



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

September 28, 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
September 28, 2005
12:30 – 2:30**

AGENDA

			Page #
1.	Open the meeting & comments from the Chair		
2.	Approval of August 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. Training-Quality Management Requirements in the New MHD contract <small>Training</small>	Ms. Klamp	15 min 10
	C. Utilization Management Dashboard <small>FYI and Discussion</small>	Mr. McDonough	10 min 11
	D. Update on Quality Management Plan development <small>FYI and Discussion</small>	Mr. McDonough	10 min 13
	E. Utilization Review Recent Issues <small>FYI and Discussion</small>	Ms. Klamp	15 min 14
	F. Update on Access <small>FYI and Discussion</small>	Ms. Clarke	15 min 15
	G. QRT Plan <small>FYI and Discussion</small>	Ms. Moskowitz	10 min 16
	H. Six Month Critical Incident Report <small>FYI and Discussion</small>	Ms. Jaccard	15 min 19
4.	Other Business		10 min
	A. Meeting Evaluations	Chair	10 min
5.	Adjourn		

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

July 27, 2005

12:30 – 2:30

**DRAFT
MINUTES**

Present:

Gary Williams, QMOC Chair, Board of Directors,
Human Services Supervisor, Whatcom County
Mary Good, NSMHA Advisory Board
Chuck Davis, Ombuds
Deborah Moskowitz, Ombuds/QRT
Russ Hardison, Sea Mar
Joan Dudley, Assistant Director, Lake Whatcom Center
Susan Ramaglia, Skagit NAMI
Dan Bilson, Whatcom Co., AB
Dr. June LaMarr, The Tulalip Tribes
Terry McDonough, SnoCo Mental Health ITA
Terry Clark, Compass Health

Excused:

Wendy Klamp, NSMHA Quality Manager
Janet Lutz-Smith, Whatcom County AB

Not Present:

Joan Lubbe, NSMHA Advisory Board
Maile Acoba, Skagit County Coordinator
Nancy Jones, Snohomish County

Others Present:

Greg Long
Debra Jaccard
Diana Striplin
Margaret Rojas
Rebecca Pate
Shannon Solar

1. Open the meeting & comments from the Chair

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

2. Approval of June 2005 Minutes

The committee reviewed the minutes. A motion was made to approve the minutes as written, seconded and **motion carried.**

3. Reports

A. Quality Management Department

Greg Long briefed the committee on the activities of the Quality Management Department. The Strategic Planning Project has been completed with all the counties. Greg encouraged everyone to complete the survey available on the web at www.nsmha.org/scorecard.

Greg mentioned that the State reviewed the E&T's. He also gave the Western State Hospital liaisons acknowledgement on having great success in getting the census down.

He said the Quality Specialist staff has been meeting with Compass Health on the Utilization Reviews.

Greg said a large contingent attended the BHC and it was a great success.

B. Utilization Management Dashboard

Terry distributed the dashboard with numbered columns. It was requested that averages be provided with month to date information and Terry provided it. Terry referenced the dashboard numbers for Volunteers of America (VOA) being the same two months in a row and validated they were correct. Terry said the numbers for VOA for May and June Crisis Line and Triage should be switched. This report looks at trends and averages. Some discussion followed. Terry was thanked for his report.

C. “Quality in Action” Agency Presentation

There was not one this month.

D. Recommendations from Exhibit P – Complaint, Grievance and Appeals Six-Month Report

Diana distributed a report on Exhibit P and reviewed it with the committee. She said complaints decreased and appeals increased and medication complaints accounted for most of the complaints. She defined a complaint as any dissatisfaction of service. She said that clusters identify areas of concern and directions for quality improvement. She stated most complaints are received through Ombuds but NSMHA would like to see them come through the providers. She stated that providers are starting to make progress on how they utilize the data.

She said Exhibit P resulted in the creation of the trauma services and gave some examples of how the information is used for quality improvement. She mentioned that regional wide standards were needed for diagnostic issues to avoid a difference of opinion when it came to an appeal. She stated that the NSMHA internal quality management group made some recommendations for the report; therefore, it has to come back before QMC and QMOC for recommendation to go before the Board of Directors for approval. Some discussion followed.

Diana suggested that a walk through be performed to discover changes/additions that might need to be made on the initial assessment process. Terry McDonough suggested letting Terry Clark research this issue and come report back to the committee. The group agreed to let Terry perform her research and come back and report to the committee.

Diana stated the following recommendations came forward and requested the committee accept these:

- Further work to cross-train – begin to have a dialogue so all perform the work consistently
- Broaden system reporting – capture children complaints
- Further study on medications – Study the issue surfaces around physicians, access, etc. (medication management)

A motion was made to accept the recommendations, seconded and a friendly amendment was made to add “Have Terry further research initial assessment process and report back to the committee” and **motion carried**.

