

North Sound Mental Health Administration

**Quality Management Department
Integrated Report**

1st Biennial Quarter 2004-2005

(January 1 - June 30, 2004)

NSMHA Quality Management Plan 2004-2005

Integrated Report for 1st Biennial Quarter, January 1 – June 30, 2004

Executive Summary

This Integrated Report provides an overall summary of Quality Management activities performed in accordance with the NSMHA 2004-2004 Quality Management Work Plan during the first six months of 2004. It also details follow up actions taken in response to quality management issues identified in the previous Integrated Report.

Follow up to issues identified during the 4th Biennial Quarter 2003 Integrated Report

The following issues were identified during the 4th Biennial Quarter (BQ) 2003 as requiring either initial or ongoing action by the NSMHA Quality Management staff during the 1st BQ 2004.

Issue #1- The need for a Regional Utilization Management Plan, developed collaboratively between NSMHA and providers that meets the requirements contained in the MHD Quality Strategy document.

Follow up action taken during the 1st BQ 2004:

- The State of Washington's Mental Health Division conducted a PHP Audit of NSMHA in July 2003. The MHD PHP Audit identified the need for a Regional Utilization Management Plan, developed collaboratively between NSMHA and providers that meets the requirements contained in the MHD Quality Strategy document. NSMHA staff developed and implemented a Regional UM Plan during the 4th BQ 2003 and have continued with the UM Plan implementation throughout the 1st BQ 2004.

Issue #2- The NSMHA sanction imposed upon Whatcom Counseling and Psychiatric Clinic (WCPC) regarding provision of Emergency Services and WCPC's current probationary status with the Mental Health Division

Follow up action taken during the 1st BQ 2004:

- MHD placed Whatcom Counseling and Psychiatric Clinic (WCPC) on probationary status during the 4th BQ 2003 regarding provision of Emergency Services, as well as requesting a Corrective Action Plan from NSMHA detailing how NSMHA would be monitoring the provision of Emergency Services by WCPC. NSMHA submitted their Corrective Action Plan to MHD, and it was accepted. As detailed in the Corrective Action Plan, NSMHA reviewed 100% of WCPC's Emergency Service staff Crisis Contact sheet documentation and met monthly with WCPC management and supervisory staff to inform them of results of these reviews. The meetings with staff and 100% review of WCPC Crisis Contact sheets continued during the 1st BQ 2004. On May 28, 2004, the MHD informed NSMHA that NSMHA had completed all requirements of the Corrective Action Plan, and the Corrective Action Plan was now over. At present, NSMHA staff review 10% of WCPC Crisis Contact sheets and continue to work collaboratively with WCPC management and supervisory staff in order to assure that the significant improvement noted in the documentation and provision of emergency services by WCPC staff continues. The need for further review and/or consultation with WCPC Emergency Services staff will be evaluated during the 2nd BQ 2004.

Issue #3- The need for NSMHA to continue development of data report specifications

Follow up action taken during the 1st BQ 2004:

- NSMHA IS continued development of data report specifications during the 1st BQ 2004. The interim strategy currently in effect is scheduled to be finalized during the 2nd BQ 2004.

Issue #4- The need for a completed Corrective Action Plan (CAP) from Sea Mar in response to the NSMHA Administrative Audit conducted at Sea Mar in January 2003

Follow up action taken during the 1st BQ 2004:

- NSMHA received and accepted a CAP from Sea Mar during the 1st BQ 2004. This issue is now completed.

Strengths identified in the 1st BQ 2004 BQ Integrated Report

- Successful completion of the NSMHA Corrective Action Plan to the State of Washington Mental Health Division regarding Crisis Services throughout the Region
- Successful completion of the Corrective Action Plan from Whatcom Counseling and Psychiatric Clinic (WCPC) to NSMHA
- NSMHA Administrative Audit of the Tulalip Tribes with no Audit Findings
- Ongoing Utilization Reviews by NSMHA staff at provider agencies. Approximately 100 clinical records are currently being reviewed throughout the Region each month
- Implementation of the review of all denied requests for outpatient mental health services by NSMHA staff (Denial Desk)

Areas for further study and review Identified during the 1st BQ 2004

- Crisis cluster review of clinical records throughout the region (145). Low scores related to Health and Safety concerns for consumers
- Clinical record documentation review at Compass Health-Skagit. Scores did not meet standards. Need for a Corrective Action Plan and a follow-up review
- Noted increase in number of critical incidents reported at regional E&T's, resultant review of E&T's
- Review/investigation of deaths of consumers under 50 years of age throughout the Region

Accomplishments of note during the 1st BQ 2004

- Completion of the revised NSMHA Regional Training Plan, acceptance of the Training Plan by Regional Quality Management Committee and Quality Management Oversight Committee
- Completion of revisions to Regional Clinical Eligibility and Care Standards (CECS), acceptance of the CECS by Regional Quality Management Committee and Quality Management Oversight Committee
- Development and implementation of Regional Clinical Guidelines by the Regional Quality Management Committee, acceptance of the Clinical Guidelines by the Quality Management Oversight Committee
- Update/revision of NSMHA Complaint, Grievance, Appeal and Fair Hearing policies and procedures to conform with Balanced Budget Act requirements.

