



Quality/Performance Improvement Training



Learning Objectives

- How is the Affiliation structured?
- What is Performance Improvement (PI)?
- How do PI opportunities get identified and when they do, what happens after that?
- What is Learning Organization and how does it relate to PI?
- Where do I go with PI ideas, questions, etc?



Overview of the Affiliation

- What is the Community Mental Health Partnership of Southeast Michigan (CMHPSM)?
- Board, Executive and Committee Structure
- How does all of this fit together?



What is the Community Mental Health Partnership of Southeast Michigan ?

■ **Affiliation PIHP**

- Washtenaw Community Health Organization (WCHO)

■ **Affiliate Partners :**

- Lenawee Community Mental Health Authority
- Community Mental Health Services of Livingston County
- Monroe Community Mental Health Authority
- Washtenaw Community Support and Treatment Services



The County Affiliates

- CMHSP receive General Funds directly from MDCH
- Independent Board with representation on the WCHO Affiliation Subcommittee
- Receive capitated Medicaid funds from the WCHO
- Responsible for providing comprehensive network of mental health services within the County
- Autonomous and Responsible for assuring that the unique needs of each county are met



The PIHP for the Affiliation

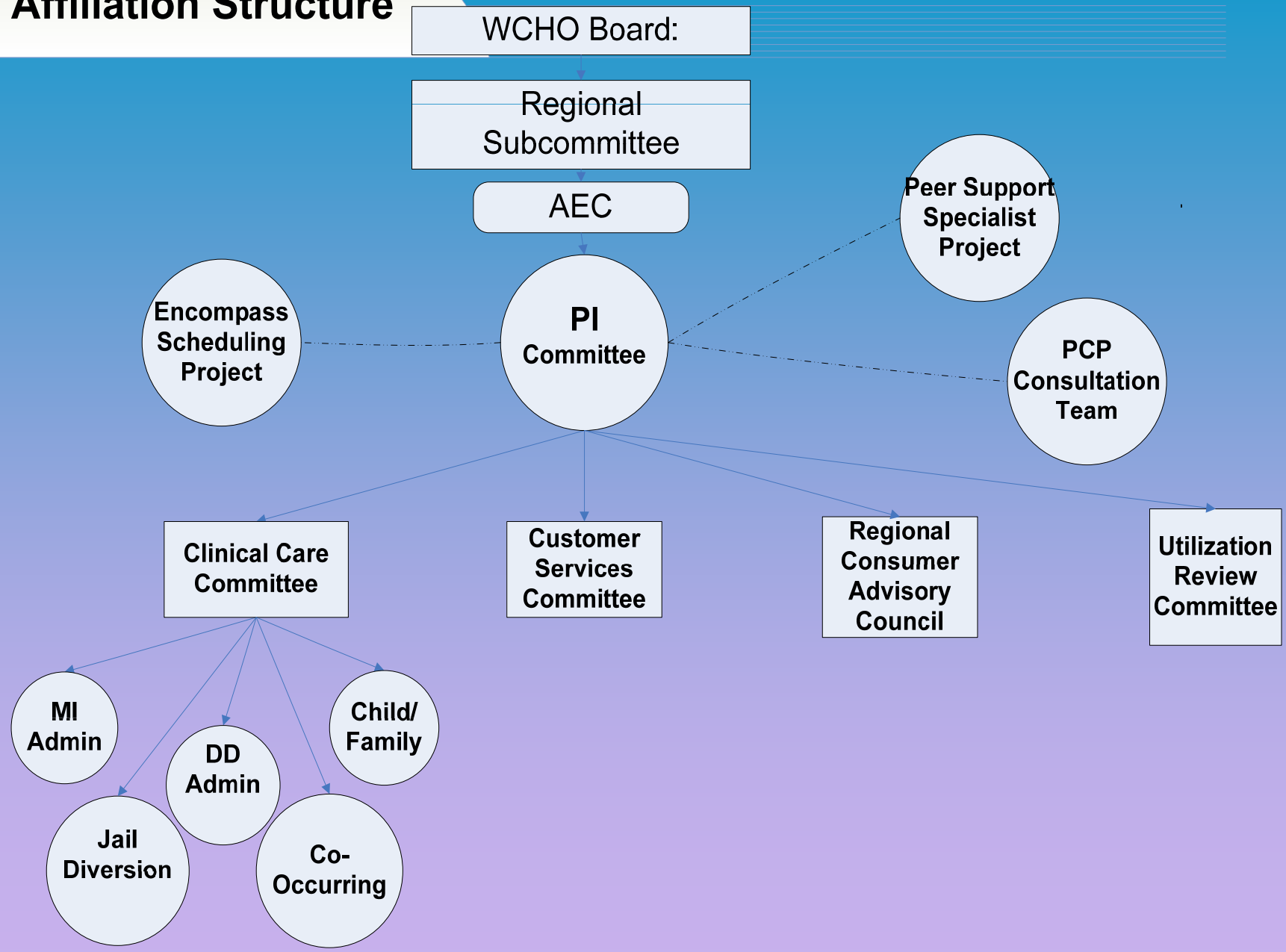
- Managed Care Entity
- Board Composition - 50% Washtenaw County & 50% University of Michigan
- Affiliation Subcommittee established March, 2002 with voting rep's from each county
- Delegates Functions across the Affiliation
- Coordinating Agency for Substance Abuse for Livingston & Washtenaw; contract with Midsouth for Lenawee and SEMCA for Monroe



