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, June 15, 2026, 12:30PM

Meeting Location: Broward Regional Health Planning Council Conference Room

[Click Here to Join Quality Management Committee Meeting]
Meeting ID: 229 189 305 731 13
Passcode: HQ2wm9p5

Chair: Bisiola Fortune-Evans • Vice Chair: Matt Patterson

This meeting is audio and video recorded.

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 Minority AIDS Initiative (MAI) funded services in Broward County.

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 June 15, 2026
5. **ACTION:** Approval of Minutes for March 16, 2026 **(Handout A)**
6. Discussion Items: None
7. Old Business: None
8. New Business:
    a. **Review:** Quality Management Committee (QMC) Work Plan FY2026-2027; *PCS Support Staff* **(Handout B)**
    b. Presentation: Clinical Quality Management (CQM) Support Activities; *CQM Support Staff* **(Handout C1, C2)**
    c. Discussion: QIP activities for FY26/27 – Review the revised QIP Toolkit; *CQM Support Staff* **(Handout D)**
    d. Presentation: Preliminary Continuum of Care Data Review; *Recipient Office* **(Handout E)**

9. Recipient's Report
10. Data Request
11. Public Comment
12. Agenda Items for Next Meeting
    a. To Be Determined
    b. **Next Meeting Date:** July 20, 2026, 12:30 p.m. via Microsoft Teams Videoconference and at BRHPC
13. Announcements
14. 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.

June 2026

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at **hivpc@brhpc.org** or **(954) 561-9681 ext. 1244/1343**. Visit **HIV Health Service Planning Council** for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2 Community Empowerment Committee (CEC) 3:00PM - 5:00PM	3	4	5 Local Pharmacy Advisory Committee (LPAC) 2:00PM - 4:00PM	6
7	8	9 Bylaws Ad Hoc Committee Meeting (MCDC) 9:30AM - 11:30AM	10	11 Membership/Council Development Committee Meeting (MCDC) 9:30AM - 11:30AM	12	13
14	15 Quality Management Committee Meeting (QMC) 12:30PM - 2:30PM	16 Support Services Network Meeting (CQM) 9:00AM - 10:15AM	17	18 PSRA Committee Meeting 9:30AM - 11:30AM Executive Committee Meeting 12:45PM - 2:45PM	19	20
21	22	23	24	25 HIV Planning Council Meeting 9:30AM to 11:30AM	26	27
28	29	30				

Broward Regional Health Planning Council (BRHPC):
200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

June 2026

Broward HIV Health Services Planning Council Calendar

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TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.

Executive Committee (EXEC): Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interes, and review attendance.

Priority Setting and Resource Allocation Committee (PSRA): Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.

Quality Management Committee (QMC): Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.

Membership/Council Development Committee (MCDC): Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.

Community Empowerment Committee (CEC): Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.

System of Care Committee (SOC): Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.

Handout A

FORT LAUDERDALE/BROWARD EMA
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting

Monday, March 16, 2026 – 12:30 PM
Meeting Location: Broward Regional Health Planning Council Conference Room and via Microsoft Teams

Microsoft Teams Meeting Information:
Join on your computer, mobile app, or room device: Click here to join the meeting
Meeting ID: 229 189 305 731 13
Passcode: HQ2wm9p5
Or call in (audio only): +1 469-998-5921,,26183485# ; Phone Conference ID 261 834 85#

DRAFT MINUTES
Chair: Bisiola Fortune-Evans • Vice Chair: Matt Patterson

QMC Members Present: B. Fortune-Evans, R. Jimenez, O. Davy, C. Williams, M. Patterson, J. De La Nuez
QMC Members Absent: S. McLeod
Ryan White Part A Staff Present: T. Thompson, R. Pena, J. Roy
Planning Council Support Staff Present: G. Berkeley Martinez, M. Lacroix, S. Isidore, D. Liao, D. Cestaro-Seifer
Guests: B. Barnes, J. Rodriguez

Call to Order, Welcome & Public Record Requirements

The QMC Chair officially convened the meeting at **12:36 PM**. and extended a warm welcome to all attendees. Attendees were notified that the QMC meeting is based on Florida's "Government-in-the-Sunshine Law" and the 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. The PCS staff led roll calls and introductions for the committee members, Recipient staff, PCS staff, and guests. Lastly, a moment of silence was observed.

1. **Public Comment**

The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

No public comments were made.

2. **Meeting Approvals**

Motion #1: R. Jimenez on behalf of QMC, made a motion to approve the March 16, 2026 Quality Management Committee agenda and seconded by M. Patterson. The motion was adopted unanimously.

Motion #2: C. Williams, on behalf of QMC, made a motion to approve the January 12, 2026 Quality Management Committee Minutes with corrections and seconded by O. Davy. The motion was adopted unanimously.

3. **Discussion Items**

a. **Action:** Review Service Delivery Models, *Recipient Office*

S. Isidore explained the rationale for this item, which was voted on by the Priority Setting and Resource Allocation committee.

> **Rationale:** The PSRA committee requested that the Quality Management Committee (QMC) review the Health Insurance Continuation Program (HICP) scope of service and Service Delivery Model (SDM) in light of recent changes affecting client insurance coverage. The review will help determine whether the current SDM, which does not allow HICP to cover insurance premiums, continues to meet the needs of clients and the Ryan White Part A system, and whether any updates or adjustments may be warranted.
>
> **MOTION #27: M. Patteson, on behalf of PSRA, made a motion requesting that the Quality Management Committee review the Health Insurance Continuation Program (HICP) scope of service and Service Delivery Model (SDM) to determine whether it continues to meet the needs of the Ryan White Part A system. The motion was seconded by S. Tinsley. Following discussion, the motion passed unanimously.**

T. Thompson explained that HICP does not cover premiums. Co-pays and deductibles can only be paid for ADAP-approved ACA plans. He noted that if HICP were to cover private health insurance plans, the current cap of $9,000-$10,000 should be reduced to $2,000. He estimated that this would only affect 10-15 clients, as the average client spends $400-$500 annually.

The committee discussed insurance plan options for clients in lower FPL brackets. B. Fortune-Evans expressed concern over whether less expensive plans would sufficiently cover the medical needs of clients.

M. Patterson explained that the discussion from PSRA evolved into a broader review of the service delivery model to see if it meets current needs. He highlighted the idea of a cost-sharing approach, where clients contribute a set monthly amount toward premiums to help fill gaps.

T. Thompson cautioned against making drastic changes to the SDM. J. Roy added that any substantial change would likely require approval the County Attorney's Office to ensure it doesn't conflict with the original RFP.

C. Williams shared his experience with HICP as a client and the difficulty of trying to secure insurance coverage on his own. O. Davy asked how much funding would be needed to support the cost of expending access to HICP. T. Thompson answered that HICP is currently allocated $619,465 and serves 1,318 clients, with the average cost-per-client being $215.63.

The committee considered removing language that specifies ADAP-approved plans. B. Fortune-Evans expressed concern over lowering the HICP cap without more data with which to assess the impact of such a change.

T. Thompson clarified that the co-pays only apply to HIV-related medication. The committee discussed how much Part B could contribute to client insurance support, given that its FPL remains at 400% while Part A's FPL was reduced to 300%.

C. Williams noted that some clients do not use case managers or keep up with appointments. He shared the difficulties he experienced trying to receive assistance and noted how much worse the process is for clients with disabilities or mental health issues.

B. Fortune-Evans asked whether Part B is still assisting co-pays for patients regardless of what type of insurance they have. J. Rodriguez confirmed that this is something Part B will consider, depending on how the Planning Council decides to move forward.

M. Patterson asked the feasibility of requiring clients with ACA plans to use navigation from case managers. J. Roy answered that CMS provides training for case managers so that they can better assist clients in plan selection, though she noted that not all clients have case managers. There was a brief discussion on HICP billing and expenditures.

The committee drafted the following preliminary recommendations to be forwarded to PSRA:

1. Change language from “ADAP” approved plans to ACA plans
2. Lower maximum amount per client down to $X,XXX (pending data)

Motion #3: On behalf of the QMC, R. Jimenez made a motion to approve the preliminary recommendations for forwarding to PSRA. The motion was seconded by M. Patterson and adopted unanimously.

b. **Discussion:** A Brief Review of the Provide Enterprise (PE)

T. Thompson provided an overview of how data moves through the Provide Enterprise System, identify which data is readily accessible, and recommend areas where data availability could be improved. This is meant to help the committee members structure future data requests more effectively.

There are two types of data reports: “service record” reports and “ledger” reports. Service record reports rely on entries in Provide Enterprise, not invoicing. If a service isn’t recorded, it won’t appear in Care continuum. A ledger report is based on invoicing. He noted that a care continuum report automatically run the previous 12 months. The Recipient Office can report the viral suppression of clients for whom they have invoiced services. He noted that there may be clients who are in the care continuum but may not be reported in ledger due to the time at which they received those services.

