terms of the actual writing, we find it's always best to have one or two writers. And you, actually, might want to designate one staff person who's better at the big picture who can write policy versus a staff person who really excels at the nuts and bolts and the nitty gritty about how to do something. And again, as we've already mentioned at the beginning, writers typically tend to be management level staff or program directors.

So when writing P&Ps, it's important to think about format and language. Many of your agencies might already have formats and templates for writing P&Ps, so we suggest you research that and not reinvent the wheel. But if not, you want to develop a standard format.

Put your logo, so it's identifiable if you ever decide to share your P&Ps with someone, they'll know what health center it came from. It's important to really be simple. Have a clear, recognizable name for the title, like routine HIV testing, referral for specialty medical care.

And don't assume that everybody understands the same terms that you do. Clearly and simply define any terms that require explanation. Don't use jargon or abbreviations. We all deal with alphabet soup in our jobs. If there are acronyms like ART, which is antiretroviral therapy, spell that out the first time so you're sure that absolutely everybody knows what that means.

You want to be inclusive when you're writing your P&Ps. So if you're writing a P&P HIV testing and you have another policy and procedure that would be helpful to the staffer during HIV testing, like your internal or external policy and procedure on making referrals, that would be something helpful to include. And you don't have to physically include both policy and procedure.

One effective way to share it is write in the P&Ps list, the policies or procedures that you think would help with the implementation of this one. And put the IRL, or where they're housed on your server, so people can just automatically click on that or know where to look on your server to pull up those policies and procedures.

You also want to cite any federal or state statutes that are the basis for the P&Ps.

Again, utilize recognized standards of care, clinical guidelines, best practices, and attach any evidence-based resources you used to develop the P&Ps. There might be journal articles that talk about advances and treatment or prep or other types of medical practices that you want to support, any published guidelines or best practices.

When you're writing a policy, if you think back to the example we started out with, you always want to state the purpose of the service, any organizational requirements for service delivery, any federal or state requirements or regulations that have to be followed.

Be concise. Use as few words as you need to to talk about the policy. And it's also a good place if you want to share any agency values or commitments to service provision, if it's applicable, and policy statement.

In terms of procedures, the number one goal is that you want them to be understandable. So in order to do that, you need to write really clear steps about how you're going to do the procedure in a logical fashion from start to finish. Always use the active voice. You want this to be present, not past tense.

Specify the staff persons responsible for implementing each step. I don't mean names but like, Nurse Manager will do X, Y and Z. Clinician will do A, B, and C.

Be sure to include everything you need on the procedure. If you're in doubt about leaving something out, put it in. It's always better to have more information than less.

And then any documents or forms that you need to implement the procedure, like an assessment form, or a referral form, name those forms and indicate where they're located on your server. So people can access them easily.

I'm giving you a sample format for P&Ps. This is something you can adapt or use. And like I said, you might already have a format in your agency, but it's helpful, like I said, to put the clear title. Number your P&Ps so there's no confusion.

Talk about what sites or departments will be implementing, just put the locations for where these P&Ps will be implemented. Put the date it's effective. Put the date that you're committing to review it. Include any definitions for terms, or spell out acronyms that you want everyone to understand to know.

In terms of resources, by that we mean other staff in the agency that might be helpful to you in implementing the policy and procedure, whether it might be your legal counsel, your compliance officer, your testing staff, your counseling staff, whoever can be helpful to people who will be implementing that policy.

And then you state the policy. You outline the procedure. You mention any related P&Ps. And note who is responsible for approving. Put the signatures with the date it was signed-- I should have included-- and then any attachments like best practices, journal articles, guidelines that you want people to be aware of.

In terms of your project, I know you've all recently been asked to write policies and procedures for HIV testing. And you were given these content requirements by the funder to adhere to. Now I wanted to put this up here because, while these requirements are specifically for HIV testing, you can use a lot of these categories for other services that you're going to be delivering P&Ps for.

One thing, I just want to point out that's particularly important, is the last bullet, the quality control assurance and improvement mechanisms. Most people leave that out of P&Ps. And it's really helpful to talk about how you're going to monitor and evaluate what you're doing.

OK we gave you a handout, I believe if you haven't downloaded it already, you can download it.

