

Miracle of Love Inc.
Clinical Quality Management Committee
Bylaws



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Article I: Name and Identification

Section 1.1 Program Name

The agency legal name is “Miracle of Love Inc.,” herein referred to as “MOL.” The committee’s name is “Miracle of Love Inc. Clinical Quality Management Committee,” herein referred to as the “Committee.” The program’s name is “Miracle of Love Inc. Clinical Quality Management Program,” herein referred to as the “Program.”

Section 1.2 Included Programs and Services

The Committee covers all programs and services provided by MOL within Orange, Osceola, Seminole, and Lake Counties, within the Orlando Eligible Metropolitan Area (EMA).

Section 1.3 Principal Office

The Principal Office of the Committee shall be the Executive Office, located at 1301 W Colonial Dr. Orlando, FL 32804.

Article II: Purpose and Duties

Section 2.1 Appointment of Committee

The Committee is appointed by and serves at the discretion of the MOL Executive Director in accordance with Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) and the Health Resources and Services Administration (HRSA) Policy Clarification Notice (PCN) 15-02.

Section 2.1.1 Suspension of Committee

The Committee may be suspended, and all duties designated to the Quality Manager during national, state, and/or local emergencies and/or disasters and/or exigent circumstances.

- a. Suspension of the Committee requires a unanimous consensus of the MOL Executive Director, Ryan White Program Part A Intensive Case Management Program Manager, Ryan White Program Part A Referral Specialist Program Manager, and the Quality Manager.
- b. Suspension of the Committee may occur only during those circumstances in which the safety and well-being of the Committee may be placed at risk, and operational decisions must be made during such circumstances.
- c. The Committee shall be reinstated by the MOL Executive Director at such time that the cause for suspension has been remedied.
- d. The Committee shall be given formal notice of reinstatement from the Quality Manager.

Section 2.2 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.

Section 2.3 Mission

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

- 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; and
 - Maximizing the efficient use of resources to provide cost-effective services.
1. MOL supports this mission by gathering data and information about the services delivered by MOL and its staff, volunteers, and contractors by:
 - Analyzing this information and reports to measure outcomes of quality of services;
 - Reporting this analysis to identify areas requiring needed improvements;
 - Implementing improvement activities to meet program goals; and
 - Disseminating related information obtained from outside sources (i.e. Central Florida HIV Planning Council, and related meetings and updates.)

Section 2.4 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, ensure equitable access, and decrease health disparities.

Section 2.5 Role

The role of the Committee shall be the decision-making body of the Program and:

- The development and revisions of the Quality Management Plan, herein referred to as the “Plan”;
- Monitoring implementation of the Plan;
- Overseeing specific program and team projects;
- Monitoring and measuring performance of service standards with regard to clinical treatment, case management, and related services to determine effectiveness of the service standards;
- Educating the staff on the tenants of the Program; and
- Authorizing performance improvement initiatives and setting forth expectations for ongoing monitoring.

Section 2.6 Responsibilities

The Committee shall be responsible for the following activities:

1. Informing the Ryan White HIV/AIDS Program (RWHAP) Part A Office (Orange County Health Services) on quality-related activities.
2. Monitoring progress of goals and objectives of the Plan.
3. Develop action plans for continuous improvement.
4. Evaluate and assess the Plan annually.
5. Update the Plan annually.
6. Develop an annual work plan.

Section 2.7 Duties

The Committee shall:

1. Review and adopt the vision and mission annually.
2. Develop an annual action plan and timeline.
3. Conduct annual evaluations of the Plan.
4. Analyze data and monitor health disparities.
5. Develop a communication plan which includes the format or instrument of reporting and the intervals of which the findings will be reported.
6. Update the 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/data¹
 - 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.
7. Determine or assess strategy and method for obtaining input from staff to make necessary and noted improvements.
8. Participate in training to improve quality management strategies and activities.
 - a. Members must understand the tenets of quality management and the Model for Improvement.
 - b. Members will use continuous learning to gain additional knowledge by attending recommended and relevant training.
9. Review the results of the Client Satisfaction Survey conducted annually and compare results to previous years to evaluate and determine areas of improvement.
10. Measure and follow up on employee satisfaction.
 - a. The measures reviewed shall include:
 - i. 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 measure determined by the Committee.
 - b. Selects dates for survey collection at least two times annually.
 - c. Review and approve the written report submitted to the Executive Director and Human Resources Manager within 30 days of the completion of employee satisfaction surveys.
11. Develop or assess methods for measuring and reporting other selected processes, systems, policies, etc., review the results, and develop methods to improve these processes, systems, policies, etc.

