



NORTH SOUND REGIONAL SUPPORT NETWORK

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

COMMITTEE MEETING PACKET

SEPTEMBER 18, 2002

QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSRSN region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- ◆ Help create an atmosphere that is SAFE.
- ◆ Maintain an atmosphere that is OPEN.
- ◆ Demonstrate RESPECT and speak with RESPECT toward each other at all times.
- ◆ Practice CANDOR and PATIENCE.
- ◆ Accept a minimum level of TRUST so we can build on that as we progress.
- ◆ Be SENSITIVE to each other's role and perspectives.
- ◆ Promote the TEAM approach toward quality assurance.
- ◆ Maintain an OPEN DECISION-MAKING PROCESS.
- ◆ Actively PARTICIPATE at meetings.
- ◆ Be ACCOUNTABLE for your words and actions.
- ◆ Keep all stakeholders INFORMED.

Adopted: 10-27-99
Revised: 01-17-01

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
SEPTEMBER 18, 2002
12:30 – 2:30**

AGENDA

			Time	Page #
1.	Open the meeting & comments from the Chair		5 minutes	
2.	Approval of July 2002 Minutes <small>Action Item</small>	Chair Byrne	5 minutes	3
3.	Reports			
A.	Quality Management Dept. Report <small>FYI and Discussion</small>	Ms. Klamp	10 minutes	5
B.	Access Review <small>Action Item</small>	Ms. Klamp	20 minutes	6
C.	Critical Incidents Review Committee <small>FYI and Discussion</small>	Mr. Page	15 minutes	7
D.	Clinical Treatment Guidelines <small>FYI and Discussion</small>	Mr. Long	20 minutes	8
E.	VOA Quality Management Plan <small>FYI and Discussion</small>	Ms. Kipling	30 minutes	16
F.	HIPAA Update <small>FYI and Discussion</small>	Ms. Klamp	10 minutes	17
4.	Other Business			
A.	Meeting Evaluation Results	Chair Byrne	5 minutes	
5.	Adjourn			

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
July 17, 2002
12:30 – 3:00**

MINUTES

Members Present:

Andy Byrne, Chair, member Board of Directors
Dan Bilson, NSRSN Advisory Board
Ian Brooks, NSRSN Advisory Board
Mary Cline, Compass Health
Chuck Davis, Ombuds
Melissa DeCino, QRT
Marcia Gunning, NSRSN Contracts/Fiscal
Wendy Klamp, Lead Quality Specialist
Rosemary Lea, APN
Terry McDonough, Quality Specialist
Mike Page, Quality Specialist
Michael S. White, NSRSN IS/IT
Gary Williams, County Coordinator

Members Not Present:

Charles Albertson, NSRSN Advisory Board
Claudia D'Allegri, Sea Mar
Sharri Dempsey, OCA/Tribal Liaison
Joe Johnson, member Board of Directors
Marie Jubie, NSRSN Advisory Board
Karen Kipling, Volunteers of America

Others Present:

Annette Calder
Kelly Foster
Greg Long
Debbie Page

1. Open the Meeting

Chair Byrne opened the meeting at 12:30 p.m.

2. Approval of Minutes

Chair Byrne asked if there were any changes to the minutes. Motion to approve as written, seconded, motion carried.

3. Reports

A. Quality Management Department Report

Wendy distributed the QM dept report for June and apprised the committee of activities to date. See Attachment A for additional information. Wendy was thanked for her report.

B. APN Quality Management Work Plan

Rosemary Lea provided the committee with a hand out and presented information of progress to date on the APN Quality Management Work Plan. Committee discussion followed. Refer to Attachment B for further information. Rosemary was thanked for her presentation.

C. Critical Incidents Policy & Procedure

Mike Page addressed the committee regarding the Critical Incident Policy and Procedure. He informed the committee that the NSRSN Advisory Board unanimously approved recommendation of the policy to the NSRSN Board of Directors. Copies of the policy and procedure as well as the reporting form were distributed. Committee discussion followed. See Attachment C for more information. A motion to recommend approval to the NSRSN Board of Directors, seconded, motion carried. Mike was thanked for his report.

