

**IV: RECORDS COMPLETENESS REVIEW (March)**

Clinicians	% Compliance With Standard	Chart Included AOD Services	Chart Included CSP Services
Dr. Brad Hedges	100	NO	NO
Dr. Robin Rippeth*	93	NO	YES
Dr. Chris Ray	99	NO	YES
Tonya Kraner*	89	NO	NO
Dr. Scott Craft	100	NO	NO
Dean Bachelor*	71	NO	NO
Claire Robitaille	99	NO	NO
Joni Grim	98	NO	YES
Chris Johnson*	92	NO	NO
Steve Ford	95	NO	YES
Amanda Moore	96	NO	YES
Joe Dunson	99	NO	YES
Mike Selegue	96	NO	NO
Karis Mason	99	NO	NO
Jodi Frazier	95	NO	YES
A.J. Bierly	97	NO	YES
Kelly Kleimeyer	99	NO	YES
Rick Gehlbach	97	NO	NO
Dawn McCoy*	93	NO	YES
Misty Coleman	99	NO	NO
Bonnie Pearse	100	YES	NO
Leasa Mowery*	91	NO	NO
Hugh Boggs**	N/A	NO	NO
Tricia Ostrander*	94	NO	NO
Adrienne Harris	96	NO	NO
Paula Moreland*	90	NO	NO

\*Denotes that the clinician did not meet the target threshold of 95% compliance with the standards.

\*\* No charts were reviewed for this period due to therapist only having one active client.

Twenty-two percent of the clinicians did not meet the 95% threshold for the record review.

Reasons that clinicians did not meet the threshold and the percentage of records reviewed is as follows:

- Forty-four percent of the records reviewed were missing a copy of the current medical card.
- Nineteen 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 19% of the clinicians.
- In twenty-two percent of the records reviewed there was at least one session recorded that did not match the billing record.

- Sixteen percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Six percent of the records reviewed did not have a reviewed health assessment.
- Fourteen percent of clinicians were missing case notes for billed services.

#### V: PEER REVIEW (March)

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Dr. Brad Hedges	100	NO	NO
Dr. Chris Ray	95	NO	YES
Dr. Robin Rippeth	93	NO	YES
Tonya Kraner*	80	NO	NO
Steve Ford	100	NO	YES
Mike Selegue*	82	NO	NO
Joni Grim	99	NO	YES
Dr. Scott Craft	100	NO	NO
Chris Johnson	91	NO	YES
Claire Robitaille	97	NO	NO
Kelly Kleimeyer	99	NO	YES
Bonnie Pearse*	87	NO	NO
Dawn McCoy	93	NO	YES
Dean Bachelor*	31	NO	NO
Misty Coleman	100	NO	NO
Rick Gehlbach	94	NO	NO
Joe Dunson	100	NO	YES
Karis Mason	99	NO	NO
A.J. Bierly	99	NO	YES
Jodi Frazier	96	NO	YES
Amanda Moore*	82	NO	YES
Leasa Mowery*	87	NO	NO
Hugh Boggs**	N/A	NO	NO
Tricia Ostrander	100	NO	NO
Adrienne Harris	100	NO	NO
Paula Moreland*	86	NO	NO

\*Denotes that the clinician did not meet the target threshold of 90% compliance with the standards.

\*\* No charts were reviewed for this period due to therapist only having one active client.

Seventy-eight percent of the clinicians met the 90% threshold for peer review for the month of May.

- Thirty-eight percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals.
- Twenty-five 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	Number of Clients Assigned	Number of Clients Seen	Average Number of Contacts Per Client Seen
Dean Bachelor	14	7	2.1
Dr. Brad Hedges	62	15	1.2
Dr. Chris Ray	84	34	1.2
Tonya Kraner	29	15	1.4
Dr. Robin Rippeth	32	19	1.4
Dawn McCoy	80	55	1.8
Dr. Scott Craft	77	22	1.5
Steve Ford	67	54	1.9
Bonnie Pearse	92	54	2.4
Joni Grim	68	35	2.7
Chris Johnson	126	22	1.8
Claire Robitaille	55	38	1.6
Rick Gehlbach	62	48	2
Mike Selegue	90	49	1.7
Kelly Kleimeyer	50	40	3.4
Joe Dunson	28	20	5.1
Misty Coleman	69	39	1.9
A.J. Bierly	29	20	5.1
Jodi Frazier	34	26	3.7
Amanda Moore	35	22	6.6
Tricia Ostrander	29	13	1.2
Leasa Mowery	5	5	2.0
Paula Moreland	45	34	2.3
Karis Mason	20	17	2.0
Adrienne Harris	30	20	1.5
Hugh Boggs*	N/A	N/A	N/A

\*Clinician did not see any clients.

The No Show rate for May was 19%. When considering both the no show rate and the cancellation rate, this figure is 31%.

**VII: AOD UTILIZATION REVIEW**

AOD Women’s Group sessions in the month of May showed that the average attendance at each session was 38%. Overall, three women utilized the AOD Women’s Group during the month of May and attended an average of 1 of 4 sessions.

Sessions Offered	05/03/04	05/10/04	05/17/04	05/24/04	05/31/2004
4 Females	3	0*	2	1	Holiday

\*Group Members Did Not Attend Group

### **VIII: INVOLUNTARY TERMINATIONS**

No involuntary terminations were conducted during the month of May 2004.

### **IX: PROFESSIONAL STAFF ORGANIZATION**

The clinical staff maintains current licensure requirements. The following clinicians attended workshops during the month of May.

<b>Clinician</b>	<b>Workshop Name</b>	<b>Dates Attended</b>	<b># of CEU's</b>
Adrienne Harris	Diagnosis in Substance Abuse	Spring Qtr	2
Tonya Kraner	Juvenile Fire setters Conference	5/12-13/2004	Unknown
Joe Dunson	Mental Health Court Seminar	5/20/2004	0
Bonnie Pearse	Impact of Chemical Dependency	5/21/2004	3

### **X: REVIEW OF WAITING LIST**

There were a total of 98 new clients seen in the MOPS General Program enrollment for the month of May. Sixty percent of these new clients were from Fairfield County. The total number of clients seen in the month of May 2004 was 723.

### **XI: REVIEW OF SERVICES UNDER CONTRACT**

Currently no services are provided under contract to this agency.

### **XII: FOCUSED REVIEW AREA**

The focused area of review for the month of May was to review and revise the overall goals and objectives of the QA plan, review the achievement of accepted professional standards of practice, review the resolution of identified problems, assess the efficiency of the QA activities, review the adequacy of corrective actions, and review methods for improving the service delivery system.

**QA Plan goals and objectives-** The following goals and objectives were developed by the QA Committee to provide a focus on what it is that the committee should be achieving through its processes for the agency.

## QA GOALS AND OBJECTIVES

**Goal:** Meet State requirements

**Objectives:** Clinicians, and other agency staff as applicable, must consistently complete documentation that is required by this agency, the State and the accrediting agencies that this agency is associated with.

