



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

FEBRUARY 19, 2003

QMOC GUIDING PRINCIPLES

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

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

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

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSRSN Conference Room
January 15, 2003
12:30 – 2:30**

AGENDA

		Time	Page #
1.	Open the meeting & comments from the Chair	5 minutes	
2.	Approval of January 2003 Minutes <small>Action Item</small>	Chair Byrne 5 minutes	3
3.	Reports		
	A. Quality Management Dept. Report <small>FYI and Discussion</small>	Ms. Klamp 5 minutes	6
	B. 2002 Integrated Administrative/Clinical Review – Compass Health <small>FYI and Discussion</small>	Ms. Gunning	7
	C. NSMHA Training Plan <small>Action Item</small>	Ms. Klamp	14
	D. NSMHA Regional Training Plan <small>Action Item</small>	Ms. Klamp	15
	E. QRT Report on WCPC <small>FYI and Discussion</small>	Ms. DeCino	16
	F. 2002 Concurrent Review Corrective Action Plans – CMHS and WCPC <small>Action Items</small>	Ms. Klamp	23
	G. CQIP <small>FYI and Discussion</small>	Mr. Williams	24
	H. HIPAA Update <small>FYI and Discussion</small>	Ms. Klamp	26
4.	Other Business		
	A. Meeting Evaluation	Chair Byrne 5 minutes	27
5.	Adjourn		

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

**January 15, 2003
12:30 – 2:30**

MINUTES

Members Present:

Chair Andy Byrne, member of the Board of Directors
Chuck Davis, Ombuds
Melissa DeCino, QRT
Joan Dudley, Lake Whatcom Center
Mary Good, NSMHA Advisory Board
Marcia Gunning, Contracts/Fiscal Department
Karen Kipling, Volunteers of America
Rosemary Lea, APN
Terry McDonough, Quality Specialist
Mike Page, Quality Specialist
Michael S. White, IS/IT Department

Members Not Present:

Ian Brooks, NSMHA Advisory Board
Claudia D'Allegri, Sea Mar
Sharri Dempsey, OCA/Tribal Liaison
Joe Johnson, member Board of Directors
Marie Jubie, NSMHA Advisory Board
Wendy Klamp, Lead Quality Specialist
Joan Lubbe, NSMHA Advisory Board
Gary Williams, County Coordinator

Others Present:

Beckie Bacon, QRT
Bob LeBeau, APN
Preston Hess, Snohomish Co. ITA
Annette Calder, NSMHA

1. Open the meeting & comments from the Chair

Chair Byrne opened the meeting at 12:30 p.m. and welcomed those present. He welcomed Joan Dudley of Lake Whatcom Center to the committee.

2. Approval of December 2002 Minutes

Chair Byrne asked if there were any changes to the minutes, there were none. A motion was made and seconded to approve the minutes of December 18, 2002 as written. **Motion carried.**

3. Reports

A. Quality Management Dept. Report

Mr. McDonough distributed the Quality Management Department Report for December 2002 and provided an overview for the group. See Attachment A for additional information.

B. QRT Survey of the APN

Ms. Bacon addressed the group about the QRT Survey of the APN. The survey results were attached to the meeting packet. A question and answer period followed. Ms. Bacon was thanked for her report.

C. Review of 2003 QM Work Plan

Mr. McDonough provided the committee with handouts regarding the revisions to the Quality Management Work Plan 2003. Terry thanked everyone for the input and feedback provided that he asked for at the last meeting. Terry went over the document with the committee and explained that this

is a truncated version; only the sections that changes are proposed to are in this version. Please note that its being proposed that all shaded items be deleted and items that are underlined be added.

Marcia moved that all changes approved by this committee to the Quality Management Work Plan be rolled into one motion, seconded, all in favor, **motion carried**. A motion was made to approve all of the recommended revisions to the Quality Management Plan as presented, seconded, all in favor, **motion carried**. See Attachment B for further information.

D. Corrective Action Plans

- **APN**
- **Snohomish County**

Ms. Gunning distributed the NSMHA response to the Snohomish County Human Services Corrective Action Plan accepting all actions proposed. She also distributed the APN corrective Action Plan as well as the APN's response to the NSMHA corrective action plan. The APN response is due in February and will be presented to this committee in March. Marcia asked everyone to review the documentation and contact her with any questions, comments or concerns. Marcia was thanked for her report. See Attachment C for more details.

E. NSMHA Training Plan

Mr. McDonough addressed the committee regarding the NSMHA Training Plan and the NSMHA Regional Training Plan; both included in the meeting packet. Terry asked that any questions be directed to Wendy Klamp, Lead Quality Specialist or any member of the Training Plan Committee; see Attachment D for more information. Terry was thanked for his report.

F. NSMHA Regional Training Plan

Mr. McDonough reported on this item while reporting on agenda item E.

