



**State of Oregon
HIV Case Management Program Review**

**Chart Review Summary Report
2006**

Introduction

HIV Care and Treatment Program (Oregon's Ryan White Program, Part B) is committed to improving the quality of care and services, and ultimately the quality of life for people living with HIV/AIDS in Oregon. All Ryan White programs are legislatively mandated to establish quality management programs: (1) to assess the extent to which HIV health services are consistent with the most recent Public Health Standards (PHS) guidelines for the treatment of HIV disease and (2) to develop strategies ensuring that such services are consistent with guidelines for improvement in the access to and quality of HIV services.

The Oregon HIV Case Management Standards of Service, an integral component in Oregon's Quality Management Program and Client File Reviews, have been performed by the HIV Care and Treatment program since 2000 to measure how consistently the local programs meet the criteria identified in the Standards. In 2003 and 2004 the Client File Review also included a review of the quality of the data being input in RW CAREWare, the required database system. With the improvements in RW CAREWare data since the system is now on a secure, central server and after five years of overall program compliance exceeding 85%, the decision was made to expand the scope of quality improvement activities by including the local case management programs in more in-depth performance review.

The local case management programs have always been encouraged to develop their own internal quality improvement program and monitoring activities. In order to continue to develop and promote statewide capacity to improve the quality of HIV/AIDS services funded by the Ryan White Program, Part B funds, in 2005 the local programs became responsible for conducting an internal Client File Review and reporting their results. This requirement was included in the contract between the Department of Human Services and the local contractors. This provided an opportunity for the local programs to monitor their own performance and to make improvements based on their findings. While the process is required, at a minimum, annually, it is a process that benefits program quality when used consistently and regularly. Local programs are encouraged to integrate this process into their agency Quality Improvement Plan.

The Chart Review process required in the contract with all HIV Case Management sites includes: (1) the reviewer must be someone who does not document in the HIV client files; (In the case of subcontractors, the reviewer must be from the contracting agency;) (2) One "Checklist" form must be used for each file reviewed; (3) all of the files reviewed are summarized on the "Client File Review Summary Report" form; (4) agencies are required to randomly select files to review; (5) a minimum of 10 HIV Case Management program client files or 25% of the total HIV Case Management program client files are required to be reviewed, whichever was more. (Agencies with 10 or fewer clients in the HIV Case Management program were required to review 100% of their files.)

This report and the program chart review follow the HIV Case Management Standards with the following sections: Intake, Assessment and Reassessment, Care Planning, Referral and Advocacy, Follow-up and Monitoring and Transfer and Discharge.

- These sections are followed by the report on the RW CAREWare Data Management results and the health outcome results. This report shows the results of the chart reviews and provides comparative data for the past three years.

Summary of Findings

- Thirty-two percent (32%) of active files in the 20 Oregon Part B funded HIV Case Management programs were reviewed.
- Twenty-four (24) criteria were measured. The HIV Case Management program is at 88% compliance with the standards, including the data standards. The program was at 89% compliance in 2005.
- Fifty-eight percent (58%) of people with HIV/AIDS living in the service area as of 10/3/06, as provided by the State of Oregon Data and Analysis Program (surveillance), are in active HIV case management. (These numbers do not account for people who may have relocated.)
- The following areas in the Standards have seen marked improvement over the past three years:
 - HIV Documentation at Intake
 - Current income verification
 - Informed Consent obtained at Intake
 - Clients are notified of agency Grievance Process
 - Progress notes are dated and signed appropriately
- The most impressive improvement has been in the quality of the RW CAREWare data entry reported by the case managers (comparing 2004 results to 2006 results):
 - HIV/AIDS status from 63% to 95%
 - Primary Insurance Provider from 58% to 86%
 - Primary Medical Provider from 66% to 85%
 - Adherence Acuity from 44% to 76%
 - CD4/VL from 46% to 79%
 - Full legal name entered from 86% to 94%
- Areas that afford an opportunity for improvement include:
 - Clients participated in at least one face-to-face Psychosocial and Nursing Assessment or Reassessment (82% of clients received a Psychosocial Assessment/Re-assessment and 81% received a Nursing Assessment/Re-assessment).
 - Adherence Acuity is documented in CAREWare (76%)
 - CD4/VL is documented in CAREWare (79%)
 - Electronic client records match client file progress notes (80%)
 - Number of client files with current lab reports (77%)
- System wide acuity levels are:
 - Level 1 – 30% of clients
 - Level 2 – 50% of clients
 - Level 3 – 19% of clients
 - Level 4 – 1% of clients