**Goal:** Continuing Education

**Objectives:** Clinicians must continue to meet the standards of the State toward maintaining their licensure, developing competencies, and improving the quality of care for our clients.

**Goal:** Clinical Accountability

**Objectives:** Quality Assurance staff will work with clinician's to make sure that they are providing a thorough assessment, accurate diagnoses, and services that are consistent with the philosophies and standards of this agency and the state of Ohio.

**Goal:** Provide feedback about utilization of services

**Objectives:** QA staff will develop an understanding of what services are sought at this agency, how these services are accessed, if these services meet the needs of our clients, what other services are needed, are we attempting to meet the needs of our clients when we don't have the available service (if so how?), and what external services are we as an agency utilizing and what external services are our clients utilizing.

**Goal:** Ensure a safe environment free of hazards for staff and clients

**Objectives:** QA staff will conduct monthly physical plant inspections, quarterly fire drills, and monitor MUI's to provide re-education or preventative training to avoid future incidents.

**Review the achievement of accepted professional standards of practice-** This area is addressed by the Peer Review Process. This process has been addressed in many QA meetings and as a result, the Peer Review forms were revised, an area was added to the QA Review Corrections Letter to address Peer Review, and many discussions have been held with reviewers to clarify what they should be looking for during a Peer Review. In addition, the agency continues to track license expiration dates to ensure that all clinicians licenses are valid, CEU's are recorded on the Monthly Summary Forms, and malpractice insurance coverage is provided.

**Review resolution of identified problems-** Problems that are indicated within the QA process are first reviewed in the agency's QA meetings to determine what changes can be made within QA activities to address the agency's QA needs. In the case where a problem is created by an agency process, the process or documents related to the problem are modified, and the changes are communicated via email to all agency staff, with follow-up questions being resolved by the agency's Executive Director. For example within the past few months the agency's policies and procedures for QA have been completely reorganized to reflect how the QA process is carried out within the agency due to confusion that the outdated policies and procedures were creating when QA staff was being trained.

Problems that are repeatedly identified in chart and peer reviews are also discussed within the meeting to resolve whether the problem is with a specific clinician's process or if it is an agency process that needs to be corrected. If the problem is indicated to be the result of a clinician's processes, then the issue is brought to the attention of the clinician's supervisor to be addressed and resolved. Some issues that have been discovered in the QA process, have included clinicians being reeducated on forms that have changed or processes that have changed that they were unaware of, this has resulted in fewer missing forms and mistakes within the charts. Additional issues that have been raised include ISP issues including rule out diagnosis being carried for too long and goals not being updated appropriately, these issues are currently being addressed, and improvement is expected.

**Assess the efficiency of QA activities-** QA activities have remained behind at times due to the amount of time needed to do the chart reviews for each clinician. To help in this area, the agency's clinical interns as well as two additional staff members have been trained to do QA chart reviews. This brings the agency to a total of six clinical staff to review charts. In addition to this, the way QA information is reported has changed. QA reports are now made with the previous month's information for all areas except Record and Peer Review. These areas are now reported, with two months elapsed to allow time for the review process to be completed. For example this month's report is May, however the chart reviews are for the month of March.

**Review the adequacy of corrective actions-** The QA Coordinator continues to remind clinicians to make corrections by email if corrections are not received by the due date. If corrections are still not received, the clinician's supervisor is notified. To follow-up on the corrective actions, 25% of files are reviewed to insure corrective actions were completed appropriately. Clinicians for the most part are now making all corrections that can be made for their charts. A section was added to the QA Review Letter to allow clinicians feedback if they could not correct the problem.

**Review methods for improving the service delivery system-** Feedback for improving services is addressed during staff meetings and the Friday Clinical Supervisors Meetings. In addition there will be a monthly Supervisory Staff Meeting that includes Clinical and Support Staff Supervisors.

**XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW**

No action needed.

**XIV: CLIENT RIGHTS AND GRIEVANCES**

There were no client rights or grievance issues for May 2004.

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

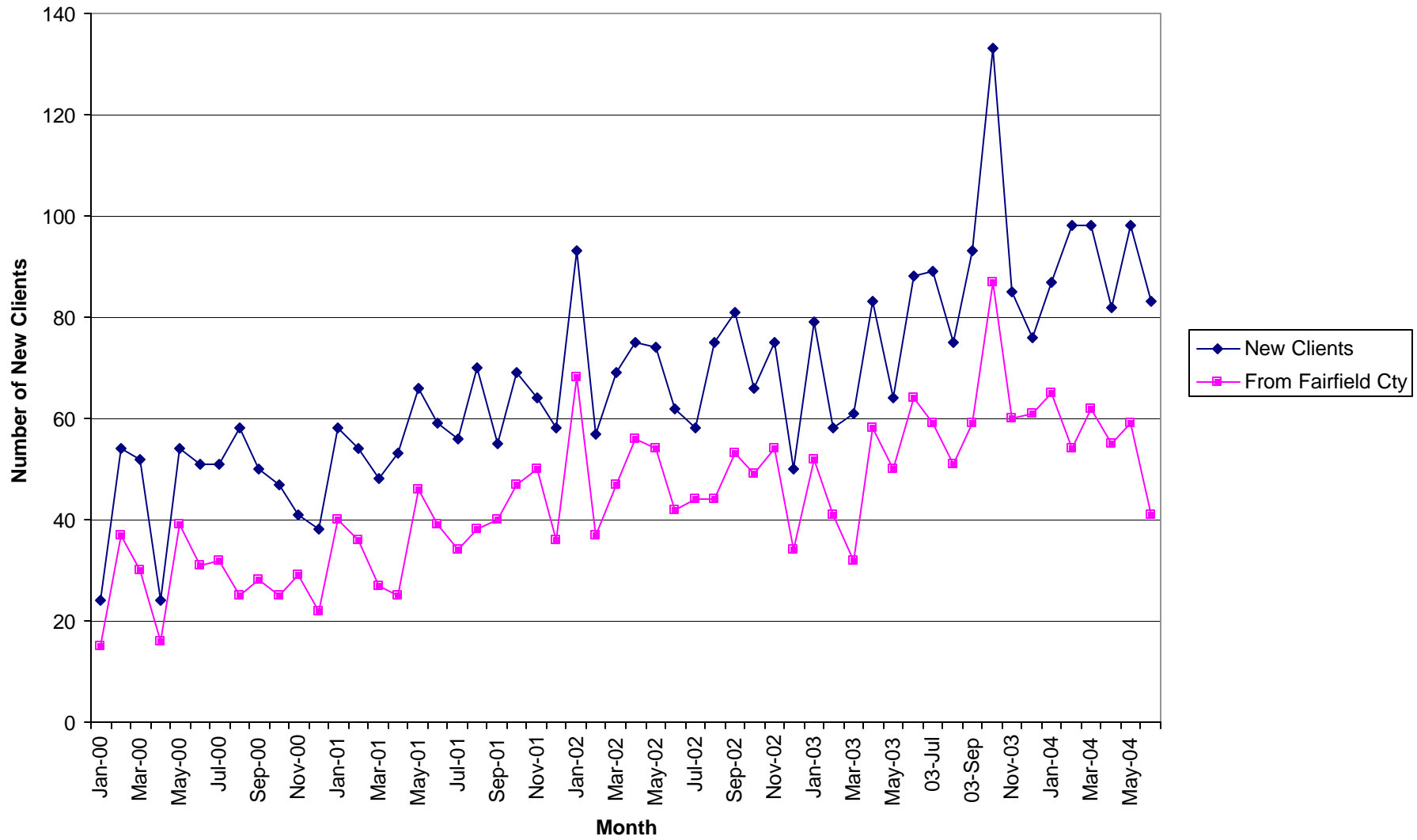
**Agency Service Budget Month of May 2004**

