



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

APRIL 9, 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
NSMHA Conference Room
April 9, 2003
12:30 – 2:30**

AGENDA

		Time	Page #
1.	Open the meeting & comments from the Chair	5	
2.	Approval of March 2003 Minutes <small>Action Item</small>	5	3
	Chair Byrne		
3.	Reports		
	A. Quality Management Dept. Report <small>FYI and Discussion</small>	5	6
	B. System Review Report <small>FYI and Discussion</small>	15	7
	C. NSMHA Integrated Review <small>Action Item</small>	60	8
	D. NSMHA Ombuds Quarterly Report <small>FYI and Discussion</small>	20	9
	E. HIPAA Update <small>FYI and Discussion</small>	10	10
	Ms. Klamp		
4.	Other Business		
	A. Meeting Evaluation	Chair Byrne	16
5.	Adjourn		

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room
March 12, 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
Karen Kipling, VOA
Wendy Klamp, Lead Quality Specialist
Rosemary Lea, APN
Joan Lubbe, Advisory Board
Terry McDonough, Quality Specialist
Mike Page, Quality Specialist
Michael White, IS Specialist
Gary Williams, County Coordinator

Members Not Present:

Claudia D'Allegri
Mary Good
Marcia Gunning
Joe Johnson
Advisory Board Vacancy

Others Present:

Maile Acoba
Chuck Benjamin
Annette Calder
Shirley Conger
Bob LeBeau
Greg Long

1. Open the meeting & comments from the Chair

Chair Byrne opened the meeting at 12:34 p.m. and welcomed those present.

2. Approval of February 2003 Minutes

Chair Byrne asked if there were any changes to the minutes of February 19, 2003, there were none. A motion was made and seconded, **motion carried unanimously**.

3. Reports

A. Quality Management Dept. Report

Wendy Klamp distributed copies of the Quality Management Department Report (see Attachment A for more detailed information) and provided the group with an overview. Wendy also updated the group regarding the MHD Licensing Tool and a conversation she had with Compass Health staff member, Terry Clark. A recommendation is being made to let providers continue with their peer review tool until such time the WACs are changed and the MHD Tool is updated. If QMOC accepts this then we need to allow CMHS and WCPC continue as well. Discussion followed.

Rosemary distributed a copy of APN's policy on Concurrent Peer Review Process (see Attachment B for more information).

Wendy and Rosemary were thanked for the information they shared.

B. System Review Report

Chuck Benjamin addressed the committee regarding the Mental Health System Review and shared information received to date during the process of this review. He is seeking input from this body. He made a comprehensive PowerPoint presentation to the committee, (see Attachment C for further information). Committee discussion followed. Chuck was thanked for his report.

C. NSMHA Jail Review

Terry McDonough presented the NSMHA Jail Episode of Care Review and distributed copies of the report (see Attachment D for more information). Terry reviewed the report with the committee. Terry proposed that this group adopt benchmarks of 90% for passing reviews. Greg Long said that MHD sets a 90% level for passing chart reviews and that perhaps we would want to set a lower standard so we don't set our providers or ourselves up for failure. A lengthy committee discussion followed. A motion was made to accept the report as written, seconded, all in favor, **motion carried**. Terry was thanked for his report.

Chair Byrne asked if staff could bring back some recommendations about what to set the standard for passing this review. Greg Long committed that staff could come up with recommendations and after discussion it was decided that this committee would hear back from staff at the May meeting as to how this project is progressing.

D. NSMHA Residential Review

Terry addressed the committee regarding the NSMHA Supervised Living Clinical Review and distributed copies for the group (see Attachment E for additional information).

Joan Dudley informed the committee that the Boarding Home WACs are being revised and now there is a group taking legal action against DSHS.

Motion to accept the Supervised Living Report with the request from QMOC to have a report back by the June 2003 meeting by the Compass Skagit on Ovenell's, seconded, all in favor, **motion carried**.

E. Critical Incidents Data Report

Mike Page distributed the Critical Incidents Data Report for 07-01-02 through 12-31-02, along with an overview of the years 2000 and 2001, (see Attachment F for more information). Mike went over this information with the group. The group discussed reporting by agencies. Mike conveyed to the group that more reporting doesn't mean more critical incidents, what it means is that more reporting is being done and providers are erring on the side of caution, which is better than not reporting at all. The group also discussed definitions in the critical incident policy. Wendy said she wanted to take this opportunity to thank Mike Page for his years of service to this Region and wish him well in his retirement. The committee applauded and thanked Mike.

