

MID-OHIO PSYCHOLOGICAL SERVICES, INC.

624 East Main Street
Lancaster, Ohio 43130

Phone (740) 687-0042

Fax (740) 687-0024

Bradley A. Hedges, Ph.D.
Executive Director

Stephanie L. Miller, Ph.D.
Clinical Director

QA REPORT

TO: Bradley A. Hedges, Ph.D.
Executive Director

FROM: Bonnie Pearse, MSW, LSW
QA Coordinator

Bonnie Pearse MSW LSW

SUBJECT: Quality Assurance Activities for February 2002

SUBMITTED: July 8, 2002

I: MAJOR UNUSUAL INCIDENTS

There were no major unusual incidents in the month of February 2002.

II: TRANSFERS FROM STATE HOSPITALS

There were no transfers from state or private hospitals in the month of February 2002.

III: PLANT/PHYSICAL HEALTH AND SAFETY

No health or safety issues were identified by the building inspection.



**QA Report
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IV: RECORDS COMPLETENESS REVIEW

Clinicians	Percentage Passed	Percentage Failed
Dr. Brad Hedges	100	
Robin Murphy	99	
Dr. Chris Ray	96	
Tonya Kraner	95	
Scott Craft		90
Dean Bachelor		88
Dr. Stephanie Miller	98	
Chloe Robitaille	95	
Joni Grim	95	
Chris Johnson	95	
Steve Ford	96	
Kristin Taylor	96	
Dr. Suzanne Wing		80
Miriam Murray		93
Paula Roberts		93
Cassie Dille	98	
Bonnie Pearse	97	

Twenty nine percent of the clinicians failed the record review. Reasons for the failure and the percentage of records reviewed is as follows:

Fifty nine percent of the records reviewed were missing a copy of the current medical card. Fifty three percent of the records reviewed were missing forms or had incomplete forms in the chart.

Signatures were missing on some forms in the chart for 47% of the clinicians.

In 53% of the records reviewed there was at least one session recorded that did not match the billing record.

Thirty five percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.

In 12% of the records reviewed the health assessment was incomplete or had not been reviewed.

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V: PEER REVIEW

Clinicians	Percentage
Dr. Brad Hedges	Passed 100
Robin Murphy	100
Dr. Chris Ray	100
Tonya Kraner	99
Scott Craft	100
Dean Bachelor	97
Dr. Stephanie Miller	99
Clare Robitaille	95
Joni Grim	98
Chris Johnson	99
Steve Ford	100
Kristin Taylor	100
Dr. Suzanne Wing	99
Miriam Murray	95
Paula Roberts	91
Cassie Dille	95
Bonnie Pearse	99

All the clinicians passed the peer review for the month of February.

Sixty five percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals. The records were not maintained consistently in that case notes were not completed or were completed and not billed for. Also, the client, clinician, and supervisor have not signed the progress note or other necessary documentation.

VI: UTILIZATION REVIEW

Clinician	Total number of clients
Dean Bachelor, M.Div.	12
Joni Grim, M.Ed., LSW	24
Dr. Bradley Hedges, Ph.D.	56
Dr. Suzanne Wing	22
Chris Johnson, M.Ed.	66
Dr. Chris Ray, Ph.D.	32
Dr. Stephanie Miller, Ph.D.	10
Tonya Kraner, LISW	26
Robin Rippith,	21
Scott Craft, M.A.	54
Steve Ford, M.A., LPC	54
Bonnie Pearse	31
Paula Roberts	16
Claire Robitaille	30
Miriam Murray	6
Kristin Taylor, M.Ed	24
Cassie Dille	22
Cathy Howard	6

The "No Show" rate for February was 18 %. When considering both the "no show" rate and the cancellation rate, this figure is 40%.

Service Area	Total Number of Units This Month (All of MOPS)	Monthly Allocated Medicaid Units	Year to Date Total Units for MOPS	Year to Date Allocated Medicaid Units for Fairfield County
Diagnostic Assessment	119	21.42	891.99	128.52
Individual Counseling	431.70	86.25	2977.45	517.5
Group Counseling	256.20	27.25	1848.69	1163.5
Medication/somatic Services	3.0	22.08	98.5	132.48
Community Support Program (CSP)	232.00	433.40	1800.92	1430.4
Alcohol and Other Drug (AOD) - Group	7.5	65	47.5	275

The Medicaid units billed for the month of February 2002 for Fairfield County totals 1171.60. A total of 5,779 Medicaid units were billed Year -to- Date for Fairfield County. We are currently working on a system to capture the individual totals for each program.