	Service Provided for Month		Budgeted for Month		Fiscal Y-T-D Provided		Fiscal Y-T-D Budgeted		Variance between Budgeted and Provided Y-T-D	
	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	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	101	70	108	54	1,626	875	1,188	594		
	\$13,077	\$9,047	\$14,039	\$7,019	\$211,364	\$113,741	\$154,428	\$77,214	\$56,936	\$36,527
Individual Counseling	814	500	458	183	8,766	5,422	5,039	2,013		
	\$73,251	\$45,036	\$41,220	\$16,470	\$788,940	\$487,980	\$453,510	\$181,170	\$335,430	\$306,810
Individual CSP	420	324	319	175	5,373	4,046	3,509	1,925		
	\$27,300	\$21,086	\$20,735	\$11,375	\$349,245	\$262,990	\$228,085	\$125,125	\$121,160	\$137,865
Group CSP	0	0	42	38	0	0	462	418		
	\$0	\$0	\$1,648	\$1,491	\$0	\$0	\$18,129	\$16,402	(\$1,648)	(\$16,402)
Group	140	48	104	67	1,562	562	1,144	737		
	\$5,519	\$1,887	\$4,106	\$2,645	\$61,668	\$22,188	\$45,165	\$29,097	\$16,503	(\$6,909)
Medication	43	34	42	19	544	348	730	209		
	\$8,861	\$6,903	\$8,655	\$3,915	\$112,097	\$71,709	\$150,424	\$43,067	(\$38,327)	\$28,642
AOD Assessment	0	0	1	0	2	2	11	0		
	\$0	\$0	\$96	\$0	\$192	\$192	\$1,059	\$0	(\$866)	\$192
AOD Individual	0	0	1	1	0	0	11	11		
	\$0	\$0	\$87	\$87	\$0	\$0	\$960	\$960	(\$960)	(\$960)
AOD Group	4	4	21	17	130	130	231	187		
	\$133	\$133	\$800	\$647	\$4,950	\$4,950	\$8,796	\$7,121	(\$3,846)	(\$2,171)
Jail Based	75	0	75	0	825	0	825	0		
	\$2,625	\$0	\$2,625	\$0	\$28,875	\$0	\$28,875	\$0	\$0	\$0
Court Diversion	100	0	100	0	1,100	0	1,100	0		
	\$3,500	\$0	\$3,500	\$0	\$38,500	\$0	\$38,500	\$0	\$0	\$0
<b>Sum \$</b>	<b>\$134,266</b>	<b>\$84,093</b>	<b>\$97,511</b>	<b>\$43,651</b>	<b>\$1,595,831</b>	<b>\$963,751</b>	<b>\$1,127,931</b>	<b>\$480,156</b>	<b>\$467,900</b>	<b>\$483,595</b>

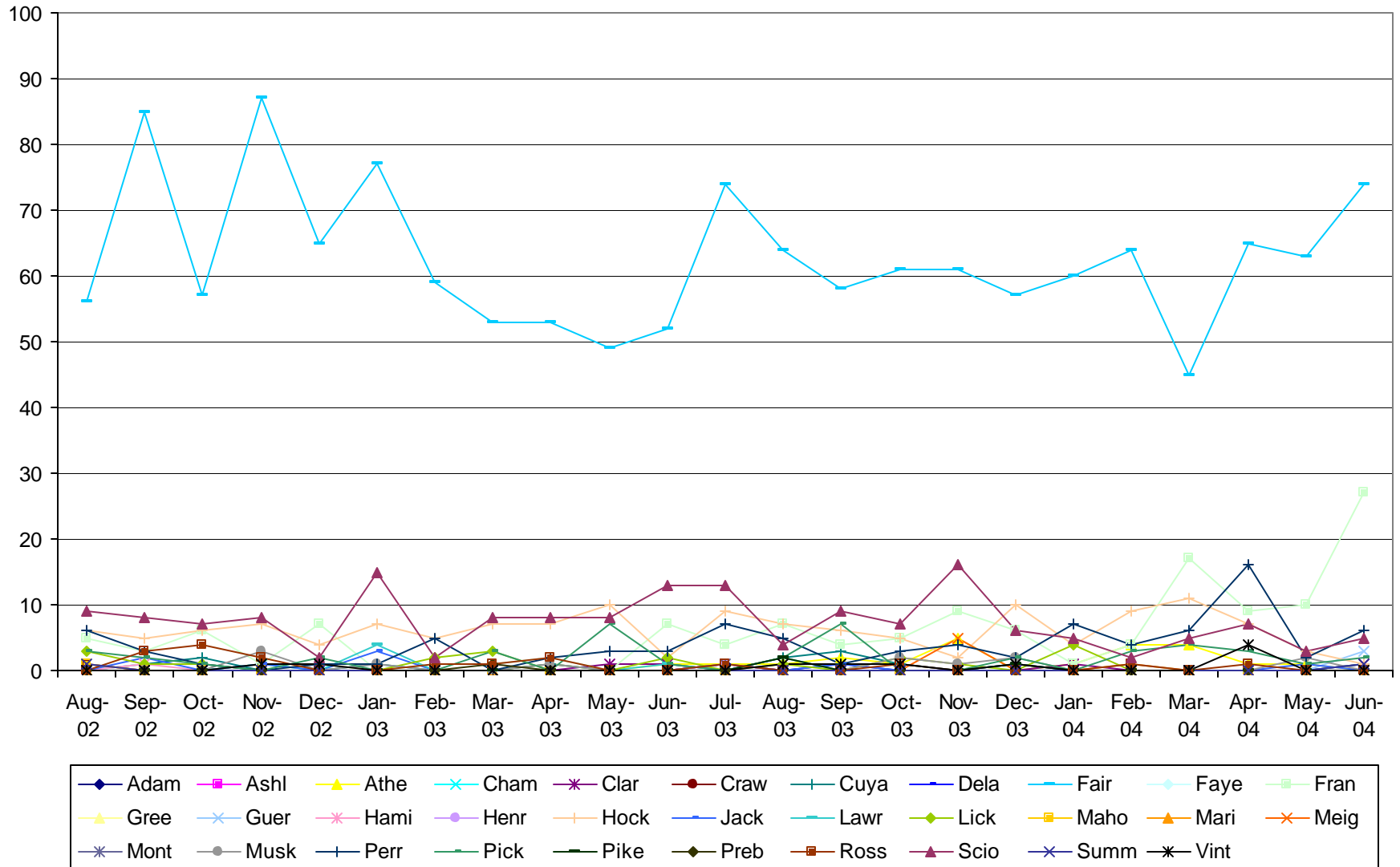
\* ( ) figures indicate that MOPS provided fewer services in this category than budgeted.