G. HIPAA Update

Mr. McDonough informed the committee that Wendy Klamp is not present because she is in Ohio at a HIPAA Training. He shared a joke that his daughter told him: Why did the hippo cross the road? To prove that he wasn't a chicken!

4. Other Business

A. Meeting Evaluation Results

Chair Byrne discussed the meeting evaluation results from the December 18, 2002 meeting with the committee.

B. Birthday

Annette informed the committee that today is Marcia's birthday. The committee wished Marcia a happy birthday.

C. February Meeting

Chair Byrne informed the committee that the NSMHA Board of Directors cancelled their February meeting and that he would work with Wendy and Annette next week to determine if this committee would meet in February.

5. Adjourn

Chair Byrne adjourned the meeting at 1:58 P.M.

Respectfully submitted,

Annette Calder

Please note: The attachments referenced herein were distributed at the meeting and are attached to the file copy as part of the official record. Please contact the NSMHA at (800) 684-3555 x 230 with any questions, concerns or requests.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Management Department and QS report

PRESENTER: Wendy Klamp, NSMHA Lead Quality Management Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

✓ Summary of September activities of the Quality Management Department and QS staff

CONCLUSIONS/RECOMMENDATIONS:

✓ A summary of Quality Management Department activities will be given to the QMOC on a monthly basis

TIMELINES:

✓ Ongoing

ATTACHMENTS:

✓ None

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: 2002 INTEGRATED ADMINISTRATIVE/CLINICAL REVIEW –
COMPASS HEALTH

PRESENTER: Marcia Gunning

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- To discuss the results of NSMHA Integrated Administrative and Clinical Review of Compass Health.

CONCLUSIONS/RECOMMENDATIONS:

Review Report Attached

TIMELINES:

Corrective Action Plan due to NSMHA by February 24, 2003.

ATTACHMENTS:

ADMINISTRATIVE, FISCAL AND QUALITY ASSURANCE/IMPROVEMENT MONITORING REPORT

**NORTH SOUND REGIONAL SUPPORT NETWORK
ADMINISTRATIVE, FISCAL AND QUALITY ASSURANCE/IMPROVEMENT
MONITORING REPORT**

CONTRACTOR: APN – Compass Health **DATE:** 1/6/03

PROGRAM (S): Integrated Community Mental Health Inpatient/Outpatient Services Contract

CONTRACT NO (S): NSRSN/APN 02-03 through Amendment 01

NSRSN MONITOR (S): Marcia Gunning, Wendy Klamp, Terry McDonough, Beckie Bacon, and Bill Whitlock

MHD MONITOR (S): Kelly Foster, Mary Sarno, Lois Wusterbarth

CONTRACTOR REPRESENTATIVE (S): Carole Kosturn, Janice Lovelace, Shirley Stallings, Barb McFadden, Mary Cline, Betsy Davis, Rhonda Hickman, Elizabeth Sims, Dean Wight, Jess Jamieson, Karla Siedshlag

SCOPE OF REVIEW

The purpose of this monitoring visit was to conduct a limited assessment, for contract compliance purposes, of the administrative, fiscal, and quality assurance/improvement management systems, processes, policies and procedures of the agency. The period reviewed was 12/1/02 through the date of the review. The review included review of the agency's response to NSRSN Administrative, Fiscal and Quality Assurance/Improvement On-Site Monitoring Questionnaire, review of last NSRSN On-site Review Findings and Recommendations, and the agency's implementation of corrective actions and quality improvement issues, interviews with management and staff, and review of relevant policies and procedures. In addition the State of Washington Mental Health Division joined the NSMHA Administrative Review Team and performed MHD's annual Community Mental Health Licensing Review of the agency. The NSMHA Quality Specialists assisted MHD in reviewing Compass Health Clinical Records and performed a Concurrent Clinical Record Review during the same time period.

SUMMARY OF REVIEW

The following areas were monitored through a review of the "Administrative, Fiscal and Management System Monitoring Questionnaire;" source documents; and interviews with the agency staff:

Fiscal Management	Internal Controls	Accounting System	Budgetary Controls
Compensation Plan	Organizational Structure	Audits	Petty Cash
Cash Receipts	Payroll	Consultants	Consumer Rights
Inventory	Purchasing	Travel	Working Agreements
Cost Allocation Plans	Program Income	Personnel System	Policies/Procedures
Clinical Records			

Basic Agreement expectations, including:

- | | |
|---|--|
| -Outpatient Community Support Services | -Care Management |
| -Initial Authorization and Continued Service Authorizations | -Residential Treatment & Housing Supports |
| -Access and Assessment System | -Community Psychiatric Inpatient Services Mgmt |
| -Disenrollment | -Cultural Competence and Sensitivity |
| -Service Recipients who have a mental illness and are homeless | -Local Responsiveness and Communications |
| -Service Recipients who due to a Mental Illness are involved in the Criminal Justice System | -Quality Management |
| -Cross-system Working Relationships | -Marketing & Education |
| | -Resource Management |

The responses to the "Administrative, Fiscal and Management System Monitoring Questionnaire" and On-Site Review were discussed with Compass Health Management on November 8, 2002. Results of the Administrative and Clinical Concurrent Review follow.

