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ANNUAL QUALITY ASSURANCE REPORT

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

FROM: Shawna Watts, MBA *Shawna Watts*
Quality Assurance Coordinator

SUBJECT: Quality Assurance Activities Fiscal Year 2003

SUBMITTED: October 28, 2003

MAJOR UNUSUAL INCIDENTS

There were six major unusual incidents during fiscal year 2003, an increase from none in fiscal year 2002. The MUI's that occurred include one medical emergency, one abuse/neglect, one suicide attempt, two assault of staff by a client, and one assault of another party by a client. The police were involved in all three assault incidents. The medical emergency and suicide attempt were reported to the ADAMH Board within twenty-four hours. The abuse/neglect MUI was alleged misconduct by an agency employee. This incident was reported to Children Services in Scioto County for investigation and was found to be unsubstantiated. There was some confusion as to which board should be notified of the incident, so the MUI was not reported within the twenty-four hour time frame, but was reported to the Adams-Lawrence-Scioto Counties ADAMHS board. The number of MUI's are increasing, perhaps due to an increase in the total volume of services rendered and perhaps due to the type of clients being services. This trend will be monitored over time.

TRANFERS FROM STATE HOSPITALS

There were three transfer to a state psychiatric hospital this year, an increase from none in fiscal year 2002. There were nineteen clients who were hospitalized for psychiatric care in community hospitals, an increase from six in fiscal year 2002. This increase in the number of clients being referred for hospital care may be due to an increase in the number of clients being seen at the agency and higher proportions of severely mentally disabled client's.

Clients are still receiving scheduled appointments within the appropriate time frame following discharge from hospital care when the agency is notified of the clients discharge and they can be reached for follow-up care.



PLANT/PHYSICAL HEALTH AND SAFETY

There were no health and safety issues during the past two years.

RECORDS COMPLETENESS REVIEW

An average of fifty-three percent of clinicians are meeting the 95% threshold for records completeness reviews in the past twelve months. This is down twelve percent from last fiscal year. Increases in billing errors, missing forms, notes, paperwork, and signatures seem to have contributed to the drop in clinicians passing records review. This drop may also be a function of more stringent review through the QA process.

PEER REVIEW

An average of seventy-nine percent of clinicians are meeting the 90% threshold for peer review, which is consistent with last fiscal year. There was very little change in any of the issues that are tracked for peer review.

UTILIZATION REVIEW

There were a total of 845 new clients to the MOPS General Program during the year. Sixty-four percent of the new clients for the MOPS General Program were from Fairfield County.

There were a total of 17,286 units of service rendered in the agency for this fiscal year. The chart below shows a 3 year comparison of core services. This chart shows the trend of agency growth that has occurred due to expansion into AOD services and case management services. There was a large increase in individual counseling due to the agency's expansion into the Juvenile Court and also an overall increase in the demand for services. There were slight decreases in diagnostic assessment and group counseling. The decrease in diagnostic assessments may be attributed to an effort to stabilize the growth of the agency. The decrease in group counseling may be attributed to funding changes that resulted in the cancellation of groups. There was an increase in medication/somatic services secondary to an increase in capacity with Dr. Snyder.

Service Area	FY 2001	FY 2002	FY 2003
Diagnostic Assessment	1258	1393	1368
Individual Counseling	3441	4854	7085
Group Counseling	1658	2751	2327
CSP	787*	3164	5800
Medication/Somatic	170	187	332
AOD Group	83*	154	268
Total Units	7,397	12,503	17,180

* CSP and AOD Group Services began around April 2001

AOD PROGRAM REVIEW

There were an average of 6 women utilizing the AOD Women's during the year. There is an average attendance rate of 61% for the members of this group. In January of 2003, the mens AOD group was disbanded due to a lack of participants. The clients from the male group continued to address their AOD issues in individual counseling.

It should also be noted that the agency was granted full re-certification of it's AOD program by the Ohio Department of Alcohol and Drug Addition Services (ODADAS) during the fourth quarter. The certification is valid until May 2006.

