Quality Assurance Guide for Nonprofit Organizations

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Quality assurance standards and control processes are invaluable in achieving high quality HIV/AIDS care. This guide provides steps organizations should take and tools they can use to develop quality standards and to successfully implement these.

Contents

Introduction

This document provides quality assurance (QA) tools to help nonprofit organizations providing HIV/AIDS-related treatment and care to reach their highest potential. At the National Minority AIDS Council (NMAC), we strongly believe that using the right tools leads to great achievements. QA and quality control (QC) measures are invaluable to ensuring that the highest standards of service delivery are met. QA, in particular, is essential for the consistent implementation of programs in accordance with these established standards.

Merriam-Webster defines QA as the systematic monitoring and evaluation of the various aspects of a project, service, or facility to maximize the probability that minimum standards are being attained by the production process[1]. Similarly, the American Society for Quality defines QA as the planned and systematic activities implemented in a quality system that lead to the fulfillment of quality requirements for a product or service.

QC, on the other hand, is a universal managerial process for conducting operations so as to provide stability—to prevent adverse change and to maintain the status quo.

Quality Assurance and Quality Control Differences

Despite the marked differences between QA and QC, the terms are often mistakenly used interchangeably. To better understand these differences, keep the following concepts in mind:

- QA is a set of preventive activities focused on processes; QC uncovers defects or deficiencies once services are delivered.
- QA defines standards to meet customer requirements; QC ensures that these standards are followed at every step.
- QA is proactive; QC occurs while services are delivered or after the product is produced.

QA departments in organizations develop planning processes and procedures to help ensure that products manufactured or services delivered adhere to defined "high" standards. However, despite any level of planning, deviations can occur either through mishaps or unforeseen circumstances. This is when QC measures are followed to check products or services for defects. QC hence contributes to achieving the overall objective of providing a quality product or service to the customers. For both QA and QC, quality is the goal.

Developing the Quality Assurance Plan

The QA plan is one of the most important aspects in the successful implementation of any quality system within the organization.

[1] www.merriam-webster.com/dictionary/qualityassurance

Quality Assurance Planning

QA planning begins with the formation of a group or assignment of an individual dedicated to this activity. The plan development should be an organization-wide activity or have at least representatives from each department.

When planning, first define the project(s) goals and objectives. Then develop corresponding quality goals and objectives to be achieved to ensure that the project will meet the highest standards.

Table 1: Planning Goals and Objectives

Project Goal #1	**QA Goal #1**
Project Objective	QA Objective
Project Objective	QA Objective
Project Goal #2	**QA Goal #2**
Project Objective	QA Objective

Developing Standard Operating Procedures

The second step in developing a QA plan is to determine that all processes required for accomplishing the project are implemented successfully. This can include the development of standard operating procedures.

An initial benefit of any QA project is working with staff—particularly staff who have experienced problems with prior projects—to review their protocols, techniques, and tools. Experienced staff can anticipate and guard against problems that may occur during the project which can affect its performance. Table 2 provides a standard operating procedure template that organizations can use.

Table 2: Standard Operating Procedure Template

Code	Description of Procedures	Staff Responsible	Status Date
Step 1:			
Step 1A			
Step 1A1			
Step 1A2			
Step 1B			

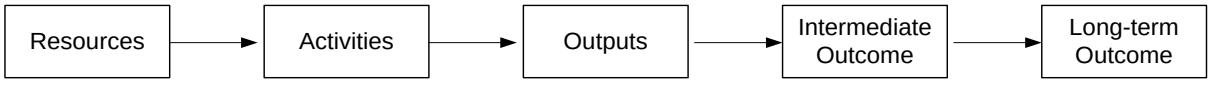
Step 1B1			
Step 1B2			
Step 2			
Step 2A			
Step 2A1			
Step 2A2			
Step 2B1			
Step 2B2			
Step 3			

Developing Logic Models

After identifying standard operating procedures, the next step is to develop logic models. Logic models are useful tools for monitoring project implementation and tracking that:

a. Program expenditures are kept within budgeted resources;
b. Planned activities are being performed and their status;
c. Planned outputs are delivered; and
d. Activities and outputs contribute to producing the planned outcome.

Logic models outline plausible and sensible processes that demonstrate how the program will work under certain environmental conditions. The elements of a logic model are: resources; activities or action steps necessary to produce program outputs; products, goods, or services provided to the program's customers or participants; and outcomes—changes or benefits resulting from activities and outputs.



