



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

March 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**

March 23, 2005

12:30 – 2:30

AGENDA

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- | | | | | |
|-----------|--|----------------------|--------|----|
| 1. | Open the meeting & comments from the Chair | | | |
| 2. | Approval of February 2005 Minutes
<small>Action Item</small> | Chair | 5 min | 1 |
| 3. | Reports | | | |
| | A. Quality Management Department Report
<small>FYI and Discussion</small> | Mr. Long | 5 min | 5 |
| | B. “Quality in Action” Agency Presentation
Lake Whatcom Residential Treatment Center
<small>FYI and Discussion</small> | Mr. Watson | 15 min | 6 |
| | C. Utilization Management Dashboard
<small>FYI and Discussion</small> | Mr. McDonough | 15 min | 7 |
| | D. Quality Training – Role of Leadership
in Quality Improvement
<small>FYI and Discussion</small> | Mr. Long | 15 min | 8 |
| | E. QMOC Adhoc Group
<small>Training</small> | Mr. Williams | 30 min | 17 |
| | F. Critical Incident Report
<small>FYI and Discussion</small> | Mr. Long | 10 min | 19 |
| | G. Access to Care Criteria for Continual Stay
<small>FYI and Discussion</small> | Mr. McDonough | 20 min | 20 |
| 4. | Other Business | | | |
| | A. Meeting Evaluations | Chair | 5 min | 21 |
| 5. | Adjourn | | | |

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

February 23, 2005

12:30 – 2:30

MINUTES

Present:

Gary Williams, QMOC Chair, Board of Directors,
Human Services Supervisor, Whatcom County
Wendy Klamp, NSMHA Quality Manager
Mary Good, NSMHA Advisory Board
Chuck Davis, Ombuds
Joan Dudley, Assistant Director, Lake Whatcom Center
Susan Ramaglia, Skagit NAMI
Janet Lutz-Smith, Whatcom County AB
Linda Carlson, Director, VOA
Dr. June LaMarr, The Tulalip Tribes
Heather Fennell, Compass Health, APN

Not Present:

Joan Lubbe, NSMHA Advisory Board
Maile Acoba, Skagit County Coordinator
Dan Bilson, Whatcom Co., AB
Patricia Little, NSMHA Advisory Board
Karen Kipling, VOA
Nancy Jones, Snohomish County
Preston Hess, Snohomish County Mental Health ITA
Russ Hardison, Sea Mar

Others Present:

Greg Long
Terry Clark
Maryann Gillis
Chuck Benjamin
Rebecca Pate

1. Open the meeting & comments from the Chair

Gary Williams opened the meeting at 12:30 pm and introductions were made.

2. Approval of January 2005 Minutes

The minutes were reviewed and motion made to approve with corrections, it was seconded and **motion carried.**

3. Reports

A. Quality Management Department

Wendy stated she had been out of the office and the staff carried on successfully in her absence. The department is looking at ways to format the quality of the report and streamline the information given to the committee. The Implementation and Design Group (IDG) is a state level organization that meets monthly. IDG is made up of a select group of RSN Administrators, staff, consumers, Mental Health Division staff, providers, advocates, etc. The IDG group works in pyramid style and provides information from the Region, to the State Quality Structure, which is made up of the IDG, the Performance Data Group and to their Quality Council. The IDG looks at recommendations for Quality Projects throughout the state and decide which projects should have priority. IDG has approved an application form that can be submitted by anyone in the state (i.e., consumer, individuals/agencies, etc.). The first project the group will look at is the Access to Care Standards and how they are working for the state. Wendy requested feedback from anyone that she could take to the IDG group, as soon as possible. IDG is developing training for RSNs, which will hopefully be disseminated down to providers, on Performance Quality. They

are looking at quality from the MHD level down. Any feedback can be provided to Wendy at 360-416-7013 x227 or wendy_klamp@nsrsn.org or mailed to 117 N. 1st Street, Ste. 8, Mount Vernon, WA 98277. Some discussion followed.

B. “Quality in Action” – Agency Presentation – Lake Whatcom

Michael was not able to be present.

