

MID-OHIO PSYCHOLOGICAL SERVICES, INC.

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QA REPORT

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

FROM: Bonnie Pearse, MSW, LSW *Bonnie Pearse MSW, LSW*
QA Coordinator

SUBJECT: Quality Assurance Activities for May 2002

SUBMITTED: October 9, 2002

I: MAJOR UNUSUAL INCIDENTS

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

II: TRANSFERS FROM STATE HOSPITALS

There were no transfers from state hospitals reported in the month of May 2002. Client #01082904 was transferred to Fairfield Medical Center on May 17th 2002 and from there was transferred to Adena Regional. This same client was released from Adena on May 30th 2002 and seen post discharge the same day.

III: PLANT/PHYSICAL HEALTH AND SAFETY

No health or safety issues were identified by the building inspection in the month of May 2002.



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IV: RECORDS COMPLETENESS REVIEW

Clinicians	Percentage Passed	Percentage Failed
Dr. Brad Hedges	99	
Robin Rippith	95	
Dr. Chris Ray		85
Tonya Kraner	100	
Scott Craft		89
Dean Bachelor	91	
Stephanie Miller	95	
Claire Robitaille	98	
Joni Grim	100	
Chris Johnson		71
Steve Ford	95	
Amanda Moore	96	
Kristin Taylor		86
Dr. Suzanne Wing	97	
Miriam Murray		91
Paula Roberts	96	
Amanda Moore		57
Cassie Dille		93
Bonnie Pearse	99	

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

- Fifty three percent of the records reviewed were missing a copy of the current medical card.
- Thirty two 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 26% of the clinicians.
- In 37% of the records reviewed there was at least one session recorded that did not match the billing record.
- Thirty seven percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Thirty two percent of the records reviewed did not have a completed health assessment in the chart.

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V: PEER REVIEW

Clinicians	Percentage Passed	Percentage Failed
Dr. Brad Hedges	99	
Robin Rippith	100	
Dr. Chris Ray		81
Tonya Kraner	100	
Scott Craft		87
Dean Bachelor	98	
Stephanie Miller		31
Claire Robitaille	93	
Joni Grim	100	
Chris Johnson		81
Steve Ford	97	
Amanda Moore	93	
Kristin Taylor	98	
Suzanne Wing	100	
Miriam Murray	93	
Paula Roberts		67
Amanda Moore		45
Cassie Dille		84
Bonnie Pearse	99	

- Seven of the clinicians failed the peer review for the month of May.
- Sixty eight percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals.
- Thirty seven percent of the records were not maintained consistently in that case notes were not completed and not billed for. Also, the client, clinician and the supervisor have not signed the progress note or other necessary documentation.

VI: UTILIZATION REVIEW

Clinician	Total number of clients
Dean Bachelor, M.Div.	9
Joni Grim, M.Ed., LSW	31
Dr. Bradley Hedges, Ph.D.	42
Dr. Suzanne Wing	5
Chris Johnson, M.Ed.	110
Dr. Chris Ray, Ph.D.	30
Dr. Stephanie Miller, Ph.D.	21
Tonya Kraner, LISW	33
Robin Rippith, M.Ed., LPCC	13
Scott Craft, M.A.	50
Steve Ford, M.A., LPC	57
Bonnie Pearse	46
Paula Roberts	18
Claire Robitaille	24
Miriam Murray	8
Kristin Taylor, M.Ed	23
Amanda Moore	13
Cassie Dille	21
Cathy Howard	7

The "No Show" rate for May was 14 %. When considering both the "no show" rate and the cancellation rate, this figure is 33%.

Service Area	Total Number of Units This Month (All of MOPS)	Monthly Allocated Medicaid Units for Fairfield County	Year to Date Total Units for MOPS	Year to Date Allocated Medicaid Units for Fairfield County
Diagnostic Assessment	151.40	21.42	1283.29	192.78
Individual Counseling	486.36	86.25	4409.3	776.25
Group Counseling	252.50	27.25	2553.29	1468.90
Medication/somatic Services	20.90	22.08	152.85	198.72
Community Support Program (CSP)	415.50	433.40	2813.72	2730.60
Alcohol and Other Drug (AOD) - Group	20	65	102	470

The Medicaid units billed for the month of May 2002 for Fairfield County totals 1512.56. A total of 9859.11 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 in the month of May 2002 showed that 67% of the males and 33% of the females attended sessions.

