

**North Sound Mental Health Administration**

**Quality Management Plan  
Integrated Report  
4th Biennial Quarter 2004-2005**

**(July through December 2005)**

## EXECUTIVE SUMMARY

### Integrated Report for 4th Biennial Quarter, July through December 31, 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.

#### 4th Biennial Quarter-STRENGTHS and ACCOMPLISHMENTS IDENTIFIED

- Successful completion of the Request For Qualifications (RFQ) process
- Completion of the Clinical Eligibility and Care Standards, Complaint, Grievance, Appeal, and Fair Hearing Policies, and other new or expanded policies required by Mental Health Division Contract, Balanced Budget Act (BBA), and RFQ process
- Completion of the 2006-2007 Quality Management Plan, 2006-2009 Strategic Plan, and update of the Tribal 7.01 Plan
- Successful transition of the inpatient certification process from Compass Health to the Volunteers of America
- Continued progress towards data driven decision-making in utilization and quality management processes (Complaints, Grievances, Denials, and Appeals, Critical Incidents, utilization record reviews, Information System (IS) reports, and State-wide Performance Indicator Reports)
- Successful management of the Western State Hospital Census---The NSMHA census remains the one of the lowest per capita state-wide
- Successful resolution of the majority of consumer complaints at the provider level

#### 4th Biennial Quarter-QUALITY MANAGEMENT PLAN ACTIVITIES and RESULTS

- The NSMHA completed the Volunteers of America Administrative, Fiscal, Clinical and Quality Contract Audit during the 4<sup>th</sup> Biennial Quarter
- The NSMHA and providers continue to monitor and trend Complaints, Grievances, Appeals, Denials, Fair Hearings and Critical Incidents and incorporate this information into quality management processes.
- The NSMHA Authorization for Outpatient Services process has continued to develop efficient processes. There were no appeals during this period.
- The NSMHA and Integrated Crisis System Response (ICRS) Committee continues to work on NSMHA region wide crisis system policies.
- The NSMHA has four ongoing Performance Improvement Projects (PIPs) as required by the Balanced Budget Act

#### 4th Biennial Quarter-EXTERNAL MONITORS ACTIVITIES, REPORTS and RESULTS

- The NSMHA successfully completed the Request for Qualifications Process with a score of 83% and three areas for corrective action.
- The NSMHA and providers participated in the annual External Quality Review Organization (EQRO) desk audit .We anticipate a draft report on these activities in March 2006.
- The six Statewide Performance Indicators prioritized by QMOC were included as objectives in the 2006-2007 Quality Management Plan

#### AREAS IDENTIFIED for FURTHER STUDY and REVIEW or QUALITY IMPROVEMENT

- Further Study and Review Medication Managements Services-*access to and discharge from these services*
- Further Study and Review of the Processes Used to Gather Information and Records during the Access Process-*From the initial call to access through the assessment process in light of the need to establish eligibility for services within a short time frame*
- Continued Focus on Broad and Consistent Reporting of Complaints and Increased Reliability of Complaint Reporting

#### FOLLOW UP from PREVIOUS INTEGRATED REPORTS

- Acute Care Management Issues Related to Service Provision for High Risk Adult Consumers-Compass Health, Snohomish County-*Compass Health's Corrective action plan was approved by the region*
- Region Wide Diagnostic Process Standards *have been implemented*
- NSMHA Policy 1546.00 "Medication Management Transfers to Primary Care Providers *was completed*
- Trauma Services-*The NSMHA and providers continue to work to increase the access to and quality of trauma services*
- Mortality Review-*Clinical record reviews were begun in the 4<sup>th</sup> Biennial Quarter*
- The Residential Study *was completed*

#### 1st BIENNIAL QUARTER 2006-2007 MAJOR INITIATIVES

- Implementation of Request For Qualifications (RFQ) requirements and new MHD contract requirements
- Transition of the region wide Access System from Compass Health to the Volunteers of America
- Implementation of the 2006-2007 Quality Management Plan goals and objectives
- Completion of the Mortality Review component of PIP #3.