Once you have identified goals, an outline of the activities, outputs and intermediate and long-term expected outcomes (some also include short-term outcomes), you can position staff and timelines for proactive QA activities, such as who will be responsible, when, and for what activities. Also include QC activities in the QA plan.

Planning Quality Assurance and Control Actions

Include QC activities in the QA plan to ensure that deliverables meet the standards set by your organization for "high quality." This step encompasses planning for a wide range of activities that include monitoring and inspections and testing to be conducted at various stages of the project. State the frequency of these activities in the plan. For example, include whether you will monitor or test weekly, monthly, or every six months. Present detailed timetables for all internal and external audits.

In other words, include the minutest details in the plan, such as ways to market the program; when and how marketing efforts should be conducted; the criteria for selection of participants, the number of participants for the program; and—if a clinical program—the number of interactions, the type and number of activities and actions, and times when equipment testing is conducted and by whom.

Table 3 includes sample QC activities. You can also consider actions to assure the quality of interventions, client interactions, data collection and entry, and clinical services such as HIV testing.

Table 3: Quality Assurance Plan with Quality Control Measures

Activity	Person(s) Responsible	Timeframe	QC Check by Monitor
Staffing			
Example: Conduct thorough one-on-one training with new hires on organizational history, vision, and mission; all items in policies and procedures manual; and office procedures (such as copier codes, mailroom, and card keys).			
Interventions			
Example: Observe each intervention using a checklist of core elements and other assessment items.	Prevention Manager	Ongoing	

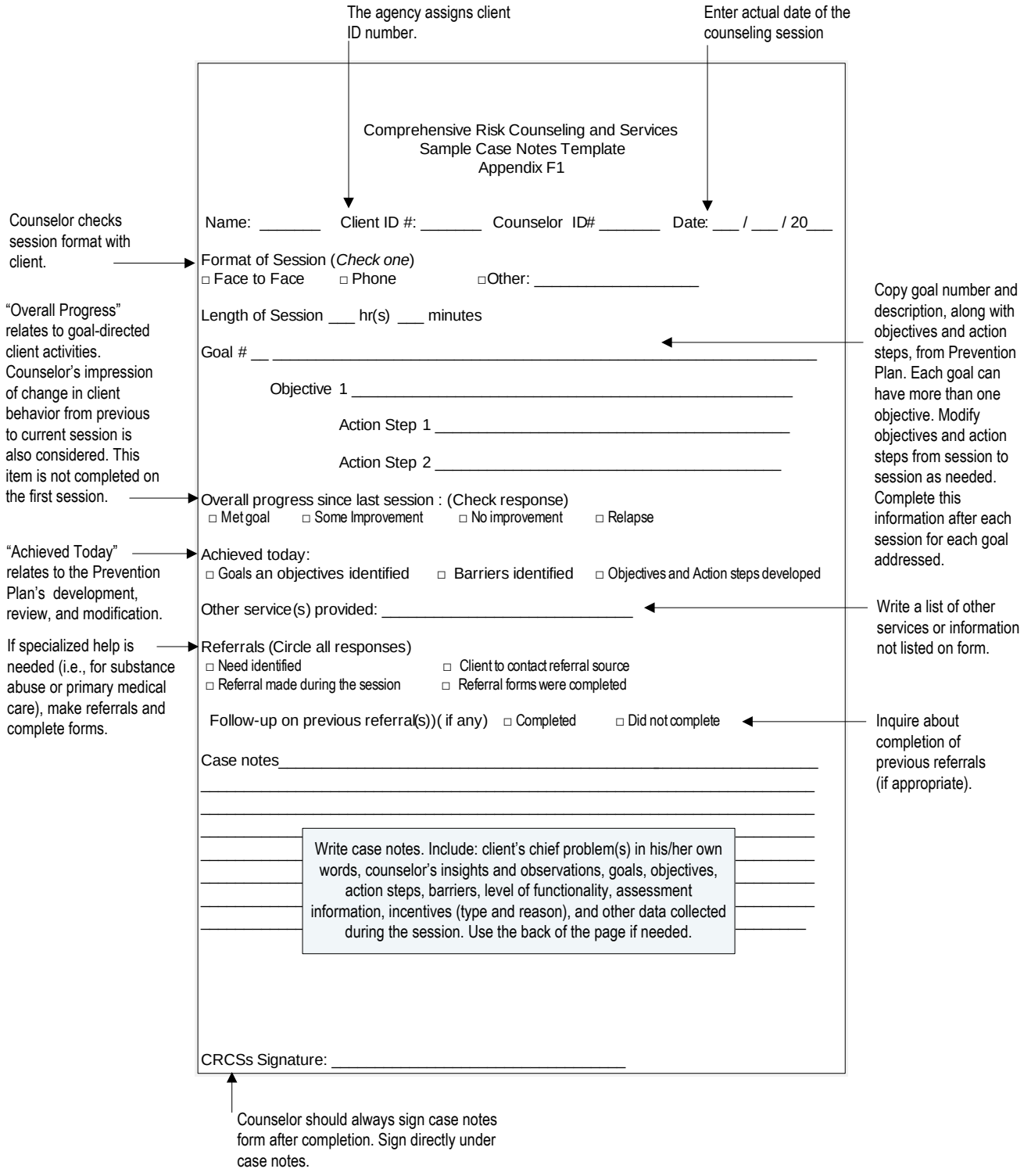
Activity	Person(s) Responsible	Timeframe	QC Check by Monitor
Client Interactions			
Example: Review Policy Manual section on urgent/ emergency situations, such as likeliness for suicide and alcohol or substance use on site, and update as necessary.	Social Worker	Annually	
Data			
Example: Conduct data collection Example: Conduct two-step check for data entry.	Administrative Assistant	Ongoing when entering new data	
Clinical Services			
Example: Check temperature of storage area for OraQuick® Rapid HIV-1 Antibody Tests to ensure that they are stored between 2° and 27° C (35° to 80° F).	Laboratory Technician	Daily	

