



## QA REPORT

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

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

**SUBJECT:** Quality Assurance Activities Fourth Quarter of Fiscal Year 2005  
April, May, June

**SUBMITTED:** February 3, 2006

### MAJOR UNUSUAL INCIDENTS

There were four major unusual incidents for the fourth quarter of FY2005. The first incident occurred on 04/22/2005, client #04010901 was accompanied to Fairfield Medical Center by case manager Joe Dunson and Lancaster Police Officers for evaluation after an incident of becoming agitated and alleged physical violence. The client was evaluated at Fairfield Medical Center but was not admitted to the psychiatric unit. The incident was reported to the Fairfield County ADAMH Board on 5/2/2005. However, the incident was not reported in the proper time requirements due to not being turned in by the Supervisor.

The second incident occurred on 05/04/2005, when case manager Amanda Moore accompanied client #02111502 to Fairfield Medical Center for an evaluation after Our Place staff called Lancaster Police as the result of the client being suspended from that agency after allegedly wielding a knife at Our Place. The client was found at a fire station nearby and voluntarily gave the knife over to Amanda Moore, who gave it to the police officers at the scene. The client was evaluated at Fairfield Medical Center and admitted to the psychiatric unit. The client was seen by Robin Rippeth upon release on 05/05/2005. The incident was reported to the Fairfield County ADAMH Board on 5/5/2005.

The third incident occurred on 5/05/2005. Client #05051006 collapsed while at the agency and the Lancaster paramedics were called. The client was accompanied to Fairfield Medical Center by an MRDD caseworker. The incident was reported to the Fairfield County ADAMH Board on 5/5/2005.



The fourth incident occurred on 06/24/2005. Client #01090405 had to be transported to Twin Valley Hospital by Mid-Ohio Ambulance Services after receiving a pink slip from Dr. Snyder. The client refused to go to Fairfield Medical Center. The Fairfield County Sheriff was contacted before the ambulance service, however the office was informed that they no longer provide transportation services. The client was seen by Dr. Snyder on 6/30/2005 and Paula Moreland on 7/01/2005. The incident was reported to the ADAMH Board on 06/27/2005 the next business day.

The number of MUI's remains consistent with recent agency history.

### **TRANSFERS FROM STATE HOSPITALS**

There was one transfer from a state hospital in during the fourth quarter, which is consistent with agency history. There were four clients who were hospitalized for psychiatric care in community hospitals. This is a decrease from the eight hospitalizations that were made in the same time frame one year ago and consistent with the number of hospitalization last quarter.

Clinicians are complying with requirements that clients be seen within fourteen days of discharge after hospitalization and all were seen in less than five days.

### **PLANT//PHYSICAL HEALTH AND SAFETY**

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

### **RECORDS COMPLETENESS REVIEW**

An average of 80% of clinicians met the 95% threshold for record completeness. This is the first decline in the percentage of clinicians passing QA in a year.

Areas contributing to the failure rates of clinicians included:

- Twenty-five percent of the records reviewed were missing a copy of the current medical card.
- Seventeen 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 25% of the records reviewed there was at least one session recorded that did not match the billing record.
- Twenty-five percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Twenty-one percent of the records reviewed did not have a reviewed health assessment.

There continues to be no reportable trends regarding the areas contributing to clinicians failing QA.

## PEER REVIEW

An average of 86% of clinicians are meeting the 90% threshold for peer review. This was an decrease of 2% from the fourth quarter of 2004. There seems to be no pattern for any one clinician failing peer review at this point. The largest area of trouble is that records are not being maintained consistently.

## UTILIZATION REVIEW

There were a total of 258 new clients to the agency during the fourth quarter, a twelve percent decrease from the third quarter of 2005. Sixty-eight percent of the new clients were from Fairfield County.

The table below shows the total number of units of services that were rendered under each services area for fiscal year 2005.

Service Area	1st Quarter 2005	2 <sup>nd</sup> Quarter 2005	3 <sup>rd</sup> Quarter 2005	4 <sup>th</sup> Quarter 2005
Diagnostic Assessment	333	482	641.2	600.2
Individual Counseling	2396	2373	3020.6	2928.1
Group Counseling	549	546	678.3	709.6
CSP	907	792	1054.5	919.4
Medication/Somatic	141	124	143.7	151.3
AOD Group	0	0	0	0

Decreases in diagnostic assessments, individual and CSP can be attributed to a stabilization of services after a historically seasonal increase in the months following the Thanksgiving to New Year holiday season. The slight increases in group counseling and medication management services may be attributed to the continued increase of group services in the Franklin County office and the continued effort to improve service productivity since an all time low production ratio in late fall of 2004.

There are no AOD groups being held at this time, clients with AOD needs are seen on an individual basis.