T. Thompson further clarified that he could isolate data by agency to address duplication and march clients’ viral suppression records with ledger entries. T. Thompson further explained the data is entered into PE either by being imported from a spreadsheet or manually entered. He listed which types of data that are easily accessible to the Recipient Office, and which types require more effort.

B. Fortune-Evans thanked T. Thompson for sharing this information. T. Thompson emphasized the importance of all members of the committee actively participating in discussions. T. Thompson stated that he plans to track new clients entering care on a monthly basis, including service utilization, demographics, and insurance status. He noted that FY2025-2026 Quarter 4 data might be available by May.

c. **Presentation:** Clinical Quality Management (CQM) Support Activities

D. Liao reviewed CQM Support Activities for FY2025-2026 Q4. She went over the trainings requested by the Part A office and provider networks, which focused on evidence-based interventions like SBIRT and documentation improvement.

CQM staff also met with the Quality Network to review projects such as Checkpoint 6. Outcomes included better service documentation, increased provider confidence in addressing substance use, and stronger quality improvement implementation.

In Quarter 4, the Support Services Network held a December meeting featuring a SOAP (Subjective, Objective, Assessment, Plan) documentation training led by D. Cestaro-Siefer. The training emphasized legal compliance, continuity of care, measurable data, and client goals. The impact was more standardized documentation practices across agencies. Part B representatives were included in this training.

The Oral Health Network received a CE training on substance use disorder in dental settings, adapted from a behavioral health training. The session focused on practical strategies for dental providers, including identifying risky substance use, using SBIRT for brief interventions, and connecting clients to appropriate treatment resources.

The Behavioral Health Network also received the CE training, which included an overview of substance use screening tools like AUDIT, DAST, and TAPS. Resources and tools were shared to support implementation, and three new behavioral health agencies participated. The impact was strengthened evidence-based practices, improved early identification of substance use, and enhanced referral pathways.

Two Quality Network meetings were held this quarter. In the December meeting, participants reviewed Checkpoint 6 of their Quality Improvement Projects. CQM support staff guided providers through objectives, analyzed preliminary QIP data, and discussed progress and process evaluation.

For the January Quality Network meeting, agencies opted for an optional office hours session instead of a mandatory meeting. The providers used the time to ask questions and provide feedback on the Quality Network and QI toolkit. They noted data collection challenges and staff time constraints (particularly with PDSA cycles).

The Medical Case Management Network did not have a meeting this quarter. The members of the network instead attended a weekly meeting hosted by W. Cius of the Recipient Office to discuss current updates regarding the ADAP crisis.

CQM support staff is actively evaluating and revising the QI toolkit with the Recipient Office, with plans to share updates with the committee soon. Additionally, there are plans to expand training opportunities based on agency feedback. For upcoming activities, the FY2025-2026 QIP presentations will be held virtually on April 15 due to delays caused by the ADAP crisis.

D. Liao concluded by reporting that CQM support staff plans to finalize the internal CQM QIP, continue development of the FY2026-2027 QI toolkit, and complete remaining deliverables.

d. **Review:** Quality Management Work Plan FY2026-2027

The committee decided that it was not yet necessary to review the work plan.

4. **Old Business**
   None.

5. **New Business**
   None

6. **Recipient Report**
   None.

7. **Data Request**

Copay and deductibles average cost per client for ACA insurance plans.
Justification: Clarify language in service delivery model

8. Public Comment

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

9. Agenda Items/Tasks for Next Meeting

The next meeting will take place on April 20, 2026. Agenda items to be determined.

10. Announcements

None.

11. Adjournment

There being no further business, the meeting was adjourned at **2:22 PM.**

QMC Attendance for CY 2026

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	12	C	16										
1	Biggs, V.	X	C	X										
2	D'Amore, F., V. Chair	X	C	X										
3	Fortune-Evans, B., Chair	X	C	X										
4	Jimenez, R.	A	C	X										
5	Julio De La Nuez	A	C	X										
6	McLeod, S.	X	C	E										
7	Williams, Colby	X	C	X										
8	Davy, Olivia	X	C	X										
	Quorum = 5	6	C	7										

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 B

Quality Management Committee (QMC) Workplan FY2026-2027

Meeting Time & Frequency: Every third Monday of the month, from 12:30pm to 2:30pm
Committee Purpose: 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 Minority AIDS Initiative (MAI) funded services in Broward County.

T = On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Evaluate the Clinical Quality Management (CQM) Program for effectiveness and impact						
1.1	Ensure the Clinical Quality Management Program remains responsive, data-informed, and aligned with federal (policy clarification notice 15-02) and local quality standards.	1. Review quarterly progress on the CQM Annual Work Plan. 2. Provide feedback and recommendations to improve program implementation and goal attainment.	QMC/CQM Staff	Quarterly • April • October • January	B	Scheduled June 2026
1.2	Review the current Priority Setting and Resource Allocation (PSRA) scorecard template to assess clarity, usability, and alignment with program goals.	Identify any areas for improvement and forward recommendations to the PSRA Committee	QMC	October 2026	T	
Objective 2: Monitor and strengthen implementation of the (QMC) Workplan						
2.1	Develop annual Quality Management Committee goals and identify objectives, strategies/action steps to achieve goals.	Recommend improvement to QMC activities.	PCS/CQM staff	Annually	T	
2.2	Conduct quarterly reviews of the Quality Management Committee Annual Workplan.	Assess progress on completing QMC activities.	PCS/CQM staff	Quarterly • April • October • January	B	Scheduled June 2026
Objective 3: Evaluate quality improvement initiatives to enhance service delivery and client outcomes						
3.1	Assess the effectiveness, relevance, and impact of quality improvement initiatives across the Ryan White Part A system to ensure services are equitable,	1. Review presentations and data on strategies targeting vulnerable or out-of-care populations; assess their effectiveness and recommend improvements to the appropriate	QMC/CQM staff	Bi-annually	T	Scheduled June 2026

	client-centered, and aligned with clinical best practices.	HIVPC committee and Ryan White Part A Office. 2. Monitor Quality Improvement Projects (QIPs) implemented by service providers; assess outcomes and provide feedback to strengthen future initiatives.				
Objective 4: Ensure Service Delivery Models reflect current standards and client needs						
4.1	Conduct annual evaluations of Service Delivery Models (SDMs) to verify alignment with the latest HIV clinical guidelines, Public Health Service (PHS) standards, and the evolving needs of clients. This process supports consistent, high-quality care across all Ryan White Part A-funded services and informs necessary updates to improve service effectiveness.	Evaluate SDMs as presented by the Recipient Office to ensure alignment with current HIV clinical guidelines and evolving client needs; recommend updates as needed in coordination with the System of Care Committee.	Recipient CQM staff	Annually	C - *Joint SOC Meeting April 2026 – HICP SDM*	
Objective 5: Assess and address the evolving service needs of people living with HIV (PWH)						
5.1	Ensure Ryan White services are responsive to the lived experiences, barriers, and priorities of PWH through data-driven analysis and community input.	1. Review findings from annual needs assessments, including focus groups, surveys, listening sessions, community forums, and evaluations. 2. Identify underserved populations and analyze client-level data to uncover disparities across the HIV Care Continuum. 3. Develop recommendations for the PSRA Committee to address identified service gaps.	PCS/CQM Staff	May 2026	C - *PSRA Workshop Day 2; May 19, 2026*	

Handout C1

Clinical Quality Management(CQM)Support Q1 Activities

June 15, 2026

PRESENTED BY
DANIELLE LIAO, MPH

Quarter 1 Activities Overview

- March 1, 2026 – May 31, 2026
- Ryan White Part A – Clinical Quality Management Support
- Networks Included:
  - Support Services Network
  - Oral Health Network
  - Behavioral Health Network
  - Quality Network(2)
  - Medical Case Management Network

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Support Services Network

March 24, 2026, Training

Key Focus Area:

- Conducted a training on Motivational Interviewing (MI), emphasizing its application in HIV prevention and treatment.
- Reviewed the core principles of MI, including active listening, person-centered care, and creating a non-judgmental environment that fosters client engagement.
- Engaged participants through interactive activities to strengthen understanding and practical application of MI techniques.

Overall Outcome:

- Participants identified active listening as a key strength and expressed interest in further developing skills to address client resistance and objections.
- The training enhanced awareness of MI strategies that support effective client communication and engagement.

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Oral Health Network

April 1, 2026, FY25-26 Data Presentation

Key Focus Area

- Reviewed FY 2025–2026 oral health performance data for the Broward Ryan White Part A program, including retention in care, viral suppression, demographics, insurance status, and federal poverty levels.
- Examined trends in viral suppression across demographic groups, highlighting improvements among younger clients.

