



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**June 23, 2004**

## QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA 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 Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room**

**June 23, 2004  
12:30 – 2:30**

**AGENDA**

**Page #**

1. **Open the meeting & comments from the Chair**
2. **Approval of May 2004 Minutes**                      **Chair Teverbaugh**    5 min    3  
Action Item
3. **Reports**
  - A. **Quality Management Department Report**    **Ms. Klamp**                      15 min    6  
FYI and Discussion
  - B. **Complaint, Grievance  
and Fair Hearing Policies**                      **Ms. Striplin**                      30 min    7  
Action Item
  - C. **EQRO preparation**                      **Ms. Klamp**                      20 min    8  
FYI and Discussion
  - D. **Tulalip Audit**                      **Ms. Ridgway**                      10 Min    9  
FYI and Discussion
  - E. **MHD Complaint and Grievance Report**    **Ms. Striplin**                      15 min    10  
FYI and Discussion
  - F. **E & T Critical Incident  
Review and Corrective Action**                      **Mr. Williams**                      15 min    11  
FYI and Discussion
4. **Other Business**
  - A. **Meeting Evaluation Results**                      **Chair Teverbaugh**    5 min
5. **Adjourn**

**North Sound Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room**

**May 26, 2004**

**12:30 – 2:30**

**Draft  
MINUTES**

**Present:**

Andy Byrne, QMOC Chair, Board of Directors  
Wendy Klamp, NSMHA Quality Manager  
Beckie Bacon, NSMHA QRT  
Sharri Dempsey, NSMHA Tribal Liaison/OCA  
Manager  
Mary Good, NSMHA Advisory Board  
Dan Bilson, Advocate for Whatcom County  
Russ Hardison, Sea Mar  
Chuck Davis, Ombuds  
Jim Teverbaugh Board of Directors  
Joan Dudley, Assistant Director, Lake Whatcom  
Center  
Susan Ramaglia, Skagit NAMI  
Preston Hess, Snohomish County Mental Health  
ITA  
Nancy Jones, Snohomish County  
Heather Fennell, Compass Health, APN  
Patricia Little, NSMHA Advisory Board

**Not Present:**

Joan Lubbe, NSMHA Advisory Board  
Janet Lutz-Smith, Whatcom County AB  
Gary Williams, Whatcom County. Coordinator  
Karen Kipling, VOA  
Maile Acoba, Skagit County Coordinator  
Dr. June LaMarr, The Tulalip Tribes

**Others Present:**

Diana Striplin  
Greg Long  
Terry McDonough  
Rebecca Pate

**1. Open the meeting & comments from the Chair**

Chair Byrne opened the meeting at 12:36 pm and welcomed those present: Andy stated this was his last meeting as chair because he has resigned from Whatcom County Health Department effective June 25. On July 6 he becomes new Executive Director of WCPC. Jim Teverbaugh will be the only remaining board member on QMOC until the Board appoints a replacement.

**2. Approval of April 2004 Minutes**

Motion to approve, seconded, all in favor, **motion carried.**

**3. Reports**

**A. Quality Management Department**

NSMHA, King and Peninsula get to be first with the EQRO. The EQRO pre-visit will be in June, the actual visit in July and the draft report in August. NSMHA will have opportunity to correct items found along the way. Once the draft report is done NSMHA will still have the opportunity to make necessary corrections. The final report is to be submitted to MHD around March and at this point formal corrective actions will occur. EQRO will help ensure that NSMHA meets BBA. NSMHA has reorganized departments, prioritized, ceased and/or decreased some activities previously performed.

Wendy expressed thanks to Snohomish County staff that have been very supportive during this transition. There is a letter going out today from Chuck Benjamin to notify stakeholders and community partners the access to care criteria are going to affect them first. NSMHA is trying to develop a good communication plan to keep everyone informed of what is happening, when and where. A question, answer and discussion period followed. See Attachment A for further information. Wendy was thanked for her report.

## **B. Clinical Guidelines**

Wendy gave a comprehensive PowerPoint presentation on Clinical Guidelines. NSMHA now has a Clinical Guidelines Manual approved by the QMC. Guidelines can be used to ensure services are provided in a consistent manner that will achieve the desired outcome. Goals that QMC shared in producing these guidelines are:

- Quality Care
- Good Outcomes

Guidelines were required; however, NSMHA believes the guidelines will help us achieve our goals through a consistent approach on a variety of providers. Once these guidelines move through the approval process and are approved by the Board of Directors, they will become part of the package of information given to contracted providers, be posted on the NSMHA website, and be available on request to any Medicaid enrollees or potential enrollees. A question, answer and discussion period followed. Motion made to approve guidelines with the following changes:

- Add to Assessment Components and Considerations, page 8
  - 8. Assess risk to self and others at intake and when signs, symptoms or circumstances change such that the client is at increased risk.
- Expand Treatment Guidelines, page 8
  - 12. Referral to NAMI or similar programs or groups may assist clients, families and significant others to obtain specific training programs and support.

seconded, **motion carried**. See Attachment B for further information. Wendy will send an amended copy of the guidelines to everyone. Wendy was thanked for her report.

