



NORTH SOUND REGIONAL SUPPORT NETWORK

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

COMMITTEE MEETING PACKET

MARCH 21, 2001

QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSRSN region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- ◆ Help create an atmosphere that is **SAFE**.
- ◆ Maintain an atmosphere that is **OPEN**.
- ◆ Demonstrate **RESPECT** and speak with **RESPECT** toward each other at all times.
- ◆ Practice **CANDOR** and **PATIENCE**.
- ◆ Accept a minimum level of **TRUST** so we can build on that as we progress.
- ◆ Be **SENSITIVE** to each other's role and perspectives.
- ◆ Promote the **TEAM** approach toward quality assurance.
- ◆ Maintain an **OPEN DECISION-MAKING PROCESS**.
- ◆ Actively **PARTICIPATE** at meetings.
- ◆ Be **ACCOUNTABLE** for your words and actions.
- ◆ Keep all stakeholders **INFORMED**.

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
March 21, 2001
12:30 – 3:00**

AGENDA

		Time	Page #
1. Open the meeting & comments from the Chair		5 minutes	
2. Approval of January 2001 Minutes	Chair Byrne	5 minutes	4
3. Reports			
Action Items:			
A. CHAP	Ms. Vaughan Mr. Benjamin	25 minutes	7
B. QM Plan 2000 - Year in Review	Ms. Thompson	20 minutes	8
C. Critical Incidents Review 2000	Mr. Page	10 minutes	9
Informational Items:			
A. Ombuds 4 th Quarter 2000 Report	Ms. DeCino	10 minutes	10
B. QRT Overview of Provider Site Visits	Ms. Holtcamp	10 minutes	13
C. APN Case Management Training	Mr. LaFollette	20 minutes	14
D. Caseload Study Data	Ms. Murray & Mr. Vanderveen	20 minutes	15
4. Other Business			
5. Adjourn			

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
January 17, 2001
12:30 – 3:00**

Members Present:

Andy Byrne, Chair	Melissa DeCino	Karen Kipling
Charles Albertson	Sharri Dempsey	Terry McDonough
Tori Benz-Hillstrom	Dave Gossett	Francene Thompson
Dan Bilson	Marcia Gunning	Linda Vaughan
Lorelei Coy	Dolores Holtcamp	Michael White

Staff Present:

Chuck Benjamin
Greg Long
Annette Calder

1. Open the Meeting and Comments from the Chair

Chair Byrne opened the meeting at 12:35 and introductions were made. A modification was made to the agenda as to the order of reports.

A discussion was held regarding the Guiding Principles this committee adopted in 1999, see Attachment A for additional information. It was decided by the group to amend the Guiding Principles as follows:

- Split the eighth bullet, making it two separate statements and move them to the top of the list;
- Add a footer to include the acceptance date and revision date;
- Have posters made listing principles to hang at committee meetings;
- Principles will be distributed with each meeting packet; and
- Members will receive their initial copy in a protective plastic sleeve

2. Approval of Minutes

The minutes of November 9, 2000, were reviewed and approved as written.

3. Reports

A. Meeting Schedule

Francene Thompson addressed the committee regarding the proposed meeting dates, discussion followed. A motion was made to accept the proposed meeting schedule as presented, all in favor, motion carried.

B. Third Quarter Quality Management Plan 2000 Update

Francene Thompson gave a presentation and provided handouts on the third quarter status of the Quality Management Plan 2000; see Attachment B for further details.

C. Quality Management Plan 2001

Francene Thompson presented the Quality Management Plan 2001 to the committee for approval, much discussion followed. It was agreed by the committee to make the following changes:

- Move access/next day appointment (focus area 1.2) to Crisis system standards (focus area 1.1);
- Page 1-14, arrow connecting Advisory Board to Board of Directors;
- Page 1-11, under Board of Directors, 3rd line to read, "...two ex-officio regional Advisory Board members"; and
- Clarify Source column indicating measurement tool.

A motion was made to make the changes recommended and introduce to the Advisory Board and Board of Directors with a recommendation for approval, seconded, all in favor, motion carried.

The committee took a five-minute break.

D. MHD Audit 2000

Greg Long made a presentation regarding the MHD Audit process along with a comparison of the MHD and the NSRSN Reviews, see Attachment C for further details, committee discussion followed. Committee members complimented NSRSN staff on a job well done.

