



Charlotte Burch, Chair

**Quality Improvement Committee
 Meeting Summary**

Meeting Date: Friday, December 3rd, 2010
Start Time: 12:10 p.m.
End Time: 2:00 p.m.
Location: Burroughs Community Center, Bridgeport
Presiding Chair: Charlotte Burch
Recorder: Tracy Kulik

Summary of Committee Business Votes

1. Approval of October 8, 2010 minutes

Council Member Assignments:

1. Review QI Plan to finalize and determine status of efforts.
2. Review findings of 2010 QI Site Visits regarding Standard of Care compliance

Staff Member Assignments:

1. Finalize 2010 QI Site Visit Findings for in-depth discussion
2. Prepare for next meeting on January 7th, 2011

Attendance Record – 2010

Committee Members	5/7	7/2	10/8	12/3	1/7	2/4
Adaline DeMarrais	√	√		√		
Beverly Leach						
Brian Datcher						
Charlotte Burch (Co-Chair)	√	√	√	√		
Christine Romanik	√					
Clara Ramos						
Dennis Torres						
Jennifer Loschiavo	√					
Joanne Montgomery	√					
Krystle Moore						
Leif Mitchell (Council Co-Chair)			√			
Ric Browne	√					
Richard Coover (Began as of 4/1)						
Robert Sideleau	√	√	√	√		
Ken Teel				√		
Brian Kuerze			√	√		
Roberta Stewart						
Tom Kidder (Council Co-Chair)	√	√	√	√		
Other Attendees						
Ryan White Office	√	√	√	√		
Staff	√	√	√	√		

Ryan White EMA Planning Council

New Haven and Fairfield Counties



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(1.0) Moment of Silence

Charlotte Burch called the meeting to order at 12:10 p.m. A moment of silence was observed in recognition of all who have been affected by HIV/AIDS.

(2.0) Welcome and Introduction

Committee members introduced themselves.

(3.0) Co-Chair Announcements

(1) It was announced that Planning Council members no longer have to declare a 'primary committee' for attendance. This will require the Quality Improvement Committee to recruit members for attendance. Due to 2010's schedule of six meetings (which this is the 4th); meetings will have to occur in January and February

(2) The QI Committee requested that Staff publicize the next two meetings and develop an overview of the charge and duties of the QI Committee, distributed to all Planning Council members.

(3) Discussion occurred about the nominees for QI Committee Co-Chair. The two interested parties were Brian Kuerze and Ken Teel. Brian confirmed his interest and ability to attend the Executive Committee meetings. Ken confirmed his interest, but stated that the Executive Committee attendance could represent a barrier to participation, and that he enjoyed providing topical input versus refraining in meetings to facilitate the session. The group unanimously affirmed Brian as their nominee for QI Committee Co-Chair, and will forward this to the Executive Committee for confirmation at their meeting to occur Thursday, December 9th.

(4) The QI Committee also discussed the possibility of moving to monthly meetings in 2011. Tom Butcher stated that he was willing to fund this schedule, and the group also asked that this idea be presented at the December 9th Executive Committee session.

MOTION: "Recommend that the Quality Improvement Committee move from 6 to 12 meetings per year and that the Ryan White Office consider this motion in the upcoming Scope of Work."

Moved: Tom Kidder Second: Ken Teel

Yes: 6 (all present: Charlotte Burch, Adeline DeMarrais, Tom Kidder, Brian Kuerze, Bob Sideleau and Ken Teel)

No: 0

Abstain: 0

(5) Extensive discussion occurred about the need for Training about what each Committee does, its role, and how the Committees integrate (SPA: Set Service Category priorities based on Consumer input; Mem/FI: ensure reflectiveness of local epidemic by PC members/ input to Ryan White Office on resource allocation to Service Categories to ensure RW is payer of last resort; QI: develop and refine Standards of Care that define how services are to be delivered to PLWHA in EMA and measure impact of funded interventions (i.e. outcome).

(4.0) Approval of October 8, 2010 Meeting Summary

MOTION: Bob Sideleau moved that the minutes of the October 8th Quality Improvement Committee meeting summary be approved. Brian Kuerze seconded the motion.

