

**Santa Cruz County Health Services Agency
Quality Management Draft Minutes
4-15-20**

Topic	Discussion/Recommendations	Action	Responsible Party	Follow-up Date
Welcome and Intro.	Robin convened the meeting of the Quality Management Committee by welcoming attendees.	None	N/A	N/A
Attendees:	Marion Jordan, Serena Mohammad, Eliko Bridgewater, Eddie Brandow, Robin Stone, Raquel Ruiz, Socorro Gutierrez	None	N/A	N/A
Guests:				
Agenda Items				
HIV Program Updates				
Approval of Minutes from 2-19-20 and 3-18-20	Minutes were approved by the committee			
Announcements	<p>1-Eliko-RW Part C Care Act providing a 1 time grant of \$56,500 for our Covid-19 response. Will use to add additional support specifically for prevention, preparation, and response to Covid-19.</p> <p>2-Eliko and Socorro-Application deadline for the next RW part C grant is due 6/8.</p> <p>3-Eliko-Annual HRSA meeting in Washington DC is still being planned for Aug.</p> <p>4-Marion-Clinics will continue to do telephone visits into July.</p> <p>5-Socorro is now overseeing the Syringe Exchange Program.</p> <p>6-Sharon Polak is retiring at the end of May</p>			
Follow up on Action Items from 2/19/20 meeting	<p>1.Data and definition discrepancy in care and patient outcomes between Retention to Care PDSA and Quarterly report- (Main difference is in retention to care data). Quarterly report is approx. 73% and PDSA is approx. 84%. Report definitions are not the same. Will defer until epidemiology support is more available.</p> <p>2.Consult with Wendy re TB screening def and frequency of testing, dental dot phrase use, etc.-Will defer for now due to Wendy's decreased unavailability due to Covid-19. We will be using the HRSA definition for TB screening.</p> <p>3. Syphilis Screening (was low, was a report rerun using new CPT codes? Results if so?)-Serena reran the report using correct CPT codes. New report up to 94% both in SC and</p>	<p>3-Serena will submit corrected report with</p>	3-Serena	

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	Wats.	RPR results and other modifications.		
Approval of QM Plan for 2020	Plan was approved by the committee.			
Data: 1-Aggregate data comparison 2-Use of dental dot phrase-per Serena, not being used and needing to do manual audit. How to rectify	1-Per HRSA QM guidance, Robin used the RSR report for 2018, since 2019 was not available. She used our last quarterly report for comparison (1/1/19-12/31/19.) Need to get some guidance on whether it was a fair comparison to use different timeframes, our definition differences and whether they are different enough to explain discrepancy of 8 % in retention to care data. 2-Deferred for now.	1-Robin will f/u with HRSA QM support. 2-Can discuss at data meeting	1-Robin 2-Data sub-committee	5-1-20 4-23-20
Staff Satisfaction Surveys	There were 10 out of 14 respondents. Eliko shared the results. Based on results, need to keep in mind how we can improve EPIC trainings in relation to HIV care.	Eliko will save results onto the shared drive.		
Consumer Participation	We have received 27 survey responses as of this date. Our goal is to receive 50 responses. We are at a standstill because of the Covid-19 crisis. We have not had good responses in the past when we mailed surveys, so we have been giving the surveys to clients at face to face visits (case management or clinic). We are also unable to do a consumer forum at this time due to the Covid-19 pandemic.	We will postpone surveys and forums for now.		
Organizational Quality Assessment findings Findings were any measure below a 3. Findings were: A.1. To what extent does senior leadership create an	Was sent out with minutes for review and feedback before final approval at today's meeting. Assessment was approved by the committee. A.1. Our rating went from a 4 in 2019 to a 2 in 2020. Largely related to Medical Director vacancy. Last Medical director who participated	A.1. Once a new Medical Director is hired for SC, the intention is		

