



NORTH SOUND REGIONAL SUPPORT NETWORK

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

COMMITTEE MEETING PACKET

DECEMBER 18, 2002

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: 10-27-99
Revised: 01-17-01

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
December 18, 2002
12:30 – 2:30**

AGENDA

			Time	Page #
1.	Open the meeting & comments from the Chair		5 minutes	
2.	Approval of November 2002 Minutes <small>Action Item</small>	Chair Byrne	5 minutes	3
3.	Reports			
A.	Quality Management Dept. Report <small>FYI and Discussion</small>	Ms. Klamp	5 minutes	6
B.	Voluntary Inpatient Certification <small>FYI and Discussion</small>	Mr. LeBeau	30 minutes	7
C.	Review of 2003 QM Work Plan <small>FYI and Discussion</small>	Mr. McDonough	15 minutes	8
D.	MHD Audit – Corrective Actions <small>FYI and Discussion</small>	Mr. Long	20 minutes	10
E.	Exhibit N Report <small>FYI and Discussion</small>	Ms. Striplin	15 minutes	17
F.	CQIP Update <small>FYI and Discussion</small>	Mr. Williams	10 minutes	24
G.	HIPAA Update <small>FYI and Discussion</small>	Ms. Klamp	5 minutes	25
4.	Other Business			
A.	Meeting Evaluation	Chair Byrne	5 minutes	26
5.	Adjourn			

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
November 20, 2002
12:30 – 2:30**

MINUTES

Members Present:

Andy Byrne, Chair, member of the Board of Directors
Dan Bilson, member Advisory Board
Michele Boudreau, alternate, Sea Mar
Mary Cline, Compass Health
Chuck Davis, Ombuds
Melissa DeCino, QRT
Mary Good, member Advisory Board
Marcia Gunning, Contracts Compliance/Fiscal
Wendy Klamp, Lead Quality Specialist
Rosemary Lea, APN
Terry McDonough, Quality Specialist
Michael S. White, IS/IT
Gary Williams, County Coordinator

Members Not Present:

Ian Brooks, member Advisory Board
Sharri Dempsey, Tribal Liaison/OCA
Joe Johnson, member Board of Directors
Marie Jubie, member Advisory Board
Karen Kipling, VOA
Mike Page, Quality Specialist

Others Present:

Annette Calder
Greg Long

1. Open the meeting & comments from the Chair

Andy opened the meeting at 12:35 p.m. and welcomed those present. Introductions were made. The first annual wet cheese award went to Michael S. White.

2. Approval of October 2002 Minutes

The minutes of October 2002 were approved as written.

3. Reports

A. Quality Management Dept. Report

Wendy distributed copies of the October 2002 Quality Management Department Report and provided the group with an overview of the months activities. Refer to Attachment A for additional information. Andy addressed the group about the Whatcom County Drug Court. Wendy was thanked for her report.

B. Selective Review

Wendy distributed information about a Selective Review requested by the Critical Incidents Review Committee. She discussed the case with the group and asked that QMOC approve APN's response. A motion was made to accept APN's response to the Selective Review, discussion followed. Chair Byrne called for the vote, all in favor, **motion carried**. See Attachment B for further information.

C. Sea Mar Quality Management Plan

Michele Boudreau of Sea Mar distributed copies of the PowerPoint presentation, CQI audit calendar and an example of a parameter. She provided an overview of her role with Sea Mar and their Quality Management program. Michele made a very comprehensive PowerPoint presentation for the committee, with questions from the committee. View Attachment C for more information. Michele was thanked for her presentation.

D. Administrative Audits Report

Marcia distributed copies of the Administrative On-Site Audit Schedule as well as the PowerPoint presentation. Marcia provided the group with a comprehensive overview of an audit as well as the reports on the APN and the Snohomish County audits. Questions and answers followed. Copies of the tool and reports were also passed around for folks to sign up for if they wanted copies. Refer to Attachment D for additional information. Marcia was thanked for her presentation.

E. Federal Block Grant Report

Marcia distributed a hand out of her PowerPoint presentation. She also passed around a sign up sheet for those who wanted copies of the Federal Block Grant and Report. See Attachment E for more information. Marcia was thanked for her report.

