

Cuyahoga Regional HIV Prevention and Care Planning Council

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

Jason McMinn, Chair



Quality Improvement Committee Minutes

Wednesday, February 21, 2024

3:00 pm to 4:00 pm

Start: 3:03 PM

End: 4:00 pm

Facilitator: J. McMinn

Moment of Reflection

Welcome and Introductions

Approval of Agenda: February 21, 2024

Motion: K. Dennis Seconded: N. O’Neal

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

Motion passes.

Approval of the Minutes: January 17, 2024

Motion: K. Dennis Seconded: B. Gayheart

Vote: In Favor: 7 Opposed:0 Abstained: 3- B. Gripshover, K. Ruiz, N. O’Neal

Motion passes.

New Business

Finalize and Vote on the 2024 Work Plan – J. McMinn

We will now look at completing the QI 2024 work plan, based on our conversation in reviewing the bylaws on QI’s purpose and activities we are to perform.

QUALITY IMPROVEMENT (QI) COMMITTEE 2024 WORK PLAN

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
1. Provide leadership and support for development of Needs Assessments. a. Research the history and requirements of the Needs Assessment. b. Connect with the Part B office to determine what they are doing for a Statewide Needs Assessment; and identify strategies to leverage their work. c. Determine a plan and timeline to complete a Needs Assessment.	February 2024	December 2024	Jason	

1. J. McMinn – This work is to find out what the state is doing, and what should be done on QI’s part.

Z. Levar - We had leverage and worked with state on this, as it’s a heavy lift which was done more back in 2018-19. HRSA desire is that we do more of a localized needs assessment, and that PC should be lead rather than just be a part of this or at the table. We will have more conversations with Kate.

K. Shumate – To add, the next thing on the agenda for the statewide plan is in us (state) administering the Michigan stigma index. This is something we want to do with activities to move stigma, and if PC would like to take lead on that, it would be good.

Z. Levar - We also want to survey and scan our customers to see what their needs are, as when thinking locally, we want to leverage money already out at the state level and work from there so as to conserve RW dollars.



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Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/Status
<p>2. Serve as Planning Council’s liaison in the creation of and any revisions or amendments to the Integrated Comprehensive HIV Prevention and Care Plan.</p> <p>a. Get an update on the status of the Integrated Plan. b. Review the Revised Integrated Plan and provide feedback, as needed. c. Determine a way to maintain ongoing connections with the State to liaison about the Integrated Plan.</p>	March	May		

2. L.J. Sylvia - We will need someone in PC to serve as the liaison here.

J. McMinn - Maybe look at this if they (SIP and ICP) match and go from there, as we discussed looking back at this after finishing our talks on aging. We will update/remind on this in the next couple months.

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/Status
<p>3. Provide input into the development and updating of Standards of Care in coordination with the Grantee’s office.</p> <p>a. Confirm with the HRSA Program Officer if the Standards of Care continue to be the responsibility of the QI Committee. b. If this is the case, create a plan to ensure that QI is involved in future revisions of the Standards of Care. c. Training about Standards of Care.</p>	February	August		

3. L.J. Sylvia – A couple QI members gave updates on this at last meeting. We will next work with the recipient on providing training on Standard of Care (SOC).

M. Baker – Our former QI Program manager was heavily involved in the updating of SOC. We can now look at another way to formulate this info, and we will be happy to do training on SOC. We did this more in the Part A office, with feedback from our sub-recipients.

L.J. Sylvia – As it’s currently in QI’s space of work, we will look to the new QI manager for guidance in continuing this.

J. McMinn - SOC may not be the most meaningful conversation for the committee. Maybe remove the part in terms of standards set by HRSA, not being sure how they work for QI committee involvement.

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/Status
<p>4. In coordination with the Grantee’s office, provide input and monitor the quality management plan; provide direction on CQM activities; and Represent the Planning Council on the Part A Clinical Quality Committee.</p> <p>a. Review the most recent plan created by the Grantees Office. b. Provide input into the quality management plan through ongoing participation in the CQM group hosted by the Grantee.</p>	TBD	TBD	Jason	Waiting for the CQM Program Manager to be hired

4. L.J. Sylvia – According to language in bylaws and looking at the most recent plans, this task was done by the grantees office.

