



TEAM CHARTER

TEAM NAME: Quality Improvement Council

TEAM LEADER: Sandy Gettel, Quality Manager

ADOPTED BY: Operations Council 3.17.14

LAST APPROVED: 11/15/2021

This charter shall constitute the structure, operation, membership and responsibilities of Mid-State Health Network (MSHN) Quality Improvement Council (QIC).

Purpose of the Quality Improvement Council: The Quality Improvement Council has been established to advise the Operations Council and the Chief Executive Officer concerning quality improvement matters. The Quality Improvement Council will be comprised of the Quality Manager, the CMHSP Participants' Quality Improvement staff appointed by each respective CMHSP Participant Chief Executive Officer/Executive Director, consumer representatives appointed through an application process, and a MSHN SUD staff representing Substance Use Disorder services as needed. The Quality Improvement Council will be chaired by the Quality Manager. All CMHSP Participants will be equally represented on this council.

Responsibilities and Duties: The responsibilities and duties of the QIC shall include the following:

- Advising the MSHN Quality Manager and assisting with the development, implementation, operation, and distribution of the Quality Assessment and Performance Improvement Program (QAPIP) Plan and supporting MSHN policies and procedures.
- Assisting in the development of the MSHN QAPIP Plan to ensure alignment with the MSHN Strategic Plan, and inclusion of all elements as required by MDHHS
- Recommending and monitoring the development of internal systems and controls to carry out the Quality Assessment and Performance Improvement Program and supporting policies as part of daily operations.
- Development of valid and reliable data collection related to performance measures/indicators at the organizational/provider level.
- Evaluating the effectiveness of the QAPIP through ongoing monitoring of performance as indicated in the QAPIP.
- Identify organization-wide opportunities for improvement including but not limited to the safety of consumers.
- Determining the appropriate strategy/approach to promote compliance and detect potential violations and areas of risk as well as areas of focus.
- Reviewing audit results, making recommendations when appropriate, develop corrective action plans, and monitor progress of corrective action plans.

Decision-Making Context and Scope:

General Decision-Making Process: Consensus shall be the primary mode of decision making and efforts shall be made to extend dialogue and gather information toward consensus to the extent possible.

Should consensus not be achieved, any member of the QIC may call for a vote of the members. A vote of the body is not binding on the MSHN Quality Manager, rather it is used to further inform as to the strength of the member's position on the subject. Any decision made subsequent to a vote of the QIC, including any items referred to the MSHN Quality Manager who will report to the MSHN CEO and the Operating Council (OC), shall reflect both the majority and minority opinions on that matter. The Quality Manager shall inform the Chief Compliance and Quality Officer, who shall inform the MSHN CEO and/or OC members of the final decision/recommendation before further action is taken.

Defined Goals, Monitoring, Reporting and Accountability

The QIC shall establish metrics and monitoring criteria to evaluate progress on the following primary goals:

- Implementation of the Quality Assessment and Performance Improvement Program (QAPIP) Plan,
- Achievement of standards set forth in Performance Measures included within the QAPIP as required by MDHHS and identified through Operations Council.
- Development and achievement of goals in the Performance Improvement Projects through effective causal factors analysis and interventions as identified in the QAPIP Plan
- Reduction of Adverse Events as required and identified in the QAPIP
- Implementation of effective Quality Improvement Initiatives to improve performance as it relates to regional monitoring including but not limited to the External Quality Reviews, MDHHS reviews, and Delegated Managed Care reviews.
- Obtain/maintain satisfactory performance on feedback related to member experiences of care.
- Compliance and oversight of the above identified areas.

Additionally, the QIC seeks to assess and achieve the following secondary goals:

- Retained function contracts achieved defined results.
- Collaborative relationships are retained.
- Regional Communication through reports of progress to Operations Council.
- Regional collaboration regarding expectations and outcomes.
- Efficiencies are realized through standardization and performance improvement; and
- Improved performance is realized through our collective strength.