F. Concurrent Review Report

Terry provided an update on the follow-up of the corrective action plans for WCPC, CMHS, and Compass Health. Terry said he and Wendy reviewed the plans with Rosemary and decided not to accept any of the plans as submitted. Terry said the plans needed more detail and more to be done than training. Terry said that he and Wendy made some proposals to Rosemary of what needed to be included in the corrective action plans. It included 10 points that should be a part of the plans as a start. Terry said that Wendy, Rosemary and himself will continue to follow-up on this and will report back to this committee. Rosemary stated that she feels the RSN is supportive of the APN agencies and that is evident by the help the RSN has provided. She said she really appreciates it.

G. CQIP Update

Andy asked Gary how QMOC and the RSN can use CQIP protection during open meetings and asked that he bring that back to this group. Gary said CQIP is a state program which allows health programs have protection against discovery. That is important in that if a provider believes something was harmful to a consumer, they can discuss it to identify problems within the system and then implement processes to improve the situation or apply corrective actions. Discussion followed. Gary said we have initiated a CQIP committee at the RSN. The focus of the committee is to integrate all of our quality improvement processes. Gary also stated that although we have not received written notice of CQIP approval, he did receive a phone call stating that it is one of the best applications they have ever seen. Andy said that the CQIP committee will help facilitate the work of this committee and is glad we have it. Gary was thanked for his report and his efforts for initiating CQIP and getting us certified.

H. HIPAA Update

Wendy said she and Michael attended their last training with Susan Parker and now are dealing with security information. The RSN is on track. Questions and answers followed. Wendy will update the group again in December.

4. Other Business

A. Meeting Evaluation Results

Chair Byrne shared the evaluation results with the committee.

5. Adjourn

The meeting was adjourned at 2:49 p.m.

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: Quality Management Department and QS report

PRESENTER: Wendy Klamp, NSRSN Lead Quality Management Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

✓ Summary of September activities of the Quality Management Department and QS staff

CONCLUSIONS/RECOMMENDATIONS:

✓ A summary of Quality Management Department activities will be given to the QMOC on a monthly basis

TIMELINES:

✓ Ongoing

ATTACHMENTS:

✓ None

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Changes in voluntary hospital certifications

PRESENTER: Bob LeBeau

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

On November 1st, the Associated Provider Network instituted a change in the process used to get certifications for voluntary psychiatric hospitalizations. These changes were made with the involvement of the NSRSN and inpatient providers. The goal of these changes is to assure that less restrictive options to inpatient care are utilized when they are appropriate and available to assist a consumer. This change, as well as several other ongoing efforts, are part of an overall approach to reducing inpatient costs and, concurrently, safeguarding our system's ability to provide outpatient care to persons at risk in the community prior to the need for inpatient services.

CONCLUSIONS/RECOMMENDATIONS:

This information is presented for discussion and information purposes.

TIMELINES:

The changes were implemented November 1, 2002

ATTACHMENTS:

Copies of the new APN policy and procedure for voluntary inpatient certifications will be distributed.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Review of the NSRSN QM Plan 2002-2003 Work Plan

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSRSN QM staff have reviewed the current QM 2002-2003 Work Plan and noted several areas where the Work Plan needs to be updated/revised to reflect current Work Plan activities. These areas include;

- Focus Area 1.1, Objective 1.12 (page 3-2 of Work Plan)
 - Measurement (b) “Quality Management Team makes test calls to provider agencies during and after business hours.” These test calls were not made during 2002. QM Team members will begin making these calls in 2003.
- Focus Area 1.4, Objective 1.43 (page 3-10 of Work Plan)
 - Measurement (a) “A Focused review of clinical records for consumers on Less Restrictive Orders (LRO)”, to be performed during the 2nd and 4th biennial quarters. The NSRSN uses the MHD’s Outpatient Record Review Tool during Concurrent Reviews, and the MHD tool has a section designed to measure services provided to consumers on LRO’s. Therefore, a separate, Focused Review of LRO services is no longer necessary.
- Focus Area 1.6, Objective 1.63 (page 3-19 of Work Plan)
 - Information to determine if hospitalized consumers meet medically necessary criteria for in-patient admission will be reviewed/assessed thru the Focused Review of In-patient Services. The review of the APN’s Acute Care Team’s records will take place, as needed during this Focused Review, and the APN Acute Care Team’s records will not be the subject of a separate Focused review.
- Focus Area 2.1, Objective 2.11 (page 3-20 of Work Plan)
 - The NSRSN has decided not to seek national accreditation at this time, and this Objective will be removed from the Work Plan
- Several Focus Areas and Objectives throughout the Work Plan-
 - The NSRSN Concurrent Review process is listed for implementation, RSN-wide, during the 1st and 3rd biennial quarters. During 2002, QM staff decided to combine their Concurrent Reviews with the NSRSN Administrative Audit and MHD Licensing Review process, thus combining three reviews into one and minimizing the preparation time required of provider agencies, who formerly had to prepare for Concurrent Reviews, NSRSN Administrative Audits and the MHD Licensing Review separately.
- Several Focus Areas and Objectives throughout the Work Plan-

