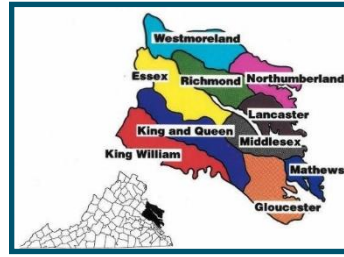


QMAC Subcommittees Updates & QI Spotlights

COVID-19 &
PRACTICING SELF-
CARE DURING THE
WINTER MONTHS



QUALITY
IMPROVEMENT
(QI) SPOTLIGHT—
THREE RIVERS
HEALTH DISTRICT



IMPLEMENTING
TRAUMA INFORMED
PRACTICES: THE
IMPACT ON
AGENCIES & CLIENTS



QMAC NEWSLETTER

BY THE COMMUNICATIONS SUBCOMMITTEE

COVID-19, the Winter & Self-Care

A CLIENT PERSPECTIVE:

“The year 2020 has been a very challenging year for all of us. We find ourselves in an unimaginable situation with businesses on lock down once again, schools challenged with whether to have in person learning or virtual. Even houses of worship have had to make significant adjustments as to how to conduct worship services and it does not matter the faith tradition.

People are losing their jobs, as well as food and shelter. The insufficiency for so many American families is a tragic situation. And then there is the matter of people of color who are more adversely affected with contracting and dying from the virus. All of this is cause for much stress and frustration.

On a personal level, I find it all mind blowing. Therefore, in order for me to cope I take refuge in my faith in God, reading scripture, staying in touch with the Creator via prayer and sitting quietly in the present.

Meditation is a good practice no matter ones faith tradition. Also, I am intentional about keeping in touch with family and friends given I am single and live alone. Isolation is not the key for living in times such as these. Eat healthy, exercise, taking on a new interest or hobby. Read a good book. I am practicing the piano to relieve stress after having not played in years and its working. Lastly, limit the amount of time listening to the news. Too much negative news reports can alter our mood in a negative way. Watching comedy TV shows can also be a stress reliever. Laughter is therapeutic and good for the mind, body, and soul.

Ask for help

It's OK if you're feeling down. Reach out to others.

Set a routine

Make sure to eat good meals, exercise and get plenty of rest.

COVID Kindness

TAKING CARE OF YOUR MENTAL HEALTH IN DIFFICULT TIMES

Stay connected

Call, text, write or video chat your loved ones.

Limit media intake

Avoid misinformation. Get news from VDH, CDC or WHO.

Learn a new hobby

Do a puzzle. Paint. Bake. Learn a musical instrument. Be brave enough to try something new.

Go easy on yourself

You're not alone. We'll get through this together.

“Believe it or not, this too shall pass. That’s the good news.”

In these unusual times, we have to be intentional about caring for ourselves and doing what works best. Believe it or not this too shall pass. That's the good news." -**Reginald Early, VACAC**

A PROVIDER PROSPECTIVE:

"The winter months not only bring holidays to celebrate, but also colder temperatures, longer nights, less daylight and isolation. This year we have the added stress of COVID-19 and the need to quarantine, isolate and wear masks whenever we go out of our homes. This virus has increased everyone's stress level. All of our normal routines have changed. We are usually running around getting ready for family and friend gatherings but instead, we have to isolate and make decisions what is best for everyone. The events we look forward to every year have either been cancelled or modified to decrease the chance of getting and/or spreading COVID-19. We all need to take a step back, a deep breath and try self-care techniques to decrease some of the stress in our lives.

Self-care is essential for everyone. Self-care is part of maintaining our physical and mental well-being. Some ideas of self-care include taking a moment for yourself. Exercise is a great self-care option. Whether it be continuing an exercise routine or just taking a break from the television and couch to walk in place. Put on some music that has a great beat. Dance around your home and move to the beat. Not only is this good exercise, but it also increases the happy endorphins in your body. Take a hot bath or shower. When was the last time you actually took a long bath or shower? One that was not rushed or interrupted. Turn on some relaxing spa music and close your eyes for several minutes. Breathe in and out slowly. You can try a facial mask. Yes, the facemask that you have in your cabinet that you want to try, but you have not taken the time yet. You can even try one that you can make with household kitchen ingredients. How about taking out old pictures and reminiscing about good times in the past. Get your mind off the here and now. Take your mind to a place of relaxation and escape. If none of these work, try calling a friend or family member that you have not talked to in a while. Not only does talking help you, but also the person you have on the other side of the phone.

Remember to love yourself, take time for yourself and breath.

We are all in this together." -**Karri C. Murphy, R.N., Three Rivers Health District**

QMAC Subcommittee Updates

COMMUNICATIONS SUBCOMMITTEE:

The Communications Committee meets virtually monthly to discuss the QMAC newsletter and its distribution.

The committee decided to release newsletters between quarterly QMAC meetings in an effort to provide updated and pertinent information to the QMAC.

VACAC SUBCOMMITTEE:

Monthly training calls for consumers continue by the VACAC Executive Committee. There were two VACAC representatives on the statewide World AIDS Day Panel.

