

North Sound Mental Health Administration

**Quality Management Department
Integrated Report**

3rd Biennial Quarter 2004-2005

(January through June 2005)

EXECUTIVE SUMMARY

Integrated Report for 3rd Biennial Quarter, January 1 through June30, 2005

PURPOSE

- To provide an overview of quality management plan activities and results and to inform the NSMHA Board of Directors and Quality Management Oversight Committee (QMOC) on a biennial basis.

3rd Biennial Quarter-STRENGTHS IDENTIFIED

- The NSMHA received the second highest overall mean score statewide on the External Quality Review Organization (EQRO) Audit and the highest statewide scores in the areas of Enrollee Rights and Protection and Grievance System.
- Compass Health, Whatcom Counseling and Psychiatric Clinic, Catholic Community Services, and Lake Whatcom Center have exceeded the quality assurance objective of 90% compliance on questions in the MHD Outpatient Record Review Tool during the administrative audit process in 2004-2005.
- The NSMHA and providers continue to join together to create collaborative quality management processes in the Regional Quality Management Committee (RQMC) and subcommittees.
- The NSMHA has increased capacity to do utilization record reviews and generate Consumer Information System (CIS) reports and has continued to refine and develop the denial and appeal processes implemented in June of 2004.
- The NSMHA Western State Hospital Census remains the lowest of all RSNs in the state.

3rd Biennial Quarter-QUALITY MANAGEMENT PLAN ACTIVITIES and RESULTS

- The NSMHA completed administrative audits of Compass Health, WCPC, CCSN, *bridgeways*, and Sea Mar during the 3rd Biennial Quarter. Documentation scores and audit findings are summarized.
- The NSMHA continues to monitor and trend Complaints, Grievances, Appeals, and Fair Hearings and Critical Incidents and incorporate this information into quality management processes.
- The NSMHA has made further progress towards implementation of the utilization management work plan.
- The NSMHA continues to issue all denials for outpatient services and process all appeals of denials.
- The NSMHA and Integrated Crisis System Response (ICRS) Committee continues to work on NSMHA region wide crisis system policies.
- The NSMHA has implemented two Statewide Performance Improvement Projects (PIPs) and identified the new NSMHA clinical Performance Improvement Project (PIP).

3rd Biennial Quarter-EXTERNAL MONITORS ACTIVITIES, REPORTS and RESULTS

- The NSMHA received the final EQRO report and has completed corrective action plans on four items.
- The NSMHA was found to be in substantial compliance with the Mental Health Division RSN Certification Review and was issued RSN certification for the period of July 1, 2005 through August 31, 2005.
- The QMOC recommended prioritizing six Statewide Performance Indicators for inclusion in all future contracting, planning, and quality management efforts.

AREAS IDENTIFIED for FURTHER STUDY and REVIEW or QUALITY IMPROVEMENT

- Acute Care Management Issues Related to Service Provision for High Risk Adult Consumers-Compass Health, Snohomish County.
- The need for Region Wide Diagnostic Process Standards.
- The need for Region Wide Policies and Procedures-“Criteria for Closing an Episode of Care-Planned Discharge from Treatment” and “Continued Stay/Reauthorization Criteria”.

FOLLOW UP from PREVIOUS INTEGRATED REPORTS

- Trauma Services-Although the Trauma Committee has ended, the RQMC will continue work in this area.
- Mortality Review-Clinical record reviews will begin in the 4th Biennial Quarter.
- Compass Health Emergency Services Review has been successfully completed.
- Residential Study-The scope of consumers affected by residential transition is greatly reduced and a report will be issued during the 4th biennial that examines the outcomes for these consumers.

4th BIENNIAL QUARTER MAJOR INITIATIVES

- Preparation for new MHD contract requirements and Request For Qualifications (RFQ) process.

- Preparation for EQRO review.
- Development of the 2006-2007 Quality Management Plan.

NORTH SOUND MENTAL HEALTH ADMINISTRATION
Integrated Report for 3rd Biennial Quarter, January 1 through June 30, 2005

I. INTRODUCTION and PURPOSE

This is the North Sound Mental Health Administration (NSMHA) Quality Management Plan Integrated Report for the 3rd Biennial Quarter (BQ) of 2004-2005. Integrated reports are intended to provide an overview of quality management plan activities and results and are provided biannually to the NSMHA Board of Directors and Quality Management Oversight Committee (QMOC).

In this report we will:

- Highlight strengths identified during the 3rd Biennial Quarter 2005.
- Provide a summary of NSMHA Quality Management Plan Activities and Results in the 3rd Biennial Quarter 2005.
- Provide a summary of external monitors activities, reports, and results.
- Outline areas identified for further study and review or quality improvement.
- Provide follow up to areas from previous Integrated Reports.
- Provide a summary of quality management plan changes.
- Summarize where we go from here and how we plan to proceed as the QM Work Plan is implemented during the 4th Biennial Quarter 2005.

II. STRENGTHS IDENTIFIED DURING the 3rd BIENNIAL QUARTER 2005

There were many NSMHA and provider strengths identified during the 3rd Biennial Quarter. Highlights of these strengths include:

- The NSMHA received the second highest overall mean score statewide on the EQRO Audit and the highest statewide scores in the areas of Enrollee Rights and Protection and Grievance System. Provider participation in the EQRO review helped contribute to this success
- Compass Health, Whatcom Counseling and Psychiatric Clinic, Catholic Community Services, and Lake Whatcom Center have exceeded the quality assurance objective of 90% compliance on questions in the MHD Outpatient Record Review Tool during the administrative audit process in 2004-2005.
- The NSMHA and providers continue to join together to create collaborative quality management processes in the Regional Quality Management Committee (RQMC) and subcommittees.
- The NSMHA has developed numerous Consumer Information Reports (CIS) reports over the past year, which allows for data driven decision-making.
- The NSMHA maintains regular ongoing utilization record reviews, and the ability to analyze review areas at the provider level, county level, and regional level. This has led to improved quality of care and identification of system issues.

