



Clinical Care Committee  
Minutes  
 12/5/08; 9a-12p; Towner, Rm. #223  
 Meeting Room Telephone # 734-544-6810

J. Capobianco, S. Reitmeier, V. Stead, L. Newberg, M. Phillips, P. Moise, S. Keener, J. Terwilliger, B. Spalding, J. Sahutoglu, S. Wiland, J. Kearney, K. Milner, M. Scalera, B. Wilson, D. Healy, D. Orrin, G. Harris (*bolded name indicates present at meeting; non-bolded name indicates absent at meeting*)

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Approve Minutes & Agenda	<p><b>Agenda additions</b></p> <ul style="list-style-type: none"> <li>• QAPIP Update</li> <li>• PHR and Nursing Assessment for Specialized Residential Population</li> <li>• Strategic Plan Update</li> <li>• Incident Reporting Process</li> </ul> <p><b>Minute changes</b></p> <ul style="list-style-type: none"> <li>• Previous meeting minutes were not available to review</li> </ul>		
II. QAPIP Update	<ul style="list-style-type: none"> <li>• The coordination of care study data showed improvement in consumer coordination of care</li> </ul>		
III. Strategic Plan	<ul style="list-style-type: none"> <li>• A plan for implementing the strategic plan initiatives will be created; the CCC work plan will be included in the plan</li> </ul>		
IV. Incident Reporting	<ul style="list-style-type: none"> <li>• A review of the Incident Reporting process showed duplication of incident report entry into the Encompass system</li> <li>• Each county's incident report reporting process will be reviewed</li> <li>• Incident reporting codes are being used incorrectly. The abduction code is the first code listed on the incident report. Washtenaw County has an unusual high number of abductions.</li> <li>• Next steps for clearing up the incident reporting process are being determined</li> </ul>		
V. PHR and specialized residential	<ul style="list-style-type: none"> <li>• The Livingston County CMHA (LCCMHA) completes a comprehensive nurses' assessment for all consumers living in specialized residential settings. LCCMHA would prefer not to complete a personal health review (PHR) for this population as it would be duplicative. The same information in a PHR is contained (in narrative form) in a nurses'</li> </ul>	<p><b>S. Keener will present the following CCC recommendations to the AEC on 12/15/08:</b></p> <ol style="list-style-type: none"> <li>1. <b>CCC strongly recommends consumers with a</b></li> </ol>	

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	<p>assessment.</p> <ul style="list-style-type: none"> <li>• CCC would like to see the nurses assessment form revised to include elements of the PHR (embed PHR fields into the nurses assessment, for ease of data pull)</li> <li>• Cross populated fields were suggested</li> <li>• A separate issue regarding level of nursing was also discussed. This issue will be further discussed at a later date</li> </ul>	<p><b>completed nurses' assessment be exempt from completing a PHR.</b></p> <ol style="list-style-type: none"> <li><b>2. Incorporate PHR elements into the nurse assessment form (this is needed to collect integrated health data)</b></li> <li><b>3. In the interim, nurses completing a nurses assessment will use specific language (outlined in the PHR procedures) when a consumer is at-risk or diagnosed with one of the identified chronic health diseases.</b></li> <li><b>4. Revise the PHR and Nurses Assessment forms to collect data in a format other than a comments section.</b></li> </ol>	
VI. Workgroup Updates	<ul style="list-style-type: none"> <li>• None</li> </ul>		
VII. Standing Agenda Items	<p><b>Performance Improvement (PI) Committee Update-L. Newberg</b></p> <ul style="list-style-type: none"> <li>• L. Newberg presented a report of the 12/4/08 PI Committee meeting to the CCC <ul style="list-style-type: none"> <li>○ S. Reitmeier has accepted new role at the WCHO. She will transition from PI Administrator and Chair to Provider Relations Unit (PRU) Manager.</li> <li>○ The PI Liaisons recommended M. O'Hare assume role of PI Committee facilitator.</li> <li>○ The PI Liaisons will meet with nurses to determine the scope of the issue nurses brought forward related to progress notes in Encompass</li> <li>○ The Affiliation Dashboard Measures were reviewed</li> <li>○ Discussion had on discipline specific</li> </ul> </li> </ul>		