VII: AOD UTILIZATION REVIEW

AOD Group Therapy sessions began in February 2002. Dr. Miller facilitates the female group on Monday evenings. The group for females begins at 4 pm and ends at 5:30 pm. Five females participated in the group for the month of February. The group for males is scheduled to begin in March.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the month of February 2002.

IX: PROFESSIONAL STAFF ORGANIZATION

The clinical staff maintains current licensure requirements. None of the clinical staff reported attending any workshops in the month of February 2002.

FX: REVIEW OF WAITING LIST

There continues to be no waiting list. The average time elapsed between initial phone contact and first offered session will be added once our new management information system is up and running in July. Our intent will be to re-run these numbers once the new management information system is in place.

There were 26 new clients seen this month showing a decrease from the 44 new clients seen in the month of January 2002. The total number of clients seen in the month of February 2002 was 388. Fifty-four percent of the new clients were from Fairfield County. For the month of February 66% of the sessions conducted were with clients from Fairfield County.

XI: REVIEW OF SERVICES UNDER CONTRACT

No changes are noted regarding the services under contract.

XII: FOCUSED REVIEW AREA

The issues that were covered in the month of February include reviewing the accessibility, and appropriateness of services for persons who speak a language other than English, or have a handicapping condition and to conduct a survey of utilization of services by minority groups, including handicapping conditions.

Several clients have medical conditions that are severe enough to limit them from using stairs. These clients are seen in the ground level offices. One of the clients uses a wheelchair and has no problems entering or leaving the premises via the ramp. This client has never complained about the restroom facilities. A grab bar in the restroom facilities is easily accessible for handicapped clients.

Questioning of the support staff that answer the telephone calls suggests that there are no clients who speak a language other than English. A referral was made to a bilingual center in Columbus when the parents of a client were found to speak Spanish. This family also lived in Columbus and did not have transportation to come to Lancaster for their child's therapy sessions. Contact with the Ohio University Language Department is maintained in the event that an interpreter may be needed.

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For services from July 1st 2001 through February 2nd 2002 a utilization of programs by minority groups is shown in the table below:

Race	Mops General	AOD Services	Court Diversion Program	Forensic Evaluation	Jail Based Program
Asian	1				
Black	34	2			
Mexican	2				
American Indian	1				
Hispanic	4				
Unknown	6	1	1	1	2
White	718	14		2	5

Annual Safety Review

The Annual Safety Review was conducted this month and a review of these procedures indicates that they are effective with no revisions necessary at this time. Staff members are trained in safety procedures during weekly staff meetings.

