



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

October 27, 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**

**9/22/04
12:30 – 2:30
Draft
MINUTES**

Present:

Gary Williams, Human Services Supervisor, Whatcom County
Board of Directors, QMOC Chair
Wendy Klamp, NSMHA Quality Manager
Beckie Bacon, NSMHA QRT
Coordinator
Sharri Dempsey, NSMHA Tribal Liaison/OCA Manager
Mary Good, NSMHA Advisory Board
Dan Bilson, Advocate for Whatcom County
Joan Dudley, Assistant Director, Lake Whatcom Center
Susan Ramaglia, Skagit NAMI
Preston Hess, Snohomish County Mental Health ITA
Karen Kipling, VOA
Dr. June LaMarr, The Tulalip Tribes

Not Present:

Joan Lubbe, NSMHA Advisory Board
Janet Lutz-Smith, Whatcom County AB
Chuck Davis, Ombuds
Maile Acoba, Skagit County
Russ Hardison, Sea Mar
Jim Teverbaugh Board of Directors
Nancy Jones, Snohomish County
Patricia Little, NSMHA Advisory Board
Heather Fennell, Compass Health, APN

Others Present:

Greg Long
Terry McDonough
Pamala Benjamin
Andy Byrne
Rebecca Pate

1. **Open the meeting & comments from the Chair**
Chair opened the meeting at 12:32 pm and welcomed those present:
2. **Approval of August 2004 Minutes**
Motion to approve as written, seconded, **motion carried.**
3. **Reports**

A. Quality Management Department

Wendy stated the External Quality Review Organization (EQRO) was here and the North Sound Mental Health Administration received a positive verbal exit report and the written report has not been received. This has been a very busy period for the North Sound Mental Health Administration. The North Sound Mental Health Administration has two (2) staff vacancies limiting a lot of previous activities. The most important thing that has occurred is the manning of the Denial Desk and pursuing any appeals that have been received. A staff retreat was held to decide how duties would be shifted with the hiring of new staff. Quality Management Oversight Committee (QMOC) requested a residential transition study that will be discussed in further detail later and the Quality Management Department is gearing up to handle that request. There were no questions/comments. Wendy was thanked for her report.

B. Provider Quality Assurance Review Date 2nd Quarter 2004

Terry McDonough gave his report (an old and new version) on the review at Provider agencies of clinicians' charts according to the mental health outpatient record and review tool that is in use. This report is now

performed on a quarterly basis according to the North Sound Mental Health Administration Quality Management Plan with the North Sound Mental Health Administration performing reviews for comparison purposes. Wendy noted the old document had been corrected and to refer only to the revised document. This is from the previous Peer Review process that providers used at their agencies where charts were reviewed per conditions in the North Sound Mental Health Administration's Quality Management Plan. Clinicians once performed the review, but per North Sound Mental Health Administration's request, supervisors and quality management staff now perform the review that is submitted to North Sound Mental Health Administration to improve the inter-rater reliability between the providers and North Sound Mental Health Administration reviewers. The review is done using the same tool. Any cluster/individual score under 90% does not meet the North Sound Mental Health Administration's acceptable standards and requires a corrective action response from the provider and the providers are addressing those scores. Gary asked if Compass could be broken out into individual areas to clarify site-specific problems; stating perhaps this was something to consider in the future. Beckie Bacon stated that it seemed statistically unusual for Compass and Catholic Community Services (CCS) to have an N/A on question seven (7) and asked that it be checked for accuracy. Wendy Klamp assured the committee that would be addressed and all N/A answers would be reviewed for accuracy. A discussion, question and answer period followed. Terry asked that any additional feedback be given to him at 360-416-7013 x242 or 800-684-3555 or terry_mcdonough@nsrsn.org. Terry was thanked for his report.

C Draft Residential Transition Study Plan

Gary Williams stated the Residential Transition Study Plan deals with the impact of the application of the IMD rules on some of the North Sound Mental Health Administration's residential providers. This is a proposal on how the region is trying to keep track of the impact of these changes and how it will affect the region.

Greg told the committee that major transitions were taking place in residential facility programs, in Adult Family Homes (AFH's) and boarding homes in almost all the counties. One concern raised was would consumers fall through the cracks during this transition. The workgroup (consisting of consumers, staff and providers) was asked to design a plan to address whether consumers were receiving appropriate services to meet their needs.

The population studied would be:

- People currently in residential facilities
- People in Adult Family Homes (AFH) with Medicaid Personal Care (MPC – special funding through Home and Community Services (HCS)) that provides additional payment or choice services in independent living situations) that is deducted or slot-funded

Providers will be asked to supply a list of these individuals.

The workgroup discussed the following ways to meet consumer satisfaction:

- Overall Information System data on outpatient utilization, average hours of service per month, Inpatient Utilization, Crisis Contacts, Overall Discharges and type of Closed cases (Planned/Unplanned), Disposition Code, Diagnosis, Provider, Demographics, County and Service Packages
- Critical Incidents
- Complaints and Grievances
- Outcomes (Telesage)
- Satisfaction Surveys (specific target Quality Review Team (QRT), State and Provider)
- Targeted Utilization Review Data
- Targeted Record Review Data

A cross section of charts will be looked at to give the best results. The North Sound Mental Health Administration is unsure how many consumers will be affected by these new rules but this will be a way to track them. The North Sound Mental Health Administration will produce quarterly reports to the Quality Management Oversight Committee (QMOC) beginning in December with a final report in September 2005. A question, answer and discussion period followed.