Sessions Offered	05/06/02	05/13/02	05/20/02
3 Males	2	3	1
7 Females	1	2	4

VIII: INVOLUNTARY TERMINATIONS

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

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IX: PROFESSIONAL STAFF ORGANIZATION

The clinical staff maintains current licensure requirements. The following chart shows the workshops that clinicians reported attended:

Clinician	Workshop	Dates Attended	# Of CEU's
Dr. Miller	Masters & Johnson	05/11/02 and 05/12/02	12
Dr. Miller	Masters & Johnson	05/14/02 and 05/15/02	12

X: 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 a total of 24 new clients seen this month. Fifteen of the new clients were from Fairfield County. The total number of clients seen in the month of May 2002 was 423. Sixty-three percent of the new clients were from Fairfield County. For the month of May 73% 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.

**QA Report
May 2002****XII: FOCUSED REVIEW AREA**

The Quality Assurance plan's overall goals and objectives were reviewed during the Month of May. It is apparent that the policies and procedures need to be updated to reflect the changes in QA activities. The focus has been on completing the backlog of monthly quality assurance reports thus leaving a backlog of quarterly and annual reports that must be caught up. QA activities are two months behind on the monthly reports making us just about where we need to be to efficiently review charts. The focus will now be to maintain at the two-month time frame while working on the backlog of quarterly and annual reports that are due.

The efficiency of QA activities has decreased due to the decreased time available for the QA members to devote to these activities. Currently, QA activities are performed when staff members have a client that does not show. There are two staff members performing QA activities and both carry a full schedule of clients.

There have been some changes in the QA process over the past year. The reports now contain specific information as to how the scores are determined for records completeness and peer review. These charts now provide detailed information as to what areas need improvement. Charts have also been created that represent the percentage of the total dollars billed by each clinician for the respective month being reported. A chart has also been created that reflects each clinician's cancelled and missed sessions. We can also determine the scheduled proficiency for each clinician on this same chart. These charts do not reflect any administrative duties, supervision or other tasks that a clinician may be assigned.

