

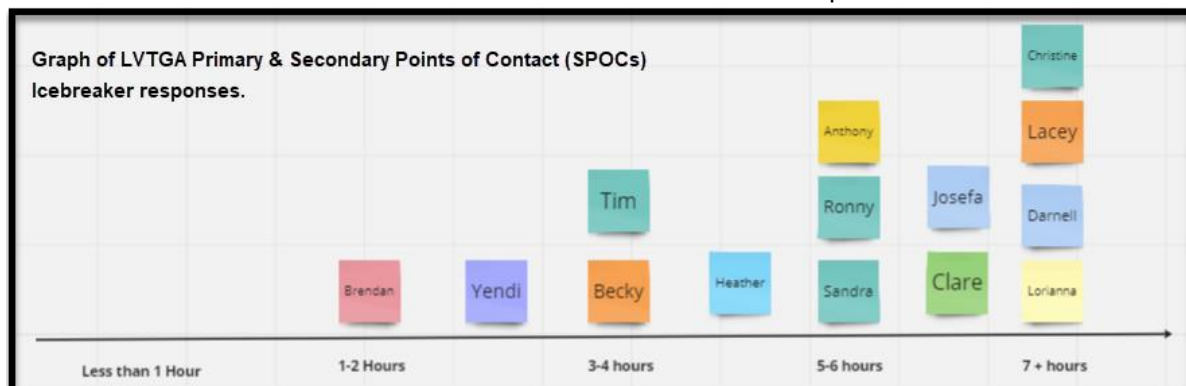
**Las Vegas Transitional Grant Area Ryan White Part A
Clinical Quality Improvement Committee Meeting Minutes
Online Meeting | Date: October 25, 2023, | Time: 1:00 PM – 3:00 PM**

Members Present - 21	Providers & Community Stakeholders
Members Absent *	
Becky Borero	Aid for AIDS of Nevada (AFAN)
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)
Clare Waller	Community Outreach Medical Center (COMC)
Anthony Castro	Dignity Health St. Rose
Darnell Duwyenie	Golden Rainbow
Tim Emanzi	Huntridge Family Clinic CAN
Heather Vaughan	Huntridge Family Clinic CAN
Lacey Kennedy	Impact Exchange
*Carrie St. Amand	North Country Health and Human Services
Ronny Soy	Southern Nevada Health District
Brendan Dalton	Southern Nevada Health District
Christine Baron	UMC Wellness Center / RWPC
Anita Lockhart (Phone)	Nye County Health and Human Services
*Lissette Correa	UNLV School of Dental Medicine
Heather Shoop	Clark County Social Service Office of HIV / RWPA
Jessica Rios	Clark County Social Service Office of HIV / RWPA
Mary Duff	Clark County Social Service Office of HIV / RWPA
Tiffany Evans	Clark County Social Service Office of HIV / RWPA
Tony Garcia	Clark County Social Service Office of HIV / RWPA
Cathy Danheiser	UNLV School of Medicine / RWPD

Meeting Start Time: 1:05 PM | Meeting Adjourned Time: 2:40 PM

Welcome, Introductions, & Icebreaker 1:05 PM – 1:20 PM

Providers introduced themselves and participated in an **Icebreaker**: Think of how many hours you invest each month performing your SPOC responsibilities. Provide an estimation to help us understand the time commitment of a SPOC. Providers shared their estimations. Responses were noted on a Miro.



Milestones & CQM Quarterly Reporting 1:20 PM – 1:25 PM

Jessica went over LVTGA milestones (see presentation slide #3 for more details).

CQI Capacity Building & Technical Assistance Support Sessions 1:25 PM – 1:35 PM

Review of Q1 and Q2 timeline for reporting and future reporting goals including SPOC and Management Analyst Q3 activities. Jessica encouraged providers to continue reaching out for assistance needed. Her hope for capacity building and technical assistance support sessions is to enhance data quality, strengthen our CQI program, and continue building stronger teams.

Nevada State & LVTGA Viral Suppression & Retention in Care 1:35 PM – 1:45 PM

Display and review of the Ryan White HIV/AIDs Program Compass Dashboard that covers aggregate-level RSR data and provides users an opportunity to interact with and visualize the reach, impact, and outcomes of the RWHAP. Jessica clarified that there is a lag in data on the dashboard. Studied the breakdown of our 2021 outcomes. Viral Suppression Performance Summary for Las Vegas Nevada was a Standard Performance category 4. The performance trend for viral suppression remained stable compared to 2020. Viral Suppression Performance Summary for the state of Nevada in 2021 was a Standard Performance category 3. The performance trend for viral suppression has remained stable compared to 2020. The 2021 Retention in Care Performance Summary for Las Vegas Nevada was a Standard Performance category 1. The performance trend for Retention in Care in 2021 increased compared to 2020. The Nevada State Performance Summary for Retention in Care was a Standard Performance of a category 2. The performance trend increased compared to the previous performance trend in 2020. Jessica shared that the Retention in Care measure is low across the country. CAN points of contact Heather and Tim agreed retention in care is low and is known to fluctuate. There has been question about how Retention in Care is evaluated. Some jurisdictions have moved away from two medical visits and others have changed the composition of this measurement all together. There was discussion about how current databases from different jurisdictions measure things and how certain system information is feed into the national system. To conclude we all want our data to be right. Jessica acknowledged how lucky we are to have LVTGA CQI committee members from other jurisdictions present so we can learn from them in relation to what takes place in other areas of the country.

