

**NORTH SOUND REGIONAL SUPPORT NETWORK
QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET
AUGUST 17, 2000**

**North Sound Regional Support Network
Quality Management Oversight Committee
August 17, 2000
12:30 – 3:00 p.m.
NSRSN Conference Room**

AGENDA

			Time	Page #
1.	Call to Order & Comments from the Chair	Chair Benjamin	5 minutes	
2.	Approval of July 2000 minutes	Chair Benjamin	5 minutes	2-4
3.	Reports			
A.	Administrative Audit Process FYI	Ms. Gunning	30 minutes	5-6
B.	Critical Incidents Action Items	Mr. Page & Ms. Benz-Hillstrom	10 minutes	7-13
C.	Ombuds Report FYI	Ms. Niemann, Ms. Johnson, Ms. DeCino	5 minutes	14-16
	BREAK		10 minutes	
D.	Supervised Living Review FYI	Ms. Page & Mr. McDonough	15 minutes	17-26
E.	Tribal Liaison Report FYI	Ms. Dempsey	10 minutes	27
F.	Caseload Data Update FYI	Ms. Thompson	5 minutes	28
4.	New Business			
5.	Other Business			
6.	Adjourn			

**NORTH SOUND REGIONAL SUPPORT NETWORK
QUALITY MANAGEMENT OVERSIGHT COMMITTEE
MEETING SUMMARY OF JULY 20, 2000
NSRSN CONFERENCE ROOM**

Members Present:

Chuck Benjamin, Chair
Chuck Albertson
Pamala Benjamin
Linda Benoit
Tori Benz-Hillstrom
Dan Bilson
Lorelei Coy
Sharri Dempsey

Marcia Gunning
Dolores Holtcamp
Terry McDonough
Betsy Niemann
Betsy Rogers
Jim Teverbaugh
Francene Thompson
Michael White

Staff Present:

Sharon Lucas
Annette Calder
Melissa DeCino
Greg Long
Diana Striplin
Gary Williams

Guests:

Andy Byrne
Marie Jube
Bob LeBeau

1. Call to order and comments from the Chair

Chair Benjamin opened the meeting at 12:35 p.m. and introductions were made. He stated he felt encouraged regarding the future direction of the QMOC from conversations he has had with Interim Executive Director, Sharon Lucas. He stated we will discuss this further later on in the meeting.

2. Approval of May 2000 minutes

Chair Benjamin asked if there were any changes to the minutes. Dan Bilson said Roberts Rules of Order states '*an abstention is not considered a vote and is not counted in the final tally*', therefore, the motion he made regarding recommending to the Board of Directors to continue the allocation of funds for consumer-oriented projects passed. Motion to amend the minutes to reflect this, seconded, all in favor, motion carried. Minutes approved as amended. Motion will be forwarded to the Board of Directors.

3. Old Business

A. Chap Update

Linda Benoit asked Bob LeBeau to give an update on the Compass CHAP program and provided the committee with a written report. Discussion followed. See Attachment A for further information. Linda informed the committee of the changes in Skagit CHAP. CMHS will no longer handle Skagit CHAP services. Catholic Community Services will take over providing CHAP services in Skagit County, discussion followed. Bob LeBeau will write an Executive Summary that will be attached to the minutes. Linda discussed region-wide issues related to CHAP. A report will be made on a monthly basis to QMOC. Further discussion took place.

B. Caseload Update

Francene Thompson provided the committee an update regarding the Caseload Study. Handouts were available for the committee. See Attachment B for further information. Jim Teverbaugh congratulated Francene on the excellent work her committee has done on this study. Discussion followed.

C. Critical Incidents Subcommittee

Tori Benz-Hillstrom, Quality Director at APN, provided the committee with some background on the Critical Incidents Subcommittee and the process that has been followed. A draft policy, reporting form and flow chart were distributed. See Attachment C for further information. Discussion took place. Lorelei Coy made a motion to add Advisory Board to be included in the distribution of the Summary Report, seconded, all in favor motion carried.

Marcia Gunning voiced some contractual concerns, language concerns, etc. The Critical Incident Policy will go back to the subcommittee for some minor modifications.

Sharon Lucas asked that folks submit concerns by email, telephone, fax, etc to the NSRSN by August 3, 2000.

4. New Business

A. Administrative Audit Process

This item was deferred to another meeting.

B. Concurrent Review Report

Terry McDonough provided the committee with a written draft and verbal report on the First Quarter 2000 Concurrent Review Report. See Attachment D for further information. Terry asked members of QMOC to review the report and provide feedback to him either by email tmcdonough@co.snohomish.wa.us or by telephone at (425) 388-7313. He gave a brief overview of the report.

Sharon Lucas spoke to the committee regarding the format and content of the report and asked for feedback. She further stated all future reports will be in a similar format for ease of reading. Discussion took place.

C. Tribal Liaison Report

Sharri Dempsey reported to the committee the changes that are proposed to the 7.01 plan.

Sharri thanked APN for providing her with an agency-by-agency report on Indian employment.

D. QRT Report

Dolores Holtcamp presented the committee with an overview of QRT activities for 1999. Discussion followed.

5. Other Business

A. Interim Executive Comments

This item was deferred to another meeting.

B. Meeting Evaluation Process

Chair Benjamin initiated a brief conversation about the one-hour discussion session that used to be held prior to QMOC. Interest in having this meeting was shown by many members. This will be set up prior to the next QMOC meeting and will be set for one hour.

Ms. Lucas asked if members would prefer to receive QMOC meeting packets by email or fax, the majority did. Further discussion took place on scheduling of future meetings.