Introduction

Compass Health is a member of the Associated Provider Network and certified by the State of Washington Mental Health Division to provide Emergency Crisis Intervention, Counseling & Psychotherapy, Case Management, Employment and Psychiatric Medication Management Services. In addition Compass Health has an Evaluation & Treatment Certification/License and they operate both the Mukilteo and North Sound Evaluation & Treatment Facilities. Compass Health is the primary Community Mental Health Center in Snohomish County. It is also the largest Community Mental Health Center in the Pacific Northwest, with 21 individual facilities and 582 employees. At the time of our Administrative Review we were informed that effective January 2003, Community Mental Health Services would be merging with Compass Health. With this merger, Compass will inherit 152 employees and 15 facilities; 3 in San Juan County (1 facility on San Juan, Orcas and Lopez Islands), 5 in Island County and 7 in Skagit County. Compass Health will become the only Community Mental Health Center in San Juan and Island Counties, as well as the primary Community Mental Health Center in Skagit and Snohomish Counties. From 11/1/01 thru 10/31/02, Compass Health provided services to an average of 3,376 mentally ill clients per month: 189 older adults; 1,877 adults and 1,308 children/adolescents. The average hours of service per month per client were 3.07. During this time period an average of 26 Compass Health clients per month received voluntary psychiatric inpatient care and an average of 15 per month received involuntary psychiatric inpatient care.

Strengths

1. A dramatic improvement was seen in the maintenance of personnel files compared to the 2000 NSRSN Administrative On-Site Review. Though there continues to be several areas requiring corrective action, the time and effort to bring the personnel files into compliance should be acknowledged....congratulations and keep up the good work!
2. Contracts and working agreements were current and available for all outside service providers and special population consultants.
3. At the time of NSMHA last on-site review Compass Health was in the process of transitioning to a new MIS financial system and methodology. This process is now complete and the NSMHA was very impressed with the processes, check and balances, etc that have been successfully implemented.
4. Consumer Outpatient Rights according to the new 388-865 WAC were posted at each Compass facility visited.
5. The Homeless and Eligible Program at the Bailey Center is a strong program with well defined policies and procedures. This program offers the Snohomish County community needed resources, food and assistance with entitlements.
6. The Compass Health Quality Management staff have begun restructuring their QA/QI process and are to be commended for their considerable efforts, to date. The QM staff's efforts toward developing a "culture of quality" at Compass Health appear to be supported, as evidenced by the current monthly meetings occurring between QM staff and Jess Jamison, Compass Health CEO, and the meetings twice per month between QM staff and the Compass Health Leadership Team. QM staff have a "Clinical Quality Improvement Summit" planned for December 2002.

FINDINGS AND RECOMMENDATIONS

A finding occurs when an agency fails to comply with Federal or State regulations and contract terms and conditions governing contract awards, and which could subject them to failed State Mental Health Licensing review, audit disallowances, debarment, or contract noncompliance. The NSRSN applies the 90% compliance rule established by the State of Washington Mental Health Division in reporting findings.

A recommendation occurs when an agency fails to follow generally accepted accounting principles, is close to the 90% compliance rule in a particular area, and other areas which the monitoring team feels need to be improved in order to strengthen the agency's administrative, financial, management or administrative/clinical quality management capabilities.

Clinical Records/Concurrent Review Report

As part of the North Sound Regional Support Network's (NSRSN) Administrative Audit of Compass Health during October and November 2002, a total of 190 clinical records were reviewed, using the State of Washington's Mental Health Division's (MHD) "Outpatient Record Review Tool". This review tool is comprised of nine (9) separate sections. These sections are referred to as "clusters".

The NSRSN Administrative Audit and the PHP Concurrent review were conducted in concert with the MHD's Licensing/Certification review of Compass Health and the same 190 clinical records were used in tabulating scores for the respective reviews. One significant difference between the NSRSN PHP Concurrent Review and the MHD Licensing/Certification method of calculation must be pointed out. This difference in scoring calculation occurs in the "Crisis Planning" cluster of the MHD tool. The MHD score for this cluster is based upon the answer to only the first question in this cluster, while the NSRSN PHP score is based upon the average of all twelve (12) questions in the "Crisis Planning" cluster. Therefore, there is a difference between the MHD score for this cluster, (97%) and the NSRSN PHP score, (79%).

The overall cluster average for the 109 clinical records reviewed was 83%. As the NSMHA threshold standard score for Concurrent Reviews is 90%, Compass Health clinical records were found to be deficient.

