

# CQM COMMITTEE MEETING

June 25, 2026

Meeting started at 10:00am – ended at 11:01am

## In Attendance:

Jeremy Hurley	Erin Arreola	Dawn Cribb
Martin Gapultos	Tory Johnson	Bobby Milam
Karina Bir	Bernadette Villarruel	Ericka Gonzalez
Fabiola Tannahill	Carolyn Chavez	Lorena Lemus
Sherria Taylor	Ronny Soy	Kristopher Pre
Marcos Paez	Gina Schuster	Anastasia Kime
Anastasia Cadwallader		

## Agenda:

### 1. Attendance:

- G. Hurley called the meeting to order and welcomed committee members.
- Martin Gapultos introduced himself as the new Program Officer with the Nevada Office of HIV.

### 2. Office of HIV Updates

- G. Hurley reminded committee members that the Grant Year 2026–2027 Clinical Quality Management (CQM) Plan has been finalized and distributed to all subrecipients.
- Members were reminded that the CQM Plan is intended to remain a living document, with the core framework expected to remain stable for three to five years while appendices are updated annually as needed.
- Subrecipients were encouraged to submit recommendations, questions, and suggested revisions to the NVCQM shared inbox.
- G. Hurley reminded agencies to ensure that Protected Health Information (PHI) and Personally Identifiable Information (PII) are not submitted through reporting portals or included within uploaded documentation.
- Grant Year 2026–2027 performance measure monitoring and Quality Improvement activities have officially begun.

- The Office of HIV continues collaboration with the Larson Institute regarding implementation of consumer engagement activities as part of the Integrated HIV Prevention and Care Plan.
- Shared inboxes reiterated:
  - i. RWPB: [NVRWPB@health.nv.gov](mailto:NVRWPB@health.nv.gov)
  - ii. CQM: [NVCQM@health.nv.gov](mailto:NVCQM@health.nv.gov)

### 3. Statewide SWOT Analysis Review

G. Hurley presented the statewide summary of Swot Analyses completed by all Ryan White Part B subrecipients.

The Statewide review identified several common themes across the network.

#### Strengths

- Strong partnerships throughout the Ryan White network
- Experienced and dedicated program staff.
- Continued commitment to Quality Improvement activities.
- Strong organizational leadership and collaboration.

#### Weaknesses

- Workforce capacity limitations.
- Variability in documentation and workflow processes.
- Opportunities to improve data quality and consistency.

#### Opportunities

- Increased collaboration among subrecipients.
- Standardization of statewide processes.
- Expanded use of Quality Improvement methodologies.
- Improved utilization of performance measure data.

#### Threats

- Staffing turnover.
- Increasing client needs and service demands.
- Funding uncertainty.
- Operational challenges affecting long-term sustainability.

G. Hurley discussed how the statewide findings will help guide future Clinical Quality Management priorities, technical assistance activities, and Quality Improvement initiatives throughout the grant year.

### 4. Quality Improvement Projects

Each participating subrecipient provided an update on the status of its current Quality Improvement Project.

#### Community Health Alliance (CHA)

- Continued implementation of the client communication preference initiative designed to improve client engagement and retention in care.
- Approximately one-third of clients have updated communication preferences documented.
- Future improvements include expanding communication options through additional technology.

#### Northern Nevada HOPES

- Successfully achieved 100 percent retention among youth enrolled in the project.
- Completed follow-up activities for clients requiring appointments.
- Preparing to begin a new Quality Improvement Project focused on improving retention in care among women.

#### Access to Healthcare Network (AHN)

- Presented its new Quality Improvement Project focused on annual eligibility implementation and workflow improvements.
- Project goals include improving retention in care, strengthening eligibility processes, and improving service coordination.
- AHN continues monitoring implementation challenges and evaluating opportunities for workflow improvements.

#### Southern Nevada Health District (SNHD)

- Completed its previous project and initiated a new Quality Improvement Project focused on increasing referrals to supportive services through Non-Medical Case Management.
- Baseline data collection is currently underway.

#### AIDS Healthcare Foundation (AHF)

- Continues implementation of documentation improvement efforts designed to strengthen retention in care and reporting accuracy.
- Will continue working with the Office of HIV through Technical Assistance as implementation progresses.

#### Nevada Legal Services (NLS)

- Continues monitoring timely completion of Counsel and Advice legal services.
- Staffing limitations remain an ongoing challenge due to increasing complexity of legal cases.
- Plans to submit a Technical Assistance request to support future Quality Improvement activities.

#### Aid for AIDS of Nevada

- Successfully implemented a client tracking spreadsheet to improve internal monitoring.
- Future efforts will focus on strengthening performance measure monitoring and quarterly data review.

