



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

April 26, 2006

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

April 26, 2006
NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA

Date: April 26, 2006
Time: 3:30-4:30 PM **Please note the meeting is shortened and time is changed due to QMOC work group**
Location: NSMHA Conference Room
For Information Contact Meeting Facilitator Wendy Klamp, NSMHA, 360-416-7013

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Tab	Time
Introductions	Welcome guests, presenters and new members		CHAIR				5 minutes
Review and Approval of Agenda	Ensure agenda is complete and accurate, determine if any adjustments to time estimates are needed. Meeting will start and end on time.	Approve agenda	CHAIR	Agenda			5 minutes
Review and Approval of Minutes of Previous Meeting	Ensure minutes are complete and accurate	Approve minutes	CHAIR	Minutes		1	5 minutes
Announcements	Inform QMOC of news, events and other important items SEA MAR Clinical Record Review Score 92% Congratulations		All				5 minutes
Comments from the Chair	Update the committee on recent developments that impact QMOC-	Suggestions to improve meeting -	GARY WILLIAMS				5 minutes
Quality Management Department Report	Standing Agenda Item for Monthly Review	Review accomplishments, data and plans of department- recent staff retreat and re-assignments	WENDY KLAMP		QM Dept. Report	3	Handout only
EQRO Report	Review report		WENDY KLAMP				10 minutes

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Tab	Time
High Intensity Treatment Work Group Draft Policy and Recommendations	Recommend draft policy for approval	Approve to move forward	DEBRA JACCARD				10 minutes
Hospital Inpatient Reduction Workgroup	Review recommendations and determine how to incorporate into QM plan		DEBRA JACCARD				10 minutes
QRT Work Plan			DEBORAH MOSKOWITZ				10 minutes
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned.		ALL				5 minutes
*Review of Meeting	Were objectives accomplished? How could this meeting be improved?		ALL				5 minutes

Next meeting May 24, 2006

Potential Agenda Items

Compass Audit
Ombuds Report
Work Group report
MHD review of Reported Deaths and Critical Incident Program

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

March 22, 2006

12:30 – 2:30

DRAFT MINUTES

Present:

Gary Williams, QMOC Chair, Board of Directors,
Human Services Supervisor, Whatcom County
Wendy Klamp, NSMHA Quality Manager
Mary Good, NSMHA Advisory Board
June LaMarr, The Tulalip Tribes
Russ Hardison, Sea Mar
Susan Ramaglia, NAMI Skagit
Terry McDonough, Snohomish County Mental Health
ITA
Janet Lutz-Smith, Whatcom County Advisory Board
Donna Konicki, APN
Rochelle Clogston, APN
Chuck Davis, Skagit County Mediation Services
Deborah Moskowitz, Skagit County Mediation
Services

Not Present:

Maile Acoba, Skagit County Coordinator
Joan Lubbe, NSMHA Advisory Board
Nancy Jones, Snohomish County Human Services
Janelle Sgrignoli, Snohomish County Human
Services
Dan Bilson, NSMHA Advisory Board

Others Present:

Diana Striplin
Margaret Rojas
Greg Long
Debra Jaccard
Sandy Whitcutt
Chuck Benjamin,
Sue Boyle

Excused:

Linda Carlson, VOA

1. Open the Meeting and Introductions

The meeting was convened at 12:33 p.m. and introductions were made. Rochelle Clogston and Donna Konicki were welcomed to the committee.

2. Agenda

Gary noted he will need to leave at 2:00 p.m. for an unavoidable meeting. At that point co-chair June LaMarr will take over.

3. Approval of February 2006 Minutes

The minutes were reviewed. Wendy Klamp made a motion to accept minutes, motion carried.

4. Announcements

Chuck Davis noted Ombuds have received feedback from consumers that there are culture issues, crass comments have been made to them by clinicians. Deborah noted that Ombuds will be moving along with mediation services. All phone numbers will stay the same, information will be sent out later with new address.

Donna noted bridgeways was chosen six slots to attend three days free training in Seattle on recovery based-wellness, for their case managers and staff.

Susan noted NAMI Skagit is having a training session for peer mentors and to contact her if interested.

Mary noted she is part of the Transformation project. She noted Washington is one of 7 states chosen for this 5-yr project. She and James Mead are on the older adults subcommittee.

Greg noted that public meetings of a planning committee approved zoning for the Triage facility in Burlington.

Wendy congratulated Snohomish county's successful pass of their desk audit. She added that the RSN received the EQRO report and had their exit interview, showing the RSN improved in many areas since last audit. Details will be presented next QMOC mtg. Wendy also noted the RSN is hiring an adult care advocate and a child care advocate.

Gary noted that Whatcom County did a study of the number of homeless mentally ill in the county, data should be available in each county. This is good information to have to know what need each county has.