Meeting evaluation forms were handed out for members to complete.

6. Adjourn

The meeting was adjourned at 3:15 p.m.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Administrative On-Site Monitoring

PRESENTER: Marcia Gunning

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

All agencies providing services to or on behalf of the NSRSN are monitored for administrative, fiscal and quality management systems compliance. A presentation on the NSRSN's on-site review processes and QMOC's role will be presented.

CONCLUSIONS/RECOMMENDATIONS:

None.

TIMELINES:

None

ATTACHMENTS:

- On-Site Review Schedule

**NSRSN 1999-2001 BIENNIUM
ON-SITE ADMINISTRATIVE AUDIT
TENTATIVE SCHEDULE
UPDATED 4/5/00**

SERVICE PROVIDER	ENTRANCE DATE	EXIT DATE
Community Mental Health Services	6/5/00	6/8/00
Compass	7/10/00	7/14/00
Associated Provider Network	7/24/00	7/26/00
Tulalip Tribe	8/28/00	8/29/00
Lake Whatcom Residential and Treatment Center	9/13/00	9/15/00
Seamar	11/6/00	11/8/00
Whatcom Counseling & Psychiatric Clinic	1/29/01	2/1/01
Catholic Community Services	3/12/01	3/14/01
Volunteers of America	4/30/01	5/2/01
Snohomish County	6/13/01	6/15/01
Rainbow Resources	10/11/00	10/12/00
Consumer Oriented Projects Monitoring will be accomplished through monthly desk audits. An on-site will be conducted as monthly desk audits warrant.		

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Critical Incident Policy & Procedure and Reporting Form

PRESENTER: Mike Page, NSRSN & Tori Benz-Hillstrom, APN

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Presentation for approval from Critical Incident Policy & Procedure subcommittee, for Advisory Board and Board of Directors consideration.

CONCLUSIONS/RECOMMENDATIONS:

This draft comes with input from QMOC, its subcommittee, advocates, consumers, APN staff and NSRSN staff.

TIMELINES:

By Board of Directors calendar and QMOC approval.

ATTACHMENTS:

Critical Incident Policy & Procedure and Reporting Form drafts.

North Sound Regional Support Network Attachment IV - Revised Critical Incident Policy

Overview

The NSRSN is the Managed Care entity accountable to the Department of Social and Health Services (DSHS) to provide public oversight of the mental health service delivery system. The NSRSN has an obligation to insure that the care and services delivered by providers meet requirements such as the Level of Care Manual and relevant WAC's and RCW.

These policies and procedures are intended to the fullest extent possible to take advantage of all legal limitations as to peer review liability and/or disclosure.

Critical incident reporting is an important element in quality management of services provided by the NSRSN. This document describes the circumstances under which contracted provider agencies must provide information to the NSRSN regarding critical incidents affecting mental health consumers of NSRSN services, and the procedures by which that transmission is implemented. Such communication is essential so that all parties in our mental health services system are aware and able to respond to inquiries about critical situations; to trigger investigations when additional information is deemed necessary; and to facilitate improvement in service quality.

Definition of a Critical Incident

Critical Incidents are extraordinary and adverse occurrences that occur in the lives of NSRSN consumers. All occurrences, listed below, must be reported for enrolled NSRSN consumers. When there is knowledge of discharged consumers, that information should be reported as well.

1. Death – by suicide, natural causes/accident, or homicide.
2. Verbal, Physical or Sexual Assault – this category includes items such as: threatening or stalking behavior, domestic disputes, physical and sexual assault. The APN Critical Incident Report Form allows a place to identify whether the consumer or staff was a victim or perpetrator. For Outpatient consumers, report only incidents that involved police and/or emergency room medical attention as a result of injury.
Note: It is at the provider's discretion to determine what actions they define as assaults. For example, a residential provider may determine that juvenile consumers poking or cursing at each other is not an assault, because it is not extraordinary.
3. Injury/Illness – injury or illness at a provider facility that requires emergency room medical attention.
4. Self-Harm – requires medical attention, this category includes suicide attempts.
5. Property Damage – the intentional damage by a consumer to property which requires the filing of a police report.
6. Other – incidents that providers feel are not indicated above. Examples: breach of professional ethics by staff or former staff; adverse occurrences that happen to staff at work; any potential for generating adverse publicity in the media that is not listed above; alleged criminal behavior by a consumer or staff not listed above; etc.

Procedures (attachment 1)