## **C New Complaint, Grievance, Appeal and Fair Hearing Policy - Draft**

Diana gave her report on the draft Complaint, Grievance, Appeal and Fair Hearing Policy. Due to BBA requirements, all regions started to implement the new requirements, now all regions must implement the requirements. The EQRO will pay particular attention to this area. Diana sorts through new information daily to update the policies and procedures. Diana requested feedback from QMOC in preparation for final draft next month. She noted there are five big changes. NSMHA has to fully implement BBA requirements. One formatting change is once we had a policy and now the policy is broken into sections:

- General Policy Requirements
- Complaints/Grievances
- Appeals
- Fair Hearing

Complaints and grievances have three levels. There will be provider level complaints, provider level grievances, RSN level grievances, and fair hearings. Appeals will start with NSMHA. NSMHA policy allows a non-Medicaid consumer to request a complaint and grieve but not appeal. Only Medicaid eligible consumers can appeal. There is a transition plan in developmental stages that hopefully will inform the consumer on the process of complaint and grievance. A benefit brochure is available at <http://www1.dshs.wa.gov/mentalhealth/>. Diana asked that if anyone has any feedback to please call her at 360-416-7013 extension 240 or email [diana\\_striplin@nsrsn.org](mailto:diana_striplin@nsrsn.org). A question, answer and discussion period followed. See Attachment C for further information. Diana was thanked for her report.

#### **D. Ombuds Semi-Annual**

Chuck Davis presented a comprehensive PowerPoint presentation. Please submit any feedback for improvement. A question, answer, and discussion period followed. See Attachment D for further information. Chuck was thanked for his report.

#### **E. Provider Peer Review Scores for January – March 2004**

Terry McDonough presented his report for the 1<sup>st</sup> Quarter of 2004. A Peer Review is a provider in-house quality improvement exercise where clinicians providing services at their agency use the same tools that NSMHA uses when NSMHA goes out to perform an audit. NSMHA will still be going out to agencies on a regular basis. This data is reviewed and interpreted with a summary of the overall average. An agreement between NSMHA and the providers states that anytime a cluster score below 90% the provider agrees to hand the region a corrective action plan to address why the cluster is below 90%. If any individual question is below 90%, providers agree to undertake internal quality improvement initiatives to address the issue. A question, answer and discussion period followed. See Attachment E for further information. Terry was thanked for his report.

#### **F. Crisis Review**

Greg Long presented his report and stated the brief summary shows the amount of work that has been accomplished. MHD feels that WCPC and NSMHA have made considerable progress on their respective corrective action plans. The biggest portion of the process was the review of the Crisis Contact sheets. This process involved considerable training to ensure CDMHPs and all other staff had the necessary training for the future.

Until recently, NSMHA reviewed all of crisis contact sheets for WCPC and approximately ten percent of all other facilities. There were gratifying improvements between November and the end of March. This will be presented to ICRS Committee tomorrow. Percentages of Outreach by Crisis staff have significantly improved, which involves the CDMHPs at school, home and jail. This excludes emergency room contacts and includes data from all five counties. Documentation has significantly improved except in Social History. Snohomish County rates will be different from other counties due to being strictly involuntary population. A question, answer and discussion period followed. See Attachment F for further information. Greg was thanked for his report.

#### **G. Proposed Changes to 2004-2005 QM Plan/QM Department**

Wendy Klamp stated that NSMHA has reviewed all of the functions and activities in the Quality Management Department with the plans for allocating and prioritizing resources. NSMHA reviewed the Quality Management Plan to determine if there were any activities that could be limited or ceased in order to meet the new required mandates. The Jail and Residential Reviews scheduled in the Quality Management Plan have been put on hold temporarily. NSMHA feels these can be put on hold temporarily because of previous stellar reviews with the exception of one provider who is no longer a provider. Jail services are in question due to new Medicaid rules and changes. Wendy recommended that QMOC remove those from the Quality Management Plan. Review of documentation components would go away not the service. Question, answer and discussion period followed. Jim moved to remove the jail and residential reviews from Quality Management Plan for this year, seconded, **motion carried.**

#### **4. Other Business**

Joan stated that Martin Center is officially closing as of June 30.

Dan made a motion that QMOC recommend the Board of Directors write a letter to the governor and Dennis Braddock to notify officials that people are not coming to Martin Center due to inadequate funding by MHD and DSHS. Motion seconded, Chair Byrne called for the vote, **one opposed, several abstained, motion denied.**

Sharri Dempsey informed everyone of the next stakeholder meeting June 28, 9-12, at Cotton Tree Convention Center, 2300 Market Street, Mount Vernon.