Chart Review Data

Number/Percent of Files Reviewed and Total HIV/AIDS Living in Service Area

County	Number of Files Reviewed 2006	Number of Clients Reported in CAREWare On Summary Report	Total HIV/AIDS Living in Service Area (As of 10/3/06)**	% of total living with HIV/AIDS in case management
Benton	10	(21)	34	62%
Clatsop	10	10	23	43.5%
Coos	10	23	35	66%
Crook	2	2	4	50%
Deschutes	12	52	65	80%
Douglas	10	25	59	42%
EOCIL*	11	45	71	63%
Hood River	12	12	11	109%
Jackson	10	70	131	53%
Jefferson	5	5	9	55.5%
Josephine	10	39	56	70%
Klamath/Lake	10	26	24	108%
Lane - HIV Alliance	42	161	267	60%
Lincoln	13	(26)	35	74%
Linn	10	(41)	45	91%
Marion	32	(126)	305	41%
Polk	10	(18)	23	78%
Tillamook	2	(4)	9	44%
Wasco-Sherman	5	5	12	42%
TOTAL	226 (32%)	711	1,218	58%

(Bold) Not reported on Summary Report, 2005 CADR data used.

*Provides services to Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa

**Provided by State of Oregon Surveillance. Does not account for people who have relocated. This reflects original county for AIDS diagnosis and county of residence for most recent lab report.

Intake

Standard:

Each prospective client who is referred and desires or who requests Ryan White Program funded services will be properly screened and evaluated through a brief face-to-face intake process designed to gather information for future service delivery and assist in decision-making regarding immediate needs.

Criteria include: (1) Intake will be initiated as soon as is possible (recommend within 2 weeks of referral); (2) the client is provided with a description of services available from the agency as well as services available from other agencies; (3) the Intake is documented on the standard "Intake/Client Health Assessment Form"; (4) documentation of mandated activities verifying HIV status and income; and (5) required forms to include a current Release of Information (ROI), Client Rights & Responsibilities, Informed Consent and proof that the client was informed about the agency's client grievance procedures.

Percent of Files Reviewed That Meet the Intake Criteria (Table #1)

County	Intake Completed & Date on Enrollment Checklist			HIV Documentation Within 30 days of Intake & On Enrollment Checklist			Income Verified On Enrollment Checklist		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Benton	NS	100%	100%	NS	100%	100%	NS	100%	100%
Clatsop	100%	NR	100%	100%	NR	100%	100%	NR	100%
Coos	100%	90%	100%	100%	90%	100%	100%	80%	100%
Crook	100%	100%	100%	100%	80%	100%	100%	100%	100%
Deschutes	100%	100%	100%	60%	100%	100%	50%	100%	92%
Douglas	70%	90%	100%	80%	80%	100%	40%	90%	80%
EOCIL	100%	90%	100%	100%	80%	82%	100%	70%	100%
Hood River	100%	100%	100%	60%	100%	100%	60%	100%	100%
Jackson	100%	93%	87%	90%	60%	80%	40%	100%	100%
Jefferson	NS	100%	87%	NS	80%	60%	NS	100%	100%
Josephine	100%	70%	100%	100%	60%	100%	87.5%	80%	100%
Klamath/Lake	NS	NR	43%	NS	NR	55%	NS	NR	50%
HIV Alliance	83%	100%	100%	92%	93%	100%	50%	98%	90%
Lincoln	86%	70%	97%	86%	10%	77%	29%	60%	62%
Linn	100%	100%	100%	100%	70%	75%	100%	100%	100%
Marion	100%	100%	88%	100%	94%	100%	100%	84%	91%
Polk	100%	NR	100%	100%	NR	90%	100%	NR	60%
Tillamook	NS	NR	100%	NS	NR	100%	NS	NR	100%
Wasco/Sherman	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mean	96%	94%	95%	87.5%	81%	91%	73%	92%	91%

