



# QUALITY MANAGEMENT PLAN 2021-2022

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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 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 transgendered employee, or a transgendered client currently receiving Ryan White services at MOL
- 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                          |
| Ryan White Staff                   | Voting Member                          |
| HOPWA Program Manager              | <b>Vice Chair</b>   Voting Member      |
| HSN HOPWA Program Manager          | <b>Parliamentarian</b>   Voting Member |
| TOPWA Program Manager              | Voting Member                          |
| Sr. Prevention Program Manager     | Voting Member                          |
| Linkage-to-Care Coordinator        | Voting Member                          |
| Receptionist                       | 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 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 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.

### 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 one FTE that is dedicated to the quality improvement of the organization. This FTE consists of: Executive Director, Director of Client Services, and Quality Management Program Manager.

### 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 monthly 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.

For fiscal year 2021-2022, we will have a selected group of ten clients that are receiving Ryan White Part A services, that were not virally suppressed, with higher acuity scores, and ongoing non-adherence to medical care and/or antiretroviral regimen, based on data from 2020 HAB Measures Report, and other available data.

### 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.*<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 2021-2022, the HSQMC will be monitoring the following performance measures:

| Area of Measurement: Service Category         | Tool/Method for Measurement: Indicators | Target | 2020    | 2021 | 2022 |
|---|---|--------|---------|------|------|
| Medical Case Management                       | Viral Suppression                       | 90%    | 88%     |      |      |
|   | Annual Retention                        | 90%    | 85%     |      |      |
| Referral for Health Care and Support Services | Viral Suppression                       | 93%    | 90%     |      |      |
|   | Annual Retention                        | 90%    | 86%     |      |      |
| Early Intervention Services                   | Linked to Medical Care (AOMC)           | 90%    | No Data |      |      |
| Agency – Client                               | Client Satisfaction                     | 95%    | 97%     |      |      |
| Agency – Employee                             | Employee Satisfaction                   | 95%    | No Data |      |      |

## 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 were scheduled an Ambulatory Outpatient Medical Care (AOMC) appointment within 30 days of the referral to EIS. |

## 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. 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, as well as by the HSQMC. Employee satisfaction surveys are created and distributed by the HSQMC in coordination with MOL Human Resources/Office Manager.

To the extent possible, data for the aforementioned performance measures are extracted from Provide Enterprise and CAREWare, client satisfaction surveys, 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 |
|                                   | Quality Management Program Manager        | 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.

## 2021-2022 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
- 2) Provide quality management training to all MOL staff by November 30, 2021
- 3) Have a minimum of two clients attend client quality management training facilitated by the Ryan White HIV/AIDS Program Part A office by September 30, 2021
- 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 August 31, 2021
- 6) Achieve an overall client satisfaction rating of 95%, or higher, by February 28, 2022
- 7) Achieve an overall employee satisfaction rating of 95%, or higher, by February 28, 2022
- 8) Meet, or exceed, performance measures by February 28, 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.



### Agency Clients Served Communication to HIV Services Quality Management Committee

The HSQMC is reliant on feedback and input from the clients served by Miracle of Love. To solicit communication from clients, the HSQMC will provide several methods to do so, and will ensure that all clients have access to at least one of the methods.

The first method is through client survey and feedback through the agency's survey, accessible by going to <https://feedback.miracleofloveinc.org>. The survey is available in English, Spanish, and Haitian Creole, and can be accessed from any electronic device with a browser. This includes mobile phones, tablets, computers, etc. Marketing material seeking feedback via this method is posted throughout the Miracle of Love offices, as well as satellite locations. Clients that have given permission to receive emails, will receive a follow up email no more than 24 hours after the end of their scheduled appointment seeking feedback. Clients will be invited to complete the survey at check-in kiosk located in the Miracle of Love main office lobby (available late 2021). Clients completing the survey can remain anonymous.