- The NSMHA continued to refine and develop the denial and appeal processes implemented in June of 2004.
- The NSMHA Western State Hospital Census remains the lowest of all RSNs in the state.

III. SUMMARY of 3rd BIENNIAL QUARTER QUALITY MANAGEMENT PLAN ACTIVITIES and RESULTS

A summary of quality management plan activities and/or results during the 3rd Biennial Quarter is presented below. For a complete list of NSMHA quality management reports and committees see Attachment A- NSMHA Quality Management Reports and Committees. The information will be presented in three sections that follow the quality and utilization management work plan sections outlined in the quality management plan. The three areas are:

- Quality Management Work Plan-Quality Assurance Strategies
- Quality Management Work Plan-Quality Improvement Strategies
- Quality Management Plan- Utilization Management Plan

A. Quality Management Work Plan-Quality Assurance Strategies

1. Administrative Audits

The NSMHA completed administrative audits of Whatcom Counseling and Psychiatric Clinic, Sea Mar, Compass Health, *bridgeways* and Catholic Community Services during the 3rd Biennial Quarter. Administrative audits for Lake Whatcom, Associated Provider Network, and Snohomish County Human Services were completed in 2004. Volunteers of America and Whatcom County Human Services will be audited in the 4th Biennial Quarter to complete the 2004-2005 audit cycle.

Compass Health, Whatcom Counseling and Psychiatric Clinic, Catholic Community Services, and Lake Whatcom have exceeded the quality assurance objective of 90% compliance on questions in the MHD Outpatient Record Review Tool. Sea Mar and *bridgeways* did not achieve 90% compliance.

The NSMHA requests and approves corrective action plans to address all findings noted in the audits. Following completion of the corrective action plans, the NSMHA will conduct a re-review of the clinical records at *bridgeways* and Sea Mar as they did not achieve the quality assurance objective of 90% compliance on questions in the MHD Outpatient Record Review Tool.

A summary of the findings and administrative audit record review scores for the 3rd Biennial Quarter is presented in Tables 1 and 2 below. The results for Lake Whatcom Center and Snohomish County Human Services are included for purposes of comparison. It should be noted that the administrative audit reports also highlighted many strengths for each provider as well as recommendations.

Table 1 Administrative Audits-Outpatient Record Review Documentation Scores 2004-2005							
Provider	Compass	CCSNW	WCPC	Sea Mar	<i>bridgeways</i>	Lake Whatcom	Snohomish County
Clinical Record Documentation Score	94%	96%	92%	86%	87%	97%	NA

Table 2 Administrative Audit Summary-Findings 2004-2005							
Finding	Provider						
	Compass	CCSNW	WCPC	Sea Mar	<i>bridgeways</i>	Lake Whatcom	Snohomish County
Supervision	✓	✓		✓			✓ Repeat Finding
Current Performance Evaluations	✓Repeat Finding				✓		
Credentialing				✓			
Training				✓			
Quality Management Resources	✓						
Quality Management Board Involvement	✓						
Quality Management Implementation					✓		✓ Repeat Finding
Quality Management Consumer Involvement/Voice				✓			
Policies		✓ ✓ two findings in this area	✓	✓			
Access	✓			✓			
Care Management				✓			
Treatment Planning				✓			
High Intensity Treatment	✓						
Consumer Rights Postings	✓ Greenhouse						
Total	7	3	1	8	2	0	2

2. Provider Record Reviews

Providers continued to perform outpatient record reviews and report their record review scores to the RQMC on a quarterly basis throughout 2004. This area of the quality management plan is now complete. Providers may choose to continue their internal review processes to aid in achieving or maintaining 90% compliance on questions in the MHD Outpatient Record Review.

3. Development and Implementation of Two Statewide Quality Improvement and Assessment Projects

The NSMHA must maintain two Performance Improvement Projects (PIPs) defined by the Mental Health Division. There is one clinical project and one non-clinical project. The NSMHA submitted Performance Improvement Project Plans to the External Quality Review Organization (EQRO) for these projects and received substantial compliance in the EQRO review. The NSMHA must also choose two additional PIPs, again one clinical and one non-clinical project. The Mortality Review was approved by QMOC as the additional clinical Performance Indicator Project.

The first statewide PIP is increasing consumer participation in treatment planning (clinical). The data source is the Mental Health Statistics Improvement Project (MHSIP) Survey, conducted by the Washington Institute for Research and Training. The 2002 survey report provided context for the

project and the 2004 survey report serves as the baseline. The project is expected to be a multi-year effort.

The NSMHA compared the results for 2002 and 2004. The results did not show improvement in consumer participation in treatment. The QMOC recently recommended that providers survey consumers using the MHSIP questions during the 4th Biennial Quarter of 2005, in order to gain an additional snapshot of consumer's perception of their involvement in treatment.

The second statewide PIP is improving data quality (non-clinical). The RSN will provide a report on this performance improvement project in the 4th Biennial Quarter.

The NSMHA has identified the Mortality Review of deaths reported through the critical incident reporting process as the additional clinical PIP. The focus of the review will be on those 50 and younger that die from natural causes, accident, illness, injury or where the cause is unknown.

