FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting

Monday, March 21, 2022 - 12:30 PM
Meeting via WebEx Videoconference
Chair: Bisola Fortune-Evans • Vice Chair: Vacant

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 717 8906)

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for March 23, 2022
5. **ACTION:** Approval of Minutes from February 14, 2022
6. Standard Committee Items
   a. CQM Work Plan Progress Review (Handout A-1) - Review QMC's FY2022 CQM Work Plan progress.
   Work Plan Activity 4.1: Review Progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.
   a. Quality Network Quality Improvement Projects Review (Handout A-2)
   Work Plan Activity 3.3: Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.
7. Unfinished Business
   None.
8. New Business

   None.
9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting

a. Next Meeting Date: April 18, 2022, at 12:30 p.m. via WebEx Videoconference

12. Announcements
13. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

Please complete the meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

Meeting of the
Quality Management Committee

Monday, February 14, 2022
12:30 – 2:30 PM
By WebEx Video Conference

M I N U T E S

QMC Members Present: B. Fortune-Evans, Z. Muneton, D. Shamer, N. Markman, R. Jimenez

Ryan White Part A Recipient Staff Present: T. Thompson, V. Hornsey, N. Walker

Planning Council Support Staff Present: G. Berkeley-Martinez, T. Williams, B. Miller, J. Rohoman, W. Rolle

Guests Present: B. Mester, J. Rodriguez

Agenda Item #1 & 2: Call to Order, Welcome & Public Record Requirements

The *QMC Chair* called the meeting to order at 12:36 p.m. The *QMC Chair* welcomed all meeting attendees that were present. Attendees were notified that the QMC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *QMC Chair,* committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. No public comments were made.

Agenda Item #4: Approval of Agenda

The approval for the agenda of the February 14, 2022, Quality Management Committee meeting was proposed by D. Shamer, seconded by *R. Jimenez*, and passed unanimously. The approval for the minutes of the January 24, 2022, meeting was proposed by D*. Shamer*, seconded by *R. Jimenez,* and approved with no further corrections.

Mr. Shamer, on behalf of QMC, made a motion to approve the February 14, 2022, Quality Management Committee agenda as presented. The motion was adopted unanimously.

Mr. Shamer, on behalf of QMC, made a motion to approve the January 24, 2021, Quality Management Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #5: Standard Committee Items

CQM Support Staff reviewed the progress made in completing the FY2021 CQM Annual Work Plan. J. Rohoman stated that the current work plan is up to date for the month of February. The CQM Support Staff will continue to update the deliverables to have complete everything by the end of the 2021-2022 fiscal year. Overall, CQM Work Plan progress remains on schedule.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Meeting Activities/New Business

Overview of 2021 Provider Appreciation Week: J. Rohoman discussed the 2021 Provider Appreciation Week's success, which was Monday, January 31 through Friday, February 4, 2022. On average, each event throughout the week had 35 participants. The event started with Ryan White Part status updates from Part A, B, C, D, and F, along with an update from the Ending HIV Epidemic. The following day included Dr. Elisa Diaz from the AIDS Education & Training Center Program presenting a workshop on reaching populations of focus. B. Miller conducted a stress management workshop for participants and announced Quality Awards for the agencies that showed improvement in the EMA and increased viral suppression/retention in 2021. Lastly, Sonya Brown-Boyne from AIDS Education & Training Center Program facilitated a workshop on how providers prioritize their mental health while servicing Ryan White clients. The CQM Support Staff sent out an evaluation survey to all the event participants to receive feedback about Provider Appreciation Week.

FY2022-2023 CQM Quality Improvement Project Presentation: The CQM Support Staff presented their plans to conduct an individual Quality Improvement Project for the upcoming fiscal year. The aim is to increase the systemwide retention in care (RIC) category in the HIV Care Continuum by 2% by the end of the 2022-2023 fiscal year. Specifically, the project aims to 1) identify barriers that agencies face in connecting with and retaining these subpopulations: Black/African American, Hispanic/Latinx, Transgender, Women, 18-28, 2) help agencies formulate a Quality Improvement project tailored to influence retention rates, and 3) indirectly increase ARV prescriptions and viral suppression rates. To do so, the CQM Support Staff will use the Quality Network's QIPs to affect the retention rate of the Broward EMA. Every agency's QIP will be tailored to directly or indirectly affect the CQM QIP's goal.

During the presentation, the CQM Support Staff showed an example of a retention rate increase projection using FY2021-2022 quarter three (Q3) data. For Q3, the average retention rate for all 12 agencies was 81.87%. The CQM Support Staff made a disclaimer stating that the average retention rate for the EMA will most likely change when the annual data is analyzed. During the example, it was stated that if each agency has a retention increase of at least 2%, the average RIC of the whole EMA will increase from 81.8% to 84.5%. For the CQM QIP, the project timeline will consist of multiple Plan-Do-Study-Act (PDSA) cycles, with a final report due in April 2023. Provide Enterprise will also be used as

a data collection tool to analyze the data submitted by each agency and evaluate their progress. The information and project updates will be shared with the Recipient staff, the Quality Management Committee, and the System of Care Committees. The CQM Support Staff will use process and impact evaluation to analyze the data from the HIV Care Continuum to assess the success of the CQM QIP. The next steps of the QIP include analyzing the annual data of the FY2021-2022 and prepping the Quality Network for their new QIP for the upcoming fiscal year.

R. Jimenez asked the CQM Support Staff how retention will be measured for clients during the QIP. Specifically, R. Jimenez asked how retention would be measured for a test-and-treat client who, for example, had an appointment in November but did not have 90 days in between their next appointment before data was pulled to analyze results. The CQM Support Staff stated that the client would still be counted. However, they would be counted in the next quarter and annual data pull. N. Walker also discussed that retention data for test-and-treat clients are pulled separately if the Quality team wants to investigate their data more closely. B. Fortune-Evans asked the CQM Support Staff when data would be collected during the project. The CQM Support Staff stated that they would collect QIP data while pulling data for the quarterly and annual performance measurement reports.

Review and Approval of FY2022-2023 CQM Work Plan: The CQM Support Staff presented the new work plan for the 2022-2023 fiscal year. They discussed that the update to the work plan includes goal 6, which is for the CQM Support Staff to develop a QIP for the fiscal year. The approval for the FY2022-2023 work plan of February 14, 2022, Quality Management Committee meeting was proposed by *D. Shamer*, seconded by *R. Jimenez*, and passed unanimously.

Mr. Shamer, on behalf of QMC, made a motion to approve the FY2022-2023 work plan as presented. The motion was adopted unanimously.

