2022 - 2025

QUALITY MANAGEMENT PLAN

Ryan White HIV/AIDS Program

Orlando Service Area

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EXECUTIVE SUMMARY

The Orlando Eligible Metropolitan Area (EMA) and the Area 7 Consortium, which makes up the Orlando Service Area (OSA), are ultimately responsible for assuring that quality services are delivered in tandem across our network of subrecipients (service providers). The OSA QM Plan is a written document that outlines the Ryan White HIV/AIDS Program (RWHAP) system-wide quality management program. The purpose of the Orlando Service Area Quality Management Program (QMP) is to:

1. Assist HIV/AIDS providers in assuring that grant supported services adhere to established HIV clinical practice standards and Health and Human Services (HHS) Guidelines
2. Ensure that strategies for quality improvement of medical care and support services include the appropriate access to and retention in HIV care
3. Verify that available demographic, client satisfaction, and service utilization information is used to monitor the HIV continuum of care

This adaptable program provides a systemic process for assessing and improving the quality of care for people with HIV (PWH) receiving RWHAP services within Orange, Osceola, Seminole, Lake, and Brevard Counties. Meaningful data are identified, collected, and reviewed to assure that progress toward evidence-based outcomes is realized. Resources are dedicated to support quality improvement activities, and there is ongoing evaluation of the process.

Quality activities are included as part of procurement process and service contracting. The OSA QMP approach ensures that each individual subrecipient establish and maintain its own Quality Management Program (QMP). Data from multiple subrecipients across the service are network are aggregated to establish a trending care continuum, highlighting RWHAP recipient-wide patterns and providing concrete baselines for improvement activities. Subrecipients are responsible for establishing a separate QM Plan and reporting progress to the Recipient and Lead Agency on a monthly basis. Trending patterns aid subrecipients, RWHAP Part A Recipient, and the RWHAP Part B Lead Agency to work collaboratively in improvement processes to achieve shared goals such as client retention and viral load suppression among PWH in the communities served.

The HIV/AIDS Bureau (HAB) has defined “quality” as the degree to which a health or social service meets or exceeds established professional standards and user expectation. Evaluation of the quality of care in this plan considers a) the quality of inputs, b) the quality of the service delivery process, and c) the quality of outcomes, in order to continuously improve systems of care for the population served.

The QMP focuses on sustaining open communication between the RWHAP Part A Recipient, the Lead Agency, subrecipients, and clients regarding the expectations for

addressing outcome improvement. This continuous process has identified leadership and dedicated resources to ensure accountability to the QMP.

Description of Quality Management

The OSA Quality Management Program is based on HRSA Quality Technical Assistance Manual, the Clinical Quality Management Policy Clarification Notice (PCN) #15-02, other HRSA HAB guidance documents, local Service Standards, and Ways to Best Meet Needs (Directives) as defined by the Central Florida HIV/AIDS Planning Council. The plan outlines a collaborative effort between the RWHAP Part A Recipient Office, the Area 7 Consortium Lead Agency (the local RWHAP Part B office), the Planning Council, the subrecipient community, and other RWHAP-funded entities in the region. This collaboration will serve to enhance the system of care and be responsive to changing trends in the HIV epidemic.

The goal of the OSA QMP is to ensure continuous performance improvement in the delivery of quality HIV medical and support services in the service area. The program is designed to identify needs in services (e.g., accessibility of programs) and ensure that treatments are delivered in accordance with the most current HHS treatment guidelines. The QMP will also assess the effects of RWHAP-funded resources on clients' health outcomes while ensuring those resources are delivered in an efficient and cost-effective manner.

Authority and Accountability

The Ryan White HIV/AIDS Treatment Extension Act of 2009 legislation requires that a recipient shall provide for the establishment of a clinical quality management program to:

- Assess the extent to which grant-funded HIV health services provided to clients are consistent with the most recent HHS guidelines for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

The OSA's RWHAP Part A Recipient and the RWHAP Part B Lead Agency leadership are dedicated to the quality improvement process and have the ultimate responsibility for assuring high quality of care through the development of a comprehensive QMP. Both offices and the subrecipient network assume a vital role in the implementation of the QM plan leading to excellence in service delivery.

Resources

Funds for RWHAP Part A Clinical Quality Management activities are administered through Part A formula, supplemental, and Minority AIDS Initiative (MAI) allocations. Under Part A, MAI formula grants provide core medical and related support services to

improve access and reduce disparities in health outcomes in metropolitan areas hardest hit by HIV/AIDS. Funds for RWHAP Part B Clinical Quality Management activities are administered through Part B Consortia and General Revenue Patient Care Network (PCN) allocations. The Orlando EMA RWHAP Part A Recipient has allocated 3% of its budget and the RWHAP Part B Lead Agency has allocated 5% of its budget for evaluation and quality improvement activities.

Quality Statement

Vision: To create a strong and varied system of care that mirrors the diverse client base, promotes diverse community partnerships, maximizes resources, and ensures continuous quality in the delivery of care.

The mission of the Quality Management Program is to continuously improve the quality of care for PWH receiving care from RWHAP-funded programs in the OSA. This will be accomplished through monitoring, measuring, and implementing the delivery of medical and support services for PWH. The program is designed to objectively assess and evaluate the quality of care, to identify and pursue opportunities in improving care, and to address and resolve identified challenges within our service delivery system through a multidisciplinary team approach.

The Quality Management Program will:

- Provide tools for quality improvement to subrecipients, clients, and community representatives across the OSA
- Provide a means of accountability with documented and quantitative performance measures for services provided to PWH based on PCN 15-02
- Monitor the OSA's compliance with the National HIV/AIDS Strategy (NHAS), the HAB performance measures, and the Ending the HIV Epidemic: A Plan for America (EHE)

Seven strategic goals serve as the organizing framework for performance measurement:

1. Improve access to health care
2. Improve health outcomes
3. Improve the quality of healthcare
4. Eliminate health disparities
5. Improve public health and healthcare systems
6. Enhance the ability of the healthcare system to respond to public emergencies
7. Achieve excellence in management practices

Establishment of Annual Quality Goals

The objectives of the OSA Quality Management Program are:

- Evaluate the effectiveness of programs and services in relation to their stated purpose
- Provide the OSA's stakeholders with objective data with which to assess program performance in relation to established criteria of acceptability
- Ensure appropriate utilization, accessibility, satisfaction, and cost of services
- Provide meaningful data to facilitate planning services and identify areas for improvement
- Monitor progress regarding service improvement
- Encourage collective decision-making among the workgroup and administration
- Develop a recognition program for outstanding quality improvement initiatives

The following four steps assist the Orlando OSA Part A Recipient and Part B Lead Agency to identify and establish annual goals for the HIV quality management plan.

Step One: Assess the Current State

Analysis of performance measures data to identify areas of strength and weaknesses where improvements may be needed the most. Knowing this information permits us to develop baselines and eventually benchmarks. Sources for data to be considered include performance measure data, client satisfaction survey results, staff input, quality management technical workgroup input, and external benchmarks.

Step Two: Understand the Parameters

Identify the basic outline of the OSA HIV program and the community it serves. Putting together a succinct description of the program (including the aspects of HIV care currently delivered, the demographics of patients served, and the external expectations of funding/regulatory agencies) helps to identify where to focus quality improvement efforts.

