

Minutes HOT CAG

Thursday 17th June 2022

11am to 1.00pm

Face to face meeting

Chair CG

We would like to acknowledge the traditional Aboriginal owners, on whose land we gather today. We would also like to pay our respects to elders past and present.

| Action Item | What | Who | When |
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| SESLHD Aboriginal Tim Croft | Invite for in- service | Dianne to be introduced by HARP Aboriginal Team | TBA |
| More regular newsletter | Aim for monthly newsletter | Dianne | Ongoing |
| Item 1 | Acknowledgement of Country. Acknowledgment of Country was given. 11.03am TM | | |
| | Apologies: <ul style="list-style-type: none"> ▪ CT (Consumer) | | |
| | Present: <ul style="list-style-type: none"> ▪ Nyoni, Dianne (Consumer Engagement Officer) ▪ Leo Barreto Manager ▪ Mike Staff Rep/ Presentation ▪ Joanna P Presentation ▪ PC (Consumer) ▪ TM (Consumer) ▪ CG (Consumer) ▪ WF (Consumer) ▪ PP (Consumer) ▪ DW (Consumer) | | |

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| | <p>Chair:</p> <ul style="list-style-type: none"> ▪ CG <p>Welcome to Country</p> <ul style="list-style-type: none"> ▪ TM |
| | <p>Minutes:</p> <ul style="list-style-type: none"> ▪ Dianne Nyoni |
| <p>Item 2</p> | <p>Approval of Minutes & Action Items The committee approved the last minutes of the HOT CAC. First; DW second; TM</p> |
| | <p>Declaration of Conflict of Interest: No conflict of interest was declared.</p> |
| <p>Item 3</p> | <ul style="list-style-type: none"> ▪ HOT Program Manager Report – Leo Barreto ▪ QI projects are about improving the quality of service to the consumers, Leo said he expects all QI projects to be engaged with consumers. ▪ Through a discussion with Leo the CAC brought forward the idea of CAC doing an in-service that goes to the staff and Leo endorsed and encouraged that. He realises there is some tension between staff and CAC around some of the QI projects and he said this is where the learning happens when there is a level of tension. Leo informed CAC he encouraged staff to work through this in order to learn and hear the consumer’s perspective as it can help the service grow. ▪ Client work 120 clients on books 90-95 are case-managed others dietetics. Concern is referrals, looking at the why this is happening the number one referral source is forensic referrals. Only 26 referrals this year in six months. ▪ Patch Consumer Forum five staff and five consumers that attended. Leo thanked Dianne and Paul for show casing the My Health Checklist at the forum. He stated it was buzzing and a medical Dr wanted to use this My Health Checklist in her practice and also another service manager is looking at incorporating it into their service for consumers also. ▪ As a manager Leo feels this is a great document to help with health literacy and self-management and quality of life. |

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| | <ul style="list-style-type: none"> ▪ Leo said Thank you for the survey for the CAC being completed and hopes the feedback ensures this is a space for you to meet that is working for you. ▪ Discussed accreditation next week including small team of staff and two consumers. Feeling we are doing well with accreditation preparation. ▪ Leo talks to identifying risks, key risk for HOT is it is an outreach team, he wants to flag the risk of the CAC. Risk being if we don't put attention into supporting and retaining people on the CAC. Dianne and Leo are working on a risk assessment and value the importance of the CAC. ▪ We identify we need to improve our numbers In HOT CAC due to people leaving, so we need to look at recruiting and retaining beyond existing parameters. Leo wants us to look at control strategy to ensure we keep on top of this as a CAC. We need to identify the barriers, how we can improve. ▪ Leo reminded the CAC the risk assessment as a living document that can keep changing. ▪ Leo praised team for work so far. ▪ Dianne spoke to the CAC being more involved in the newsletter and setting up coffee morning to try ▪ Leo advised that the restructure of PACH Sexual health is yet to happen and shared at times we feel vulnerable about how HIV sits in this space. We need to diversify as a team and one way of doing that is to outsource our clinicians within PACH. ▪ HIV strategy Prevention is key element of it instead of treatment and those long term HIV feels it is fighting to not be invisible so we have to keep bringing all the elements connected to stigma which is gratefully in the strategy now. ▪ We farewelled CG as she moves to Tasmania |
| <p>Item 4</p> | <p>Staff QI Presentation – Mike & Joanna</p> <ul style="list-style-type: none"> ▪ Mike reminded the CAC of the project which looks at, How we record the consumers of HOT CD4 count and viral load. ▪ Why? It's a concrete measurable marker of our work with U=U as 90/90/90 ideal. Global ideal but also comes down to the individual. Health outcomes reported better with treatment. |

