**Clinical Quality Management Committee Meeting**

**Cleveland TGA**

**June 6, 2016 Meeting Minutes**



**Attendees:**

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| Name | Agency/Affiliation | Representing |
| Dawn Richardson | AIDS Healthcare Foundation | Part A Funded Agency |
| Bob Candage | AIDS Taskforce | Part A Funded Agency |
| Sherrell Lipscomb | Cleveland Clinic | Part A Funded Agency |
| Sandrell Porter | DSAS | Part A Funded Agency |
| Kelly Dylag | Far West | Part A Funded Agency |
| Doug Vest | May Dugan | Part A Funded Agency |
| Kim Rodas | Nueva Luz URC | Part A Funded Agency |
| Ida Mendez | Nueva Luz URC | Part A Funded Agency |
| Myrtle Watson | ORCA House | Part A Funded Agency |
| Latundra Billups | ORCA House | Part A Funded Agency |
| Kristin Ziegler Alban | Signature Health | Part A Funded Agency |
| Dr. Barb Gripshover | University Hospitals | Part A Funded Agency |
| Susan DiCocco | Ohio Department of Health | Ryan White Part B |
| William Cartwright | Ohio Department of Health | Ryan White Part B |
| Michelle Kucia | University Hospitals | Ryan White Part C and D |
| Jason McMinn | MetroHealth | Planning Council - QI Representative |
| Robert Watkins | N/A | Planning Council - Consumer Representative |
| Jane Russell | Ohio State | Ryan White Part F |
| Jan Briggs | Cleveland VA Medical Center | Community Agency |
| Melissa Rodrigo | Cuyahoga County Board of Health | Ryan White Part A Office |
| Kate Burnett-Bruckman | Cuyahoga County Board of Health | Ryan White Part A Office |
| Melissa Kolenz | Cuyahoga County Board of Health | Ryan White Part A Office |
| Clemens Steinbock | The National Quality Center | AIDS Institute, New York State Department of Health |

**Meeting Minutes:**

**1:10 - Welcome, Introductions and Opening Remarks -** Melissa Rodrigo, Cleveland TGA

* All attendees participated in an activity where they provided their name, their agency if applicable, a brief description of the services they provide if applicable, and one example of an improvement project that they have been a part of.

**1:40 - Introduction to Quality Improvement -** Clemens M. Steinböck, The National Quality Center

* Clemens provided a brief overview of CQI including the difference between quality assurance and quality improvement. The group discussed the benefits of having someone on a CQI team who is not connected to the HIV world/environment and the importance of including consumers in the process. The group then participated in a team building exercise called the “Tennis Ball Game” where we focused on the importance and benefit of group intelligence and strategy.
* Clemens reviewed the concept of the PDSA cycle including expectant time frames. Reminded the group that we need to think big but start small.

**2:40 - Break**

**2:50 - Cleveland TGA CQM Program/Committee Overview -** Melissa Rodrigo, Cleveland TGA

* Melissa reviewed the CQMC purpose, expectations and responsibilities. She then led the group in a discussion about what each member had to offer to the group and request of the group moving forward. Responses included:

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| **Offers:** | **Requests:** |
| Benefit of years of clinical experience and service | Best practices in care and retention |
| Experience with Federal grants and evaluations | Respectful of participants time |
| Experience with clinical quality improvement | Ask for clarification if needed |
| Open minded communication from a grass roots perspective | Ask for help / technical assistance training if needed |
| Community Based organization perspective | Keep track of things (tasks, timelines, etc.) |
| Perspective from a clinical care provider | Keep communication open and flowing between RW Parts and areas across the state |
| Substance abuse provider perspective | “Marrying” all parts of the puzzle to fully assist the client |
| Perspective from an individual who is genuinely concerned about the community | Conduct morning meetings |
| Perspective of a long term survivor | Keep client needs in the forefront |
| Willingness to learn and be open minded | Speak up if something is not working |

**3:20 - Review of the Cleveland TGA CQM Plan -** Kate Burnett-Bruckman, Cleveland TGA

* Kate reviewed a few key highlights of the plan including the mission and vision statements. She then reviewed the definitions of the Viral Load Suppression and Retention in Care Measures, providing the group with local Part A data from both the CAREWare database and recent chart reviews. Kate ask the group to discuss what was missing/what should be edited in the plan and received the following feedback.
  1. Expand acronyms list to include: EMR, TGA, OAMC, and RWHAP
  2. Consider quarterly updates being added as additional appendices throughout the year.
  3. Add language regarding client privacy and the current data collection mechanism (CAREWare).
  4. Expend the Viral Load Suppression section in the future as the group focuses improvement activities on that measure.
* The group was given the opportunity to go back and review the plan again. Kate will be accepting any additional recommendations / feedback on the plan for the next two weeks. All feedback should be e-mailed to her attention at [kburnett@ccbh.net](mailto:kburnett@ccbh.net) by close of business on Monday, June 20th.

**3:50 - Prioritization of a CQI Project -** Clemens M. Steinböck, The National Quality Center

* Clemens reviewed the importance of focusing efforts on one to two projects during this first year of this project. He described the Federal desire to focus on viral load suppression and retention and ask the group to discuss the possibilities of that on a local level. The group agreed to priorities in the following order:
  1. Viral load suppression
  2. Retention in care
  3. Linkage to care
  4. Targeted testing and newly diagnosed entrance to care
* Viral load suppression will be the focus quality improvement project for the group moving forward. Clemens suggested that if we determine that our data is indeed higher than the national averages that we may want to consider focusing efforts only on those not virally suppressed instead of on improving the viral load suppression rate overall. Details of the projects that come out of this focus will be determined at the next CQMC meeting.

**4:15 - Next steps and Aha! Moments -** Melissa Rodrigo, Cleveland TGA

* Aha! Moments:

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| Offered a genuine appreciation for how far we have come |
| Poverty is at the base of the issues that we discussed today - homelessness, lack of food, legal problems all affect health outcomes. |
| Viral Load Suppression is not always at the top of the priority list for our clients and we need to keep that in mind when focusing on future projects. |
| There are still logistical barriers including eligibility that affect care for the clients most in need. |
| We are all here with a common goal - even amongst our differences |
| We all are putting the client first and we need to make sure we keep it that way moving forward. |
| It’s ok to say what doesn’t work - that is how we will have the largest impact together moving forward. |
| Appreciative that people are open to sharing their experiences. |

* **Next Steps:**
  + Meeting minutes will be sent out by this Friday, June 10, 2016
  + If anyone thinks of a key member/partner in the community that should be involved in the Clinical Quality Management Committee in the future, please forward their names and contact information to Melissa’s attention at [mrodrigo@ccbh.net](mailto:mrodrigo@ccbh.net)
  + If anyone has any additional feedback on the Cleveland TGA 2016 CQM Plan, please send it to Kate Burnett-Bruckman at [kburnett@ccbh.net](mailto:kburnett@ccbh.net) by the close of business on Monday, June 20, 2016.
  + Kate Burnett-Bruckman will be contacting the funded Part A agencies to schedule individual meetings over the next few months to talk about viral load suppression projects and offer additional technical assistance if/where needed.
  + In the next week all attendees will receive a brief survey. Please try and respond to the survey as quickly as possible. We are looking to collect information on baseline knowledge of our committee members, current status of quality improvement projects on an agency level, and information on the preferred time and location for meetings moving forward.
  + The next Cleveland CQMC meeting will be held in the fall of 2016. The meeting data and any pre-work assignments required will be released as soon as possible.

**A copy of the PowerPoint presentation from the June 6, 2016 meeting has also been electronically included with these notes.**