

 <p><b>SPOKANE COUNTY</b> Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: <b>Quality Review Team</b>		Policy # <b>QM-7</b>
	Signature:  Signature on file	Revised: 9/12/07	
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed:	
	Signature Date: 9/12/07	Signing by authority of Res. No. 2007-0038	

Applies to:  Internal  External

**References**

WAC [388-865-0282](#), CMS waiver,  
Washington Mental Health Division RSN contract  
SCRSN/PIHP Contract

**Scope**

SCRSN/PIHP and its contracted providers.

**Policy**

SCRSN/PIHP shall establish and maintain an independent Quality Review Team (QRT) as mandated by Washington State Administrative Code (WAC) and state contract referenced.

**Procedures/Mechanisms**

SCRSN/PIHP will ensure the following:

1. The QRT shall have and maintain unencumbered access: The QRT shall have unencumbered access to SCRSN network providers, allied providers, consumers, and all organizations and interested parties.
2. The independence of the QRT: The QRT shall operate independently of the SCRSN and network providers.
3. QRT membership shall be comprised of 51% current consumers of the mental health system, past consumers and/or family members. QRT members are not service providers.
4. QRT structure and membership is adequate to perform the duties outlined in the WAC, CMS Waiver, PIHP Contract and SCRSN Policy & Procedure.
5. The functions, roles and responsibilities of the QRT are supported by SCRSN staff.
  - 5.1 The QRT shall fairly and independently review the performance of the SCRSN and it's network providers to evaluate systemic customer service issues as measured by objective indicators of consumer outcomes in rehabilitation,

recovery and reintegration into the mainstream of social, employment and educational choices, including:

- 5.2 Quality of care;
  - 5.3 The degree to which services are consumer-focused/ directed and are age and culturally competent;
  - 5.4 The availability of alternatives to hospitalization, cross-system coordination and range of treatment options; and
  - 5.5 The adequacy of the SCRSN cross system linkages including, but not limited to schools, state and local hospitals, jails and shelters.
6. The QRT will have the authority to enter and monitor any SCRSN contracted agency providing services for SCRSN consumers, including state and community hospitals, freestanding evaluation and treatment facilities, and community support service providers;
  7. The QRT shall be able to meet with interested consumers and family members, allied service providers, including state or community psychiatric hospitals, SCRSN contracted service providers, and persons that represent the age and ethnic diversity of the regional support network to:
    - 7.1 Determine if services are accessible and address the needs of consumers based on sampled individual recipient's perception of services using a standard interview protocol developed by the mental health division. The protocol will query the sampled individuals regarding ease of accessing services, the degree to which services address medically necessary needs (acceptability), and the benefit of the service received; and
    - 7.2 Work with interested consumers, service providers, and the SCRSN to resolve identified problems.
  8. The QRT will provide reports and formalized recommendations at least biennially to the Mental Health Division (MHD), the SCRSN Mental Health Advisory Board (MHAB) and governing boards and ensure that input from the QRT is integrated into the overall SCRSN quality management process, including the Ombuds service, local consumer and family advocacy groups and provider network;
  9. The QRT will receive training regarding confidentiality standards and adhere to those standards. QRT members will attend at least 50% of the training provided for them by the MHD.
  10. The QRT will be integrated into current or future SCRSN quality management activities and will provide summary/trend information to the SCRSN MHAB, and the Quality Assurance / Quality Improvement (QA/QI) Committee to synthesize, analyze and suggest systemic changes to its system of care.

### **Roles & Responsibilities of the QRT**

1. Gather, analyze and report information from consumers, family members and organizations within the SCRSN.
2. Review and recommend improvements to the quality of services provided.