- Regional implementation of the Telesage Project, an outcome tracking project designed to measure if consumer levels of satisfaction and functional abilities are improving
- Initiation of a Caseload Study throughout the Region
- Completion of the NSMHA Administrative Audit of Snohomish County
- Revision of the NSMHA Quality Specialist job description
- Revisions and updates to the NSMHA Quality Management Plan 2004-2005
- Preparation for the upcoming External Quality Review Organizations audit of NSMHA, scheduled during the 2nd BQ 2004
- Reassignment of NSMHA Quality Specialist (QS) staff into designated areas of responsibility, per requirements of the Balanced Budget Act (BBA)
- Ongoing Utilization Review work by NSMHA staff, 100 charts per month currently being reviewed
- Review of all denied requests for outpatient mental health services by NSMHA staff
- Ongoing monthly meetings of the Regional Quality Management Committee
- Replacement of the Peer Review process at provider agencies with a Quality Assurance Review performed by supervisors and provider quality management staff
- Transition planning for implementation of Center for Medicaid and Medicare Services (CMS) regulations throughout the Region
- Ongoing review of crisis service provision throughout the Region

1st Biennial Quarter 2004-2005 Integrated Report

January 1 – June 30, 2004

Introduction

The 1st Biennial Quarter (BQ) Integrated Report presents information regarding the quality management activities of the North Sound Mental Health Administration (NSMHA) during the first six months of 2004. It also describes the current status of follow up activities identified as necessary by the 4th Biennial Quarter 2002-2003 Integrated Report. Follow up to issues identified in the 4th BQ 2002-2003 Integrated Report have been described in the Executive Summary section of this Integrated Report.

1st Biennial Quarter 2004 NSMHA Quality Management Department Reports

During the first six months of 2004, NSMHA Quality Management Department staff performed multiple quality management activities and reviewed several quality management report documents. These activities were summarized and reported to the NSMHA Regional Quality Management Committee and the NSMHA Quality Management Oversight Committee (QMOC) at its monthly meetings throughout the 1st Biennial Quarter 2004. The following NSMHA Quality Management Department activities and reports have been reviewed in the preparation of this 1st Biennial Quarter 2004 Integrated Report.

Administrative Audit of the Tulalip Tribes

NSMHA staff conducted an Administrative Audit with the Tulalip Tribes in May 2004. The purpose of the Audit was to ensure that federal block grant funding received by the Tulalip Tribes has been expended in a manner that is consistent with the terms of the funding, as governed by the contract between NSMHA and the Tribes, and by federal and state requirements. NSMHA Quality Review Team (QRT) staff also participated in the Audit, to review issues related to Tribal members treatment choices and options.

Results of the Audit indicated that the Tulalip Tribes are in full compliance with all NSMHA fiscal, personnel and procedural expectations. There were no Findings in any of these areas. There was a Recommendation made regarding keeping more accurate service counts of services provided to individuals during the contract period. Tribal staff have addressed this issue and agreed to implement an internal procedure to maintain more accurate counts of services provided.

QRT staff determined that Tribal member choices for services occur effectively through community tribal events and communication from respected elders of the Tribe. Traditional healing services are available to the Tribal community through such activities as the local Tribal paper, canoe journeys, individual healers and the Spiritual Encampment. Also, services may come out of the individual therapy process, as well as from the sources listed above. Since October 2003, Tribal members have had an office in the local elementary school, as well as traveling to other elementary schools, junior and high schools and the local alternative high school. QRT staff was impressed with the array and diversity of culturally appropriate services available to Tribal members

Administrative Audit of Snohomish County

NSMHA staff conducted an Administrative Audit of Snohomish County from June 29 through July 1, 2004. Results of this Audit will be presented in the 2nd BQ Integrated Report.

Compass-Skagit, Island and San Juan Clinical Record review

NSMHA Quality Management (QM) staff and staff from the State of Washington Mental Health Division (MHD) conducted a clinical record review of 88 outpatient clinical records at Compass Health-Skagit, Island and San Juan in March 2004. The clinical records were reviewed using the MHD's "*Voluntary and Involuntary Outpatient Record Review Tool*", which is the standard instrument used by NSMHA staff during Concurrent Reviews. The overall scoring average for the clinical records reviewed was 85%. 90% is the expected scoring standard for Concurrent Reviews. A meeting between NSMHA, MHD and Compass Health-Skagit, Island and San Juan staff took place on March 16, 2004 to discuss the results of the Concurrent Review. At this meeting, Compass Health-Skagit, Island and San Juan staff was asked to prepare and submit a Corrective Action Plan to NSMHA describing their planned efforts to correct clinical record scoring deficiencies. NSMHA has subsequently received and approved the proposed Compass Health-Skagit, Island and San Juan Corrective Action Plan. The NSMHA and MHD staff will return to Compass Health-Skagit, Island and San Juan to conduct another Concurrent Review of clinical records to verify that effective Corrective Action Plan steps have been implemented.

NSMHA Crisis Cluster Review

In January 2004, NSMHA Quality Management (QM) staff reviewed 145 Crisis Plans in clinical records at provider sites throughout the Region. The purpose of the review was to determine the overall quality of the Crisis Plans, with particular attention paid to health and safety issues affecting the consumer. The review was conducted using the MHD's "*Voluntary and Involuntary Outpatient Record Review Tool*" Crisis Plan section, which contains eleven (11) questions. Previous reviews of the Crisis Plan section using the MHD tool had indicated a Regional average for this section of 71% in 2002 and 70% in 2003. The overall Regional score for the 2004 Crisis Plan section review was 88%, a score that is slightly below the expected Regional standard of 90%, although significantly improved over the two previous years reviews.

Eight of the eleven questions in the section scored 90% or better. The question related to “child voice” on the Crisis Plan scored 84%. However, the two questions related to consumer health and safety scored a Regional average of 53% and 55%, respectively. Of note, the clinical records reviewed at Lake Whatcom Center (LWC) scored a perfect 100% on both questions related to consumer health and safety issues, and LWC was therefore exempt from any required quality improvement activity regarding Crisis Plans.