- The NSRSN Administrative Audit has now been scheduled to coincide with the MHD Licensing Review of NSRSN providers. This combining of reviews provides a more comprehensive picture of how the provider is meeting both NSRSN and MHD mandates, as well as minimizing the preparation time for provider agencies.
- Several Focus Areas and Objectives throughout the Work Plan-
 - Measurements assigned to the NSRSN IS/IT Dept. are being assessed for their viability and implementation through the Sound Data System/Raintree mechanisms.

CONCLUSIONS/RECOMMENDATIONS:

- As part of its on-going QM Plan 2002-2003 analysis, NSRSN staff have reviewed and revised the QM Plan's Work Plan. The various changes and revisions implemented during 2002 have been described above and are being presented to QMOC today for QMOC's input, recommendations and approval.

TIMELINES:

- Work Plan revisions will be presented for discussion at the December 18, 2002 QMOC meeting.

ATTACHMENTS:

- Revised NSRSN QM 2002-2003 Work Plan

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN's Response to MHD's Annual Federal Wavier Medical and Administrative Audit

PRESENTER: Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The MHD Annual Medical and Administrative and report is for the Preferred Health Care Provider (PHP) functions of the NSRSN. This audit is directed primarily at assessing the PHP's performance relating to access to services, acceptability of services, quality of care and consumer satisfaction.

The audit identified strengths in the following areas: Advisory Board, OCA, Report Integration, Recovery, Quality Management, Consumer Voice, Regional Trainings, Tribes, Information Technology, and Cross-System Relationships.

The audit requires corrective action regarding low scores in the clinical records in the areas of Treatment Planning, Crisis Planning and Case Management. Also scores well below 90% were identified in the Intake Evaluation # 5 and # 7 and Psychiatric Medications.

MHD recommended a review of our system for administrative duplication between the roles of the NSRSN and APN. Since the NSRSN/PHP must continue to provide quality management and improvement directly, recommends that NSRSN review the roles of the APN and NSRSN regarding Quality Management.

CONCLUSIONS/RECOMMENDATIONS:

The NSRSN takes these corrective actions and recommendations very seriously. The NSRSN has recommended 8 steps to improve the low scores in the clinical records review over the next 6 ½ months.

The NSRSN Executive Director has been directed by the Board of Directors to study the administrative structure of the NSRSN, APN, and direct service providers. This will be a concerted effort to develop the most efficient, effective, and cost-effective administration of mental health services possible while still meeting our contractual and regulatory requirements. Administrative duplication will be analyzed and eliminated where it is not a requirement or a justifiable necessity.

TIMELINES:

Clinical Record Improvements will be made July 1, 2003
NSRSN System Review Report will be delivered by April 1, 2003.
Report Implementation will be by January 1, 2004

ATTACHMENTS:

NSRSN's Response to the Mental Health Division's
Annual Federal Wavier Medical and Administrative Audit of September 12, 2002

North Sound Regional Support Network

MENTAL HEALTH SERVICES FOR ISLAND, SAN JUAN, SKAGIT, SNOHOMISH & WHATCOM COUNTIES

117 N. 1st Street, Ste. 8 / Mount Vernon, WA 98273-2858 / (360) 416-7013 / Fax (360) 416-7017

November 27, 2002

Darleen Vernon, Ph.D
Senior Program Administrator
Quality Assurance and Improvement Section
Mental Health Division/DSHS
PO Box 45320
Olympia, WA 98504-5320

Dear Ms. Vernon:

Enclosed is the North Sound Regional Support Network's response to the DSHS Mental Health Division's *RSN/PHP Annual Medical Audit and Administrative Review for 2001-2002*. Our response includes the proposed responses to requested corrective actions as well as recommendations and opportunities for improvement. We believe that this audit raised important issues and this plan will address them constructively over the next year.

While it is never easy to go through an intensive review of the structure of our system, our Board of Directors believes that it is appropriate at this time of scarce and declining financial resources to assure all of our stakeholders that the NSRSN has effective and efficient structures. We will keep you informed of our progress and the resulting recommendations from this system review.