3. Advocate for compassionate, respectful and confidential mental health services in compliance with state guidance.
4. Fairly and independently review the performance of the SCRSN and its providers.
5. Evaluate system-wide customer service issues using objective indicators of consumer outcomes in rehabilitation, recovery and reintegration back into society.
6. Measure if treatment is consumer focused and directed.
7. Measure if treatment is age and culturally appropriate.
8. Measure whether treatment incorporates strength-based collaboration with family and community.
9. Measure the quality of care provided.
10. Measure the availability of hospitalization alternatives.
11. Measure the adequacy of cross-system linkages and coordination with such allied agencies as schools, hospitals, jails and shelters.
12. Measure the range of treatment options.
13. Measure the continuity of care to ensure it meets the needs of the whole person and provides seamless access to services.
14. Provide regular reports, at least annually, to the SCRSN and its Board of Directors, MHAB and quality management committees to emphasize client issues and concerns.

### **Administrative Responsibilities**

QRT administrative responsibilities include:

1. Stay current on knowledge of the RCWs, WACs, contracts, eligibility and Access to Care Standards and similar documents that provide the legal basis of providers' obligations and clients' rights.
2. Collect, analyze and act on Washington Institute (WIMIRT) surveys of service recipients and family members. The QRT shall visit each SCRSN provider at least once per biennium to conduct face-to-face "focused interviews" with 2% of active service recipients. Face-to-face focused interviews will, at a minimum, assess whether services provided are:
  - 2.1 Readily accessible – "how easy was it to get the care you needed?"
  - 2.2 Acceptable to recipients "Are services provided helpful to you? Were you satisfied with the quality of care?"
  - 2.3 Addressed recipients needs. "Do you feel that the services met the needs you had when you came to the agency?"
3. Review and update the QRT survey tool on an annual basis for validity and reliability.
4. Conduct focused reviews of SCRSN and allied systems and services. Focused reviews shall be performed at least once per biennium of network providers and the SCRSN. Reports will include strengths, concerns, findings and recommendations. Reporting will reflect quality of physical safety, emotional safety, the extent of development of alternatives to hospitalization, cross-system coordination, the range of treatment options and the degree to which services are consumer focused/directed and are age and culturally appropriate.
5. Inform consumers, family members, jails, shelters, schools, allied systems and the community about mental health services.
6. Attend meetings (advocating for clients) of the SCRSN MHAB and Board of Directors. Sit on any of the current or future quality management committee and other committees as appropriate. Prepare data and documents for these boards and committees as necessary.
7. Present regular QRT reports to the QA/QI Committee, MHAB and Board of Directors. Submit copies to the MHD and local advocacy organizations.

**In accordance with WAC 388-865-0282, the QRT has the authority to:**

1. Enter and monitor any agency providing services to the SCRSN including hospitals, evaluation and treatment facilities and contracted providers.
2. Meet with interested persons and family members, providers and allied service providers.
3. Work with interested consumers, providers, the SCRSN and DSHS or applicable organizations to resolve problems identified.
4. Make its own decisions regarding the scheduling of visits, surveys, assessments, outreach, conclusions, recommendations and reporting, while following the provisions of this policy.
5. Request corrective action by the SCRSN or appropriate agency when findings and areas of concern are identified. The agency will respond to QRT requests within 30 days with reasonable explanation and plan of action, including specific written procedures and time frame for resolution if appropriate.
6. Meet with persons who represent the age and ethnic diversity of the SCRSN region to determine the accessibility of services.
7. Determine if services adequately address consumers' needs based on consumers' perception of services using standard WIMIRT interview protocol approved by the MHD.

**Anti-Retaliation**

The SCRSN must assure that retaliation is neither taken against any member of the QRT, or any person or organization who acts in support of the QRT.

**Confidentiality**

Confidentiality is an extremely important issue to the QRT and the quality management process. Individual consumers must be assured of confidentiality at all times. The QRT must familiarize themselves with the SCRNS privacy policies and procedures. QRT members must sign an Oath of Confidentiality which will be kept on file at the RSN.

**Dispute Resolution**

A good faith effort should be made to resolve issues between the SCRSN and the QRT at the lowest possible level using mediation. If issues cannot be resolved between the two parties using mediation, either party may submit a written request to the other party to use the dispute resolution process identified in the SCRSN/QRT contract.

**Monitoring**

This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.