Providers at Compass Health, Whatcom Counseling and Psychiatric Clinic, Catholic Community Services Northwest and Sea Mar have submitted quality improvement plans describing how they plan to address the issue of low scores in this area of their crisis planning with consumers. NSMHA staff have reviewed and accepted the proposed quality improvement plans. Compass Health has implemented extensive clinical record documentation training throughout their agency, with particular emphasis on Crisis Plans. NSMHA QM staff will be reviewing Crisis Plans at provider agencies to verify that described quality improvement efforts have been effective during scheduled Concurrent Reviews throughout the remainder of 2004-2005.

Crisis Contact sheet review

The ongoing review of Crisis Response Contact Sheets, in compliance with NSMHA's Corrective Action response to the MHD continued throughout the first six months of 2004. To date, NSMHA staff has reviewed over 1,500 Contact Sheets at provider agencies, including a 100% review of the Contact Sheets at Whatcom Counseling and Psychiatric Clinic (WCPC). Results to date indicate that crisis service providers are conducting more outreaches to the community than before and also documenting more inclusion of natural supports during the crisis investigation/resolution. Crisis staff is documenting a clear plan of action for consumers in 95% of the cases reviewed and investigatory documentation is complete in 96% of cases reviewed.

On May 28, 2004, staff from the MHD Quality Assurance and Improvement Department informed NSMHA that all Corrective Action in regards to crisis services in Whatcom County has been reviewed and accepted by MHD. This means that the desired improvement in crisis services throughout Whatcom County has occurred and is ongoing. NSMHA and WCPC staff has successfully implemented desired system and procedural improvement effectively and thoroughly, as evidenced by the past 14 months of 100% review of WCPC Crisis Contact sheets by NSMHA. WCPC crisis service staff deserves compliments for the excellent improvement they have demonstrated during the review period.

Ombuds Reports

The NSMHA Ombuds Department Report presented here is for the period from October 2003 through March 2004. The Ombuds reporting period is slightly offset from the six month, 1st BQ 2004 period. During the most recent reporting period, Ombuds staff received a total of 181 complaints, 173 concerning adults, 8 concerning children. 159 of these complaints were successfully resolved during the reporting period (88%) and 22 are still in the resolution process. No requests for Fair Hearings were received during the reporting period; three (3) grievances were pursued by consumers. The following table identifies the categories and totals of complaints received by Ombuds staff during the reporting period:

Complaint Category	Number Received During Current Reporting Period	Number Received During Previous Reporting Period
Access	23 (3 children)	21
Dignity and Respect	4	10
Quality/Appropriateness	5 (1 child)	12
Phone calls not returned	1	2
Service Intensity	33 (3 children)	26
Consumer Rights	24 (1 child)	17
Physicians/Medications	17	15
Financial/Admin Services	12	15
Residential	10	18
Housing	13	11
Transportation	1	0
Emergency Services	25	32
Other	13	26

QRT Reports

During the 1st BQ 2004, QRT staff, Beckie Bacon, participated in the NSMHA Administrative Audits of the Tulalip Tribes and Snohomish County. Specific QRT input regarding each of these Audits has been detailed earlier in this Integrated Report, in the sections pertinent to each of these Administrative Audits.

As well as participation in Administrative Audits during the BQ, Beckie made three “Personal Crisis Planning” presentations to clinical staff at Whatcom Counseling and Psychiatric Clinic (WCPC). These presentations were offered to WCPC staff in response to QRT Consumer Satisfaction surveys at WCPC that indicated consumers there were either dissatisfied with or unaware of the content of their Crisis Plans. WCPC staff requested suggestions and ideas from Beckie as to how to address this issue as a quality improvement activity designed to benefit the consumers at WCPC, in response to the QRT Corrective Action requested by QRT.

Throughout the 1st BQ 2004, Beckie conducted Consumer Satisfaction surveys at 19 mental health facilities, residential facilities and other program sites in the Region. She also worked in a collaborative, cross-system role with St. Joseph’s Hospital, Skagit Valley Hospital, Adult Protective Services and the SKAT Dial-A-Ride program in Skagit County. Beckie revised and updated the NSMHA QRT Policy and Procedure Manual and all 61 of the QRT survey process letter templates, in accordance with changes necessitated by concurrent NSMHA/MHD contract, Washington Administrative Code (WAC) and statewide QRT policy and procedure changes.

In her role as consumer advocate, Beckie has joined in formal advocacy efforts on behalf of NSMHA consumers, at the request of consumers and the NSMHA Ombuds staff. She is currently serving as a Team Member for a NSMHA consumer pursuing a grievance, providing this consumer with much needed peer support and communication. She has also been a regular member and contributor to the NSMHA Trauma Committee and Compass Health-Skagit Trauma Committee, offering valuable input and suggestions.

Beckie has participated in an ongoing basis with the NSMHA Coordinated Quality Improvement Program (CQIP) throughout the 1st BQ 2004. She has updated fellow CQIP members with her survey, training, presentation and advocacy participation results. She has contributed her findings and observations to the CQIP process, helping this group identify, prioritize and pursue issues related to Regional quality improvement strategies.

Complaint, Grievance and Fair Hearing Report

The most recent NSMHA Complaint, Grievance and Fair Hearing Report covers the period from October 1 through March 30, 2004. During this time period, NSMHA noted a downward trend in the total number of complaints received (243 complaints this period, 286 during the previous period), total number of cases reported (214 individuals this period, 245 during the previous period) and the number of complaints involving children (21 this period, 25 during the previous period). NSMHA is continuing to promote the "no blame" atmosphere in which to view complaint data. The NSMHA philosophy is that information about complaints creates opportunities for improvement and that consumers' voicing concern or ideas for improvement is a valuable and desirable form of consumer voice in a recovery model.

