

Community Mental Health Affiliation of Mid-Michigan
QI Workgroup Minutes – 12/9/04

Present: Paul Duff, Fran Jozefowicz, Sally Johnson, Lynn Charping, Moira Davenport-Ash, Susan Kilgore, Chip Johnston, Liz Holcomb, Bonnie , Bob Sheehan

Announcement: Ionia will be moving into their new facility on 12/20/04. The new main phone number will be (616) 527-1790.

Issue: MDCH site visit plan of correction:

Discussion: Fran updated us on the status of the POC. Evidence is due to Fran by 12/13/04. If the due date for correction has passed, evidence must show the plan was completed. If the date is in the future, evidence should demonstrate that we are working on completing the plan of correction.

Action: Fran will let us know after 12/13 if there is additional information required.

Issue: External Quality Review

Discussion: Information obtained from the 12/2/04 meeting with DCH staff and HSAG staff was shared with the Workgroup. Issues to work on include: Demonstrating delegation to contractors for required functions or if not delegating, PIHP monitoring the performance of the contractor. This includes CA's. Information to send to HSAG must be submitted to Fran by 12/13/04.

Action: Fran will let us know if there are areas that need additional information.

Issue: QI Plan Monitoring

Discussion: Lynn updated the QI plan for 2005 based on the HSAG protocols. She provided copies of the plan to the committee with updates in red. It was noted that each affiliate (CMHSP) reports on delegated functions to the PIHP through the workgroup process. The workgroup reviewed the changes.

Action:

1. Revised plan to go to the January Core Group and the PIHP Performance Monitoring Committee.
2. Language was added that the QI Workgroup will monitor the PIHP plans of correction (DCH, EQR).

Issue: Compliance Plan

Discussion: Compliance Plan was reviewed by the workgroup.

Action:

1. Approved as written
2. To Core Group in January '05
3. Contact list was updated.

Issue: Record Reviews

Discussion: Moira walked the workgroup through the record review data for fy'04. The Committee supported reducing the number of items that are reviewed.

quarterly. The standard for an item to remain on the review tool is to keep items that were cited by DCH as not being in compliance, that scored below 90 or that are required by accrediting bodies. Each CMHSP may also monitor an item locally when that CMHSP's performance is low.

Action:

1. Clinical Record review will be added to the PIHP Performance Monitoring Committee standing agenda as a regular review item. Moira will join the PIHP performance monitoring committee.
2. A full record review will be conducted on all records one review period during each contract period. This is to ensure that items that have been in compliance maintain the high (above 90) performance.
3. The revised, shortened record review tool will be implemented for 3rd quarter of 2005.
4. Each CMHSP must re-educate their own staff in use of the revised tool.

Next Meeting: February 4, 2005 at Lynn's house in Alma. Agenda will include QISMC.