Step Three: Identify Program Goals

The HAB performance measures, client satisfactions survey data, and the annual assessment of the QMP serve as the foundation of the clinical and service goals. QM staff and the technical workgroup may identify additional annual goals as needed.

Step Four: Quantify Where We Want to Be

Annual HIV quality goals need to be measurable. Based on the information gathered from the three preceding steps, the annual quality goals need to be restated in quantitative terms. Examples include "Achieve 85% adherence to antiretroviral therapy for all PWH receiving ART" or "Reduce client no-show rate by 15%."

The technical workgroup will prioritize quality management activities based on available performance measure data.

Annual Quality Goals 2022

The goals of the QM Plan for 2022 are:

- Promote continuous quality improvement in the OSA using Plan-Do-Check-Act (PDCA) models in coordinated efforts with all subrecipients. These PDCA efforts will be applied to the HAB performance measures of *Annual Retention in Care* and *Viral Load Suppression*. Two other key indicators, *Client Satisfaction* and *Gap in Medical Care,* will also be monitored.
- Administer client satisfaction surveys semi-annually at a minimum. All subrecipients will participate in the administering of the surveys. Report sharing will occur during Ryan White Community Meetings, Planning Council meetings, Part A and Part B Provider Meetings, and the Quality Management Technical Workgroup meetings. Data are used to help improve client services throughout the Orlando Service Area and to benchmark achieved outcomes.
- Develop a recognition program for staff and subrecipients who demonstrate significant accomplishments in achieving outstanding quality improvement initiatives.

Quality Infrastructure

The QMP is guided by the RWHAP Part A Recipient and the Area 7 Consortium Lead Agency, the local Planning Council, the PWH Community Group, and the Quality Management Technical Workgroup to comprise the clinical management structure necessary for monitoring services.

RWHAP Part A Recipient

The RWHAP Part A Recipient is responsible for coordinating healthcare services in the Orlando EMA. The RWHAP Part A Recipient and the Area 7 Lead Agency Administrator dually manage the overall responsibility for the HIV clinical quality management program. Together they guide, endorse, support, and champion the CQM Program. Additionally, they authorize the Recipient and Lead Agency quality management staff to direct and facilitate the Quality Management Committee, known as the QM Technical Workgroup. The RWHAP Part A has one full-time employee (FTE) position of Health Planner who is dedicated to the Quality Management Program. This position provides training and technical assistance (TA) to the RWHAP Part A subrecipients to ensure that their Quality Management Program is in line with that of the area, as well as complying with PCN 15-02. This position, along with the RWHAP Part B Lead Agency's position, staffs the QM Technical Workgroup meetings.

RWHAP Part B Lead Agency for Area 7

The Area 7 Consortium Lead Agency Administrator is responsible for coordinating and improving healthcare services in Area 7. Together with the RWHAP Part A Recipient, the Lead Agency Administrator guides, endorses, supports, and champions the CQM Program and is responsible for the overall HIV Clinical Quality Management Program for the area. The Lead Agency has one FTE position of Clinical Quality Manager dedicated to the Quality Management Program. This position provides training and TA to RWHAP Part B subrecipients to ensure that their QMP is in line with that of the area's program, as well as complying with PCN 15-02. This position, along with the RWHAP Part A Health Planner position, staffs the QM Technical Workgroup meetings.

Planning Council

The Central Florida HIV Planning Council (CFHPC) assists with the annual development and revision of the OSA service standards. The Planning Council reviews CQM data and provides input for improvement efforts in the OSA, including suggestions for studies to determine areas where data indicates possible barriers to care for PWH.

PWH Community Group

The PWH (People with HIV) Community Group conducts monthly community meetings to review and provide feedback on all actions that will be brought before the Planning Council for a decision. The PWH Community Group provides valuable insight through client representation in meeting the needs of clients and ensuring their satisfaction with services rendered within the OSA. Outcome data is reported to this group on a quarterly bases and quality improvement (QI) initiatives are discusses. Community feedback is presented to the QM Technical Workgroup for incorporation into their activities.

RWHAP Subrecipients

Select subrecipient staff are members of the QM Technical Workgroup and assume an active role in the implementation of quality improvement activities in their respective agencies and within the OSA. Selected staff members represent a multi-disciplinary mix from various service categories.

Quality Management Technical Workgroup

This group serves as the Quality Management Committee for the combined RWHAP Part A and RWHAP Part B Clinical Quality Management Program. The Quality Management Technical Workgroup develops the Quality Management Plan, provides oversight, prioritizes and directs planning, and assess outcomes for improving the organizational performance. The Workgroup oversees the performance improvement plan and review QI activities during its regular meetings. The Planning Council provides ongoing QI reports to community stakeholders.

The program is designed to address QI content regarding the following major function areas and aspects of care:

- Clinical Primary Care
- Patient and Staff Education
- Continuity of Care
- Patient Satisfaction
- Case Management
- Oral Health
- Medical Record / Information Systems
- Managed Care / Utilization Review

The Director of the Orange County Government's Health Services Department, who endorses and supports the Quality Management Program, champions the Workgroup. The RWHAP Part B Lead Agency Administrator chairs the Workgroup. The membership of the workgroup reflects the diversity of disciplines within the OSA subrecipient network.

The members of the committee include:

- RWHAP Part A and Part B quality managers
- Two medical providers
- Two case managers
- One mental health/substance use treatment representative
- Two Planning Council members
- One peer counselor
- Minimum two clients

Subrecipients are contractually required to provide staff to represent specific service categories as members of the Workgroup when requested by the RWHAP Part A Recipient or the Lead Agency. The RWHAP Part A Recipient Administrator and the Area 7 Lead Agency Administrator collaboratively approve membership. The OSA Quality Management Technical Workgroup meets at least once per quarter at a time that will allow attendance by all members. The RWHAP Part A Health Planner and the Lead Agency's Clinical Quality Manager staff the Workgroup.

Role of the OSA Quality Management Technical Workgroup

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 subrecipient network and team members on the tenets of the Quality Management Program
6. Authorize performance improvement initiatives and set forth quality expectations for ongoing monitoring

The Quality Management staff members are responsible for composing the meeting agendas, facilitating the meetings in the absence of the Chair, and recording the minutes.

Meeting minutes are distributed to each member of the workgroup and to all necessary OSA network-wide committees. A written summary of the meeting is routinely made available to staff and clients.

Participation of Stakeholders

Quality management staff participates in the technical workgroup. Summary reports of quality committee meetings are shared with stakeholders to ensure open communication flow within the HIV program. A basic training session about QI principles is offered to clients on an annual basis, or as often as deemed necessary by the Workgroup. Key data findings are incorporated into the OSA newsletter.

Throughout the year, the QM staff collaborates with service providers, clients, technical workgroup members, and the Planning Council to continuously work together to improve care. The various stakeholders and their prospective roles in the QMP are defined below.