¹ All data shall be stratified by gender, age, SES, risk factor, geography, etc.

Section 2.8 Participation of People Living with HIV

The Committee shall make every reasonable effort to recruit recipients of services that are living with HIV to serve on the Committee. This includes the use of flyers, emails, telephone calls, and other methods of communication to generate interest and seek volunteers.

In addition to recruiting volunteers to serve on the Committee, the Committee will use the results of the Client Satisfaction Surveys collected by the RWHAP Part A Office and MOL.

Section 2.9 Stakeholder Engagement

The Committee shall provide regular updates to the RWHAP Part A Office and the Central Florida HIV Planning Council Clinical Quality Management Workgroup. The Committee will solicit input from the RWHAP Part A Office, the Central Florida HIV Planning Council Clinical Quality Management Workgroup, clients, and other interested parties through direct contact, website forms, email, and other communication methods available.

Article III: Members

Section 3.1 Regular Members

The Executive Director shall appoint members of the Committee that are selected in accordance with these Bylaws, the Committee nomination process, and other applicable policies and procedures that are adopted by the Committee and approved by the Executive Director.

Section 3.1.1 Number of Regular Members

The Committee shall consist of at least one representative from each program/service at MOL and the Quality Manager and may include additional representatives for diversity and perspective.

Section 3.1.2 Member Diversity

To ensure diversity and representation from each program/service/group, the Committee shall ensure that in addition to the program/service representative, a transgendered client currently receiving services at MOL, or a transgendered employee of MOL, a representative of the MOL Lake County Client Advisory Board shall serve, and the Committee shall attempt to have two (2) people living with HIV receiving services from MOL.

Section 3.2 Associate Members

The Executive Director shall appoint associate members of the Committee that are selected in accordance with these Bylaws, the Committee nomination process, and other applicable policies and procedures that are adopted by the Committee and approved by the Executive Director.

- a. Associate members appointed to the Committee shall complete an onboarding with the Quality Manager and shall be provided all relevant materials and information related to the Committee procedures, the Plan, and all planned or ongoing quality improvement activities.
- b. Associate members must attend 50 percent of all scheduled meetings during a fiscal year.
- c. Associate members shall attend the Committee meeting designated as the associate member review meeting, at which time each regular member will be given five (5) minutes to question/interview the associate member.

- d. A regular member must move to grant the associate member full committee membership, with a second, at which time the Chair will conduct a roll call vote, with approval by a majority of regular members.
- e. Associate members approved for full committee membership will begin serving and may be considered for an officer role for the Committee during the following fiscal year.

Section 3.3 Member Responsibilities

Each member of the Committee is expected to:

- Prepare for, attend, and participate actively in Committee meetings;
- Follow the approved Rules of Conduct in Article V Section 5.1; and
- Abide by the Code of Ethics in Article XI Section 11.1.

Section 3.4 Nomination Process

Associate Members may be nominated to the Executive Director by any regular member or a member of the Executive Team as a representative of a specific program/service. All new members of the Committee must serve as associate members and abide by Article III Section 3.2.

Section 3.5 Attendance

Members of the Committee are expected to be on time and to participate in the entire meeting. A roll call will be conducted after the meeting is called to order by the Chair to determine quorum and may be conducted again at any time during the meeting. All members are responsible for informing the chair if they believe that a quorum is no longer met due to the departure of regular members.

- a. A member may be placed on an attendance plan at the discretion of the Quality Manager.
- b. A member missing more than half of the regularly scheduled meetings will be considered as resigning membership on the Committee.

Section 3.6 Removal from Committee

A regular or associate member may be removed from the Committee at any time by the Executive Director. A member found to be in violation of the Rules of Conduct (Article V Section 5.1) and/or the Code of Ethics (Article XI Section 11.1) may be suspended from participation on the Committee by the Quality Manager with a majority vote of the regular members. A regular member may bring a motion to expel a member from the Committee for violations of the Rules of Conduct and/or the Code of Ethics, in addition to any MOL policy or procedure. An expulsion must receive a two-thirds majority for approval prior to seeking the approval of the Executive Director.

Section 3.7 Term Limits

All regular members of the Committee shall serve no more than four (4) consecutive years on the Committee. Years are calculated March 1 – February 28/9.