E. Third Quarter Concurrent Review

Terry McDonough presented the Third Quarter Concurrent Review Report to the committee; see Attachment D for the full report. Committee discussion followed.

F. CHAP Update

Linda Vaughan provided the committee with the monthly CHAP Utilization Report (Attachment E), and stated that the CHAP program will continue to be monitored. Discussion followed regarding the CHAP program in Snohomish County. Ms. Vaughan will report back to this committee in March.

4. Other Business

A. Meeting Evaluation

Chair Byrne distributed copies of the November 9, 2000, committee evaluation results (Attachment F). The committee reviewed the results together and discussed how this meeting was conducted. The committee will continue to evaluate their meetings.

B. Member Resignation

Tori Benz-Hillstrom stated she enjoyed working with this committee and is proud of the good work it produced. This was Tori's last meeting as she has resigned as the Director of Quality Management at APN to pursue other career interests. Committee members wished her well in her future endeavors.

C. Agency Contacts for Complaints and Grievances

Tori distributed a list of APN Provider contacts for Complaints and Grievances (Attachment G).

5. Adjourn

The meeting was adjourned at 3:15.

Respectfully submitted,

Annette Calder

Please note:

The attachments referenced herein were distributed at the meeting and are attached to the file copy as part of the official record. Please contact the NSRSN at (800) 684-3555 extension 230 with any questions, concerns or requests.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: CHAP UPDATE

PRESENTER: LINDA VAUGHAN & CHUCK BENJAMIN

COMMITTEE ACTION: Action Item (X) FYI & Discussion () FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- CHAP activities are closely monitored by the NSRSN Quality Management Team
- Current referrals continue to be for particularly high need children
- There is continuing under-utilization of the program
- Utilization is not consistent across the Region
- Recruitment and retention of appropriate foster homes continues to be problematic

CONCLUSIONS/RECOMMENDATIONS:

- CHAP is being carefully evaluated in terms of contractual compliance
- A potential correctional action plan will be presented for QMOC's consideration

TIMELINES:

Ongoing

ATTACHMENTS:

Handouts will be available at the meeting.

NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: NSRSN QUALITY MANAGEMENT PLAN 2000
ANNUAL REPORT**

PRESENTER: FRANCENE THOMPSON

COMMITTEE ACTION: Action Item (x) FYI & Discussion () FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Quarterly Progress Reports have summarized NSRSN's performance of QM Plan 2000 Goals and Objectives. The report for the 4th quarter of 2000 is presented here in conjunction with the year 2000 table of accomplishments, recognition of areas not completed, and recommendations for concerns to be carried over into the QM Plan 2001. Areas of focus are:

- Crisis system standards
- Standards for access to care
- Cultural competency throughout the system of care
- Integration of hospital diversion/admission, residential and jail services
- Consumer satisfaction
- Match between consumer needs and services provided
- Standards for certification of need for hospitalization
- Maintenance and improvement of QM infrastructure
- Supported Employment Services
- Criminal Justice System Review
- Residential Services
- Inpatient Services

CONCLUSIONS/RECOMMENDATIONS:

- Significant progress has been made in QM Plan implementation
- Most implementation deadlines are being met
- Many of the changes in the NSRSN QM Plan 2001 have been based on this information

TIMELINES:

- This is the final QM Plan Report for the year 2000.

ATTACHMENTS:

- Full report available at QMOC meeting

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Critical Incident Report, Year 2000

PRESENTER: Mike Page, Quality Manager, NSRSN

COMMITTEE ACTION: Action Item (x) FYI & Discussion () FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The NSRSN has compiled critical incident data for the year 2000, the first full year of Region-wide reporting. While reporting for the year 2001 is hinged upon newly implemented policy, procedure and reporting format, the year 2000 Report gives us a baseline, and represents the first step in data collection to guide in reporting procedure and, quality review.

CONCLUSIONS/RECOMMENDATIONS:

It should be anticipated that year 2000 numbers will expand in 2001, as agencies respond to the new NSRSN policy and procedure, and develop internal policies to direct reporting and review. Trends in the occurrence of particular incidents will not be visible over the years 2000-2001.