5. Comments from the Chair

Gary spoke to issues raised about NSMHA policies and procedures previously approved by QMOC and the Board of Directors which APN felt went beyond State and Federal requirements, and should be modified or eliminated. QMOC made a request that any changes to the policies go through QMOC, and the NSMHA planning committee requested that this group create a workgroup/session to review recommended changes and elimination of said policies, then take recommendations back to May board of Directors meeting. Janet asked what QMOC's role would be, Gary answered it would be to look at what APN has requested, look at info from NSMHA, and make decisions whether policies should be changed or are justified. Janet suggested having people present on issues as the group may have questions. The committee agreed.

Wendy noted this process would likely take 8 hours. There is time pressure as there has to be recommendations made by May. Gary suggested using April meeting and extending it from 9-4 to work on this. Donna asked if another rep should attend from APN besides her and Rochelle, the committee agreed to bring in one other person from APN, one other person from NSMHA to come in and answer questions. There are about 17 policies are in question. NSMHA's response to APN's request for changes to them is to go out by April 19th.

6. Membership Recruitment

Wendy noted there are several applicants interested in filling QMOC's open slot for a consumer. The advisory board will review applications, Wendy and Margaret will do recruitment at Rainbow Center if the Advisory board does not choose one.

7. Utilization Management Dashboard

Terry presented the monthly dashboard, and since the numbers were too granular to make a general statement, Terry proposed to present the dashboard to this committee quarterly. The dashboard will always be available online with each month's data. Terry will keep on top of data such as WSH hospitalization and will present to the committee if there is a spike. Greg noted it is good to have a year to year data comparison as there is with CI database. Gary suggested an annual report. Wendy stated that alternative formats would be discussed and brought back to next months meeting.

8. Quality Management Department Report

Wendy noted current work is being done with VOA in transitioning Access. This is a high priority and is coming along smoothly. Wendy noted gratitude that Compass and VOA have worked to keep the same phone number. VOA is hiring new staff.

VOA will answer Access calls as of May 1st.

9. Quality Management Plan

Terry noted clinical record reviews were done last month at bridgeways, and will be done next week at Sea Mar.

10. Integrated Report

Diana asked if the committee had a chance to review the integrated report, the committee assented. Diana is looking for approval from this committee to take it forward to the Board of Directors.

Susan asked if there is a policy for transporting consumers to their private practitioners, Diana affirmed, noting it is one of the policies APN would like to delete.

Wendy noted we will have to make a significant leap in PIP's, more scientific data is needed. Gary asked if funding for transformation projects could be used in this area, Wendy said no, it is expected to be done with existing Medicaid funding.

Deborah noted she appreciated how Diana had streamlined the document. Janet stated she does not see information referring to treatment of children and families. Diana noted that in the new QM plan a key area of focus is location of services for children across the region. Data can be broken down on complaints/grievances between adults and children. Janet noted she feels that is important. Sandy added she can generate that breakdown from UM reviews and denials as well. A motion to approve the QM Plan and Integrated Report to go to the Board of Directors was made and carried.

11. Utilization Review Corrective Action Plans

Sandy passed out a copy of the concurrent tool. She noted that UM reviews about 100 charts a month on site with providers. They review initial, concurrent, and retrospective charts. When they have concerns, they send out a letter with a 30-day time frame for the provider to send a response on the area of concern. Sandy directed attention to the corrective action plans – responses from providers on UM's concern with diagnosis, eligibility, and treatment. Sandy asked the committee to give any feedback to UM. Donna noted the tool has reference field column which in some places is left blank. Sandy noted some quality standards were developed internally, most from clinical eligibility standards, and she is working on sourcing the tool. Mary asked if adults and older adults were broken out? Sandy noted they are not broken out, but the special nature of older adults charts is examined.

Janet asked if there a correlation between this and APN/NSMHA policy problems. Sandy noted APN has asked about the number of charts being reviewed being too high. Sandy added that improvement from the providers has been seen, indicating the corrective action plans are having positive improvements. Donna added that bridgways felt the UR review process was helpful. Deborah noted that in the Critical Incident committee policies have come out of their concerns, and it is a collaborative process. A motion was made to approve the acceptance of the plan, motion carried.

12. Critical Incident Policy and Form revision

Debra noted there are revisions to the critical incident policy and form and that she would like to ask for approval from this committee. Debra directed attention to wording changes made. Donna asked how the policy related to the APN request to change NSMHA policies, Debra noted it was one of the policies disputed. Donna suggested tabling the policy until all disputed policies are reviewed. Wendy suggested approving the policy to continue with the process, then come back to the whole policy when reviewing. A motion was made to approve changes to policy and form, motion carried. Donna noted she opposed the motion. For discussion, Wendy noted she included a report "Maximizing the Use of State Adverse Event Data on Improve Patient Safety".

13. Date and Agenda for Next Meeting

The next meeting will be sometime in between 9:00 a.m. and 4:00 p.m. on Wednesday April 26th.

14. Adjourn

The meeting was adjourned at 2:30 p.m.

Respectfully submitted,
Shannon Solar

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.