



## Meeting Minutes

**Las Vegas TGA Clinical Quality Management Committee Meeting**

**Date:** Tuesday, September 24, 2024, | **Time:** 9:00 AM – 10:30 AM

Members Present		Providers & Community Stakeholders
<b>Members Absent *(4) *</b>		
Karina Ponce		Aid for AIDS of Nevada (AFAN)
Sandra Najuna		AIDS Healthcare Foundation (AHF)
Susana Gonzalez	Lorianna Angel - Guadron	Access to Healthcare Network (AHN)
Lisa Hayman		CAN  Huntridge Family Clinic
Yendi Webster		Community Counseling Center (CCC)
Josefa Ozaeta	Clare Waller	Community Outreach Medical Center (COMC)
Anthony Castro	Wilma Herrera	Dignity Health St. Rose
Darnell Duwyenie		Golden Rainbow
Lacey Kennedy		Impact/Trac-B Exchange
*Carrie St. Amand		North Country Health and Human Services
Anita Lockhart		Nye County Health and Human Services
Bennen O'Toole	Ronny Soy	Southern Nevada Health District
Christine Baron		University Medical Center (UMC)
Vanessa Monroe-Geurin		Project HOME
*Thomas Rodriguez-Schucker		Collaborative Research
Maria Montes		Community Stakeholder
Kenneth Gary		Community Stakeholder
Jeremy Hurley		Nev. Department of Health and Human Services
Heather Shoop		Clark County Social Service Office of HIV /RWPA
*Mary Duff		Clark County Social Service Office of HIV /RWPA
Jessica Rios		Clark County Social Service Office of HIV /RWPA
Jose Alcazar		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
*Paty Williams		UNLV School of Dental Medicine
*Albert Sedano	* Veronica Arana	The Center

**Meeting Start Time: 9:00 am | Meeting Adjourned Time: 10:33 am**

### Welcome & Attendance 9:00 am – 9:10 am

### Overview of CQM Meetings 9:10 – 9:25 am

Jessica went over the 2024/2025 CQM Timeline and the difference between a CQM Quarterly meeting like today's and monthly Quality Quickies (see table on slide 4). Jessica went over the purpose for increasing to monthly meetings beginning in August 2023. Jessica emphasized that the CQM calendar invitation dates were sent in the beginning of January to maximize attendance, and to plan in advance. There have not been any afternoon meetings because unlike a Lab Data Day, we all need to come together so consistent information is disseminated to everyone. We also had an agency with a SPOC from an Eastern Standard Time zone that was not able to attend afternoon sessions. Jessica mentioned since this year's dates were already set, and the designated SPOC from a different time zone is no longer an

active CQM member, we can plan on reconsidering and resuming afternoon sessions in 2025. We will vote on the change to see if afternoon sessions make more sense for the majority and will make that change in the upcoming annual CQM plan. Jessica mentioned that we would be having a Roses, Buds, and Thorns activity today where participants can add morning meetings under the Thorn section to inspect this in the future.

**Reason for increased strategic meetings:**

“Our CQM teams were consistently reaching out for reminders about next steps and to make sure they were on the right track. It was evident that there was an information exchange gap. This led to uncertainty and the need to meet more often at multiple sites.”

**Review of Cycle 2 9:25 am – 9:30 am**

Jessica went over Cycle 1 check list of SPOC efforts completed by Single Points of Contact and completed by the CQM Management Analyst (Jessica). The focus moving forward is to anticipate completing the checklist from the Cycle 2 checklist (details on slide 5).

**QIP Outcome Report Presentations 9:30 am – 9:55 am**

Darnell Duwyenie went over how he identified HERR clients that were not on the path to viral suppression including strategies to keep clients engaged in their health. Darnell identified and recorded RW eligible clients and looked at case notes supplied under the client’s record to identify clients that moved out of state. His data showed a significant change from his baseline report in February at 43.75% to an increase of 70% in July! Great work inspecting your data, reaching out for technical support, and making modifications / corrections needed to make a difference!

Lacey Kennedy, shared Impact Exchange’s QIP agency success with increasing business hours. Lacey conducted a survey and illustrated the impact of increasing rideshare booking hours of operation as well as implementing a new phone system to help streamline transportation requests. Clients continue to adapt to the new schedule and changes. The recipient’s office will make updates to reflect these changes on the Las Vegas TGA website. Thank you Lacey & Impact Exchange for implementing these changes that impacts consumers with limited access to reliable transportation.

Christine Baron presented UMC’s QIP outcomes by giving us an overview of UMC’s EIS problem, plan and end of cycle prediction. She captivated us with a detailed Fishbone Diagram with several factors impacting delay in treatment for Newly Diagnosed clients. The itemized People, Methods, Materials, Environment, Resources, and Equipment gave us an overarching view of UMC’s EIS – Linkage to Care. Great work exceeding the initial goal! We are looking forward to Cycle 2 outcomes as you continue monitoring EIS Linkage to Care.

Becky Borero from AFAN and Carrie St. Amand from North Country will present their agency’s Cycle 1 QIP at our October 29<sup>th</sup> meeting.

**Noted:** For Ryan White Program Updates call Jose Alcazar.

**Roses, Thorns, Buds Reflective Activity: 9:55 am – 10:15 am**

The CQM committee members and guests were invited to participate in a reflective activity to provide feedback on how they feel the CQM program is going and how it can be improved. Jessica went over the purpose of the activity, shared the link on the chat, asked participants without access to type their answers on the chat so she could post for them on the Miro board. Members were given 10 – 15 minutes to share Roses, Thorns, and Buds.