## AOD UTILIZATION REVIEW

There are currently no AOD groups active within the agency. AOD clients continue to be seen on an individual basis. The agency is currently working on re-organizing the AOD program, and it is expected that AOD services will increase over the coming months.

## INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the fourth quarter of 2005.

## **REVIEW OF WAITING LIST**

MOPS does not maintain a wait list. Clients continue to be scheduled in the first available time slot as they request services. At this time, new client appointments are being scheduled within 14 days; formal evaluations and medication service intakes are being scheduled within 60 days.

## **GENERAL COMMENTS**

The overall QA process is continuing to improve. Monthly QA meetings are being held. The committee continues to improve in the thoroughness of QA. The QA letters given to clinicians continue to contain more detailed information on how corrections can be made and suggestions for improvement. QA activities are current at this time.

The focused area of review for April is to review referrals to other agencies and to conduct a fire drill and a tornado drill.

A review of referrals made to other agencies was conducted the week of April 18-22 by the reception staff of the agency. There were eleven referrals made for people seeking new services. This represents about thirty percent of the calls the agency received for new services. Three referrals were made to people with private insurance looking for services that were in network, six were referred because they were seeking income based/sliding scale payment for services, and two were referred because our agency did not offer the services they were seeking, one for an AOD group and one for an unknown service. Nine of the referrals were made to Solutions Agency and two were referred to New Horizons of Lancaster.

The monthly summary sheet referral area was reviewed for referrals to other agencies made by clinicians during the past year, May 2004 – April 2005. Three people were referred from the Court Diversion Program at this agency for medication management services at New Horizons due to not having Medicaid. Six people were referred to support agencies for bill payment and food assistance.

The MOPS Lancaster location conducted a fire drill on 04/27/2005. The drill was conducted at 8:00am and completed in 57 seconds. Ten people participated in the drill.

The MOPS Lancaster location conducted a tornado drill on 4/29/2005. The drill was conducted at 7:45am and completed in 4 minutes. Four people participated in the drill.

The focused area of review for May is to:

- Review QA plan's overall goals and objectives and revise
  - The goals and objectives for QA were reviewed and no changes were made.

- Review the achievement of accepted professional standards of practice
  - The QA Coordinator monitors training through Monthly Summary Reports as well as monitoring license status for all clinicians. The achievement of accepted professional standards of practice was discussed due to the upcoming implementation of an on-line training program for training within the agency as well as the agency's application to become certified to provide CEU's for both the State of Ohio Psychology Board and the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. The agency has also conducted training needs and interest surveys and will be incorporating this into upcoming training developments.
- Review the resolution of identified problems
  - The QA Committee continues to monitor corrective actions to reviewed charts and looking for ways to improve the efficiency of monitoring corrections. This includes improving comments and suggestions on how to make corrections. The QA Coordinator communicates problems with the clinical supervisors and Executive Director. QA updates are shared with the Board of Directors at every meeting.
- Assess the efficiency of QA activities
  - QA activities remain current. Changes were made during the last year to improve the timeliness of the reports. Chart reviews are reported in a delayed manner because of the extensiveness of this job, however the rest of the information is reported for the current QA month. For example, May's report can be written at the beginning of June because the chart reviews included in this report are for March. Chart review lists are prepared for the previous month to ensure that QA staff utilizes its time efficiently.
- Review the adequacy of corrective actions
  - Verifying that corrections have been made to charts continues to be a challenge for the QA Committee. The QA Coordinator continues to send out email reminders in Correction Letters are not returned in a timely manner. It was decided that an entire months Correction Letters would be reviewed to identify any problem areas. This is currently in progress.
- Review methods for improving the service delivery system
  - The agency has looked at many ways to improve service delivery in the past few months due to productivity concerns. These reviews have taken place with the agency as a whole, not just the QA Committee. Reminder calls continue to be made and the agency continues to strive to get clients in within two weeks for services. Formal evaluation services and medication somatic services are being typically scheduled within 60 days. The case management and home based therapy programs continue to be improved, through researching methodologies that work best. In addition the agency is implementing a formal AOD program.
- Bomb Threat Drill
  - A Bomb Threat Drill has not been conducted, as the QA Coordinator needs to consult the Executive Director and local fire department on the

best way to conduct this drill. The building needs to be inspected for an “all clear” before people can return to be building after the drill.

The focused area of review for June is to review AOD services, conduct a power failure drill.

AOD clients continue to be seen on an individual basis. In response to an increased need for services within the community, a structured AOD program is being implemented at this time. The program consists of five levels, and these levels are consistent with the “Stages of Change”, in which client motivation determines progression through the program. Therapy will focus on identifying the meaning of recovery for the client within the community, defining and establishing an active program of recovery, and establishing a relapse prevention program. These goals will be facilitated through the use of traditional cognitive-behavioral therapeutic techniques and a series of homework assignments. Clients will receive educational material about their substance of choice, as well as issues related to substance abuse and dependence. As an augmentation to therapy, participants will be required to attend self-help recovery groups within the community, such as AA or NA.