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Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
5. Lead discussions and/or initiatives to examine the effectiveness of the continuum of care. a. Education/Training about Continuum of Care and CQM (Zach and/or Monica). b. Determine what, if any additional activities fall into this item.	TBD	TBD	Chair	

5. L.J. Sylvia - We will need training before we can know how to proceed.

J. McMinn – The recipient provides local continuum of care updates, twice a year, in which we look at things such as trends in groups showing inequities, and provide suggestions.

Z. Levar – As, K. Shumate was the spearhead in this project, it may be a useful task for QI in looking how we can weave this into the QI committee, or use this info to meet our goals. This also gives folks insight on the CQM (Clinical Quality Management) group for those who may want to participate in that.

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
6. Recommend performance measures and identify indicators to assess and improve performance. a. Following the Grantees monitoring of sub-recipients, review the findings. b. Provide input to the Recipient about measures and indicators to be included in future monitoring.	March	May	Chair	

6. L.J. Sylvia - This is one that may not be a QI activity. We just talked of getting findings from the recipient on the monitoring process, in general.

J. McMinn - It's in the bylaws, so we should keep this.

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
7. Recommend and support provider-related capacity building efforts. a. Investigate and determine whether this item should be included in the duties of the QI Committee, specifically questioning whether it conflicts with the role of the Grantee. b. Work with the MRM and Executive committees to amend the bylaws to change the language on this item	TBD	TBD		

7. L.J. Sylvia – There was question whether this conflicts with the role of the recipient and if it should be part of QI.

Z. Levar - This sounds more like something in creating directives.

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Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
<p>8. Ensure the development of an ongoing effort to identify and evaluate unmet services needs which are eligible for funding through the Part A Program.</p> <p>a. Work with the MRM and Executive committees to amend the bylaws to change the language on this item. Specifically, this should be included in the Needs Assessment section, if at all.</p>	TBD	TBD	PC Facilitator	

8. L.J. Sylvia - Not sure if/why this should be a separate item.

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
<p>9. Work with the Executive Committee to update the bylaws to clarify and update language, as needed.</p> <p>a. Ensure there is language in the bylaws about creating Directives for PSRA.</p> <p>b. Ensure there is language in the bylaws about that capture the purpose and process of the “Deep Dives”.</p>	TBD	TBD	PC Facilitator	

9. L.J. Sylvia – This was added as the ‘Deep Dives’ in this plan.

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
<p>10. Conduct research on service categories and other special topics and create Service Directives, where appropriate, for the PSRA process.</p> <p>a. Complete Deep Dive research on one service category or a previously identified topic. (January).</p> <p>b. Create Service Directives to be considered for the PSRA Process (Due to S&F no later than April 15, 2024).</p> <p>c. Identify a new topic for Deep Dive Research.</p>	January	November	Entire Committee	

10. L.J. Sylvia – Okay, as written.

Quality Improvement Activities	Start Date	End Date	Task Leader	Notes/ Status
<p>11. Create and Monitor a committee work plan.</p> <p>a. Create an initial draft of the work plan.</p> <p>b. Review and finalize the 2024 Committee Work Plan.</p> <p>c. Monitor work plan throughout the year.</p> <p>d. Discuss goals and brainstorm ideas for the upcoming year (Oct., Nov).</p> <p>e. Create an initial draft of the work plan for the upcoming year.</p>	December 2023	December 2024	Chair	

11. L.J. Sylvia – In progress.

J. McMinn - We will revisit this later, and continue to work with L.J. and the recipient as we go along.

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Motion: To Approve the Quality Improvement (QI) 2024 Work Plan, as written, with possible amendments to be added.

Motion: Dr. B. Gripshover Seconded: C. Droster

Vote: In Favor: 9 Opposed: 0 Abstained: 1- L. Lovett

Motion passed.

Positively Aging Update – J. McMinn

For the last several months, we've done a deep dive on PLWH aging. In looking at this, we found that over 50% of PLWH in our TGA are aging, that living with HIV possibly accelerates the aging process and that medications to help treat HIV may potentially be both helpful and/or harmful to some. We now want to look at if/how we are serving this population or doing enough to help, how we can provide better access to RW services, and what PLWH, both deserve and want to know about the aging process.