**A. Meeting Evaluation**

Chair Byrne passed out the evaluations and requested that they be filled out before leaving the meeting.

**5. Adjourn**

Chair Byrne adjourned the meeting at 2:35 pm. The Next QMOC meeting is scheduled for June 23, 12:30 pm.

Respectfully submitted,

Rebecca Pate

Please Note:

The attachments referenced herein are part of the official record and attached to the file copy. Please contact the NSMHA at 1-800-684-3555 if you have any questions, comments, or concerns.

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Quality Management Department Report

**PRESENTER:** Wendy Klamp, NSMHA Lead Quality Specialist

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- Summaries of the month's activities of the Quality Management Department and Quality Specialist staff will be provided at the meeting.

**CONCLUSIONS/RECOMMENDATIONS:**

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

**TIMELINES:**

- Ongoing

**HANDOUTS:**

The reports will be distributed at the meeting.



## NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Draft NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies

**PRESENTER:** Diana Striplin

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- Review and discussion of the draft NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies
- Review and discussion of the new state and federal requirements
- Request QMOC approval of Complaint, Grievance, Appeal, and Fair Hearing Policies

**TIMELINES:**

N/A

**ATTACHMENTS:**

The draft NSMHA policies will be distributed at the meeting

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** External Quality Review Preparation

**PRESENTER:** Wendy Klamp

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

In preparation for the External Quality Review, NSMHA staff has completed numerous policies and procedures to meet these requirements. We also have established more extensive Utilization Review processes to be able to review provider determinations of medical necessity and issue denials. An interview questionnaire has also been completed.

**CONCLUSIONS/RECOMMENDATIONS:**

QMOC members will be an essential part of the EQR process and will be continuously updated and informed.

**TIMELINES:**

July 2004 is the date for the on-site visit

**ATTACHMENTS:**

Policies, Interview Tool, Preparation Plan will be handed out at the meeting.

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** The Tulalip Tribes Audit

**PRESENTER:** Deirdre Ridgway

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

NSMHA conducted an on-site review of The Tulalip Tribes. The review was limited to ensuring that federal block grant funds were expended in a manner consistent with the terms of the funding and NSMHA's contract.

**CONCLUSIONS/RECOMMENDATIONS:**

There were no findings or recommendations.

**TIMELINES:**

N/A

**ATTACHMENTS:**

N/A

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM: NSMHA COMPLAINT, GRIEVANCE, AND FAIR HEARING REPORT – October 1, 2003 through March 31, 2004**

**PRESENTER: Diana Striplin**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Presentation of the NSMHA Complaint, Grievance, and Fair Hearing Report for October 1, 2003 through March 31, 2004

Presentation will include:

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

**TIMELINES:**

October 1, 2003 through March 31, 2004

**HANDOUTS:**

Will be distributed at the meeting.

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Evaluation & Treatment Center Review and Corrective Action

**PRESENTER:** Gary A. Williams, Quality Specialist

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

NSMHA Quality staff in response to several trend indicators, Critical Incident Reports, QRT concerns and Ombuds complaints conducted on-site visits at the E&T's. The concerns focused on three primary areas.

- 1) Utilization of contract agency staff to meet required staffing levels
- 2) Availability of Recreational Activity Staff and services at both facilities
- 3) Concerns regarding the frequency and severity of assaultive episodes at the E&T facilities. Reliance upon local law enforcement to provide security

**CONCLUSIONS/RECOMMENDATIONS:**

- 1) The contractor has demonstrated a decreasing reliance upon contract staff to meet required staffing levels during the past six months. This has resulted in greater consistency of treatment services and adherence to policies & procedures.
  - Further action: Contractor to notify NSMHA if contract staff is again being used to significantly augment required staffing levels.
- 2) After a review of WAC and NSMHA Contract requirements it was determined that the current availability of Recreational Therapy services were adequate. The review did identify concerns regarding the level of documentation of Recreational Therapy services and the need to document these services were fully integrated with the individualized treatment plan.
  - Required Corrective Action: Contractor will provide a plan to assure adequate documentation of the Recreational Therapy services and plan to assure Recreational Therapy services are fully integrated into the patients Inpatient Individualized Treatment Plan.
- 3) In consultation with the contractor it was agreed that current E&T staffing patterns required further review. Both WAC and the NSMHA contracts require the contractor to maintain a safe and therapeutic milieu for the provision of inpatient psychiatric services. The contractor has agreed to review their current Inpatient Job Descriptions in the context of Bona Fide Occupational Qualifications.
  - Required Corrective Action: Contractor will provide a timeline and plan to review current E&T Inpatient Job Qualifications to allow for the consideration of incorporation of appropriate Bona Fide occupational qualifications for job candidates.

**TIMELINES:**

Thirty days from the receipt of the NSMHA letter requesting corrective actions.

**ATTACHMENTS:**

- ❑ March 17, 2004 Compass Health Letter
- ❑ Guidelines for Calling The Sheriff's 911 Line