There are some unique components to this program. By utilizing the “Stages of Change” model, clients will have the opportunity to advance to higher levels by evidencing a higher level of motivation to change dysfunctional behaviors, evidencing progress on treatment goals, and by applying the content of treatment into daily living. Also, the cognitive abilities of clients will be assessed. If a client has a lower level of cognitive functioning, the interventions will be focused more on behavioral changes. If a client is at an average or higher cognitive functioning level, the interventions will be focused on gaining insight as well as managing behavior. Finally, the specific content of the program is based on research-based principles of effective AOD treatment, and the program will be evaluated in the future as to if the program is being implanted according to the “best practice” of the profession.

The power failure drill was conducted successfully. There were three participants, flashlights were located and the emergency lights were checked. Batteries will be replaced in the lights that did not work.

Our MIS system has the following provisions for power outages. All servers restart themselves with the exception of the internal email server. The hardware in it does not have provisions to automatically turn on when power is restored. Currently, the MIS Coordinator manually restarts this system when the power is restored. The merits of switching the internal email server to an Exchange based email server has been discussed; however, at this point it is cost prohibitive for the agency. The agency uses APC for battery backup protection; they have some of the best support for windows based systems and are the standard in the business for uninterruptible power supply.

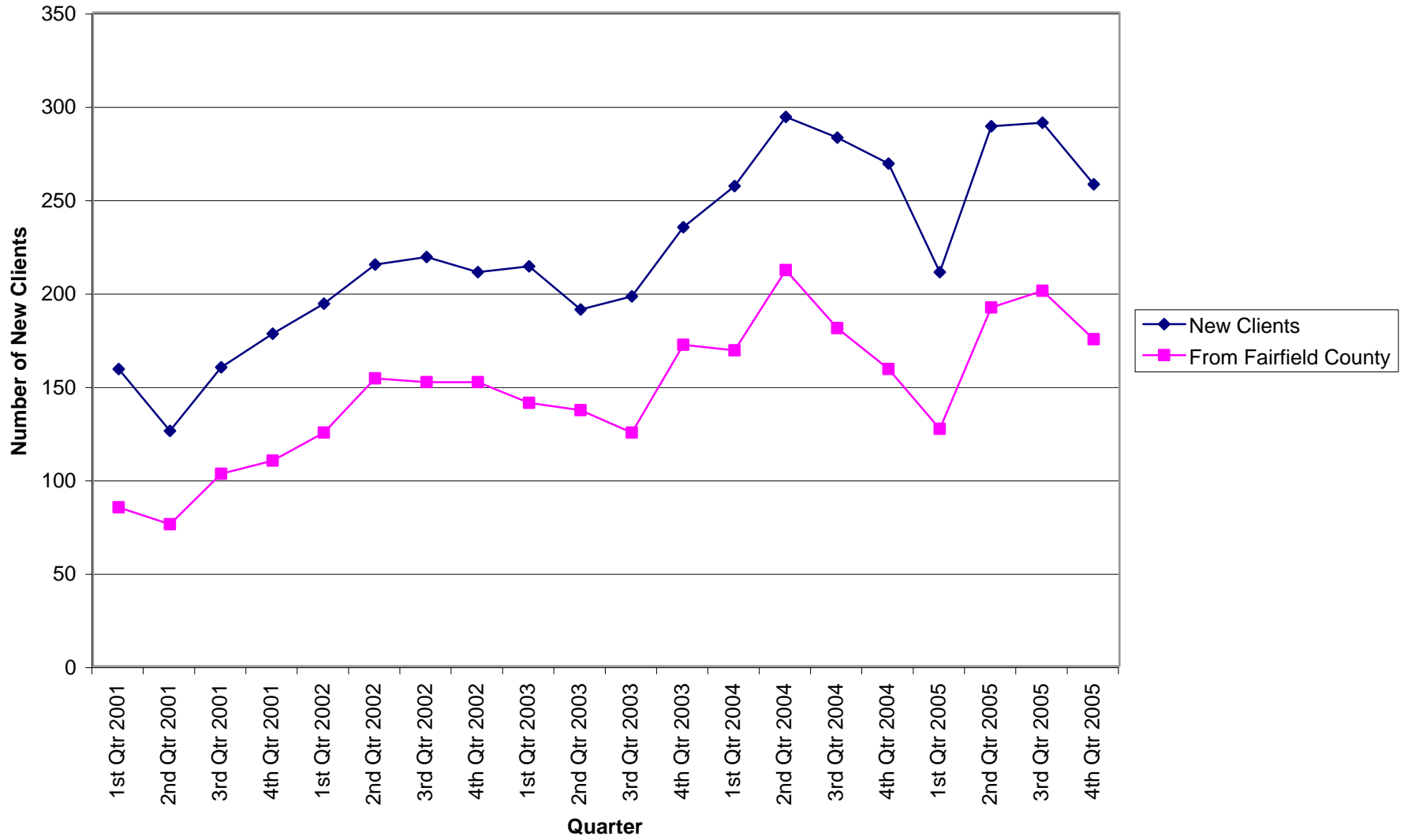
The telephone system is also on its own battery backup also. It is slated to be upgraded to a bigger unit. The system is plugged into the UPS, which should allow the phone system to work for a couple of hours.