C. Compass Emergency Services Corrective Action Summary Report

Wendy stated that in September, a Critical Incident occurred in Snohomish County that required a Correction Action Plan (CAP) specifically for the emergency services at Compass Health (CH) related to things such as documentation, quality of information being collected and amount of standards being met. A review tool developed by Greg Long was originally scheduled to be used for three (3) month but was extended to six (6) months of data collection to achieve to desired goal. The final reviews have been completed and CH has worked extremely hard to instill changes with significant improvement. CH has hence been released from any further CAP. Some discussion followed. Gary said he would present a report to the Board of Directors for acknowledgement of the significant improvements and suggested that recognition perhaps be put in the NSMHA newsletter.

D. Utilization Management Dashboard

Greg Long provided handouts and gave a report on the statistics of the dashboard and how NSMHA uses the data provided. Greg stated that the amount of services that the North Sound Region provides is low and this will need to be addressed/discussed within the QMOC committee. He stated that 10% of the region’s funding is marked for fundamentally inpatient services, which could affect the data. Some discussion followed.

Greg mentioned that Western State Hospital (WSH) was over census in the region for approximately a month, which would result in liquidated damages and reduction in funds. He recognized the hard work of Diana Striplin and Santiago Iscoa that has resulted in the region becoming below census. Some discussion followed.

Greg said the dashboard is available monthly and WSH and E&T information is available on a daily basis for review on the NSMHA website at www.nsrnsn.org.

E. Quality Training – “Sample Size”

Wendy provided a mini introduction into how sampling is conducted. In quality management, NSMHA conducts a sampling to come up with how Quality Improvement/Quality Assurance (QI/QA) is being accomplished. Utilization Reviews have revealed how a sampling can help provide data to enhance QI/QA. NSMHA looks at the size of the population involved and then decides how large/small the sampling will be. This sampling is conducted in different ways depending of what type of information NSMHA is trying to collect. Caution and care has to be used when conducting a sampling and the following is used when performing a sampling:

- What do we want to learn?
- Is this a quality assurance review where there is a specific benchmark?
- Accuracy in sampling size and kinds of records polled.
- Most samplings are done on a totally random basis.
- Numbers and sample size are looked at to ensure data accuracy.

Some discussion followed.

F. MHD Audit

Wendy stated that an MHD audit was conducted in January. There were a few areas where policies were needed and these have been developed and sent to MHD for feedback. All issues have been addressed and responses have been submitted. She said a return report has not been received but she feels that a deficiency is not expected on the return.

G. External Quality Review Organization (EQRO) Corrective Action Plan (CAP)

Wendy provided a handout outlining the four items that required a CAP. These have been addressed for submission to the State by the end of March. They are as follows:

- Issue 1 – Training staff and providers on the policy for “liability for payment for consumers in the Medicaid Program”. This will be addressed at the March meeting.
- Issue 2 – Greg Long is addressing the way that NSMHA determine the capacity and amount of providers, the type and location of providers and the way NSMHA’s system of care is built to meet the needs of the population in the five-county region. They are as follows:
 - Time of travel to areas of services
 - Number of psychiatrists needed for children/adults and where they need to be located
 - Number of clubhouses needed for area of coverage
 - Development of maps for the various areas of coverage detailing locations of services, etc.
- Issue 3 – Verifying accuracy and timeliness of data. This had not been addressed prior to EQRO but is in progress. The three (3) stages of this are as follows:
 - Clinical Record Review,
 - Utilization Review and
 - Encounter Validation Review – This will be a comparison of the records from NSMHA’s computer system detailing what services were charged and verifying in the actual client record that those services were coded and provided. NSMHA will also look to see if there are services that were not coded (got missed) and see if services meet the requirements of the code.
- Issue 4 – A monthly certification has to be submitted by Chuck Benjamin to verify accuracy of data, which is currently being done.

Gary suggested that the four (4) citations out of 237 from the EQRO audit be put in the newsletter as recognition of the excellent job NSMHA is doing overall.

H. Compass Health – Automation of Access Line

Terry Clark from Compass Health stated that an estimated savings of approximately \$11,000 would be accomplished by going to this process. This is perhaps a choice that would not have been made had other options been available. Terry Clark did a live demonstration utilizing of the automated system. The phone system is being brought over to their voice IP system, which gives them in-house control over any necessary changes, which eliminates toll charges and expensive charges from Verizon for system changes. The changes occurring due to this transition were discussed to substantiate the huge savings. Terry provided a statistical handout covering 2000-

2004 statistics and mentioned future statistics would be monitored to see if any significant changes were occurring that would necessitate changes in the system. Some discussion followed.