Overall Outcome

- Data demonstrated strong performance across care-continuum measures, with notable improvements in retention in care and viral suppression.
- Providers received guidance on managing oral health treatment plans to support balanced expenditures throughout the fiscal year.
- Opportunities for enhanced collaboration were identified, including a proposed joint review of the oral health referral process

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Behavioral Health Network

April 7, 2026, FY25-26 Data Presentation

Key Focus Area:

- Reviewed FY 2025–2026 care continuum data for mental health and substance use services, including engagement in care, retention, ARV prescription rates, and viral suppression.
- Analyzed performance across demographic groups to identify trends and disparities in health outcomes.
- Examined challenges affecting viral suppression, particularly among clients receiving substance use services and specific age and racial/ethnic groups.

Overall Outcome:

- Data showed strong engagement in care across behavioral health services, while highlighting declines in viral suppression compared to the previous fiscal year.
- The data identified opportunities for targeted interventions to address disparities, particularly among Black non-Hispanic clients and populations with lower viral suppression rates.

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Quality Network

April 15, 2026, FY25-26 QIP Presentations

Key Focus Area:

- Hosted a virtual presentation session where 16 agencies shared their FY 2025–2026 Quality Improvement Projects (QIPs).
- Highlighted initiatives focused on retention in HIV care, behavioral health integration, cervical cancer screening, hybrid care delivery models, and enhanced case management services.
- Reviewed updates to the FY 2026–2027 Quality Improvement Toolkit Quick Guide, including streamlined reporting requirements and the introduction of a universal AIM statement.

Overall Outcome:

- The session promoted knowledge sharing and the dissemination of best practices across the Ryan White system of care.

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Quality Network

May 20, 2026

Key Focus Area:

- Reviewed updates to the 2026–27 Quality Improvement (QI) Toolkit and introduced a universal aim statement focused on increasing viral suppression among clients.
  - The agency will increase the number of _____ clients who are virally suppressed from ___% to ____%, documenting the use of a standardized protocol that supports access to ARV medication, utilization of both medical and non-medical case management, mental health and/or substance abuse services, and referrals to EHE Housing, 211, DIS, and PROACT by January 31, 2027.
- Discussed the use of agency-specific baseline data to develop tailored improvement strategies while maintaining alignment with the shared viral suppression goal.
- Highlighted the importance of documentation, referrals to supportive services, cross-program communication, and data-driven quality improvement practices.

Overall Outcome:

- Agencies were provided with an updated toolkit and data validation guidance to support implementation of their quality improvement projects and ongoing performance monitoring.

Medical Case Management Network

May 29, 2026

Key Focus Area:

- Reviewed viral suppression challenges within medical case management, with discussion centered on medication adherence barriers and disparities among priority populations.
- Explored factors contributing to non-adherence, including stigma, medical mistrust, and competing life priorities.
- Provided Health Insurance Continuation Program (HICP) training, covering program eligibility, payment processes, documentation requirements, and client responsibilities.

Overall Outcome:

- The HICP training increased provider knowledge of program operations, required documentation, and payment procedures, helping to reduce delays and improve service coordination.
- Post-training assessments and discussion reinforced key program requirements and strengthened participants' ability to support clients in accessing and maintaining health insurance coverage.

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Quarter 1 Highlights

Key Focus Areas

- Introduced a universal Quality Improvement (QI) aim statement focused on increasing viral suppression across all Ryan White Part A subrecipients.
- Reviewed annual care continuum data across multiple service categories, including oral health, behavioral health, medical case management, and support services, to identify strengths, disparities, and opportunities for improvement.
- Strengthened workforce capacity through targeted trainings on Motivational Interviewing (MI) and the Health Insurance Continuation Program (HICP).

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Quarter 2 Updates

Looking Ahead

- Expand training opportunities
- Coordinate meetings with agencies to deliver technical assistance that supports effective use of QIP data
- Strengthen collaboration across provider agencies and networks
    - Case-based Learning

Upcoming Activities

- Technical Assistance QIP Meetings
    - June 22nd-24th

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Handout C2

Broward EMA CQM Annual Work Plan FY 2026-2027

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party	Comment/Outcomes
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	Patient Satisfaction is being reassessed for FY 24-25 based on HRSA recommendations.
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	The Part A Office will provide the patient satisfaction survey results to CQM staff from provider reports.
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 25-26 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														

Handout D

QI TOOLKIT QUICK GUIDE

FY 2026-2027

BROWARD COUNTY
RYAN WHITE PART A QI
TOOLKIT QUICK GUIDE

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

Overview of the *Broward EMA Ryan White Part A QI Toolkit Quick Guide*

The Broward EMA Ryan White Part A QI Toolkit Quick Guide is designed as a tool to support the timely execution of necessary steps that support the Plan Do Study Act (PDSA) quality improvement model. Using the QI Toolkit Quick Guide provides structure to Ryan White agencies completing their Quality Improvement Projects (QIPs). The contents include: QIP planner and five Checkpoint Activities with examples to support QIP completion.

The ***Broward EMA Ryan White Part A QI Toolkit Quick Guide*** was developed to:

- Offer a streamlined, user-friendly version of the comprehensive toolkit manual
- Break down complex information into practical, actionable steps
- Serve as a template for onboarding new QI champions and reinforcing the quality improvement process for all Ryan White subrecipient agencies

The QI Toolkit Quick Guide is a companion to the *Broward EMA Ryan White Part A QI Toolkit*. The QI Toolkit is a quality resource informed by evidence, designed to cultivate a proficient and enduring network of Quality Improvement leaders. This Toolkit provides a framework with designated checkpoints starting with the data review and stratification process,leading to the identification of the key subpopulation for the AIM Statement. Building upon this infrastructure, QI teams plan for and conduct PDSA cycles that support improvement in client health outcomes and service-delivery processes. The *QI Toolkit* should be used as a reference manual to support a deeper dive into the PDSA quality improvement process model.

Checkpoint Activities

- □ Checkpoint 1: Data Stratification
- □ Checkpoint 2: PDSA Pre-Planning and Quality Measures
- □ Checkpoint 3: PDSA Two-Cycle Planning Form
- □ Checkpoint 4: Preliminary Data Review and Evaluation
- □ Checkpoint 5: QIP Poster

QIP PLANNER 2026-2027

This planner provides a timeline for the submission of required deliverables by Quality Teams to meet the Aim of the 2026-27 Broward RW Part A EMA QIP.

Checkpoint check-ins are one-on-one virtual sessions and provide an opportunity to connect with the CQM team. Time slots are available from 10 am to 3 pm.

QIP PHASE	STARTING	ENDING
Step 1: Identifying The Opportunity	3/1/26	5/31/26
Step 2: Quality Measure Development & PDSA Planning	6/1/26	6/30/26
Step 3: PDSA Cycles	7/1/26	10/31/26
Step 4: Preliminary Data Review and Evaluation	11/1/26	12/31/26
Step 5: QIP Poster	1/1/27	2/28/27

CHECKPOINT DUE DATES	DATE
Data Stratification	6/3/2026
PDSA Pre-Planning and Quality Measures	7/1/2026
PDSA Cycle Planning Form (1&2)	11/11/2026
Preliminary Data Review and Evaluation	1/6/2027
QIP Poster	2/3/2027

◯ Circled dates below represent the Checkpoint due dates

MARCH

M	T	W	T	F	S	S
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16	17	18	19	20	21	22
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APRIL

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MAY

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31						

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JANUARY

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FEBRUARY

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22	23	24	25	26	27	28

FY26–27 Quality Improvement Project – Checkpoint 1 Overview
Data Drill Down and Analysis Action Plan

1. Goal

The goal of this checkpoint is to help agencies locate, organize, and analyze, their population of Broward RW Part A clients with unsuppressed viral loads (VL >1000 copies/mL) through data stratification, also known as “drilling down” the data. This process allows agencies to identify trends, inconsistencies, service access and utilization barriers impacting viral suppression.

This step is critical because it ensures that Quality Improvement efforts are data-driven,targeted, and focused on populations most in need.

2. Steps

To complete this checkpoint, agencies should:

- Document the total number of active Ryan White Part A clients with unsuppressed viral loads (VL >1000 copies/mL).
- Stratify this population by Ryan White Part A service categories to examine how clients are differentiated across services.
- Use the provided Excel spreadsheet to further stratify data by relevant characteristics, including but not limited to:
    - Demographics (e.g., age, gender, race, housing status)
    - Geographic location (e.g., zip code, city)
    - Health status (e.g., baseline viral load, comorbidities, treatment status)
    - Health-related social needs
- Review and validate the accuracy of your data before generalizing and formulating judgements/appraisals
- Identify the two key subpopulations served by your agency who will benefit most from quality improvement implementation practice and/or service process changes to better support their motivation and confidence to attain viral suppression. **These two groups will become the focus of your agency's 2026-27 QI Project.**

3. Output

By the end of this checkpoint, agencies should have:

- A dataset of active clients with unsuppressed viral loads (VL >1000 copies/mL)
- A completed and stratified Excel data file
- Identification and documentation of two priority subpopulations who will be the focus of your agency's 2026-27 QIP

Checkpoint 1: Data Drill Down and Analysis Action Plan

Agency Name:	
Start Date:	**End Date:**

Data Stratification Observation, Goal, and Importance

Aim Statement	The agency will increase the number of _____ clients who are virally suppressed from ___% to ____%, documenting the use of a standardized protocol that supports access to ARV medication, utilization of both medical and non-medical case management, mental health and/or substance abuse services, and referrals to EHE Housing, 211, DIS, and PROACT by January 31, 2027.
Goal Our QI Team wants to:	• Increase the percentage of clients who achieve viral suppression • Reduce the time it takes for clients to reach viral suppression • Improve continuity of antiretroviral (ARV) therapy • Strengthen coordination with DIS and ProAct teams • Establish and maintain standards for data validity, reliability, and analysis
Importance This is important because:	The importance of people living with HIV achieving viral suppression is significant for both individual and public health. Viral suppression (VS), reached through effective antiretroviral therapy (ART), reduces the amount of HIV in the blood to undetectable levels. This has key benefits: 1. Improved health outcomes 2. Longer life expectancy 3. Prevention of Transmission

Checkpoint 1: Data Drill Down and Analysis Action Plan

Data Drill Down Action Steps

Please fill out the form below and attach your agencies' stratified data report(s). Reminder: De- identified data only (examples of data that should not be included are PE number, DOB, social security, and clinic number).

