



# QUALITY MANAGEMENT PLAN 2022-2023

APPROVED BY QUALITY MANAGEMENT COMMITTEE THIS 15<sup>TH</sup>  
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## Quality Statement

Miracle of Love, Inc., (MOL) is committed to developing, evaluating and continually improving an organizational, quality continuum of HIV care, treatment and supportive services that meet the identified needs of persons living with HIV and their families, ensures equitable access, and decreases health disparities.

MOL has developed this Quality Management Plan (QMP) to ensure adherence to recommended and regulated clinical, non-clinical, and case management services performance measures.

**Quality Management is a *continuous process adaptive to change and consistent with other programmatic quality assurance (QA) and quality improvement (QI) activities.***<sup>1</sup>

The Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB) provide guidelines for the administration of quality management plans for agencies providing services to People with HIV (PWH). These guidelines require agencies to adhere to the Health and Human Services (HHS) guidelines for quality management in clinical practice to ensure:

- 1) program improvement includes support services linked to access and adherence to medical care
- 2) demographic, clinical, and utilization data are used to evaluate and address the characteristics of the local patient population

An effective QMP for MOL should have the following characteristics:

- 1) Aligns with HAB measures
- 2) A systematic process with identified leadership, accountability, and dedicated resources
- 3) A strategy of using data and measures to determine progress toward evidence-based benchmarks
- 4) A focus on linkages, efficiencies, and provider and client expectations in addressing the outcome
- 5) Enact process and strategies for improvement through Action Plans and re-evaluation
- 6) Incorporates the training of all staff on the purpose, intent, and actions of the QMP, the HIV Services Quality Management Program (HSQMP), and the HIV Services Quality Management Committee (HSQMC)

## HIV Services Quality Management Program

The HIV Services Quality Management Program (HSQMP) at Miracle of Love, Inc. (MOL) is comprised of individuals that have different responsibilities in the development, implementation, evaluation, and support of the Quality Management Plan (QMP). Each member serves an important role in working to ensure accountability and standardization of efforts, identifying gaps in care and fostering collaboration, and sharing knowledge.

To ensure broad participation of key stakeholders (e.g., providers, clients, and other groups) in future and ongoing HSQMP activities, MOL has established the HIV Services Quality Management Committee.

### Vision

To provide a continuum of care and support services that promote optimal health, decreases HIV transmission, eliminates health care disparities and promotes a high quality of care, client empowerment and self-determination.

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<sup>1</sup> HIV/AIDS Bureau Technical Assistance Manual for Quality Management for the Ryan White CARE Act Title I (metropolitan area) programs

## Mission

To ensure equitable access to comprehensive, high-quality care and support services for people living with HIV served by Miracle of Love, Inc.:

- Ensuring adherence to clinical guidelines and Standards of Care
- Maximizing collaboration and coordination of service providers to enhance access
- Promoting partnerships of clients and providers that are respectful and promote client self-determination
- Providing services that are culturally appropriate and focused on individual client need
- Maximizing the efficient use of resources to provide cost-effective services

MOL supports this mission by gathering data and information about the services delivered by MOL and its staff, volunteers, and contractors by:

- 1) analyzing this information and reports to measure outcomes and quality of services
- 2) reporting this analysis to identify areas requiring needed improvements
- 3) implementing improvement activities to meet program goals
- 4) disseminating related information obtained from outside sources (i.e., Ryan White Planning Council, and related meetings and updates).

## Quality Management Program Manager

The Quality Management Program Manager (QMPM) is the liaison for the HIV Services Quality Management Committee (HSQMC). The QMPM has no legal, regulatory, or statutory authority, and exists at the discretion of Miracle of Love, Inc. The QMPM shall be designated by the Executive Director and shall serve as an officer on the HSQMC.

The QMPM is responsible for implementing, monitoring, and reporting results from QA and QI activities set by the HSQMC. The QMPM coordinates directly with the Executive Director to ensure quality standards in client services are fully met, assess data to determine potential outcome improvement areas, and to keep all members of the HSQMC apprised of those activities. The QMPM is the representative of the HSQMC and is responsible for conducting assessments, relaying communications from employees to the committee, and vice versa, onboarding new committee members, debriefing departing committee members, and conducting general quality monitoring, improvement, and evaluation of services provided by MOL, and may work in conjunction with MOL leadership.

## HIV Services Quality Management Committee

The HIV Services Quality Management Committee (HSQMC) is a key part of the Quality Management Program (HSQMP) at Miracle of Love, Inc.

The HSQMC is a technical workgroup and has no legal, regulatory, or statutory authority, and exists at the discretion of Miracle of Love, Inc., in accordance with the Ryan White HIV/AIDS Program (RWHAP) Part A office. It serves in an important advisory role, assessing quality data and recommending quality improvement.

## Role, Responsibilities, and Procedures and Duties

### *Role*

- 1) Develop and revise the Quality Management Plan (QMP)
- 2) Monitor implementation of the QMP
- 3) Oversee specific program and team projects

- 4) Monitor and measure performance of service standards with regard to clinical treatment, case management and related services to determine the effectiveness of the service standards
- 5) Educate the sub recipient network and team members on the tenants of the HIV Services Quality Management Program
- 6) Authorize performance improvement initiatives and set forth quality expectations for ongoing monitoring.