***Comment: K. Shumate** – For the SIP (Statewide Integrated Plan), we are looking at addressing needs of PLWH over 50. Several ideas include coming up with a defined medical standard of care, finding resources available, and researching things both providers and clients should be looking into for persons approaching 50, as this should start to happen at least five to ten year prior to that time. There should be a written SOC (standard of care) for providers and clients, as well as looking at PLWH out of care, who are already positive or quickly progressing to AIDS. We need to find a way for people to get a quick entry into help available, educate that HIV does not mean a person is dying of AIDS, and find ways to spread this messaging according to age group. Last, one of the biggest issues now is loneliness, as many events are not engaging, in general. We need more in-person or social opportunities, as addressing loneliness will move us closer than we can imagine.

***Comment: N. Pietrocola** - We have programs, in general, but with older adults and people living longer, we need to do more planning around that. We are doing this in reframing our mission to help, as there may be other outlying issues we have yet to discover.

***Comment: L. Weitzman** – We're doing work looking at new ways in addressing social isolation, taking what we know about social isolation out of traditional spaces and bringing it out into the communities where people are already gathering and/or would gather if there was a reason to participate, as currently our senior centers are not necessarily that space anymore. However, there are still a lot of people, older adults, looking to gather.

J. McMinn - We will definitely be part of the Integrated Plan, and continue discussion on issues of isolation.

Discuss Directives – J. McMinn

As an overview of the directives process, the Quality Improvement (QI) committee is tasked with coming up with directives for our TGA, through deep dives into service categories where we look at how we should move, or the direction we should take (expand, create something new, educate, etc.) in working to improve the quality of those services. The directives come from information we gather, and in most cases, become the chosen directives we ask the recipient (CCBH) to do to improve a service.

L.J. Sylvia -We will now look at potential directive to help PLWH in aging do better, as in past we've developed directives for RW oral health and mental health categories, where the recipient provided our requests for a mental health calendar of support groups and dental training for providers.

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Potential 2024 Quality Improvement (QI) Directives

1. RWA (Ryan White Agency) training on Aging - To include detailed presentations from DSAS (Department of Senior and Adult Services) and Benjamin Rose Institute, for all RWA providers.
2. Promote socialization through marketing of senior centers.
3. Training on Advanced Directives, Long-Term Care (LTC) issues, and burial planning.
4. Screening tools – Ad Hoc committee to review/recommend use in RFP (request for proposal)?

***Comment: L.J. Sylvia** – We have also done two listening sessions and a CLC survey. For the initial look at the survey, still awaiting final results, many mentioned concerns on questions on end of life care.

***Comment: J. McMinn** - With screening tools, perhaps we can take from Kate’s discussion on the Michigan stigma issue.

***Question: K. Shumate** – In doing these surveys, how is this different from the Needs Assessment, as you are getting more than half of your TGA population giving input on needs.

***Response: N. O’Neal** - Our main goal in doing the needs assessment on the survey was to be part of deciding what our consumers felt were their most important needs, when we begin our priority setting (PSRA/Priority Setting & Resources Allocation) process.

***Comment: Z. Levar** – Our HRSA Project Officer (P.O.) and she didn't think that it qualified, as it stood right now, as a needs assessment.

L. J. Sylvia - We will have more discussion on this and have data before the next QI meeting in March.

Standing Business

Agree on QI Committee work activity (if any) to be reported at November 15, 2023 Full Planning Council Committee Meeting – J. McMinn

We will report on today’s discussion of QI’s 2024 work plan, Positively Aging, and potential 2024 directives.

Determine formal CAREWare Data Request (if any) – None.

Parking Lot Items – None.

Next Steps – J. McMinn

We will further review and look for guidance in developing the 2024 directives, as they relate to the CLC survey data and our discussions on Positively Aging.

Announcements - None

Adjournment

Motion: K. Dennis Seconded: Dr. B. Gripshover

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Attendance

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

PC Members: K. Dennis, C. Droster, D. Houston, L. Lovett

Attendees: Dr. M. Miller, K. Shumate, L. Weitzman, N. Pietrocola

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