RWHAP CQM Listserv

**Responses to Question about Meeting Minute Templates for QM Sessions**

**September 2021**

**Templates Shared by:**

* [Callie Clinic](#_Toc81558068)
* [Christian Community Health Center](#_Toc81558069)
* [Seattle TGA](#_Toc81558070)
* [Seattle TGA](#_Toc81558071)
* [Seattle TGA](#_Toc81558072)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CQM Committee Meeting** | |  | | --- | | August 25, 2021 | | 12:00Noon | | Zoom Mtg/Virtual | |

# Callie Clinic

|  |  |  |  |
| --- | --- | --- | --- |
| Meeting called by: | . | Type of meeting: Qual | Standing Committee Meeting |
|  |  | Note taker: | CQM Coordinator |

|  |  |
| --- | --- |
| Attendees: |  |
|  | CAB Members: |
| Please bring: | N/A |

## Minutes

**Agenda:**

**Item #1: Attendance/Approval of March 2021 Minutes**

**Item #2: Consumer Recruitment Update**

**Item #3: Review Performance Measures (June & July 2021) Update**

**Item #4: 2021 Dallas County Quantitative & Qualitative CQM PMs**

**Item #5: Customer Satisfaction Update**

**Item #6: Treatment Cascade & Newsletter**

**Item #7: Other Business**

**Item #8: Next Meeting Date**

|  |  |  |
| --- | --- | --- |
| Action Items: | Person responsible | Time/Deadline |
| Start: 12:05pm. Meeting held in virtually via Zoom. Attendance taken by CQM Coordinator/voice call. Lunch provided. May 5, 2021 minutes reviewed and approved. One CAB member in attendance. | CQM Coordinator & CQM Committee | Complete-  Approved by consensus. |
| Consumer Recruitment Update:  . | CQM Committee | Ongoing –  Reporting for each meeting. |
| Performance Measures Report: | CQM Committee | Ongoing -Reporting for each meeting |
| 2021 Dallas County Quantitative & Qualitative CQM PMs: | CQM Committee | Ongoing –  Reporting for each meeting. |
| Customer Satisfaction Update: | CQM Committee | Ongoing –  Reporting for each meeting. |
| Treatment Cascade & CQM Newsletter: | CQM Committee | Ongoing –  Reporting for meeting when necessary. |
| Other Business: | CQM Committee | Complete-  Approved by consensus |
| Next Meeting Date: Sept. 29, 2021 (Virtual) – Noon/Lunch  Will send out email to confirm date.  Tentative Agenda Items for Next Meeting:   * Approval of May 2021 Minutes * Performance Measures Report * Consumer Recruitment Update * Customer Satisfaction Survey Update * CQII Create + Equity Collaborative Update (if necessary) * Any New Reporting Items     Meeting adjourned at 12:45pm. | CQM Committee | Next Meeting |

## Other Information

#### Discussion: N/A

#### Conclusions: N/A

#### Special notes: N/A

# Christian Community Health Center

Name of Meeting

Time of Meeting

Time, Date and Meeting Location

## Facilitators: \_\_ \_\_ Coach: \_ \_ IT: ­ Timekeeper: Notetaker: \_\_\_\_\_\_\_\_\_

**Purpose of the Meeting:**

| AGENDA ITEM | Desired Outcome | Time Allotment | Type/  Decision Approach | Topic Owner | Notes:  Next Steps, Assignments, Decisions |
| --- | --- | --- | --- | --- | --- |
| 1. **Review of agenda for today’s meeting** | * Provide overview of today’s meeting and review task completion from last meeting | 5m | DM/C |  |  |
|  |  | 15m |  |  |  |
|  |  | 10m |  |  |  |
|  |  | 10m |  |  |  |
|  |  | 10m |  |  |  |
|  |  | 10m |  |  |  |
|  |  | 30m |  |  |  |
|  |  | 15m | I/AI |  |  |
|  |  | 15m | I/AI |  |  |
| 1. **Coach Feedback** | * Share the strengths and wishes for today’s meeting to improve future meetings | 5 m | E/A |  |  |
| 1. **Questions** | * Address any questions/concerns | 5 m | I/A | Team |  |

# Seattle TGA

Quality Management Committee (QMC)

Meeting Agenda & Minutes

**Date:**  **Time:** **Location:**

**Attendees Requested:**

**Attendees Present:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPIC** | **ISSUE** | **DISCUSSION/DECISION** | **FOLLOW UP ACTION (Who and When)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: Highlighted items will be brought back to next QMC

# Seattle TGA

#### [Meeting Title]

#### Meeting Minutes

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **In Attendance:** | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Absent:** | | | |
|  |  | | |
| **Meeting Facilitator:** | | | |
|  |  | | |
| **Recorder:** | | | |
|  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agenda Items** | **Discussion Summary** | Result/Action Item | **Action Required**  **Yes / No** | **On Point**  **for Action** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **NEXT MEETING**  **Date & time:** | | | | |

# Seattle TGA

HIV Care and Treatment Quality Management Committee (HIVCAT QMC)

AGENDA /MINUTES TEMPLATE

|  |  |  |
| --- | --- | --- |
| Meeting Date and Time: |  | |
| Meeting Location: |  | |
| Meeting Purpose: | 1. Meet HRSA’s minimum requirements (PCN 15-02):  * Ensure our Clinical Quality Management (CQM) program includes the ***coordination*** *of activities aimed at improving client care, health outcomes, and client satisfaction* * Analyze our performance measure outcomes:   + to ensure health equity related to client care, health outcomes and client satisfaction   + ensure the min. # of PM’s by service category usage   + plan QI activities to improve * Use data for program and service decisions  1. Identify Improvement efforts based on data and above 2. Support, empower and energize our HCT QMC activities and our Community partner efforts to strive towards making a difference for Oregonians living with HIV in the Part B service area. | |
| **HIV Care and Treatment QMC Committee Members:**    **Optional Attendance (or as needed based on topic):** | | **Meeting Attendance:**  Attended: Y  N  Attended: Y  N  Attended: Y  N  Attended: Y  N  Attended: Y  N  Attended: Y  N  Attended: Y  N  Attended: Y  N  Attended: Y  N |

|  |  |  |
| --- | --- | --- |
| **TOPICS** | **DISCUSSIONS/DECISIONS** | **NEXT STEPS** |
| 1. Welcome | 1. Welcome 2. Review Agenda 3. Additions to Agenda |  |
| 1. Annual Review Funded Service Category that are under utilized | 1. **Funded Service Category client usage review:** 2. x 3. x |  |
| 1. **XXXX Service Category underutilization Plan** 2. x 3. x |  |
| 1. Annual Review Unfunded Service Category | 1. **Unfunded HRSA Service Category :** 2. x 3. x |  |
| 1. **Any other unfunded Service Category to consider?** 2. x 3. x |  |
| 1. QI Workplan and updates | 1. **FFY XX ADAP QI project Outcomes**   **Project:**   1. x 2. x |  |
| 1. **FFY XX HIV Community Services: Subrecipient QI Project Outcomes**   **Project:**   1. x 2. x |  |
| 1. Next meeting | Date/Time:  Location: | |