Article IV: Officers

Section 4.1 General

Officers shall include a Chair, a Vice Chair, a Secretary, and a Parliamentarian.

In the absence of the Chair, the Vice Chair shall serve as Chair *pro tempore*. In the absence of the Chair and Vice Chair, the Secretary shall serve as Chair *pro tempore*. In the absence of the Chair, Vice Chair, and Secretary, the Parliamentarian shall serve as Chair *pro tempore*.

A regular member of the Committee may be designated Chair *pro tempore* if the Chair wishes to introduce legislation, engage in debate/discussion of legislation being considered, or vote on proposed legislation.

Section 4.2 Nomination of Officers

Officers are nominated by regular members and/or associate members that have been approved for full committee membership for the next fiscal year. The nominee must accept the nomination, unless self-nominated. Officer nominations are conducted annually in January, at which time the nominee may present to the Committee their platform and reason they wish to serve in the position.

Nominations are accepted for the Chair, Vice Chair, Secretary and Parliamentarian. The role of Secretary may only be filled by a salaried manager or Ryan White HIV/AIDS Program or Ending the HIV Epidemic Program employee.

If no nominations are received, the current serving officer remains in their position. If the current serving officer wishes to step down, or resigns from the Committee, the Executive Director will appoint an officer.

Section 4.3 Appointment of Officers

Elections are held via secret ballot and are conducted by the Secretary. The Chair will announce, and the Secretary will document election results for the record. If the elected member declines to fulfill the duties of the position, then the nominee with the second greatest number of votes shall be declared the winner. Absent a second nominee or unwillingness of second nominee to accept the position, the position shall be appointed by the Executive Director.

Officers will start their elected role on March 1 annually, in accordance with the HRSA HAB Ryan White Program fiscal year.

Section 4.4 Duties of the Chair

The Chair's duties and responsibilities include, but are not limited to, the following:

- a. Chair Committee meetings.
- b. Direct the affairs of the Committee as its administrative officer.
- c. Abide by agenda set by the Quality Manager
- d. Abide by and enforce the Bylaws.

Section 4.5 Duties of the Vice Chair

The Vice Chair's duties and responsibilities include, but are not limited to, the following:

- a. Chair Committee meetings in the absence of the Chair.
- b. Oversight of subcommittees and workgroups.
- c. Abide by and enforce the Bylaws.
- d. Assume other duties as assigned by the Chair.

Section 4.6 Duties of the Secretary

The Secretary's duties and responsibilities include, but are not limited to, the following:

- a. Conduct roll call and document all in attendance in the meeting minutes.
- b. Distribute copies of minutes and other official documents.
- c. Maintain Committee records and archives.
- d. Assume other duties as assigned by the Chair.

Section 4.7 Duties of the Parliamentarian

The Parliamentarian's duties and responsibilities include, but are not limited to, the following:

- a. Notify the Chair of violations of the Rules of Conduct, which include Robert's Rules of Order.
- b. Provide guidance to Committee members on procedures related to Robert's Rules of Order.
- c. Provide the Chair with advice to resolve Robert's Rules of Order conflicts.
- d. Assume other duties as assigned by the Chair.

Section 4.8 Term Limits

Regular members serving as officers may only do so for two (2) consecutive years. Years are calculated March 1 – February 28/9.

Article V: Member Responsibilities

Section 5.1 Rules of Conduct

- a. Members shall abide by Robert's Rules of Order during Committee meetings.
- b. Members shall remain professional and present themselves in an appropriate manner.
- c. Members shall refrain from name-calling, use of profanity, being disrespectful, or otherwise disruptive.
- d. Members shall abide by MOL policies, including dress code and other standards.
- e. Members shall engage in civil debate and remain open-minded.
- f. Members shall abide by the Code of Ethics in Article XI Section 11.1.
- g. Members shall maintain a "satisfactory" or higher rating on the Program engagement assessment annually.

Section 5.2 Censure

A member shall be subject to a censure if two-thirds of the Committee vote in favor. A censure does not result in any disciplinary action but is included in the records of the Committee that a member has engaged in an act that is strongly disapproved of by the Committee. A censure motion must include the member to be censured, the act that is being considered for censure, and the specific Rule of Conduct, Code of Ethics, and/or MOL policy that the member has allegedly violated.