We wanted to go over briefly a draft procedure that was provided to us, thanks to the generosity of our colleagues at Betances Health Center in New York City. They have a draft policy and procedure for routine HIV testing that I think would be very helpful for us to briefly go over.

So if everyone can turn to that. I want to start off by saying, I think Betances did a great job. I really like that they have, not just quality assurance incorporated into their P&Ps, but they have a section at the end that talks about the kind of training they will provide for implementing this P&P, which I think is incredibly helpful.

Just a few comments. You know they start off with the title. Again, one way to improve upon this, I think would be to assign a number to the policy and procedure. Put in that date that it became effective, the date it's going to be reviewed. At the end, have a sign off and signature. And include any attachments that they think would be useful.

But under their policy and purpose, the first paragraph, they actually define high risk which is great. And that can be embedded in the policy and purpose area, but it might be more helpful to pull out that term and have a separate category that says definitions, just to make it really clear.

And you see, at the end of the policy and purposes statement, they're citing a regulation that they need to comply with, that they'll adhere to the New York State Department of Health policies and procedures.

Then they list the staff roles. They did a great job with this saying who is responsible for doing what. The only thing I would maybe expand on this, the HIV Program Lead, where they say responsible for reporting statistic requirements, to give a little more description about why is this being done. Who will they be shared with, the center, the funder, the clients?

And then if you turn to page 2, they talk about interfacing and service coordination within their agency, which is very helpful. They mention in this section that people with positive test results will be internally referred to clinicians for HIV management. If there is a policy and procedure for how that's going to be done, that internal referral is going to happen, it would be great to reference it there.

Same thing with the behavioral health staff being called upon to provide mental health and case management services. Again, if that agency has a policy and procedure for that, it can be cited there.

In terms of the scope of services. They have HIV testing administration procedure and lab results, followed by partner notification and documentation. I think the one thing that could be added to the HIV testing admin procedures is to have some statement in there about informed consent and how that will be obtained.

And when they talk about the patient returning two weeks from date of service, is there any information that can be communicated or given to the patient to provide support during that two week waiting period?

And then, again they talk about in number 3, medical providers who will review lab results. They talk about an internal referral. Again, if there's a P&Ps for that, it would be helpful to state.

And under lab results, same comment I have about if there are existing P&Ps for HIPAA documentation protocols, it would be helpful to cite that within the policy and procedure so people can look it up if they have questions about that HIPAA documentation protocol.

And under documentation and confidentiality on page 3, it talks about testing records must be documented within the EMR. If there's a specific place where that should be documented, it might be helpful to be more specific about that.

And under the QA, they're talking about having monthly provider meetings, which is a great strategy. But, they might want to think about including testing staff on those meetings. Or other staff that might be able to give relevant information to be helpful in determining how everything is going.

And in terms of outreach, they have some great strategies there. I would specify if there's any language specific outreach strategies or resources, materials, that are available for clients.

And again, the training at the bottom of page 3, I think is a great addition. It's really helpful to say what you're going to be providing training on. They might want to include, under training, if people who are joining HIV testing need certification or recertification by the New York State Department of Health, to include that as well.

But all in all, I think they did a fantastic job and we're really grateful that they agreed to share this policy and procedure with us to give you just a real example of what we're trying to accomplish.

OK. I want to talk very briefly about overcoming challenges to policy and procedure implementation. We all know change is not easy and we all get stuck in our routines and it can be challenging to be successful in getting people to do things differently. So let's talk a little bit about what some of these challenges are and strategies to overcome them.

One very common challenge is resistance to change. And here are some strategies that can be helpful, that we've talked largely about already, which is to always include staff input in your development. It's really important to get-- let everyone's voice be heard.

You also want to continuously educate staff on the need and benefits of having policies and procedures. If you have evidence-based information for changes you want to make, that's even more helpful. So people can not just understand, but learn something new in their everyday practice.

It's helpful to hold meetings, or special forums, to discuss changes. And again, as we've already said, you can share audit results that highlight areas for change, if you think that will be helpful.

Another very common challenge is having enough time to train people. We're all very pressed. And nobody has time to do anything, even all components of their job on most days in a busy

health centers. So some incentives are to offer CEUs whenever possible for trainings that you're doing.

