



New Regional Performance Improvement Committee Meeting Minutes
Wednesday, December 1, 2005
LLRC, Room B

Present: S. Reitmeier, D. Sabourin, D. King, D. Virgo, G. Karmes, P. Cowan, N. James-Emerick, P. Cowan, N. James-Emerick, L. Newberg, L. Brown, S. Kapica, M. Phillips, P. Moise, K. Gauthier, L. Hall, D. Peoples (Recorder)

Absent: No consumer representation, G. Petrik, E Kurtz, C. Witherow, J. Capobianco

Agenda Item	Discussion Points	Action / Outcome	Responsibility
1. Check-In/ Ground Rules			
2. Approve Minutes & Agenda		Approved with corrections	
3. Review of Ground Rules	Posted on Board		
4. Review Program Description	S. Reitmeier conducted a section by section review. Changes included BBA and DCH contract requirements, clarifications of direct line staff involvement in the decision making process, consumers role, separation of Utilization from Utilization Review and Sentinel Events. Typos should be emailed to Shauna. Feedback was requested in terms of additional information. A discussion ensued regarding how to protect out of compliance issues in the peer review and how to handle situations prior to a Sentinel Event being required. D. Sabourin suggested a mini study be done to compare types of suicides to see what the data looks like prior to developing a system of isolated cases with no clear patterns. L. Newberg requested feedback on the 10 Sentinel Events from last year. D. Sabourin voiced concern for Root Cause Analyses being done on situations that are not sentinel events. She felt the report needed to be separated in terms of JCAHO, DCH, et. al. L. Hall advocated for what is being done in comparison	The standard will be reviewed to close the loop as well as the CSTS procedure for a Root Cause Analysis with follow up with PIHP oversight To make sure a Sentinel Event review occurs. Themes of the Root Cause Analysis will come to Regional PI. DCH report data will go to the Compliance Committee.	S. Kapica

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	<p>Between CSTS and Livingston. Washtenaw sees it as healing; Livingston sees it in a different way. D. Sabourin pointed out that it is an outlook for a voice for direct line staff.</p> <p><u>Medicaid Verification</u></p> <p><u>Grievance And Appeal</u> - S. Kapica will work on it with C. Witherow now that it is embedded under Member Services.</p> <p>The title of the subcommittee will be reviewed. Since appeals are hot ticket items, G. Karmes suggested that C. Witherow be a part of the committee for her skill set. L. Newberg felt appeals are a great potential for learning. It will report to Regional PI.</p> <p><u>Network Management</u> – Physicians and employees were added. A contract provision for LIP’s and how they are credentialed as well as how internal staff are credentialed since we hire our own physicians. Sanctioning certain responsibilities should be under CMH. But it should be clear that they are not being privileged and there is no regional policy for credentialing employees. Union contracts should be considered. It will be added under the CMHSP section. Monroe’s policies are in transition.</p> <p>Rights, Utilization Review and UM were updated.</p> <p><u>CMHSM</u> – A layout of unknowns was done. It was questionable whether ORYX indicators should be included. Medical and Utilization Management should come to PI. Infection Control is needed. It does not fall under Health & Safety. D. Sabourin suggested Health & Safety be put in the heading for JCAHO purposes. She also suggested adding another category that talks about results of the local improvement process; i.e. ad hoc, value added. It needs to stand out as something representative in a specific area. Other areas should be folded in; i.e. knowledge management, process improvement, learning organization and when departments go awry.</p>	<p>A form is needed, and it was suggested that PI have a conversation about what is the best practice.</p> <p>Sentinel Events will be moved to PI under CMHSP/Affiliate Section.</p> <p>Changed to Medicaid Claims Verification</p> <p>A meeting will be held with C. Witherow to determine the name of the committee.</p> <p>Work is needed on credentialing and verification of competencies since DCH uses them interchangeably and JCAHO does not.</p> <p>A general blurb will be developed to reference Monroe’s policies so that each policy does not have to be referenced.</p> <p>A template will be developed. ORYX indicators will be removed.</p>	<p>L. Hall</p> <p>S. Reitmeier</p> <p>S. Reitmeier</p> <p>S. Kapica/CJ Witherow</p> <p>G. Karmes</p> <p>Possibly Professional Development</p> <p>S. Reitmeier</p> <p>S. Reitmeier</p>

