Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

COMMITTEE: Quality Management Committee
MEETING AGENDA
Date/Time: Monday, July 15, 2013 at 12:30 p.m.
Location: Governmental Center Annex, A335
Claudette Grant, **Chair**

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 7/15/2013 Agendas and 5/20/13 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   a. New Business
   b. Request for Information/Directives
   c. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
   d. Next Meeting Date: August 19, 2013

4. **UNFINISHED BUSINESS**

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Action Items*
Item #1 Review Policies and Procedures (WP Item 2.2)	**ACTION ITEM:** Update on revisions to Policies and Procedures.
Item #2 Quarterly Network Update (W.P. 3.1)	**ACTION ITEM:** Update on Network activities.
Item #3 Review Performance Measures and Other Data Sources to Assess Linkage to Care (W.P. 5.1)	**ACTION ITEM**: Review data and identify areas for improvement in retention.
Item #4 Quarterly Data Review (W.P. 1.1)	**ACTION ITEM**: Review data and identify areas for improvement in retention.

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Item #6 Quarterly Data Review (W.P. 1.1)	

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

MEETING MINUTES

COMMITTEE: Quality Management Committee
Date/Time: Monday, May 20, 2013, 12:30 p.m.
Location: Governmental Center Annex, A335
Claudette Grant, **Chair**

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Grantee Staff**
1	Grant, C.	**X**			Gammell, B.	Swanson, M.
2	Katz, H. B.	**X**				Degraffenreidt, S.
3	Martin, M.	**X**				Jones, L.
4	Schweizer, M.	**X**				**HIVPC Support Staff**
5	Jefferson, M.		**X**			Eshel, A.
6	Mitchell, T.	**X**				Solomon, R.
7	Ettinger, R.		**X**			
8	Majcher, B.	**X**				
	Quorum = 5	**6**	**2**			

1. CALL TO ORDER:

The Chair called the meeting to order at 12:35 p.m. without quorum. Quorum was established at 12:38 p.m.

The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda
Proposed by:	Katz, H.B.
Seconded by:	Schweizer, M.
Amendment	To move the Grantee report before new business
Action:	Passed Unanimously

Motion #2	To approve meeting minutes of 4/15/13
Proposed by:	Katz, H.B.
Seconded by:	Martin, M.
Action:	Passed Unanimously

After reviewing the meeting minutes, a member raised a question regarding revisions made to the Standards of Care in the Outpatient/Ambulatory Medical Service Delivery Model (SDM). The member was concerned with the fact that while cervical screenings are an annual requirement, anal Pap exams for males are not. The Chair explained that the Broward EMA follows the Department of

Health and Human Services' guidelines and while anal Pap exams are recommended they are not mandatory. The Medical Quality Improvement Network has discussed this topic in depth, however, it may be brought to the Network's attention at a future meeting.

3. STANDARD COMMITTEE ITEMS

a. New Business

Committee Members made the following motion.

Motion #3	Move to appoint Brad Gammell to the Quality Management Committee (QMC)
Proposed by:	Schweizer, M.
Seconded by:	Majcher, B.
Justification	To apply the knowledge he obtained from the National Quality Center's Training of Consumers in Quality (NQC TCQ) to the Committee
Action:	Passed Unanimously

b. Request for Information/Directives

There were no requests for information/directives.

c. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

d. Next Meeting Date: July 15, 2013

4. UNFINISHED BUSINESS

There was no unfinished business.

5. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
Review 3-Year QM Work Plan *(WP Item 2.3)*	The Committee was informed that the 3-Year QM Work Plan is currently under review; Committee is anticipated to review and approve 3-Year Work Plan at the July meeting.
Review Policies and Procedures *(WP Item 2.2)*	The Committee was informed that the P&P are currently under review; Committee is anticipated to review and approve P&P at the July meeting.
Review Findings from Client Needs Assessment and JPC Identified Barriers *(WP Item 3.2)*	The Committee heard a presentation on the 2012 Client Survey Summary of Findings. The Committee was informed that this presentation is a draft; final report will be available upon completion. It was also noted that the values have been rounded and the comments provided under the "Other" response option are still being interpreted. The presentation included findings related to: Consumer priority rankings; demographics; special populations; homelessness; barriers to care; lost to care; and newly diagnosed (*copy on file*). FY 12-13 Part A service utilization was also presented. The Committee suggested detailed breakdowns for barriers to care (transportation and homelessness) in either a focus group or modified questions in the 2013 Client Needs Assessment Survey. Members discussed transportation as a key finding for clients lost to care; break out suggested to include modes of transportation (e.g., bus passes, car, etc.) to identify transportation barriers. Members also suggested breaking down homelessness to identify present, recent or past homelessness to better understand this factor as a barrier to care. There was a discussion on the survey filter used to classify clients identified as lost to care; Members suggested filtering survey findings to identify

	clients as delayed, lost and new to care to ensure that recently diagnosed client who have not entered into care are not misclassified as lost to care.
Quarterly Data Review *(WP Item 1.1)*	The Grantee queried members about their preference for reviewing Provide Enterprise (PE) data since there are multiple datasets available for review. The Committee requested that summary reports for HAB Measures, Broward Client Level Outcomes and Indicators, In+Care Campaign, and National HIV/AIDS Strategy (NHAS) Indicators be presented quarterly to identify areas needing further review and determine possible interventions. Staff to send summary data with meeting notification. The Committee agreed to review summary data and request any additional data needed in preparation.

6. GRANTEE REPORTS

The Grantee to receive HRSA site visit June 17-20, 2013; Therefore, the June 17, 2013 QMC meeting will be cancelled. Grantee staff attended the NQC's Total Quality Leaders and Coaching Basics training and HIVPC Vice-Chair attended TCQ; Information gained in the trainings will be shared to enhance QM knowledge and skills.

7. 7. PUBLIC COMMENT

There was no public comment.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date:** July15, 2013 **Venue:** Governmental Center Annex, A335

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party for Completing Task*	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Item #1 Review 3-Year QM Work Plan *(WP Item 2.3)*	QMC, Staff, Grantee	
Item #2 Review Policies and Procedures *(WP Item 2.2)*	QMC, Staff, Grantee	
Item #3 Quarterly Network Update *(W.P. 3.1)*	QMC, Staff, Grantee	
Item #4 Identify Service Category for Annual Review *(W.P. 4.1e)*	QMC, Staff, Grantee	
Item #5 Review Performance Measures and Other Data Sources to Assess Linkage to Care *(W.P. 5.1)*	QMC, Staff, Grantee	
Item #6 Quarterly Data Review *(W.P. 1.1)*	QMC, Staff, Grantee	

a) ANNOUNCEMENTS

- A member informed the committee that Dr. Barnes and Lisa Layman are leaving Nova Southeastern University; Dr. Barnes to practice at Care Resource.

b) ADJOURNMENT

Without objection the meeting was adjourned at 2:20 p.m.

Quality Management Attendance CY: 2013

Count	Member	1/7/13	3/18/13	4/15/13	5/20/13
1	Grant, C.	√	√	√	√
2	Katz, H.B.	√	√	√	√
3	Martin, M.	A	A	√	√
4	Schweizer, M.	√	A	A	√
5	Jefferson, M.	√	√	A	A
6	Mitchell, T.	E	A	√	√
7	Ettinger, R.	Appointed 3/28/13		√	A
8	Majcher, B.	Appointed 3/28/13		√	√
Quorum=5		YES	NO	YES	YES

QUALITY MANAGEMENT COMMITTEE
Policies and Procedures

Purpose

The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

Policy

The Quality Management (QM) Committee shall ensure that the highest quality HIV medical care and support services are provided to eligible Broward County Residents living with HIV/AIDS by developing client and system based outcomes and indicators, providing oversight of standards of care within the service delivery models, developing scopes of service for program evaluation studies, evaluating client satisfaction and identifying client and staff education and training needs.