D. Access Review

Wendy distributed the draft Access Review Study 2002. She thanked Terry McDonough and Linda Benoit, the Quality Specialists and Work Group members for all their help on this project. She provided the committee with an overview of this project from start to finish. Committee discussion followed. This item will be on the August agenda for approval by this committee. Refer to Attachment D for additional information. Wendy was thanked for her report.

E. Expanded Community Services

Debbie Page provided the committee with information on the Expanded Community Services program from the start to date. She said it is a wonderful program and 13 individuals are now able to live in the community with supports rather than in the hospital. Committee discussion followed. Debbie was thanked for her hard work on this project. Debbie added that Mike and Santiago also worked on this.

F. HIPAA Update

Wendy informed the committee of progress on HIPAA implementation since the last meeting. Committee discussion followed. Wendy was thanked for the information she shared with the committee.

4. Other Business

Chair Byrne asked that everyone complete the Meeting Evaluation Form and turn in to Annette prior to leaving.

5. Adjourn

The meeting was adjourned at 2:05 p.m.

Respectfully submitted,

Annette Calder

Please note: The attachments referenced herein were distributed at the meeting and are attached to the file copy as part of the official record. Please contact the NSRSN at (800) 684-3555 extension 230 with any questions, concerns or requests.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Management Department and QS report

PRESENTER: Wendy Klamp, NSRSN Lead Quality Management Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Summary of July and August activities of the Quality Management Department and QS staff

CONCLUSIONS/RECOMMENDATIONS:

- ✓ A summary of Quality Management Department activities will be given to the QMOC on a monthly basis

TIMELINES:

- ✓ Ongoing

ATTACHMENTS:

- ✓ None

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Access Review of APN Call Center and Sea Mar

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ NSRSN, APN, Compass Health and Sea Mar staff met in March to begin planning a review of the APN Call Center and Sea Mar's Access system. The review focused on
 - Determining whether the call process at the APN Access Call Center and Sea Mar is consistent with established agency policies,
 - Determining customer satisfaction levels for this discrete service area for a specific time period, and
 - Ensuring that services are in accordance with all NSRSN standards of care, contracts, and mandates.
 - Determining allied systems' satisfaction with Access Call Centers at APN and Sea Mar
- ✓ Review Components included analysis of existing data, process observation, customer satisfaction surveys, test calls, stakeholder satisfaction surveys, an analysis of QRT/Ombuds complaints and interviews/questionnaires with APN Call Center and Sea Mar management staff.

CONCLUSIONS/RECOMMENDATIONS:

- ✓ Overall results indicate that most consumers feel the APN Call Center and Sea Mar Access staff are helpful, knowledgeable and professional and do a good job of connecting consumers who are eligible for services. NSRSN staff that observed test calls felt APN Call Center and Sea Mar Access staff consistently followed agency policies regarding Access to Care and were respectful, fair and courteous to consumers. NSRSN staff did have some specific questions regarding clarification of consumer eligibility criteria utilized by the APN Call Center, however.
- ✓ The majority of mental health system stakeholders who responded to survey questions concerning the Access process indicated they are unclear about system eligibility criteria and feel getting consumers whom they refer for services connected to the mental health system is a frustrating and ambiguous process at times.
- ✓ Issues raised by NSRSN staff and stakeholders will be addressed in the "Quality Improvement Plan Resulting from the Access Review." This Plan is included in the Access Review Report, pp.11&12.

TIMELINES:

- ✓ As identified in the "Quality Improvement Plan Resulting from the Access Review" referenced above

ATTACHMENTS:

- ✓ NSRSN Access Review Report

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Critical Incident Data Report, Year 2001

PRESENTER: Mike Page, CIRC, NSRSN

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Critical Incident data from the year 2001 is compared to that from year 2000.

CONCLUSIONS/RECOMMENDATIONS:

- ✓ A major increase in agency reporting is evident. Review of reported incidents is spotty, with some agencies heartily embracing review, with others offering very little.

TIMELINES:

- ✓ On-going

ATTACHMENTS:

- ✓ Data reports for 2000 and 2001 are available in the meeting room. Critical Incident numbers specific to APN agencies, and Counties, are noted.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Clinical Treatment Guidelines

PRESENTER: Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ The NSRSN's Quality Specialists have reviewed the King County Clinical Guidelines. Their unanimous opinion was supportive of moving towards adopting similar guidelines. Their believe is that it would help to assure consistency and quality in treatment without being overly burdensome on consumers.

