



NORTH SOUND REGIONAL SUPPORT NETWORK

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

COMMITTEE MEETING PACKET

MAY 16, 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.

Adopted: October 27, 1999

Revised: January 17, 2001

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
May 16, 2001
12:30 – 3:00**

AGENDA

		Time	Page #
1.	Open the meeting & comments from the Chair	5 minutes	
2.	Approval of March 2001 Minutes	5 minutes	4
	Chair Byrne		
3.	Reports		
	Action Item:		
	A. VOA Presentation	45 minutes	6
	Ms. Kipling		
	Informational Items:		
	A. QM Plan Reports	20 minutes	7
	Ms. Thompson		
	B. Jail Services Review 2000	15 minutes	8
	Mr. McDonough		
	C. Tribal Collaboration – 7.01 Planning	30 minutes	12
	Ms. Dempsey		
	D. CHAP Update	5 minutes	13
	Mr. Benjamin		
4.	Other Business		
5.	Meeting Evaluation		14
6.	Adjourn		

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

Minutes

Members Present:

Andy Byrne, Chair
JoAnn Angevine
Chuck Albertson
Dan Bilson
Lorelei Coy
Melissa DeCino
Sharri Dempsey
Dave Gossett

Marcia Gunning
Dolores Holtcamp
Jere LaFollette
Terry McDonough
Francene Thompson
Linda Vaughan
Michael White

Members Not Present:

Pamala Benjamin
Claudia D'Allegri
Joan Lubbe
Karen Kipling

Staff Present:

Chuck Benjamin
Melinda Bouldin
Annette Calder
Greg Long
Mike Page
Gary Williams

Guests:

Patricia Allison
Bob LeBeau
Eric Love
Carole Kosturn
Kathy McNaughton
Janet Simpson

1. Open the meeting

Chair Byrne opened the meeting at 12:30 p.m. and introductions were made.

2. Approval of Minutes

The minutes of January 17, 2001, were reviewed and approved as written.

3. Reports

Action Items

A. CHAP Report

Linda Vaughan reported on the status of the CHAP Program, see Attachment A for additional information. Chuck Benjamin addressed the committee and presented statistics for the CHAP program along with recommendations, a question and answer period followed. A letter from APN regarding CHAP utilization was distributed to the committee and is Attachment B. After much discussion, a motion was made to delete the dollar amount and accept the recommendations as proposed by Chuck Benjamin, motion seconded, 11 for, 2 against, 1 abstention, motion carried.

The committee took a ten-minute break and reconvened at 1:45 p.m.

Due to time constraints, Chair Byrne amended the agenda as follows: the QM Plan 2000 Annual Report was distributed to the committee and this item will remain on the May agenda, see Attachment C for further information; the QRT report was given to the committee and is Attachment D.

B. Critical Incidents Review 2000

Mike Page presented the committee with the critical incident data for the year 2000, the new Critical Incident policy, procedure and reporting format. Some discussion followed; see Attachment E for more information.

Informational Items

A. Ombuds Report

Melissa DeCino reported to the committee on the 4th Quarter 2000 Ombuds report to the Mental Health Division, brief discussion followed.

B. APN Case Management Training

Jere LaFollette made a presentation on Case Management Training and provided a handout; see Attachment F for additional information. Discussion took place after the presentation.

C. Caseload Study Data

Marsha Murray and Paul Vanderveen gave a presentation regarding clinicians caseload size and provided handouts (Attachment G) to the committee. Some discussion followed. Committee members expressed appreciation for the in-depth work on this important issue.

4. Adjourn

The meeting was adjourned at 3:40 p.m. The next meeting of the Quality Management Oversight Committee is scheduled for Wednesday, May 16, 2001, 12:30 p.m. in the NSRSN Conference Room.

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: VOA Proposal

PRESENTER: Karen Kipling

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

VOA experienced a significant drop in funding this year related to declining inpatient savings dollars. 3.4 clinical staff were laid off in December-January. As a result, consumers are experiencing difficulties accessing the Crisis Line. Call volume to the Crisis Line has increased significantly since 1998. VOA is requesting additional funds to restore adequate staffing, and a more stable funding mechanism for the future.

CONCLUSIONS/RECOMMENDATIONS:

QMOC should consider all options presented and other QMOC ideas regarding VOA Crisis Line Services. The current contract requires that 90% of calls be answered within 30 seconds and abandonment rates not exceed 5%. It is the recommendation of the NSRSN that these contractual standards not be jeopardized or lessened. This is a critical component of our mental health system that should not be weakened. In addition, the funding for VOA Crisis Services should be linked to more stable funding.

TIMELINES:

The Executive Director should immediately implement the final action of the Board of Directors.

ATTACHMENTS:

VOA proposal accompanies this packet.

