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6. INTRODUCTION

**Purpose of the Quality Management Plan:**

The Quality Management Plan (QM Plan) documents contain the necessary actions and information required to effectively manage project quality, from planning to delivery. The QM Plan defines The Poverello Center’s (Poverello) QM policies and procedures, criteria for, areas of application, roles, responsibilities and identifies those in authority of the plan.

The Quality Management plan is created during the planning phase of projects at Poverello and is considered a component of all project Management plans. Its intended audience is the project manager, project team, project sponsor and any senior leaders whose support is required to carry out the Plan.

**Quality Statement:**

The mission & values imbued in the Quality Management program at the Poverello Center, Inc:

1. Eat Well Center, Live Well Center and Be Well Programs - to ensure equitable access to a seamless system of high-quality comprehensive services that improve health outcomes and eliminate health disparities for people living with critical and chronic illnesses including HIV, in South Florida. Values: a. We will continually put the needs of our clients above all other interests and proactively change to meet those needs. b. We will continually put the needs of our clients above all other interests and proactively change to meet those needs. c. We will provide opportunities for the poor to access healthcare and health supporting behaviors.
2. Poverello Thrift Stores –To make Poverello stores a preferred shopping destination in all channels by delivering outstanding value, continuous innovation and exceptional guest experiences. Values: a. We will act responsibly through the efficient and honest use of contributions and in-kind resource entrusted to us. We will ever be mindful of our dependence on the generosity of others.

**History of Quality Management Program at The Poverello Center, Inc**:

The Quality Management Program at Poverello was established out of the HRSA Ryan White Part A requirements in 2017. The client level outcome and indicators were first developed in 2008 by the Ryan White part A Planning Council – Fort Lauderdale/Broward County EMA. The Poverello Center QM Committee was established in 2018. The QM/QI model was established in 2019.

1. Quality Management Infrastructure
2. **Quality Management at Poverello**

QM

Committee

Poverello Management

Responsible for QM

Quality Improvement Projects

QM Drivers

HIV QM/QI Requirements

Poverello

Program Participants

Continuously improving organization dedicated to meeting community needs efficiently and effectively while improving program participant outcomes.

Results

All staff, volunteer board of directors and volunteers are credited with accomplishing the quality of service, program and experiences at Poverello. The CEO is ultimately responsible for ensuring all quality related activities fulfill the legislative/private requirements from all recipients/grantees and funders. There are two interconnected bodies overseeing Poverello’s Quality Management Program: Management and TPC QM Committee.

1. **The Quality Management Committee**:

The Poverello Center Quality has established a standing Quality Management Committee. The Committee is comprised of Consumers, stakeholders, 1 TPC BOD Representative, and Poverello Managers. The QM Committee is comprised of 5 to 12 members. All members are approved by the CEO. The QM Committee elects a Chair and a Secretary. The Poverello QM Committee meets quarterly or more often if the Chair calls for a more frequent meeting.

1. **Poverello Quality Improvement**

TPC Quality Improvement Program was established to continuously improve performance within each department. Each Manager is responsible for Quality Improvement, departmental outcomes, a department work plan and overall Quality within his/her assigned department.

1. **Roles and Responsibilities**:

**Quality Management and Annual Work Plan - Managers at Poverello**

* Develop, review and evaluate progress toward successful implementation of the QM plan and annual work plan.
* Collaborate with other Managers and Staff to routinely extract management Information system data to assess performance measures and/or health outcomes and level of care.
* Research national guidelines and best practice models to ensure quality activities follow national standards.
* Develop and conduct Department Quality review.
* Assist with the planning and facilitation of all QI matters.
* Plan and facilitate QI training to Managers, QMC and Poverello Staff and Program Participants.
* All Quality Quarterly report(s) to the CEO and Grantees/funders.
* Develop the QMC Agenda

**Quality Improvement and Plan – Managers at Poverello**

* Develop, review and evaluate departmental progress toward successful implementation of QI plan and annual work plan.
* Design standards and review/evaluate progress.
* Department Quality Improvement Plan
* Research national guidelines and best practice models to ensure quality improvement activities follow national standards.
* Assist with development and implementation of activities aimed at QIP’s improved service and health outcomes.
* Plan and facilitate QI training in each department.

**QM Committee**

* Develops Committee policies and procedures.
* Reviews QM data to evaluate progress in achieving TPC QM/QI goals.
* Participate in the development and evaluation of TPC outcomes and indicators.
* Develop and implement Poverello’s QM Plan and annual work plan.
* Develop annual staff QM and Cultural Humility training.