The Complaint, Grievance and Fair Hearing Report for the current six-month reporting period contained the highest number of complaints in the category regarding Service Intensity/Coordination. 40 complaints were received, which was 19% of the total number of complaints received. This result matched the NSMHA Ombuds Report described above, where consumer complaints regarding Service Intensity/Coordination accounted for 18% of the total number of complaints received.

The NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies were updated during the 1st BQ 2004 to conform with all Balanced Budget Act (BBA) requirements. These updated have been presented to and accepted by the Regional Quality Management Committee and the Regional Quality Management Oversight Committee. Also, to comply with BBA requirements regarding consumers' right to appeal NSMHA decisions regarding eligibility for Medicaid-funded mental health services, NSMHA has developed policies and procedures that describe consumers' rights regarding their ability to contest such decisions, either by a formal Appeal process or a request for a Fair Hearing.

NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. As reported above, the number of cases and complaints decreased from the last reporting period. The total number of cases reported decreased from 245 to 214 and the total number of complaints decreased from 286 to 243. The percentage of complaints reported by NSMHA Ombuds staff decreased from 80% of the occurrences and cases to 72% of the occurrences and 77% of the cases in the current reporting period.

NSMHA views data about complaints and grievances as a central part of its Quality Management Program and as an opportunity to use consumers' concerns or ideas for improvement to assist in improving the system of care throughout the Region. NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints remains a goal of NSMHA.

The NSMHA Coordinated Quality Improvement Committee (CQIP) will review the current Complaint and Grievance Report, make recommendations for quality improvement, and present these recommendations to the regional Quality Management Committee and the regional Quality Management Oversight Committee for decisions as to any additions or changes to NSMHA Quality Management Plan activities resulting from Complaint, Grievance and Fair Hearing Report data. CQIP integrates quality management activities across departments within NSMHA, develops a systematic and integrated approach to identify quality issues and monitor trends. It also monitors previous quality improvement recommendations through to completion and subsequently monitors the effectiveness of implemented interventions.

NSMHA Regional Integrated Crisis Response System (ICRS) Committee

The ICRS Committee met monthly during the 1st BQ 2004. This committee is comprised of NSMHA and provider staff involved in the provision of Emergency and Crisis services. The committee develops and monitors regional ICRS policies and procedures, reviews system aggregate data and pursues system wide problem solving and dialogue. During the 1st BQ, the ICRS committee discussed various issues, including;

- The connection between Advance Directives and the involuntary detention process. Staff also received training on this issue from Chris Imhoff of the Mental Health Division.
- Revisions to the ICRS Contact Sheet and other ICRS documentation sources
- Training by ICRS staff for nursing home/nursing facilities staff
- How best to utilize VOA online consumer Crisis Plans during crisis investigations
- Coordination between Hospital Emergency Room staff and County Designated Mental Health Professionals (CDMHP's) during crisis investigations
- The impact of data requirements by the Center for Medicaid and Medicare Services (CMS) on ICRS services.
- Coordination between CDMHP's and Home and Community Services (HCS) staff during crisis investigations, and
- Coordination between ICRS staff and law enforcement staff when police are asked to do welfare checks.

The NSMHA ICRS Committee was chaired by Gary Williams, NSMHA Quality Specialist, during the 1st BQ 2004. Gary has since resigned his position at NSMHA in order to assume fulltime duties as the Whatcom County Mental Health Coordinator. Gary's position as Chairperson of the ICRS Committee will be filled by another NSMHA staff member. The ICRS committee will continue its ongoing development of processes to facilitate necessary changes in regional crisis system quality improvement needs within the NSMHA public mental health system.

NSMHA Critical Incident Review Committee (CIRC)

The NSMHA Critical Incident Review Committee data reported here is for the period from January 2004 through March 2004. CIRC data received and reviewed is reported on a three-month lag from each BQ timeline. Review of CIRC data reported during this period indicated the following information;

1. Critical incident reporting showed a slight increase for January through March of 2004 (89 incidents were reported for January through March 2004, 80 were reported for October through December 2003, and 76 were reported from July through September, 2003).
2. NSMHA has developed a quality review tool that has incorporated quality improvement questions into the NSMHA critical incident review process. NSMHA will explore a process to standardize quality improvement questions in both NSMHA and provider critical incident reviews. Some providers have already added quality improvement questions to their review format.
3. The number of reported deaths has increased (27 were reported for January through March 2004, 13 were reported for October through December 2003, and 15 were reported from July through September 2003).

CIRC follow up action:

- CIRC members propose further study and review of the critical incidents that involve death. NSMHA requires providers to report all deaths of consumers, even if the death appeared to be from illness, natural causes, or accident. At times, the cause

of death is unclear. A chart review tool has been developed for further study and review of the records of those consumers 50 years old or younger who die of natural causes, accidents or where the cause of death is unclear. This review will be conducted as a pilot study during the 2nd BQ 2004. Results will be presented to the Regional Quality Management Committee and to the Quality Management Oversight Committee.

4. Thirteen critical incidents were reported by the Evaluation & Treatment Facilities (E&T's) during this period.

CIRC follow up action:

- NSMHA has conducted a review and met with the E&T Manager and Compass Health Chief Operating Officer regarding the critical incidents at the E&T's. Results of this review are detailed in the next section of this report, entitled "Review of Critical Incidents at Regional Evaluation and Treatment Facilities (E&T's)". NSMHA has requested a corrective action plan to address identified issues.

The critical incident database continues to be updated to allow for more complete and accurate reporting of critical incidents in future reports. Throughout the 1st BQ, CIRC and providers have continued to move towards utilizing data and information about critical incidents as opportunities for quality improvement at all levels of the system (within a program, within a provider, county wide, or region wide). The CIRC continues to collaborate with providers to create a "no-blame" environment in which information about critical incidents can be used to identify continuous quality improvement at all levels of the system.