Additional supporting documentation will be handed out at the meeting.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN Quality Management Plan Reports

PRESENTER: Francene Thompson

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- NSRSN Quality Management Plan 2000 Annual Report
 - Strength / Accomplishments
 - New and effective “feed-back loop” for Concurrent Review
 - Greater emphasis on capacity/utilization management
 - Customer satisfaction remained high
 - Numerous systems improvements during the year
 - Objective Not Met
 - Problems regarding departmental responsibilities and timelines
 - IS/IT not yet capable of some of the expected MIS activities
 - Table of Accomplishments illustrates specific performance

- NSRSN Quality Management Plan 2001 1st Quarter Report
 - Results of implementation of the Plan’s first quarter
 - Activity reports provided and analysis ongoing
 - Some problematic areas of the plan identified
 - Initial recommendations for changes/improvements
 - The challenge of the QM Plan 2001 combined approach to implementation
 - A process for monthly processing and analysis of combined departmental reports has been initiated
 - The role of CQIP has been clarified with relation to QM Plan 2001

CONCLUSIONS/RECOMMENDATIONS:

- The QM Plan 2000 produced substantial quality improvement for NSRSN
- Implementation of QM Plan 2001 should continue as written

TIMELINES:

- As scheduled in the QM Plan 2001.

ATTACHMENTS:

- Full reports available at QMOC meeting.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN Jail Services Review 2000

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Review conducted during 4th quarter 2000
- 40 charts from APN providers reviewed
- Review focused on issues related to continuity of care for jailed consumers, such as;
- Were the consumer's Treatment and Crisis plan amended following the episode of Jail Services?
- Did the consumer's chart document contact between mental health staff and jail staff while the consumer was in jail?
- Did the consumer's chart document face to face contact between mental health staff and the consumer within 5 days of the consumer's release from jail?

CONCLUSIONS/RECOMMENDATIONS:

- Continuity of care for consumer's who are sent to jail is not well documented currently in the consumer's clinical record
- Results of the Jail Services Review have been discussed with APN Clinical Director
- A meeting has been scheduled between NSRSN and APN Quality Management staff for March 22, 2001
- NSRSN Quality Management staff will be conducting a follow-up Jail Services Review during the 4th quarter 2001

ATTACHMENTS:

Jail Services Report.

NSRSN Jail Services Review

Fourth Quarter 2000

Initial Review and Next Steps

Executive Summary

During the Fourth Quarter 2000, NSRSN Clinical/Quality Management staff conducted the initial review of the Jail System services throughout the NSRSN. A total of 40 cases were reviewed, 20 cases from Compass Health, 10 cases from Community Mental Health Center and 10 cases from Whatcom Counseling and Psychiatric Clinic. Cases reviewed were evaluated for documentation that evidenced continuity of clinical care for consumers who had been jailed during the review period.

Results

32 of the 40 charts reviewed were of people who were either in service at the time of the jail episode or who connected to service following the jail episode. The other 8 people chose not to connect to mental health services. In 32% of these charts (10 of 32), the consumer's treatment plan and/or Crisis Plan had been amended to address the jail episode being reviewed. In 63% of these charts (20 of 32), documentation in the consumer's chart verifies that mental health staff had contact with either the consumer or with staff at the jail, during the consumer's period of incarceration. In 56% of these charts (18 of 32), the consumer was seen, face-to-face, by mental health staff within 5 days of their release from jail.

Next Steps

The NSRSN Quality Management Team will:

- Submit a DRAFT of the report to the NSRSN Management Team
- Review the results of the report with APN Clinical Director
- Discuss ideas to improve continuity of care for jailed consumers with the APN Quality Management Committee (March 22, 2001)
- Conduct a follow-up review of jail services and continuity of care issues during the Fourth Quarter 2001

Introduction

During the Fourth Quarter 2000, in accordance with the NSRSN Quality Management Work Plan, NSRSN Quality Management (QM) staff conducted their initial review of jail services throughout the NSRSN. 40 clinical records from three (3) APN providers, Compass Health, Community Mental Health Center and Whatcom Counseling and Psychiatric Clinic were reviewed.

Purpose

The purpose of the Jail Services Review was to determine the extent to which continuity of care is maintained for consumers during episodes of jail incarceration. NSRSN QM reviewers focused on documentation in the consumer's clinical record to evaluate the extent to which such continuity of care had been implemented.

Study Methodology

40 clinical records from the three (3) agency providers listed above were selected. These cases were selected from a database provided by Behavioral Data Systems (BDS). Only cases which had at least three (3) episodes of jail-based services during the first six (6) months of 2000 were selected for review. The review focused on the 30 day period prior to the jail episode and also on the 30 day period following the consumer's release from jail. Reviewers were looking for documented evidence of continuity of care such as;

- Amended Crisis and/or Treatment Plans following the jail episode to reflect the recent events, both precipitators and proposed preventative alternatives and/or options to be utilized in the future
- Documentation of contact between the mental health staff and jail staff, while the consumer is incarcerated
- Documentation of face-to-face contact between consumer and agency staff, within 5 days of the consumer's release from jail

Results

Overall, results from the Jail Services review indicated that Crisis Plans and Treatment Plans were amended to address issues and events preceding the jail episode in 32% of the cases reviewed. In 63% of the cases reviewed, mental health staff had been in direct contact with either the consumer or with the jail staff during the consumer's incarceration. In 56% of the cases, the consumer was seen face-to-face by mental health staff within 5 days of their release from the jail.