Current Q3 2023 Outcomes 1:45 PM – 1:50 PM

Jessica went over the current quality improvement outcomes for 2023. See slide 13 from the presentation Are we almost there? Meeting our End of the Year (EOY) goals is in progress...

Service Category	2022 Baseline Data 12.31.2022	Current Q2 Outcomes	2023 EOY Goal 12.31.2023	Difference
EIS Linkage	62.25%	64.13%	75%	10.87%
MCM Viral Suppression	83.03%	84.51%	85%	0.49%
OAHS Viral Suppression	90.57%	90%	92%	2%
Retention in Care	76.10%	65.59%	80%	14.41%

Buds, Roses and Thorns 1:50 PM – 2:20 PM

The recipients moved on to the Roses, Buds, and Thorns reflection activity where the focus was on the Clinical Quality Management Program and activities for 2023. In this mindful activity providers were asked to reflect on the previous year and share the following:

Roses also known as highlights, successes, small wins, or something positive that happened.

Buds also known as new ideas that have blossomed or something providers are looking forward to knowing more about or experiencing.

Thorns included challenges that providers experienced or something they could use more support with.

Providers shared the following:

Roses:

- ✓ There was a consensus of how many members liked the Quality Quickies and partnership with Collaborative Research.
- ✓ CQM Analyst – for being the face of the program and presence (warmth, character, patience, and tact)
- ✓ Data collection tools and consistent improvements overtime.
- ✓ TA & Capacity Building to support the work we do.
- ✓ Change of ideas help with improvement.
- ✓ TA sessions at the beginning of every year and PDSA cycle (changes).
- ✓ Highlight 1:1 meeting to go over CQI report & PDSA in person.
- ✓ Help & clarification given to navigate CQM.
- ✓ Involving staff w/PDSA helps a lot.
- ✓ Sharing and explaining the data (percentages) for understanding.
- ✓ Base camp tools!
- ✓ Shared resources.
- ✓ TA help zone into areas of performance and under performance.
- ✓ Appreciation for office visits to work closely together.
- ✓ The amazing work that RWPA has put into this program.
- ✓ Guidance and clarity that is provided on how to use QI tools.

Buds:

- ✓ Linkage performance measures – Looking forward on how to improve the quality of that data. Understanding of who ends up in the linkage data. Trying to figure how we are tracking data elements or processes for example: What to do vs. what to submit. Looking at new positive HIV patients that are not RW eligible and use other funding such as Medicare or other funding. Sometimes they are not able to effectively lock in a medical appointment because they are not RW eligible. When receiving a new patient what is the onset date to reflect the correct “date of diagnosis” as not every patient is a new patient is newly diagnosed.
- ✓ Share lessons learned.
- ✓ Recent process changes that were discovered during capacity building and technical assistance support sessions.
- ✓ Quality Quickies to see where that will take us.

- ✓ Having the CAN team as members.
- ✓ From the recipient's office always looking at how to maximize our support to identify opportunities for learning and capacity building.
- ✓ Utilizing other service categories to improve Retention in Care
- ✓ Seeing how the roses, buds and thorns activity is just as effective as a SWOT analysis.

Thorns:

- ✓ Lab data imports
- ✓ Lag in data
- ✓ CAREWare / RWISE bugs
- ✓ Not having medical visits in CW for consumers that see private doctors.
- ✓ Data is not updated on time.
- ✓ Not being able to reach out to clients who are unhoused.
- ✓ Not being able to reach clients that are not ready to receive HIV care.
- ✓ Not being able to reach unhoused clients by phone.
- ✓ Not enough housing
- ✓ Mental health and substance misuse is affecting viral suppression.
- ✓ Sometimes information provided is hard to figure out to support services.
- ✓ COVID is a thorn!

Review 2023 Timeline for Reporting 2:20 PM

Jessica went over the timeline for reporting for Q3 scheduled for reporting on November 10, 2023, and emphasized if data the reporting day falls on a weekend or holiday, the data reporting will be due on the last working day before the holiday or weekend.

Take Aways & General Discussion 2:25 PM – 2:35 PM

Christine and Ronny shared how they appreciated the cerebral conversations we had during the roses, buds, and thorns activity and the opportunity to blast new ideas. Lacey liked how the meeting keeps everyone involved and how activities make engagement a lot easier to follow. Tim & Heather shared that they appreciated the welcome and being members of our committee. Yendi enjoyed roses, buds, and thorns. Brendan liked the interactive and engaging activities. Lorianna liked seeing the milestones, how many hours people spend on CQI and being able to see the struggles and participating in the roses, buds, and thorns activity.