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<p>environment that supports a focus on improving the quality of HIV care?</p> <p>B.1. To what extent are physicians and staff routinely engaged in quality improvement activities and provided training to enhance knowledge, skills and methodology needed to fully implement QI work on an ongoing basis?</p> <p>B.2. To what extent is staff satisfaction included as a component of the quality management program?</p> <p>F.1. Is a process in place to evaluate the HIV program's infrastructure and activities, and processes and systems to ensure attainment of</p>	<p>on the QM committee supervised both SC and Wats. Otherwise, there has not been participation from Wats. leadership. New Medical Director position will not oversee Wats.</p> <p>B.1. Our ratings the same in 2020 as 2019 at a 2. As RW Part C gets more integrated into clinics, we will need to get more specific about defining roles and responsibilities of QI staff. The intention is to also bring back Alliance QI support and include RW Part C. We also need to look at ways to formally acknowledge staff QI efforts.</p> <p>B.2. Our rating is the same in 2020 as it was in 2019 at a 1. Since the Organizational Assessment, the staff satisfaction survey was sent. See Staff Satisfaction. We should now meet HRSA criteria.</p> <p>F.1. Our rating in 2020 is the same as it was in 2019 at a 2. We have met most of the criteria for implementation (3), but we could do a better job of sharing our results with consumers and other key stakeholders. We can look at the possibility of sharing results at consumer forums they are re-instated, and we need to ensure that we are regularly posting results on the intranet.</p>	<p>to look at how to best integrate Wats leadership into RW Part C QM process, and to ensure that there is participation from at least 1 medical director.</p> <p>F.1. Robin will follow up with Raquel re whether to continue posting our QM activities separately or integrate with clinic.</p>		

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<p>quality goals, objectives and outcomes?</p> <p>G.1. To what extent does the HIV program monitor patient outcomes and utilize data to improve patient care?</p> <p>G.2. To what extent does the HIV program measure disparities in care and patient outcomes, and use performance data to improve care to eliminate or mitigate discernible disparities?</p>	<p>G.1. Our rating went from a 3 in 2019 to a 2 in 2020. We have not been formally looking at aggregate data, except for the organization-wide UDS aggregate data, which includes HIV linkage to care. We did our first aggregate data comparison. See notes in data section. We still need to fine tune our comparison, but we should now meet HRSA criteria.</p> <p>G.2. Our results are the same in 2020 as 2019 at a 0. Other than comparing Santa Cruz to Watsonville (which have some race/ethnicity differences), we have not used performance data to measure disparities in care and patient outcomes. Our goal is to do a PDSA to look at this, with the outcome being viral load suppression.</p>	<p>G.2. We will do a PDSA to measure disparities and use outcomes to eliminate or mitigate discernible disparities. See PDSA</p>		
<p>Part C Integration into clinics</p>	<p>CARE Team staff has been talking in staff meetings about case management in clinics as RW part C transitions into clinics. There will be 1 nurse and 1 social worker transferring. One of the nurses has volunteered to go to clinics, but it remains undetermined which case managers will transfer. The intention is for 75% of the case management to be devoted to HIV and 25% to Public health integration. Given the Covid-19 crisis, the timeframe for transitioning is unclear at this point. Socorro would like to continue on the same time line.</p>	<p>Socorro will check in with Jen re the timeline for RW Part C transitions. Continue to dialogue and collaborate re transitions</p>		<p>Ongoing</p>

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PDSA Update	Next PDSA will involve measuring viral load outcomes using the following criteria to see if there are any disparities: Age, race, gender, ethnicity, housing status, geography (by zip codes), substance use disorder, mental health disorder. If disparities are identified, we will come up with a process to eliminate or mitigate them.	Robin and Serena to meet next week to begin working on how we will break down the categories and proceed.	Robin and Serena to take the lead.	

Date Minutes Accepted: 4/15/20

NEXT MEETING: May 20, 2020 from 3:00-4:30 PM via Microsoft Teams