Administration

The RWHAP Part A Recipient and the Area 7 Consortium Lead Agency has the overall administrative responsibility for the quality of care and services delivered. The Planning Council is updated on QM activities on a quarterly basis via the RWHAP Part A Recipient and Lead Agency Reports

Recipient and Lead Agency QM Staff

The RWHAP Part A Recipient's Health Planner and the Lead Agency's Clinical Quality Manager lead the quality management technical workgroup in the absence of the Chair. They also serve as liaisons to the two committees of the Planning Council that are most involved in the QMP, the Service Systems & Quality Committee and the Needs Assessment & Planning Committee. The Service Systems & Quality Committee acts in an advisory capacity to both the RWHAP Part A Recipient and the Area 7 Lead Agency to ensure that the QMP is implemented at the system-wide level.

Subrecipient Staff

The subrecipient staff members assume an active role in the implementation of QI activities in their respective programs and within the OSA.

Planning Council

The Planning Council reviews service outcomes in the prioritization and allocation of the RWHAP Part A and RWHAP Part B awards for the OSA. The Needs Assessment & Planning Committee is primarily responsible for identifying gaps in service delivery and planning specific responses. The Service Systems & Quality Committee evaluates the processes of the Planning Council itself, including the annual Priority Setting and Resource Allocation processes.

Client Responsibility

Clients are active participants in the evaluation of quality activities in the OSA.

Quality Management Technical Workgroup

The Quality Management Technical Workgroup meets at least quarterly to discuss, plan, and implement project-level activities within the OSA. The workgroup includes representatives from outpatient ambulatory health services (OAHS) subrecipients, case management subrecipients, RWHAP Part A recipient staff, RWHAP Part B Lead Agency staff, clients, and quality management staff.

Evaluation

The Part A Recipient, the Lead Agency, and the QM Technical Workgroup collectively are responsible for the annual evaluation of the OSA Quality Management Program.

- Evaluation results are derived from the program monitoring processes, client satisfaction surveys, and the tracking of performance measures quarterly
- QM staff reviews the evaluation and recommends a plan for improvement to the QM Technical Workgroup and the Planning Council
- The QM team reports activity updates to the Planning Council quarterly
- An Organizational Assessment of the QMP is conducted annually using a tool that has combined both the NQC Organization Assessment Tool for RWHAP Part A Recipients and the NQC Organization Assessment Tool for RWHAP Part B Recipients
- An Organizational Assessment of all subrecipients is conducted annually using the NQC Organizational Assessment Tool for RWHAP Part C/D Recipients

Projects are evaluated as outlined in the Data Collection section. Performance measures continue to be reviewed to ensure high levels of service provision. OSA interventions include training and education of stakeholders, review of quality-related subrecipient policies, and development of new policies. When a measure indicator reaches a satisfactory level of improvement, the project is discontinued. Periodic monitoring of discontinued project indicators are reviewed to ensure continued compliance with the agreed-upon threshold.

Performance Measurement

The OSA has developed performance measures based on the most recent HRSA/HAB Core Performance Measures, the HIV Continuum of Care, and the OSA Service Standards' additional quality measures for local RWHAP-funded programs. Performance measures are chosen annually based on outcome data. Outcome data is reviewed quarterly to determine whether they are meeting or exceeding established targets, as well as to determine ongoing relevance and need. Performance measures data are analyzed and stratified quarterly to assess the quality of care, disparities in care, and to inform QI activities. Performance measures are monitored continuously through annual chart reviews to determine root cause and through analysis of data within data management systems in order to determine the direction of the program. The Recipient and Lead

Agency, the Planning Council, the PWH Community Group, and the Quality Management Technical Workgroup all review HRSA/HAB performance measure outcomes on a quarterly basis.

Core and support services for the OSA are monitored using the HRSA/HAB measures and the OSA Service Standards each grant year.

Utilization Rate	Required
Service accessed by ≥50% of clients*	Two performance measures
Service accessed by <50% but ≥15% of clients*	One performance measure

**total clients accessing RWHAP-funded services*

Outcome data are aggregated along each service category performance measure indicator and are scored by performance measure outcome for each provider receiving funding for that service. The individual performance measure outcomes are then aggregated by HAB measures to determine the overall QI score for the OSA's targeted goals. Subrecipients are able to review and compare their individual performance measure scores, along with the overall HAB measure scores for the OSA.

The following HAB performance measures (See Appendix: HAB Performance Measure Definitions) are measured via Provide Enterprise (PE) and CAREWare 6 (CW):

- Viral Load Suppression
- Annual Retention in Medical Care
- Prescription of HIV Antiretroviral Therapy
- Linkage to Medical Care
- Client Satisfaction of Services

Table 1: RWHAP Outcomes and Targets provides the mechanisms necessary to achieve the activities listed in the HIV Care Continuum below. These activities focus on the objectives of the 2022 Quality Management Plan.

1. **Diagnosed:** PWH in the OSA are diagnosed with HIV (100%)
2. **Linked to Care:** PWH in the OSA are connected to an HIV OAHS provider (90%)
3. **Retained in Care:** PWH in the OSA receive regular HIV medical care (85%)
4. **Prescribed ART:** PWH in the OSA are prescribed ART medication (98%)
5. **Virally Suppressed:** PWH in the OSA maintain a viral load <200 copies/mL (90%)

Based on the 2021 RSR, only five (5) funded service categories (Medical Case Management, Outpatient/Ambulatory Health Services, Health Insurance, Oral Health and Referral for Health Care & Support Services/Non-Medical Case Management) were

accessed by 15% or more of clients served during 2021 and will have performance measures identified to be monitored in 2022.

Part A EMA Exclusions:

Although 60% of clients accessed the Food Bank/Home Delivered Meals Service Category in 2021, the workgroup decided not to identify and monitor performance measures for this service category as the increase was attributable to the continued distribution of one-time Food Cards purchased with CARES Act funds. There was also an increase in utilization due to the Planning Council decision to make all clients regardless of FPL and other food resources eligible for the service category. The pre-COVID eligibility guidelines have been reinstated as of March 1, 2022.

In 2021, 20% of clients accessed Emergency Financial Assistance. However, the workgroup decided to exclude a performance measure for this category as the RWHAP Part A office continued providing services purchased with CARES Act funding.

The EMA only saw 5% of clients access Health Insurance services in 2021, while Brevard County saw 20% utilization. The EMA will exclude performance measures for Health Insurance in 2022.

Brevard County Exclusions:

Brevard County saw 22% of clients access Emergency Financial Assistance services in 2021. This was attributed to a temporary increase in utilization related to the implementation of a new, more restrictive Part B AIDS Pharmaceutical Assistance formulary. Some medications were removed from the Part B Formulary and added to the Florida ADAP formulary. To continue receiving previously covered prescriptions, clients were required to enroll in ADAP and transfer their prescriptions. EFA was used to cover some of these medications in the short term while the client completed their enrollment in ADAP.

