



QUALITY MANAGEMENT PLAN FY 2020-2021

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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.*¹

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 Living with HIV (PLWH). These guidelines require agencies to adhere to the Public Health Service (PHS) 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. All quality management program staff serve on the committee.

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

Vision

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

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 planning
- 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) to the HSQMP staff.

HIV Services Quality Management Committee

The HIV Services Quality Management Committee (HSQMC) is a key part of the quality management program 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 Quality Management Program
- 6) Authorize performance improvement initiatives and set forth quality expectations for ongoing monitoring

Responsibilities

The QMC is responsible for the following activities:

- 1) Informing the Ryan White Part A 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

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 is designated by the Executive Director
- 2) determines meeting frequency, with a minimum of one meeting per quarter
- 3) reviews and adopts the vision and mission annually
- 4) develops an annual action plan and timeline
- 5) conducts annual evaluations of the HIV Services Quality Management Program
- 6) analyzes data and monitors health disparities
- 7) develops a communication plan which includes the format or instrument of reporting and the intervals of which the findings will be reported
- 8) utilizes the **Plan** (Quality Planning), **Do** (Quality Control, QC), **Study** (Quality Assurance, QA), **Act** (Quality Improvement, QI) (**PDSA**) model
- 9) 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/data²
 - c. provide written feedback to staff by June 30 annually
 - d. review feedback from staff by July 31 annually
 - i. determine and implement any changes necessary based on staff feedback
- 10) determine or assess strategy and method for obtaining input from staff to make necessary and noted improvements
- 11) 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
- 12) review the results of the client satisfaction survey conducted annually and compare results to previous years to evaluate and determine areas of improvement
- 13) 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

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

- 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
 - d. distribute a formal written report to organizational leadership within thirty (30) days of completion of employee surveys
- 14) develop or assess method for measuring and reporting client no show rates
- a. review the results and develop methods to reduce client no shows
- 15) develop or assess method for measuring and reporting client wait times
- a. review the results and develop methods to improve client wait times

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 Medical Case Management and/or Referral Specialist staff at MOL
- At least one member is from each program within the agency, which includes HOPWA, HSN HOPWA, TOPWA, and Prevention
- A minimum of two clients currently receiving Ryan White services at MOL

HIV Services Quality Management Committee Composition

Position	Role
Board of Directors Member	Champion Voting Member
Executive Director	Champion Voting Member
Director of Client Services	Champion Voting Member
Ryan White Supervisor	Voting Member
Referral Specialist	Voting Member
HOPWA Program Manager	Voting Member
HSN HOPWA Program Manager	Voting Member
TOPWA Program Manager	Voting Member
Prevention Program Manager	Voting Member
Prevention Staff (Peer)	Voting Member
Transgendered Employee	Voting Member
Client	Voting Member
Client	Voting Member
Receptionist	Voting Member
Quality Management	Recorder Voting Member
Advisor/Consultant (if needed)	Advisor Non-Voting Member(s)

Meetings

The HIV Services Quality Management Committee meets monthly for an agreed upon minimum period, in a location agreed upon by the members. Meeting frequency may be reduced, with no less than one meeting per quarter.

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

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.

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 Program Director and creates workgroups as needed.
- The QMC reports updates to the entire agency during monthly staff meetings.

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 Committee Improvement Plans are developed and implemented by the quality management staff 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 network of sub-recipients 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 OSA.



- 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 by the Recipient Office and the Lead Agency 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.

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.³ 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.*⁴
- 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.*⁴
- 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.*⁴

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

Additionally, the HSQMC uses three primary goals for HIV related services, as defined by the National HIV Strategy 2020⁵ as a guide to determine performance measurements:

- 1) Reduce the number of people who become infected with HIV
- 2) Increase access to care and improve health outcomes for PLWH
- 3) Reduce HIV-related disparities and health inequities

Annual Performance Measures

Annual performance measures are identified based on percentage of clients' access to 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.

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

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

⁵ National HIV/AIDS Strategy for the United States: Updated to 2020, <https://files.hiv.gov/s3fs-public/nhas-update.pdf>

For the 2020-2021 fiscal year, the HSQMC will be monitoring the following performance measures:

Area of Measurement: Service Category	Tool/Method for Measurement: Indicators	Target	2019	2020	2021
Oral Health	Client Satisfaction	85%	No Data		
Medical Case Management	HIV Medical Visit Frequency	88%	64%		Increase by
	Prescription of HIV Antiretrovirals Therapy	95%	92%		Increase by
Referral Specialist	HIV Medical Visit Frequency	88%	66%		Increase by
	Prescription of HIV Antiretroviral Therapy	95%	91%		Increase by
Food Bank	Client Satisfaction	85%	No Data		
Medical Transportation	Client Satisfaction	85%	No Data		
HOPWA	TBD				
HSN HOPWA	TBD				
TOPWA	TBD				
Prevention-DOH	TBD				
Prevention-HCCH	TBD				
Prevention-KIU!	TBD				
Agency – Client	Client Satisfaction	95%	No Data		
Agency – Employee	Employee Satisfaction	95%	No Data	No Data	

Performance Measure Standards

Oral Health, Food Bank, Medical Transportation, and Agency – Client	Using a Likert Scale with five options, clients rating services above the median are considered “satisfied.”
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
HIV Medical Visit Frequency	Percentage of 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
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.”

