

Standards of Care

MARCH 2011



Health Education/Risk Reduction

STANDARDS OF CARE

The purpose of the Ryan White Part A Standards of Care and performance measures is to ensure that a uniformity of service exists in the Las Vegas Transitional Grant Area (TGA) as such that the consumers of services receive the same quality of service regardless of where the service is rendered. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's standards and performance measures for service delivery to ensure the highest quality of service.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide services as contracted for that time period. If any agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps underway to meet the standards. All standards and measures will be reviewed by Part A Grantee staff annually as designated.

I. Definition of Service

Health Resources and Services Administration (HRSA)

Health education/risk reduction includes services that educate clients living with HIV about HIV transmission and how to reduce the risk of transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status.

II. Purpose of Service

To provide PLWH/A the education, skills and tools necessary to reduce the risk of transmission/re-infection and increase clients ability to self-management in all aspects of their care, thereby improving health outcomes.

III. Goals of Service

To assist clients in understanding the risks associated with risky behaviors in relation to the management of their HIV disease.

IV. Measures

Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency compliance with standards of care will improve the overall health and well-being of the clients and improve

access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys.

1. Agency Compliance Measures

Agency Compliance Measures for Health Education/Risk Reduction services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually.

2. Client Level Outcome Measures

The Client Level Outcome Measures are a reflection of our clients progress as they access Health Education/Risk Reduction services. The following Client Level Outcome Measure and percentage goal will be assessed annually:

In Medical Care

- 75% of clients that are in medical care (at least one medical visit per measurement period).

Maintained Adherence to Medical Care

- 75% of clients that maintain adherence to Medical Care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).

Stabilized CD4 T-cell Count

- 75% of clients will stabilize or increase their CD4 T-cell count from initial count within the measurement period.

Most Recent CD4 Stable

- 75% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$)

Undetectable Viral Load

- 75% of clients that maintained an undetectable viral load or achieved an undetectable viral load from initial count within the measurement period.

Most Recent Viral Load Undetectable

- 75% of clients with at least one viral load within the measurement year will be considered undetectable (<50).

3. Overall Program Performance Measures

Overall Program Performance Measures illustrate how accessible Health Education/Risk Reduction services are in our TGA in addition to how they are perceived by the client for not only the HIV/AIDS population but the minority population as well. These measures and respective goals are as follows:

Client Satisfaction

- 75% of clients will report being satisfied or very satisfied with the health education/risk reduction services (lunch and learn classes, healthy relation classes) they have received for their HIV status over the past 12 months.

V. Service Standards

A. STAFFING REQUIREMENTS

Health Education/Risk Reduction staff shall have had at least six months of relevant experience in the areas of outreach work, community services, supportive work with families and individuals, supportive work with youth, corrections, or public relations.

B. HEALTH EDUCATION/RISK REDUCTION SERVICE ACTIVITIES

1. Service Components

a. Implementation of a curriculum in individual and group settings that includes, at a minimum, the following:

- Goal setting and problem solving strategies
- Health literacy and HIV/AIDS-related knowledge
- Navigating the health care system
- Understanding the relationship between laboratory results and physical health
- Managing negative emotions
- Finding and building networks of social support
- Strategies to increase medication adherence and mitigate against side effects of the medications
- Cognitive techniques for symptom management
- Nutrition and exercise
- Locating resources for support and medical services
- Methods to reduce the spread of HIV and the impact of other diseases on one's health

b. Development of a client self-management improvement plan, in collaboration with the client that addresses and increases the client's capacity in the curriculum's components.

c. Tracking of client's progress through the use of assessment tools.

d. Adjustment in the improvement plan, as necessary.

e. Referral to core and support services, if necessary.

Staff providing Health Education/Risk Reduction services must document the client session in CAREWare, including a case notes entry to reflect the education session that has been completed within five business days of providing the service.