The second method will be a form, made available through the Miracle of Love website and in person at Miracle of Love offices. The form allows clients to submit, in essay form, their thoughts. Clients will be able to submit feedback in their own words, which will be shared with the HSQMC, and agency leadership as necessary.

The third method is through telephone contact. Clients will be provided the Quality Management Program Manager's telephone number and will be able to complete a survey over the phone, provide general feedback and/or suggestions, or inquire about projects that the HSQMC is currently active in. In some cases, clients may be contacted by telephone to seek input, based on the permissions given by the client.

Finally, when possible, clients will be invited to join HSQMC meetings through virtual means. HSQMC will post flyers, use an email blast, and communicate information via agency staff. The client(s) that wish to speak at an HSQMC meeting will be asked to submit a speaking request, and time will be allotted in the meeting agenda to allow the client to speak and to receive responses from members of the HSQMC.

Information that can be shared publicly from meeting minutes and/or agendas will be posted on the Miracle of Love website, accessible to anyone, and available in hard copy form, upon request to Quality Management Program Manager.

### 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 (QMPPM) 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 QMPPM 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, or virtual teleconference, 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 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 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.

## 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  |
| Administration    | Executive Office, Human Resources, Accounting, Quality Management, Reception, Board of Directors        |

## Appendix A – PDSA Worksheet

### Plan, Do, Study, Act – PDSA

|              |                   |           |  |
|--------------|-------------------|-----------|--|
| Project Lead | Vanessa Rivera    | Title     | Director of Client Services            |
| Team         | Ryan White Part A | Change    | Achieve and maintain viral suppression |
| Date Range   | March 1, 2021     | Cycle #   | 2                                      |
|              | February 28, 2022 | Key Words | Viral Suppression                      |
|              |                   |           | Medical Case Management                |

#### BACKGROUND:

Miracle of Love Inc. (MOL) quality management team members have been reviewing the client served list in preparation for submission of the Ryan White HIV/AIDS Program Service Report (RSR). In reviewing the list of clients served as of December 31, 2020, the Ryan White Part A program served 1,414, and of those clients, 144 were not virally suppressed. Viral suppression targets at MOL for Medical Case Managers and Referral Specialists are 90 percent and 93 percent, respectively. Medical Case Managers viral suppression rate is at 88 percent, and Referral Specialists have achieved 90 percent. Viral suppression is defined as a lab result showing a viral load of less than 200.

A group of ten (10) clients were identified by the quality management workgroup as individuals that were not virally suppressed, with higher acuity scores, and ongoing non-adherence to medical care and/or antiretroviral regimen, based on data collected from reports for 2020.

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#### PLAN:

Aim/Objective Statement for this cycle:

In selecting these ten (10) clients, we want to learn about the barriers that these clients are identifying as reasons that they have not achieved viral suppression. These individuals will be paired with a single Medical Case Manager that will engage in more-intense case management than typically provided by Medical Case Managers. Working with these clients we want to achieve viral suppression at least seven (7) of the ten (10) by December 31, 2021.

Specific questions to address in this cycle:

1. Is the client currently receiving medical care?
2. Is the client taking their prescribed antiretroviral (ART) regimen as prescribed?
3. Are the basic needs of the client being met?
4. Does the client have a particular belief or perception that may prevent viral suppression?
5. What does the client identify as their needs to achieve viral suppression?

## Predictions/Hypotheses

The client may not immediately engage with the Medical Case Manager (MCM). The MCM will have to establish a rapport with the client to obtain answers to the questions being addressed this cycle. Utilizing motivational interviewing skills, the MCM will attempt to build rapport, identify client's barriers, identify ways to overcome the barriers, and learn what can be done to assist the client in achieving viral suppression. Once these have been identified and addressed, at least 70 percent of the selected individuals will achieve and maintain viral suppression.

## Plan for change/test/intervention

### Who (target population):

Individuals that have been identified as not being virally suppressed and are currently working with a Medical Case Manager.