Data Sources

Miracle of Love case managers (CM) are required to enter client level data in the Provide Enterprise Care Management Software. CMs also submit quarterly reports that include a narrative progress report, as well as a report on quality management activities.

Client satisfaction surveys are distributed by the Ryan White HIV/AIDS Program Part A office. Employee satisfaction surveys are created and distributed by the HSQMC.

To the extent possible, data for the aforementioned performance measures are extracted from Provide Enterprise, 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 monthly 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	Survey	Biannually
	Executive Director	Kiosk Survey	Quarterly
	MOL HIV Services Quality Management	Survey	Biannually
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.

2020-2021 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) Revise current job descriptions/create job descriptions for staff that work within the HIV Services Quality Management Program by March 31, 2020
- 2) Provide quality management training to all MOL staff by April 30, 2020
- 3) Have a minimum of two clients attend client quality management training facilitated by the Ryan White HIV/AIDS Program Part A office by April 30, 2020
- 4) Review data to identify required Quality Improvement activities to be implemented and monitored at each HIV Services Quality Management Committee (HSQMC) meeting
- 5) Develop procedures for clients and staff to provide ongoing feedback to the HSQMC by April 30, 2020
- 6) Achieve an overall client satisfaction rating of 95%, or higher, by February 28, 2021
- 7) Achieve an overall employee satisfaction rating of 95%, or higher, by February 28, 2021
- 8) Meet, or exceed, performance measures by February 28, 2021

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

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

Appendix A – PDSA Worksheet

Plan, Do, Study, Act – PDSA

Project Lead		Title	
Team		Change	
Date Range		Cycle #	
		Key Words	

BACKGROUND: What led you to start this project? Is this cycle a continuation of another cycle? Why is this topic relevant? Include any baseline data that has already been collected. Include relevant information from literature.

PLAN:

Aim/Objective Statement for this cycle: What do you hope to learn? What are you trying to improve (aim), by how much (goal) and by when (timeframe)?

Specific questions to address in this cycle:

- 1
- 2
- 3

Predictions/Hypotheses (What do you think will happen?)

Plan for change/test/intervention

Who (target population):

What (change/test):

When (dates of test):

Where (location):

How (description of plan):

Measures (What will you measure in order to meet your aims? How will know that a change is an improvement? Will you use outcome or process measures?)

Plan for data collection

Who (will collect):

What (measures):

When (time period):

Where (location):

How (method):

DO: Carry out the change/test. Collect data.

Note when completed, observations, problems encountered, and special circumstances. Include names and details.

STUDY: Summarize and Analyze data (quantitative and qualitative). Include charts, graphs.

ACT: Document/summarize what was learned. Did you meet your aims and goals? Did you answer the questions you wanted to address? List major conclusions from this cycle.

1

2

3

Define next steps. Are you confident that you should expand size/scope of test or implement? What changes are needed for the next cycle?

1

2

3

Addendum 1 – Ryan White Intensive Case Manager

HIV Services Quality Management Committee voted unanimously on January 13, 2020 to create the Ryan White Intensive Case Manager, a contract position.

Ryan White Intensive Case Manager Position Description

The Ryan White Intensive Case Manager Position Description was approved by the HIV Services Quality Management Committee on February 10, 2020

Position Summary

This position provides high quality, client-centered intensive supportive services to clients in Ryan White (RW) program. Providing RW case management services, including assessing client's needs, conducting psychosocial evaluations, developing individual treatment plans, and maintaining documentation of services and staff activities. Providing education and support to clients and family members. Making appropriate referrals and consultations both within and outside the agency. Monitoring all aspects of clients care. Preparing and maintaining client records.

Position Responsibilities

Provides a range of client-centered services that links clients with health care, psychosocial and other services to insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case management that prevents unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.

Key Intensive Case Manager activities include:

- Provide intensive case management services with clients including assistance with receiving appropriate mental health/substance abuse treatment, applying for benefits, and establishing/maintaining housing, and entering education or job placement.
- Maintain a tentative case load of 30 individuals.
- Gain basic information through the use of professional interviewing techniques.
- Initial comprehensive assessment of the client's needs and personal support systems
- Development of a comprehensive, individualized service plan
- Coordination of the services required to implement the plan
- Client monitoring to assess the efficacy of the plan
- Coordinate patient prescription distribution with local pharmaceutical companies that are in compliance with the Ryan White Program or complete ADAP eligibility with clients that meet program requirements designed by Orange County Health Department.
- Periodic re-evaluation and revision of the plan as necessary over the life of the client: This may include client-specific advocacy and/or review of utilization of services
- Develop and maintain working relationships with other agencies including the Corrections/Jail staff and officials, Boards of Mental Health, County Attorney and Public Defenders offices, City Prosecutor's offices, Department of Social Services, Security, law enforcement, and other agencies.
- Make professional decisions, recommendations, and maintain confidentiality.
- Recognize that individuals with co-occurring disorders are expected, not the exception, and are welcome into treatment

Maintains all required and appropriate documentation for client records and progress notes for assigned cases in accordance with Miracle of Love, Inc. policy and procedures and Orange County Board of County Commissioners requirements.