F. HIPAA Update

Wendy Klamp stated the MHA has completed policies and will be presented to the Board of Directors at their meeting tomorrow. The privacy notice is at the printers to be published and mailed to all enrolled consumers. She said the providers graciously accepted to hand out the privacy notice to newly enrolled consumers and the NSMHA greatly appreciates the providers agreeing to do this. Wendy was thanked for her report.

4. Other Business

A. Meeting Evaluation Results

Chair Byrne shared the meeting evaluation results from the February meeting with the group.

B. Other

Rosemary informed the group that APN had new cards made describing the APN and listing information on providers in each county as well as the phone numbers for the Access Line and Crisis Line. Rosemary distributed the new cards stating that they are more user-friendly with more information. (See Attachment G for additional information).

5. Adjourn

The meeting was adjourned at 2:46 p.m.

Respectfully submitted,

Annette Calder

Please note: The attachments referenced herein 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

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Management Department and QS Report

PRESENTER: Wendy Klamp, NSMHA Lead Quality 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

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: **DRAFT NSMHA Public Mental Health System Review DRAFT**

PRESENTER: **Charles R. Benjamin, NSMHA Executive Director**

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This North Sound public mental health system review is conducted for the following reasons:

- Our current system has been in place for six years and it is time to step back and assess our accomplishments and limitations.
- Numerous audits/surveys have identified a lot of confusion as to what the respective roles and responsibilities are between the NSMHA and APN.
- The Mental Health Division's Administrative and Medical Audit of NSMHA has raised the concern of potential duplication/overlap of administrative and quality management functions between the North Sound Mental Health Administration (NSMHA) and Associated Provider Network (APN) for the past five years.
- The potential loss of revenues from WA is on the horizon.
- NSMHA contract negotiations with service providers will begin later this year.

We made the decision to conduct a thorough and timely review of the entire public mental health system. This review includes the following:

- To spend a little time on the background that led the NSMHA to the decision of issuing a Request for Proposal (RFP)
- Discuss the following: over the past few years:
 - NSMHA sources of revenue
 - NSMHA Expenditures
 - Distribution of funds to providers
 - People served and average hours of service
- Recognize our successes as well as our limitations.
- To seize this opportunity to recommend to the Board Directors recommendations for quality improvements

CONCLUSIONS/RECOMMENDATIONS:

Therefore, we are making the recommendations in the following areas:

- Hold our administrative costs to a minimum to maximize resources to direct consumer services.
- Our public mental health system needs to improve its quality management capabilities and that will be a single integrated model at the NSMHA.
- The NSMHA Executive Director is responsible for establishing a NSMHA Transition Committee to meet the above two objectives.
 - Have a final implementation plan to accomplish Phase One and submit a report in April 2003.
 - Have a final implementation plan to accomplish Phase Two and submit a report in June 2003.
- Assess resource needs to fulfill QA/QM responsibilities at NSMHA
- Ensure that identified current accomplishments/strengths are maintained or enhanced.
 - NSMHA needs to implement another effort to reduce paper work and submit a report in August 2003.
- NSMHA needs to develop policies that give incentives to the providers who are in or come into substantial compliance and submit report in June 2003.

TIMELINES:

- I need your input by April 16, 2003.

ATTACHMENTS:

- In an effort to cut costs, we are not including the DRAFT NSMHA Public Mental Health System Review Report in this meeting packet, as it is more than 50 pages in length. It is available on our website at: www.nsrnsn.org and select the System Review tab on the bottom left side of the page. If you would like a hard copy at the meeting, please request it in advance by calling 800-684-3555 x 230. Thank you.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: 2nd Biennial Quarter 2002-2003 Integrated Report

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The 2nd Biennial Quarter 2002-2003 Integrated Report combines information from a variety of Quality Management activities that were conducted by NSMHA staff during the six-month period from July through December 2002.

The activities performed were conducted according to the schedule detailed in the NSMHA Quality Management Work Plan. Each activity resulted in a written report. These are referred to as "Report Sources" in the 2nd Biennial Quarter Integrated Report. The Report Sources are analyzed, reviewed for content and summarized. Information relevant to the Focus Areas in the NSMHA Quality Management Work Plan is discussed. Report Source documents and Focus Area summaries are assessed for any Quality Assurance/Quality Improvement activities they suggest as necessary.

A follow-up report pertaining to Quality Assurance/Quality Improvement activities identified in the 1st Biennial Quarter 2002-2003 is also included in this report.