Table 1: RWHAP Outcomes and Targets									
Performance Measure	**2022 Goal**	**Community HIV Care Continuum**	**RWHAP Part A & Part B OSA Program Outcomes**						**Target Goals**
		2020	2019		2020		2021		2022
Outpatient Ambulatory Health Services									
Viral Load Suppression	EMA: 93%	72.8%	EMA: 92%	MAI: 91%	EMA: 92%	MAI: 90%	EMA: 93%	MAI: 81%	Maintain rate in the EMA. Improve by 3% in Brevard.
	Brevard: 89%		Brevard: 86.5%		Brevard: 85.9%		Brevard: 86.1%		
Prescribed ART	EMA: 98%	Not available	EMA: 88%	MAI: 84%	EMA: 94%	MAI: 94%	EMA: 93%	MAI: 93%	Improve by 5% in the EMA. Improve by 0.8% in Brevard.
	Brevard: 98%		Brevard: 85.4%		Brevard: 89.1%		Brevard: 97.2%		
Annual Retention in Care	EMA: 80%	75.3%	EMA: 96%	MAI: 97%	EMA: 96%	MAI: 87%	EMA: 73%	MAI: 79%	Improve by 7% in the EMA. Improve by 5% in Brevard.
	Brevard: 70%		Brevard: 67.6%		Brevard: 67.2%		Brevard: 65%		
Medical Case Management									
Viral Load Suppression	EMA: 92%	Not available	EMA: 90%		EMA: 88%		EMA: 87%		Improve by 5% in the EMA. Improve by 5.4% in Brevard.
	Brevard: 88%		Brevard: 81.3%		Brevard: 77.4%		Brevard: 82.6%		
Annual Retention in Care	EMA: 65%	Not available	EMA: 82%		EMA: 83%		EMA: 60%		Improve by 5% in the EMA. Improve by 5.3% in Brevard.
	Brevard: 65%		Brevard: 65.6%		Brevard: 65.0%		Brevard: 59.7%		

Table 1: RWHAP Outcomes and Targets continued						
Performance Measure	**2022 Goal**	**HIV Care Continuum**	**RWHAP Part A & Part B OSA Program Outcomes**			**Target Goals**
		2020	2019	2020	2021	2022
Oral Health (Orlando EMA Only)						
Client Satisfaction	99%	Not available	98.7%	100.0%	No data	Maintain rate in the EMA.
Referral for Health & Support Services/Non-Medical Case Management						
Viral Load Suppression	EMA: 93%	Not available	EMA: 91%	EMA: 91%	EMA: 92%	Improve by 1% in the EMA. Improve by 3.1% in Brevard.
	Brevard: 89%		Brevard: 87.4%	Brevard: 85.2%	Brevard: 85.9%	
Annual Retention in Care	EMA: 70%	Not available	EMA: 87%	EMA: 83%	EMA: 65%	Improve by 5% in the EMA. Improve by 4.4% in Brevard.
	Brevard: 70%		Brevard: 81.7%	Brevard: 66.4%	Brevard: 65.6%	

Data Collection Plan

To the extent possible, data for the aforementioned performance measures are extracted from Provide Enterprise (PE), CAREWare (CW), and client satisfaction surveys. The responsibility for generating all reports for review falls to the Quality Management staff members. The Administrators present reports to the Quality Management Technical Workgroup and the Planning Council. In the event that the data does not reflect the targeted outcomes, a representative number of chart reviews or targeted surveys are conducted to identify the root cause(s) for clients not meeting the identified outcomes.

Selection of performance measures for the major functional areas require regular review of data from a variety of sources as outlined in the attached schedule. The Quality Management staff members coordinate these activities. Data reports are presented for review to the Quality Management Technical Workgroup and shared with subrecipients. Data collection is implemented using appropriate sampling methodologies and includes both concurrent and retrospective review.

Additional data sources include:

- Subrecipient reports on Initial Wait Time
- Continuous Quality Improvement (CQI) Organizational Assessments

Timeline for Data Collection and Reporting			
Data Source	**Parties Responsible**	**Collection Method**	**Reporting Date**
HAB Performance Measures	OAHS subrecipients, Quality Management staff	PE, CW, submitted by OAHS subrecipients	May August November February
Client Satisfaction Survey Data	RWHAP subrecipients, Quality Management staff	Surveys	August February
CQI Organizational Assessments	RWHAP subrecipients, Quality Management staff	Surveys	February

Quality Improvement

Once an opportunity for improvement has been identified, QM staff works together with subrecipient staff and the Quality Management Technical Workgroup to analyze the process and develop improvement plans. In addition, the Workgroup uses a project prioritization matrix to determine which QI initiatives to recommend for implementation

(see Figure 1). The matrix allows for the selection of optimal improvement projects against their weighted value based on benefit to the client/patient. The matrix also determines relative costs of the project, if any. The matrix is based on the Lean Six Sigma's fifteen criteria for selecting a viable Define-Measure-Analyze-Improve-Control (DMAIC) 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:

- Plan-Do-Check-Act (PDCA)
- Flowchart analysis
- Brainstorming
- Observational studies/patient flow
- Activity logs

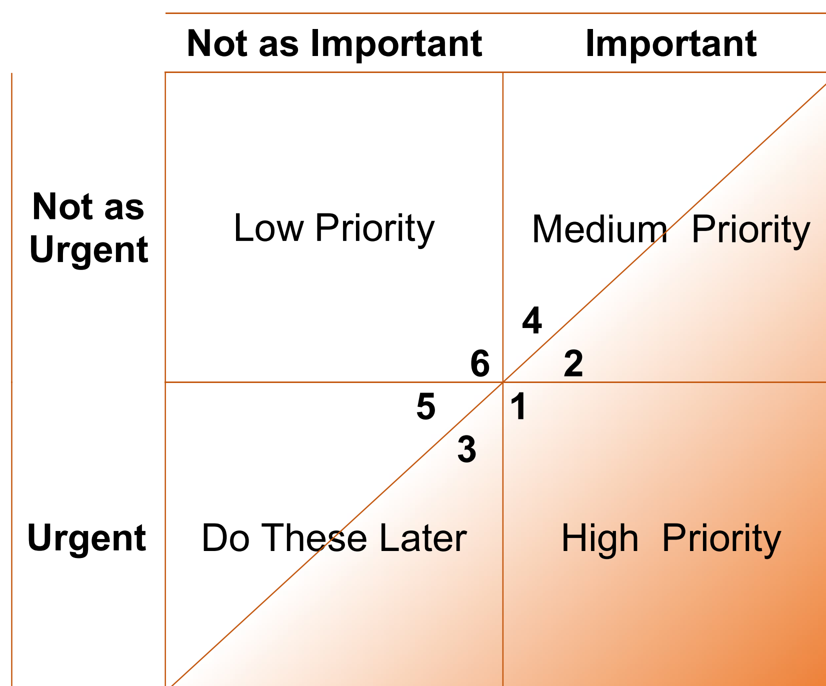

Figure 1: Prioritization Model

The Quality Management Technical Workgroup develops improvement plans that are implemented by QI teams. Improvements may include:

- System redesign
- Education of staff and clients/patients
- Review, revision, or development of clinical guidelines
- Changes to procedure and policies
- Development or revision of forms
- Improvement outcomes

Improvement plans are documents in the Workgroup minutes, in a PDCA 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 Workgroup's activities and improvement plans.

