



**NORTH SOUND REGIONAL SUPPORT NETWORK**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE**

**COMMITTEE MEETING PACKET**

**OCTOBER 16, 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  
October 16, 2002  
12:30 – 2:30**

**REVISED AGENDA**

1. **Open the meeting & comments from the Chair**
2. **Approval of September 2002 Minutes**                      **Chair Byrne**  
Action Item
3. **Reports**
  - A. **MHD Audit**    **Mr. Benjamin**  
FYI and Discussion
  - B. **Quality Management Dept. Report**              **Ms. Klamp**  
FYI and Discussion
  - C. **Inpatient Capacity Data**                              **Ms. Klamp**  
FYI and Discussion
  - D. **Concurrent Review Report**                        **Mr. McDonough**  
FYI and Discussion
  - E. **Integrated Report**                                      **Mr. McDonough**  
FYI and Discussion
  - F. **QRT Report**    **Ms. Bacon**  
FYI and Discussion
  - G. **Re-initiation of CQIP**                                **Mr. Williams**  
FYI and Discussion
  - H. **Sea Mar Quality Management Plan**              **Ms. D'Allegri**  
FYI and Discussion
  - I. **HIPAA Update**                                        **Ms. Klamp**  
FYI and Discussion
4. **Other Business**
  - A. **Meeting Evaluation**                                **Chair Byrne**
5. **Adjourn**

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

**MINUTES**

**Members Present:**

Joe Johnson, Substitute Chair, Member Board of Directors  
Dan Bilson, Advisory Board  
Ian Brooks, Advisory Board  
Mary Cline, Compass Health  
Melissa DeCino, QRT  
Sharri Dempsey, Tribal Liaison/OCA  
Marcia Gunning, Contracts/Fiscal  
Marie Jubie, Advisory Board  
Karen Kipling, VOA  
Wendy Klamp, Lead Quality Specialist  
Rosemary Lea, APN  
Terry McDonough, Quality Specialist  
Mike Page, Quality Specialist  
Michael S. White, NSRSN IS/IT  
Gary Williams, Quality Specialist

**Members Not Present:**

Charles Albertson, Advisory Board  
Andy Byrne, Board of Directors  
Claudia D'Allegrì, Sea Mar  
Chuck Davis, Ombuds

**Others Present:**

Annette Calder  
Greg Long

**1. Open the meeting & Comments from the Chair**

Joe Johnson opened the meeting at 12:35 p.m. and introductions were made.

**2. Approval of July 2002 minutes**

A motion was made to approve the July 17, 2002 minutes, seconded, motion carried.

**3. Reports**

**A. Quality Management Department Report**

Wendy Klamp distributed the QM Department Report for the month of July 2002, see Attachment A for additional information. The committee had opportunity to ask questions and comment on the report. Wendy was thanked for her report.

**B. Access Review**

Wendy Klamp provided the committee with a comprehensive overview of the Access Review results via a Powerpoint presentation. The written report was also given to the committee, see attachment B for more information. Committee comments followed. Motion to recommend to the NSRSN Board Of Directors that this Quality Improvement Plan for Access be approved, seconded, all in favor, motion carried. Wendy was thanked for her presentation.

**C. Critical Incidents Review Committee**

Mike Page presented to the committee Critical Incidents data covering the period of 1-1-02 through 6-30-02 and provided handouts, see Attachment C for more information. Some questions and comments followed. Mike was thanked for his presentation.

**D. Plan for Protocol Development for Cross Systems Collaboration**

Greg Long distributed the Children's and Adult Services Protocol Development Plans for Cross System Collaboration as an introductory item and provided some background for the group stating that this is a MHD Contract requirement. See Attachment D for further information.