63% Percent of Services for Fairfield County  
 71% Percent Over Overall MOPS Budget  
 50% Percent Over Fairfield County Medicaid

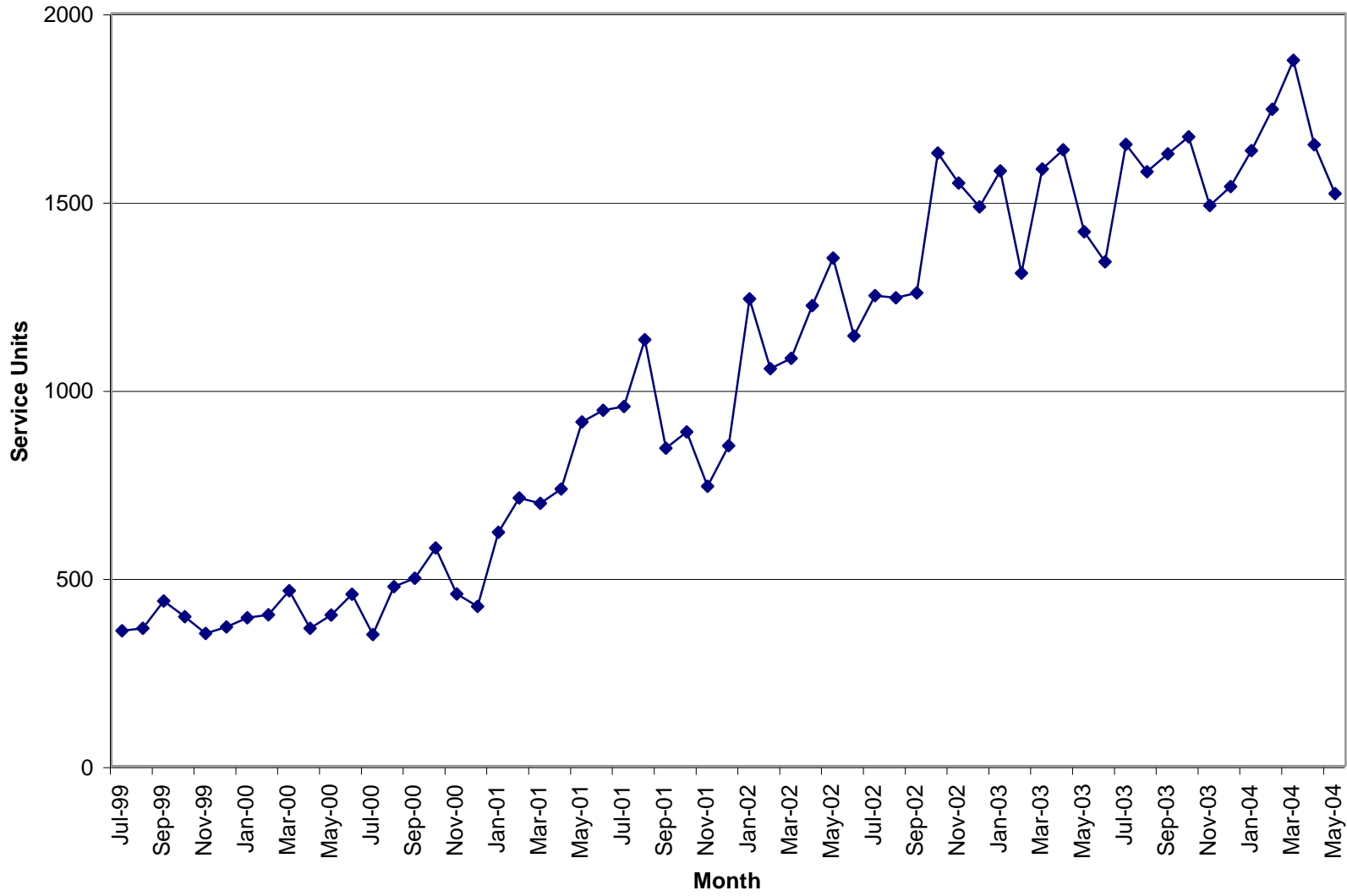
# New Clients



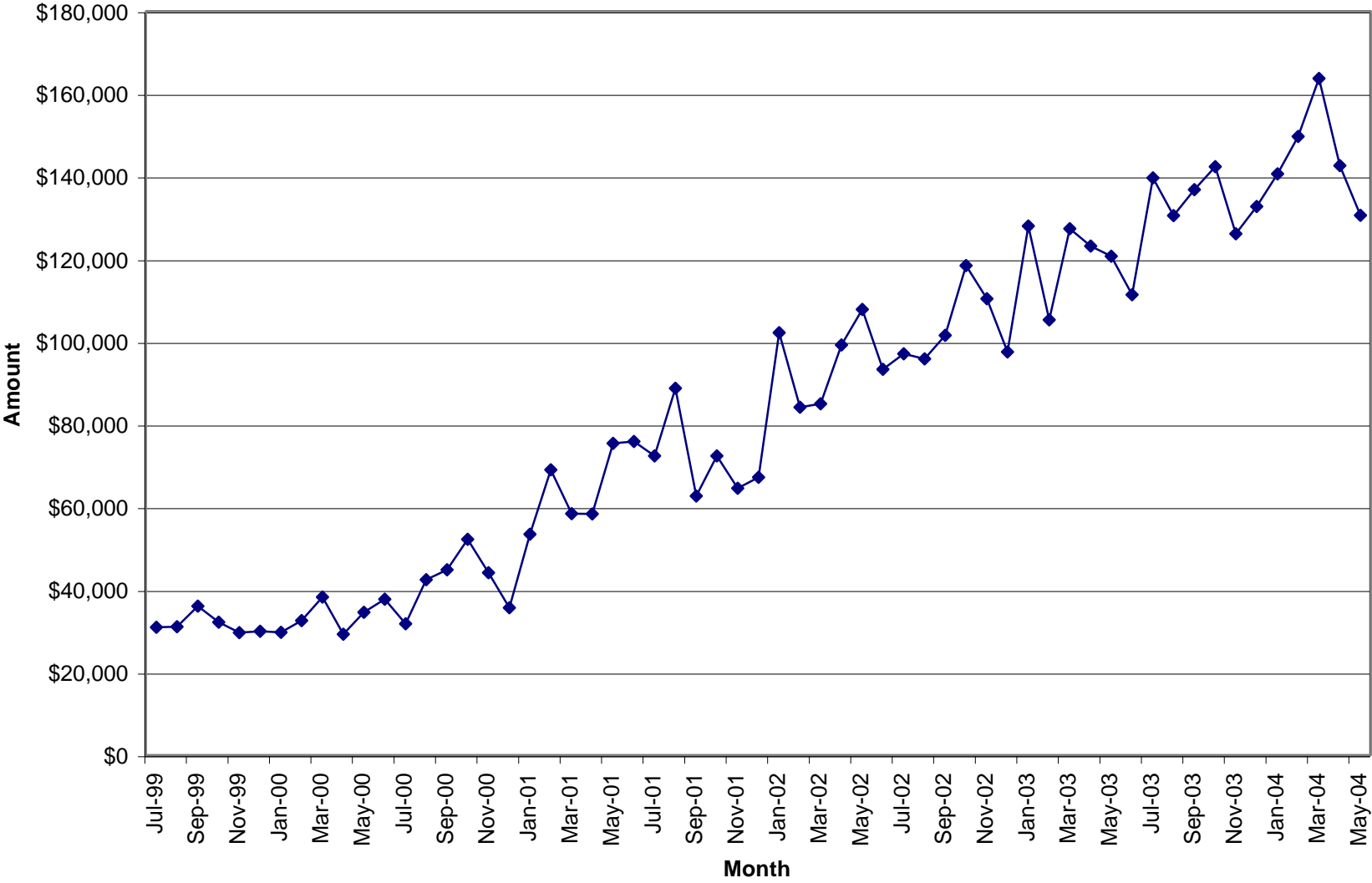
### Number of Intakes by County



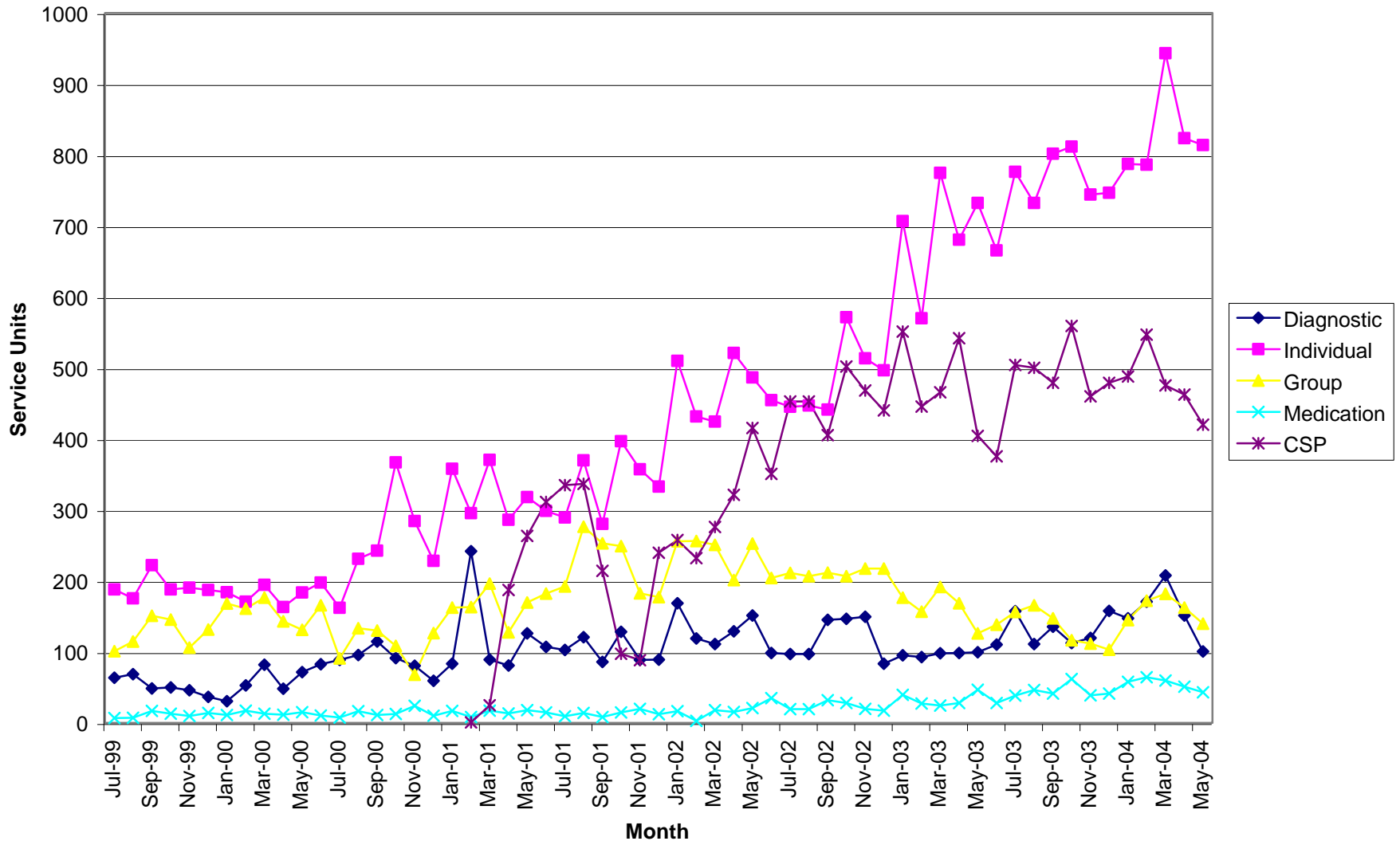
### Total Units of Service



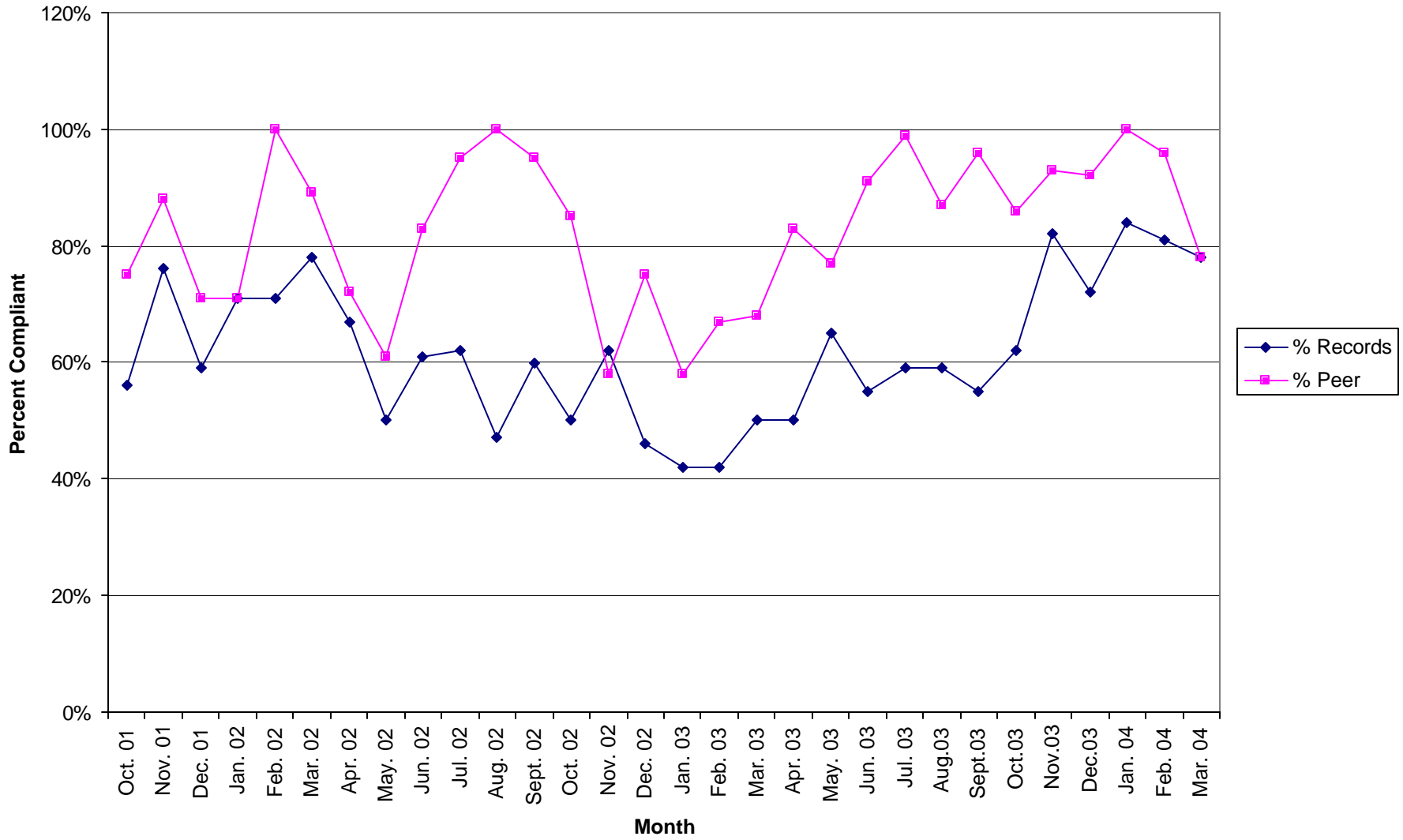
### Total Units \$



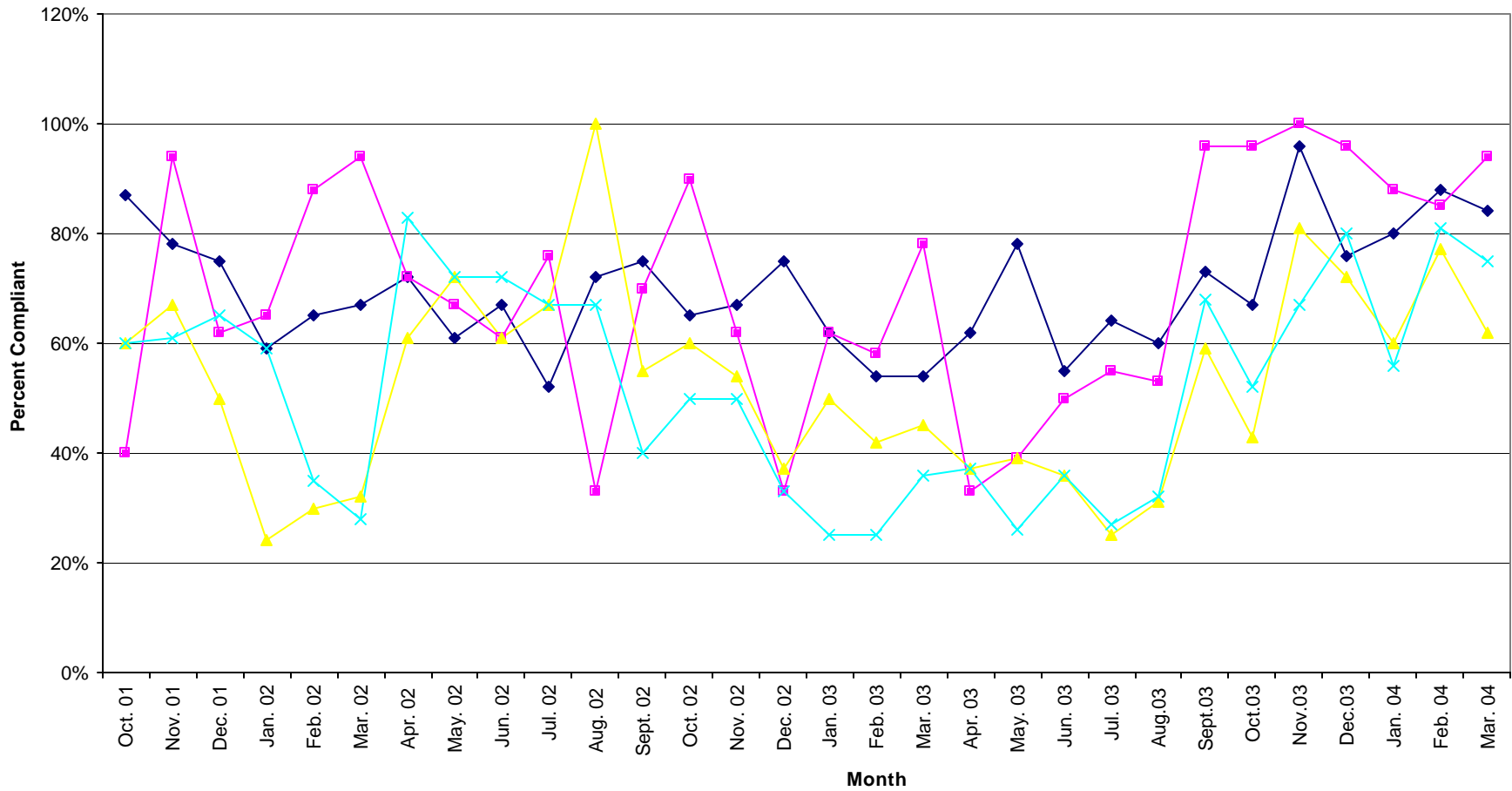
# Units of Service



# Compliance Review

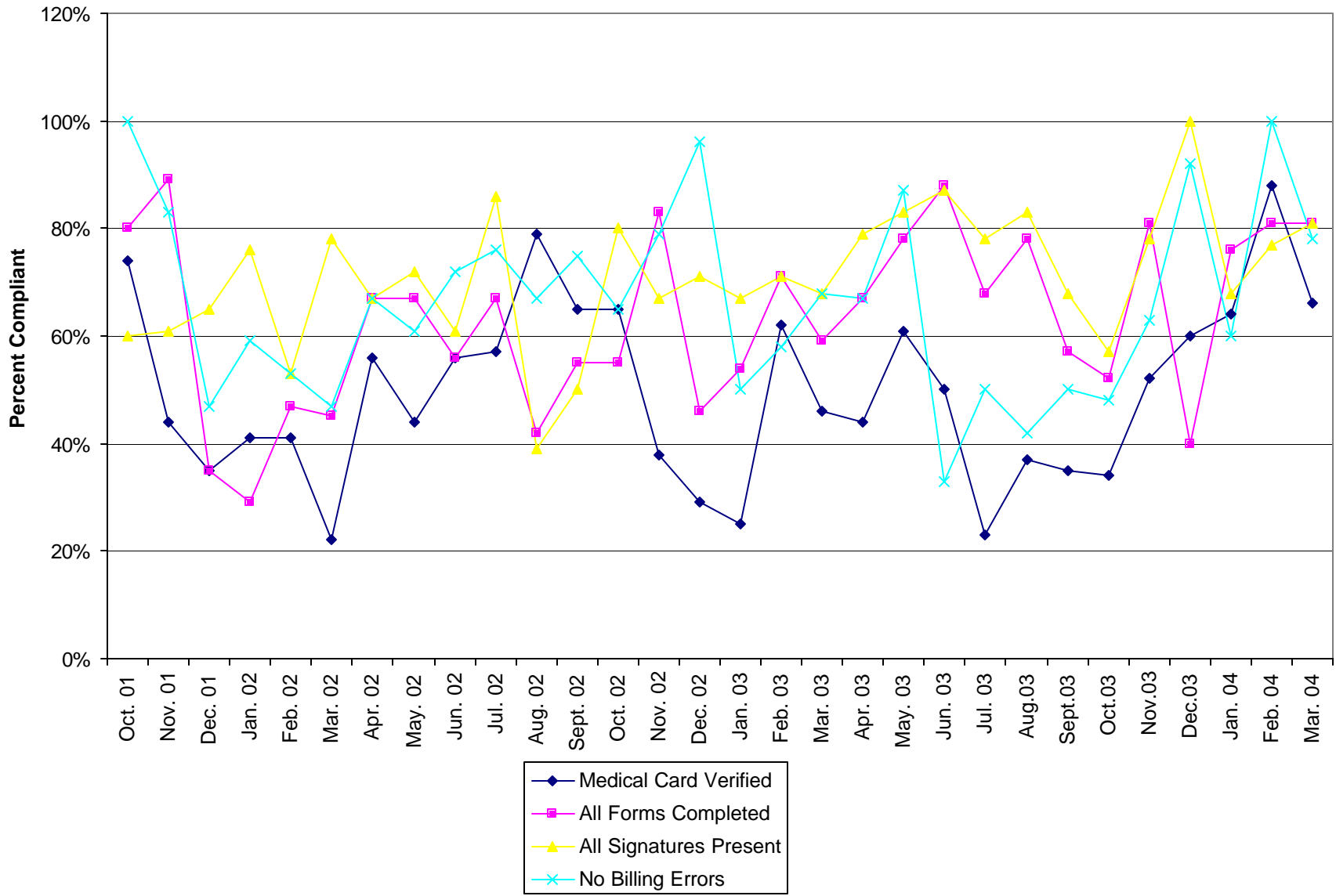


### Selected Record Review Issues



- ◆ ISP Completed and Updated
- Health Assessment Completed and Reviewed
- ▲ All Notes Present
- × Record Maintained Consistently

### Selected Record Review Issues



**% of Agency \$ Billed by Clinician**

May	2004		Weighted						
	DA	EVAL	IND	Group	CSP	MED	Other	Tot Units	% of Tot
Unit Rate	\$ 135	\$ 135	\$ 90	\$ 40	\$ 65	\$ 195	\$ 35		
Dean Bachelor	0.00	0.00	2.00	13.00	0.00	0.0	0.0		
	\$0	\$0	\$180	\$520	\$0	\$0	\$0	\$ 700.00	1%
A.J. Bierly	0.00	0.00	0.00	0.00	81.70	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$5,310.50	\$0.00	\$0.00	\$ 5,310.50	4%