Review of Critical Incidents at Regional Evaluation and Treatment Facilities (E&T's)

In response to concerns raised by Critical Incident Reports and QRT and Ombuds staff, NSMHA Quality Management staff conducted an on-site review at both of the regional E&T's during the 1st BQ 2004. The reviews focused on three primary areas;

- Utilization of contract agency staff to meet required staffing levels
- Concerns regarding the frequency and severity of assaultive episodes at the E&T's and the reliance upon local law enforcement staff to provide security, and
- Availability of Recreational Activity staff and services at both E&T's

Review results indicated that the E&T's have demonstrated a decreased reliance upon the usage of contract staff, as opposed to provider staff, during the past six months. This increased usage of provider staff has resulted in greater consistency of treatment service provision and adherence to provider policy and procedures. Provider staff is more familiar with and adept in implementation of provider policies and procedures than is staff who works at the E&T's on a more irregular, intermittent basis (contract staff). Familiarity with and adherence to E&T policies and procedures is especially important during episodes of such a critical nature as assaultive events, when both staff and consumer's safety is vital. Review results verify that the less E&T staff utilize contract staff, the fewer episodes of a critical incident nature related to assaultive events have occurred. Providers have agreed to notify NSMHA if contract staff begins to be used to significantly augment staffing levels at the E&T's in the future.

Providers agreed with NSMHA that current E&T staffing patterns require further review. Washington Administrative Code (WAC) and NSMHA contracts require providers to maintain a safe and therapeutic milieu for the provision of inpatient psychiatric services. In the past, staff at the North Sound E&T in Sedro Woolley have frequently had to request assistance from officers of the Skagit County Sheriff's Department when dealing with a threatening, hostile and/or physically assaultive situation. This reliance upon Sheriff's officers' assistance has led to delays

in successful de-escalation of the situation, putting the affected individual, staff and entire E&T population at risk. E&T staff need to be able to effect more timely and milieu protective de-escalation of such potentially dangerous situations utilizing the skills and abilities of their own staff without relying on assistance from the Skagit County Sheriff's officers.

Given their recognition that they need to have staff on hand who are proficient in safe, effective de-escalation techniques, providers have agreed to review their current job descriptions in the context of "Bona Fide Occupational Qualifications" to assure that staff providing these services have the necessary training, qualifications and ability to provide competent, professional services, especially in the area of threatening, hostile and/or physically assaultive behavior.

Regarding the availability of Recreational Activity staff and services at the E&T's, the review determined that current availability of this resource was adequate. The need to document these services more fully and to include documentation of their provision into consumers' individual treatment plan was pointed out to provider staff at both E&T's.

NOTE: Subsequent to the presentation of this report, NSMHA QRT staff reported she has been told by consumers' that there are currently no recreational activities being provided at the Mukilteo E&T. This assertion will be followed up on by NSMHA Quality Management staff and an update will be provided to all concerned boards, individuals and committees.

Regional Medical Directors Committee

The Regional Medical Directors is part of the NSMHA integrated quality management process. This Committee met twice during the 1st BQ 2004. It is comprised of the NSMHA Medical Director, the Associated Provider Network (APN) Medical Director, Medical Directors from NSMHA contracted providers and NSMHA staff. The Committee is charged with the following tasks;

- Provide guidance to the development of Medical Practices throughout the public mental health system in the North Sound region
- Identify emerging trends and issues of concern in medical psychiatric practices, and
- Develop or approve regional Medical policies and procedures

During the 1st BQ 2004, the Medical Directors Committee discussed the implications of the Washington Medicaid Integration Project (WMIP) on consumers throughout the North Sound Region. Issues addressed included how to coordinate care for consumers who are involved in this project, particularly regarding hospital discharge planning and outpatient medication prescriptions. The Committee will continue to evaluate these issues as the WMIP goes into effect during the 2nd BQ 2004.

The Committee also discussed Clinical Guidelines for the Region. They acknowledged that Clinical Guidelines for the Region is a BBA expectation. The proposed NSMHA Regional Clinical Guidelines were reviewed and approved. These Guidelines will be implemented as measurements during ongoing NSMHA utilization review activities during the 2nd BQ 2004.

Extensive discussion/information exchange regarding coordination of inpatient and outpatient care occurred during the Medical Directors meetings. Such coordination is seen by all concerned as a vital aspect of effective care coordination for consumers and will be addressed on an ongoing basis at upcoming Medical Directors meetings during the 2nd BQ.

Regional Quality Management Committee

This Committee is comprised of clinical and quality management staff from NSMHA and providers. Its many purposes include establishing an integrated quality management process throughout the region, identifying regional program development/quality initiatives and quality improvement measures and developing regional quality and utilization management plans. The Committee met monthly during the 1st BQ 2004. It reviewed and approved changes to the regional Clinical Eligibility and Care Standards and the NSMHA Quality/Utilization Management Plan. It also reviewed and approved the Regional Training Plan and the Regional Clinical Guidelines. Providers submitted their agency specific Quality Management Plans to this Committee, showing how their Plans included both provider-specific goals and objectives, as well as incorporating NSMHA goals and objectives.

The Committee also reviewed and approved regional Complaint, Grievance, Appeal and Fair Hearing policies and procedures, to assure these are in compliance with Balanced Budget Act (BBA) requirements. Results from the NSMHA Critical Incident Review Committee were presented to this Committee and providers agreed to adapt their internal Critical Incident review procedures so as to provide more definition and clarity to this process. Provider Peer Review results regarding clinical record documentation were presented to this Committee quarterly. After discussion regarding the current procedure, providers decided to change the review from an exercise performed by clinical staff to one that is performed by clinical supervisors and agency quality management staff. This was seen as a way of reducing time constraints upon direct service staff as well as a mechanism by which provider quality management staff could be more directly involved in any necessary quality improvement activities indicated by review results.

Regional Training Committee

The Regional Training Committee, comprised of NSMHA staff, provider staff and NSMHA Advisory Board staff met monthly during the 1st BQ 2004. During this time, they prepared and revised the Regional Training Plan. The revision and refinement process of the Training Plan included a survey mailed throughout the Region to provider staff, seeking their input and suggestions as to the plans content, length and relevance. As a result of this survey, and Training Committee discussion, the following revisions were made to the Training Plan;

- Reduction of the Training Plan from 22 pages to 12 pages
- Elimination of the COD fifteen-hour training requirement, all new employees will complete a Co-occurring Disorder training module instead.
- Removal of the "Best Practices in GLBT, Hearing Impaired and Developmental Disability -second year requirements. It was felt that these were excessive requirements and they will be subsumed into the Special Populations module.
- The decision that there will not be a Regional self-study module for the Telesage Outcomes system. This training will be agency-specific.
- The development of new Regional modules to include the NSMHA System, COD, Tribal, Consumer Rights, Trauma and Risk Assessment.
- Reformatting of the plan so as to make it less complicated and repetitive. Agency-specific core competencies will be removed and instead providers will submit their training plans to be compiled by the NSMHA on an annual basis.
- The committee will continue to explore opportunities to collaborate with providers in region-wide training programs to meet identified needs.

Clinical Guidelines Manual

NSMHA staff, in collaboration with regional provider staff, developed Clinical Guidelines during the 1st BQ. Clinical Guidelines provide a foundation to assist the regional mental health system in the delivery of high quality, consistent clinical services. They also promote the delivery of consistent clinical care on a regional basis. The basis for these guidelines is the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR), however, NSMHA recognizes that symptoms and clinical presentation do not always meet clear DSM IV-TR diagnostic criteria and response to clinical intervention is not uniform. Therefore, any clinical intervention requires the clinician to adapt a treatment program based on medical necessity and individualized for each client. Guidelines are based on evolving scientific research and experience. Consequently, these guidelines will be reviewed and updated periodically.

Clinical Guidelines for the following age groups and diagnoses have been developed;

Adults	Children/Youth
Anxiety Disorders	Anxiety Disorders
Bi-polar Disorders	Attention Deficit/Hyperactivity Disorders
Co-occurring Disorders	Bi-polar Disorders
Depressive Disorders	Conduct Disorders
Schizophrenia and other psychotic Disorders	Depressive Disorders
Trauma-based Disorders	Schizophrenia and other psychotic Disorders

The regional Clinical Guidelines have been presented to and approved by the Regional Quality Management Committee and the Quality Management Oversight Committee. They were approved by the NSMHA Board of Directors at the June 29, 2004 Board meeting.

NSMHA Trauma Committee

The NSMHA/APN contract for 2004-2005 called for the establishment of an ad hoc trauma work group, comprised of NSMHA and provider staff. To fulfill this requirement, the NSMHA Trauma Committee was formed and began meeting in March 2004. The Trauma Committee is comprised of NSMHA and provider staff, as well as a member of NSMHA's Quality Review team. It is designed as a time-limited ad hoc committee that is scheduled to meet monthly from March thru August 2004.

To date, the group has;

- Reviewed the NSMHA/Provider contract regarding contractual expectations concerning trauma services
- Reviewed and approved a Trauma Committee Charter
- Reviewed and approved a Trauma Committee Work Plan
- Reviewed and approved 2 trauma screening tools, to be included in the Assessment process
- Begun researching recommendations for training and awareness that will be submitted to the Regional Training Committee for inclusion in the Regional Training Plan.
- Begun to research issues related to re-victimization and re-traumatization of consumers experiencing the involuntary treatment and detainment process

Currently, a Trauma Services group is in place and serving consumers at Whatcom Counseling and Psychiatric Clinic (WCPC) and at Compass Health in Skagit County. Kathleen Daughenbaugh leads the WCPC group, which meets twice weekly, in 90-minute sessions, for

10-12 weeks. The Compass Health-Skagit group meets in hour-long weekly sessions for 18-20 weeks. Compass Health-Snohomish has plans to begin a trauma services group in the fall of 2004.

Utilization Management Sub-Committee

The NSMHA Utilization Management (UM) Sub-Committee, comprised of NSMHA and provider staff, met four times during the first six months of 2004. During this time, the UM Sub-Committee reviewed aspects of care during the past several years related to inpatient utilization such as;

- Inpatient utilization rates throughout the Region
 - Result: Inpatient utilization rates for the NS Region have steadily increased during 2000-2002
 - 21.2 individuals per 1000 in general population in 2000
 - 22.5 individuals per 1000 in general population in 2001
 - 24.9 individuals per 1000 in general population in 2002
- Increases in hospital costs vs increases in inpatient admits
 - Result: Since 1995, there has been a 60% increase in the cost of bed days at local area hospitals, but only a 16% increase in number of inpatient admits
- Average lengths of inpatient stays for children, adults and older adults
 - Result: The average LOS at Voluntary Community Hospitals, 7-02 through 6-03
 - Children- 9.88 days.
 - Adults- 6.71 days,
 - Older Adults- 9.78 days
 - Result: The average LOS at Involuntary Community Hospitals, excluding E&T's and WSH, from 7-2002 through 6-2003
 - Children- 8.22 days
 - Adults- 9.10 days
 - Older Adults- 11.09 days
- Number and percentage of people being re-hospitalized
 - Result: The number of individuals readmitted within 30 days of being discharged from a Community Hospital (Recidivism Rate) between 7-2002 and 6-2003 was 11% (93 out of 877)
- Usage of crisis respite beds throughout the Region.
 - Result: Crisis Respite bed utilization throughout the Region measured between July 2002 and June 2003 indicated monthly utilization rates ranging from 10% to 100%. Utilization rates varied significantly between various facilities and were not available from all providers. The UM Sub-Committee is currently reviewing overall Crisis Respite Bed utilization data in order to ascertain Crisis Respite options as alternatives to in-patient placements.