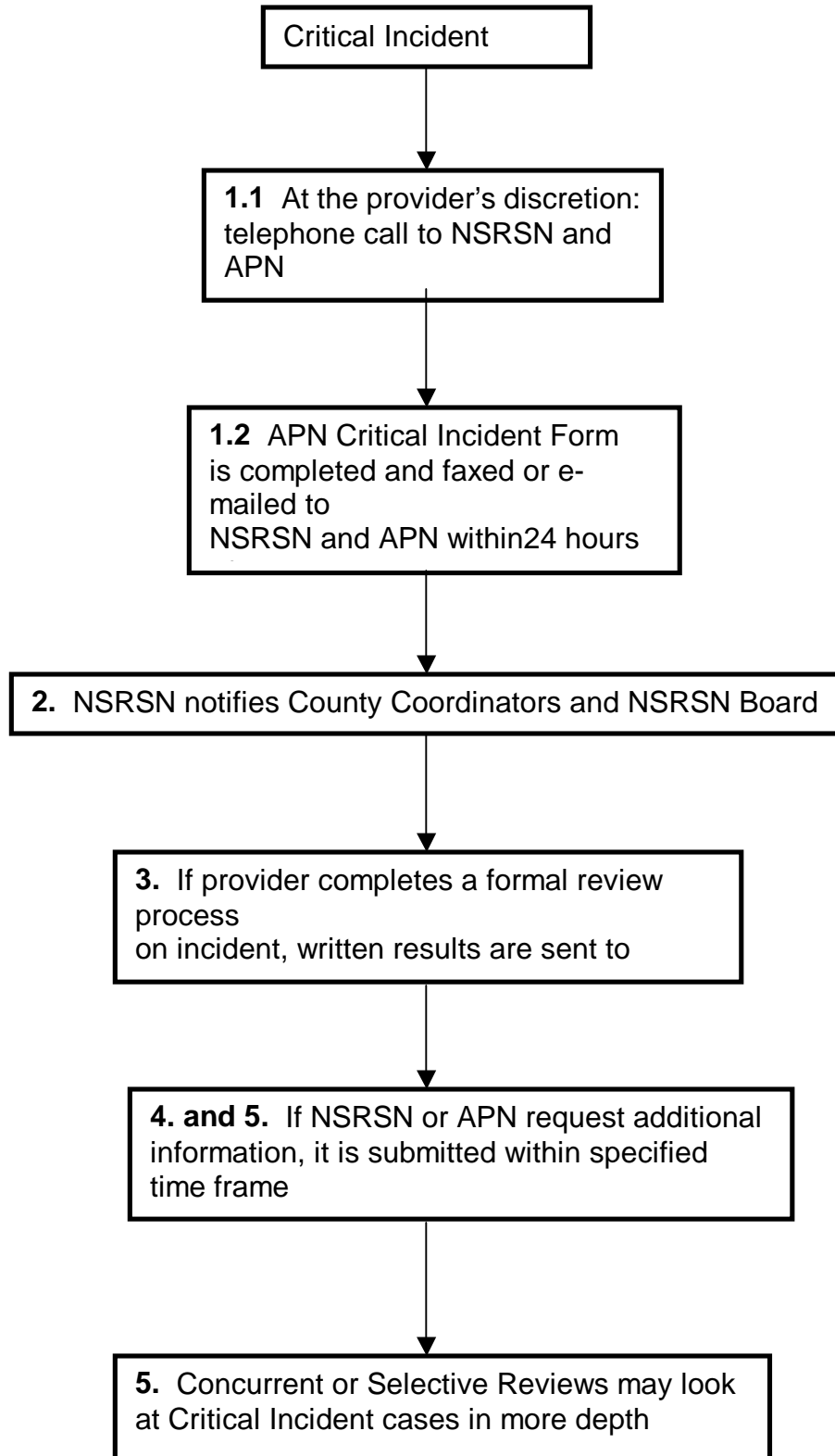
1. When a critical incident (as defined above) occurs, it is the responsibility of the contracting service provider to ensure that APN and NSRSN are contacted about the incident.
 - 1.1. At the discretion of the contracting service provider, the NSRSN Quality Manager and APN Director of Quality Management may be notified of critical incidents by telephone within 2 hours of critical incident. If the critical incident occurs during non-working hours, contact VOA in addition to the NSRSN Quality Manager and APN Director of Quality Management.
 - 1.2. The contracting service provider will complete and fax or e-mail the APN Critical Incident Report Form (attachment 2) to the NSRSN Quality Manager and APN Director of Quality Management within 24 hours. Note: If the form is faxed, it must include a cover sheet with a confidentiality disclaimer.
2. The NSRSN Quality Manager notifies the County Coordinators and NSRSN Board Chair of Critical Incidents.

3. If the contracting service provider indicates on the form that the Critical incident is processed through the provider's formal review process, it is expected that the provider will send the written results of that review (mail, fax or e-mail) within 2 business days to the NSRSN QA/Clinical Manager and APN Director of Quality Management.
4. If the NSRSN Quality Manager and/or APN Director of Quality Management request additional information on the incident, the provider agency will respond within the requested time frame.
5. If the NSRSN Executive Director and/or APN CEO decide that further information or action is warranted, appropriate action may include, but not be limited to, a NSRSN Selective Review process (attachment 3).

Summary Report

1. The NSRSN Quality Manager and the APN Director of Quality Management will jointly develop a yearly (at minimum) summary report on Critical Incidents that will be distributed to:
 - NSRSN Board of Directors
 - NSRSN Advisory Board
 - NSRSN QMOC (Quality Management Oversight Committee)
 - APN Management Council
 - APN Quality Management Committee
2. The APN Quality Management Committee will review the summary data and identify opportunities for Quality Improvement projects.

NSRSN/APN Critical Incident



DRAFT

Associated Provider Network
CRITICAL INCIDENT REPORT*

To:	Fax	-OR-	E-Mail	FYI - Telephone
NSRSN Quality Manager	360-416-7017		nsrsn@nsrsn.org	800-684-3555; 360-416-7013
APN Director of Quality Management	360-416-7097		toribh@apnnet.org	360-416-7099

Note: If faxed, must include cover sheet with confidentiality disclosure
Note: Contact VOA (if applicable) during non-working hours (1-800-584-3578)

From: (Print Name/Credentials of Staff Completing Form) _____
Telephone _____
E-mail (if applicable) _____

Agency: Compass CCS CMHS Lake Whatcom Rainbow Sun Comm. WCPC

Location of Incident _____

Client Name _____ Age _____ Client ID _____
Primary Clinician _____ Staff ID _____
Client Name _____ Age _____ Client ID _____
Primary Clinician _____ Staff ID _____
Staff Name _____ Staff ID _____