Greg asked if the committee had any recommendations to this draft and, if not, could approval be given to go ahead with this plan. Sharri Dempsey made a motion to move forward with this plan, seconded, **motion carried**.

D. “Quality in Action” – Agency Presentation

Pamala Benjamin from Whatcom Counseling and Psychiatric Clinic (WCPC) gave a presentation on “Quality in Action”. Pam stated she has served at WCPC for 19 years. Quality Assurance/Quality Management has become an integral part of WCPC and numerous improvements have been made over the last seven (7) months with Quality Improvement at its best during this time. Life at WCPC continued even with the short staff and a complete turnover of upper management. The WCPC Board of Directors became extremely involved. The Crisis Response Team was on probation, which requires strict monitoring of all activities on a regular basis. The North Sound Mental Health Administration and Mental Health Division removed the probation status imposed earlier than required. The development of audit tools and review processes will continue. Pam is developing a tool to review Internal Crisis Response Systems (ICRS) based on RCWs and WAC. The process for monitoring Critical Incident reporting greatly improved during this time. Pam stated that making mistakes is a part of life and it is really important that you continue to grow and learn from your mistakes. All issues go before the management team (Clinical Supervisors, Executive Director, Human Resources and Quality Management) where they are identified and addressed. This information is then passed down to any problem area. The North Sound Mental Health Administration provided great support during this crisis period. Wendy stated that Pam developed a quality review tool for improvements in staff that was so good that North Sound Mental Health Administration has utilized it for use within the region. Wendy recognized Pam’s outstanding job toward Quality Improvement during this time. A question, answer and discussion period followed. Pam was thanked for her presentation.

E. Utilization Management Dashboard

Terry McDonough gave his report on Utilization Management. This report covers January 2004 through August 2004. This is a representation of key indicators related to statistics and data that can be accessed throughout the region. The North Sound Mental Health Administration will now work on refining the data to decide the direction to proceed and prioritize areas of greater concern. The North Sound Mental Health Administration began by looking at consumers who were re-hospitalized within 30 days to determine the cause; however, others will be reviewed over time. Terry requested that feedback be addressed to him at 360-416-7013 x 242 or 800-684-3555 or terry_mcdonough@nsrsn.org. A question, answer and discussion period followed.

Gary said these two items might be added:

- Number of Crisis contacts per month
- Utilization of Volunteers of America (VOA) crisis line

Gary added the report was impressive and it was excellent that data information will now be available as a reference. The committee recommended extending the timeframe to 13 months. Terry was thanked for his report.

F. Clinical Performance Improvement Project Consumer Satisfaction with their Participation in Treatment Planning

Wendy said this is the Performance Improvement Project (PIP)/Quality Assurance Performance Improvements Project (QAPI) the North Sound Mental Health Administration is required to participate in

by the State Mental Health Division Quality Strategy. The External Quality Review Organization (EQRO) focused on this issue and asked how the North Sound Mental Health Administration, as a region, would conduct our performance improvement project. Wendy wanted to review this with the committee and inform them of the direction the North Sound Mental Health Administration is headed. The data source used throughout the state will be “Consumer Satisfaction Survey” done by the Washington Institute called the Mental Health Statistical Improvement Project (MHSIP). Wendy stressed the importance of verifying data integrity with consumers when contacted through visits/calls so consumers can be contacted. As soon as a baseline is established for this program, the North Sound Mental Health Administration will have to put a program together on:

- Where will North Sound Mental Health Administration get data
- How often will data be looked at
- What is the North Sound Mental Health Administration going to do if no improvement is showing
- How is the plan going to change

This will then be submitted to the Mental Health Division (MHD) for approval. There were no questions/comments. Wendy was thanked for her report.

G. Clinical Eligibility and Care Standards Draft

The Clinical Eligibility and Care Standards were completed several months ago; however, this document has been consistently revised to adapt to the Medicaid Transition Plan, Balanced Budget Act (BBA) and Centers for Medicaid and Medicare Services (CMS) requirements. There have been no changes made that **did not** address these new requirements. Wendy asked that everyone take the Clinical Eligibility and Care Standards to review and submit any feedback to Linda Vaughan at 360-416-7013 x234 or 800-684-3555 or email at linda_vaughan@nsrsn.org as soon as possible, with the current draft available on the website for comparison. Different regions have taken approaches to expanding the criteria; however, the Access to Care criteria will be consistent in January according to the State. The next draft will be available at the October meeting with the final hopefully available in November. A question, answer and discussion period followed. Wendy was thanked for her report.

4. Other Business

Gary Williams, on behalf of QMOC, recognized Andy Byrne for his outstanding service as chair (2001-2004). Andy was given a clock with statement of appreciation engraved inside. Andy stated he is pleased to be working with the WCPC staff.

Wendy asked if the committee liked the “Quality in Action” segment and wanted it continued and Gary asked the committee to provide feedback to either Wendy or him for agenda additions/changes.

A. Meeting Evaluation Results

Gary shared the results of meeting evaluations from the August meeting with the committee.

5. Adjourn

Chair Williams adjourned the meeting at 2:30 pm. The next QMOC meeting is scheduled for October 27, 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.