

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Jason McMinn, Chair



Quality Improvement Committee Minutes

Wednesday, August 16, 2023

3:00 pm to 4:00 pm

Start: 3:02 pm

End: 3:56 pm

Facilitator: J. McMinn

Moment of Reflection

Welcome and Introductions

Approval of Agenda: August 16, 2023

Addendum:

Motion: C. Nicholls **Seconded:** J. Citerman-Kraeger

Vote: In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: May 17, 2023

Addendum:

Motion: C. Nicholls **Seconded:** K. Dennis

Vote: In Favor: Opposed: 0 Abstained: 0

New Business

Review/Update on Next Service Category - Aging PLWH - J. McMinn

We are taking a deep dive assessment on the research and best practices for helping people living with HIV (PLWH) age in a healthy way. We started in April and had discussions on HIV topics and today we would like to discuss what QI committee can do, overall. There are recommendations and tools from places on how to look at the needs of aging PLWH such as treating illness, mental health/dementia issues, and long-term care planning. We also want to look how we can have resources available for those aging to be safe at home and to have a good quality of life, as another continuum. As part of that research, a couple articles were emailed to the group to review and provide input for today's discussion.

***Comment: N. O'Neal – We should consider caregivers and find resources for them, as well as other people who care for aging persons, so they can better provide care.**

***Response: J. McMinn** – A great idea, and in looking where to go social or medical, perhaps leaning towards recommendations on social challenges as a start, rather than medical.

***Comment: N. O'Neal** – A resource was found at Benjamin Rose on a program initiative (WeCare), designed to help people aging who need assistance with things such as navigating community services to addressing financial and legal concerns. This is also good for PLWH who might need to work longer before retiring, and Benjamin Rose would be willing to speak to PC and case managers to promote these programs, as they want to help and be proactive in this process.

***Comment: Dr. Gripshover** - Whether first or second career, people going on disability often get caught in the middle, and need help navigating through the remainder of their work life.

***Comment: J. Citerman-Kraeger**- With second careers, ENCORE program did a presentation 2010-13.

Response/Suggestion: J. McMinn – We will look to invite Benjamin Rose and DSAS (Department of Senior & Adult Services) can come to the September meetings to present on resources available and are unaware to many people.

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***Question: J. McMinn – Is there any feedback on the two articles from HRSA?**

***Comment: L.J. Sylvia** - The article was interesting looking at how HIV and geriatric providers can work together to provide needed service and support, perhaps in a collaborative way.

***Comment: J. McMinn** – We do our best job, but often more with taking things as they come and working to resolve immediate needs, rather than working more on job assessing, prior to problems. **In reading on aging possibilities, it would be good practice to be more proactive.** We have also talked to our clinic leaders around forming committees to see where to go, although some specialists may not have time to collaborate on this.

***Comment: N. O’Neal** - Agree with proactive, but should also start with PLWH aging to be involved, as well. **Maybe have workshops or programs on aging, giving them resources, as we will never be able to do everything.** We should help them help themselves, maybe cooking classes, memory discussions, etc.

***Comment: Dr. Gripshover** – Though not ahead of the curve, it is always good when we pick up on something as there is definitely room to improve. **One problem is some do have memory decline,** but are not aware of it themselves or exhibit pseudo-dementia, a condition where depression causes brain deficits that mask as dementia, whereas, **we can’t solely rely on the patient to identify a need for help. Another problem is isolation, a huge risk factor in people not doing well, but having resources helps.**

***Response: N. O’Neal** – There are things around the city involving adult programs and activities, meals, and transportation. **It’s not an easy fix for isolation, but perhaps outside resources can be part of the conversation, not focusing on being positive but more on having fun and doing different things.**

***Comment/Suggestion: J. McMinn** – Like our directives for this year in **putting together resources for support groups, maybe we can work on doing this for seniors.** This won’t be one size fits all for each person, but like the idea of an entire guide for folks to decide on their own. Day programs are good as they provide food, fun, transportation, etc. **Another interesting note was Dr. Gripshover’s comment on mental health/dementia issues. We will talk with DSAS on making a presentation.**

***Response: L. Moore**- Have a good relationship with Benjamin Rose, can collaborate a presentation.

***Comment: L.J. Sylvia – Maybe we can look at ways to support PLWH with end of life decisions and taking care of their business.**

***Response/Suggestion: J. McMinn** – Info on POA (power of attorney), living wills, etc., would be great to provide to our community.