Improving the coding of multi-axial diagnoses with a focus on capturing co-occurring disorder diagnoses has been discussed as one option, for the non-clinical project. Capturing co-occurring disorders was selected by QMOC as one of the key statewide performance indicators to target for improvement

4. Residential Transition Study

The residential transition study was added as a quality assurance strategy to the quality management work plan. The NSMHA has begun the process to study the impact on consumers who were involved in residential changes due to CMS regulations regarding residential facilities.

The NSMHA had anticipated 109 consumers would be impacted by the closure of residential facilities. Due to the Mental Health Division's ruling that boarding homes are not considered IMD's, the number of consumers impacted by the residential changes is approximately 14.

The NSMHA will issue a report regarding this study during the 4th Biennial Quarter. The report will examine consumer outcomes before and after the residential changes occurred. The NSMHA Quality Review Team may also conduct a satisfaction survey with these consumers to determine their satisfaction with services.

B. Quality Management Work Plan-Quality Improvement Strategies

The quality management plan identified six focus areas for quality improvement during 2004-2005. Activities and/or results for the 3rd Biennial Quarter are presented by focus area below.

1. Focus Area: Consumer Satisfaction

a. Complaints, Grievances, Appeals, and Fair Hearings

The NSMHA continues to collect, analyze, and report complaint, grievance, appeal and fair hearing data across multiple reporting sources (Ombuds, providers, and the NSMHA). The NSMHA has also incorporated information about appeals into these processes.

The NSMHA also continues to provide reports about complaints, grievances, appeals and fair hearings to the Mental Health Division (MHD) and NSMHA quality management committees every six months. NSMHA Ombuds services also provide reports every six months to NSMHA quality management committees and have revised their reports to be consistent with NSMHA reporting periods.

During the 4th Biennial Quarter, the NSMHA will need to revise the Complaint, Grievance, Appeal, and Fair Hearings Policies and Procedures to comply with new MHD contract requirements. The NSMHA will also need to revise the complaint, grievance, appeal, and fair hearing reporting procedures to comply with these new requirements.

The NSMHA continues to promote a “no-blame” atmosphere in which to view complaint data—that information about complaints creates opportunities for improvement and that consumers’ voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system. The NSMHA also views data about appeals as a central part of its Quality Management Program and has begun to incorporate appeal data into its quality management processes.

Providers have begun to provide semi-annual information to the NSMHA about how they use complaint and grievance information in their internal quality management processes. The NSMHA has seen a clear evolution of how providers utilize complaint and grievance data in these processes.

For the most recent reporting period (October 1, 2004 through March 31, 2005) there were 300 complaint, grievance and fair hearing occurrences reported and 250 cases reported. The number of occurrences reported decreased from 326 to 300 and the number of cases reported decreased from 287 to 250 since the last reporting period. The number of complaints reported that involve children increased from 36 to 37.

The categories that accounted for the most complaints during the most recent reporting period are: Physicians and medications 41 (14%), Consumer rights 37 (12%), Access 36 (12%), and Service—Intensity, Not Available, Coordination 34 (11%). Physicians and medications accounted for the most complaints over the past six months and Service—Intensity, Not Available, and Coordination accounted for the most complaints over the past year.

There were seven appeals initiated with the NSMHA during October 1, 2004 through March 31, 2005 (as compared with five during the previous reporting period). All seven appeals regarded the denial of outpatient mental health services by the NSMHA. Five of these appeals involved denial of service for adults and two involved denial of service for children. All five appeals regarding adults and one appeal regarding a child resulted in the reversal of the initial NSMHA denial. For one appeal regarding a child, the denial of service was upheld. The NSMHA determined that the child did not meet the eligibility requirements outlined in the State-wide Access to Care Standards and was not eligible for mental health services through the NSMHA.

As outlined above, the NSMHA views information about complaints as a central part of its quality management processes and complaint data as a valuable quality indicator. Single complaints, grievances, or appeals with system implications, clusters or patterns of complaints, and aggregate data about complaints are used to generate quality improvement activities or identify areas for further study and review.

The NSMHA has received the majority of complaint data through NSMHA Ombuds services. The NSMHA has made it a goal to better capture concerns that occur at the provider level when consumers are not involved in Ombuds services. The NSMHA does not view increased complaint reporting as negative, rather as an indication that consumers feel comfortable to initiate complaints and that the NSMHA, Ombuds services and providers value the collection and tracking of complaint data. The NSMHA is committed to using complaint data to prevent recurring problems for continuous quality improvement.

The objective to work towards broad and consistent reporting of complaint data was incorporated into the quality management plan. As can be seen in Table 4 below, the number of occurrences and

cases, as well as the percentage of occurrences and cases reported through our providers, has increased since April 2003.

Table 4 Percentage of Cases and Occurrences Reported by Ombuds Services and Providers April 2003 - March 2005								
Reporting Period	4-2003 through 9-2003		10-2003 through 3-2004		4-2004 through 9-2004		10-2004 through 3-2005	
Ombuds	Cases	Occur	Cases	Occur	Cases	Occur	Cases	Occur
%	80%	80%	77%	72%	70%	73%	63%	67%
#	(196)	(229)	(165)	(175)	(201)	(238)	(157)	(202)
Providers	Cases	Occur	Cases	Occur	Cases	Occur	Cases	Occur
%	20%	20%	23%	28%	30%	27%	37%	33%
#	(49)	(57)	(49)	(68)	(86)	(88)	(93)	(98)
Total	100% (245)	100% (286)	100% (214)	100% (243)	100% (287)	100% (326)	100% (250)	100% (300)

Broad and consistent reporting of complaints about emergency services and complaints that involve children has also been identified for quality improvement. Results from the latest reporting period show that there are still few complaints regarding emergency services reported by some NSMHA providers. Complaints that involve children also remain low.

