

Outpatient/Ambulatory Health Services

Service Definition

Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. (San Jose, CA TGA Definitions for Eligible Services *Ryan White HIV/AIDS Treatment Extension Act of 2009*, Page 1)

Goals: The Standards of Care serve as guides to gauge the quality of HIV services in Santa Clara County.

Outpatient/Ambulatory Health Service providers are expected to comply with the Universal Standards of Care, as well as these additional standards:

1.0 Standard of Care: Licensure or Assurance

- No additional standards.

2.0 Standard of Care: Knowledge, Skill, and Experience

Standard	Measure/Documentation
A. Staff and volunteers will have knowledge of the HIV/AIDS disease process, the effects of related illnesses and co-morbidities on clients, the psychosocial effects on clients, and current strategies for management of the disease.	<ul style="list-style-type: none"> Resume's and CEU's in personnel file
B. Ambulatory Care: In addition to demonstrating competency in the provision of HIV Disease specific care, HIV Clinical service programs must show evidence that their performance follows norms for ambulatory care. In addition, Providers must adhere to public health service guidelines.	<ul style="list-style-type: none"> Patient screening/assessments document in file. See http://AIDSinfo.nih.gov for specific guidelines
C. Resources: Staff and volunteers will have knowledge of obtaining community resources.	<ul style="list-style-type: none"> Staff or volunteer resumes and CEU attendance record in personnel file.

3.0 Standard of Care: Client Rights, Responsibilities, Confidentiality

Standard	Measure/Documentation
A. Advanced Directive should be addressed at an appropriate time in the course of the illness.	<ul style="list-style-type: none"> Client record

4.0 Standard of Care: Access to Services

- No additional standards

5.0 Care and Treatment

Standard	Measure/Documentation
<p>A. Care services shall include (or arrange by referral):</p> <ul style="list-style-type: none"> • Medical Sub-specialties: Such as but not limited to Gastroenterology, Neurology, Psychiatry, Ophthalmology, Dermatology, Obstetrics and Gynecology, Pulmonary, Oncology, and Dentistry. • Social Work and Case Management Services including benefits counseling and partner contact notification services. • Nutritional Counseling • Substance Abuse treatment services • Anti-retroviral counseling/therapy for pregnant women • Information for persons with inherited coagulopathies and referral to the local federally funded hemophilia treatment center. • Coordination with social work and case management services. • Continuity with referring providers. 	<p>A. Patient screening/assessments document in file.</p>
<p>B. Baseline medical evaluation (May take up to three visits) which contains a comprehensive medical history and physical, a comprehensive social history, and additional documents:</p> <ul style="list-style-type: none"> • History of HIV Positive status, including route of transmission and where first diagnosed. • Confirmation of HIV infection by laboratory means. • History of TB testing, exposure and/or prophylaxis including annual Tuberculin Skin Testing as indicated. • Women: detailed reproductive history including history of menses, contraception, pregnancy, childbirths, and Pap smear results. Women of childbearing age should be given information which explains antiretroviral therapy during pregnancy, and other pertinent information. 	<ul style="list-style-type: none"> • Client records

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<ul style="list-style-type: none"> • Baseline body weight, “normal weight” and vital signs. • Laboratory data which includes recent CBC with platelets, Chemistry panes. CD4, viral load, syphilis serology, toxoplasma IgG, hepatitis A,B, and C screening, G6PD screening, and/or other laboratory tests as indicated. • Assessment/history of mental health and substance abuse disorders with appropriate referrals made if needed. • Clients should have the risks and benefits of antiretroviral therapy discussed, using the most recent treatment protocols and local standards as guidelines. • The status of vaccinations will be assessed and age-appropriate and HIV-appropriate vaccines will be administered. • Sexual history and history of STD’s. • List of all medicines, vitamins, supplements, and herbs being taken. • Nutritional assessment. • Complete physical exam. 	
<p>C. Follow up visits which record and address:</p> <ul style="list-style-type: none"> • Temperature, vital signs and weight. • A problem list and updates including a current vaccines • Adherence success and non-adherence problems should be documented with appropriate interventions as needed. • Monitor CD4, HIV viral load, and other medical testing as necessary to evaluate medical management and/or change in health status. • Risk behavior for HIV transmission should be addressed. • Assessment and treatment of oral-dental disorders and ophthalmologic disorders. • Prophylaxis of OI’s should be offered to each client at appropriate levels as determined by the CDC or local standards of care. Patients for whom prophylaxis is indicated should have documentation of current therapies. • All HIV infected women should have a Pap smear. If results are negative, subsequent pap smears should be 	

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<p>performed annually. Smears showing severe inflammation or reactive changes should be reevaluated promptly. Diagnoses of SIL or atypical squamous cells of undetermined significance should be followed with colposcopy.</p> <ul style="list-style-type: none"> • Annual TST, with results recorded. Record at least one attempt to contact clients who don't return for TST reading. • Annual syphilis serology (if indicated). • All reportable illnesses must be reported to the local health department. • All HIV infected men should have access to genital health and prostate care. 	
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6.0 Outreach and Provider Continuity

Standard	Measure/Documentation
A. Outreach should be attempted to reduce the no show rate and improve retention in care. This shall include a procedure to call patients ahead of scheduled appointments.	<ul style="list-style-type: none"> • Client record • Policy and Procedure Manual
B. Linkages: The agency shall develop and maintain linkages with primary health care, support, and other access service providers, and enter into Memoranda of Agreement or Understanding with agencies as appropriate to ensure that client services within the continuum of care are coordinated as needed.	<ul style="list-style-type: none"> • Agency documents
C. The agency shall have mechanisms for in-patient care (or referral) and return to ambulatory care	<ul style="list-style-type: none"> • Policy and Procedure Manual
D. Collaboration: The agency shall collaborate with other service providers as necessary to improve service provision, avoid duplication, and prevent client abuse of the care system.	<ul style="list-style-type: none"> • Policy and Procedure Manual

7.0 Continuous Quality Improvement

Standard	Measure/Documentation
A. Recommended format for	A. Detailed standards and routines for program

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operational standards: Ambulatory HIV clinical service programs should adopt and follow performance standards for ambulatory care as established by The Joint Commission (TJC)	assessment are found in the “Comprehensive Accreditation Manual for Ambulatory Care” (CAMAC) and subsequent updates as seen at: http://www.jointcommission.org/accreditation/programs/ambulatorycare/standards
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8.0 Standard of Care: Staff Training

- No additional standards

References and Published Clinical Guidelines:

1. For a comprehensive overview of references, guidelines and resources please see the official WEB site for Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov>
2. **Ryan White Title I Standards of Care for Outpatient/Ambulatory Health Services**, Approved by the Santa Clara County Health Services Planning Council February 10, 2009.
3. Concepts relevant to HIV management evolve rapidly. The most recent information and guidelines are available on the AIDS info website at <http://AIDSinfo.nih.gov>
4. **Seattle TGA Ryan White Program Standards**, Ambulatory/Outpatient Medical Care, Final 5/8/08
5. **2011 Annual RSR Instruction Manual**, Core Medical Services and Support Services, Pages 5-11
6. San Jose, CA TGA Definitions for **Outpatient/Ambulatory Health Services Standard of Care** Eligible Services *Ryan White HIV/AIDS Treatment Extension Act of 2009*, Page 1)
7. **California State Office of AIDS (OA)** a division within California Department of Public Health, Center for Infectious Diseases, last modified August 29, 2012