The respective "Outpatient Record review Tool" cluster scores for the NSRSN PHP Concurrent Review of Compass Health are as follows;

Clinical Records	-76%	Intake Evaluation	-88%
Mental health Specialist	-89%	Treatment Planning	-79%
Crisis Planning	-79%	Case Management	-77%
Community Support	-74%		
Consumer Employment	-100%	Psychiatric Treatment	-90%

Since the clinical records reviewed at Compass Health did not meet standard, a Corrective Action Plan, detailing how staff plan to correct noted clinical record deficiencies must be developed and submitted to the NSMHA. NSMHA Quality Specialists will return to Compass Health within 6 months from the date of this report to conduct a follow up Concurrent Review, to determine if the clinical record deficiencies have been corrected.

Administrative Section

FINDINGS

1. Personnel Files

A review of 126 personnel files (Outpatient Services = 75 MHP/MHS and 38 Clinical. E & T = 13 clinical E & T staff) revealed major improvement in the maintenance of personnel files. However there continue to be several areas of non-compliance. The following findings are a repeat from the 2000 Administrative On-Site Review of Compass Health conducted by NSMHA.

- Documentation of clinical supervision and actual hours of same supervision must be maintained and available. Unable to document clinical supervision had occurred in 16% of the files reviewed. Please note that 54% of the E & T staff files reviewed were deficient compared to 11.5% of the Outpatient Staff files.
- Staff evaluations were not current for 12.7% of the files reviewed: Please note that 46% of the E & T staff files reviewed were deficient compared to 8.8%% of the Outpatient staff files.
- Annual staff training plans and training documentation are required for all employees. 41% of the total files reviewed did not contain current Staff Training Plans/documentation. Please note that 69% of the E & T Staff files were deficient compared to 38% of the Outpatient staff files.
- Annual Oath of Confidentiality is missing in 18% of the files reviewed. Please note that 54% of the E & T staff files were deficient compared to 14% of the Outpatient staff files.

2. Policies and Procedures

- Employee Performance Review and Developmental Training Plan Protocol cites WAC 275-57. This protocol needs to be updated to reflect WAC 388-865.

RECOMMENDATIONS

None

Fiscal Section

FINDINGS

None

RECOMMENDATIONS

None

Quality Management Section

FINDINGS

1. "Peer Review protocol (XIV.A.36) includes a guideline which states "At a minimum, one chart per clinician will be reviewed per quarter." This protocol does not meet the Corrective Action requested in the September 2000 NSRSN Admin Audit of APN. Compass Health needs to amend its current Peer Review policy, procedure and protocol to meet the NSMHA expectation of one chart per clinician per month.

RECOMMENDATIONS

1. Peer Review Process – Quality Assurance

It is recommended that Compass Health staff define a process by which clinical record documentation issues that are measured as part of the Peer Review process and found to be not meeting standard are followed up on. This process may include clinical record correction by appropriate staff, clinical consultation and training between treatment and supervisory staff, or any other clinically effective intervention that Compass Health may select, but some course of corrective action needs to be implemented.

Currently, Compass Health staff do an extensive job of measuring agency clinical records, as evidenced by "Quality Assurance Review Summaries" done for the last three (3) quarters of 2001

and the first three (3) quarters of 2002. 487 clinical records were reviewed as part of Compass Health's Peer Review process in 2001, and Compass Health staff plan to review 5% of the current clinical records in 2002. Compass Health staff use the MHD's "Outpatient Record Review Tool" as well as some Compass Health created derivatives of the MHD tool when conducting their Peer Reviews.

Both the 2001 and 2002 (to date) Peer Review Summaries conducted by Compass Health staff have identified areas in the clinical record that fail to meet the NSRSN and MHD contracted expected compliance level of 90% for the clinical records. Some particular areas measured in the Peer Review process have failed to meet the expected 90% standard in all three (3) quarters measured to date in 2002, e.g.,

- "The intake identifies strengths of the client that can be used in the course of treatment/recovery."
1st quarter- 77% 2nd quarter- 85% 3rd quarter- 72%
- "The treatment plan addresses cultural issues identified by or impacting the consumer."
1st quarter- 69% 2nd quarter- 86% 3rd quarter- 69%
- "The treatment plan includes measurable goals."
1st quarter- 62% 2nd quarter- 68% 3rd quarter- 65%
- Clinical record contains a crisis plan when appropriate."
1st quarter-78% 2nd quarter- 86% 3rd quarter- 88%

2. Quality Management Plan

- It is recommended that Compass Health develop and implement process to correct identified areas of deficiencies. *The current Compass Health Quality Management Plan contains a goal regarding "Data/Reports/Utilization Management" (Goal #3). However, in the column of the Quality Management that describes, "Follow up Action required" for issues identified in this goal area, the entry reads "NA". Clinical record documentation issues that fail to meet expected standards need to be followed up on, as part of an effective Quality Management Plan. To note the continued lack of clinical record compliance and to deem follow up action to address identified areas of deficiencies as "Not applicable (NA)" does not indicate an appropriate Quality Assurance strategy.*
- It is recommended that Compass Health develop and implement Quality Assurance and Quality Improvement Plans by program/site specific, as opposed to the current centralized and global implementation.