NS = No site visit

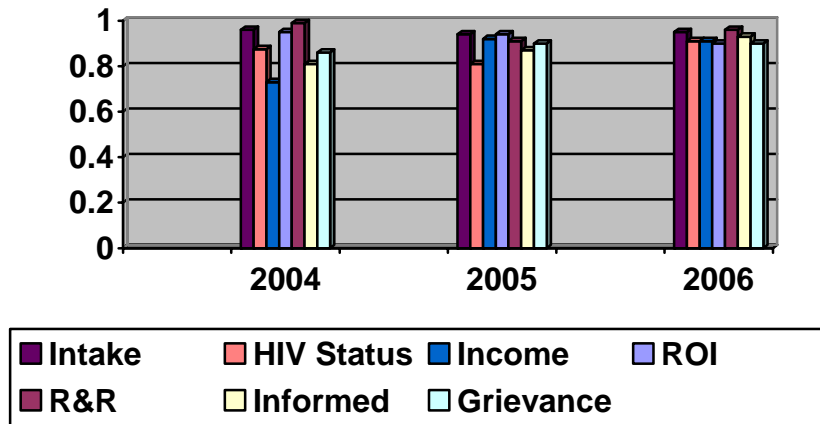
NR = No report

Percent of Files Reviewed That Meet the Intake Criteria (Table #2)

County	Current ROI			Client Rights & Responsibilities Signed			Informed Consent Obtained			Client notified about Grievance Process		
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
Benton	NS	100%	100%	NS	80%	100%	NS	90%	90%	NS	100%	100%
Clatsop	100%	NR	100%	100%	NR	100%	100%	NR	90%	100%	NR	80%
Coos	86%	90%	90%	100%	80%	100%	86%	90%	100%	100%	100%	100%
Crook	100%	100%	100%	100%	100%	100%	100%	40%	100%	100%	80%	100%
Deschutes	100%	100%	100%	100%	100%	100%	30%	100%	100%	90%	100%	100%
Douglas	100%	90%	100%	100%	90%	100%	100%	90%	100%	70%	90%	100%
EOCIL	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hood R.	40%	88%	100%	100%	100%	92%	20%	100%	100%	20%	100%	100%
Jackson	100%	93%	60%	100%	87%	90%	100%	87%	100%	90%	93%	80%
Jefferson	NS	100%	100%	NS	100%	100%	NS	80%	60%	NS	100%	60%
Josephine	100%	90%	90%	100%	90%	100%	100%	100%	90%	63%	70%	90%
Klamath/Lake	NS	NR	70%	NS	NR	40%	NS	NR	70%	NS	NR	20%
HIV Alliance	92%	98%	95%	100%	100%	100%	100%	100%	100%	92%	98%	95%
Lincoln	100%	80%	54%	100%	40%	92%	100%	20%	100%	86%	10%	92%
Linn	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Marion	100%	81%	91%	100%	90%	100%	100%	87%	100%	100%	97%	100%
Polk	100%	NR	60%	100%	NR	100%	100%	NR	90%	100%	NR	100%
Tillamook	NS	NR	100%	NS	NR	100%	NS	NR	100%	NS	NR	100%
Wasco/Sherman	100%	100%	100%	100%	100%	100%	40%	100%	80%	100%	100%	100%
Mean	95%	94%	90%	99%	91%	96%	81%	87%	93%	86%	90%	90%

NS = No site visit
NR = No report

Percent of Files Reviewed That Meet the Intake Criteria



Psychosocial & Nurse Assessment & Reassessment

Standard:

Each client of case management services will participate in at least one (1) face-to-face interview to assess their biopsychosocial needs on an annual basis.

Criteria include: (1) the Assessment must be documented on the standardized “Psychosocial Assessment/Reassessment Form” and “Nurse Assessment/Reassessment Form”; (2) the assessment process utilizes the “Oregon Client Acuity Scale Worksheet” as a tool to assist in summarizing the results of the assessment and determining level of need; (3) Stage 3 & 4 clients require a multi-disciplinary team with nurse case manager supervision and require the nurse case manager to sign off on both the assessment and the care planning goals and activities.

Standard:

At least annually, all clients receiving case management services will have their needs reevaluated through a comprehensive face-to-face biopsychosocial reassessment.

Criteria for reassessment include: (1) the Reassessment must be documented on the standardized “Psychosocial Assessment/Reassessment Form” and “Nurse Assessment/Reassessment Form”; (2) reassessment in the event of significant changes in the client’s life and (3) Acuity Level 3 and 4 clients require a nurse signature on every updated Acuity Scale Worksheet.