Summary of Safety and Infection Control Reports

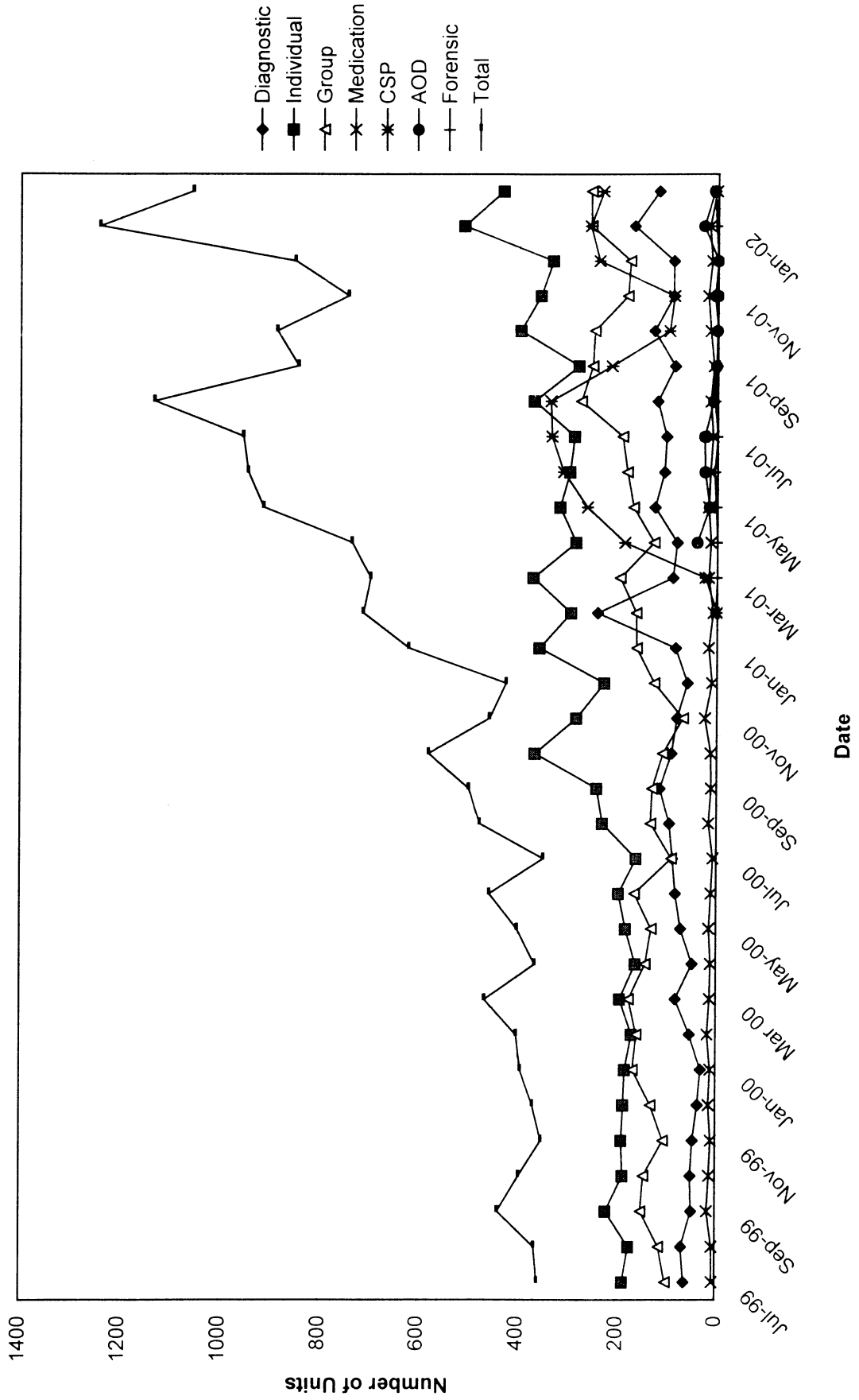
The entrance, exits, hallways and stairs were always cleaned, easily accessible, with adequate lighting and signs. The waiting area was always neat and orderly and the trash emptied on a regular basis. No complaints were noted regarding the temperature or lighting from the staff or clients. Due to the location of the front office staff and the clients in the waiting room it was noted that there could be potential problems in the area of confidentiality. The confidentiality was maintained at all times by staff members. The restrooms are easily accessible, clean, and well ventilated. The sinks, mirrors and commodes are maintained in an acceptable manner. In the upstairs restroom the plaster falls off the ceiling when it rains heavily. This has not been a safety issue thus far. The front office has been somewhat cluttered at times, but the staff are quick to make the office neat and orderly. The staff requested additional lighting and lights were provided immediately. Clinician offices are clean and orderly but in high demand. There are more staff members than office space available. The staff members share the office space with the help of the support staff whom keep track of who is in their offices on which days. The group room is always neat and clean. There have been no reports of any problems in the kitchen, attic, and basement areas. The office manager reports that fire drills are performed each quarter. The fire extinguishers are maintained in safe working order. Parking remained an issue for most of the fiscal year. Additional space was provided for staff. Each month the QA coordinator does a walk thru of the building and reports any safety issues to the Director.