Ombuds services provide a semi-annual summary of their recommendations of areas for further study and review or quality improvement. During the most recent reporting period, Ombuds services identified an emerging concern about access to prescribers and medication services. Ombuds services reported a cluster of complaints about the time it takes to see a prescriber following the assessment process and complaints about the process to transfer medication services from an agency prescriber to a primary care doctor. As reported above, the number of complaints related to physicians and medication services accounted for the most complaints over the past months. The NSMHA will monitor this emerging trend.

Information about complaints, grievances and appeals has been one factor in quality improvement efforts towards:

- Providing trauma based services.
- Assuring staff is trained on Dignity and Respect as well as Consumer Rights.
- Clarifying procedures regarding the outpatient discharge process.
- Adopting a region-wide set of standards for the diagnostic process during outpatient assessments.
- Identifying acute care management issues related to service provision for high risk consumers at Compass Health in Snohomish County - (see section V below).

b. Perception of the quality and appropriateness of treatment.

Consumer’s perception of the quality and appropriateness of treatment is measured by the Mental Health Statistics Improvement Project (MHSIP) Survey and the results of the surveys are reported in the state-wide performance indicator reports.

Scores reflect the percentage of those with an average score greater than 3.5 (agree or strongly agree) on selected items regarding the quality and appropriateness of services from the MHSIP survey. Results for the NSMHA show that adults received a score of 73.9% in 2002 as compared to the state average of 77.1% and a score of 81.1% in 2004 as compared to the state average of 76.7%. The NSMHA adult consumer score of 81.1% was the highest in the state in 2004.

Youth received a score of 87.5% in 2003, which was above the state average of 86.3%.

2. Focus Area: Outcomes

a. Statewide Outcomes System through Telesage

NSMHA providers continued to implement the statewide outcomes system through Telesage. The outcomes system has been in place in the NSMHA for six months. Data on initial surveys shows that consumers and parents completed 1,660 initial surveys. The data for the three and six month follow up surveys shows a decrease in response rate. 252 three-month follow up surveys and 195 six-month follow up surveys were completed.

Providers have been exploring issues that have affected follow up response rates. Ensuring appropriate response rates will be a new contract requirement for the NSMHA beginning in 2006. The limited data from follow-up surveys is a serious issue as it impairs the ability to trend outcomes.

b. Critical Incidents

The NSMHA continues to have monthly Critical Incident Review Committee (CIRC) meetings, review all reported critical incidents and all provider critical incident reviews either submitted to or requested by CIRC, and request follow up on critical incidents.

The NSMHA continues to track and report critical incidents with the potential for negative media involvement to the NSMHA Board Chair, county coordinators, and the Mental Health Division. The NSMHA also provides quarterly critical incident reports to the NSMHA Board of Directors, county coordinators, and NSMHA quality management committees.

The NSMHA maintains the critical incident database and transitioned to the new database in January of 2005. The new database has assisted staff to use data to improve monitoring of trends in types of incidents, identify clusters of issues related to critical incidents and comply with MHD reporting requirements regarding negative media events.

As with complaints and grievances the CIRC continues to collaborate with providers to create a “no-blame” environment in which information about critical incidents can be used to identify continuous quality improvement at all levels of the system.

Critical incident reporting showed a decrease for January through March 2005 as compared to January through March 2004. There were 81 incidents reported from January through March 2005 and 87 incidents reported from January through March 2004. Critical incidents that involve death were similar when compared over the same time period. There were 28 deaths reported from January through March 2005 and 26 reported from January through March 2004.

Overall, critical incident reporting the last three quarters (July 2004 through March 2005) has decreased when compared to July 2003 through March 2004. There were 213 critical incidents reported from July 2004 through March 2005 and 243 from July 2003 through March 2004. Critical

incidents that involve death have shown an increase over the same time period. There were 66 deaths reported from July 2004 through March 2005 and 55 from July 2003 through March 2004.

As outlined in previous reports, the CIRC through the Internal Quality Management Committee (IQMC) made a recommendation to look at the records of those 50 and younger that die of natural causes, accidents, or where the cause of death is unclear. The purpose of this review is to further study the deaths of these adults in the region to see what we can learn about these deaths. Implementation of this Mortality Review is scheduled for the 4th Biennial Quarter.

The CIRC referred specific incidents to NSMHA quality management staff for more in depth critical incident reviews and requested corrections from providers regarding diagnosis and treatment planning, increasing intensity and frequency of services to meet expanding client needs, and new or revised provider protocols to ensure client safety and continuity of care. The CIRC has also continued to make referrals to NSMHA quality management sub-committees for the purpose of policy development and has recommended that the Integrated Crisis Response System (ICRS) Committee develop a policy to allow for the increased use of collateral contacts in crisis service, next day appointments, and walk-ins.

Information about critical incidents has been one factor in quality improvement efforts towards:

- System-wide improvements at both Evaluation and Treatment facilities including the use of contracted staff to meet required staffing levels, staff training, improving available medical equipment on sites and staff communication strategies.
- The provision of training on Domestic Violence and the continued work by the ICRS committee to develop a domestic violence protocol
- Incorporating Risk Assessment, Safety Planning, and Triage Into the Regional Crisis Respite Protocols when consumers discharge from crisis respite facilities
- Identifying acute care management issues related to service provision for high risk consumers at Compass Health in Snohomish County - (see section V below).