Section 5.3 Discipline of Members

Any member that violates the Rules of Conduct, Code of Ethics, MOL policy, or who interferes with, or creates a situation in which the confidence of the Committee is undermined, may be reprimanded with a suspension from the Committee, or, subject to approval of the Executive Director, removed from the Committee, as described in Article III Section 3.7.

Article VI: Meetings

Section 6.1 Committee Meetings

Committee meetings must be held once quarterly at a minimum. At the beginning of each fiscal year, the seated Committee will finalize the meeting schedule for that year. It is the responsibility of the Chair to ensure that the Committee is scheduled and conducts business at least once per quarter at a minimum. The Committee shall determine the location, time, and length of the meetings.

Section 6.2 Special Meetings

At the discretion of the Quality Manager the Committee may be convened for a special meeting to address topics that are not able to be held until the next scheduled meeting. Special meetings may be called for proposed updates to the Plan, changes to the Program, Committee composition changes, Quality Improvement activities that need additional guidance or seek approval to change methodology, among other topics. Notification of Special Meetings will be in accordance with Section 6.3 below.

Section 6.3 Notification of Meetings

At the start of each fiscal year, the Committee shall set forth a schedule for meetings planned for that year. All members of the Committee will be provided with the information regarding these schedules, which are also available online at <https://molcfl.org> and within the employee hub. It is the responsibility of the Secretary to send notifications to Committee members about upcoming meetings. Notifications may be in the form of an email, telephone call, letter, or any other acceptable communication method. Special meetings shall be conducted only after a minimum of 48 hours have passed after notification is sent to members.

Section 6.4 Quorum

A quorum is the presence of a majority of current regular members or one-half plus one. Associate members are not considered in the establishment of a quorum. If a quorum is not established, the meeting must immediately go into recess and resume at such a time as a quorum is established. It is the responsibility of the Secretary to conduct roll call, and any member may request a roll call during a meeting if they believe that a quorum is not present.

Article VII: Voting

Section 7.1 Eligibility

Only regular members shall be eligible to vote. Associate members approved to regular membership may only participate in votes in the following fiscal year, except for elections held for the fiscal year in which the Associate Member will be a Regular Member.

Section 7.2 Rights and Responsibilities

Each member of the Committee that is eligible to vote shall have the right and responsibility to do so. A regular member may vote in favor of or against a motion or legislation. A member has the right and responsibility of abstention when the member either does not wish to express their opinion on the matter or if there arises a conflict of interest.

Section 7.3 Manner of Voting

Voting shall be in accordance with Robert's Rules of Order as follows:

1. By voice (*viva voce*)—the normal method of voting on a motion;
2. By rising—used in verifying an inconclusive voice vote, and in voting on motions requiring a two-thirds vote for adoption; and
3. By show of hands—an alternative method that can be used in place of a rising vote in small assemblies if no member objects.

Due to scheduling limitations and the need to conduct votes between regularly scheduled meetings, a vote may be conducted through e-voting if proposed action does not require debate. If debate is required, a Special Meeting shall be called, and the vote conducted in the manner that is previously listed.

Elections are conducted by ballot.

Section 7.3.1 Adoption of a Motion or Action Without a Motion by Unanimous Consent

If the Chair believes that there is no opposition to a Motion or Action Without a Motion, the Chair may approve the Motion or Action Without a Motion by unanimous consent.

Article VIII: Grievances

Section 8.1 Grievance Procedures

Any member, regular or associate, may file a grievance related to the Committee processes and/or procedures. Grievances must be submitted to the Quality Manager in writing and include the member's name and contact information, as well as the specific process and/or procedure in which they feel violated their rights, as well as the proposed resolution that would be satisfactory to the member. The Quality Manager shall designate three members, regular or associate, to form a subcommittee to review the grievance and meet with relevant parties. The subcommittee will present their findings to the Committee officers. Committee officers shall make the final decision if the grievance is valid and next steps. If the member does not believe that the officers handled their grievance in a manner that is satisfactory to them, they may appeal the decision to the Executive Director within five business days, in writing, including the original grievance, and why the member is appealing the decision of the officers. The Executive Director shall have the final decision of the appeal and no further appeals are available.

Article IX: Parliamentary Authority

Section 9.1 Committee Procedures

The rules contained in the 11th edition of Robert's Rules of Order Newly Revised shall govern the Committee in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Committee may adopt.

Article X: Quality Management Program

Section 10.1 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.