This team-oriented approach allows the network of subrecipients to identify corrective action methods and collaborate on creative improvement solutions. 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 project achieved the intended impact and informs future components of the project cycle. The cycle consists of six steps based on the PDCA 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-Check-Act (PDCA) Model

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

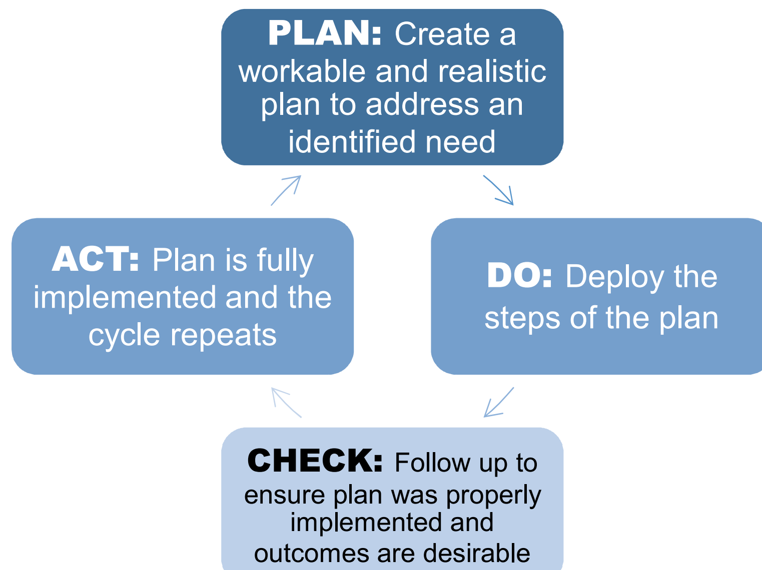

Figure 2: PDCA model

1. **Plan:** Create a workable and realistic plan to address identified need. QI plans consist of the following:
    - Statement of need
    - Action steps
    - Identification of responsible parties
    - Target dates
    - Follow-up/completion status
2. **Do:** Deploy the steps of the plan.
3. **Check:** Follow up to ensure plan was implemented properly and that outcomes are desirable. The management of follow-up on QI initiatives and corrective action plans are the responsibility of the RWHAP Part A Health Planner, the RWHAP Part A Program Manager, and the Area 7 Lead Agency Clinical Quality Manager.
4. **Act:** The plan has been fully implemented and the cycle begins again. At this time, the identified need continues to be measured and reviewed to ensure that the need is met with responsive planning and actions of the QI team.

Quality Improvement Activities

Quality improvement activities are aimed at improving patient care, health outcomes, and client satisfaction. The RWHAP Part A Recipient Office and the Area 7 Lead Agency conduct these activities at any given time for at least one funded service category. 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.

Two improvement projects have been chosen for CY 2022:

1. Increase viral load suppression and retention rates among non-virally suppressed and newly diagnosed clients through the provision of Intensive Case Management services within the OSA
2. Develop a formal recognition program for recipient and subrecipient staff for quality improvement activities

Capacity Building

An assessment of providers' capacity building for quality improvement is conducted through the NQC Organizational Assessment Tool. Recommendations for improvement are tracked and reported to subrecipients via QM staff.

The Part A and Part B Network Providers' meetings will offer discussion on quality improvement activities, performance measures findings, opportunities for QI training, technical assistance, and additional QI support. Subrecipient monthly monitoring calls offer another space in which to discuss challenges, successes, and TA requests.

Subrecipients are required to identify at least one QI initiative on an annual basis. Progress on the initiative is documented in a monthly report to the RWHAP Part A Recipient and the Area 7 Lead Agency. Subrecipients must complete a self-assessment of their Quality Management Program annually using the NQC Organizational Assessment Tool prior to revising or updating their QM Plan. Appropriate quality management staff reviews the self-assessment and provides TA based on the results. Subrecipients are then required to develop an Action Plan as applicable.

Process to Update Quality Management Plan

The QM Plan is assessed against its goals at every Workgroup meeting to determine if any alterations should be made. All QI projects are reviewed to assess progress towards meeting the Workgroup's goals and an annual organization assessment is performed.

The QM Plan receives a formal update by Workgroup during the first meeting after the close of the calendar year. The Workgroup reviewed the updated Plan and shares the Plan with key stakeholders, including the Planning Council and RWHAP subrecipients following the annual RSR submission. The RWHAP Part A Recipient and the Area 7 Lead Agency provide final approval of the Plan.

Communication

The Recipient, the Lead Agency, the Planning Council, the PWH Community Group, and the Quality Management Technical Workgroup all review quality management data and performance measure outcomes during their respective quarterly meetings. The Workgroup reviews data from annual chart abstractions, presented targeted survey outcomes, and the PDCA outcomes for specific HAB quarterly performance measures during regular meetings. The Quality Management Technical Workgroup reviews performance measure outcomes for the OSA to provide feedback for QI initiatives to be implemented in the OSA. The performance measures data is used during the Planning Council's annual Priority Setting & Resource Allocation processes to determine the best models of care to be implemented. Planning Council meetings are open to the public and meeting minutes are available to the public.

Quality Management Plan Implementation

The Quality Management Plan identifies the accountable participants and specifies the timeline for implementation. The annual work plan dictates the details of specific quality improvement projects (see Addenda 1 for the CY 2022 Work Plan). The Quality Management Technical Workgroup updates progress made on the Work Plan quarterly, and these updates are reported to all stakeholders.

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 then plan will remain successful over time.

Glossary of Terms

Term	Definition
Accountability	Establishing a systematic method to assure stakeholders (policy-makers and the public) that the organizational entities are producing desired results. Accountability includes establishing common elements applied to all participants. These should include clear goals, progress indicators, measures, analysis of data, reporting procedures, help for participants not meeting goals, consequences, and sanctions. (Source: American Society for Quality)
Action Plan	Details specific steps to implement and achieve stated objectives. Plans usually include the following: key activities for the corresponding objective; lead person for each activity; timeframes for completing activities; resources requires; and evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy. (Source: Adapted from The Executive Guide to Facilitating Strategy: Featuring the Drivers Model. Michael Wilkinson. 1st Ed.)
Analyze	To study or determine the nature and relationship of the parts by analysis. (Source: Merriam-Webster Online Dictionary)
Barriers	Existing or potential challenges that hinder the achievement of one or more objectives. (Source: The Executive Guide to Facilitating Strategy: Featuring the Drivers Model. Michael Wilkinson. 1st Ed.)
Benchmark	Points of reference or a standard against which measurements can be compared by both data analysts and communities. In the context of indicators and public health, a benchmark is an accurate data point used as a reference for future comparisons, similar to a baseline. Also referred to as *best practices*, *indicators*, or *targets*. (Source: Norris T, Atkinson A, et al. The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities. San Francisco, CA: Redefining Progress; 1997)

Term	Definition
Best Practice	The best clinical or administrative practice or approach at the moment, given the situation, client or community needs and desires, evidence-based solutions, and available resources. Related to the concept of *promising practice*, which identifies a clinical or administrative practice for which there is considerable practical evidence and/or expert consensus, but no strong scientific evidence. (Source: National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf)
Continuous Improvement	Actions taken throughout an organization intended to increase the effectiveness and efficiency of activities and processes in order to provide added benefits to the client and the organization. (Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T Westcott, editor. 3rd Ed.)
Data	Quantitative or qualitative facts presented in descriptive, numeric, or graphic form. (Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T Westcott, editor. 3rd Ed.)
Evaluate	To systematically investigate the merit, worth, or significance of an object. To assign *value* to a program's efforts means addressing those interrelated domains of merit (quality), worth (cost-effectiveness), and significance (importance). (Source: CDC – A Framework for Program Evaluation)
Evidence-Based Practice	Involves making decisions based on the best available scientific evidence, systematically using data and information systems, applying program-planning frameworks, engaging the community in decision-making, conducting sound evaluation, and disseminating results. (Source: Brownson, Fielding and Maylahn. Evidence-based Public Health: A Fundamental Concept for Public Health Practice. Annual Review of Public Health)
Goal	A statement of general intent, aim, or desire. The point toward which management directs its efforts and resources in fulfillment of the stated mission. Goals are usually non-quantitative. (Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T Westcott, editor. 3rd Ed.)