- ✓ The NSRSN has met with APN staff and reached the following agreements:
 - We agreed that the King County Guidelines are basic guidelines and a beginning point.
 - We both know that the State of Washington will have to be developing treatment guidelines in the next 2-3 years. The form and detail is unclear. By experimenting with our own, we can influence this process.
 - The APN system is feeling pressured by all the changes--Raintree Implementation, DDD project, ECS, etc.
 - APN will start circulating the King County Guidelines to DSOC and your clinicians
 - DSOC would discuss the guidelines and give feedback on them-problems, impacts, etc.
 - After January 2003, the NSRSN would convene a workgroup to review the guidelines with the intention of making minor changes or additions to be fit the North Sound Region's needs. However, it is our intention that the guidelines will remain very similar to King County's so we are working towards a statewide guideline.
 - The NSRSN will then take this group's work and build it into our next contracting process. The NSRSN will not audit to guidelines until they are in our contracts.

CONCLUSIONS/RECOMMENDATIONS:

- ✓ NSRSN staff proposes this incremental process towards the implementation of treatment guidelines.

TIMELINES:

- ✓ None at this time

ATTACHMENTS:

- ✓ King County Treatment Guidelines

Draft

Clinical Treatment Guidelines

These guidelines were developed by King County RSN and their providers in a collaborative effort. The guidelines have been in use for several years.

Diagnosis-Specific Guidelines – Children

Purpose:

To provide guidelines for appropriate assessment and treatment related to specific diagnoses.

Requirements:

Providers shall enhance diagnostic accuracy and consistency by developing internal policies and procedures that lead to consistency in diagnosis by the mental health professional responsible for the client's care and the provider psychiatrist or ARNP responsible for the client medications, if medications are prescribed. The policies and procedures will also guarantee that the diagnostic information submitted to the CDMHP is consistent with the diagnoses indicated in the clinical chart. When the guidelines are not felt to be desirable for a particular client, the rationale for not following the guidelines shall be documented in the chart.

Procedures:

Providers shall ensure the following steps are taken:

1. All client diagnoses shall be justified in the chart, using DSM-IV-TR criteria. (Supporting evidence such as family history of mental illness, discussion of cultural factors affecting the differential diagnosis, and review of symptoms to rule-out commonly associated diagnoses are encouraged but not required).
2. For children and adolescents, diagnosis is established only following an interview with the parent or primary care giver and an assessment (which may or may not be on-site) of behavior and functioning in multiple settings, typically home, school and/or day care.
3. Active consideration of a differential diagnosis shall be required for individuals under 18 years of age. This shall be reflected in the client's chart with evidence of appropriate diagnostic reassessment. This requirement is emphasized for individuals under 18 due to: a) difficulties in evaluating symptoms in children and adolescents as meeting specific criteria for particular child and adolescent diagnoses; and, b) difficulties in adapting adult criteria to individuals with active developmental issues.
4. As with adults, appropriate members of a child or adolescent's support network shall be given information about the clients condition and subsequent management issues. Informing children and adolescents about their condition and involving them in their treatment plans is desirable, but should be accomplished through developmentally appropriate means and with sensitivity to timing.

5. The diagnosis-specific guidelines are not intended to define intensity or level of care. All services referenced in the guidelines are intended to be delivered in a timely manner, with client's needs dictating priority for services.
6. The diagnosis-specific guidelines are not intended to require treatment that runs counter to client choice, client preferences for confidentiality, client safety or provider treatment recommendations that are deemed more desirable for the individual client.
7. Where guidelines are not followed because part of the client's care is provided outside of RSN-funded programs, the provider shall document that the guidelines are not being met, even if not directly providing that part of the care. Additionally, the provider shall discuss the guideline with the non-RSN provider, and, for a client who is not benefiting fully from his treatment plan, the provider shall offer a revised treatment plan. For clients with non-RSN-funded prescribers, the revised plan shall include a prescriber-to-provider review of medication guidelines and an offer to the client for prescription services the the CDMHP provider.
8. As these guidelines focus only on those assessment and treatment issues related to diagnosis, they do not emphasize several other components of an accurate assessment or an effective treatment such as coordination of care for children receiving services from several systems and monitoring of medication side effects. Any therapy for children needs to be appropriate for the developmental level of the child.