I would like to compliment you and your staff on your approach to the audit this year. The attendance of Kelly Foster, your Quality Assurance and Improvement Regional Representative, at a variety of NSRSN meetings including our Advisory Board and Board of Directors meetings over several months gave an accurate picture of the high level of consumer and stakeholder participation in the planning and operations of the NSRSN. I appreciate the cooperative and constructive approach of all of your staff.

Sincerely,

Chuck R. Benjamin
Executive Director

CC: Karl Brimner, MHD
Richard Onizuka, MHD, Chief of Mental Health Services
Kelly Foster, MHD, RSN Regional Representative

NSRSN's Response to the Mental Health Divisions' Annual Federal Wavier Medical and Administrative Audit of September 12, 2002

November 30, 2002

This is the North Sound Regional Support Network's (NSRSN) response to Mental Health Division's (MHD) annual audit of the RSN/PHP (Preferred Healthcare Provider) functions conducted from January to July of 2002. The audit was directed primarily at assessing the PHP's performance relating to access to services, acceptability of services, quality of care and consumer satisfaction. This response outlines the NSRSN's corrective actions and quality improvement initiatives.

The NSRSN views this as a constructive process aimed at improving our services and operations. The NSRSN is appreciative of the positive approach taken by Kelly Foster, MA, Mary Sarno, MSW, Casey Jackson, ACSW & CDC, Fay Buchanan, and Kathy Harris, as well as staff at our provider agencies and our Advisory Board members.

The NSRSN is taking the corrective actions and findings very seriously. The major initiative resulting from the MHD Audit is a system review. The NSRSN Board of Directors passed the following motion at its October 24, 2002 meeting.

In light of the MHD Integrated Audit and taking into consideration potential fiscal hardships that lie ahead, the Executive Committee recommends that the NSRSN Executive Director working with the Executive Committee to perform an NSRSN system review to include:

- *Historical clinical review*
- *Assessment of administrative structure*
- *Assessment of quality management oversight*

This system review will include input from stakeholders, consumers, and advocates. The NSRSN Executive Director will work with the Executive Committee and will report back to the NSRSN Board at their March 2003 meeting with his recommendation for the most efficient and effective method to deliver high quality culturally competent services.

Attachment 1 is the plan for this system review the stakeholders, questions to be answered, and the time schedule.

The issues in bold type below are MHD's Corrective Actions and Recommendations/Opportunities for quality improvement. The page numbers in this document reference the Audit and Administrative Review. The NSRSN's proposed responses are in italics.

In response to 2001's audit, the NSRSN Board has recently passed an anti-retaliation policy for all staff.

Required Corrective Actions:

NSRSN/PHP has scored significantly low in the areas of Treatment Planning, Crisis Planning and Case Management. Also scores well below 90% were identified in Intake Evaluation #5 & #7 and Psychiatric Medications #5. (Page 11)

The NSRSN and its providers are taking this continuing low scoring in its charting and/or clinical care very seriously. The following actions are planned to improve the scores on clinical record review:

- *The NSRSN began conducting integrated administrative and clinical audits in November of 2002. These audits integrate both MHD auditing processes with the NSRSNs and integrate the NSRSN administrative audits of personnel, finance, contracts, policies and procedures with clinical records reviews.*
- *The NSRSN is planning to sponsor a clinical record improvement forum in early 2003.*
- *The NSRSN will meet with providers and agencies several months prior to these integrated audits to fully explain the scope and processes of these audits.*
- *The NSRSN has written and distributed guidelines to meeting the chart audit requirements for providers.*
- *The NSRSN will be directing providers to update their clinical forms to meet current WAC requirements. The NSRSN will monitor this process.*
- *The NSRSN will be doing follow-up audits within the next six months.*
- *A part of the NSRSN System Review will study if there are systemic reasons leading to the continuing low scores in clinical charting during the next six months.*
- *The NSRSN and its providers have developed and will be implementing an integrated region-wide training plan.*

Time Line: All tasks implemented by July 1, 2003

Recommendations and Opportunities for Improvement:

However, there were services/programs that appeared limited by internal funding streams within the provider network. This appeared to be partially due to clinicians' lack of awareness of pathways to elevate program issues. This was another issue raised by the PBR team's last review. Even with the increasing venues within the region to elevate these issues, continual monitoring service/program barriers remains important. (Page 14)

The NSRSN will continue to monitor for service and program barriers. The NSRSN monitors for these barriers by conducting selective reviews and focused reviews as well as analyzing critical incidents and complaints/grievances. Consumer and stakeholder satisfaction surveys also may identify barriers to services and programs.