Term	Definition
Implement	To put into action; to give practical effect to an objective or task. Implementation should be followed by evaluation by concrete measures to ensure appropriate fulfillment. (Source: Adapted from Merriam-Webster.com)
Indicators	Predetermined measures used to measure how well an organization is meeting its clients' needs, operational objectives, and financial performance targets. Such indicators can be either *leading* or *lagging* indicators. (Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T Westcott, editor. 3rd Ed.)
Lean Six Sigma	A methodology that relies on a collaborative team effort to improve performance by systematically removing waste through the combination of lean manufacturing/lean enterprise and Six Sigma. There are eight kinds of waste (poda): defects, overproduction, waiting, non-utilized talent, transportation, inventory, motion, and extra-processing. (Source: Decoding Lean Six Sigma, kennesaw.edu)
Objective	Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period. (Source: The Executive Guide to Facilitating Strategy: Featuring the Drivers Model. Michael Wilkinson. 1st Ed.) Objectives need to be Smart, Measurable, Achievable, Relevant, and Timely (SMART).
Opportunity for Improvement	Agents, factors, or forces in an organization's external and internal environments that can directly or indirectly affect its chances of success or failure. (Source: Adapted from BusinessDictionary.com)
Outcomes	Long-term end goals that are influenced by a project, as well as external influences. Outcomes reflect both the actual results achieved and the impact or benefit of a program.
Performance Improvement	An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. (Source: acqnotes.com)
Performance Indicator	A measurement that related to performance, but is not a direct measure of such performance (e.g., a certain quantity of complaints is an indicator of dissatisfaction but not a direct measure of it). Indicators that appear to predict significant performance are known as *leading indicators* (e.g., increased satisfaction might be a leading indicator of market share gain). (Source: 2013 Sterling Criteria for Performance Excellence)

Term	Definition
Performance Measures or **Performance Metrics**	Tools or information used to measure results and ensure accountability. The specific quantitative representation of capacity, process, or outcome deemed to be relevant to performance assessment. (Source: Lichiello, P. Turning Point Guidebook for Performance Measurement, Turning Point National Program Office, December 1999)
Performance Report	Documentation and reporting of progress in meeting standards and targets, along with the sharing of such information through feedback. The report should provide information in four categories: facts, meaning, assessments, and recommendations. (Source: Turning Point Performance Management, National Excellence Collaborative, 2004)
Plan-Do-Check-Act (PDCA)	A four-step model for carrying out change that is performed on a cycle to ensure continuous improvement. Also referred to as Plan-Do-Study-Act (PDSA) cycle, Deming Cycle, Shewhart Cycle. (Source: ASQ.org)
Priorities	Strategically selected areas on which a provider focuses its resources (human, financial, etc.).
Quality Improvement (QI)	The use of a deliberate and defined improvement process, such as the PDCA cycle, which focuses on activities that are responsive to community needs and in the interest of improving population health. QI is characterized by continuous and ongoing efforts to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve community health. (Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. "Defining Quality Improvement in Public Health". Journal of Public Health Management and Practice. January/February 2010)
Quality Improvement Plan	A QI Plan describes what an agency is planning to accomplish and reflects what is currently happening with processes and systems within that agency. The plan is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization. The QI plan is also a living document and should be revised and updated regularly as progress is made and priorities change. The plan provides written credibility to the QI process and is a visible sign of management support and commitment to quality through the agency. The Public Health Accreditation Board requires a QI plan as documentation for measure 9.2.1 A of the Standards and Measures Version 1.5. (Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Quality Improvement Culture in Public Health Agencies." American Journal of Public Health. 2014. 104(1):e98-104)

Term	Definition
Quality Management (QM)	Quality management ensures that an organization, product, or service is consistent. QM has four components: quality planning, quality assurance, quality control, and quality improvement. QM is focused on not only product and service quality, but also the means to achieve it. (Source: Wikipedia)
Quality Management Program	A quality management program is a systematic process with identified leadership, accountability, and dedicated resources. The program uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. (Source: Quality Management Technical Assistance Manual, HRSA)
Quality Tools	Tools that help an organization understand their processes to improve them. These include: cause and effect diagrams, check sheets, control charts, flowcharts, histograms, Pareto charts, and scatter diagrams. (Source: ASQ Quality Glossary)
Reporting (performance)	A process that provides timely performance data for selected performance measures/indicators that can then be transformed into information and knowledge.
Resources	Personnel, equipment, facilities, and funds available to address organizational needs and to accomplish a goal.
Sustainability	Sustainability gauges the likelihood that improvements can be maintained over time. It involves how well processes are defined and documented with the goal of being repeated; how outputs and outcomes of the process are measured and monitored; whether ongoing training of those processes and standards for implementation is provided; and whether the standards for the process are reviewed periodically as a part of continuous quality improvement.
System	A network of connecting processes and people that together perform a common mission. (Source: The Quality Improvement Handbook, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd Ed.)
Targets	Desired or promised levels of performance based on performance indicators. Targets may specify a minimum level of performance or define aspirations for improvement over a specified timeframe.
Validate	To confirm by examination of objective evidence that specific requirements and/or specified intended uses are met. (Source: Florida Sterling The Quality Improvement Handbook, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd Ed.)

SIGNATURES:

[signature] 07-21-2022

RWHAP Part B Clinical Quality Manager | Date

[signature] 7/21/2022

RWHAP Part B Lead Agency Representative | Date

(Currently Vacant)

RWHAP Part A Quality Manager/Health Planner | Date

Claudia Yabrudy 7/25/2022

RWHAP Part A Recipient Representative | Date

Jessica Seidita 7/29/2022

Sub-recipient Workgroup Representative | Date

APPENDIX:

HAB Performance Measure Definitions[1]

HIV Viral Load Suppression

Description: 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.

Numerator	Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Annual Retention in Care

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.

Numerator	Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical visit within the 12-month measurement year.

Prescription of HIV Antiretroviral Therapy

Description: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

Numerator	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.

[1] Performance measure indicators may vary from HAB measure definitions across providers, services, and funding streams due to differences in data management systems.

Linkage to Medical Care

Description: The percentage of patients, regardless of age, who successfully completed a first medical clinic visit within one month (30 days) after HIV diagnosis.

Numerator	Number of patients from the denominator who completed a medical visit within 30 days of diagnosis.
Denominator	Number of patients, regardless of age, with a new diagnosis of HIV in the measurement year.

Client Satisfaction of Services

Description: The percentage of patients with HIV who are satisfied with the HIV-related services they receive.

