



Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 6/22/2023

				KEY DISCUSSION TOPICS
<b>Attendees:</b> <input checked="" type="checkbox"/> MSHN – Sandy Gettel <input checked="" type="checkbox"/> Bay Arenac –Sarah Holsinger <input checked="" type="checkbox"/> CEI – Elise Magen <input checked="" type="checkbox"/> Central –Kara <input checked="" type="checkbox"/> Gratiot – Taylor Hirschman <input type="checkbox"/> Huron – Levi Zagorski <input checked="" type="checkbox"/> Lifeways –Phillip Hoffman <input checked="" type="checkbox"/> Montcalm – Sally Culey Joe Cappon	<input checked="" type="checkbox"/> Newaygo – Andrea Fletcher <input checked="" type="checkbox"/> Saginaw-Holli McGeshick <input checked="" type="checkbox"/> Shiawassee –Becky Caperton <input checked="" type="checkbox"/> Tuscola – Jackie Shillinger <input checked="" type="checkbox"/> The Right Door- Susan Richards	<b>Guests</b> <input type="checkbox"/> CEI – Shaina Mckinnon <input type="checkbox"/> CEI – Bradley Allen <input type="checkbox"/> CEI – Kaylie Feenstra <input checked="" type="checkbox"/> Central Jenelle Lynch <input checked="" type="checkbox"/> The Right Door –Jill Carter <input type="checkbox"/> SCCMH-Bo Zwingman-Dole <input checked="" type="checkbox"/> MSHN-Paul Duff <input checked="" type="checkbox"/> SHW Amy Phillp	<ol style="list-style-type: none"> <li>1. Review &amp; Approvals             <ol style="list-style-type: none"> <li>a. Agenda/ Meeting minutes</li> <li>b. Review of follow up action items/QIC action plan</li> </ol> </li> <li>2. Consent Agenda</li> <li>3. Performance Monitoring</li> <li>4. Annual Planning</li> <li>5. Performance/Process Improvement</li> </ol> <p><a href="#">June Meeting Packet</a></p>	
<ol style="list-style-type: none"> <li>1) Review &amp; Approvals             <ol style="list-style-type: none"> <li>a. Approved Agenda</li> <li>b. <a href="#">QIC action items</a> -Update current membership contacts on the QIC work plan for Critical Incidents/Sentinel Events, Consumer Satisfaction, MMBPIS by next meeting.</li> </ol> </li> <li>2) Approval of Consent Agenda –Consent agenda items were distributed and accepted in June with no discussion.             <ol style="list-style-type: none"> <li>a. Behavior Treatment Data Performance Summary FY23Q2</li> <li>b. Priority Measures Report FY23Q2</li> <li>c. CCBHC Report DY23Q2</li> </ol> </li> <li>3) Annual Planning             <ol style="list-style-type: none"> <li>a. <a href="#">DMC Review</a> - Begin tool/process review in follow up to the Oversight Policy review. The purpose is to discuss solutions to eliminate administrative work identified during the October QIC meeting. Recommendations or suggestions can be made on the DMC Quality section at this time.</li> </ol> </li> <li>4) Performance Monitoring – Identify barriers and action steps related to disparities.             <ol style="list-style-type: none"> <li>a. <i>PIP 1: Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population.</i>                The CY22 data was reviewed demonstrating a decrease in performance and continued disparity between the black and white population groups. The fishbone diagram was used to identify barriers with feedback from the CMHSPs and MSHN internal staff. Interventions to address the barriers were identified and will be prioritized and assigned to either the PIHP or the CMHSPs.</li> <li>b. <i>PIP 2: Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African</i></li> </ol> </li> </ol>				

	<p><i>American population and the white population.</i> The PIP will be reviewed and discussed next month. <b>Note:</b> Barriers and interventions identified for reducing disparities should impact all measures that monitor disparities.</p> <p>c. <i>Follow up to Hospitalization FUH.</i> See note above.</p> <p>5) Performance/Process Improvement-</p> <ul style="list-style-type: none"> <li>a. Shared discussion of EMR resources to assist in eliminating administrative burden- No discussion.</li> <li>b. <a href="#">RCA Subgroup (Taylor)</a>- Review and approve draft RCA form developed by the subgroup. The RCA subgroup (Talyor H-GIHN) presented the draft RCA. The proposed form was a compilation of several current documents being used, requirements and best practice related to root cause analysis. Input received included changing the Date of Request for the RCA to the Date of Discover/Notification of the event, and the incorporation of remediation field options that are currently in the Critical Incident Reporting System CRM. The group did a great job developing the document for incorporation into the EMR.</li> <li>c. <a href="#">Critical Incident Reporting</a>-Briefly discussed the issues being encountered upon submission. Resolution was deferred to next month to further discuss submission and remediation process. MSHN (Sandy) to begin development of the CRM Critical Incident Reporting fishbone diagram to be used next month.</li> <li>a. <a href="#">MMBPIS Performance Standards for FY24</a>. MDHHS is proposing new standards for Indicator 2-Request to Assessment, 2e-SUD Time to Treatment and 3. Assessment to first Service. The new standards were based on the 50<sup>th</sup> percentile and 75<sup>th</sup> percentile of the states performance in FY22. The PIHPs current performance will determine what standard applies. Lifeways (PJ) developed a list of questions from his organization. Other CMHSPs will review and add any additional comments/questions. MSHN (Sandy) will forward the list to MDHHS before July 7<sup>th</sup>, as requested during the MDHHS QIC meeting in June. <a href="#">Indicator 1</a> – Deferred to next month.</li> </ul> <p>6) Standing Agenda Items/Open Discussion-Deferred to June</p> <ul style="list-style-type: none"> <li>b. <a href="#">MMBPIS</a> FAQ-No discussion</li> <li>c. Organizational Updates-No discussion</li> <li>d. <a href="#">MDHHS QIC Updates</a> -Comprehensive Quality Strategy, CMS rule proposal for Access, Quality, Finance</li> <li>e. BH-TEDS Updates (Holli)</li> </ul>
<b>ACTION STEPS</b>	<ul style="list-style-type: none"> <li>• MSHN to send out Draft PIP barriers/interventions including assignment of the PIHP and/or CMHSP and priority rankings.</li> <li>• Lifeways (PJ) to send out questions specific to the proposed MMBPIS standards. MSHN(Sandy) to send to MDHHS by July 7<sup>th</sup></li> <li>• MSHN (Sandy) to send GIHN(Taylor) the remediation fields currently in the CRM to incorporate into the RCA document.</li> <li>• CMHSP update contacts for Critical Incidents/Sentinel Events, MMBPIS, and Consuemr Satisfaction</li> </ul>
<b>KEY DATA INTS/DATES</b>	<ul style="list-style-type: none"> <li>• HSAG PMV July 17<sup>th</sup></li> <li>• QIC July 27, 9-11</li> <li>• CCBHC QI Subgroup July 27, 11-12</li> </ul>