



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**September 22, 2004**

## **QMOC GUIDING PRINCIPLES**

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

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

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

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

**August 25, 2004**

**12:30 – 2:30**

**Draft**

**MINUTES**

**Present:**

Gary Williams, QMOC Chair, Whatcom Cty. Cord.  
Wendy Klamp, NSMHA Quality Manager  
Preston Hess, Snohomish County Mental Health ITA  
Nancy Jones, Snohomish County  
Heather Fennell, Compass Health, APN  
Dr. June LaMarr, The Tulalip Tribes  
Susan Ramaglia, Skagit NAMI  
Joan Dudley, Assistant Director, Lake Whatcom  
Center  
Chuck Davis, Ombuds  
Russ Hardison, Sea Mar  
Beckie Bacon, NSMHA QRT

**Not Present:**

Patricia Little, NSMHA Advisory Board  
Jim Teverbaugh, Board of Directors  
Karen Kipling, VOA  
Mary Good, NSMHA Advisory Board  
Janet Lutz-Smith, Whatcom County AB  
Joan Lubbe, NSMHA Advisory Board  
Maile Acoba, Skagit County Coordinator  
Sharri Dempsey, NSMHA Tribal Liaison/OCA Mgr.  
Dan Bilson, Advocate for Whatcom County

**Others Present:**

Greg Long  
Rebecca Pate  
Terry McDonough  
Chuck Benjamin

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

Chair Williams opened the meeting at 12:40 pm and welcomed those present. He announced that he would be the new chair of Quality Management Oversight Committee.

**2. Approval of June 2004 Minutes**

Motion to approve, seconded, all in favor, **motion carried.**

**3. Reports**

**A. Quality Management Department**

Wendy stated the report was for June and July and the department has been reorganized with many achievements being accomplished. Western State Hospital census is still below cap. Quality Management completed the External Quality Review Organization (EQRO) audit, the caseload study, assisted Snohomish County with research on mental health court and issued a paper, Terry McDonough finished the Biennial Integrated Report, discharged 13 patients from Western State Hospital (WSH), doing a lot of work within the North Sound around the Transition Plan and meeting the requirements of CMS, started the beginning revisions of Clinical Eligibility and Care Standards. The Access to Care Standards will remain the same. North Sound Mental Health Administration (NSMHA) anticipates the Clinical Eligibility and Care Standards Manual will have

more revisions in the future due to new regulations. The denial and appeal function is fully operational. The grievance and appeals process is working, well and there has been training internally and externally in order to meet the timelines required. A discussion, question and answer period followed. Wendy was thanked for her report.

### **B. Integrated Report**

Terry McDonough gave the Biennial Integrated Report covering the first six (6) months for the Quality Management Department. There is information in this report from all departments that summarizes the department activity. The report also relates to activities the last of 2003 addressing follow up issues from with the Mental Health Division (MHD) audit and it concludes with the internal Coordinated Quality Improvement Committee recommendations regarding Quality Management future activities. Issues addressed during the MHD audit of 2003 were implemented. The Information System implementation is not fully functional but it is up and running and closer to completion. The **Clinical Record Review** mentioned on **Page 6** will be **changed** to read **Compass – Skagit, Island and San Juan**. Some of the timelines mentioned in the report have been staggered to accomplish the clinical record reviews. Susan Ramaglia asked if the corrective action plan concerning the recreational therapy issue would address documentation only? Wendy stated recreational therapy issues were followed up on at Mukilteo and North Sound Evaluation and Treatment Centers discovering no recreational therapist at Mukilteo. Mukilteo has attempted to fill the position with no success and over time decided to utilize a mental health worker to provide activities. The NSMHA will be doing a follow up review to further address the recreational therapy issue and will address Susan's concerns. Gary stated he did a documentation review at North Sound concerning recreation therapy. He discovered that North Sound had an Occupational Therapist (OT) during the day and was utilizing line staff on weekends and evenings to coordinate activities. Documentation was lacking for the OT but the line staff was doing a very good job. Terry encouraged anyone who has cares or concerns about the report please feel free to call him. A question, answer and discussion period followed. Motion was made to move the report forward with changes, seconded, **motion carried**.