- Looked for information within HOT as how and where we documented as a team, only to gather data. This data was collated as non-identified
- We counted 104 files: 55 files had documented a HOT consumers VL or CD4
 - 49 had no record of VL or CD4 count
- How do we capture this, where was it?
We decided not to go to EMR but rather HOT only locations.
- We found the biggest number documented in Clinic review then ISBAR and finally in progress notes we found no uniformity of where it is being recorded.
- Do we document when a person was diagnosed with HIV all the time?
- The CAC asked project to consider how many are new diagnosed vs long term diagnosed and what are the spectrum of clear definition of what is new diagnoses long term diagnoses.
- Discussed pre and post new medication in 1997 as prescriptive to term of diagnosis The CAC also asked what was the CD4 at diagnoses and was that data gathered?
- How many male and how many female asked by CAC?
- Outcome as it stands is we don't record really well
- Mike proposed we need to:
 - Standardise the information
 - Makes it easy for the next case-manager to follow up
 - Create an overarching dashboard to inform how we working as a team
- **Joanna**
 - Assessment/Intake Form
 - Apologise taken time to get back there has been a lot of information to disseminate taking on-board both from team and consumers. Currently team is using or trailing form to give feedback for final document.
 - We want to move from a less medicalised more person centred approach. Note changes on the forms as we pass around to be viewed by consumers as Joanna identified changes.

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| | <ul style="list-style-type: none"> ▪ Spoke to WHODAS a Disability Assessment Schedule tool and asked for its meaning, a rating tool that can be used in Disability. TM asked how case-managers deal with a diagnosis or not having a psychologist on the team. It was explained a referral process happens in that case. CAC questioning some of the terminology. It was suggested the form is a guide and delivery comes back to how case-manager approaches speaking with the consumer acknowledging trauma informed practice in that format. ▪ We the CAC identified- positive changes in the wording and questions on the intake form and Joanna highlighted the bigger issue is how they frame asking about key goals and finding the right language to do that. ▪ Three month reviews are an imperative point to keep on track and check in the goals are being met or are still the same. ▪ We acknowledge that there is only so much wiggle room with changing the forms. ▪ Education within the team on language talked about using an in-service with the CAC to aid in the education. ▪ Replace the term Overview the suggestion was made for our key needs instead of Overview. |
| <p>Item 5</p> | <p>HOT Consumer Representative report – Dianne Nyoni</p> <ul style="list-style-type: none"> ▪ SESLHD HIV STI Steering Committee Next meeting coming up soon ▪ PACH Consumer, Carer & Community Engagement Framework – Forum/Launch Dianne added to what Leo spoke to in regard the great outcome of the event and to encourage reviewing the Framework ▪ HOT service QI updates consumer involvement, Dianne thanked consumers who have already engaged with the QI projects and encouraged them to further engage. We discussed our own QI Project for Exit Survey to be our new body of work with staff member Annabel to aid in work. ▪ Client Satisfaction Survey Annually 2022 <p>Shared we are not doing this annually and will be working on getting this out by November</p> |

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| | <ul style="list-style-type: none"> ▪ Exit Survey for Consumers Project Dianne updated it is activated as a QI project and will send out information to discuss in the next few weeks. ▪ Aboriginal/TSI matters, we talked to inviting Tim Croft to speak to what is happening over SESLHD in this space. As a new standing item in our meetings this is most welcomed. ▪ Newsletter Dianne had copies of the last two months newsletter to be viewed by CAC. They stated that they were happy with the value and product so far, stated it's a great read and well received. I was encouraged to continue the good work. I encouraged others to be inclusive in participating in newsletter and talked to setting up drop in tea to engage other consumers distribute newsletter and build future capacity for CAC. ▪ Potential CAC members, Dianne encouraged we have two spots available and to share this information amongst those who may consider joining. |
| Item 7 | <p>Training – How to Chair a Meeting</p> <ul style="list-style-type: none"> ▪ We had a great overview of what is needed to chair a meeting and a clear understanding of key language. This is important as we have a rotating chair and we are seeking to upskill all CAC members to feel able to engage at meetings. ▪ This will be a standing part of our meetings each CAC meeting |
| Item 8 | <p>Action Items invite Tim Croft to next CAC Meeting</p> |
| Item 9 | <p>Other Business: None</p> |
| Item 10 | <p>Next Meeting: Thursday 8th, Sep 2022 11:00am – 12.30pm TBA</p> |
| | <p>Meeting Closed 1pm</p> |

HIV Outreach Team
Consumer Advisory Group Meeting



Health
South Eastern Sydney
Local Health District