

CMHAMM
Work Group Meeting Minutes

<p>WORK GROUP NAME: Quality Improvement</p> <p>LOCATION: Gratiot CMH</p> <p>DATE: 7/7/06</p> <p>GUESTS: Jana Perez, Gratiot CSR Julie Barrons, CEI CSR</p>	<p>PRESENT: (please bold note-taker)</p> <p>Paul Duff, CEI Fran Jozefowicz, CEI Liz Holcomb, CEI Pamela Stants, CEI Stefanie Zin, CEI Lynn Charping, Gratiot Sally Culey, Ionia Cindy Ingersoll, Newaygo Susan Kilgore, Newaygo</p>	<p>cc: Work Group Members:</p> <p>Liz Holcomb, CEI Paul Duff, CEI Fran Jozefowicz, CEI Pamela Stants, CEI Stefanie Zin, CEI Lynn Charping, Gratiot Sally Culey, Ionia Chip Johnston, Manistee-Benzie Susan Kilgore, Newaygo Cindy Ingersoll, Newaygo</p>
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New, Follow- up, Ongoing	Topics Discussed	Discussion/Decisions	Action/ Responsible Party	Due Date	Status (complete, barrier to completion)
Ongoing	1) Review of last meeting minutes	1) -The Sentinel Event/Root Cause Analysis training has been rescheduled for 9am on 8/4/06 at Gratiot CMH. -QI Plan, Goal #1: The Affiliation Steering Committee has discussed this issue (MA penetration rate). Need to check the last consultation draft for accuracy of data.	-----	-----	
Ongoing	2) DCH Site Visit	2) General discussion held regarding site visit. The affiliation will have a meeting when final report comes in to determine plan of action. The QI group may want to look at revising the Record Review Tool to address findings from the DCH visit.	-----	-----	
New	Psychiatric Advance Directives	3) Pam discussed the current status of psychiatric advance directives and shared handouts of the advance directive form and Q&A current on DCH's website. The Recovery Council worked on these and it is yet to be reviewed by DCH's ORR. Steering Committee has discussed, and recommends it also be reviewed by the State Court Administrators, as well as potentially reviewed by HSAG to see if it meets federal requirements. Steering Committee recommends waiting to hear results from Court Administrators and ORR, and waiting for directives from DCH on the use of this form.	-----	-----	

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Follow-up	4) EQR/HSAG	<p>4) –Corrective Action from the last site visit was discussed. Will wait to get DCH site visit report back, then work on updating the consumer handbook.</p> <p>-As part of monitoring, PIHP will be doing annual site visits at the CMHSPs. PIHP is putting together the tools to do this.</p> <p>-3rd Year site visit will be in March of 2007. Not much for review in terms of QI; more will be of contracting and credentialing.</p>	-----	-----	
New	5) Performance Indicators	<p>5) Reviewed Qtr 2 data. Plans of corrections were sent to all affiliates. 1st Qtr plans have been returned. 2nd Qtr plan still due from CEI.</p> <p>-PI #2 shows where MSSAC has made the most advancement in procedure and data collection (from 14%-81%). The PIHP continues to work with them in improving their data collection and reporting. MSSAAC and CEI are outliers.</p> <p>-PI #3 shows MSSAC and CEI as outliers.</p> <p>-PI#4 shows CEI, Ionia, Gratiot, and MSSAC as outliers. This continues to be a problem area.</p> <p>-PI #12 shows Gratiot and Newaygo as outliers.</p> <p>Discussion occurred regarding OBRA reporting. OBRA services should NOT be included in performance indicator reports.</p> <p>Discussion on definition of a denial: do not include if person was denied and referred elsewhere due to commercial insurance, and do not include if request was for a service we are not required to have.</p>	-----	-----	

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Ongoing	6) QISMC Project #1 & 2	<p>We do need to look at how we are tracking informal denials as an affiliation. This will be a topic at the next QI meeting.</p> <p>6) #1: Reviewed data (handout) for Quarters 1 & 2.</p> <ul style="list-style-type: none"> • Noted that Manistee Benzie has 24 of 24 consumers with a PCP also have a signed release of Information. • Noted that most communication is originating from the CMH to the PCP. • Noted that baseline surveys of PCP offices stated they preferred telephone contact or written info as the preferred method...mostly phone. But data shows that methods being used are inconsistent with originally determined preferences. <p>CEI has met with its ACT team to discuss the current project and clarify what is being reviewed and what is being requested. Their ACT plans to make some changes in how they are documenting coordination of care.</p> <p>Ionia has procedures that standardized letters are sent to physician's at the time of the person centered plan and as meds change to update them on services.</p>	<p>Bring local procedures/forms for tracking informal denials</p> <p>Everyone share data with their ACT teams to update them on the project.</p> <p>Liz: send data summary to QHP's</p>	<p>7/21/06</p> <p>ASAP</p> <p>7/31/06</p>	
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		<p>#2: In prep for sending in report to DCH, Liz will obtain the latest update from Michael Brashears and Darren Lubbers as to status of assessment of CMHSPs. Will also include baseline % data of how many people with MI or SA served have a co-occurring diagnosis:</p> <p>Report for each quarter of FY06:</p> <ul style="list-style-type: none"> • Total number of persons served with MI OR SA (denominator) • Total number of persons served with co-occurring disorder of MI/SA (numerator) 	Each affiliate send to Liz	7/24/06	
Ongoing	7) Compliance Issues	<p>Newaygo is working on a project of getting their service entry time down to 3 days. Working on outliers</p> <p>Gratiot reported situation where a staff received disciplinary action due to findings from a HIPAA compliance walk-through.</p>	-----	-----	
Ongoing	8) QI Issues	None reported at this time.	-----	-----	
New	9) Other	<p>-Satisfaction surveys: bring local plans of action to next meeting from 2005 survey reports.</p> <p>-Ambassador Handbooks made by workgroup at MACMHB are out. Training is to be held 7/13 and 7/18. Julie B. from CEI to attend.</p>	Bring to next meeting.	7/21/06	

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<p>Follow-Up</p>	<p>10) Customer Services/ CSR report</p> <p>11) Next Meetings</p>	<p>10) -Judy Webb indicated at the last conference that the consumer handbook guideline was done, but it still appears draft. Will need to ensure that information is incorporated into our new one. Discussion on putting the handbook and provider info on the website, and whether website or hard copy, keeping the provider listing separate as providers change. Customer Services Standards still draft. Greg Snyder, Newaygo CEO, is affiliation rep. Once standards finalized, QI workgroup will review for actions to be taken to meet standards within our affiliation.</p> <p>-Jana reported aggregated data on the Mystery Shopper Project from 10/1/05-6/30/06.</p> <ul style="list-style-type: none"> • Noted high scores across the affiliation. • Areas that scored less than perfect were noted to be as scored by one CSR in particular who is known to be very detailed. • Each affiliate to share info with their CMH and report back if any action to be taken. • Level 1 project (mystery phone calls) will be completed as of 9/30/06. Level 2 will include a site visit at each CMHSP. Reviewed the visit scoring tool and made recommendations. CSRs will be in charge of this at their own CMH. Visits to be done 1x/mo at each site. For CEI, this will need to be adjusted due to multiple sites. The next few months will be pilot only. 	<p>Share Mystery Shopper Level 1 results with own agency</p>	<p>As appropriate</p>	
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		<p>11) Next Meetings: 7/21 10a @ Ionia 8/4 9-2 @ Gratiot (9-11 is SE/RCA training)</p>			
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