NSRSN/PHP will implement exit interviews into the current QM plan. (Page 21)

The NSRSN will conduct a workgroup with providers and stakeholders aimed at developing a system to analyze consumer satisfaction and issues at termination of services. In the same workgroup, a plan will be developed to determine clinical staff satisfaction and issues at the time of their termination of employment.

Timeline: Implementation by April 2003

Due to budget reductions statewide, NSRSN/PHP will be challenged to manage a system of care in the most efficient and effective manner as possible. An area to be analyzed is administrative duplication. The role of the Associated Provider Network (APN) was unclear during this review. It is recommended that the NSRSN/PHP review closely the role of APN and any administrative duplication that might be occurring within the PHP. (Page 22)

As part of the Executive Director's NSRSN System Review directed by the NSRSN's Board of Directors, the administrative structure of the NSRSN, APN, and direct service providers will be reviewed. This will be a concerted effort to develop the most efficient, effective, and cost-effective administration of mental health services possible while still meeting our contractual and regulatory

requirements. Administrative duplication will be analyzed and eliminated where it is not a requirement or a justifiable necessity.

*Timeline: Report delivered by April 1, 2003
Implementation by January 1, 2004*

NSRSN/PHP must continue to provide quality management and improvement directly and not delegate such to APN. ...The Mental Health Division, in conjunction with State Legislative mandates, has made every attempt at reducing audit duplication. It appears that one of APN's roles is quality management oversight. This appears to be an administrative duplication to NSRSN/PHP's quality management efforts. (Page 22)

Another part of the Executive Director's System Review will study the quality management structures at the NSRSN, APN, and direct service providers. The study will look at developing the most efficient, effective and cost-effective quality management oversight system that meets the needs and contractual requirements of the North Sound Region. Our goal is to reduce all duplicative processes including auditing/oversight functions.

*Timeline: Report delivered by April 1, 2003
Implementation by January 1, 2004*

During both the Performance Based Reviews as well as the clinical record review, it was difficult to determine in what way APN provides assistance and oversight to providers in regards to quality management and improvement. Many forms produced by APN and used by providers were not updated to reflect the new standards put into place July 1, 2001. It is recommended that NSRSN/PHP review this process and address it in conjunction with the findings of the medical audit. (Page 22)

The NSRSN will review the roles of the NSRSN, APN, and direct service providers' administrations to determine how technical assistance and oversight is provided to clinical staff as part of the NSRSN Board-directed system review. Responsibility needs to be clearly designated and the associated processes developed so that clinical staffs have paperwork and policies meeting current WAC, Medicaid and contractual standards. The goal of the NSRSN, APN and direct service providers is to provide quality services and clear, accountable charting that surpasses any regulatory requirements.

*Timeline: Report delivered April 1, 2003
Implementation by January 1, 2004*

NORTH SOUND REGIONAL SUPPORT NETWORK Meeting the Circumstances of 2003 and Beyond

Stakeholders		Questions To Be Answered
APN – Jess, Jere	Regional Advisory Board	Role: APN, RSN
Compass Health	NSRSN Staff	Duplication: APN, RSN (Admin. & QM)
Catholic Community Services	County Coordinators	APN Effectiveness
Lake Whatcom Treatment Center	Jim Teverbaugh	Strengths
bridgeways	Andy Byrne	Weaknesses
Whatcom Counseling & Psych	Volunteers of America	Opportunities
Community Mental Health	NAMI – all five counties	Threats
SeaMar		Cost (Economics)
		Politics
Parking Lot Issues		
<ul style="list-style-type: none"> • Connection with provider clinicians • Clark, King RSNs • Dale Jarvis/Barbara Mauer Study on Public Mental Health 		<ul style="list-style-type: none"> • Other plan models • APN Survey (QRT) • Is the NSRSN ready?