It is recommended that provider agencies develop an improved Critical Incident Review Procedure and Format, that demonstrate how Critical Incidents are not only reviewed, but are utilized to foster quality improvement in treatment, and systems. There is a need to learn from Critical Incidents, what we can do better.

TIMELINES:

This Report summarizes the year 2000. 2001 Critical Incident Reporting will be brought to the Committee on a biannual basis (first report, July 2001).

ATTACHMENTS:

Handouts will be made available at the QMOC meeting, 21 March 2001.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: 4th Quarter Ombuds Report

PRESENTER: Melissa DeCino

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- More clients felt comfortable coming to Ombuds themselves
- Consumer rights and Access to Services were the main complaints
- More cases were resolved through Conciliation/Mediation

CONCLUSIONS/RECOMMENDATIONS:

- This Quarters numbers are positive because many complaints have been resolved with consumer satisfaction at a lower level
- The new data collection process allows us to give accurate and concise information

TIMELINES: Quarterly

ATTACHMENTS: 4th Quarter Report

**NORTH SOUND REGIONAL SUPPORT NETWORK
QUARTERLY OMBUDS SERVICE REPORT**

October 1, 2000-December 31, 2000

Number of Cases: 59

Source of Cases:

Consumer for self: **44**

Relative: **8**

Friend: **4**

Other: **1-(QRT) 1-(NAMI) 1-(Home & Community Services)**

Demographic Information: *(Identify number in each category if client provides information)*

Male: **24**

Adults: **51**

Female: **35**

Children: (0-17) **5**

Elderly: (55+) **3**

Cultural/Ethnic:

African American: **1**

Asian/Pacific Is: **1**

Caucasian: **54**

Hispanic: **3**

American Indian/Alaskan Native: **0**

Cases by County:

Island: **4**

San Juan: **0**

Skagit: **11**

Snohomish: **29**

Whatcom: **15**

Total Contacts: 967

Total Unduplicated Contacts: 124

Complaint Data:

Consumer rights: **12**

Service intensity, service not available,

Access to Services: **18**

Coordination of services: **4**

Physicians & Medications: **2**

Housing: **8**

Dignity and Respect: **9**

Transportation: **1**

Financial/Administration Services: **6**

Emergency Services: **1**

Quality/Appropriateness: **9**

Other: **0**

Residential: **2**

Phone Calls not returned: **3**

Type of Resolution:

Telephone Information/Referral Provided: **13**

Referral to Quality Review Team: **0**

Resolved through Conciliation/Mediation: **37**

Arbitration: **1**

Fair Hearing: **1**

Other: **1**-(Transferred)

Not pursued: **15**

Outstanding: **7**

CC: Executive Director, NSRSN
NSRSN Board of Directors
Office of Consumer Affairs Manager
Quality Management Oversight Committee
NSRSN Advisory Board

Mental Health Division
P.O. Box 45320
Olympia, WA 98504

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Review Team Overview of Compass Health & 12 other Mental Health Provider Sites

PRESENTERS:

- Quality Review Team Lead - Dolores Holtcamp
- Quality Review Team Associate - Beckie Bacon

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Quality Review Team Quarterly Report for Oct. – Dec.
- List of Provider Sites Surveyed to date.
- Graphs of Consumer Level of Satisfaction.
 - Overview of 9 Community Mental Health Services, 2000
 - Overview of 6 Community Mental Health Residential 2000
 - Overview of 12 Mental Health Provider Sites 2000

RECOMMENDATIONS:

- Recommendation –QRT recommends a case management team approach throughout, and continue data gathering of caseloads.
- Recommendation –QRT recommends on-going case management training to identify and correct the issue of consumers not knowing what their crisis plans are.
- Recommendation –QRT recommends CMHS needs to comply with contract requirements that states consumers will be offered access to services within 10 business days.