How does all of this fit together?

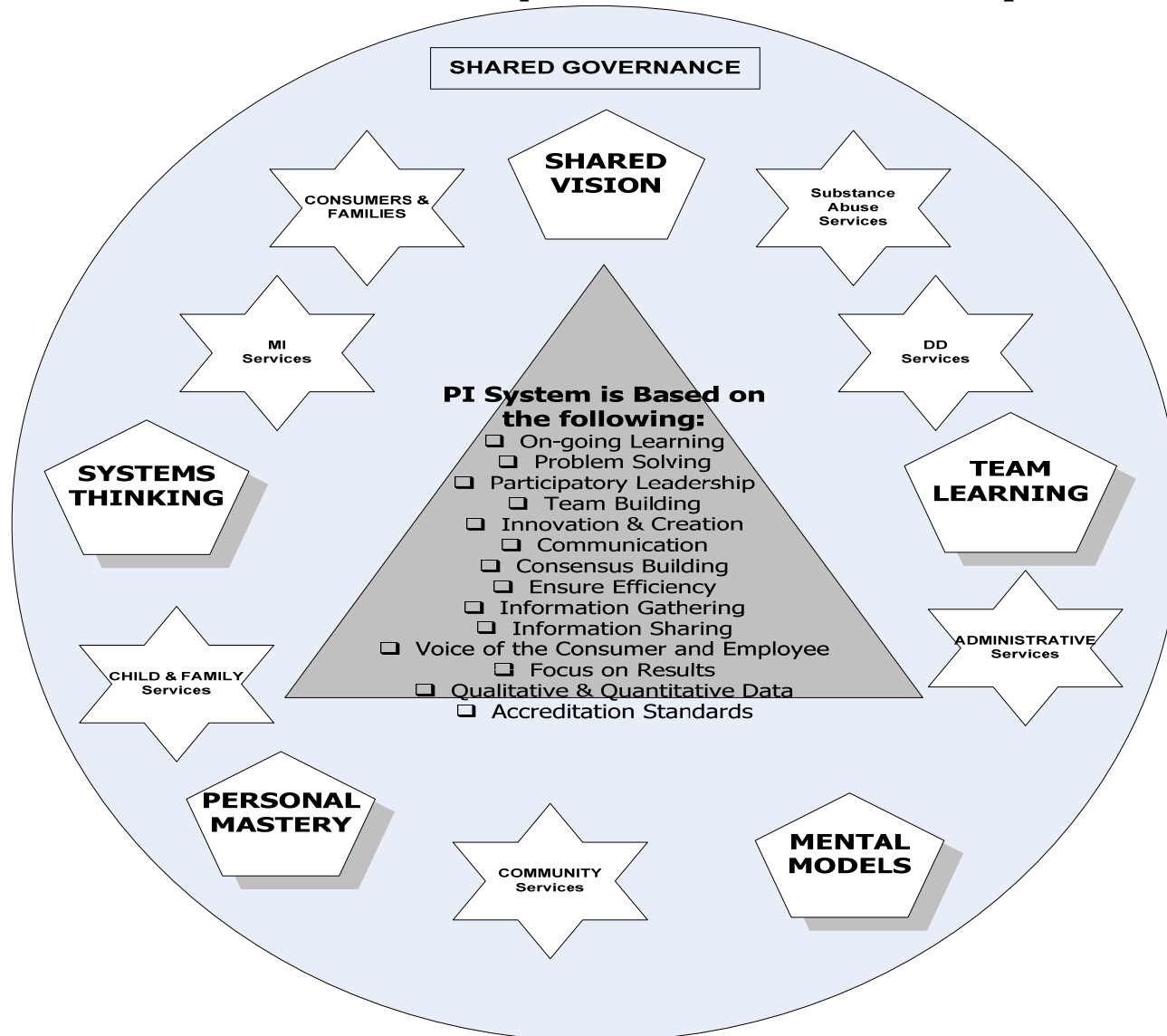
- **Local PI Coordinator/Liaison Accountabilities**
- **Affiliation Committee Chair Accountabilities**
- **Affiliation PI Committee Accountabilities**