Data Drill Down Action Steps	Start Date	Date Completed	Results, Findings, & Comments
List the names and roles of Quality Team members participating in the data stratification/analysis process.			
Document the number of Ryan White Part A active patients/ clients who have unsuppressed viral loads (VL >1000 copies/mL) in your agency.			
Stratify and analyze the Ryan White Part A(RWPA) active patients/ clients who have unsuppressed viral loads (VL >1000 copies/mL) in your agency by RWPA **service categories.**			
Use the Excel spreadsheet to further stratify your data by demographics, baseline viral load, health-related social needs,co-morbidities, zip codes,etc.			
Identify **two** key subpopulations from the above analyses that will be your populations of concern for the remainder of this project.			

FY26–27 Quality Improvement Project – Checkpoint 2 Overview
PDSA Pre-Planning and Quality Measures

1. Goal

The goal of this checkpoint is to prepare agencies for constructing and implementing their Quality Improvement Project by establishing meaningful quality measures and identifying potential changes that will lead to improvement.

This checkpoint is important because measurement over time is essential to QI. By defining process, outcome, and balancing measures, agencies can track progress, evaluate effectiveness, and identify any unintended impacts. Additionally, selecting evidence-informed and/or evidence-based interventions and strategic process changes lays the foundation for successful PDSA cycles.

2. Steps

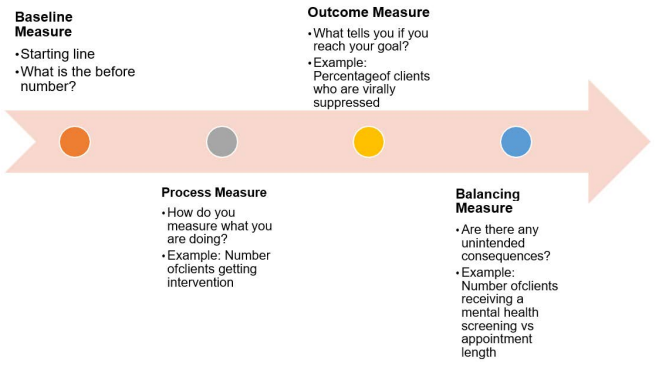
To complete this checkpoint, agencies should:

- Define clear quality measures that will be used throughout the QI project, including:
    - **Process Measures** (e.g., actions taken, steps in care delivery)
    - **Outcome Measures** (e.g., viral suppression improvement, client engagement in services and care)
    - **Balancing Measures** (e.g., unintended consequences of changes)
- Ensure that selected measures align with the project goal of improving viral suppression among clients with VL >1000 copies/mL.
- Identify and document how data for each measure will be collected and monitored over time.
- Brainstorm potential changes that may lead to improvement using:
    - Inspect and differentiate internal data findings from Checkpoint 1
    - Utilize quality improvement tools including but not limited to fishbone diagram, root cause analysis, the 5 Why's , flow charts, check sheets, cause and effect diagram
    - Review and inspect evidence-based and evidence-informed practices that support viral suppression in your identified populations of concern

3. Output

By the end of this checkpoint, agencies should have:

- A defined set of quality measures (process, outcome, and/or balancing)
- A list of selected, evidence-informed change strategies to be tested during PDSA cycles



Checkpoint 2: PDSA Pre-Planning and Quality Measures

Aim Statement	The agency will increase the number of _____ clients who are virally suppressed from ___% to ____%, documenting the use of a standardized protocol that supports access to ARV medication, utilization of both medical and non-medical case management, mental health and/or substance abuse services, and referrals to EHE Housing, 211, DIS, and PROACT by January 31, 2027.

Identify and list below the outcome and process measures that will assist your team in evaluating the effectiveness of your chosen change ideas.

Identified Key Population	
Outcomes Measures:	
Process Measures:	

Rank	Change Idea	Evidence-based or Informed? Y/N Provide Resource	Required Implementation Resources: People, time, space, equipment	Monetary Costs (Y/N)

FY26–27 Quality Improvement Project – Checkpoint 3 Overview
Plan-Do-Study-Act (PDSA) Cycle Planning Form

1. Goal

The goal of this checkpoint is to guide agencies in planning and initiating their first Plan-Do-Study-Act (PDSA) cycle to test selected change ideas on a small scale. This step introduces a structured, iterative approach to learning what works and does not in real-time.

This checkpoint is important because PDSA cycles allow teams to rapidly test changes, assess their effectiveness, and refine strategies before broader implementation. It emphasizes continuous improvement through small, manageable steps while considering system performance, variation, and team dynamics.

2. Steps

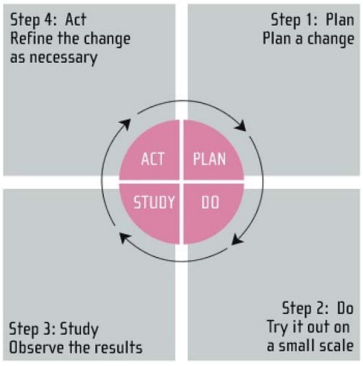
To complete this checkpoint, agencies should:

- Select one change idea identified during *Checkpoint 2: PDSA Pre-Planning and Quality Measures* to test through a PDSA cycle.
- Develop a PDSA Cycle Plan that includes:
    - **Plan:** Define the objective, prediction, population, timeline, and steps for the test
    - **Do:** Implement the test on a small scale (e.g., a few clients, short timeframe)
    - **Study:** Collect and analyze data to compare results against predictions
    - **Act:** Determine next steps (adopt, adapt, or abandon the change)
- Start small by testing with a limited number of clients, staff, or processes.
- Identify a short testing timeframe to allow for rapid learning and adjustments(e.g. half-day, 1-day, 2-day, 3 day maximum).
- Engage willing team members or volunteers to support early PDSA intervention/change-action implementation
- Meet regularly as a QI team to review findings and refine the approach.
- Focus on learning and improvement rather than perfection or research-level precision.

3. Output

By the end of this checkpoint, agencies should have:

- Two completed PDSA Cycle Planning Forms published or scheduled due date



Checkpoint 3: Plan-Do-Study-Act (PDSA) Cycle Planning Form

PDSA Cycle Tracker

Agency:_____

Use this form to plan and document a PDSA cycle. Additional notes, materials and data can be attached to this sheet.

Intervention:

Cycle #:

What is your QIP Aim Statement?

The agency will increase the number of _____ clients who are virally suppressed from ___% to ____%, documenting the use of a standardized protocol that supports access to ARV medication, utilization of both medical and non-medical case management, mental health and/or substance abuse services, and referrals to EHE Housing, 211, DIS, and PROACT by January 31, 2027.

What is the outcome you hope to achieve by testing this intervention? How will it help you meet your Aim?

1. Plan

Briefly describe the intervention you plan to test and the process you will utilize: Intervention name and source, client population, staff participation, training/resources, and timeline.

Task(s) to be completed	Person responsible	Task completion date

List the measure of the intervention you plan to test	Is it a process or outcome measure?	Where will you obtain the data to evaluate the measure?	Who will collect the data?

PREDICTION: What do you think will happen (predict the answer to the test. Will it produce a measurable change in the direction of your aim)?

2. Do

What happened? Did you obtain the data you needed to measure the effectiveness of the intervention?

Feedback and observations from the clients and/or service provider/staff:

What problems or unexpected events did you encounter? Suggest a minimum of one opportunity your team has to modify or change the intervention or process utilized in the PDSA cycle.

3. Study

What does the data show? *Please be specific and show your data using a table or chart. Use the QIP Data Excel template tab labeled "PDSA Interventions and Strategies."*

How effective was your intervention? Was your prediction confirmed? Why or why not?

4. Act

Briefly discuss how you will increase the effectiveness of the exact same intervention or adapt a slightly different modified version of the intervention or abandon the intervention completely and try a new intervention.

