Cuyahoga Regional HIV Prevention and Care Planning Council
Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties
Lorsonja Moore – Chair



Quality Improvement Committee Minutes

Wednesday, March 19, 2025

QI Planning Council Members			Planning Council Members	Community Attendees	Presenter(s)
1. Lorsonja Moore, Chair		Р	Naimah O'Neal	Antonio E.	Alisha Cassady (CCBH)
2. Barb Gripshover, M.D.		Р		Talib Mahdi*	
3. Karla Ruiz		Р		Jeannie C.	Recipient Staff
4. Stephanice Washington		Α			Brittanie Evans
5. Kimberlin Dennis		Α			Melissa Hansen
6. Billy Gayheart		Р			Lisa-Jean Sylvia
7. LeAnder Lovett		Α			
8. Xiomara Merced		Р			
Total of 13 in attendance			t A = Absent O (Other) = Phone		
	* Non-member Volunteer or Pending PC Member				
	Chair Largania Maara called the mosting to and at 2:20 mm				
Call to Order	Chair, Lorsonja Moore, called the meeting to order at 2:30 pm.				
Moment of Silence					
Quorum Determination	Five of eight QI committee members present - quorum of five (5) needed.				
Welcome, Introductions & Conflicts of Interest	All members, attendees, and guests welcomed, and asked to state names, affiliations, and conflicts of interest in the chat.				
Approval of Agenda Approval of Minutes	QI Committee reviewed and approved the agenda for March 19, 2025. Motion made by Naimah O'Neal, seconded by Talib Mahdi. In favor: all; Opposed: 0				
Approval of willutes	QI Committee reviewed and approved the minutes from February 19, 2024. Motion made by Barb Gripshover, seconded by Xiomara Merced In favor: all; Opposed: 0; Abstained: Naimah O'Neal				
New Business	 a. Understanding the data that goes into the continuum of care, Alisha Cassady from CCBH presenting. New HIV Case Reports – New HIV cases are reported to the local health department and entered into the Ohio Disease Reporting System (ODRS). Reporting includes demographic information. Some additional demographic information is collected through interviews with DIS. Private doctors are legally required to report positive HIV cases. PLWH data – lab results, demographic information, and other data from appointments is continuously sent to ODH for surveillance. Reporting delays can range from 6 – 18 months. How new cases are reported – majority are reported automatically from lab to ODRS; can be mailed, fax, email to CCBH and DIS directly. Case report form should be completed. 				

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Next Steps Announcements	None None
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Parking Lot Items	None.
Standing Business	a. Agree on QI committee work activity to be reported at the full PC committee meetingb. Determine formal CAREWare Data request, if any.
	 appointment during the specified time frame Retained in care measure doesn't take into account PLWH who are virally suppressed and are not having multiple appointments or labs in the year – these patients can look like they are not retained in care because they don't meet the requirements. Data limitations – not all PLWH are represented (unmet need), need for complete data, reluctance to disclose sexual or drug use history, previous positives reported as new cases b. Deep Dive: analysis of key questions There is a Google documents form with key questions. Requested for everyone to look over the document. Q: Will there be any directives coming out at PSRA this year? Lj – confirmed that we can present directives at any time during the year. We probably will not have directives ready for PSRA.
	 How PLWH data is reported – electronic lab reporting, faxed lab reports. ODH reconciles data with other states as necessary. Labs are reported any time they are drawn. Not-In-Care List – reported once per year by ODH. DIS will follow up with clients on the list. CAREWare Data – for agencies who provide Ryan White and EHE Care services. Data collected includes (but not limited to): when service was accessed, subservices performed, units of service, lab data, ART prescription, HIV risk factor, other health screenings. Creating continuum of care – Surveillance data from eHARS, ODRS, CAREWare. Includes CD4 and viral load counts. Denominator – those living with HIV in a specific area Elements of the continuum Linkage to care/ retained in care = at least one CD4 test, viral load test, or