Section 10.2 Leadership

All members of the agency Executive Team shall engage in Quality Management and Improvement. Executive Team members are responsible for communicating the importance of Quality Improvement in all facets of the programs and services offered at MOL. Furthermore, each program manager shall select a member of their staff, or themselves, to serve as representative of the program on the Committee. The Program receives support from the Executive Team and works together to build an environment of improvement.

Program managers participate in Quality Improvement activities and the Executive Director ensures that the members of the Executive Team are trained in the basics of Quality Management and Improvement.

Section 10.2.2 Quality Manager

The duties and responsibilities of the Quality Manager include, but are not limited to:

1. Oversight and management of the Committee and Program.
2. Implementing quality improvement activities, policy and procedure changes, and other tasks set forth by the Committee.
3. Reports directly to the Executive Director.
4. Conducts data analysis and presents findings to the Committee.
5. Conducts quality assurance tasks as directed by the Executive Director.
6. Drafts and maintains the Plan.
7. Maintains the Program public facing website and employee hub.
8. Engages in monitoring of all programs and services.
9. Participates in Quality Management committees and workgroups for the EMA and Planning Council.
10. Conducts training for agency staff and leadership.
11. Acts as liaison between the agency and the Committee.
12. Manages client and employee satisfaction surveys.
13. Conducts assessments of staff for engagement in the Program.
14. Communicates updates from the Committee to staff at agency and department meetings.
15. Attending meetings, training courses, conferences, etc. as directed by the Executive Director.
16. Maintains a direct working partnership with Human Resources.
17. Conducts reviews of client files to ensure accuracy and appropriate documentation is present.
18. Coordinates with the Executive Director to ensure quality standards in client services are fully met.
19. Onboarding and debriefing Committee members.
20. Additional duties and responsibilities as assigned by the Executive Director and/or the Committee.

Section 10.3 Committee

The Committee is responsible for the development and oversight of the Program and all corresponding activities. The Committee is composed of a member of the Board of Directors, the Executive Director, the Quality Manager, and a representative from all covered programs. People living with HIV/AIDS are invited to volunteer to serve on the Committee and provide input about the Quality Management Program.

Section 10.4 Dedicated Staffing

The Program employs one full-time employee, the Quality Manager, who is supported by the Executive Director and Ryan White Program Managers (ICM Program Manager and Referral Specialist Program Manager). Additional staff, such as case managers, administrators, and/or support staff/volunteers will be utilized, when necessary.

Section 10.5 Dedicated Resources

To build capacity, the Program utilizes training developed by HRSA HAB and other HRSA HAB funded programs which include:

1. AIDS Education and Training Center (AETC)
2. HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation
3. HRSA HAB Clinical Quality Management TA
4. RWHAP Part A Recipient Office (Orange County Health Services)
5. Orlando Service Area Clinical Quality Management Workgroup

Additionally, the Program develops training for internal use and capacity building of agency employees, volunteers, and clients.

Section 10.6 Quality Management Plan

The Plan is drafted annually by the Quality Manager with input from the Executive Director and the RWHAP Part A Office Quality Management Coordinator(s) and is reviewed by the Committee. The Quality Manager is responsible for updating the plan as directed by the Committee throughout the plan year. The Plan is posted publicly on the Program website at <https://molcfl.org> and on the employee hub.

The Plan utilizes information and guidance from HRSA HAB PCN 15-02, the Organizational Assessment Tool (OAT), HRSA HAB performance measures, and HRSA HAB Clinical Quality Management Plan Checklist to draft the Plan. The Plan must be submitted to the RWHAP Part A Office Quality Management Coordinator(s) by March 31 annually.

Section 10.6.1 Organizational Assessment Tool

The Organizational Assessment Tool (OAT) must be completed annually and submitted to the RWHAP Part A Office Quality Management Coordinator(s) by January 31 annually. The OAT is completed by the Executive Director and the Quality Manager and presented to the Committee. Subsequent action plans shall be completed by the Quality Manager and reviewed by the Executive Director.

Section 10.7 Client Satisfaction

The Program utilizes data from a client satisfaction survey available to the client on the agency public website, <https://feedback.miracleofloveinc.org>. The survey questions and scoring method shall be determined by the Committee and reviewed annually for possible modifications. The survey shall be offered in three languages to include: English, Spanish, and Haitian Creole. Interpretation from English into the other languages shall be completed by a certified interpreter and contracted provider. All responses are entered into a data collection form and stratified results are presented to the Committee.