### *Responsibilities*

The HSQMC is responsible for the following activities:

- 1) Informing the Ryan White HIV/AIDS Program (RWHAP) Part A office on quality-related activities, including soliciting input and feedback on QMP activities
- 2) Monitor progress of goals and objectives of the QMP
- 3) Develop action plans for continuous improvement
- 4) Evaluate and assess the QMP annually
- 5) Update the QMP annually
- 6) Develop an annual work plan

### *Procedures and Duties*

The Miracle of Love, Inc. HIV Services Quality Management Committee:

- 1) follows the Robert's Rules of Order for meetings
  - a. nominates and holds election for a chair, vice chair, and parliamentarian
  - b. recorder defaults to Quality Management Program Manager
- 2) reviews and adopts the vision and mission annually
- 3) develops an annual action plan and timeline
- 4) conducts annual evaluations of the Quality Management Program
- 5) analyzes data and monitors health disparities
- 6) develops a communication plan which includes the format or instrument of reporting and the intervals of which the findings will be reported
- 7) utilizes the **Plan** (Quality Planning), **Do** (Quality Control, QC), **Study** (Quality Assurance, QA), **Act** (Quality Improvement, QI) (**PDSA**) model
- 8) updates the Quality Management Plan as necessary to monitor and improve the quality of services and include the participation of providers and clients while minimizing the burden on all stakeholders
  - a. determine and implement performance measures by March 1 annually
  - b. regularly review performance information/data<sup>2</sup>
  - c. provide written feedback to staff by June 30 annually
  - d. accept feedback from staff by July 31 annually
    - i. review, determine, and implement any changes necessary based on staff feedback
- 9) determine or assess strategy and method for obtaining input from staff to make necessary and noted improvements
- 10) participate in trainings to improve QM strategies and activities
  - a. members must understand the tenets of quality management and the Plan, Do, Study, Act method
  - b. members will use the continuous learning to gain additional knowledge by attending recommended and relevant training

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<sup>2</sup> All data shall be stratified by gender, age, SES, risk factor, geography, etc.

- 11) review the results of the client satisfaction survey conducted annually and compare results to previous years to evaluate and determine areas of improvement
- 12) measure and follow up on employee satisfaction
  - a. the measures reviewed will include:
    - i. the overall satisfaction with employee position and duties
    - ii. satisfaction with direct management
    - iii. an assessment of training needs
    - iv. an assessment of fatigue and burnout
    - v. additional measures as determined by the HSQMC
  - b. develop an employee satisfaction survey
  - c. survey to be conducted anonymously biannually in May and December by QMPM
  - d. distribute a formal written report to organizational leadership within thirty (30) days of completion of employee surveys
- 13) develop or assess method for measuring and reporting client no show rates
  - a. review the results and develop methods to reduce client no shows
- 14) develop or assess method for measuring and reporting client wait times
  - a. review the results and develop methods to improve client wait times
- 15) develop or assess method for measuring and reporting other selected processes, systems, policies, etc., review the results, and develop methods to improve those processes, systems, policies, etc.

## HIV Services Quality Management Committee Members

### *Engagement of Stakeholders*

To ensure ample engagement with stakeholders, community partners, and diversity, MOL HSQMC members are selected using the following recommendations:

- At least one member should be from MOL leadership and familiar with the QMP
- At least one member is from the Ryan White Intensive Case Management and Referral Specialist staff at MOL
- At least one member is from each program within the agency, which includes HOPWA, HSN HOPWA, TOPWA, and Prevention (includes FDOH EHE and Orange County Government EHE).
- A transgendered employee, or a transgendered client currently receiving Ryan White services
- A minimum of two clients currently receiving Ryan White services at MOL

### *HIV Services Quality Management Committee Composition*

<b>Position</b>	<b>Role</b>
Board of Directors Member	Champion   Voting Member
Executive Director	Champion   Voting Member
Director of Client Services	<b>Chair</b>   Voting Member
Quality Management Program Manager	<b>Recorder</b>   Voting Member
Ryan White Supervisor	Voting Member
HOPWA Program Manager	<b>Co-Chair</b>   Voting Member
HSN HOPWA Program Manager	<b>Parliamentarian</b>   Voting Member
TOPWA Program Manager	Voting Member
Sr. Prevention Program Manager	Voting Member
Transgendered Employee or Client	Voting Member
Current Client	Voting Member
Current Client	Voting Member
Advisor/Consultant (if needed)	Advisor   Non-Voting Member(s)

## Meetings

The HIV Services Quality Management Committee meets quarterly for an agreed upon minimum period, in a location agreed upon by the members. Additional meetings may be called by the Chair if necessary.