XIII: RESPONSE TO LAST MONTH'S FOCUS REVIEW

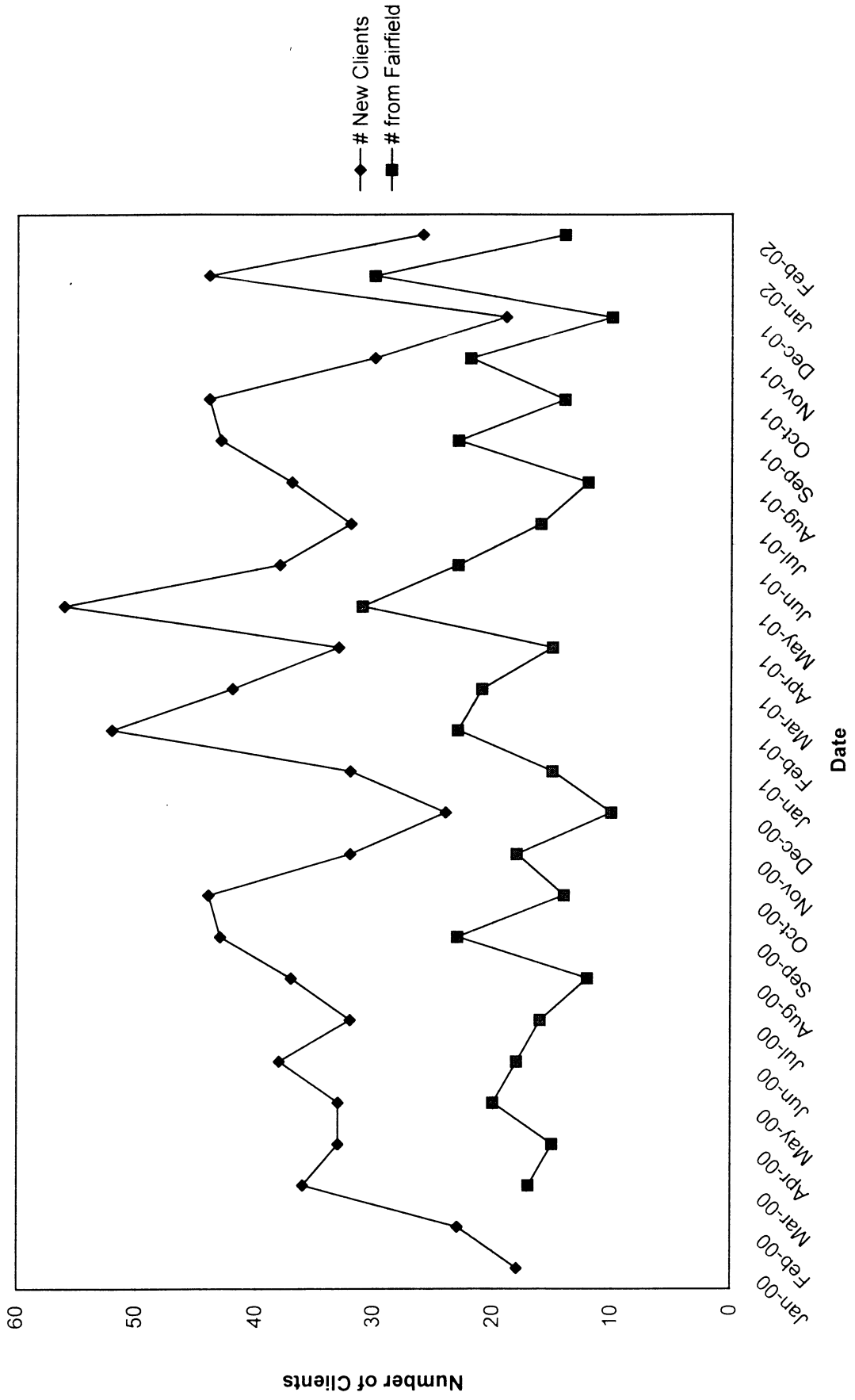
In response to last month's review, an assessment of the community support program led to a realization that we needed to hire more community support program workers. In the month of February we had three caseworkers and each one carried a full caseload. In looking at this service we also see a need to set service standards for the community support program.

cc: Fairfield County Mental Health and Recovery Services Board
MOPS Board of Directors
MOPS Staff
QA Minutes Logbook

