



NORTH SOUND REGIONAL SUPPORT NETWORK

QUALITY MANAGEMENT OVERSIGHT COMMITTEE

COMMITTEE MEETING PACKET

OCTOBER 12, 2000

**North Sound Regional Support Network
Quality Management Oversight Committee
NSRSN Conference Room
October 12, 2000
12:30 – 3:00**

AGENDA

			Time	Page #
1.	Open the meeting & comments from the Chair		5 minutes	
2.	Approval of September Minutes	Chair Benjamin	5 minutes	3
3.	Reports			
	Action Items:			
	A. Critical Incidents Policy – Sea Mar	Mr. Page	10 minutes	6
	B. Meeting Schedule	Ms. Thompson	10 minutes	7
	Informational Items:			
	A. QRT Tool	Ms. Holtcamp	10 minutes	8
	B. Grievance, Complaints & Fair Hearing Policy	Ms. Striplin	20 minutes	18
	C. Crisis Review Report	Ms. Benoit & Ms. Striplin	20 minutes	22
	D. IS/IT	Ms. Thompson	15 minutes	35
	E. NSRSN Audit Process	Mr. Long	10 minutes	36
	F. Quality Management Plan 2000 Quarterly Review	Ms. Thompson	15 minutes	37
4.	Other Business			
	A. Quarterly Meeting Evaluation	Chair Benjamin	5 minutes	
5.	Adjourn			

**North Sound Regional Support Network
Quality Management Oversight Committee
September 14, 2000
12:30 – 3:00 p.m.
NSRSN Conference Room**

MINUTES

Members Present:

Chuck Benjamin, Chair	Dave Gossett
JoAnn Angevine	Marcia Gunning
Pamala Benjamin	Dolores Holtcamp
Tori Benz-Hillstrom	Karen Kipling
Dan Bilson	Terry McDonough
Claudia D'Allegri	Francene Thompson
Melissa DeCino	Linda Vaughan
Sharri Dempsey	

Staff Present:

Sharon Lucas
Greg Long
Annette Calder
Debbie Page
Mike Page

Guest Present:

Marie Jubie
Jere LaFollette

1. Call to Order and Comments from the Chair

Chair Benjamin opened the meeting at 12:35 and introductions were made. He stated the agenda would be amended under Other Business to include a request from staff to form an ad hoc committee to review grievance procedures will become item A1 and the Meeting Evaluation will become item A2. An informational Tribal Report will be added as the last bullet under Informational Reports. Chair Benjamin felt it was important to note accomplishments made by this committee; the Critical Incidents policy was approved and forwarded to the Board of Directors for approval along with a recommendation to approve the 7.01 Plan. He stated that these were major achievements of the committee and that it should be recognized.

2. Approval of August 2000 minutes

The minutes were reviewed and approved as written by consensus.

3. Reports

Action Items:

• **Caseload Study**

Francene Thompson addressed the committee regarding the status of the caseload study and provided the group with some documentation, copy attached. Francene brought forward the recommendations of the Caseload Study Committee and asked Tori Benz-Hillstrom to go over the sample reports with this committee. Tori addressed the committee and much discussion followed. See Attachment A for further information. A motion was made that APN report quarterly to the Caseload Study Committee who in turn would report to QMOC, all in favor, motion carried.

Informational Items:

- **Administrative Audit Process**

Marcia Gunning made a presentation outlining the entire administrative audit process and provided handouts to the committee, copies attached. Discussion followed. See Attachment B for further information.

- **Concurrent Review**

Terry McDonough provided the committee with copies of APN's proposed Action Plan and NSRSN's letter accepting the Action Plan, copies attached. It was noted that deficiencies would continue to show throughout the third and fourth quarter reviews due to the dates charts are selected from and when clinician training began. Discussion took place. See Attachment C for more information.

- **Snohomish County Evaluation and Treatment Center**

Francene Thompson informed the committee that all but one of the corrective actions addressed had been corrected. Consultation for special populations is still not being routinely done. Continued monitoring is necessary. NSRSN staff are currently visiting the E&T weekly. It is felt that Snohomish County Evaluation and Treatment Center staff are making an honest effort to correct the issue. Discussion followed.

- **Dangerous Mentally Ill Offenders Program**

Francene Thompson and Jere LaFollette made a presentation to the committee and provided a handout about Substitute Senate Bill 5011, the Dangerous Mentally Ill Offenders program, legislative intent of the law and status of the program in our Region. Discussion followed. See Attachment D for more information.

- **CHAP Update**

Linda Vaughan addressed the committee regarding the status of the CHAP program in the North Sound Regional Support Network and distributed handouts of the statistics for April 2000 through August 2000 broken down by county, copy attached. A remarkable improvement was noted in Snohomish County. See Attachment E for further information.

- **Tribal Liaison Report**

Sharri Dempsey informed the committee of an upcoming Tribal Training on Post Traumatic Stress Disorder and invited all to attend. A copy of the training brochure is attachment F.

4. Other Business

A1. Staff Request

Chair Benjamin informed the committee of a staff request to form a committee to review the NSRSN Consumer Complaint, Grievance and Fair Hearing Policy. Those who volunteered to participate on this committee Tori Benz-Hillstrom, Sharri Dempsey and Dolores Holtcamp. Chair Benjamin stated Diana Striplin will be the lead on this committee and that all QMOC members will be

canvassed to see if they would like to participate. A motion was made and seconded to form the Consumer Complaint, Grievance and Fair Hearing Policy committee to review the current policy. Chair Benjamin called for the vote, all in favor, motion carried.

A2. Meeting Evaluation

Chair Benjamin went over the meeting evaluation results from the July 20, 2000 meeting. Brief discussion took place. The group will continue to evaluate quarterly. See Attachment G for evaluation results.

5. Adjourn

Chair Benjamin informed the group that the next meeting will be Thursday, October 12, 12:30 – 3:00 in the NSRSN Conference Room and the meeting was adjourned.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Critical Incident P&P, and Report Form

PRESENTER: Mike Page, Quality Manager

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY: APN and SeaMar agree to the policies, and form, for the reporting of critical incidents as they occur, in the course of providing inpatient, outpatient and community support services in the NSRSN.

CONCLUSIONS/RECOMMENDATIONS: As current critical incident policy and reporting procedure fail to capture data relevant to quality assurance and improvement, it is recommended that these new policies, procedures and reporting format, be put into practice at the first opportunity.

TIMELINES: As soon as possible.

ATTACHMENTS: The following documentation will be available at the meeting:

- NSRSN Critical Incident Policies and Procedures
- Report Form and Selective Review Process.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: QMOC MEETING SCHEDULE

PRESENTER: FRANCENE THOMPSON

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- A number of members of QMOC have experienced difficulty in attending this committee's meetings (or had problems working them in with other work and personal obligations) since those meetings began convening on the second Thursday of each month.
- Some members report their preference for meeting on any Tuesday or Wednesday, or on Thursdays that fall later in the month.

CONCLUSIONS/RECOMMENDATIONS:

- It is recommended that QMOC discuss the current meeting schedule to determine whether or not it would be advantageous to change our current meeting dates and/or times of day.

TIMELINES:

- As determined by QMOC membership.