### **C EQRO Review**

Wendy stated that NSMHA went through the EQRO audit August 16-18. The EQRO focused on issues dealing with the Balanced Budget Act (BBA) requirements. The EQRO was pleased with NSMHA's Policies and Procedures. The auditors are rating their reviews at levels 0-5. NSMHA started at level 3 with the grievance and appeal process rated level 5. The auditors stated that NSMHA had no findings and did very well. Audit representatives used some unfamiliar terminology. Some of the terminology was Performance Improvement Projects (PIP), and Performance Improvement Measures (PIM). The NSMHA needs to continue to work on PIPs and PIMs. The PIP is the same as the state's clinical and non-clinical Quality Assurance Performance Improvement Projects (QAPI). The expectation of EQRO is that NSMHA will begin to operationalize and flesh out their response to the state's clinical QAPI, which is the satisfaction of consumers with their participation in treatment planning. In order to prepare for this, NSMHA has to ensure that all data is accurate, particularly in the area of contact information. The EQRO wants measures put into place to ensure data integrity. The NSMHA needs to start encounter validities through a report from Information Systems of all the services provided to a client in any given period of time, the codes used, the time coded and verify this information with the client's chart. Wendy thanked all NSMHA staff for their hard work in accomplishing everything for the review. A discussion, question and answer period followed. Wendy was thanked for her report.

#### **D. Caseload Study**

Wendy gave a comprehensive PowerPoint presentation. The study covered all outpatient providers, levels and ages through input provided by clinicians/staff. Gary had a recommendation from this report. He suggested that NSMHA reference the reality of the caseload number is the under funded system. What should be looked at, as a quality measurement, is that lower caseloads give better care. Gary suggested NSMHA pilot a smaller caseload study with another population to present to elected officials when officials are approached so they have some hard documentation to compare. Wendy pointed out this study is the first step in a continuing journey. A discussion, question and answer period followed. Wendy was thanked for her report.

#### **E. Critical Incident Report**

Wendy stated the report was extensive and suggested that everyone review the report. There has been an increase in death reporting, which has occurred before. Therefore, NSMHA is piloting a death review study next month. The NSMHA has new contract requirements from MHD on reporting requirements. The NSMHA would like provider reviews to be comprehensive enough that NSMHA would not have to request a review with more detail. The NSMHA has done work with the evaluation and treatment facilities concerning the use of restraints. The NSMHA has met with Carol Kerr-Ragan and Tom Sebastian to work on a corrective action plan concerning the application of restraints. If you have any questions or comments on the report, please email or give Diana a call. A discussion/comment period followed. Wendy was thanked for filling in for Diana.

#### **F. QRT Report**

Beckie provided a comprehensive six-month Quality Review Team report. In the future, this report will cover two (2) quarters. Beckie conducted some special presentations of Personal Crisis Planning with some clinical teams to help clinicians develop corrective actions on their difficulty in trying to get clients to understand and know the value of being able to create a Crisis Plan. Beckie is including a trauma question in the survey to obtain a gauge on how the system is doing in providing the necessary needs to clients with trauma. Beckie is conducting a survey on The Tulalip Tribes traditional healing services. A discussion, question and answer period followed. Beckie was thanked for her report.

#### **G. Compass Emergency Services Corrective Action**

Greg discussed a case involving a suicide/homicide. A comprehensive case study was conducted and corrective actions were taken. There were two recommendations/actions in the report and the actions are now in the process of being implemented. Compass Health will conduct a review of their documentation and quality improvement. The NSMHA will conduct a meeting with all the providers, including Providence Hospital. Providence has some concerns that will be addressed at this meeting. Some policy revisions are being made. Training is being implemented to upgrade crisis staff, CDMHPs and others who work with individuals who might commit domestic violence. This is an interim report to keep the committee informed. A discussion, question and answer period followed. Greg was thanked for his report.

#### **H. Utilization Review Update**

Due to time constraints, Gary requested the committee review the documents and call Terry with any questions concerning these reports.

**4. Other Business**

Gary stated some attended a stakeholders meeting considering some of the impacts of the CMS Waiver changes on the region. Part of the discussion was how *bridgeways* is reorganizing their residential resources and LWRTC regarding their contemplated way of dealing with the Institutions for Mentally Diseased rule. An advocate mentioned that we have two very different models for modifying our residential resources occurring in the Region and our entire residential system undergoing an incredible change and how residential supports have been provided. A question was asked that how do we know the outcomes we are getting, how do we know what is working best, what has strengths/weaknesses or mixtures of both as our providers move through this process? A request was made that the Region do some type of assessment analysis of this process over the next six months or year to determine what kind of impact this will have on consumers and consumer outcomes. Gary made a motion for a recommendation from this committee to ask the Region to conduct a study/analysis, seconded, Wendy suggested it be taken to QMC, via email, with a series of reports to develop a plan to monitor within the next month. Greg hopes to give a preliminary report in October with further information in November. Some discussion followed. **Motion carried.**

**A. Meeting Evaluation**

Chair Williams distributed evaluation forms requesting they be returned before leaving.

**5. Adjourn**

Chair Williams adjourned the meeting at 2:39 pm. The next Quality Management Oversight Committee (QMOC) meeting is scheduled for September 22, 12:30 pm.

Respectfully submitted,

Rebecca Pate

Please Note:

The attachments referenced herein are part of the official record and attached to the file copy. Please contact the NSMHA at 1-800-684-3555 if you have any questions, comments, or concerns.