Hugh Boggs	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -	0%
Misty Coleman	12.00	0.00	51.30	8.00	6.40	0.00	0.00		
	\$1,620.00	\$0.00	\$4,617.00	\$320.00	\$416.00	\$0.00	\$0.00	\$ 6,973.00	5%
Scott Craft	0.00	0.00	32.00	0.00	0.40	0.0	100.0		
	\$0.00	\$0.00	\$2,880.00	\$0.00	\$26.00	\$0.00	\$3,500.00	\$ 6,406.00	5%
Jodie Frazier	0.00	0.00	0.00	0.00	62.60	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$4,069.00	\$0.00	\$0.00	\$ 4,069.00	3%
Steve Ford	8.00	0.00	89.30	0.00	4.50	0.00	0.00		
	\$1,080.00	\$0.00	\$8,037.00	\$0.00	\$292.50	\$0.00	\$0.00	\$ 9,409.50	7%
Rick Gehlbach	5.80	0.00	60.70	12.00	4.00	0.00	0.00		
	\$783.00	\$0.00	\$5,463.00	\$480.00	\$260.00	\$0.00	\$0.00	\$ 6,986.00	5%
Joni Grim	15.70	0.00	46.40	51.30	2.10	0.00	0.00		
	\$2,119.50	\$0.00	\$4,176.00	\$2,052.00	\$136.50	\$0.00	\$0.00	\$ 8,484.00	6%
Adrienne Harris	0.00	0.00	27.00	24.00	0.00	0.00	0.00		
	\$0.00	\$0.00	\$2,430.00	\$960.00	\$0.00	\$0.00	\$0.00	\$ 3,390.00	2%
Brad Hedges	2.50	11.00	8.50	0.00	0.00	0.00	0.00		
	\$337.50	\$1,485.00	\$765.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 2,587.50	2%
