

OVERVIEW

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|-------------------------|---|------------------|-------------|
| Attendance: | Please refer to attendance chart on the last page of this summary | | |
| Location: | Greek Olive Restaurant, New Haven, CT | | |
| Start Time: | 12:00 p.m. – 2:00 p.m. | End Time: | 2:00 p.m. |
| Presiding Chair: | Charlotte Burch | Recorder: | Tracy Kulik |

Meeting Accomplishments

1. Approval of August 7, 2009 Quality Improvement Meeting Summary
2. Review of Comprehensive Findings of Full Population-Based Chart Audit
3. Follow-up of Super-Pod and Standards of Care needing refinement
4. Areas requiring workshops, technical assistance
5. Operational considerations
6. Revisit Quality Improvement Committee plan
7. Update on Cross-Part Quality Collaborative

Committee Member Assignments

- Active discussion and input into emerging roles of Quality Improvement
- Status update of QIC plan accomplishments to date and those remaining
- Committee members will continue to attempt to engage new members for the QI committee.
- Input on Areas to focus on in Super-Pod
- Input on Communication Forum for Consumers

Next Meeting

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| December 4 th : Reconvene Super-Pod |
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Meeting Summary/Minutes**Welcome, Overview and Moment of Silence**

Charlotte Burch welcomed meeting participants, asked everyone to introduce themselves, and held a moment of silence to honor individuals affected, infected, or who have died from HIV/AIDS.

Charlotte Burch reminded people that the meetings are open and members of the public and press may be present. Persons wishing to maintain confidentiality of their HIV status should consider the public nature of the meeting.

Co-Chair Announcements

Tom Kidder requested audience to announce that Charlotte Burch has been selected by the AIDS Alliance 2009-2010 Consumer Leadership Corps.

Approval of Meeting Summary of August 7, 2009

Charlotte asked meeting participants to review the August 7th meeting summary and asked committee members for additions or corrections.

New/Old Business**1) Review Comprehensive Findings of Full Population-Based Chart Audit**

Charlotte requested that Tracy Kulik review the comprehensive findings of the 2009 full population based chart audit. Tracy asked that Tom Butcher first review the history of Quality Improvement efforts:

(1) *Formation of Standards of Care* – Standards of Care were first developed in 2002, with assistance from the local AIDS Health Education Center (AHEC). These lengthy versions were then distilled into more national standards with assistance from John Snow Inc. (JSI) in 2003 and 2004. In 2005, Collaborative Research further distilled Standards into focused versions, with expansion to all core funded and support services by 2007.

(2) *Quantitative audits of compliance with Standards of Care* – In 2005, baseline audits were conducted on a sampled basis to determine actual scores by service category for compliance to the Standards of Care. In 2006, to resolve any issues with sampling methodology and expand quality improvement to focus on issues with special populations, a full population-based chart audit was conducted with review of over 3,800 charts. In 2007 and 2008, sampled chart reviews using 10% of all cases and 20% chart audits of Outpatient/Ambulatory Medical Care and Medical Case Management were conducted. Triennial review of all charts, another full population-based chart audit, was again performed in 2009, with data abstracted for Standard of Care compliance for 4,500 charts.

(3) *Review of service-specific and inter-service issues in Pods or small provider: consumer: funder work groups* -

Pods or small provider work groups formed in 2004 developed Standards of Care for selected core funded services. In 2005, this process was used to expand the Standards for all core funded services. In 2006 and 2007, further expansion occurred for Standard of Care for support services.

In 2008, refinement of Outpatient/Ambulatory Medical Care, Medical Case Management and Behavioral Health occurred in concert with updates of Public Health Standards and statewide effort. In 2009, a 'Super-Pod' was formed to discuss quality improvement issues across all services with representation from consumers and advocates in addition to providers and funders.

2) Follow-up on Super-Pod

The Super-Pod refined service USE definitions, indicators and outcomes. Two services, Outpatient/ Ambulatory Medical Care and Food have indicators and/or outcomes requiring revision. These will be discussed in the reconvened sessions of the Super Pod to start December 4th. Behavioral Health continues to be an issue, with the need to discuss possible Community Access Networks or non-agency specific provision of these services.