NSRSN			
Items to Review	Assigned To	Target Date	Completion Date
RFP	Marcia	10/25/02	10/25/02
RFP Response	Marcia	10/25/02	
Where Are We? Identify factors: <ul style="list-style-type: none"> • What has been successful? • What has not been successful? 	Wendy's report to Greg Greg's final	10/29/02 11/8/02	
Concurrent Reviews – 1998 Forward	Terry	10/23/02	
Administrative Reviews – 1998 Forward	Marcia	11/13/02	
MHD Audits	Chuck	10/31/02	
MHD Licensing	Chuck	10/31/02	
Integrated Correspondence	Sharri	10/31/02	
Contract	Marcia	11/13/02	

Internal Meeting/Data	Chuck	12/9/02	
Internal Meeting/Data	Chuck	1/8/03	
Internal Meeting/Data	Chuck	1/22/03	
Executive Director / Executive Committee			
Phases	Assigned To	Target Date	Completion Date
Data Collection	Chuck	11/2/02	In Progress
Review with County Coordinators; Jim Teverbaugh and Andy Byrne	Chuck	11/5/02	11/5/02
Review with Executive Committee (status report)	Chuck	11/14/02	11/14/02
Data Analysis	Chuck	11/22/02	
Review with Advisory Board	Exec. Committee/Chuck	12/3/02	
Review with County Coordinators; Jim Teverbaugh and Andy Byrne	Chuck	12/10/02	
Data Analysis Review	Exec. Committee/Chuck	1/9/03	
Review with County Coordinators; Jim Teverbaugh and Andy Byrne	Chuck	1/14/03	
Meet with each Provider CEO (6) separately	Exec. Committee/Chuck	1/28/03	
Meet with APN	Exec. Committee/Chuck	1/28/02	
Review with County Coordinators; Jim Teverbaugh and Andy Byrne	Chuck	2/11/03	
Summarize and discuss all input	Executive Committee	2/13/03	
Review Recommendation with County Delegation meetings	Chuck	2/28/03	
Review Recommendation with Advisory Board	Chuck	3/4/03	
Report to Board of Directors	Exec. Committee/Chuck	3/13/03	

Comments:

At some point in time, depending on your decision, we may need to involve the agency attorney.

This is a framework, other meetings and/or assignments may be added.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN Complaint, Grievance, and Fair Hearing Report-Nov. 15, 2002

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Presentation of the NSRSN November 15, 2002 NSRSN Complaint, Grievance, and Fair Hearing Report.

The presentation will include an overview of:

- × Complaint, grievance and fair hearing data
- × Complaints in a recovery based system
- × Analysis of trends and quality improvement
- × Future Plans

TIMELINES:

The reporting period for this report is 4-1-2002 through 9-30-2002

ATTACHMENTS:

NSRSN Complaint, Grievance and Fair Hearing Report-November 15, 2002

AVAILABLE AT THE MEETING:

Attachments A and B – Data Tables will be available at the meeting upon request.

The following report attachments were already reported to this committee, but are available upon request:

Attachment C – NSRSN 1st Quarter Biennial Integrated Report

Attachment D - Access Review

North Sound Regional Support Network

MENTAL HEALTH SERVICES FOR ISLAND, SAN JUAN, SKAGIT, SNOHOMISH & WHATCOM COUNTIES

117 N. 1st Street, Ste. 8 / Mount Vernon, WA 98273-2858 / (360) 416-7013 / Fax (360) 416-7017

November 15, 2002

Mental Health Division/DSHS
PO Box 45320
Olympia, WA 98504-5320

To whom it may concern:

Attached are the totals for Complaints, Grievances, and Fair Hearings filed for April 1, 2002 through September 30, 2002.

Also attached are a report, table of complaint data over time, a sample of an integrated report that outlines how data is used to identify quality improvement activities or recommendations in the RSN, and the NSRSN Access Review Study.

If you have questions about this data or report, please contact one of us.

Sincerely,

Diana Striplin
Quality Specialist

Wendy K. Klamp
Lead Quality Management Specialist

Enclosed:

NSRSN Complaint, Grievance and Fair Hearing Report-November 15, 2002

Attachment A-NSRSN Complaint, Grievance, and Fair Hearing Totals-Adults and Children April 1, 2002 Through September 30, 2002

Attachment B-NSRSN Table - Complaints, Grievances, Fair Hearings Filed Reporting From 4-1-1999 through September 30-2002

Attachment C-NSRSN Quality Management Plan 2002-2003 Integrated Report 1st Biennial Quarter January 1- June 30, 2002

Attachment D-NSRSN Access Review Study 2002

**NSRSN COMPLAINT, GRIEVANCE,
AND FAIR HEARING REPORT**

NOVEMBER 15, 2002

EXECUTIVE SUMMARY

- The overall number of complaints, grievances and fair hearings reported has remained fairly stable since the last reporting period
- There was a slight increase in the number of cases reported since the last reporting period
- There continues to be very low reporting of complaints that involve services for children
- The NSRSN analyzes complaint and grievance trends and recommends areas for quality improvement through the Integrated Reporting Process

The NSRSN is working to promote a “no-blame” atmosphere in which to view complaint data---that information about complaints creates opportunities for improvement and that consumers’ voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.