Chris Johnson	0.00	0.00	31.10	6.00	0.00	0.00	75.00		
	\$0.00	\$0.00	\$2,799.00	\$240.00	\$0.00	\$0.00	\$2,625.00	\$ 5,664.00	4%
Kelly Kleimeyer	4.50	0.00	61.00	0.00	31.60	0.00	0.00		
	\$607.50	\$0.00	\$5,490.00	\$0.00	\$2,054.00	\$0.00	\$0.00	\$ 8,151.50	6%
Tonya Kraner	0.00	0.00	19.60	0.00	0.50	0.00	0.00		
	\$0.00	\$0.00	\$1,764.00	\$0.00	\$32.50	\$0.00	\$0.00	\$ 1,796.50	1%
Karis Mason	0.00	0.00	31.30	0.00	0.00	0.00	0.00		
	\$0.00	\$0.00	\$2,817.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 2,817.00	2%
Dawn McCoy	8.00	0.00	75.80	0.00	2.90	0.00	0.00		
	\$1,080.00	\$0.00	\$6,822.00	\$0.00	\$188.50	\$0.00	\$0.00	\$ 8,090.50	6%
Paula Moreland	3.00	0.00	19.10	0.00	32.60	0.0	0.0		
	\$405.00	\$0.00	\$1,719.00	\$0.00	\$2,119.00	\$0.00	\$0.00	\$ 4,243.00	3%
Leasa Mowery	4.00	0.00	6.60	0.00	0.00	0.0	0.0		
	\$540.00	\$0.00	\$594.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 1,134.00	1%
Tricia Ostrander	4.00	15.60	6.60	0.00	0.00	0.0	0.0		
	\$540.00	\$2,106.00	\$594.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 3,240.00	2%
Bonnie Pearse	0.00	0.00	82.10	25.50	14.80	0.00	0.00		