As part of the ODADAS certification, there were many additions to the policies and procedures for the agency including: a sexual harrasment policy, a standards of acceptable behavior policy for clinical staff, a nepotism policy, procedures for waitlist management, and satisfaction survey procedures.

In addition, AOD program staff received training for CPR and Crisis Intervention.

INVOLUNTARY TERMINATIONS

There were no involuntary terminations during the year.

REVIEW OF WAITING LIST

MOPS does not maintain a waiting list, clients continue to be scheduled in the next available time slot as they request service. The chart below shows the annual breakdown for the average number of days that lapsed between a person's telephone intake and initial session. Also included is the most frequent number of days a client waited.

	Prior to 2000	2000	2001	2002	2003
Average Mean Wait	26.14	20.43	24.45	32.36	28.51
Most Frequent Modal Wait Time	19	15	19	22	19

GENERAL COMMENTS

The overall QA process was improved during the year due to restructuring of some of the QA processes and correction of some inconsistencies in some of the reports used to collect QA data. The Administrative Coordinator was assigned as QA Coordinator to improve the timeliness of the QA process.

Clinicians are being reminded to complete corrective actions required if they are not done by the deadline assigned. A sample of corrections is being made to ensure that clinicians are completing the corrections that are needed.

Monthly QA meetings were resumed in order to increase the coordination of the QA process. Meetings are used to discuss problems that are consistently arising or questions that clinicians are asking, as well as to check the progress of the overall process.

The QA report has been revised to include an agency service budget that summarizes where the agency's monthly and YTD services rendered compare to what was budgeted for Fairfield County Medicaid and the entire agency budget.

Quarterly reports are being used more to identify trends and to identify if there are issues that can be corrected through management intervention.