The HSQMC Chair and Recorder, with input from Champions and Members, are responsible composing meeting agendas. The Chair facilitates the meetings, however, in the Chair's absence, the Vice Chair, Parliamentarian, or Recorder (in that order) fill in as facilitator. The Recorder is responsible for the recording of the minutes. Minutes of meetings are distributed to each member of the HSQMP and to all necessary Orlando OSA network wide committees. The official agenda and meeting minutes are readily available to all staff. A written summary of the meeting is routinely made available to staff and clients.

The HSQMC must have a quorum to conduct business. The quorum standard, as adopted by the MSQMC, is 50 percent, plus 1 member of the HSQMC voting members must be present.

## Quarterly Tasks

Each quarter will focus on specific tasks.

### First Quarter (March, April, May)

- Seat new officers and members (first committee meeting of fiscal year)
- Review HIV/AIDS Bureau (HAB) Performance Measures (January 1 – December 31 prior calendar year)
- Certify final version of Quality Management Plan
- Submit Quality Management Plan to Part A Office (by March 31)
- Begin Quality Improvement Activity (PDSA)
- Review Client Satisfaction Survey results
- Review and certify Employee Survey template
- Begin drafting agency staff annual report
- Post approved Quality Management Plan to a central repository for all staff access
- Review Ryan White HIV/AIDS Program Service Report (RSR)
- Review and finalize agency staff annual report
- Conduct employee survey (in May)

### Second Quarter (June, July, August)

- Distribute annual report to all agency staff
- Aggregate Employee Survey data
- Draft and certify written report (Employee Survey) for leadership
- Review HAB Performance Measures (first quarter of fiscal year)
- Distribute written report to agency leadership (Employee Survey) (July)
- Feedback submission period for agency staff (Annual Report) (July)
- Review feedback from agency staff
- Update/Modify Quality Management Plan (if needed)
- PDSA progress review

### Third Quarter (September, October, November)

- Review HAB Performance Measures (second quarter of fiscal year)



- Review current Client Survey results (first half of fiscal year)
- Review and certify Employee Survey template
- PDSA progress review
- PDSA plan of action through end of calendar year

#### Fourth Quarter (December, January, February)

- Review results of PDSA for fiscal year
- Complete and submit Organizational Assessment Tool (OAT)
- Accept nominations for Chair, Vice Chair, and Parliamentarian for next fiscal year
- Hold election for Chair, Vice Chair, and Parliamentarian for next fiscal year
- Determine and implement performance measures for next fiscal year
- Complete and Submit Organizational Assessment Tool (OAT) action plan for responses with three (3) or lower
- Draft Quality Management Plan for next fiscal year
- Adjourn committee for fiscal year

#### Resources

The HIV Services Quality Management Committee’s resources include the commitment, participation, and expertise of the membership, infrastructure resources provided by MOL and data reports generated by the RWHAP Part A office, as well as internal reports generated from Provide Enterprise and other data sources. MOL will compile monthly reports and other documentation necessary for the purposes of the committee. Technical assistance resources are also available through HRSA/HAB, the Center for Quality Improvement and Innovation (CQII), and other local or national organizations.

MOL has a combined total of one FTE that is dedicated to the quality improvement of the organization. This FTE consists of: Executive Director (20%), Director of Client Services (33%), and Quality Management Program Manager (47%).

#### Quality Management Program Evaluation

The HSQMC collectively is responsible for evaluating the Quality Management Program.

- Evaluation results are derived from the program monitoring process, client satisfaction surveys (both in-house and by RWHAP), and tracking of performance measures quarterly.
- QMC reviews the evaluation and recommends a plan for improvement to the Quality Management Program Manager and creates workgroups as needed.
- The Quality Management Program Manager reports updates to the entire agency during staff meetings on behalf of the QMC.
- Annually the NQC Organizational Assessment Tool is completed and results incorporated in the revised QM Plan as necessary.

Special projects are evaluated as outlined in the Data Sources section. Performance measures continue to be reviewed to ensure high levels of service provision.

#### Evaluation Activities Focus Points

- 1) Were there improvements?
  - a. What created the improvements and how can they be replicated?
- 2) What were the improvements?
  - a. Identify the improvements in writing

- 3) Were goals met?
  - a. By whom?
  - b. What did they do differently to improve results?
- 4) Is further action required?
  - a. How can the organization ensure positive results are replicated?
  - b. What policy or process needs to be changed to ensure comprehensive success amongst all staff that work with clients?
- 5) Which benchmark were consistently not met?
  - a. Why?
  - b. What can be done to address the barriers?
- 6) Were stakeholders informed?
  - a. Inform them if they have not been informed
  - b. Do they have any suggestions for better success?
  - c. Can they be of assistance?
- 7) Were goals compared with year-end results?
  - a. Did the organization make collective improvements since the previous year?
- 8) What assessment tools were developed?
  - a. Checklists, audits, meetings, reports, and other material should be regularly developed and disseminated

## Establishing and Updating the Quality Management Plan

### Initial and Annual Drafting of the Quality Management Plan

The Quality Management Plan (QMP) is drafted and presented for review by the HIV Services Quality Management Committee (HSQMC). Annually, in January, the HSQMC must:

- 1) examine the status of data collection and reporting for each of the measures included in the QMP
- 2) include the local HIV Care Continuum Work Plan as part of the QMP
- 3) include annual data and benchmarks for all priority performance measures adopted in the QMP

In addition to assessing the status of the health performance measures above, the HSQMC may also consider:

- 1) Reviewing and recommending system-wide strategies/activities identified in the current *Integrated HIV, Prevention, and Care Plan*
- 2) Adopting a system-wide initiative focused on tracking referrals, including referrals made and their outcomes
- 3) Exploring participation in regional and/or national QM initiatives and/or training facilitated by the CQII, and other resources, to assist the HIV Services Quality Management Program in identifying best practices and/or additional benchmarks against which to assess the quality of care

The QMP must be adopted by the HSQMC, accepted by the MOL Board of Directors, and approved by the Ryan White HIV/AIDS Program Part A office each year.