ATTACHMENTS:

- None.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Review Team Overview of Compass Health

PRESENTERS:

- Quality Review Team Lead - Dolores Holtcamp
- Quality Review Team Associate - Beckie Bacon

COMMITTEE ACTION:

- FYI & Discussion

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Quality Review Team Quarterly Report for Jan. – Mar.
- Quality Review Team Quarterly Report for Apr. – Jun.
- List of Provider Sites Surveyed to date.
- Graphs of Consumer Level of Satisfaction.
- Compass Overview 2000 –
 - *Strengths*
 - *Concerns*
 - *Unacceptable Areas*
 - *Recommendation*

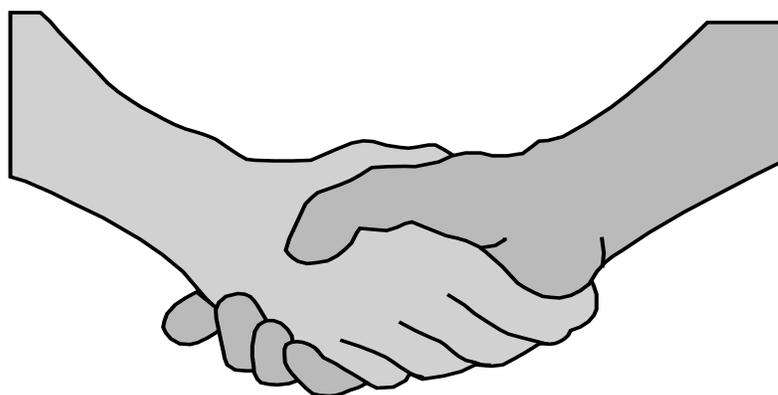
CONCLUSIONS/RECOMMENDATIONS:

- Recommendation – Case management is still a key issue among consumers. QRT recommends a case management team approach throughout, and continue data gathering of case loads.

ATTACHMENTS:

1. Jan. – Mar. Quarterly Report
2. Apr. – Jun. Quarterly Report
3. List of Compass Survey Site Visits
4. 4 pages - Level of satisfaction graphs – Provider & Residential
5. Compass Overview

Quality Review Team COMPASS HEALTH OVERVIEW QMOC REPORT 2000



DATE: OCT. 12, 2000

**RSN: North Sound Regional Support
Network**

**REPORT BY: Dolores Holtcamp QRT Lead
Beckie Bacon QRT Associate**

QUALITY REVIEW TEAM QUARTERLY REPORT

DSHS/Mental Health Division

Date: April 27, 2000

Calendar Quarter Period: for Jan – Mar, Apr – Jun, Jul - Sep, Oct – Dec

RSN/PHP: North Sound Regional Support Network

Prepared By: North Sound Regional Support Network – Quality Review Team

- Dolores Holtcamp – QRT Lead
- Beckie Bacon – QRT Member

1. Number of Speaking Engagements: 4

2. Total in Attendance: 98 (Consumers, Advocates, Family Members and Interested Parties)

3. Number of Service Recipients Spoken to in Structured Interviews: 88 (target goal 5%)

4. Number of Provider site visits during this Quarter: 12

5. Agencies contracted with the RSN/PHP: 46

6. Methods used for Outreach:

- The Quality Review Team, updates and replaces the RSN, QRT, Ombuds, and Crisis Line Brochures at all sites we visit.
- QRT visit the Friendship Houses and the Missions, hospitals, etc. any meetings we are at making sure brochures are available.
- We are also in the process of developing a post card to be left wherever it is appropriate, schools, cafes, libraries, jails, homeless shelters, food banks, emergency rooms, community action centers, DSHS Benefit Offices, police stations, emergency rooms, etc. Posters are also sent in advance to all sites.

7. Number of Agencies that will be visited during the Fiscal Year: approx. 52

8. Number of Agencies visited with the On-Site Audit Review Team: 0 (next quarter)
(Team consists of Quality Management, QRT, Fiscal and Contracts)

9. Enrolled clients with the RSN/PHP: approx. 10,000

10. The QRT have visited over 12 sites at this time. We have not processed these reports yet. We are gathering information from the consumers through the survey process to be used in a new measurement tool. We are working with a professional we have contracted with for more accurate results. These reports will be included in the next Quarterly report.

11. Visits to Homeless Shelters: 3

12. Training's attended by QRT: 5

QUALITY REVIEW TEAM QUARTERLY REPORT

DSHS/Mental Health Division

Date: July 28, 2000

Calendar Quarter Period: for Jan – Mar, Apr – Jun, Jul - Sep, Oct – Dec

RSN/PHP: North Sound Regional Support Network

Prepared By: North Sound Regional Support Network – Quality Review Team

- Dolores Holtcamp – QRT Lead
- Beckie Bacon – QRT Associate

1. **Number of service recipients face to face interviewed this Quarter:** 124 (target goal 5%)
2. **Number of Provider site visits during this Quarter:** 19
3. **Agencies contracted with the RSN/PHP:** 46
4. **Number of Agencies that will be visited during the Fiscal Year:** approx. 52
5. **Number of Agencies visited with the On-Site Audit Review Team:** 2 (this quarter)
(Team consists of RSN, Fiscal, Contracts, Quality Management & QRT)
6. **Enrolled clients with the RSN/PHP:** approx. 10,000
7. **Number of Speaking Engagements:** 3
8. **Total in Attendance:** approx. 62 (Consumers, Advocates, Family Members and Interested Parties)
9. **Methods used for Outreach:**
 - The Quality Review Team, updates and replaces the RSN, QRT, Ombuds, and Crisis Line Brochures at all sites we visit.
 - Outreach Post Card has been placed at homeless shelters, also given to jail liaisons, hospitals, community centers, schools and distributed anywhere we hope to connect people in need of mental health services.
10. **Activities Attended:** 1. WPAS Quarterly 2. Informational meeting with Jail Liaisons 3. Behavioral Health Conference 4. OCA Retreat 5. OCA, Ombuds & QRT Fri. meetings 6. Monthly – QMOC, Advisory Board & Board meetings, all staff meetings 7. Integrated Services
11. **Training's attended by QRT:** 5 – 1. Onsite Review Audit training 2. Power Point 3. ADHD training 4. FAS training 5. Family to Family training

Completed Quality Review Team Survey Site Visits
Providers & number of Consumers surveyed at sites – 2000

Compass:

			<u>Consumers</u>	<u>Surveyed</u>
1.	3/7/00	Edmonds - Adult Extended Care.....	500	11
2.	3/9/00	Everett – Greenhouse	16	9
3.	3/13/00	Sedro Woolley - North Sound E & T.....	14	10
4.	3/20/00	Smokey Point - Adult Extended Care	145	5
5.	3/21/00	Snohomish - Crisis Beds.....	12	5
6.	3/23/00	Everett - Compass Main Building	950	8
7.	3/27/00	Snohomish - Adult Extended Care	350	10
8.	4/6/00	Broadway - Adult Extended Care-open..	650	9
9.	4/10/00	Edmonds - Children’s Ext. Care	150	12
10.	4/13/00	Marysville - Adult Extended Care	150	8
11.	4/24/00	Edmonds - Aurora House.....	19	5
12.	4/25/00	Everett - Lombard House	6	3
13.	5/2/00	Mukilteo - E & T... ..	11	8
14.	5/4/00	Smokey - Point Primary Care... ..	400	2
15.	5/9/00	Everett - Multi Cultural Services... ..	210	10
16.	5/11/00	Monroe - Primary Care... ..	300	5
17.	5/23/00	Lynnwood - Primary Care.....	350	14
18.	5/25/00	Everett - Children’s Extended Care.....	33	2
19.	6/1/00	Everett - Haven House	6	5
20.	6/28/00	Smokey Point - Children’s Ext. Care	115	2
21.	9/28/00	Main Campus - 2 nd visit (not included in graph).....	0	15