Recommended Guidelines for Attention Deficit Hyperactivity Disorder in Children

1. The treatment plan includes working with the child's school as needed to ensure an appropriate education placement and resources.
2. Behavioral symptoms are addressed with the appropriate use of skills training, behavior modification, parent training, family therapy and environmental modifications.
3. The client is prescribed a medication for core symptoms. A stimulant is the first line medication choice.

Recommended Guidelines for PTSD in Children

1. The client is assessed for safety as needed. When necessary, the provider shall intervene with legal entities and the Division of Child and Family Services (usually Child Protective Services).
2. If trauma is single episode, treatment will be provided rapidly, be problem focused and short term. Documentation will specify acute trauma and reflect rapid response and a focused treatment plan.
3. If trauma was chronic, time will be taken to build trust with the child and family and care will be coordinated as indicated, with other systems. The clinical record will specify chronic trauma and reflect planning for a longer term, multi-focused treatment and any necessary coordination efforts.

4. The treatment plan will include individual therapy and will be family focused. The family and/or other significant caregivers shall be involved in the treatment.

Recommended Guidelines for Oppositional Defiant Disorder in Children

1. The comprehensive assessment of the child includes extra attention to the assessment of family interactions and of the impact of culture on the child's behavior.
2. The family and/or other significant caregivers are involved in the treatment.
3. The client is assessed for the appropriateness of individual psychotherapy; this therapy is provided as needed.

Diagnosis-Specific Guidelines – Adult/Older Adult

Purpose:

To provide guidelines for appropriate assessment and treatment related to specific diagnoses.

Requirements:

Providers shall enhance diagnostic accuracy and consistency by developing internal policies and procedures that lead to consistency in diagnosis by the mental health professional responsible for the client's care and the provider psychiatrist or ARNP responsible for the client medications, if medications are prescribed. The policies and procedures will also guarantee that the diagnostic information submitted to the CDMHP is consistent with the diagnoses indicated in the clinical chart. Where the guidelines are not felt to be desirable for a particular client, the rationale for not following the guidelines shall be documented in the chart.

Procedures:

Providers shall ensure the following steps are taken:

1. All client diagnoses shall be justified in the chart, using DSM-IV-TR criteria. (Supporting evidence such as family history of mental illness, discussion of cultural factors affecting the differential diagnosis, and review of symptoms to rule-out commonly associated diagnoses are encouraged but not required).
2. In those instances when a client is not benefiting from the treatment, the diagnosis shall be reassessed.
3. Clients and appropriate members of the client's support network shall be given information about the client's condition, medications and possible side effects. They shall be informed of ways in which the client and support network can manage the client's unique care, both in times of crisis and in times of stabilization and rehabilitation. Information about individualized crisis management shall include how to recognize the client's unique symptoms of decompensation and, should these occur, the specific actions to be taken by the client and support network persons.
4. The diagnosis-specific guidelines are not intended to define intensity or level of care. All services referenced in the guideline are intended to be delivered in a timely manner, with client's needs dictating priority for services.
5. The diagnosis-specific guidelines are not intended to require treatment that runs counter to client choice, client preferences for confidentiality, client safety or provider treatment recommendations that are deemed more desirable for the individual client.
6. Where guidelines are not followed because part of the client's care is provided outside of RSN-funded programs, the provider shall document that the guidelines are not being met, even if not directly providing that part of the care. Additionally, the provider shall discuss the guideline with the non-RSN provider, and, for a client who is not benefiting fully from his treatment plan, the provider shall offer a revised treatment plan. For clients with non-RSN-funded prescribers, the revised plan shall include a prescriber-to-provider review of medication guidelines and an offer to the client for prescription services with the CDMHP provider.

7. As these guidelines focus only on those assessment and treatment issues related to diagnosis, they do not emphasize several other components of an accurate assessment or an effective treatment such as coordination of care for clients receiving services from several systems, vocational rehabilitation services and monitoring of medication side effects.