Following this PDSA cycle, will you: (Check one box)

☐ Adopt (Implement) ☐ Adapt (Refine & Retest) ☐ Abandon Change

What is your plan for the next PDSA cycle to reach your project's aim? Do you require additional resources or technical assistance from our quality consultants at this time?

.

Adapted from: *PDSA Cycle Planning Form.* California Institute of Behavioral Health Solutions. Accessible at: https://www.cibhs.org/sites/main/files/file-attachments/ pdsa_cycle_planning_form_final.pdf?1413830469

FY26–27 Quality Improvement Project – Checkpoint 4 Overview
Preliminary Data Review and Evaluation

1. Goal

The goal of this checkpoint is to support agencies in reviewing and presenting their preliminary data, including baseline data and results from a minimum of two PDSA cycles. This step focuses on analyzing progress, identifying trends, and reflecting on the effectiveness of implemented changes.

This checkpoint is important because it allows teams to assess whether their interventions are leading to improvement and to communicate findings clearly to stakeholders.

2. Steps

To complete this checkpoint, agencies should:

- Compile and review baseline data alongside PDSA cycle results.
- Organize data into clear and meaningful formats using:
    - Tables (including raw numbers and percentages)
        - Keep tables simple and easy to read
        - Clearly label units and include total population (n)
        - Identify missing data where applicable
        - Ensure groupings are non-overlapping and evenly spaced
    - Charts and graphs to visualize trends and patterns
- Analyze findings to identify:
    - Trends or patterns in client motivation, communication, health literacy, connection to service or care provider, service appointment attendance and/or participation, self-care practices, service utilization, staff competency, and/or service process timeliness.
    - Successes and areas needing improvement
    - Lessons learned from PDSA cycles
- Document reflections on project progress and begin identifying potential recommendations for improvement or next steps.

3. Output

At the end of this checkpoint, agencies should have:

- A set of organized data visuals (tables, charts, and/or graphs)
- A summary of baseline and PDSA cycle results
- Documented analysis of trends, findings, and key insights
- Written reflections on project progress and preliminary recommendations for next steps

Checkpoint 4: Preliminary Data Review and Evaluation

Preliminary Data Review & Evaluation

Agency: _____

Aim Statement:

The agency will increase the number of _____ clients who are virally suppressed from ___% to ____%, documenting the use of a standardized protocol that supports access to ARV medication, utilization of both medical and non-medical case management, mental health and/or substance abuse services, and referrals to EHE Housing, 211, DIS, and PROACT by January 31, 2027.

PDSA Cycle Interventions

Utilize the space below to insert important data collected and observed during two or more PDSA cycle processes:

INTERPRETING THE RESULTS

1. Does your data show that you reached your project's aim? Yes or No? How do you know this?

2. Did you implement your strategies for improvement (interventions) as originally planned in your PDSA cycles? If not, explain what modifications you made and the rationale behind these changes.

3. Did you experience any barriers in conducting your QIP? If so, what were the barriers to implementation? Were you able to overcome them and if so, how?

4. a. Did one or more of the interventions used during one or more PDSA cycle achieve improvement in patients' viral loads? Yes or No. Use your data to explain how you know this.

   b. Is the improvement in viral load attributable to one or more of your PDSA cycle interventions? Yes or No. Use your data to explain how you know this.

5. a. Identify one additional factor (e.g.: client behavioral practice, health literacy, VL lab draws, self-reported medication adherence, screening result, satisfaction survey score, service utilization, or service process outcome (referral to first appointment), that changed in a positive direction as a result of one or more of your PDSA cycle interventions.

b. Is the improvement in retention in care related to one or more of your PDSA cycle interventions? Yes or No. Use your data to explain how you know this

6. What additional factors or changes,if any, that occurred at your agency may have affected your PDSA cycle results/data(i.e. staff changes, infrastructure changes, emergency disasters)?

LESSONS LEARNED

7. What lessons did you learn as you reflect on your agency's QIP implementation processes?

8. What activities and/or processes went well when you conducted your QIP? What did not go well? Make recommendations on ways to improve the areas/activities that did not go well.

9. List three (3) things you could have done differently during the QIP that may have resulted in improved patient outcomes, satisfaction, and/or service-delivery.

NEXT STEPS

10. List the next steps your agency will initiate over the next three months to continue to focus on improving patient outcomes, satisfaction, and/or service-delivery.

11. Identify data-related measurement/collection/submission needs your agency has that should be improved to assist you in future QIP work. Please be specific.

12. Will you continue (adopt) one or more of the interventions used in your agency's QIP, or or add a new intervention to improve viral suppression rates among all the clients your agency serves.

FY26–27 Quality Improvement Project – Checkpoint 5 Overview
Constructing a QIP Poster

1. Goal

The goal of this checkpoint is to guide agencies in developing a clear, concise, and visually engaging QIP poster that summarizes their project from start to finish. This includes identifying the problem, challenge, or opportunity, exploring potential evidence-supported strategies to affect positive change, recording data as evidence of change and documenting key learnings with recommendations for continued improvement. .

This checkpoint is important because the poster serves as a communication tool to showcase the agency's QI work, outcomes, and impact. It allows teams to effectively share their findings, promote best practices, and demonstrate improvements that support viral suppression rates among people with HIV living in Broward County.

2. Steps

To complete this checkpoint, agencies should:

- Design a poster that is visually clear, concise, and easy to follow.
- Focus on key information and avoid excessive background details.
- Use graphs, charts, and tables to present complex data in a simple, visual format.
- Include the following required components in the poster:
    - **Header**
    - **Problem Statement:** Define the improvement opportunity
    - **Aim Statement**
    - **Measures:** Outcome and process measures
    - **PDSA Cycles(2):**Summary including selected intervention
    - **Results:** Include collected data using visuals (graphs, tables, charts)
    - **Successes and Challenges:** Reflect on project implementation
    - **Next Steps:** Identify future actions based on findings
    - **Team Members and Acknowledgements:** Recognize contributors

3. Output

By the end of this checkpoint, agencies should have:

- A completed QIP poster that clearly summarizes their project
- Visual data displays (graphs, charts, tables) integrated into the poster

TITLE

NAME OF PRESENTER, ASSOCIATES, & COLLABORATORS

AGENCY NAME AND YEAR

Add Logo Here

BACKGROUND

- Problem statement
- Why did your agency focus on this?

AIM STATEMENT

[Name of agency] aims to increase [measure] from [baseline] to [goal] through {process] by [goal date].

MEASURES

Process Measures
What data did you collect to support your process outcomes?

Outcome Measures
What data did you collect that supports the determination that the chosen intervention(s) improved or did not improve your clients' viral suppression lab results?

PDSA CYCLES

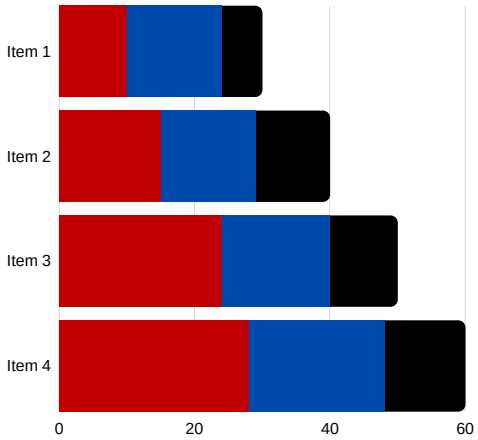
Cycle 1
Plan:
Do:
Study:
Act:

Cycle 2
Plan:
Do:
Study:
Act:

Cycle 3
Plan:
Do:
Study:
Act:

RESULTS

Discuss findings here, include tables, graphs, charts, etc.



Explanation 1

Explanation 2

SUCCESSES, CHALLENGES, & NEXT STEPS

- What went well/as planned?
- What did not go according to plan? Include barriers to applying the new intervention(s) in your practice/ service delivery process.
- How will you move forward?

ACKNOWLEDGEMENTS

Thank you to.....