In the next legislative session, VACAC reps will be working with a legislative sponsor to develop a bill that would end HIV criminalization. The VACAC is still working on initiatives to help maintain and build consumer involvement in Quality Improvement.

QI SUBCOMMITTEE:

There has been a change in Co-Chairs for the committee. We welcome Pam Meador as the new Co-Chair alongside Dr. Virginia Walker-Sherrod. The committee is working to increase consumer involvement in Clinical Quality Management. The committee will compile a report that includes a collection of strategies around consumer involvement across VA from providers.

QI Spotlight-Three Rivers Health District

Three Rivers Health District (TRHD)'s 2019 QIP plan focused on increasing Viral Load (VL) Suppression on HIV positive clients. Overall, the suppression rate for TRHD was over 92% each quarter, (per TRHD data) and ended with 96% VL Suppression rate at the end of the fiscal year. Overall, it was a successful year for TRHD clients keeping their viral load suppressed.

TRHD used Medical Case Managers (MCM) skills to pinpoint reasons why clients' viral loads were not suppressed during the year. Due to these skills, MCM were able to assist clients that were having problems with medication adherence and developed strategies to get the individuals back to goal VL suppression rates. Having a Clinical Pharmacist on site also made a huge positive impact on the QIP. Education was a huge piece of the MCM and Clinical Pharmacist strategies. Mental Health wellness was also addressed and motivation to continue on current treatments. The interviewing and intervention skills used assisted clients to become more adherent to their treatment plan.

TRHD struggled with staff turnover through the year as well as the COVID-19 pandemic that hit in March 2020, and that stopped all in-person client visits to the office. Challenges with communication and tele-health greatly impacted treatment and case management during that time.

Consumers during that time felt that having their Medical Case Managers (MCM) follow up with them and make sure they are on track was the most helpful in engaging and retaining care. They also stated that the Clinical Pharmacist addressing medication challenges and adherence was a huge asset. They state their MCM and Clinical Pharmacist was always there to assist with problems and meeting goals that are set. The encouragement they have within the program assists the consumers to keep adherent to their treatment regimens.



The biggest challenge to engaging and retaining care currently is the COVID-19 crisis. While consumers are still being followed up on through tele-health practices, it is still a challenge for consumers to be adherent due to feelings of isolation. Fear of catching COVID-19 brings feelings of stress and anxiety. Mental Health challenges are a huge part of consumers in TRHD, especially due to the rural location and feelings of isolation. -Three Rivers Health District

QMAC Subcommittee Updates

CAPACITY BUILDING (CB) SUBCOMMITTEE

The Capacity Building subcommittee held QMAC orientation on January 27th. The CB Subcommittee has asked each of the QMAC Subcommittees to verify their scope of work and general activities to help improve orientation and make updates to the Orientation Manual. Once updated, the goal is to record a two-minute video on each subcommittee and embed it into the presentation. The CB Subcommittee completed updates to its QMAC Chair succession memo.

DATA SUBCOMMITTEE:

The Ryan White Services Report (RSR) and Client Data Report (CDR) are important issues this time of year for providers, and the Data subcommittee is compiling best practices on data validation for the reports. The goal is to drive improved data quality for each report. Agencies are standardizing their data by including space for transgender individuals and emphasizing pronouns. The subcommittee is still working on the Data Training for Consumers series.

The Impact of Implementing Trauma Informed Practices on Providers & Clients

Trauma Informed Practice is defined as “an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Practice also emphasizes physical, psychological, and emotional safety for both patients and providers, and helps survivors rebuild a sense of control and empowerment.” - *American Academy of Pediatrics*

The Virginia Department of Health (VDH) aims to hiring a Trauma Informed Practice Contractor to assist agencies across the state build trauma informed practice into their service delivery to clients. The Communications Committee wanted to find out the provider and client perspectives of implementing trauma informed practice into HIV care services.

Andrea R., a Medical Case Manager from Carilion stated, “Yes, Carilion is using trauma informed wording, correspondence, and interactions with our consumers. Our Ryan White Part B staff has attended trainings to be more trauma informed conscious.”



We aim to be better at recognizing that we may not always know what someone has experienced, so we try to be very mindful of our approach.”

Many clients have not been screened for trauma if there agency does not apply a trauma approach. We wanted to find out the client perspective on

what it would feel like to receive a trauma screening from their provider. A Case Manager from ARE asked a client’s perspective on receiving a trauma screening during their annual assessment. The client reported, “It might be a little awkward to be asked those questions, but I trust my Case Manager and know they are trying to help me with my HIV care.” Having an established rapport with clients will help the process of trauma screening for clients. In addition, being prepared to address any outcomes of trauma screening will be key. Community supports for trauma treatment should be identified.

We look forward to the continuing support from VDH and best practices shared by agencies across the state already implementing trauma informed practice. The goal for trauma informed care is to better address client needs, help improve health outcomes, and address barriers to adherence.

TRAUMA INFORMED CARE WORK:

- * Prevents re-traumatization
- * Increases sense of safety
- * Prioritizes client choice & control
- * Emphasize building trust
- * Addresses unmet needs
- * Collaborates crisis planning
- * Improves De-escalation
- * Should **NOT** be just a buzzword!