



Ryan White Program Performance Improvement Advisory Team
Minutes of October 16, 2009
Behavioral Science Research
2121 Ponce de Leon Blvd., Suite 250
Coral Gables, FL 33134

Approved November 18, 2009

#	Members	Organization	BSR Staff
1	Downs, Frederick	Partnership Member	Ariela Eshel Bernstein
2	Goss, Cramita	SFAN	Beth Hayden
3	Hilton, Karen	University of Miami	Bob Ladner
4	Jacques, James	Empower "U"	Susy Martinez
5	Lopez, Tania	Care Resource	Sandra Sergi
6	Lindarte, Sergio	SFAN	Kim Tardalo
7	McGowan, Ed	Concept House	
8	Mercogliano, Kathy	University of Miami	
9	Moore, Winifred	SFAN	
10	Nunez, Cesar	SFAN	
11	Presmy, Marie	Mercy Hospital	
12	Rogers, Johnny	Empower "U"	
13	Ross, Samantha	University of Miami	
14	Steffelbach, Paul	The Village	
15	Stepherion, Glenn	Empower "U"	
16	Weber, Ruth	Empower "U"	
17	Williams, Stephen	Helen B. Bentley	
18	Wright, Rokecia	CHI	

1. Ed McGowan called the meeting to order and asked for introductions.
2. PIAT members reviewed the September 18, 2009 minutes.
3. **Standing Business**
 - **Medical Case Management Updates**
 - *Technical Assistance (TA) Visits* – Along with a review of charts, the focus of the October TA visits is on the referral process in each agency. This is being done in response to Goal 1 of the Comprehensive Plan: *Eliminate barriers to care and treatment to ensure all PLWHA are in care*. Specifically, 1.1.2: *Level of collaboration among organizations is assessed and monitored with the goal of increased collaboration among providers* and 1.1.3: *Referral processes are documented and made available to all providers with the goal of written documentation of referral processes resulting in better communication between providers and more streamlined service delivery to PLWHA*.
 - *Monthly Medical Case Management (MCM) Training* – The training focused on the Comprehensive Assessment and development of care plan exercises with the MCMs.
 - *Proficiency Exam* – All MCMs have taken and passed the exam.

- Record Reviews – Update
 - *Prescription Drugs* – Three reviews will be completed during October.

4. **New Business**

- *Outreach Services*
 - *Review of Findings of Fact Finding Outreach Study* – A six agency fact finding study was completed by Continuous Quality Improvement (CQI) staff. While several common strengths, such as well organized files, the development of agency specific outreach forms, and the presence of internal referral forms and progress notes in client records were noted, the following weaknesses and recommendations were emphasized:
 - *Common Weaknesses*
 - Reason for referral not consistently documented; it was not always clear how or why client and outreach workers made contact
 - Documentation of contact attempts and/or missed medical appointments inconsistent
 - Follow-up actions not documented in progress notes
 - Client education and assessment of barriers to care addressed during client encounters; however not documented in progress notes or SDIS
 - Client disposition not addressed in progress notes
 - Progress notes not consistently entered in SDIS within 2 business days after occurrence
 - Face to Face encounters (FFE) not consistently signed by client
 - Outreach referrals made before three (3) documented attempts to contact client or two (2) documented missed medical appointments
 - *Common Recommendations*
 - Document attempts to contact client by medical case manager and/or missed medical appointments prior to referring to outreach
 - Document all outreach follow up visits, contacts, and results in progress notes
 - Include client disposition as “__Connected to Care or __Not Connected to Care” at end of internal referral
 - Document education, provision of educational materials and assessment of barriers to care
 - Document final disposition in progress notes with clear indication where linked to care and type of care
 - Ensure internal referral forms to outreach are filed in client records
 - In house referral should include clear reason for referral
 - Work to strengthen network linkage agreements with other Ryan White Program providers who do not offer outreach and might want to refer clients lost to care to agency
 - *Standardization of the Outreach Process Across the System and Development of Best Practices* – Attendees discussed barriers and ways to improve the outreach program across the system. The following were noted:

- There is a lack of external referrals to outreach providers
- A list of outreach workers and the geographic areas they cover should be distributed at the monthly MCM trainings
- Outreach workers expressed dissatisfaction with the title “outreach worker” and the negative attitude it elicits from some providers
- Training on documentation and coding is necessary. CQI staff will develop a checklist of elements of an outreach progress note
- Disengaging from clients once trust is built is often difficult; a training may be provided on the subject
- ACMS training is needed for outreach workers, specifically on screens such as Services Across Sites
- Orientation on safety for new outreach workers would be useful

5. **Next Meeting** –Wednesday, November 18th, 2009 – The next meeting will continue to focus on the outreach process.