Handout E

Q1 Care Continuum Preliminary Comparative Analysis

FY 2025–26 Q1 vs. FY 2026–27 Q1

Presented by: Broward County Ryan White Part A Clinical Quality Management

Overview

Unique Individuals Served

8,429

Prior Year: 8,706

3.2% Decrease

New to Care (Med Visit)

6.6%

Prior Year: 9.2%

Uninsured Rate (No Private, No Medicaid or Medicare)

40.2%

Prior Year: 38.8%

1.4% Increase

Retention in Care

79.5%

Prior Year: 79.9%

Stable at a 0.4% drop

Viral Suppression (known)

90.3%

Prior Year: 90.6%

Stable at 0.3% decrease

On ARV

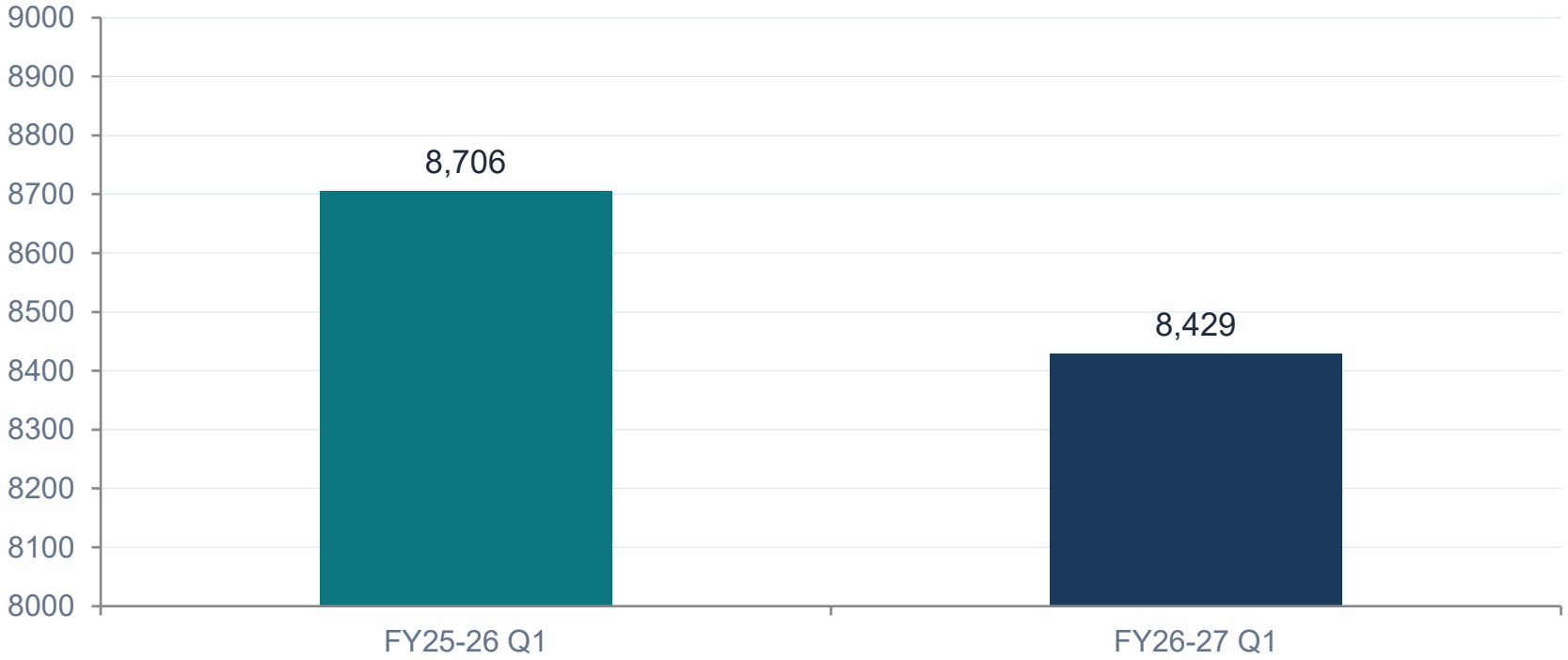
96.8%

Prior Year: 96.6%

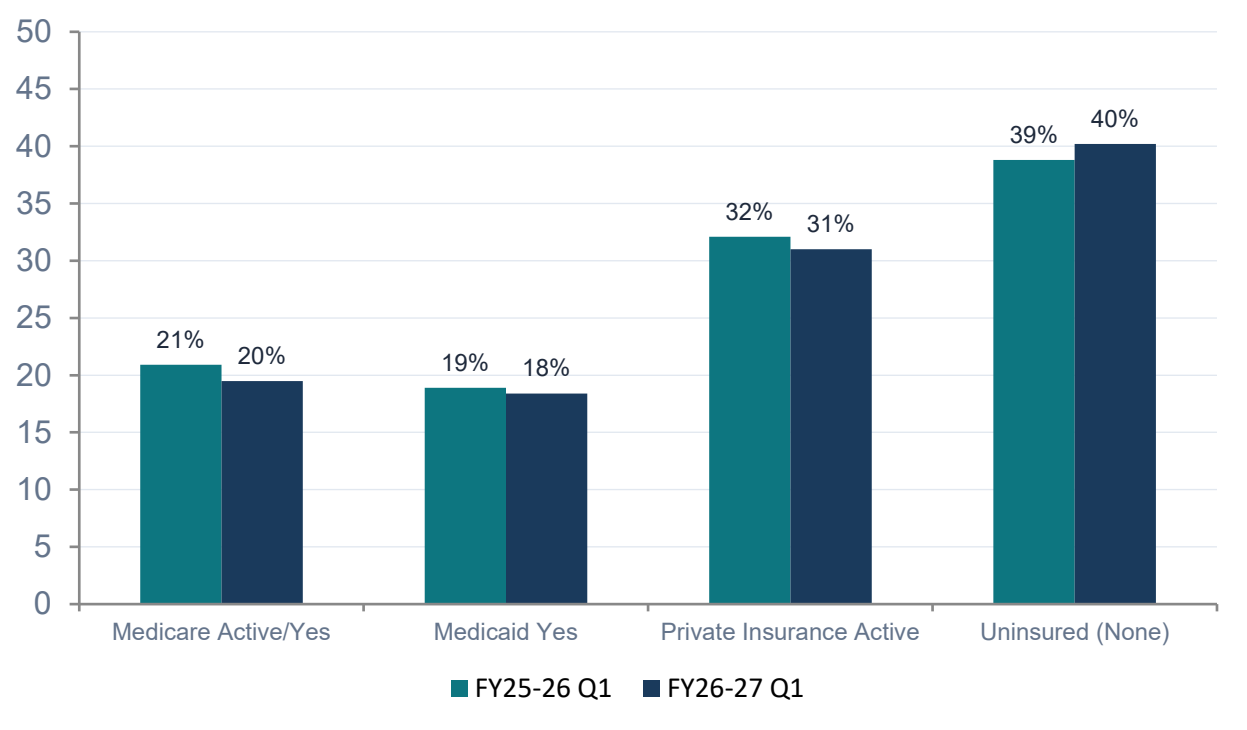
Stable at 0.2% increase

Total Clients

Total unduplicated clients served



Insurance Coverage



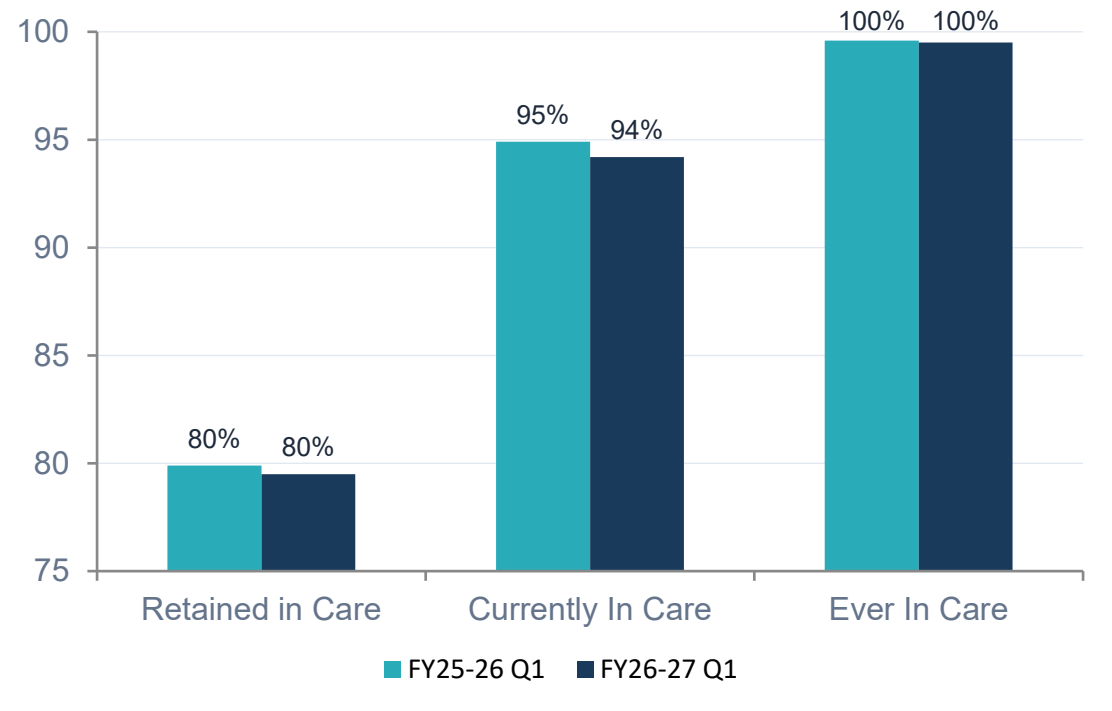
Uninsured rate rose to 40.2% — 4 in 10 HIV+ clients have no coverage

Private insurance dropped by 184 clients

Medicare and Medicaid rates held roughly flat

Younger clients (18–38) are far more likely to be uninsured (58–62%).