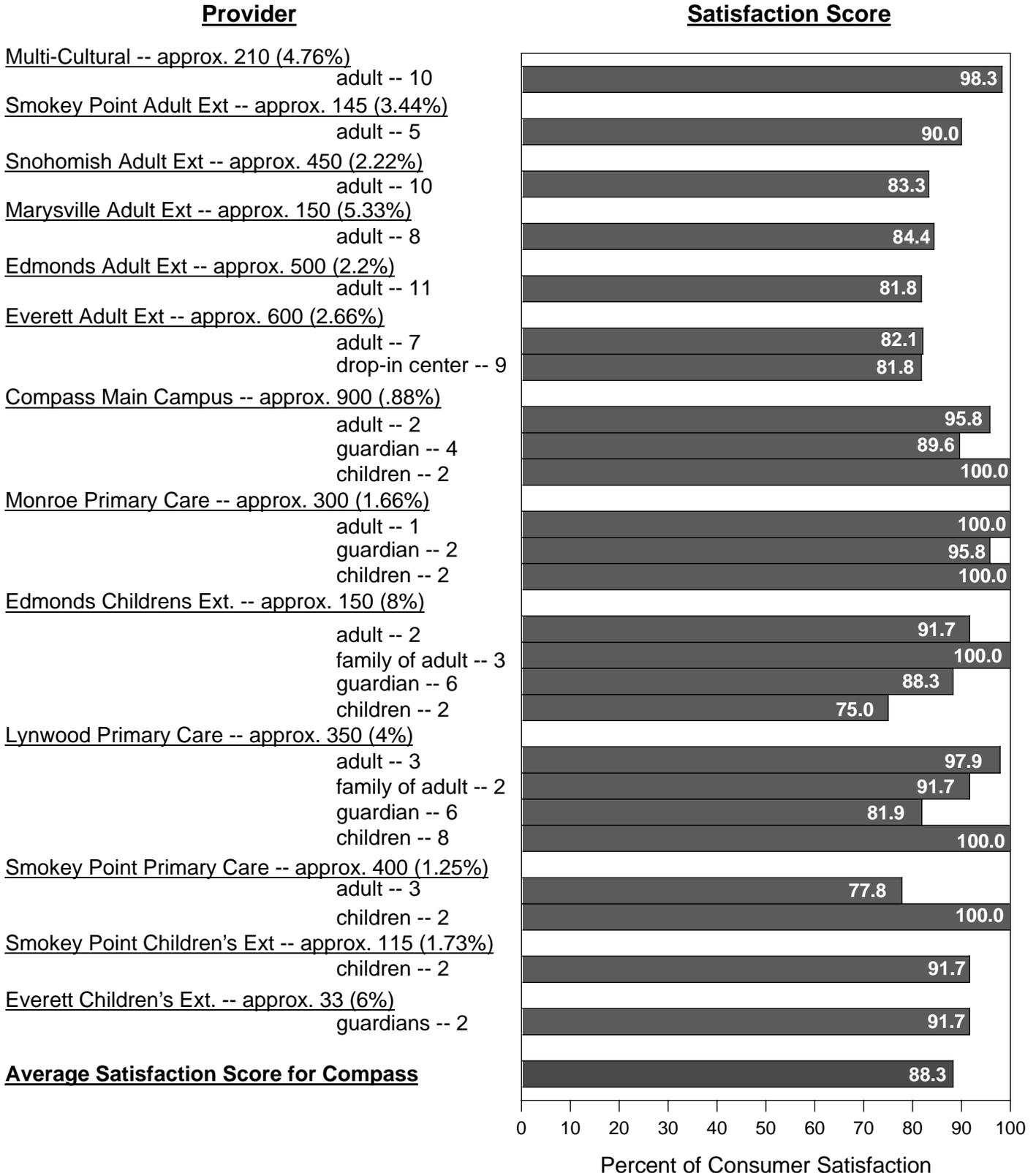
CMHS:

1.	6/19/00	Mt. Vernon - Crisis Respi	5	3
2.	6/20/00	Oak Harbor – O’Leary House	5	1
3.	6/20/00	Oak Harbor – Garden House	3	3
4.	6/26/00	Mt. Vernon –Adult Support Services	600	32
5.	6/27/00	Stanwood – CMHS.....	100	1
6.	7/6/00	Mount Vernon – Older Adult Services.....	200	8
7.	7/25/00	Camano – CMHS	100	4
8.	8/1/00	Ovenell Home	15	10
9.	8/4/00	La Follette Place	11	4
10.	9/11/00	M.V. – MICA.....	154	8
11.	9/21/00	M.V. – Child & Family Services	200	8
12.	9/25/00	Oak Harbor – Day Treatment	8-12	7
13.	7/00	Independent housing – surveyed by mail... ..	71	19

Compass -- Clinician Provider Sites

Level of Consumer Satisfaction Scores

(percent of consumers surveyed in parentheses)



Compass -- Clinician Provider Sites

Level of Consumer Dissatisfaction Scores

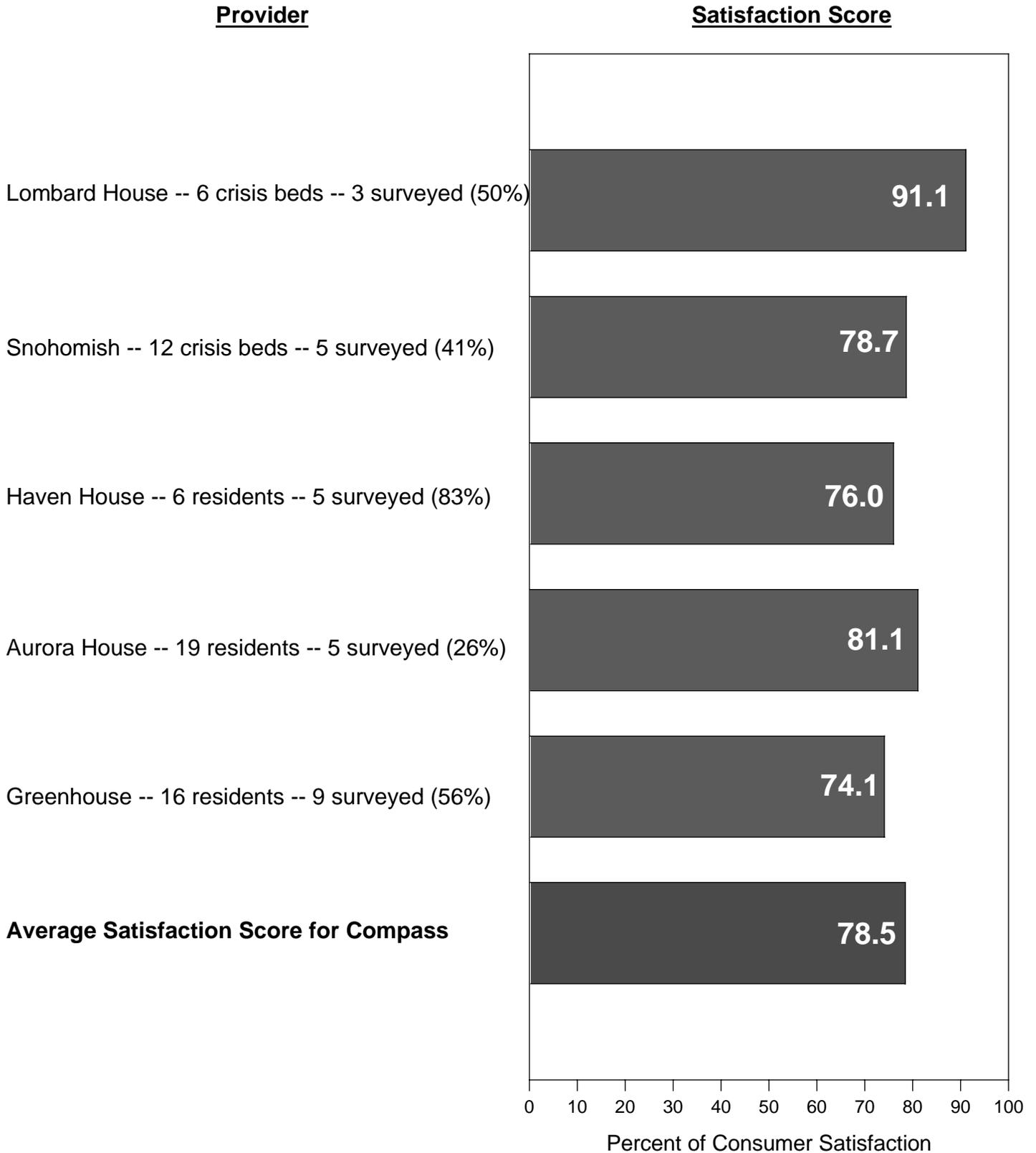
(percent of consumers surveyed in parentheses)