	\$0.00	\$0.00	\$7,389.00	\$1,020.00	\$962.00	\$0.00	\$0.00	\$ 9,371.00	7%
Chris Ray	12.70	2.80	25.70	0.00	0.00	0.00	0.00		
	\$1,714.50	\$378.00	\$2,313.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 4,405.50	3%
Robin Rippeth	8.40	0.00	16.90	0.00	0.50	0.00	0.00		
	\$1,134.00	\$0.00	\$1,521.00	\$0.00	\$32.50	\$0.00	\$0.00	\$ 2,687.50	2%
Claire Robitaille	3.50	0.00	56.80	0.00	0.00	0.00	0.00		
	\$472.50	\$0.00	\$5,112.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,584.50	4%
Mike Selegue	8.50	0.00	64.30	0.00	1.80	0.00	0.00		
	\$1,147.50	\$0.00	\$5,787.00	\$0.00	\$117.00	\$0.00	\$0.00	\$7,051.50	5%
Charles Snyder	0.00	0.00	0.00	0.00	0.00	43.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,385.00	\$0.00	\$8,385.00	6%
Amanda Moore	0.00	0.00	0.00	0.00	140.50	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$9,132.50	\$0.00	\$0.00	\$9,132.50	7%
Joe Dunson	0.00	0.00	0.00	0.00	56.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$3,640.00	\$0.00	\$0.00	\$3,640.00	3%
Sum Totals	\$13,581.00	\$3,969.00	\$73,269.00	\$5,592.00	\$28,788.50	\$8,385.00	\$6,125.00	\$139,709.50	