XIII: RESPONSE TO LAST MONTH'S FOCUS REVIEW

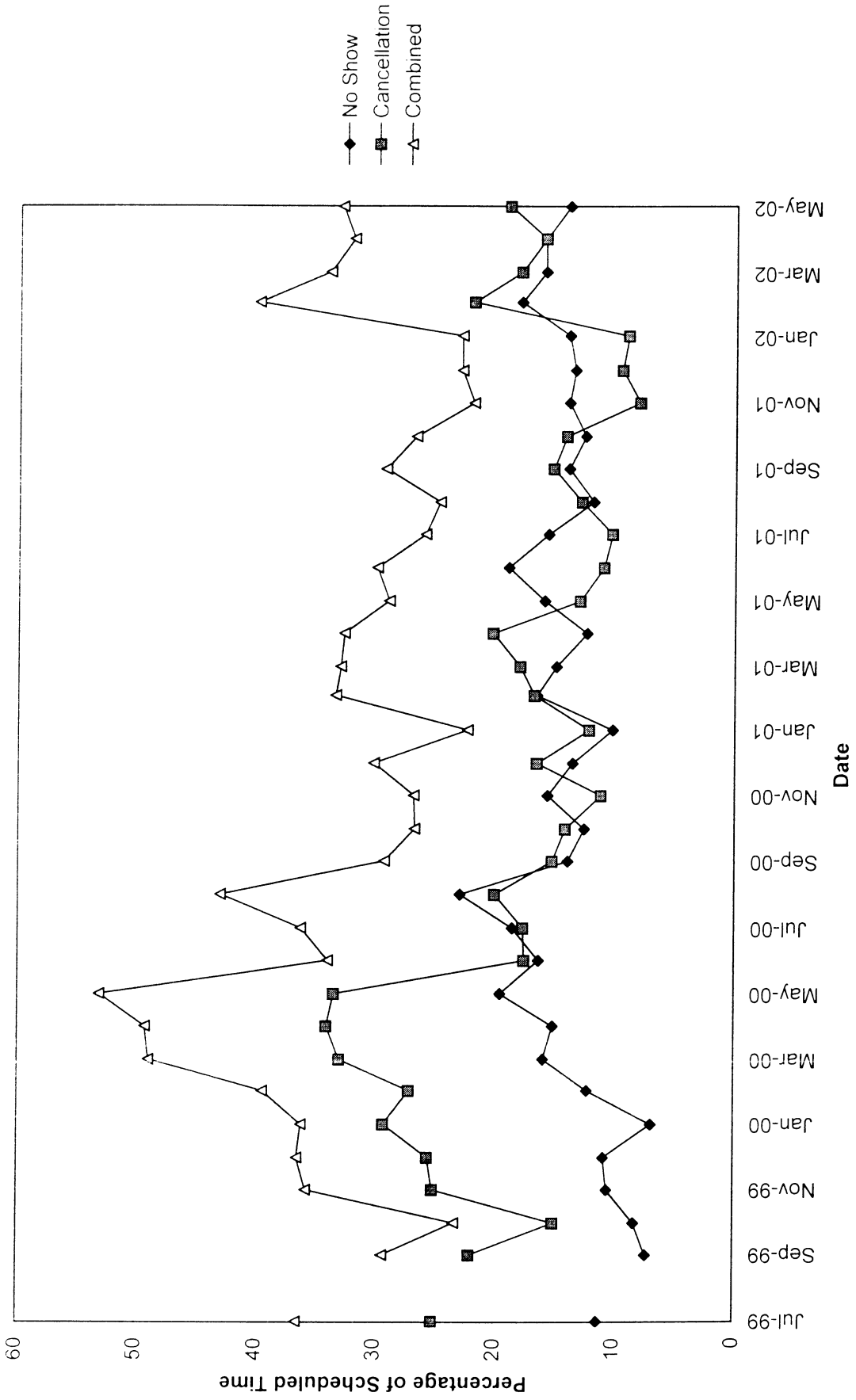
In response to last month's review a resource notebook has been provided to all case managers. Clinicians have access to information referral and continue to report on a monthly reporting summary form any referrals they have made for the month.