The charts reviewed in the Jail Services review did not reflect a high degree of continuity of care for consumers who find themselves in jail. Approximately one-third of the treatment plans/crisis plans for these consumers had been amended, following their episode of jail care. Mental health staff had seen jailed consumers within 5 days of their release from jail in just over half of the cases reviewed. Also, in slightly over half of the cases reviewed, mental staff had been in contact with either the consumer or with jail staff, during the consumer's incarceration. Ongoing continuity of care was not sufficiently documented in the majority of cases reviewed. NSRSN quality management staff feel additional work is needed in this area and will be conducting another review of jail services in the 4th quarter 2001. Prior to this scheduled jail services review, NSRSN quality management staff will meet with APN staff to discuss ideas for increased documentation to reflect improved continuity of care throughout episodes of incarceration for consumers.

Next Steps

The NSRSN Quality Management Team will:

- Submit a DRAFT of the report to the NSRSN Management Team
- Review the results of the report with APN Clinical Director
- Discuss ideas to improve the continuity of care for jailed consumers with the APN Quality Management Committee (March 22, 2001)
- Conduct a follow-up review of jail services and continuity of care issues during the Fourth Quarter 2001

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Tribal collaboration, 7.01 planning

PRESENTER: Sharri Dempsey

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The North Sound RSN and the Tribes of the North Sound Region collaborated in the proposal of an addition to the 7.01 Plan that would enable the Tribes to perform voluntary inpatient treatment certifications. The NSRSN Board of Directors approved this addition/change. Tribes opting to pursue certifications for voluntary inpatient treatment at this time are the Lummi Nation and The Tulalip Tribes.

CONCLUSIONS/RECOMMENDATIONS:

All points of the 7.01 plan have been provided by the NSRSN. This includes:

- ◆ Workshops or trainings
- ◆ AI/AN diagnostic information
- ◆ Monthly tribal meetings
- ◆ Attendance at appropriate meetings (IPAC, RTCC, Tribal Council)
- ◆ Tribal Mental Health Program support

TIMELINES:

The next 7.01 Plan update will take place during the June 2001 Tribal/RSN meeting.

ATTACHMENTS:

The following will be distributed at the meeting:

- ◆ Report to MHD and IPAC
- ◆ 7.01 plan
- ◆ wrap-up on workshops
- ◆ Tribal/NSRSN meetings
- ◆ Tribal Liaison work plan

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: CHAP Update

PRESENTER: Chuck Benjamin

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- In response to CHAP underutilization issues presented at the March 2001 meeting of QMOC, the following recommendations were made:
 - Support for requirement of provider payback, allowing APN to submit a Corrective Action Plan to enhance children's services.
 - Approval of the concept of utilizing payback dollars to enhance children's services.
- Review of previous CHAP reports by NSRSN and by the Division of Children and Family Services (DCFS) supports this recommendation.
- NSRSN has imposed a payback in the amount of \$50,000 to be deducted from the next APN PHP payment. (The payback relates to program underutilization and does not indicate that quality services are not being provided.)
- NSRSN will provide technical consultation in APN's preparation and implementation of the Corrective Action Plan to improve children's services.
- Compliance with the Corrective Action Plan will result in a repayment of the funds in accordance with the approved Corrective Action Plan.

CONCLUSIONS/RECOMMENDATIONS:

- The extreme importance and necessity for services to high need children has been supported by all involved, as well as recognition of the CHAP program's value in that regard.
- It is hoped that this action will result in enhancement of CHAP and other children's programs

TIMELINES:

Determined by approval of Corrective Action Plan.

ATTACHMENTS:

None.

QUALITY MANAGEMENT OVERSIGHT COMMITTEE MEETING EVALUATION FORM

Please complete this form and turn it in at the end of the meeting to the secretary.

1. Receipt of Information:

A. Was information received in a timely manner?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

B. Overall, did you receive enough information to make informed decisions?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

C. Was information sent to the appropriate place?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

D. Did we use the appropriate method? (Fax, mail, etc.)

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

2. Meeting Logistics:

A. Are meeting times convenient for you? ___Yes ___No

B. In order of priority (1, 2, 3) would you rather meet
 ___morning or ___afternoon or ___evening?

C. Are meeting places convenient for you?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

3. Are meeting agendas complete and understandable?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

4. Are meetings conducted in such a way to allow you to speak and participate with a sense of safety and comfort?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

5. Are there any special accommodations you need that would be helpful to you? If so, what are they?

Yes

No

Please provide any additional comments you may have.

Total Score _____

Meeting Date: 05/16/01 Name(optional) _____