### Process to Update the Quality Management Plan

The Quality Management Plan (QMP) is assessed against its goals at every meeting to determine if any alterations should be made. All Quality Improvement (QI) projects are reviewed to assess progress toward meeting the goals and an annual organizational assessment is performed.

The HIV Services Quality Management Committee receives a formal update within thirty (30) days after the close of the calendar year. Additionally, the updated plan is reviewed by the Ryan White HIV/AIDS Program Quality Management staff to provide recommendations or final approval.

## Quality Management Plan Implementation

The Quality Management Plan (QMP) identifies the accountable participants and specifies the timeline for implementation. The annual work plan dictates the details of specific Quality Improvement (QI) projects. The progress of the work plan is updated, at least, quarterly by the HSQMC, with feedback from the MOL staff.

### Quality Improvement

Upon identifying an opportunity for improvement, the HIV Services Quality Management Committee (HSQMC) works together with department directors to analyze the process and develop improvement plans. In addition, the HSQMC uses a project prioritization matrix to determine which Quality Improvement (QI) initiatives to recommend for implementation. The matrix allows for the selection of optimal improvement projects against their weighted value based on benefit to the client. The matrix also determines relative costs of the project, if any. The matrix is based on the Lean Six Sigma 15 criteria for selecting viable DMAIC (Define, Measure, Analyze, Improve, and Control) Project. Every attempt is made to ensure the process is collaborative. The Continuous Quality Improvement Methodology is utilized and includes, but is not limited to, the following:

- PDSA (Plan, Do, Study, Act)
- Flow Chart Analysis
- Brainstorming
- Observational Studies/Patient Flow
- Activity Logs

HIV Services Quality Management Committee Improvement Plans are developed and implemented by the Quality Management Program Manager and agency leadership. Improvements may include:

- System Redesign
- Education (Staff/Clients)
- Clinical Guidelines Review, Revision, or Development
- Procedure and Policy Changes
- Form Development or Revision
- Improvement Outcomes

Improvement plans are documented in the HSQMC minutes, in a PDSA chart, incorporated into the annual work plan and communicated to all stakeholders as deemed appropriate. Scheduled meetings, electronic mail, memos, and informal verbal communication are all considered appropriate methods to communicate the HSQMC's activities and improvement plans.

The team-oriented approach allows the committee members to identify corrective action methods and develop creative solutions for improvement. The quality and utility of an evaluation are dependent upon a well-designed and implemented project. The project cycle provides evidence and data as to whether the intended impact was achieved and informs future components of the program cycle. The project cycle consists of six steps that is based on the PDSA model:

- 1) Review, Collect, and Analyze Project Data

- 2) Develop a Project Team
- 3) Investigate the Process
- 4) Plan and Test Changes
- 5) Evaluate Results with Key Stakeholders
- 6) Systematize Changes

*Plan, Do, Study, Act Model (PDSA)*

The PDSA model is a widely used framework for testing change on a small scale. The diagram below illustrates the four steps required to assess change within the program.



- 1) Plan – Create a workable and realistic plan to address identified need. Quality Improvement plans consist of:
  - a. Aim/Objective Statement
    - i. What do you hope to learn?
    - ii. What are you trying to improve (aim), by how much (goal) and by when (timeframe)?
  - b. Predictions/Hypothesis
    - i. What do you think will happen?
  - c. Plan for change/test/intervention
    - i. Who (target population)
    - ii. What (change/test)
    - iii. When (dates of test)
    - iv. Where (location)
    - v. How (description of plan)
  - d. Measures
    - i. What will you measure in order to meet your aims?
    - ii. How will you know that a change is an improvement?

- iii. Will you use outcome or process measures?
  - e. Plan for data collection
    - i. Who (will collect)
    - ii. What (measures)
    - iii. When (time period)
    - iv. Where (location)
    - v. How (method)
- 2) Do – Deploy steps of the plan
  - a. Note when completed, observations, problems encountered, and special circumstances
  - b. Include names and details
- 3) Study – Follow up to ensure plan was implemented properly and outcomes are desirable
  - a. Summarize and analyze data (quantitative and qualitative)
  - b. Include charts and graphs
- 4) Act – Plan is fully implemented and cycle begins again
  - a. Document and summarize what was learned
    - i. Did you meet your aims and goals?
    - ii. Did you answer the questions you wanted to address?
    - iii. List major conclusions from this cycle
  - b. Define next steps
    - i. Are you confident that you should expand size/scope of test or implement?
    - ii. What changes are needed for the next cycle?