**E. Clinical Treatment Guidelines**

Greg Long addressed the committee regarding Clinical Treatment Guidelines. He provided a brief overview as to the benefits of having Standards of Care, Clinical Treatment Guidelines and Evidence Based Best Practice. He stated the Quality Specialists reviewed the King County Treatment Guidelines and unanimously supported moving towards adopting similar Treatment Guidelines. The King County Clinical Treatment Guidelines were included in the meeting packet and asked the group to review and comment at this time. He touched on some points that the NSRSN feels are good reasons to proceed with adopting Treatment Guidelines. He also passed around two books by the American Psychiatric Association regarding practice guidelines for the committee to review. Greg said that there really are some good points included in the King County Treatment Guidelines for approaches to care. Greg said we will convene a committee in January including providers to look at this issue and feels that RSN staff would recommend Treatment Guidelines be included in the next RSN Contract with providers. Committee discussion followed. Greg was thanked for his presentation.

**F. Volunteers of America Quality Management Plan**

Karen Kipling provided the committee with an overview of Volunteers of America's Quality Management Plan with a comprehensive Powerpoint presentation and distributed handouts, see Attachment E for more information. Some questions and answers followed. Karen was thanked for her presentation.

**G. HIPAA Update**

Wendy addressed the group with the latest HIPAA information, stating the final HIPAA rules have been published and the RSN is holding a HIPAA forum on Tuesday, September 24th to see where everyone is at regarding implementation. She said we have filed our transaction extension request and will be working with the consultant for another couple of months. She said we are still plugging along.

**4. Other Business**

**A. Planning Committee Reports**

Greg Long distributed two reports generated by the Planning Committee – Housing for Individuals and Families with Serious and Persistent Mental Illnesses in the North Sound Region and Homelessness Amongst People with Mental Illness in the North Sound Region; for committee review.

**B. Meeting Evaluation Results**

Substitute Chair Johnson shared the results of the July evaluation with the committee.

**5. Adjourn**

The meeting was adjourned at 2:50 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 September 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:** Inpatient Capacity Data

**PRESENTER:** Wendy Klamp

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Inpatient data reports for 2001 and Jan-June 2002 indicate a significant increase in both voluntary and involuntary hospitalization of children and adults from the region. Capacity and utilization concerns are raised. This information has also been presented to the NSRSN Planning Committee for review. The NSRSN focused review of Inpatient Services will occur in this biennial quarter.

### **CONCLUSIONS/RECOMMENDATIONS:**

QMOC's review and feedback is requested.

### **TIMELINES:**

N/A

### **ATTACHMENTS:**

Inpatient Statistics 2001 and Jan- June 2002



### Inpatient/E & T Study 2001

County	Population*	% of total	Detentions	% OF TOTAL	Mukilteo E & T	North Sound E & T	Stevens	Skagit Valley	St. Joseph	Valley General	Western	Fairfax	United	Providence Everett	Sacred Heart Spokane	Children's	Overlake	Other
Snohomish	606,024	63	584	44%	268	15	165	1	1	83	14	21	4	9	1	0	0	2
Whatcom	166,814	17.3	366	27.7%	39	143	5	39	106	0	19	12	0	0	1	1	0	1
Skagit	102,979	10.7	267	20.2%	31	91	3	109	2	1	5	3	20	0	2	0	0	0
Island	71,558	7.5	88	6.66%	3	54	6	7	2	0	8	1	5	0	0	0	0	0
San Juan	14,077	1.5	14	1.06%	0	5	0	3	1	0	1	0	3	0	0	0	2	0
ALOS 0-20 invol.					13.0	11.56	9.82	8.5	11.42	N/A	N/A	17.94	N/A	0	9.25	45.33	2.00	N/A
ALOS adult 21+ invol					9.99	12.56	11.78	6.35	16.52	13.5	N/A	12.67	10.40	7.82	0	N/A	3.00	N/A
ALOS 0-20 vol.					N/A	N/A	9.13	10.26	7.60	N/A	N/A	14.63	N/A	0	46.00	24.43	7.65	N/A
ALOS adult 21+ vol.					N/A	N/A	8.67	10.75	12.04	3.00	N/A	7.45	0	7.33	19.0	N/A	4.19	N/A
TOTAL	961,452	100	1320	100	341	308	180	159	112	84	47	37	32	9	4	2	2	3
	*Per 2000 US census																	