Case Reports

Case reports can assist with both QA and QC efforts. These reports can help staff plan ways to address client needs and to serve as a point of reference when controlling the quality of services rendered.

Use the following form to record all client interactions, particularly during visits when the client's risk-reduction goals are first identified and during follow-up visits in which goals are discussed. Depending on the client's needs, counselors should help the client focus on no more than three goals at a time.

Figure 1: Sample Case Report Template



Sample Case Report Template [2]

Name_____ Counselor ID _____ Client ID _____ Date ____/____/20_____

Format of Session *(Check one)*

☐ Face-to-Face ☐ Phone ☐ Other _____

Length of session ____ hr(s) ____ minutes

Goal # _____

Objective 1_____

Action Step 1 _____

Action Step 2_____

Overall progress since last session (Check response)

☐ Met goal ☐ Some improvement ☐ No improvement ☐ Relapse

Achieved today *(Check all that apply)*

☐Goals and objectives identified ☐ Barriers identified ☐ Objectives and Action steps developed

Other service(s) provided _____

Referrals *(Check all that apply)*

☐ Need identified _____ ☐ Client to contact referral source
☐ Referral made during the session ☐ Referral forms were completed

Follow up on previous referral(s) (if any) ☐ Completed ☐ Did not complete

Case Notes

_____

_____

_____

_____

_____

_____

_____

CRCS signature _____ Date _____

[2] Adapted from CRCS Implementation Manual\Appendices www.cdc.gov

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Client Satisfaction Survey

The Client Satisfaction Survey is an external measure used in QA and QC to receive feedback from participants or clients regarding the service(s) delivered. While clients or participants in a program may have varying degrees of satisfaction for a variety of reasons (including their initial level of expectation, the location, and so on), this tool can be beneficial in providing a measure of the work that program staff provided.

Client Satisfaction Survey Questionnaire for Use with Case Management[3]

Are you currently satisfied with the services you are receiving from your prevention counselor?

☐ YES ☐ NO

What aspects of the services you receive from the prevention case manager are the most helpful? The least helpful?

_____
_____
_____

Do you have specific suggestions as to how we might improve those services?

_____
_____
_____

Are you able to contact your prevention case manager when you need assistance?

☐ YES ☐ NO

Does your prevention case manager provide information to you in a way that is understandable?

☐ YES ☐ NO

Do you have specific suggestions on how the case manager might improve their accessibility?

☐ YES ☐ NO

Is your prevention case manager knowledgeable about the issues you discuss?

☐ YES ☐ NO

Is your prevention case manager knowledgeable about resources available in the community?

