



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

MARCH 12, 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
March 12, 2003
12:30 – 2:30**

AGENDA

		Page #
1.	Open the meeting & comments from the Chair	
2.	Approval of February 2003 Minutes <small>Action Item</small>	Chair Byrne 3
3.	Reports	
	A. Quality Management Dept. Report <small>FYI and Discussion</small>	Ms. Klamp 6
	B. System Review Report <small>FYI and Discussion</small>	Mr. Benjamin 7
	C. NSMHA Jail Review <small>Action Item</small>	Mr. McDonough 8
	D. NSMHA Residential Review <small>Action Item</small>	Mr. McDonough 9
	E. Critical Incidents Data Report <small>FYI and Discussion</small>	Mr. Page 10
	F. HIPAA Update <small>FYI and Discussion</small>	Ms. Klamp 11
4.	Other Business	
	A. Meeting Evaluation	Chair Byrne
5.	Adjourn	

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room
February 19, 2003
12:30 – 2:30**

MINUTES

Members Present:

Andy Byrne, Chair
Chuck Davis, Ombuds
Melissa DeCino, QRT
Sharri Dempsey, OCA/Tribal Liaison
Joan Dudley, Lake Whatcom Center
Mary Good, Advisory Board
Marcia Gunning, Contracts/Fiscal Department
Wendy Klamp, Lead Quality Specialist
Terry McDonough, Quality Specialist
Michael White, IS Specialist
Gary Williams, County Coordinator

Members Not Present:

Claudia D'Allegri
Karen Kipling
Rosemary Lea
Joe Johnson
Mike Page
Advisory Board Vacancy
Advisor Board Vacancy
Joan Lubbe

Others Present:

Beckie Bacon
Annette Calder
Mary Cline
Shirley Conger
Greg Long

1. Open the Meeting

Andy opened the meeting at 12:35 p.m. He informed the group that the next meeting of this committee will take place on March 12, 2003 and the April meeting will also take place one week early, April 9, 2003; in an effort for this committee to hear about the System Review and comments can go to the Board of Directors. Annette will notify the committee members and Michael will note the website.

2. Approval of January Minutes

Chair Byrne asked if there were any changes to the minutes of January 16th, there were none. Motion to approve the minutes as written, seconded, all in favor, **motion carried**. It was noted that the agenda for this meeting has the wrong date. Secretary Calder noted other errors on the agenda for the group.

3. Reports

A. Quality Management Department Report

Wendy Klamp distributed the Quality Management Department Report for January and provided an overview for the committee; see Attachment A for more information. She was thanked for her report.

B. 2002 Integrated Review

Marcia Gunning addressed the committee regarding the results of the Integrated Review of Compass Health. She distributed a copy of her PowerPoint presentation; refer to Attachment B for additional information. Marcia was thanked for her report.

C. North Sound Mental Health Administration Staff Training Plan

Wendy Klamp stated the plan was introduced to this committee last month and now we are seeking approval of the plan. A motion was made to approve the training plan, motion seconded, all in favor, **motion carried**.

D. North Sound Mental Health Administration Regional Training Plan

Wendy Klamp addressed the group stating this was introduced to the committee last month and we are recommending approval. She said this plan is a “framework” but it will continue to grow and improve as we do. It was moved and seconded to approve the NSMHA Regional Training Plan, all in favor, **motion carried**.

E. Quality Review Team Report on Whatcom Counseling and Psychiatric Clinic

Melissa DeCino reported that QRT surveyed WCPC in December. They discovered that there is a 20% fear of retaliation. The majority of this 20% were in the mail-in survey, not face to face surveys. QRT met with Norma Ramirez and Pamala Benjamin of WCPC regarding what the agency can do to reduce this fear of retaliation at the agencies request. Response was due on the 9th of February, not received yet. QRT wanted to update this group on what has taken place to date. Group discussion followed. Melissa was thanked for her report.

F. 2002 Concurrent Review corrective Action Plans – CMHS and WCPC

Wendy Klamp provided the committee with a synopsis of all that has occurred to bring us to this point with the 2002 Concurrent Review Corrective Action Plans, discussion followed. Wendy stated that the NSMHA is looking for direction from QMOC on how to resolve that peer chart reviews are not being performed by the agencies; a lengthy discussion took place.

Wendy also spoke about conducting a peer review by using the MHD peer review tool. Our concern is that APN developed their own tool, which does have some of the elements that the MHD tool has, but it is also very different at the same time. MHD tool is a four-point scale, the APN tool is a yes/no tool – this doesn’t help the agencies recognize their “stars”, etc. Joan Dudley responded stating that the APN tool has all the essential elements that the state tool has and have added some more to it, taking it to a higher standard. Also, if one part of the question isn’t answered, then it is a fail, so basically if you are rated yes, you have definitely met the standard. Wendy said this still only meets the minimum, not identifying the exemplary personnel. NSMHA wants to maintain the excellence of our system, concerned that the tool is not going to meet the goals that we’ve set. Much discussion followed.

Mary Cline reiterated what Joan had said about their tool, to get a “yes” it has to have exceeded the minimum. Joan asked that they be given a chance to prove it before having to rewrite and revamp the tool.

A motion was made to accept the WCPC and CMHS corrective action plans except that we will require monthly peer review of one chart, per clinician, per month with a tool that includes all elements of the MHD Outpatient Record Review Tool, seconded, and Chair Byrne called for the vote. 10 in favor, 1 opposed, **motion carried**.

Wendy was thanked for her report.