**TPC CEO**

* Maintain oversight over all QM and QI initiatives and related activities.
* Ensures that TPC follows guidelines of all Grants and funders.
* Approves all QM/QI work plans, QIP’s, outcomes and indicators, QM trainings and reports.
* Reports QM activities to TPC BOD.
1. **Stakeholders Involvement**

**Clients / Consumers / Program Participants**

Program Participants are ultimately impacted by the quality of care at Poverello, by serving on the QM and QI Committees each one can help drive our initiatives to meet their needs. For this reason, the Participant voice is vital in the development and planning of QM program activities. Consumers play a critical role in informing the QM program about the barriers that impede access, retention and adherence to care. Program participants complete the feedback loop through focus groups, client satisfaction surveys, key informant interviews, and consumer involvement in QM meetings and Client program activities.

Customers/ Community

The Store Customers and Community Members are ultimately impacted by quality and customer service/experience in the thrift store. For this reason, the Customers/Community voice is vital in the development and planning of the QM program activities even in our thrift stores. The Customers and Community play a critical role informing the QI Committee about the Quality of merchandise, Value, Customers experience, Service and engagement with our non-profit activities in the Eat Well, Live Well Center and our Be Well Programs. The customers complete the feedback loop through store sales numbers, reviews on Facebook, yelp and other social media platforms.

1. Quality Management Goals

**TPC/QM Annual Work Plan:**

* The QM plan includes an Annual Work Plan that is reviewed and updated quarterly at QM/QI meetings.
* The QM Work Plan contains a timeline that specifies objectives and strategies to accomplish QM Goals.
* The QM Work Plan is approved by the QI Committee, QM Manger and CEO each year (June 30) and attached with TPC QM Plan.

**TPC/QM Goals**:

**Goal 1:** Use client-level demographics, clinical and utilization data to identify disparities in care and areas for prioritized improvement.

Objectives:

1. Select performance measures and annual goals.
2. Review and analyze performance measures including local and national outcomes and indicators.
3. Analyze client utilization data to identify and address disparities and gaps along stages of the HIV Care Continuum or other disease process outcomes.
4. Make recommendations to QM and QI committees to address disparities in care and areas of improvement.

**Goal 2:** Evaluate the QM program, including the QM Plan, QI Committee work plans.

Objectives:

1. Conduct evaluation of performance measures including client utilization data, local and national adopted outcomes and indicators annually to the QM/QI committee.
2. Perform annual monitoring review agency-specific quality plans to ensure compliance with directives established in collaboration with program participants.
3. Identify accomplishments and challenges by reviewing progress in completing the QM Annual Work Plan.
4. Provide quarterly QM and QI updates to the QM Committee and identify areas for improvement and potential quality improvement plans.

**Goal 3:** Implement continuous quality improvement to ensure TPC and other services are embedded in the communities served in order to increase access to care, retention in care and reduce (HIV) viral load suppression.

Objectives:

1. Review Service Delivery Models annually to ensure standards of care and protocols are consistent with all guidelines and best practice models.
2. Organize/conduct annual trainings for the QM Committee, QI Committees to expand knowledge and skills on QI processes.
3. Conduct annual review of findings from needs assessment, client needs assessment, client survey and client - level data to identify potential quality improvement plans.

**Goal 4:** Communicate QM data, evaluation and improvement methods to the QMC, QI Committees and Stakeholders.

Objectives:

1. Conduct biannual evaluations of data review and presentation methods to ensure all data is effectively communicated.
2. Disseminate data dashboards quarterly and publish an annual quality report.
3. Disseminate QM program information quarterly to community stakeholders through media campaigns and social media outlets.
4. Conduct annual QM/QI retreat.
5. Performance Measurement

**Performance Measurement Selection**:

To assess the quality of care provided across Poverello’s Eat Well/Live Well Centers and Be Well Programs the QMC has approved performance measures including outcomes along the HIV care continuum and locally adopted outcome and indicators. The QMC utilizes the HIV Care Continuum to inform the development of QM program performance measures and QM Goals and objectives outlined in the QM plan. The continuum model allows processes to measure high quality, accessible, and affordable services to all program participants who are HIV +. TPC QMC has approved other serious illness performance measures (in addition to HIV) including outcome indicators and the QM goals and objectives outlined in the QM plan.

TPC QMC plan puts high focus on accomplishing the NHAS goal to increase access to care and improve health outcomes. To accomplish this goal, which is also prioritized in Broward County’s Integrated plan, The QM program assists in a strategy to increase retention in care and viral load suppression through coordinated and integrated activities between and among prevention, care, and treatment providers. TPC QM/QI staff efforts to implement this strategy include the analysis of client utilization data to (1) identify areas of improvement in the coordination and integration of activities, and (2) conduct utilization focused evaluation to identify and address disparities and gaps along the stages of the HIV care Continuum. Currently, our CEO chairs Broward County’s Integrated Plan Working Group.

