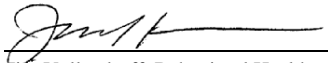


XIII. QUALITY MANAGEMENT AND EXTRAORDINARY OCCURRENCES

1.0 POLICY TITLE: Quality Management of the King County Behavioral Health Organization Plan, Including Extraordinary Occurrences

1.1 Officially Adopted: March 1, 2016

1.2 Effective Date: April 1, 2016

1.3 Signed: 
Jim Vollendroff, Behavioral Health and Recovery Division Director

2.0 PURPOSE: To describe the processes that the King County Behavioral Health Organization Plan (KCBHO) utilizes to ensure that services are timely, accessible, appropriate, effective for clients, and cost-effective for the system.

To define safety and risk management as it pertains to extraordinary occurrences and to ensure that all contracted and subcontracted providers promptly and accurately report these occurrences to KCBHO, analyze them for causative factors, cooperate with KCBHO reviews, and implement quality improvements and/or corrective actions to decrease the likelihood of future similar occurrences.

KCBHO encourages a system-wide culture that emphasizes accountability, trust, and continuous system improvement and learning.

3.0 POLICY/PROCEDURES/RESPONSIBILITIES:

3.1 Quality Management

3.1.1 Quality Management Plans

A. KCBHO shall develop and implement an annual quality management plan.

1. The plan is monitored and revised by the KCBHO Quality Improvement Committee,
2. The plan is reviewed by the King County Behavioral Health Advisory Board, providers, and other stakeholders.
3. The impact and efficacy of the KCBHO Quality Management Program shall be evaluated annually. This evaluation will be documented in a summary report that includes:
 - a. A summary of quality improvement activities, projects, and products;
 - b. An evaluation of the overall effectiveness of these efforts; and
 - c. Progress toward improving clinical and administrative practices.

B. Providers shall develop and implement quality management plans that include:

1. How the provider shall meet the requirements of Chapter 388-877 Washington Administrative Code (WAC) or its successor, the contract with KCBHO, and this manual;
 2. Processes for developing performance indicators, collecting and evaluating data, and monitoring performance and outcomes;
 3. Processes for responding to and monitoring all client concerns and grievances; and
 4. Processes for implementing quality improvements and/or corrective actions when indicated.
- C. KCBHO shall assess the effectiveness of provider quality management plans through:
1. Clinical and/or administrative site reviews; and
 2. Review of annual quality management plans submitted to KCBHO.

3.1.2 Quality Management Activities

- A. KCBHO and individual providers shall be separately and jointly responsible for identifying and implementing quality improvement activities.

KCBHO shall initiate quality improvement activities when concerns are identified through the analysis of outcomes, critical indicators, exception reporting, client concerns and grievances, contract compliance site visits, and/or re-credentialing.

1. Providers, clients, and community stakeholders shall be invited to participate in work groups to address system-level quality concerns.
 2. Work groups shall study the identified concern and provide KCBHO with recommendations for improvement.
 3. KCBHO shall consider the recommendations and decide upon and implement an action plan.
 4. KCBHO shall review the results of the implemented action plan with the work group, and with other stakeholders when appropriate.
 5. KCBHO shall make any necessary changes in the action plan based upon work group and/or stakeholder feedback.
- B. Providers shall undertake quality improvement activities to address concerns identified through provider internal quality management processes. These quality improvement activities shall:

1. Be designed to meet standards prescribed in this manual and/or contracts;
2. Incorporate client and relevant stakeholder input; and
3. Document the implementation and efficacy of the improvement processes.

3.1.3 Minimum Compliance Requirements and Guidelines

- A. KCBHO shall perform compliance reviews through the monitoring of exception reporting, client concerns and grievances, clinical and administrative site visits, and/or credentialing.
- B. KCBHO shall analyze information system data and client records to identify trends and patterns of service delivery and to monitor for quality, cost, utilization, and access.
- C. Minimum requirements and guidelines (see item 3.1.3.D. below) shall be established to ensure the quality of service provision. These requirements and guidelines shall be reviewed and updated biannually and shall apply to KCBHO network providers.
- D. Compliance with these minimum requirements and the guidelines listed below shall be monitored by review of extraordinary occurrences, appeals, client concerns and grievances, authorization requests, case consultations, contract compliance site visits and/or re-credentialing.