Make sure you train people during regular work time. Don't ask them to stay over. Hold Lunch and Learns if you have the budget. Provide lunch for people.

And also include reminders for implementation of P&Ps and refreshers over time. Again, these can be done electronically. They can be hand outs. You don't have to pull together in person, people to do this.

Another challenge is providing constructive feedback. When a change is made, often we can complain about it if it interrupts our daily routine or it's something that is challenging for us to learn. So it's really important to have meetings in safe spaces to allow feedback and to set ground rules for giving feedback that's constructive. You also might want to have available feedback questionnaires with specific focus questions and spaces for suggestions on new services that you're putting in place.

Another thing to think about is cultural differences and staff preferences across your many varied departments, or multi-site locations. One way to make sure everybody has a say and provides you with information that you need to know to write the best procedure is to include staff input from every department and site in the development process.

I know that a can be cumbersome. But I think it will pay off in the long run if you can take the time up front to get that type of input.

You also might want to assess your department or site characteristics and needs and identify any barriers to implementation at different sites or in different departments. You also might want to develop strategies, involve staff and developing strategies to overcome barriers.

For instance, if you're doing testing and you don't have a designated counseling or education room, you might bring staff together to get their input on where could you do this in a confidential setting that's safe and secure for your patient.

Another challenge can sometimes be a buy-in from leadership and staff. And it's important to really be transparent in all your communications. Inform leadership and staff about what you're doing, why we're doing it, what your timeline is. As we've said a number of times, it's really helpful to provide evidence-based educational materials, best practices, new journal articles. And hold forums to discuss the P&Ps while you're developing them, before you implement them, after you implement them. It's not something you're going to do just once and never bring staff together again to discuss them.

Also, it's important to understand that clinical staff may have special challenges when you're putting procedures in place. For example, you might think it's a great idea to put special flags in

your electronic health records to remind staff and clinicians about what to do for HIV testing, as an example, or HIV medical care.

But clinicians can often feel overwhelmed with a million flags in a patient's chart. So if you involved their input and sat down with them, you can maybe figure out a way to more effectively streamline that process and just put key flags that will be triggers to remind people to do certain tasks.

Also with leadership and staff, it's important to talk about the new skills people will learn. This is an opportunity to gain more knowledge and advance their practice, which can be helpful in your health center or if people move on to other settings.

Another tactic is to involve opinion leaders, or what some people refer to as champions, who will help you roll out and talk to staff about policies and procedures, why they're important, help you with doing assessments, and staff training and activities. Again, they can be functioning as go-to people in your health care center that you can work with to be successful.

All right. So polling question number 4. Have you, or your health center, used any of the strategies that we just briefly went over for overcoming challenges? Yes, no, not sure.

OK do we have our results? Oh, great. OK.

And if anyone ever has any new strategies for addressing some of these challenges, it would be really helpful to share them with each other. I don't know if you have some process among all the grantees for this special Partnership for Change Initiative, but I think it would be really helpful if you could share what works in your settings.

Let's switch gears a little bit. We've talked about generalities around P&Ps and specifics about writing them. But let's talk about what would be helpful to focus on specifically for HIV service delivery.

I'm sure many of you have seen this HIV Care Continuum, the CDC model, that talks about the steps a person takes from initial diagnosis through successful treatment. You know briefly, someone is diagnosed. They're linked to care. They're engaged and retained in care. They're prescribed ART. And they achieve viral suppression.

I just wanted to show this slide just to emphasize to all of you the incredible importance of the work that you're doing. Latest stats from CDC for 2011 say in the matter of the $1.2 million people with HIV in the US, 30% were virally suppressed. And of the 70% who were not virally suppressed, 66% were diagnosed, but were not enrolled in care.

And it's just so key, the services you're going to be providing to enroll and retain people in care. Like I said, I just wanted to go over this little diagram to put some context to the whole HIV service delivery continuum.

Here we show a chart of service delivery components that include different areas for policy and procedure development. I'm not going to go over all of them. You can read the different types of services that you're going to be providing that you might need-- that you will need HIV policies and procedures for.

Just of note, the patient's in the middle. Just like all of you have patient-centered medical care, home, and the HIV Care Team supports that. The services are listed.