**Data Collection:**

The program managers are responsible for the regular collection, analysis, and reporting of QM data. To generate outcome reports.

1. The Broward EMA funded management information system, Provide Enterprise (PE), by Groupware technologies, Inc (PE) collects client data on sociodemographic and epidemiologic characteristics, intake and eligibility, detailed procedures – level of care service units, clinical outcomes, invoices, and payments. Poverello staff is required to enter client data into PE allowing QM staff to extract data to assess level of care, performance measures health outcomes.
2. AIDS United Evidence- Informed Interventions (E2i) FMIS, Red Cap by UCSF - collects client data on sociodemographic and epidemiologic characteristics, intake and eligibility, detailed procedures – level of service units and clinical outcomes. TPC/E2i staff is required to enter client data into Red cap and the E2i data manager approves all data sent to UCSF/Fenway community health to assess performance measures and health outcomes.
3. Quality Improvement (Planning)

**QI Approach**:

TPC QM program uses the PDSA Model for improvement as a framework to guide QI efforts. The PDSA cycle is used by QM and QI Staff as a tool to guide QIP’s.

**Process to Determine QIP Priorities:**

TPC QM staff use a data-driven process for identifying priorities and designing and implementing QIPs to improve system wide performance measures. All priorities are set within each department’s context including Ryan White Part A mission to ensure access, retention and adherence to care. QIP’s are designed through analysis of PE Data, Red Cap Data, Consumer surveys, Focus groups, and service assessments. Analytic results guide the design and implementation of system wide changes and are an essential part of QM and QI meetings. The QM Annual Work Plan includes schedules for data collection and progress reviews. The QM and QI staff identify processes needing improvement, as well as the data needed to design and implement interventions while monitoring their impact.

1. QM Evaluation

**Evaluation of all Eat Well, Be Well and Live Well programs:**

Each quarter of the fiscal year (June-May 30), QM Staff QMC and QIC evaluate the QM annual work plan to assess progress made toward achievement of the goals outlined in the QM plan. Other data from PE is used to assess progress made toward achievement of the goals outlined in the QM plan. Other data from PE quarterly outcome reports, annual program participant program evaluations, and chart review are also used in the quarterly progress review. As Managers and staff collects and analyzes QM performance measures, they report findings and recommendations to the QMC and quality improvement groups as necessary. The QMC reviews all service provided to Poverello Program Participants as well as system – level outcomes and performance measures to assess incremental improvement and achievement of performance measures and improvement in health outcomes to the QMC and QIC.

1. Capacity Building

Critical to Capacity development is initial and ongoing training for all stakeholders. Annual provider assessments will be conducted to assess the capacity and training needs of grantees and direct services staff. QMC and QI will conduct periodic training. Curriculum will be adopted from the NQC and AETC to impact new knowledge and skills to the QMC and QIC members. Frontline staff and administrative staff will be encouraged to participate in training to expand their capacity to design and implement their own QM programs and undertake QIP’s.

1. Quality Management Plan Approval

The undersigned acknowledge that they have reviewed The Poverello Center – Eat Well / Be Well and Live Well Quality Management Plan and agree with the information presented within this document. Changes to the Quality Management Plan will be coordinated with, and approved by, the undersigned, or their designated representatives.

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 Thomas Pietrogallo Date

 CEO

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 Bradford J Barnes Date

 Live Well Center Manager

1. SBIRT Addendum

The implementation of SBIRT into Eat Well Center processes for food distribution offers Poverello a unique opportunity to evaluate two important quality of care questions:

1. Can Screening, Brief Intervention, Referral and Treatment be implemented in a food pantry serving predominately people with HIV successfully? We’ve partnered with AIDS United, University of California San Francisco and The Fenway Institute to study successful implementation of SBIRT into our environment. We’ve selected to screen for Risky Substance Use, Depression, Smoking, Food Insecurity.

2. What happens when we implement SBIRT for people with HIV in the food pantry? Through these new system referrals, do outcomes improve? What are the food insecurity, risky substance use, smoking and possible depression rates for our program participants screened using SBIRT protocols?

Over the next few years, we’ll be evaluating these and other questions as the only food pantry ever selected to receive Ryan White Part F funding in this project.

The these questions will reveal important information at improving quality of care for people living with HIV throughout the country as HRSA and others evaluate our outcomes from this project.