Percentage of Files Reviewed That Meet the Assessment and Reassessment Criteria

County	Client has Participated in One face-to face Biopsychosocial Assessment/Reassessment and forms are completed					
	2004		2005*		2006	2006
	Assess.	Reassess.	Psycho-social	Nurse	Psycho-social	Nurse
Benton	NS	NS	80%	80%	100%	100%
Clatsop	100%	100%	NR	NR	100%	100%
Coos	100%	71%	90%	80%	100%	No Data
Crook	100%	100%	80%	80%	0%	0%
Deschutes	100%	70%	91%	91%	92%	92%
Douglas	100%	100%	80%	60%	100%	100%
EOCIL	100%	100%	70%	80%	73%	73%
Hood River	100%	100%	75%	88%	92%	92%
Jackson	100%	90%	100%	100%	60%	60%
Jefferson	NS	NS	100%	100%	80%	80%
Josephine	100%	100%	90%	90%	100%	100%
Klamath/Lake	NS	NS	NR	NR	60%	40%
HIV Alliance	83%	75%	88%	90%	100%	100%
Lincoln	100%	100%	70%	80%	100%	100%
Linn	100%	100%	100%	100%	90%	90%
Marion	100%	90%	No data	81%	91%	91%
Polk	100%	100%	NR	NR	30%	40%

Tillamook	NS	NS	NR	NR	100%	100%
Wasco/Sherman	100%	100%	100%	100%	80%	100%
Mean	99%	93.5%	88%	88%	82%	81%

* Assessment and Reassessments were documented on different forms in 2003 and 2004. The psychosocial and nurse components were incorporated into these two forms. The 2005 forms update included combining the Assessment and Reassessment into one form and developing a separate Assessment/Reassessment form for the Psychosocial Assessment/Reassessment and a separate one for the Nurse Assessment/Reassessment.

NS = No site visit

NR = No report

County	Current Acuity Scale Completed			Acuity Level 3 & 4 clients have an RN signature on their most current Acuity Scale Worksheet	
	2004	2005	2006	2005	2006
Benton	NS	100%	100%	100%	N/A
Clatsop	100%	NR	100%	NR	100%
Coos	86%	90%	100%	100%	N/A
Crook	100%	80%	100%	100%	100%
Deschutes	70%	100%	100%	100%	100%
Douglas	100%	90%	100%	33%	0%
EOCIL	100%	80%	100%	100%	100%
Hood River	100%	88%	100%	100%	100%
Jackson	86%	100%	90%	100%	100%
Jefferson	NS	100%	100%	100%	N/A
Josephine	100%	100%	90%	100%	N/A
Klamath/Lake	NS	NR	40%	NR	50%
HIV Alliance	83%	95%	98%	94%	100%
Lincoln	100%	90%	92%	N/A	100%
Linn	100%	100%	100%	100%	100%
Marion	100%	97%	91%	100%	100%
Polk	100%	NR	40%	NR	100%
Tillamook	NS	NR	100%	NR	N/A
Wasco/Sherman	100%	100%	100%	N/A	N/A
Mean	91.5%	93%	92%	86%	89%

*Acuity scales were not updated after reassessments.

NS = No site visit

NR = No report

Care Planning

Standard:

All clients of case management will have documentation of care planning, including Level 1 clients, whose goal(s) may be as simple as a goal to schedule the annual reassessment.

Appropriate documentation of goals, assigned activities and the outcomes of each will be included in the client's file. Care planning may be documented in the progress notes, on the Care Plan form provided as a tool to case managers in the Forms Package or in RW CAREWare.

In an ongoing interactive process with the clients, problems are identified and prioritized. Identified problems are addressed through a planning process that includes the development of goals, assigned activities and reporting on outcomes.

Percentage of Files Reviewed That Meet the Care Planning Criteria

County	Care Planning Documentation Includes: Goals, Assigned Activities & Outcomes			Progress Notes Record: Date, Action & Case Manager Signature For Every Contact		
	2004	2005	2006	2004	2005	2006
Benton	NS	80%	100%	NS	100%	100%
Clatsop	100%	NR	100%	100%	NR	100%
Coos Bay	43%	90%	16%	100%	100%	100%
Crook	100%	47%	50%	100%	100%	100%
Deschutes	70%	94%	100%	50%	97%	100%
Douglas	50%	100%	100%	100%	100%	100%
EOCIL	100%	100%	100%	92%	100%	100%
Hood River	60%	100%	100%	80%	100%	100%
Jackson	50%	100%	100%	90%	100%	100%
Jefferson	NS	73%	100%	NS	73%	100%
Josephine	100%	100%	97%	50%	100%	97%
Klamath/Lake	NS	NR	10%	NS	NR	100%
HIV Alliance	100%	98%	100%	92%	98%	100%
Lincoln	100%	100%	100%	90%	100%	100%
Linn	100%	100%	100%	100%	100%	100%
Marion	100%	90%	100%	100%	100%	100%
Polk	100%	NR	70%	100%	NR	80%
Tillamook	NS	NR	100%	NS	NR	100%
Wasco/Sherman	100%	0	100%	100%	100%	100%
Mean	83%	86%	87%	87%	98%	99%

