

**Meeting: Quality Improvement (QI) Council**

**Meeting Date: 4/28/2022**

**\*Zoom Attendance**

- MSHN – Sandy Gettel\*
- Bay Arenac –Sarah Holsinger\*
- CEI – Elise Magen\*
- Central –Kara Lafferty\*
- Gratiot – Taylor Hirschman\*
- Huron – Levi Zagorski\*
- Lifeways –PJ Hoffman\*
- Montcalm – Sally Culey\*
- Newaygo – Jeff L\*
- \_Saginaw-Holli McGeshick\*
- Shiawassee –Becky Caperton\*
- Tuscola – Jackie Shillinger\*
- The Right Door- Susan Richards\*
- Tuscola -Tracey Smith\*

**Guests**

- CEI – Tonya Seely\*
- The Right Door –Jill Carter\*
- MSHN Joe Wager \*
- MSHN Tammy Foster
- GIHN Pam Fachting
- MCN Joe Cappon\*
- Lifeways –Joshua Williams
- SCCMH-Bo
- CEI – Bradley Allen\*
- MSHN Ron Meyer\*

**KEY DISCUSSION TOPICS**

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| <ol style="list-style-type: none"> <li>1. MDHHS Waiver Review 9:00-10:00</li> <li>2. Review &amp; Approvals 10:00               <ol style="list-style-type: none"> <li>a. Meeting minutes</li> <li>b. Review of follow up action items/QIC action plan</li> </ol> </li> <li>3. Performance Improvement Projects 10:10               <ol style="list-style-type: none"> <li>a. PIP 1 Disparity-Penetration Rate</li> <li>b. PIP 2 MMBPIS 3-Ongoing Service</li> </ol> </li> <li>4. Project Development 10:30               <ol style="list-style-type: none"> <li>a. MMBPIS-FAQ</li> <li>b. EMR Category Cleanup</li> </ol> </li> <li>5. Performance Measure Updates 10:45               <ol style="list-style-type: none"> <li>a. MMBPIS FY22Q1 Performance Summary</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>6. Annual Planning-11:00<br/>BH-TEDS / Encounters Oversight<br/>Tools review/approval</li> <li>7. MDHHS/MSHN Updates 11:15               <ol style="list-style-type: none"> <li>a. MDHHS QIC</li> <li>b. External Quality Reviews</li> <li>c. Other announcements</li> </ol> </li> </ol> |
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**KEY DECISIONS**

- 1) MDHHS Waiver Review
- 2) Review & Approvals
  - a. Meeting minutes for 3/24/2022 were approved with no edits.
  - b. Review follow up action items/QIC Action Plan. NCMH, SHW, CEI, Lifeways need to complete the MMBPIS CAP for FY22Q1 that was due 4.28.2022. BTPRC data due April 29, all but 2 have submitted.
- 3) Performance Improvement Projects (PIP)-Development,
  - a. PIP 1 Disparity-Penetration Rate-No data available for review. Will be sent out early next week for discussion at the May meeting.
  - b. PIP 2 MMBPIS 3-Ongoing Service. The project description and data were reviewed. The annual rate used for baseline will be the MSHN average percentage over the 4 quarters in FY21. The goal is a 10 percent increase from the baseline rate. The end goal will be to meet or exceed the State of Michigan average. This will be accomplished through incremental increases throughout the life of the project.
- 4) Project Development
  - a. MMBPIS (Michigan Mission Based Performance Indicator System)- Review the FAQs. No additional information or consensus related to the issue of reporting when an emergent service falls between the first and second service. The type of emergent service i.e. hospitalization versus a crisis call affects the outcome. Individual case by case decision currently made. Continued discussion next month.
  - b. EMR Category Clean up-Data submitted include variance in the column on the MMBPIS template “required information”. This requires manual cleaning and additional follow up to ensure accurate data is used for the analysis. Each CMHSP should review to ensure the language is consistent with the MSHN detail instructions, ensure correct mapping from the EMR to the column “Required Documentation” in the MMBPIS template. Due to competing priorities an estimated date for completion is FY22Q4. A final date will be explored and determined as part of the barriers and interventions applied for the MMBPIS PIP.
- 5) Performance Measurement Updates
  - a. MMBPIS FY22Q1 Performance Summary- MSHN met or exceeded the standard for Follow up within 7 days after psychiatric inpatient discharge (child), Follow up within 7 days after psychiatric discharge from a detox unit, and Readmission to psychiatric unit within 30 days (adult and child). MSHN did not meet the standard for follow up within 7 days after a psychiatric inpatient discharge (adult). The primary

	<p>causal factors included consumer no shows and appointment availability based on staff shortages. Brainstorming using the causal factors will occur to identify action steps for improvement. The following CMHSPs required corrective action: CEI, TBHS, SCCMH, Lifeways, HBH, NCMH, and SHW.</p> <p>6) Annual Planning-BH-TEDS/Encounters Oversight Tools review with approval received.</p> <p>7) MDHHS/MSHN Updates</p> <ol style="list-style-type: none"> <li>a. MDHHS QIC PCP Promising Practice Discussion-The outcome of the discussion included the following: concern regarding an increase focus on compliance rather than quality, CMHSPs across the state feeling disconnected from the PIHP related to the PCP process, a request for the PIHPs to become more active in providing training/guidance of tools and supporting processes available within the region. Central Michigan did a great job developing a process flow map, including required timelines and regulations related to the PCP process. QIC will engage in a PCP quality improvement process to assist in improving the quality of the PCP for consumers. Elise shared the proposals to address BH workforce shortage and reduce the administrative burden of michigan’s public health system from the CMHA.</li> <li>b. External Quality Review-Due dates for documentation are included on the QIC action plan.</li> <li>c. Other-Death Certificates for critical incident reporting-Issue-cost of obtaining the death certificate from the county clerk is cost prohibitive in one CMHSP (26-30 dollars each). Took a poll to determine who was paying for the certificates 1/3 of the CMHSPs are paying for them, 1/3 are not paying for them and 1/3 is unknown. Those that are paying indicate the cost as significantly less, approximately \$1.50 each, others receive them from funeral homes at no cost or verbal results from the county clerk. Not obtaining the cause of death results in an increase of “unknown” deaths reported to MDHHS. Additional follow up with the State offices needed.</li> </ol>
<p><b>ACTION STEPS</b></p>	<ul style="list-style-type: none"> <li>• MSHN to send the draft baseline PIP data for the Reducing/eliminating the disparity between the index population and the minority penetration rate early next week.</li> <li>• CMHSP to complete required CAP for MMBPIS by 5/26/2022.</li> </ul>
<p><b>KEY DATA INTS/DATES</b></p>	<ul style="list-style-type: none"> <li>• QIC / Waiver Review Touchbase May 26, 2022</li> <li>•</li> </ul>