3. Focus Area: Risk Management

The NSMHA continues to maintain current Coordinated Quality Improvement Program (CQIP) status with the State of Washington Department of Health. The NSMHA also continues to have interdepartmental monthly meetings of the Internal Quality Management Committee (IQMC) to analyze data, identify system implications or trends and identify potential areas for quality improvement or further study and review.

4. Focus Area: Training

The NSMHA Regional Training Committee comprised of provider and NSMHA staff continued to meet during the 3rd Biennial Quarter and oversee the regional training plan. The Regional Training Committee distributed a needs assessment to the Regional Quality Management Committee to assist in determining regional training priorities, identifying unmet needs, and evaluating the current plan in light of changing requirements. The needs assessment will be completed during the 4th Biennial Quarter. The annual review of the training plan will occur following the needs assessment.

The NSMHA also sponsored the annual Recovery Conference in January 2005 and the annual Tribal Conference in May 2005. Both conferences included the topic of Domestic Violence Risk Assessment at

the recommendation of the NSMHA Regional Training Committee. The NSMHA Regional Training Committee also continued to refine the Tribal training module and this module is in its final testing phase.

The Utilization Management (UM) sub-committee made a recommendation to the Regional Quality Management Committee (RQMC) that region wide training regarding treatment planning is needed. The RQMC has approved the addition of training on treatment planning. A sub-committee of RQMC will meet to determine the components of the training.

5. Focus Area: Crisis Services

The NSMHA ICRS committee comprised of provider and NSMHA staff continued to meet monthly to oversee crisis response services in the region. During the 3rd Biennial Quarter the committee has continued to refine the crisis services clinical profile and develop and revise a NSMHA set of region wide crisis service policies.

The ICRS committee has worked on developing a general crisis services policy, duration of care policy, outreach policy, crisis respite policy, crisis system dispute policy, foster-home, crisis system shift change policy, and scheduling ICRS follow-up appointments policy.

The ICRS committee also continued to refine and redesign the Domestic Violence Policy and work on a Less Restrictive Order Policy and region wide training module.

C. Quality Management Plan- Utilization Management Plan

The utilization plan portion of the NSMHA Quality Management Plan outlines focus areas, goals, and objectives that rely on Consumer Information System (CIS) reports, utilization record review reports and activities, and the application of the Statewide Access to Care Standards for outpatient service authorization. The NSMHA has increased its capacity to generate usable CIS reports over the past year. CIS reports that correspond to the utilization plan objectives are under development. A goal for NSMHA in the 4th Biennial Quarter is to have reliable CIS reports and to begin reporting data on utilization management plan focus areas.

The NSMHA has also increased its capacity to do utilization record reviews and the ability to analyze review areas to identify system issues at the provider level, county level and regional level. The NSMHA Utilization Management department will issue the first yearly report regarding utilization record reviews during the 4th Biennial Quarter.

The NSMHA also continues to refine the process for denial of outpatient service authorization and has developed reports that summarize this activity. The NSMHA continues to have internal utilization management meetings and the NSMHA and providers continue to have monthly Utilization Management Sub-committee meetings

The Utilization Management Plan contains the following nine focus areas: Outpatient Services (Access Timelines), Access to Services, Hospitalization Follow-up Services, Performance Indicators (Inpatient Recidivism), Overall Service Utilization, Outpatient Services to Children and Youth (Location of Services), Crisis Services, Inpatient Utilization, and Monitoring of Delegated UM Functions. A summary of activities, results, and next steps in the development of these focus areas will be presented below.

1. Focus Area: Outpatient Services - (Access Timelines)

The number of days between request for outpatient services and first offered appointment cannot currently be measured on a system-wide basis through CIS reports. The NSMHA and providers will work to capture this data.

Utilization record reviews currently capture whether or not the first appointment was offered within 10 working days. The NSMHA plans to follow up with providers to develop CIS reports that measure the access timeline for first offered appointment and compile data gathered from utilization record reviews.

2. Focus Area: Access to Service - (To assure access to mental health services for eligible individuals)

The NSMHA continues to issue all denials for service authorization for outpatient services and has developed a database to track denial requests from providers. Through the 3rd Biennial Quarter there have been 375 requests for denial from providers. NSMHA reviewers have agreed with approximately 85% these requests.

The NSMHA issued a decrease in denials for January through June 2005 as compared to the previous six-month period. The number of requests for denial from providers also decreased and the percentage of denial requests upheld by the NSMHA increased during these time periods.

For January through June of 2005 the NSMHA issued 127 denials as compared to 159 denials for July through December 2004. For January through June of 2005 the providers requested 142 denials and the NSMHA upheld 89.4% of provider requests. For July through December 2004 the providers requested 201 denials and the NSMHA upheld 79.1% of provider requests. The NSMHA has implemented a 90% benchmark of agreement with denial requests by providers.

The NSMHA plans to continue to monitor this area through ongoing Denial Review Reports and inform IQMC and RQMC of the results.

3. Focus Area: Hospital Follow-Up Services, and

4. Focus Area: Performance Indicators - (Inpatient Recidivism)

The NSMHA has developed CIS reports that monitor the length of time between hospital discharge and first outpatient appointment. The NSMHA has also developed CIS reports that monitor the percentage of consumers seen within 30 days of discharge from the hospital.

In addition, the NSMHA developed CIS reports and monitors the number of consumers readmitted to an inpatient facility within 30 days of discharge from the hospital. The NSMHA plans to continue to refine the CIS reports and inform IQMC and RQMC of the results.