Date/Time of Incident _____ Date/Time of Report _____

Incident Type — Select ONE (definition on reverse side)	Sub-Category — Select ONE
<input type="checkbox"/> Death	<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural Causes/Accident
<input type="checkbox"/> Assault, may be Verbal (includes threats and stalking), Physical, and/or Sexual Note: for Outpatient clients, report only incidents that involved police and/or emergency room attention.	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator
<input type="checkbox"/> Injury/Illness	N/A
<input type="checkbox"/> Self-Harm (requiring medical attention)	<input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Other _____
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Provider Facility <input type="checkbox"/> Other _____
<input type="checkbox"/> Other (list) _____	<input type="checkbox"/> Breach of Professional Ethics <input type="checkbox"/>

Describe Incident (Include any relevant witnesses or additional staff/clients involved, and any attachments as appropriate. Reverse side can be used if additional space is needed): _____

Action Taken:

If applicable; immediate telephone notification (check all that apply): CPS 911 CDMHP Provider Executive Director Provider Clinical Director Primary MHP Provider Quality Staff NSRSN APN

Agency Management Review:

Are there plans for a formal internal Critical Incident review process? Yes No
(If yes, submit written results to NSRSN and APN Quality Staff within 2 business days after review.)

Management Reviewer (Print): _____ Date _____
Title _____

* Quality Assurance Document

Definitions

1. Death — by suicide, natural causes/accident, or homicide.
2. Verbal, Physical or Sexual Assault — this category includes items such as: threatening or stalking behavior, domestic disputes, physical and sexual assault. The APN Critical Incident Report Form allows a place to identify whether the consumer or staff was a victim or perpetrator. For Outpatient consumers, report only incidents that involved police and/or emergency room medical attention as a result of injury.
Note: It is at the provider's discretion to determine what actions they define as assaults. For example, a residential provider may determine that juvenile consumers poking or cursing at each other is not an assault, because it is not extraordinary.
3. Injury/Illness — injury or illness at a provider facility that requires emergency room medical attention.
4. Self-Harm — requires medical attention, this category includes suicide attempts.
5. Property Damage — the intentional damage by a consumer to property which requires the filing of a police report.
6. Other — incidents that providers feel are not indicated above. Examples: breach of professional ethics by staff or former staff; adverse occurrences that happen to staff at work; any potential for generating adverse publicity in the media that is not listed above; alleged criminal behavior by a consumer or staff not listed above; etc.

Selective Review Process

1. **Definition of an Selective Review** – The NSRSN Quality Management Team conducts concurrent and selective reviews for 10 percent of the NSRSN clients every year, for the purpose of analyzing the quality and level of care being provided. Examples of triggers for an selective review are:
 - A. A current client who has been recently hospitalized.
 - B. An adult or child referred to or currently in long-term residential care.
 - C. Consumers deemed not eligible for services.
 - D. Provider requests for an selective review.
 - E. Consumer advocate and other system complaints or grievances.
 - F. Other cases that require in-depth review to assure effectiveness of care (may include Critical Incidents).

These reviews can be generated by the request of a NSRSN staff (Executive Director, QA/Clinical Manager, Quality Manager, or Office of Consumer Affairs Manager) or Provider staff.

2. Selective Review Procedures

- A. NSRSN Quality Managers perform the Selective Review and begin by notifying the identified provider and APN Director of Quality Management of the case to be reviewed.
- B. If the NSRSN Quality Manager requires viewing documents from a client's chart, the provider shall respond to this request for information within 2 business days at a mutually agreed upon time and site. Specific chart information may include, but is not limited to: crisis plans, assessment documents, treatment plans, reviews, progress notes, discharge summaries, medical information, etc.
- C. NSRSN Quality Managers submit a written report to the NSRSN QA/Clinical Manager.
- D. The NSRSN QA/Clinical Manager reviews the report and submits the report to the provider Quality Manager and APN Director of Quality Management. If the report includes a request for the provider to produce a written document for follow-up action, that document is due within 30 days of the date of the request.

Note: If the Selective Review reveals a situation of immediate health and safety concerns, the QA/Clinical Manager will forward the report to the NSRSN Executive Director, notify appropriate governmental authorities and provide additional investigation as required.

- E. The NSRSN QA/Clinical Manager produces a summary of all reviews and their follow-ups and brings it to the NSRSN QMOC (Quality Management Oversight Committee) on a quarterly basis. The APN Director of Quality Management provides a copy of this summary to the APN Quality Management Committee.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Ombuds 2nd Qtr 2000 Report

PRESENTER: Mellisa DeCino/Nancy Johnson/Betsy Niemann

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

1. Complaints are up this quarter
2. Less cases were settled this quarter
3. More cases were resolved through mediation this quarter

CONCLUSIONS/RECOMMENDATIONS:

1. We learned about putting too much effort into our initial contacts – before receiving release of information
2. The trend is still denial/access of service being the main complaint

TIMELINES:

Quarterly

ATTACHMENTS:

Second Quarter 2000 Report

**NORTH SOUND REGIONAL SUPPORT NETWORK
QUARTERLY OMBUDS SERVICE REPORT**

April 1, 2000—June 30, 2000

Number of New Cases: 17 (21)

Number of Cases Carried Over from the Prior Period: 35

30 days: 4
60 days: 8 (5)
90 days: 11
Prior: 12

Source of New Cases:

Consumer for self: 40 (8)
Relative: 10 (3)
Other: 8 (3)

Demographic Information: *(Identify number in each category if client provides information)*

Male: 24 (8)	Adults: 34 (8)
Female: 28 (7)	Children: (0-20) 9
Elderly: (55+) 1	

Cultural/Ethnic:

African American: 0	Asian/Pacific Is: 1	Caucasian: 41 (3)
Hispanic: 3 (2)	American Indian/Alaskan Native: 0	

Cases by County:

Island: 7	San Juan: 0	Skagit: 6 (4)
Snohomish: 24 (8)	Whatcom: 16 (2)	Other: (1) Sequim

Total Contacts: 1313 Total Unduplicated Contacts: 77

Information Request: 16 Referral Request: 2

Complaint Data:

Denied or Reduced Access to Services: 17

Dignity and Respect: 3

Quality/Appropriateness: 11

Phone Calls not returned:

Service/Client not Involved in Treatment Planning: 2

Violation of Client Rights: 10 (3)

Physicians & Medications: 11 (4)

Financial Administration Services:

Residential: 11 (6)

Transportation:

Emergency Services:

Other: support system 8

Legal 7

Type of Resolution:

Telephone Information/Referral Provided: 6

Referral to Quality Review Team:

Resolved through Conciliation/Mediation: 11

Arbitration:

Fair Hearing: 1

Other: (21 No ROI)

Not pursued: 11

* All numbers in () are cases that had some work done on them, but did not return the ROI.

CC: Executive Director, NSRSN
NSRSN Board of Directors
Office of Consumer Affairs Manager
Quality Management Oversight Committee
NSRSN Advisory Board

Mental Health Division
P.O. Box 45320
Olympia, WA 98504

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Supervised Living Clinical Review Report

PRESENTERS: Debbie Page and Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- 40 charts, representing 25% of the total Supervised Living beds throughout the NSRSN, were reviewed.
- Key questions addressed in the review;
 - Are the appropriate people in Supervised Living services?
 - Are people in Supervised Living services receiving the right kinds of clinical care?
 - Is the consumer's voice evident throughout treatment? And,
 - Is there a focus on a planned transfer to the community, a plan that addresses the consumer's discharge readiness?

CONCLUSIONS/RECOMMENDATIONS:

Review results indicated that;

- All 40 charts reviewed indicated the consumer was appropriate for Supervised Living services.
- Consumers in Supervised Living do appear to be receiving the right kinds of clinical care.
- Some degree of consumer voice is evident throughout treatment planning. Neither consumer strengths nor consumer natural supports were consistently well documented in the charts reviewed, however.
- Specific, individualized Discharge Planning was found in only 10 of the 40 charts reviewed.

TIMELINES:

This Supervised Living Review was conducted during the 2nd quarter 2000. It is the first review of Supervised Living services performed by NSRSN Quality Managers. A follow-up review of Supervised Living services will be done in 2001, and results compared to the 2000 review, to analyze trends.

ATTACHMENTS:

None.

August QMOC meeting packet

NSRSN Supervised Living Report

Findings and Next Steps

Second Quarter 2000

Executive Summary

During the Second Quarter 2000, NSRSN Clinical/Quality Management team members performed the first review of the Supervised Living system throughout the NSRSN. A total of 40 charts were reviewed, representing 25% of the total Supervised Living beds available in the Region. Charts were reviewed, on-site, at Lake Whatcom Residential and Treatment Center (Bellingham), Madison House (Everett), Aurora House (Lynnwood), Sno-Alp (Everett), Greenhouse (Everett) and Ovenells (Mt. Vernon). The Review addressed four key questions;

- Are the appropriate people in the Supervised Living services?
- Are people in Supervised Living services receiving the right kinds of clinical care?
- Is the consumer's voice evident throughout treatment?
- Is there a focus on a planned transfer to the community, a plan that addresses the consumer's discharge readiness?

Results

Overall, results were positive for the first three (3) review questions. All 40 consumers in residential services were seen as appropriate for this service. Also, consumers in Supervised Living did appear to be receiving the right kinds of clinical care, and some degree of consumer voice was evident in charts reviewed. The degree of documented examples of consumer voice does not yet meet NSRSN reviewers' expectations, however, it is commented on in the "Recommendations" section of the report. Comments are also included addressing the questions about Planned Transfers to the community for consumers, as such planning was noted in only 10 of the 40 charts reviewed.

Next Steps

This was the first review of the Supervised Living system performed by NSRSN Clinical/Quality Management staff. The purpose of the review was to build a database regarding Supervised Living services for future reviews, as well as to assess the current working and functional level of the system. A second Supervised Living review will be done in 2001, and the results compared to the Second Quarter 2000 review.

ACKNOWLEDGEMENTS

NSRSN Quality Managers Debbie Page and Terry McDonough would like to recognize and thank the following individual's for their assistance during the Supervised Living Concurrent Review process. Their cooperation in making the charts available, providing a workspace to review the charts and being available to answer any questions that either of us had during the review process was very much appreciated. Our apologies to any individual who assisted with the process and is not credited below.

Lake Whatcom Residential and Treatment Center- Mike Watson and his staff.

Everett Madison House- Natalie Gauteron and her staff.

Aurora House- Dave Shively and his staff.

Sno-Alp- Natalie Gautheron and her staff

Greenhouse- Gary Snow, Shar Andis and their staff

Ovenell's- Mary Cleeves and her staff.

We would also like to thank and acknowledge the following people for their valuable assistance in the Supervised Living Concurrent Review process. Their attendance and input at the planning meetings helped make the process both pleasant and productive.