FY 00/01/02 Units of Service



New Clients by Month FY 01/02



PEER REVIEW										
	Feb-02	pass	fail	Med Somatic	General	DA	CSP	AOD	Utilization	ISP
Dean Bachelor		97			not maint. consistently				insurance info missing	
Scott Craft		100			testing missing					
Cassie Dillie		95								
Steve Ford		100			ROI needed					
Joni Grimm		98								
Brad Hedges		100			not maint. Consistently					
Chris Johnson		99								
Tonya Kraner		99							not appropriate for treat.	
Stephanie Miller		99				blanks				
Miriam Murray		95			not maint. Consistently			referral		
Bonnie Pearse		99			axis 11 missing					
Chris Ray		100								
Robin Rippeth		100								
Paula Roberts		91		education				referral		
Claire Robitaille		95			frequency of contact				length of service	
Kristin Taylor		100								
Susanne Wing		99			health asses. Review					

RECORDS COMPLETE/ENES Missing or Incomplete Records										
Feb-02	Pass	Fail	Med Card	ISP	Notes	Health Asses	Signatures	Forms	Billing Record	Init Contact
Dean Bachelor		88	Ins. Info missing	update/signature			POA	ROI needs updated	inconsistent	missing info
Scott Craft		90	missing	update			POA	ROI needs updated		
Cassie Dillie	98						POA	fee agree. Blanks	missing	
Steve Ford	96		none on chart		missing			blanks on psycho-soc.	inconsistent	
Joni Grimm	95									
Brad Hedges	100									
Chris Johnson	95			axis 11 missing			fee agreement/POA		inconsistent	
Tonya Kraner	95		missing					missing athorization		
Stephanie Miller	98						POA	blanks on psycho-soc.		
Miriam Murray		93	missing		missing		POA	Macsis missing/ referral AOD	inconsistent	
Bonnie Pearse	97		none on chart	axis 11 missing		review				
Chris Ray	96			client response			POA		inconsistent	
Robin Rippeth	99		missing							
Paula Roberts		93	missing		education					
Claire Robitaille	95		missing	update	missing		health asses	missing referral for AOD	inconsistent	
Kristin Taylor	96		missing					missing referral for CSP	inconsistent	
Susanne Wing		80			review				inconsistent	

February	2002		Weighted						
	DA	EVAL	IND	Group	CSP	MED	Other	Total Units	% of Total
Unit Rate	135	135	90	40	65	195	35		
Dean Bachelor				67.50					
	0.00	0.00	0.00	2700.00	0.00	0.00	0.00	2700.00	3%
Scott Craft	7.60		45.50	42.00	0.40		80.0		
	1026.00	0.00	4095.00	1680.00	26.00	0.00	2800.00	9627.00	12%
Cassie Dillie					21.80				
	0.00	0.00	0.00	0.00	1417.00	0.00	0.00	1417.00	2%
Steve Ford	14.70		83.90	43.00	17.50				
	1984.50	0.00	7551.00	1720.00	1137.50	0.00	0.00	12393.00	15%
Joni Grim	14.70	3.00	47.90	36.20	3.40				
	1984.50	405.00	4311.00	1448.00	221.00	0.00	0.00	8369.50	10%
Brad Hedges		24.00	5.30						
	0.00	3240.00	477.00	0.00	0.00	0.00	0.00	3717.00	4%
Chris Johnson	10.00		23.00	3.00	4.20		80.0		
	1350.00	0.00	2070.00	120.00	273.00	0.00	2800.00	6613.00	8%
Tonya Kraner	4.00		29.10		0.90		2.0		
	540.00	0.00	2619.00	0.00	58.50	0.00	70.00	3287.50	4%
Stephanie Miller	1.00								
	135.00	0.00	0.00	0.00	0.00	0.00	0.00	135.00	0%
Miriam Murray				45.00	76.00				
	0.00	0.00	0.00	1800.00	4940.00	0.00	0.00	6740.00	8%
Bonnie Pearse	7.00		50.90	7.50	3.60				
	945.00	0.00	2036.00	487.50	702.00	0.00	0.00	4170.50	5%
Chris Ray	1.00	6.00	24.10						
	135.00	810.00	2169.00	0.00	0.00	0.00	0.00	3114.00	4%
Robin Rippeth	7.80	5.80	22.50		0.80				
	1053.00	783.00	2025.00	0.00	52.00	0.00	0.00	3913.00	5%
Paula Roberts					79.30				
	0.00	0.00	0.00	0.00	5154.50	0.00	0.00	5154.50	6%
Claire Robitaille	1.00	1.00	40.20	9.00	2.50		1.3		
	135.00	135.00	3618.00	360.00	162.50	0.00	45.50	4456.00	5%
Sheridan Smith						3.0			
	0.00	0.00	0.00	0.00	0.00	585.00	0.00	585.00	1%
Kristin Taylor		3.00	12.50	52.30	9.50	8.3			
	0.00	405.00	1125.00	2092.00	617.50	1618.50	0.00	5858.00	7%
Susanne Wing	2.00	2.50	7.00						
	270.00	337.50	630.00	0.00	0.00	0.00	0.00	1237.50	1%
Amanda Moore									
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
Cathy Howard					13.30				
	0.00	0.00	0.00	0.00	864.50	0.00	0.00	864.50	0%
Sum Totals	9558.00	6115.50	32726.00	12407.50	15626.00	2203.50	5715.50	83487.50	6%