Discussion occurred about the lack of conclusion related to 5.0 (a), confirmation of the Quality Management Plan. No detail was presented in the October 8th Minutes following considerable discussion related to the QM Plan. Tom Butcher stated that he did not review the Plan. In addition, discussion of the pilot standards for Mental Health has erroneous terminology of a 'gaff' score (should be GAF or Global Assessment of Function); and in 5.0 (c) Leif Mitchell is



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documented as discussing selection of a new Co-Chair for the QI Committee despite the fact that he is not recorded as attending this meeting.

For: 0

Against: 5 (Charlotte Burch, Tom Kidder, Brian Kuerze, Bob Sideleau, Ken Teel)

Abstain: 1 (Adeline DeMarrais)

Minutes of the October 8, 2010 QI Committee were rejected and returned to Staff for further detail.

(5.0) New Business/Old Business

a. Quality Improvement Plan review

Review of the QI Plan resulted in the QI Committee's decision to not accept this plan given the late (December) discussion, and the fact that the Plan is a mix of *sustaining* Objectives and time-limited, project objectives. The *sustaining or ongoing objectives* are 3. Provision of Technical Assistance and 4. Monitoring and monthly meetings with Lead Agency & Grantee, with quarterly data presentation of care services including SOC outcomes; and the *time-limited, project objectives* are the 1. Refinement of Standards of Care for Mental Health & Substance Abuse and 2. Resolution of system-wide issues as a result of the Super-Pod.

It was decided that once the 2011 QI Plan is revised in February 2011, the activities listed should be converted into the PCAT format.

b. Standards of Care review

No Standards of Care were available for review given the overall examination of findings of all Soc and compliance resulting from the 2010 QI Site Visit findings and trended analysis from 2005 to 2010.

The committee did recommend, however, that an Early Intervention Service (EIS) Standard of Care be developed in draft form for presentation at the January 2011 meeting.

c. 2010 QI Site Visit Finding review

Presentation of the 2005 to 2010 trends for Standard of Care compliance was made, with steady improvement from an 82% compliance in 2005 to 98% for all services in 2010. An overview of the focus, methodology and results was given, with presentation of HRSA: HIV/AIDS Bureau performance measures for the EMA. Detailed findings for Outpatient/ Ambulatory Medical Care (OAMC) and Oral Health were discussed, as these two services have the most robust measures despite numerous caveats as this national performance measurement system is developed. Finally, discussion of 'mega-measures' or Outcomes that transcend individual services (but are most applicable to OAMC) were reviewed.

Discussion occurred about the ability to use these 'mega-measures'. These included disease incidence upon initial entry into care compared to onset of new diseases other than HIV 1 year following care entry. The latter measure (new disease onset 1 year post care entry) were further subdivided into figures for stably in care and erratically in care. Detail by the six special populations was provided.

An alternate mega-measure, Care Status by Region, was discussed. The group engaged in lively discussion related to 1) The philosophy of open access or 'no wrong door' espoused by the New Haven EMA and 2) Reasons for differing care status by Region.

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The third mega-measure reviewed was “Improved” Clinical Outcome, “Maintained” or “Worsened” defined as the over-riding objective of viral suppression.

“Improved” - increased CD4 count and reduced Viral Load

“Maintained” – stabilized CD4 count and stabilized or reduced Viral Load

“Worsened” – reduced CD4 Count and/or increased Viral Load

The QI Committee wishes to further explore and distill these measures so that they can respond to overall outcomes and present that data to the full Planning Council. This effort will transcend Service Categories, which are fully reviewed in Standard of Care compliance.

The last items of discussion involved the desire to have behavioral health agencies present their Program Design and approach to a QI Committee; and the need to integrate performance review or discussion with other funders (i.e. DMHAS or Connecticut Department of Mental Health & Addiction Services).

The recommendation was made to intensively support providers in program aspects of technical assistance on HRSA: HAB performance measures, their meaning, interpretation and data entry. This was compared to similar efforts occurring regionally and nationally in the homeless arena.

(6.0) Announcements

World AIDS Day events were discussed.

(7.0) Adjournment

The meeting adjourned at 2:00 p.m. The next meeting is on Friday, January 7th from 12 to 2 p.m. at The Greek Olive in New Haven.