ACCOMPLISHMENTS:

- 10 QRT Accomplishments

ATTACHMENTS:

The following materials will be distributed at the meeting:

- Oct. – Dec. Quarterly Report
- List of Total Survey Site Visits
- 6 pages - Level of satisfaction graphs – Provider & Residential

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: APN CASE MANAGEMENT TRAINING

PRESENTER: JERE LAFOLLETTE & BOB LEBEAU

COMMITTEE ACTION: Action Item () FYI & Discussion (X) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

PRESENTATIONS WILL INCLUDE:

- ◆ General Training Issues for Mental Health Agencies.
- ◆ Case Management Training Opportunities Provided by APN and Its Members
- ◆ Training as Related to the MHD Audit Findings
- ◆ The APN Training Plan – Agency Compliance
- ◆ A Collaborative APN/NSRSN/Eli Lilly & Company Proposal

CONCLUSIONS/RECOMMENDATIONS:

APN continues to be committed to the provision of appropriate training for all of its case management and other staff to ensure the highest quality of case management service provision throughout the region.

TIMELINES:

Ongoing

ATTACHMENTS:

Available at the QMOC meeting

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Case Load Study (Outpatient Capacity)

PRESENTER: APN - Paul Vanderveen, Marsha Murray

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Case Load/ Outpatient Capacity Measurement Factors
 - Number of clients per clinician
 - Clinician's FTE
 - Productivity - % of time clinicians spend in activities for clients
 - Number of caseload mix by level
 - Total clients, including RSN and Non-RSN
 - Documentation Compliance
 - Client Outcomes
 - Client Satisfaction
- Data Quality Improvement Project

CONCLUSIONS/RECOMMENDATIONS:

- Initial analysis indicates that the average active caseload per clinician is less than 40 clients.

TIMELINES:

On-going

ATTACHMENTS:

- Memo dated 9/12/00
- Memo dated 1/19/01
- Additional handouts will be distributed at the meeting.

To: Francene Thompson
From: Tori Benz-Hillstrom
Date: 09/12/00
Re: Clinician Workload (Caseload) Quality Assurance
CC: APN QM Committee, QMOC Caseload Sub-Committee, Marsha Murray, Paul Vanderveen

Paul, Marsha and I enjoyed meeting with you and Christine on 9/5 to discuss gathering additional data to analyze clinician workloads. As I mentioned, the APN Quality Management (QM) Committee is incorporating Clinician Workload into their new QM Plan and will send updates to the QMOC Caseload sub-committee on this quality assurance measure. We understand QMOC's concern that if clinician's workloads are too high, this could impact their ability to provide quality care for our consumers. The APN QM Committee agrees this is a critical measure to track.

As you know, Clinician Workload is a complicated measure. APN QM plans to take the measure beyond the current # of clients per clinician by FTE. We would like to develop a reporting system that contains and weighs the following elements:

1. Number of clients per clinician
2. Clinician's FTE
3. Productivity - % of time clinicians spend in activities for clients
4. Number of caseload mix by level
5. Total clients, including RSN and Non-RSN
6. Documentation Compliance
7. Client outcomes
8. Client satisfaction

All of these factors contribute to analyzing clinician workload and client outcome. If all of these factors are not considered, it will lead to an incomplete analysis. I compare it to a 2 legged stool vs. a 3 legged one, the more legs that the stool has, the stronger it stands. As you can see from all the elements listed above, obtaining an accurate measure of Clinician Workload is extremely complex. For example, one clinician may have a high number of clients, but have 3 additional staff members who assist them in the care for

those clients. In that case, it is important to take into account the clinician's productivity number. Another example, a clinician has a workload that they are functioning optimally at, but their documentation is incomplete. A final example, a clinician has a reasonable caseload, is seeing their clients frequently, their paperwork is complete, but their client satisfaction and clinical outcomes are not satisfactory.

The APN QM Committee is working with Paul Vanderveen to develop a reporting system that will allow us to evaluate this type of analysis. We can report to the QMOC Caseload sub-committee on a quarterly basis, or if that team prefers to no longer meet, we can report quarterly directly to QMOC.

To update you on where we are so far, I am going to share the reports we have developed and what our plans for continued work are. The four reports are below and refer back to the list of 8 items from page 1.

- **Treatment Plan Reviews and Annual Outpatient Reauthorization Due** (attachment 1). This report evaluates one component of #6 – documentation compliance. This particular report also shows the total number of all clients for that clinician - #1 and #5.
- **Days to Data Entry Activities** (attachment 2) also shows documentation compliance - #6.
- **Months Since Last Clinical Face to Face Service** (attachment 3) looks at service productivity - #3. If the primary clinician (or other staff) aren't spending much time with the client, we will be able to see that. This particular report not only relates to clinician workload issues, but quality of care issues.
- **Standardized Workload Report** (attachment 4) is our first attempt to weigh several factors: number of all clients, clinician's FTE and number of caseload mix by level (#1, #2, #4, and #5).

