



HOPE Notes

News from your HOPE Center
Winter/Spring 2008

North Central Health District



Special points of interest:

- *Ryan White Statewide Conference*
- *Clinic Update*
- *Needs Assessment and Satisfaction Surveys*
- *What is Continuing Quality Improvement and How Can it Help Me?*
- *You Have Questions? We'll Try to Answer*

Ryan White Statewide Conference



For years people throughout Georgia had expressed their desire to come together with other Ryan White programs to learn, share ideas, build skills and network with colleagues. In October that dream came true! Local, State, and National participants gather in Atlanta to attend the First Statewide Ryan White Conference.

The conference was a huge success! There were representatives from all the Parts, along with HRSA, State and local representatives, pharmaceutical companies, Southeast AIDS Training and Education Center (SEATEC), CDC, etc. The conference was divided into two tracks; one programmatic and one clinical. Many topics were discussed, e.g., "Medicaid, Medicare Part D and ADAP", "Accessing Mental Health and Substance Services", "Eliminating Barriers to Care", "Pregnancy Management", "HIV/Hepatitis Co-infections", and many other topics of interest.

A recognition dinner was held the second evening and the topic was "Look How Far We've Come!". An informative presentation was given regarding the early days of the epidemic and the many, many obstacles that were overcome. During the dinner awards were presented to those who have contributed so much in the effort to improve the lives of Georgians living with HIV. Senator Johnny Isakson was recognized as a National Champion and State Champion award was presented to Jim Martin. Individuals were also recognized as Community Champions and our own Consortia Chair, Derek Stokes, received the Consumer Involvement award. Congratulations to Derek!. Participants from the Center were Case Manager Mikita Lofton, District HIV Coordinator Kim Warren, Dr. Katner who presented two educational topics, CBO Johnny Fambro and Program Manager Pat Yancey, who also served on the steering committee. Thank you for allowing us time away to attend this beneficial conference!

Clinic Announcements



Many, many changes have occurred since the last *HOPE Notes* was published. In November we welcomed LaTashi Thorpe, LPN to the nursing staff. The Center is fortunate to have four talented, experienced nurses; Kellie Jones, Nancy Hampton, Lisa Knight and LaTashi.

In December the Center had three resignations. The Nurse Manager, Pam Leslie and Office Manager, Melanie Yarbrough both transferred back to the District Office and Dr. Waite relocated to the Boston area.

The Nurse Manager position was advertised, interviews conducted and the interview panel made a selection. We are happy to announce Kelly Howerton, RN will be joining the staff the first of February. Many of you may remember Kelly as she had worked with us from 2002 through 2004 and resigned to move to NC. Now she's back and we have two Kelly's' (What a nice problem to have!).

The Center has made the decision not to hire an Office Manager but will be hiring a Program Assistant. In the meantime, the three Program Assistants, Brenda Childers, Wanda Smith and Chad Cavender are doing an outstanding job with keeping the Center operating smoothly.

And last, but not least, join us in welcoming Case Manager Audrey Philpot who joined the staff in Jan. Audrey will be working with Case Manager Mikita and Nancy in assisting you with any services you may need.



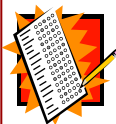
Doctors Needed! The search for a Primary Care Physician continues. Dr. Katner has approached several local physicians but at this time a decision has not been made. We will keep you updated. In the meantime, if you have Medicaid, Medicare or Private Insurance and you do not have a physician to provide for your primary care needs please call your provider for a listing of local providers and schedule an appointment.

The search continues to hire a physician to serve as District Health Director to replace Dr. Joseph R. Swartwout who resigned in October. In the interim, Dr. Michael Brackett, MD, District 4 Health Director, will serve as the interim Health Director. Thank you and welcome Dr. Brackett!

In Oct. our Part B liaison, Wendy Briscoe, visited The Center and conducted an Administrative audit. The written evaluation was received in late January and we are happy to report we "met all expectations" and sited as an "outstanding HIV clinic" Congratulations to all those involved with the Center's daily operations!



Need and Gap Assessment



The administration and staff of the Center have worked over the years to make sure you have proper access to care. To assist in this process the Continuous Quality Improvement (CQI) Committee commissioned a new Needs and Gaps Assessment to insure the access to HIV care continues to address the needs of the consumer and the dollars spent on available services are spread to the most critical areas of needed services. Surveys were started in Oct. and we appreciate everyone who participated. We continue to seek your input and you can complete the survey online at the Center's website, www.myhopecenter.org or you can ask any staff member of the Center or The Rainbow Center for a paper copy of the tool. Staff from The Rainbow Center will be available at The HOPE Center on clinic days to administer the tool in an interview format and to assist consumers that do not have Internet access. The survey will take about 20 mins. complete and no personally identifiable data is collected so your comments cannot be tracked back to you. Data will be collected, compiled, analyzed and presented to CQI in March. Watch for recommendations to improve, implement or change services.

Continuing Quality Improvement (CQI)

What is Continuing Quality Improvement and what does it have to do with me? Quite simply Continuing Quality Improvement (CQI) is a term used for anything that enhances the product or services from the viewpoint of the customer. At The HOPE Center **YOU** are the customer.

