

PROGRAM/PLANNING & QI COMMITTEE

MINUTES

Tuesday

OCTOBER 1, 2002

PRESENT: Edward Berghorst, Mark Bombara, Joyce Kortman, Kellye Slaggert, Kristine Nale, Veronica Persenaire

STAFF: Gerry Cyranowski, Sue Buist, Greg Hofman, Gloria Pelon

CALL TO ORDER - Chairperson

Veronica Persenaire, Chairperson called the October 1, 2002 meeting to order at 12:30pm.

APPROVAL OF MINUTES of September 3, 2002

Motion: To approve the Minutes of September 3, 2002.

Moved by: Kortman

Supported by: Berghorst

MOTION CARRIED

APPROVAL OF AGENDA of October 1, 2002

Motion: To approve the Agenda for October 1, 2002.

Moved by: Slaggert

Supported by: Kortman

MOTION CARRIED

CMH STAFF PRESENTATION

Isha Salva, M.D., full time CMH staff psychiatrist, provided an overview and answered questions regarding the Psychiatric Perspective on Mental Health.

Mr. Cyranowski introduced Dr. Salva to the committee. It was noted that Dr. Salva serves adult consumers for south county CMH consumers. Dr. Khan, another full time CMH staff psychiatrist, serves adult CMH consumers in Grand Haven and Hudsonville. Dr. Marcano, contractual psychiatrist (8 hours per week) serves CMH children.

Dr. Salva stated that her presentation will be an explanation of her normal work day, which includes:

- first half hour spent reviewing, making recommendations, approving, signing PCPs; discusses cases with therapist/case manager, signing prescriptions, etc.
- crisis appointment available every day from 1:00pm to 2:00pm.
- appointments with consumers may include:
 - medication evaluation
 - psychiatric evaluation

- petition/certification

Dr. Salva stated that she goes to the Robert Brown Center three times a week. Among other duties, she coordinates discharge services for consumers being released from a hospital or released from incarceration.

Once a month, Dr. Salva meets with the Assertive Community Treatment (ACT) team.

It was noted that 40% to 60% of CMH consumers have a dual diagnosis; mental illness as the primary diagnosis, with a secondary diagnosis of substance abuse.

Mr. Cyranowski stated that with two full time psychiatrists, CMH now has consistency of care and more time available to CMH staff for case consultation.

Mr. Cyranowski noted that Dr. Salva and Dr. Khan just recently received a personal computer, with access to the Internet, e-mail and the AS/400 system which provides them with consumer data.

The committee welcomed Dr. Salva to CMH and thanked her for the presentation.

QUALITY IMPROVEMENT

Medication Committee - Performance Indicators

Mr. Hofman reviewed and answered questions regarding the Medication Committee Quarterly Report.

Indicator 1: Tracking of Medical Records Compliance - Complete, Signed Consent

It was noted that this was low, at 73%. The Leadership Group requested a plan of correction from the Med Clinic. Nurses are now checking to assure that consents are complete and current, lab testing is documented and quarterly TD screening is completed and evident during the review process.

Indicator 2: Medications will be stored properly (based on pharmacist review)

100% - Excellent improvement!

Indicator 3: Sample medications will be accounted for (based on pharmacist review)

98.4% - Improvement maintained in all locations!

Indicator 4: The medication error rate will not exceed 1% of the estimated total number of doses quarterly

This is being changed to a benchmark of 100% with follow up on errors.

Utilization Management Committee - Performance Indicators

Mr. Hofman reviewed and answered questions regarding the Utilization Management Committee Quarterly Report.

It was noted that Robert Brown Crisis Residential Average Stay - Days for the month of August 2002 was at 21.17. Mr. Hofman explained this was due to one consumer who had an extended length of stay due to the lack of resources in the community and the potential for volatility. This stay was closely monitored by Access Center staff.

Clinical Care Committee - Performance Indicators

Mr. Hofman reviewed and answered questions regarding the Clinical Care Committee October 2002 Report.

PLANNING

None

OLD BUSINESS

Update: State Comparative Data Through June, 2002 Performance Indicators #1, 2, 3 and 11.

At the September 3, 2002 Program/Planning & QI Committee Meeting, Mr. Hofman discussed areas of concern relative to a drop in performance on several indicators:

Performance Indicator #1: Access - Penetration Rate - Mentally Ill Child
Performance Indicator #2: Access - Penetration Rate - Elderly
Performance Indicator #3: Access - Penetration Rate - Ethnic Minorities
Performance Indicator #11: Continuity of Care

After further analysis, Mr. Hofman provided the following update:

For Indicators #1, #2 and #3, Mr. Hofman explained that the state had continued to use the old census numbers to develop their percentages, rather than changing to the most recent demographic information from the 2000 census as published in their contract. Since CMH was using the new census data, the percentages were not comparable and the report showed a decline in performance. Ottawa County CMH will now continue to use the older census data so that comparisons can be made to the state data.

Mr. Hofman also reviewed the number of consumers served over the last seven (7) quarters to assure that we were not seeing a trend toward serving fewer consumers.

Performance Indicator #1: Children 0-17 served:

Over the past seven quarters the agency served a range of 283-341 children. The last quarter, CMH served 320. There has been no trend downward.

Performance Indicator #2: Ethnic Minorities served:

Over the past seven quarters the agency served a range of 225-259 persons from ethnic minorities. The last quarter, CMH served 246. There has been no trend downward.

Performance Indicator #3: Adults 65 and older served:

Over the past seven quarters the agency served a range of 173-242 older adults. The last quarter, CMH served 173. Beginning October 1, of 2001, the program began serving about 40 fewer older adults per quarter. This was due to changes in eligibility requirements, as older adults in nursing homes without specialized needs are not eligible for services. This has caused a decline in number served.

Performance Indicator #11: Continuity of Care:

Mr. Hofman stated that the last report was at 80%. He explained that basically this was a problem with the report. A correction was sent to the state and the report went to 98%.

Update: Plan for Community Based Experience (CBE) Program

Ms. Buist noted that meetings were held on September 27, 2002 with CBE staff regarding the restructuring of the CBE Program. She stated that the meetings went well and the restructuring was met with some enthusiasm.

Letters have gone out to consumers/families/guardians inviting them to informational meetings to be held on October 10, 2002 at 10:00am and at 6:00pm. Letters also have gone out to residential home providers inviting them to an informational meeting which will be held on October 11, 2002 at 10:00am.

Ms. Buist reiterated that this restructuring will close CBE programming at B Building, Coopersville and Grand Haven. By closing the centers, skill building services will be done by CMH staff in the community and/or by going into the consumers' homes.

Mr. Cyranowski stated that this concept is not mandated by the state, but rather an initiative from the state and how it is implemented is up to CMH. The state is requiring community integration, using natural supports. There will be no discontinuation of services; consumers will be served in a different place. Consumers currently in shift staffed homes will stay in their homes. Any skill building services must be outlined in the consumers' individual PCP.

The goal is to implement no later than October 1, 2003; however, Mr. Cyranowski emphasized that we will take all the time necessary to accomplish this.

Ms. Persenaire emphasized the need to educate the community on an ongoing basis. Mr. Cyranowski stated that this is on the list of things to do.

NEW BUSINESS

None

ROUND TABLE

None

ADJOURNMENT

Ms. Persenaire adjourned the October 1, 2002 meeting at 1:55pm.

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