### What (change/test):

Providing more individualized and intensive case management will help the clients achieve and maintain viral suppression (viral load of 200 or less)

### When (dates of test):

Baseline will be determined by client's last reported lab result of 2020 and compared to reported lab test results in the first and second half of 2021

### Where (location):

Client will receive services within the counties of Orange, Osceola, Seminole, and Lake; and may take place in MOL offices, client's home, client's medical provider, and other off-site locations that the client requires assistance from the Medical Case Manager.

### How (description of plan):

1. MCM will determine if the client is receiving medical care. If not, the MCM will call to schedule the client an ambulatory outpatient medical care appointment with their provider. The MCM will attend the appointment with the client to ensure client's attendance at appointment and emphasize the importance of medical adherence. In the event that the MCM is unable to engage the client and schedule an appointment, or the client misses two scheduled appointments, MCM will seek assistance from in-house Early Intervention Services (EIS) to locate and attempt to re-engage the client in care.
2. MCM will determine if the client is adherent to their antiretroviral regimen as instructed by their medical provider. If not, the MCM will meet with the client weekly to determine barriers to adherence and jointly develop strategies to eliminate or reduce the barriers. The MCM may include a session to review their antiretroviral regimen by identifying the prescribed medications and helping client to understand what each medication does and how it helps the client's body. This session will also include providing information, reading materials, or providing locations for the client to locate information electronically about Undetectable=Untransmittable (U=U). A review of lab results with the client will occur at least once in each half of the year; quarterly when possible.
3. Throughout the MCM's engagement with the client, they will assess if the client's basic needs are being met. Understanding the Maslow's Hierarchy of Needs, the MCM will address the client's needs through referrals to additional services, including, but not limited to, housing assistance, mental health services, access to groceries or congregate meal settings, and locating and obtaining federal and state benefits in which the client may be eligible.

4. MCM will determine, through direct and indirect interviewing, observations, and other available methods, if the client has a belief or a preconception that may prevent the client from following medical advice. This belief or preconception may come from misinformation, disinformation, or potentially the client's upbringing and culture. If it derives from misinformation or disinformation, the MCM will attempt to correct the information by reviewing evidence-based resources and data with the client, as well as providing the client guidance on how to seek answers to questions or concerns they may have that they do not want to directly address with the MCM.
5. The MCM will inquire about the client's stated needs or accommodations that may be necessary for the client to achieve and maintain viral suppression. This information will be obtained through various assessments, interviews, and other direct and indirect observations. The MCM will document these needs or accommodations and, with the assistance of colleagues if needed, work to meet these needs or accommodations. It is possible a client may identify a need or accommodation that is not possible for the MCM or their colleagues to meet. In this case, the MCM will consult with the Director of Client Services and/or other experts in the community to seek guidance.

## Measures

To determine if the hypothesis is correct, laboratory testing through blood samples obtained by authorized medical professionals, will be documented. These labs will be reviewed at least once in each half of the year, and quarterly when possible. To confirm that the reduction in viral load to viral suppression, if achieved, is a result of the more personalized, intensive case management, client's lab results will continue to be monitored and the client surveyed about changes that they may have made to achieve and maintain viral suppression.

### Plan for data collection

Who (will collect):

Authorized medical professionals will obtain samples of the client's blood for laboratory testing. MCM will secure copies of lab results.

What (measures):

Viral load will be reviewed upon receipt of lab results.

When (time period):

Starting with client assignment in early 2021 concluding by December 31, 2021. If client remains in Ryan White services with MOL, the lab results will be obtained beyond December 31, 2021 to confirm long-term successes. If client no longer receives services with MOL, the Director of Client Services will attempt to obtain permission from the client to review lab results beyond December 31, 2021.

Where (location):

Lab results will be obtained electronically when possible, in-person if necessary. The location may vary from the offices at MOL to a lab center located in Central Florida.

How (method):

Client will be asked to sign a Release of Information (ROI) Authorization for MOL to obtain HIPAA protected medical information from their medical provider, medical laboratory, and other sources that the MCM and client identify as reliable for information that is needed.