3) Discuss Areas requiring workshops, technical assistance

Chart documentation, policies and procedure manuals, referral tracking protocols and Quality Improvement Plans

(or lack of them) are the three areas requiring workshops or technical assistance. The QI Staff will help with the first two items, with development of a template for a referral tracking protocol to occur in the Super Pod. The last item, QI Plan development, will be discussed in Agenda Item #6 – the Cross Part Quality Collaborative.

4) Discuss Operational Considerations (CAREWare, Unduplicated Client counts, Reports)

Integration of Client Level Data and the ability of CAREWare to track quality indicators and outcomes will be a focus in Fiscal Year 2010 of the Quality Improvement effort.

5) Revisit QIC Annual QI Plan and two (2) Goals

Two goals for Quality Improvement were reviewed--#1 was to continue to improve service-specific and EMA scores for Standard of Care compliance. The specific goal was to achieve at least a 95% compliance, which was met. The #2 goal was to conduct a Super-Pod or collaborative review of service indicators and outcomes across all services. This goal was met in the first half of 2009, with refinement given findings of the chart audit.

6) Receive update on Cross-Part Quality Collaborative

The Cross-Part Quality Collaborative, a pilot effort involving four (4) states—Connecticut, New Jersey, Virginia and Texas—was concluded in late October. A specific use of the Collaborative will be to use qualified trainers in Quality Improvement to assist agencies in the New Haven EMA develop Quality Improvement Plans.

Adjournment

The meeting adjourned at 2:00 p.m.

Next Meeting

The next meeting will be held on December 4th at the Greek Olive in New Haven, CT.

| MOTION | Moved | Seconded | YES | NO | ABSTAIN | RESULT |
|--|--------------|-------------------|------------|-----------|----------------|---------------|
| 1. Approve Minutes of August 7 th Quality Improvement Committee meeting | Bob Sideleau | Adaline DeMarrais | 6 | 0 | 1 | Passed |

Meeting Attendance by Month

*Please note that while six (6) QIC meetings were scheduled for 2009, nine (9) Super-Pod meetings were held in the Spring of 2009 (January 9 and 30, February 6 and 20, March 6 and 20, April 3 and 24 and May 8th) for a total of **thirteen (13) QI sessions.***

| Quality Improvement Committee | | 2009 | | | | | 2010 |
|---|------|----------|----------|----------|----------|------|------|
| Date of Meeting | | 2/6 | 5/8 | 8/6 | 11/6 | 12/4 | 2/5 |
| Committee Members | | | | | | | |
| Ric Browne (co-chair) | PCPM | ● | ● | ● | ● | | |
| Charlotte Burch (co-chair) | PCPM | ● | ● | ● | ● | | |
| Lydia Barakat, M.D. | M | | | | ● | | |
| Adeline DeMarrais | PCPM | ● | | | ● | | |
| Tom Kidder | PCPM | ● | ● | ● | ● | | |
| Sylvia Mitchell | M | | | ● | ● | | |
| Christine Romanik | PCPM | ● | ● | ● | ● | | |
| Bob Sideleau | PCM | ● | ● | ● | ● | | |
| Dennis Torres | PCM | | ● | | | | |
| Merceditas Villanueva, M.D. | M | | | ● | ● | | |
| Other Participants | | 6 | 6 | 7 | 9 | | |
| Part A Office, Thomas Butcher | | ● | ● | ● | ● | | |
| Tracy Kulik, Collaborative Research | | ● | ● | ● | ● | | |
| Mary Walton, Collaborative Research | | ● | | | | | |
| Jeananne Cappetta, Collaborative Research | | | | ● | | | |
| Lindsey Sweeney, Collaborative Research | | | | | ● | | |
| Planning Council & Primary Committee Member | | = PCPM | | | | | |
| Planning Council Member | | = PCM | | | | | |
| Committee Member | | = M | | | | | |