Compass -- Residential & Crisis Bed Provider Sites

Level of Consumer Satisfaction Scores

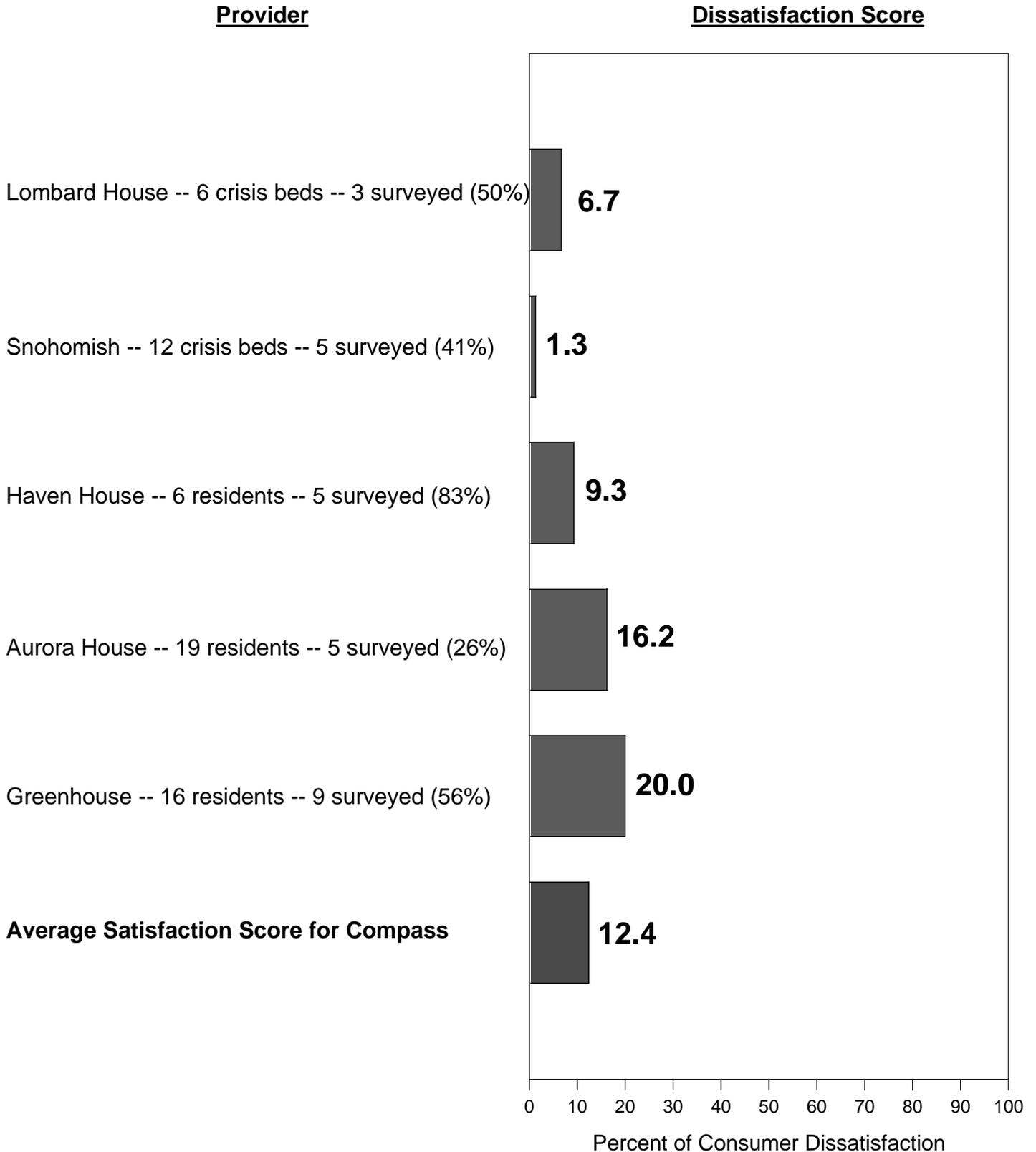
(percent of consumers surveyed in parentheses)



Compass -- Residential & Crisis Bed Provider Sites

Level of Consumer Dissatisfaction Scores

(percent of consumers surveyed in parentheses)



COMPASS HEALTH- OVERVIEW 2000
by NSRSN Quality Review Team

STRENGTHS:

- 26 – Know appropriate contacts for crisis plan.
- 27 – Development of treatment plan.
- 61 - Gender, race, age, language, sexual orientation & handicap needs respected.
- 64 - Treated with dignity & respect.
- 34 - Staff confidential with information.

CONCERNS:

- 13 - Length of time to receive services.
- 22 - Case Manager is too busy & hard to reach.
- 9 - Activities needed at drop- in center.

UNACCEPTABLE AREAS:

- 6 – Consumers not satisfied with availability of case manager.

RECOMMENDATION:

- Case management is still a key issue among consumers. QRT recommends a case management team approach throughout, and continue data gathering of case loads.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS REPORT-OCTOBER 1, 1999-MARCH 31, 2000

PRESENTER: Diana Striplin

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- The NSRSN reports overall complaints, grievances, and fair hearings to the Mental Health Division (MHD) every six months. This information is used to satisfy the 1915 waiver approval.
- The current report is a summary of all complaints, grievances, and fair hearings filed for October 1, 1999 through March 31, 2000.
- Although Exhibit N is supposed to be an unduplicated count of complaints, grievances and fair hearings, there may be some duplication in this report.
- These reports can serve as a tracking mechanism for complaints, grievances, and fair hearings in the region. They may be built upon or refined to provide additional information for continuous quality improvement.

CONCLUSIONS/RECOMMENDATIONS:

- Develop mechanisms to reduce duplication of reporting.
- Work with the MHD towards clear definitions of categories.
- Review the current NSRSN Consumer Complaint, Grievance, and Fair Hearing policy through a QMOC subcommittee.
- Present reports to QMOC semi-annually

TIMELINES:

- Ongoing

ATTACHMENTS:

- NSRSN COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS REPORT-OCTOBER 1, 1999-MARCH 31, 2000,
- Attachment A

NSRSN COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS REPORT OCTOBER 1, 1999-MARCH 31, 2000

INTRODUCTION

The NSRSN reports overall complaints, grievances, and fair hearings to the Mental Health Division (MHD) every six months. This information is used to satisfy the 1915 waiver approval.

The current report is a summary of all complaints, grievances, and fair hearings filed for October 1, 1999 through March 31, 2000 (see attachment A, Exhibit N). It includes information collected from ombuds, providers (APN, *Sea Mar*, and VOA), and the NSRSN. The results for adults and children are presented separately.

Although Exhibit N is supposed to be an unduplicated count of complaints, grievances and fair hearings, there may be some duplication in this report. The NSRSN is working to develop a way to reduce duplication. In addition the MHD is working to define the categories in Exhibit N.

NSRSN staff will present this information to QMOC on a semiannual basis.

