

Monday, November 04, 2019

Quality Management Committee Meeting 10:00 AM | HFUW Universal Room

In attendance: Alelia Munroe, Julian Vega, Alicya Walker, Richard Figueroa, Wyatt Haro, Mulan Williams, Alicyn Mulder, Maylen Peguero, Angus Bradshaw, and Vanessa Rivera.

Meeting called to order at 9:56 AM, followed by a moment of silence.

- Introductions:
  - o Alelia Munroe: Quality Management for Grantee's Office (Ryan White)
  - o Julian Vega: Housing Program Manager
  - o Alicya Walker: Front desk receptionist
  - o Richard Figueroa: Referral Specialist Ryan White
  - o Wyatt Haro: QM
  - o Mulan Williams: Outreach Coordinator
  - o Alicyn Mulder: Prevention Program Manager
  - o Maylen Peguero: HSN HOPWA Program Supervisor
  - o Angus Bradshaw: Executive Director
  - o Vanessa Rivera: Director of Client Services
  - o Nikia Lafontant, member of the Board of Directors-champion of the QM committee.
  - o LaDawn Pierre: TOPWA Program Manager
- Miracle of Love Inc. Quality Management Plan February 2019 in Draft Form distributed by Angus Bradshaw.
  - o QM Committee is tasked with working to make an official QM plan for MOL
  - o Committee members from variety of programs and positions within agency
  - o In addition to QM Plan, PDSA (Plan, Do, Study, Act) Worksheet provided
- What is Quality Management? - Alelia Munroe
  - o QM is required by HRSA (federal agency that distributes Ryan White funding)
    - QM reviews processes and procedures
    - To ensure agencies are providing the best quality of care
    - Guidelines issued by HRSA to establish QM for RW recipients
      - Infrastructure
        - o Establishing a Quality Management Committee (QMC)
          - QMC establishes Quality Improvement Teams (QITs)
      - Performance Measurement
      - Quality Improvement Initiatives
  - o Since MOL offers more than Ryan White case management, Angus has elected to include all programs in the QM plan.
    - By including all programs, it helps ensure that all programs are providing the highest quality of service to the client population.

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- o The plan should identify:
  - The goal of the QMC
  - Identify positions within the committee
    - When writing the plan, it is better to use positions rather than names in case the position is filled by a different person while the plan is in effect (prevents the need to change and edit the plan each time)
  - Roles of each position within the committee
    - Roles include, but not limited to:
      - o Champion - Member of the Board of Directors
      - o Chair/Co-Chair/Facilitator
      - o Recorder
      - o Timekeeper (Optional)
- o How to involve client/patient population with the QMC
  - Clients/patients as members on the QMC
  - Utilize Consumer Advisory Group (CAG)
    - A QMC member would be required to attend the CAG meetings and report the data.
      - o The CAG meeting minutes should reflect the data provided by the QMC
      - o The QMC meeting minutes should reflect the feedback provided by the CAG
- o Evaluation of Quality Management Program
  - Annual assessment utilizing the Organizational Assessment Tool developed by Center for Quality Improvement and Innovation
    - Looks at the QM program internally
    - Last evaluation conducted at MOL indicated that QM program is in implementation phase
    - QMC should be meeting in January and completing this tool
      - o QM program evaluation scale 1-5
        - 1 or 2 = Need a plan of action to get to at least 3
        - 3 = Implementation
        - 4 = Getting Ready
        - 5 = Sustainable QM program
      - o EMA goal: All sub-recipients should be at 5
- o Performance Measurement
  - Must identify a minimum of two measures for service categories that are 50% or more of patient population access (Specific to Ryan White services)
    - RSR Report 2019
      - o What percentage of population accessed:
        - Medical Case Management (MCM)
        - Food Services
        - Medical Transportation
        - Oral Health Care
        - Referral for Health and Support Services

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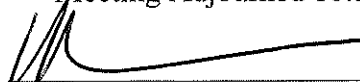
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- Standards Reviewed by HRSA
  - Viral Load Suppression
  - Retention in Care
    - Measured through medical visit frequency and/or gap in medical care.
  - ART Prescription
  - PCP Prophylaxis (agency QM would not focus on this)
- HOPW, TOPWA, Prevention
  - Look at deliverables to determine QM monitored item
  - Identify a deliverable with target goal—should meet or exceed
    - If not meeting target, develop plan of action to remedy
- QMC meeting should always review data
  - Use data to choose items for monitoring
  - Use data to evaluate ongoing performance
  - Use data to evaluate policy/procedure change implementation
  - Data should include both provider and client/patient perspective
- QMC is required to do at least one Quality Improvement Initiative (QII) annually
  - QMC will determine QII
    - QII can be either a single item from each program, or one overall
  - Select an item that needs improving
    - Create a QIT which includes one QMC member, minimum, and staff from departments that would have an impact on the result (i.e., front desk, referral specialist, HOPWA case manager)
      - If suggestion is made by a person not on QMC, it is best to include that person on the QIT
      - EXAMPLE: Viral Suppression target not met
        - QIT would brainstorm and make recommendations to policy and procedure change that could increase clients that meet the viral suppression target
        - QIT recommendations would be reviewed by QMC
          - Test runs would be conducted to determine effectiveness prior to formally modifying the agency wide policy/procedure
    - Document the QII with the PDSA Worksheet
- Grantee's office has designated MOL as an agency that is monitored for viral suppression (Project Zero)
  - QII recommended for the RW 2020 – Project Zero
  - Currently 22 clients/patients are in Project Zero at MOL
    - 12 are currently virally suppressed
  - Current method being used for Project Zero is PAC module
    - Visit client once per month
    - Phone call every two weeks
    - Case managers going to medical appointments with clients