#### Community Outreach Medical Center (COMC)

- Reported continued progress on implementation of its Quality Improvement Project focused on improving client knowledge through HIV education sessions using pre- and post-surveys.
- COMC continues updating its electronic medical record system to support online survey distribution and improve client participation.
- Additional education sessions are scheduled, with project data to be reviewed as it becomes available. COMC anticipates evaluating future Quality Improvement opportunities following completion of the current project.

#### Access for Community & Cultural Education Programs & Training (ACCEPT)

- Reported successful completion of its previous Quality Improvement Project evaluating increases in client knowledge following educational interventions.
- ACCEPT is developing its next Quality Improvement Project, which will build upon the previous initiative by evaluating additional client-centered outcomes, including resilience, mental health, and other factors that may influence overall well-being.
- The agency will continue collaborating with the Office of HIV to finalize the project's focus and outcome measures.

### 5. Quality Improvement Planning

The committee reviewed statewide QI priorities:

#### Data Quality & Monitoring:

- Continued quarterly CAREWare and RWISE validation.
- Ongoing chart review and documentation monitoring.
- Review of site visit observations and opportunities for improvement.
- Continued monitoring of performance measures below established benchmarks.

#### Quality Improvement Activities:

- Continued implementation of PDSA cycles across all funded subrecipients.
- Selection and monitoring of Quality Improvement projects.
- Quarterly review of project progress during CQM Committee meetings.
- Sharing successful interventions and lessons learned among subrecipients.

Technical Assistance & Capacity Building:

- Continued targeted technical assistance based on monitoring activities and site visit observations.
- Reinforcement of documentation and reporting expectations.
- Support for root cause analysis and improvement planning.
- Continued development of sustainable Quality Improvement practices.

SWOT Analysis & Program Evaluation:

- Annual statewide SWOT Analysis will continue as part of the CQM Program.
- Continued evaluation of statewide CQM effectiveness.
- Review of emerging trends, barriers, and service gaps.
- Identification of future statewide Quality Improvement priorities.

Accountability & Reporting:

- Quarterly Quality Improvement progress updates from subrecipients.
- Continued review of Quality Improvement documentation and project outcomes.
- Monitoring of improvement activities and corrective actions when appropriate.
- Continuous evaluation and refinement of statewide Quality Improvement strategies.

6. Site Visit Summary

G. Hurley provided a summary of the recently completed subrecipient site visits.

Overall observations included:

Continued growth and maturity of Clinical Quality Management programs across the Ryan White Part B network.

- Strong commitment to client care, service delivery, and Quality Improvement activities.
- Increased utilization of performance measure data to support Quality Improvement initiatives.

Statewide opportunities for continued improvement include:

- Strengthening documentation supporting Clinical Quality Management activities.
- Improving consistency of chart review and data validation processes.
- Increasing the use of performance measure data to drive Quality Improvement decisions.

- Strengthening the alignment between identified priorities and measurable Quality Improvement activities.

G. Hurley advised that statewide documentation templates and reporting tools are being updated to improve consistency across all funded subrecipients.

The committee was advised that no formal corrective actions resulted from this year's site visits.

## 7. Committee Discussion

The committee participated in a discussion regarding organizational process improvement.

### Discussion Question

If you could improve one process within your organization that would have the greatest impact on client outcomes, what would it be and why?

Committee members discussed opportunities to:

- Improve internal data collection systems.
- Reduce administrative burden associated with Quality Improvement reporting.
- Improve workflow efficiency through better integration of existing systems.
- Continue strengthening documentation and data accessibility to support Quality Improvement activities.

The discussion highlighted that many organizations continue to experience challenges balancing client services with data collection and reporting requirements.

## 8. Education and Technical Assistance

G. Hurley reminded committee members that the Office of HIV continues to provide Technical Assistance and capacity-building support throughout the grant year.

Technical Assistance remains available for:

- Quality Improvement project development.
- Root cause analysis.
- Documentation improvement.
- Performance measure review.
- Clinical Quality Management implementation.

Subrecipients were encouraged to submit Technical Assistance requests whenever additional support is needed.

## 9. Feedback and Collaboration

Committee members were encouraged to continue sharing successful Quality Improvement interventions during future meetings.

G. Hurley reiterated that collaboration among subrecipients remains an important component of Nevada's statewide Clinical Quality Management Program and encouraged agencies to continue sharing best practices and lessons learned.

#### 10. Next Meeting

Tentatively scheduled:

September 24, 2026, 10:00 AM. Date and time subject to adjustment.

#### 11. Action Items

- Continue implementation and monitoring of Quality Improvement Projects.
- Submit Technical Assistance requests as needed.
- Continue statewide monitoring of Grant Year 2026–2027 performance measures.
- Implement updated documentation and reporting templates as they become available.
- Continue quarterly Quality Improvement reporting.
- Continue implementation of statewide Quality Improvement priorities identified through the Organizational Assessment, SWOT Analysis, and site visits.
- Distribute meeting minutes to committee members and post approved minutes to the Office of HIV website.