

CQM COMMITTEE MEETING

December 17, 2025

Meeting started at 10:00am – ended at 11:47am

In Attendance:

Jeremy Hurley	Sarah Cowan	Binila John
Claire Trevithick	Erin Arreola	Heidi Foreman
Kristopher Pre	Lorianna Angel-Guadron	Carolyn Chavez
Sandra Najuna	Sherria Taylor	Marcos Paez
Victor Hernandez	Fabiola Tannahill	Yajaira Rios
Anastasia Cadwallader	Jessica Lamb	Tory Johnson
Ronny Soy	Frances Ashley	Jacquelin Merino
Brennen O'Toole	Susana Gonzalez	Azucena Talavera

Agenda:

1. Attendance:
 - a. G. Hurley took attendance.
2. Office of HIV Updates
 - a. G. Hurley asked the subrecipients about Goal 2 and what the subrecipients have done to Enhance Cultural Competency and Patient-Centered Care for this grant year.
 - i. The subrecipients stated that they have translation services to make sure that they can communicate with clients/consumers. There are also some bilingual staff members at the agencies that are able to help with translation. Other subrecipients have audio/visual aids to help with clients/consumers.
 - ii. G. Hurley informed the subrecipients that this goal is in place due to in the past there were clients who may have felt uncomfortable coming in for services because they might not have seen somebody that looked like them in the agencies or they weren't able to communicate with the staff, so we are looking to break down some of those barriers.
 - iii. Another subrecipient stated that they have a diverse provider pool, male, female, speaking different languages, different backgrounds and nationalities. CHA is also scheduling a training with Gilead on Cultural Competency specifically in the HIV population.

- b. G. Hurley informed the committee that the discussions with the Larson Institute are paused but ongoing.
- c. G. Hurley informed the committee that any questions or concerns about RWPB or CQM should be emailed to their respective shared email address.
- d. G. Hurley informed the committee that the grant year status charts are updated and published on the website and the data is current through 12/1/2025.
- e. G. Hurley informed the committee that M. Gabriel has been promoted to the RWPB Coordinator position, so anything RWPB should be run through him from now on.

3. Current Focus Area

- a. G. Hurley informed subrecipients about the updates to the current focus areas of CQM. He also advised that he is hoping to start getting things on the current focus area addressed in the coming month or two cleared and move to other areas.
 - i. Increasing community engagement - G. Hurley has been working on drafting surveys and will get them to the committee shortly to get their review and recommendations so they can be sent out to clients/consumers. Hoping to have surveys done by the beginning of the new calendar year.
- b. Improving retention in care through innovative feedback mechanisms – G. Hurley advised that the next step is to connect with the subrecipients to assess their current feedback process and to pilot a standardized approach.
- c. Addressing subrecipient involvement challenges –
 - i. Working to identify barriers to sub-recipient involvement and engagement. Focusing on clearer expectations, better communication, and potential TA needs.

4. Quality Improvement Projects

- a. AHF gave a verbal update on their QI project. The project was on Retention in Care. They plan on adopting the changes that they made during the project and will be submitting a new project.
- b. AHN provided an update on their QI project. Still working through the current QI cycle; no completed second-cycle results yet. Cycle 1 result: Survey response rate was 9.59% over a four-month period. Moving to broader “blast” distribution to all active clients who received services. Clients will still receive surveys at least twice per year, with additional outreach to those who haven’t responded. Early indication suggests higher engagement when surveys are sent more broadly and repeatedly. They talked about SurveyMonkey via text, QR Codes in office, also paper surveys for individuals who may not have a phone or a tablet to complete it online. Some surveys are increasing awareness and service uptake. The goal is a 4% increase in survey response rate. Hoping to have more concrete results at the next CQM meeting.

- c. SNHD presented an update on their QI project that just finished on December 1, 2025. It was on improving Ryan White eligibility renewals.
 - i. SNHD identified an issue with clients failing to renew Ryan White eligibility on time, resulting in disruptions to access to supportive services, continuity of care, and potential negative impacts to health outcomes, including viral suppression and retention in care.
 - ii. The goal of the QI project was to increase the percentage of clients completing eligibility renewal by 5% by December 1, 2025.
 - iii. The multidisciplinary project team included eligibility specialists, medical and non-medical case managers, care coordinators, community health workers (CHWs), outreach staff, and the program lead.
 - iv. Key interventions included:
 - Monthly identification of clients due for eligibility renewal
 - Up to three outreach attempts by eligibility staff, with documentation in an Excel tracking log
 - Escalation of clients not reached to care coordinators, case managers, and CHWs for follow-up
 - Completion of eligibility renewals during existing clinic visits (e.g., medical, lab, mental health appointments) when possible, or remotely when needed
 - v. SNHD conducted a root cause analysis using a fishbone diagram, reviewing staff workflows, documentation practices, appointment reminders, referral processes, client-level barriers (e.g., work schedules, hospitalization, homelessness, transportation, loss of insurance), and system-related issues within the electronic medical record and CAREWare.
 - vi. The QI intervention was implemented beginning June 1, 2025, and monitored over a six-month period using CAREWare All Services RFR reports and internal tracking logs.
 - vii. Results demonstrated:
 - Monthly client contacts ranging from 105 to 129.
 - Monthly completed renewals ranging from 80 to 99.
 - A 4% increase in renewal completion from June to September.
 - An additional 2% increase from September to December.
 - An overall 6% increase in eligibility renewal completion, exceeding the project goal.
 - viii. SNHD noted additional factors impacting renewal rates, including clients who moved out of state, were incarcerated, became over-income, declined eligibility due to private insurance, or were infants discharged from nurse case management after confirmed negative HIV testing.