☐ YES ☐ NO

If your prevention case manager does not have the information you need, does she/he seek out the information and provide it to you in a timely manner?

☐ YES ☐ NO

Does your prevention case manager work with your case manager to provide you the care and services you need?

☐ YES ☐ NO

Has your prevention case manger been helpful in coordinating services when you need them?

☐ YES ☐ NO

Do you have any suggestions for us on how we can improve our Comprehensive Risk Counseling and Services?

_____
_____
_____

[3] Adapted from CRCS Implementation Manual\Appendices www.cdc.gov

Allocating Resources

The next step is to allocate the resources required to successfully implement the QA plan. Resources should include any new personnel, funding, facilities or equipment required to conduct QC activities. A plan cannot be successfully implemented without the availability of adequate resources.

Circulating the Plan

Once the QA plan has been developed, it is necessary to circulate the plan among management and other concerned persons for review and feedback. After receiving the feedback, team members should discuss any changes. The final plan is developed after incorporating the decided changes and with the approval of the top management. The plan is then published and released to all concerned staff.

Adhering to the Plan

The assigned quality lead is responsible to check that the organization follows the QA plan. For more information, see Table 7: Benchmarking Activities.

Adherence to a QA plan may take the form of checking whether the plan coincides with the organization's legal and regulatory requirements, whether QC activities meet organizational standards in terms of specifics and frequency of service delivery as well as the satisfaction of service recipients, and whether the plan is implemented within budgeted resources.

Additional Quality Tools

Balanced Scorecard

During the past several years, many public agencies have used the balanced scorecard as a framework for developing performance measures that focus on financial performance, customers, internal business process, and innovation and learning.

Balance scorecards and program logic models are complementary approaches to identifying performance measures. Logic models focus on the performance of specific public or nonprofit programs while balanced scorecards focus on overall organizational performance—which might incorporate multiple programs.

The balanced scorecard includes organizational self-assessments by managers to develop goals and associated performance measures. For example, managers might develop goals and measures as shown in Table 4.

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Table 4: Balanced Scorecard

Goals	Anticipated Outcome Measures	Actual Outcome Measure
Outreach Effectiveness	Aggregated survey results from involvement of 75% of partners. (How easy are we to work with as perceived by the partners, clients, service recipients?)	
Customer Satisfaction	Aggregated survey results of how satisfied the customers should equal 95%.	
Internal Process Efficiency	Program work correct/over time allotted - 99/100.	
Employee Actualization	Motivation, tools, skills, support/production - 85/100.	

Fidelity of Implementation

Because delivering any type of quality project demands a degree of detail—in addition to precisely planning tasks—all activities and projects must be implemented consistently with a high degree of accuracy at every step. This aspect of program implementation is a part of QC known as Fidelity of Implementation[4] (FOI), or "program integrity."

FOI is defined as the extent to which the critical components of an intended program are present when that program is implemented. FOI encompasses the following five dimensions: adherence, exposure, quality of delivery, participant responsiveness, and program differentiation. Use Table 5 to apply these components to your specific plan.

Table 5: Fidelity of Implementation Components

Fidelity Components	Descriptions	Comments
Adherence	Specified program components were delivered as prescribed in procedures/ program manuals.	
Exposure and dosage of program Frequency of sessions	Number of sessions Length of session Frequency of session Amount of program content delivered	
Quality of delivery	Implementer enthusiasm, leader preparedness, session effectiveness, leader attitude towards program.	
Participant responsiveness	Levels of participation and enthusiasm	
Differentiation	Critical components are present or absent that distinguish one program from another	

[4] http://aje.sagepub.com/content/31/2/199

To ensure that quality is achieved, make sure that the FOI tool demonstrated by Table 6 accompanies any QA plan.

Table 6: Fidelity of Implementation Adherence

FOI Checklist Adherence	Critical Elements	QC Check
# 1	a. b. c. d. e f g. h. i. j k l. m. n. o.	
# 2		
# 3		

Benchmarking Activities

Use Table 7 to identify activities that lead to objectives. These activities can serve as benchmarks towards objectives and goals that staff is responsible for in the designated time frame and can serve as quality benchmarks.

Table 7: Benchmarking Activities

Activities	Staff Responsible	Timeline for Benchmarks

The attainment of program goals and objectives or certain desirable accomplishments identified by program officials are the usual interim measures by which program success may be judged.