Ending the HIV Epidemic (EHE) Status Update: N. Walker gave a status update to the Quality Management Committee. He discussed that the second year of the EHE had an increase of agencies that spent their allocated money for food services and transportation services. For the third year, they are currently awaiting the final award notice. There is intent to expand services and address barriers for care in Broward County. N. Walker also stated that the Recipient office wants to continue funding disease case management, medical transportation, and food services. Additionally, they want to address housing issues with rental assistance. N. Walker discussed wanting to bring non-medical case managers into the EHE process to provide more services for clients. The Recipient's Office is working on an agreement for a phone application to increase client engagement with their health care. V. Hornsey oversees the process so clients can have access to message boards to communicate and share updates on their moods and health status.

Agenda Item #8: Recipient Report

The Recipient's Office provided no report.

Agenda Item #9: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express

opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. No public comments were made.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next QMC meeting will be held on March 21, 2022, at 12:30 p.m. via WebEx Video Conference.

Agenda Item #11: Announcements

There were no announcements.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 1:40 p.m.

QMC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	24	14	21										
0	0	0	**1**	Fortune-Evans, B., Chair	x	x											
0	1	0	**2**	Barnes, B.													
0	0	0	**3**	Markman, N.	x	x											
0	0	0	**4**	Muneton, Z.	x	x											
1	1	0	**5**	Shamer, D. V. Chair	x	x											
0	0	0	**6**	Jimenez, R.	x	x											
				Quorum = 4	5	5	0	0	0	0	0	0	0	0	0	0	

Legend:	
X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

Handout A-1

Broward EMA CQM Annual Work Plan FY 2022-2023

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party	Comment
Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.														
1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.	X			X			X			X		X	CQM Staff, QMC, Quality Network	
2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.				X			X			X			CQM Staff, QMC, Quality Network	
3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.	X			X			X			X		X	CQM Staff, QMC, Networks	
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.														
1. Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.												X	CQM Staff, QMC, Networks	
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.										X	X		CQM Staff, QMC	
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff, QMC	
4. Ensure the development, implementation, and evaluation of at least one QIP per agency during the fiscal year.		X	X	X				X	X		X	X	CQM Staff, Quality Network	
5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.			X			X		X			X		CQM Staff	
6. Provide technical assistance to providers as needed.	X	X	X	X	X	X	X	X	X	X	X	X	CQM Staff	
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.														
1. Distribute the annual CQM Program Report.		X											CQM Staff	
2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.	X				X			X			X		CQM Staff	
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.	X			X			X			X			CQM Staff	
4. Provide routine CQM Program updates to the HIVPC.	X			X			X			X			CQM Staff	
5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.											X		CQM Staff	
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.														
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	X			X			X			X		X	CQM Staff, QMC	
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.				X			X			X		X	CQM Staff, QMC, Networks	
3. Conduct surveys of all meetings and make suggested improvements.				X			X			X		X	CQM Staff	
4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan.	X			X									CQM Staff	
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff	
Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.														
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.	X			X			X			X		X	CQM Staff, Recipient Staff	
2. Incorporate client satisfaction survey feedback data into CQM activities to better practices in the Broward Ryan White EMA.	X											X	CQM Staff, Recipient Staff	
Goal 6: Develop a CQM Quality Improvement Project														
1. Identify and conduct an annual CQM QIP to address systemwide HIV Care Continuum issues and develop strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff	
2. Review progress made and report findings on the CQM QIP to Recipient staff to review agency retention rates.		X		X		X		X		X		X	CQM Staff, Recipient Staff	
3. Conduct process and impact evaluation to determine the efficacy of the CQM QIP				X			X			X		X	CQM Staff	
4. Analyze FY 21-22 data from CQM QIP and report findings to Recipient staff and QMC				X			X			X		X	CQM Staff, Recipient Staff, QMC	

X = goal for objective completion

= in progress

= completed

= planned

FY 2021-2022 QIP Poster Presentations

Agency A

Improving Retention in Care for Consumers with a Mental Health Diagnosis

Rationale/ Background
The improvement strategy was to implement a warm handoff from the clinical team to the mental health team during medical appointments for consumers that the medical team referred for mental health and for those that request the services. We hoped that increasing uptake of mental health services would increase the possibility of consumers retained in care.

- This was determined during a fish bone diagram exercise.

AIM Statement

Agency A will increase annual retention rate from 71% to 76% by February 2022.

Measures

Process Measures
Increasing utilization of mental health services through warm hand offs from the medical to the mental health department.

Outcome Measures
HAB Annual Retention in care.

PDSA Cycle 1

Plan: The plan is to have a warm handoff from clinical team to mental health

Do: Implemented for one month. Offered brochures after the mental health provider resigned.

Study: 2% increase in annual retention in care

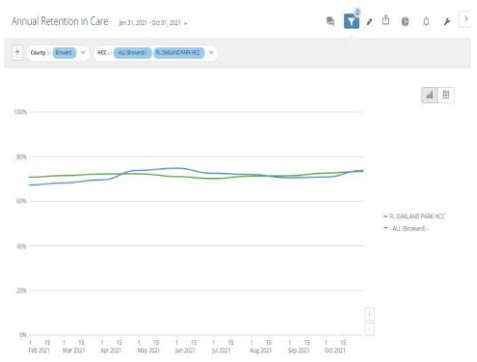
Act: We will hire mental health providers and have this PDSA repeated in the next contract year.

Agency A

Improving Retention in Care for Consumers with a Mental Health Diagnosis

Results

Yes. Agency A achieved a 2% improvement in annual retention rate.



Successes and Challenges

Success

-Retention in care improved

-Collaborating with different departments within AHF

Challenges

- Staff turnover for medical and mental health providers.
- QIP during a pandemic

Next Steps

-Hire Mental Health providers for Oakland Park

-Start a new cycle of the same PDSA

Team Members and Acknowledgments

☺

Agency B

Rationale/ Background

- The goal of increasing patient engagement and retention to care is corelated to their eligibility and access to care.
- We noticed an increase in the number of expired/expiring eligibility as well as the missing V/L and CD4 through the reports in PE

AIM Statement

To Increase Patient adherence to renewal of RW eligibility from 85% to 95% by December 31st, 2021, in patients receiving Outpatient Ambulatory medical Services

Measures

Process Measures
Proactively reach patients with expired Ryan White through contact from the **HCT Coordinator** and **Case Manager** weekly, while monitoring their RW eligibility status through PE

Outcome Measures
Care message blasts were sent to patients and Patients have contacted HCT Patient Services Coordinator to renew as a result of Care Messages. Patients have also walked in to renew while CIED is on site at our Pompano Beach location.

To Increase patient adherence to renewal of Ryan White Certification.