NS = No site visit

NR = No report

Referral & Advocacy

Standard:

Each client receiving case management services will receive assistance to facilitate access to those services critical to achieving optimal health and well being and will receive advocacy assistance to help problem solve as necessary when barriers impede access.

The act of directing a person to a service, in person or through telephone, written, or other type of communication. Referral may be made: (1) from one clinical provider to another, (2) within the case management system, (3) by professional case managers, (4) by program staff or (5) as part of an outreach program.

Referrals and Advocacy activities should be documented in the progress notes of the appropriate client. Dates of referral, contacts referred to and specific advocacy activities should be included in the documentation. RW CAREWare can also be used to track Referrals.

Percent of Files Reviewed That Meet the Referral Criteria

County	Referral information and dates documented		
	2004	2005	2006
Benton	NS	100%	100%
Clatsop	100%	NR	100%
Coos Bay	100%	70%	0%
Crook	100%	100%	50%
Deschutes	60%	91%	83%
Douglas	90%	100%	100%
EOCIL	100%	100%	100%
Hood River	80%	100%	100%
Jackson	80%	100%	100%
Jefferson	NS	80%	100%
Josephine	100%	100%	100%
Klamath/Lake	NS	NR	100%
HIV Alliance	92%	90%	100%
Lincoln	100%	80%	100%
Linn	100%	70%	100%
Marion	100%	100%	100%
Polk	100%	NR	50%
Tillamook	NS	NR	100%
Wasco/Sherman	100%	100%	100%
Mean	91%	93%	89%

NS = No site visit

NR = No report

Follow-up & Monitoring

Standard

Client and case manager will reassess the goals and activities identified with the client during the planning process at least annually to assess for progress and need for appropriate changes.

Follow-up and monitoring are inseparable. It is through systematic follow-up that the case manager and client discover whether their planning efforts are working and when they need to make revisions. The goals and activities developed during the planning process should be regularly reviewed to determine whether any changes in the client's situation warrant a change in the plan and also to determine whether the goals and activities are being completed in a timely manner and, if not, why not. Each agency providing case management should incorporate care planning review in their Quality Improvement (QI) protocol.

Percent of Files Reviewed That Meet the Follow-up and Monitoring Criteria

County	Referral follow-up and outcome documented		
	2004	2005	2006
Benton	NS	100%	100%
Clatsop	100%	NR	100%
Coos Bay	86%	60%	0%
Crook	100%	100%	50%
Deschutes	60%	82%	83%
Douglas	80%	100%	100%
EOCIL	100%	100%	100%
Hood River	80%	88%	100%
Jackson	70%	100%	100%
Jefferson	NS	80%	100%
Josephine	100%	100%	90%
Klamath/Lake	NS	NR	100%
HIV Alliance	92%	90%	42%
Lincoln	100%	60%	100%
Linn	100%	70%	100%
Marion	100%	100%	100%
Polk	100%	NR	50%
Tillamook	NS	NR	100%
Wasco/Sherman	100%	100%	100%
Mean	89%	89%	85%

NS = No site visit

NR = No report

RW CAREWare Data Management

Criteria:

The client level information entered into RW CAREWare correctly matches the information contained in the client's hard chart.

The *Ryan White Program, HIV Care and Treatment Program Policies, Services Definitions and Guidance* requires that any client served within the reporting year must have a corresponding electronic record with specific data elements accurately and completely entered. The RW CAREWare review included a comparison of what was reported in the hard chart versus what was entered into the electronic record in RW CAREWare. The federal agency responsible for administration of Ryan White Program funds, HRSA, determines the quality of Oregon's Part B funded services based on accurate reporting of client level data elements (HIV/AIDS status, medical funding source, medical provider, acuity level, adherence/acuity level and selected lab values).