Quality Assurance Standard Determinants

Use Table 8 to develop standards and factors to consider when developing standards. In the left hand column, review the exact issues associated with each table cell. For example, consider the target population needs in terms of your program mission and goal, such as needs for HIV testing and treatment services. These standards do not apply to every project or situation; select those that are appropriate for your organization.

Table 8: Quality Assurance Standard Determinants

Standards	Examples
Needs or wants of the target population and stakeholders (i.e., consistent and reliable testing and delivery of appropriate ARV medication to all who test positive for HIV).	To ensure that the drugs are not counterfeit and available at the appropriate times and that the dosage is sufficient for the target population.
Stated program goals and objectives: (i.e., to conduct oral testing for 500 persons twice a month).	To provide HIV testing twice a month at a specific location using current oral testing for the number anticipated.
Customary practices or norms from other programs.	Other practices.
Legal requirements (i.e. clinical double blinded research trial).	Have a current IRB.
Ethical or moral values, social justice, equity (i.e., all clients are treated with dignity and respect regardless of race, ethnicity, age, or sexual orientation, gender, social class, education, or age).	A policy disseminated to all clients.
Standards established by past performance of programs.	Past performance of a similar program.
Targets set by program managers.	SMART (specific, measurable, relevant and time sensitive) objectives of program.
Expert opinions of program performance.	Feedback from experts in the field.
Baseline level in terms of educational development for the target population (i.e., all 4th grade students in a particular school district should read at 4th grade level).	All 4th grade students who do not read at the 4th grade level should receive remedial training.
Relative cost of program to others (i.e., the cost of operating the program compared to other similar programs).	Marketing survey or cost of operating similar programs.

Elements for Implementing Quality Assurance

There are eight essential elements for ensuring Fidelity of Implementation and sustenance of core QA activities. The first five elements constitute the internal environment conducive to initiating, expanding, and sustaining QA within the organization; the last three constitute the factors that sustain the implementation of QA activities.

Table 9: Elements for Successfully Implementing QA

Elements for Implementing QA Activities		Description	Comments
Factors Supporting Internal Environment	Policies that support, guide, and reinforce QA.	QA policies	
	Leadership that sets priorities, promotes learning, and cares about its staff.	Management staff	
	Core organizational values that emphasize respect, quality, and continued improvement.	Organizational values	
	Adequate resources allocated for the implementation of QA activities.	Funding and budgeting	
	Organizing for quality	Mapping of responsibilities Accountability for QA in the organization Oversight, coordination, and implementation of QA activities	
Factors Sustaining QA Implementation	Capacity building or training	Staffing	
	Information sharing	Meetings, brochures etc.	
	Rewarding	Promotion, salary, etc.	

Evaluating the HIV Quality Management Program

Before beginning a QA plan consider how to evaluate key areas of the plan and the implementation process. Table 10 provides example questions that should be addressed for key evaluation areas of the QA effort.

Table 10: QA Plan Evaluation

Areas	Questions	Yes/No
Quality program infrastructure	Was the quality person/committee effective in its efforts to improve the quality of HIV care?	
	Does the quality infrastructure require any changes to improve?	
	Does quality improvement work get done?	
Annual quality goals	Were annual goals for quality improvement activities met?	
	Can you describe how effectively goals were met?	
	Can you describe separately the strengths and limitations of the goals and objectives?	
Performance measures	Were the measures appropriate to assess clinical and non-clinical HIV care in the facility?	
	Are results in the expected range of performance?	
Staff and consumer involvement	Did the appropriate staff and consumers participate in quality improvement activities?	
	Was staff informed about ongoing quality activities and about quality improvement methodologies?	
	Were consumers, clients, or program participants informed about ongoing quality activities?	

Also consider the following as examples of QA evaluation mechanisms.

i. **Written protocols**: Descriptions of specific program related activities and how to implement them.

ii. **Frequency and types of trainings**: List of needed trainings for counselors, supervisors, and managers, along with particular skills staff need to fulfill their job descriptions.

iii. **Performance review and supervision**: Regular review of each staff member's performance, effectiveness in implementing service, and quality of service.

iv. **Chart reviews**: At least quarterly reviews by a supervisor of each client's case files.

v. **Case conferencing and presentations**: Regular presentations of cases (case conferences), especially those that are complex or difficult and resolutions.

vi. **Client satisfaction surveys or interviews**: Routine feedback from clients about their satisfaction with the service and ideas for improvement.

