

Council, Committee or Workgroup Meeting Snapshot
Meeting: Quality Improvement (QI) Council

Meeting Date: 9/22/2022

***Zoom Attendance**

- ☒ MSHN – Sandy Gettel*
- ☒ Bay Arenac –Sarah Holsinger*
- ☒ CEI – Elise Magen*
- ☒ Central –Kara Lafferty*
- ☒ 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*
- ☐ Tracey Smith*

Guests

- ☒ CEI – Shaina Mckinnon*
- ☒ The Right Door –Jill Carter*
- ☐ MSHN Joe Wager *
- ☒ MCN Joe Cappon*
- ☒ Lifeways –Joshua Williams
- ☒ SCCMH-Bo Zwingman-Dole
- ☒ CEI – Bradley Allen*
- ☐ CEI – Tonya Seely*
- ☒ SHW April Riley
- ☒ Michael Gardyko CEI Intern
- ☒ Jenelle Lynch

KEY DISCUSSION TOPICS

Meeting Materials

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| <ol style="list-style-type: none"> 1. Review & Approvals 9:00 <ol style="list-style-type: none"> a. Meeting minutes b. Review of follow up action items/QIC action plan 2. Performance Monitoring <ol style="list-style-type: none"> a. Critical Incident Summary FY22Q3 b. FUH Summary FY22Q3 3. Performance Improvement Projects 9:30 <ol style="list-style-type: none"> a. PIP 2 Disparity Penetration Rate- Review Baseline and project action steps | <ol style="list-style-type: none"> 4. Performance Development/Improvements <ol style="list-style-type: none"> a. MMBPIS-FAQ b. Critical Incident -CRM Development- Implementation Plan c. EMR Category Cleanup d. Mortality Review Standardized Elements e. Social Determinants of Health 5. Annual Planning- <ol style="list-style-type: none"> a. Policies/Procedures b. QIC Charter c. QIC Annual Report 6. MDHHS/MSHN Updates <ol style="list-style-type: none"> a. BH-TEDS Updates b. MDHHS QIC c. External Quality Reviews d. MDHHS Waiver Reviews |
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KEY DECISIONS

- 1) Review & Approvals
 - a. Meeting minutes/Agenda- Meeting minutes from 8/25 were approved. No additions to the agenda.
- 2) Performance Monitoring
 - a. Critical Incidents Summary FY22Q3-MSHN met the standard for each measure, demonstrating a decrease from FY21 in critical incidents and deaths. Interventions for improving timeliness of reporting have been effective, demonstrating an improvement from FY22Q1.
 - b. [FUH](#) Summary FY22Q3-Performance has demonstrated a decrease through FY22Q3. QIC is obtaining more information for clarification of the specifications and codes that are included for the CMHSP provider value set, and interventions and barriers identified through collaboration with the Medicaid Health Plans.
- 3) Performance Improvement Projects (PIP)-
 - a. PIP #2 (Internal Regional)- Reducing or eliminating the racial or ethnic disparities between the Black/African American Medicaid recipients and the White Medicaid recipient's penetration rate-The project was reviewed and will be scheduled with the MMBPIS quarterly review. Discussed options for identifying barriers and interventions. Four CMHSPs indicated having, or in the process of developing an internal or community group to address disparities/equity. MSHN has a new workgroup, REACH (Regional Equity Advisory Committee for Health). QIC will need to work with REACH and internal resources for identification of barriers and interventions. Sandy to seek information related to the geographical areas that are represented in the MSHN REACH workgroup.
- 4) Performance Improvement/Development
 - a. [MMBPIS-FAQ](#) – No additional questions added to the FAQ.
 - b. Critical Incident-CRM Development-Implementation Plan – Each CMHSP reported varied levels of readiness. Five CMHSPs indicated they were waiting for a response from their project manager on the training or implementation of the new reporting IR module in their testing system. MSHN has not been

	<p>involved in any testing at this point for the receipt or submission of the critical incidents into the CRM. Project Managers indicate it will be ready for 10/1 implementation. Sandy to follow up related to the progress for implementation of the CMHSP and PIHP information systems to submit incidents to the CRM.</p> <ul style="list-style-type: none"> c. EMR Category Cleanup EMR Category Cleanup. Mike, CEI intern, created a grid to identify the fields that are available for use in each CMHSP's EMR and in MSHN's information system. The information will be reviewed, compared to the fields that are being used for reporting, determine what should be removed or added. Discussion to occur related to next steps in October. d. Mortality Review Standardized Elements Mortality Review Document Sharing- Defer e. Social Determinant of Health-Lifeways demonstration is scheduled for September 27 11:00 <p>5) Annual Planning-</p> <ul style="list-style-type: none"> a. Quality Policies and Procedures-Quality Policies/procedures will be distributed for review during October/November. b. QIC Charter-The charter was reviewed and approved with the addition of meeting dates for the months of November and December. It was recommended that a different template be used for the meeting agenda to clearly identify action items and expectations for meeting agenda items. c. QIC Annual Report-Will be distributed for review and approval in October. <p>6) MDHHS/MSHN Updates</p> <ul style="list-style-type: none"> a. MDHHS QIC –Next meeting is October 5th from 10-12. b. BH-TEDs Updates-Holli reviewed the changes for FY23. The BH-TEDS documentation has been posted to the website. c. External Quality Review-FY21 Compliance Review CAP Progress Report (due 9/30/2022) and EQR Technical Report (due 9/23/2022) in folder for review. d. MDHHS Waiver Review-CAP Submitted. The MSHN action items were reviewed and will be included in the QAPIP. The actions include regional oversight of all standards that received a citation, regional training related to IPOS development, development of quality improvement teams to identify barriers for PCP documentation/implementation, and guidelines for training documentation with potential modifications to the training requirements for MSHN.
ACTION STEPS	<ul style="list-style-type: none"> • MSHN/CMHSP to follow up with project managers about the CRM implementation specific to their information systems to ensure readiness for input 10/1/2022. • MSHN to follow up with FUH barriers and interventions.
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • CCBHC QI Subgroup September 27 9-10:30. 4th Tuesday of the month • MDHHS QIC October 5, 10:00-12:00 • Data Analytics October 11, 1:00-3:00 • MSHN QIC October 27, 9:00-12:00 •