CENSUS AT CAPACITY	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
North Sound	8	5	15	10	7	9	8	6	3	7	16	4	98
Mukilteo	0	3	0	2	17	10	7	1	0	0	2	0	42
Total	8	8	15	12	24	19	15	7	3	7	18	4	140
Both on same day	0	1	0	1	3	6	2	1	0	0	1	0	15

Days of CENSUS AT 15 NS, 14 Mukilteo	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
	2	1	2	2	1	2	3	2	0	2	5	0	22
North Sound full	8	5	15	10	7	9	8	6	3	7	16	4	98
Mukilteo full	0	3	0	2	17	10	7	1	0	0	2	0	42
Both full	0	1	0	1	3	6	2	1	0	0	1	0	15

Total ITA's for NSRSN in 2001=1320

Facility	#	%
Mukilteo	341	25.8
North Sound	308	23.33
Stevens	180	13.6
Skagit	159	12
St. Joseph	112	8.4
Valley General	84	6.3
WSH	47	3.5
Fairfax	37	2.8
United General	32	2.4
Providence Seattle	9	>1
Sacred Heart	4	>1
Children's	2	>1
Overlake	2	>1
Carondelet	1	>1
Harborview	1	>1
Univ. of WA	1	>1
Total 15 sites	1320	100%

## Inpatient Data Analysis

- 1320 detentions in 2001
- Both E & T's were at capacity 15 days in 2001
- North Sound was full and Mukilteo had 14 patients on the same day 22 times
- North Sound was near capacity with 14 patients 73 days
- Aside from very busy months of May and June, Mukilteo E & T appears to have more available capacity perhaps due in part to a lower ALOS, however substantial % of involuntary admissions go to other facilities from that county, primarily Stevens.
- Fifteen different facilities were used
- 49% went to E & T's, 51% went to community providers
- Snohomish County detentions are 19% lower than their population share, Island and San Juan are slightly lower
- Whatcom is 10.4% higher than their population share; Skagit is 9.5% higher than their population share.
- ALOS for 0-20 involuntary very similar for the two E & T's, wildly disparate between all other facilities
- ALOS for 21+ involuntary 2.57 days higher at North Sound (25.5%) than Mukilteo
- Mukilteo admitted 52.5% of E & T patients, North Sound 47.5%
- Stevens, Skagit and St. Joseph's are top three community hospital providers in that order for involuntary patients.
- Skagit has lowest ALOS of that group at 6.35, Stevens is in the middle at 11.78 and St. Joseph's is highest at 16.52
- Valley General admits more than double the Geriatric involuntary patients (84/32) than United although both have the same number of beds available

What does it all mean?

The need for Mukilteo to hold their last bed is infrequent. It would be important to learn why so many non-gero involuntary patients are admitted elsewhere when they have capacity. Mukilteo operated at capacity 11.5% of the time and near capacity (14 ADC) 6%.

North Sound appears to be operating at capacity 38% of the time and near capacity (14 ADC) an additional 20%. This seems to indicate a need to look at whether additional beds are needed in that E & T to control costs as a substantial number of involuntary admissions are going to community providers primarily Skagit and St. Joseph's Hospitals or whether utilization of the Mukilteo E & T by counties other than Snohomish could be increased. It would also be helpful to determine whether the ALOS at Mukilteo is a good benchmark, as lowering the ALOS would help somewhat to free up beds. What is not known at present are other outcome parameters such as readmission rates to verify that a lower ALOS is feasible.

**Inpatient/E & T Study January-June 2002 Draft 5**

County	Population*	% of total population	Detentions/2001 % OF TOTAL		Detentions/ YTD 2002	% OF TOTAL population	% of Change total detentions
Snohomish	606,024	63%	584	44%	338	49.7	15.7
Whatcom	166,814	17.3 %	366	27.7%	166	24.4	-9%
Skagit	102,979	10.7%	267	20.2%	121	17.7	-9%
Island	71,558	7.5%	88	6.68%	42	6.17	-9.5
San Juan	14,077	1.5%	14	1.06%	12	1.76	-1%
Out of Region			1		1	.27	-
<b>Total</b>	<b>961,452</b>	<b>100%</b>	<b>1320</b>	<b>100%</b>	<b>680</b>	<b>100%</b>	<b>+3%</b>

