

**TRSN Quality Management Committee**  
*Meeting Minutes – Tuesday, July 20, 2010*  
**1 – 3 pm - Cathlamet**

**FACILITATOR:** Jan Kaschmitter

**MEMBERS PRESENT:** Chris Holmes (WCMHS Manager), Jan Kaschmitter (Quality Manager), Heather Maxwell (TRSN QRT Coordinator), Bill Hardy (TRSN Administrator), Trinidad Medina (IS Administrator), Eric Cummins (WBH Director), Sue Killillay (CMHC Director), Brian Cameron (TRSN Fraud and Abuse Lead/Fiscal Manager), Pat Renfro (Advisory Board).

**Members Excused:** Judy Baskett (Advisory Board); Kat Erskine (Pacific Client Advocate).

**Absent:** Theresa Mahar (Ombuds).

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>DISCUSSION LEADERS</b>	<b>DECISIONS, ACTIONS, ASSIGNMENTS</b>
<b>CALL TO ORDER</b>	Jan called the meeting to order at 1:15 p.m.	Jan	
<b>REVIEW OF MINUTES</b>	The April 20 <sup>th</sup> and May 18 <sup>th</sup> Minutes were approved without correction.	All	
<b>Robert's Rules of Order</b>	Follow-up from May 18 QMC on whether to adopt Robert's Rules of Order. All are in agreement that this would be unnecessary and that decisions should be based on majority vote. Also agree that QMC is a "semi-formal" process and that action items would be voted on and approved with majority rule. Nine of nine members present agree with this process.	Jan	Decisions/actions would be based on majority rule.
<b>Quality Reports QRT</b> 1) <b>Speakout recommendations</b> 2) <b>Client Satisfaction Survey</b> 3) <b>Misc.</b>	<p>1) Heather presented a letter she received as the TRSN QRT Coordinator from QRT with 2 recommendations based on feedback the QRT received from speakouts (see attached). Review and discuss recommendations. Crisis Plans should be reviewed each 6 months at agency, but information obtained at speakouts suggests this may not be happening. Discuss reviewing rights in conjunction with treatment planning. Other options?</p> <p>2) Discussed survey results to date. So far 65 surveys have been returned with many positive responses. Only 5 surveys have been returned undeliverable. New format is reviewed for survey results and shows a lot of promise for interpreting data and designing interventions Sue asks that data be broken out by agency, this was an oversight this year with the new process, but is planned for the next survey period. One proposal related to interventions was to follow-up with a focus group which could be co-facilitated by QRT, provider, and/or TRSN. Trinidad will be completing an introductory narrative section on the report, adding the median score, and will be taking a look at tying comments back to specific questions. Heather would like to stress the value of having the CSS as an opportunity for client voice.</p> <p>3) Heather reports that the 3 QRT members were happy for the opportunity to attend the Behavioral Healthcare Conference and were planning to do a</p>	<p>Heather</p> <p>Heather and Trinidad</p>	<p>1) Directors will continue review of recommendations. Jan will present recommendations to Clinical Directors for follow-up. Review at next QMC. Client Rights will be published in Voices &amp; Choices.</p> <p>2) Heather will continue compiling survey results. Heather and Trinidad will work on finalizing survey report.</p>