NSRSN COMPLAINT, GRIEVANCE, AND FAIR HEARING REPORT NOVEMBER 15, 2002

INTRODUCTION

The NSRSN continues to report complaints, grievances and fair hearings filed through providers, ombuds, and the NSRSN.

Attached are complaint, grievance, and fair hearing totals for April 1, 2002 through September 30, 2002 (Attachment A).

In addition to the current totals we are including the table Complaints, Grievances, Fair Hearings Filed From 4-1-1999 through 9-30-2002 (Attachment B). This table was compiled to allow the NSRSN to track trends in complaints over time.

This table includes complaint totals and percentages for each reporting period. We have added a new set of columns to the table that reflect the overall complaint totals and percentages since 4/1/1999.

We are also providing a copy of the latest integrated report that outlines how data from different sources (including complaint data) is used to generate quality improvement activities or recommendations in the RSN (Attachment C- NSRSN Quality Management Plan 2002-2003 Integrated Report 1st Biennial Quarter January 1- June 30, 2002).

In addition we are providing a copy of the NSRSN Access Review (Attachment D-NSRSN Access Review Study 2002). Access was identified as an area for further review in previous integrated reports (complaint, grievance, and fair hearing data was one source of data used to make this recommendation).

PROGRESS SINCE THE LAST COMPLAINT, GRIEVANCE, AND FAIR HEARING REPORT

The NSRSN has continued to use an integrated reporting format for our Quality Management Oversight Committee (QMOC). The integrated reporting format continues to combine complaint and grievance data, concurrent and focused review data, IS data, administrative audit findings and QRT and Ombuds reports. The combined data will be used to generate quality improvement activities or recommendations.

The quality improvement activities or recommendations summarized in previous complaint and grievance and integrated reports involved 1) Access, 2) Quality/Appropriateness, 3) Dignity and Respect, and 4) Continuity of Care. Progress on these earlier recommendations is as follows:

➤ Access

Recommendation: Access Review-The Access Review has been completed. Based on this review strengths and opportunities for quality improvement were identified (see attachment D- Access Review Study 2002).

➤ Quality/appropriateness

Recommendation: Development of Clinical Practice Guidelines –The providers are currently reviewing the King County Clinical Guidelines to assess their use in the NSRSN. The NSRSN will convene a work group with our providers to study clinical guidelines in the first quarter of 2003.

- Dignity and respect
Recommendation: Development of a plan that focuses on addressing dignity and respect of consumers and provision of training to the provider network--The providers and NSRSN have identified and prioritized dignity and respect as a topic on the regional training plan.
- Continuity of care
Recommendation: Continued focus on improving continuity of care both within and our provider base and between our providers and outside systems and natural supports. Continuity of care has been identified as an area for improvement through multiple review activities. Monitor for improvement on subsequent reviews and continue to monitor complaints in this area-- The NSRSN, provider network, and providers are involved in multiple activities with a focus of improving continuity of care. The RSN continues to perform jail, hospital, and supported living focused reviews that identify continuity of care issues.

The most recent integrated report outlines how last reporting period's complaint and grievance data has been integrated into quality management processes. Consumer satisfaction has been highlighted as a key focus area (see attachment C-NSRSN Quality Management Plan 2002-2003 Integrated Report).

The NSRSN has been striving to increase the integration of its internal quality management processes and reduce duplicative requests for quality improvement. Therefore the NSRSN has recently restructured its Continuous Quality Improvement Program (CQIP) process. The CQIP process will now include regular interdepartmental meetings. The goal of this restructuring is to:

- Integrate quality management activities across departments within the NSRSN
- Develop a systemic approach to identify quality issues
- Monitor previous quality improvement recommendations through to completion (closing the loop)
- Monitor the effectiveness of interventions

Complaint and grievance data will continue to be integrated into this process.

In previous Complaint, Grievance, and Fair Hearing Reports the NSRSN identified a trend towards complaints and grievances related to trauma and trauma related disorders. We reported that the NSRSN, Associated Provider Network, and providers have developed a trauma disorder workgroup.