Annual Work Plan Goals

- Develop 3-Year QM Plan
- Review & Analyze Annual Measures and Chart Review Data
- Review & Assess Client-Level Data
- Provide Quality Assurance and Quality Improvement (QI) Training to All Stakeholders
- Review and Implement QM Committee Policies and Procedures
- Approve Service Delivery Model Modifications
- Evaluate Client Survey from Needs Assessment
- Apply QM methods to identify areas of improvement and modify processes to support the EIIHA Strategy and the goals of the National HIV/AIDS Strategy
- Monitor the activities of the QI Networks
- Conduct Annual QM Plan Evaluation
- Participate in the development of the Clinical Quality Management section of the Ryan White Grant Application

Procedures

QM Committee functions as a committee of the Broward County EMA HIV Planning Council. The QM Committee is chaired by an HIV Planning Council Member.

Membership of the committee consists of consumers, client service professionals, and HIV and non-HIV providers. Committee membership must be broadly reflective of the epidemic. To assist and inform the QM Committee's work, the Service Provider Networks are invited and encouraged to provide input into the development of client and system based outcomes and associated indicators as indicated in the QM Committee Policy section.

Program data and research are provided by Council and Clinical Quality Assurance staff, drawing from a wide-range of data sources.

The QM Committee maintains oversight of Standards of Care within Service Delivery Models including:

a. Application of Best Practice Models
b. Review of Standards of Care
c. Recommend changes to Standards of Care to:
    i. Conform to best practice models
    ii. Support achievement of client and system outcomes
    iii. Respond to emerging client needs

d. Direct QI Networks to make specific service protocol modifications to support recommended changes to standards of care
    i. Approve the need for program evaluation studies
    ii. Develop and/or approve the Scopes of Service for program evaluation studies
    iii. Identify and recommend opportunities to improve client satisfaction

Assess Effectiveness of Services Offered in Meeting the Identified Needs:

1. Identify and approve tools/data needed to perform an assessment, including relevant reports, questionnaires, or other sources of information.
    a. Aggregate Service Outcome Data
    b. Initial and Updated Implementation Plans
    c. Other Studies (Peer reviews; Aggregate Programmatic Monitoring Reports; AETC/Chart Reviews, etc.)
2. Develop tools not currently available
3. Collect and review data
4. Evaluate the Assessment Process

QUARTERLY QUALITY IMPROVEMENT (QI) NETWORK UPDATE
MARCH 2013-MAY 2013

Oral Health Care Network

- The Network reviewed the FY 13-14 annual Oral Health Care Network work plan.
- The Network approved outcome #2 (*Improvement in Periodontal Health*).
    - The Network discussed ways to measure outcome #2.
    - PE to be programmed to accommodate the changes.
    - The Network to continue reporting as they have until outcomes and indicators have been approved by HIVPC and PE is programmed.
- The Network was asked to review the Service Delivery Model (SDM) for suggested revisions.

Next Steps:

- Review and revise SDM.
- Review Oral Health Care Study Findings.
- Develop plan for Oral Health Care data review and analysis to improve retention.

Mental Health/Substance Abuse Network

- The Network reviewed the FY 13-14 annual work plan.
- The Network reviewed Mental Health and Substance Abuse utilization data for FY 12-13.
- The Network began developing a Case Management training on assessing depression:
    - *Introduction:* Mental Health statistics and retention in care; depression triggers; health issues associated with depression; symptoms of depression; ways to treat and control depression; how and when to refer a client to MH/SA services.
    - *Assessment:* Identifying signs and symptoms of depression.
    - *Group Activity:* Groups will review scenarios and discuss the ideal follow-up steps and resolution.
- The Network recommended reviewing the Substance Abuse and Mental Illness Symptom Screener (SAMISS) and PHQ2 assessment tools. The Network recommended programming one of the validated tools in PE as part of the case management client needs assessment.