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	<p style="text-align: center;">workgroups</p> <p><b>Evidence Based Practice (EBP) Update-J. Capobianco</b></p> <ul style="list-style-type: none"> <li>• <u>Integrated Health</u>- the Affiliation received a small block grant to implement integrated health across the Affiliation. Washtenaw CSTS and the U of M met to discuss integrated health across the country.</li> <li>• <u>Family Psycho-Ed</u>- met with the state twice in fall '08. More information will be available in January '09. Training and fidelity monitoring should be less difficult in 2009</li> <li>• <u>IDDT/Co-Occurring</u>- upcoming conference April 1<sup>st</sup> and 2<sup>nd</sup> 2009, location to be determined</li> <li>• <u>Supported Employment</u>- contact will be made with the state next week</li> <li>• <u>SAMSHA EBP Measures</u> - the data pulled for the Affiliation EBP dashboard measures needs to be reviewed to ensure the denominator. Also a process is needed to determine EBP eligibility. The process used to determine CAFAS eligibility is the kind of detail needed for the other EBP's.</li> </ul> <p><b>Clinical Form Changes-J. Sproat</b></p> <ul style="list-style-type: none"> <li>• There were no form change request for CCC to review</li> <li>• S. Reitmeier and M. Harding are seeking input from the AEC on a process to define the QI file demographic data</li> </ul>	<p><b>J. Sahutoglu, J. Capobianco, and S. Wiland, and possibly J. Terwilliger</b> will meet to discuss the criteria of the Affiliation EBP dashboard measure data pull. Findings will be reported at CCC in January 2009.</p>	<p>JS, JC, SW, JT</p>
<p>VIII. SAMSHA and MDCH Grants (for co-occurring) M. Scalera</p>	<ul style="list-style-type: none"> <li>• Tabled – M. Scalera absent</li> </ul>		
<p>IX. Affiliation Policies-K. Milner</p>	<ul style="list-style-type: none"> <li>• Administration of Medication – Tabled, Dr. Milner absent</li> </ul>		
<p>X. CCC Work plan sandy</p>	<ul style="list-style-type: none"> <li>• Revised workplan was disbursed and reviewed</li> <li>• Further revisions were made</li> </ul>	<p><b>S. Keener</b> will revise the CCC work plan further</p>	<p>SK</p>
<p>XI. WCHO Clinical Director</p>	<ul style="list-style-type: none"> <li>• M. Graban will assume the role of WCHO Clinical Director</li> <li>• S. Sheldon will function as WCHO Chief Operating Officer</li> <li>• Previously S. Sheldon held both roles of clinical</li> </ul>		

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	director and operating officer <ul style="list-style-type: none"> <li>• M. Graban will focus on NCQA accreditation preparation for the WCHO</li> <li>• S. Sheldon will work closely to keep Affiliation and WCHO initiatives on track as the WCHO appoints an interim director</li> </ul>		
<b>XII. Next meeting</b>	<ul style="list-style-type: none"> <li>• <b>1/2/09; Towner #223</b></li> </ul>	<b>Agenda Items</b> <ul style="list-style-type: none"> <li>• SAMSHA and MDCH Grants (for co-occurring) – M. Scalera</li> <li>• Eligibility criteria for Affiliation Dashboard EBP Measures</li> </ul>	<b>Parking lot</b> <ul style="list-style-type: none"> <li>• Meeting frequency</li> <li>• Notifying workgroup champions of reporting dates &amp; requirements</li> <li>• CSTS supervisor communication concept</li> <li>• Recovery Workshops-D. Orrin</li> </ul>