## **I. INTRODUCTION and PURPOSE**

This is the North Sound Mental Health Administration (NSMHA) Quality Management Plan Integrated Report for the 4th 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 and accomplishments identified during the 4th Biennial Quarter 2005.
- ⇒ Provide a summary of 4th Biennial Quarter 2005 NSMHA Quality Management Plan Activities and Results
- ⇒ Provide a summary of external monitors' activities, reports, and results.
- ⇒ Outline areas identified for further study and review, development, or quality improvement.
- ⇒ Provide follow up from previous Integrated Reports.
- ⇒ Summarize what we feel we have learned and recommendations for continuous quality improvement as the Quality Management Work Plan is implemented during the 1st Biennial Quarter 2006-2007.

## **II. STRENGTHS and ACCOMPLISHMENTS IDENTIFIED DURING the 4th BIENNIAL QUARTER 2005**

There were many NSMHA and provider strengths identified during the 4th Biennial Quarter. Highlights of these strengths include:

- ⇒ Successful completion of the Request for Qualifications (RFQ) process
- ⇒ Completion of the Clinical Eligibility and Care Standards and other policies required by Mental Health Division Contract, Balanced Budget Act (BBA), and the RFQ process
- ⇒ Completion of the 2006-2007 Quality Management Plan, 2006-2009 Strategic Plan, and update of the Tribal 7.01 Plan
- ⇒ Successful transition of the inpatient authorization process from Compass Health to the Volunteers of America
- ⇒ Continued progress towards data driven decision-making in utilization and quality management processes (Complaints, Grievances, Denials, and Appeals, Critical Incidents, utilization record reviews, Information System (IS) reports, and State-wide Performance Indicator Reports)
- ⇒ Successful management of the Western State Hospital Census---The NSMHA census remains the one of the lowest per capita state-wide
- ⇒ Successful resolution of the majority of consumer complaints at the provider level

### III. SUMMARY of 4th BIENNIAL QUARTER QUALITY MANAGEMENT PLAN ACTIVITIES and RESULTS

A summary of quality management plan activities and/or results during the 4th Biennial Quarter is presented by the three Quality Management Plan sections below. (For a complete list of NSMHA quality management reports and committees see Attachment A). The three areas are:

- A. Quality Management Work Plan-Quality Assurance Strategies
- B. Quality Management Work Plan-Quality Improvement Strategies
- C. Quality Management Plan- Utilization Management Plan

#### A. Quality Management Work Plan-Quality Assurance (QA) Strategies

##### 1. QA Strategy-Administrative Audits

The NSMHA completed the administrative audit of Volunteers of America in the 4<sup>th</sup> Biennial Quarter. The Whatcom County Human Services audit was postponed due the RFQ process.

A summary of the findings and administrative audit record review scores for the 2004-2005 quality management plan administrative audits are presented in Tables 1 and 2 below. It should be noted that the administrative audit reports also highlighted many strengths for each provider as well as recommendations. The NSMHA requests and approves corrective action plans to address all findings noted in the audits and will conduct a re-review of the clinical records at bridgeways and Sea Mar in 2006.

PROVIDER	Compass	CCSNW	WCPC	Sea Mar	<i>bridgeways</i>	Lake Whatcom Center	Sno County	VOA
Documentation Score	94%	96%	92%	86%	87%	97%	NA	NA

Findings *Indicates Repeat Finding	PROVIDER							
	Compass	CCSNW	WCPC	Sea Mar	<i>bridge ways</i>	Lake Whatcom Center	Sno. County	VOA
Supervision	✓	✓		✓			✓ *	
Performance Evaluations	✓ *				✓			
Credentialing				✓				
Training				✓				
Quality Management	✓✓			✓	✓		✓ *	✓
Policies		✓✓	✓	✓				✓
Access	✓			✓				
Care Management				✓				
Treatment Planning				✓				
High Intensity Treatment	✓							
Consumer Rights Postings	✓							
<b>Total</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>