Guidelines and Minimum Requirements	See Attach.
1. Guidelines for Older Adults in Community Support Services	A
2. Minimum Requirements for Care of Mentally Ill Clients with HIV/AIDS	B
3. Minimum Requirements and Certification for Mental Health Professionals	C
4. Minimum Requirements for Sexual Minority Mental Health Specialists	D
5. Diagnosis-Specific Practice Guidelines	E
6. Guidelines for Psychiatric Consultation and Evaluation	F
7. Wraparound Practice Guidelines	G
8. Developmental Practice Guidelines (summary format)	H

- 3.1.4 Practice guidelines are systematically developed statements designed to assist in decisions about appropriate behavioral health treatment. The guidelines are intended to assist practitioners in the prevention, diagnosis, treatment, and management of clinical conditions. KCBHO will adopt practice guidelines that:
- A. Are based on valid and reliable clinical evidence or a generally accepted practice among behavioral health professionals in the community;
 - B. Consider the needs of the enrollees;
 - C. Are adopted in consultation with behavioral health professionals in the contracted network of Behavioral Health Administrations (BHAs), when applicable;
 - D. Are disseminated to all affected providers and, upon request, to enrollees;
 - E. Are chosen with regard to utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply; and
 - F. Are reviewed and updated periodically as appropriate.
- 3.1.5 Where feasible and appropriate, providers shall utilize evidence-based, best practice, and/or promising practice interventions to address the needs of clients.
- A. “Practice Protocols for Peer Support” (See Attachment I) were adopted as a best practice model for mental health providers in 2014. “Practice Protocols for Recovery- and Resiliency-oriented Mental Health Services” (See Attachment L) was adopted as a best practice model in 2015. These protocols will be adapted for use by all KCBHO providers in 2017.
 - 1. Providers may incorporate and prioritize adoption of any, or all of these Protocols as a component of their quality improvement plan.
 - 2. These Protocols will be adopted as formal Guidelines (as per section 3.1.3.) in a future year.
 - B. A stakeholder process will be utilized to select any additional promising/best practices in future years.
- 3.1.6 Performance and Outcome Measurement
- A. KCBHO shall establish and track system performance and individual outcome measures.
 - B. KCBHO shall publish regular reports of system and provider-specific performance.

3.1.7 Quality Review Team (QRT)

- A. The KCBHO quality management process shall include assessment of client and referral-source satisfaction with service.
- B. KCBHO shall establish a QRT per Chapter 388-865-0282 WAC or its successor to:
 - 1. Promote recovery and resiliency for clients; and
 - 2. Review KCBHO and provider performance, including but not limited to, the following:
 - a. The degree to which services are consumer-driven, accessible, and culturally and age appropriate;
 - b. Service quality; and
 - c. Client satisfaction and client welfare.
- C. The KCBHO and providers shall facilitate access to provider facilities and to documents necessary for the QRT to fulfill its function.
- D. Providers shall work with the QRT to ensure that client surveys can be administered.
- E. Providers shall notify clients that they may be contacted by the QRT and asked to voluntarily participate in client satisfaction surveys and other activities that promote client education and individual recovery and resiliency.
- F. QRT findings and reports shall be distributed to providers and other community stakeholders. Providers shall work with the KCBHO and the QRT to implement recommended system improvements.

3.1.8 Quality Council

KCBHO and providers shall support the Quality Council, a King County Behavioral Health Board committee that serves as an oversight and advisory group related to quality of care and client satisfaction.