- ix. Based on the positive outcomes, SNHD adopted the intervention as standard practice. Ongoing activities will include continued monthly renewal tracking, same-day eligibility renewals aligned with other clinic appointments, and routine monitoring through CAREWare reports.
- x. SNHD also identified an opportunity to improve documentation of QI discussions and meeting agendas and will work with the Office of HIV to strengthen CQI documentation for future site visits.
- xi. As a next QI focus, SNHD plans to work on improving referrals to supportive services and ensuring timely completion by non-medical case management to better address client barriers.
- xii. G. Hurley provided feedback that SNHD possibly look at conducting a process mapping session to see if they could possibly identify areas where they could cut down some of the time it takes to conduct this process for the QI project that they just completed. He offered to sit down with them to assist in anything they may need if they would like help.

5. Quality Improvement Planning

a. Data Quality and Reporting

- i. G. Hurley emphasized the continued importance of data quality and standardized reporting, including CAREWare and RWISE validation, clean data submissions, and reconciliation of data discrepancies between systems.
- ii. Subrecipients were acknowledged for recent improvements in data submissions and proactive identification of data issues.
- iii. G. Hurley noted the importance of identifying alternative methods to measure program areas where data may not be fully captured and reinforced the need to remind clients to complete required laboratory monitoring.

b. Performance Measure Priorities

- i. G. Hurley stated that performance measures falling below benchmarks should be prioritized for targeted quality improvement (QI) actions.
- ii. Subrecipients were encouraged to use performance data to guide focused QI planning and intervention development.

c. Retention in Care and Engagement Strategies

- i. Continued emphasis was placed on strengthening follow-up workflows, appointment adherence, and communication with clients.
- ii. G. Hurley noted that technology-related barriers continue to affect some clients and invited subrecipients to share strategies and suggestions to address these challenges.
- iii. G. Hurley shared that increased community engagement and outreach efforts are underway through participation in community

boards and organizations, with the goal of increasing program visibility and client engagement.

- d. Organizational Assessment and SWOT Analysis
 - i. G. Hurley reported that the statewide SWOT analysis has been developed and will be converted into a fillable format for subrecipient use.
 - ii. Subrecipients will be asked to complete organizational SWOT analyses as part of future QI planning activities.
 - iii. G. Hurley is also developing a Ryan White Part B and ADAP-specific SWOT analysis for the State of Nevada, with anticipated rollout in the coming months.
- e. Quality Improvement Projects for the Year
 - i. State-level QI focus areas for the year include improving client engagement and messaging, as well as retention in care strategies.
 - ii. Subrecipient-specific QI projects will continue based on agency needs and program priorities.
- f. Accountability and Expectations
 - i. G. Hurley stated that QI project updates are expected at each quarterly CQM Committee meeting.
 - ii. Any QI updates not presented during the meeting must be submitted within seven (7) days following the committee meeting.
 - iii. Subrecipients were advised that QI projects should demonstrate ongoing progress, and projects without movement over a three-month period may require further review and discussion.
 - iv. Continuous evaluation and process adjustments will be made to ensure QI activities, technical assistance, and committee processes align with subrecipient needs.

6. Engagement of PLWHA

- a. G. Hurley talked about recruitment efforts that he has been doing. He has been out in the community talking with individuals and has been running across the same talking points.
- b. H. Foreman brought up about the NLS trip to Northern Nevada and the meeting with other subrecipients trying to reach all clients for legal services. Outreach efforts are happening.
- c. L. Angel-Guadron from SNHD reported no significant changes to current outreach and engagement activities. The Outreach Coordinator continues to work with community clients and clients accessing on-site medical and supportive services, while a Health Educator conducts community outreach events, shares information on community needs, and supports engagement with clients served across SNHD programs, despite being funded through a separate funding source. Additionally, HN reported the addition of a new Part A-funded outreach coordinator and increased outreach and marketing efforts, including participation in community events and collaboration with

testing agencies to identify individuals who may be HIV-positive and support linkage to care.