### **CLIENT RIGHTS AND GRIEVANCES**

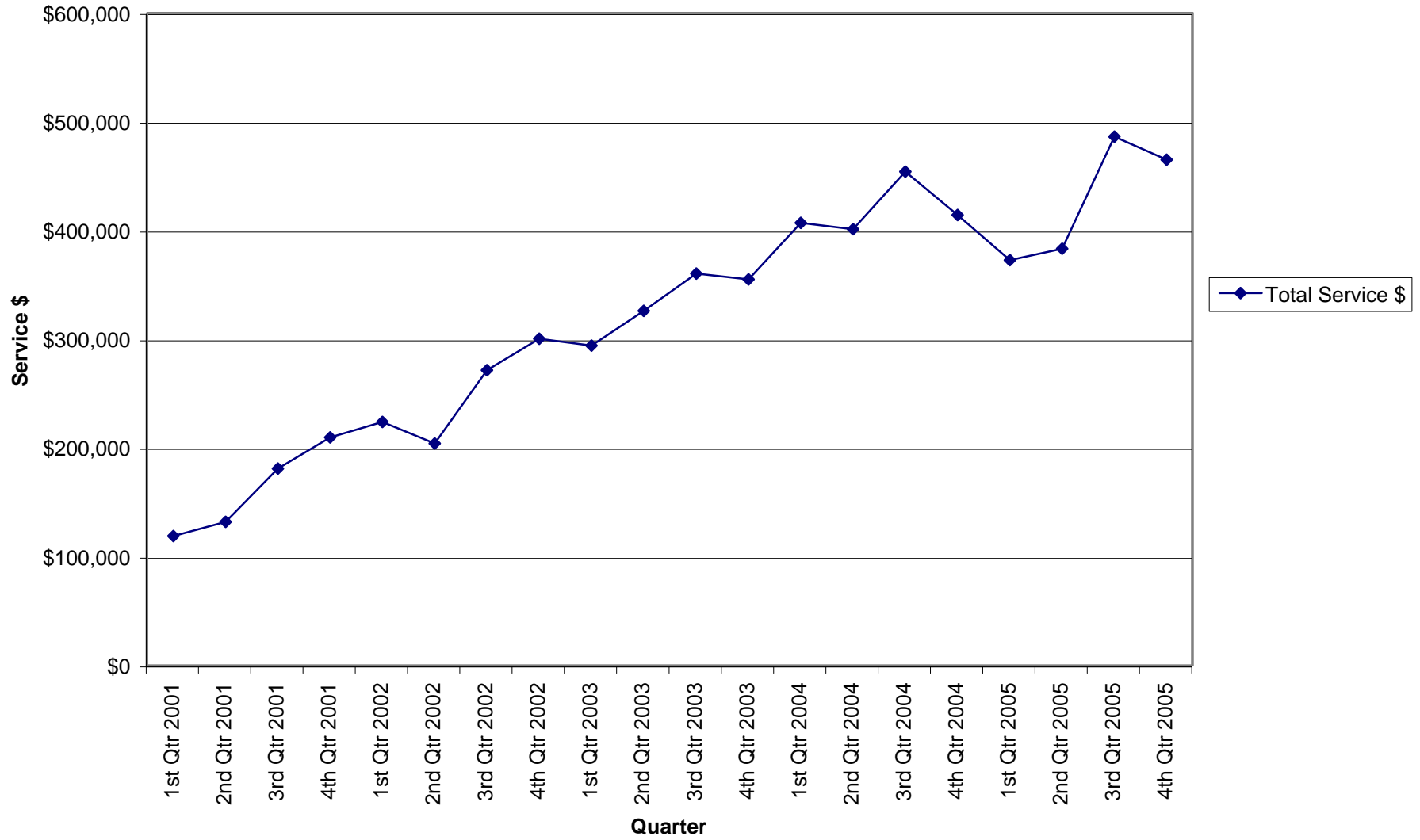
There were no client rights or grievance issues for the fourth quarter of 2005.