For example, the four (4) Compass Health Divisions, i.e., Multi-Cultural, Primary Care, Kids Extended Care and Adult Extended Care may want to consider having individual Quality Assurance/Quality Improvement Plans specific to their program objectives and outcomes. Such individualization and specification of QA/QI Plans would enable each Division to identify and chart their own progress on selected QA/QI issues, identify trends in the data being reported and analyzed, and to highlight areas of both success and needed improvement. Further, a comparison between Divisions regarding progress on their respective QA/QI implementations may reveal areas that are working well for one Division and that another Division may wish to emulate. Also, one Division may find an area that has raised particular unforeseen problems for them and be able to inform other Divisions of possible pitfalls to avoid.

- It is recommended that Compass Health Quality Management staff configure a mechanism to identify Corrective Action steps to address any deficiencies identified during their data collection process.

Currently Compass Health Quality Management Staff are measuring clinical record data on a regular basis. This measurement of the data is a good first step, but without effective, program specific mechanisms in place that identify how to correct noted deficiencies, the measurement

becomes a disconnected process from effective QA/QI activities, and simply generates more data that indicts the ineffectiveness of the process. For the QA/QI process to be truly effective, measurement must be connected to appropriate, timely corrective action steps, that “complete the loop” of the QA/QI process.

Quality Review Team Section

FINDINGS

1. On-site Review – Facility Postings

- Required LRA Consumer Rights were not available or posted at Compass facilities.
- The old, WAC 275-57 Non-English Outpatient Consumer Rights were posted at Compass facilities.

RECOMMENDATIONS

1. Residential & Housing Support

It is recommended that Compass Health “close the loop” and ensure that individuals with mental illness who are receiving housing supports and in independent housing continue to receive the mental health services they need.

Corrective Action Plan

Please prepare a written response documenting what corrective steps you have taken or a plan to take with timeline to correct for each Administrative and Clinical/Concurrent Review Finding documented in this Report and each Quality Review Team finding and recommendation. Submit your corrective action plan and related responses to Marcia Gunning, Contracts Compliance and Financial Services Manager no later than February 22, 2003.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSMHA Training Plan 2003

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

In order to ensure an effective process that ensures that NSMHA staff have the skills and knowledge needed to perform their duties, the agency has developed a Training Plan for 2003. All job classifications were analyzed to determine orientation training for new employees, and existing staff were surveyed to determine their training needs and preferences.

CONCLUSIONS/RECOMMENDATIONS:

Review NSMHA Training Plan

TIMELINES:

ATTACHMENTS:

The NSMHA Training Plan was included in the January packet and in the effort to save a tree or two; it is not included this month. Additional copies will be available at the meeting, and the plan can also be found on our website in the January QMOC meeting packet.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Regional Training Plan

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Our contracts with Volunteers of America, Sea Mar, APN and Snohomish County required that a Regional Training Plan be developed that would mandate training in several core competencies that were part of our strategic plan. A regional training committee has been meeting since June 2002 and the attached Regional Training Plan has been developed with these contracted providers and many APN members and affiliates.

The Regional Training Plan is a key element of the NSMHA's Quality Management efforts. It has incorporated a competency-based learning approach and in combination with each agency's training plan will ensure that staff are competent and proficient in the execution of their job responsibilities. The Regional Training Plan is an important step in coordinating our training plans and looking at ways to be more cost-effective and efficient in training.

CONCLUSIONS/RECOMMENDATIONS:

Review training plan.

TIMELINES:

ATTACHMENTS:

The NSMHA Regional Training Plan was included in the January packet and in the effort to save a tree or two; it is not included this month. Additional copies will be available at the meeting, and the plan can also be found on our website in the January QMOC meeting packet.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: QRT Report WCPC

PRESENTER: Melissa DeCino

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- 70 consumers surveyed.
- 20% fear of retaliation.

CONCLUSIONS/RECOMMENDATIONS:

A response is due by February 9, 2003 from Whatcom Counseling and Psychiatric Clinic. Upon receipt QRT will review and respond according to QRT policy and procedure.

ATTACHMENTS:

QRT report to WCPC.

February 10, 2003

Pam Benjamin
Whatcom Counseling and Psychiatric Clinic
3645 East McCloud Road
Bellingham, WA 98226

Dear Pam:

This letter is to report to you the results of Quality Review Team surveys conducted on the service quality and contract compliance of your agency as required by WAC 388-865. Among the questions asked, was care easy to get, helpful, respectful, knowledge of crisis plans, client involvement in treatment plans and what clients would change about their services.

The results of the survey are enclosed for your review. Please make copies and post where accessible to consumers and staff. Copies should also be forwarded on to all interested parties and incorporated into your QI/QA process.

As was last year, QRT is using the computerized report process to track percentages of satisfied to dissatisfied in an objective manner. Areas of Satisfaction have percentages of *satisfaction* from 90 - 100% (congruent to the MHD audit process). Areas of Concern have percentages of *dissatisfaction* from 11 - 13%. Findings have percentages of 14% or greater of *dissatisfaction*.

