Council, Committee or Workgroup Meeting Snapshot	
MId-State Health Network	Meeting: Quality Improvement (QI) Council
Meeting Date: January 25, 2018	KEY DISCUSSION TOPICS
Attended in Person: BABH, CEI, Newaygo & Shiawassee Attended by Phone: CMHCM, Huron, LifeWays, MCN, Right Door, Saginaw & Tuscola MSHN Staff: Kim Z.(in person), Joe W. (in person), Todd L (in person), Dan D. (phone), Jill W. (phone)	 Review & approve minutes Review & approval of agenda for today's meeting FY2017 Annual Compliance Summary Report PI Template Discussion FY2018 QAPIP and Annual Effectiveness Review MDHHS Repeat Citations Performance Measures Update Performance Improvement Project Follow up After Hospitalization Review Balanced Scorecard
Not Present: GIHN	
 KEY DECISIONS 	 Review & Approve Minutes- The minutes from 12/21/17 were approved as submitted Review & approval of agenda with two additions: PI Template discussion and RSA/RAS discussion FY2017 Annual Compliance Summary Report Reviewed and discussed the report in its entirety Approved as written – no suggestions for revisions or additional information PI Template Discussion Dan reviewed the minor recommended changes from the IT council review The group was in agreement with these changes FY2018 QAPIP and Annual Effectiveness Review Reviewed recommended changes to the QAPIP for FY18 Group had some recommendations regarding the sections for "cultural competency" and "autism review" as this was new information being recommended for FY18 It was recommended to provide a higher level overview for these two sections and not provide procedural type information Also reviewed the following documents specific to QIC as part of the annual effectiveness review

	 receive less than full compliance on any of the 11 standards – irregardless if that CMHSP received a citation in FY16 MDHHS has stated there will be financial sanctions for violations during FY18 The group reviewed a spreadsheet that identified each of the 11 citations that had a repeat violation noted Each agency is to address how they are ensuring compliance with each of the 11 standards (even if they were not cited during FY16) and return to me by Feb. 16th Performance Measures Update FY18 Q1 PI Summary Report: Feb Diabetes Monitoring for schizophrenia diagnosis report Joe reviewed the current data The data showed marked improvement in the percentages This will continue to be monitored monthly If improvement declines, then the group will discuss possible interventions Individual level data will be sent out to each CMHSP Performance IMPROVEMENT to the RAS and RSA Follow Up After Hospitalization Review Reviewed current data for each CMHSP are continuing to implement the RAS and RSA Follow Up After Hospitalization Review Are are still some discrepancies with some of the agencies data Joe will validate the data for each CMHSP as well The will validate the data for each CMHSP as well The will validate the data for each CMHSP as well The will validate the data for each CMHSP as well The will validate the data for each CMHSP as well The will validate the data for each CMHSP as well The will validate the data for each CMHSP as well The will validate the data for each CMHSP as well This will be reviewed agin at the next meeting No plans of correction required until the data is determined accurate Balanced Scorecard Also began discussion on FY18 scorecard – should we continue with current measures and/or add additional measures <li< th=""></li<>
ACTION/INPUT REQUIRED	 Members will send required data to MSHN by the established timeframes FY2017 Annual Compliance Summary Report will be sent to Ops Council for review FY2018 QAPIP and FY17 Annual Effectiveness Review will be sent to Ops Council for review
✓ KEY DATA POINTS/DATES	Next Meeting: February 22, 2018