Next Steps:

- Finalize Case Management training presentation.
- Provide presentation at August MCM Network meeting.

Outpatient Ambulatory Medical Care Network

- The Network reviewed the Medical Network FY13-14 annual work plan.
- The Network heard a presentation on the steps taken thus far in the cervical screening QIP development.
- The Network was asked to review Client Level Data per Agency for FY 12-13 using the following instructions:
    - Review cervical screening data in EMR for Part A Clients
    - Review cervical screening data in PE for the same time frame
    - Compare HAB and EMR data; provide rates
    - Answer basic questions: Do rates reflect care provided? If not, reasons for rates?
    - Network to report findings at next meeting
- The Network recommended PE be programmed with the following cervical screening-related exclusions:
    - Clients who have had a total hysterectomy (*Program PE to include option: 'not medically indicated'*)
    - Age >65
    - Medicaid/Medicare/Private Insurance
    - Patients documented to be deceased at any time in the measurement year
    - Patients who were incarcerated for greater than 90 days of the measurement year
    - Patients who relocated out of the service area or transferred medical care at any time in the measurement year
- The Network recommended additions to the Part A Formulary: Risperdal, Wellbutrin, Gabapentin, Zithromax, Diflucan, and Remeron. Recommendations will be presented to LPAC.
- Members of the Network participated in the Case Management training. The training focused on the history of HIV/AIDS, developments in HIV medical care, and achieving the goals of the National HIV/AIDS Strategy. Following the presentation, members sat on a Ryan White Medical Panel and answered the case managers' questions.

Next Steps:

- Review findings from cervical screening data analysis.
- Develop a QIP to improve the rates of cervical screenings.
- Provide additional recommendations for Part A Formulary revisions.

Medical Case Management Network

- The Network reviewed the FY13-14 annual work plan.
- The Network reviewed the MCM Retention QIP and discussed the areas identified as needing improvement: data entry, case closure and progress note documentation.
- The Network was asked to run the active client list and Gap Measure reports for their agency. Results were provided per agency. Follow-up data analysis:
    - Using a PE report, agencies to collect data on clients who have not had any activity in the last 120 days.
    - The report will provide a list of clients with no documented activities.
    - Supervisors will give each case manager a list of their clients to follow-up with.
    - Each supervisor will be responsible for presenting their agency's data at the next MCM Network meeting.
- The Network reviewed Client Survey findings for clients lost to care.

Next Steps:

- Continue developing a QIP focused on retention in medical care.
- Each meeting will include a case study presented by a member.
- MH/SA presentation scheduled for August meeting.
- Upcoming training and Resource Fair focused on preparation for the ACA.