Numerator	Number of patients from the denominator who agree or strongly agree with feeling satisfied with their HIV services.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV who completed a client satisfaction survey in the measurement year.

QM PLAN ADDENDA

QM Plan Addendum #1:
Orlando Service Area CQM Work Plan

CY 2022														
Action Step	Measure of Compliance or Progress	Responsible Party	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Opportunity: 2019 data reflect OSA community viral load suppression at 70% and PWH retention in care at 81%, both below their respective 2021 targets of 75% and 81% as stated in the 2017-2021 Integrated HIV Prevention and Care Plan.														
Goal 1. To increase the percentage of PWH retained in care from 81% to 90% by increasing the annual retention rate to at least 95% and the viral suppression rate to at least 93% for clients in the RWHAP system of care (see QM Plan Addendum #2).														
1.a. Implement ICM pre-training	# MCM clients identified with revised tools	Lead Agency	✖	✖	✖	✖	✖	✖						
1.b. Implement virtual and in-person ICM training program	# completed training sessions, # of MCMs trained	Lead Agency & ICM Trainer				✖	✖	✖						
1.c. Monitor & evaluate frequency and type of client contact	# of units	Lead Agency & Recipient's Office					✖	✖	✖	✖	✖	✖	✖	✖
1.d. Monitor & evaluate Individualized Care Plans	# of completed care plans	Lead Agency & Recipient's Office					✖	✖	✖	✖	✖	✖	✖	✖
1.e. Monitor & evaluate impact on VLS and retention in care	Increase in VLS and retention in care	Lead Agency, Recipient's Office, QM Workgroup					✖	✖	✖	✖	✖	✖	✖	✖

QM Plan Addendum #1:
Orlando Service Area CQM Work Plan

CY 2023-2025					
Action Step	Measure of Compliance or Progress	Responsible Party	CY 2023	CY 2024	CY 2025
Opportunity: 2019 data reflect OSA community viral load suppression at 70% and PWH retention in care at 81%, both below their respective 2021 targets of 75% and 81% as stated in the 2017-2021 Integrated HIV Prevention and Care Plan. **Goal 1. To increase the percentage of PWH retained in care from 81% to 90% by increasing the annual retention rate to at least 95% and the viral suppression rate to at least 93% for clients in the RWHAP system of care (see QM Plan Addendum #2).**					
1.f. Finalize Implementation of Intensive Case Management services	Reduced case loads	Lead Agency & Recipient's Office	**x**		
1.g. Augment ICM service training	# of completed training sessions, # of ICMs trained	Lead Agency, Recipient's Office, ICM Trainer		**x**	
1.h. Enhance coordination between ICM and community-based system of care	Increase in VLS and retention in care	Lead Agency & Recipient's Office			**x**

QM Plan Addendum #1:

Orlando Service Area CQM Work Plan

CY 2022														
Action Step	Measure of Compliance or Progress	Responsible Party	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Opportunity: Cultivate a culture of quality and improve CQM programs among the subrecipients and staff. **Goal 2. To develop a process by which staff and subrecipients are recognized for outstanding QI initiatives (see QM Plan Addendum #3).**														
2.a. Recommend recognition processes for implementation to the Workgroup and system of care	Workgroup minutes reflecting approval of process(es)	Workgroup Chair & Health Planner					✖							
2.b. Promote awareness of QI initiatives and data trends	Development of materials	Lead Agency, Recipient's Office, QM Workgroup					✖	✖	✖			✖	✖	✖
2.c. Promote awareness of QI initiatives and data trends	Distribution of materials to community	Lead Agency, Recipient's Office, QM Workgroup							✖	✖	✖			
2.d. Establish QM learning community	Monthly meetings	CQM Manager, Lead Agency, Health Planner					✖	✖	✖	✖	✖	✖	✖	✖
2.e. Establish Quality Care Award(s)	Award category and criteria document	QM Workgroup										✖	✖	✖

QM Plan Addendum #1:

Orlando Service Area CQM Work Plan

CY 2023-2025					
Action Step	Measure of Compliance or Progress	Responsible Party	CY 2023	CY 2024	CY 2025
Opportunity: Cultivate a culture of quality and improve CQM programs among the subrecipients and staff. **Goal 2. To develop a process by which staff and subrecipients are recognized for outstanding QI initiatives (see QM Plan Addendum #3).**					
2.f. Implement staff and subrecipient recognition program	Quality Care Awards - categories and criteria	Lead Agency & Recipient's Office	**x**		
2.g. Engage staff by sharing QI projects and benchmarking performance	CQM materials and HIVQM module	Lead Agency, Recipient's Office, QM Workgroup		**x**	
2.h. Develop sustainability plans and acknowledgement process for staff and subrecipients	Sustainability Plan	Lead Agency & Recipient's Office			**x**

QM Plan Addendum #1:

Orlando Service Area CQM Work Plan

CY 2022														
Action Step	Measure of Compliance or Progress	Responsible Party	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Opportunity: Cultivate a culture of quality and improve CQM programs among the subrecipients and staff. **Goal 3. Develop a methodology and formula for implementing a funding process that prioritizes patient care outcomes.**														
3.a. Research best practices on value-based care	Present possible models to Workgroup	Lead Agency & Recipient's Office					✖	✖	✖	✖				
3.b. Draft a process to base funding decisions in-part on CQM activities	Policy & Procedure document	Lead Agency, Recipient's Office, QM Workgroup								✖	✖	✖		
3.c. Educate providers on value-based funding criteria	Information session	Lead Agency & Recipient's Office											✖	✖

QM Plan Addendum #1:

Orlando Service Area CQM Work Plan

CY 2023-2025					
Action Step	Measure of Compliance or Progress	Responsible Party	CY 2023	CY 2024	CY 2025
Opportunity: Cultivate a culture of quality and improve CQM programs among the subrecipients and staff. **Goal 3. Develop a methodology and formula for implementing a funding process that prioritizes patient care outcomes**					
3.d. Select model for value-based funding	Value-based model comparison	Lead Agency, Recipient's Office, QM Workgroup	**x**		
3.e. Implement model for value-based funding	Policy & Procedure document	Lead Agency, Recipient's Office, QM Workgroup		**x**	
3.f. Assess efficacy of model for value-based funding	Increase in VLS and retention in care	Lead Agency, Recipient's Office, QM Workgroup			**x**

QM Plan Addendum #2:
Intensive Case Management PDCA

OSA Quality Management Program

Date of Report: April 15, 2022

> **HAB Measure:** HIV Viral Load Suppression – *percentage of clients, regardless of age, with an HIV diagnosis, with an HIV viral load of less than 200 copies/mL at last HIV viral load test of the measurement year.*

OSA HIV 2020 Care Continuum Outcome: According to the latest epidemiological data provided by the Florida Department of Health, the OSA viral load suppression for all PWH within the OSA is 72.8% as of June 30, 2021. Review of data of the 30 clients enrolled in Project Zero and receiving intensive case management (ICM) services indicates that 65% achieved viral suppression. Therefore, expanding the ICM services should result in an overall increase in viral load suppression and retention in care.

Cycle: Quarterly, beginning April 1, 2022 and ongoing

PLAN-DO-CHECK-ACT

The OSA Quality Management Technical Workgroup plans to: Expand the implementation of ICM services in the OSA to monitor and evaluate the impact of increased contact frequency and monthly care plans.

