



Clinical Care Committee
Minutes
 8-7-09; 9:00-12:00 pm; Rm. # 107
 Meeting Room Telephone # 734-544-6810

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

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Approve Agenda & Minutes	<p>Agenda changes</p> <ul style="list-style-type: none"> • none <p>Minutes Changes</p> <ul style="list-style-type: none"> • An uncorrected version of July's minutes was distributed by mistake. 	<p>Agenda approved</p> <p>Correct minutes to be distributed via email.</p>	
II. Workgroup Updates	<p>Jail diversion – no report</p> <p>Coordination of Care – S. Sahutoglu Jessica → change in project manager (PM) for Coordination of Care</p> <ul style="list-style-type: none"> • Jessica is the current PM. The instruction that Jessica has received is that the next PM should be clinical. • Jessica feels like when the group hits a roadblock she doesn't have the knowledge/expertise to facilitate the group past the roadblocks. Jessica advised she'll still be available to the group. • Larry advised that certain managerial, non-clinical skills are needed to be project manager, and that Jessica has done a topnotch job. • Mike noted that it's almost better to be blind to the clinical side, as long as the right people are on the team, with the PM not being rooted in the problem. • It was suggested that some of the roadblocks of the workgroup have not been clinical. • Jessica advised that it's been stated that a PI person shouldn't lead a project, and that relinquishing her role as PM would free up her time to do other stuff. She also noted that a new leader may also bring new life. 		

	<ul style="list-style-type: none"> • Mike advised that bringing in a new PM runs the risk of hurting the project. • Jessica pointed out that Coordination of Care proceeds in phases, and phase 4 is coming to an end, so there is some logic and opportunity for a new PM at a new stage of project. • Coordination of Care will have the PM discussion at its meeting today. 		
<p>III. Standing Agenda Items</p>	<p>Performance Improvement (PI) Committee Update – L. Newberg</p> <ul style="list-style-type: none"> • Phase 4 of Coordination of Care is ending. • Pat Cowen announced there's been a scabies outbreak in group homes, with about 100 people affected, and Washtenaw County's doing an analysis. The scabies outbreak will serve as a good dress rehearsal for the swine flu outbreak. • Leslie announced there's been success in Livingston with a workgroup that is developing and coordinating collaboration for kids who have both DD and MI. • Question posed: What are the pros and cons of having a kids department that combines MI/DD/SED? • In Monroe, their recommendation has been to move forward with a kids' department, for various reasons, including cultural (some staff are used to work with adults only). • Sandy advised that Lenawee's children's population is very small and the intermediate school district is the lead. • PI reviewed DD Peers Support Training Curriculum. Leslie Hall led the discussion. • Phil stated that the PI Committee offered suggestions for minor changes to the training manual. Phil noted it was a starting point, and there will be updated versions. There was some initial confusion over whether it was a training manual, or if it was for the actual peers support person's use. It was explained that the peers supports will actually receive a separate document for their use. Once it's approved, it's possible the plan will even be used as a tool for case managers, • Larry reported that PI reviewed the DCH indicators. Overall, the Affiliation did very well. In the quarter reviewed, everyone in the affiliation met the standard for children's re-admittance within 30 days. 		

	<ul style="list-style-type: none"> PI reviewed the dashboard. Jessica reported that housing and employment indicators have been going down. Significant improvement has been made in Progress Notes for Lenawee and Monroe. PI's goal is to meet targets, rather than simply comparing the Affiliation's performance to other PIHPs. The rankings can be misleading: if the Affiliation hits a 98% (meeting the 95% threshold), and everyone else hits 100%, the Affiliation ranks in last place and it looks bad. <p>Evidenced Based Practice (EBP) Update – tabled until September.</p> <p>Integrated Health Update – J. Capobianco</p> <ul style="list-style-type: none"> The state is looking to find efficiencies for EPBs. There will be a meeting at the state in September, in Lansing. Integrated Health – at the state level there's a quarterly learning community where speakers present (Patrick Barrie and Eric Kurtz spoke at the last meeting). Locally, Jeff would like to mirror what the state is doing with the learning community. There is a state meeting in August, and Jeff will report findings to CCC in September. <p>Clinical Form Changes – J. Sproat</p> <ul style="list-style-type: none"> Tabled 		
<p>IV. Clinical Forms Committee – re-charge and discussion regarding decision making and prioritizing</p>	<ul style="list-style-type: none"> Mike advised that the EIC has been suspended. The EIC accomplished what it set out to do, which was to implement Encompass. The EIC had turned into a communications hub. AEC's concern was that the communication would be lost. So the EIC has been replaced with a liaison workgroup, which met for the first time last week. Currently, requests can be made by the liaison workgroup, an individual user, and the AEC; there's no formal process for putting in a request. The AEC requested that Clinical Forms flush out the process. So Clinical Forms will come up with a new change request process. Kathy stated that from her perspective, a lot of little committees have been running around setting up forms. She would like to see Clinical Forms as more of a constant membership, and other people would join Clinical Forms from those other committees. 		