There is a need for a written response within 30 days. Please include your action plan and timeline to address the Findings and Areas of Concern. The consumer comments have been provided and give a higher level of understanding about the services your facility offers. **However, not all consumers choose to respond with comments so therefore comments may/may not be reflective of satisfaction/dissatisfaction percentages recorded.**

We appreciate your efforts in helping make this report. We hope the information is beneficial for quality improvement. Our goal is the same as yours – Consumer Satisfaction. If you have any questions regarding the Quality Review Team's report feel free to contact us at 1-800-684-3555 ext. 223 or 241.

Sincerely,

Beckie Bacon

Melissa DeCino

Cc:

Chuck Benjamen, Executive Director/NSRSN
Sharri Dempsey, OCA Manager/NSRSN
Wendy Klamp, Lead Quality Specialist/NSRSN
Rosemary Lea, Quality Manager/APN
Tom Richardson, NAMI
Other Interested Parties

NSRSN - QUALITY REVIEW TEAM – Survey Report 2002

Whatcom Counseling and Psychiatric Clinic

Survey date: 12/17

Interviewed/surveys: 70

Percentage: 5%

Total Enrolled: 1500

Areas of Satisfaction: 90-100%

1. Access to services.

Areas of Concern: 11-13% Dissatisfaction

1. 13% dissatisfied with case management services.

Recommendation:

- Review treatment plans with clients.

Findings: 14% + Dissatisfaction/Contract or ADA Violations:

1. 16% dissatisfied with treatment planning.

Recommendation:

- Review treatment-planning procedures according to agency policy and contract compliance.

2. 17% dissatisfied that services are helpful.

Recommendation:

- Review treatment plan with client regularly.

3. 20% have fear of retaliation.

Recommendation:

- Review consumer rights law 388-865 and contract
 - Retaliation towards a consumer is a serious issue and will be followed up on in the future. The law and the NSRSN contract strictly prohibits any such action and will pursue and address according to the NSRSN policy and WAC.

Summary:

QRT was given excellent cooperation by the Whatcom Counseling and Psychiatric Clinic Staff in our survey process. We congratulate you on all of your successful areas of satisfaction. As part of our responsibilities, we reviewed your required ADA and MHD-NSRSN Contract postings and brochures and found these also to be compliant. We hope this information is helpful for quality improvement purposes and look forward to seeing you next year.

North Sound Regional Support Network
QUALITY REVIEW TEAM

Whatcom Counseling and Psychiatric Clinic

1. Are you satisfied that your first appointment was easy to get?

- Longer than two weeks.
- Took 3 weeks from GAUX coupon to see doctor for medicine when I ran out. I came from the recovery center on Girard Street. Before that I was in St. Josephs Hospital in psych unit for suicide attempt (slitting my arm-21 days). Ended up going to walk-in clinic after I ran out- Just to tied me over!
- Case manager to my house for an interview and I got right into art therapy.
- I was referred and it took about 7 months.
- Immediately.
- It's always been someplace to turn to.
- My first Doctor violated my rights. (I won't mention any names). I should though!
- The first phone call was a little disheartening but once I got here it was smooth sailing.
- Close, it's been probably one or a little over.

2. How satisfied are you that your case manager, therapist or counselor is willing to help as often as you need and with whatever you need? (Financial, housing, returns phone calls, social security applications/spend-down, legal, other)

- Sometimes they push me too far.
- She's leaving but she did help.
- I just got her. The other left I liked him.
- Counseling is unnecessary-meds are very necessary.
- I wasn't always-now it's great.
- My case manager is real busy-helps me with transportation. Meets my needs.
- Case manager changed mid stream.
- I have a hard time talking with my new case manager because changes are hard. I'd called twice but couldn't get in for three weeks to get my new meds changed-they made me suicidal-until today there was no opening.
- Things are all taken care of from all perspectives.
- Keeps canceling my appointments.
- Have had only 2 appointments with her so far.
- Too soon to tell but is trying to meet my needs as far as I can tell.
- She can only do what she can. I feel it's working together "chemistry" if you will. Give and take, listening.
- Therapist dumped me; he did not want to help with my case management.
- My case manager and my relationship was very ineffective (negative) we accomplished nothing. I asked for a transfer three weeks ago so I have gone six weeks without any case management.
- It seems that I am fighting an up-hill battle with her.
- The doctor is great. A god send-thank you.
- Very good to have someone to help to be (*illegible*) in being helped.

- No follow up on help finding part time job or any coordination with DVR, speaking of occupational therapist. My case management has been great.
- They helped me through a housing crunch. They are responsible for my affordable housing.
- The clinic has no therapists and is encouraged to send us to groups only.

