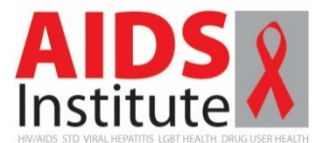


**Organizational Assessment Tool
for
Ryan White HIV/AIDS Program-funded
Part B Service Providers**

Updated May 2021



Introduction to Organizational Assessment Tool for Program Part B Agencies

Overview of Organizational Assessment Tool

This organizational assessment tool (OA) identifies all essential elements associated with a sustainable quality management (QM) program and is in keeping with the *New York State Department of Health AIDS Institute Ryan White Part B Quality Management Program Standards* and the *Clinical Quality Management Policy Clarification Notice (PCN) 15-02* issued by the HRSA HIV/AIDS Bureau (HAB). Detailed scoring instructions are provided to identify gaps in the QM program that are used to set improvement priorities. When assigning a score for individual components, select the whole number that most accurately reflects the organizational achievement in that area for the review period. Scoring is designed so that all items in the score must be satisfied to reach any one score for a component. Applied annually, this assessment will help a program to evaluate their conformance to provided guidelines, the organization's progress over time, and guide the development of quality management priorities.

Scoring the Organizational Assessment (OA) Tool

The OA can be implemented in two ways: 1) by an AIDS Institute contract manager or a quality improvement (QI) expert, internal or external to the organization; or 2) as a self-evaluation. The results are ideally used to develop a work plan for each element with specific action steps and timelines guiding the planning process to focus on priorities, setting direction and assuring that resources are allocated for the QM. Regardless of who performs the OA, key leadership and staff should be involved in the assessment process to ensure that key stakeholders have an opportunity to provide important input during the scoring process.

Program Information

Part B Agency: _____

Contact Person Name: _____

Contact Email/Phone: _____

Main Program Address: _____

State: _____

Zip Code: _____

City: _____

Fax: _____

Email: _____

Please note any events or other information that may have impacted service delivery, positively or negatively, since the last organizational assessment:

OA Completed by: _____

Name: _____

Date: _____

A. Quality Management

GOAL: To assess the overall Part B quality management (QM) program infrastructure to support a systematic process with identified leadership, quality planning and accountability, and dedicated resources.

Leadership

Senior leadership personnel are defined by each Part B program since titles and roles vary among organizations. Leadership support and engagement includes establishment of clear goals and objectives, communication of program/organizational vision, creating and sustaining shared values, active support of ongoing QI activities and provisions of necessary resources for implementation.

Quality Management Committee

A QM committee drives implementation of the written quality management plan and provides high-level comprehensive oversight of the QM program activities. This process involves reviewing improvement activities undertaken by the agency and reviewing performance measures and their results. The membership of the QM committee should be multidisciplinary, cross-functional, and include a client whenever feasible.

Quality Management Plan

QI planning occurs annually. A written QM plan documents programmatic structure, roles and responsibilities of the agency, and annual QI goals. The QM plan should serve as a roadmap to guide improvement efforts and include a corresponding work plan to track activities, monitor progress and signify achievement of milestones.

A.1. To what extent does the agency create an environment that focuses on improving the quality of HIV services?

Getting Started	0	<input type="checkbox"/> The agency is not actively supplying guidance to staff.
Planning and initiation	1	<input type="checkbox"/> The agency has no agency-wide plan for improving quality across service categories. <input type="checkbox"/> The agency is inconsistent in use of data to identify opportunities for improvement. <input type="checkbox"/> Staff are advised to conduct QI activities, but no real guidance exists.
Beginning Implementation (Not optimally engaged)	2	<u>The agency:</u> <input type="checkbox"/> Is engaged in quality improvement with focus on use of data to identify opportunities for improvement. <input type="checkbox"/> Inconsistently supports improvement efforts. <input type="checkbox"/> Provides language on staff responsibilities but does not provide oversight. <input type="checkbox"/> Inconsistently coordinates QM meetings. <input type="checkbox"/> Supplies some resources for QI activities but not enough to advise the development of a robust QM program.
Implementation	3	<u>The agency:</u> <input type="checkbox"/> Provides routine leadership to support the QM program. <input type="checkbox"/> Provides guidance to staff and encourages open communication related to quality activities. <input type="checkbox"/> Clearly communicates to all staff quality goals and objectives that are contractually expected of Part B-funded service providers. <input type="checkbox"/> Promotes client-centered care and client involvement in QI activities. <input type="checkbox"/> Periodically reviews performance measures and outcomes by service category to inform staff of program priorities and uses data to determine areas of focus for improvement and for improvement ideas.
Progress toward systematic approach to quality	4	<u>The agency:</u> <input type="checkbox"/> Supports development of a culture of QI with staff, including provision of resources for participation in QI learning opportunities. <input type="checkbox"/> Engages routinely in QI planning and evaluation in cooperation with internal and external advisory bodies. <input type="checkbox"/> Provides technical assistance to staff on their improvement efforts. <input type="checkbox"/> Promotes and documents efforts to foster collaboration with other agencies.
Full systematic approach to quality management in place	5	<u>The agency:</u> <input type="checkbox"/> Encourages innovation through QI awards or incentives. <input type="checkbox"/> Directly links QI activities to the agency's strategic plans and initiatives. <input type="checkbox"/> Considers the quality improvement at the agency level when making programmatic or financial funding decisions.