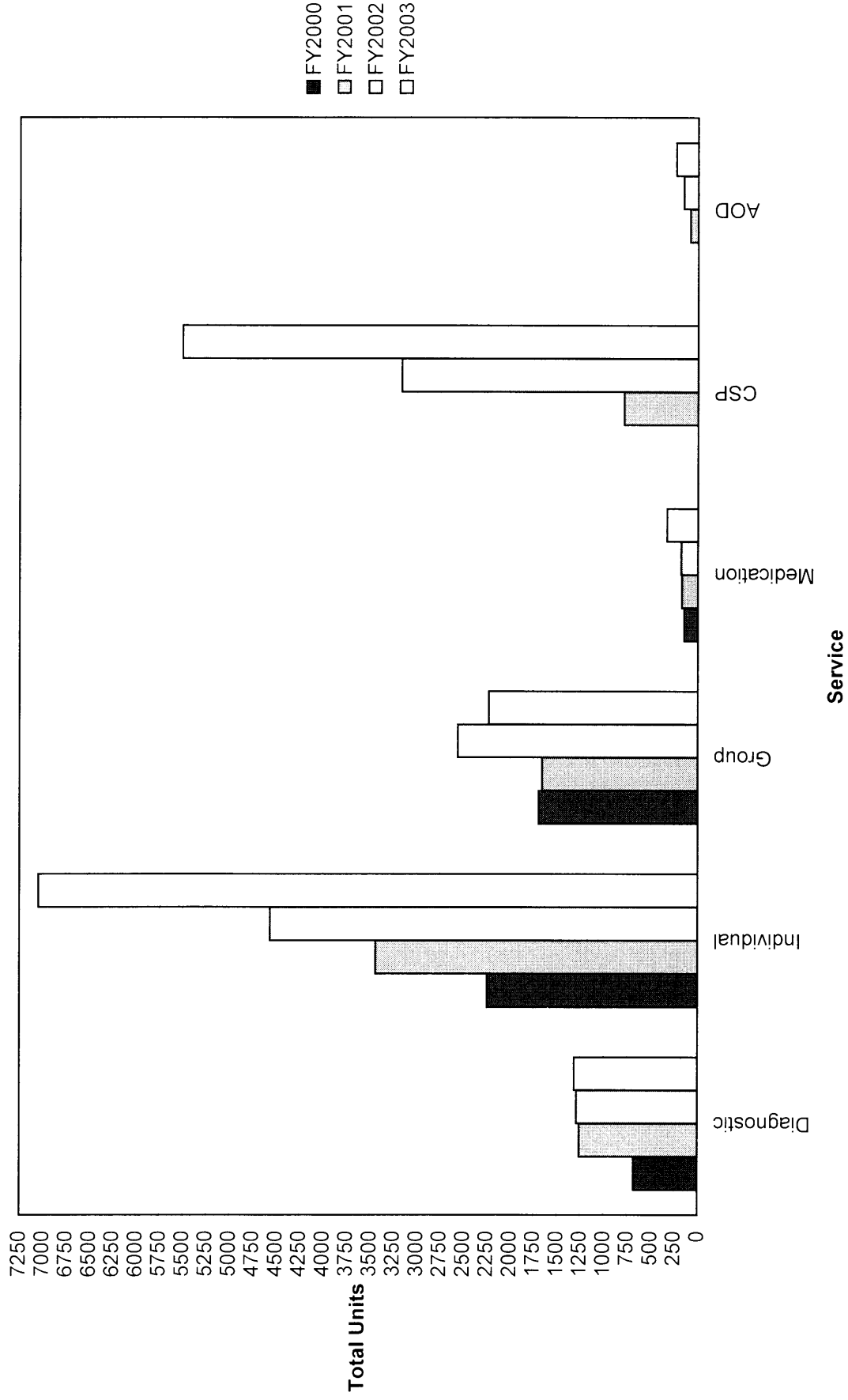
CLIENT RIGHTS AND GRIEVANCES

There was one verbal client grievance made by client 00101201 in June. There was a misunderstanding between what a client perceived the clinician to say and what the clinician was meaning when the statement was made. The client and clinician resolved this by clarifying the information. No other client grievances were filed during this fiscal year.