Combined Network

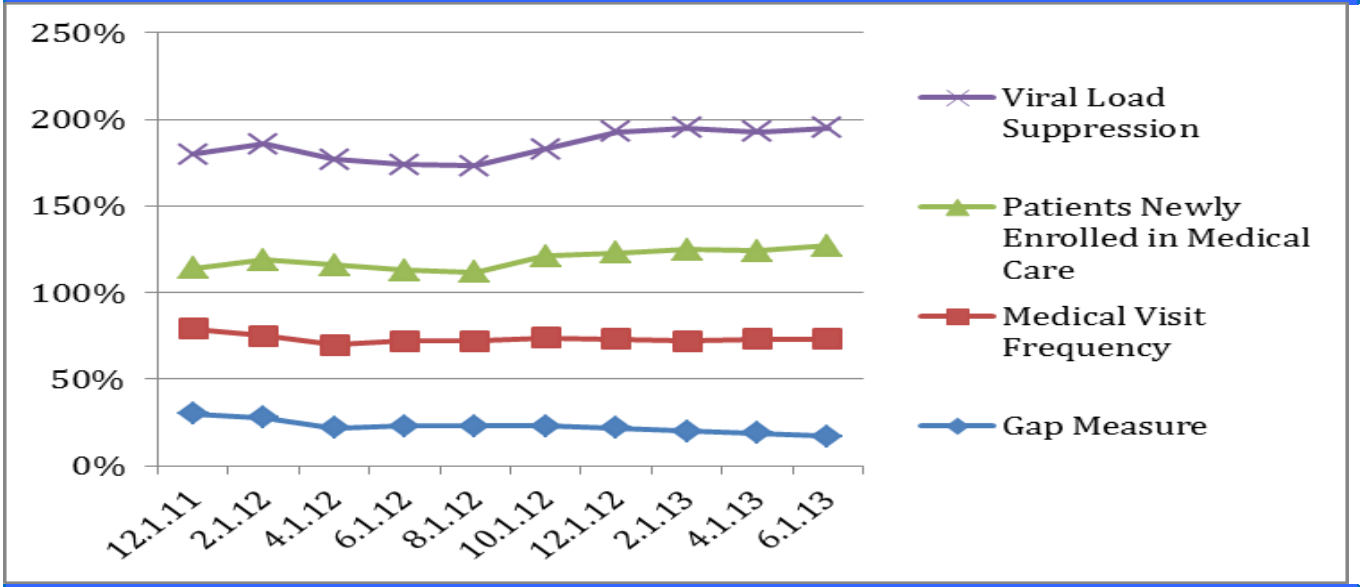
- The Network reviewed the FY13-14 annual work plan.
- The Network is developing a Health Literacy QIP.

Next Steps:

- Develop and implement Health Literacy QIP.

FY 12-13 HAB HRSA HIV Performance Measures							
Measure	Num	Denom	%	Measure	Num	Denom	%
CD4 T-Cell Count	2,559	3,291	**78%**	Chlamydia Screening	549	808	**68%**
HAART	316	329	**96%**	Gonorrhea Screening	547	808	**68%**
Medical Visits	2,765	3,291	**84%**	Syphilis Screening	3,018	3,922	**77%**
Oral Exam	1,647	3,922	**42%**	Cerv Can Screening	404	1,083	**37%**
Lipid Screening	2605	3,310	**79%**	Hepatitis B Screening	3,281	3,922	**84%**
TB Screening	2,545	3,915	**65%**	Hepatitis C Screening	2,985	3,922	**76%**

In+Care Campaign Measures



FY 12-13 HHS Outcomes							
Measure	Num	Denom	%	Measure	Num	Denom	%
HIV Positivity	280	828	**34%**	ART Clients in Care	4,427	5,198	**85%**
Retention in Care	1,700	3,058	**56%**	VL Suppression	3,062	4,475	**68%**
Late HIV DX	6	392	**2%**	Housing Status	958	5,174	**19%**
Linkage to Care	386	392	**98%**				

FY 2012/13 Part A/MAI Demographics				
Total Clients		Male	Female	Transgender
7,064	Gender	**70%**	**29%**	**1%**
		Black	White	Other
	Race	**53%**	**45%**	**2%**
		Hispanic	non-Hisp	Haitian
	Ethnicity	**15%**	**83%**	**10%**

FY 2012/13 Part A/MAI FPL	
0-100%	**4,151**
101-200%	**2,202**
201-300%	**629**
301-400%	**69**
Over 400%	**14**

