

# MEETING MINUTES



## Quality Management C.O.R.E. Team Meeting

Ryan White Part A Las Vegas TGA Quality Management Program

*Continuous Organizational Review and Evaluation*

Tuesday, June 22<sup>nd</sup> 2010

3:00pm to 5:00pm

Clark County Public Guardian

Small Conference Room 2<sup>nd</sup> Floor

515 Shadow Lane, Las Vegas NV 89106

C.O.R.E. Team Members	
PRESENT	NOT PRESENT
JeKeissa Mosley-AFAN	Aaronell Matta-CCC
Josefa Ozaeth-COMC	Christine Bronston-Mohave County
Shirley Trummell-Nye County Via Telephone	Sabrina Hagan-Finks-SNHD
Shayla Streiff-RW Part A Quality Management Coordinator	
Alisha Campbell-RW Part A Data Manager	
Rob Langguth via telephone-Guest-Ryan White Part B Quality Coordinator	
Patricia Thomas-UMC	

### Agenda Topics

a. Finalize Indicator Percentage Goals

Indicators were reviewed for Ambulatory/Outpatient Medical Care, Medical and non-Medical Case Management and Emergency Financial Assistance services. The following indicator percentage goals were established and will be utilized as the target goals for the Las Vegas TGA's service delivery system.

NOTE: The indicators highlighted in yellow are under construction in CAREWare to accurately capture the correct percentage as the current % doesn't seem to indicate the work being done.

Indicator	Target Percentage	Percentage Tracked in 2010 in the TGA
<b><i>Ambulatory/Outpatient Medical Care</i></b>		
Medical Visits	75%	52%
CD4 T-Cell Count	75%	47%
CD4<200 with PCP Prophylaxis	80%	47%
AIDS Clients on HAART	95%	67%
Percent of Pregnant Women Prescribed ART	100%	100%
Adherence Assessment and Counseling	Still under review	
Cervical Cancer Screening	70%	26%
Hepatitis B Vaccination	45%	8%
Hepatitis C Screening	75%	34%
HIV Risk Counseling	80%	14%
Lipid Screening	75%	3%

	Syphilis Screening	80%	44%
	TB Screening	75%	22%
	Chlamydia Screening	70%	8%
	Gonorrhea Testing	70%	4%
	Hepatitis B Screening	80%	15%
	Influenza Vaccination	50%	37%
	MAC Prophylaxis	85%	0%
	Mental Health Screening	45%	48%
	Pneumococcal Vaccination	75%	29%
	Substance Use	45%	28%
	Toxoplasma Screening	80%	16%
	Stabilize CD4 T-Cell Count	75%	74%
	Undetectable Viral Load	75%	68%
	Increase Service Utilization in Communities of Color	60%	80%
	Medication Education	80%	71%
	<b>Medical Case Management</b>		
	Increase Medical Case Management Service Utilization	85%	77%
	Received Medical Case Management Services	75%	78%
	Medical Care in the Ryan White Part A System	65%	34%
	Current Labs	85%	83%
	Medical Appointment Adherence-self report	80%	71%
	Adherence to Prescription Medication	80%	70%
	Care Plan Updated Annually	85%	88%
	Client Acuity Performed on Intake-SNHD Only	90%	51%
	Client Acuity Updated Annually-AFAN and Mohave	85%	90%
	Maintain High Acuity Clients in Medical Care	80%	72%
	High Acuity Clients with Adherence to HIV medication	80%	73%
	Increase service utilization in communities of color (MAI Measure)	78%	78%
	Substance Abuse Screening	85%	Implement 2011
	Mental Health Screening	85%	Implement 2011
	<b>Non-Medical Case Management</b>		
	Provide Continuity of Care to Clients	65%	18%
	Service Utilization in Communities of Color	65%	20%
	Medical Care	65%	48%
	Care Plan Updated Annually	85%	72%
	Client Acuity Updated Annually	85%	57%
	<b>Emergency Financial Assistance-Utility Assistance</b>		
	Timely Payments Requests Fulfilled within 48 Hours	75%	90%
	Medical Care	65%	34%
	<b>Emergency Financial Assistance-Housing Assistance</b>		
	Timely Payments Requests Fulfilled within 7 Days	75%	94%
	Medical Care	65%	77%
b. Establish a Plan/Method for Consumer Input	Needs Assessment/Consumer Satisfaction Survey attached. Reviewed briefly, Shayla will coordinate with each agency for participation. Each service category has at least one question regarding the level of satisfaction the clients have with the overall delivery and quality of that service.		
c. Establish a Plan for updating Standards of Care	The standards of care are currently under construction and will be reviewed by the C.O.R.E. Team as they are drafted. They will also be discussed at the provider meetings and final approval will take place by the Planning Council as HRSA has		

	outlined.
Additional Topics	All Ryan White Part A intake, re-evaluation, care plan, ect. documents are currently being updated for implementation March 1, 2011. During the chart review process it was difficult to track all needed information at each location as not everyone utilizes the same forms and the current forms don't capture everything that we need to track. To ensure a level playing field for everyone during each data collection process all documents will be uniform. Initial updates will be done by the Grantee staff following that a committee of "users" will be established to review and revise the forms. A small test of the forms at each agency will occur followed by a discussion of the test with the users to ensure they are user friendly and practical for all stakeholders.

### Assignments

OWNER	PROJECT	DUE DATE
Shayla Streiff	Implement Needs Assessment/Consumer Satisfaction Survey and provide consumer satisfaction indicator results.	By next meeting for review 1/11/2011
Alisha Campbell/Shayla Streiff	Work with UMC and COMC to ensure that HAB indicators are accurately capturing what is intended to be measured and incorporate that across all Ambulatory/Outpatient provider agencies as the denominator to ensure those that access care at both agencies are tracked accurately.	ASAP
Shayla Streiff	Revise Standards of Care and provide to the C.O.R.E. Team for review as they are complete.	By next meeting for review 1/11/2011
Shayla Streiff	Discuss with the SNHD the possibility of running clients through eHARS to ensure they are accessing medical care even if it isn't through a Ryan White Part A funded provider to ensure they are captured as in care.	Prior to next chart review process

### Future Meetings

Meetings will be held on the second Tuesday, quarterly from 3pm-4:30pm location varies.

Tuesday, January 11, 2011 3-4:30pm	<ul style="list-style-type: none"> <li>Follow-up on progress with the Standards of Care, review those that are complete to submit to the Planning Council.</li> <li>Review consumer input.</li> </ul>
Tuesday, March 8, 2011 3-4:30pm (beginning of new grant year meeting)	<ul style="list-style-type: none"> <li>Review and update Annual Quality Plan for the new grant year. Including goals, work plan of activities and timeline.</li> <li>Review the data that has been collected over the last year and decide on at least 2 areas of focus for the year to implement quality improvement projects.</li> <li>Continue to work on and approve the standards of care.</li> </ul>