	<ul style="list-style-type: none"> • Some forms changes have been made without being funneled through Clinical Forms. • Jessica advised that a nurse is bringing a PHR to Coordination of Care, and asked what the proper process is. Mike advised it needs to follow the proper channels, which starts with review/approval from Dr. Milner or Dr. Healy, and then Clinical Forms, then CCC. Sandy advised whenever there's a new form or process, all of the stakeholders who will be involved and/or affected will need to be identified and consulted. • Sandy advised Jessica that she's already told the nurse with the PHR that her request should go through either the WCHO help desk or CCC. • Marci suggested setting up a review schedule, and letting people know that a form is available for review and that feedback will be accepted for a specific amount of time. Kathy advised that's already been tried. • Mike and IM will bring back a proposal for a change process for forms. IM and Clinical Forms will meet to come up with a process and present it to CCC, and include Access in the discussion. AEC has approved the creation of a new process. The recommendation will come back to September's meeting. 	<p>Mike and IM will bring back a proposal for a change process for forms in September.</p>	
<p>V. PCP Implementation Committee Recommendations – S. Reitmeier</p>	<p>Shauna provided an update the committee's progress.</p> <ul style="list-style-type: none"> • The committee has a draft of the process which will be presented at a later date. Today, Shauna brought forward recommendations for 2 forms: The Progress Note and the Safety Checklist. • The Safety Checklist is currently worded as if it's optional to fill out or not. There was a suggestion to look at the questions that are asked in the assessment on the Safety Checklist form, which Clinical Forms will review. • Shauna noted that another consideration is how to make Progress Notes more toward progress, and not process. She's not sure if this issue should go to Clinical Forms or CCC. • Mike asked if there is a list of things that have been approved by CCC. And are there recommendations that need to go to Clinical Forms? • Shauna advised there have been a series of recommendations. She was asked to put together a document that describes the process. Nothing is 		

	<p>approved at this point, but the document describes the Affiliation's philosophical approach, and the flow of PCP. The PCP Committee has discussed with AFIA some things that would go into Encompass 2.0, and has looked at what Saginaw and the UP are doing as a benchmark.</p> <ul style="list-style-type: none"> • Mike recommended that groups should not to hold off on doing work until Encompass 2.0 has been implemented. Some work can be done ahead of the 2.0 implementation. • CCC agreed that it is the proper group to receive the hand-off of Safety Check and Progress as the next step. • Shauna will come back in September to bring forward the PCP process, and will ask for help from AEC and CCC about the communication of the PCP process out to staff, supervisors, etc... 	<p>Shauna will bring a PCP process proposal to the September meeting.</p>	
<p>VI. Behavior Management/Treatment Committee – C. Witherow</p>	<p>CJ - tabled</p> <ul style="list-style-type: none"> • The group can probably receive review CJ's documents via email before the next meeting, so that a lot of time won't be missed. 		
<p>VII. Evidence Based Practice Inventory</p>	<ul style="list-style-type: none"> • Steve's drafts are a good start for making decisions about which EPBs we're committed to as an Affiliation. • Some committee members had trouble viewing the document. • Larry asked if anyone went through the list to do a search for literature to find out what the best practices are. The thought was that people would volunteer to do a search, and then bring results back to CCC. • Geralyn volunteered research Autism. • If people can forward the article title/author to Jeff, he will pull the articles from the library system to which he has access. 		
<p>VIII. Next Meeting</p>	<ul style="list-style-type: none"> • September 4, 2009, 9-12 	<p>Agenda items</p> <ul style="list-style-type: none"> • Behavior Management/Treatment Committee • Clinical Form Changes • Evidence Based Practice (EBP) Update • PCP Process Proposal • Change process for forms 	<p>Parking lot</p> <ul style="list-style-type: none"> • CSTS supervisor communication concept • Behavior Treatment Technical Requirement