



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

February 23, 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
February 23, 2005
12:30 – 2:30**

AGENDA

				Page #
1.	Open the meeting & comments from the Chair			
2.	Approval of January 2005 Minutes <small>Action Item</small>	Chair	5 min	1
3.	Reports			
	A. Quality Management Department Report <small>FYI and Discussion</small>	Ms. Klamp	5 min	5
	B. “Quality in Action” Agency Presentation Lake Whatcom <small>FYI and Discussion</small>	Mr. Watson	15 min	6
	C. Compass Emergency Services Corrective Action Summary Report <small>FYI and Discussion</small>	Ms. Klamp	10 min	7
	D. Utilization Management Dashboard <small>FYI and Discussion</small>	Mr. McDonough	10 min	8
	E. Quality Training – “Sample Size” <small>Training</small>	Ms. Klamp	10 min	9
	F. MHD Audit <small>FYI and Discussion</small>	Ms. Klamp	10 min	10
	G. EQRO Corrective Action Plan <small>FYI and Discussion</small>	Ms. Klamp	10 min	11
	H. Access Line Statistics and Changes <small>FYI and Discussion</small>	Ms. Clark	10 min	13
	I. Performance Improvement Project “Consumer Participation in Treatment Planning” <small>FYI and Discussion</small>	Ms. Klamp	10 min	14
	J. Interim Report from QMOC Charter revision workgroup <small>FYI and Discussion</small>	Mr. Williams	5 min	15
	K. Sea Mar Audit report <small>FYI</small>	Ms. Ridgway	5 min	16

4. **Other Business**

A. **Meeting Results**

Chair

5 min

5. **Adjourn**

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

January 26, 2005

12:30 – 2:30

MINUTES

Present:

Gary Williams, QMOC Chair, Board of Directors,
Human Services Supervisor, Whatcom County
Wendy Klamp, NSMHA Quality Manager
Heather Fennell, Compass Health, APN
Russ Hardison, Sea Mar
Chuck Davis, Ombuds
Joan Dudley, Assistant Director, Lake Whatcom Center
Susan Ramaglia, Skagit NAMI
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
Patricia Little, NSMHA Advisory Board
Mary Good, NSMHA Advisory Board
Nancy Jones, Snohomish County
Dan Bilson, Whatcom County, Advocate
Janelle Sgrignoli, Snohomish County

Others Present:

Terry McDonough
Linda Carlson
Carol Kerr-Ragan
Greg Long
Rebecca Pate

1. Open the meeting & comments from the Chair

Gary Williams opened the meeting at 12:40 pm.

Gary announced that the Whatcom Country Triage Facility should be up and running by the middle of next year.

2. Approval of November 2004 Minutes

A motion was made to pass the minutes as written. It was seconded, **motion carried.**

3. Reports

A. Quality Management Department

There is no written report for this month because Wendy wanted to seek the committee's input on what can be done to make the report more useful for QMOC. NSMHA has been going through some re-organization the last few months of the Quality Management Department due to some recent turnovers. Currently the Quality Management Department has Santiago Iscoa, Diana Striplin is filling in for Debbie Page at Western State Hospital, Sandy Whitcutt is covering CLIP and CHAP for Karen Townsend and Linda Vaughan has been off on vacation and medical leave. The NSMHA staff has been performing the essentials and covering other areas as necessary. In the last month, Quality Management Department has maintained the following:

- Resource Management – Liaison Role
- Medicaid Personal Care – covered by Terry
- Utilization Management/Utilization Review
- Complaints, Grievances and Appeals

- Critical Incident Reviews and
- Planning for upcoming audits

The department has been involved in discussions with Management on the budget situation and how it will impact our programs.

Wendy thought it would be more helpful if the report contained more informational data (i.e., how many files were reviewed, how many consumers we discharged from WSH, how many people admitted to CLIP, etc.). Chuck Davis said informational data/statistics is more valuable because it aids in the decision making process and others agreed.