We've separated out enabling services, because they can be quite lengthy and complex depending on your capacity and what you're choosing to provide. And if you don't have these services, it would be helpful to have a referral for these types of services to assist your patients and engaging and staying in care.

In terms of quality improvement, you know, you'll be looking at performance measures, practice guidelines and policies, procedures for how you're going to do your quality improvement.

I just want to briefly go over these different service areas, the main service areas that you're going to be delivering in your grant agreements.

For HIV testing and linkage to care, obviously, it's critical to know your state Department of Health's requirements for training and certification, and recertification of testers. Understand your state's process for partner notification.

You will need to determine what staff persons in your agency will conduct testing and make sure they are properly trained. And also select the type of HIV test you're going to use.

Also for HIV testing, you'll need an internal process for linking patients who test positive to your Care Team. You might want to establish a referral network of other service providers to give patients a choice in their HIV care.

They might decide for any number of reasons, they don't feel comfortable receiving HIV care in your setting. So it's important to give them another option. And also to think about providing prevention services for high risk HIV-negative patients, whether that's prepped or some type of structural behavioral intervention.

In terms of basic HIV care, obviously, this is going to be delivered by your primary care provider who is going to manage patients' needs, identify areas where they need help. You all will have some type of HIV expert, either in-house or externally, to help your provider with specialty care needs.

The primary care provider will work with whatever designated staff person to make referrals for specialty care. They'll develop a medical care plan that will be put in place for each patient and shared with whoever needs to be part of that plan. And they will collaborate with the Care

Team to keep patients engaged and retained in care. We all know that can be complicated sometimes and we'll talk about that a little more soon.

In terms of other services, you're going to work with your patients to develop self-care plans. Typically, care coordinators, case managers, develops these kind of plans with the client. And you need to look at treatment options, side effects, the patient's lifestyle, their dosing schedules, and how that fits into their lifestyle.

Review other needs, such as do they need to focus on safer sex? Do they need to find a stable living situation? Do they need help with putting a support system in place?

When you do a patient's health self-care plan with a patient, it's important to set realistic goals together. You don't want to write the goals and give them to the patient. That's not going to work. You need to do this together.

Give the patient a copy of their goals and put it in their records. Review the plan with the client on a regular basis, depending on their needs, and share that plan with HIV Care Team so everybody is aware of what the patient is trying to accomplish for themselves.

In terms of medication management and adherence support, that's another service you're going to be providing. That's typically offered by a physician's assistant, nurse, or pharmacist, if you have a clinical pharmacist on-site or pharmacy.

They simply-- not simply, it's a complicated process. They manage your patients' medication. They identify potentially adverse drug interactions.

They talk to people about how to stick to their treatment regime, give them tips for how to take their medication. They look at what kind of medicine other medical or behavioral health providers might be providing for them. And they work with the Care Team to help the patient maintain whatever treatment regimen they have in place.

Formal referrals for specialty care, we've talked about this. But it's very important to have written referral and service agreements in place. Whether it's a MOU, memorandum of understanding, or memorandum of agreement.

You need up-to-date community resource guide, with multiple listings of different kinds of services that you're not able to provide, that you can refer your client to. That should be updated regularly.

There's no need to reinvent the wheel on this one. Many state Health Departments have sample MOUs or MOA or service agreements. AIDS service organizations in your areas might have these also that you could take a look at and adapt for your use.

Health Departments might have resource guides. There are Care and Prevention HIV Planning Committees in each state that might have resource guides that you can utilize and add what you need to.

You also want to have a process, like we've talked about, on how you're going to record and track referrals and measure patient satisfaction.

In terms of enabling services, you know these are the types of supportive services that you can offer, or refer to, to help patients stay engaged and retained in care.

I think, I was just at an AIDS conference in September. And people were talking about one of the number one barriers to keeping people engaged and retained in care is lack of suitable housing. That when people are in unstable housing situations, it's really hard for them to make appointments and stay and take their medication. So that's one example.

Other examples are mental health and substance abuse services. Nutrition counseling and transportation. Translation, if you don't have staff available who are bi- or multilingual. And outreach to get people to come in to get tested and get care. And again, with enabling services, it's critical to have your up-to-date resource guide and a process in place to track and evaluate referrals.