3. Are you comfortable with the plan you have in case you need special or emergency mental health assistance?

- I don't know what I would do.
- Don't have one.
- I'd call the crisis line.
- I'd call the hospital or 911.
- I would call the crisis line so they would call the police on me-that's why I don't call them.
- I would go to the emergency room.
- Go to ER at hospital.
- Rely on my family.
- Crisis Line? What's that? I haven't been told about it.
- Needs to be changed but I haven't done that yet.
- Only the crisis line.
- I'd call the crisis line or I'd call my friend-we've set that up.
- Didn't get through to the crisis line.
- No one's perfect.
- Yes, I have contacted the crisis line. One man tried to get me off the phone. **NOT A GOOD THING.**
- Yes I have contacted the crisis line.
- I have a written plan that she completed on her own and when I have had suicidal intentions she hasn't acted on the plan.
- Having all this help saves me a lot of time.
- This is not something to be taken lightly. Who takes care of my cat? (*illegible*).
- Although some of the plan requires calls to crisis line.

4. Are you satisfied your services here are helping you to reach your own goals toward a meaningful life? (Meds, individualized treatment, vocational, independent living, etc)

- I guess, I think they're doing the best they are capable of.
- They won't give me individual counseling.
- They don't provide what I need. Case management doesn't do anything for me.
- I like the Doctor. They were helping me but they got rid of a good person.
- Meds only.
- Oh yes. I don't get to take part in making this plan. I wouldn't use drugs.
- Our goals are different. We are not on the same page.
- No, all I want to do is die.
- The groups are not meeting my special needs in order to better my life.
- Having therapists for schizophrenia, etc. call in rise.
- The medications I take help me but not at all times.
- A child that can't speak-up because of abuse is told, "You have to speak-up". This child is not helped to "speak-up", just told to do it.
- Reducing stress in my life.

- The counselor part is okay. The doctor part is still a struggle. I had to get angry to get what I know works for me.
 - I have felt that I have gotten lost in talk and not staying objective effective as far as my goals for coming to the clinic goes.
 - Not satisfied with vocational.
 - I haven't been coming here that long.
 - The doctor writes along in the chart prescribing (like medication).
 - Somewhat more attention paid to getting us involved here. Helping each other.
 - I need a therapist. Case Managers are not qualified.
- 5. How satisfied are you that the services here are helping you to manage your illness, feel better about yourself and have hope for the future?**
- I'm making progress.
 - The medication I take helps me but not at all times.
- 6. How satisfied are you that all staff, including your prescribing physician and nurse are courteous and treat you with dignity and respect?**
- Oh yes!
 - Won't remember my name.
 - Dissatisfied that I am only allowed one visit with psych nurse.
- 7. How satisfied are you that you feel free to speak up, make a complaint without fear of retaliation, that your voice is heard and you are listened to?**
- I've done it.
- 8. What would you change about the way mental health services are provided for you?**
- I wouldn't know.
 - They say they're too short handed to give everybody one on one counseling even with a case manager. They need to listen more to the client instead of just going by what they want.
 - Nothing. They're adequate and sufficient.
 - Too big of a caseload. Case Managers say they have 70 cases.
 - Change doctors. Get one that is more understanding and offers hope. They always are so rushed and hurried they don't have time to offer hope.
 - Keep people here-get rid of administration. They have no contact with us. (Confidential) needs to go. They should fire him/her.
 - Leave out the middleman. I only need immediate antidepressants and anti anxiety.
 - Too long in between Dr. appointments. Groups should start more frequently
 - Nothing.
 - Not at this point-I feel things are consistent and keeping me looking forward.
 - No, availability-if I need help they aren't here. Takes a couple of days to return calls.
 - Not yet.
 - I didn't want to change counselors.
 - Nothing that I can see.
 - Being a new client, everything is ok.
 - Because I am a single parent it would be nice if there were some weekend hours and evenings.
 - Nothing.

- Availability of therapy.
- No.
- The length of time to get care and the amount of workers (we need more).
- I wouldn't want to pay the co-pay.
- I do not believe it is possible to change the way mental health services are provided.
- I don't think mental health services can be changed.
- No-change in need.
- Having someone to be in services alike.
- They should be easier to contact on the phone because it is hard to make a direct contact on the phone.
- Fine for the moment.
- First of all at times I am unable to come to my appointment due to my illness. Counselors should understand what condition patients are in and be polite with us and ask for another appointment but they don't they even don't erase the cancellations. Due to this we pay our payment for nothing.
- Have people listen when you say something won't work because you know the people involved and how they'll react.
- Ask questions rather than just let the child say what they want to talk about. It's hard for adults and children to say what's bothering them, that's why someone needs to help them talk about what's bothering them.
- I believe things are improving and my care is less heavy-handed "we know best" than it was. Good job!
- I want my doctor-whomever to **LISTEN** and not judge on looks and material exterior.
- Stay goal oriented rather than get lost in the verbiage.
- I would like more in depth therapy sessions.
- I would have the former prescriber stick to what he agreed to prescribe when I was in the hospital. Slowly he cut off all my meds until finally refusing to prescribe because my inevitable return to substance abuse.
- Not so long of time.
- That I would not be scrutinized by my case manager. I would like to feel more comfortable talking to her. I don't feel comfortable telling her my struggles and mental demons.
- Better communication. Today I showed up for a 3:00-5:30 appointment which I preplanned and missed work to find out the appointment was changed without notice for a 3:30 one hour appointment.
- Nope, no changes.
- I love my visits, no improvement.
- Add my family to be aware of family wildness adjusting to live together as a family.
- More time on health education. Including hygiene, med management, help getting involved with community events etc.
- They are so good as they are. I wouldn't know where to begin.
- I have spoken up in the past about not wanting to retry a medication and was committed to St. Josephs 2 north only to have the doctor there agree that I didn't need the retry med.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Community Mental Health and Whatcom Counseling and Psychiatric Center Corrective Action Plans for 2000 Concurrent Reviews