Chuck Albertson- Whatcom County

Mary Good- Skagit County

Linda Pettit- Community Mental Health Services

Linda Laffredo- Dept. of Social and Health Services

Barbara Roessler- Dept. of Social and Health Services

Nancy Jones- Snohomish County Community Mental Health Program Supervisor

Dave Kludt- APN Acute Care Team

Geanie Rosner- Rainbow Resources, Everett

Bob LeBeau- APN Director of Clinical Operations

Supervised Living Clinical Review Report

Second Quarter 2000

Introduction

During the second quarter of 2000, Clinical/Quality Management staff from the North Sound Regional Support Network (NSRSN) conducted a Clinical Review of the Supervised Living system throughout the NSRSN. The review was conducted in accordance with the schedule detailed in the NSRSN Quality Management Plan 2000. A total of 40 charts from throughout the NSRSN were reviewed, representing 25% of the total Supervised Living beds Charts were reviewed from the following providers;

- ◆ Lake Whatcom Residential and Treatment Center, Bellingham - 15 cases reviewed
- ◆ Everett Madison House, Everett - 8 cases reviewed
- ◆ Aurora House, Edmonds - 5 cases reviewed
- ◆ Sno-Alp, Everett - 4 cases reviewed
- ◆ Greenhouse, Everett - 4 cases reviewed
- ◆ Ovenell's, Mt. Vernon -4 cases reviewed

The review was intended to address the following key questions;

- ◆ Are the appropriate people (per NSRSN Eligibility Criteria as defined in the NSRSN Level of Care Manual) in residential services?
- ◆ Are people in residential services receiving the right kinds of clinical care?
- ◆ Is the consumer's voice evident throughout treatment planning?
- ◆ Is there a focus on planned transfer to the community for consumers, a plan that addresses the consumer's readiness for discharge from residential services?

Study Methodology

The document NSRSN Supervised Living Clinical Review was used during this review. (Please see Attachment A) This document is similar in form to the Outpatient Concurrent Review document that has been in use by NSRSN Clinical/QM staff since March 1998. The Supervised Living Clinical Review document was developed by NSRSN Clinical/QM staff and presented in Draft form to providers on February 16, 2000, during the first Region-wide Supervised Living Clinical Review planning meeting. Feedback from providers was incorporated into the document. The document was revised and presented again to providers at the final Review planning meeting on March 8, 2000. The revised version of the Review document was then field tested by NSRSN staff on March 22, 2000, at Greenhouse. Actual case reviews and on-site visits occurred between April 12 and May 17, 2000.

Supervised Living Review Results

The Supervised Living Clinical Review document is divided into the following sections;

- ◆ Access to Supervised Living
- ◆ Assessment for ongoing services
- ◆ Treatment Planning
- ◆ Crisis/Risk Management
- ◆ Provision of Services
- ◆ Outcomes, and;
- ◆ Planned Transfer to the Community

Results from these sections were tabulated, analyzed and discussed by Clinical/QM staff, with particular reference to the key Review questions presented earlier, e.g.,

- ◆ Are the appropriate people (per NSRSN Eligibility Criteria as defined in the NSRSN Level of Care Manual) in residential services?
- ◆ Are people in residential services receiving the right kinds of clinical care?
- ◆ Is the consumer's voice evident throughout treatment planning?
- ◆ Is there a focus on planned transfer to the community for consumers, a plan that addresses the consumer's readiness for discharge from residential services?

A presentation of the results from the various Supervised Living Clinical Review document sections follows. An overall Summary Section and Recommendations Section conclude the report.

Supervised Living Clinical Review Document results, by section

Access to Supervised Living

- ◆ Chart reviews indicated there is an Authorization/Reauthorization in place between Supervised Living providers and APN. Residential Auth/Reauth documentation was located in all charts reviewed. These residential interviews are in person and include a Level of Functioning score.
- ◆ Special Needs inquiries are being made at time of request for residential services.
- ◆ NSRSN reviewers agreed that all 40 cases reviewed were eligible for NSRSN services.

Assessment for ongoing services

- ◆ The majority of charts reviewed, 33 out of 40, contained Intakes other than APN Intakes. This was because some charts had been opened prior to the existence of APN. In cases where there was no APN Intake, an agency Intake was present. However, in many cases the chart Intake was over five (5) years old, making determination of match between current treatment needs and needs assessed at time of the consumer's Intake difficult.
- ◆ More recent Assessments address the question of how long the consumer expects treatment to last and how they will recognize they have received the help they desire. Such identification

of consumer expectations will help define Discharge and community supported planning for the consumer.

- ◆ The inclusion of Natural Supports for the consumer during the intake process did not appear to be an area of emphasis in residential planning at present. This point will be addressed in the Recommendations Section of this report.

Treatment Planning

- ◆ Chart reviews indicated that 38 of 40 charts had current treatment plans. Of these, 36 of the 38 treatment plans were signed by the consumer.
- ◆ The treatment plan addressed issues identified in the Residential Auth/Reauth in 38 of 40 cases.
- ◆ In 33 of 40 cases, the consumer's goals (voice/choice) are clearly identified and addressed in treatment planning.
- ◆ In 8 of the 40 cases reviewed, the consumer is clearly asked, "How long do you think you would like to live here?" with the answer being recorded and integrated into treatment planning.
- ◆ Strength-based treatment planning regarding a consumer's special needs, interests and abilities, is not well documented.
- ◆ In 30 of 40 cases, there were no specific and measurable discharge criteria or discharge planning referenced for the consumer that addressed their desired/expected length of stay.

Crisis/Risk Management

- ◆ 40 of 40 charts reviewed contained Crisis plans.
- ◆ All of the Crisis Plans present were signed by the consumer
- ◆ All of the Crisis Plans were also on file at the VOA Crisis Clinic.
- ◆ Some strength-based planning was evident in the Crisis Plans reviewed.
- ◆ Crisis Plans identify the consumer's preferred individually tailored methods of crisis intervention/resolution. Consumer voice evident in this area.