The trauma disorder workgroup continues to meet regularly. The goals of the work group are to increase awareness and education about trauma and trauma related disorders and increase the availability of treatment for trauma related disorders. The current efforts of this work group include:

- Review and evaluation of other state models including the “State Public Systems Trauma Services Toolkit”
- Review of treatment for trauma related disorders with a focus on cost savings
- Consideration of a state-wide trauma conference
- Consideration of a pilot project with one of our providers
- Consideration of respite services for those with trauma based disorders

CURRENT COMPLAINT, GRIEVANCE, AND FAIR HEARING DATA

The overall number of complaint, grievance and fair hearing occurrences reported has remained fairly stable since the last reporting period (165 for 10-1-2001 through 3-31-2002 to 169 for 4-1-2002 through 9-30-2002). The number of cases, however, has increased from 141 (137 for adults and 4 for children) to 162 (159 for adults and 3 for children). The number of complaints reported for children remains low and has decreased from 5 to 3 since the last reporting period. The number of RSN level grievance occurrences decreased from 10 to 1 in the current period.

The categories that received the most reported occurrences include the following:

- Access (25) (15%)
- Quality/Appropriateness (20) (12%)
- Emergency Services (20) (12%)
- Dignity and Respect (18) (11%)

Some categories remained stable while some have increased or decreased since the last reporting period. Access, Service- (Intensity, Not Available, Coordination), Consumer Rights, Residential, and Emergency Services increased since the last reporting period. Dignity and Respect, Quality/Appropriateness, and Physicians and Medications decreased since the last reporting period.

Since the inception of complaint and grievance reporting, the categories that show the most reported complaints over time include the following:

- Quality/Appropriateness (225) (18%)
- Access (166) (13%)
- Dignity and Respect (149) (12%)
- Service- (146) (12%)
(Intensity, Not Available, Coordination)
- Consumer Rights (124) (10%)

Dignity and Respect and Consumer Rights, when combined, account for 22% of reported complaints over time. The right to be treated with dignity and respect is one of the consumer rights listed in the Washington Administrative Code (WAC). (See attachment B—"Complaints, Grievances, Fair Hearings Filed From 4-1-1999 through 9-30-2002" for complete information about complaint data reported over time).

The current complaint and grievance data has not yet been incorporated into the integrated reports. This data will be incorporated into future CQIP and integrated reporting processes.

NSRSN Ombuds recently identified a cluster of complaints regarding access to services that was used as an opportunity to improve the system. The complaints involved consumers who reported they were not given assistance with securing Medicaid benefits after informing the Access Line they did not have medical coupons. The NSRSN referred this issue to our provider for follow up and requested a plan outlining the process for facilitated Medicaid referrals through the Access Line. Facilitated referrals was an area identified for improvement on the Access Review (p. 15).

Initial discussion with ombuds also indicates that they are continuing to receive complaints related to treatment available for trauma related disorders. We will continue to address this through the workgroup efforts discussed above.

FUTURE PLANS

The NSRSN remains committed to a customer service approach to complaints and grievances in our recovery based system. The NSRSN views complaint and grievance information as an important tool within the quality management system, as an opportunity to use consumers' concerns or ideas for improvement to assist in refining and improving the system of care. The NSRSN is working to promote a "no-blame" atmosphere in which to view complaint data---that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.

The NSRSN continues to actively encourage consumers and others to voice their complaints and is working to ensure broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints is a goal of the NSRSN and will be seen as a positive trend. In addition, we will explore the low reporting of children's complaints.

To achieve these goals the NSRSN has been working on the development of a tracking system within our Computer Information System, as we believe this will be the purest way to capture unduplicated data given the multiple reporting sources.

In addition, the NSRSN, Ombuds, Associated Provider Network, and providers continue to have plans to explore capturing more refined information about the types of complaints reported in each complaint and grievance category so that the information gathered can be better used to analyze trends and identify opportunities for quality improvement.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: CQIP

PRESENTER: Gary Williams

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- × Continuing development of the CQIP charter statement.
- × Initiating the establishment of a regional ethics subcommittee.
- × Ongoing process of integrating quality efforts of different RSN departments.

CONCLUSIONS/RECOMMENDATIONS:

Ongoing

TIMELINES:

Ongoing

ATTACHMENTS:

N/A

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: HIPAA Update

PRESENTER: Wendy Klamp, NSRSN Lead Quality Management Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Review of training to NSRSN staff, current status of HIPAA legislation, project plan update

CONCLUSIONS/RECOMMENDATIONS:

- ✓ Updates will be given to the QMOC as the NSRSN proceeds with implementation of HIPAA guidelines

TIMELINES:

- ✓ Ongoing

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: 12/18/02 Name (optional) _____