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

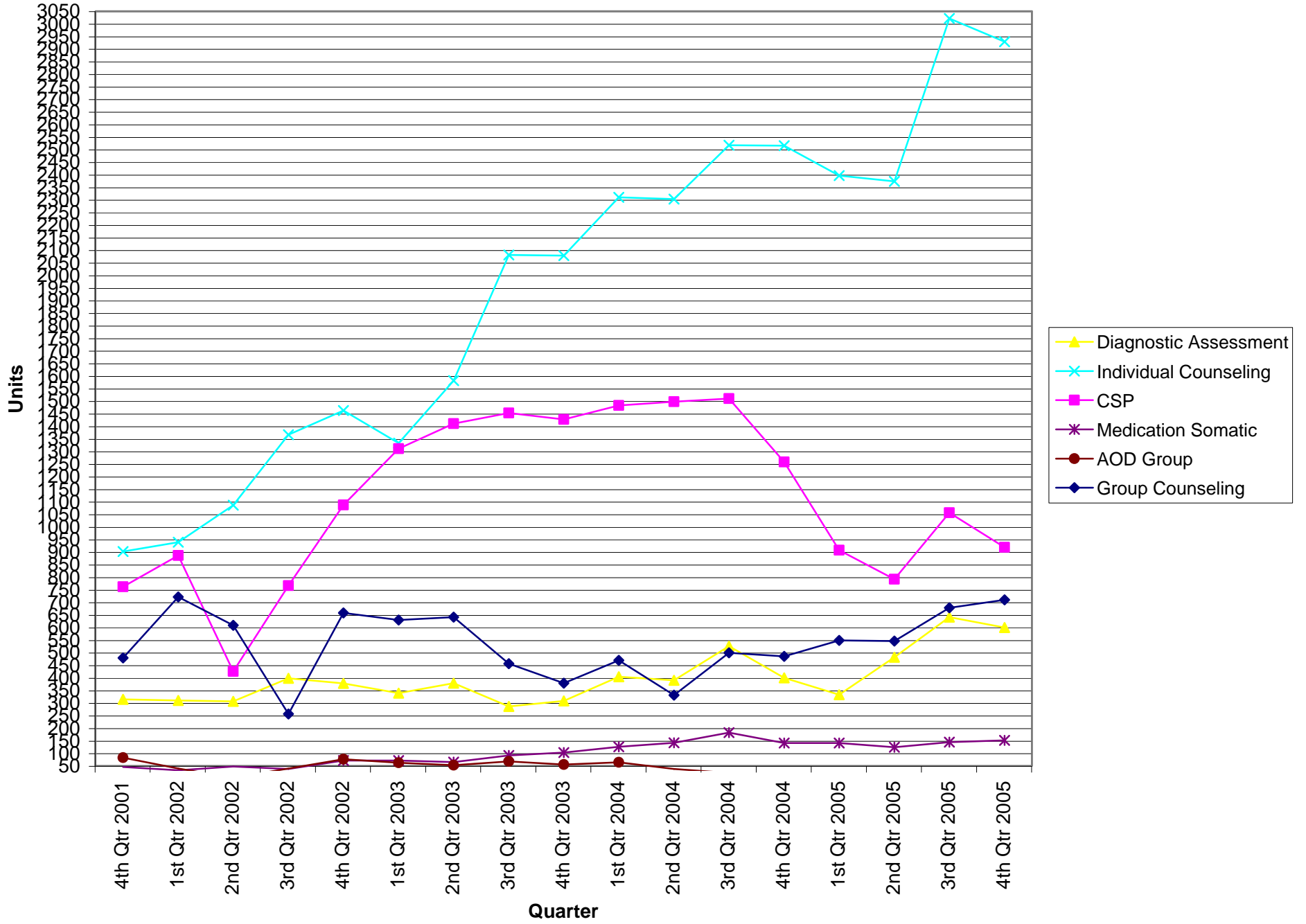
# New Clients



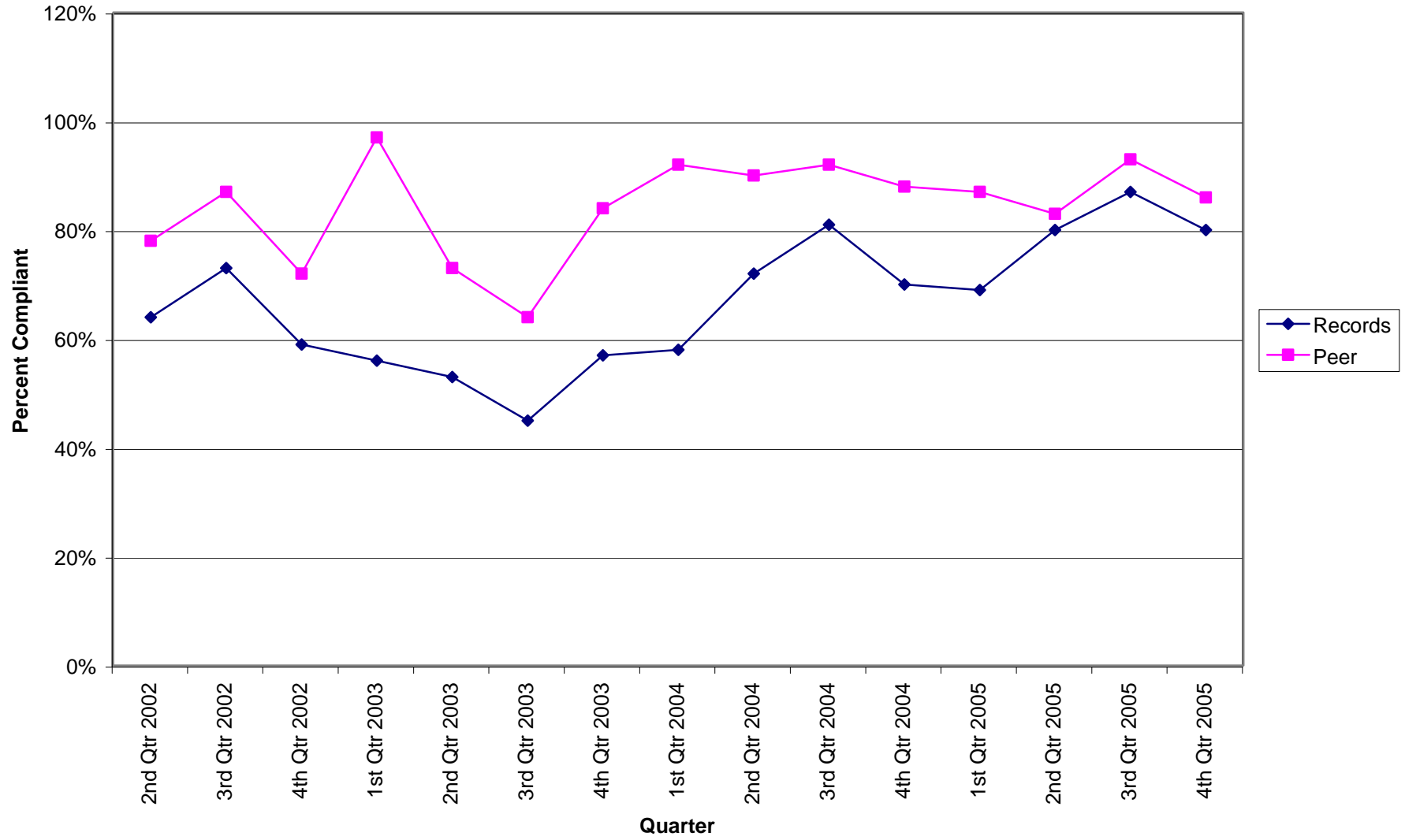
### Total Quarterly \$'s of Service



### Quarterly Units of Service



### Quarterly Compliance Review



# MOPS General

## Program Summary Statistics

02-14-2006

### *Age of Clients:*

*For clients with a start date between 04/01/2005 and 06/30/2005*

<i>Average</i>	23.95
<i>Minimum</i>	4.00
<i>Maximum</i>	68.00
<i>Standard Deviation</i>	14.08
<i>Variance</i>	198.23

### *Gender of Clients:*

*For clients with a start date between 04/01/2005 and 06/30/2005*

<i>Gender</i>	<i># of People</i>
F	137
M	129

### *Number of People by City*

*With referral dates between 04/01/2005 and 06/30/2005*

Amanda	12
Ashville	2
Baltimore	7
Breman	1
Bremen	4
Canal Winchester	1
Carroll	1
Circleville	11
Columbus	8
Corning	2

# MOPS General

## Program Summary Statistics

02-14-2006

Frankfort	3
Gahanna	1
Galion	1
Glouster	1
Grove City	1
Hebron	2
Howard	1
Junction City	4
Lancaster	145
Laurelville	4
Lithopolis	1
Logan	10
McArthur	1
McConnelsville	1
Millersport	1
Nelsonville	1
Oak Hill	1
Orient	1
Pickerington	6
Pleasantville	5
Reynoldsburg	1
Rockbridge	1
Roseville	2
Rushville	8
Shade	1
Shawnee	1
South Bloomfield	1
Thornville	1

# MOPS General Program Summary Statistics

02-14-2006

Thurston	5
West Rushville	1
Whitehall	1
Williamsport	1
Zanesville	2

# MOPS General Program Summary Statistics

02-14-2006

## *Diagnosis per client:*

*For clients with a start date between 04/01/2005 and 06/30/2005*

<i>Average</i>	3.49
<i>Minimum</i>	1.00
<i>Maximum</i>	8.00
<i>Standard Deviation</i>	1.33
<i>Variance</i>	1.76