##### 2. QA Strategy-Performance Improvement Projects

The NSMHA must maintain four Performance Improvement Projects (PIPs) (two are statewide and defined by the Mental Health Division). During the 4<sup>th</sup> Biennial Quarter the fourth Performance Improvement Project was identified. All four Performance Improvement Projects have been

submitted to the EQRO as part of their annual review and are included on the 2006-2007 Quality Management Plan. A summary of Performance Improvement Projects is presented below:

#### **PIP 1-Consumer Satisfaction with Participation in Treatment Planning**

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

The NSMHA has incorporated additional data sources to measure consumer satisfaction with participation in treatment planning. The NSMHA's review of the data sources indicates that consumers are in general satisfied with their participation in treatment planning.

During the 4<sup>th</sup> Biennial Quarter, NSMHA providers administered a short survey developed by the Quality Management Committee in order to gain additional real time data of consumer's perception of their involvement in treatment (recommendation by QMOC). Following the collection of this survey data it will be reviewed at QMC and QMOC in order to determine whether further quality improvement activities in this area would be beneficial and whether to continue this performance indicator project.

#### **PIP 2-Improving Data Quality**

The second statewide PIP is improving data quality. Accurate and timely data is needed for system management and planning at all levels of the system. The focus of this Performance Improvement Project is accurate and timely submission of certain encounter transactions to the Mental Health Division.

This Performance Improvement Project has been successful and resulted in 100% submission of the identified data to the Mental Health Division. The NSMHA will review the need to continue this Performance Improvement Project in 2006.

#### **PIP 3-Mortality Review**

The third PIP is the Mortality Review of deaths reported through the critical incident reporting process. The focus of the review is on those 50 and younger that die from natural causes, accident, illness, injury or where the cause is unknown.

The purpose of the review is to further study these deaths to see what we can learn about these deaths and to identify any contributory factors. The data source for this Performance Improvement Project is clinical record reviews using a specific tool.

The record review began during the 4<sup>th</sup> Biennial Quarter of 2005, and will serve as baseline information for the project. Following completion of the record review, the NSMHA will outline any themes or common factors found, and identify areas for further study and review, planning, or quality improvement. .

#### **PIP 4-Restraint/Seclusion at Evaluation & Treatment Facilities**

The fourth PIP, Restraint/Seclusion at Evaluation & Treatment Facilities, was approved during the 4<sup>th</sup> Biennial Quarter. The focus of this project is to study how consumers' safety can be improved while in restraint and/or seclusion and how the use of restraint and/or seclusion can be minimized at the Evaluation and Treatment Facilities.

### **3. QA Strategy-Residential Transition Study (Addition to 2004-2005 Quality Management Plan)**

As outlined in the last report, a residential transition study was added as a quality assurance strategy to the quality management work plan, to study the impact on consumers who were involved in residential changes due to CMS regulations regarding residential facilities.

The NSMHA completed an Information System (IS) study that examined the outcomes for the consumers before and after the residential changes occurred. The results of the IS study did not show significant differences in outcomes for the consumers impacted by the residential changes.

#### **4. QA Strategy- Tribal 7.01 Plan**

The NSMHA completed the yearly update of the Tribal 7.01 Plan.

#### **5. QA Strategy-Evaluation and Treatment Facility Review**

The Evaluation and Treatment Facility Review scheduled for the 4<sup>th</sup> Biennial Quarter was postponed until 2006 and has been incorporated into the 2006-2007 Quality Management Plan.

### **B. Quality Management Work Plan-Quality Improvement (QI) Strategies**

The quality management plan identified six focus areas for quality improvement during 2004-2005. Activities and/or results for the 4th Biennial Quarter are presented by focus area below.