3.2 Extraordinary Occurrences

3.2.1 An Extraordinary Occurrence (EO) is defined as:

- A. Death – incidents related to mental illness or substance use, and/or their treatment(s); suicide; homicide (whether the client is a victim or perpetrator); and all deaths for all reasons when the client is in a psychiatric hospital, residential program, or other behavioral health treatment facility. A death whose possible relationship to mental illness or substance use, or their treatment(s) cannot reasonably be initially ruled out

shall be reported. A death that is determined by the medical examiner to be “natural” may still fit this definition of an EO death;

- B. Assault by a client – the intentional infliction of bodily harm that causes a person, including agency staff, to seek medical treatment or results in an arrest. This category also includes sexual assault, regardless of the degree of the injury;
- C. Injury to a client
 - 1. The sustaining of bodily harm by a client (including suicide attempts) that necessitates seeking urgent medical attention, and which:
 - a. Is related to the client’s mental impairment or treatment, including medication errors made by professional staff; or
 - b. Takes place on the treating program property; or
 - 2. Alleged rape or sexual assault that is deemed by the provider agency to be sufficiently credible to report to the police;
- D. Damage to property – the intentional damage by a client to property, such that the incident is likely to be reported in the media or be the subject of a complaint to public officials outside KCBHO;
- E. Behavior – client behavior so bizarre, disruptive, or threatening that it is reported to police, likely to be reported in the media, or to be of concern to public officials outside KCBHO;
- F. Elopement – unauthorized departure by a client from a “more restrictive” civil commitment under Chapter 71.05 Revised Code of Washington (RCW) or its successor;
- G. Financial exploitation involving a client or the agency;
- H. Client abuse or neglect of a serious nature by an employee, volunteer, licensee, or another client.

For definition of abuse/neglect, providers should reference WAC 246-16 or its successor regarding reporting of mandatory abuse, neglect or exploitation consistent with Chapters 26.44 and 74.34 RCW or any successor; and

- I. Occurrences that fall outside the above definitions may be reported and shall be reported at the request of the KCBHO.

3.2.2 Reporting Time Frames

- A. EOs are reportable when the events occur during the time in which a client is receiving services. This time frame varies according to the goals and responsibilities of the program.

The time frame for the following programs is defined as follows:

1. For outpatient and residential providers, from the time of admission to time of discharge;
 2. For crisis services, from time of referral/admission to five days after time of discharge. Crisis services include, and are not limited to hospital diversion beds, crisis respite beds, detox beds, next day appointments (NDAs), and evaluation and treatment (E&T) facility beds and substance use disorder (SUD) residential treatment facilities on contract to KCBHO.
 3. Occurrences that fall outside the above time frames may be reported.
- B. Deaths or serious injuries that occur at agency facilities, or violent acts including rape, sexual assault, homicide, or attempted homicide involving any individual who has been served within 365 days of the occurrence.
1. Reports shall be submitted if/when an agency becomes aware of an incident.
 2. Reports do not include any requirement to track or investigate current information on clients who are no longer being served by an agency.

3.2.3 Reporting

- A. Reports of elopement from mental health involuntary treatment should include the grounds for the detention: danger to self, danger to others, danger to property, and/or gravely disabled.
- B. Incidents involving a death are to be reported verbally to the KCBHO Client Services staff within one working day.
- C. The provider shall submit a completed “Extraordinary Occurrence Report” (Attachment J) to KCBHO within five working days of the incident.
- D. If the provider is a subcontractor, Attachment J shall also be sent to the contracting agency.
- E. The requirement to report to KCBHO does not replace reporting requirements to other entities.

3.2.4 Review

- A. The provider shall maintain:
 1. A Standard Review Committee consisting of the clinical and medical directors, quality improvement/quality assurance staff, supervisors, and other appropriate staff as necessary; and