Improving quality is not a new concept. To understand quality you need to know just a little about how it came about.

The idea of setting quality standards was first introduced by Dr. Edward Deming who was trained as a statistician and used his expertise during WW II to assist the U.S. in our effort to improve the quality of war materials. After the war he tried to share his theories with American business but, for whatever reason, business did not accept this new concept of quality. At the request of the Japanese business Dr. Deming took his theories and taught top Japanese management how to improve and produce quality services through various methods, including the applications of statistical methods. Toyota is one example of the successful program. As a result of his quality theories Dr. Deming is regarded as having had more impact upon Japanese manufacturing/business than any other individual not of Japanese heritage. Despite being considered something of a hero in Japan, he was only beginning to win widespread recognition in the U.S. at the time of his death in 1993. Since his death his teachings have become a part of most US manufacturing facilities and is regarded as the leading quality guru in the US.

Quality is not a new term to the medical profession but until recently has not been a focus of attention in government health branches, e.g., Public Health. Hospitals have been involved with quality standards since the mid 90's. That's not to say that Public Health didn't care about quality; on the contrary, Public Health has always delivered quality care but until recently programs did not have to measure success or failure. The idea to create an environment where health workers can dramatically improve patient care and reduce unnecessary deaths, suffering, errors, infections and costs without additional resources or government regulations is a goal of your CQI program. Quality is really quite simple. Think of it this way....if you are constantly mopping up water on the floor from a leaking faucet don't just continue to mop the floor...find the problem and fix the problem...the faucet!

At The HOPE Center we want to know if we are doing our best to care for you and your needs. We want to know what you need and how you think we are doing. *How do we do this?* Several ways; first by asking you when you visit or call, by conducting Consumer Satisfaction Surveys, asking you to participate in a Needs Assessment, collecting data on what works and what hasn't, etc.

The Center has a quality management committee which meets quarterly. *What does the committee do?* The committee reviews the results and suggestions from the Consumer Satisfaction Surveys, statistical data is presented

and analyzed, ideas for improvement are shared, changes are made to delivery system, and problems discussed just to mention a few agenda items. *Who is on the committee?* The Chairman is the District Health Director and committee members include: Dr. Katner; District Dir. Of ID Dept.; District DHR HIV Liaison; District HIV/AIDS Coordinator; Consortia Chairman; Bibb Co. PH DON and CFO; Interfaith AIDS Network; HOPE Center ADAP manager and Nurse Manager and Ryan White Program Manager. Information and recommendations are then presented to Consortia and open for discussion. Want to have an active role with the Center? Consider joining Consortia and let us hear from you.

Quality Improvement involves everyone. You have to tell us, we have to listen and remove barriers. We have to constantly be looking for new and fresh ideas to improve care while maintaining costs. Sometimes the choices are not easy. Clinical quality improvement is an interdisciplinary process designed to raise the standards of the delivery of preventive, diagnostic, therapeutic, and rehabilitative measures in order to maintain, restore and improve health outcomes of individuals and all those living with HIV/AIDS.

To quote Dr. Deming....**"It is not enough to do your best; you must know what to do, and then do your best."**



Frequently Asked Questions

Many times consumers write down similar questions on the Satisfaction Surveys. To show we do read your comments and listen to what you are asking we'll try to answer some frequently asked questions that appeared in the 2007 Surveys. Overall results of the 2007 surveys can be found by visiting the Center's web site.

Q. Why don't you open the doors before 7 AM on Tues. mornings?

A. It is a safety standard and insurance regulation.

Q. Why don't you have better snacks?

A. We don't have funding to buy snacks that are available to you during your visit. The snacks and coffee are given to us by the Food Bank. We're thankful and use whatever they provide.

Q. Why do I have to wait so long during clinic?

A. We have studied the wait time and find that the average clinic visit is an hour or two. That's a little below average for most doctors' office. We understand the clinic can be busy but assure you we are not wasting time. After you have your vital signs taken, e.g., blood pressure, pulse, etc. you are placed in the exam room. The doctors see patients in order of "First come/first served" unless there is a medical emergency. Rarely are the doctors late coming to clinic but remember they also have patients in their private office, in the hospitals, etc. that they must care for. Also, the doctors train medical students during Tuesday clinic and that sometimes requires more time for teaching. Once you are seen by the doctor the nurses have to wait until the orders are written by the doctor. Once the nurses has your medical record she meets with you and reviews all the orders. She will give you medication instructions, immunizations if needed, schedule your next visit, etc. If you need blood studies you may have specimen drawn after you see the nurse. Next you meet with the Case Manager and discuss your other needs or problems. Finally you meet the Program Assistant to discuss the services you received. We appreciate your patience during your visit and do everything we can to meet all your needs without rushing or delaying the process.

Q. Why don't you hire more doctors?

A. We are so fortunate to have Drs. Katner, Stephens and Kumar. Currently your clinic is the ONLY Ryan White Clinic in GA that has doctors during clinical visits. We wish we could hire more doctors, especially a Primary Care Physician, but most physicians can not afford to work for what we can pay. We'll keep searching...

Do you have other questions? Please speak with a staff member or write it down. We LOVE to hear from you!