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	<p>There was concern as to whether the WCHO is accredited as an MCO. If so, ORYX indicators must be reviewed and placed under the measurement section. D. Sabourin suggested the section be called CSSN Activities.</p> <p><u>Oversight of subcontract and delegated activities</u></p> <p><u>Compliance Committee</u></p> <p>Consumer Satisfaction qualitative and quantitative data was added.</p> <p>Risk Management was embedded under oversight of Finance. Financial risk and regulations will be removed. L. Brown pointed out that the contract with the state required a Risk Management Strategy which has to be in the PI Plan, but not for PI to act on (last paragraph, page 14).</p> <p><u>Annual Performance Improvement Evaluation</u> (page 12). Matt suggested that when evaluations are done, staff express it as an improvement. He is hoping that this is an amplification of the voice of the locals as opposed to having them experience it as a lost. How the culture is being improved based on the perception of staff members should be included in the evaluation along with the service being improved.</p> <p><u>Confidentiality</u> – Peer review should be more explicit in reporting that the process is confidential. D. Virgo felt the policy language should be replicated since there has been some inference that staff is the biggest violators.</p>	<p>Follow up</p> <p>Delegated and subcontract functions will be broken out.</p> <p>Will report annually on delegated functions.</p> <p>Risk Management will be removed.</p> <p>Consumer Satisfaction will be corrected (pg. 14).</p> <p>Staff surveys will come to PI.</p> <p>How to create a culture of confidentiality in terms of what is said where trust might be an issue should be reviewed.</p> <p>A change will be made in the WCHO PI Plan.</p> <p>The corrected report will be emailed to the AEC for approval by December.</p>	<p>S. Kapica</p> <p>S. Reitmeier</p> <p>S. Reitmeier</p> <p>S. Reitmeier</p> <p>S. Reitmeier/ Professional Development</p> <p>N. James- Emerick.</p> <p>S. Reitmeier</p>
<p>V. Review Flow Chart for Reporting Process</p>	<p>The flow chart should be depicted in a layered format. When the quarterly data is due should be communicated to the committees. A conversation about roles should be held prior to developing a calendar. The Regional Organization Chart should distinguish committees from work groups and a legend added. The number of consumer reps should be included in the committees. The grievance process should be reported to Member Services. Separate layers should be added to include detail.</p>	<p>Change to layered format!</p> <p>The charge of the Member Services Committee will change.</p> <p>Mona McLain, Shar Dunbar and Ellen Shaffer should be added to the Network Committee. Claims & Billing should be added to Finance.</p>	<p>S. Reitmeier</p> <p>G. Karmes</p> <p>S. Reitmeier</p>

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<p>VI. Create Calendar (See below)</p>	<p>Clarify roles of committees, add time frames. Discuss what to expect. The reporting format should include the indicators. When reporting, the committee's charge should be discussed along with the work plan. When the chair reports to PI, a summary should be presented. Dash board indicators should be done in advance. Immediate recommendations should be part of the standing committee agenda.</p> <p>The reporting process will be placed on-line for one quarter to see whether the process will work. The PI Data Subcommittee needs to make it's transition in terms of clinical care, QAPIP, goal attainment, MDCH, PCP and consumer satisfaction.</p>	<p>The names should remain the same. S. Keener should be added to UR for the time being.</p> <p>A PI Manual will be developed to include the charge of each committee and their indicators to be reported. An explanation of the process and a template will be provided to the committees.</p>	<p>S. Reitmeier</p> <p>S. Reitmeier</p>

Regional PI Data/Reporting Calendar

<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
	4		Gather Data 1st Qtr.	Committee Review	Reports to PI 1st Qtr
			Utilization Review Member Services Cordinated Care EIC WCHO PI Data Interface	Network Mgmt Finance CSTS Livingston Lenawee O & E	Professional Development Clinical Care ORR Monroe PI Appeals
<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>
2nd Qtr.	Review Data	Report To	3		
Committees Report to PI 1 st Quarter	PI Review & Complete Report				

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	<ul style="list-style-type: none"> • All documents should be submitted to S. Reitmeier one week prior to the meeting. • PI will inform the chair persons of the information desired. The chair persons should come prepared to give highlights. • The facilitator will make sure the work of the committees is not being recreated. <p>The outcome is to understand what's going on in the committees.</p>	<p>An electronic copy of the following items should be sent to S. Reitmeier electronically as well as 20 hard copies for PI committee members:</p> <ul style="list-style-type: none"> • charge • indicators • work plans • all documents being presented <p>The topic will be revisited when the reports are due.</p>	Committee Chairperson
VII. Review of Indicators from Committees	<p>Indicators will be brought forward in January. The small group will review them.</p> <p>The biggest problem is transportation. D. Sabourin felt the issue was broader; i.e.</p> <ul style="list-style-type: none"> • getting them to board meetings, • how to support transportation, • distribution of materials, • assistance with materials, • assistance after meetings. 	<p>Solidify Finance indicators</p> <p>Policy to get consumers to meetings for AEC approval.</p> <p>Consumers should be assisted in getting what they need. Barriers should be discussed.</p> <p>P. Cowan suggested an individual plan for each consumer be developed to include:</p> <ul style="list-style-type: none"> • transportation • committee membership • stipend <p>Consumers yet to be identified.</p>	<p>L. Brown/S. Reitmeier</p> <p>Member Services</p> <p>All Staff</p> <p>Committee Chairperson</p> <p>Monroe</p>
VIII. Agenda & Parking Lot	<ul style="list-style-type: none"> • Follow up – Consumer Involvement • Follow up – Communication Plan • Follow up – Training Plan • Follow up – L Newberg requested a discussion be held on indicator, how developed, help needed, Clinical Care, Finance indicators should deal with fiscal stability; i.e. % of claims paid on time, how to tie assets to liabilities to clinical outcomes. Domains should be changed to match Baldrige 		

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	categories to find a home for everything. The group concurred. <ul style="list-style-type: none"> • Workgroup Chair Participation (Jan) • Transition Plan Updates (Jan) 		
IX. Check Out/ Meeting Evaluation	<ul style="list-style-type: none"> • Good food • LLRC is a good location and makes a big difference for everyone • A lot of work was completed, planning, good flow 		

Minutes prepared by Doris A. Peoples, December 21, 2005