#### **1. QI Focus Area: Consumer Satisfaction**

##### **a. Complaints, Grievances, Denials, Appeals, and Fair Hearings**

Information about complaints, grievances, and fair hearings and more recently denials and appeals is a central and key component in the NSMHA quality management system. The NSMHA has also seen a clear evolution in how providers utilize complaint and grievance data in their internal quality management processes.

Single complaints, grievances, or appeals with system implications, clusters or patterns of complaints grievance, or appeals, and/or aggregate data are used to generate quality improvement activities or identify areas for further study and review.

The NSMHA has collected and maintained data on complaints, grievances, and fair hearings since 1999. The NSMHA has also begun to collect and maintain data about denials and appeals.

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.

During the 4<sup>th</sup> Biennial Quarter, the NSMHA revised the Complaint, Grievance, Appeal, and Fair Hearings Policies and Procedures to comply with new MHD contract requirements, to further implement Balanced Budget Act requirements, and to comply with requirements outlined in the RFQ process. In 2006, work will begin to provide training and develop processes for implementation of the new policies.

The NSMHA also continues to provide reports about complaints, grievances, appeals, denials, 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. The

NSMHA and Ombuds services are continuing to work to integrate information from Ombuds reports into the NSMHA reports, for increased efficiency and to streamline the process.

The latest Complaint, Grievance, Appeal, Denial, and Fair Hearing Report was not presented to QMC and QMOC until January of 2006 due to delays by the Mental Health Division. Therefore the data from this report will be presented in the next Integrated Report.

The quality management plan goal of resolving complaints at the lowest level has largely been maintained over the 2004-2005 quality management plan cycle. There have been few requests for state fair hearings and the majority of complaints are resolved at the lowest possible administrative level (provider).

### **1). Quality Management Recommendations**

The NSMHA quality management committees reviewed the complaint and grievance report from the previous reporting period (October 2004 through March 2005). The following quality management activities or recommendations were approved:

#### **➤ Medication Management Services**

The recommendation is for further study and review of medication management services, including access and triage to medication management services and discharge from medication management services.

(As noted in the previous reports, the NSMHA Ombuds services identified consumer concerns about access to prescribers and medication management services and discharge from medication management services and the number of complaints in this category have shown an increase over time).

#### **➤ Access Processes**

The recommendation is for further study and review of the processes used to gather information and records during the consumer access process (from the initial call to access through the assessment process). This recommendation was made in light of the need to establish consumer eligibility for services within a short time frame with the goal of maximizing the potential for complete information when establishing consumer eligibility for services.

#### **➤ Reporting of Complaints by Providers**

The recommendation is to continue to encourage broad and consistent reporting of complaints by providers (including emergency services complaints and complaints about services to children)

#### **➤ Increased Reliability in the Reporting Process**

The recommendation is for training by Ombuds Services on their use of the complaint type categories as a first step to work towards increased reliability in the reporting process. Ombuds services provided this initial training to the Regional Quality Management Committee in the 4<sup>th</sup> Biennial Quarter 2005.

### **2). Quality Improvement Efforts**

Information about complaints, grievances, denials and appeals has been one factor in quality improvement efforts by the NSMHA and providers towards:

- Providing trauma based services

- Assuring staff is trained on Dignity and Respect as well as Consumer Rights.
- Creating policies to standardize the outpatient discharge process
- Creating the Medication Management transfer Policy to ensure seamless transition for consumers when their medication management services are transitioned from the mental health system to community prescribers
- Adopting a region-wide set of standards for the diagnostic process, during outpatient assessments, to ensure consistent regional application of consumer eligibility standards outlined in the statewide Access to Care Standards.
- Identifying acute care management issues related to service provision for high risk consumers at Compass Health in Snohomish County - (see section VI 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.

A review of the most recent State Wide Performance Indicator Report shows that NSMHA consumers, youth, and parents/caregivers perception of the quality and appropriateness of services in the NSMHA were above the state average in the latest State-Wide Performance Indicator Report reporting cycle (FY2004 for adults and FY2005 for youth)

**c. Quality Review Team-Satisfaction Survey and Allied Systems Survey**

The Quality Review Team satisfaction survey and allied systems survey were postponed due to staff turnover and a change in the QRT FTE, and have been incorporated into the 2006-2007 Quality Management Plan.