**Focus Area:** Overall CQM Program 2024

**Roses:** Signifies successes. What is working well related to the focus area?

**Thorns:** Signifies a challenge / pain point. What’s not working well related to the focus area?

**Buds:** Signifies potential or what you would like to see bloom. What’s something that should be developed

related to the focus area?

The following statements were shared:

**Roses:**

- Jessica's support.
- Enjoy the presentations and great work out there.
- Consistent updates.
- Collaboration of ideas.
- Consistent improvements overtime.
- TA & Capacity Building to support the work we do.
- TA sessions at the beginning of the year and PDSA cycle changes.
- Change of ideas help with improvement.
- Basecamp tools & shared resources.
- TA help and zoning into areas of performance.
- Help with clarification given to navigate CQM.
- Highlight 1:1 meeting to go over CQM report and PDSA in person.
- Quality Quickies
- CQM Annual Report
- Attending the Ryan White Conference
- Miro Whiteboard
- Data Days
- Collaboration & communication with Part B
- Biannual Reports
- Lean Six Sigma YB Training.
- Virtual Meetings
- Learning new tech skills, CQM support and training.
- Collaboration ideas.

**Thorns:**

- Working alone can be hard.
- Having one SPOC
- Many meetings
- Scheduling conflicts
- CAREWare
- Morning meetings
- Training team on messages
- Too many emails

**Buds:**

- Collaborative meetings with Part B.
- In-person trainings specifically for QI.
- Centralized Eligibility in one place.
- Basecamp
- Cross-part trainings.
- 1:1 meetings.
- New Reporting Cycle.
- More trainings to strengthen leadership skills and data management skills.
- Development of training for staff to improve QM.
- Premade PowerPoint slides for QIP proposals and outcome reports.
- Member follow up
- Afternoon meeting or an alternation.

## **Overview of LVTGA Current Performance Measurement Report 10:15 am – 10:25 am**

Jessica went over the CQM quarterly overarching performance measurement report to share how our CQM program is performing as a TGA. The performance measures included EIS Linkage to Care, MCM Viral Suppression, OAHS Viral Suppression, Receipt of Care, and Retention in Care (see slide 9 for details).

The percentage updates were a segue into Agency Enrollment Status toggle dropdowns in CAREWare and RWISE. Jessica went over the definitions and how carefully analyzing your data and selecting the correct drop down would help increase Performance Measures. Jessica and Tiffany emphasized that agencies are not moving forward with making changes to consumer profiles until we have a capacity building, technical assistance support session so we can go over agency plans to make Eligibility changes. If a client is coming due for their eligibility, and an agency has made 3 attempts to contact them with no success, the case manager would enter a note for that last contact attempt and will state that in the notes before changing a client status from Active to Inactive/Case Closed. Providers are encouraged to read the definitions carefully before selecting a drop down. The recipient's office and TriYoung have a report of all clients to monitor this process for Quality Assurance and compliance purposes. Clients should not be "Removed" unless Tony is contacted about the client first.

Jessica mentioned the plan to move forward with this new process is at an infancy state. We are hoping the test of change will make a difference on Performance Measures in Q4. Jessica mentioned adding this process to your Cycle 2 QIP and scheduling a 1:1 to discuss process and steps.

- **Active** means a client is eligible and receiving services.
- **Inactive/Case Closed**- is for when a client stops coming to your agency and after you have completed your agency's outreach attempts to retain that client in care, or you are notified by the client that they no longer need your agency's services.
- **Incarcerated** – this option is most often used when your agency is notified that a client identifies as incarcerated. Some agencies treat this option differently depending on their funding and population needs. If you are unsure, check with your agencies policies and protocols.
- **Referred or Discharged** – This should be selected when a client is referred to another provider, maybe to another Ryan White Agency to meet their needs or have been discharged from your agencies services because they have completed their program and no longer need your agencies services.
- **Relocated** – is when a client has moved and is no longer receiving services from your agency, often when a client moves outside of your agency's service area.
- **Removed** – is for when a client has violated your agency's rules or conduct requirements and has essentially been fired as a client with your agency.
- **"Mini-Mod"** is only available for clients that are not RWPA eligible (EHE Applications). This will allow the user to update Demographics, Race/Ethnicity, Diagnosis, Labs, Services, Medications (Poverty, Insurance & Annual Screenings). This allows for the collection of data elements needed for RSR.

**Milestones Chart 10:25 am – 10:28 am**

Jessica went over the CQM milestones chart on slide 11 to help subrecipients keep their eyes on upcoming events and encouraged subrecipients to schedule support sessions for Cycle 2.

**Upcoming Reminders 10:28 am – 10:32 am**

Review of upcoming reminders for Cycle 2 was shared including kudos for being prepared with Miro login account information for the Roses, Buds, & Thorns activity.

- Miro – CQM SWOT Analysis
- Q3 Capacity Building Sessions Upon Request
- CQM Cycle 2 QIP Proposal Discussion
- CQM Meeting - Tuesday, October 29, 2024
- Organizational Assessment

**Questions, Takeaways & General Discussions 10:28 am – 10:32 am****Meeting was adjourned at 10:33 am**

Lisa, Darnell, Ronny, Tiffany, and Jessica stayed after the meeting to go over an RSR report and to answer additional off the record questions.