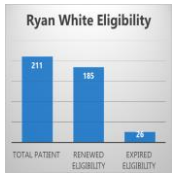
PDSA Cycles

PDSA Cycle 1
- We planned to proactively reach patients with expired Ryan White through contact from the HCT Coordinator, and Case Manager weekly, while monitoring their RW eligibility status through PE. Therefore, the HCT Care Coordinator was assigned a list of patients to follow and review; the list consisted of 26 patients who had expired eligibility at the time. We learned that out of the 26 patients, 6 returned and completed their eligibility. This informed our next test to continue reaching out to the remaining 20 patients along with Haitian Creole translation.

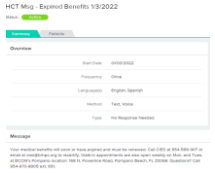
PDSA Cycle 2
- Care message blasts were sent to patients and Patients have contacted HCT Patient Services Coordinator to renew as a result of Care Messages. Patients have also walked in to renew while CIED is on site at our Pompano Beach location. We learned from our data 88% of the patient sample renewed their eligibility within the time period, a (3% increase). This informed our next test to continue sending the weekly Care Messages while to reach the remaining 12% that needs re-certification.

Results

- 211 patients' eligibility for Ryan White were tracked from September 2021 to December 2021.
- 88% have active Ryan White coverage, as of December 2021. 12% are currently being monitored and contacted weekly through the Care Message Blast, reminding clients of schedule availability.



- Care Message are sent in English and Spanish via voicemail and text message on Mondays and Tuesdays.



Successes and Challenges

Successes include:
- Full implementation of the Care Message Blast.
- Better retention and compliance to care.
- An increase in the number of patients reporting to the office and calling back for their R/W re-certifications.

Challenges included:
- Delay in the approval of the Care Message training which pushed back the starting date.
- Both new and established patients' inability to differentiate between Ryan White Part A (CIED) and ADAP re-certifications.
- The language and literacy barrier in

Next Steps

Implementing the Care Message Blast was a success, and we plan to continue our outreach efforts. The patients have been responsive and engaged with the Care Messages, and this resulted in an increase in the Ryan White re-certifications. The messages are currently in two languages English and Spanish, and we will begin preparation to translate the message to Creole. This will allow us to reach our Haitian population that may have a language barrier.

Team Members and Acknowledgments

We are grateful to our managing and interdisciplinary team for their guidance and feedback throughout the year. We would also like to thank Ms. Ingram for joining the team and providing the data needed to complete this project.

Agency C

Connecting With Our Test and Treat Clients to Facilitate Retention in Care

Rationale/ Background

- We have identified 8 Test & Treat (T&T) clients ages 27-64 years old with multiple no-shows or cancellations of lab or medical appointments since their T&T visit.
- This was found in the Continuum of Care report in Proved Enterprise during the period 6/1/2020 – 5/31/2021.

AIM Statement

Agency C seeks to increase the retention rate of its Test and Treat clients . We will target 8 clients currently in care between the ages of 27-64 years old with the goal that 85% will be retained in care by February 2022.

Measures

Process Measures
Provide Enterprise: Continuum of Care Report, NextGen for scheduled & kept appointments, Cerner Millennium (Powerchart) EHR

Outcome Measures
NextGen to verify appointments status (kept, no-show, cancel).

Powerchart EHR for lab results and medical visit reports.

PDSA Cycles

PDSA Cycle 1
What we tested: routinely calling 8 T&T clients to remind them of their lab & medical appointments to ascertain if that will help them to keep their appointments to prevent no-shows through Feb 2022.

- **What we learned:** most of the clients were receptive to receiving reminder appointment phone calls.
- **How that informed our next test:** to proceed with the plan of calling the clients to remind them of their upcoming lab and medical appointments.

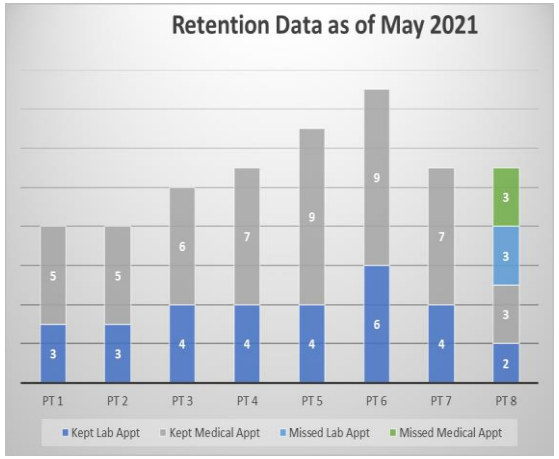
Agency C

Connecting With Our Test and Treat Clients to Facilitate Retention in Care

Results

88% of the clients are currently retained in care. Efforts are still ongoing to encourage 1 client to attend his lab and medical appointments.

Please note: 7/8 clients have upcoming lab and medical appointments.



Successes and Challenges

Initially, we wanted to included 12 clients lost to care in the project. PROACT assistance was sought but it took an extended period of time to get a response from them regarding the outcome of their attempts. An update was eventually received from PROACT 6 months after the project got underway. They were unable to locate 7 of the clients, 4 of the clients refused to return to care, and 1 is incarcerated.

Next Steps

The PDSA will be adopted. For fiscal year 2022-2023, we may explore a QIP for clients enrolled in Ending the HIV Epidemic (EHE) program to ascertain if enrollment has resulted in undetectable viral loads.

Team Members and Acknowledgments

This project would not be possible without the participation & collaboration from the entire multidisciplinary team: CMs, DCMs, LCSW, Outreach Specialist, & Clinical Team. Please see some of their names listed above. Their input was invaluable.

Agency D

Support Groups developed by Participants Yield Positive Engagement Experiences.

Rationale/ Background

- PE Data CoC Report identifies that the Black MSM population is the identify population with a largest disparity of engagement in care and viral suppression rates.

AIM Statement

Agency D aims to increase the viral suppression rates from 80% to 90% amongst the Black MSM population, through the implementation of support group services.

Measures

Process Measures
We tracked the number of participants engaged in support groups, the number of support groups offered, and word of mouth satisfaction reports.

Outcome Measures
Our first attempt to measure quantitative data included the use of Provide Enterprise VL Suppression Report, Provide Enterprise Appointment Log, CoC Report, and Client Satisfaction Surveys.

Quantitative Data was not able to obtained, therefore, we switched to qualitative data as provided by Participants Report of satisfaction and engagement in medical services.