2. Procedures for review and critical analysis of any causal factors for EOs.
- B. The provider shall complete a “30-Day Standard Review” (Attachment K) within 30 days of the occurrence. The review is to be kept on file at the provider agency and is not submitted to KCBHO.
 - C. If an autopsy is performed, the provider must complete a revised 30-Day Standard Review that reflects the medical examiner’s information within three months of the incident. This review is to be kept on file at the provider agency and is not submitted to KCBHO.
 - D. The provider review shall comprise:
 1. The identification of all factors that might have contributed to the EO;
 2. The identification of any factors that might be altered in the future to prevent similar EOs involving the client and/or other clients in similar circumstances;
 3. Specific strategies to prevent future occurrences, for example:
 - a. A change in the individual client’s individual service plan (ISP);
 - b. A new policy and procedure for addressing the needs of similar clients;
 - c. New or augmented staff supervision practices;
 - d. New management practices;
 - e. Staff training;
 - f. Staff disciplinary action;
 - g. Recommendations for policy and procedure changes to KCBHO; and/or
 - h. Other interventions; and
 4. The identification of any unprofessional conduct by an individual staff person, as defined in Chapter 18.130 RCW or its successor. Whenever unprofessional conduct is identified and is of such a degree that the staff person is terminated or restricted in the performance of his/her clinical duties, whether or not due to an event that meets the above definitions for an extraordinary occurrence, this shall be reported to the Washington State Health Professions Quality Assurance office.
 - E. The KCBHO shall complete an annual report about system trends related to EOs, quality improvement initiatives related to these occurrences, and improvements attained.

This report is reviewed by the Behavioral Health and Recovery Division (BHRD) Safety and Incident Management (SIM) Committee and by providers annually.

3.2.5 KCBHO Quality Reviews

- A. KCBHO Client Services staff shall perform a quality review of selected extraordinary occurrences.
- B. Quality reviews shall generally occur after the provider's review has been completed but may occur immediately following the occurrence.
- C. The provider shall be prepared to discuss its review of the EO with KCBHO within 30 days of the EO.
- D. The provider shall provide documents and information to facilitate any investigation deemed necessary by KCBHO.
- E. Quality reviews shall focus on the quality of the provider's internal review, and may extend to a review of any agency policy or practice.
- F. Quality reviews may result in recommendations or requirements for corrective action. The provider shall ensure that all plans for corrective action are implemented, whether imposed by the KCBHO or the provider's own Standard Review Committee.

4.0 LIST OF ATTACHMENTS:

- 4.1 Attachment A: Guidelines for Treating Older Adults
- 4.2 Attachment B: Guidelines for Treating Persons with HIV/AIDS
- 4.3 Attachment C: Certification for Mental Health Professionals
- 4.4 Attachment D: Sexuality Minority Mental Health Specialist
- 4.5 Attachment E: Diagnosis-Specific Guidelines
 - 4.5.1 Appendix 1: Additional Signs and Symptoms of Mental Health Disorders in Children and Youth
 - 4.5.2 Appendix 2: Recommendations Regarding Medication Prescription and Monitoring for Children
- 4.6 Attachment F: Psychiatric Consultation Guidelines
- 4.7 Attachment G: Wraparound Guidelines
- 4.8 Attachment H: Developmental Guidelines
- 4.9 Attachment I: Practice Protocols for Peer Support

4.10 Attachment J: Extraordinary Occurrences Report Form

4.11 Attachment K: Extraordinary Occurrences 30 Day Report Form

4.12 Attachment L: Practice Protocols for Recovery and Resiliency-oriented Mental Health Services

4.12.1 Appendix 1

4.12.2 Appendix 2

5.0 REFERENCES:

Federal Law, Regulations, and Policy including any successor, amended, or replacement laws, regulations, or policies

- 42 Code of Federal Regulations (CFR) Part 438 Managed Care
- 42 CFR Parts 400, 430, 431, 434, 435, 440
- 45 CFR Part 142 Security and Electronic Signature Standards
- 45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information
- 45 CFR Part 162 Health Insurance Reform: Modifications to Standards for Electronic Transactions and Code Sets

Washington State Law, Regulations, and Policy including any successor, amended, or replacement laws, regulations, or policies

- Chapters 388-865 WAC – Department of Social and Health Services (DSHS) – Mental Health – Community Mental Health and Involuntary Treatment Programs
- 388-877 WAC – DSHS – Behavioral Health Services Administrative Requirements
- 388-877A WAC – DSHS – Outpatient Mental Health Services
- 388-877B WAC – DSHS – Certification Requirements For Chemical Dependency Service Providers
- Federal 1915(b) Waiver Renewal

Other

- The DSHS BHO Behavioral Health State Contract (BHSC) and any subsequent amendments
- The DSHS BHO Prepaid Inpatient Health Plan (PIHP) Contract and any subsequent amendments