

Effective Date:  
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## North Sound Mental Health Administration

Section 1000 – Administrative: NSMHA Project Work Process

Authorizing Source:  
Cancels:  
See Also:  
Responsible Staff: Executive Director

Approved by: Executive Director  
Motion #

Date: 07-28-04

### **POLICY #1012.00**

### **SUBJECT: NSMHA PROJECT WORK PROCESS**

#### **POLICY**

This Policy sets forth NSMHA's process of planning, participation, implementation, and report development for all projects managed by NSMHA.

#### **A. General Planning Principles**

1. Include all stakeholders in the process.
2. Decision making process; 1-5 process (1 means over my dead body and 5 means great and must do); parking lot for difficult issues. If consensus can't be reached, issue goes to NSRSN Management Team.
3. Model example Access (but applies to all projects).
4. Keep things simple.
5. Focus on critical components.
6. Support staff to take summary of important meetings.
7. Reports will present information by Provider and region. Reports by county will be done when requested.

#### **B. Internal Meeting (involve stakeholders, QS, Ombuds, QRT)**

1. Need to determine external stakeholders.
2. Discuss basic purpose/reasons for the project.
3. Don't go to far in internal planning so external process can give valuable and significant input.

#### **C. External Planning**

Meetings should be as close together as possible so process doesn't stretch out over months.

4. 1st meeting – all stakeholders meeting (Providers, advocates, CC's) obtain group thinking and group wisdom on areas to review and methods of review.
5. 2nd meeting – all stakeholders – present draft, follow up final draft or final meeting consensus or present different opinions, inform Management Team.
6. If necessary, 3rd meeting to finalize tool/approach.

#### **D. Implementation**

1. Plan + arrange + schedule the process (IS is a stakeholder).
2. Conduct the process.
3. Site exit review; discuss preliminary findings/issues with the Providers and APN.

## **E. Report Development**

1. Internal Data Analysis (Including meeting with Ombuds, QRT, and other RSN staff).
2. Develop draft report and send to Management Team (also to APN/Provider).
3. Meet with provider and APN to discuss draft.
4. Final draft report written and sent to Provider and APN, with 2 weeks to respond.
5. Send report to QMOC with strengths, QA findings, QI Recommendations, if any. Provider's proposed corrective action should be included.
6. Follow up monitoring of corrective actions, if needed.

## **ATTACHMENTS**

None