

Council, Committee or Workgroup Meeting Snapshot

Meeting: Quality Improvement (QI) Council

Meeting Date: 11/21/2024

Attendees:	□ Lifeways –Phillip Hoffman		KEY DISCUSSION TOPICS
	☐ Lifeways-Emily Walz	1.	Review & Approvals
		2.	Consent Agenda
☑ Paul Duff-MSHN		3.	Performance/Process Improvement
	☐ MCN Melissa MacLaren	4.	Annual Planning
		5.	Standing Agenda Items
□ CEI – Elise Magen	SCCMH-Holli McGeshick SCCMH-Hol	6.	CCBHC 11:00-12:00
⊠CEI – Shaina McKinnon	⊠ SCCMH-Bo Zwingman-Dole		September Meeting Packet
□CEI – Bradley Allen			
⊠CEI – Kaylie Feenstra	SHW-Amy Phillips		
⊠_CEIMichael Gardyko	☐SHW- Becky Caperton		
□ Central -Jenelle Lynch			
□ Central Alysha Burns	☐ The Right Door- Susan Richards		
⊠ Huron – Levi Zagorski	-		
1) Review &	Approvals (9:00)		

- - a. Meeting minutes for 20241024 approved. No additions to the meeting agenda
 - b. Announcements
 - Jenna Brown from Saginaw will be replacing Bo, who will be joining MSHN December.
 - A replacement is being sought for Sandy, who will be joining MDHHS in December.
 - CMHSPs please provide contacts for each function in the QIC Workplan.
 - A list of MSHN interim contacts for each project or function will be distributed.
- 2) Consent Agenda The QIC committee Report and Charter were approved
 - a. R5-MSHN_MI2024_PIHP_PIP_Report_F1 Review
 - b. QIC Committee_Council Annual Report Approve with changes from last meeting
 - c. QIC Charter Approve
 - d. DRAFT Policy_Procedures-Review-approve in December
- 3) Performance/Process Improvement-9:05
 - a. PIP Summary- Kim Zimmerman will be the interim primary contact for MSHN
 - Improvement in the rates was demonstrated for both the white and black population groups. The comparison of the rates continues to be statistically significant.
 - Concerns were discussed in September of the variances in the issues impacting access for each CMHSP and interventions that have been put in place locally, and implementation of the regional intervention, Teach back. QIC determined that a regional process should be developed for the use of the Teach back method to ensure consistency in the training and how it was implemented. Due to the timing this may delay the ability to see the impact for the interventions for the CY24 data analysis.

- Action: MSHN will develop and distribute tracking for the documentation of interventions. Interventions should include the required regional interventions or rationale for not implementing and locally implemented interventions.
- Action: MSHN to distribute Teach back training developed by The Right Door for feedback, coordinate with CLC to obtain approval and develop a plan for regional use including distribution of standard training, staff to be trained, frequency of training, and evaluation of efficacy. Since efficacy is unknown it is recommended that a small group pilot until an evaluation of efficacy can be completed.
- MSHN should consider local interventions going forward for regional PIPs, with a consistent method of tracking effectiveness, and evaluate benefits of regional implementation based on the local results.
- b. Critical Incidents/Remediations –Dan Deloff will be interim primary contact for MSHN.
 - Reviewed the New Draft Procedure for Critical Incident-Sentinel Event Reporting. Access to the CRM Critical Incident
 Reporting System has been discouraged by MDHHS. The FY23 pilot which compared the direct access for CMHSPs to
 the CRM and PIHP only access to the CRM included significant improvements in the timeliness and accuracy of the for
 those CMHSPs that had direct access to the CRM.
 - Action: MSHN will have internal discussions to review changes to the CRM and the MDHHS process since FY23
 for any negative impacts of additional CMHSPs to have direct access. If no negative impacts can be determined
 a plan will be developed for additional CMHSP access, including updating the. Lunch and Learn Training
 provided in FY23.
- c. BTPRC-Potential Data Collection-Physical Interventions versus Episodes of Physical Intervention. Based on the initial feedback there is support for changing from incident to episode.
 - Action: CMHSPs speak internally to identify any issues by reporting physical management by episode instead of by incident.
 - o <u>Action</u>: QIC collaborate with the BTPRC workgroup to identify any discrepancies with MDHHS expectations.
 - Potential Action: If approved-QIC/BTPRC workgroup develop an implementation plan to include updating definitions, and instructions.
 - o Action: CMHSPs are required to upload BTPRC Data to REMI-Affiliate Submission for the FY24Q1 data.
- 4) Annual Planning
 - a. QIC Committee/Council Survey Results- Deferred
 - b. QAPIP Report-Recommendations-Workplan
 - HSAG PMV Based on previous decisions in QIC, increased monitoring of targeted areas will occur for those CMHSPs (CEI, Lifeways, TBHS) that had findings during the HSAG PMV review of primary source verification. This will be completed in conjunction with any caps developed based on the delegated managed care review results. The QAPIP work plan was reviewed which included the action steps. No issues brought forward.
 - c. QAPIP Plan-Reviewed the changes to the QAPIP Plan and actions steps imp0acting QIC.
 - o Action: MSHN to distribute the Draft Plan/Report by the end of week for review.
- 5) Standing Agenda Items/Open Discussion-10:30
 - a. MDHHS QIC Updates (Sandy) Next Meeting December 4th.
 - b. Data Analytics Workgroup-(Jill) -Next update in December.
 - c. PIHP Quality Workgroup-(Sandy) Defer to December-Kim will attend in the interim.

	d. Critical Incident Leads Workgroup-(Sandy) -Defer to December -Dan and Kim will attend in the interim.	Ī
	e. BH-TEDS Updates-(Holli)- As needed	
	f. National Core Indicator Advisory Council-(Andrea) -As needed	
	6) CCBHC-11:00	
ACTION	See action items bullets above.	
STEPS	CMHSPs review draft policies and procedures located in link above.	
KEY DATA	Improving Outcomes Conference December 4-6 Dearborn, Mi.	
INTS/DATES		