



**Performance Improvement (PI) Committee**  
**9/7/06; 1pm- LLRC**

**Present:** S. Reitmeier, D. Sabourin, P. Cowan, E. Kurtz, L. Newberg, M. Phillips, L. Hall, J. Newberry, D. King, G. Petrik, B. Gates, D. Virgo, C. Witherow, S. Kapica, J. Capobianco, P. Moise, V. Taylor, S. Brown, J. Kearney, D. Douthat

**Absent:** D. Chisholm, B. Leadford, B. Wilson, M. Perez, N. James-Emerick, L. Brown, K. Gauthier, B. Fowkes

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
1. Review of Minutes and Agenda	Agenda additions: <ul style="list-style-type: none"> <li>Development of Indicators</li> </ul> Minutes clarification: <ul style="list-style-type: none"> <li>PCP peer review: page 4, scoring system of individual items will be pass/fail not the overall scoring system</li> </ul>	<b>Agenda approved w/addition</b>  <b>Minutes approved w/clarification</b>	
2. Committee Data Reports	<ul style="list-style-type: none"> <li>It was requested that data reports to be broken out by county and by affiliation whenever possible.</li> </ul> <p><b>Encompass Implementation</b></p> <ul style="list-style-type: none"> <li>Project management process of IT projects will be reviewed, milestones identified along with barriers. Baselines will be determined.</li> </ul> <p><b>Professional Development</b></p> <ul style="list-style-type: none"> <li>Mary reported on 1<sup>st</sup> indicator- all clinical staff licensed according to job description. All 357 clinical staff files were reviewed across the affiliation, 339 is licensed. 95% was the outcome. Indicator was not met. There was much confusion around the social work licensing rule. The revised Medicaid manual due 10/06 will list new social work licensing requirement. Consult legal counsel in the interim</li> <li>Indicator #2- 100% of staff will receive training on the learning org. Training began for key staff to attend train the trainer sessions. Second training is scheduled for 9/15.</li> </ul> <p><b>Clinical Care</b></p> <ul style="list-style-type: none"> <li>Indicator 1- Percentage of consumers w/primary care</li> </ul>	<b>EIC Report approved.</b>  <b>PDC Report approved.</b>  <b>CCC report approved.</b>	

	<p>physician, threshold was not met.</p> <ul style="list-style-type: none"> <li>Indicator 2- Percentage of consumers' w/primary care physician and appropriate auth to release information for whom a consultative face to face or phone contact with PCP was made by CMH staff. Threshold was not met. Data is a point in time pull and does not capture a full year of data.</li> </ul> <p><b>CCC Dashboard Indicators:</b></p> <ul style="list-style-type: none"> <li>Indicator 1- Percentage of consumers with the Goal Attainment Scale completed-Threshold not established. Scale completed in a periodic review only, not yet included in the annual PCP.</li> <li>Indicator 2- Percent of consumers with a completed Goal Attainment Scale who indicate that they are at the halfway point or further in achievement half or more of their outcomes. Threshold was not met. Reasons threshold was not met include variance in outcome writing practices.</li> <li>CCC will be rolling out training to make certain there is improvement. Also an email will be sent listing requirements, per policy. Another data pull will occur this fall and be reviewed for improvements and refinements.</li> </ul> <p><b>Office of Recipient Rights</b></p> <ul style="list-style-type: none"> <li>Review of data showed inconsistencies in reporting techniques. Assistance is being provided to the ORR committee to remedy this issue. Next reporting will include two cycles of data. It was determined to limit report to residential setting. Third indicator tool was approved.</li> </ul> <p><b>Committee Updates Tabled:</b></p> <ul style="list-style-type: none"> <li>Network Management</li> <li>Finance</li> <li>Due Process</li> <li>Utilization Review</li> <li>Member Services</li> <li>Compliance</li> </ul>		
3. PCP Peer Review PI Team	<ul style="list-style-type: none"> <li>CJ Witherow gave an update on the PCP Peer Review Team project. Additional resources are needed for the team. Time commitment from PCP/SDI members is needed along with case manager and supports coordinator from each county.</li> </ul>	<p><b>It was decided CJ Witherow will present PCP Peer Review PI Team process, tool and recommendations to AEC for approval.</b></p>	

	<ul style="list-style-type: none"> <li>• It was asked if consumer/guardian representation would be present on the PCP Peer Review Team and how will consumers be notified of PCP process changes. There are separate initiatives on educating consumers/guardians and overall PCP process should not change; the goals will be more concrete and measurable.</li> <li>• Ten percent of PCP's affiliation wide will be reviewed within a year. The team will report progress to CCC. Project will be presented to PI in October.</li> <li>• The PI committee approved the project and recommendations for additional resources which will be forwarded to AEC. Feedback is needed from those directly affected by the tool. A draft version of the tool was requested.</li> <li>• Question was asked if the tool could be used for a peer review process and sufficient for JCAHO requirements. Use of tool needs to be clearly defined, whether it's an audit tool or a uniform tool to review the PCP, not the full chart review.</li> </ul>	<p><b>Gradient of agreement on the process with recommendations identified and possibility of change. WSH-3, LIV-5, WCHO-5, LEN-4, MON-5, CONS--5.</b></p>	
<p>4. AEC &amp; Board Reports</p>	<ul style="list-style-type: none"> <li>• AEC approved PI Reports. Reports were submitted to the regional board for action at the 9/06 meeting. Future PI reports will be reviewed by PI prior to going to AEC and the board.</li> <li>• There were revisions made to the PI Report at the AEC level and include: change to Due Process and Appeals indicator, end date for HSW workgroup and increase to Compliance indicator.</li> </ul>	<p><b>The PI Report covering period 10/05-3/06 was approved with noted changes. S. Reitmeier will revise the PI Report.</b></p>	
<p>5. Operationalism of Values (Follow Up from Aug)</p>	<p><b>Chosen Ground Rules for and by PI Committee Members:</b></p> <ul style="list-style-type: none"> <li>• Encourage/Inquiry</li> <li>• Disclose advocacy and why</li> <li>• Diversity of opinion</li> <li>• Love it for a minute</li> <li>• Healthy conflict</li> <li>• Discuss/decide path to vision</li> <li>• Local excellence for affiliation success and movement toward vision</li> </ul> <p><b>Simplistic Categories for Ground Rules</b></p> <ul style="list-style-type: none"> <li>♥ Polite</li> <li>♥ Transparent</li> <li>♥ Inclusive</li> </ul>	<p><b>It was decided S. Reitmeier will revise/finalize PI Ground Rules. Discussions on PI ground rules, new projects and decision making process will continue.</b></p>	

6. Next Meeting	• October 5, 2006; 1:00-4:00; LLRC	<b>Agenda Items</b> <ul style="list-style-type: none"><li>○ Approval and Implementation of New Programs Policy (Oct)</li><li>○ New Program Implementation Toolkit (Oct)</li><li>○ Revised Forms (Oct)</li></ul>	
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