5. Focus Area: Overall Service Utilization

The NSMHA has done 809 utilization reviews on clinical records. In the majority of charts reviewed (76%), consumers received services that met NSMHA utilization review standards. In 24% of the reviews, the NSMHA requested changes in Treatment Plan, Diagnosis, or Eligibility. The highest number of requested changes was in the area of treatment planning. The majority of requests for changes in treatment planning are to increase intensity of services and to better match services to identified needs. The NSMHA has implemented a 90% benchmark of records reviewed without changes requested by the NSMHA. The NSMHA and providers will evaluate these benchmarks in the 4th Biennial Quarter and prioritize the areas of needed change.

The NSMHA plans to continue monitoring this area through utilization reviews, inform IQMC and RQMC of the results, and prepare “training guidelines” for providers that summarize issues noted in clinical records. As outlined above, the NSMHA Utilization Management Department will issue the first

yearly report regarding utilization record reviews during the 4th Biennial Quarter. The NSMHA will also continue to refine CIS reports in this area.

6. Focus Area: Outpatient services to Children and Youth (Location of Services)

The QMOC made the recommendation to prioritize the location of outpatient services to children and youth as one of six Statewide Performance Indicators for inclusion in quality management activities. The NSMHA will initiate quality improvement activities to increase to the statewide average in the 4th Biennial Quarter.

7. Focus Area: Crisis Services

The NSMHA has developed CIS reports to monitor the location of crisis services, the provision of in-home stabilization services, the provision of out of home crisis respite care, and crisis dispatch times for emergent services.

The NSMHA monitors the number and location of crisis services on a monthly basis. The NSMHA, ICRS Committee, and providers closely monitor crisis dispatch time and evaluate all dispatches longer than two hours. Provider CIS staff are also reviewing the CIS reports to identify any data entry errors. Each agency will be closely monitoring this area for the next 60 days.

Out of home crisis respite services and in home stabilization reports are not being monitored at this time. The report regarding in home stabilization services is not providing reliable data, as these services are not being reported consistently. The NSMHA plans to review the reporting of in home stabilization services issues at a later time. Reports about out of home crisis respite services will be reviewed during the 4th Biennial Quarter.

8. Focus Area: Hospital Utilization

The NSMHA has been reviewing, monitoring and refining about one dozen reports regarding hospital utilization in the region. Themes examined have included:

- Regional inpatient capacity
- Inpatient rates for outpatient episode
- Inpatient lengths of stay
- Repeat admissions within 30 and 90 days
- Consumers in outpatient services with higher inpatient episodes
- Inpatient admissions by facility/month
- Length of stays greater than 30 days in a 90 day period
- Inpatient admissions by day of the week

The NSMHA has also begun to develop more focused reports regarding those consumers admitted to hospitals on a voluntary basis who are not currently in outpatient services and those consumers with the highest inpatient rates. Data from these reports will be taken to the NSMHA Hospital Inpatient Committee for discussion and recommendations.

The QMOC made the recommendation to prioritize inpatient utilization as one of six statewide Performance Indicators for inclusion in quality management activities. In addition, the Utilization Management sub-committee has proposed a goal of 10% reduction of inpatient bed days. One strategy for reduction is to improve the follow up of outpatient services following hospitalization.

9. Focus Area: Monitoring of delegated functions

The NSMHA continues to delegate inpatient authorization and continued stay review for inpatient services to Compass Health and monitors these processes through the administrative audit process. The NSMHA now does outpatient authorization and continued stay reviews for outpatient services due to Balanced Budget Act (BBA) requirements and has retained authorization of the Children's Hospitalization Alternative Program (CHAP).

IV. EXTERNAL MONITORS REPORTS, ACTIVITIES and RESULTS

A summary of activities, reviews, and results from external monitoring activities is presented below. Information about the statewide outcome system, although an external monitor report, was presented under Quality Improvement Strategies above, as it is an identified focus area on the NSMHA Quality Management Plan. For a complete list of external monitors activities and reports see Attachment B External Monitors and Reports.

A. External Quality Review Organization (EQRO) Review

The NSMHA received the final External Quality Review Organization (EQRO) review report, for the 2nd Biennial Quarter review by APS Healthcare, the External Quality Review Organization contracted by the Washington State Department of Social and Health Services Mental Health Division to meet Balanced Budget Act requirements. In addition, the statewide EQRO report has been completed. Results of the statewide report show that the NSMHA did well in the EQRO review process statewide. The NSMHA received the:

- Second highest overall mean score statewide
- Highest statewide scores for Enrollee Rights and Protection
- Highest statewide scores for Grievance System

The Mental Health Division requested a corrective action plan to address four items in the EQRO review. The four items requiring a corrective action plan are:

- Training staff and providers on liability for payment for consumers in the Medicaid Program.
- NSMHA assuring adequate capacity and services
- Verifying the accuracy and timeliness of data through encounter validation
- Monthly certification of data

The NSMHA has completed corrective action plans in response to these four areas. The NSMHA has also addressed all unsatisfactory areas for improvement.

B. Mental Health Division Certification Review

During the 3rd Biennial Quarter the Mental Health Division conducted the Regional Support Network Certification Review of the NSMHA. The NSMHA was found to be in substantial compliance with the

minimum requirements for RSN certification and was issued RSN certification for the period of July 1, 2005 through August 31, 2006. During the 3rd Biennial Quarter, the NSMHA worked to draft additional policies required for the certification review.

C. Statewide Performance Indicators

The NSMHA presented results from the Statewide Performance Indicator Reports to the QMOC and requested that the QMOC prioritize performance indicators for future quality management activities. A sub-committee of the QMOC reviewed the performance indicators and reported back to the QMOC.

