

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Jason McMinn, Chair



Quality Improvement Committee Minutes

Wednesday, January 17, 2024

3:00 pm to 4:00 pm

Start: 3:01 pm

End: 4:02 pm

Facilitator: J. McMinn

Moment of Reflection

Welcome and Introductions

Approval of Agenda: November 15, 2023

Motion: L. Lovett

Seconded: B. Gayheart

Vote: In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: October 18, 2023

Motion: B. Gayheart

Seconded: K. Dennis

Vote: In Favor: 8 Opposed: 0 Abstained: 1- L. Yarbrough-Franklin

New Business

Review Bylaws to Clarify/Confirm Purpose and Duties (Work Plan) for the QI Committee – J. McMinn

We approve our Work Plan at the beginning of the next grant year, which starts in March. With our current work plan, there are a lot of things that either unclear or are out of line with the bylaws. Now with our facilitator, L.J., we have new eyes on all our documents and can begin refining our work plan, and clearly define how QI should operate.

L.J. Sylvia - We can begin by looking the bylaws section for the QI Committee, listed below, and clarify what each item means as it relates to the duties and activities required.

Quality Improvement (QI) Committee – Planning Council Committee Bylaws Section 6.4.3

- 1. Membership:** The Committee shall consist of cross-functional representation of clinical and support service professionals, representatives from the Part A Grantee's office, other Ryan White "parts" (e.g., B, C, D, and/or F), social workers, program administrators and consumers.
- 2. Duties:** The Committee ensures in conjunction with the Grantee that services funded by Part A meet or exceed established HIV clinical standards and Public Health Guidelines. Additional responsibilities include:
 - a.** Provide leadership and support for development of Needs Assessments.
 - b.** Serve as Planning Council's liaison in the creation of and any revisions or amendments to the Integrated Comprehensive HIV Prevention and Care Plan.
 - c.** Provide input into the development and updating of Standards of Care in coordination with the Grantee's office.
 - d.** Provide input and monitor the quality management plan in coordination with the Grantee's office.
 - e.** Provide input and direction on quality management activities.

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- f. Represent the Planning Council on the Part A Clinical Quality Committee.
- g. Lead discussions and/or initiatives to examine the effectiveness of the continuum of care.
- h. Recommend performance measures and identify indicators to assess and improve performance.
- i. Recommend and support provider-related capacity building efforts.
- j. Ensure the development of an ongoing effort to identify and evaluate unmet services needs which are eligible for funding through the Part A Program.

The QI Committee meets monthly, or as often as needed, to fulfill committee responsibilities. Grantee reports related to quality management initiatives will be provided to the QI committee.

Membership

L.J. Sylvia – The committee is good on the cross functional membership piece.

Duties

L.J. Sylvia - It would be ideal for the work plan duties to follow or fit into the bylaws.

Standards of Care

J. McMinn - Back in the day, the biggest duties for QI were the Needs Assessment and the Standards of Care. **The Standards of Care (SOC) is the document the recipient gives to sub-recipients on the standard duties they should uphold in their day to day work**, as well as the duties they will be monitored on when the recipient comes to their agency to audit. It was also recalled during a HRSA visit that QI should not be responsible for SOC, but rather the recipient office. Once this was taken away, we began looking at deep dives into Part A service categories. Our current focus now is in creating directives for the recipient office to fulfill, which is also is part of the PSRA process.

L. Yarbrough-Franklin - Agreeing with Jason, in the past, that was the plan but it was transferred. For SOC, we, along with the TGA office, created details like who was providing counseling or whatever so that when they went out they would look to see if there was a treatment plan or a plan of care in their records. **Maybe past progress notes, could determine if there's an assessment of some kind in the record.**

L. J. Sylvia – We will inquire to our P.O. about this process.

Needs Assessment

J. McMinn – With the Needs Assessment, we would get these out to agencies to give to consumers, something like what CLC does with surveys, and QI's role was to conduct a needs assessment, with support from the recipient office. **The Needs Assessment looks at problems in the community, takes a temperature of what people are seeing, needing and struggling with, which are also touch points addressed in CLC Committee.** When the structures changed, the recipient and RW Part B, went in together and used Part B's assessment. It wasn't really taken from QI, but more so in having a dedicated person from the recipient office to oversee this process.

B. Gayheart - For clarity, is the Needs Assessment much the same as the surveys CLC produces?

J. McMinn - They don't necessarily have to be the same but the way the questions are worded is similar to the wording on the CLC assessment, and there are also needs that are being assessed on the survey. Maybe wording could be done in a way to satisfy HRSA. We should reconnect on this and figure how to

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get this in the work plan, as the recipient says we're currently outside the three-year window for the needs assessment. Also, our project office was adamant QI should play a role in the needs assessment, separate from the state, and while we don't have resources currently, we will continue collaborating with the state.

L.J. Sylvia – We can look at what Part A used to do, what Part B is doing, and make plans to go forward with this.

Planning Council Liaison in the Statewide Integration Plan

L.J. Sylvia – The QI committee is to serve as a liaison for the Statewide Integration Plan (SIP) in the creation of and any revision or amendments to the Integrated Comprehensive HIV Prevention and Care Plan. Are there any current updates on that?