DISCUSSION POINTS

- Consumers, family members and other interested parties are routinely filing complaints and grievances in the region.
- The NSRSN and MHD have decided to take a quality improvement approach of encouraging consumer complaints as a mechanism to improve services and encourage active use of consumer voice.
- The majority of complaints and grievances are resolved at the provider level.
- As mentioned above, consistency in reporting formats and definitions is needed to provide more accurate information.
- These reports can serve as a tracking mechanism for complaints, grievances, and fair hearings in the region. They may be built upon or refined to provide additional information for continuous quality improvement.

NEXT STEPS

- Develop mechanisms to reduce duplication of reporting.
- Work with the MHD towards clear definitions of categories.
- Review the current NSRSN Consumer Complaint, Grievance, and Fair Hearing policy through a QMOC subcommittee.
- Present reports to QMOC semiannually

EXHIBIT N
COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS FILED
OCTOBER 1, 1999-MARCH 31, 2000
ADULTS

TYPE	Complaints	Grievances	Fair Hearings Filed	Outstanding
Access -Refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.	91	3		11
Dignity and Respect	107	4		2
Quality/Appropriateness -Refers to the degree that service features meet (fit) consumers needs and are free from error and deficiencies.	124	5		13
Phone calls not returned	3			
Service intensity, service not available, coordination of services	80	3		3
Consumer Rights	84	2		2
Physicians & medications	76		1	
Financial & Admin Svs.	27			2
Residential	56	4		
Housing				
Transportation				
Emergency Services	8			
Other	10			
Total	688	21	1	33

RESOLUTIONS	Complaints	Grievances	Fair Hearings Filed
Info/Referral	269		
Referral to QRT	1		
Conciliation/Mediation	334		
Arbitration		21	
Fair Hearing			1
Other:	9		
Not Pursued	42		
Total	655	21	1

EXHIBIT N
COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS FILED
OCTOBER 1, 1999-MARCH 31, 2000
CHILDREN

TYPE	Complaints	Grievances	Fair Hearings Filed	Outstanding
Access -Refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.				
Dignity and Respect	3	1		
Quality/Appropriateness -Refers to the degree that service features meet (fit) consumers needs and are free from error and deficiencies.	20	3		1
Phone calls not returned	1			
Service intensity, service not available, coordination of services	19	1		
Consumer Rights	3			
Physicians & medications				
Financial & Admin Svs.				
Residential	4			
Housing				
Transportation				
Emergency Services	4			
Other	2			
Total	56	5		2

RESOLUTIONS	Complaints	Grievances	Fair Hearings Filed
Info/Referral	19	3	
Referral to QRT			
Conciliation/Mediation	31	1	
Arbitration			
Fair Hearing			
Other:	5		
Not Pursued			
Total	55	4	

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Integrated Crisis System Clinical Review

PRESENTER: Diana Striplin and Linda Benoit

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- 156 crisis episodes of care were reviewed (review included records from VOA, APN emergency services and outpatient providers, Sea Mar, Snohomish Co. ITA, crisis respite, and NSRSN evaluation & treatment facilities)
- All counties were represented in the review
- The review represents the beginning of a continuous quality improvement process designed to identify key system issues and assess quality of care for all consumers in crisis

CONCLUSIONS/RECOMMENDATIONS:

- NSRSN Integrated Crisis Response System has made remarkable progress towards goal of providing a seamless system of care
- Key areas identified for quality improvement include:
 - Further development of crisis plans
 - Location of crisis services needs to be more community-based
 - Seamless service provision (i.e., improvement of information flow between VOA and providers, and increased coordination of services between providers during crisis episodes of care)

TIMELINES:

- Met with providers to select areas for quality improvement – 9/29/00
- APN submits quality improvement plan – 11/15/00
- Final report with quality improvement recommendations to QMOC – 12/14/00

ATTACHMENTS: The following documentation will be available at the meeting:

- NSRSN Integrated Crisis System Clinical Review Report
- Crisis Review Data

NSRSN INTEGRATED CRISIS SYSTEM CLINICAL REVIEW REPORT

SECOND QUARTER 2000

RESULTS/NEXT STEPS

EXECUTIVE SUMMARY

During the second quarter of 2000, NSRSN quality management staff conducted the first integrated review of the crisis response system, a general overview of the crisis system in the NSRSN. The review was structured to evaluate:

1. How different components of the crisis system are working together to create a seamless system of care for consumers
2. Quality of care for all consumers in crisis – those in ongoing care at the time of the crisis and those **not** in ongoing care at the time of the crisis
3. Key quality indicators

The team reviewed 156 crisis episodes of care. Records were reviewed from VOA, APN crisis providers, APN outpatient providers, Sea Mar, Snohomish County ITA, crisis respite, and NSRSN evaluation and treatment facilities. All records for a specific consumer were evaluated at the same time to allow review of the entire episode of care, from initial call to VOA through additional crisis services or outpatient services to resolution.

Since the inception of the region-wide crisis line, the development of system-wide protocols, and the integration of multiple county systems, the crisis system in the NSRSN has made strong progress towards becoming a seamless system of care. The purpose of this review is to build on the progress to date by laying the groundwork for the continuous quality improvement process for the crisis system in the NSRSN.

RESULTS

Key areas for quality improvement include:

- Further development of crisis plans
- Location of crisis services needs to be more community-based
- Seamless service provision (i.e., improvement of information flow between VOA and providers, and increased coordination of services between providers during crisis episodes of care)

NEXT STEPS

- Meet with crisis response work group to review draft report (9/21/00)
- Meet with providers to select areas for quality improvement (9/29/00)
- Submit draft report of results to QMOC (10/12/00)
- APN submits quality improvement plan (11/15/00)
- Submit final report and provider quality improvement plan to QMOC (12/14/00)

BACKGROUND/INTRODUCTION

In September of 1997, the NSRSN Board of Directors passed Motion #97-69 that created a blueprint of changes intended to improve the integration of crisis response services throughout the region. Central to improved integration was the use of Volunteers of America (VOA) Crisis Line to provide crisis and triage services to all five counties in the region, and an agreement to implement a protocol driven system.

In January of 1998, VOA became the region wide crisis and triage line. A cooperative agreement was signed between VOA and Associated Provider Network which outlined how the two provider systems would work together to integrate crisis response services. Protocols were developed by the providers to create consistency in how crisis services would be provided in the region. Implementation of on-line crisis plans for consumers receiving ongoing services began in May, 1998. In July, 1998, VOA, APN, and Snohomish County signed the Integrated Crisis Response Services contract with the NSRSN.

The reviewers want to acknowledge the remarkable progress that has been made in developing and implementing an integrated crisis system since these events. There is general consensus among county coordinators and staff, providers, community members, and regional staff that the overall integration of the crisis system in the NSRSN has improved significantly and is working well for consumers. APN, VOA, and Snohomish County staff are to be commended for their leadership in this process. Their commitment to a collaborative model and to ongoing quality improvement has been critical in moving the crisis system forward.

In 1998 and 1999, NSRSN quality management staff began a process to develop a crisis system review instrument and crisis service standards of care (see Attachment A). A series of work groups were held to give opportunity for providers, county coordinators, consumers, advocates, ombuds, QMOC members, and members from other formal systems to give input to the review and standards (see Attachment B). During the second quarter of 2000, NSRSN quality management staff conducted the integrated review of the crisis system.

The purpose of this review is to build on the progress to date by laying the groundwork for the continuous quality improvement process for crisis services in the NSRSN. The review was intended to be a general overview of the crisis system in the region. A baseline of information will be developed to assist providers in making key quality improvements over time. Further focused studies on particular aspects of the crisis system may follow.