Provision of Services

NSRSN reviewers noted a variety of progress note formats and frequencies among the visited providers.

- ◆ Monthly progress summaries are in place at all reviewed Supervised Living facilities, except for The Greenhouse in Everett, where weekly progress summaries are charted.
- ◆ Most charts reviewed contained both a monthly summary and ongoing progress notes.
- ◆ Sometimes these progress note entries were done more often than weekly, to reflect current service provision intensity.
- ◆ Reviewers felt that the combination of monthly summaries and ongoing weekly progress note entries afforded the most timely, accurate view of current clinical practice with the consumer.
- ◆ Overall NSRSN reviewers saw provision of clinical services as appropriate. Issue identified during Assessment and Treatment Planning are carried forward in residential services. In

particular, timely coordination between residential and psychiatric/prescribing staff was clearly evident in the charts reviewed. Notes between medical and residential staff detailed the course of events leading to Psychiatric Evaluations and subsequent prescriptive remedies very thoroughly and were quite well written.

- ◆ Although consumer strengths were noted in Treatment Plans and some progress notes, they were not followed up on, built upon and/or enhanced in most of the records reviewed.
- ◆ Only 10 of 40 charts referenced any Discharge Planning from Supervised Living to the community. 30 charts made no mention of any current Discharge Planning for the consumer.

Outcomes

- ◆ In all charts reviewed, progress toward goals and objectives identified on the Treatment Plan had occurred.
- ◆ Most consumers do not have a planned transfer to the community as part of their Treatment plan.
- ◆ The consumer's residential preferences/goals/desires beyond Supervised Living were infrequently noted in the clinical record.

Planned Transfer to the Community

- ◆ Specific Discharge Planning was only noted in 10 of the 40 charts reviewed.
- ◆ The plan for movement from Supervised Living to a more community-based residential setting was unclear, undocumented in 30 of 40 charts reviewed.

Summary

The key questions the Supervised Living Review was intended to address were;

- ◆ Are the appropriate people (per NSRSN Eligibility Criteria as defined in the NSRSN Level of Care Manual) in residential services?
- ◆ Are people in residential services receiving the right kinds of clinical care?
- ◆ Is the consumer's voice evident throughout treatment planning?
- ◆ Is there a focus on planned transfer to the community for consumers, a plan that addresses the consumer's readiness for discharge from residential services?

As described earlier in this report, NSRSN reviewers found that;

- ◆ All 40 consumers currently in Supervised Living were appropriate for Supervised Living placement.
- ◆ Consumers in Supervised Living do appear to be receiving the right kinds of clinical care, based on their level of need and severity. Such clinical care includes case management, medication management, Crisis Planning/Risk Management, skill building in the area of

Activities of Daily Living, Vocational/Educational support, Crisis Planning and cross-system coordination.

- ◆ Some degree of the consumer's voice is evident throughout treatment. Consent for Treatment forms, Treatment Plans, Crisis Plans and Releases of Information are signed by the consumer. Some treatment planning references particular consumer strengths, but these strengths are not focused on, built upon very often during provision of services.
- ◆ A planned transfer to the community, a Discharge Plan from Supervised Living was found in 10 of 40 charts reviewed.

Recommendations

Key review question #1 Are the appropriate people in residential services?

The providers are doing an excellent job currently of screening for Supervised Living placement. All charts reviewed documented the consumer's eligibility, as evidenced by an in-person interview, clinical diagnosis and Level of Functioning assessment score. Residential Authorization/Reauthorization documentation, authorizing on-going Supervised Living placement for consumers is located in the chart. The current screening/placement guidelines appear to be working and should remain in effect.

Key review question # 2 Are people in residential services receiving the right kinds of clinical care?

The consumers in Supervised Living placements do appear to be receiving the right kinds of clinical care. Service Level documentation and provided clinical services match the consumer's individual level of need and severity. In particular, documentation of medication management was very impressive. Psychiatric consults and evaluations, medication changes, on-going communication between residential staff and medical staff were clearly documented and explained.

Another impressive aspect of care noted by NSRSN reviewers was the presence of current, consumer signed, online Crisis Plans in all charts reviewed. It is encouraging to see this level of attention and support as part of the treatment services provided consumers. Crisis Planning is a vital aspect of care, and the Supervised Living providers evidenced excellent documentation in this area.

Two areas the reviewers noted, and saw room for improvement in, are the inclusion of natural supports for the consumer in treatment planning, and, an increased focus on Consumer Strengths in treatment planning. Whereas both of these concepts are evident in some treatment planning,

neither is as centralized and standardized in the on-going provision of clinical care yet as the NSRSN wants to see.

Consumer Strengths are noted on Treatment Plans in the clinical record but do not appear to be a particular focus of treatment planning. Although strengths are listed, their usage in treatment planning, the application of a noted consumer strength to an identified goal area is frequently not evident in the documentation. For example, a consumer may have his/her strength noted as “Good sense of humor, gets along well with others”, but the record makes no connection to how this strength will become an asset, a strength, to benefit the consumer in treatment. The strength is noted, but it is often not connected clinically to treatment planning, discharge planning. In future reviews of the Supervised Living programs, NSRSN reviewers expect to see the consumer’s noted individual strengths clinically connected to and utilized in their treatment as opposed to simply being listed on treatment plans.