Percent of Files Reviewed That Meet the Criteria

County	HIV/AIDS Status			Primary Insurance Provider			Primary Medical Provider		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Benton	NS	100%	100%	NS	100%	90%	NS	100%	90%
Clatsop	50%	NR	100%	50%	NR	100%	75%	NR	100%
Coos	100%	100%	100%	100%	80%	100%	100%	100%	100%
Crook	100%	100%	100%	33%	100%	50%	67%	100%	100%
Deschutes	10%	100%	100%	10%	100%	100%	10%	100%	92%
Douglas	70%	100%	90%	60%	100%	100%	70%	100%	100%
EOCIL	70%	100%	100%	70%	100%	100%	80%	100%	100%
Hood River	0%	100%	100%	0%	100%	100%	0%	100%	100%
Jackson	60%	73%	100%	70%	86%	20%	80%	86%	20%
Jefferson	NS	80%	40%	NS	100%	100%	NS	100%	40%
Josephine	38%	90%	100%	25%	90%	100%	38%	60%	100%
Klamath	NS	NR	100%	NS	NR	100%	NS	NR	100%
HIV Alliance	83%	100%	100%	92%	100%	88%	100%	100%	88%
Lincoln	43%	100%	100%	29%	90%	100%	29%	100%	100%
Linn	100%	90%	100%	100%	70%	90%	100%	100%	90%
Marion	70%	100%	100%	70%	90%	84%	60%	90%	84%
Polk	100%	NR	80%	90%	NR	20%	100%	NR	20%
Tillamook	NS	NR	100%	NS	NR	100%	NS	NR	100%
Wasco-Sherman	80%	67%	100%	80%	100%	100%	100%	100%	100%
Mean	63%	94%	95%	58%	94%	86%	66%	96%	85%

NS = No site visit

NR = No report

Percent of Files Reviewed That Meet the Criteria

County	Acuity Level			Adherence Acuity			CD4/Viral Load		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Benton	NS	100%	100%	NS	100%	100%	NS	100%	100%
Clatsop	50%	NR	100%	75%	NR	0%	50%	NR	100%
Coos	100%	90%	100%	71%	100%	100%	86%	70%	90%
Crook	67%	100%	100%	67%	100%	0%	67%	20%	100%
Deschutes	60%	100%	92%	0%	0%	92%	0%	64%	92%
Douglas	90%	80%	100%	70%	80%	100%	**	100%	90%
EOCIL	90%	100%	100%	0%	100%	100%	60%	100%	100%
Hood River	100%	100%	100%	0%	88%	100%	0%	63%	100%
Jackson	100%	93%	0%	*	100%	0%	*	93%	0%
Jefferson	NS	100%	100%	NS	100%	100%	NS	0	100%
Josephine	88%	100%	100%	100%	80%	80%	63%	10%	90%
Klamath	NS	NR	100%	NS	NR	100%	NS	NR	20%
HIV Alliance	100%	100%	93%	100%	88%	88%	33%	80%	90%
Lincoln	100%	90%	100%	43%	100%	92%	43%	100%	0%
Linn	90%	90%	100%	90%	100%	100%	100%	80%	100%
Marion	100%	97%	69%	0%	0	97%	0%	97%	78%
Polk	100%	NR	0%	50%	NR	0%	40%	NR	50%
Tillamook	NS	NR	100%	NS	NR	100%	NS	NR	100%
Wasco-Sherman	80%	100%	100%	0%	67%	100%	100%	100%	100%
Mean	86%	96%	87%	44%	81%	76%	46%	74%	79%

*Field was not customized.

**Field was not working appropriately.

NS = No site visit

NR = No report

Criteria:

Service entry in RW CAREWare matches the client file progress note in terms of accuracy of service date entered.

Percent of Files Reviewed That Meet the Criteria (All records reviewed)

County	% of electronic client records that match client file progress notes	
	2005	2006
Benton	100%	0%
Clatsop	NR	100%
Coos	20%	100%
Crook	80%	85%
Deschutes	0%	0%
Douglas	100%	100%
EOCIL	100%	100%
Hood River	93%	100%
Jackson	73%	94%
Jefferson	100%	100%
Josephine	72%	100%
Klamath	NR	84%
HIV Alliance	99%	99%
Lincoln	92%	100%
Linn	96%	100%
Marion	71%	66%
Polk	NR	100%
Tillamook	NR	100%
Wasco-Sherman	100%	0%
Mean	81%	80%

NR = No report

Criteria:

Full legal name is used to establish client's RW CAREWare record.