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

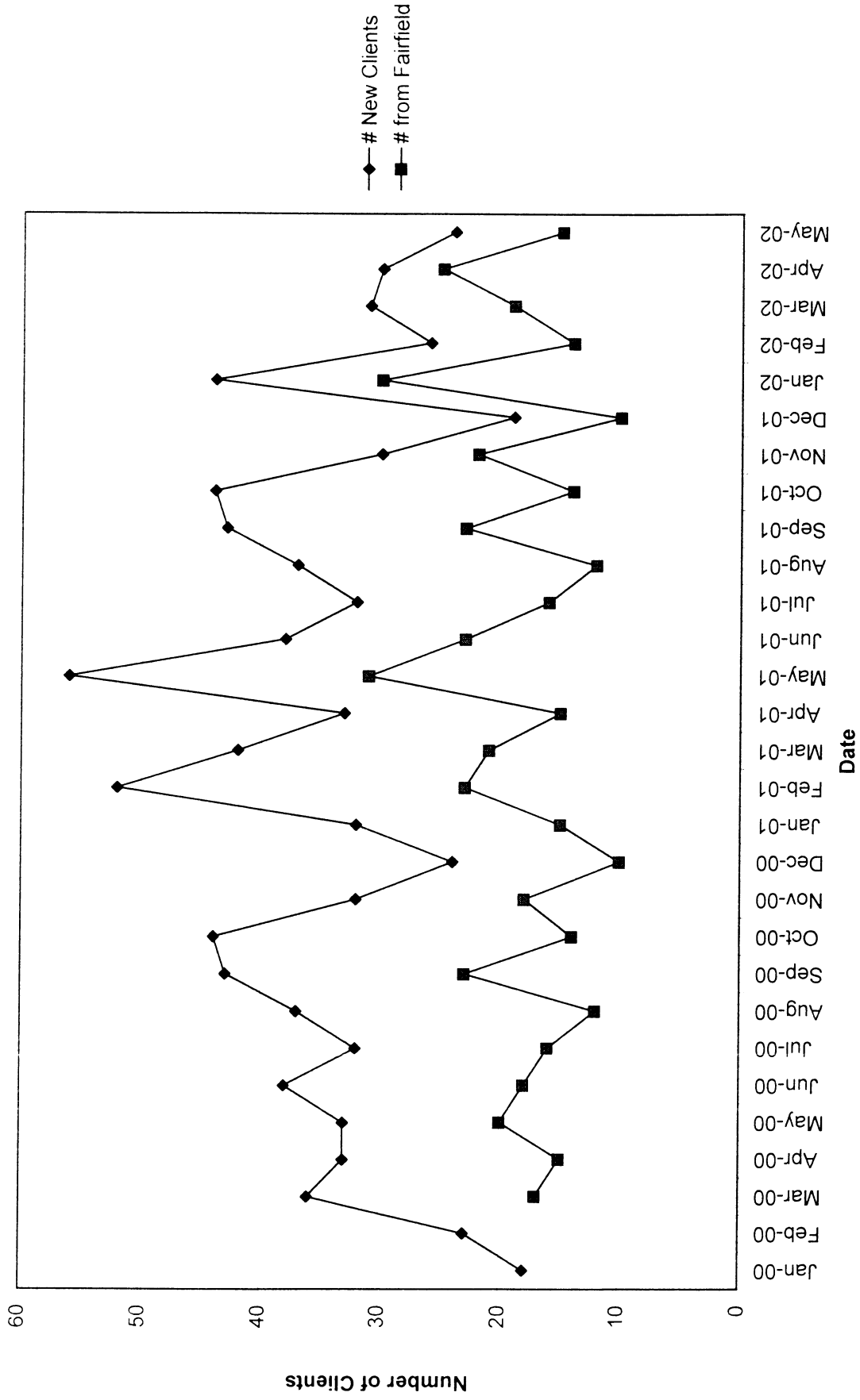
May	2002	Weighted							Tot Units	% of Tot
		DA	EVAL	IND	Group	CSP	MED	Other		
Unit Rate	135	135	90	40	65	195	35			
Dean Bachelor	0.00	0.00	1.00	101.00	0.00	0.0	0.0			
	0.00	0.00	90.00	4040.00	0.00	0.00	0.00	4130.00	4%	
Scott Craft	9.30	0.00	31.70	15.60	1.40	0.0	80.0			
	1255.50	0.00	2853.00	624.00	91.00	0.00	2800.00	7623.50	7%	
Cassie Dillie	0.00	0.00	0.00	0.00	39.50	0.0	0.0			
	0.00	0.00	0.00	0.00	2567.50	0.00	0.00	2567.50	2%	
Steve Ford	16.00	0.00	92.80	22.00	12.00	0.00	0.00			
	2160.00	0.00	8352.00	880.00	780.00	0.00	0.00	12172.00	11%	
Joni Grim	4.00	0.00	63.81	40.10	6.80	0.00	0.00			
	540.00	0.00	5742.90	1604.00	442.00	0.00	0.00	8328.90	8%	
Brad Hedges	0.00	29.40	8.00	0.00	0.00	0.00	0.00			
	0.00	3969.00	720.00	0.00	0.00	0.00	0.00	4689.00	4%	
Chris Johnson	10.00	0.00	52.75	1.00	0.00	0.00	80.00			
	1350.00	0.00	4747.50	40.00	0.00	0.00	2800.00	8937.50	8%	
Tonya Kraner	10.60	0.00	27.10	0.00	3.10	0.00	0.00			
	1431.00	0.00	2439.00	0.00	201.50	0.00	0.00	4071.50	4%	
Stephanie Miller	5.00	1.00	3.50	0.00	0.00	0.0	0.0			
	675.00	135.00	315.00	0.00	0.00	0.00	0.00	1125.00	1%	