**2. QI Focus Area: Outcomes**

**a. Statewide Consumer Outcomes System through Telesage**

NSMHA providers continued to implement the statewide consumer outcomes system through Telesage. Ongoing review of consumer outcome data has been incorporated into the 2006-2007 Quality Management Plan.

**b. Critical Incidents**

Information about critical incidents is a central and key component in the NSMHA quality management system. 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 critical incident reports every six months to the NSMHA Board of Directors, county coordinators, and NSMHA quality management committees.

During the 4<sup>th</sup> Biennial Quarter the NSMHA has also revised the Critical Incident Policy and reporting from to include new Mental Health Division media reporting requirements.

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.



The NSMHA has maintained critical incident data since 2000. Critical incident reporting showed a consistent decrease for the last 2 years from July 2003 through June 2005.

Although the overall number of reported incidents has continued to decrease, a review of quarterly data (since July 2003) shows that there has been a significant increase in critical incident reporting for the first quarter of each year and a greater number of deaths reported for the first quarter of each year.

### **1). Quality Improvement Recommendations**

The NSMHA quality management committees reviewed the Critical Incident Report from January through June 2005. The following quality management activities or recommendations were approved:

- **Performance Improvement Project # 4  
Seclusion/Restraint at Evaluation and Treatment Facilities**  
The use of Restraint/Seclusion at North Sound Evaluation and Treatment Facilities as a Performance Improvement Project - The focus of this project is to study how consumers' safety can be improved while in restraint and/or seclusion and how the use of restraint and/or seclusion can be minimized at the North Sound Evaluation and Treatment Facilities.
- **Policy Review and Revision at Evaluation and Treatment Facilities**  
Policy review and revision to include increased standards in E & T admission criteria, nursing assessments, and seclusion and restraint policies for the purpose of increasing positive consumer health and safety outcomes. These policies have been completed and are in effect. Collaborative efforts by NSMHA and Compass Health to educate hospital Emergency Rooms about the new admission criteria have been well-received and planned to be continued.

### **2). Quality Improvement Efforts:**

Information about critical incidents has been one factor in quality improvement efforts by the NSMHA and providers 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 VI below).
- The identification of the Mortality Review one of the four Performance Improvement Projects

### **3. QI Focus Area: Risk Management**

The NSMHA continues to maintain current Coordinated Quality Improvement Program (CQIP) status with the State of Washington Department of Health. CQIP status allows the NSMHA to protect certain quality management information from court proceedings.

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. The IQMC information is protected under CQIP status.

Compass Health has indicated plans to apply for CQIP status, which will serve as a pilot project for providers in the region.

### **4. QI Focus Area: Training**

The NSMHA Regional Training Committee continued to meet during the 4th Biennial Quarter and oversee the regional training plan. A survey was completed by provider leadership and managers to give input about how the North Sound Mental Health Administration Regional Training Plan for 2004-2005 can be improved. Following the collection of this survey data, the Regional Training Committee will update the regional training plan.

A Tribal training module has been completed and will be incorporated into the new training plan. A training module on PTSD is in development, and a treatment planning training module is planned for development. Once completed, these training modules will also be incorporated into the new training plan.

### **5. QI 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 4th Biennial Quarter the committee has continued to develop and revise a NSMHA set of region wide crisis service policies.

Policies approved during the 4<sup>th</sup> Biennial Quarter include NSMHA Policies #1701.00 Crisis Respite Standards for Adults, #1702.00 ICRS Outreach Safety Screening, Pre- and Post-Dispatch to an Unstaffed Location, #1703.00 Duration of Crisis Services, #1704.00 Crisis Services - General Policy, #1705.00 Domestic Violence Screening/Assessment and #1707.00 Crisis System Clinical Dispute Resolution

The NSMHA ICRS Committee also began work on crisis services access and shift change policies. Due to the change from less restrictive court orders to conditional releases by Western State Hospital, the less Restrictive Court Order Policy and training module are not yet completed.