Some considerations for you to think about during and after your Partnership for Care Grant. When you are putting together your P&Ps, keep in mind that you can include additional information that is not required by the Partnership for Care Project. If you think it's going to be helpful, add whatever you think is going to be the most advantageous to all of your staff for consistently providing high quality care to your patients.

But, while you're going through the project, and afterwards, it's always important to look at your P&Ps, and do that monitoring that we talked about. To look at lessons learned, community needs-- which can change as you all well know over time-- nothing this is in this process.

You'll want to look your organizational infrastructure. That might change. There might be ways you can reorganize some of your infrastructure to make it more efficient, to develop and implement the HIV services P&Ps. And then, you're going to want to look at environmental and regulatory issues that might impact service delivery.

And again, some of these regulatory issues and environmental issues can change over time. So it's important to keep up-to-date with that and your state Health Departments can be a great partner to help you with that.

So I've come to the end of our presentation, but before we take some questions, we've put together resources for you that will help you in developing effective policies and procedures.

One of them is your state Health Department. They have tons of information, reports, sample policies, and procedures, the HIV Care and Prevention Planning Groups that I've mentioned. They're all excellent resources. And I know you're partnering with your individual state Health Departments. So they can be a really great resource for you.

Also HRSA's Bureau of Primary Health Care has information on quality improvement, current news, including news about HIV/AIDS. Funding opportunities, if you're looking for more funding to expand some of your HIV services beyond your current grants.

Also HRSA has the HIV/AIDS Bureau. And that website has lots of really helpful information about the Ryan White Program. Up on a lot of care and policies and procedures over all the decades that we've been working with the HIV/AIDS and providing services, and have been developed as a result of many of the Ryan White Programs.

So they have really helpful information on guidelines and protocols for care delivery. They've recently updated their performance measures. They also list funding opportunities.

HRSA has a Target Center that provides all kinds of technical assistance. But they specifically have webinars on a wide range of topics related to HIV service delivery. You can log on and go to the webinars and see what's archived. And you don't have to be a HRSA grantee. Anyone can access the site and listen to webinars. HRSA also has a great guide for HIV/AIDS clinical care.

AIDS Info at the National Institute of Health has a Clinical Guidelines Portal with lots of useful information. I've given you the document that specifically talks about HRSA's HIV performance measures for HIV care.

Another site about the Ryan White Program if you want to learn more about that.

And then again, like I talked about the Target Center, one thing that's particularly helpful on the home page, on the lower right hand side, there's a clinician section. If you click on that it has guidelines, manuals, webinars, and training, and a clinical consultation center that you can access as well.

I'm citing in HRSA's AIDS education and training centers for you as well. Because in addition to a resource library, they have clinical reference tools, different web links. They offer trainings that you might be able to take advantage of.

And they're organized by region, and if you're having trouble finding an external HIV consultant, it might be worth contacting your regional AETC to see if they can assist you with any AIDS experts in your area.

If you want information on prevention, and testing, and effective interventions, all the sites on the slide list CDC's resources.

And the National Association of State and Territorial AIDS Directors is another resource for you. They often put pretty comprehensive white papers that are helpful information on conferences and resources. Right now, if you go on their home page, scroll, you can click on one of the pictures that contains information about a new HIV testing tool kit that they're providing to people in the field.

Also I found a good article on policies and procedures and risk management that you might want to take a look at. And then a specific Target Center webinar on Tools and Strategies for Care Coordination and Referral Tracking in a Patient Centered Medical Homes that I think could be particularly useful to all the grantees.

And I think this might be the last one. CDC publication on Implementation of Routine Testing at HIV care centers. It's dated. It's 2011. But it still has useful information that might be applicable to your health center.

University of California-San Francisco has an HIV InSite site that has information on treatment for HIV and AIDS.

There's another resource here about how to work with patients to develop self-management goals and those patients' self-care plans, that we talked about earlier.

And then this is an article I found that actually comes from the United Kingdom. But I found it really helpful. It's about how to change practice barriers, to change some of those barriers and implementation strategies we looked at earlier. It's just a really well-laid out document about how you can bring change about in your organization.