- d. G. Hurley asked the subrecipients what the consumers have been saying.
 - i. AHN reported that the primary client feedback received was related to recent ADAP pharmacy network changes following the transition to Ramzell, particularly regarding some pharmacies no longer being contracted. Clients experienced issues filling prescriptions at non-contracted pharmacies, resulting in increased communication and questions. Subrecipients were advised to use the Ramzell online pharmacy network directory to identify contracted pharmacies and direct clients accordingly. AHN noted that concerns have decreased over time as clients have become more aware of participating pharmacies.
 - ii. AHN also brought up open enrollment and reminded all subrecipients to remind clients about getting enrolled before December 31st.
- e. G. Hurley requested that if anyone has any activities/events going on throughout the community, they forward those to the shared email so it can be shared with everyone.

7. Quick Wins & Small Changes

- a. There was a new TA request form that was shared with all subrecipients on 8/19/2025.
- b. There was a newly created State of NV Office of HIV CQM RWPB Subrecipient Quarterly Report that should be used to send updates on subrecipient activity every quarter.
- c. G. Hurley stated that the remediated CQM Plan has been uploaded to the website as of 9/18/2025.

8. Discussion of Emerging Issues

- a. Barriers – No barriers brought up.
- b. Subrecipient Concerns – No concerns brought up.
- c. Questions –
- d. Data submission challenges – There was some things brought up about data cleaning with RSR and G. Hurley advised that he would get with the RWPB Coordinator and see if there was any guidance and have them reach out with that guidance.
- e. Labs – G. Hurley advised the subrecipients to remind the clients/consumers to get their labs done at least once a year, preferably twice a year.
- f. Approach clients/consumers with Care, Compassion, and a Helping nature.
- g. G. Hurley advised the subrecipients to always reference the Service Standards and Common Guidance documents on the website.

9. Site Visits

- a. G. Hurley reviewed common themes identified during recent site visits, noting gaps in documentation and inconsistencies between subrecipient practices and state expectations.
- b. Several subrecipients were unable to provide documentation of routine self-monitoring activities, including internal chart or file reviews, internal assessments, or evidence of findings and corrective actions taken.
- c. In some instances, subrecipients reported conducting case discussions or reviews; however, there was no written documentation demonstrating what was reviewed, what issues were identified (e.g., data entry errors in CAREWare), or what corrective actions were taken.
- d. G. Hurley emphasized the importance of standardizing chart review practices across subrecipients and recommended that chart or file reviews be conducted and documented at least quarterly, with documentation retained for monitoring and site visit purposes.
- e. Subrecipients were advised to upload brief, de-identified documentation (e.g., meeting notes or summaries) when requested, demonstrating that chart reviews occurred, while ensuring that no client-identifying or HIPAA-protected information is included.
- f. G. Hurley noted that uploading HIPAA-protected information into the portal constitutes a reportable incident and advised subrecipients to ensure all documentation is fully redacted prior to submission.
- g. While policies and procedures were discussed, G. Hurley clarified that formal CQM policies are not required at this time, noting that the State recognizes its role in strengthening guidance and expectations. The focus remains on consistent practice, documentation, and shared accountability between the State and subrecipients.
- h. G. Hurley acknowledged that the State would take accountability for improving clarity around expectations, tools, and communication related to chart reviews and self-monitoring, and will continue to support subrecipients through technical assistance as needed.
- i. These observations were shared as common themes across multiple subrecipients and presented to support standardization, consistency, and continuous quality improvement moving forward.

10. Education and Training Needs

- a. G. Hurley asked the subrecipients if they had any preferred trainings that they would like to see. CHA brought up the Cultural Competency training with Gilead. G. Hurley asked for that information so that he could get the training and contact them to see if he could get it to provide for CQM training in the future.
- b. G. Hurley stated that he is hoping to get these trainings scheduled for February.
 - i. Data Collection and Best Practices for Ryan White Part B and ADAP

- ii. Client Retention and Engagement in Ryan White Part B and ADAP
- iii. Implementation Plan

- c. The TargetHIV website is down with no date for being back up currently.
- d. G. Hurley provided the CQII training academy website link that provides some free trainings.

11. Feedback and Collaboration

- a. The revised CQM Plan was sent out to all subrecipients.
- b. All data needs to be input into CAREWare/RWISE accurately and timely.
- c. G. Hurley asked the committee/subrecipients if they had any improvements that they would like to see with CAREWare – Nothing was brought up.
- d. G. Hurley advised all subrecipients to provide their contact information for Fiscal, Program, and CQM to the shared CQM email address so that the Office of HIV can build a new contact list.

12. Success Stories

- a. None currently

13. Next Steps and Action Items

- a. G. Hurley will distribute the meeting minutes.
- b. Feedback collection.
- c. Make sure that we are all staying in constant communication.
- d. If we find any resources that would be beneficial to each other, please share them with the committee.
- e. G. Hurley will distribute the SWOT analysis and the Organizational Assessment documents once they are finished.

14. Next Meeting

- a. Tentatively scheduled for 3/26/2025 @ 10:00am. G. Hurley will send out a poll to get feedback on a time for the next meeting.