	High VL		Not Suppressed		Suppressed		Undetectable		Total
TOTAL	**227**	**4%**	**1,210**	**22%**	**698**	**13%**	**3,279**	**61%**	**5,419**
Female	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
Female Total	**62**	**4%**	**430**	**27%**	**178**	**11%**	**918**	**58%**	**1,588**
Black	53	85%	372	87%	141	79%	725	79%	81%
White	9	15%	54	13%	33	19%	188	20%	18%
Non-Hispanic	59	95%	398	93%	160	90%	825	90%	91%
Hispanic	3	5%	32	7%	18	10%	93	10%	9%
Male	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
Male Total	**163**	**4%**	**770**	**20%**	**517**	**14%**	**2,343**	**62%**	**3,798**
Black	87	53%	409	53%	209	40%	966	41%	44%
White	75	46%	350	45%	305	59%	1,353	58%	55%
Other	1	1%	11	1%	3	1%	24	1%	1%
Non-Hispanic	143	88%	643	84%	420	81%	1,850	79%	80%
Hispanic	20	12%	127	16%	97	19%	493	21%	19%
Transgender	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
Transgender Total	**1**	**3%**	**10**	**33%**	**3**	**10%**	**16**	**53%**	**30**
Black	1	100%	5	50%	3	100%	9	56%	60%
White	0	0%	5	50%	0	0%	6	38%	37%
Non-Hispanic	1	100%	6	60%	3	100%	14	0%	80%
Hispanic	0	0%	4	40%	0	0%	2	13%	20%
Age	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
18-24	24	11%	156	13%	36	5%	149	5%	7%
29-38	47	21%	257	21%	110	16%	410	13%	15%
39-48	84	37%	389	32%	204	29%	974	30%	30%
49-58	66	29%	314	26%	266	38%	1,283	39%	36%
>/=59	6	3%	94	8%	82	12%	463	14%	12%
Sexual Orientation	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
Bisexual	11	5%	69	6%	38	5%	148	5%	5%
Heterosexual	126	56%	729	60%	355	51%	1,776	54%	55%
Homosexual (MSM/WSW	89	39%	403	33%	301	43%	1,328	41%	39%
Risk	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
Hemophila	1	0%	2	0%	3	0%	12	0%	0%
Hetero	114	50%	677	56%	331	47%	1,680	51%	52%
IDU	3	1%	24	2%	14	2%	71	2%	2%
Mother	3	1%	26	2%	7	1%	17	1%	1%
MSM	101	44%	454	38%	330	47%	1,454	44%	43%
MSM/IDU	0	0%	10	1%	6	1%	12	0%	1%
HIV Therapy	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
HAART	158	70%	800	66%	614	88%	2,926	90%	83%
Dual	5	2%	34	3%	17	2%	114	3%	3%
Single	2	1%	11	1%	6	1%	37	1%	1%
None	60	26%	341	28%	57	8%	174	5%	12%
Education Level	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
8th Grade or Less	19	8%	92	8%	42	6%	228	7%	7%
Between 8th-12th Grade	145	64%	787	65%	435	62%	1,996	61%	62%
College	63	28%	327	27%	221	32%	1,052	32%	31%
Living Arrangement	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
Institution	3	1%	23	2%	3	0%	17	1%	1%
Non-permanent	75	33%	348	29%	151	22%	625	19%	22%
Permanent Housing	149	66%	830	69%	543	78%	2,631	80%	77%
HIV Stage	**High VL**		**Not Suppressed**		**Suppressed**		**Undetectable**		**Total**
AIDS	36	16%	134	11%	84	12%	370	11%	12%
HIV Indeterminate	1	0%	1	0%	1	0%	0	0%	0%
HIV/AIDS Status	45	20%	311	26%	174	25%	791	24%	24%
HIV Not AIDS	145	64%	762	63%	439	63%	2,117	65%	64%

Undetecetable VL: Viral Load is < / = 50
Suppressed Detectable VL: Viral Load >50 and < / =200
Not Suppressed VL: Viral Load >200 and < 100,000
High VL: Viral Load is > / = 100,000