Miriam Murray	0.00	0.00	0.00	45.00	67.80	0.00	0.00			
	0.00	0.00	0.00	1800.00	4407.00	0.00	0.00	6207.00	6%	
Bonnie Pearse	10.50	0.00	82.00	20.00	5.70	0.00	0.00			
	1417.50	0.00	7380.00	800.00	370.50	0.00	0.00	9968.00	9%	
Chris Ray	3.00	7.50	30.30	0.00	0.00	0.00	0.00			
	405.00	1012.50	2727.00	0.00	0.00	0.00	0.00	4144.50	4%	
Robin Rippeth	6.70	3.40	21.10	0.00	1.20	0.00	0.00			
	904.50	459.00	1899.00	0.00	78.00	0.00	0.00	3340.50	3%	
Paula Roberts	0.00	0.00	0.00	0.00	102.90	0.00	0.00			
	0.00	0.00	0.00	0.00	6688.50	0.00	0.00	6688.50	6%	
Claire Robitaille	2.00	4.00	29.60	7.80	1.00	0.00	0.00			
	270.00	540.00	2664.00	312.00	65.00	0.00	0.00	3851.00	3%	
Charles Snyder	0.00	0.00	2.10	0.00	0.00	20.90	0.00			
	0.00	0.00	189.00	0.00	0.00	4075.50	0.00	4264.50	4%	
Kristin Taylor	6.00	22.00	41.50	0.00	5.50	0.00	0.00			
	810.00	2970.00	3735.00	0.00	357.50	0.00	0.00	7872.50	7%	
Cathy Howard	0.00	0.00	0.00	0.00	25.50	0.00	0.00			
	0.00	0.00	0.00	0.00	1657.50	0.00	0.00	1657.50	1%	
Amanda Moore	0.00	0.00	0.00	0.00	143.10	0.00	0.00			
	0.00	0.00	0.00	0.00	9301.50	0.00	0.00	9301.50	1%	
Sum Totals	11218.50	9085.50	43853.40	10100.00	27007.50	4075.50	5600.00	110940.40	5%	