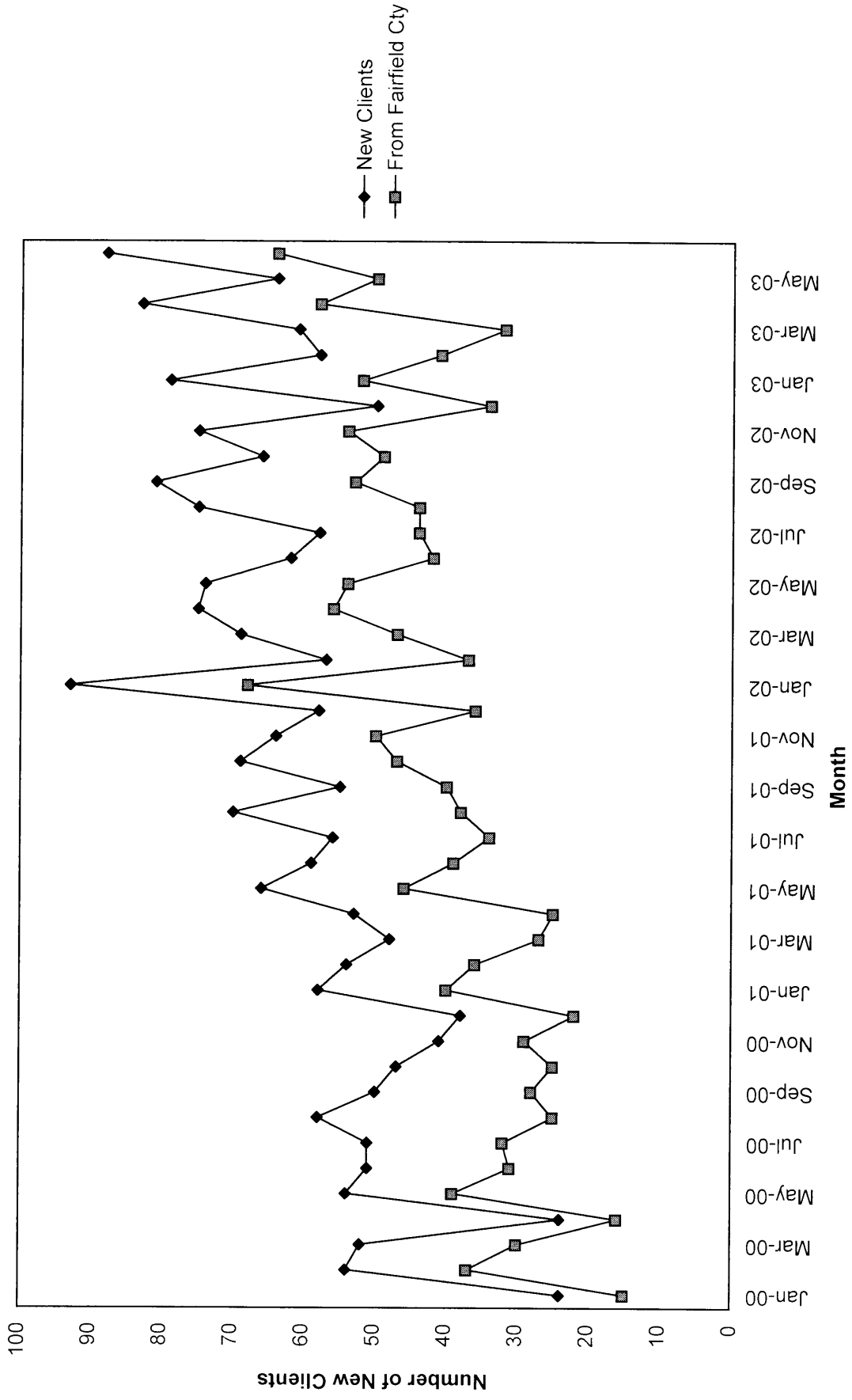
Agency Services Budget

	Fiscal Year End Provided		Fiscal Year End Budgeted		Variance between Budgeted and Provided	
	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid
Diagnostic/ Assessment	1368.20 \$184,707	727.1 \$98,159	845 \$114,075	650 \$87,750	\$70,632 over	\$10,409 over
Individual Counseling	7085.41 \$637,687	4321.6 \$388,944	2951 \$265,590	2270 \$204,300	\$372,097 over	\$184,644 over
CSP	5799.80 \$376,987	4711.9 \$306,274	6760 \$439,400	5200 \$338,000	\$62,413 under	\$31,726 under
Group	2327.70 \$91,898	737.5 \$29,117	1105 \$43,625	850 \$33,558	\$48,273 over	\$4,441 under
Medication	331.50 \$68,309	258.2 \$53,205	327 \$67,381	252 \$51,927	\$928 over	\$1,278 over
AOD Assessment	0 \$0	0 \$0	140 \$13,474	108 \$10,394	\$13,474 under	\$10,394 under
AOD Individual	1 \$87	1 \$87	338 \$29,497	260 \$22,690	\$29,410 under	\$22,603 under
AOD CSP	0 \$0	0 \$0	0 \$0	0 \$0	\$0	\$0
AOD Group	268.10 \$10,209	194.0 \$7,388	1014 \$38,613	780 \$29,702	\$28,404 under	\$22,314 under
Jail Based	1,040 \$36,414	N/A	1,040 \$36,414	N/A	0	N/A
Court Diversion	1,040 \$36,414	N/A	1,040 \$36,414	N/A	0	N/A
Sum \$	\$1,442,712	\$883,174	\$1,084,483	\$778,321	\$358,229 over	\$109,294 over