Joan Dudley asked how QRT would be handled since Beckie's departure. Wendy said all open positions were being discussed by management according to the needs of the organization and system for a presentation to the Board in February. Wendy said it was required to have a QRT representative; however, there may be some flexibility in how the duties are performed.

Gary commented that sometimes it is assumed that we know what the Quality Management Department does. He envisions this committee having a very high level of knowledge about the quality processes and people so that as the committee deals with future complex issues the committee will be prepared as a group to make thoughtful reviews and recommendations to the Board of Directors. Part of that would be to receive a report on all the activities of the department in advance and during the meeting focus on one specific activity and discuss the following:

- What it is that is being performed
- Why is it be performed
- What is the role in terms of the quality process

This way the committee will be more knowledgeable about how things fit and function together.

Heather Fennell stated it is nice to know what areas the Quality Management Department participates in but more important is what the department is focusing on – “hot topics” – that the committee should be know about so the committee could look to the future. Gary said the committee should be so knowledgeable about the Regional Quality Plan that it is aware of all the things that are identified as focus areas.

Wendy expressed appreciation of the committee's feedback so the report can provide what is desired and Gary thanked Wendy for her comments/verbal report.

B. “Quality in Action” – Agency Presentation – Compass Health – Carol Kerr-Ragan

Carol gave a comprehensive PowerPoint presentation on the E&T's concerning safety issues in restraint and seclusion. The overall goal is that no one gets hurt and the following are the factors involved in addressing these issues:

- Policy
- Client and Family Education
- Secluded and Restraint Care Plans
- Crisis Prevention Intervention/Management of Aggressive Behaviors Training (CPI/MAB)
- Debriefing
- Equipment

There was discussion among the committee members and Carol throughout the presentation.

Gary requested that Carol return in several months to update the committee on utilization and activities taken as she looks at the frequency of restraint and seclusion use with the implementation of the new policy. Wendy said that NSMHA monitors a daily report on the use of restraint and seclusion and if trends are noticed she calls Carol to discuss why these changes have occurred.

Wendy mentioned that the State hospital facilities have made a commitment to developing a restraint free environment and got a large grant from SAMSHA to work toward this effort.

Wendy commended Carol and her staff for jumping in wholehearted into the quality improvement process. Carol thanked Heather Fennell and Wendy Klamp for assisting in this effort.

Joan Dudley stated that our legislators needed to be informed about our excellent E&T facilities versus creating a new facility in Spokane.

See Attachment A for details. Carol was thanked for her presentation.

C. QMOC – Review of Committee’s Charter and Functioning

Gary informed the committee that QMOC is a vital committee within the Region. The role of this committee is to provide the Board with the necessary reviews/recommendations to make educated decisions. Gary requested two (2) volunteers to study the charter, meeting at least two (2) or three (3) times between now and our March meeting and come back and make a presentation to the committee about the following:

- Recommendations for modifications to the charter and/or
- Recommendations as to how we could make this committee more effective and allow the membership to feel like they are able to participate fully and ensure you have the necessary information

Nancy Jones, Wendy Klamp, Joan Dudley and Susan Ramaglia volunteered to perform this task and Rebecca provided Gary with a distribution list for informational purposes on this sub-committee.

D. Draft Integrated Report for the 2nd Biennial Quarter

Terry McDonough gave the committee a draft copy of his report for them to review for any recommendations/feedback for changes/accuracy. This report combines the activities of several groups. Terry handed out a revised draft at the meeting. This report is an attempt to integrate all the activities and he thanked Rebecca for getting it distributed in draft form for the committee members review in advance. On Page 3, Paragraph 3 the statistics in the Ombuds information were corrected and on Page 11 the Ombuds information was corrected. On Page 4 the number of crisis contact sheets reviewed were made accurate. On Page 8, the Regional Crisis Contact sheet review is incomplete so it is grayed out. Once statistical information is confirmed, it will be input and the gray removed. On Page 9 under Outpatient Caseload Study, Paragraph 3, Joan Dudley requested verification of number in the last sentence. On Page 17, Paragraph 3, Susan asked about the part concerning Compass not giving Risperidol injections. Greg said the time consumption used in giving the injections was discussed. Susan said the drug has to be at room temperature before the injection can be given and its use is excellent. Susan did not understand why Compass could not accommodate the injections. Wendy suggested a follow up be done concerning the use of the drug Risperidol in injection form with the Medical Directors Committee before the next report. Russ Hardison requested that Sea Mar be added to the participants of providers doing the survey forms for the caseload study. There was further discussion.