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

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

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

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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

## Appendix B – HIV Services Quality Management Committee Annual Timeline

|           | <b>Tasks to Be Completed</b>   |
|-----------|--|
| March     | <ul style="list-style-type: none"> <li>• Start Fiscal Year Committee: Seat new officers and members</li> <li>• Review HIV/AIDS Bureau (HAB) Performance Measures (prior calendar year)</li> <li>• Certify final version of Quality Management Plan</li> <li>• Submit Quality Management Plan to Part A Office (March 31)</li> <li>• Begin Quality Improvement Activity (PDSA)</li> </ul>                       |
| April     | <ul style="list-style-type: none"> <li>• Review Client Satisfaction Survey Results</li> <li>• Review and certify Employee Survey template</li> <li>• Begin drafting agency staff annual report</li> <li>• Post approved Quality Management Plan to central repository for all staff access</li> </ul>  |
| May       | <ul style="list-style-type: none"> <li>• Review Ryan White HIV/AIDS Program Service Report (RSR)</li> <li>• Review and finalize agency staff annual report</li> <li>• Conduct employee survey</li> <li>• PDSA Progress Review</li> </ul>   |
| June      | <ul style="list-style-type: none"> <li>• Distribute annual report to all agency staff</li> <li>• Aggregate Employee Survey Data</li> <li>• Draft and certify written report (Employee Survey)</li> </ul>   |
| July      | <ul style="list-style-type: none"> <li>• Review HAB Performance Measures (first quarter of fiscal year)</li> <li>• Distribute written report to agency leadership (Employee Survey)</li> <li>• Feedback submission period for agency staff (Annual Report)</li> </ul>  |
| August    | <ul style="list-style-type: none"> <li>• Review feedback from agency staff</li> <li>• Update/Modify Quality Management Plan (if needed)</li> <li>• PDSA Progress Review</li> </ul>   |
| September | <ul style="list-style-type: none"> <li>• Review HAB Performance Measures (second quarter of fiscal year)</li> <li>• Review current client survey results (first half of fiscal year)</li> </ul>  |
| October   | <ul style="list-style-type: none"> <li>• Review and certify Employee Survey template</li> <li>• PDSA Progress Review</li> <li>• PDSA plan of action through end of calendar year</li> </ul>  |
| November  | <ul style="list-style-type: none"> <li>• No Meeting – PDSA Continues</li> </ul>  |
| December  | <ul style="list-style-type: none"> <li>• No Meeting – PDSA Continues</li> <li>• Conduct employee survey</li> </ul>   |
| January   | <ul style="list-style-type: none"> <li>• Review results of PDSA for fiscal year</li> <li>• Complete and submit Organization Assessment Tool</li> <li>• Accept nominations for Chair, Vice Chair, and Parliamentarian for next fiscal year</li> </ul>   |
| February  | <ul style="list-style-type: none"> <li>• Election results for Chair, Vice Chair, and Parliamentarian to be seated next fiscal year</li> <li>• Determine and implement performance measures for next fiscal year</li> <li>• Complete and submit action plan for OAT responses less than 3</li> <li>• Draft Quality Management Plan for next fiscal year</li> <li>• Adjourn committee for fiscal year</li> </ul> |

## Appendix C – HIV/AIDS Bureau HIV Performance Measures Report 2020

Table C1. Medical Case Management

| <b>HAB Clinical Performance Measures – Core</b> |                  |                    |                   |
|---|------------------|--------------------|-------------------|
| <b>Measure</b>                                  | <b>Numerator</b> | <b>Denominator</b> | <b>Percentage</b> |
| HIV Viral Load Suppression                      | 1,048            | 1,183              | 89%               |
| Prescription of HIV Antiretroviral Therapy      | 1,095            | 1,183              | 93%               |
| HIV Medical Visit Frequency                     | 478              | 802                | 60%               |
| Gap in HIV Medical Visits                       | 177              | 969                | 18%               |
| Annual Retention in Care                        | 846              | 1,183              | 72%               |