This chart represents the percentage of the total dollars billed by clinician in May 2004.

**Unit Production & Scheduling Proficiency by Clinician  
Mid Ohio Psychological Services**

May 2004

	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
<b>Unit Rate</b>			<b>135</b>	<b>135</b>	<b>90</b>	<b>40</b>	<b>65</b>	<b>195</b>	<b>35</b>								
Dean Bachelor	3	10	0.00		2.00	13.00	0.00			28.00	15.00	25.00	60%	11%	36%	46%	1%
A. J. Bierly*							81.70			81.70	81.70						5%
Hugh Boggs Jr					0.00					0.00	0.00	0.00	0%	0%	0%	0%	0%
Scott Craft	6	16	0.00	0.00	32.00	0.00	0.40		100.0	154.40	132.40	148.40	86%	4%	10%	14%	8%
Misty Coleman	21	15	12.00		51.30	8.00	6.40			113.70	77.70	92.70	68%	18%	13%	32%	5%
Steve Ford	4	24	8.00		89.30	0.00	4.50			129.80	101.80	125.80	78%	3%	18%	22%	6%
Jodie Frazier*							62.60			62.60	62.60						4%
Rick Gehlbach	11	34	5.80	0.00	60.70	12.00	4.00			127.50	82.50	116.50	65%	9%	27%	35%	5%
Joni Grim	11	21	15.70	0.00	46.40	51.30	2.10			147.50	115.50	136.50	78%	7%	14%	22%	7%
Adrienne Harris	16	36			27.00	24.00				103.00	51.00	87.00	50%	16%	35%	50%	3%
Brad Hedges	7	7	2.50	11.00	8.50					36.00	22.00	29.00	61%	19%	19%	39%	1%
Chris Johnson	15	24	0.00		31.10	6.00			75.0	151.10	112.10	136.10	74%	10%	16%	26%	7%
Tonya Kraner	9	7	0.00		19.60		0.50			36.10	20.10	27.10	56%	25%	19%	44%	1%
Karis Mason	6	8			31.10					45.10	31.10	39.10	69%	13%	18%	31%	2%
Dawn McCoy	19	24	8.00		75.80	0.00	2.90			129.70	86.70	110.70	67%	15%	19%	33%	5%
Paula Moreland	1	2	3.00		19.10		32.60			57.70	54.70	56.70	95%	2%	3%	5%	3%
Leasa Mowery			4.00		6.60					10.60	10.60	10.60	100%	0%	0%	0%	1%
Tricia Ostrander	6	8	4.00	15.60	6.60					40.20	26.20	34.20	65%	15%	20%	35%	2%
Bonnie Pearse	39	46	0.00		82.10	25.50	14.80			207.40	122.40	168.40	59%	19%	22%	41%	7%
Chris Ray	22	20	12.70	2.80	25.70		0.00			83.20	41.20	61.20	50%	26%	24%	50%	2%
Robin Rippeth	7	8	8.40	0.00	16.90		0.50			40.80	25.80	33.80	63%	17%	20%	37%	1%
Claire Robitaille	13	29	3.50		56.80					102.30	60.30	89.30	59%	13%	28%	41%	4%
Mike Selegue	18	50	8.50		64.30		1.80			142.60	74.60	124.60		13%	35%		4%
Charles Snyder	28	67						43.0		138.00	43.00	110.00	31%	20%	49%	69%	2%
Amanda Moore*							118.00			118.00	118.00						7%
Kelly Kleimeyer	0	0	4.50		61.00		31.60			97.10	97.10	97.10	100%	11%	0%	0%	6%
Joe Dunson *							55.60			55.60	55.60						3%
<b>Sum Totals</b>	<b>262</b>	<b>456</b>	<b>100.60</b>	<b>29.40</b>	<b>813.90</b>	<b>139.80</b>	<b>420.00</b>	<b>43.0</b>	<b>175.0</b>	<b>2439.70</b>	<b>1721.70</b>	<b>1859.80</b>					
<b>Average</b>													65%	12%	19%	31%	4%

\* These clinicians do not have a daily scheduler therefore their totals are not reported in the missed or cancelled sessions.