	Mukilteo E & T*	North Sound E & T*	Stevens	Skagit Valley	St. Joseph	Valley General	Fairfax	United	Providence	Sacred Heart Spokane	Children's	Overlake	Puget Sound	Lake Chelan	Swedish	UW	Harbor view	Valley Renton	Carondelet	NW	Out Of State	Average/Total	
ALOS 0-20 invol.	8.92	19.25	7.67	13.20	6.71	N/A	25.79	N/A	N/A	28.60													17.58
Total per fac. 0-20 invol.	18	9	9	11	7	N/A	35	N/A		6									0	6			95
ALOS adult 21+ invol	8.74	14.82	10.60	12.75	12.41	11.91	12.60	19.64		0			5.00				18.29			?			11.68
Total per fac.21+ invol	236	174	131	79	83	45	12	42	0	0	0	0	2	2	1	0	10		1	0			823
ALOS 0-20 vol.	0	0	3.75	6.00	6.33	N/A	14.92	N/A	N/A	0	21.95	5.62											14.27
Total per fac.0-20 vol.	0	0	9	17	4	0	117	0	0	1	26	13	0	0	0	0	0				1		189
ALOS adult 21+ vol.	8.74	0	8.80	8.74	12.03	12.67	7.69	0	6.00	0		4.33	9.33	11.00	7.00	5.54	9.00						7.74
Total per fac.21+ Vol.	0	0	97	77	43	5	104	0	6	0	0	101	3	4	2	14	19	1			2		479
TOTAL Inv.	254	183	140	90	90	45	47	42	0	6	0	0	2	2	1	0	10	0	0	6			918
TOTAL Voluntary	1	0	146	94	47	5	221	0	6	1	26	114	3	4	2	14	19	1	1	0			668
<b>TOTAL</b>	<b>255</b>	<b>183</b>	<b>246</b>	<b>184</b>	<b>137</b>	<b>50</b>	<b>268</b>	<b>42</b>	<b>6</b>	<b>7</b>	<b>26</b>	<b>114</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>14</b>	<b>29</b>	<b>1</b>	<b>1</b>	<b>6</b>			<b>1586</b>

- E & T's accept only patients between 18-20, no younger children are served.
- Please note that ALOS may be affected by long-stay outliers

### E & T Capacity

CENSUS AT CAPACITY	JAN 2002	FEB 2002	MAR 2002	APR 2002	MAY 2002	JUNE 2002	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
North Sound	13	8	9	6	8	15							
Mukilteo	13	4	4	0	0	2							
Total	26	12	13	6	8	17							
Both on same day	7	3	1	0	0	1							
North Sound 15, Snohomish 14	2	4	2	0	0	8							
Both at 14	4	2	0	2	0	2							

### Involuntary Treatment

Facility	2001 #	2001 %	Jan-June 2002 #	Jan-June 2002%
Mukilteo	341	25.8%	254	28%
North Sound	308	23.33%	183	20%
Stevens	180	13.6%	140	15%
Skagit	159	12%	90	10%
St. Joseph	112	8.45%	90	10%
Valley General	84	6.3%	45	5%
WSH	47	3.5%		0%
Fairfax	37	2.8%	47	5%
United General	32	2.4%	42	5%
Providence Seattle	9	>1%	0	0%
Sacred Heart	4	>1%	6	1%
Children's	2	>1%	0	0%
Overlake	2	>1%	0	0%
Carondelet	1	>1%	0	0%
Harborview	1	>1%	10	1%
Univ. of WA	1	>1%	0	0%
Puget Sound			2	.001%
Lake Chelan			2	.001%
Swedish			1	.001%
Total	1320	100%	918	100%