PDSA Cycles

PDSA Cycle 1
- We conducted focus groups to identify barriers to engagement in care.
- We learned that Support Group services available do not target the Black MSM population, which is the largest disparate population (per CoC Report in PE).
- We began to initiate support group services to focus on the Black MSM population (MPAC Group)

PDSA Cycle 2
- We engaged potential participants in focus group to obtain input crucial do the development of support group services
- We identified the importance of including participants in the development and roll-out of support group services
- We have utilized this format to develop subsequent support services for Transwomen.

PDSA Cycle 3
- Data collection of quantitative data was unable to be completed, and we switched to qualitative data collection (reports provided by participants input).
- We learned that clients saw the survey and data tracking to be a barrier to their comfort in engaging in support services
- We have identified that we must identify methods for participants to self report their satisfaction or the impact of their participation in the support group

Agency D

Support Groups developed by Participants Yield Positive Engagement Experiences.

Results

Two satisfaction surveys were conducted for preliminary data collection. 100% of the participants identified at Black, MSM. By the second session 100% of the participants reported they have already invited someone to future groups. It was reported that approximately 43% of the participants in these sessions have participated in or continue to participate in one or more Broward House program, outside of their engagement in this support group.

Successes and Challenges

- Approximately 12 clients have continuously participated in support group since onset (Oct 21).
- 5-7 participants engage in each group which are participant led, covering topics such as: sexual health, body image, substance abuse, housing, and current events. Groups are facilitated with the support of an Agency D staff member, twice monthly.
- Two participants have self reported that they have re-engaged in both medical and mental health services as a result of their participation in support group services
- Participants continue to self report that they find the groups to be helpful.
- Participants continue to seek increased frequency in support group meetings.
- Participants are not required to report HIV status as part of enrollment, opening support services to the Black MSM population, increasing the Harm Reduction Efforts within the identified community.

Next Steps

Continue to seek ways in which clients served can engage in development of agency services delivery models developed for support group and grant funded opportunities.

Team Members and Acknowledgments

Agency D Behavioral Health and Case Management participating team members.

Agency E

Change Through Conversation

Rationale/ Background

Agency E initiated the 2021-22 Quality Improvement plan based on the Viral Suppression and Retention in Care data through Provide Enterprise. Implementation of a Peer Specialist, weekly review of the Expired Eligibility Daily Review of Assessments, Staff Training, Client Advisory Group and Accessibility of Eligibility through (In person, Online, Telehealth, Provider Out-Positing and Home/Hospital Visits) were utilized in identifying clients new to care, clients who had missed appointments and clients who were not virally suppressed.

AIM Statement

Agency E implemented a QI initiative to increase Access to Care by looking at entry points into the RW system and implementing a streamlined process with a Peer Specialist that individually addresses health needs. The Agency E program evaluated retention in care for persons new to the EMA during 2021-22.

Measures

Process Measures

Agency E measured the change taking place through the Viral Suppression data in Provide Enterprise, the 45 day Expiring Eligibility List, the Outcome Exceptions Report and the Manual Excel Spreadsheet created through Agency E and identified client's who had expired eligibility, had missed their eligibility appointment and who were new to care. The Peer Specialist reached out to clients to connect with, assist and guide through the RW Process.

Outcome Measures

In total 285 client's new to care during 2021-22 were contacted. In addition, the Outcome Exception Report and Missed Appointments totaled approximately 400+ client's who had not recertified prior to expiring eligibility. Reporting tools through Provide Enterprise identified client's who had expired eligibility, had missed their eligibility appointment and who were new to care.

PDSA Cycles

PDSA Cycle 1

What we tested: Utilized Provide Enterprise reporting to identify client's who had missed eligibility/expired eligibility and new to care. The Peer Specialist reached out to clients through conversation to learn about their personal experience and what we could do to improve access. *What we learned*: The number of participants who have access to and support within the RW services appear to reflect a lower viral load, attend regular medical visits, and have formed connections/support within the community. The Peer Specialist was important to the reconnection within care by providing trust, kindness, and referrals/linkage back into care or to additional services.

PDSA Cycle 2

What we tested: Peer Specialist reached out to clients through conversation to learn about their personal experience and what we could do to improve access. Peer Specialist assisted with Linkage to Care, Follow Up Conversations and Reporting Tools. *What we learned*: Participants no longer had private health coverage; Referrals needed for Case Management; Referral only for Dental Needed; Access to Medicare/Medicaid, Unable to reach due to number no longer in service/no emergency contact listed in the profile; new to care participants reported having "a great experience" with RW; Peer Specialist assisted with linkage to ADAP, Medical Visit & Case Management; False Positive Test; Homeless; Relocated; Vision Needed; Hospice Care; Residential Treatment Facility; had fallen out of care-reengaged.

PDSA Cycle 3

What we tested: Follow Up *What we learned*: A support system, linkage to care, conversation and follow through contribute positively to remaining adherent in care.

PDSA Cycle 4

What we tested: Outreach *What we learned*: Agency E continued to review the Expired Eligibility List, the New to Care Report, Client Satisfaction Surveys, and the Outcome Exceptions Report for retention in care. The Peer Specialist provided outreach Monthly for New to Care clients and as a result more clients remained in care.

Agency E

Change Through Conversation

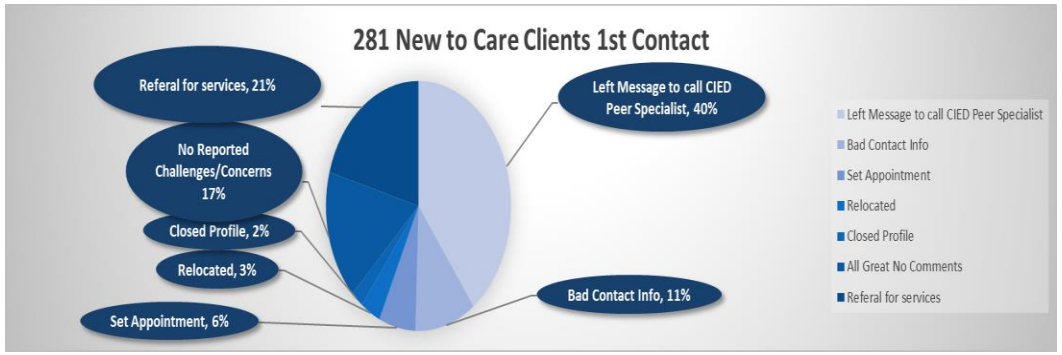
Results

Agency E's Quality Improvement project interventions were implemented as planned and there were no identified or experienced barriers to the implementation process. The program achieved fewer missed eligibility appointments and additional linkage to care referrals that have improved gaps between client and access to services. * Clients shared the following examples when speaking with the Peer Specialist about missed appointments. "Covid19, Not Feeling Well, Moved from Another Area and did not know how to access services, Clients did not Remember Appointment, Transportation, Housing, Did not submit online application, contact information was not updated, through the Dr. would schedule their eligibility appointment, email address changed, homeless, has Medicare/Medicaid/Employer Sponsored Health Coverage, New to Care, Did not have time and Relocated and Enrolled in a County outside of Broward".