Recommended Guidelines for Bipolar I

1. The treatment plan includes an individualized strategy to prevent manic and depressive episodes. The strategy includes assisting the client and support persons in recognizing early signs and symptoms of an episode, adhering to the treatment plan (including taking prescribed medication), and accessing timely assistance. The episode prevention strategy is updated as needed.
2. A mood stabilizer is prescribed. Lab monitoring occurs, if clinically indicated.
3. Suicide risk is assessed at intake and when signs, symptoms or circumstances change such that the client is at increased risk. If significant risk is present, the treatment plan is changed to provide the appropriate level of care and/or level of supervision.

Recommended Guidelines for Mental Illness with Substance Use Disorder

1. The treatment plan includes an individualized strategy to prevent a relapse of the substance use disorder. The strategy includes assisting the client and support persons in recognizing early signs and symptoms of a relapse, adhering to the treatment plan (including taking prescribed medication), and accessing timely assistance. The relapse prevention strategy is updated as needed.
2. Needed and beneficial mental illness treatment is not withheld simply because of a substance use disorder or the client's refusal of treatment for the substance use disorder.
3. Medications with abuse potential are avoided or aggressively monitored. However, needed psychiatric medications are not withheld simply because of the substance use disorder, unless it is documented that the risks of prescribing the medication outweigh the benefits.
4. If the client is referred to the substance use disorder treatment system, the treatment is coordinated.

Recommended Guidelines for Schizophrenia

1. The treatment plan includes a strategy to prevent psychotic episodes. The strategy includes assisting the client and support persons in recognizing early signs and symptoms of an episode, adhering to the treatment plan (including taking prescribed medication), and accessing timely assistance. The episode prevention strategy is updated as needed.
2. The treatment plan includes the prescription of antipsychotic medication. All clients who have been unable to benefit from or to tolerate other antipsychotic medications shall be considered for Clozaril.
3. The client shall be monitored for side effects and/or medication non-compliance. Should these problems occur, there will be a plan to address them.
4. For persons at risk of tardive dyskinesia, there is ongoing assessment for involuntary movements.

Recommended Guidelines for Major Depression

1. Suicide risk is assessed at intake and when signs, symptoms or circumstances change such that the client is at increased risk. If significant risk is present, the treatment plan is changed to provide the appropriate level of care and/or level of supervision.
2. The treatment plan includes the prescription of antidepressant medications. If a client is not responsive to the medication after 6 to 12 weeks, a change of medication or ECT is considered.
3. The treatment plan includes psychotherapy. If a client is not responsive to psychotherapy after 6 to 12 weeks, a change in the type of psychotherapy is considered.

Guidelines For Psychiatric Consultation and Evaluation

Purpose:

To provide guidelines for psychiatric consultation, evaluation and services under the NSRSN/CDMHP.

Requirements:

All providers shall develop and implement policies and procedures to support these guidelines. The provider's medical director (or lead psychiatrist) and clinical director (or lead clinician) must approve the provider policies and procedures.

Clinical Standards:

The guidelines shall ensure, at a minimum, that all CDMHP clients:

- A. Are initially and periodically screened for a need for psychiatric consultation, evaluation and/or medications;
- B. Have timely access to a medication appointment (with a psychiatrist or ARNP), whenever an emergency medication appointment is indicated; and
- C. Have a specific medication appointment (with a psychiatrist or ARNP) in place at the time of discharge from the hospital, with the appointment and the name of the prescriber made available to the hospital prior to discharge so that an inpatient-to-outpatient prescriber phone consultation is possible if requested by the hospital.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Volunteers Of America Quality Management Plan

PRESENTER: Karen Kipling

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Highlights of the agency's quality management plan, yearly report and activities will be presented to the committee. There will also be a PowerPoint presentation.

CONCLUSIONS/RECOMMENDATIONS:

- ✓ After review of the presentation and handouts, please provide any feedback or ask any questions you may have.

TIMELINES:

- ✓ This update is provided to the Quality Management Oversight Committee on a yearly basis.

ATTACHMENTS:

- ✓ Handouts will be distributed at the meeting.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: HIPAA Update

PRESENTER: Wendy Klamp, NSRSN Lead Quality Management Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Review of training to NSRSN staff, current status of HIPAA legislation, project plan update

CONCLUSIONS/RECOMMENDATIONS:

- ✓ Updates will be given to the QMOC as the NSRSN proceeds with implementation of HIPAA guidelines

TIMELINES:

- ✓ Ongoing

ATTACHMENTS:

- ✓ None