

CMHAMM

Work Group Meeting Minutes

<p>WORK GROUP NAME: <u>QI/Compliance Work Group</u></p> <p>LOCATION OF MEETING: <u>CMHA-CEI</u></p> <p>DATE: <u>07-08-11</u></p>	<p>PRESENT AT MEETING: (please identify the note-taker*)</p> <p>Lynn Charping (Gratiot) Sally Culey (Ionia) Paul Duff (CEI) *Debbie Heinze (Affiliation) Liz Holcomb (CEI) Cindy Ingersoll (Newaygo) Susan Kilgore (Newaygo) George Ott (Centra Wellness) Brenda Reeves (Gratiot) Amy Taylor (Centra Wellness) Kim Zimmerman (Affiliation) Stefanie Zin (CEI)</p>	<p>cc: Work Group Members (list names of members and CMHSP they represent)</p> <p>Julie Barron (CEI) Lynn Charping (Gratiot) Sally Culey (Ionia) Paul Duff (CEI) Liz Holcomb (CEI) Cindy Ingersoll (Newaygo) Susan Kilgore (Newaygo) George Ott (Centra Wellness) Brenda Reeves (Gratiot) Amy Taylor (Centra Wellness) Kim Zimmerman (Affiliation) Stefanie Zin (CEI)</p>
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<p>Topics Discussed (identify the workgroup charge being discussed)</p>	<p>Discussion/Decisions (Provide details on member discussion and any decisions/recommendations being made)</p>	<p>Action To Be Taken/Responsible Party To Complete Action:</p>	<p>Due Date of Action:</p>	<p>Status (identify if charge is completed, in progress or if there are barriers to completing)</p>
<p>Review Minutes & Agenda</p>	<p>The meeting was called to order at 10:10 AM by Kim.</p> <p>The May 13 meeting minutes were approved by consensus.</p> <p>The following items were added to the agenda:</p> <ul style="list-style-type: none"> • Update to Clinical Record & Level of Care reviews (Paul) 			<p align="center">Complete</p>

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Customer Service, Peer Support, & Consumer Advisory Council Update	<ul style="list-style-type: none"> • CultureVision (Sally) <p>Julie Barron was not present to report.</p>	Liz & Kim will attend the next CSR meeting to draft a work group charge, which will be brought back to this group for approval.		Pending
Review of PIP	<p>The group felt the data Kim re-sent is accurate. Discussion ensued regarding barriers relative to Peer Support Specialists. Liz noted PSS's have no data entry access; ES & Bridges services are bundled, so a handwritten log is kept, but data is not able to be entered. Kim stated effective July 1 there are issues related to certified versus non-certified PSS's; the PSS must be a recipient of public mental health services and a "severe" diagnosis to be eligible for certification training; there are also mandatory training types and frequencies</p>	Each affiliate will bring a recommendation to the next meeting regarding a focus barrier. Barriers need to link to actions taken to overcome, and can be measured before and after.	August 12, 2011	Ongoing

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Satisfaction Surveys	<p>required to maintain certification. Time spent in training is equal to, or exceeds, time on the job; this results in inadequate staffing. There is a need to improve communication between clinicians and the PSS's to clarify roles. If the PSS's are not far enough along in recovery they spend time dealing with their own issues; this leads to absences, and increased paperwork to revise client plans.</p> <p>Kim asked for analysis and evaluation of Richard's presentation on the satisfaction surveys. Liz suggested PSS's follow up via phone with the survey for three months following case closure to improve the rate of return; PSS's could visit residential homes to conduct face to face surveys. Amy suggested local</p>	Richard will redact names and re-issue survey results suitable for publication. He will provide more frequent updates regarding the receipt of the surveys.		Ongoing

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Review of Audits	<p>identification of areas of concern, and document steps taken relative to improvement. Sally is concerned with the age of the data (up to one year old); Liz noted the new August – October survey timeframe should help keep data current.</p> <p>Kim sent out the DCH audit results, and reminded the group the Plan of Correction is due July 15. She announced Detroit-Wayne would like to switch 2012 site review dates with CMHAMM.</p>	<p>Send Plan of Correction evidence to Kim by July 13. Kim will contact Tom Renwick to confirm audit dates will be changed to February 27 through March 16, 2012.</p>	<p>July 13, 2011</p>	<p>Pending</p>
CCR & LOC Updates	<p>Paul explained and discussed the electronic record adjustments CEI's IS department are making to the Clinical Record Review and Level of Care. A report is being developed for CEI, Ionia and Gratiot.</p>	<p>Centra Wellness and Newaygo need to develop a report; consultation is available with CEI's IS.</p>		<p>Ongoing</p>

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CultureVision	Sally announced there is a web-based resource, CultureVision, to assist in delivering culturally competent patient care. She explained the different areas it addresses, and stated the cost is equivalent to Essential Learning. She asked if any affiliates would be interested in sharing the cost of this resource.	View the resource at www.crculturevision.com , and contact Sally if interested in pursuing.		Complete
Affiliation Consumer Handbook	Stefanie announced it is time to re-order the Affiliation Consumer Handbook, and asked each affiliate to review for needed revisions.	Send handbook revision requests to Stefanie.	August 1, 2011	Pending
PIHP BTC	The data and reporting format for second quarter (January 2011 – March 2011) were reviewed. Kim stated the purpose is to identify trends. Discussion ensued regarding inconsistency in reporting. The PIHP Behavior Treatment	Kim will make the suggested revisions to the reporting form.		Ongoing

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Next Meeting	<p>Rights fair was held as an employee training with 130 people in attendance.</p> <p>Liz reported CEI will be presenting an anti-bullying puppet show to 200 DD consumers at Hawk Island July 13.</p>		August 12, 9:00 AM to 12 Noon, at CEI in Conference Room G11-C	