***Response: N. O’Neal** - WeThink4AChange did a webinar on the importance of planning end of life decisions while still in control. Maybe we can re-visit and promote that, and even invite social workers in order to develop a planning guide.

***Response: J. McMinn** - Maybe we can use med case managers and highlight that training for everybody and put together those resources into a guide, or maybe directives can come out on things we may want, that recipient would not necessarily take control over. Traditionally, with deep dives into service categories the recipient helps improve service delivery by following up to a request the committee approved for something to be done, or implemented to improve a service delivery. This committee is to take the lead in asking the recipient to help deliver services to aging PLWH. In doing so, we must be clear and intentional on what we are asking, as there are also fiscal implications involved. **Part of the efforts to make things happen could be in setting up an ad-hoc committee or workgroup, as it just lies where committee wants to go with this.**

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***Question: L.J. Sylvia - Are there others who can promote efforts or provide resources for this?**

***Response: J. McMinn - Maybe we can also do a formal RW data form, as we've done in the past. Also thinking if we can tap into community cohort to do work with aging. There can be many various specialties involved in this such as, physical therapists, dentists, case workers, etc. We should let them know we're coming and would like them to be ready to provide care to our referrals. For now, and if time permits, please review the articles and if have ideas or suggestions, send me an email after the meeting, and we can look at them for next discussion.**

Standing Business

Agree on QI Committee work activity (if any) to be reported at August 16, 2023 Full Planning Council Committee Meeting – J. McMinn – Today's discussion on aging PLWH will be reported at full PC.

Determine formal CAREWare Data Request (if any) - None

Parking Lot Items - None

Next Steps – J. McMinn

- 1. Review reference materials on People Aging with HIV, with focus on the social challenges and how QI can offer suggestions on those things.*
- 2. Explore more options for isolation, like other day programs, DSAS, Benjamin Rose, and also financial management resources, which may go along with that.*
- 3. Explore more resources for food and housing, as insecurities in both are a major issue, in general.*
- 4. Further address traumatic life events affecting mental health, such as depression due to receiving traumatic medical diagnoses, or difficult life issues, in which if not dealt with can rebound and cause fear and poor quality of health.*
- 5. Look at what is being done in the community around advanced care planning.*
- 6. Explore collaborations with students and community cohorts, perhaps having all-day conferences with everyone in the room.*

Announcements

K. Dennis - The Ministry of Hope is having a Healing Weekend for Women Living with HIV (WLH) on Oct 27-29, 2023 at the Doubletree Hotel, 6200 Quarry Lane, Independence, OH 44131. Registration due by September 29th at Ministry of Hope, P.O. Box 202301, Shaker Hts., OH 44120, or by clicking on the link at: <https://tinyurl.com/2oobg88f>. Registration is still on, but slots are filling.

Adjournment

Motion: K. Dennis Seconded: C. Nicholls

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Attendance

		Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
	QI Committee										
1	Jason McMinn, Chair	20	20	20	20	20		20			
	Vacant Co-chair										
2	Barb Gripshover	20	20	20	20	20		20			
3	Leshia Yarbrough-Franklin	20	0	20	20	0		0			
4	Karla Ruiz	20	20	20	20	10		20			
5	Daytona Harris	20	20	20	20	20		0			
6	Lorsonja Moore	20	20	20	20	0		20			
7	Jeannie Citerman-Kraeger	20	0	20	20	10		10			
8	Billy Gayheart	10	10	10	10	10		10			
9	Naimah O'Neal	10	10	10	10	10		10			
10	Rhonda Watkins	10	10	10	10	0		10			
11	Biffy Aguriano							0			
	Total in Attendance	8	6	8	8	6		8			

PC Members: K. Dennis, C. Nicholls, C. Droster, L. Lovett

Attendees: Y. West

Staff: A. Idov, D. LaGallee, L. James, L.J. Sylvia, T. Mallory