Table C2. Referral for Health Care and Support Services

| <b>HAB Clinical Performance Measures – Core</b> |                  |                    |                   |
|---|------------------|--------------------|-------------------|
| <b>Measure</b>                                  | <b>Numerator</b> | <b>Denominator</b> | <b>Percentage</b> |
| HIV Viral Load Suppression                      | 1,125            | 1,350              | 90%               |
| Prescription of HIV Antiretroviral Therapy      | 1,250            | 1,350              | 93%               |
| HIV Medical Visit Frequency                     | 588              | 912                | 64%               |
| Gap in HIV Medical Visits                       | 178              | 1,102              | 16%               |
| Annual Retention in Care                        | 991              | 1,350              | 73%               |

Table C3. Medical Case Management and Referral for Health Care and Support Services

| <b>HAB Clinical Performance Measures – Core</b> |                  |                    |                   |
|---|------------------|--------------------|-------------------|
| <b>Measure</b>                                  | <b>Numerator</b> | <b>Denominator</b> | <b>Percentage</b> |
| HIV Viral Load Suppression                      | 1,270            | 1,414              | 90%               |
| Prescription of HIV Antiretroviral Therapy      | 1,312            | 1,414              | 93%               |
| HIV Medical Visit Frequency                     | 594              | 946                | 63%               |
| Gap in HIV Medical Visits                       | 203              | 1,154              | 18%               |
| Annual Retention in Care                        | 1,019            | 1,414              | 72%               |

## Addendum 1 – 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.

## Addendum 2 – 2021-2022 HIV Services Quality Management Committee Schedule

| <b>Month</b>          | <b>To Be Completed</b>  | <b>By Whom</b>                               |
|-----------------------|---|--|
| March 2021            | Quality Management Plan   | Angus Bradshaw, Vanessa Rivera, & Wyatt Haro |
| April 2021            | Quality Management Report Discussion/Planning   | Angus Bradshaw, Vanessa Rivera, & Wyatt Haro |
| May 2021              | Quality Management Report Distribution Discussion/Planning  | Angus Bradshaw, Vanessa Rivera, & Wyatt Haro |
| May 2021              | Quality Management Program and QI Project Status  | Angus Bradshaw, Vanessa Rivera, & Wyatt Haro |
| September 2021        | Quality Management Program and QI Project Status  | Angus Bradshaw, Vanessa Rivera, & Wyatt Haro |
| October 2021          | Preparation for 2022 – Quality Management Plan, Quality Improvement Project   | Angus Bradshaw, Vanessa Rivera, & Wyatt Haro |
| January/February 2022 | Quality Management Program and QI Project Status<br>Preparation for 2022 – Quality Management Plan, Quality Improvement Project | Angus Bradshaw, Vanessa Rivera, & Wyatt Haro |

## Addendum 3 – 2022-2023 HIV Services Quality Management Committee Schedule

| <b>Date</b>        | <b>Time</b>       | <b>Planned Method</b>               |
|--------------------|-------------------|-------------------------------------|
| March 17, 2022     | 1:00 PM – 4:00 PM | Virtual                             |
| April 21, 2022     | 1:00 PM – 4:00 PM | Virtual                             |
| May 19, 2022       | 1:00 PM – 4:00 PM | Virtual                             |
| June 2022          | 3-5 Days          | Electronic Polling (written report) |
| July 21, 2022      | 1:00 PM – 4:00 PM | Virtual                             |
| August 18, 2022    | 1:00 PM – 4:00 PM | Virtual                             |
| September 15, 2022 | 1:00 PM – 4:00 PM | Virtual                             |
| October 20, 2022   | 1:00 PM – 4:00 PM | Virtual                             |
| November 2022      | No Meeting        | N/A                                 |
| December 2022      | No Meeting        | N/A                                 |
| January 19, 2023   | 1:00 PM – 4:00 PM | Virtual                             |
| February 16, 2023  | 1:00 PM – 4:00 PM | Virtual                             |