Terry requested a motion be made to take this to the Board. The Chair introduced the motion to move forward the Quality Management Department Integrated Report for the 2nd Biennial Quarter of 2004-2005 with corrections, Janet seconded and the **motion carried**. See Attachment B for details. Terry was thanked for his report.

E. Utilization Management Dashboard

Greg Long discussed the Dashboard and said that blanks were due to a delay in data coming forward. The payments are coming in at the same level but the number of Medicaid eligible consumers will probably drop, which will change the payment level. Medicaid changes can result in economic changes, eligibility status, and income changes among consumers. The dashboard is another tool to show that NSMHA is

meeting the Center for Medicaid and Medicare Services rules concerning how Medicaid dollars are being spent. The following are two factors that come into play with this data:

- A few of the consumers being served are non-Medicaid or in transitional process
- People discharged on Less Restrictive Orders are still being served

The census at WSH is up and NSMHA has been over census for about a third of the month. The reasons contributing to this are:

- Restrictions on Section 8 vouchers
- Reduction in bed capacity in crisis facilities
- Shortage of housing to allow discharge of consumers

This report provides a general consensus on how all five (5) counties are operating. Last meeting it was requested that VOA contacts and crisis outreach be provided. Wendy stated that this was being worked on and Greg and Terry will coordinate with Michael to have this information in the future. Greg asked if the second page of the report was necessary or should it be discontinued? Gary said it was requested to demonstrate the services provided by the individual counties. Janet suggested a three month comparison be provided and also a grand total. There was some discussion. See Attachment C for details. Greg was thanked for his report.

F. Quality Training – The Seven Pillars

Wendy distributed and discussed the areas to improve Quality Management. The seven pillars involved in Quality Management are:

- Risk Management
- Quality Assurance
- Quality Improvement
- Utilization Management
- Utilization Review
- Credentialing
- Performance-Based Contracting

There was some discussion. See Attachment D for details. Wendy was thanked for her report.

Wendy will present on Selecting Sample Size in Quality Studies for the next training.

G. 2004 MHSIP Survey Results and Implications for our State Performance Improvement Project

Wendy distributed the results for review for feedback to present at the next meeting. These tables are a sample of the adults surveyed within the Region. The committee's task next month will be to decide if we continue with the process as it is or make some improvements. If improvements are desired, submit suggestions or feedback. See Attachment E for details. Wendy was thanked for her report.

H. Update of the Transition Study

Greg distributed an interim summary for review. See Attachment F for details. Greg was thanked for the information.

I. Report from the NSMHA Trauma Committee (Including Draft Clinical Guideline)

This was postponed to the next meeting.

4. Other Business

Linda Carlson introduced herself as the new Director of Care Crisis Response Services of Volunteers of America replacing Karen Kipling who was promoted to Vice President of Planning and Development. Gary invited her to join the big table and become an involved member of QMOC. He said this would have to be voted on by the Board and she was not eligible to vote but that would come in the near future.

A. Meeting Evaluations

Gary distributed the evaluation forms and requested their return before departure.