We have begun to implement the first two reports at the agency level, and the individual clinicians are receiving or will receive their own reports on a monthly basis. The last two reports are still being developed and we will continue to work on those through the rest of the year. APN QM will develop a plan on how to gather and weigh the items from page one into one report that will look at overall clinician workload with a quality of care emphasis.

I would like to provide a report to QMOC (or QMOC Caseload sub-committee if it continues) in January 2001 on our work in the 4th quarter of 2000.

To: QMOC Caseload Sub-Committee

From: Tori Benz-Hillstrom, Director of Quality Management

Date: January 19, 2001

Re: Quarterly update on APN's progress on Outpatient Capacity (AKA Caseload)

CC: APN MIS: Marsha Murray; Paul Vanderveen & Jo Glass
APN Committees: Management Council; CFO; DSOC; QM

This memo is a follow-up report to the last meeting of this sub-committee which occurred on 9/12/00. At that meeting, Paul and I presented the attached memo, which reflected APN's current plan for Outpatient Capacity (AKA Caseload). We stressed the importance of a measure that is much more sophisticated than caseload, because that number alone is not a clear reflection of a Clinician's workload or effectiveness. Additionally, we discussed that APN is responsible for utilization and capacity issues and the committee reflected they would like to be kept updated on the progress of how APN is tracking these important system measures. Finally, we agreed that a report from APN would come in January 2001, which updated the sub-committee on the progress APN has made on this project. The following summarizes our progress.

In the previous memo, we identified 8 areas that APN wants to consider in determining appropriate outpatient capacity. They are in slightly different order, but what follows is an update on the progress in those areas.

1. Total Clients, Including RSN and Non-RSN

This data point is the most crucial in building an accurate foundation for analyzing Outpatient Capacity. We have made significant progress in cleaning up the APN and agency databases, which will provide us with an accurate number of current consumers. The following reports assisted us with this task:

- No Primary Clinician Report – this report assists agencies in identifying clients who did not have a primary therapist recorded in the system. The main reason seemed to be that clients who were in screening were never closed out of screening. This data added up over the years and significantly skewed our regional information. Agencies have been utilizing this report since August 2000 and this problem has been corrected and is monitored monthly for data integrity.
- Duplicate Client Report – this report assists agencies in identifying the problem of having duplicate clients in the BDS system. Agencies have been

using this report since July 2000. The duplicate clients have been identified, however, the BDS software for merging clients is not working correctly with the APN system. Marsha Murray is working on this problem with BDS.

- Treatment Plan Review Report – while this report is mainly for monitoring documentation compliance, it also serves to identify cases assigned to the primary clinician. It lists all cases a clinician has, and thereby reminds clinicians to close out cases that are no longer in service. This report was first distributed in July of 2000 and has consistently gone to all clinicians monthly since October 2000. This report will continue to be produced and given to clinicians on a monthly basis to assist in keeping their caseloads current and documentation complete.
- Days Since Last Seen – this new report will be distributed in January and identifies how long it has been since the consumer has been seen. Not only does this report assist in quality of care issues, it will assist in identifying clients that perhaps have completed treatment and should be closed out.

2. Clinician's FTE

The CFO committee has been working on assuring the accuracy and completeness of the clinician data in the BDS system. The 'Staff Information' report was first distributed to the CFO's in December 2000. This report allows them to see the FTE and Job Function Code of the clinician and make corrections as necessary. This data being accurate is critical to determining an accurate average of Outpatient caseload size, let alone beginning to be able to analyze Outpatient capacity. Job Function Codes 2, 4-6 are being included in this analysis. MD's and ARNP's were excluded, because their duties are most often ancillary to those of clinicians. Additionally, Emergency Service clients and clinicians are not part of this study, because they are not part of the Outpatient program and have separate funding. This report will continued to be monitored quarterly for data integrity.

3. Clients per Clinician (Caseload)

We have focused on items 1 and 2 above, during the last quarter. The "Average Caseload Size Determination" report was just published in January 2001 and shows that our overall regional average is 38.2 clients per Outpatient FTE. Because we know clinicians have some charts to close out, we also ran the number using clients only seen in the last 90 days and the overall regional average of that is **33.4** clients per Outpatient FTE. This number is consistent with the number of **33** clients per FTE that the NSRSN staff reported on in November 1999. The APN number is more thorough because it includes the Non-RSN funded clients as well. APN will continue to monitor this data point on a monthly basis. It is critical to understand that this is not the end of the road. The next steps include making the formula for Outpatient Capacity much more complex as defined in the original 9/22/00 memo.

4. Caseload by Level

We continue to increase the sophistication of reporting on this issue. As a next step, we are developing a report that will identify and include clients that are not assigned case levels. There is a population of Non-RSN clients that do not have service levels assigned, as it is not a required data element. Currently, one agency has begun to include this information. A report on this element should be available as of February 2001. The next step will be to create a formula that weighs the clinicians' caseload with service level, and this subject is described below.

5. Productivity - % of time clinicians spend in activities with clients

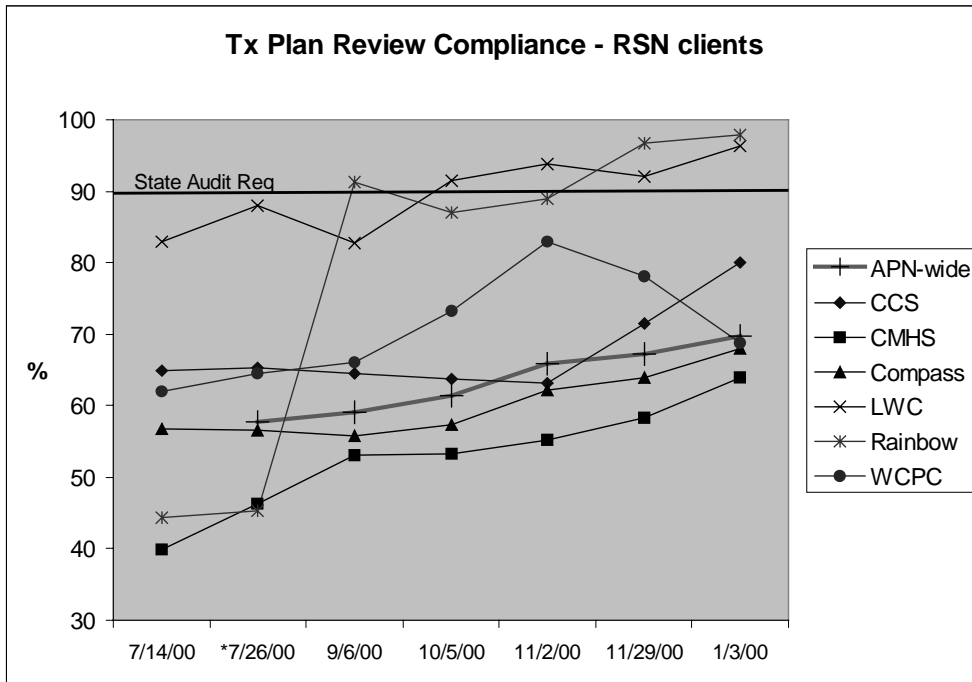
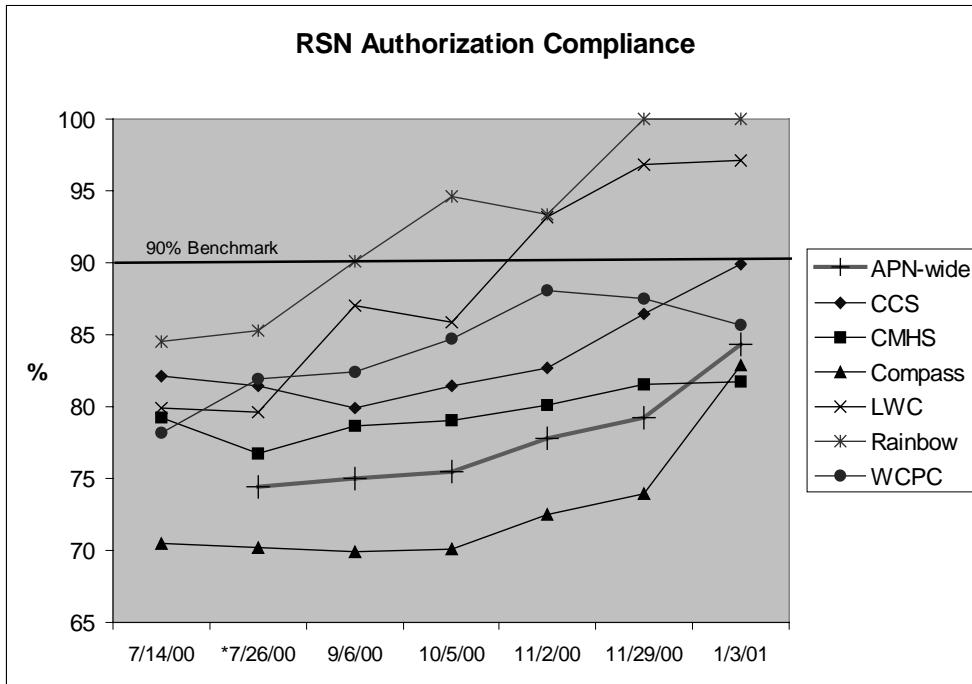
Productivity is the next step in taking Outpatient Capacity to a more sophisticated level. All of the previous sections have to be accurate first, before this area can be analyzed, but an initial draft of a productivity report (Standardized Workload Report) was distributed to DSOC on 11/30/00. This report was created by one member agency and DSOC is evaluating its logic to determine its ability to be used region-wide. Currently, this report weighs cases by these elements: level, client's age, whether or not outreaches are in/out of city limits and whether or not there is an ancillary clinician assigned to the case. The purpose of this weighting is to standardize clinician's work in a way that allows for comparison. This logic may or may not be the report's final logic.