A.2. To what extent does the agency have an effective QM infrastructure to oversee, guide, assess, and improve the quality of HIV services?		
Getting Started	0	<input type="checkbox"/> A QM committee has not yet been developed or formalized to provide effective guidance to the staff on effective quality improvement activities. <input type="checkbox"/> No formal data collection mechanism exists.
Planning and initiation	1	<u>The agency:</u> <input type="checkbox"/> Reviews data triggered by an emerging issue or generated by regulatory requirements. <input type="checkbox"/> Has minimally integrated QI principles and practice into other existing meetings. <input type="checkbox"/> A QM committee is formed but is not currently meeting regularly.
Beginning Implementation	2	<u>The agency:</u> <input type="checkbox"/> Has identified roles and responsibilities for individuals who participate in the agency's QI efforts. <input type="checkbox"/> Has not yet implemented a structured process to routinely review data for improvement. <input type="checkbox"/> Has minimally involved internal or external input in quality management planning.
Implementation	3	<u>The agency:</u> <input type="checkbox"/> Has a formally established QM program led by a designated staff member tasked with active oversight of the work of the QM committee. <input type="checkbox"/> Has an annual schedule of meeting dates and meeting notes for its QM committee which meets at least quarterly. <input type="checkbox"/> Actively utilizes a work plan to establish a timeline for agency QI activities. <input type="checkbox"/> Has established a performance review process to regularly evaluate measures and uses results to set priorities for agency program activities. <input type="checkbox"/> Has a process in place to regularly collect and review data from all staff for each service category for which they are funded.
Progress toward systematic approach to quality	4	<u>The agency:</u> <input type="checkbox"/> Has an active QM committee that meets with the members of the agency's planning body. <input type="checkbox"/> Provides progress reports to the staff by service categories along with individual guidance to improve performance. <input type="checkbox"/> Has a process in place to effectively communicate activities, annual goals, performance results and progress on improvement initiatives to staff and clients. <input type="checkbox"/> Supports prioritization of improvement goals based on data.
Full systematic approach to quality management in place	5	<u>The agency:</u> <input type="checkbox"/> Has established working relationships with other agency-wide QM committees (if applicable). <input type="checkbox"/> Is responsive to changes in external/national priorities. <input type="checkbox"/> Has fully engaged agency senior leadership and they lead or participate in discussions. <input type="checkbox"/> Engages clients as active participants who are actively represented in QM program activities.
A.3. To what degree does the agency have a comprehensive quality management (QM) plan that is actively utilized to guide QI activities?		
Getting Started	0	<input type="checkbox"/> There is no written QM plan.
Planning and initiation	1	<input type="checkbox"/> The QM plan does not incorporate any necessary elements considered essential to a sound, written QM plan [see level 3 below]. <input type="checkbox"/> The agency may have a written QM plan but does not include language that defines the responsibilities of the QM expectations for staff.
Beginning Implementation	2	<input type="checkbox"/> The QM plan is a formalized document and contains essential elements for staff, and some of the essential components found in level 3. <input type="checkbox"/> The agency has a mechanism to submit the written QM plan to senior leadership for approval.

