

*QUALITY ASSURANCE & MEMBERSHIP COMMITTEE*

**October 25, 2018**

**UNITED WAY OF LONG ISLAND, DEER PARK, NY**

**MINUTES**

**MEMBERS PRESENT:**

Darlene Rosch, Esq. Co-Chair  
Traci Shelton, Co-Chair  
Gloria Allen  
William Doepper  
Marci Egel  
Teresa Maestre  
Anthony Santella, PhD  
Ramon Rivas  
Kevin McHugh  
Hope Sender  
Cristina Witzke  
Johnny Mora

**MEMBERS ABSENT:**

Wendy Abt  
Juli-Grey-Owens  
Ana Huezo  
Angie Partap  
Joseph Pirone  
Rev. Pasmore  
Johnny Mora  
James Hollingsworth  
Lauren Cable  
Erik Rios

**GUESTS**

Jacqueline Colon

**STAFF:**

Georgette Beal  
JoAnn Henn  
Stephanie Moreau  
Myra Alston  
Victoria White

**I. Welcome & Introduction**

At 10:10 am Ms. Shelton welcomed everyone and asked the attendees to introduce themselves. A moment of silence was requested to remember those who are sick and suffering and for everything else that is happening in the world.

**II. Approval of Minutes June 28, 2018**

Motion to accept the minutes as read was made by Ms. Egel and seconded by Dr. Santella  
4 abstention        0 opposed        7 approved-Motion carried.

**III. Clinical Quality Management Plan**

The federal Ryan White HIV/AIDS program (RWHAP) requires Part A recipients (previously known as grantees) to establish a local clinical quality management (CQM) program in order to:

- Assess the extent to which the HIV health services provided to patients under RWHAP Part A grant are consistent with the most recent U.S. Department of Health and Human

Services HIV/AIDS Treatment Guidelines for the treatment of HIV disease and other opportunistic infections.

- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

During the March HRSA visit, the Service Standards were reviewed. It was decided that the performance measures be separate and removed from the standards in order to be compliance-based. This action will reduce the Service Standards to 3-4 pages.

A working copy of the CQM report was submitted with the progress report. There will be a clean-up of data as decisions are made regarding what performance measures are to be included with each priority. HRSA is moving to a new platform. United Way will learn which updated version is required. A rollout and understanding of the updated version will occur before sharing and training with other agencies is scheduled.

The Quality Management Plan lists goals and objectives.

- Goal #1 is to develop and maintain a CQM Plan for the purpose of guiding the formal evaluation and assessment of the quality of services provided in the Nassau-Suffolk EMA. Ms. Moreau stresses that this is a working document to assess its effectiveness in meeting its goals and objectives. The EMA QM Plan will be reviewed and updated bi-annually, the EMA QM work plan will be reviewed and updated quarterly and sub-recipients will update and submit their CQM plans to United Way annually, based on a calendar, not fiscal year.
- Goal #2 is to develop and implement a performance management system in CAREWare to monitor HAB/HRSA performance measures within the EMA. As stated earlier, the objectives are to establish updated performance measures for each funded priority, train sub-recipients on the entry of performance management data in CAREWare by March 2019. Performance management reports will be developed/designed in CAREWare for sub-recipients.
- Goal #3 is to update all Service Standards per HRSA Guidelines in order to ensure minimum level requirements for all service priorities. The objective is to review and revise, in order to present a draft of these standards to the QAM committee for review, feedback, and approval. The QAM approved Service Standards will then be presented to the Planning Council for final approval.
- Goal #4 is to promote and foster continuous quality improvement initiatives across the EMA. One of the objectives of this goal is to implement at least 1 quality improvement project per year. Determination of this project will be discussed later in this meeting, Technical assistance will be provided to ensure that agencies are equipped to provide improved services and are monitoring their successes and areas of improvement. Training as needed, will also be provided.

