

.Nassau-Suffolk HIV Health Services Planning Council  
*Clinical Quality Management Committee*  
February 24, 2022  
**Virtual Zoom Meeting**

**MINUTES**

**MEMBERS PRESENT:**

Darlene Rosch, Esq. Co-Chair  
William Doepper, Co-Chair  
Susan Baldrige  
Juli Grey-Owens  
Teresa Maestre  
Johnny Mora  
Jackie Ponce-Rivera  
Joseph Pirone  
Erik Rios  
Hope Sender  
Claire Simon  
Ed Soto  
Crissy Witzke  
Kerry Thomas

**MEMBERS ABSENT:**

Ana Huezo  
Traci Shelton

**GUESTS**

Carmen Feliciano  
Rachel Phillips  
Patricia Ross

**STAFF:**

Nancy O’Keefe  
JoAnn Henn

**STAFF Absent:**

Georgette Beal  
Katie Ramirez  
Myra Alston

**I. Welcome & Introduction**

Mr. Doepper, Co-Chair, opened the meeting at 10:10 am. He welcomed everyone and introductions were made. Mr. Doepper then requested a moment of silence to remember those who have come before, those still living with HIV/AIDS and those affected by COVID. He mentioned the citizens of Ukraine and asked to keep them in our prayers.

**II. Approval of October 28, 2021 Minutes**

Ms. Grey-Owens made a motion and Ms. Maestre seconded the motion to accept the October 28, 2021 meeting minutes as read.

2 Abstentions 0 Opposed 11 Approved. Motion carried.

On the occasion of her last meeting before retirement, Ms. Maestre said she was very happy to serve on this committee, stating it was important because we examine, observe, and improve services for those living with HIV/AIDS. She congratulated the committee for the work they do. Ms. Maestre then introduced Ms. Feliciano who will be filling her position. Many of those present congratulated Ms. Maestre on her retirement and wished her well.

### **III. Overview of the Clinical Quality Plan**

Ms. O’Keefe began the overview of the Clinical Quality Plan with a quick background refresher. Each year we make sure that the CQM Plan for the Nassau-Suffolk EMA is current, updated and reflective of the National HIV Strategy, (HAB) HIV/AIDS Bureau’s performance measures and service standards. HRSA states that the CQM Plan should provide a good understanding of the CQM program in a narrative format. A CQM Plan is brief and to the point. The plan does not contain information tangentially related to the CQM program (e.g. history of the program) which can be found elsewhere. Acknowledging that 20-30 page document may seem daunting, Ms. O’Keefe assured the committee that the body of the plan was in the first fifteen pages, with a glossary and attachments comprising the remainder of the document.

Ms. O’Keefe and Ms. Henn met with the committee co-chairs prior to this meeting, to discuss the clinical plans, work-plans, and how to make the process easier to understand. A comparison chart was created to present what has been done in the past with what is being proposed. A comparison chart was presented. The chart comparing the 2019-2020 plan with the 2021-2022 plan was presented. While the content is still available, some sections have been moved for efficiency and clarity. Most of the changes involved formatting and placement, with some additions and details, as cited below:

#### **2021-2022 Clinical Quality Plan.**

- Information about the *Requirements* for a CQM Plan were included in the previous plan. These requirements were removed from the plan and placed in the Grant Policies and Procedures (P &P) Manual.
- Definitions were included on both plans. However, the 2021-22 Plan focused on definitions of CQM, other definitions such as Quality Assurance and Quality Improvement were moved to the glossary. These changes are in accordance with HRSA directive to be brief and to the point.
- A *quality statement* was added. Ms. O’Keefe stated that HRSA specifically looks for this.
- *Framework* was added, which is where we receive our guidance. Guidance is from the National HIV/AIDS Strategic Plan which many states and HRSA follow to End the Epidemic.
- *The Scope of Ryan White Funded Services* included in the previous plan has been moved to P &P manual, as it is tangential information.
- *Populations* has been added to *Priority* as it lists the populations with which we are focusing efforts and appropriate resources. It follows the EIHAA plan.
- The CQM Plan has been updated to reflect the goals of 2021-2022. Goal objectives will be listed in the work-plan. Annual goals are reviewed and changed as needed.
- *Components of CQM Plan* replaces previous *CQM Program Description* wording and is located under *Infrastructure*.
- Wording has changed from *Performance Management* to *Performance Measurement* and more information was added to what Performance Measurement is.
- *Evaluation* added as a separate section makes it easier for find how the program is evaluated.