In addition to the agency provided survey, the RWHAP Part A Office conducts a survey and provides the data to the agency to review and incorporate into the final calculations of client satisfaction.

Any client satisfaction survey received by the Program that reports any selections below a three (3), shall be reviewed by the Quality Manager to determine if enough information is available to attempt a resolution with the dissatisfied respondent. Should sufficient information be available, the Quality Manager will notify the Executive Director to begin the process of investigating the reason behind the low score. Any disciplinary action administered will be determined by the Executive Director, Human Resources, and/or the program manager of the employee.

Section 10.8 Employee Satisfaction

MOL policy is to conduct a biannual employee satisfaction survey. The responsibility of preparing, approving, and scheduling each survey period is that of the Committee. At such a time the Committee deems appropriate to administer the survey, the Quality Manager will be responsible for distribution and collection of the surveys and compilation of the data.

A formal written report presenting the data shall be drafted by the Quality Manager and reviewed and approved by the Committee. Upon final approval of the Committee, the formal report will be provided to the Executive Director and Human Resources for their review. The Executive Team shall meet to discuss results and provide recommendations on any areas that show low satisfaction ratings.

The employee satisfaction survey written report will not be made public. The information available to the public will be the final percentage of overall satisfaction in relation to set targets by the Committee, and other details approved by the Executive Director and the Quality Manager.

Section 10.9 Program Evaluation

The Committee is responsible for conducting a regular evaluation of the Program. This includes assessing whether the Program activities have been implemented as prescribed by the Plan. The evaluation should determine the effectiveness of the Program and if the activities are making changes that positively affect outcomes.

Areas of evaluation shall include, but are not limited to:

- a. Staff acceptance of change(s);
- b. Improved clinical performance;
- c. Identification of effective improvement strategies; and
- d. Effectiveness of the Program team meeting timelines and deliverables.

The Program shall use performance measures and formulas established by HRSA HAB in addition to those established through other funding sources and by the Committee. The Central Florida HIV Planning Council has set the following performance measure guidelines:

- a. Service(s) accessed by $\geq 50\%$ of clients: Two Performance Measures must be selected.
- b. Service(s) accessed by $< 50\%$ of clients: One Performance Measure must be selected.

These performance measure guidelines are specific to Ryan White Parts A and B. The Committee shall set the number of performance measures selected for other programs and services at MOL.

Section 10.9.1 Targets

Performance measure targets for Ryan White Parts A and B are set by the Central Florida HIV Planning Council Clinical Quality Management Workgroup. Targets for other programs and services are set by the Committee and are included in the Plan.

Section 10.9.2 Data Collection

Data related to selected performance measures is collected by the designated program's Client Information Management System. Ryan White Parts A and B and Housing Opportunities for Persons with HIV/AIDS (HOPWA) utilize Provide Enterprises (PE) software as the software of record. Additionally, Ryan White Part B enters data into CareWare. Prevention and Targeted Outreach for Pregnant Women Act (TOPWA) utilize an internal filing and information collection system and can provide data for selected performance measures or additional information as requested.

The Quality Manager is responsible for obtaining necessary data to assess performance measures and to provide all data obtained to the Committee. Assessment of the data will be completed monthly by the Quality Manager in partnership with the respective program's manager. The Committee will receive stratified data for the previous quarter.

Article XI: Code of Ethics

Section 11.1 Code of Ethics

The Committee shall always abide by the selected Code of Ethics while performing their duties as a member, or as an employee of MOL. In addition to the MOL Code of Ethics, the Committee must abide by National Association of Social Workers Code of Ethics. A copy of the Code of Ethics is available by going to <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.

Section 11.2 Conflicts of Interest

Committee members should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgement. No Committee member shall take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests. Should a vote be called in which a member might have, either real or perceived, conflicts of interest, the member should consider abstaining, especially if the perceived conflict of interest may undermine the confidence of the community, clients, and staff in the Committee. A member must disclose any conflicts of interest regarding a motion or action without a motion and should consult with colleagues if the member is unsure of the perception of the member participating.

Article XII: Amendments

Section 12.1 Amending the Bylaws

The Executive Director may amend these Bylaws at any time. Proposed amendments by persons other than the Executive Director shall be scheduled for discussion at a Committee meeting. Should an amendment be approved, the Quality Manager will have no more than 30 days to document the amendments in the Bylaws and make available the final copy to all Committee members. An amendment to the Bylaws requires a simple majority and must be approved by the Executive Director.