



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**January 26, 2005**

## 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**

**November 24, 2004**

**12:30 – 2:30**

**Draft**

**MINUTES**

**Present:**

Gary Williams, QMOC Chair, Board of Directors,  
Human Services Supervisor, Whatcom County  
Wendy Klamp, NSMHA Quality Manager  
Sharri Dempsey, NSMHA Tribal Liaison/OCA Manager  
Mary Good, NSMHA Advisory Board  
Russ Hardison, Sea Mar  
Chuck Davis, Ombuds  
Joan Dudley, Assistant Director, Lake Whatcom Center  
Susan Ramaglia, Skagit NAMI  
Nancy Jones, Snohomish County  
Janet Lutz-Smith, Whatcom County AB  
Preston Hess, Snohomish County Mental Health ITA  
Dr. June LaMarr, The Tulalip Tribes

**Not Present:**

Joan Lubbe, NSMHA Advisory Board  
Maile Acoba, Skagit County Coordinator  
Beckie Bacon, NSMHA QRT  
Dan Bilson, Whatcom Co., AB  
Heather Fennell, Compass Health, APN  
Patricia Little, NSMHA Advisory Board  
Karen Kipling, VOA  
Pamala Benjamin, WCPC

**Others Present:**

Greg Long  
Sandy Whitcutt  
Debra Jaccard  
Tom Sebastian  
Deirdre Ridgway  
Annette Calder

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

Gary Williams opened the meeting at 12:35 pm and introductions were made.

**2. Approval of October 2004 Minutes**

Gary asked the group to review the minutes and asked if there were any changes. Joan Dudley noted that under number 3, paragraph one, a change from Washington State Hospital to Western State Hospital. A motion was made to approve the minutes as amended, seconded, all in favor, **motion carried.**

**3. Reports**

**A. Quality Management Department**

Wendy Klamp provided an overview of the Quality Management Department activities for the past month and distributed copies of the report to the group. See Attachment A for additional information. Wendy was thanked for her report.

**B. "Quality in Action" – Agency Presentation – Compass Health**

Tom Sebastian, Compass Health, made a presentation to the committee about the Quality Improvement activities at Compass North over the last several months to improve compliance with state and NSMHA documentation standards. These efforts resulted in a successful 94% score at their most recent clinical record review in October.. Tom distributed a pre-audit tool used to help meet the 90% standard and reviewed it with the group (Attachment B). He discussed actions taken by the agency to improve documentation, quality issues, safety, etc. Tom said the agency is committed to improvement. A question and answer period followed. Tom was thanked for his presentation.

### **C. Quality Tools**

Wendy Klamp addressed the committee regarding Quality Tools and made a comprehensive PowerPoint presentation that covered statistics, deviations, outliers, modes, averages, graphs, bar charts, diagrams, data samples, trends, analysis, etc. A brief question and answer period followed. Wendy was thanked for her report.

### **D. APN Audit**

Deirdre Ridgway, NSMHA Contracts Manager, presented the APN Audit report and discussed with the group how the audit is conducted of the APN, its member agencies and audit findings. The report was included in the meeting packet. The group discussed the make-up of the APN and Joan Dudley explained how the members and affiliates of APN functioned. A brief question and answer period followed. Gary asked for a copy of the corrective action plan to be provided to QMOC and Deirdre agreed to provide it. Deirdre was thanked for her report.

### **E. Compass Clinical Record Re-review**

Wendy addressed the group regarding the successful clinical record re-review at Compass Health for Skagit, Island and San Juan counties resulting in an overall 94% score.

Wendy also distributed the clinical record review scores for Lake Whatcom Residential Treatment Center, noting that they receive a 97% score. Wendy stated Lake Whatcom had many exemplary areas where they received a 100% score. Please see Attachment C for further information. Wendy was thanked for her report.

### **F. Utilization Management**

Wendy addressed the committee regarding the utilization reviews conducted during October 2004 and distributed the data on closed cases and denial review requests; please see Attachment D for more information. Committee discussion followed. Wendy noted that the majority of denials were for people who had a B diagnosis, who did not have the required qualifier. Wendy was thanked for her report.

### **G. EQRO**

The EQRO Report was handed out (Attachment E) and Wendy provided an overview of the report to the committee. She pointed out areas that NSMHA will need to improve in as well as EQRO-noted areas of Best Practice. She summarized by stating that the North Sound Mental Health Administration feels we did quite well. The Mental Health Division will work with NSMHA around any corrective action or quality improvement they will require as a result of this review. Wendy noted that next year when the EQRO comes they would focus on the areas where we scored low. Wendy was thanked for her report.

### **H. Encounter Validation**

Wendy informed the committee that NSMHA is developing a policy and procedure for encounter validation coming out of the EQRO report. She noted that NSMHA and provider staff have been attending medical coding training and will now have to conduct encounter validation audits and explained that process to the committee. A brief discussion followed.

## **4. Other Business**

### **A. Meeting Evaluation Results**

Gary reviewed the meeting evaluation results from the October 2004 meeting with the committee. Gary asked the committee to start thinking about an organizational change with the way this committee functions and become more action oriented.

### **B. December 2004 Meeting**

After some discussion, the committee decided to cancel the December 22, 2004 meeting. The next meeting of this committee is scheduled for January 26<sup>th</sup>, 2005, 12:30 – 2:30 in the NSMHA Conference Room.

5.

**Adjourn**

Chair adjourned the meeting at 2:09 pm with happy holiday wishes to all. The next QMOC meeting is scheduled for January 26, 2005, 12:30-2:30 pm.

Respectfully submitted,

Annette Calder

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.