The following sections are now attachments to the plan:

- N-S EMA Health Services Planning Council Table (*Committees and their responsibility*)
- Technical Support Agency Quality Management Team
- Model for Improvement (MFI)
- Additional Tools/Methodology

While the content has been updated, it remains relatively unchanged. The majority of the changes have been in formatting and placement of content in order to have it flow more easily and be better understood. Tangential information has been placed in the Grants P & P manual which is separate from the CQM plan. COVID-19 affected the formal updating of the CQM plan for 2021-2021. Ms. O’Keefe used the HRSA Checklist to evaluate the 2021-2022 CQM plan to ensure all required elements were included in the document.

Motion to accept the 2021-2022 Clinical Quality Plan was made by Ms. Baldrige and seconded by Ms. Grey-Owens.

All in favor-Motion carried.

#### 2022-2023 Clinical Quality Plan

This plan was presented to the committee. Changes, which were minimal, were highlighted in orange. Content remains the same as in previous years. The National HIV/AIDS Strategy has been updated; the most recent information has been included in the 2022-2023 CQ Plan. The timelines were updated. The five updated goals are included and the objectives are attachments. HRSA wants to know who leads the plan. Information about the Clinical Quality Management Committee (CQM) was added, including that one of the Co-Chairs needs to be a consumer as stated in the bylaws.

Motion to accept the 2022-2023 Clinical Quality Plan as presented, was made by Mr. Thomas and seconded by Ms. Grey-Owens.

All in favor-Motion carried.

#### **IV. Regional CQM Work Plan Review**

FY2021-22 work plan was reviewed and progress to date was included. Goals and objectives remain unchanged. Deadlines were corrected and timelines were changed to reflect the 2021-2022 time period and grant fiscal year.

Ms. Grey-Owens made a motion to approve the FY2021-2022 Work Plan and Ms. Baldrige seconded the motion.

All in favor-Motion carried.

#### FY2022-2023 Work Plan

- Goal #1 remains unchanged.
- Goal #2 has been updated, wording *develop, maintain, monitor* replaced with *ensure* compliance with Service Standards of sub-recipients within the N-S EMA.

- Goal #3 *Monitors* replaces *develop* as in develop performance measures for all Part A funded priority categories based on HAB/HRSA performance measures and best practices.
- Goal #4 remains unchanged. The activities section has been updated to include creating a CAREWare dictionary for better clarity and understanding.
- Goal #5 remains unchanged.

Some of the members expressed concern about approving a work plan without a specific timeframe, which was written as TBD because funding amounts have not been determined and RFPs will be issued. It was suggested that a motion be made to approve this work plan with the understanding that it will be revisited when more information is available in regards to RFP and funding. Plans are to input timeframes by the October CQM meeting. If that is not possible, it may need to be pushed back.

Ms. Baldrige made such a motion which was seconded by Mr. Soto. All in favor-Motion carried

#### V. Announcements/Adjournment

- Mr. Soto informed the committee that SunRiver Health will be instituting an open door policy on Wednesday at the Brentwood location. While the focus is on opioid substance use and alcohol, HIV, STI and HEP C testing will be available. No appointment needed.
- Thursday's Child will be offering rapid result HIV testing as of March. Virtual events are Art Therapy class with George on March 9 at 6pm and cooking instruction on March 17.
- Thanks, congratulations, and well wishes were once again extended to Ms. Maestre as this is her last committee meeting

Mr. Rios made a motion to adjourn the public portion of the February 24, 2022 CQM meeting. The motion was seconded by Ms. Grey-Owens.

#### Membership sub-committee

Two Planning Council applications were reviewed. It was decided that both candidates would be balloted after the March Planning Council meeting. A Survey Monkey link would be sent to Planning Council members after which the required documentation will be sent to the county. Planning Council membership demographics were also part of the discussion. Four Planning Council members, two of whom are unaligned consumers, will be cycling off their second term at the end of September. Reflectiveness and required percentages will be affected, specially unaligned consumer membership. Ongoing recruitment strategies are needed.