CONCLUSIONS/RECOMMENDATIONS:

The Integrated Report is submitted to QMOC for review and comment.

TIMELINES:

N/A

HANDOUTS:

2nd Biennial Quarter 2002-2003 Integrated Report will be available at the April 9, 2003 QMOC meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quarterly Ombuds Report

PRESENTER: Chuck Davis

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Ombuds report will present (1) complaint definitions; (2) annual comparisons of: numbers of cases, demographics, cases by county, and total ombuds contacts; and (3) 1st quarter, CY 2003 ombuds complaints and resolutions.

CONCLUSIONS/RECOMMENDATIONS:

This report will describe how the ombuds office classifies and defines complaints. It provides a glimpse of trends over the past several years. It further shows current, prevailing types of complaints and counties they arise from.

TIMELINES:

This report will be presented at the end of each calendar quarter

ATTACHMENTS:

Handouts will be provided at the presentation.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: HIPAA Implementation at NSMHA

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA staff has completed the tasks needed to comply with HIPAA by the April 14, 2003 deadline. I will present a brief overview of our HIPAA compliance including a review of the NSMHA Notice of Privacy Practices and the role of the Privacy Officer in relation to Quality Management.

CONCLUSIONS/RECOMMENDATIONS:

N/A

TIMELINES:

N/A

ATTACHMENTS:

NSMHA Notice of Privacy Practices

Notice of Privacy Practices of

North Sound Mental Health Administration
117 North First Street, Suite 8
Mount Vernon, WA 98273
360-416-7013 www.nsmha.org

Uses and disclosures of your personal health information

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

[If you have any questions about this notice, please contact the Privacy Officer at 360-416-7013.]

The North Sound Mental Health Administration (NSMHA), formerly known as the North Sound Regional Support Network, is the public mental health authority for Island, San Juan, Skagit, Snohomish and Whatcom counties. NSMHA is responsible for the contracting and oversight of all publicly funded outpatient and inpatient community mental health services in these counties. NSMHA contracts with the Associated Provider Network (APN) which then provides services through their members and affiliates; Compass Health, Catholic Community Services, bridgeways, Lake Whatcom Residential Services, and Whatcom Counseling and Psychiatric Services. We also contract with Snohomish County, Sea Mar, the Tulalip tribes and Volunteers of America for certain mental health services. Oversight of these services includes auditing to assure the quality of services as well as efficient and responsible use of public funds. The NSMHA is governed by a Board comprised of elected officials from each county or their designated alternates.

The North Sound Mental Health Administration's responsibilities

The North Sound Mental Health Administration is required by law to maintain the privacy of protected health information ("PHI"). We also are required to provide you with notice of our legal duties and privacy practices with respect your PHI, and abide by the terms of the Notice currently in effect.

Your PHI is individually identifiable information about your past, present, or future health or condition, and the provision of health care to you. Your PHI also includes information that we create or receive regarding your health or payment for your health care. Your PHI contains both your medical records and personal information such as your name, social security number, address, and phone number. It also may include financial information.

This notice explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We train and require all of our employees to maintain the privacy and confidentiality of your PHI.

How the North Sound Mental Health Administration may use and disclose health information about you

The North Sound Mental Health Administration uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your PHI are listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one or more of these categories.

Uses and disclosures of your protected health information that do NOT require your authorization

We may use or disclose your protected health information without your authorization as follows in relation to your health care and treatment:

- To the individual who has medical responsibility for your care.
- Within our organization to coordinate your care.
- To County Designated Mental Health Professionals.

We may use or disclose your protected health information without your authorization as follows in relation to payment:

- To administer your health benefits policy or contract.
- To bill you for health care we provide.
- To pay others who provided care to you.
- To other organizations and providers for payment activities unless disclosure is prohibited by law.

We may use or disclose your protected health information without your authorization as follows in relation to health care operations:

- To administer and support our business activities as a mental health regional support network or those of other health care organizations (as allowed by law) including health providers, health plans, as well as state, regional, county and local health care programs. For example, we may use your PHI to evaluate the performance of our staff in serving you. We also may combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain treatments are effective, or to compare how we are doing with others and to see where we can make improvements or adapt to budgetary constraints. We may remove information that identifies you from this set of health information so others may use it to study this information without learning who our specific client are. Another example is that we may use your PHI for service oversight activities, and to determine your eligibility for publicly funded mental health services.
- To other individuals (such as consultants and attorneys) and organizations that help us with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:

- Required by law — When we are required to do so by state and federal law, including workers' compensation laws.
- Public health and safety — To an authorized public health authority or individual to:
 - Protect public health and safety.
 - Prevent or control disease, injury, or disability.
 - Report vital statistics such as births or deaths.
 - Investigate or track problems with prescription drugs and medical devices. (Food and Drug Administration.)
- Abuse or neglect - To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
- Oversight agencies - To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- Legal proceedings - In the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- Law enforcement - To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- Military activity and national security - To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the President of the United States.