### Quality Improvement Activities

Quality Improvement Activities (QIA) are aimed at improving client care, health outcomes, and client satisfaction, and are conducted for at least one funded service category at any given time. All funded services are assessed through performance measurement to evaluate the effectiveness of the service. If the performance measure is not meeting expectations, a QI project is implemented to address the service.

The QIA selected for FY 2022-2023 will focus on mental health access for clients receiving services at Miracle of Love. The goal is to identify clients in need of mental health services and determine barriers to access, and find options that are available to overcome barriers. (Preview of PDSA can be found in Appendix A)

### Sustaining Improvements

Regular feedback regarding QI projects is critical to the success in sustaining improvements over time. Once an improvement plan has been successful, a regular monitoring schedule is implemented to determine whether the plan remains successful over time.

## Performance Measurement

### The HIV Continuum of Care

The HIV Continuum of Care consists of several steps required to achieve viral suppression. This model measures linkage to care, retention in care, and sustained viral suppression.<sup>3</sup> These steps include:

- A) **Diagnosed** with HIV
- B) **Linked to care**, meaning client visited health care provider within three months of learning of HIV status
- C) **Engaged or retained in care**, meaning client received medical care for HIV infection  
*Percentage of HIV patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between \_\_\_\_\_ medical \_\_\_\_\_ visits.  
Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.<sup>4</sup>*
- D) **Prescribed antiretroviral therapy** to control clients HIV infection  
*Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.<sup>4</sup>*
- E) **Virally Suppressed**, meaning that the clients HIV viral load (the amount of HIV in the blood) is at a very low level  
*Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV Viral load less than 200 copies/ml at last viral load test during the measurement year.<sup>4</sup>*

The HIV Continuum of Care (CoC) is used as an internal tool to measure success within MOL client populations.

Additionally, the HSQMC uses four primary goals for HIV related services, as defined by the National Strategic Plan: A Roadmap to End the Epidemic for the United States 2021-2025<sup>5</sup>:

- 1) Prevent New HIV Infections
- 2) Improve HIV-Related Health Outcomes of People with HIV
- 3) Reduce HIV-Related Disparities and Health Inequities
- 4) Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Stakeholders

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<sup>3</sup> AIDSinfo HIV Continuum of Care <https://aidsinfo.nih.gov/understanding-hiv-aids/glossary/4680/hiv-continuum-of-care>

<sup>4</sup> HIV/AIDS Bureau Performance Measures <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

<sup>5</sup> HIV National Strategic Plan: A Roadmap to End the Epidemic for the United States 2021-2025 <https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

## Annual Performance Measures

Annual performance measures are identified based on percentage of clients accessing specific service categories. Two performance measures are identified for service categories where 50% or more clients access that service and one performance measure for service categories where more than 15%, but less than 50%, of clients access those services. Gaps in service will be reviewed annually in order to create quality improvement initiatives to eliminate, or at a minimum, reduce the gaps.

For the 2022-2023 fiscal year, the HSQMC will be monitoring the following performance measures:

Area of Measurement: Service Category	Tool/Method for Measurement: Indicators	Target	2020	2021	2022
Intensive Case Management	Viral Suppression	<b>92%</b>	90%	86%	<u><i>Increase by 5%</i></u>
	Annual Retention	<b>65%</b>	72%	63%	<u><i>Increase by 20%</i></u>
Referral for Health Care and Support Services	Viral Suppression	<b>93%</b>	91%	87%	<u><i>Increase by 10%</i></u>
	Annual Retention	<b>70%</b>	74%	65%	<u><i>Increase by 20%</i></u>
Early Intervention Services	Linked to Medical Care (AOMC)	<b>90%</b>	--	--	<u><i>Baseline</i></u>
Agency – Client	Client Satisfaction	<b>85%</b>	97.8	95.6	<u><i>Maintain</i></u>
Agency – Employee	Employee Satisfaction	<b>95%</b>	--	--	<u><i>Baseline</i></u>

## Performance Measure Standards

HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last viral load test during the measurement year
Annual Retention in Care	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.
Gap in HIV Medical Visits	Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
Agency – Employee	Using a Likert Scale with five options, employees rating above the median are considered “satisfied.”
Linked to Medical Care (AOMC)	Percentage of patients, regardless of age, with a diagnosis of HIV who attended an Ambulatory Outpatient Medical Care (AOMC) appointment within 30 days of the referral to EIS.

## Excluded Service Categories

Miracle of Love has opted to not monitor the following service categories for the following:

Food Bank/Home Delivered Meals: The increase in this service category was attributable to distribution of services purchased with CARES Act funds.

Oral Health Care: The agency does not receive direct funding for this service category—clients are referred to directly funded oral health providers.

Emergency Financial Assistance: The increase in this service category was attributable to distribution of services purchased with CARES Act funds.

### Data Sources

Miracle of Love case managers (CM) are required to enter client level data in the Provide Enterprise Care Management Database and/or CAREWare Database, and/or Labcorp Link.

