



Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 10/22/2020	*Attendance by phone	KEY DISCUSSION TOPICS	
<input checked="" type="checkbox"/> MSHN – Sandy Gettel* <input checked="" type="checkbox"/> MSHN – Sherrie Donnelly* <input checked="" type="checkbox"/> Bay Arenac –Sarah Holsinger* <input checked="" type="checkbox"/> CEI – Elise Magen* <input type="checkbox"/> Central – Kara Laferty* <input checked="" type="checkbox"/> Gratiot –Taylor Hirschman <input checked="" type="checkbox"/> Huron – Levi Zagorski* <input type="checkbox"/> Lifeways –Gina Costa* <input checked="" type="checkbox"/> Montcalm – Sally Culey* <input checked="" type="checkbox"/> Newaygo – Andrea Fletcher*	<input checked="" type="checkbox"/> _Saginaw-Holli McGeshick* <input checked="" type="checkbox"/> Shiawassee –Becky Caperton* <input type="checkbox"/> Tuscola – Jackie Shillinger* <u>Guests</u> <input checked="" type="checkbox"/> CEI – Bradley Allen* <input checked="" type="checkbox"/> CEI – Stefanie Zin* <input checked="" type="checkbox"/> Lifeways – Phillip Hoffman* <input checked="" type="checkbox"/> The Right Door – Jill Carter* <input checked="" type="checkbox"/> The Right Door- Susan Richards* <input checked="" type="checkbox"/> Tuscola – Denny Henige* <input checked="" type="checkbox"/> Central – Renee Rausch* <input type="checkbox"/> Central – Cindy Bay-Barron*	1) Welcome and introductions- 2) Review & Approvals a. Meeting Minutes/Agenda c. QIC Action Plan (Review follow up actions items) 3) Performance Improvement Project (s): a. Recovery Self-Assessment 4) Performance Measure Updates a. FY20 Consumer Satisfaction Report b. National Core Indicators (deferred) c. MMBPIS Report FY20Q3 d. Critical Incident Report FY20Q3	5) Quality Assessment Performance Improvement Program a. QIC Charter b. Balanced Score Card c. Quality Policies and Procedures 6) Project Development/Discussion a. Performance Indicator Changes-FAQ Updates. b. Consumer Participation in Councils 7) Site Review Updates a. MDHHS Waiver FAQ/CAP 2 nd Response b. HSAG Recommendations 8) MDHHS/MSHN Updates a. MDHHS QIC Updates b. Corona Virus MSHN Website Review c. Council/Committee Survey d. MDHHS BTPRC Webinar November 13. 9-10:30

✓ KEY DECISIONS	2) Review & Approvals No additions to the agenda. Meeting minutes from 9.24.2020 approved with no edits. 3) Performance Improvement Project (s): a. Recovery Self-Assessment-RSA Summary Report was reviewed. Recommendations were to include consumer participation in regional committees(already in progress), consumer feedback form RCAC was to include discussion annually during PCP process, utilization of social media to provide education and opportunities. 4) Performance Measure Updates a. FY20 YSSF/MHSIP Consumer Satisfaction Report- Summary Reports were reviewed. Action steps to include increasing the response rates, determination of most effective distribution method, schedule survey administration time frame during next meeting to allow for streamlined processes of the CMHSPs relative to other surveys over the next year. It was recommended that MSHN continue with the MSHIP and YSS for another year. b. National Core Indicators – Deferred. c. MMBPIS FY20Q3-Reviewed - MSHN has demonstrated improvement or stayed the same in the following indicators: Indicator 1 Adults; Indicator 4a Adults; and Indicator 4b.Indicator 10 demonstrated a significant shift downward in performance for the data this reporting period. Additional analysis will be completed for Indicator 10 which shall explore the following pieces of information related to those records that were out of compliance: were they discharged against CMHSP advice, hospitals used, average length of stay, new patient status, psychiatrist, was discharge planning and coordination completed, were they discharged to the appropriate level of care. Explore the benefits of sharing with the Regional Medical Director.
------------------------	--

	<p>Indicator 2 and 3 are currently baseline data collection, therefore, improvements will be focused on ensuring valid, reliable, and actionable data is being collected.</p> <p>d. Critical Incident Summary FY20Q3- MSHN demonstrated a decrease in four of five categories (non-suicide deaths, arrests, emergency medical treatment and hospitalizations for injury or medication error). Special attention has been given to accurate reporting. In FY20Q3 the leading cause of death was heart disease, followed by lung disease, cancer. Provide information related to COVID as a contributing factor to death.</p> <p>5) Quality Assessment Performance Improvement Program</p> <p>a. QIC Charter-Recommendation to encourage use of video when participating virtually.</p> <p>b. Balanced Scorecard-QIC recommended and approved the following changes: Addition of Consumer Satisfaction Indicator; separating the population groups for the indicators; removal of the Diabetes Screening measure as it is no longer in the contract. Removal of the baseline measures that do not include standards.</p> <p>c. Quality Policies and Procedures-QIC recommended and approved the following policies with changes: Quality Management; Medicaid Event Verification; Clinical Practice Guidelines-with moving from Quality to Service Delivery with QIC continuing to provide feedback as it relates to the QAPIP; Critical Incidents; Consumer Satisfaction Surveys; Sentinel Events; Incident SUD Providers. Policies and Procedures received biannual approval with no changes were as follows: PIHP Functions Contract Monitoring; Performance Improvement; Monitoring and Oversight; Behavior Treatment Plan. Policies and procedures that are currently going through the review process are as follows: Regional Monitoring and oversight; MMBPIS Performance Indicators; CMHSP Participant Monitoring and Oversight; Monitoring and Oversight of SUD Providers.</p> <p>6) Project Development/Discussion</p> <p>a. Performance Indicator FAQ-Date used for 1st request for referral from Physician's office-the date of the call by the physician to the CMHSP is to be used per FY20 codebook</p> <p>b. Consumer Participation in Councils/Committees-Recommendation to add language related to term limits such as, two-year term with no more than 3 consecutive terms permitted. Concerns related to consumer burnout with attendance at each meeting was noted and will be conveyed to Quality and Compliance Director.</p> <p>7) Site Review Updates</p> <p>a. MDHHS Waiver Reviews-FAQ provided to assist with CAPs. 2nd response is due to MSHN October 26. CMHSPs indicate no discussion needed at this time.</p> <p>b. HSAG PMV – Final Report Received. No formal findings, recommendations will be discussed next month for appropriate follow up.</p> <p>8) MDHHS QIC-October 7th. See meeting materials in folder.</p>
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> • The RSA and MHSIP and YSSF Consumer Satisfaction Summaries will be reviewed with CLC to finalize action steps. • CMHSPs to provide information related to the contributing factor of COVID for reported deaths. • CMHSPs to submit 2nd responses to the MDHHS QAP by October 26th. • CMHSPs obtain additional information for analysis related to Indicator 10 as part of their corrective action plan due by November 26th.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • MSHN QIC Meeting: TBD via zoom • MDHHS QIC Meeting: December 2, 10:00 • BTPR Work Group: November 13th, 10:30 via zoom