Admissions to Western State from E & T's YTD-Mukilteo=3, North Sound =14

## Inpatient Data Analysis

- 1320 involuntary in 2001/YTD 2002=918 39.5% increase in FY2002 to date
- Decrease in detentions in region overall, slight increase in Snohomish County, significant decrease in Whatcom, Skagit, Island
- Disparity between overall detentions recorded vs. involuntary patient's is a question
- 448 of the 918 detentions were admitted to either of the E & T's
- Total admissions in 2002 to date 1586, compared to 2531 in 2001, a 25% increase
- Admissions of children/youth 0-20 have increased 30%
- Both E & T's were at capacity on the same day 12 days thus far in 2002, a 25% decrease
- North Sound was full and Mukilteo had 14 patients on the same day 16 times in the first six months of 2002 compared to 22 times in all of 2001
- North Sound was near capacity with 14 patients 35 days, on par with 2001
- Mukilteo E & T has experienced a dramatic decrease in overall utilization in 2002, a particular concern given the increasing use of Skagit, Stevens, and St. Joseph's for involuntary commitment
- 21 different facilities were used thus far compared to fifteen in 2001
- 48% went to E & T's, 52% went to community providers
- In 2001 ALOS for 0-20 involuntary very similar for the two E & T's, wildly disparate between all other facilities, YTD 2002 North Sound's ALOS for this age group is more than double-this may be due to a few long-stay outliers
- ALOS overall is 40% higher at North Sound than Mukilteo
- Mukilteo admitted 58% of E & T patients, North Sound 42%
- Fairfax, Stevens and Skagit are top three community hospital providers in that order for involuntary patients. Fairfax has experienced a dramatic increase in admission of voluntary adult patients.
- Top three hospitals overall in volume of admissions are Fairfax, Mukilteo E & T, and Stevens.

## Concerns

1. Dramatic trend upward in involuntary admits (39.5), admissions overall (25%) and admission of children/youth (30%).
2. Snohomish E & T has decreased utilization compared to North Sound and some apparent capacity, however, Snohomish County CDMHP's allow consumers choice of facility with resulting increased utilization of community hospitals for ITA's
3. Greatly increasing use of Fairfax (367 admits in 2001/268 YTD) and Overlake ( 126 admits in 2001/114 YTD) for voluntary admissions as well as admissions to other community hospitals not previously used indicates lack of capacity within the region.
4. Overall, regional capacity for children has always been an issue. It appears that capacity for voluntary adults is now a concern, and excess capacity for involuntary adults which seems to exist at Snohomish is not being efficiently utilized. Even if more ITA's use those beds however, the increase in overall detentions will still strain the capacity of our region, particularly in the other four counties which are using all resources available to them.

Length of stay at the Snohomish E & T is much lower than at North Sound. If the length of stay at North Sound were to decrease there would be some increase in capacity.

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** Concurrent Review Report, 1<sup>st</sup> biennial quarter 2002

**PRESENTER:** Terry McDonough

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- Concurrent Reviews were conducted at Sea Mar Clinic and at 4 APN provider sites during the 1<sup>st</sup> biennial quarter 2002
- Concurrent Review results that met or exceeded NSRSN and MHD expected thresholds were found at 2 of the provider sites.
- Concurrent Review results that failed to meet NSRSN and MHD expected thresholds were found at 3 of the provider sites.
- Plans for addressing identified trends will be presented and discussed.

### **CONCLUSIONS/RECOMMENDATIONS:**

- QMOC members will be asked to provide feedback/input regarding plans for addressing identified trends

### **TIMELINES:**

- The Concurrent Review report for the 1<sup>st</sup> biennial quarter 2002 will be presented at the October 16, 2002 QMOC meeting.

### **ATTACHMENTS:**

- Will be provided at the October 16, 2002 QMOC meeting

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** NSRSN Integrated Report- 1<sup>st</sup> biennial quarter 2002

**PRESENTER:** Terry McDonough

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- NSRSN Departments performed activities in accordance with tasks outlined in the Quality Management Plan 2002-2003
- The performed activities resulted in multiple Report Sources which are included in the Integrated Report
- The Report Sources, when reviewed and analyzed, indicated areas of strength and concern in three primary areas;
  - Documentation in the consumer's clinical record and providers Policies/Procedures
  - Consumer satisfaction/dissatisfaction with services
  - Stakeholder satisfaction/dissatisfaction with services

### **CONCLUSIONS/RECOMMENDATIONS:**

- The Integrated Report identifies what Quality Assurance or Quality Improvement activities are necessary to address, based on results presented in the Report Sources that NSRSN staff generated while performing departmental tasks outlined in the NSRSN Quality Management Plan 2002-2003.