This chart represents the percentage of the total dollars billed by clinician for the month of February.

FEB		2002		Mid Ohio Psychological Services															
		Cancellations	Missed	Diagnostics	Evaluations	Individual	Group	Community Support	Medication	Other Units	Total Units	Billable Units	Units Billed+ Missed	Schedule Proficiency	% Canceled	% Missed	Lost Units due to C & M	% of Total Billable Units	
Dean Bachelor		10	10				67.50				87.50	67.50	77.50	87%	11%	11%	23%	6%	
Scott Craft		21	35	7.60		45.50	42.00	0.40		80.0	231.50	175.50	210.50	76%	9%	15%	24%	15%	
Cassie Dillie *								21.80			21.80	21.80	21.80	100%	0%	0%	0%	2%	
Steve Ford		19	28	14.70		83.90	43.00	17.50			206.10	159.10	187.10	77%	9%	14%	23%	13%	
Joni Grim		11	15	8.10		47.90	36.20	3.40			121.60	95.60	110.60	79%	9%	12%	21%	8%	
Brad Hedges		4	1		24.00	5.30					34.30	29.30	30.30	85%	12%	3%	15%	2%	
Chris Johnson		33	14	10.00		23.00	3.00	4.20		80.0	167.20	120.20	134.20	72%	20%	8%	28%	10%	
Tonya Kramer		14	11	4.00		29.10		0.90			59.00	34.00	45.00	58%	24%	19%	42%	3%	
Stephanie Miller		1	5	1.00							7.00	1.00	6.00	14%	14%	71%	86%	0%	
Miriam Murray *							45.00	76.00			121.00	121.00	121.00	100%	0%	0%	0%	10%	
Bonnie Pearse		32	28	7.00		50.90	7.50	3.60			129.00	69.00	97.00	53%	25%	22%	47%	6%	
Chris Ray		11	10	1.00	6.00	24.10					52.10	31.10	41.10	60%	21%	19%	40%	3%	
Robin Rippeh		17	5	7.80	5.80	22.50		0.80			58.90	36.90	41.90	63%	29%	8%	37%	3%	
Paula Roberts *								79.30			79.30	79.30	79.30	100%	0%	0%	0%	7%	
Claire Robitaille		12	20	1.00	1.00	40.20	9.00	2.50			85.70	53.70	73.70	63%	14%	23%	37%	4%	
Sheridan Smith		46	1					3.0			50.00	3.00	4.00	6%	92%	2%	94%	0%	
Kristin Taylor *		1		3.00	12.50	52.30	9.50	8.30			86.60	85.60	85.60	99%	1%	0%	1%	6%	
Susanne Wing		7	1	2.00	2.50	7.00					19.50	11.50	12.50	59%	36%	5%	41%	1%	
Cathy Howard								13.30			13.30	13.30	13.30	100%	0%	0%	0%	1%	
Sum Totals	239	184	67.20	51.80	431.70	262.70	232.00	3.0	160.0	1618.10	1195.10	1379.10		69%	18%	13%	31%	5%	
Average																			

* These clinicians do not have a daily scheduler therefore their totals are inflated because they do not report missed or cancelled sessions.