Implementation	3	<p><u>The QM plan:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reflects an effective Part B-specific QM program with all essential QM components including: <ul style="list-style-type: none"> • Quality Statement • Annual Improvement Goals • Quality Infrastructure • Performance Measurement • Quality Improvement • Evaluation of the Program • Work Plan <input type="checkbox"/> Is routinely communicated to staff and agency leadership. <input type="checkbox"/> Includes regularly updated annual goals that have been identified by the QM committee using data on performance measures and external requirements.
Progress toward systematic approach to quality	4	<p><u>The QM plan:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Has been implemented and regularly used by the QM committee to guide the quality program. <input type="checkbox"/> Includes a work plan/timeline outlining key activities and is modified as needed to achieve annual improvement goals. <input type="checkbox"/> Is evaluated annually by the QM committee to ensure that the needs of all stakeholders are met and that external changes are assessed to ensure that the services meet the changing needs of clients. <p><u>Staff:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Are active participants in providing input to establish performance measures and annual goals. <input type="checkbox"/> Have input into the development of the written QM plan. <input type="checkbox"/> Have codified responsibilities for conducting QI activities and work with the agency.
Full systematic approach to quality management in place	5	<ul style="list-style-type: none"> <input type="checkbox"/> There is a mechanism for the agency-wide planning to provide feedback on the changing needs of HIV clients. <input type="checkbox"/> The QM plan reflects a methodology to engage other agencies and promote cross-agency collaboration.

Comments:

B. Workforce Engagement in the Quality Management Program
GOAL: To assess awareness, interest, and engagement of staff in QI activities.
Staff engagement in improvement activities at all organizational levels is central to the success of the quality program. It builds a sense of ownership and deeper involvement. Staff should be provided the opportunities to enhance their QI knowledge to build sustainable QM programs and technical assistance is available to them.

B.1. To what extent are agency staff routinely engaged in QI activities and provided training to enhance knowledge, skills and methodology needed to fully implement QI on an ongoing basis?

Getting Started	0	<input type="checkbox"/> Core agency staff are not routinely engaged in QI activities and are not provided QI training to enhance skills, knowledge, theory, or encouragement to identify opportunities for improvement and develop effective solutions.
Planning and initiation	1	<input type="checkbox"/> Core agency staff training is under development. <input type="checkbox"/> QI training of staff is limited. <input type="checkbox"/> Staff are provided minimum competency requirements by the agency.
Beginning Implementation	2	<input type="checkbox"/> Staff training occurs but it is not clear who attends. <input type="checkbox"/> Staff are invited to attend QM committee meetings as observers. <input type="checkbox"/> Staff have had at least one training opportunity on QI methodologies but was not fully utilized.
Implementation	3	<p><u>Staff:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Are aware of the written QM plan and priorities for improvement. <input type="checkbox"/> Roles and responsibilities related to QI are clearly delineated. <input type="checkbox"/> Are involved in QI projects, project selection, development, and participation in an established QM committee. <input type="checkbox"/> Have been provided at least one, hour-long training in QI principles and practice in the past 12 months to assist them in meeting their QI responsibilities. <input type="checkbox"/> Are given specific guidance on QI topics with which staff should be familiar.

Progress toward systematic approach to quality	4	<input type="checkbox"/> A culture of quality is in evidence by nature of diverse QI projects that are posted in common areas for review. <input type="checkbox"/> Staff engagement in quality is described in the QM plan, and includes staff training, and roles and responsibilities regarding staff involvement in QI activities. <input type="checkbox"/> QI teams are provided opportunities to present successful projects to staff and leadership. <input type="checkbox"/> Staff participate in all required workshops and are provided opportunities for training.
Full systematic approach to quality management in place	5	<input type="checkbox"/> Staff participates in identifying QI issues, developing strategies for improvement, and implementing strategies. <input type="checkbox"/> Staff are engaged at every staff level in performing QI projects and sharing their results with clients and peers. <input type="checkbox"/> There is a training curriculum for staff that provides continuous QI education and training in QI principles and practice. <input type="checkbox"/> Leadership encourages teamwork and an atmosphere of staff empowerment exists (e.g., open communication to senior managers, rewarding innovation). <input type="checkbox"/> Leadership encourages all staff to make needed changes and improve systems for sustainable improvement. <input type="checkbox"/> Includes opportunities for abstract development and submission to relevant professional conferences and authorship of related publications about development and implementation of QM programs. <input type="checkbox"/> The agency recognizes the staff who have excelled in improving services by a formal process (e.g., awards, certificates).