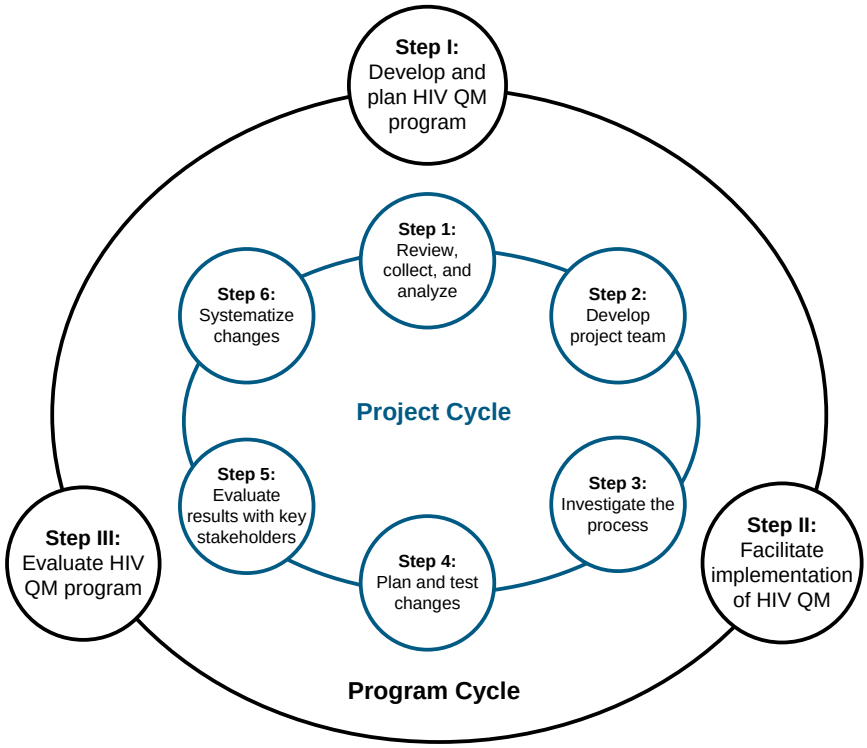
QA and QC are closely linked to evaluation, but differ. Evaluation can help identify ways to improve a program or show how a program has succeeded, whereas QC and QC can help a program be known as distinct and adhering to high standards—a program of great service.

Appendix: The HIV Quality Model

The HIVQUAL Model, shown in Figure 2, was developed by the New York State Department of Health AIDS Institute in collaboration with the HIVQUAL consultants. It was used to assist health care facilities in developing a quality infrastructure that supports ongoing processes to improve the quality of HIV care. The model emphasizes the concept that to achieve sustainable improvements in quality, activities need to focus both on the structural programmatic level and on the project level.

The model is divided into two interdependent cycles: 1.) a sequence of activities for developing a grantee's HIV quality management program or the Program Cycle ('outer cycle') and 2.) steps for conducting specific quality improvement projects or the Project Cycle ('inner cycle'). By incorporating parallel cycles of activities at both the program and project levels, the model allows grantees to build a sound HIV specific quality infrastructure that will support quality improvement processes. The model is a practical guide for use in considering the implementation of a QA program within HIV programs, regardless of service delivery model, patient caseload, or site location.

Figure 2: HIVQUAL Model



The HIV Quality Program Cycle describes the activities necessary to build and sustain an HIV-specific quality infrastructure which includes: developing and planning an internal quality management program, facilitating program implementation, and evaluating the quality of that implementation. The HIV program leadership and HIV quality staff complete these program activities. Generally, leadership and staff form a quality committee that organizes and facilitates the work of the HIV program. In working with a variety of health care facilities, HIVQUAL consultants observed that HIV programs have significantly better results in achieving and sustaining improvement efforts over time when an HIV-specific infrastructure for QA is in place. Such an infrastructure is important whether an organization is newly undertaking quality improvement or experienced in quality initiatives.

Program Cycle

Step I: Developing and Planning a Quality Management Program

The Program Cycle's first step is devoted to establishing and/or maintaining a quality management program throughout the organization. The HIV program leadership and staff develop or refine an HIV-specific quality management plan that describes the program intent, prioritizes annual HIV quality goals and projects, establishes accountability, and outlines resources for quality improvement activities.