We may also use or disclose your protected health information without your authorization in the following miscellaneous special circumstances:

- Treatment alternatives and plan description - To communicate with you about appointment reminders, treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you, or to describe our health plan and providers to you.
- Research - For the North Sound Mental Health Administration or another organization's research purposes provided that certain steps are taken to protect your privacy. Note: Generally in these cases a research review board will review the research project to ensure adequate privacy protections before the North Sound Mental Health Administration uses or discloses your PHI.
- De-identify information - To "de-identify" information by removing information from your PHI that could be used to identify you.
- Coroners, funeral directors, and organ donation - To coroners, funeral directors, and organ donation organizations as authorized by law.
- Disaster relief - To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- Threat to health or safety - To avoid a serious threat to the health or safety of yourself and others.
- Funding Support - We may use your PHI to contact you for purposes of enlisting support to maintain or obtain funding of our programs.
- Correctional facilities - If you are an inmate in a correctional facility we may disclose your PHI to the correctional facility for certain purposes, such as providing health care to you or protecting your health and safety or that of others.

Uses and disclosures of your protected health information by The North Sound Mental Health Administration that DO require us to obtain your authorization

Except in the categories listed above, we will use and disclose your PHI only with your written authorization.

In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. In these situations, we will contact you for the necessary authorization. If you have questions about these laws, please contact the Privacy Officer at 360-416-7013.

If you sign an authorization you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization.

If you would like to ask us to disclose your PHI, please contact the Privacy Officer, at 360-416-7013 for an authorization form.

Your rights regarding your protected health information

Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Privacy Officer at 360-416-7013.

You have the right to:

- Request restrictions by asking that we limit the way we use or disclose your PHI for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. Please note that we are not required to agree to a requested restriction. If we do agree, we will honor your limits unless it is an emergency situation.
- Receive confidential communications of PHI.
- Ask that we communicate with you by another means. For example, if you want us to communicate with you at a different address we can usually accommodate that request. Your request to us must be in writing. We will agree to reasonable requests.
- Inspect and copy your PHI. This request must be in writing and we may charge a reasonable fee for the cost of producing and mailing the copies, or the cost of other supplies and services associated with your request. In certain situations we may deny your request to inspect and copy and will tell you why we are denying it in writing. If you are denied access to your PHI, you may request a review of our denial.
- Ask us to amend PHI about you that we use to make decisions about you. Your request for an amendment must be in writing and provide the reason for your request. In certain cases we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
- Request a list accounting for any disclosures of your PHI we have made, except for uses and disclosures for treatment, payment, and health care operations as previously described. To request this list of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may be no longer than six years and may not include dates before April 14, 2003. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee. We will notify you of the cost of providing the list and give you an opportunity to withdraw or modify your request at any time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list; but this date will not exceed a total of 60 days from the date we received your written request.
- Receive a paper copy of this Notice, upon request to our Privacy Officer.

Changes to privacy practices

We reserve the right to change our privacy practices and the terms of this Notice at any time, and to make the new notice provisions effective for all your PHI that we maintain as well as any information we receive in the future. We will post a copy of the current notice in our facility located at 117 North First Street, Suite 8, Mount Vernon, WA 98273, and on our website at www.nsrnsn.org. The notice will be contained on the first page, in the top left-hand corner, the effective date which will not be earlier than the date on which the notice is printed or otherwise published.

We will promptly revise and distribute our Notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which such material change is reflected.

Questions and complaints

If you have any questions about this Notice or would like an additional copy, please contact the Privacy Officer at 360-416-7013.

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer, the North Sound Mental Health Administration, 117 North First Street, Suite 8, Mount Vernon, WA 98273. All complaints must be submitted in writing. For more information on how to file a written complaint, call the Privacy Officer at 360-416-7013. You can also contact the Ombuds service at 1-888-336-6164. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Individuals will not be retaliated against for filing a complaint.

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: 04/09/03 Name (optional): _____