During the first six months of 2004, the UM Sub-Committee also developed a Utilization Management "Dashboard", which tracks key indicators regarding service data throughout the Region on a monthly basis. **(Please see Attachment A, "Monthly UM Dashboard Indicators".)** The UM Dashboard will be used to review service trends to evaluate usage patterns and to determine areas of over/under utilization that may warrant investigation by the UM Sub-Committee.

NSMHA UM staff developed utilization review tools designed to measure concurrent, retrospective and prospective service provision by providers throughout the region. NSMHA staff has been reviewing clinical records at provider agencies to assess service utilization issues since April 2004. To date, approximately 300 such records have been reviewed. NSMHA UM staff has written Policies and Procedures describing the process, purpose and implementation of these reviews. UM staff has established monthly on-site review schedules at provider sites and will be continuing this schedule throughout the remainder of 2004-2005.

As of June 1, 2004, UM staff has begun reviewing requests for service that are denied by providers following a completed Assessment with the consumer. NSMHA is responsible for all denials of service requests, and, as the prepaid health plan for the Region; NSMHA is required to review and approve all denial of service requests by providers. If, after review of the Assessment documentation from the provider, NSMHA agrees with the provider that the applicant is not eligible for covered mental health services, NSMHA is required to inform the applicant, in writing, that they do not meet eligibility requirements. NSMHA is also required to inform the applicant of their appeal rights, in writing, so that they may contest the decision to deny them mental health services if they wish. NSMHA UM staff have developed and implemented policies, procedures and a Regional documentation/timeline process that define the denial protocol and have instructed provider agencies as to the proper implementation of this process.

NSMHA QM Plan

Due to expanded NSMHA work requirements necessitated by External Quality Organization (EQR) and Balanced Budget Act (BBA) conditions, NSMHA staff has had to reprioritize Objectives in the current NSMHA Quality Management Plan 2004-2005. Staff has decided to eliminate the Objectives regarding performance of a Supervised Living Review and a Jail Services Review during 2004-2005. In prior reviews of these two areas during the past three years, significant strengths have been noted. Neither system reviewed was found to be deficient in any service provision area; neither system was under any Corrective Action of any type. Therefore, in order to devote needed QS staff time and effort towards EQR and BBA requirements, both the Supervised Living Review and the Jail Services Review will be deleted from the current NSMHA QM Plan.

Quality Management Department changes

In order to meet functional requirements imposed by Balanced Budget Act (BBA) and the Center for Medicaid/Medicare Services (CMS), NSMHA has had to prioritize staff resources recently. Difficult decisions that have impacted staff have been made. BBA requirements prohibit people who do certain functions from being involved in other areas related to the review, provision or appeal of services. Therefore, NSMHA has had to restructure the duties and responsibilities of Quality Specialists to accommodate BBA mandates regarding separation of such duties and responsibilities. This restructuring will be accomplished by designating specific staff to perform specific functions. Staff will not cross over into other staff's areas of responsibility, so as to maintain the separation and distinction of duties required by BBA mandates. The three separate areas of responsibility defined by BBA are Resource Management, Utilization Review and Grievances and Appeals. Quality Specialists assigned to these areas are:

Resource Management

- Debbie Page, Santiago Iscoa and Karen Townsend

Utilization Review

- Linda Benoit, Linda Vaughan and Terry McDonough

Grievances and Appeals

- Diana Striplin

Because of the time and intensity involved in the performance of these duties and responsibilities, NSMHA Quality Specialists will reluctantly be withdrawing from most of the external committees and activities they were previously involved in. NSMHA recognizes this transition will be difficult and create certain hardships for NSMHA and provider staff. BBA requirements mandate that the changes, although regrettable, must be implemented, however. Therefore, NSMHA staff will endeavor to make the transition as smooth, seamless and effective as possible.

Clinical Eligibility and Care Standards (CECS)

This document, which details clinical eligibility criteria and provision of care standards required throughout the Region was updated and revised to reflect all necessary Mental Health Division (MHD), Center for Medicaid and Medicare Services (CMS) and Balanced Budget Act (BBA) requirements. The Residential Services section of the CECS was revised to reflect concerns that had been raised by NSMHA Ombuds and brought to the NSMHA Regional Quality Management Committee (QMC). NSMHA Ombuds were asking for clarification as to when issues regarding “assaultive behavior” could be used to either exclude consumers from consideration for placement in residential services, or used as a vehicle to evict them from residential services. A Regional QMC Sub-committee met to review the issue of assaultive behavior being used as an exclusionary criterion and decided to remove this criterion from the CECS. Instead, the Sub-Committee recommended adding a criterion that addressed Washington Advisory Code (WAC) and residential Boarding Home licensure requirements as they pertain to behavior that may put residents at risk of harm, either to themselves or to others. Such at-risk behavior will be addressed by residential staff on an individual, per incident basis. The CECS was updated to include the Discharge Criterion of; “Continuing to serve this consumer will put the facility in conflict with WAC standards for residential licensing.” This recommendation was accepted by the full Regional management Committee, the Regional Quality Management Committee and the Regional Board of Directors.