	write-up for Voices & Choices.		
<b>Misc. – Care Plans</b>	QRT has identified a concern about clients not receiving a copy of their care plan (treatment plan). The utilization review tool was modified to assess whether this has occurred, but to date, this information is not being documented. Discuss a method of documentation. Eric made a suggestion that the verbiage on the care plan under client signature be changed to include a statement that the client has received a copy of the care plan. Providers are in agreement.	Jan	Directors will have change to care plan implemented as stated and have staff trained on procedure.
<b>OMBUDS SERVICES</b>	N/A		
<b>PROVIDER AGENCIES WAHAKIYAKUM CMHS</b>	Chris reports that the orientation group for new clients has resulted in a 100% show rate for intakes. Included in their new process is providing reminders for appointments and offering assistance at intake. One goal of the group is to increase understanding of client rights, treatment planning, introductory information, etc. Wahkiakum CMHS is also working to reduce the high no show rate on doctor days.	Chris	
<b>WILLAPA BH</b>	Willapa is involved in an Access to care redesign project that is part of a SAMHSA grant. Sixteen agencies are involved in looking at streamlining processes: getting clients in earlier and quicker, reducing no show rates, and improving engagement.	Eric	
<b>CASCADE MHC</b>	The Adult OP team has set aside time on Tuesdays for open intakes. The hope is to improve access and to reduce no show rates.  Cascade will also be working to improve jail transition services by educating managers and jail staff and by being more proactive.  Dr. Satar has agreed to stay 2 more years and an ARNP intern will become staff in September.	Sue	
<b>CLIENT/FAMILY ADVOCATES</b>	N/A		
<b>FRAUD &amp; ABUSE</b>	Brian discusses HITECH/HIPPA and provides a handout (see attached) stating that he believes in a proactive approach. In follow-up to our last QMC and a question raised by our Ombuds about sharing information with providers while working a complaint/grievance, Brian states that this is not a breach. Brian suggests that revising our Notification of Privacy might be appropriate as this has not been done since 2005. He is working on an update and encourages providers to update their Notice of Privacy statements.  Brian would like to form a workgroup that includes himself, Trinidad, and interested providers in which information and ideas can be shared. He suggests a Go-to-Meeting format for efficiency.  Brian and Trinidad will be attending a Fraud and Abuse Training in August and will share ideas with providers.  Brian discussed the Health Reform Summit – HEAT – Health Care Fraud Prevention & Enforcement Action Team. Information on HEAT is provided in the handout and includes the Mission of HEAT, HEAT accomplishments, and a website for more information.	Brian	

	<p>Fraud and Abuse Plans will need to be developed by both TRSN and providers that are both collaborative and independent of the other. The plans will need to detail the management of new requirements of HITECH and the Federal Health Care Reform Act. The #1 priority of the Health Care Reform Act is to prevent fraud and abuse. The plans will be measured by how well they detail how they will prevent fraud and abuse. Included in the handout are common types of Medicaid and provider fraud with mental health examples.</p>		
<b>Reports by Trinidad</b>	<p>Per QM/QI Plan Matrix, Trinidad will be bringing 3 – 4 reports to each QMC for review and fine tuning. Reports are downloaded per their individual schedule to provider FTP sites. Per QM/QI Plan, deficiencies should be addressed at the provider level to avoid RSN intervention. The Equitable Access, Minority Specialist Consultations, and Crisis Services Timeliness Reports were discussed. Trinidad also discussed working with IS staff on an intake continuation code for extensions.</p> <p>Brian suggested that percent over and under standard be added for each measure for Utilization Level of Care.</p> <p>Another suggestion was made to have a six-month rolling average for crisis response times as the monthly totals are so small.</p>	Trinidad	<p>Reports will be reviewed at Clinical Directors Meeting (7/27/10).</p> <p>Trinidad will update the report. (Completed 7/22/10) Completed 7/22/10</p>
<b>PIP</b>	<p>Clinical PIP is ready for training and implementation. It was decided to train/implement one PIP at a time.</p>	Jan	<p>Review with Clinical Directors (7/27/10) to determine individual agency needs and to develop a training schedule.</p>
<b>QAPIs</b>	<p>QAPI reports were handed out for review.</p>	Trinidad	<p>Ongoing monitoring. Review with Clinical Directors (7/27/10).</p>
<b>Dashboard Report</b>	<p>Handed out for review.</p>	Trinidad	<p>Ongoing monitoring. Review with Clinical Directors (7/27/10).</p>
<b>ADJOURNMENT</b>	<p>Jan adjourned the meeting at 3:10 pm. The next meeting is scheduled for Tuesday, October 19<sup>th</sup>, 1 – 3 pm.</p>	Jan	

Submitter by: Jan Kaschmitter, Quality Manager