We hope this produces:

- Viral load suppression: a 5% increase of virally suppressed PWH in the RWHAP system of care; at least 92% of EMA clients and 88% of Brevard clients achieving viral load suppression
- Annual retention in care: 65% of EMA clients and 65% of Brevard clients will be retained in care

Steps to execute:

1. Identify optimum number of medical case managers (MCM) required.
2. Procure additional MCMs for the RWHAP system.
3. Provide training on delivery of ICM services.
4. Enroll clients and provide ICM services.
5. Monitor and evaluate the frequency of ICM contacts and impact of monthly care plans.

6. Measure and monitor viral load suppression reports from Provide Enterprise (PE) and CAREWare.

PLAN-**DO**-CHECK-ACT

What did you observe?

Measurements should be done monthly during the PDCA cycle and reported to the OSA Quality Management Technical Workgroup by end of each quarter.

Compare each monthly outcome with a quarterly aggregate end outcome to determine effectiveness of the plan.

PLAN-DO-**CHECK**-ACT

What did you learn? Did you meet your measurement goal?

This section is filled in at the end of the first cycle. If the plan worked and you saw the anticipated increase as described above, you continue this action for another quarterly cycle to ensure increased outcome results. If you did not see any increase in your outcomes, this is where you indicate the new PLAN for the next PDCA cycle.

List each month's outcomes below:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
January	April	July	October
February	May	August	November
March	June	September	December

PLAN-DO-CHECK-**ACT**

What did you conclude from this PDCA cycle?

If the cycle indicated the predicted outcome result, remain constant with the action plan. If no change is seen, note that the action plan was not successful and list the new action plan for the next cycle with the outcome prediction in this section.

QM Plan Addendum #3:
QI Recognition Program PDCA

OSA Quality Management Program

Date of Report: April 15, 2022

> **HAB Measure:** HIV Viral Load Suppression – *percentage of clients, regardless of age, with an HIV diagnosis, with an HIV viral load of less than 200 copies/mL at last HIV viral load test of the measurement year.*
>
> **HAB Measure:** Annual Retention Rate – *percentage of clients, regardless of age, with an HIV diagnosis who had at least two (2) clinical encounters within the 12-month measurement year.*

OSA HIV 2020 Care Continuum Outcome: According to the latest epidemiological data provided by the Florida Department of Health, the OSA viral load suppression for all PWH within the OSA is 72.8% as of June 30, 2021. The annual retention rate is 75.3% as of June 30, 2021. Review of RWHAP data indicates that clients within the local RWHAP system of care have higher viral load suppression and annual retention rates than the community at large. Therefore, increasing the RWHAP rates even further will result in an increase in the overall community rates.

Cycle: Quarterly, beginning April 1, 2022 through June 30, 2023

PLAN-DO-CHECK-ACT

OSA QM Program: Implement a formal process for recognizing staff and subrecipient performance in QI to increase retention in care and viral suppression rates of clients enrolled in RWHAP.

We hope this produces:

> A culture of quality that engages core staff in QI projects that achieve significant improvements in care. Specifically, projects should contribute to a 5% increase in annual retention in care of PWH in the RWHAP, with a subsequent decrease in PWH with highly detectable viral loads.

Steps to execute:

1. Assess the system of care's current activities recognizing staff and achievements internally and externally.
2. Provide recommendations for recognition processes and activities to the CQM workgroup.
3. Develop materials promoting awareness of QI initiatives and data trends.
4. Distribute QI awareness materials to the community and system of care.
5. Collect data and present subrecipient QI activities to the CQM workgroup and system of care.
6. Create and execute a strategy for ongoing information sharing via fact sheets, the Red Ribbon Times, eNewsletter, posters, social media, presentations, network meetings, provider meetings, etc.
7. Establish a QM learning community (QM Champion's Workgroup).
8. Develop and establish a process for annual Quality Care Awards through the CQM Workgroup.
9. Measure and monitor annual retention in care of PWH and their viral loads via reports sourced from Provide Enterprise (PE) and CAREWare.

PLAN-DO-CHECK-ACT

What did you observe?

Monthly reports from PE and CAREWare will be reviewed and aggregated on a quarterly basis for reporting to the Quality Management Technical Workgroup. The quarterly report will also summarize local QI activities, successes, and challenges.

Compare each monthly outcome with a quarterly aggregate end outcome to determine effectiveness of the plan.

PLAN-DO-CHECK-ACT

What did you learn? Did you meet your measurement goal?

This section is filled in at the end of the first cycle. If the plan worked and you saw the anticipated increase as described above, you continue this action for another quarterly cycle to ensure increased outcome results. If you did not see any increase in your outcomes, this is where you indicate the new PLAN for the next PDCA cycle.

List each month's outcomes below:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
January	April	July	October
February	May	August	November
March	June	September	December

PLAN-DO-CHECK-ACT

What did you conclude from this PDCA cycle?

If the cycle indicated the predicted outcome result, remain constant with the action plan. If no change is seen, note that the action plan was not successful and list the new action plan for the next cycle with the outcome prediction in this section.

QM Plan Addendum #4:
Status Report

2021	Activity	Outcome
Project Zero (ICM)	Increase VLS and Retention in Care through implementation of Intensive Case Management Services	**Unmet**
Peer Support	Increase VLS and Retention in Care through implementation of E2D2 Peer Support intervention in Brevard County	**Unmet**
Conditions	COVID-19	
Challenges	Unavailability of E2D2 Peer Support intervention training; delay in state Peer Certification training program; MCM and peer staff vacancies; Reliability and integrity of performance measure data.	
2020	**Activity**	**Outcome**
Project Zero	Increase VLS of PWH in system of care and 95% of enrolled PWH will achieve VLS	**Partially Met**
E2D2 Peer Support	Increase retention in care of PWH and decrease in detectable and highly detectable VL	**Unmet**
Conditions	COVID-19	
Challenges	Unavailability of E2D2 Peer Support intervention training; unavailability of lab services; MCM and peer staff vacancies; Reliability and integrity of performance measure data.	
2019	**Activity**	**Outcome**
Support Groups EBI	Increase retention in care for MMSC of color and youth through E2D2 peer support group	**Met**
VLS EBI Education	Increase VLS for MMSC of color and youth PWH using E2D2	**Unmet**
Minority PWH	Increase retention in care of minority PWH in the EMA; Decrease in detectable and highly detectable VL	**Met**

Conditions		
Challenges	System and mapping errors; process gaps; MCM and peer staff vacancies; Reliability and integrity of performance measure data.	
2018	**Activity**	**Outcome**
EBI Intervention	Increase retention in care through implementation of pilot EBI and adherence groups to transgender individuals	**Met**
VLS EBI Education	Increase VLS of PWH in the EMA	**Met**
Conditions		
Challenges	System and mapping errors; process gaps; MCM and peer staff vacancies; Reliability and integrity of performance measure data.	
2017	**Activity**	**Outcome**
Minority PWH	Increase retention in care of minority PWH in the EMA; Decrease in detectable and highly detectable VL	**Met**
Conditions		
Challenges	Local planning bodies not yet integrated; lack of integrated QM staff	