The review was structured to evaluate, 1) how the different components of the crisis system were working together to create a seamless system of care for consumers, 2) the quality of care for all consumers in crisis (those in ongoing care at the time of the crisis and those **not** in ongoing care at the time of crisis), and 3) key quality indicators for crisis services in the region.

The focus areas of the review were:

- Triage by VOA
- Special Population Services
- Voice, Choice, Ownership, and Strengths
- Natural, Community, and Cross-System Support Integration
- Individualized, Community-Based Crisis Services
- Continuity of Care/Seamless Services

METHOD/SAMPLE

NSRSN quality management staff reviewed 156 episodes of care. The cases were chosen in the following manner. The team began with a random sample of 200 calls from all calls that were made to VOA between October 1, 1999 and March 31, 2000. An “extra” random sample of 200 calls from the same time period was chosen as a back-up. The first 150 calls from the random sample were then selected for review. As the review progressed, some of the calls were eliminated from the sample because they were non-crisis in nature. Other calls had to be combined because they all related to the same episode of care. Approximately 30 alternate calls were subsequently chosen from the original sample and “extra” sample lists to replace these calls. In order to insure that the calls reviewed represented a range of crisis interventions, the alternate calls were chosen based on whether they required intervention beyond the initial call to VOA. For purposes of this review, calls that “went beyond VOA” means calls where some other service, in addition to the initial intervention by VOA staff, was needed in order to resolve the crisis. This other service may have been provided by emergency services providers, outpatient providers, or Snohomish Co. ITA staff.

The original random samples were not chosen based on county representation, the exception being those cases chosen from counties that were underrepresented in the random sample (i.e., Island and San Juan).

Records that were relevant to each call or crisis episode of care were then gathered from VOA, APN crisis provider files, APN outpatient records, Snohomish County ITA files, crisis respite files, Sea Mar files, and NSRSN evaluation and treatment facilities. Community hospital and emergency room records were unavailable for this review.

The reviewers evaluated all records related to the episode of care for the individual consumer, from the initial call to VOA, through additional crisis or outpatient services to the resolution of the crisis. Callers receiving outpatient services, as well as, those who were not in service at the time of the call were reviewed. Crisis calls that began and ended with VOA were also evaluated.

The following are demographics of the 156 crisis episodes of care reviewed:

AGE

AGE	COUNT
Children (0-17)	25
Adults (18-59)	110
Older Adults (60+)	6
Age Unknown	15
TOTAL	156

OUTPATIENT SERVICE STATUS BY COUNTY AND REGION

COUNTY	IN SERVICE	NOT IN SERVICE	UNKNOWN	TOTAL
San Juan	2	2	0	4
Island	3	3	0	6
Skagit	19	8	1	28
Whatcom	31	10	3	44
Snohomish	33	32	7	72
Non-RSN County	1	0	1	2
TOTAL	89	55	12	156

PROVIDERS INVOLVED IN EPISODE OF CARE

VOA Contact Only	VOA Contact + APN/Sea Mar/Sno. Co. ITA Contact	Total
58	98	156

RESULTS/ANALYSIS

Strengths, quality improvements, and analysis are presented for each focus area. No percentage standards have been established. Judgments about adequacy are the opinions of the reviewers and are based on standards of care developed by the NSRSN Quality Management team and reviewed by the crisis work group. When analyzing the crisis system, “providers” refers to APN crisis providers, Snohomish Co. ITA, and APN/Sea Mar outpatient providers. VOA is listed separately.

TRIAGE BY VOA (#13,15,16,20,22,23)

Summary: Overall, the crisis triage function is working well in the integrated crisis response system.
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A primary function of VOA staff is to determine the nature of the crisis and make decisions about what services are needed. Availability of complete information and access to an array of service options are key to performing the triage function effectively.

Strengths

Overall, VOA was rated very highly in terms of documenting calls and providing the crisis triage function to persons in crisis. VOA staff are routinely documenting the source of referrals (99%), the nature of the crisis and needed services (79%), and VOA's crisis line interventions (97%).

The decision for action on VOA's part, either in resolving the crisis by phone or in requesting additional services, met the need 86% of the time.

Quality Improvement

For 21% of the calls, the reviewers were unable to determine the nature of the crisis and what services may be needed because of the lack of documentation about the specifics of the crisis situation. The reviewers noted that many of these calls involved requests from emergency rooms for a CDMHP. In discussions with VOA, they report that some emergency rooms will not convey any information other than the name of the person in crisis. This lack of critical information undermines the ability of VOA to perform their triage function. This in turn makes it difficult for less restrictive options such as connecting consumers with case managers and/or natural supports to be considered prior to contacting CDMHPs.

A second area for improvement in triaging crises involves VOA's documentation of what specifically they are requesting from CDMHPs or other crisis workers. Although there was no question designed to gather data, the reviewers noted that there were times when VOA passed a case to these workers without being clear whether VOA is asking for outreach, phone contact, consultation, etc. This situation is occurring with calls that originate in hospitals, as well as, those that originate from other settings.

SPECIAL POPULATION SERVICES (#9,10,11,12,50,51)

Summary: Additional work to identify and provide special population services is a key area identified for quality improvement.

Strengths

VOA is routinely inquiring about the consumer's special population status with regards to age and ethnicity. VOA identified needs related to special population status for 19% of the calls.

Quality Improvement

VOA does not appear to be routinely inquiring about the consumer's special population status with regards to sexual minority status, tribal membership, and developmental or other disabilities.

In 18% of the cases reviewed, a special population consultation or specialized services appeared to be needed in order to provide a culturally competent resolution to the crisis. However, these services were provided by VOA or the providers only 32% of the time they were needed.

VOICE, CHOICE, OWNERSHIP, AND STRENGTHS (#14,17,18,19,44,45,46,54)

Summary: Provision and documentation of strength-based services that incorporate consumer voice and choice is identified as a key area for quality improvement.

Questions in this section attempted to measure the level of effort by VOA and providers in eliciting consumer voice and choice, assessing consumer strengths/resources, and incorporating that information into the resolution of the crisis, when possible. The reviewers were also interested in assessing the extent to which providers were able to capitalize on the opportunities afforded by the crisis to educate the consumer and help him/her proactively plan in order to prevent future crises.

Strengths

For all callers (the person in crisis and other concerned parties), VOA documented the caller's request 99% of the time.

Quality Improvement

When VOA spoke directly to the person in crisis, they met or exceeded minimum standards of care for eliciting voice, choice, and ownership 42% of the time (see rating descriptions on question #17). For integration of voice, choice, and ownership into the resolution of the crisis, VOA met or exceeded minimum standards of care 32% of the time (see rating descriptions on question #18). Consumer strengths and resources were assessed and built upon to the extent possible by VOA 52% of the time.

When providers worked with the person in crisis, they met or exceeded minimum standards of care for eliciting voice, choice, and ownership 28% of the time (see rating descriptions on question #44). For integration of voice, choice, and ownership into the resolution of the crisis, providers met or exceeded minimum standards of care 15% of the time (see rating descriptions on question #45). Consumer strengths and resources were assessed and built upon to the extent possible by the provider 41% of the time.

The overall crisis episode of care (involving VOA, providers, or both) was rated as meeting or exceeding minimum standards of care for rehabilitation/prevention/education 18% of the time (see rating descriptions on question #54). There was a general tendency to focus on the short-term resolution of the crisis and what was happening in the moment, rather than viewing the consumer's crisis in the context of his/her overall care. The assumption is that proactive planning with the consumer will reduce the consumer's future need for crisis intervention.

NATURAL, COMMUNITY, AND CROSS-SYSTEM SUPPORT INTEGRATION (#8,30,31,32,52,53)

Summary: Natural, community and cross-system integration is identified as a key area for quality improvement.