Affiliation Structure



What is Quality Improvement?

Core Values & Components of the PI System





How do Improvements Occur & How do they connect to the Customer & providing good care?

- There are natural ways improvement opportunities arise
 - PI needs can be identified anywhere
 - Sentinel events
 - Recipient Rights/Incident Reports
 - Accreditation reviews/audits
 - Program evaluations
 - Director recommendations
 - FMEA (Failure Mode Effects Analysis)
 - Consumer suggestions, grievances, complaints
 - Satisfaction data
 - Local PI reviews
 - Indicators (State, committee, local, etc)
 - Strategic Plan
 - Staff surveys/Zoomerang surveys



How do I get an improvement to happen?

- Steps to take:
 - Talk to supervisor/program director
 - Talk to committee/workgroup chair (local or Affiliation) – see list of committees and contacts
 - Suggestion box
 - Contact local PI liaison/ Affiliation PI
 - Raise issue at local team or staff meeting
 - Discuss use of SNIFF test with supervisor/program director for areas of significant change (see Affiliation Project Proposal Policy)



What happens next/implementing improvement projects?

- Issue is addressed and resolved locally
- Local Affiliation committee rep/PI Liaison/Affiliation contact recommends issue be addressed Affiliation
- Affiliation Committee reviews request and makes recommendations for systems change
- Recommendations reviewed by Affiliation PI Committee
- Project proposals are approved by Affiliation PI Committee before project begins
- Project added to committee work plan for follow up
- Committee charges a workgroup, selects project leader using project management approach
- Committee approves charge and work plan project plan



Development and Monitoring of a Project

- Committee monitors progress via workgroup report/presentation (quarterly/standing agenda item)
- Committees provides oversight/reviews progress and recommendations
- Committee approves and recommends Affiliation implementation
- Roll out and communication plan developed
- Implementation begins!



Follow Up and Monitoring of a Project

- Measures/targets recommended by project workgroup are completed
- Measures/targets are reviewed to ensure project success
- Additional recommendations and adjustments are made as needed
- Celebrate success!



What is a Learning Organization?

A learning organization is....

“ An organization where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together...”

Senge, 1990



How does Quality Improvement and Learning Organization Connect?

- We need to advocate effectively for consumers and empower consumers to advocate for themselves
- We need to partner more fully in the care of consumers
- We need to remove stigma
- We need to develop skills to think about systems (improving mental health systems)
- We need to be able to understand the recovery model and the link between that model and systems thinking



How does that connection happen?

- **Through the use of the 5 Disciplines**

- Shared Vision
- Systems Thinking
- Team Learning
- Mental Models
- Personal Mastery



What is shared vision?

- The capacity to hold a picture of the future we want to create
- **Examples:** expressing our desired outcomes in meetings, using feedback from a variety of sources, such as town meetings, PCP evaluations, information from local and regional Consumer Action Panels, to create alignment regarding our hopes for service delivery and excellence in care



How can we implement Shared Vision?

- By eliciting ideas from all of our stakeholders to create a future for consumers and families that is conducive to recovery
- By acknowledging differences in values and not always insisting on either resolving those value differences or ignoring them



What is Systems Thinking?

- Discipline of seeing complexities, that are interrelated, as a whole rather than individual parts
- **Example:** Understanding the linkage between access for consumers and first available appointment as a “system” rather than two different parts to improve.