Also, in future reviews of the Supervised Living programs, NSRSN reviewers expect to see natural supports for the consumer identified and included in treatment. In particular, reviewers will be looking for documentation that the consumer is informed of his/her right to have his/her desired Natural Support person present with them at the Assessment, and included in the consumer’s treatment planning. If this is the consumer’s expressed desire, subsequent documentation should evidence how the consumer’s wishes were put into effect. Natural Support people for the consumer should be included in the consumer’s Discharge Planning, if the consumer so desires, and their particular involvement in the consumer’s plan to move to more independent living should be clearly documented.

Two Clinical documents the reviewers were particularly impressed with during the Review were the “Monthly Clinical Indicator Checklist” used by Rainbow Resources and the “Order of Clinical Charts” form used by Lake Whatcom Center. The Monthly Clinical Indicator Checklist document organizes pertinent medical/mental health factors into a checklist form that is reviewed by staff and consumer monthly. It provides an excellent avenue to document both consumer status and voice on a regular basis. The “Order of Clinical Charts” form used by Lake Whatcom Center lists the various component sections of a complete clinical record. It details what components are required in which sections, and it was the one/only document noted throughout the reviewed facilities which included a Discharge Plan section, although the Discharge Plan section is noted to be used for consumers on an LRO only.

Please see Attachments A and B for copies of the aforementioned documents.

Key review question #3 Is the consumer's voice evident throughout treatment planning?

Reviewers did find varying degrees of documented Consumer Voice in the charts reviewed. Documents such as Consent for Treatment, Authorization/Reauthorization for Residential Treatment, Treatment Plans, Crisis Plans and Releases of Information are being signed by consumers. Consumer signature does not evidence the degree of Consumer Voice NSRSN reviewers expect to see in future Supervised Living reviews, however. Current APN provider training of clinical and case management staff with APN's Documentation Training Manual is underway, and scheduled to be completed in June 2000. NSRSN reviewers have seen the Manual and were impressed with it. Included in the Manual are "key areas which should be reflected in several if not all documents in a client chart as appropriate. These key areas are identified as;

- Client Voice
- Natural Supports
- Client's Strengths"

These three (3) areas which APN will focus their documentation training on are also key elements identified during the Supervised Living Review. Reviewers feel the training will be very beneficial in tailoring care and maximizing benefit to each consumer and commend APN for their efforts. In future Supervised Living reviews, NSRSN staff will be looking with particular attention at these 3 key areas.

Key review question #4 Is there a focus on planned transfer to the community for consumers, that addresses the consumer's readiness for discharge from residential services?

10 of the 40 charts reviewed contained any specific discharge planning activities. NSRSN reviewers feel this area needs attention. The goal of most consumers in Supervised Living situations should be to move from this level of care to a more independent level, in the community of their choice. The planned course of treatment to achieve this outcome is not documented well in the charts reviewed. Better documentation, to include Consumer Voice, Natural Supports and Consumer Strengths needs to be included in the consumer's chart. Currently, it is difficult to gauge the consumer's progress toward more independent living. Some consumers have been in Supervised Living for years at the same facility. If this is seen as the preferred residential site for the consumer, documentation should explain why this exemption to the usual course of non-permanent residential placement in a facility is the consumer's choice and seen as medically necessary. In the usual course of events, however, it is expected that the vast majority of Supervised Living consumer's move through this residential setting and onto a more independent, community-based setting.

This concludes the first NSRSN Supervised Living Clinical Review report. The purpose of this report was to gather data from clinical records to address the four (4) NSRSN identified key questions. Results pertinent to these key questions have been presented in the report. The report is also intended to provide direction to providers of Supervised Living programs and to inform them of NSRSN expectations for future such reviews.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quarterly DSHS 7.01 review and update

PRESENTER: Sharri Dempsey, Tribal Liaison

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The NSRSN was approached Government to Government on June 29, 2000 for revisions to the NSRSN 7.01. The two revisions:

- Involvement of Tribal Mental Health Programs in all inpatient admissions for current tribal program clients, including certification, treatment methodology and discharge planning.
- Development of methods and procedures for mutual sharing of data between Tribal Mental Health Programs and NSRSN for collaborative studies.

CONCLUSIONS/RECOMMENDATIONS:

Tribes are asking for these changes on a Government to Government platform. The inpatient certification numbers for those clients receiving services in Tribal Programs is minute. During 1999 between all eight tribes there were six clients already receiving Tribal Mental Health Services admitted to inpatient treatment.

The sharing of data and subsequent collaborative studies between Tribal Mental Health Programs and other contracted Mental Health Providers will bring clarity and greater understanding between the Tribes and other providers.

TIMELINES:

This is the first quarter revision of the Board approved 7.01 plan for 2000 - 2001

ATTACHMENTS:

7.01 plan
All other legal documentation upon request

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: CASELOAD DATA UPDATE

PRESENTER: FRANCENE THOMPSON

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- At the July 2000 meeting of QMOC, a progress report was given regarding caseload size as demonstrated by NSRSN Management Information Systems data. These data, as provided by NSRSN provider agencies, indicated that caseload size has not appreciably increased during the past 2 years and that makeup of caseloads showed apparently appropriate distribution of cases with regard to Levels 1, 2, and 3.
- This report stimulated input from stakeholders throughout the region, raising questions and offering information to improve the accuracy of those data.
- NSRSN has subsequently received a number of suggestions and sources of information that will improve the quality of the data available for analysis of caseload information.

CONCLUSIONS/RECOMMENDATIONS:

- The input received by NSRSN has been extremely helpful in further refining our information gathering efforts.
- Further refinement of data is clearly needed.
- Future reports are expected to be increasingly accurate.

TIMELINES:

- Ongoing

ATTACHMENTS:

- None