Retention in Care



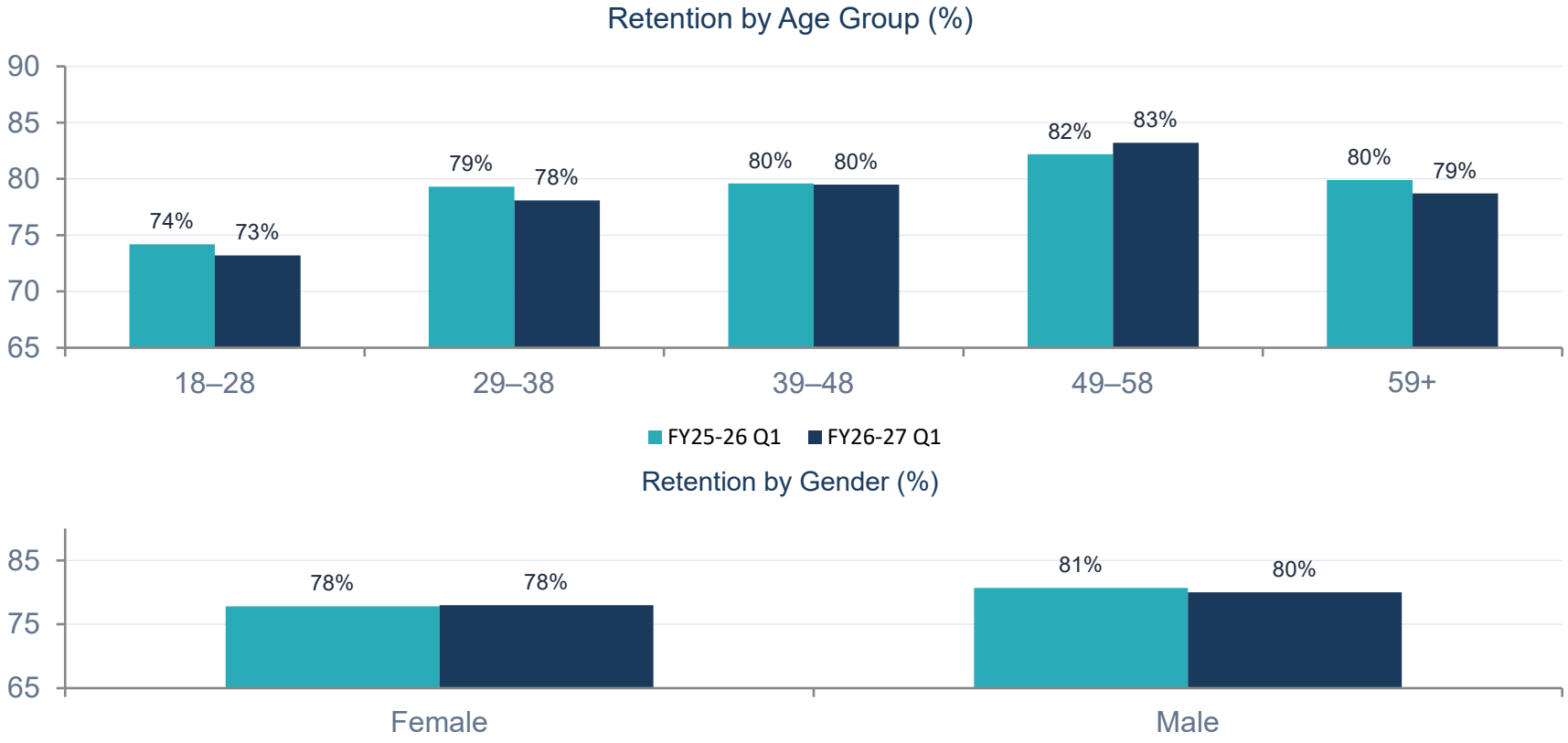
Retention held at 80% — stable for now

Currently in care: 94.9% to 94.2% — more enrolled clients not actively seen

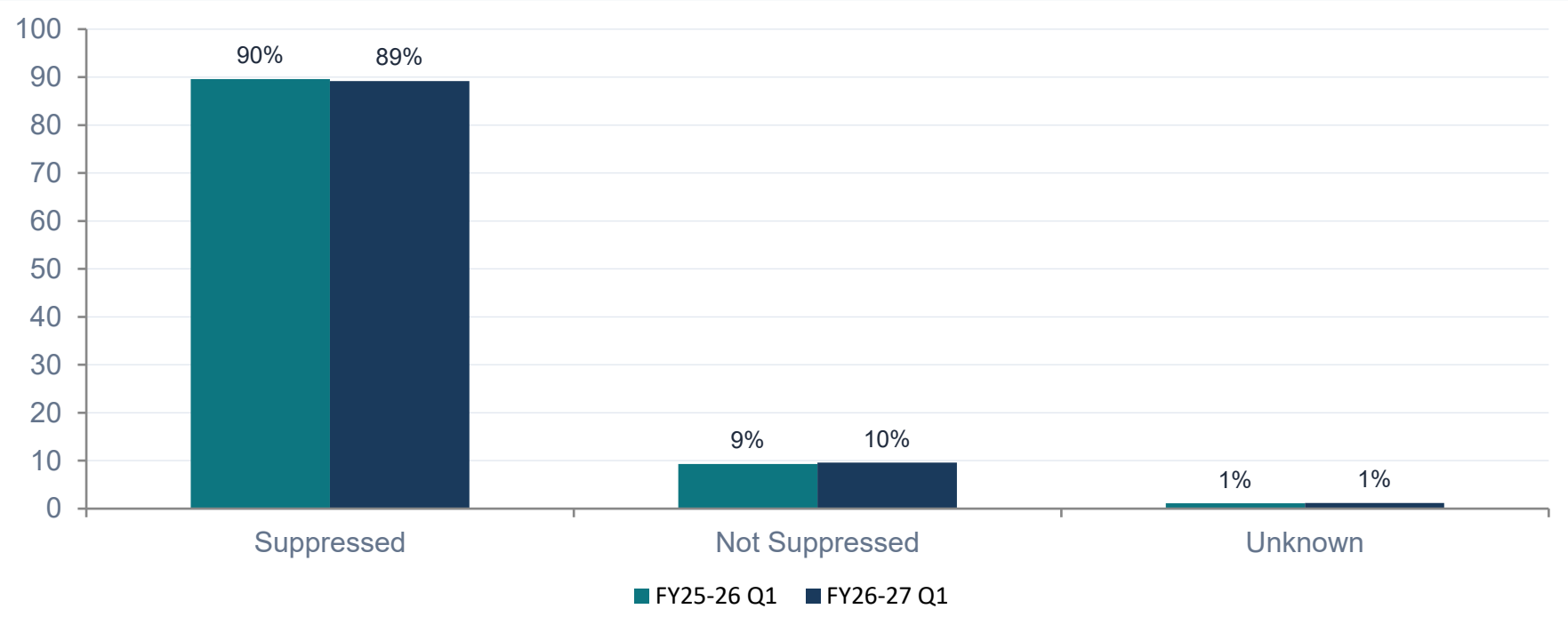
New to care (med visit) fell from 9.2% to 6.6%.

322 clients not retained AND not virally suppressed – These clients have been identified