G. CQIP

Gary Williams addressed the committee regarding the Coordinated Quality Improvement Program (CQIP) and its Charter, Mission and Responsibilities Statements. He distributed a copy; please refer to Attachment C for further information. Gary asked this group to think about benchmarks and he was thanked for his presentation. Gary said he wants QMOC members to know that very important issues will be coming before this committee.

H. HIPAA

Wendy Klamp updated the group on HIPAA efforts to date, stating the NSMHA has 27 policies so far, as well as a Notice of Privacy Practices and Business Agreements Notice. The NSMHA will mail our Privacy Notice to our enrolled consumers and NSMHA staff will be trained as well.

Michael White updated the committee regarding the information transaction piece that a group of RSN's is working on. Also the security rules are supposed to be final tomorrow for publication in the National Security Register, we will have two years to comply.

Wendy and Michael were thanked for the information they shared.

4. Other Business

A. Meeting Evaluation

Chair Byrne asked the group to complete the meeting evaluation form and turn into Annette before leaving.

5. Adjourn

The meeting was adjourned 2:25 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. If you have any questions, concerns or comments please contact the NSMHA at 800-684-3555 x 230.

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 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

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Public Mental Health System Review in the North Sound

PRESENTER: Chuck Benjamin, NSMHA Executive Director

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ❑ History of confusion over roles and responsibilities between NSMHA and APN
- ❑ History of clinical documentation issues in the areas of:
 - Treatment Plans
 - Crisis Plans
 - Case Management
- ❑ What are the sources of funding
- ❑ How is the funding spent
- ❑ History of services has increased slightly
- ❑ This public mental Health System Review

CONCLUSIONS/RECOMMENDATIONS:

The Board of Directors' Executive Committee and I are looking for your input. The Public Mental Health System Review is a work in progress. Any input will be greatly appreciated and will become part of the final report.

TIMELINES:

Feedback is needed by the end of March and should be submitted to myself.

HANDOUTS:

Will be provided at the meeting.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Jail Episode of Care Review 2002

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA Quality Specialist (QS) staff conducted a clinical record review of services provided to consumers involved in the Criminal Justice System. Records from three (3) NSMHA providers were reviewed; Compass Health, Community Mental Health Services and Whatcom Counseling and Psychiatric Clinic. Services provided to both adult and adolescent consumers were reviewed.

Review results indicate that services to both adults in jail, as well as adolescents in juvenile detention facilities, are being provided in an appropriate and timely manner. Consumers are seen face-to-face while detained and upon release from incarceration. Consumers receive an appropriate array of evaluation, case management, discharge planning and community support services from the providers involved in their care.

CONCLUSIONS/RECOMMENDATIONS:

Review results indicate services are provided in an appropriate and timely manner to consumers that providers are involved with or requested to evaluate. This particular subset of individuals involved with the Criminal Justice System is currently receiving good care. Future reviews involving the Criminal Justice System will be targeted towards mentally ill individuals not currently known to or connected with the publicly funded mental health system.

Currently, no benchmark scoring standards have been established for the Jail Episode of Care Review. QS staff request that QMOC members discuss this issue and recommend benchmark standards by which future Jail Episode of Care Reviews can be evaluated for Quality Assurance and Quality Improvement compliance.

TIMELINES:

The next Jail Episode of Care Review will be conducted in 2003.

HANDOUTS:

Jail Episode of Care Review 2002 will be provided at the meeting.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Supervised Living Review 2002

PRESENTER: Terry McDonough and Debbie Page

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

During the last six months of 2002, NSMHA Quality Specialists conducted a review of clinical records at the following Supervised Living facilities throughout the NSRSN; Aurora House, Haven House, Greenhouse, Everett Madison House, Sno-Alp, Lake Whatcom Residential and Treatment Center and Ovenell's Group Home.

Clinical records reviewed at the majority of Supervised Living sites indicate that appropriate services are being provided. Consumers in Supervised Living meet NSMHA defined eligibility for such services and receive appropriate care with an emphasis on consumer voice throughout the course of treatment received.

Corrective Action Plan implementation requested from staff at Community Mental Health Services regarding documentation in the clinical records of consumers at Ovenell's Group Home was missing. This missing documentation lowered the aggregate Review score compiled for the Region.

CONCLUSIONS/RECOMMENDATIONS:

Review results for each provider as well as the overall score for the Region are presented in the report. Currently, there are no benchmark scoring standards for these results to be compared against. Quality Specialists request that QMOC members discuss this issue and recommend benchmark standards by which future Supervised Living Reviews can be evaluated for Quality Assurance and Quality Improvement compliance.

A meeting between NSMHA, APN, Community Mental Health Services (CMHS) and Ovenell's Group Home staff will be scheduled. The need to implement required Corrective Action steps by CMHS staff and the rescheduling of a Supervised Living Review at Ovenell's will be established at this meeting.

TIMELINES:

Meeting regarding Ovenell's will be scheduled on or before May 1, 2003.

HANDOUTS:

Supervised Living Review 2002 Report will be provided at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Critical Incident Data Report for 7-1-02 to 12-31-02

PRESENTER: Mike Page, CIRC, NSMHA

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Data will be reported for the time period of July 1, 2002 through December 31, 2002. An overview of the year 2000 and 2001 will also be provided at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

From reports received and data compiled it has become apparent to the Critical Incidents Review Committee that the Critical Incident Report Form needs minor revisions.

The Critical Incidents Review Committee is recommending that the types and sub-types of incidents be reviewed and more sharply defined.

TIMELINES:

N/A – ongoing.

HANDOUTS:

The report will be distributed at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: HIPAA Update

PRESENTER: Wendy Klamp, NSMHA Lead Quality Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Review of training to NSMHA 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