The QMOC made the recommendation to prioritize the following six indicators for inclusion in all contracting, planning, and quality management efforts:

1. Medicaid Older Adult Penetration,
2. Medicaid Outpatient Utilization by Adults,
3. Inpatient Utilization,
4. Location of Service for Youth,
5. Co-Occurring Disorders, and
6. Employment Status of Adults.

As outlined above, the QMOC also recommended that providers survey consumers using the MHSIP questions, during the 4th quarter of 2005, in order to gain an additional snapshot of consumer's perception of their involvement in treatment. In addition, QMOC recommended that the performance indicator of expenditures per hour needs further internal review. The NSMHA will report back to QMOC about expenditures per hour during the 4th Biennial Quarter.

V. Areas Identified for Further Study and Review or Quality Improvement

The NSMHA continues to analyze and integrate data, identify system implications or trends and identify potential areas for quality improvement or further study and review through the NSMHA Internal Quality Management Committee (IQMC). IQMC also monitors quality improvement recommendations through to completion.

Recommendations from IQMC are then taken to the Regional Quality Management and Quality Management Oversight Committees (RQMC, QMOC). Areas identified for further study and review or quality improvement are summarized below.

A. Acute Care Management Issues Related to Service Provision for High Risk Consumers- Compass Health Snohomish County

A cluster of cases that involved acute care management issues were identified through a series of critical incidents that involved extreme acts of violence, lethality, or injury to a client or a victim of a client. Acute care management issues were also identified in utilization review of clinical records and a NSMHA grievance. Further review indicated that the majority of issues involved Compass Health in Snohomish County.

The acute care management issues explored as possible contributing factors are:

- Abrupt or frequent changes in case management
- Increase in intensity of services when warranted
- Outreach when consumer no showed, did not respond to telephone calls or phone visits

- Enforcement of Less Restrictive Court Orders when revocation may have prevented a crisis or prolonged decompensation
- Medication Management that matched consumer need
- Utilization of collateral contacts including family, partners, friends, etc.
- Addressing chemical dependency or illegal drug use
- Appropriate treatment planning and implementation

Acute care management has been identified as an area for quality improvement at Compass Health, Snohomish County. Several meetings with Compass Health and NSMHA have occurred and a corrective action plan is in process to address the concerns the identified concerns.

B. Region Wide Diagnostic Practice Standards

The NSMHA has instituted the practice of reviewing appeals that result in the reversal of the original denial decision by the region in order to ensure this new process is reliable, adheres to standards and identifies areas for potential quality improvement.

Based, in part, on this review and on information gathered through the denial review process, the NSMHA and providers have had discussions about the need for consistent diagnostic practices and consistent use of the Global Assessment of Functioning (GAF) scale during the assessment process.

In order to provide consistent, uniform and complete diagnosis the NSMHA and providers have adopted a set of practice standards for the diagnostic process, developed in consultation with the NSMHA Medical Director and the NSMHA Medical Director's Committee. These practice standards for the assessment process include:

- A full 5-axial DSM IV-TR diagnosis that contains diagnostic justification and a diagnostic rationale per DSM IV-TR criteria for all diagnoses cited, including Rule Out diagnoses, if any.
- All diagnoses cited must document the historical factors and longitudinal course of the consumer's disorder. The diagnostic justification should reflect a picture of the current illness over time, using the consumer interview and all available collateral information as substantiation of the diagnosis/diagnoses assigned.
- A brief written description of the psychosocial stressors noted on Axis IV and the numeric descriptor rated on Axis V. Give a brief rationale for the rating level.
- A brief description of all differential diagnoses considered and the rationale for why these diagnoses do not apply.
- If the individual is currently receiving mental health treatment or psychiatric medications, explain the basis for any differences in your assessments, especially if you are recommending the person not receive publicly funded mental health services at this time.

The NSMHA and providers will continue to work together to identify system implications related to the adoption of the new statewide Access to Care Standards and to ensure consistent regional application.

C. Development of “Continued Stay Re-Authorization Criteria” and “Criteria for Closing an Episode of Care-Planned Discharge from Treatment” Policies

As outlined in the previously in this report, the NSMHA Ombuds services received a series of complaints about discharge from outpatient services and raised this issue with the NSMHA Internal Quality Management Committee (IQMC). Based in part on complaints in this area, and in part on new BBA requirements the NSMHA identified the need for further study and review of the outpatient discharge process and the need for standardization of the outpatient discharge process.

As part of the review, NSMHA staff conducted a focused utilization review of 120 randomly selected, recently closed cases. The results showed that none of the cases had been closed against the wishes of the consumer. The NSMHA also requested that the NSMHA Medical Director’s Committee work to develop a policy to clarify transition processes for medication management services during the discharge process to ensure seamless transition to community providers.

The NSMHA and providers also began a sub-committee of the RQMC to clarify the procedures regarding the requirement to give consumers 30-day written notice before terminating services, evaluate continuing stay criteria and finalize reauthorization and discharge transition policies.

NSMHA Policy 1539 “Continued Stay Re-Authorization Criteria” and NSMHA Policy 1540 “Criteria for Closing an Episode of Care-Planned Discharge from Treatment” were drafted and approved by the RQMC. RQMC could not reach consensus regarding the policy and requirements for 30-day written notice and this issue has been referred to the Regional Management Council for review.

D. System Wide Training on Treatment Planning

The Utilization Management sub-committee made a recommendation to RQMC that region wide training regarding treatment planning is needed due to increasing requirements and expectations for the treatment planning process. The RQMC has approved the addition of training on treatment planning. A sub-committee of RQMC will meet to determine the components of the training.