Successes and Challenges

Agency E's program hired a Peer Specialist in 2020, has engaged and reconnected with over 600+ new to care and clients whose eligibility expired during 2021. The program has incorporated weekly review of the Implementation of a Peer Specialist, weekly review of the Expired Eligibility Report (30-45) days, Monthly Review of Client Satisfaction Surveys, Daily Review of Assessments Submitted/Pending Review, Staff Training, Client Advisory Group and Accessibility of Eligibility (Online, Telehealth, In Person, Provider Sites, Telephone and Hospital Visits) were utilized in identifying clients new to care, clients who had missed appointments and clients who were not virally suppressed. as documented in Provide Enterprise and the CIED excel spreadsheet.

Challenges: Clients no longer presented with health coverage; clients are being covered through Medicaid/Medicare; phone numbers no longer in service and emergency contact information had changed; eligibility could not be completed as documentation had not been provided and eligibility expired as a result.

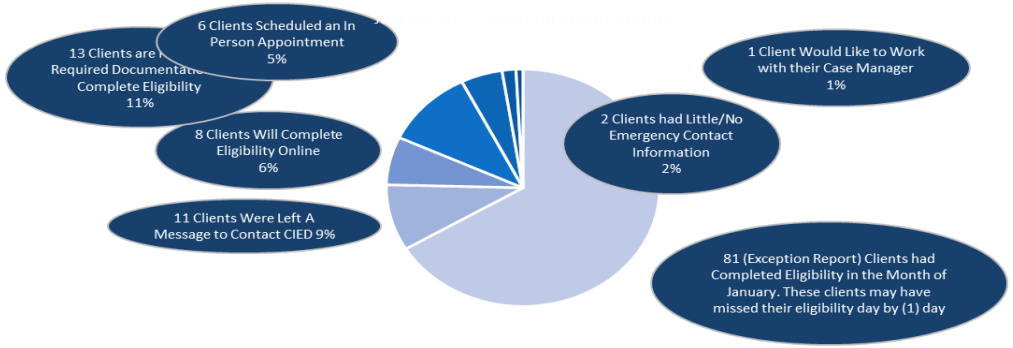


Agency E

Change Through Conversation

Next Steps

Agency E's program will adopt the QI Initiative based on Viral Suppression & Retention in Care data through Provide Enterprise. Implementation of a Peer Specialist, weekly review of the Expired Eligibility Report (30-45) days, Monthly review of Client Satisfaction Surveys, Daily Review of Assessments Submitted/Pending Review, Staff Training, Client Advisory Group and the Accessibility of Eligibility through (Online, Telehealth, In Person and Provider Out-posting) will continue to be utilized in identifying clients new to care, clients who had missed appointments and clients who are not virally suppressed.



Team Members and Acknowledgments

Gratitude and Appreciation to the Agency E Program Teams for their beautiful dedication to this work and Von Biggs for supporting the community with kindness.

Agency F

Reengagement in care for HIV+ clients within the Disease Case Manager Caseload

Rationale/ Background

- The area for improvement for this project cycle is tackling reengagement in care for those clients in the Disease Case Manager (DCM) caseload who have fallen out of care. Baseline data indicated that of the total DCM caseload of 54 clients, 35 clients, or 65%, were noted to not have a provider or labs visit within the six-month time period since their last visit.
- This problem was found after reviewing the DCM caseload

AIM Statement

Agency F seeks to increase compliance improvement by 5%, from 35% to 40% compliance, within the HIV+DCM caseload, focusing on bringing clients back into care who have not had a medical visit and/or do not have current viral load and CD4 values within six months from their last visit, by 1/31/22 by addressing barriers to care.

Measures

Process Measures
We used data from Provide Enterprise regarding the number of out of care clients contacted and scheduled for provider and labs visits to ensure that our QI process was happening.

Outcome Measures
We used Provide Enterprise data to ensure that our QI process was working by looking for the updated post visit information and VL/DC4 values entered in the system.

PDSA Cycles

PDSA Cycle 1
Determining if addressing barriers to contact will bring clients back into care
- Cycle postponed due to DCM vacancy
- To be completed in next cycle. New DCM started September 2021.

PDSA Cycle 2
- Reviewing current caseload to refine clients out of care and contact them
- Several clients were unable to be reached due to their phones going to voicemail or out or service.
- Informed cycle 3 & 4 by showing us what population needed to be reached in other ways.

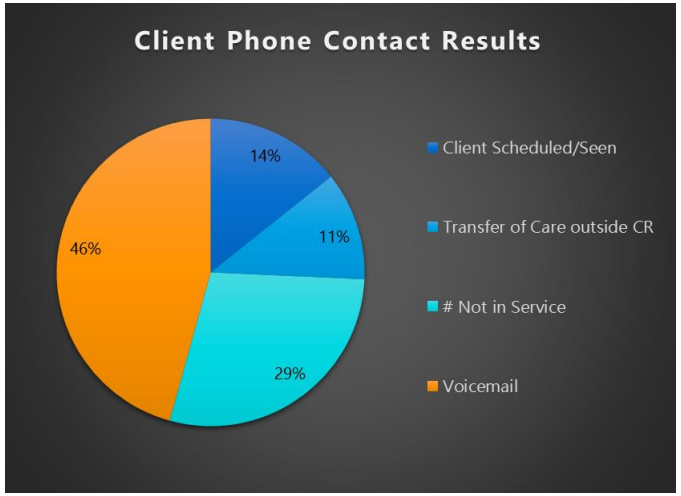
PDSA Cycle 3
- Testing if sending texts to those out of care improves communications and brings clients back into care.
- Currently in study phase process
- Pause in retrieving phone from IT has postponed cycle. Only urgent tickets are being accepted due to the focus on getting renovated site ready.