In addition, the ICRS committee began development of the policy and procedures for the Integrated Crisis Response and North Cascade Secure Detox Pilot, which was awarded to the region in July 2005.

## **C. Quality Management Plan- Utilization Management Plan**

As outlined in the last report 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 2004-2005 utilization management work 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.

We will provide a brief summary of these focus areas below:

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

As outlined in the last report 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.

Utilization record reviews do currently capture whether or not the first appointment was offered within 10 business days of the initial request for service. A review of utilization record review data shows that this standard is currently being met. The NSMHA will continue to monitor access timelines through the utilization record review process.

**2. UM 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, since implementation in June 2004. The overall number of denials and denial requests has declined. For July through December 2005 the NSMHA agreement with provider requests for denial also declined.

A review of the data also shows that the vast majority of consumers who apply for outpatient mental health services are found eligible for services and are authorized to receive outpatient services. The NSMHA has begun to collect and is in the process of refining information that reflects the percentage of denials per authorization.

The NSMHA continued to work to achieve a 90% benchmark of agreement with denial requests by providers. The NSMHA will continue to monitor this area through Denial Review Reports and inform IQMC and RQMC of the results.

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

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

The NSMHA continues to review and analyze required hospital follow up services and inpatient recidivism through utilization record reviews and (CIS) data. These UM focus areas have been included in the 2005-2006 Quality Management Plan.

**5. UM Focus Area: Overall Service Utilization**

The NSMHA has done 1287 utilization reviews on clinical records. For July through December 2005, 451 records were reviewed. During this period, in 52% of charts reviewed, consumers received services that met NSMHA utilization review standards. In 48% of the reviews, the NSMHA requested changes in Treatment Plan, Diagnosis, or Eligibility.

The highest number of requested changes continued to be 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. During the 4<sup>th</sup> Biennial Quarter, a corrective action plan was requested from some providers regarding utilization reviews, due to an increase in requests for changes in these areas. These plans are due to NSMHA February 1, 2006.

The NSMHA continued to work to achieve a 90% benchmark of records reviewed without changes requested by the NSMHA. The NSMHA and providers will evaluate these benchmarks in the 1st Biennial Quarter 2006.

The NSMHA plans to continue monitoring this area through utilization reviews, inform QMC and QMOC of the results, and assess additional strategies to assist providers in reaching the standards. The NSMHA continues to refine CIS reports in this area and is also revising the MATCH program policy and developing a corresponding utilization tool which will be presented to QMC and QMOC during the 1<sup>st</sup> Biennial Quarter 2006.

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

Location of outpatient services to children and youth was prioritized by QMOC as one of six Statewide Performance Indicators for quality improvement and has been incorporated into the 2006-2007 Quality Management Plan. Specific Funding was provided to the Associated Provider Network APN in the State contract to address this goal and we are awaiting their plan.

#### **7. UM Focus Area: Crisis Services**

Information System (IS) reports for location of crisis services, dispatch time for crisis services, in-home stabilization services, and out of home crisis respite services were identified as a utilization management plan focus area on the 2004-2005 Quality Management Plan.

During the 4<sup>th</sup> Biennial Quarter work was done to continue to refine reports regarding the dispatch time for crisis services. The ICRS Committee continued to review and refine these reports with the focus of reducing data errors. Review of these reports showed that dispatches that were greater than 2 hours decreased during the 4<sup>th</sup> Biennial Quarter.

#### **8. UM Focus Area: Hospital Utilization**

The NSMHA developed a hospital inpatient reduction work group as a request from the Utilization Management Sub-committee to review hospitalization utilization. The work group met throughout the 4<sup>th</sup> Biennial Quarter, 2005 to begin addressing inpatient utilization. This sub-committee will complete a report on utilization trends in the first Biennial Quarter 2006.