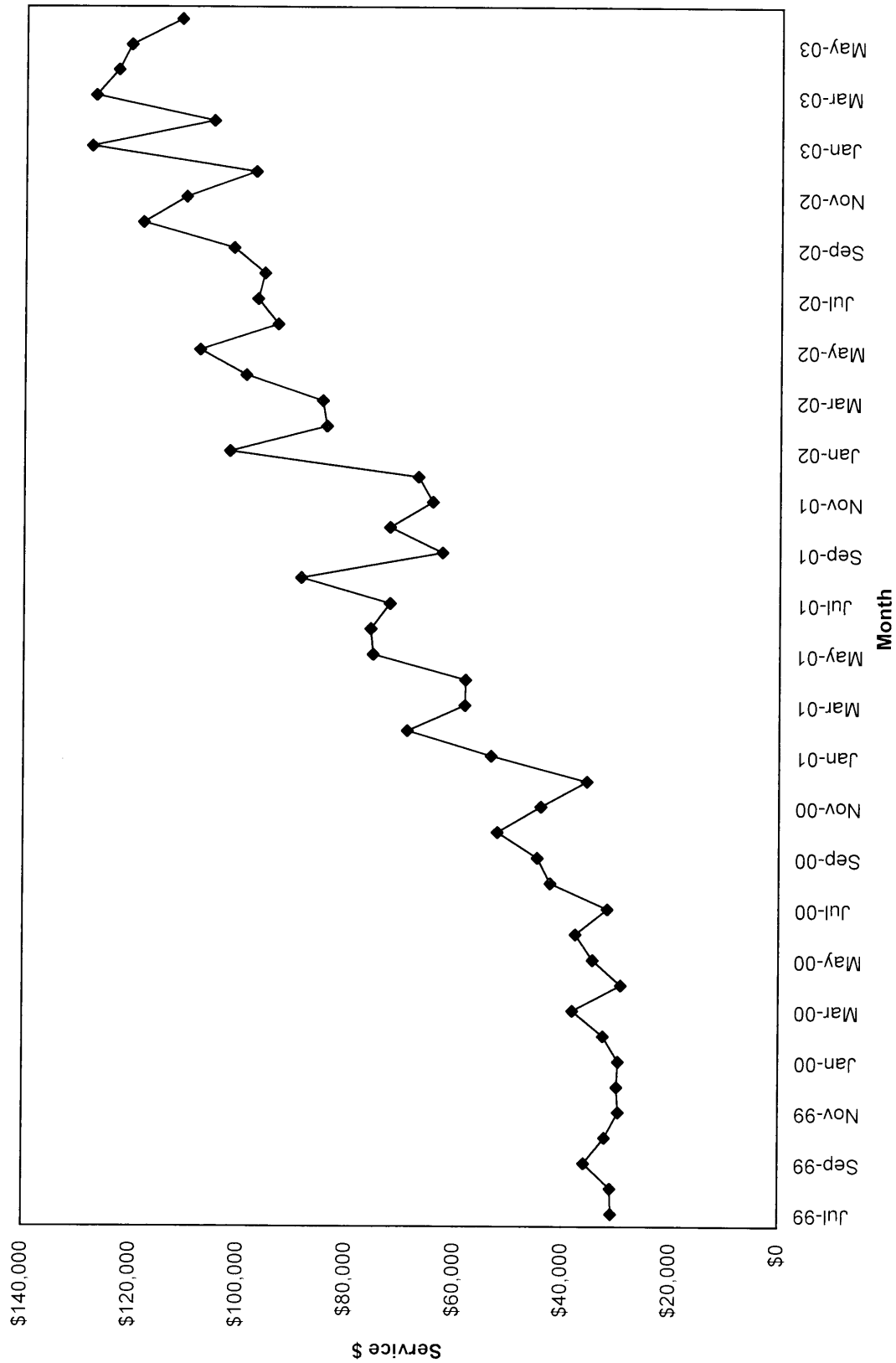
Comparison of Annual Total Units of Service



