



Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 6/23/2022

\*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 – Andrea Fletcher\*
- 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 Faching
- MCN Joe Cappon\*
- Lifeways –Joshua Williams
- SCCMH-Bo Zwingman-Dole
- CEI – Bradley Allen\*
- MSHN Ron Meyer\*
- CEI – Tonya Seely\*

KEY DISCUSSION TOPICS

Meeting Materials

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| <ol style="list-style-type: none"> <li>1. Review &amp; Approvals 9:00               <ol style="list-style-type: none"> <li>a. <a href="#">Meeting minutes</a></li> <li>b. Review of follow up action items/<a href="#">QIC action plan</a></li> </ol> </li> <li>2. Performance Measure Updates 9:20               <ol style="list-style-type: none"> <li>a. Critical Incident Summary FY22Q2</li> </ol> </li> <li>3. Performance Improvement Projects 9:40               <ol style="list-style-type: none"> <li>a. PIP 1 Disparity-Penetration Rate- Complete Causal Factor Analysis with Interventions</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>4. Project Development/Improvements 9:55               <ol style="list-style-type: none"> <li>a. <a href="#">MMBPIS-FAQ</a></li> <li>b. Critical Incident                   <ul style="list-style-type: none"> <li>o CRM Development - Sentinel, Critical, Immediately Reportable</li> <li>o Risk Event Documentation-</li> </ul> </li> <li>c. EMR Category Cleanup (Prioritize)-</li> <li>d. Veteran Navigator Referral-Final in folder</li> </ol> </li> <li>5. Annual Planning-NA</li> <li>6. MDHHS/MSHN Updates 10:20               <ol style="list-style-type: none"> <li>a. <a href="#">MDHHS QIC</a>-No updates</li> <li>b. MDHHS Waiver Reviews</li> <li>c. External Reviews (9:00-9:55)</li> <li>d. Other announcements-</li> </ol> </li> </ol> |
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KEY DECISIONS

- 1) Review & Approvals
  - a. Meeting minutes/Agenda- Review follow up action items/QIC Action Plan.
    - o MSHN to validate cardiovascular measure.
    - o 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. PCP process mapping will be put on hold until after the MDHHS Site Review. Discuss in July
- 2) Performance Measurement Updates
  - a. Critical Incident Summary-Identify MSHN met the standard for all events except natural cause and accidental deaths. Barriers for reporting cause of death include death certificate not being received within the required timeframe, “Best Judgement” not able to be made without the death certificate, cost of the death certificate in some areas is \$25 or more.
- 3) Performance Improvement Projects (PIP)-
 

PIP 1 Disparity- A causal factor analysis and interventions is needed for submission to HSAG in July. The MSHN REACH group has provided some suggested barriers. CLC/UM will be identifying potential barriers and interventions at the meeting today.
- 4) Project Development
  - a. MMBPIS-FAQ -Questions related to the Access Standards as it pertains to the timeframe for screening and assessment. The standards indicate those requesting entrance back into the CMHSPS or provider within one year will not have to go through a duplicative screening process. The

	<p>MMBPIS require a full psycho-social for those that are new (defined as anyone not seen within the previous 90 days). Currently an updated or amended assessment is being completed. CMHSPs are in process of ensuring the history is brought forward in the updated/amended assessment. A request was made from the CMHSPs to clarify the language in the Access Standards to be consistent with the requirements of the Performance Indicators.</p> <p>b. Critical Incident</p> <ul style="list-style-type: none"> <li>o CRM Development Information/Sharing – Holli shared the documents from the PCE user workgroup related to the fields in the incident reporting module. Sandy provided information on the status of the development of the CRM. The CRM for critical incidents is still in testing. A decision will need to be made as to whether or not the CMHSPs should submit directly to the CRM or through the PIHP. Information is being gathered and pros and cons to both processes identified.</li> <li>o Risk Event Documentation-Currently completed by the CMHSP and monitored through the delegated site review. Additional fields may be added to the site review template for FY23 to ensure adequate oversight.</li> <li>o Mortality reviews for unexpected deaths-The CMHSPs indicated that no standard elements have been identified for inclusion into a mortality review. Those CMHSPs that are currently conducting mortality reviews agreed to share their documents and/or process. A folder will be created for storage and discussion will occur next month to determine if there is a need for consensus of standard fields.</li> </ul> <p>c. EMR Category Cleanup (Prioritize)-deferred</p> <p>d. Veteran Navigator Referral-The final referral process is included in the folder.</p> <p>5) Annual Planning-Policies and Procedures will be sent out prior to the July/August meeting.</p> <p>6) MDHHS/MSHN Updates</p> <ul style="list-style-type: none"> <li>a. MDHHS QIC – No updates</li> <li>b. MDHHS Waiver Review-Updates of trends in the findings for the CMHSP will be sent out once the teleconferences are underway.</li> <li>c. External Quality Review-PMV was completed. Follow ups are n process. Due dates for documentation are included on the QIC action plan.</li> </ul>
<b>ACTION STEPS</b>	<ul style="list-style-type: none"> <li>• MSHN to validate the Cardiovascular Measure</li> <li>• CMHSP to assess organizational needs related to dashboard data.</li> <li>• MSHN to draft the PIP for HSAG, incorporating the CLC/UM feedback and send out prior to the submission July 15<sup>th</sup>.</li> <li>• MSHN to draft recommendations for the Access Standards in coordination with the MSHN UM committee.</li> </ul>
<b>KEY DATA INTS/DATES</b>	<ul style="list-style-type: none"> <li>• 7/22/2022-HSAG Compliance Review</li> <li>• 7/28/2022-MSHN QIC</li> <li>• 7/31/2022-BTP Data Due</li> </ul>