MSHN Mid-State Health Network	Council, Committee or Workgroup Meeting Snapshot **Meeting: Quality Improvement (QI) Council** **Meeting Date: 4/27/2023**

Attendees:		**Guests**	**KEY DISCUSSION TOPICS**

☒ MSHN – Sandy Gettel
☒ Bay Arenac –Lisa Nagel 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
		☒CEI – Shaina Mckinnon
		☒CEI – Bradley Allen
		☒CEI – Kaylie Feenstra
		☒ Central Jenelle Lynch
		☒The Right Door –Jill Carter
		☒ SCCMH-Bo Zwingman-Dole
		☐ MSHN-Joe Wager
		☒ MCN Spencer Turley
		☒ SHW Amy Phillp
			1. Review & Approvals
			  a. Agenda/ Meeting minutes
			  b. Review of follow up action items/QIC action plan
			2. Consent Agenda
			3. Performance Monitoring
			4. Annual Planning
			5. Performance/Process Improvement

	1) Review & Approvals
	  a. QIC Meeting Snapshot from 3/30/2023 was approved.
	  b. Reviewed QIC action items (not on the agenda) and due dates. Current due dates include HSAG PMV Source Code and PI Logic due May 15th. BTPR data April 30th.
	2) Approval of Consent Agenda – Informational items, these may be removed from the consent agenda for additional discussion upon request. Consent agenda items were received and approved.
	  a. Critical Incident Performance Summary FY23Q1
	  b. Customer Service Snapshot
	3) Performance Monitoring
	  a. MMBPIS Performance Summary FY23Q1-MSHN met the standard for each indicator. Barriers and interventions related to specific CMHSP's performance were identified and discussed including historical interventions that have improved performance. Noted increase in appointments not available within 14 days.
	  b. A recommendation to discuss barriers and interventions during the meeting and document on the performance summary in lieu of a separate tracking was made and supported. The expectation is that each CMHSP would continue to investigate causal factors in preparation for the discussion. This would remove the steps of additional documentation, and follow up for single case situations and encourage regional systemic action, sharing of best practices, improvement.
	4) Annual Planning
	  a. HSAG Technical Report-A general review and explanation of the HSAG Technical Report was provided. Current recommendations for MDHHS based on the Goals within the CQS include adding specific performance measures used to support the goals within the Comprehensive Quality Strategy. Develop initiatives to increase the rate related to employment, minimum wage pay, and housing. Successes and barriers could be included within the QAPIP evaluation that each PIHP submit to MDHHS annually.

	b. HSAG PMV-A general review of the ISCAT was completed. The ISCAT provides general processes within the region to ensure data accuracy and compliance with required elements. QI should coordinate with their internal IT to determine if the document reflects CMHSPs practice. If additions need to be made this should be communicated to MSHN by May 15th.
	c. Satisfaction Surveys – Reviewed draft tools and process. Finalize the process and dates.
	   i. The survey drafts were provided for review. It was recommended that no additional questions be included within the MHSIP and the YSS. Final copies will be distributed for final approval via email.
	   ii. Approve methodology-2023 final copy to be sent out via email.
	      1. The population includes all individuals that have been in services for 3 months or longer. And may include those who have been discharged. Each CMHSP will determine a method to identify separate programs while honoring anonymity. Options used include but are not limited to color coding, or name of program on the top of the survey.
	      2. The administration period includes any 4 week period between June 1st and August 31st . The data should be submitted no later than September 16th.
	      3. The distribution methods include: electronic link, mailed, face to face etc. It was noted that response rate increased for those that implemented an incentive program and a link typically used for appointment reminders from the EMR within a text message.
	   iii. Discussion occurred related to other methods such as progress notes, periodic reviews, customer service data etc, used to collect member experience/satisfaction within the CMHSPs to meet regulatory requirements and make improvements. A recommendation was made and supported to develop a work group to identify the needs of member experience, methods/surveys currently used in addition to those required by MSHN and MDHHS, and streamline the process to decrease survey fatigue and administrative burden. Sandy will develop a draft purpose document with goals and timelines, send out an email with request for participants.
	d. DMC Review -No action for April meeting. Begin tool/process in follow up to the Oversight Policy review. The purpose is to discuss solutions to eliminate administrative work identified during the October QIC meeting. Identify areas of focus for the discussion with Amy D, compliance Administrator in May.
	5) Performance/Process Improvement-
	a. Shared discussion of EMR resources to assist in eliminating administrative burden-Discussion of the use of appointment reminders technology within the EMR to send out surveys. Currently Lifeways and GIHN utilize this process with success.
	b. RCA Subgroup- Review and approve draft RCA form developed by the subgroup. The link to the document was sent out for review and finalization next month.

ACTION STEPS	• MSHN to send out final drafts of member experience of care survey tools and instructions. • CMHSPs to review draft RCA document. • CMHSPs to review DMC tools and prepare for discussion of any reduction of administrative burden.
KEY DATA INTS/DATES	• Improving Outcomes Conference May 18 and 19th • QIC May 25, 9-11 • CCBHC QI Subgroup May 25, 11-12