

Meeting Date: 10/27/2022

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

Guests

- CEI – Shaina Mckinnon
- CEI – Bradley Allen
- CEI – Tonya Seely
- Central Jenelle Lynch
- The Right Door –Jill Carter*
- MCN Joe Cappon
- Lifeways –Joshua Williams
- SCCMH-Bo Zwingman-Dole
- SHW April Riley
- MSHN Joe Wager

KEY DISCUSSION TOPICS

1. Review & Approvals 9:00
 - a. [Meeting minutes](#)
 - b. Review of follow up action items/[QIC action plan](#)
2. Performance Monitoring
 - a. Draft HSAG Compliance Review - QAPIP Section
 - b. HSAG PMV Review
 - c. MDHHS Waiver Review
 - d. Critical Incidents
 - e. MMBPIS / PIP #1 Access/Eliminate Disparity-Data Review/ EMR Category Clean Up
 - f. Behavior Treatment-Annual Report Review/Approval
 - g. FUH Identify Barriers/Interventions
3. Annual Planning-
 - a. QIC Annual Plan-Review, Approve
 - b. Policy/Procedure Review
 - c. Regional Committee/Council Structure-Review Effectiveness

KEY DECISIONS

- 1) Review & Approvals
 - a. Meeting minutes for September 22 approved. No additions to the agenda.
- 2) Performance Monitoring
 - a. [Draft HSAG Compliance Review -QAPIP Section](#)
 - HSAG Required Action-Development of a standard Root Cause Analysis form. GIHN is working with PCE to develop form in EMR, and has included a RCA Document Sharing folder included under the Critical Incident Folder. Recommendation: Subgroup to identify standard elements/ document for the Root Cause Analysis, and regional effort for EMR development. .(PJ, Taylor to coordinate).This will be Included in QAPIP Work Plan
 - HSAG Required Action-Documents specific interventions (CMHSP) to address dissatisfaction. Recommendation:-Include action steps on the QIC action plan.
 - b. [HSAG PMV Review](#) No findings. Recommendations included in report and will be incorporated into the workplan.
 - c. [MDHHS Waiver Review](#)
 - Regional corrective action-Person Centered Planning Implementation and Documentation. Training-Child Diagnostic TrainingRecommendations-Develop Draft Charter for QI Team. (MSHN/Sandy)
 Communicate with Bob Sheehan and ARC for advocacy efforts to decrease administrative burden.
 Recommendations-Reach out to MDHHS for clear guidance on what criteria is used to determine qualified training.(MSHN/Sandy)
 Collaborate with other regional committees/councils.
 Internal discussion with Amy D and Kim Z for modifications to the Training Grid.

	<p>d. Critical Incidents CMHSP CI Submissions-Determine schedule for CMHSP to ensure timely submissions. Develop policy/procedure to clearly identify process and requirements for event reporting. <u>Recommendations</u>-A “contact “field with email be included, and separate from “author” field.(CMHSPs, MSHN communicate with Project Manager) Concerns expressed of not meeting requirements as a result of the communication during the implementation. A recommendation was made to communicate this to MDHHS. (MSHN)</p> <p>e. MMBPIS / PIP #1 Access/Eliminate Disparity-Data Review/ EMR Category Clean Up Action steps for development of materials for education/training, assessment of local resources. (MSHN/Sandy) <u>Recommendations</u>- Assess local resources/issues by utilizing standard questions. MSHN to determine standard questions. Sandy to reach out to DEI group at MSHN.</p> <p>f. Behavior Treatment-Annual Report Review/Approval Approved. BTP charter developed by the work group under CLC for approval by Operations Council.</p> <p>g. FUH Identify Barriers/Interventions Establish subgroup to research value sets, documentation, to determine any necessary changes to identify follow up that is occurring but not included in the measure. The following volunteered: PJ, Elise, Sally, Sarah</p> <p>h. Satisfaction Survey Draft -Distribute/Review High Level. CMHSPs to review and follow up internally for action items. Include action steps on the QIC action plan. MSHN to validate data for areas where there were significant shifts in performance. CMHSP feedback-Response rates increased for those utilizing appointment reminders through EMR to send the link for the satisfaction survey, and those that offered name to be included in the drawing for a gift card.</p> <p>3) Annual Planning</p> <ol style="list-style-type: none"> QIC Annual Plan-Review, Approve Policy/Procedure Review-Provide feedback on document in meeting folder by 11/4/2022 Develop PCP-QI Team Charter (Sandy in collaboration with QIC) Regional Committee/Council Structure-Review Effectiveness- <u>Recommendations</u>-Restructure Meetings. Decrease reporting items on agenda. Ensure 1 week for document review prior to meetings then Q and A in the beginning of meeting with utilization of a consent agenda. Increase focus on driving areas of improvement as a region. Use subgroups to collaborate with others. Use gantt chart for project management. <p>4) CCBHC QI Subgroup</p> <ol style="list-style-type: none"> Beginning in January will be at the end of the QIC agenda
ACTION STEPS	<ul style="list-style-type: none"> Develop Subgroups as indicated above Provide feedback to annua plan and policies/procedures by November 4th.
KEY DATA INTS/DATES	<ul style="list-style-type: none"> MSHN QIC November 17th MDHHS QIC December 7th MSHN QIC December 15th