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

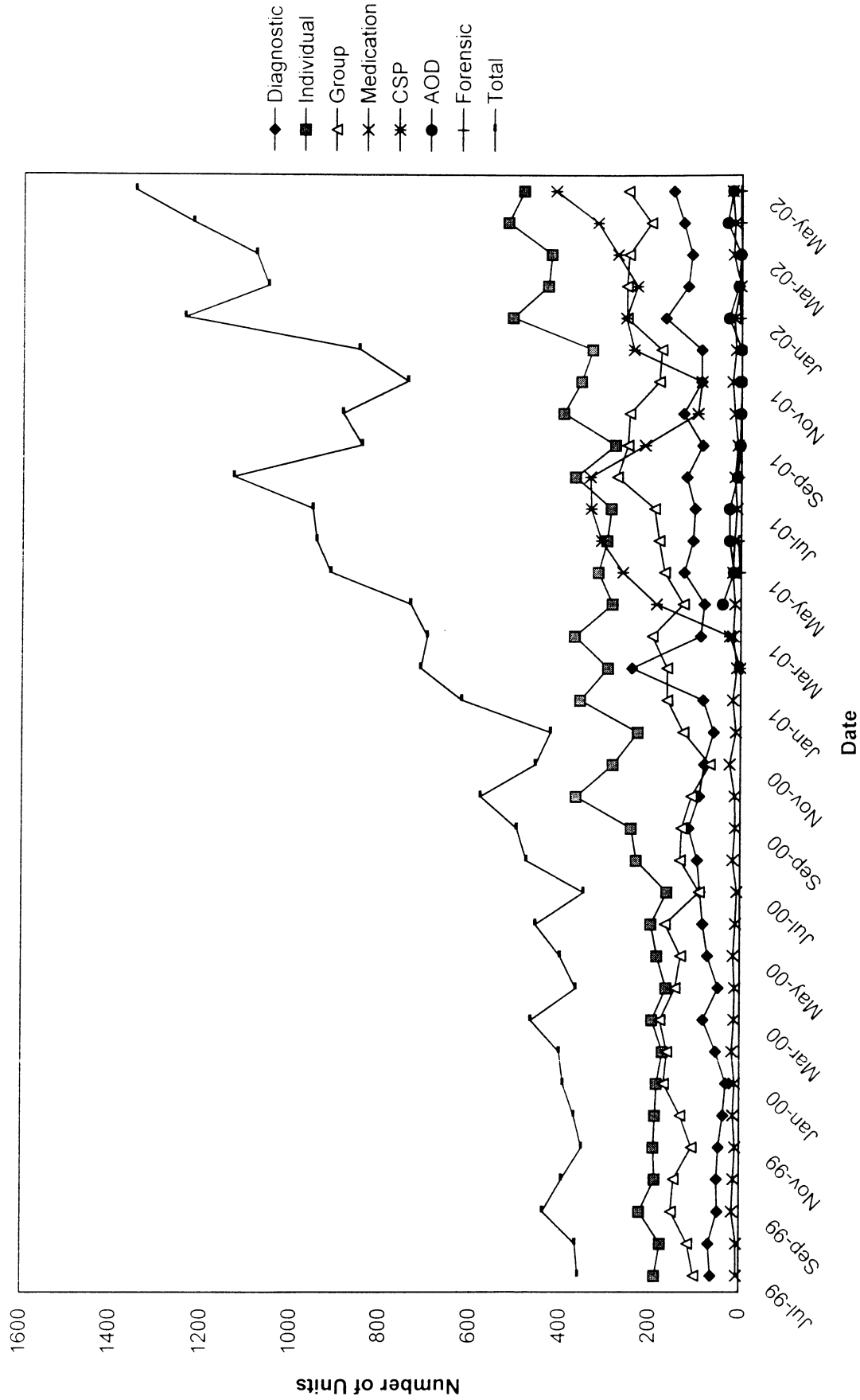
FY 00/01/02 No Show Rate



Number of New Clients by Month FY 00/01/02



FY 00/01/02 Units of Service



PEER REVIEW		fail	Med Somatic	General	DA	CSP	AOD	Utilization	ISP
Dean Bachelor	98	87	Record incon.	Testing/ Health Assess.					Axis 11
Scott Craft	100	84	Education	Health assess.					
Cassie Dillie	98								
Steve Ford	100								
Joni Grimm	99								
Brad Hedges	99								
Chris Johnson	100	71						Did not receive service	Incomplete
Tonya Kraner	100	31	Education						
Stephanie Miller	93		Record incon.					Termination not address	None
Miriam Murray	99		Record incon.		75% of time				Update/suspend
Bonnie Pearse	99								Axis 11
Chris Ray	100	81	Freq. of contact					Length of service	
Robin Rippeth	100		Suspension						
Paula Roberts	93	67	Education						
Claire Robitaille	93		Education						Update
Kristin Taylor	98		Record incon.						
Susanne Wing	100								
Amanda Moore	45	Education		Health assess./Macsis	Referral				Update

RECORDS COMPLETE/ENES: Missing or Incomplete Records

	May-02	Pass	Fail	Med Card	ISP	Notes	Health Asses	Signatures Missing	Forms	Billing Record
Dean Bachelor	91				update					no match
Scott Craft	89				initial date	missing	review	ROI/POA	Suspension	
Cassie Dillie	93	missing					review	Auth/ROI		no match
Steve Ford	95	missing								
Joni Grimm	100									
Brad Hedges	99									
Chris Johnson	81	missing				missing	sign. Needed	Client rights/auth/POA		no match
Tonya Kraner	100									
Stephanie Miller	77				incomplete			POA	Fee agreement/auth. Referral	
Miriam Murray	91	missing			update	missing			Referral CSP & AOD	no match
Bonnie Pearse	99	missing								
Chris Ray	85					missing	review			
Robin Rippeth	95	missing				missing			Blanks on psychosocial	
Paula Roberts	96				incomplete		review			no match
Claire Robitaille	98	missing						Fee agreement	POA/Suspension	no match
Kristin Taylor	86	missing			initial date					
Susanne Wing	97	missing			update		review			no match
Amanda Moore	57	missing			update				Macsis/Referral Dr & CSP	