OBJECTIVE 1. REVIEW PERFORMANCE MEASURES AND SELECT ANNUAL DATA FOR REVIEW				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
1.1 Quarterly Data Reviews a) NQC In+Care Campaign Measures b) NHAS Indicators c) HAB Performance Measures d) Broward Client Level Outcomes and Indicators	• Review And Select Annual Data Measures • Identify Areas For Improvement • Provide Directives To The QI Networks	5/13 7/13 10/13 1/14	5/13 7/13 10/13 1/14	• Data reviews to begin in May as some March WP items were tabled.
OBJECTIVE 2: CONDUCT ANNUAL EVALUATION OF QM PROGRAM, WORK PLANS, AND PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
2.1 Review Policies And Procedures(P&P) 2.2 Review, Update & Approve 3-Year Work Plan 2.3 Review, Update And Approve Annual QM Work Plan 2.4 Review Service Delivery Models Submitted By QI Networks 2.5 Review Accomplishments And Challenges	• Updated P&P As Needed • Updated 3-Year And Annual Work Plans That Include Short-Term And Long-Term Strategies To Achieve QM Objectives • Service Delivery Models Reflect Most Current National Guidelines And Best Practices • Annual Work Plan Addresses Challenges Identified In The Previous FY	4/13 4/13 3/13 3/13 3/13	4/13 4/13 4/13 3/13 3/13	• Tabled for July • Tabled for July • Tabled for April (No quorum) • Tabled for April (No quorum) • **Completed**
OBJECTIVE 3: MONITOR QI NETWORK ACTIVITIES AND PROVIDE DIRECTIVES AND GUIDANCE IN QIP DEVELOPMENT				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
3.1 Quarterly Network Update	1. Identify Areas For Improvement 2. Provide Guidance And Directives To Improve Network Activities and QIPs	3/13 6/13 9/13 12/13	3/13 6/13 9/13 12/13	• **Completed**
OBJECTIVE 4: REVIEW AND ANALYZE FINDINGS FROM NEEDS ASSESSMENT, CLIENT SURVY, SERVICE CATEGORY STUDIES, AND RECORD REVIEWS				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
4.1 Review Findings From: a) Needs Assessment b) Client Survey c) Service Category Assessment/Studies d) Record Reviews e) Identify Service Category For Annual Evaluation	• Identify Barriers To Care • Identify Areas For Improvement In Service Delivery • Recommend Service Category Evaluation	5/13 6/13	5/13 6/13	• **Completed** • **June meeting cancelled**
OBJECTIVE 5: ASSESS LINKAGE TO CARE AND RETENTION PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
5.1 Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	• Linkage To Care And Retention Deficiencies Addressed	3/13 6/13 9/13 12/13	6/13 9/13 12/13 2/14	

2013-14 WORK PLAN CALENDAR FOR QM COMMITTEE

	March	April	May	June	July	August
QM	❖ Review Accomplishments And Challenges ❖ Quarterly Network Update ❖ Review Annual Summary of In+Care Data ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Review Policies and Procedures (P&P) ❖ Review, Update And Approve 3-Year WP ❖ Review, Update And Approve Annual QM WP (Tabled from March) ❖ Review Service Delivery Models Submitted By QI Networks (Tabled from March)	❖ Review Findings from Needs Assessment and Client Survey ❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators) (Tabled from April)	❖ Quarterly Network Update ❖ Review Findings (as available) From: ❖ Service Category Assessment/Studies ❖ Record Reviews ❖ Identify Service Category For Annual Evaluation ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review ❖ Review Performance Measures And Other Data Sources ❖ Quarterly Network Update ❖ Review Policies and Procedures (P&P) ❖ Review, Update And Approve 3-Year WP	❖ Quarterly network update ❖ MH Record Reviews

	September	October	November	December	January	February
QM	❖ Quarterly Network Update ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)	❖ HHS, HAB, Broward Outcomes and Indicators	❖ Quarterly Network Update ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)	❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care ❖ Conduct Annual Evaluation of QM Program, Work Plans, and Processes