A motion was made to accept the six-month report, seconded and **motion carried**.

E. Quality Management Plan Development

Terry stated the last six-month plan is upon us and he has to get ready for the next two-year plan. He encouraged individuals to attend the meetings on plan development. The meetings will be approx 2-2 ½ hours in August, September and October at NSMHA. If interested in attending, contact Terry at 360-416-7013 or terry_mcdonough@nsmha.org and let him know.

F. Continue Stay and Criteria for Closing an Episode of Care Policies

Greg stated these are policies that needed to be developed to be in compliance with the Balanced Budget Act. Greg asked the committee to recommend forwarding these policies to the Board of Directors (BOD)

for approval. Some discussion followed. A motion was made to recommend both policies go to the BOD for approval, seconded and **motion carried**.

G. ADHD and Dementia Clinical Guidelines

Debra reviewed the guidelines with the committee. She stated these have been through Quality Management Committee and other committees. She requested a recommendation to submit to the BOD for approval. Some discussion followed. A motion was made to recommend the guidelines to the BOD for approval, seconded and **motion carried**.

H. Integrated Report – Draft

Diana reviewed the report with the committee and stated this report is for January – June 2005. She requested a recommendation to forward to the Advisory Board and then the Board of Directors for approval. Diana requested any feedback for changes/additions be provided to her by **noon** Monday, August 1, at 360-416-7013 or diana_striplin@nsmha.org so revisions could be made before the Advisory Board reviews it.

Diana highlighted the following:

- Report on Administrative Audits – audits performed on providers
- Performance Indicators – formerly know as Quality Improvement Projects
- External Quality Review Organization (EQRO) Audit – The Region received the following:
 - The second highest overall mean score statewide
 - The highest statewide scores for Enrollee Rights and Protection
 - The highest statewide scores for Grievance System
- Findings and areas for Quality Improvement at provider level
- Reflect QMOC’s work/recommendations on policies, etc.
- Issues that have arisen due to internal meetings/discussions
- Treatment planning and region wide training on treatment planning

Diana stated that hopefully the next report would include the issue of medications. She opened the floor for questions and requested feedback on the flow and ease of reading of this report. It was requested that “Diagnostic Standards” be changed to “Diagnostic Process Standards”.

A motion was made to recommend this document go to the BOD for approval with the option for feedback changes by Monday, August 1, at **noon**, seconded and **motion carried**.

I. Utilization Review 12-month Report Trends

Postponed to next month.

4. Other Business

Gary announced that Dr. LaMarr has volunteered to vice-chair this committee.

Greg stated that NSMHA submitted a proposal for a pilot project as a Chemical/Substance Abuse Project coordinator and was selected as one of two. This project is to be operational by March 1, 2006, and would be similar to involuntary treatment for mental health but for chemical/substance abuse. Some discussion followed.

A. Meeting Evaluations

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

5. **Adjourn**

Chair adjourned the meeting at 2:40 pm. The next QMOC meeting is scheduled for August 24, 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.

Quality Management
 Department Report August 2005

Achievements of Note: EQRO Desk Audit response

NMSHA Meetings

Facilitated	Attended
Encounter Validation Meeting-Diana	UM internal meetings- Diana, Terry, Debra Sandy
UM Sub meeting , Debra Sandy	QMC- Diana, Sandy, Debra
QM Planning meeting Terry, Debra, Sandy	QMOC- Cancelled
CIRC- Debra	QS meeting-Diana, Terry, Debra, Sandy
VOA Inpatient Certification Transition- Debra	QRT Planning meeting
QMC	NSMHA MHAB
Monthly Staff meeting	NSMHA BOD
ICRS	
Internal QMC	

Cross-System Collaboration and Community Committees

Facilitated	Attended
E & T Quality Policy and Procedure Review Process- Debra	State-wide Disaster Preparedness Workgroup-Diana
	Special Case Utilization Management with Compass-Debra, Sandy
	Ryther Special Case Planning for child, Sandy
	CHAP Whatcom, Sandy
	CHAP Skagit, Sandy
	CHAP Coupeville, Sandy
	MHD Stakeholder Meeting-Wendy
	County Advisory Boards

Tasks and Functions

- Quality Assurance-# of Clinical Records reviewed __0__
 # of Encounter Validation audits __0__
 Facilitated an internal NSMHA meeting to begin development of a process for Encounter Validation-Diana

- Quality Improvement:
 Began Mortality Review at Compass Health-Diana
 Completed 11 reviews-Diana

- EQRO Preparation: Completed and submitted EQRO Desk Audit response
- **Developed a list of all Grievances and Appeals from 7-1-2004 through 6-30-2005 to include start dates and resolution dates of grievances and appeals and copies of all letters of resolution and consumer written letter of appeal or grievance.-Diana**
- Policies and Procedure Development