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The Associated Provider Network has submitted an initial corrective action plan, and at the request of NSMHA has provided supplemental corrective action plans as well, in response to the QM concurrent review in the second biennial quarter (2002).

CONCLUSIONS/RECOMMENDATIONS:

NSMHA QM staff recommends that QMOC accept the combined initial and supplemental corrective action plans. Upon acceptance of these plans the Quality Management department will calendar these agencies for re-audits to ensure that these agencies have corrected the areas that did not meet minimum standards.

TIMELINES:

ATTACHMENTS:

The following documents are an attachment to the meeting packet and are not available electronically:

- WCPC Supplemental Corrective Action Plan
- CMHS Supplemental Corrective Action Plan
- 12-16-2002 Letters and Attachments from R. Lea, APN

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: CQIP

PRESENTER: Gary Williams

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- The internal NSMHA CQIP Committee Charter and Mission Statement have been developed
- The responsibilities of the committee have been developed
- The committee at its January 28th meeting worked to further develop the Quality Assurance Monitoring Audit Sheet to assure documentation of NSMHA Quality processes.
- Collaboration for the completion of the Quarterly Biennial report

CONCLUSIONS/RECOMMENDATIONS:

- Quality Improvement /Assurance Recommendations will be developed and presented to QMOC as a part of the Quarterly Biennial Report on the NSMHA Quality Plan.

TIMELINES:

- To be scheduled with QMOC

ATTACHMENTS:

- NSMHA CQIP Committee Charter, Mission Statement and Committee Responsibilities

North Sound Mental Health Administration Coordinated Quality Improvement Program

CQIP Charter Statement:

CQIP is an internal NSMHA Committee made up of staff representing all NSMHA departments.

CQIP Mission Statement:

The NSMHA CQIP Committee is an internal function dedicated to improve mental health recovery services in the region by integrating all Quality Management activities.

CQIP Responsibilities:

- Develops a systematic approach for NSMHA staff to identify quality issues that are meaningful for our consumer population. These issues are evaluated continually.
- Measures clinical and administrative quality in processes and outcomes.
- Collaborates between departments to develop interventions for quality improvement activities.
- Monitors the effectiveness of identified Quality Management Interventions.
- Coordinates the development and implementation of clinical practice guidelines and monitors their effectiveness.
- CQIP reports to the Quality Management Oversight Committee every six months.
- Monitors all Quality Management activities (*revisited 12-16-02 and committee decided that this bullet needed to be reviewed again with more committee members present. It was also stated that this bullet refers to the Corrective Actions Pending flow sheet.)
- This committee will meet at least once per month.
- CQIP oversees and monitors all Quality Management activities at all levels of PHP provider services and supports.
- To recommend quality improvements to planning and future contracting processes.
- To report recommendations and data to QMOC.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: HIPAA Update

PRESENTER: Wendy Klamp, NSRSN Lead Quality Management Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Review of training to NSRSN staff, current status of HIPAA legislation, project plan update

CONCLUSIONS/RECOMMENDATIONS:

- ✓ Updates will be given to the QMOC as the NSMHA proceeds with implementation of HIPAA guidelines

TIMELINES:

- ✓ Ongoing

ATTACHMENTS:

- ✓ None

QUALITY MANAGEMENT OVERSIGHT COMMITTEE MEETING EVALUATION FORM

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

1. Receipt of Information:

A. Was information received in a timely manner?

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

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

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

C. Was information sent to the appropriate place?

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

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

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

2. Meeting Logistics:

A. Are meeting times convenient for you? ___Yes ___No

B. In order of priority (1, 2, 3) would you rather meet
 ___morning or ___afternoon or ___evening?

C. Are meeting places convenient for you?

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

3. Are meeting agendas complete and understandable?

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

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

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

5. Are there any special accommodations you need that would be helpful to you? If so, what are they?

- Yes
 No

Please provide any additional comments you may have.

Total Score _____

Meeting Date: 02/19/03 Name(optional)_____