

Meeting: Quality Improvement (QI) Council

Meeting Date: 5/26/2022

***Zoom Attendance**

- MSHN – Sandy Gettel*
- Bay Arenac –Sarah Holsinger*
- CEI – Elise Magen*
- Central –Kara Lafferty*
- Gratiot – Taylor Hirschman*
- Huron – Levi Zagorski*
- Lifeways –PJ Hoffman*
- Montcalm – Sally Culey*
- Newaygo – Jeff Labun*
- Saginaw-Holli McGeshick*
- Shiawassee –Becky Caperton*
- Tuscola – Jackie Shillinger*
- The Right Door- Susan Richards*
- Tuscola -Tracey Smith*

Guests

- CEI – Shaina Mckinnon*
 - The Right Door –Jill Carter*
 - MSHN Joe Wager *
 - MSHN Tammy Foster
 - GIHN Pam Fachting
 - MCN Joe Cappon*
 - Lifeways –Joshua Williams
 - SCCMH-Bo
 - CEI – Bradley Allen*
 - MSHN Ron Meyer*
 - CEI – Tonya Seely*
- Site Review meeting-Each CMHSP represented

KEY DISCUSSION TOPICS

Meeting Materials

1. External Site Review Status/Questions
 - a. MDHHS Waiver Review 9:00-9:30,
 - b. EQR (HSAG) PMV/Compliance Review 9:30-9:55.
2. Review & Approvals 10:00
 - a. [Meeting minutes](#)
 - b. Review of follow up action items/[QIC action plan](#)
3. Performance Measure Updates 11:20
 - a. BTPR Summary FY22Q2
4. Performance Improvement Projects 10:10
 - a. [PIP 1 Disparity-Penetration Rate](#)- Complete Causal Factor Analysis with Interventions
 - b. [PIP 2 MMBPIS 3-Ongoing Service](#)- Complete Causal Factor Analysis with Interventions
5. Project Development/Improvements 10:30
 - a. [MMBPIS-FAQ](#) Indicator 3 Question
 - b. IPOS-Identification of barriers/causal factors for completion and interventions. Review CMCMH process flow map. Determine if QI Team to address and identify barriers.
 - c. QI Dashboard-Follow up from I/O Conference.
 - d. Immediately Reportable, Sentinel, Critical, Risk Event Documentation
 - e. EMR Category Cleanup (Prioritize)
6. Annual Planning-NA
7. MDHHS/MSHN Updates 11:15
 - a. [MDHHS QIC](#)-No updates
 - b. External Reviews (9:00-9:55)
 - c. Other announcements-[Improving Outcomes Conference](#)

KEY DECISIONS

- 1) External Site Review-Status/Questions
MDHHS Waiver Review-Issue-Unable to obtain COFR documentation from provider. Recommendations to include documentation of process for coordination, attempts made, and next steps if it continues. Issue-Closed consumers continuing to be interviewed, even though they have not received a waiver service in several months. Concern is that the interview will not accurately reflect the experience of the waiver programs in providing the required/expected services. Action-MSHN will follow up with the reviewer.
EQR (HSAG) PMV/Compliance review-PMV- BABH, Newaygo, and CEI were chosen by HSAG for demonstrations. Reviewed the process for demonstrations during the PMV review.
- 2) Review & Approvals
 - a. Meeting minutes/Agenda-Meeting minutes and agenda approved with no edits.
 - b. Review follow up action items/QIC Action Plan. MMBPIS CAP for FY22Q1 overdue-HBH, Lifeways, Newaygo. This should be completed as soon as possible but no later than June 23.
- 3) Performance Measurement Updates
 - a. Priority Measures -The cardiovascular measure, assigned to CLC has continued to demonstrate low performance. CLC has asked that QIC review the measure and assist in determining causal factors and action steps for improvement. CMHSPs identified continued concerns of the accuracy of the data. CMHSPs indicate their internal numbers differ from the report. ICDP is an extract from CC360 and is attributed to the CMHSPs consistent with CC360. MSHN will review the numbers and validate the cardiovascular measure as a first step to identifying the causal factors.
 - b. BTPR Summary FY22Q2-No discussion. CLC will review next month. CMHSP have begun a discussion for development of a behavior treatment module in PCE. MSHN proposing development in REMI for data collection and aggregation.
- 4) Performance Improvement Projects (PIP)-

	<ul style="list-style-type: none"> a. PIP 1 Disparity- A causal factor analysis and interventions is needed for submission to HSAG in July. Feedback received from REACH was shared with QIC. Currently no additional input was provided. b. PIP 2 MMBPIS 3-Ongoing Service-A causal factor analysis and interventions is in process of being completed. Current issues are no shows and staff shortage. The staff shortages are interfering with the ability to schedule appointments within the required timeframe. This will be referred to the Provider Network Management Committee for additional action. <p>5) Project Development</p> <ul style="list-style-type: none"> a. MMBPIS-FAQ Indicator 3 -Discussion. Consumer has a non-emergent requests service, during the 14 days prior to the assessment is admitted to inpatient. Is that an omission, or out of compliance? Consensus, based on current practice, is to be counted as “out of compliance” with an explanation of received an emergent visit. b. IPOS-Identification of barriers/causal factors for completion and interventions. Reviewed CCMH process flow map. The CMHSPs will assess their internal environment and determine if QI Team to address and identify barriers would be beneficial. It was agreed that the QI team would need to break the process into smaller parts to address. Currently, a barrier is with time resources. c. QI Dashboard-Follow up from I/O Conference. The presentation at I/O conference received much positive feedback. There is interest in the use of a regional internal group for development and sharing of resources for dashboard development. Discussed the use of a group including QI and IT representatives. Current options include Data Analytics, or portion of QIC. CMHSPs will assess current needs at their organizations and discuss next steps in June. d. Immediately Reportable, Sentinel, Critical, Risk Event Documentation-deferred e. EMR Category Cleanup (Prioritize)-deferred <p>6) Annual Planning-NA.</p> <p>7) MDHHS/MSHN Updates</p> <ul style="list-style-type: none"> a. MDHHS QIC – No updates b. External Quality Review-Due dates for documentation are included on the QIC action plan.
<p>ACTION STEPS</p>	<ul style="list-style-type: none"> • MSHN (SG) to follow up with MDHHS Lead Site Reviewer to address interviews with closed consumers. (6.2.2022-Consumers closed to waivers are not to be interviewed. No alternates need to be selected for the interviews) • Newaygo, HBH, and Lifeways to complete MMBPIS CAP no later than June 23. • MSHN to validate cardiovascular measure. • MSHN-Refer MMBPIS access indicator to Provider Network • MSHN complete draft HSAG PIP Summary for review in June. • CMHSP to assess development needs for dashboard development/ITC/QIC group and need/interest in PCP detail process mapping to identify areas for standardization, process improvements, best practice discussion. Discuss in June
<p>KEY DATA INTS/DATES</p>	<ul style="list-style-type: none"> • June 14-Data Analytics 1:00 • June 13-July 29 Waiver Review • June 17-HSAG PMV Virtual Review • June 23-MSHN QIC