Las Vegas Transitional Grant Area Ryan White Part A
Clinical Quality Improvement Committee Meeting Minutes
Online Meeting | **Date:** January 11, 2023, |**Time:** 1:00 PM – 3:00 PM

Single Point of Contact	Additional Agency Attendees	Provider
Aronca Caruth		Aid for AIDS of Nevada (AFAN)
Susanna Gonzalez	Lorianna Angel - Guadron	Access to Healthcare Network (AHN)
*Sandra Najuna		AIDS Healthcare Foundation (AHF)
Yendi Webster		Community Counseling Center (CCC)
Josefa Ozaeta		Community Outreach Medical Center (COMC)
Joemar Buyao		Huntridge Family Clinic
Wilma Herrera		Dignity Health St. Rose
Darnell Duwyenie		Golden Rainbow
Anita Lockhart		Nye County Health and Human Services
Carrie St. Amand		North Country Health and Human Services
Elizabeth Markona		North Country Health and Human Services
*Ronny Soy		Southern Nevada Health District
Lissett Correa		University of Nevada School of Dental Medicine
Maria Montes		Community Partner
Christine Baron		University Medical Center (UMC)
Part A Recipient	Heather Shoop, Jessica Rios, Tiffany Evans, Tony Garcia, Vanessa Cruz	Clark County Social Service, Office of HIV
Part B Recipient	Marques Thompson	Nevada State Health & Human Services
Part B Recipient	Gabriel Colbaugh	Nevada State Health & Human Services
Part C Recipient	Christine Baron	University Medical Center (UMC)
Part D Recipient	Cathleen Danheiser	UNLV School of Medicine
Community Stakeholder	Andy McCracken	Collaborative Research
Community Stakeholder	Preston Tang	Nevada Department of Health and Human Services Division of Public and Behavioral Health

Meeting Start Time: 1:01 pm | **Meeting Adjourned: 2:56 pm**
***Absent** - 2 | **Present** -25

Welcome & Introductions were merged with a Head + Heart + Hands Icebreaker

Jessica went over the 2022 CQI timeline and milestones that the Single Points of Contact (SPOCS)from each agency accomplished from our first full year of Clinical Quality Improvement and data reporting.

Jessica went over the process improvement to give a view of how the whole CQI picture is greater than the sum of its parts. A diagram was shared to help broaden the way we see things beyond the areas of our scope of work. The diagram showed how our TGA team works together in a coordinated and synchronized manner.

Jessica went over Q1, Q2, and Q3's CQM reporting submissions to highlight improvements on submitting Plan, Do, Study, Act (PDSA) Forms and Performance Measurement Data Spreadsheets. Jessica stated she will post the final draft of the presentation and will update this diagram once all Q4 data reports are turned in and tracked.

A Las Vegas Transitional Grant Area technical assistance, capacity building and support sessions report was provided to share how many online sessions took place in 2022. Jessica encouraged all agencies to continue reaching out for support in 2023.

A Priority Matrix Chart with "Quick Wins" and "Big Projects" was presented after a Strengths, Weaknesses, Opportunities, & Threats (SWOT) Analysis taken in Q3 (lists are available on the presentation slides). Items plotted represent our team's input. Jessica emphasized that some of these big projects may take more than one year to realize.

Darnell shared how he completed his PDSA form for Golden Rainbow as well as how he uses Specific, Measurable, Attainable, Relevant, & Time – Based (SMART) Goals to maximize QI reporting.

Preston from the State of Nevada, Department of Health and Human Services presented information about the HIV Lab Process for Ryan White providers.

1. Laboratory Workflow – every patient that is HIV positive receives blood work every 6 months as required went over pre-Analytic though post-Analytic process.
2. Lab Reporting – Preston clarified that hospitals, clinic(s), private practices, blood banks, medical facilities, the VA, and laboratories all must report any diseases & testing to the State of Nevada. The purpose it to recognize trends and diseases in public health reporting and to intervene in outbreaks for epidemic situations. All are required to report by law. All labs are reported electronically via the State Electronic Laboratory (ELR) and/or Electronic Case Reporting (eRC).
3. Lab Parsing – Once the labs are submitted from the ELR and/or eCR, they go to the Electronic Messaging Staging Area (EMSA). After this, other infectious diseases go to EpiTrax and all HIV Labs go to Nevada's Electronic Review Database System (NERDS) and end up in the Enhanced HIV/AIDS Reporting System (eHARS).
4. RW CAREWare (CW) Labs includes a generated client list from all Ryan White Parts it includes a certain a certain time period and active clients from that time period. On a quarterly basis, the generated is sent to State Analytics and the State HIV Surveillance Program. Once the data output is completed, data for RW are separated to ensure data confidentiality and this is what gets imported in CW.
5. Data Consideration – Lab data is updated quarterly, lab updates reflect active clients from CW within a specific time frame requested (one year), lab results are reflective of tests conducted within the state of Nevada. Sometimes there are federal entities that may have a six-month delay in reporting cases to the state. We do not collect labs from neighboring states.

Questions for Preston:

Q: How long after the labs are drawn will they populate in CW?

A: It depends when the data pull took place on the RW side. There can be up to a six-month delay.

Jessica shared the 2022 Timeline with recipient and subrecipient information to provide a macro view of the entire process that provides details about when the RWPA CQM analyst submits the lab data, and when the subrecipients pull PM reports. Note given to understand there is a delay in data reporting.

Q: If the labs do not populate within 2 quarters, who should that we report that to?

A: There can be many variables that could have occurred. Sometimes labs are processed in another state, and in rare cases they may not get back on time.

Jessica recommended for clients to bring a paper form of their labs. It was also recommended to use an app on the client's phone with proof of labs.

Q: Could data entry be reflecting that there are no labs in CW? Example: People use multiple names, and this causes discrepancies.

A: When there are people with multiple accounts / names, we try to merge these accounts to prevent this from happening as much as possible. It was recommended to check documents carefully. There are times when a client may misreport their name or perhaps their legal name has changed and in cases like this if there are no client's names do not match, the state (eHARS) may not send this information over. The state (eHARS) tries to match the data as much as possible (date of birth or social security number).

Chat concern presented: I see that the names of the labs that are being done are not being captured in CW correctly. Ex: CW calls one lab Syphilis but a lab facility calls it RPR.

The names are not universal.

Depending on the laboratory we do not know if CW can decipher the difference. Preston suggested for provider to take a picture. Jessica asked for providers to provide a list or a screenshot so we can address this issue with TriYoung.

Q: Are we saying it is okay to add labs into CW if the consumer provides us labs?

A: Yes

UMC shared that clients have access to their EMR through "My Chart" on their phone, tablet, and computer. Please encourage your clients to sign up to My Chart if they are UMC clients for updated lab information.

Maria shared clients can email their labs to their provider from their "My Chart."

Wilma asked if providers need special permission to enter lab data.

Jessica said that these permissions are based on the services providers provide. She will loop back with Wilma to grant these permissions if applicable.

Jessica reminded everyone why she scheduled for SPOCs to submit their data reports in February (data reporting delay).

Takeaways & General Discussions

Meeting Adjourned | 1:55 pm