5. Adjourn

Chair adjourned the meeting at 2:35 pm. The next QMOC meeting is scheduled for February 23, 2005, 12:30-2:30 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 Quality Manager

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.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: **Compass Emergency Services Corrective
Action Summary Report**

PRESENTER: **Wendy Klamp, NSMHA Quality Manager**

COMMITTEE ACTION: **Action Item FYI & Discussion FYI only**

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This will be available at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS:

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Utilization Management “Dashboard”
Report

PRESENTER: Terry McDonough

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

As part of the NSMHA Utilization Management plan we have developed a “Dashboard” of key utilization indicators that will be presented to QMOC on a monthly basis for review.

CONCLUSIONS/RECOMMENDATIONS:

Determine if any specific action or activity is needed regarding these indicators.

TIMELINES:

ATTACHMENTS:

Utilization Management Dashboard Report will be available at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Training – Sample Size

PRESENTER: Wendy Klamp, NSMHA Quality Manager

COMMITTEE ACTION: Action Item FYI & Discussion FYI only
Training

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This will be available at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS:

Will be provided at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: MHD Audit

PRESENTER: Wendy Klamp, NSMHA Quality Manager

COMMITTEE ACTION: Action Item FYI & Discussion FYI only
Training

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The purpose of the audit was to cover contract compliance areas that were not covered in the EQRO review. NSMHA has not yet received a written report. At exit interview, auditors noted that we had numerous protocols and subcontracts in the review areas, which included Crisis Services, Inpatient Care, and CLIP however we did not have internal policies. NSMHA was given time to create policies, which was done. No deficiencies are currently projected.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS:

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: EQRO Corrective Action Plan

PRESENTER: Wendy Klamp, NSMHA Quality Manager

COMMITTEE ACTION: Action Item FYI & Discussion FYI only
Training

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This will be available at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS:

The Corrective Action Plan

1/31/2005

North Sound RSN/PIHP 2004 EQRO Corrective Action Plan

CFR	Description of Issue	Action to be taken	Time Line for Implementation/Target Date	Individual Responsible
438.106	Liability for payment. Training of staff and/or providers is needed to make them aware of the policy and procedure.	Providers will be trained that the PIHP subcontracts ensure that Medicaid enrollees are not held liable for payment if the PIHP does not pay its subcontractors, as stated in contract language “Reimburse within 60 calendar days the subcontracted CMHA network and any crisis service providers accessed by consumers while out of the state. The CONTRACTOR shall ensure that under no circumstances are enrollees charged for out of network services purchased on CONTRACTOR and CMHAs behalf”. The training will be	February 23, 2005	Wendy Klamp

		<p>done at the monthly Quality Management Committee meeting. Following the meeting a Numbered Memorandum will be issued to reiterate NSMHA expectations.</p>		
438.207	<p>Assurances of adequate capacity and services. No evidence that this issue was monitored or tracked by the PIHP.</p>			
438.242	<p>Verifying the accuracy and timeliness of data. Missing policy and procedure that defines expectations for accuracy and timeliness for new system.</p>			
438.606	<p>Certifications. Timing of certifications could not be verified with related batch submittals.</p>			

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Access Line Statistics and Changes

PRESENTER: Terry Clark, Compass Health

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This will be available at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

HANDOUTS:

The provider will bring.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Performance Improvement Project
"Consumer Participation in Treatment
Planning

PRESENTER: Wendy Klamp, NSMHA Quality Manager

COMMITTEE ACTION: Action Item FYI & Discussion FYI only
Training

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This will be available at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS:

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Interim Report from QMOC Charter Revision Workgroup

PRESENTER: Gary Williams, QMOC Chair

COMMITTEE ACTION: Action Item FYI & Discussion FYI only
Training

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The Charter revision workgroup met on February 8th and began initial discussions. The meeting was very productive and the workgroup expects to present a draft recommendation for changes to the QMOC Charter at the March 23rd QMOC meeting.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

March 23rd QMOC meeting

ATTACHMENTS:

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Sea Mar Audit

PRESENTER: Deirdre Ridgway, NSMHA Contracts Mgr

COMMITTEE ACTION: Action Item FYI & Discussion FYI only
Training

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The report is not yet complete, pending Wendy's input.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS: