



Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

<https://us02web.zoom.us/j/83737663290>

Meeting Date: 3/28/2024

Attendees:

- MSHN – Sandy Gettel
- MSHN- Amanda Ittner
- BABH –Sarah Holsinger
- CEI – Elise Magen
- CEI – Shaina McKinnon
- CEI – Bradley Allen
- CEI – Kaylie Feenstra
- Central –Kara Laferty
- Central -Jenelle Lynch
- GIHN –Taylor Hirschman
- Huron – Levi Zagorski

- Lifeways –Phillip Hoffman
- Lifeways-Emily Walz
- MCN – Sally Culey
- MCN- Joe Cappon
- Newaygo – Andrea Fletcher
- SCCMH- Saginaw-Holli McGeshick
- SCCMH-Bo Zwingman-Dole
- SHW-Amy Phillips
- SHW- Becky Caperton
- TBHS –Josie Grannell
- The Right Door- Susan Richards
- The Right Door –Jill Carter
- MSHN- Kim Zimmerman
- MSHN- Paul Duff

KEY DISCUSSION TOPICS

1. Review & Approvals
2. Consent Agenda
3. Performance/Process Improvement
4. Annual Planning
5. Standing Agenda Items
6. CCBHC 11:00-12:00
[March Meeting Packet](#)

- 1) Review & Approvals (9:00)
 - a. Meeting minutes for [20240222](#) were approved.
 - b. No additions to the agenda.
- 2) Consent Agenda-Approved consent agenda.
 - a. [Priority Measures Report](#)
 - b. [2024 CMS Impact Assessment Report](#) (Informational only)
- 3) Performance/Process Improvement-(9:10)
 - a. [Network Adequacy Assessment \(NAA\) Summary](#)-Amanda I. Reviewed the results of the NAA, and the new MDHHS template. The performance rate for the areas of access to services was highlighted due to the need for improvement. Amanda asked the CMHSPs to review the NAA Summary for face validity to ensure accuracy, and to collaborate with CLC to complete the data fields on the service range and availability tab that MSHN was unable to populate. Feedback related to the template was requested. An email will be distributed with more specific information and timelines after review with CLC. MDHHS is requesting the tabs be completed by April 30th.
 - b. [CY23 Summary Penetration Rate](#)-Reviewed documents with supporting data used to evaluate the effectiveness of the interventions. The summary analysis will be finalized in April.
 - c. CY23 Access and Reduction of Disparities – No data was available. MSHN is working with TBD on this project. Information will be available for review in April.

	<ul style="list-style-type: none"> d. Satisfaction Survey – Deferred. e. Satisfaction Survey QI Team Report – The QI Team completed a Fishbone Analysis and Driver Diagram. The documents were briefly reviewed. Input was requested for any additional barriers/factors and ideas for improving the rate of return and consumer satisfaction process. Recommendations will be developed by the QI Team and presented to QIC in April. f. Adverse Events-RCA Template-Sandy and Taylor will meet to review current data elements available in the EMR that could support the electronic submission of Critical incident Remediations as required by MDHHS. g. Morbidity and Mortality Report – Additional discussion regarding next steps to occur in April. <p>4) Annual Planning.</p> <ul style="list-style-type: none"> a. Quality Policies/Procedures-NA <p>5) Standing Agenda Items/Open Discussion-(10:40)</p> <ul style="list-style-type: none"> a. MDHHS QIC Updates –Next meeting April 3, 10-12. The agenda item-Critical Incident Reporting will be requested. No additional agenda topics requested by QIC. b. PIHP Quality Workgroup updates-None-last meeting cancelled. No topics requested from QIC for the PIHP Quality Workgroup. c. MDHHS Site Review updates/reports-Preparations for waiver are in process. The sample will be distributed to MSHN Friday and expected to be sent to CMHSPs by Monday. MSHN will use a sample of the MDHHS selection for the MSHN DMC review. Documents for the MSHN DMC review are to be submitted based on the staggered schedule provided via email by Amy D. The remaining documents for the MDHHS review will be due no later than the final due date provided by Amy D. Information was sought related to the CMHSP process for obtaining the staff credentialing and training records. It was reported that two CMHSPs gather this information in the EMR. MDHHS is considering piloting the review of these documents through EMR. Amy D will provide information related to this process. Standards 1.4 and 1.6 on the administrative tool do not apply to the CMHSPs. d. External Quality Review updates/reports-A Draft Master schedule was provided for all HSAG activity. The majority involve PIHP staff, but record reviews may require CMHSP collaboration. e. Customer Services Committee updates-No updates. f. BH-TEDS Updates-(Hollie)- A project to clean up old records is underway. It is unknown how many records this will entail. g. National Core Indicator Advisory Council updates (Andrea)-No new updates. h. Conferences/Trainings-Improving Outcome Conference May 15-17 i. Other –No other discussion <p>6) CCBHC-11:00 CCBHC QI Subgroup Agenda</p>
ACTION STEPS	<ul style="list-style-type: none"> • CMHSPs follow instructions on upcoming email related to the NAA and new MDHHS template. • CMHSPs review PIP Data prior to next meeting.
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • MDHHS QIC 4/3/2024 10:00 • MSHN QIC 4/25/2024 9:00 • MSHN CCBHC 4/25/2024 11:00 • Improving Outcomes Conference May 15-17