Began revising the NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies and Procedures based on review of the new Complaint, Grievance, Appeal, and Fair Hearing templates from the Mental Health Division (Exhibit N)-Diana

Began review of draft BBA WAC to determine implications for Complaint, Grievance, Appeal, and Fair Hearing Policies-Diana

Developed a series of questions for and requested clarification from the Mental Health Division based on initial analysis of the new MHD Complaint, Grievance, Appeal, and Fair Hearing templates.-Diana

Had internal meetings regarding the changes to the Complaint, Grievance, Appeal, Denial, Fair Hearing Templates-Diana

Continued to maintain, update, and distribute the provider complaint contact list to assist with triaging consumer complaints.-Diana

Began to gather provider disaster contacts in preparation for NSMHA disaster planning and preparedness. Diana

HIT Draft Policy, Debra

Critical Incident Policy, Debra

Semi-Annual Critical Incident Report, Debra

ICRS Draft Access Policy, Sandy

Quality Management Plan Draft, Section 1 and 2, Terry

- Quality Improvement Case Reviews- 0
- Utilization Management-
- Utilization Review-# of charts reviewed -124 # of denial requests reviewed- 24
- Risk Management-# of Critical Incidents reviewed= 35
- # of Complaints Reviewed- _
- # of Grievances filed-
- # of Appeals filed in August-**2-Diana**
- # of Appeals filed in previous months in process-**2-Diana**

- # of second opinions assisted-**1-Diana**
 - Planning: Multiple meetings to develop priorities for State-only funding allocation
 - Multiple meetings to review potential crisis services integration in Snohomish County
 - Resource Management (CLIP)
 - Cases screened- 1 Clients in CLIP placement- 20
 - 2 Conference Calls for Children in CLIP facilities, Sandy
 - Resource Management (Medicaid Personal Care)-New authorizations- 5 Renewals- 7
 - Resource Management (WSH)
 - Monthly ADC 100.64 Cap-105 Bed Days over Cap: 0**
-

Training Provided:

Training Planned: **Facilitating NSMHA hosting a training site for the web-based Statewide Disaster Training.-Diana**

Training Attended:

Activities Planned/Deliverables due in September:

- **Ongoing Appeals and Grievances-Diana**
- **Continue to have internal meetings regarding the changes to the Complaint, Grievance, Appeal, Denial, Fair Hearing Templates and continue to request clarification from the MHD about changes to the Complaint, Grievance, Appeal, Denial, Fair Hearing Templates-Diana**
- **Complete Draft NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies-Diana**
- **Create new Complaint, Grievance, Appeal, Denial, and Fair Hearing Reporting Templates and Excel Database and create new Complaint, Grievance, Appeal, Denial, and Fair Hearing Reporting Instructions to comply with new MHD reporting requirements-Diana**
- **Continue Mortality Chart Reviews-Diana**
- **Continued training and consultation on the NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies and Procedures-Diana**
- **Participate in Statewide Disaster Preparedness Workgroup-Diana**
- **Facilitate NSMHA hosting a training site for the web-based Statewide Disaster Training.-Diana**
- Draft Policies for seclusion and restraint, Debra**

**Nursing assessment and admission criteria for E & T's, Debra
Needs/Issues**

-

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Training – Quality Management Requirements in the new MHD contract

PRESENTER: Wendy Klamp, NSMHA Quality Manager

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS: If any, to be given during 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:

- The Utilization Management Dashboard is presented/reviewed monthly.

ATTACHMENTS:

- Utilization Management Dashboard Report

Regional DashBoard Averages thru June 2005

1.	119,347	10.	13
2.	6044	11.	81.71
3.	87.63	12.	12.76
4.	2.69	13.	83.62
5.	2.55	14.	2669
6.	219	15.	7617
7.	40	16.	4564
8.	121	17.	3053
9.	94		

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Update on Quality Management Plan development

PRESENTER: Terry McDonough, NSMHA Quality Specialist

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Planning for the NSMHA 2006-2007 QM Plan has begun
- First meeting held August 31, Program Description, Structure, Roles and responsibilities were reviewed
- Next meeting scheduled for September 28, 1-4 Rehabco meeting room (upstairs) Work Plan, QA, QI issues and PIP's will be area of focus
- Final meeting scheduled for October 31, 9-12, RSN Conference Room, Utilization Plan will be area of focus
- Initial DRAFT of QM Plan due to QMC and QMOC in November 2005
- Final DRAFT of QM Plan due to NSMHA BOD in December 2005

CONCLUSIONS/RECOMMENDATIONS:

- The planning group has met once; two more meetings are scheduled
- All interested participants invited to attend
- Need not attend all meetings, if schedule conflicts arise
- If can't attend but want to give input, please contact Terry for a copy of the most current working DRAFT