Client satisfaction surveys are distributed by the Ryan White HIV/AIDS Program Part A office, as well as by the HSQMC. Employee satisfaction surveys are created and distributed by the HSQMC in partnership with Human Resources.

To the extent possible, data for the aforementioned performance measures are extracted from Provide Enterprise, CAREWare, and Labcorp Link, client satisfaction surveys, and employee satisfaction surveys and feedback. The responsibility for generating all reports for review falls to the Quality Management Program team members. Reports are presented to the entire body of staff during staff meetings. In the event the data does not reflect the targeted outcomes, a representative number of chart reviews are conducted to identify the root cause(s) for clients not meeting the identified outcome.

Selection of performance measures for the major functional areas require regular review of data from a variety of sources. The HSQMC members coordinate these activities.

HAB Performance Measures	Director of Client Services or designee	Provide Enterprise, OAHs Sub recipients	Quarterly
Client Satisfaction Survey Data	Ryan White HIV/AIDS Program Part A office Quality Management Program Manager	Survey	Biannually
		Survey	Quarterly
Employee Satisfaction Survey Data	MOL HIV Services Quality Management	Survey	Biannually

Additional sources and data may be sought by the HSQMC that may not be included in the QMP.

### 2022-2023 Quality Goals

The HIV Services Quality Management Program goals are selected to continue the development of the Miracle of Love, Inc. HIV Services Quality Management Program and to achieve improvements in quality throughout the agency.

- 1) Have a minimum of two clients attend client quality management training and be active members of the Quality Management Committee (ongoing).
- 2) Review data to identify required Quality Improvement activities to be implemented and monitored at each HIV Services Quality Management Committee (HSQMC) meeting
- 3) Achieve a 5 percent increase from 2021 for viral suppression in Intensive Case Management by December 31, 2022.
- 4) Achieve a 20 percent increase from 2021 for annual retention for both Intensive Case Management and Referral for Health Care and Support Services by December 31, 2022.
- 5) Achieve a 10 percent increase from 2021 for viral suppression by Referral for Health Care and Support Services by December 31, 2022.
- 6) Achieve an overall client satisfaction rating of 85%, or higher, by December 31, 2022
- 7) Achieve an overall employee satisfaction rating of 95%, or higher, by December 31, 2022



## Communication

Communication between the HIV Services Quality Management Committee, agency leadership, program staff, clients, and the board of directors is key in having successful outcomes and ensuring ongoing improvements. To this end, several people within the agency and the HSQMC are responsible for communicating current and accurate information.

### HIV Services Quality Management Committee Communication to Agency Employees

To ensure that all employees of Miracle of Love have access to the information needed, the Quality Management Program Manager (QMPM) will maintain a file with approved meeting agendas, approved meeting minutes, summaries of Quality Improvement Projects, and the approved Quality Management Plan in digital format. A digital file will be made available to all agency employees via a central employee portal.

An annual report will be provided to each agency employee by June 30 annually that will identify the committee members, summarize the QMP, identify performance measures being monitored, summarize current and/or planned Quality Improvement Projects, results of previous Quality Improvement Projects and detail the annual work plan.

The QMPM is responsible for presenting a summary of each committee meeting and Quality Improvement Projects at agency meetings.

### Agency Employees Communication to HIV Services Quality Management Committee

Agency employees that seek to provide input to the HIV Services Quality Management Committee (HSQMC) will be able to do so through multiple mediums. A form to request time to speak at a committee meeting will be available for employees to complete and submit to the HSQMC Recorder and/or Chair at least five (5) days prior to committee meeting. Employees may be invited to speak in person at committee meeting or have their input entered into record via written submission. Any written submissions are presented by the HSQMC Recorder during the “Employee Comment” section of the agenda (*prior to old business section*).

Agency employees will be given an opportunity to provide feedback to HSQMC regarding the annual report during the period of July 1 – July 31 annually. This feedback will be accepted via written form or through digital form, and may be anonymous. The feedback submitted will be presented to the HSQMC at the first HSQMC meeting scheduled after July 31 annually.

Agency employees are encouraged to suggest topics, provide input on Quality Improvement projects, present barriers to effective client services, or seek basic information from any member of the HSQMC.

Agency employees will be given an opportunity to provide input during agency meetings after the QMPM provides their summary to the employees.

### Agency Leadership

The leadership within the agency will be given regular briefings about Quality Improvement Projects, including what will be monitored, what will be implemented for testing, progress, and results. The Quality Management Program Manager (QMPM) will be responsible for providing briefings to agency leadership at a time, place, and method agreed upon by leadership and QMPM. This may include in-person briefings, teleconferences, or written reports sent via electronic mail. During briefings, agency leadership will be given an opportunity to provide input and feedback, which will be communicated to Quality Improvement

Project staff and HIV Services Quality Management Committee (HSQMC) by the QMPM at the next meeting, or individually if urgent information has been provided.

