



QA MINUTES September 11, 2007

Committee Members In Attendance:

Chris Johnson	Rick Gehlbach
Brad Hedges	Jessica Mitchell
Jennifer Schwind	Shawna Watts
Mike Selegue	

Members unable to attend Kimberly Blair and Adrienne Felts.

Meeting Discussion

1. Shawna gave a status report on the written QA reports and monthly chart reviews.
2. Dr. Hedges joined the QA meeting and will be joining the QA committee in order to meet the requirement that all of the disciplines of the agency be represented on the QA committee. Dr. Hedges will also represent the role of the Clinical Director for the agency.
3. The committee discussed changing the format of the monthly QA report to reflect the activities that occur during the QA meetings.
4. The next QA committee meeting will be held on October 9, 2007 at 10:00am.

I: MAJOR UNUSUAL INCIDENTS

The committee reviewed the MUI's that were presented for August. The committee members did not identify any issues that needed to be follow-up on.

The committee had discussion regarding when an MUI is required for a client being evaluated and admitted to the hospital. It was clarified by Dr. Hedges that an MUI form should be filled out anytime a client of the agency is admitted for psychiatric hospitalization and anytime we make a referral to the hospital for an evaluation. An MUI is not required if the client self refers themselves or another agency refers them to be evaluated and they are not hospitalized.



II: ABUSE AND NEGLECT AND DUTY TO WARN

Abuse and neglect report statistics were presented to the committee. No questions regarding the method of reporting or the number of reports were given.

III: TRANSFERS FROM STATE HOSPITALS

Transfers from state and community hospitals were reviewed with the committee. No issues of care were raised by the committee.

IV: PLANT/PHYSICAL HEALTH AND SAFETY

There were no plant/physical health and safety items to report to the committee for August. The agency continues improve the agency's appearance, health, and safety as opportunities are presented.

V: RECORDS COMPLETENESS REVIEW AND VI: PEER REVIEW

No records or peer review information was presented to the committee. Information will be presented to the committee when the next month is available to be reviewed.

VII: UTILIZATION REVIEW

Utilization charts were presented to the committee for review, including staff productivity and the agency service budget for August.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the month of August 2007.

IX: PROFESSIONAL STAFF ORGANIZATION

The committee was presented the information regarding training activities during the month of August. The committee had no concerns regarding the information presented.

The committee discussed the need for this group to look at training needs within the agency for both internal training needs and well as external trainings. The committee also agreed that it is time to do a "scope of practice" form with all agency clinical staff due to staffing changes and education. Gaps in this review may provide insight to training needs.

X: REVIEW OF WAITING LIST

New client, county breakdowns of clients, and wait time from intake to first appointment times available and completed were presented to the committee. No discussion was had regarding this.

XI: REVIEW OF SERVICES UNDER CONTRACT

Discussion with the committee included notice that the agency was in the process of entering into a contract with Daniel DiSalvo, CNP to provide medication services in the Columbus office. The agency is awaiting agency board approval. The committee was in agreement that they would need to review services rendered by Daniel to ensure that they are meeting the agency's needs.

XII: FOCUSED REVIEW AREA

The focused area of review for August was to review the client rights, complaints and grievances as well as staff grievances for patterns and forward a report to the Board of Directors. All of the client grievances for the prior year were presented to the committee. Discussion occurred regarding each complaint and grievance and explanations of resolutions were presented.

No specific suggestions for improvements in process that may have prevented the grievances and complaints were given.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

There was no response from committee members regarding last months focus review.

XIV: CLIENT RIGHTS AND GRIEVANCES

There were two client grievances that were discussed with the committee from August. Both incidents were resolved in a timely fashion. Procedures for releasing information to client's at their request was reviewed with the committee due to both grievances dealing in part with the client's concern over the timeliness of records requests made by them. At this point, no suggestions for improving this process were developed.

XV: TREATMENT OUTCOMES REPORTING

The method from which treatment outcomes reporting is derived was discussed. The area has not been as useful as it could be due to the QA Coordinator's lack of understanding of the dynamics and reasoning behind the data and reports. Discussion regarding clinical committee members need to be involved in this area of reporting was discussed. Currently, Dr. Hedges will attempt to present useful information for inclusion in the QA reports due to the reports needing to be caught up. In the future, further discussion will be had with committee members regarding topics, data collection, and reporting for this area.

cc: Fairfield County Mental Health and Recovery Services Board
MOPS Board of Directors

MOPS Staff
QA Minutes Log Book