The UM focus area of hospitalization utilization was prioritized by QMOC as one of six Statewide Performance Indicators for quality improvement, has been incorporated in the 2006-2007 Quality Management Plan, with a preliminary goal to decrease inpatient usage by 10%.

#### **9. UM Focus Area: Monitoring of delegated functions**

The NSMHA continues to delegate inpatient authorization and continued stay review for inpatient services and monitors this process through the administrative audit process. During the 4<sup>th</sup> Biennial Quarter the inpatient authorization process was successfully transitioned from Compass Health to the Volunteers of America.

The NSMHA continues to delegate the region wide Access System. During the 1<sup>st</sup> Biennial Quarter of 2006 the Access System will be transitioned from Compass Health to the Volunteers of America.

### **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 consumer 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 (2004-1005).

Information from the Mental Health Statistics Improvement Project (MHSIP) Survey, although also an external monitor report, was presented under the quality improvement focus areas of consumer satisfaction and quality assurance area of Performance Improvement Projects.

#### **A. Request for Qualifications (RFQ)-Engrossed Second Substitute House Bill 1290**

The NSMHA completed the Request for Qualifications (RFQ) process during the 4<sup>th</sup> Biennial Quarter. The NSMHA was also required to complete new and expanded policies and procedures required by the RFQ process.

The NSMHA was one of 8 out of 14 RSNs that received substantial compliance in the Request for Qualifications process. The NSMHA received an overall score of 83.18 which is above the required score of 70. The NSMHA was found not in compliance with:

- Access
- Clinical Guidelines
- For Title XIX Enrollees-Special Information Questions

The NSMHA anticipates there will be a corrective action process outlined to correct these areas. The NSMHA will also need to begin implementation of the new or expanded requirements during the 1st Biennial Quarter 2006.

#### **B. External Quality Review Organization (EQRO) Review**

The NSMHA and providers participated in the annual External Quality Review Organization (EQRO) review during the 4<sup>th</sup> Biennial Quarter. The reviews are conducted 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.

The NSMHA anticipates receiving the results of the review during the first Biennial of 2006.

#### **C. Mental Health Division Contracts**

The NSMHA completed contracts with the Mental Health Division (MHD) during the 4<sup>th</sup> Biennial Quarter. The contracts with the mental Division have now been broken out into PIHP and State Only contracts. The NSMHA will begin a new contracting process with the Mental Health Division in 2006 which will incorporate all new RFQ requirements.

#### **D. Statewide Performance Indicators**

The NSMHA QMOC recommended prioritizing 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-Home, School and other,
5. Co-occurring Disorders, and
6. Employment Status of Adults

All six indicators were integrated into the 2006-2007 Quality Management Plan during the 4<sup>th</sup> 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). Recommendations may also be generated by the Regional Quality Management and Quality Management Oversight Committees (RQMC, QMOC).

The NSMHA continues to strive to integrate data and quality management information from multiple sources to identify overarching areas and priorities for further study and review and quality improvement at all levels of the system. Areas for further study and review or quality improvement may be region wide, county wide, provider wide or more focused on particular programs.

Areas identified for further study and review or quality improvement during the 4<sup>th</sup> Biennial Quarter are summarized below.

**A. Further Study and Review of Medication Management Services**

(Including access and triage to medication management services and discharge from medication management services)

**B. Further Study and Review of the Processes Used to Gather Information and Records during the Access Process**

(From the initial call to access through the assessment process in light of the need to establish eligibility for services within a short time frame)

**C. Continued Focus on Broad and Consistent Reporting of Complaints and Increased Reliability of Complaint Reporting**

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

As outlined in the last report, 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. Acute care management were identified as an area for quality improvement at Compass Health, Snohomish County.