The *HIV Care and Treatment Program Policies, Services Definitions and Guidance* document requires that any client entering into HIV case management services have a corresponding established electronic record in RW CAREWare. Electronic records should be established by using the client's full legal name. Legal identification should be used to determine legal name (such as a driver's license, state-issued ID card, insurance policy card, or a resident alien card "green card"). Full legal name is necessary in order to create an accurate Unique Record Number in RW CAREWare. This allows the Department of Human Services to appropriately un-duplicate client records statewide (non-EMA) in order to provide an accurate client count to the federal administrative agency (HRSA) and to determine in the aggregate, what proportion of persons with HIV in Oregon are accessing the services through the program.

Percent of Files Reviewed That Meet the Criteria

County	% of clients entered into RW CAREWare by their full legal name		
	2004	2005	2006
Benton	NS	100%	90%
Clatsop	75%	NR	100%
Coos	92%	100%	100%
Crook	67%	100%	100%
Deschutes	85%	100%	100%
Douglas	97%	100%	100%
EOCIL	97%	100%	100%
Hood River	57%	100%	100%
Jackson	96%	100%	100%
Jefferson	NS	100%	100%
Josephine	97%	100%	0%
Klamath	NS	NR	100%
HIV Alliance	99%	100%	100%
Lincoln	96%	100%	100%
Linn	97%	90%	90%
Marion	99%	100%	97%
Polk	100%	NR	100%
Tillamook	NS	NR	100%
Wasco-Sherman	40%	0	100%
Mean	86%	93%	94%

NS = No site visit

NR = No report

Health Outcomes Data

This area is becoming very important as Health Resources and Services Administration (HRSA), the federal administrative agency for the Ryan White Program, moves to make medical treatment the top priority service and requires all States and their contractors to report health outcomes. Accurate reporting of client level health outcomes (overall acuity level, adherence acuity level and lab values) continues to be a challenge in the HIV Case Management system in Oregon.

Additionally, the acuity scale is an important component of the HIV Case Management Standards and assists local programs to determine those clients with the greatest need, which helps determine appropriate resources (case management time and support service funding) allocation. This area will continue to receive technical assistance and training to help improve the quality of the data/information reported.

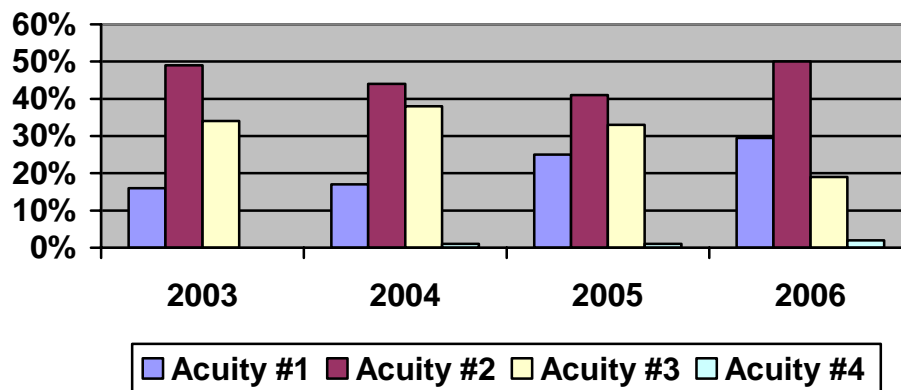
Overall Acuity Level of Clients in Files Reviewed

County	Number Of Stage 1 Client Files Reviewed			Number Of Stage 2 Client Files Reviewed			Number Of Stage 3 Client Files Reviewed			Number Of Stage 4 Client Files Reviewed		
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
Benton	NS	2	5	NS	3	5	NS	5	0	NS	0	0
Clatsop	1	NR	0	2	NR	4	2	NR	5	0	NR	1
Coos	1	2	5	5	7	5	1	1	0	0	0	0
Crook	0	0	0	1	1	1	2	4	1	0	0	0
Deschutes	1	4	5	6	3	6	1	4	1	0	0	0
Douglas	2	3	2	4	3	6	3	1	2	1	2	0
EOCIL	4	7	2	3	1	7	3	2	1	0	0	0
Hood River	0	2	1	3	1	6	2	5	4	0	0	1
Jackson	2	4	3	5	5	4	3	6	2	0	0	0
Jefferson	NS	NR	2	NS	NR	3	NS	NR	0	NS	NR	0
Josephine	6	4	7	2	5	3	0	1	0	0	0	0
Klamath/Lake	NS	NR	0	NS	NR	4	NS	NR	2	NS	NR	0
HIV Alliance	2	9	7	4	15	23	4	14	10	0	2	2
Lincoln	0	3	6	4	7	5	3	0	2	0	0	0
Linn	0	1	2	6	3	6	4	6	2	0	0	0
Marion	0	4	11	2	18	14	8	9	4	0	0	0
Polk	1	NR	1	1	NR	1	8	NR	4	0	NR	0
Tillamook	NS	NR	1	NS	NR	1	NS	NR	0	NS	NR	0
Wasco/Sherman	1	1	3	2	2	2	2	0	0	0	0	0
TOTAL	21 (17%)	46 (25%)	63 (30%)	53 (44%)	75 (41%)	106 (50%)	46 (38%)	61 (33%)	40 (19%)	1 (.8%)	2 (1%)	4 (1%)