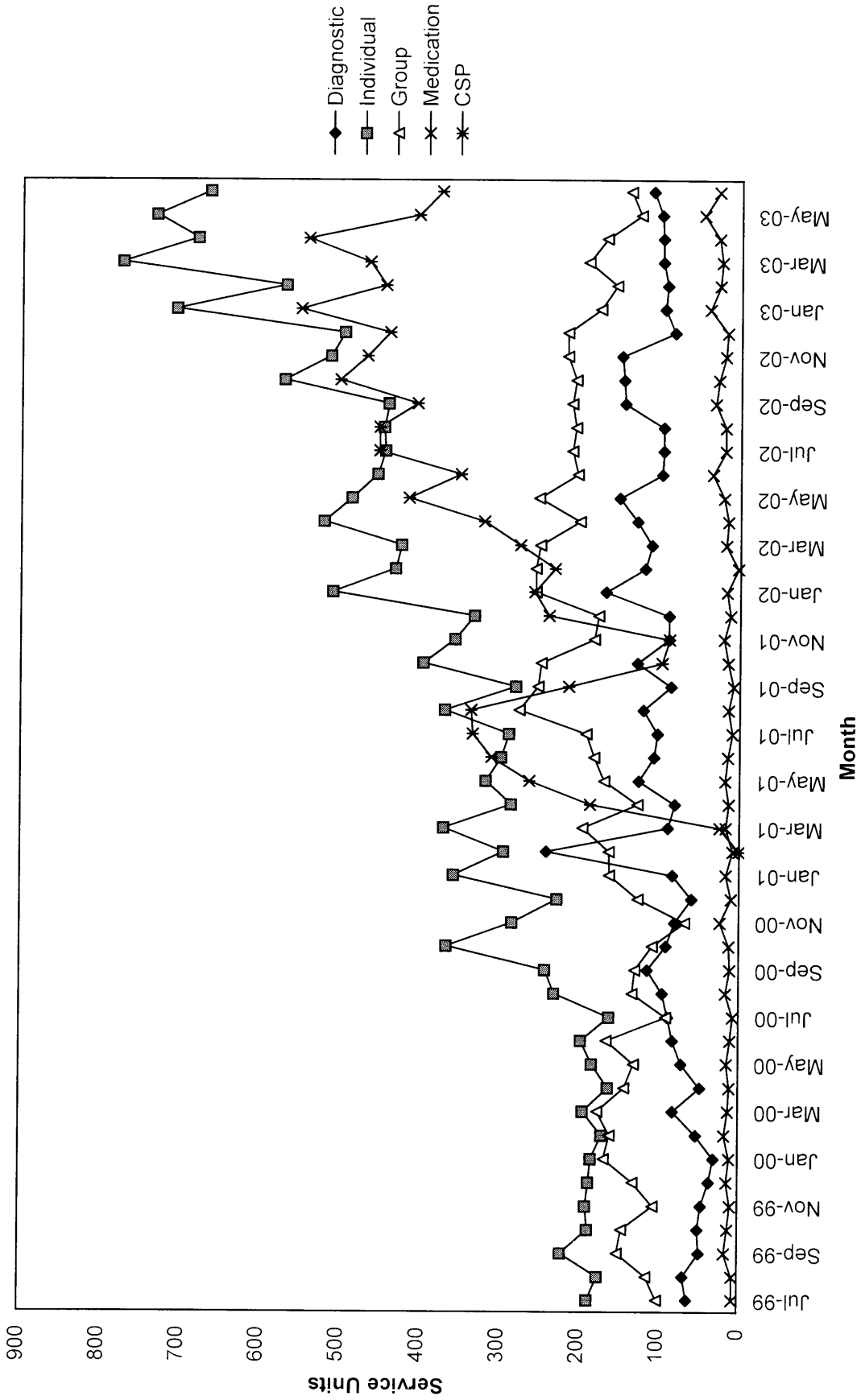
New Clients



Total Monthly \$'s of Service



Units of Service



Compliance Review