*Update: Compass Health submitted a Corrective Action Plan to address these issues. The Corrective Action Plan (CAP) was approved by the NSMHA during the 4<sup>th</sup> Biennial Quarter. Compass Health will be conducting a review process as part of the CAP in 2006.*

**B. Region Wide Diagnostic Practice Standards**

As outlined in the last report the NSMHA has instituted the practice of reviewing appeals that result in the reversal of the original denial decision by the region. Based, in part, on this review the NSMHA and providers adopted a set of practice standards for the diagnostic process designed to provide consistent, uniform and complete diagnosis during the assessment process.

*Update: The providers have implemented the diagnostic practice standards. The NSMHA has seen an increase in the consistency and quality of the diagnostic formulations used in the assessment process. The NSMHA and providers continue to evaluate the consistency of the diagnostic formulation during the assessment process to ensure consistent regional application of eligibility standards outlined in the statewide Access to Care Standards.*

### **C. Outpatient Discharge Process**

As discussed previously in this report, the NSMHA outlined the need for standardization of the outpatient discharge process (based in part on Ombuds services complaints from consumers and in part on new requirements).

As also discussed:

- The NSMHA and providers completed NSMHA Policy 1539 “Continued Stay Re-Authorization Criteria” and NSMHA Policy 1540 “Criteria for Closing an Episode of Care-Planned Discharge from Treatment”
- The NSMHA Medical Director’s Committee was in the process of developing a policy to clarify transition processes for medication management services during the discharge process to ensure seamless transition to community providers
- The RQMC could not reach consensus regarding the policy requirements for 30-day written notice of termination to consumers and this issue had been referred to Regional Management Council for review.

***Update:** NSMHA Policy 1546.00 “Medication Management Transfers to Primary Care Providers was completed. The Regional Management Council’s recommendations were approved by QMC.*

### **D. System Wide Training on Treatment Planning**

As outlined in the last report, due to increasing requirements and expectations for the treatment planning process, the RQMC approved the provision of region-wide training on treatment planning and decided a sub-committee of RQMC would meet to determine the components of the training.

***Update:** The RQMC workgroup was postponed until 2006.*

### **E. Trauma Services**

In previous reports, we reported that the NSMHA and providers established a trauma disorder workgroup and that although the workgroup has ended, 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.

***Update:** The Regional Quality Management Committee (RQMC) and Quality Management and Oversight Committee (QMOC) have approved the following recommendations:*

- *Adoption of the clinical guideline for Posttraumatic Stress Disorder (PTSD) for adults (pending final revisions)*
- *Use of the trauma screening tool when trauma is suspected or reported*
- *Completion of a NSMHA Regional Training Plan module for PTSD*
- *Invitations by QMOC to the three (3) trauma pilot projects to make presentations at future QMOC meetings under the topic “Quality in Action”.*

## **VIII. WHERE WE GO FROM HERE?**

The NSMHA will begin implementation of the 2006-2007 Quality Management Plan goals and objectives, Request For Qualifications (RFQ) requirements, and new MHD contract requirements during the 1<sup>st</sup> Biennial Quarter 2006.

The transition of the region wide access system from Compass Health to the Volunteers of America and the implementation of the Integrated Crisis Response and North Cascade Secure Detox Pilot, which was awarded to the region in July 2005, will also occur during the 1<sup>st</sup> Biennial Quarter.

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



## 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-January through June 2005
- NSMHA Administrative, Fiscal and Quality Assurance/Improvement Monitoring Report-Volunteers of America- 11-2, 2005
- NSMHA 3<sup>rd</sup> BQ 2005 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
- NSMHA Planning Committee

## ATTACHMENT B

### EXTERNAL MONITERS and REPORTS

- Washington State PIHP External Quality Review Reports
- NSMHA External Quality Review Reports
- Certification Review through the Mental Health Division
- Washington State Department of Social and Health Services  
State-Wide Publicly Funded Mental Health Performance Indicator Reports
- Statewide Outcomes System through Telesage
- Mental Health Statistics Improvement Program (MHSIP) Survey
- Request for Qualifications (RFQ) process required by Engrossed Second Substitute House Bill 1290.