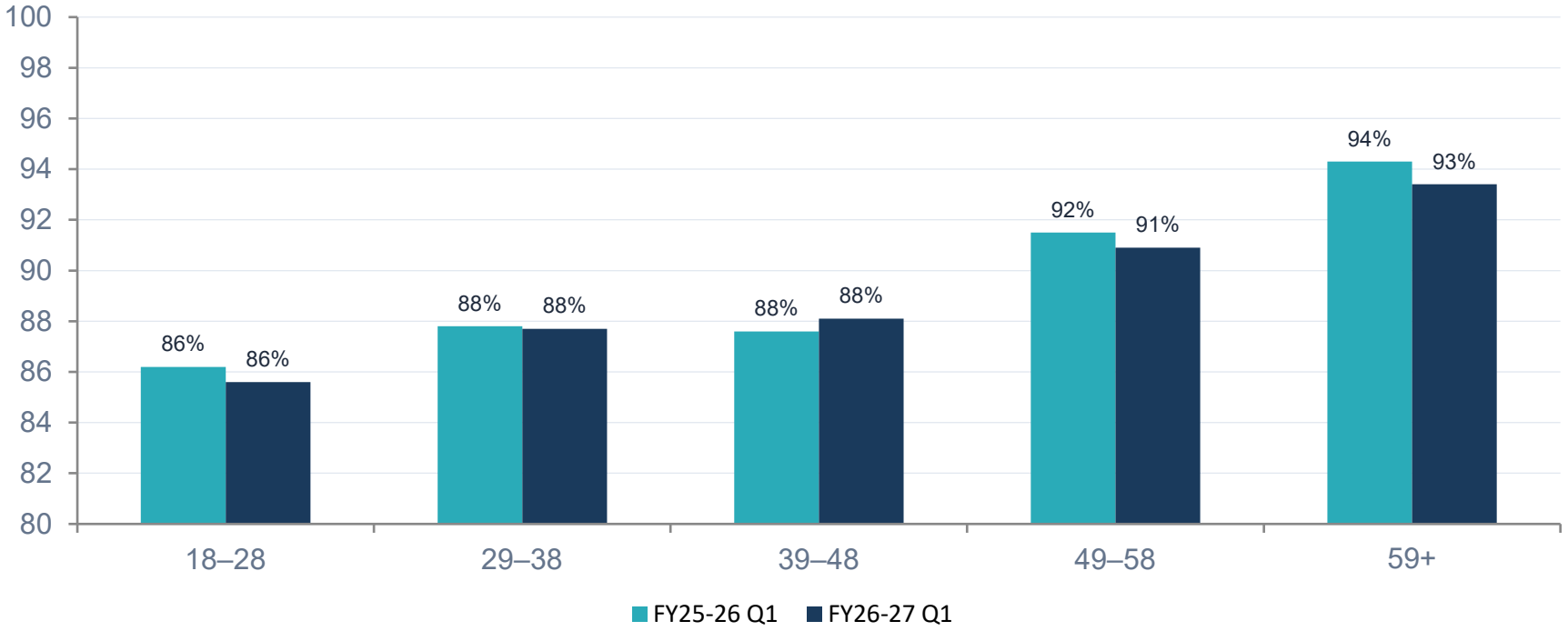
Retention by Age Group & Gender



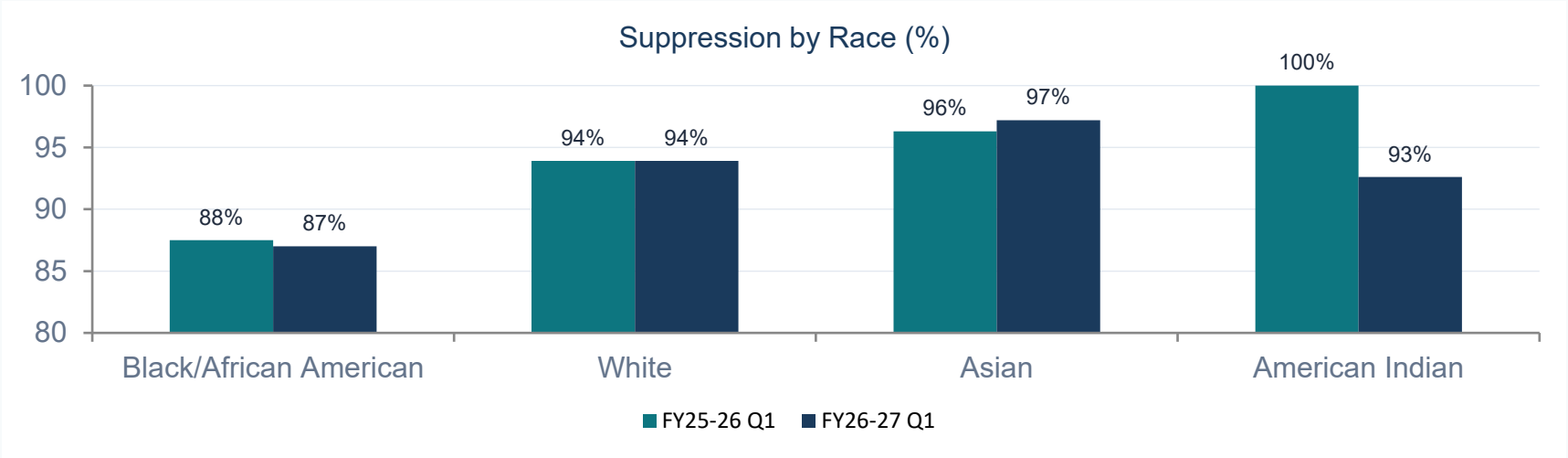
Viral Suppression

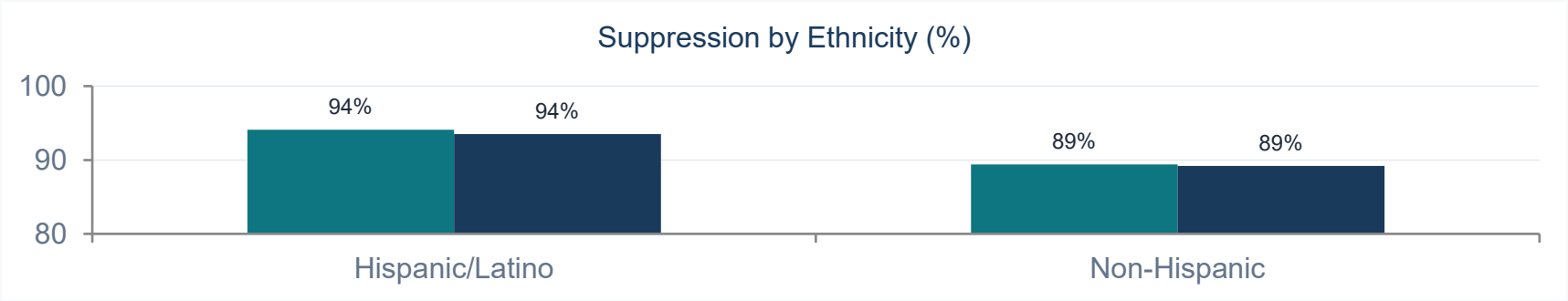


Viral Suppression by Age Group

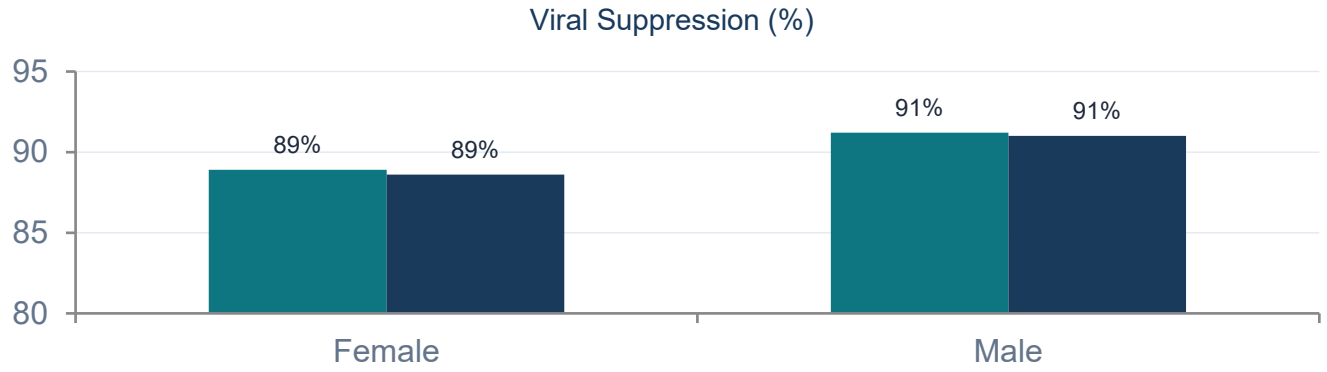


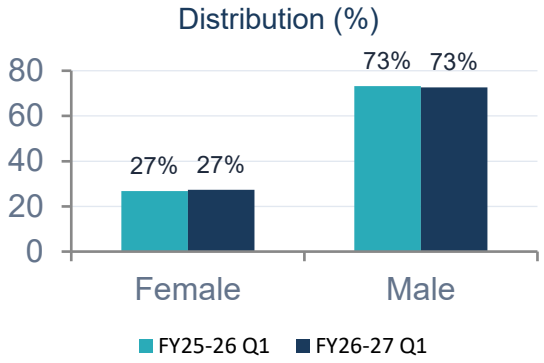
Viral Suppression by Race & Ethnicity

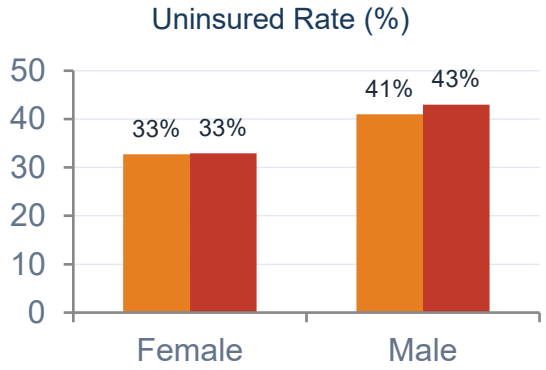




Gender Analysis







Questions & Discussion

Data Source: Ryan White Part A Care Continuum Report
FY25-26 Q1 | FY26-27 Q1

Broward County Health Services Division
Community Partnerships — Ryan White Program – CQM Team

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.

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

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

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

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 the implementation of activities designed to improve patient 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.