# MOPS General Program Summary Statistics

02-14-2006

## *Diagnosis*

*For clients with a start date between 04/01/2005 and 06/30/2005*

<i>Diagnostic Group</i>	<i>Diagnosis</i>	<i>Code</i>	<i># of People with Diagnosis</i>
Adjustment	Adjustment Disorder Unspecified	309.9	2
	Adjustment Disorder Unspecified	309.90	8
	Adjustment Disorder With Anxiety	309.24	3
	Adjustment Disorder With Depressed Affect	309.00	2
	Adjustment Disorder With Depressed Affect	R/O309.00	1
	Adjustment Disorder With Depressed Mood	R/O309.0	1
	Adjustment Disorder With Depressed Mood	309.0	6
	Adjustment Disorder With Disturbance Of Conduct	309.30	1
	Adjustment Disorder With Disturbance Of Conduct	309.3	3
	Adjustment Disorder With Disturbance Of Conduct	R/O309.30	1
	Adjustment Disorder With Mixed Anxiety and Depressed Mood	309.28	9
	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	309.4	6
	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	309.40	12
<b>Sum</b>			<b>55</b>
Anxiety	Anxiety Disorder Due to a General Medical Condition	293.89	1
	Anxiety Disorder Due to a General Medical Condition	R/O293.89	1
	Anxiety Disorder NOS	300.00	12
	Anxiety Disorder NOS	R/O300.00	4
	Generalized Anxiety Disorder	R/O300.02	1
	Generalized Anxiety Disorder	300.02	4
	Obsessive-Compulsive Disorder	300.3	3
	Panic Disorder With Agoraphobia	300.21	8
	Panic Disorder Without Agoraphobia	R/O300.01	1
	Panic Disorder Without Agoraphobia	300.01	3
	Posttraumatic Stress Disorder	309.81	13
	Posttraumatic Stress Disorder	R/O309.81	3
	Social Phobia	300.23	1
<b>Sum</b>			<b>55</b>
Behavioral	Adult Antisocial Behavior	V71.01	3
	Attention Deficit Hyperactivity Disorder By History	314.02	12
	Attention-Deficit/Hyperactivity Disorder Combined Type	314.01	11

# MOPS General

## Program Summary Statistics

02-14-2006

	Attention-Deficit/Hyperactivity Disorder Combined Type	R/O314.01	8
	Attention-Deficit/Hyperactivity Disorder NOS	R/O314.9	5
	Attention-Deficit/Hyperactivity Disorder Predominantly Hyperactive-Impulsive Type	314.011	1
	Conduct Disorder	R/O312.8	1
	Disruptive Behavior Disorder NOS	R/O312.9	2
	Disruptive Behavior Disorder NOS	312.9	11
	Encopresis,w Constipation & Overflow Incontinence	787.6	1
	Encopresis,w Constipation & Overflow Incontinence	R/O787.6	2
	Encopresis,wo Constipation & Overflow Incontinence	R/O307.7	1
	Encopresis,wo Constipation & Overflow Incontinence	307.7	2
	Enuresis(Not Due to a General Medical Condition)	R/O307.6	5
	Enuresis(Not Due to a General Medical Condition)	307.6	1
	Impulse-Control Disorder NOS	R/O312.30	1
	Intermittent Explosive Disorder	R/O312.34	1
	Intermittent Explosive Disorder	312.34	1
	Neglect of Child	V61.212	6
	Oppositional Defiant Disorder	313.81	20
	Oppositional Defiant Disorder	R/O313.81	4
	Reactive Attachment Disorder of Infancy or Early Childhood	R/O313.89	1
	Separation Anxiety Disorder	R/O309.21	2
		<b>Sum</b>	<b>102</b>
Cognitive/Organic	Asperger's Disorder	299.802	1
	Asperger's Disorder	R/O299.802	2
	Borderline Intellectual Functioning	V62.89	14
	Borderline Intellectual Functioning	R/OV62.89	3
	Cognitive Disorder NOS	294.9	1
	Dementia Due to Other General Medical Conditions	294.1	1
	Expressive Language Disorder	315.31	1
	Learning Disorder Not Otherwise Specified	R/O315.9	6
	Learning Disorder Not Otherwise Specified	315.9	5
	Mathematics Disorder	R/O315.1	2
	Mathematics Disorder	315.1	1
	Mild Mental Retardation	317	6
	Mild Mental Retardation	R/O317	3
	Moderate Mental Retardation	318.0	4
	Mood Disorder Due to a General Medical Condition	293.83	2
	ORGANIC BRAIN SYND NOS	294.91	1
	Organic Brain Syndrom NOS	R/O294.91	1
	Pervasive Developmental Disorder NOS	R/O299.80	1