Comments:

C. Measurement, Analysis and Use of Data to Improve HIV Services
GOAL: To assess how the Part B-funded agency uses performance data to identify opportunities for improvement.
This section assesses how the Part B-funded agency selects, gathers, analyzes, and uses data to improve performance. This includes how the agency conducts performance reviews to ensure that actions are taken and who is responsible to support data collection, analysis, and reporting at the agency level.

C.1. To what extent does the agency routinely measure performance and use data for improvement?

Getting Started	0	<input type="checkbox"/> Performance measures have not been identified by the agency.
Planning and initiation	1	<u>Performance measures:</u> <input type="checkbox"/> Have been identified to evaluate some components of the overall Part B program. <u>Performance data:</u> <input type="checkbox"/> Data collection is specified in a written QM plan, but it is not fully implemented.
Beginning Implementation	2	<u>Performance measures:</u> <input type="checkbox"/> The agency has a few performance measures in place that are used throughout the service categories. <input type="checkbox"/> Results are not reported outside the agency’s organization. <u>Performance data:</u> <input type="checkbox"/> Validation, analysis, and interpretation of results on measures are in early stages of development and use. <input type="checkbox"/> Annual goals are not consistently identified or outlined. <input type="checkbox"/> Results are occasionally shared with staff and planning bodies.

Implementation	3	<p><u>Performance measures:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> All externally expected measures (e.g., AIDS Institute) are in place with the intent to meet external regulatory requirements. <input type="checkbox"/> Are used for the respective service categories; highly utilized and prioritized service categories have two performance measures assigned. <input type="checkbox"/> Data are collected at least quarterly for all measures. <p><u>Performance data:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Are collected for each service category for which they are funded <input type="checkbox"/> Are reviewed at least quarterly. <input type="checkbox"/> Are actively used to drive improvement activities and the AIDS Institute-issues benchmark report is used.
Progress toward systematic approach to quality	4	<p><u>Performance measures:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Are selected beyond externally required performance measures. <input type="checkbox"/> Are evaluated regularly to ensure that the program can respond effectively to internal and external changes quickly. <p><u>Performance data:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Are used to prioritize improvement activities with timelines to achieve the agency's improvement goal. <input type="checkbox"/> Are used by the leadership to provide feedback along with improvement recommendations. <input type="checkbox"/> Results and associated measures are systematically shared with all agency staff to elicit their input through various venues. <input type="checkbox"/> Are used to recognize significant accomplishments by selected staff that have achieved outstanding improvements in prioritized service categories. <input type="checkbox"/> Are used by the leadership of the agency as part of a structured review process to review the staff attainment of its goals.
Full systematic approach to quality management in place	5	<p><u>Performance data:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Results and associated measures are frequently shared with agency staff to elicit their input and engage them in improvement processes aligned with organizational goals. <input type="checkbox"/> Results are reported to the agency's board of directors and feedback is provided to the agency's executive director. <input type="checkbox"/> Are shared with clients to elicit their input and engage them in improvement processes aligned with organizational goals.
Comments:		
<p><u>D. Quality Improvement Initiatives</u></p> <p><i>GOAL: To evaluate how the HIV program applies robust process improvement methodology to achieve program goals and maintain high levels of performance over long periods of time.</i></p> <p>This section examines how leadership and workforce use these methods and tools to conduct improvement initiatives with emphasis on identification of the exact causes of problems and designing effective solutions; determining program specific best practices and sustaining improvement over long periods of time.</p> <p>The agency is responsible for QM for the agency. This includes ensuring that staff are conducting QI activities that are consistent with sound QI practice, by providing them with guidance in conformance with HAB Policy Clarification Notice 15-02.</p>		
<p>D.1. To what extent does the Part B program identify and conduct QI initiatives using robust process improvement methodology to assure high levels of performance over long periods of time?</p>		
Getting Started	0	<ul style="list-style-type: none"> <input type="checkbox"/> Formal QI projects have not yet been initiated.
Planning and initiation	1	<ul style="list-style-type: none"> <input type="checkbox"/> No assessment of the agency's organizational performance or system level analysis of Part B program data performed. <input type="checkbox"/> QI Initiatives are not team-based and do not use specific tools or methodology <input type="checkbox"/> Reviews are primarily used for quality assurance. <input type="checkbox"/> Are not formally in place at agency. <input type="checkbox"/> Agency does not give staff specific QI guidance.