VI. FOLLOW UP from PREVIOUS INTEGRATED REPORTS

A brief summary of follow up to items discussed in the previous integrated reports is presented below.

A. Residential Study

The residential transition study was added to the quality management plan and was summarized above under Quality Management Work Plan-Quality Assurance Strategies.

B. Compass Health Emergency Services Review

The Compass Health Emergency Services Review was completed during the 3rd Biennial Quarter. No further follow up is required by the NSMHA.

C. Mortality Review

The NSMHA Mortality Review Tool has been reviewed by the NSMHA Medical Director. The review is scheduled to begin during the 4th Biennial Quarter and has been identified as a Performance Improvement Project (PIP).

D. Trauma Services

In previous integrated reports, we reported that the NSMHA had formally established a Trauma Committee comprised of provider and NSMHA staff. Initial objectives completed by the Trauma Committee included:

- The development and implementation of 3 trauma pilot projects, (Skagit, Whatcom, and Snohomish Counties)
- Developing recommendations for trauma screening during the assessment process,
- Drafting clinical practice guidelines for adults

Although the trauma disorder work group has ended, there is the need for continued focus in this area. The Regional Quality Management Committee (RQMC) will continue to work to increase the access to and quality of services for those with trauma-based disorders.

The recommendations for trauma screening and clinical practice guidelines for adults will be presented to the RQMC. The RQMC will also review the outstanding objectives of the trauma committee to determine the need for continued development. These objectives include developing clinical practice guidelines for children, working towards identifying outcome measures and keeping apprised of updates about the pilot projects and use of screening tools during the assessment process.

VII. SUMMARY of QUALITY MANAGEMENT PLAN CHANGES

In response to Center for Medicaid and Medicare Services (CMS) and EQRO requirements, there have been changes to the quality management plan over the course of the biennium. Some items on the quality management plan have been eliminated in order to allow the NSMHA to take on these new requirements.

The residential transition study was added to the quality management plan. QMOC has endorsed the Mortality Review and the encounter validation project and these will be added to the quality management work plan.

The NSMHA also recommends that clinical practice guidelines be added to the quality management work plan as the RQMC developed two new clinical practice guidelines for Dementia and ADHD during the 3rd Biennial Quarter and the NSMHA is required to develop two new clinical practice guidelines each year.

As outlined in previous reports the focused Supervised Living Review and Jail Reviews were eliminated from the quality management plan. The Evaluation and Treatment Facility Reviews were postponed to 4th Biennial Quarter. The QRT activities for the 3rd Biennial Quarter were postponed due to staff changes and the QRT objectives will need to be reconfigured.

VIII. WHERE WE GO FROM HERE?

In July 2005, the NSMHA will begin the process of developing the 2006-2007 Quality Management Plan. The NSMHA will outline a process to solicit input from a variety of stakeholders.

As outlined above, the QMOC made recommendations to prioritize key Statewide Performance Indicators in future contracting, planning, and quality management efforts. It is anticipated the Statewide Performance Indicators will become increasingly integrated in to the NSMHA quality management plan.

.The NSMHA will begin preparation for the EQRO review. The NSMHA will also begin preparation for new MHD contract requirements and the new Request for Qualifications (RFQ) process required by Engrossed Second Substitute House Bill 1290.

The NSMHA anticipates that the quality management initiatives outlined in the RFQ process will influence the NSMHA Quality Management Plan and quality and utilization management activities over the course of the next biennium.

The NSMHA will also continue its planning efforts to investigate Evidenced Based Practices and will begin the strategic planning process for the NSMHA 2006 through 2009 Strategic Plan.

ATTACHMENT A

NSMHA QUALITY MANAGEMENT REPORTS and COMMITTEES

QUALITY MANAGEMENT REPORTS

- NSMHA Complaint, Grievance, Appeal and Fair Hearing Report-October 1, 2004 through March 31, 2005
- NSMHA Critical Incident Review Report-July through December 2004
- NSMHA Critical Incident Review Report-January through March 2005
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Management System Monitoring Report-Catholic Community Services-NW June 15, 2005
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Management System Monitoring Report-Compass Health-June 15, 2005
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Management System Monitoring Report-bridgenways-June 15, 2005
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Management System Monitoring Report-Whatcom Counseling and Psychiatric Clinic-May 2, 2005
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Management System Monitoring Report-Sea Mar-March 22, 2005
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Monitoring Report Lake Whatcom Residential Treatment Center 11/04
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Monitoring Report Snohomish County Human Services – ITA and Mental Health 6/04
- NSMHA 2nd BQ 2004 Integrated Report

QUALITY MANAGEMENT COMMITTEES

- NSMHA Quality Management Oversight Committee (QMOC)
- NSMHA Regional Quality Management Committee (RQMC)
- NSMHA Internal Quality Management Committee (IQMC)
- NSMHA Integrated Crisis Response System Committee (ICRS)
- NSMHA Regional Medical Directors Committee
- NSMHA Critical Incident Review Committee (CIRC)
- NSMHA Hospital Inpatient Committee
- NSMHA Utilization Management Sub-Committee
- NSMHA Training Committee
- NSMHA Consumer Information System (CIS) Committee
- NSMHA Regional Management Council

ATTACHMENT B

EXTERNAL MONITERS and REPORTS

- Washington State PIHP External Quality Review Report 2004
- NSMHA External Quality Review Report 2004
- Certification Review through the Mental Health Division
- Statewide Performance Indicator Reports
- Statewide Outcomes System through Telesage
- Mental Health Statistics Improvement Program (MHSIP) Survey