Strengths

VOA used natural supports in resolving crises 19% of the time. The providers interviewed family, friends, or significant others (i.e. natural supports) as part of the crisis assessment 27% of the time, and used natural supports as part of the resolution of the crisis 27% of the time. The reviewers consider this involvement during crises a strength upon which providers can build.

Quality Improvement

Community supports/resources are defined as all supports or resources that are a part of the community of the person in crisis. When evaluating effort in assessing and encouraging community supports/resources as part of the resolution of the crisis, providers met or exceeded standards for 26% of the crisis episodes of care (see rating descriptions on question #31).

VOA and/or the providers involved other formal systems/supports approximately half of the time they appeared to be needed in the resolution of the crisis (by initiating a referral or working with existing systems).

INDIVIDUALIZED, COMMUNITY-BASED CRISIS SERVICES (#26,27,33,34,35,36,37,38,39,40,41,42,43,47)

Summary: Individualized, community-based crisis services are identified as a key area for quality improvement. VOA is routinely requesting additional services. Crisis workers provided numerous interventions. Areas identified for quality improvement are, 1) location of service, 2) intensity of service, 3) individualized service, and 4) availability of emergency medication appointments.

The overall crisis system episode of care (involving VOA, providers or both) was evaluated for availability and intensity of community-based crisis services. The degree to which crisis services were individualized to meet the needs of the consumer was

also evaluated. The standard for individualized crisis services includes a thorough assessment of the current crisis, relevant history, knowledge of consumer strengths, resources, previous coping strategies, and risk factors. It also includes using flexible supports in the most normalized, least restrictive environment possible to safely stabilize the crisis.

Strengths

When referring to providers, VOA flagged cases where they thought an emergency medication appointment might be indicated.

The crisis service or outpatient service providers provided a significant number of crisis services: 61 outreaches, 18 ITA evaluations, 25 crisis service appointments, 4 emergency medication appointments, 7 respite bed admissions, 2 stabilization aides, 21 phone calls, 4 system and supports coordination, 1 planned intervention, and 12 “other” services. (For a complete breakout of the services provided, see Attachment C, question #33.)

A significant number of the crisis services provided were outreaches to the consumer in crisis.

Quality Improvement

Location of Crisis Services

- The majority of initial outreaches and ITA evaluations were provided in the hospital or emergency room (72%). Sixteen percent were provided at home (includes facility or non-facility based housing), 7% in jail, 2% in the community, 2% at school, and 2% at crisis respite. The reviewers note that an array of options at earlier treatment junctures may decrease the use of the emergency room as the primary setting for initial outreach or ITA evaluation.
- Although there are no absolute numbers, the majority of other crisis services were provided in provider agency settings.

Intensity of crisis services

- The concept of a “crisis episode of care”, where a series of services are planned following the initial contact to stabilize the person in crisis, has not been fully developed. The planned services may include multiple crisis or outpatient contacts, phone check-ins by VOA, in-home stabilization services, emergency medication appointments and monitoring, a clear role for natural supports, etc. Although there are no absolute numbers, the majority of interventions provided were initial contacts (see Attachment C, question #33).

- Hospital diversion services were explored 45% of the time, and used 34% of the time for those consumers who were at risk for hospitalization (following the initial contact by the crisis or outpatient provider). The reviewers note that it is unreasonable to expect hospital diversion will be possible for all consumers at risk.

Individualized Crisis Services

- Once follow-up was requested by VOA, crisis or outpatient providers met or exceeded standards for individualized crisis services for only 19% of the cases reviewed (see rating descriptions on question #47).
- Flex funds were used for 1 out of 98 records reviewed that “went beyond VOA”. The review attempted to evaluate whether flex funds appeared to be needed to assist in stabilizing crises. This was difficult to determine, as providers are not always documenting the basic needs (met or unmet) of consumers in crisis. The reviewers were able to determine that in four cases, flex funds appeared to be needed.

Availability of emergency medication appointments

- Based on provider documentation, it was at times difficult to determine whether an emergency medication appointment was needed (reviewers could not determine need in 19% of the cases reviewed).
- When it could be determined that an emergency medication appointment was needed, it was provided in a timely manner only 29% of the time. *(NOTE: For purposes of this review, the definition of “timely” did not necessarily coincide with the contract requirement of 2 business days.)*

CONTINUITY OF CARE/SEAMLESS SERVICES (#1,2,3,4,5,6,7,24,25,28,29,48,49,55,56,57,58,59)

Summary: Continuity of care/seamless services is identified as a key area for quality improvement. The basic connections and information flow between VOA and crisis providers have been established and providers are responsive to VOA for requests for service. Areas identified for quality improvement are, 1) availability of information during critical treatment junctures, and 2) seamless service provision.

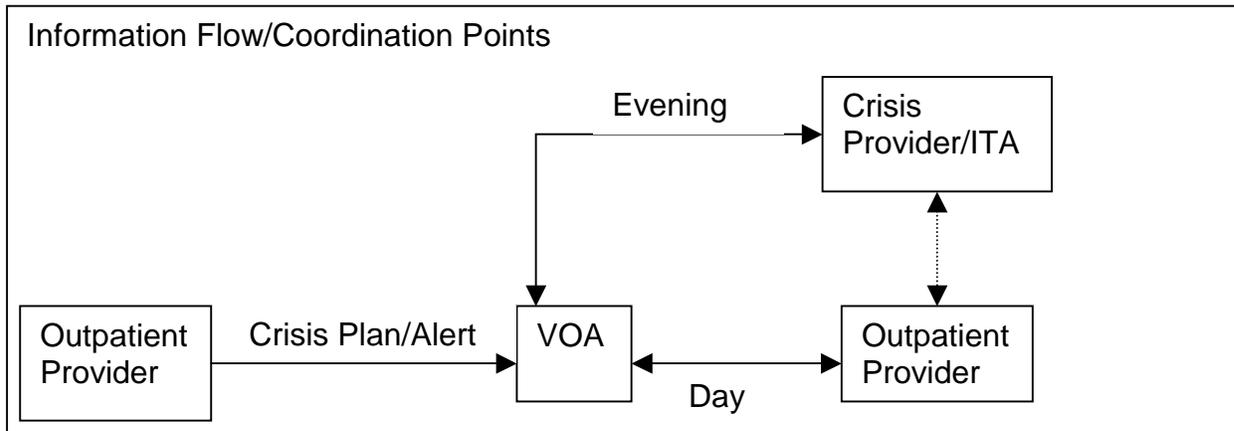
Continuity of care was evaluated across all providers (VOA, crisis and outpatient providers, Snohomish County ITA) involved in the episode of care. Continuity of care was evaluated for all persons in crisis (those currently receiving outpatient services from NSRSN providers and those **not** currently receiving services).

Continuity of care involves two key factors.

The first is that adequate information is available to all providers during critical treatment junctures. In the current model of care, information must be available at the

point of access (VOA), with crisis service providers, and with outpatient providers. At each juncture, information must be relayed back to VOA because they may once again become the point of access. For consumers in ongoing service, adequate information about potential crisis must also be available to VOA (crisis plans/alerts).

The second is that services are provided in a seamless manner. Services must be adequate to meet the needs of persons in crisis until the crisis is stabilized. In the current model of care, multiple providers must work closely together to ensure that services are seamless and that gaps in services do not occur (see flow chart below).



Adequate Information During Critical Treatment Junctures

VOA is routinely checking if the person in crisis is currently in service with an outpatient provider (88%). For another 8% of the calls, the caller declined to identify themselves by name. VOA determined that 58% of the persons in crisis were in service with a provider at the time of the call.

For callers in service, VOA routinely attempted to review the crisis plan and database in the management information system (94%). (In terms of overall system performance, it should be noted that based on VOA's records, only 57% of the callers in service had a crisis plan for VOA to review).

