

# Clinical Quality Management Committee Meeting Cleveland TGA September 17, 2018 Meeting Minutes



## Attendees:

Name	Agency/Affiliation	Representing
Erica Shields	AIDS Healthcare Foundation	Part A Funded Agency
Joye Toombs	AIDS Taskforce	Part A Funded Agency
Adriana Whelan	Circle Health Services	Part A Funded Agency
Mary Beth Gramuglia	Cleveland Clinic	Part A Funded Agency
Sandrell Porter	DSAS	Part A Funded Agency
Jennifer Gosnell	Family Planning of Lorain	Part A Funded Agency
Allison Kloos	Far West Center	Part A Funded Agency
Doug Vest	May Dugan	Part A Funded Agency
Summer Barnett	Mercy Health	Part A Funded Agency
Dr. Ann Avery	MetroHealth	Part A Funded Agency
Kim Rodas	Neuva Luz	Part A Funded Agency
Cathy Iannadrea	Signature Health	Part A Funded Agency
Dr. Barb Gripshover	University Hospitals	Part A Funded Agency
Kate Burnett-Bruckman	University Hospitals	Community Member
Jason McMinn	MetroHealth	Planning Council - QI Representative
Lisa DeJesus	Nueva Luz	Community Member
Mollee Galloway	Cleveland Clinic	Community Member
Ashley Hollohazy	Mercy Health	Community Member
David Smith Jr.	DSAS	Community Member
Clemens Steinbock	CQII	New York State Department of Health
Melissa Rodrigo	Cuyahoga County Board of Health	Ryan White Part A Office
Zach Levar	Cuyahoga County Board of Health	Ryan White Part A Office
Vino Sundaram	Cuyahoga County Board of Health	Ryan White Part A Office
Melissa Kolenz	Cuyahoga County Board of Health	Ryan White Part A Office

## Meeting Minutes:

### 1:00 – Welcome and Introductions

### 1:15 – CQMC Updates – Zach Levar

- Zach reviewed the CY2017 Cleveland TGA Continuum of Care.
- Reviewed updated ‘Retained in Care’ definition based off of HRSA’s updated definitions.
- Reviewed 2018 and 2019 Planning Council directives related to Quality Management.
  - Included CQM Directive Language template that each provider should have returned to Part A office by November 1, 2018.

### **1:30 – Driver Diagram/PDSA Presentations – Funded Providers**

- Cleveland TGA funded providers gave updates on QI projects that they implemented within their agencies in the two months leading up to the CQM committee meeting. Project topics per agency are listed below:
  - AHF – Note transportation needs in appointment notes and opening up nurse’s schedule to accommodate walk ins.
  - ATF – Involve case managers in recruitment to support groups.
  - Circle Health – Analyze retention data for different retention in care definitions.
  - Cleveland Clinic – Follow up by looking in charts of non-virally suppressed clients to see if constant messaging is occurring.
  - DSAS – Create Excel spreadsheet for eligibility expiration to prevent ineligible services.
  - Far West – Implement Open Access at Amherst clinic.
  - Family Planning of Lorain – Create document for entry to care process and share with other providers.

### **2:40 – How Can We Create Buy-in For your Quality Program? - Clemens Steinbock**

- Clemens presented on the topic of Buy-in and how to achieve it within your agencies when implementing a quality program/project.
  - Some of the areas of focus were: managing resistance, spreading innovation, leading change, and overcoming organizational barriers.
- Clemens lead an activity to show the barriers of spreading innovation, and the importance of overcoming those barriers to implement innovative ideas.
- Clemens completed this presentation with a quick activity where the group listed barriers/issues under the categories of QI Content, Group Dynamics, Leadership, QM Expectations, Resource/Time Priorities, and Other.
  - These barriers will be reviewed by staff to plan future activities for the CQM committee.

### **3:30 – Driver Diagrams/PDSA Presentations cont’d – Funded Providers**

- The remaining funded providers gave presentations on their respective driver diagram/PDSA projects.
  - May Dugan – Maintain relationship with case managers, ensure during mental health appointments that clients are receiving medical care, and maintain relationship with mental health prescribers.
  - Mercy Health – Call 3-4 days in advance of appointment, explore possibility of work phone to send text/email appointment reminders, and stress incentives such as food vouchers/gas cards for those that are out of care.
  - MetroHealth – Use geomapping services to make sure agency is geographically serving the population in the most logical locations.
  - Nueva Luz – Contact clients via phone/house visit who are lost to follow up.
  - Signature Health – Make priority of reaching out repeatedly to no shows and reach out to rarely seen clients every 6 weeks to inform them on services such as support groups.
  - University Hospitals – Monitor current use and promote future use of UH Carelink App, collect feedback via survey about Carelink App and work with designer to make recommended changes.

**3:55 – Next Steps and Wrap Up – Zach Levar**

- Ensure CQM Directive Language is completed, returned to the Part A Office by November 1, 2018, and put into respective agency's Quality Management Plan.
- Next CQM Quarterly QI report is due December 3, 2018 (timeframe 10/1/2017 – 9/30/2018)
- **The next CQMC webinar will be held at 1:00 pm on Monday, December 17, 2018.**