Agency leadership will be provided a formal written report with results of employee surveys. The report will include aggregated data with no identifying information for any employee included. The report will include the HSQMC statements, suggestions, and/or concerns in a summary included in the written report. The report will be provided to agency leadership within thirty (30) days of the conclusion of the biannual employee satisfaction surveys.

### **Board of Directors**

The Executive Director (ED) will be responsible for presenting and seeking board approval for the annual Quality Management Plan.

A member of the board of directors will serve as a champion of the HIV Services Quality Management Committee (HSQMC), and will present any information, comments, concerns, or other communications from the board of directors. This board member will provide the board of directors regular updates on HSQMC meetings, projects, and other pertinent information.

The ED will also be responsible for presenting information to the board of directors on behalf of the HSQMC and to present information to the HSQMC on behalf of the board of directors.

### **Orange County Health Services Ryan White Part A Office**

The Director of Client Services (DCS) and/or the Ryan White Supervisor (RWS) and/or the Executive Director (ED) and/or their designee, shall be responsible for communicating required and requested information to the Ryan White Part A office. The DCS and/or RWS and/or ED and/or designee will be responsible for presenting any input, feedback, suggestions, program policy, or other communication to the HIV Services Quality Management Committee from the Grantee's Office.

### **Other Stakeholders**

Communication between the HIV Services Quality Management Committee and all other stakeholders will be facilitated by the Executive Director, the Director of Client Services, and/or the Quality Management Program Manager, through any medium of confidential communication.

### **National, State, Local Emergency, Disaster, and Exigent Circumstances**

The HIV Services Quality Management Committee may be temporarily suspended during national, state, and/or local emergencies and/or disasters, and/or exigent circumstances.

The suspension of the committee may be authorized by a unanimous consensus of the Executive Director, Director of Client Services, and Quality Management Program Manager and only during those circumstances which the safety and well-being of the committee may be placed at risk, or operational decisions must be determined during such circumstances.

All committee members will be given notice of committee suspension and will be given notice as to when the committee shall be reinstated.

# Glossary

## Acronyms

ART/HART	Antiretroviral Therapy/HIV Antiretroviral Therapy
CAG	Client Advisory Group
CoC	Continuum of Care
DOH	Department of Health
EMA	Eligible Metropolitan Area
HAB	HIV/AIDS Bureau
HCM	Housing Case Manager
HOPWA	Housing Opportunities for Persons with AIDS/HIV
HRSA	Health Resources and Services Administration
HSQM	HIV Services Quality Management
HSQMC	HIV Services Quality Management Committee
HSQMP	HIV Services Quality Management Program
MCM	Medical Case Manager
MOL	Miracle of Love, Inc.
NMCM	Non-Medical Case Manager
PAC	Project AIDS Care
PCP Prophylaxis	Pneumocystis-Pneumonia Prophylaxis
PDSA	Plan, Do, Study, Act
PE	Provide Enterprise
PHS	Public Health Service
PLWH	People Living with HIV
QA	Quality Assurance
QI	Quality Improvement
QII	Quality Improvement Initiative
QIT	Quality Improvement Team
QM	Quality Management
QMC	Quality Management Committee
QMP	Quality Management Plan
RFP	Request for Proposal
RS	Referral Specialist
RSR	Ryan White HIV/AIDS Program Service Report
RWHAP	Ryan White HIV/AIDS Program
TOC	TOPWA Outreach Coordinator
TOPWA	Targeted Outreach for Pregnant Women Act

## Definitions

<b>ATTRITION</b>		
The percentage of program clients lost for any reason. Evaluation and quality activities should assess why.		
<b>BENCHMARK</b>		
A point of reference to use for comparison (also referred to as Baseline).		
<b>CLIENT</b>		
A person who is receiving the benefits, services, etc., of a social service agency, a government bureau, etc.		
<b>CORE SERVICES</b>		
<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care (Health Services) including Early Intervention Services under Ryan White Part C/D</li> <li>• AIDS Drug Assistance Program (ADAP)</li> <li>• AIDS Pharmaceutical Assistance (local)</li> </ul>	<ul style="list-style-type: none"> <li>• Oral Health Care</li> <li>• Early Intervention Services (EIS) (other than parts C/D)</li> <li>• Health Insurance Premium &amp; Cost Sharing Assistance</li> <li>• Home Health Care</li> <li>• Home and Community-based Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice Services</li> <li>• Mental Health Services</li> <li>• Medical Nutrition Therapy</li> <li>• Medical Case Management services (including treatment adherence)</li> <li>• Substance abuse services outpatient</li> </ul>
<b>PERFORMANCE MEASURES</b>		
The routine measurements of planned activities, and assessment of their outcomes and results. A developed standard to measure program outcomes.		
<b>STAKEHOLDER</b>		
A person or entity with interest in a program's activities or outcomes		
<b>SUPPORT SERVICES</b>		
<ul style="list-style-type: none"> <li>• Case Management (non-medical)</li> <li>• Child care services</li> <li>• Pediatric developmental assessment and early intervention services</li> <li>• Emergency financial assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Food bank/home-delivered meals</li> <li>• Health education/risk reduction</li> <li>• Housing services</li> <li>• Legal services</li> <li>• Linguistics services</li> <li>• Medical Transportation services</li> <li>• Outreach services</li> <li>• Pregnancy planning</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial support services</li> <li>• Referral for health care/supportive services</li> <li>• Rehabilitation services</li> <li>• Respite care</li> <li>• Substance abuse services-residential</li> <li>• Treatment adherence counseling</li> </ul>
<b>QUALITY ASSURANCE</b>		
A systematic process used to identify potential mistakes and threat to program success.		
<b>QUALITY IMPROVEMENT</b>		
A systematic process for measuring the degree to which services are provided at the expected levels of quality, satisfaction, and consistency.		
<b>QUALITY MANAGEMENT</b>		
A continuous process adaptive to change and consistent with other programmatic quality assurance and quality improvement activities.		
<b>QUALITY PLANNING</b>		
The process by which the activities for quality management are discussed, developed, and arranged to facilitate ways to reach goals.		