Beginning Implementation	2	QI initiatives: <input type="checkbox"/> Are prioritized by the agency based on program goals, analysis of performance measurement data, and input from clients. <input type="checkbox"/> Involve team leaders and team members who are assigned by the agency's QM committee or other leadership. <input type="checkbox"/> Begin to use specific tools or methodology to understand causes and make effective changes. <input type="checkbox"/> Are being performed at some staff but are inconsistent across service categories.
Implementation	3	QI initiatives: <input type="checkbox"/> Are ongoing based on analysis of performance data results and other program information, including external reviews and assessments. <input type="checkbox"/> Are regularly documented and updates are provided to the agency's QM committee. <input type="checkbox"/> Are regularly communicated to the staff, QM committee, agency staff and clients. <input type="checkbox"/> Are conducted by staff based on performance results and the direction of the agency. <input type="checkbox"/> Are reported to the agency and the agency shares the result with the QM committee. <input type="checkbox"/> That have been undertaken are shared with the external planning bodies by service category. <input type="checkbox"/> The Part B program has a documented public advisory planning process and incorporates this input into service planning. <input type="checkbox"/> Incorporate client input and have clients as part of the data review process at the agency and at each agency.
Progress toward systematic approach to quality	4	QI initiatives: <input type="checkbox"/> Can be identified by any member of the program team, including clients involved in the QM program through direct communication with program leadership. <input type="checkbox"/> Routinely and consistently reinforce and promote a culture of QI throughout the program through shared accountability and responsibility of identified improvement priorities. <input type="checkbox"/> Are supported by data collection with results routinely reported to QI project teams and to staff (by service category). <input type="checkbox"/> Agency directs QI projects to the staff after analysis of their data. <input type="checkbox"/> Are guided by a team leader or sponsor, and include all relevant staff depending on specific project needs. <input type="checkbox"/> Are cross departmental/cross functional depending on specific project needs.
Full systematic approach to quality management in place	5	QI initiatives: <input type="checkbox"/> Staff receive technical support for QI when the need is identified. <input type="checkbox"/> Consistently and routinely utilize robust process improvement and multidisciplinary teams to identify actual causes of variation and apply effective sustainable solutions. <input type="checkbox"/> Are presented in storyboard context or other formats and reported to the larger organization and/or placed in public areas for staff to review. <input type="checkbox"/> Involve recognition of successful teamwork by senior leadership. <input type="checkbox"/> Are supported by development and implementation of sustainability plans. <input type="checkbox"/> At the agency level are recognized and acknowledged by the agency.
Comments:		
E. Client Involvement Goal: To evaluate the extent to which clients are formally integrated into QM program activities. Client involvement is vital to partner with those individuals who receive Part B services to improve the quality of HIV services. Their involvement is encouraged in the current version of PCN 15-02. Ideally, clients have a venue to identify improvement concerns and are integrated into the process to find solutions and develop improvement strategies. Overall, clients are considered valued members of the program, where client perspectives are solicited, information is used for performance improvement and feedback is provided to clients.		
E.1. To what extent are clients effectively engaged and involved in the Part B QM program?		
Getting Started	0	<input type="checkbox"/> There is currently no process to involve clients in QM program activities.
Planning and Initiation	1	<input type="checkbox"/> Clients are peripherally involved in the QM program.

Beginning Implementation	2	<input type="checkbox"/> Clients are solicited to understand their perspectives and experiences related to quality of care.
Implementation	3	<input type="checkbox"/> Clients are formally part of Part B QM program activities, either on the QM committee or part of a QI team. <input type="checkbox"/> Participation in QM program activities is documented and/or assessed.
Progress toward systematic approach to quality	4	<input type="checkbox"/> Performance data are shared with clients. <input type="checkbox"/> Clients involved in Part B QM program activities are trained on QI principles and methodologies.
Full systematic approach to quality management in place	5	<input type="checkbox"/> Clients are active members on the QM committee or part of a QI team. <input type="checkbox"/> Involves an annual review of successes and challenges of client involvement in QM program activities to foster and enhance collaboration between clients and providers engaged in QI. <input type="checkbox"/> The client advisory committee is coordinated with the quality management committee.

Comments:

F. QM Program Evaluation

GOAL: To examine how the Part B agency evaluates the extent to which it is meeting the identified program goals related to QI planning, priorities, and implementation.

Quality program evaluation should occur annually at a minimum. The process of evaluation should be linked closely to the quality goals outlined in the written QM plan. The evaluation examines the methodology, infrastructure, and processes, and assesses whether these led to expected improvements and desired outcomes. Evaluation should include what worked and what did not, determine ongoing improvement needs, and guide planning for the upcoming year.