Recommendations

NSMHA Coordinated Quality Improvement Program (CQIP)

The coordination of quality improvement activities by NSMHA is implemented through monthly meetings of the NSMHA CQIP Committee, attended by NSMHA Quality Specialists, Quality Review Team members, Ombuds staff, Information System staff and the NSMHA Tribal Liaison. During the 1st BQ 2004, CQIP members have reviewed the quality management reports and activities described above. Recommendations from the CQIP Committee regarding reports and activities reviewed included the following;

NSMHA Administrative Audit of the Tulalip Tribes

Issue:

- NSMHA’s Administrative Audit of the Tulalip Tribes resulted in one quality improvement recommendation.

Recommendation:

1st Biennial Quarter 2004 Integrated Report

Approved by the BOD 10/14/2004
Motion #04-048

- Implement an improved internal procedure to maintain more accurate counts of services provided to allow better tracking of Tulalip utilization data.

Result:

- The requested service count, utilization-tracking plan has been implemented by the Tulalip Tribe.

Compass Health-Skagit Clinical Record review

Issue:

- 88 clinical records were reviewed at Compass Health-Skagit. The overall score of the charts reviewed was 85%. The NSMHA standard for passing a chart review is 90%.

Recommendation:

- Request that Compass Health-Skagit staff submit a Corrective Action Plan to address identified documentation deficiencies noted during the review. The Corrective Action Plan needs to address issues within certain programs and with specific staff. NSMHA and MHS staff will conduct a re-review of Compass Health-Skagit's clinical records during the 2nd BQ 2004.

Result:

- An accepted Corrective Action Plan has been received by NSMHA. Compass Health-Skagit staff will conduct agency-wide training regarding areas of noted documentation deficiencies. They will also review all open files since 2001 to ensure documentation in these files meet current standards. NSMHA and MHD staff will be conducting a re-review of the agency during the 2nd BQ 2004.

Crisis Cluster Review

Issue:

- 145 crisis plans in consumer records throughout the Region were reviewed. The overall Regional score for the crisis plans reviewed was 88%. The NSMHA standard for passing a review is 90%. All providers reviewed, with the exception of Lake Whatcom Center (LWC), scored significantly lower than the 88% average on specific questions related to health and safety issues affecting the consumers (LWC scored 100% on these questions).

Recommendation:

- Quality improvement plans to address questions related to consumer health and safety areas on Crisis Plans were requested from all regional providers except Lake Whatcom Center (LWC). LWC had scored 100% compliance in questions related to health and safety issues and was therefore exempt from requested quality improvement activities.

Result:

- Requested quality improvement plans have been received from all required providers. Compass Health has implemented extensive clinical record documentation training, with particular emphasis upon Crisis Plan requirements. NSMHA staff will be reviewing Crisis Plans to verify that described quality improvement efforts have been effective during their scheduled clinical record documentation reviews at provider agencies throughout the remainder of 2004-2005.

Crisis Contact sheet reviews

Issue:

- NSMHA staff continued to review Crisis Contact sheets at provider agencies throughout the 1st BQ 2004, in accordance with NSMHA's Corrective Action Plan submitted to the Mental Health Division (MHD) regarding NSMHA's oversight of Regional crisis service provision.

Recommendation:

- In May 2004, MHD ended required Crisis Contact sheet monitoring of regional providers by NSMHA, noting that documentation of crisis service provision had improved sufficiently to meet NSMHA's Corrective Action Plan goals. NSMHA has informed provider agencies that crisis contact sheet review will not continue into the 2nd BQ 2004.

Result:

- NSMHA will prepare a report detailing results of the over 1,500 crisis contact sheets reviewed during the Corrective Action Plan implementation and present this report to the Regional Quality Management Committee and to the Quality Management Oversight Committee.

Critical Incident Review Committee (CIRC)

Two areas of investigation were identified by information reviewed at CIRC during the 1st BQ 2004. These areas were;

Issue #1-

- The investigation of deaths of consumers 50 years old or younger throughout the Region

Recommendation:

- NSMHA will conduct a pilot study reviewing the cases of deaths reported for consumers throughout the Region who were 50 years old or younger at the time of their death. A review instrument has been created for this review and will be implemented and refined during the pilot study.

Result:

- Pilot study results, along with recommendations for quality improvement issues regarding the reporting of deaths/cause of death, will be presented to the NSMHA Regional Quality Management Committee and Quality Management Oversight Committee.

Issue #2-

- Review of Critical Incidents at Regional Evaluation and Treatment Facilities (Mukilteo and Sedro Woolley)

Recommendation:

- NSMHA staff have reviewed the following issues with E&T staff;
 - Use of contracted staff to meet required staffing levels
 - Concerns regarding onsite critical incident occurrences
 - Reliance on local law enforcement staff to provide security, and
 - Availability of Recreational Activity staff.

Result:

- NSMHA has requested a Corrective Action Plan from the E&T's describing their plans to address the issues noted above. The NSMHA request was made on June 22, 2004, and a response is expected within 30 days from the E&T's.

Complaint, Grievance and Fair Hearing Report and Ombuds Report

Issue:

- Very few complaints regarding mental health services provided to children are being reported. No complaints related to Emergency Services have been reported by providers, only through Ombuds.

Recommendation:

- During the next reporting period, investigate;
 - Complaints regarding services provided to children
 - Complaints regarding Emergency Services and that no such complaints being received from providers, only through Ombuds

- Complaints related to triage and risk assessment provided during crisis episodes so as to better understand complaints received from consumers in this area

Result:

- These issues will be tracked by NSMHA Quality Specialists, Ombuds and QRT staff during the next BQ and reviewed for trend analysis during CQIP meetings. Results will be reported to the Regional Quality Management Committee, Quality Management Oversight Committee and included in the 2nd BQ 2004 Integrated Report.

Please refer any questions regarding this Integrated Report to:

Terry McDonough
Quality Specialist
Snohomish County/NSMHA
(360) 416-7013 X242)

terry_mcdonough@nsrsn.org