- Goal #5 is to coordinate and collaborate across Ryan White programs (Parts A-D) and other HIV Care and Prevention programs in planning clinical management activities. This involves engaging and promoting other HIV funded programs to participate in quality management planning and improvement initiatives, promoting the coordination of prevention and care quality improvement activities based on the implementation of the HIV Prevention and Care Plan, participating in joint Quality Assurance & Membership meetings on a quarterly basis, and ensure completion of the Administrative Mechanism across Ryan White programs.

Timeframes are to be added to the work plan for consistency. The timeframes can be flexible, implementation will begin in November 2018. The committee was reminded that the documents need to go through QAM committee and the Planning Council.

A motion was made by Ms. Rosch, Esq. and seconded by Ms. Egel to accept the Clinical Quality Management Plan for 2018.

All in favor, motion carried.

CQM Work Plan 2018- Copies of the work plan, were aligned with the Clinical Quality Management Plan. The deadline for developing and reviewing service standards for all funded priorities as per HRSA guidelines in order to be compliance-based was changed to February 2019 so that a draft could be presented at the March QAM meeting. Plans are to present a QAM approved version to the May Planning Council meeting. The deadline for following goals and objectives were changed to November 2019.

- (Goal #2) Monitor EMA compliance with service standards and HRSA National Monitoring Standards (NMS), by reviewing agency site visit reports, CAREWare data, and QM Plans to ensure agency fidelity to service stands, this in addition to as providing support to agency related performance (technical assistance, corrective action) needing improvement.
- (Goal #3) Develop, review, and update performance measured for funded priority categories and provide technical assistance as needed and discuss progress with sub-recipients.

Quality Improvement Project- Ms. Moreau presented a PowerPoint of the Findings of the QM Site visit:

- The Quality Manager conducted a review of the individual agency findings on all indicated questions on the N-S EMA Quality Monitoring Tool.
- Trends were identified on particular indicators where percentages were low across providers.
- Results revealed that Quality Improvement is needed regarding documentation of oral health care and ongoing Sexually Transmitted Infection screening and risk assessment.

Based on these findings, the Quality Improvement project would either be documentation of oral health care or ongoing sexually transmitted infections screening and risk assessment.

After much discussion, a vote was taken and the majority of committee members agreed that the QI project would be regarding Oral Health Care. It was generally agreed that is easier to talk

with clients regarding oral health care than sexual behavior and may be an easier project to tackle. Screening and risk assessment of sexually transmitted infections could be the next QI project.

Findings reveal that the majority of agencies fall short of oral health care education and referral. The initial visit usually addresses the issue but is not necessarily revisited. Average indicates that **67%** of the 97 Medical Case Management charts reviewed had sufficient documentation of oral health examination and referrals for care. It was recommended that providers be asked to give copies of their assessment tools to learn how questions regarding oral health care are asked.

#### **IV. Consumer Survey Update**

Ms. Ramirez gave the committee an update on the Consumer Survey, which was last conducted by an independent consultant in 2014. The survey will be available in Spanish and English and participants will receive a \$15 Walmart or Target gift card as an incentive, Part A agencies and peers have offered to help in facilitating completion of the surveys. Confidentiality is a top priority and the demographics will be separate from the data. There will be a needs assessment training following the Planning Council meeting. The survey findings provide a great source of data, tying into quality. PSRA and the grant application. A flyer is being created as well.

#### **V. Membership**

Two Planning Council applicants were reviewed and approved for a vote at the November Planning Council meeting.

#### **VI. Announcements/Public Adjournment**

- WAD event is November 30, 2018, at heritage Club, formerly Carlyle on the Green  
Registration is required and slots fill up quickly.

**Motion** was made by Ms. Witzke and seconded by Mr. Mora to adjourn the public portion of the October 25, 2018 Quality Assurance & Membership Committee meeting.

0 Abstentions      0 Opposed      All in Favor  
Motion carried