How can we implement Systems Thinking?

- When a service delivery problem occurs, look at systems difficulties first
- **Example:** problem: supports coordinators are not seeing families in the community, but rather are insisting that families come to CMH
- **Problem resolution:** examine whether there are systems issues (such as training and orientation) that need addressing



What is Team Learning?

- Team learning occurs when everyone on the team is contributing to the whole, with no one person being the identified “leader” of the team, but rather, the group itself adds synergistically to each contribution made by each member
- **Example:** committee meetings in which everyone’s voice is valued and there is an atmosphere and focus on improved services for consumers
- **Example:** ethics committee members consider different ethical issues and how to ensure ethical, effective, excellent, consumer care



How can we create an environment supportive of Team Learning?

- We can ensure that our individual organizations support diversity of opinions
- We can create meetings in which everyone is comfortable voicing concerns about consumer care issues
- We can assist our staff to respond to feedback from consumers in a way that is helpful to the consumer and to the family



What are Mental Models?

- Deeply ingrained assumptions, generalizations, or even pictures and images that influence how we understand the world and how we take action
- **Examples:** believing that there is a limit to 'recovery'
- Accepting societal stigma and integrating that into who we are



How can we use Mental Models within a CMH environment?

- By surfacing our thinking in meetings
- By assuming positive intent
- By assuming a partnership stance rather a disempowered one as we partner with others



What is Personal Mastery?

- “Organizations learn only through individuals who learn. Individual learning does not guarantee organizational learning. But without it, no organizational learning occurs.”

Senge, 1990

- **Example:** clinicians collaborating using dialogue, as opposed to persuasive speech, as they work with families
- **Example:** Person centered planning that is taught by staff committed to the process



How can we implement Personal Mastery?

- Personal mastery requires us to make a commitment to life-long learning and application, in our own lives
- Personal mastery requires that we are aware of our strength and growth areas, and that we work to improve our ability to serve consumers and families
- Personal mastery requires us to advocate for ourselves
- Personal mastery requires that we educate others about the recovery model
- Personal mastery never ‘happens’!



Real Life Example

- Person Centered Planning (PCP) issues were raised in audits/staff and consumer feedback about PCP process
- Issue then brought to Affiliation PI - Peer review discussion
- Decision made to do this as a region using project management
- CJ Witherow selected as project leader; other workgroup members selected – became PCP consultation workgroup (phase 1)
- Workgroup charge defined (quantitative Affiliation process of staff peer review)



Real Life Example (con't)

- Workgroup meetings held; values/standards and project plan for PCP presented at Affiliation PI; updates given at PI meetings
- PCP Peer Review Tool and Process presented at Affiliation PI – learning tool, to look at systemic process improvements
- Since additional resources and time commitments were needed for this project – tool, process, and recommendations went to the directors (AEC)
- Revisions made per AEC, new process reviewed by AEC then presented at Affiliation PI, individuals nominated for Affiliation peer review group (phase 2)
- Peer review group trained on Learning Org



Real Life Example (con't)

- Peer review group project plan and communication plan developed
- Project and review process rolled out to staff
- Peer reviews across the affiliation began (at each county)
- Updates on project/peer reviews given at Affiliation PI meetings
- Peer review process completed for all counties
- Now what?



Real Life Example (con't)

- Initial review of findings & recommendations presented at Affiliation PI in August (after reviews for each county were completed)
- Roll out findings and recommendations to staff to get feedback on recommendations and what changes should be made and how
- Roll out findings and recommendations to consumers to get feedback on recommendations and what changes should be made and how
- Feedback will then go to Affiliation PI and to AEC to determine systemic changes needed and how to make those changes and ensure success



What Tools are available?

- New & Revised Project Process
- Various Templates on Website
 - Work plan
 - Agenda's
 - Minutes
 - Problem Solving Process



Who to Contact with Questions

- **Shauna Reitmeier**, PI Administrator for the Affiliation
 - reitmeiers@ewashtenaw.org
 - 734.544.2985

OR your local PI Liaison listed below:

- **Melinda Perez** for Lenawee
- **Leslie Hall** for Livingston
- **Justin Peer** for Monroe
- **Nicole James-Emerick** for WCHO
- **Pat Cowan** for WCSTS



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QUESTIONS

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