## Programs and Services at Miracle of Love

Ryan White Part A	Provides medical case management and referrals for services for HIV positive clients
Ryan White Part B	Provides Early Intervention Services to locate and reconnect clients to HIV care with Ryan White Part A
HOPWA	Provides housing case management for HIV positive clients
HSN HOPWA	Provides housing case management for HIV positive clients under the Homeless Services Network program
TOPWA	Provides targeted case management for women with high-risk pregnancies
Prevention	HIV/STI screening and education, Peer services, Support groups (includes FDOH EHE and Orange County Government EHE)
Administration	Executive Office, Human Resources, Accounting, Quality Management, Reception, Board of Directors

# Appendix A

## PDSA for QIA

Created: March 2022

Updated:



### Plan, Do, Study, Act (PDSA)

<b>Project Lead</b>	Wyatt Haro	<b>Project Lead</b>	Vanessa Rivera
<b>Team</b>	MOL Leadership	<b>Change</b>	Mental Health Care
<b>Date Range</b>	April 1, 2022 - May 15, 2022	<b>Cycle #</b>	1
		<b>Key Words</b>	Mental Health, MH Resources

**BACKGROUND:** Mental health services are in high demand as a result of the ongoing SARS-CoV-2 pandemic. Clients are finding themselves waiting several months to be scheduled to see a provider, in some cases, just for their initial screenings. Clients that do not have insurance, or those on Medicaid or Medicare, find their options even more limited and strained. In 2019, about 65.5% of adults age 18 and older with serious mental illness received treatment. Of the 11.6 million insured adults with serious mental illness, 68.6% received treatment. Compared to 1.6 million uninsured adults with serious mental illness where only 42.8% received treatment. As a whole, 34.5% of adults do not receive mental health treatment. Uninsured adults with serious mental illness have a much higher rate of not receiving treatment, at 57.2%. Mental health is a core part of overall health and can lead to undesired outcomes and further complications if a person's mental health is not addressed.

### **PLAN:**

#### **Aim/Objective Statement for this cycle:**

Identify at least ten (10) clients that are in need of mental health services with insurance and ten (10) without.

#### **Specific questions to address in this cycle:**

- 1 Are there any commonalities among those with insurance and those without insurance?
- 2 How severe is a person's mental health need and how is treatment prioritized?
- 3 Has the client sought mental health treatment or received treatment in the past?

#### **Predictions/Hypotheses**

Of the 20 selected individuals determined to be in need of mental health services, a common barrier will be cost and limited providers/resources in the area. Additionally, those that can be identified as a minority based on race, gender identity, sexual preference, religious beliefs, etc., will have a higher portion of participants uninsured as well as a more limited number of providers willing to work with them. Participants will identify additional barriers and resistance to mental health treatment, which may include aversion to potential medication regimen; discussing personal thoughts and traumatic experiences with a stranger; stigma; and belief of ability to self treat.

#### **Plan for change/test/intervention**

**Who (target population):** Persons with identifiable mental health treatment needs (self-disclosure)

**What (change/test):** Process for linkage to mental health treatment and follow up

**When (dates of test):** June 1, 2022 - December 31, 2022

**Where (location):** Counties served by Miracle of Love: Orange, Osceola, Lake, Seminole

**How (method):** Develop process to link to mental health treatment and ensure services are provided

**Measures:** Barriers, mental health treatment history, demographic information

## Quality Management Plan Amendments

### September 2022

#### HIV Services Quality Management Committee Members

Added EHE activity provided under Prevention program (page 6).

#### HIV Services Quality Management Program, Resources

Added information breaking down full-time employee count and percentage worked (page 8).

#### Quality Improvement Activities

Added description of selected Quality Improvement Activity for current fiscal year (page 12).

#### Performance Measurement, The HIV Continuum of Care, Engaged or retained in care

Struck definition of HIV Medical Visit Frequency and added definition of Annual Retention in care (page 13).

#### Performance Measure Standards, Excluded Service Categories

Added section and provided reasoning for the exclusion of monitoring for specific service categories (page 14).

#### Glossary, Programs and Services at Miracle of Love

Added EHE funding information under prevention department definition (page 20).

#### Appendix A

Added Appendix A (page 21).