Step II: Facilitating Implementation of HIV Quality Program

Once the plan is in place, the next step is to establish the infrastructure for the HIV program. Quality infrastructure includes the following elements:

- **Leadership**: Identify who is responsible for the quality management initiatives.
- **Quality committee(s) structure**: Document who serves on the quality committee, who chairs the committee, and who coordinates the quality management activities.
- **Roles and Responsibilities**: Define all key persons, organizations, and major stakeholders and clarify their expectations for the quality management program.
- **Resources**: Identify the resources for the quality management program.

Once the infrastructure is in place, clarify the plan goals and objectives. Associated with these goals are activities, and each activity addresses a single quality issue in the areas where change is most needed. The QA committee members, if possible, should establish or train cross-functional project teams, educate these teams in quality improvement concepts and techniques, and have these teams or committee members oversee the implementation progress of QA standards in HIV programs. Committee members can also coach groups through project difficulties and help maintain a free flow of information on QA.

Step III: Evaluating HIV Quality Management Program

Evaluation is important, even in assessing the quality of a service. Annual (or more frequent) evaluations can help identify opportunities for improvement in future HIV quality work plans and develop strategies to sustain the improvements over time—including effective communication methods, performance recognition, and promotion of success stories. Leadership can also use evaluation techniques and benchmarks to assess the effectiveness of the entire quality management, including goals and infrastructure (as outlined in the quality management plan).

Together, the three steps in Program Cycle are an ongoing process. Once the HIV program leadership and the HIV quality committee evaluate their efforts from the previous year, they return to the first step to develop and plan quality efforts for the upcoming year.

Project Cycle

HIV quality leaders and the committee select areas that need improvement at the project level. These can be detailed clinical items, such as ARV management, PCP prophylaxis and GYN exams. However, the measure should be over time to note continual issues or measure care elements to ensure sustained success.

Step 1: Reviewing, Collecting and Analyzing Project Data

In the first step of the Project Cycle, team members collect and review performance measurement data and identify specific indicators for process improvement. They identify data collection methods and design collection tools to measure the current level of performance, and share the results with the HIV quality committee. This step helps the project team set realistic process improvement goals and make informed improvement decisions.

Step 2: Organizing a Project Team

The project team can include administrative and support staff not usually involved in the management functions of the facility as well as consumers. Project team members need to know their roles and responsibilities and understand that all members are expected to participate.

Defining the team's goal, outlining its work, and creating a work plan brings everyone on-board quickly and creates an understanding of what needs to be done. However, the goal needs to be focused and achievable. New leadership should be involved in project teams.

A process for mentoring future project team leaders by purposively involving new people in leadership roles should be encouraged. This is one way to offer support to the new team members so they can assume independent leadership roles in the future.

Step 3: Investigating the Process

During this step, team members investigate the process and chart sequential steps of the process flow for better understanding. The resulting flowchart helps reveal potential problem areas,

benchmarks, and deadlines. From here, members identify and prioritize possible causes of the problems.

Step 4: Planning and Testing Changes

With the information gathered in Project Step 3, team members select potential solutions for pilot testing. (A pilot test is a small-scale implementation of a change.) Pilot testing, if budget and time allow, can help determine if the change works and if it should be implemented HIV program-wide. During this step, the QA committee or team assesses the impact of those changes to ensure that they result in improvements.

Step 5: Evaluating Results with Key Stakeholders

During Project Step 5, the HIV quality committee and other stakeholders review and evaluate pilot test results. Together, they discuss whether the change should be implemented system-wide.

Step 6: Systematizing Changes

Finally, in Project Step 6, team members make successful project-related improvements as part of their daily work process in an effort to sustain improvements over time. They also assess the project's effectiveness against the original plan and make plans to re-measure performance at regular intervals and monitor improvements.

The six steps of the Project Cycle help to ensure that process improvements are based on data rather than anecdote, are piloted before implemented facility-wide, and are re-measured for long-term effectiveness. Similar to the Program Cycle, the Project Cycle is ongoing to support continuous quality initiatives. Once changes are systematized for one project, one is ready for the next improvement opportunity.

Both cycles of the HIVQUAL Model are essential to a facility's quality strategy. Without a well-grounded quality improvement program, project efforts are poorly coordinated and quality improvements are difficult to sustain.

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