F.1. Is a process in place to evaluate the QM program's infrastructure, performance measures, and QI activities?

Getting Started	0	<input type="checkbox"/> No formal process is established to evaluate the QM program.
Planning and Initiation	1	<input type="checkbox"/> Evaluation is conducted but does not include all elements: infrastructure, performance measures and QI.
Beginning Implementation	2	<input type="checkbox"/> Evaluation is part of an informal internal process but is not integrated into the annual QM plan.
Implementation	3	<u>QM program evaluation:</u> <input type="checkbox"/> Occurs annually, is conducted by the QM committee, and includes QM plan and work plan updates and revisions. <input type="checkbox"/> Involves annual (at minimum) review of performance data and a revision of improvement goals to reflect current improvement needs where applicable. <input type="checkbox"/> Results are used to plan for future quality efforts. <input type="checkbox"/> Includes a summary of improvements and performance measurement trends to document and assess the success of QI projects. <input type="checkbox"/> Results of the evaluation are shared with clients and other key stakeholders.
Progress toward systematic approach to quality	4	<u>QM program evaluation:</u> <input type="checkbox"/> Findings are integrated into the annual quality plan and used to develop and revise program priorities. <input type="checkbox"/> All reviews are discussed during QM committee meetings to assess progress toward planning goals. <input type="checkbox"/> Includes analysis of QI interventions to inform changes in program policies and procedures to support sustainability.
Full systematic approach to quality management in place	5	<u>QM program evaluation:</u> <input type="checkbox"/> Findings of the evaluations are integrated into routine program activities as part of a systematic process for using multiple sources of evaluation for program improvement and/or enhancement. <input type="checkbox"/> Includes data reflecting improvement initiatives and is presented to ensure comprehensive analysis of all quality activities. <input type="checkbox"/> Includes an analysis of progress towards goals and objectives. <input type="checkbox"/> Communicates evidence that QI efforts resulted in measurable improvement to senior leadership and key stakeholders.

Comments:

G. Achievement of Outcomes

GOAL: To evaluate Part B-funded agency capability for achieving excellent results and outcomes in areas that are central to providing high quality HIV services.

To determine whether the Part B-funded agency is achieving excellence in HIV services, a system for monitoring and assessing outcomes should be in place. This system should include analysis of an appropriate set of measures, trending results over time, stratifying data by high-prevalence populations and comparison of results for programmatic target setting.

G.1. To what extent does the agency measure disparities in HIV services and in outcomes, and use performance data to improve care to eliminate or mitigate discernible disparities?

Getting Started	0	<input type="checkbox"/> No performance results are routinely reviewed or used to address disparities. <input type="checkbox"/> Staff receive no direction or guidance on stratifying data.
Planning and initiation	1	<input type="checkbox"/> Systems are in place to stratify data for analysis of disparities by gender, age, risk factor, geography, etc.
Beginning Implementation	2	<input type="checkbox"/> Data are stratified for analysis of disparities by race, ethnicity, gender, age, socioeconomic status, risk factor, geography, etc. <input type="checkbox"/> Agency data are reported to the agency, but no further action is taken.
Implementation	3	<u>Performance measures/data:</u> <input type="checkbox"/> Are stratified for analysis of disparities by race, ethnicity, gender, age, risk factor, geography, etc. <input type="checkbox"/> Staff report their data and implement targeted improvement projects.
Progress toward systematic approach to quality	4	<input type="checkbox"/> The agency also analyzes the data by service category and directs targeted improvement activities as necessitated by the data results. <input type="checkbox"/> Clear goals are given to the staff to eliminate disparities. <input type="checkbox"/> Disparity data are widely reported.
Full systematic approach to quality management in place	5	<input type="checkbox"/> Disparity data are widely shared with stakeholders and feedback is encouraged. <input type="checkbox"/> The agency emphasizes eliminating disparities across all their services <input type="checkbox"/> Staff are recognized that have sustained improvement in reducing disparities and collecting and disseminating best practices in disparity elimination. <input type="checkbox"/> Data are used continuously to mitigate disparities, decrease outcomes gaps between client populations and to promote health equity.

Comments:

Summary of Results

What are the major findings from the Organizational Assessment?

What are the key recommendations and suggestions? What specific areas should be improved? What are specific improvement goals for the upcoming year?

Comments By: _____

Date: _____