I. Performance Improvement Project – “Consumer Participation in Treatment Planning”

Wendy suggested this be postponed to next month’s meeting due to length of time needed for committee action.

J. Interim Report from QMOC Charter Revision Workgroup

This group has met twice and hopes to bring a draft charter to the committee in March. Elements that have been looked at are:

- Committee membership, specifically, expectations for participation
 - Calling in if unable to attend
 - Asking the Board of Directors for approval of new members/alternates
- Taking some of the Quality Assurance Reports that are required by the State and Federal government about processes more in the format of an Executive Summary
- Focusing on our Quality Management Plan, which this committee works from in looking at the directions that the Region has identified in where we are and how things fit into the plan.
- Opening up opportunities for consumers and advocates to be more involved in this process to identify opportunities for quality improvement based on things occurring out in other elements.

This group is focusing on Quality Improvement/Quality Assurance so that better/more informative suggestions can be made to the Board of Directors. This group will meet again on March 8 and hopefully bring back some proposals to the committee concerning the charter.

K. Sea Mar Audit Report

This report is not completed due to Wendy’s absence and will be provided at a future meeting.

4. Other Business

Gary reminded all that the legislative session is in progress and for them to call and express their desires/concerns.

A. Meeting Results

Gary reviewed the results from January meeting. Gary expressed concern over the submission of members being comfortable about speaking up and voicing themselves. Gary requested individuals come to him privately to inform him of their concerns so they can be addressed/resolved. It is very important that all feel comfortable that their participation be honored and respected.

5. Adjourn

Chair adjourned the meeting at 2:30 pm. The next QMOC meeting is scheduled for March 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: 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 distributed at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: QMOC Ad hoc Group

PRESENTER: Gary Williams, Chair

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Committee recommendations will be presented to the full QMOC committee for review and discussion.

CONCLUSIONS/RECOMMENDATIONS:

Once the committee's recommendations have been accepted they will be presented to the NSMHA Board of Directors as a recommendation.

TIMELINES:

Review and approve at the March 23rd QMOC meeting. Refer to the NSMHA Board of Directors April Meeting.

ATTACHMENTS:

Draft Committee recommendations

Draft 3/16/05
Recommendations to QMOC from Ad-Hoc Committee

1. Revise Charter Document, which will:
 - ❑ Establish membership attendance and membership commitment expectations
 - ❑ Increase the number of consumers on QMOC to a minimum of two consumers
 - ❑ Provide additional facilitation and support for consumer participation
 - ❑ Orientation for all new members and use of the QMOC Orientation Book

Except as noted above membership composition is good.

2. Structure QMOC activities more directly to relate to the Regional Quality Management Plan referencing agenda issues to the RQMP, EQRO and to IDG Implementation and Design process
3. Increase the pre-meeting mailed material provided to the committee members for review with the expectation that members will read in material in advance and there-by leave time for increase discussion after a shorter meeting presentations of the executive summary.
4. Request that NSMHA staff develop Executive Summaries for major agenda items listing alternative actions (based on minimal standard to best practice - cost value relationships-regionally established priorities.
5. Develop an Monthly Meeting Agenda as follows

Introductions and Identified Agenda items First Hour to Hour and Half
Quality In Action Presentation And Quality Training presentation 15- 30 minutes
Committee Discussion Period <ul style="list-style-type: none"> ❑ Question of the Month ❑ Recovery focus ❑ Trend identification ❑ Follow-up and loop closure 30 minutes

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Access to Care Criteria for Continual Stay

PRESENTER: Terry McDonough, Quality Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- NSMHA needs to develop criteria for consumers who remain in treatment beyond their authorization period (Continued Stay).
- Continued Stay criteria used to be defined in NSMHA's Clinical Eligibility and care Standards but is not currently.
- A Work Group is being developed to develop Continued Stay criteria.
- QMOC members are being asked to provide feedback regarding Continued Stay criteria and are being invited to participate in the Work Group.

CONCLUSIONS/RECOMMENDATIONS:

- NSMHA needs to develop Continued Stay criteria and is asking for QMOC feedback and involvement in the Work Group being organized to address this issue.

TIMELINES:

- 1st meeting of Work Group has not yet been determined.

ATTACHMENTS:

- None