PDSA Cycle 4
- Will test how to contact clients whose phones are out of service by updating information when they visit the health center
- Will be tested once cycle 3 is completed

Agency F

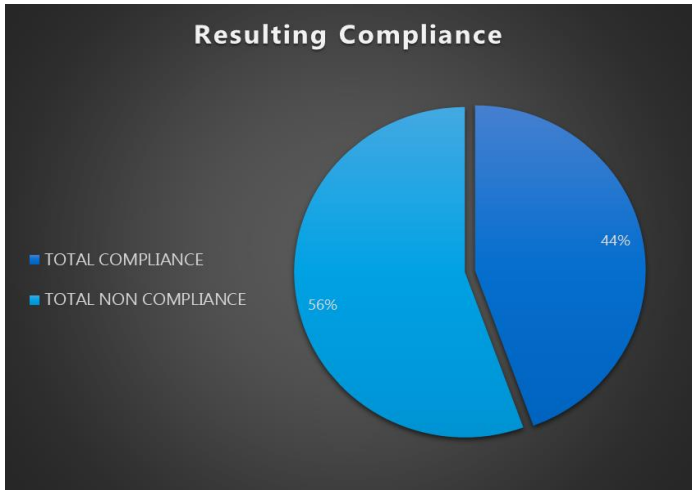
Reengagement in care for HIV+ clients within the Disease Case Manager Caseload

Results



This pie chart shows a categorical breakdown of the types of reasons as to why the Disease Case Manager was not able to reach the client. Almost half was due to the client not answering the phone, and the call going to voicemail, and a third of the results showed that the number listed was not in service. These two elements will direct our next PDSA cycles for this intervention.

Results



The Resulting Compliance pie chart outlines the improvement in the overall compliance rate within the Disease Case Manager's caseload. The total compliance rate increased from 35% to 44%, which is a 9% increase in total compliance. For the purpose of this study, clients are complying when they have a provider or labs visit within the six-month time period since their last visit.

Agency F

Reengagement in care for HIV+ clients within the Disease Case Manager Caseload

Successes and Challenges

Successes:

Based on the results of the project, Agency F has attained a 44% compliance rate, resulting in a 9% increase from the original 35% compliance rate

Of those that were contacted and scheduled, 20% saw an improvement in VL, and 60% are pending lab results.

The results have shown that the interventions have been implemented as planned

Challenges:

It does seem that the improvement is attributable to the intervention. Out of care clients were reached out to and scheduled, and labs have shown improvement post outreach. However, this theory may need to be tested with a larger sample size to confirm.

Agency F had a vacancy within the DCM position shortly after checkpoint 1 was due. The vacancy was filled in September 2021. This could have affected the intervention on a time basis since the DCM had to review the prior DCM's caseload in order to get our baseline, while also onboarding into the organization. Despite this setback, the current DCM was able to refine the caseload and identify those clients out of care within the timeframe of the project. This vacancy could have also set us back for PDSA implementation since that time was used to achieve baseline.

Retrieving a cell phone from IT to use for Cycle 3 has revealed a barrier since renovated site preparations are underway and take priority.

Next Steps

- Retrieving cell phone in order to contact clients whose calls went to voicemail via text
- Brainstorming ways as to how to contact clients with cell phones out of service
- Continuing to reach out to clients who either have fallen out of care or are in danger of falling out of care and scheduling them for provider and labs appointments.

Team Members and Acknowledgments

- Alicia Lee-Clarke, R.N., MPA, Clinical Manager
- Arayn Mena, EHE, RN, DCM, Disease Case Manager
- Ariel Williams, MHA, Quality Assurance Associate

Agency G

How Culture Plays A Major Role in Bringing Individuals Back to Care

Rationale/ Background

- After many phones , clients would not come to the office to start paperwork
- We find the problem based on the number of clients that registered with the Community Rightful at the end of each month.

AIM Statement

Agency G will expand MAI services to Haitians and Caribbeans living with HIV in Broward County by increasing its case management caseload from 20 to 35 by December 2021.

Measures

Process Measures
Announcing service during meeting, networking partnership meeting, outreach/ material and distribution.

Outcome Measures
Increase in case-load due to effort made in networking. The data from PE.

PDSA Cycles

PDSA Cycle 1
What we tested
Increased reach and engagement with prospective clients in-need
• What we learned
• We learned that some driving factors can change the PDSA cycle.
• How that informed our next test
Follow- up plan
Meet clients where they are
Continue effort to keep lost to care engage

Agency G

How Culture Plays A Major Role in Bringing Individuals Back to Care

Results

Data
Report Month

Jun- Aug
Total # of client = 18
# of client ever in care= 18
# of client in care= 16

Sept- Nov
Total # of client= 24
#of client ever in care=24
# of client in care= 23

Successes and Challenges

- Agency G was able to bring at least 90% of clients back to care.
- Agency G did not have any new clients for over four months.
- The need for additional staff resources.
- Getting the clients to come to the office to sign paperwork to be eligible for services.

Next Steps

- Follow- up phone call
- Face to face meetings
- Address cultural issues

Team Members and Acknowledgments

I would like to acknowledge Wislene and Patricia for doing a great job.

Agency H

Measuring Retention Rate Increase in Hispanic/Latinx Populations

Rationale/ Background

- Problem Statement: Prevent “Misses” appointments with Medical Providers and for Labs . Client’s running low on Medications
- How did you find problem (data, case study, etc.) In the Continuum of Care Report. Between Ryan White Clients and Test and Treat Clients

Measures

Process Measures
What data did you use to ensure that your QI process was happening? PE Broward County

Outcome Measures
What data did you use to ensure that your QI process was working?
Running Report in PE Broward Continuum of Care Report

AIM Statement:

To increase Retention in Care rate from 85% to 90% by December 2021 for the Ryan White Hispanic/Latinx clientele living in Broward County, Florida.

PDSA Cycles

PDSA Cycle 1
What we tested: Newly Diagnosed Client’s via Rapid test

- What we learned: Quarterly Report Data shows that Agency H is still in Compliance
- How that informed our next test: Continue to Provide Rapid testing. Follow-up with Prep Clients. Clients to maintain in Care

Agency H

Measuring Retention Rate Increase in Hispanic/Latinx Populations

Results: Quarterly Reports for Jun-Aug 2021 and Quarterly Report Sept-Nov 2021

I. Continuum of Care

A. Using the Continuum of Care Report in PE, complete the table below for each funded service category within your agency. Document the number of clients and percentage of each measure out of the total clients. See example below in red.

Service Category	Total Clients (#)	Ever in Care	In Care	Retention in Care	On ARV	Virally Suppressed
Medical	*1,000*	*990 (99%)*	*950 (95%)*	*865 (87%)*	*978 (98%)*	*845 (85%)*
Non Medical	112	111 (99.11%)	109(97.32 %)	99(82.39%)	110(98.21%	105(93.75%

Service Category	Total Clients (#)	Ever in Care	In Care	Retention in Care	On ARV	Virally Suppressed
Medical	*1,000*	*990 (99%)*	*950 (95%)*	*865 (87%)*	*978 (98%)*	*845 (85%)*
Non Medical	119	118(99.15%)	116(97.48%)	96(80.67%)	114(95.8%)	109(91.6%)

Successes and Challenges:

This is my first time ever being a part of the Quality Improvement Project since I have been promoted to Ryan White CM Supervisor May 2021.

I attempted to make this a success for me, however, this QIP was very challenging due to numerous duties: Case Managing Clients, Intake, Meetings with both Broward and Dade, via Virtual and Trainings via Virtual, Supervision with Medical Case Manager & Peer Navigator. Chart Reviews at the Miami-Dade Office. Quarterly Reports. Invoice for both Broward and Mia-Dade

Next Steps:

- To be better prepared for the next QIP in March 2022

Team Members and Acknowledgments

- Agency H & BRHPC

Agency I

Making a connection with legal services clients to improve retention in care system-wide

Rationale/ Background

- Agency I and Coast to Coast rarely have the opportunity to impact a client's **linkage to care** (*client seeking our services aren't newly diagnosed*).
- How might "legal services" providers positively impact **retention in care**?
- FY 2020-21 Continuum of Care reports: 27-34% of clients receiving legal services “not in care” at some point during the year (*no disparities amongst any demographic*).

AIM Statement

To increase retention in care from FY 2020-21 (65.6%) to 70% by end of FY 2021-22 in clients that utilized the "legal service" support service category at least once during the Fiscal Year.

Measures

Ideas to affect retention in care included:
-updating the data that is included in the system (such as noting a recent medical appointment or date of labs, if we obtain it from a client)
-reminding clients to attend upcoming scheduled medical appointments.

We hypothesized that our clients (those that received “legal services” within a given year) are attending their medical appointments: they have appointments scheduled, they receive their labs, etc. But the information isn’t included in PE so clients appear "out of care."

Process Measures
-Legal Server (case management software) client file Case Notes
-anecdotal data for individual clients (ex: a client confirming they are in care with a private physician but appearing as "out of care" in report)

Outcome Measures
Provide Enterprise Continuum of Care reports (comparing FY 2020-21 data to FY 2021-22 retention in care percentages)

PDSA Cycles
Summary of all PDSA Cycles

"Plan": (for each cycle)
Improve client retention in care data by updating PE with information (labs, med appt) provided by client

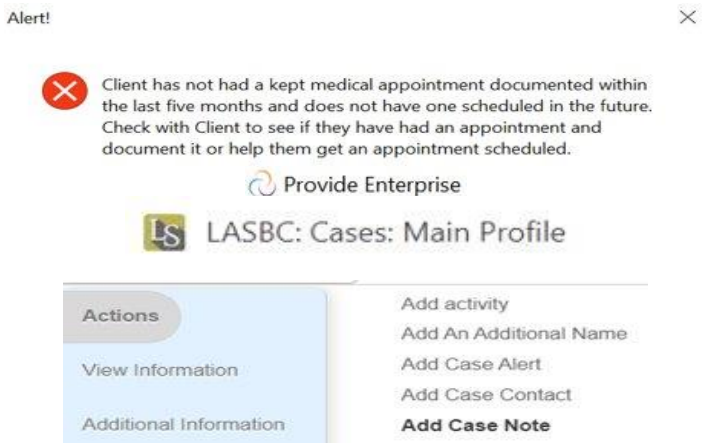
"Do":
- noting client Case file when there is a missing data Alert in PE (internal process)
- noting when client notified of missing data and/or when data has been received (internal process)
- inputting data received by client into PE (system process)

"Study/Adopt":
- not enough clients “not retained in care" each month to determine if this change has significant impact.
- activities from each PDSA cycle were adopted; we continue to update client-reported data in PE when it is received because if we can improve data for even one client per month by updating client-reported data, it is worth continuing these activities.

Agency I

Making a connection with legal services clients to improve retention in care system-wide

Results



FY 2021-22 Q1 (March – May): Retention in Care 72.88%*

FY 2021-22 Q2 (June – August): Retention in Care 74.6%*

FY 2021-22 Q3 (September – November): Retention in Care 75.5%*

** PE Continuum of Care report*

Successes and Challenges

Based on the quarterly Continuum of Care reports through PE, **"retained in care" percentages have increased each Quarter**.

Implementation (adding "missing client data" in client Case Notes) has been **adopted**.

The only **barrier** is additional time required by program staff; there have been *no noted barriers reported by clients*.

Based on report numbers, it appears **we achieved improvement in outcomes**.

***CHALLENGE**: *it is difficult to determine if the improvements are directly attributable to the interventions.*

Agency I has more contact with clients via email and phone while the physical office is closed so this may have allowed more conversations with clients during which staff was able to obtain missing data from clients that was then input into PE (thereby "improving" the retention in care rates by updating data, not necessarily increasing the amount of client medical appointments kept).

Next Steps

Agency I has adopted the new activities that were implemented as part of this QIP to improve retention in care rates by updating client-reported data into PE.

Program staff will continue to monitor Continuum of Care reports in PE during our internal Quality Committee meetings each quarter.

Agency J

Rationale/ Background

A decrease in retention rate was noted for patients linked through the FOCUS Program in 2020.

AIM Statement

To increase retention rate of linked patients through FOCUS program from 30% to 60% by December 2021 in our HIV patient population.

Measures

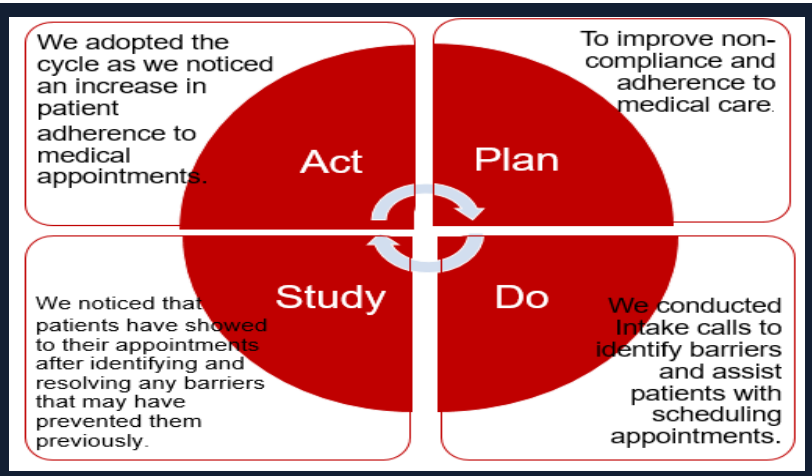
Process Measures

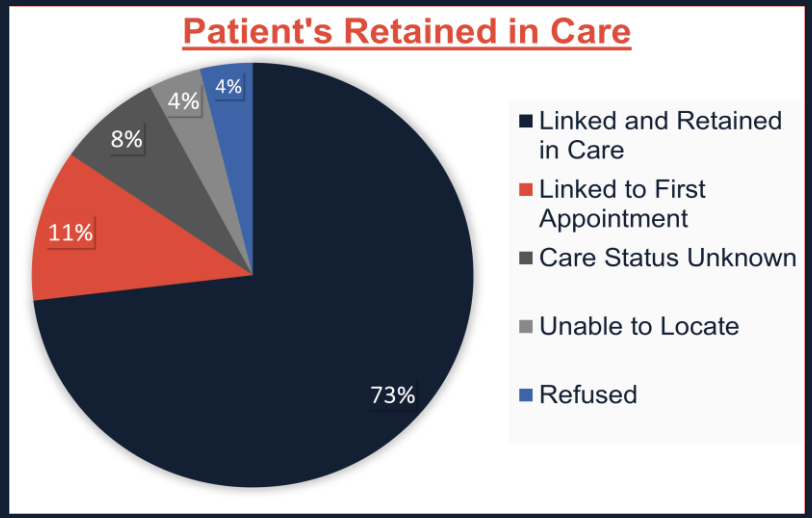
- Followed up with patients to ensure that they kept Medical Appointments.
- Rounded with Case Mangers and the outcomes of their sessions with the patient.

Outcome Measures

- FOCUS Program Coordinator monitors and runs report of all patients being linked through the program.

Strategies to Improve Retention Rate of Patient Linked to Care





Successes and Challenges

Successes:

Patients were willing to connect to their case workers.

- Patients showed up to their appointments.

Challenges:

- Patients not wanting to disclose personal barriers to care.
- Difficulty reaching the patient for initial assessment.

Next Steps

- Continue to monitor retention rate of patients linked through FOCUS
- Continue to engage patients in Case Management, Mental Health Services and Substance Abuse Services

Team Members and Acknowledgments

A special thank you to all of MPG Divison of Infectious Disease Staff and Case Workers who play a valuable role in engaging patient into care.

Agency K

Patient Retention Quality Improvement Project

Rationale/ Background

Patient retention in oral healthcare has proven to be quite challenging for many providers. According to the American Dental Association, the average patient retention rate is 41%. While Agency K is far above that average at 87%, we strive for greatness and aimed to improve our percentage by 2%.

AIM Statement

Agency K aims to increase our retention rate by 2% by contacting each patient that fails to show for an appointment up to 3 times following their missed appointment.

Measures

Process Measures
We created an Excel tracking tool that allowed us to track the patient that failed, the dates of each attempt made to the patient to reschedule their missed appointment, the date of their rescheduled appointment if we reached the patient, and whether they showed for their rescheduled appointment.

Outcome Measures
PE was utilized to run our retention rate percentage throughout the process. After the first two months, we realized that our retention rate wasn't impacted so we increased our attempts to three attempts and that helped to increase our retention rate by 2%.

PDSA Cycles

PDSA Cycle 1
- We contacted each patient twice following a missed appointment in an attempt to reschedule.
- We learned that many patients did not answer or return our calls, so we decided to add a third call 2 weeks after their missed appt.

PDSA Cycle 2
- We contact each patient three times following a missed appointment in an attempt to reschedule.
- While many patients answered or returned our calls after 2 attempts, several patients did not answer or return our calls until the 3rd attempt causing us to maintain our current process of making 3 attempts to each patient following a missed appointment.

Results

Between 7/1/2021 – 12/31/2021, we had a total of 460 failed appointments. We were able to successfully reschedule 430 of the 460 missed appointments. Forty-four patients initially failed their 1st rescheduled appointment but showed to their 2nd rescheduled appointment. To date, we have not been able to reschedule 30 of the failed appointments. Nine of those patients changed their contact information and we do not have a new number for them. Twenty-one of them have been left 3 messages but have not called back to date.

Successes and Challenges

We were able to successfully reschedule 93% of all missed appointments between 7/1/2021 – 12/31/2021. This increased our overall retention rate by 2%. In addition, we received such positive feedback from the patients who really appreciated the reminders as many of them reported forgetting about their dental appointment or forgetting to call us back to reschedule.

Covid-19 has proven to be quite challenging. Many patients are scared to come in every time there is a rise in cases, or a new variant is discovered. In addition, we had to change our quality improvement project for this year.

Next Steps

We have implemented this into the daily front desk staff duties. We are working to reach each of the 30 patients that have not rescheduled but have been unsuccessful to date.

Team Members and Acknowledgments

We would like to thank our front desk for all their hard work tracking and updating all data each week and for reaching out to each patient to ensure they came in for the treatment they needed.

Agency L

Rationale/ Background

- We want Clients to enjoy high quality, effective healthcare by completing their care for us to document their results. (e.g lab work viral load CD4 and in care)
- Data and by the E2I SBIRT screenings
- 60% of Agency L Client are in need of SA and or MH referral.
- We recognize and address Client health date gaps within PE

AIM Statement

To increase Agency L's Participants Viral suppression rate from 92.1% to 94% by February 28, 2022

Measures

Process Measures

TPC Staff will do SRIRT screening every 30 days.
We regularly review the SAMA PHq-2 SRIRT Screenings report and the Continuum of care date report in PE

Outcome Measures
Do to COVID -19 we could only do SRIRT screening by phone and by one intern.

BIG PROBLEM? DIFFICULT CONVERSATIONS? Simple Plan.

PDSA Cycles

PDSA Cycle 1-4

Plan:
Screening Brier intervention and Referral to treatment (SBIRT) implementing SBIRT surveying and referral to treatment.

Do:
Due to lack of funding and staffing presence to conduct operations.

Study :
The prediction is a current fact, The funding challenges continue and the demand for help is increasing, but we continue to make the community aware of our participants in need that we serve.

Act
TPC intern will continue SBIRT screenings.

Results

- Of the 45 clients who were asked to participate in the SBIRT screening, only 15 completed it.
- Seven of the fifteen were referred out for SAMH care.
- The remaining eight denied referral.

We now know 60% of Agency L Clients need SAMH referral. And up to 3% Client are ready for a referral.

Successes and Challenges

Successes

Our success of achieving 94% Viral suppression was not achieved. Agency L Customer Relation meeting the client's needs was achieved.

Our challenge was still affects of COVID, Staffing at Agency L, New Staff.

Next steps

1) New PDSA
2) New QI Committee
3) Training on SBIRT
4) Using QURE4u for SBIRT Screenings

Team Members and Acknowledgments

We would like to acknowledge Santiago Barney,
BRHPC QM Staff and Agency L Team