### **TIMELINES:**

- NSRSN Integrated Report- 1<sup>st</sup> biennial quarter 2002 will be presented at the October 16, 2002 QMOC meeting

### **ATTACHMENTS:**

- Will be provided at the October 16, 2002 QMOC meeting



## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** QRT Overview of Compass Health - 2002

**PRESENTER:** Beckie Bacon

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

QRT will present the strengths found in Residential and Outpatient services as well as concerns and quality improvement issues related to both services. Findings will also be discussed.

### **CONCLUSIONS/RECOMMENDATIONS:**

QRT would like to see included in the Concurrent Review Corrective Action Plan, a mechanism to add a list of the consumer's ideas and choices or steps they will take to reduce their crisis and help them maintain and manage their lives and feel better.

### **TIMELINES:**

Submit QRT within 90 days.

### **HANDOUTS WILL BE AVAILABLE AT THE MEETING:**

- ✓ Compass Health Overview Report – 2002, Residential and Outpatient
- ✓ Satisfaction Charts 2002, Residential and Outpatient
- ✓ Satisfaction Charts 2001, Residential and Outpatient

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** Coordinated Quality Improvement Program

**PRESENTER:** Gary Williams

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Update on the NSRSN submission for a requesting the Department of Health to approve our revised CQIP application. North Sound RSN remains the only RSN in the State Of Washington, which has requested status as a CQIP program through the Department of Health.

### **CONCLUSIONS/RECOMMENDATIONS:**

Our revised application reflects our recently revised Complaint and Grievance Policy, Critical Incident Policies and Procedures, and improved collaboration between Ombuds, Quality Review Team and Clinical Quality Specialists. RSN staff have decided to resume monthly CQIP meetings to provide a forum for review of all QM monitors on a monthly basis to better identify trends and develop any needed corrective actions in a more timely and coordinated manner.

### **TIMELINES:**

Submitted

### **ATTACHMENTS:**

None

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** Sea Mar Quality Improvement Plan

**PRESENTER:** Claudia D'Allegri / Julia Ortiz

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- To assure clients receive appropriate services when needed.
- Maintain accessibility to services and continuity of care.
- To measure the performance of the organization and initiate improvements and/or changes where needed.
- Minimization of risk to patient.
- Medical records contain accurate information.
- Provide QMOC membership with a yearly update of the Sea Mar Quality Improvement Plan.

### **CONCLUSIONS/RECOMMENDATIONS:**

- Provided at the QMOC meeting.

### **TIMELINES:**

- Review on an annual basis.

### **ATTACHMENTS:**

- Documentation to be provided at meeting and/or upon request.

## **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

# QUALITY MANAGEMENT OVERSIGHT COMMITTEE MEETING EVALUATION FORM

Please complete this form and turn it in at the end of the meeting to the secretary.

1. Receipt of Information:

A. Was information received in a timely manner?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

B. Overall, did you receive enough information to make informed decisions?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

C. Was information sent to the appropriate place?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

D. Did we use the appropriate method? (Fax, mail, etc.)

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

2. Meeting Logistics:

A. Are meeting times convenient for you?    \_\_\_Yes    \_\_\_No

B. In order of priority (1, 2, 3) would you rather meet  
    \_\_\_morning or \_\_\_afternoon or \_\_\_evening?

C. Are meeting places convenient for you?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

3. Are meeting agendas complete and understandable?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

4. Are meetings conducted in such a way to allow you to speak and participate with a sense of safety and comfort?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

5. Are there any special accommodations you need that would be helpful to you?

If so, what are they?

Yes

No

Please provide any additional comments you may have.

Total Score \_\_\_\_\_

Meeting Date: 10/16/02    Name(optional) \_\_\_\_\_