J. McMinn – Part A office had no news on the state integrated plan but said they would give an update at next meeting.

M. Baker - We have had Part B SIP meetings quarterly, which have involved updating or revising portions of the plans.

B. Gayheart - Does Cuyahoga have their own plan?

M. Baker - We choose to combine with the state so as not to have a separate plan.

J. McMinn – The recipient said the state was having a hard time carrying SIP forward.

M. Baker - A SIP was submitted to HRSA but revisions were needed, and that's what seem to be taking place.

J. McMinn – After we have completed our deep dive on aging, perhaps we can look into reviewing the Statewide Integrated Plan.

L.J. Sylvia - Maybe this committee can create some line of communication to begin work on this. Kate Shumate has historically been in charge of the SIP, but each QI committee member could also represent on this. We can also look into who to contact at the state on SIP plans.

Quality Management Plan

J. McMinn - With the grant that you write to HRSA, there's a quality management plan that must be included. In the past, there was a meeting held with sub-recipients so they could show and get approval from the Part A office on their QM plans.

M. Baker - We do have a plan that was submitted to HRSA in 2023 and it was approved.

Direction on Quality Management Activity

J. McMinn – As part of this group, it involves input and implementation of QM plans and activities.

L.J. Sylvia – We can we start to invite that action as we look to integrate a new person into the committee.

Part A Clinical Quality Committee

J. McMinn - CQM (Clinical Quality Management) has had different make ups in the past. Last year, the recipient office worked with the agencies themselves on QI projects. There was no wider or larger CQM committee in place, and not sure of a wider CQM project in the future.

M. Baker – We have a plan which was submitted in 2023 and was approved, but as our current CQM manager has moved into another role, we will have to see how this will look for the new person.

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Continuum of Care

M. Baker – The Continuum of Care (COC) is big part of the CQM plan and drives what we are trying to do. It is in regards to viral suppression for this TGA as well as linkage to care. For example, when we look at different data points in regards to viral suppression in the Cleveland TGA and we see that only 50% of those who have HIV are virally suppressed, then our objective in looking at the continuum of care spectrum, is to move forward with some type of action to increase viral suppression based on that data.

L.J. Sylvia - Maybe we could have training on CQM, Continuum of Care, SOC, etc.

J. McMinn - We do need a refresher.

M. Baker – There can possibly be training from someone in the Part A office, maybe after our monitoring season.

Recommend and Support Provider-Related Capacity Building Efforts

J. McMinn - Not clear on this, kind of fluffy, perhaps should be worded differently.

B. Gayheart - Looks like crossing lines with recipient duties.

J. McMinn – Agree, and should be removed.

L.J. Sylvia – This seems the same as needs assessment and nothing appears related to directives or deep dives, as those actual pieces of work should be reflected in the bylaws. We will investigate what is best for this item.

Performance Measures/Identify Indicators to Assess and Improve Performance

J. McMinn – This has to do with the Part A monitor auditing report, in which the Part A office goes out to monitor their agencies or sub-recipients, then provide an annual report or update on how the monitoring went.

M. Baker - We do that on a regular basis throughout the monitoring season, and our monitoring season for 2023 began in June and concluded in December.

L.J. Sylvia - Does it make sense for us to get some sort of a report in the first quarter even if it's just low key to say, this is what we learned during monitoring last year?

M. Baker – We can provide a report, not sure on an exact date, but first quarter sounds right.

Standing Business

Agree on QI Committee work activity (if any) to be reported at November 15, 2023 Full Planning

Council Committee Meeting – J. McMinn – A report will be given on today's discussion of the QI work plan as it relates to the PC bylaws.

Determine formal CAREWare Data Request (if any) - None

Parking Lot Items – None

Next Steps – J. McMinn

Positively aging next month.

Takeaways

L.J. Sylvia - We will bring these recommendations to MRM first, then to Part A office for CCBH legal review, and proceed from there.

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L.J. Sylvia - We will keep accountable to having a clear work plan before the chair leaves, as having this document help make things work smoothly behind the scenes in the future.

J. McMinn – The QI chair and facilitator will look at work to do for the next grant year, and carve out agenda items that require current or immediate discussion, review and/or approval, until we can get to everything.

Announcements

L.J. Sylvia - If you are a voting member, please fill out the feedback form in the chat. Again this form is to get your thoughts about meeting schedules and things like that. Also, please continue to share the CLC survey for PLWH.

Adjournment

Motion: K. Dennis

Seconded: L. Yarbrough-Franklin

Attendance

	QI Committee	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Jason McMinn, Chair	20									
	Vacant Co-chair										
2	Barb Gripshover	0									
3	Leshia Yarbrough-Franklin	20									
4	Karla Ruiz	0									
5	Lorsonja Moore	20									
6	Billy Gayheart	10									
7	Naimah O'Neal	0									
8	Rhonda Watkins	0									
9	Biffy Aguiriano	0									
	Total in Attendance	4									

PC Members: K. Dennis, C. Nicholls, C. Droster, L. Lovett, S. Washington

Attendees: T. Mahdi, N. Pietrocola

Staff: M. Baker, L.J. Sylvia, T. Mallory