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- Once virally suppressed, case managers should remain in contact with client for at least 12-24 months to ensure ongoing compliance
  - o RFPs will seek QI program information and outcomes
  - o QM outcomes will be used to determine reimbursement in the future
  - o QMC should be known to staff and potentially clients
    - Allows for a culture of Quality Management and encourages those not on QMC to see a QMC member with known issues, suggestions, ideas, or ways to improve quality of service
- EMA QM has set the following standards:
  - o ART Prescription 98%
  - o Medical Visit Frequency 85%
  - o Gap 10%
- January 2020 All Staff Meeting – QM 101 training by Alelia Munroe (2.5 hours)
- QMC should identify the service categories to measure based on RSR for 2019 in February
  - o Board sign off, and finalize QM Plan 2020 in March 2020
- QMC is recommended to meet quarterly by HRSA
  - o Since MOL QMC is being established, meetings will happen monthly until further notice
  - o Alelia Munroe will attend the MOL QMC meetings until committee determines she is no longer needed, or she retires
- Consumer Input is needed, at least two clients
  - o Submit a client from each program (if possible) to Angus Bradshaw
    - Client will meet with Angus and attend QM training for the consumer
      - Training 10:00 – 4:30, December 17 and 18, 2019
        - o Register for training by November 27, 2019
      - Client should be committed to improving services at MOL
      - Virally suppressed (self-managing)
      - Must have time to attend meetings
      - Client should be able to speak and understand English
  - o HRSA requires that clients are involved in all stages of planning and evaluating services provided
- QMC should be reviewing customer satisfaction survey results
  - o EMA provided customer satisfaction survey results
  - o Check-in kiosk customer satisfaction survey results (post-appointment check-out)
  - o Vanessa will provide a copy of EMA customer satisfaction survey results ASAP
- Next Meeting: December 16, 2019 1:00 PM
- Meeting Adjourned 10:51 AM

  
Recorder  
Miracle of Love Inc. Quality Management  
Committee

*December 16, 2019*  
Date of Approval

**APPENDIX A**

**ACRONYM DEFINITIONS**

<b>ART</b>	Antiretroviral Therapy
<b>CAG</b>	Consumer Advisory Group
<b>EMA</b>	Eligible Metropolitan Area
<b>HRSA</b>	Health Resources and Services Administration (Federal Agency)
<b>PAC</b>	Project AIDS Care (former program)
<b>PCP PROPHYLAXIS</b>	Pneumocystis—Pneumonia Prophylaxis
<b>PDSA</b>	Plan, Do, Study, Act
<b>QII</b>	Quality Improvement Initiative
<b>QIT</b>	Quality Improvement Team
<b>QM</b>	Quality Management
<b>QMC</b>	Quality Management Committee
<b>QMP</b>	Quality Management Program
<b>RFP</b>	Request for Proposal
<b>RSR</b>	Ryan White HIV/AIDS Program Service Report

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APPENDIX B

MIRACLE OF LOVE PROGRAMS/SERVICES

<b>Ryan White</b>	Provides medical case management and referrals for service
<b>HOPWA</b>	Housing Opportunities for Persons with HIV/AIDS – MOL Clients
<b>HSN HOPWA</b>	Housing Opportunities for Persons with HIV/AIDS – Homeless Services Network Clients
<b>TOPWA</b>	Targeted Outreach for Pregnant Women Act
<b>Prevention</b>	HIV/STI Screening and Education, Peer Services, Support Groups
<b>Administration</b>	Reception, HR/Office, Executive Office, Board of Directors, Accounting

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APPENDIX C

QUALITY MANAGEMENT COMMITTEE

<b>Committee Champion</b>	Nikia Lafontant, Board of Directors
<b>Co-Chair/Facilitator</b>	Angus Bradshaw, Executive Director
<b>Co-Chair/Facilitator</b>	Vanessa Rivera, Director of Client Services
<b>Recorder</b>	Wyatt Haro
<b>QMC Member</b>	Julian Vega, Housing Program Manager
<b>QMC Member</b>	Alicyn Mulder, Prevention Program Manager
<b>QMC Member</b>	LaDawn Pierre, TOPWA Program Manager
<b>QMC Member</b>	Maylen Peguero, HOPWA HSN Program Supervisor
<b>QMC Member</b>	Mulan Williams, Community Outreach Coordinator (Prevention)
<b>QMC Member</b>	Richard Figueroa, Referral Specialist (Ryan White)
<b>QMC Member</b>	Alycia Walker, Receptionist (Administration)

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