So that concludes the presentation part. And we're now ready to take any questions you might have.

STEVE LUCKABAUGH: OK. We have a few moments here, we can take some questions. If you have any questions, please enter them into the questions pane in the gotowebinar toolbar and we can address those now.

I know we went through the resource section pretty quickly. But if you go to the handout section, you will find the presentation is available there for you. So you can download those items now while we're waiting for you to enter your questions.

DONNA RUSCAVAGE: Thanks, Steve.

STEVE LUCKABAUGH: I don't have any questions, right now, but we'll give folks a few minutes. OK we have one question came in.

Is there a point where you get to listing so many procedures?

![HRSA Health Center Program]

DONNA RUSCAVAGE: Could you repeat that please?

STEVE LUCKABAUGH: Is there a point where you get to listing so many procedures? Maybe they mean too many?

DONNA RUSCAVAGE: Too many procedures? I think that's possible. And it's something to watch out for. So I think the person raising this point is making a really good point.

I think one thing that might help you guard against having just way too many policies and procedures is to really sit down with your HIV Care Team, and maybe one of the managers or a clinical operations person at your health center, and develop an outline or a list of what you feel are the most critical policies and procedures to have.

I don't know if that answers the person's question. But that might be one way to avoid having too many. You don't want to have procedures just for the sake of having procedures. You really want them to be relevant to your service delivery.

You know, I would say that the fewer you have, probably the better. But make sure you have what you need when looking at the whole range of HIV services you're going to be introducing and providing at your health center. OK.

STEVE LUCKABAUGH: Anyone else has any questions please enter them now. Clarification on that, procedure steps within a policy.

DONNA RUSCAVAGE: Yes. Oh. All I'm saying is, with that, the sample policy that we handed out from Betances that it's better to include the policy and the procedure in the same document.

Some health centers choose to have a whole manual of policies and then they have a separate manual of procedures. And it's just, I think, more user friendly and less confusing to staff to have the policy and purpose and the actual procedure described in the same document, like Betances has done.

STEVE LUCKABAUGH: OK. Anyone else have any questions while we have a few minutes here? Doesn't look like we do.

DONNA RUSCAVAGE: OK.

STEVE LUCKABAUGH: Did you have any closing thoughts before we wrap it up?

DONNA RUSCAVAGE: Yes. Yes. Well, can you go to the last slide, actually, Steve?

Well thank you everybody, first of all, for participating. And we're really glad that you took the time out of your busy schedules today to call in and learn more about writing policies and procedures.

We urge you, if you have any questions afterwards to direct them to MayaTech for additional technical assistance and support. And if you have any questions at all about the actual presentation itself, or any of the resources, feel free to contact your staff at MayaTech to get clarification and assistance with any of this type of resources that we've listed.

And we really hope that this has been helpful to everybody. I know writing and policies and procedures can often seem like an overwhelming task. It can be challenging to do when you work in a busy health center, like all of you do, and time is at a premium. But hopefully today's presentation will give you more of a context to streamline how you might go about developing and writing policies and procedures for your new services.

And again, rely on MayaTech for technical assistance. Use your health department as much as you can. They're a great resource. And the websites I gave you from HRSA, Bureau of Primary Health Care, and the Ryan White HIV/AIDS Bureau sites, are, I'm sure, going to be probably more information than you want to know, but you will have lots of help and support through the resources that we listed.

STEVE LUCKABAUGH: So I just wanted to say thank you for participating in today's webinar. And we hope that you're able to find the information provided useful as you continue your P4C project, and ask that you take a few moments to complete the Feedback Survey that you will receive when you close out of the webinar. You will also receive it via email.

Today's webinar was recorded and audio and video versions of the entire webinar, as well as the slides from today's webinar, will be made available on the P4C website within the next few weeks.

Copies of all our prior P4C webinars are currently available on the website on the P4C resource materials page at P4CHIVTAC.com. You will need to log in to access the materials. If you need login credentials, send an email to P4CHIVTAC@mayatech.com.

Thank you again for participating in today's webinar. And thank you, once again, Ms. Ruscavage for that excellent presentation. If you have any additional questions for P4C project, please email us at P4CHIVTAC@mayatech.com.

Take care, everybody. And we'll see you next time.