Meets services productivity (direct client services) standard of **540 units per month** for the provision of Case Management services in accordance with applicable quality criteria, which are supported by appropriate record documentation, which meet specifications, documentation, requirements with Miracle of Love's standards.

Essential Skills and experience:

- Florida Department of Health 500 and 501 HIV/AIDS certification
- BS degree
- Clean criminal history
- Ability to complete assessments and develop plans for individual cases.
- Ability to follow through on all phases of the assigned areas of treatment plans/ plan of care for clients.
- Ability to be an active listener to others and to establish and maintain effective working relationships demonstrating understanding, patience and tact in dealing with clients, personnel and the general public. Demonstrate leadership qualities and the ability to plan, organize and coordinate work assignments.
- Ability to communicate effectively verbally and in writing.
- Ability to establish and maintain therapeutic relationships, empathizes, and communicates with clients and family members.
- Ability to maintain complete and up-to-date record documentation

Other Job-Specific

- Completes preliminary assessment process for persons seeking services from Miracle of Love, Inc. to collect information concerning presenting problem, demographic information, and medical history. Documents assessment in accordance with client.
- Initiates admission certification review for all prospective new clients and initiates continued review for all active clients as indicated in accordance with client requirements and agency procedures.
- Completes and documents medical forms, psychosocial assessments, and diagnostic summaries in accordance with agencies specifications. Completes and /or makes referrals for assessments and evaluation processes in accordance with client needs and/ or treatment team objectives.
- Develops and updates individualized treatment plan/ plan of care for assigned cases in accordance with client record and agency procedures.
- Make appropriate referrals and initiates consultations with Miracle of Love's component and other agencies and organizations in accordance with client's needs. Documents activities in accordance with clients.
- Staff appropriate clients with the program supervisor on an initial and periodic basis on accordance with clients.

- Responds to public information requests including giving information by phone as well as one-on-one contact. Visits agencies, organizations and individuals requesting information as directed by the supervisor.
- Completes on-call assignments and provides back up coverage as requested by supervisor in accordance with agency procedures and schedules.
- Monitors client's participation in planned services. Initiates revisions to treatment plan/plan of care the closing/transferring of cases in accordance with Miracle of Love's policy and procedures.
- Completes Miracle of Love's discharge/transfer summaries for assigned cases in accordance with client. Audits clinical records upon closing/ transfer to ensure full compliance with Miracle of Love's standards. Initiates corrective action as needed.
- Maintains documentation of all staff activity in accordance with Miracle of Love's policy and procedures and client specifications.
- Attends and participates in staff meetings as required.

General:

- Performance Improvement: Initiates efforts to improve job, program, or Agency performance and quality of services. As appropriate, participates in Miracle of Love, Inc. performance improvement initiatives or activities (e.g., work teams, committees, etc.).
- Initiative/ Acceptance of responsibility: Demonstrates self-motivation and self – reliance. Performs additional responsibilities as needed/required.
- Attitude/Customer Relations: Maintains friendly, productive work atmosphere with co-workers Demonstrates positive customer relation skills and shows respect and courtesy for clients, other employees, and the public.
- Attendance: Observes assigned work hours, use and scheduling of leave, and punctuality.
- Training and Education: Maintains compliance with required training in accordance with established time frames. Seeks opportunities to increase knowledge and competencies, which benefit the position, program or Agency.

License: Must possess a valid Florida driver's license or have access to reliable transportation.

Physical demands and work environment

- *Physical demands:* While performing the duties of this job, the employee is occasionally required to walk, sit; use hands to fingers, handle or feel objects tools, or controls; reach with hands and arms; balance; stoop; talk or hear. The employee must occasionally lift and/or move up to 15 pounds. Specific vision abilities required by the job included close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Physical or mental ability to carry out the activities of position responsibilities.
- *Work environment:* While performing the duties of the job, the employee is exposed to bodily fluids, weather conditions prevalent at the time of duty. The noise level is usually minimal to moderate.

Addendum 2 – Appointment Cards and Appointment Tracker

On February 10, 2020, the HIV Services Quality Management Committee unanimously approved a new version of the official Miracle of Love, Inc. business card and the creation of an appointment tracker card for clients' use.

Miracle of Love, Inc. Case Manager Business Card

The following version was approved with the following changes: Social Media icons moved to front of card.

First Last Name
Title Line 1
Title Line 2

741 W. Colonial Drive
Orlando, FL 32804
MiracleOfLoveInc.org

o: 407-843-1760
c: 123-456-7890
f: 407-843-1767
email@miracleofloveinc.org



Appointment:

_____ has an appointment on

Mon. Tues. Wed. Thurs. Fri.

Date _____ Time _____ A.M.
P.M.

If unable to keep appointment, kindly give 24 hour notice.