TIMELINES:

- Next scheduled meetings; September 28, 1-4 and October 31, 9-12
- Initial DRAFT presented to QMC and QMOC in November 2005
- Final DRAFT to NSMHA BOD in December 2005

ATTACHMENTS:

- None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Utilization Review Recent Issues

PRESENTER: Wendy Klamp, NSMHA Quality Manager

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

To bring attention to concerns from a recent re-review of providers.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS:

None.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Update on Access

PRESENTER: Terry Clarke, Compass Health

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The purpose is to update on the new automated system of Access. Terry will answer any questions you may have concerning its operation.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

ATTACHMENTS:

If any, they will be provided at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: **QRT Program Plan**

PRESENTER: **Deborah Moskowitz, Ombuds/QRT**

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This presentation will cover the outline for the revised QRT Program. The program will be developed into a work plan and incorporated into the NSMHA Quality Management plan.

CONCLUSIONS/RECOMMENDATIONS:

Input and comments about the plan from QMOC members will be appreciated.

TIMELINES:

Timeline for this program plan will be consistent with the QM plan that is currently being developed by NSMHA.

ATTACHMENTS:

QRT Program Plan outline is included in the QMOC packet.

STRUCTURE FOR THE QUALITY REVIEW TEAM

In accordance with WAC 388-865-0282 and the NSMHA Policy for the Quality Review Team, the QRT will focus on the following areas of mental health services:

1. Consumer satisfaction
2. Provider satisfaction with the RSN
3. Cross-system linkages
4. Troubleshoot high-risk areas of service, looking for clusters and trends
5. Quality measures of providers' services

The QRT will use the following methods to investigate the areas of focus:

1. Consumer satisfaction
 - a. Analyze data from the WIMIRT surveys and correlate with other data collected
 - Investigate the possibility of having WIMIRT staff extrapolate data for the North Sound region
 - b. Site visits to providers to assess accessibility to facility and services, physical plant (are facilities clean and welcoming? are consumers treated with dignity and respect? are consumers' rights upheld/promoted?)
 - Create a master site visitation list, and visit each site at least one time every two years. (*A site is any licensed/certified MH agency contracting with NSMHA to provide services in the North Sound region.*)
 - Priority visits will be made to sites that are high traffic and/or problematic (i.e., cluster complaints from Ombuds, data from Quality Managers or others that indicates a need to visit and collect more information, etc.)
 - Develop standardized checklist (based on regulations and contract requirements) that is used by anyone completing a site visit (volunteers, QMAC members, County Advisory Board members, Mental Health Advisory Board, Quality Specialists and any other interested parties).
 - c. Work with consumer volunteers on the county mental health advisory boards to gather satisfaction information, troubleshoot areas of concern (enlist these consumers to make site visits to providers to gather information)
 - d. Sponsor semi-annual speak outs in each county to solicit consumer and advocate input regarding quality of services
 - Partner with Counties and hold speak outs at a regularly scheduled event; enlist county help for promotion/sponsoring event.
 - e. Link up with providers in their consumer satisfaction process/survey to collect this information.

- 2. Provider satisfaction with the RSN**
 - a. Conduct annual provider survey – develop data-driven survey and administer annually; QRT will contact the state to ask for information about what they want surveyed, whom they would like surveyed; QRT will also formally ask state MHD to develop survey tool.**
 - b. Sponsor annual provider forum to get input re: role of the RSN – Possibly link this with one QMC meeting?**
- 3. Cross-system linkages**
 - a. Contact members of other systems annually (jails, shelters, schools, hospitals, etc.) to survey their satisfaction with the RSN, communication/collaboration with MH providers and solicit ideas for more effective collaboration**
 - b. Facilitate the formation of a strong advocacy group composed of family members and other concerned citizens.**
- 4. Quality measures of providers' services (this is a combination of #3 and #4 from the previous draft)**
 - a. Participate in monthly meetings of NSMHA's quality committees (QMC, QMOC, IQMC)**
 - b. Review the "dashboard" indicators of performance for the region**
 - c. Review Performance Indicator Projects to monitor prioritized areas of concern addressed by NSMHA.**
 - d. Collaborate with other Ombuds and NSMHA quality specialists to be alerted to issues of concern**
 - e. Perform regular, unscheduled site visits to all providers to gather firsthand information and gain a sense of the services provided, the atmosphere, treatment of the consumers, etc.**

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Six Month Critical Incident Report

PRESENTER: Debra Jaccard, NSMHA Quality Specialist

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

CI Data from January-June, 2005 in relationship CI data over past 8 quarters

CONCLUSIONS/RECOMMENDATIONS: Report for Discussion

TIMELINES: None

ATTACHMENTS: January-June, 2005 CI Report