6. Documentation Compliance

Developing the model, which can integrate (1) Documentation Compliance, (2) Consumer Satisfaction and (3) Consumer Clinical Outcomes into the overall capacity report will be a challenge. This information is critical however, when looking at overall Clinician Workload and effectiveness. There have been 2 main reports that QM and DSOC have been using to monitor documentation compliance.

- Treatment Plan Reviews and Annual Outpatient Re-authorizations Due

This report serves many purposes, but completion of these 2 areas is the main focus of documentation compliance. This report is generated in such a way that individual clinicians are able to monitor their own compliance. Additionally, the report aggregates information by supervisor and agency. Since July 2000, APN Management has been able to see the progression of compliance on these 2 items, and agencies have been able to see how they compare to others and the overall regional data point. When reviewing the data, there is a steady increase in compliance, as a result of clinical staff dedication to this measure. This report will continue to be on the forefront of the DSOC agenda until all agencies reach 90% compliance. Once this level is achieved, a decision will be made about as to a schedule of ongoing monitoring. The following charts document the progress made on these measures:



- Days to Data Entry for Service Data

Another important documentation compliance measure examines clinician and data entry staff, paperwork timeliness compliance. This report was initially distributed to QM on 8/21/00. In January 2001 the comparison by agency and region was available. The QM Committee will use this summary data to work on a project similar to the graphs shown above.

7. Client Outcomes

The APN DSOC committee is beginning the discussion of clinical outcomes along with their development of Clinical Practice Guidelines. That discussion will begin in February 2001 and consideration will be given to how measures can be used in determining clinical capacity. For example, if outcomes for a certain diagnosis are the same for a series of 8 group sessions vs. 4 individual sessions, it would be more cost effective to utilize the group intervention.

8. Satisfaction Survey

APN completed a consumer satisfaction survey in 2000. See attached report for the details. Currently, this measure has no implementation plan with Outpatient Capacity. It was mentioned at the last QMOC sub-committee meeting that we consider incorporating clinician satisfaction as well. There are no plans for that at this time, but this document serves as a placeholder for that idea.

SUMMARY

This is a summary of the status of these 8 areas from the 9/12/00 memo. As you can see, significant progress is being made on not only answering the caseload question, but a much more sophisticated measure of Outpatient capacity. We are asking the QMOC sub-committee to consider concluding this sub-committee and allowing APN to continue its work in this area, as it has demonstrated that it can do.