NS = No site visit

NR = No report

Overall Acuity Level of Clients in Files Reviewed



Laboratory Reports Documenting T-Cell and Viral Load in Files Reviewed

County	Number Of Files Reviewed/ Number with Current Lab Reports			Percentage Of Files Reviewed With Current Lab Report		
	2004	2005	2006	2004	2005	2006
Benton	NS	10/9	10/9	NS	90%	90%
Clatsop	4/3	NR	10/7	75%	NR	70%
Coos	7/7	10/8	10/10	100%	80%	100%
Crook	3/3	5/2	2/0	100%	40%	0%
Deschutes	10/4	11/7	12/11	40%	64%	92%
Douglas	10/8	10/9	10/9	80%	90%	90%
EOCIL	10/10	10/10	11/11	100%	100%	100%
Hood River	5/3	8/4	12/12	60%	50%	100%
Jackson	10/8	15/9	10/6	80%	60%	60%
Jefferson	NS	5/1	5/5	NS	20%	100%
Josephine	8/8	10/7	10/7	100%	100%	70%
Klamath/Lake	NS	NR	10/6	NS	NR	60%
HIV Alliance	12/9	40/21	42/29	75%	53%	69%
Lincoln	7/7	10/5	13/7	100%	50%	54%
Linn	10/9	10/9	10/10	90%	90%	100%
Marion	10/7	31/22	32/23	70%	71%	72%
Polk	10/5	NR	10/4	50%	NR	40%
Tillamook	NS	NR	2/2	NS	NR	100%
Wasco-Sherman	5/5	3/3	5/5	100%	100%	100%
TOTAL	127/96	192/130	226/173	76%	72%	77%
MEAN						

NS= No site visit

Reviewer Comments Summarized:

- Is “electronic” signature adequate for printed RW CAREWare notes? **Answer: No.** **Progress Notes must be printed out and posted in the client chart/file. A written signature is required for each note. Additionally, each Progress Note must be dated. Programs may choose to (1) sign each note with a full written signature, (2) sign at the bottom of each page and initial each individual note, or (3) attach a signature page that shows the initial of each case manager at the front of the Progress Notes section in the chart and then initial each progress note.**
- This was an excellent tool to help me learn to maneuver through CAREWare. It has shed light on some problem areas in our system of hard copy charting, as well. Thank you.
- Problems identified during this chart review include lab values in CAREWare, annual review data, and availability of forms in Spanish. Upon review we found that lab values have been entered into CAREWare and on the Enrollment Checklist with only verbal confirmation. RN will speak to staff at Dr. office or directly to client and will request lab values, then enter them into CAREWare/Enrollment form. Problem is remedied with review training, all staff instructed not to enter labs without paper copy. Missing data problem remedied with review training and development of assessment/reassessment checklist to serve as reminder of all the many tasks and documents required at assessment. Two Spanish-speaking clients had missing grievance process receipt form. This form is not currently available in Spanish. Problem is remedied by translation of forms.
- Thank you for encouraging us to self-audit in order to identify our documentation strengths as well as weaknesses. By improving our documentation we will be able to more efficiently meet the needs of our clients.
- I think it might have been more efficient to use the Summary Report for the chart reviews as it had some more specific information like actual # of acuity clients in each level. I would have tabulated that information as I proceeded. I would like to have the questions for “documented on Enrollment Checklist” separate as there are three staff with way too much to track and they complete tasks at different times so the “Enrollment Checklist” does not always get done, although the forms are completed. I do not like to penalize staff for not completing the “Enrollment Checklist” when they have completed all other work and have taken care of the clients.