# MOPS General

## Program Summary Statistics

02-14-2006

	Pervasive Developmental Disorder NOS	299.80	1
	Phonological Disorder	R/O315.39	2
	Phonological Disorder	315.39	3
	Profound Mental Retardation	318.2	1
	Severe Mental Retardation	318.1	2
			<b>Sum</b> 64
Mood	Bipolar Disorder NOS	R/O296.80	5
	Bipolar Disorder NOS	296.80	4
	Bipolar I Disorder, Most Recent Episode Depressed Severe With Psychotic Features	296.54	1
	Bipolar I Disorder, Most Recent Episode Manic Severe with Psychotic Features	296.44	1
	Bipolar I Disorder, Most Recent Episode Mixed Unspecified	296.60	1
	Bipolar II Disorder	296.89	2
	Cyclothymic Disorder	301.13	1
	Depressive Disorder NOS	311	15
	Depressive Disorder NOS	311.	5
	Depressive Disorder NOS	R/O311	2
	Dysthymic Disorder	R/O300.4	1
	Dysthymic Disorder	300.4	8
	Major Depressive Disorder, Recurrent In Partial Remission	296.35	1
	Major Depressive Disorder, Recurrent Mild	296.31	2
	Major Depressive Disorder, Recurrent Mild	R/O296.31	1
	Major Depressive Disorder, Recurrent Moderate	296.32	6
	Major Depressive Disorder, Recurrent Severe Without Psychotic Features	296.33	3
	Major Depressive Disorder, Recurrent Severe With Psychotic Features	296.34	2
	Major Depressive Disorder, Single Episode In Partial Remission	296.25	1
	Major Depressive Disorder, Single Episode Mild	R/O296.21	2
	Major Depressive Disorder, Single Episode Moderate	296.22	1
	Major Depressive Disorder, Single Episode Moderate	R/O296.2	1
	Mood Disorder NOS	296.90	7
	Mood Disorder NOS	R/O296.90	2
			<b>Sum</b> 75
Other V-Codes	Academic Problem	V62.3	1
	Bereavement	V62.82	4
	Diagnosis Deferred on Axis II	799.92	16
	Diagnosis Deferred on Axis II	R/O799.92	3
	Diagnosis or Condition Deferred on Axis I	799.91	1

# MOPS General

## Program Summary Statistics

02-14-2006

	Malingering	R/OV65.2	1
	Neglect of Child(focus of attention is on victim)	995.53	4
	No Diagnosis on Axis II	R/OV71.092	19
	No Diagnosis on Axis II	v71.092	98
	No Diagnosis or Condition on Axis I	V71.091	3
	Parent-Child Relational Problem	V61.20	29
	Parent-Child Relational Problem	R/OV61.20	1
	Partner Relational Problem	V61.11	13
	Physical Abuse of Adult(attention focus on victim)	995.811	6
	Physical Abuse of Child(attention focus on victim)	995.52	29
	Relational Problem NOS	V62.81	1
	Sexual Abuse of Adult (attention focus on victim)	995.81	3
	Sexual Abuse of Child (attention focus on victim)	995.51	39
	Sexual Abuse of Child (attention focus on victim)	R/O995.51	3
	Sibling Relational Problem	V61.8	6
		<b>Sum</b>	280
Paraphilias	Paraphilia NOS	302.9	5
	Sexual Abuse of Child	V61.21	11
		<b>Sum</b>	16
Personality	Antisocial Personality Disorder	301.7	3
	Antisocial Personality Disorder	R/O301.7	2
	Avoidant Personality Disorder	301.82	2
	Borderline Personality Disorder	301.83	6
	Borderline Personality Disorder	R/O301.83	1
	Dependent Personality Disorder	301.6	4
	Dependent Personality Disorder	R/O301.6	2
	Personality Disorder NOS	301.9	9
	Personality Disorder NOS	R/O301.9	11
	Personality Disorder NOS with Antisocial Features	301.91	1
		<b>Sum</b>	41
Psychosis	Psychotic Disorder NOS	R/O298.9	1
	Schizoaffective Disorder	295.70	3
	Schizoaffective Disorder	R/O295.70	1
		<b>Sum</b>	5
Sexual Dysfunction/Identity	Sexual Disorder NOS	302.90	1
		<b>Sum</b>	1
Somatiform/Factitious	Pain Disorder Associated w/Psychol. Factors & Gen. Medical Cond.	307.89	2

# MOPS General

## Program Summary Statistics

02-14-2006

Substance Use		Sum
Alcohol Abuse	305.00	6
Alcohol Abuse	R/O305.00	1
Alcohol Dependence	303.90	12
Alcohol-Related Disorder NOS	291.9	1
Cannabis Abuse	R/O305.20	3
Cannabis Abuse	305.20	8
Cannabis Dependence	304.30	6
Cocaine Dependence	304.20	2
Nicotine Dependence	305.10	2
Polysubstance Dependence	304.80	7
Sedative, Hypnotic, or Anxiolytic Abuse	305.40	1
Sedative, Hypnotic, or Anxiolytic Dependence	304.10	1
		<b>Sum</b> 50