The reviewers are aware that these figures about crisis plans are lower than those collected for the outpatient concurrent reviews. There are several factors that could account for this discrepancy. The outpatient review looks to see that the crisis plan is in the chart. When reviewing the outpatient chart, it is difficult to determine with accuracy whether crisis plans have been entered into the IS. The crisis system review looked at VOA's documentation about whether they found a crisis plan entered into the IS. This discrepancy warrants further investigation.

Although there was no question designed to evaluate this, the reviewers note that VOA's records show they are routinely faxing a record of their crisis contact to outpatient providers for follow-up.

Seamless Service Provision

The providers are responsive to VOA for requests for services. When requested by VOA, outreach and face-to-face ITA investigations were provided for 95% of the requests. For the remaining 5% of the requests, different services were provided. Outreach and ITA investigations were provided in a timely manner the majority of the time (97%).

The providers are also responsive to VOA's requests for other crisis services (e.g., next day appointment, phone call, etc). They were provided 85% of the time they were requested.

Quality Improvement

Adequate Information during Critical Treatment Junctures

The first area for improvement involves the amount of information available during crises and the information flow between all parties in the system during crisis episodes of care. While the review showed that significant efforts have gone into having information available during crises, the following areas were highlighted for quality improvement.

- There was inadequate information available (to VOA and crisis service providers) about consumers in ongoing service who utilized the crisis system. As referenced above, VOA's records indicate that only 57% of those in service had a crisis plan. For those who did have a crisis plan, the crisis plan contained planned interventions that were useful (to avoid escalation or resolve the crisis) only 22% of the time (N=20). Of the remaining charts reviewed (N=69), 54% had no crisis plan (N=37), 38% had crisis plans with planned interventions that were not useful (N=26), and 9% had crisis plans that did not contain planned interventions (N=6).
- Crisis alerts were filed at VOA only 34% of the time, when needed. Advanced directives or power of attorney were used on crisis plans 3.5% of the time (for those 13 years of age and older).
- Outpatient or crisis providers reported the disposition of the outreach or other crisis services back to VOA only 64% of the time (with sufficient detail and in a timely manner to facilitate continuity of care).
- The interventions of the crisis providers were clearly documented in their own records only 74% of the time. Some crisis service providers are not documenting phone interventions. Thus, in some of these cases where the call originated from the emergency room, there was no documentation of the nature of the crisis or the resolution.
- All crisis service records (from VOA, crisis providers, or both) were found in the outpatient chart 44% of the time (for consumers in outpatient service at the time of

the crisis). As referenced above, VOA appears to be routinely faxing records to providers. It is unclear why VOA and the crisis provider's records were not routinely found in the outpatient records.

- For consumers referred to ongoing service with an NSRSN provider following a crisis, records of the crisis were found in the new outpatient records only 55% of the time.

Seamless Service Provision

Consumers in outpatient care at the time of the crisis episode

- Crisis services were adequate to stabilize the consumer in the least restrictive environment until they could be reconnected to their outpatient team 62% of the time.
- Minimum continuity of care standards were met or exceeded 29% of the time (see rating descriptions on question #57).

Consumers not in outpatient care at the time of the crisis episode.

- For those records where continuity of care could be determined, crisis services were in place until the referral process was complete 42% of the time. The reviewers could not assess continuity of care if it was determined that no other services were necessary, the consumer was hospitalized with no subsequent outpatient record, or the situation was not acute and the person in crisis was referred to a non-RSN provider (50%).

ADDITIONAL SYSTEM ISSUES

The reviewers noted that inactive status and the amount of historical information available to VOA and crisis providers warrant further discussion and exploration.

NEXT STEPS

- Meet with crisis response work group to review draft report (9/21/00)
- Meet with providers to select areas for Quality Improvement (9/29/00)
- Submit draft report of results to QMOC (10/12/00)
- APN submits quality improvement plan (11/15/00)
- Submit final report and provider quality improvement plan to QMOC (12/14/00)

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: INFORMATION SYSTEMS IMPROVEMENTS

PRESENTER: FRANCENE THOMPSON

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Significant effort is currently being expended in addressing NSRSN data integrity issues. Elements of that effort incorporate:

- The Consumer Information System (CIS) Group
 - ✓ Members include representatives from NSRSN, APN, Seamar, and Volunteers of America.
 - ✓ Monthly meetings focus on selected data challenges and include system wide improvement efforts.
 - ✓ New data requirements are addressed by the group and plans generated for development of new tools and reporting systems.
 - ✓ Data integrity is regularly assessed through a variety of means.
- The NSRSN Data Dictionary is consistently reviewed, mutual definitions established, and new elements added.
- NSRSN participates with various State level committees and work groups dedicated to the same types of effort.

CONCLUSIONS/RECOMMENDATIONS:

- Improving data integrity is a continuing effort, shaped by changing needs and ongoing efforts.
- The key is communication. Information Systems will only be able to meet our needs if we consistently clarify and articulate our data needs.
- Information is the key to making the decisions necessary to ensure the quality of services provided to the consumers of our region.

TIMELINES:

- Ongoing.

ATTACHMENTS:

- None.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN Audit

PRESENTER: Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The NSRSN and its providers will be audited by the Mental Health Division (MHD) beginning Oct 23, 2000, with some pre-audit checking of personnel records beginning on Oct. 17, 2000.

This audit will be significantly different than the audits the last two years because a major focus of this audit will be on the providers' compliance with licensing requirements. The providers have not been through the licensing process for several years. The NSRSN was certified last year in the Integrated Audit. Certification is good for two years.

MHD is trying to minimize audit duplication, but they will be bringing a large audit team of about 10 staff for approximately a month to conduct the audit. MHD will be auditing a large sample of personnel records and clinical charts at Compass Health, CMHS, and Whatcom Counseling and Psychiatric Clinic.

The audit of the RSN will be briefer. There will be an opening interview on the afternoon of October 23, 2000. There will be clinical case presentations covering seven cases on November 1 and 2, 2000. There will be a day of meetings with Ombuds, QRT, and the Advisory Board. The date of this meeting is not set. In addition, there will also be meetings with NSRSN Administrative staff.

CONCLUSIONS/RECOMMENDATIONS:

Details of this audit are being negotiated on a daily basis. If you have questions, contact Marcia Gunning or Greg Long.

TIMELINES:

Audit begins October 23, 2000

ATTACHMENTS: None

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN QUALITY MANAGEMENT PLAN
2ND QUARTER WORKPLAN REPORT

PRESENTER: FRANCENE THOMPSON

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Progress and accomplishments in implementing the NSRSN Quality Management Plan have been reviewed and compliance with the workplan assessed for the 2nd quarter of 2000. Areas of focus are:

- Crisis system standards
- Standards for access to care
- Cultural competency throughout the system of care
- Integration of hospital diversion/admission, residential and jail services
- Consumer satisfaction
- Match between consumer needs and services provided
- Standards for certification of need for hospitalization
- Maintenance and improvement of QM infrastructure
- New QM/QI standards and performance outcome data as necessary

CONCLUSIONS/RECOMMENDATIONS:

- Significant progress has been made in QM Plan implementation
- Most implementation deadlines are being met
- Activities not completed as scheduled during the 2nd quarter were scheduled for completion during the 3rd quarter and it is expected that timelines for the remainder of the year will be maintained
- Some of the measures included in the current plan should be examined for their relevance and appropriateness for inclusion in QM Plan 2001

TIMELINES:

- QMOC receives quarterly QM Plan reports
- Work on the QM Plan for 2001 has already begun and is scheduled for completion by December 31, 2000

ATTACHMENTS:

- Full report available at QMOC meeting