Membership

- a. CMHSP designees become members of the Quality Improvement Council through appointment by their respective CEO or Executive Director.
- b. Substance Use Disorder Services representative is appointed by MSHN and shall attend on an as needed basis.
- c. Primary and/or secondary consumer(s) representing adults with mental illness, adults with developmental challenges, adults with a substance use disorder, parents/guardians of a child/children with mental illness, and/or parents/guardians of a child/children with developmental challenges., to be appointed through an application process.
- d. Membership shall be representative of the MSHN Region with each CMHSP having one vote (MSHN SUD representative is a non-voting member).
- e. Alternates may attend and speak with the power granted by their appointed CMHSP member.

- f. Others in attendance are by invitation (not regularly attending), should have a clearly defined purpose for attendance, are not intended to offer commentary on other agenda topics, and shall be excused when they have completed their purpose for meeting attendance. Subject matter expert (SME) may be invited by the QIC for a specific agenda topic and shall only participate during the related topic.

Roles and Responsibilities

- a. Chairperson – Prepares the agenda, runs the meeting and maintains order; serves as the point of contact for the committee; is accountable for representing the committee and making reports on behalf of the committee.
- b. Recorder –The recorder shall capture discussions, problem solving and planning of the committee in an unbiased manner and shall prepare minutes following each meeting.
- c. Member – An appointed participant of the committee selected based on content/process expertise/interest or customer representation.
- d. Subject Matter Experts (SME's) – Individuals may participate in a council/committee meeting for the purpose of providing information, consultation, etc. Participation as a subject matter expert does not constitute authority to participate in decision making. Subject matter experts should typically leave once their expressed purpose is complete.

Member Conduct/Ground Rules: Members of the MSHN QIC seek a meeting culture that is professional, productive, and comfortable. To that end, the following ground rules have been adopted:

1. Respect of others
 - Only one person speaks at a time; no one will interrupt while someone is speaking.
 - Each person expresses their own views, rather than speaking for others at the table or attributing motives to them.
 - No sidebars or end-runs.
 - Members will avoid grandstanding (i.e., extended comments/speaking), so that everyone has a fair chance to speak.
 - No personal attacks. “Challenge ideas, not people.”
 - Everybody will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged. Disparaging comments are discouraged.
 - Each person will seek to identify options or proposals that represent shared interests, without minimizing legitimate disagreements. Each person agrees to do their best to take account of the interests of the group as a whole.
2. Meeting Efficiency
 - The agenda and related materials will be distributed to the QIC one week in advance of the meeting.
 - Members are prepared for the agenda content and have completed related assignments on time.
 - Everybody agrees to make a strong effort to stay on track with the agenda and to move the deliberations forward.
 - Members share equally in the work of the body.
 - It is recommended and members are encouraged to utilize video during virtual meetings.

3. Decision Making

- Members are respectful of the defined decision-making protocol and support decisions made of the body even when presenting a minority view.
- Each person reserves the right to disagree with any proposal and accepts responsibility for offering alternatives that accommodates their interests and the interests of others.
- Everybody will follow the "no surprises" rule. Concerns should be voiced when they arise, not later in the deliberations.

Meetings

- a. Regular Meetings – Will normally occur monthly.
- b. Special Meetings – Special meetings shall occur as determined by the consensus of the group and as business of the body necessitates.
- c. Attendance at Meetings - Members shall regularly attend or send a designee who is prepared to act on behalf of the appointed member.
- d. Remote Meetings-Members shall default to video on when possible.
- e. Agenda - The Agenda shall be prepared by the MSHN Quality Manager and shall be distributed in advance of the meeting with related attachments. To the extent possible the agenda shall clarify the context and timing of a discussion to support the need for SMEs or in determining an alternate for meeting attendance.
- f. Minutes of Proceedings - The recorder shall prepare a meeting summary that reflects key decisions and required actions to occur subsequent to the meeting. The required actions shall specify what, who, and by when.

Sources:

MSHN QAPIP
MSHN Compliance Plan
MSHN Policies