



ANNUAL QUALITY ASSURANCE REPORT

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Executive Director

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SUBJECT: Quality Assurance Activities Fiscal Year 2007

SUBMITTED: December 21, 2007

MAJOR UNUSUAL INCIDENTS

There were twelve major unusual incidents during fiscal year 2007, a decrease from twenty-one in fiscal year 2006. The MUI's continue to be reported to the Fairfield ADAMH Board in a timely manner. Most of the MUI's continue to be related to facilitating hospitalization of clients. No clear problems were identified through the review of the MUI's regarding the management of the agency.

ABUSE AND NEGLECT

There were seventy-four reports to children service agencies. There was one report to adult protective services and one duty to protect report. Trends will be analyzed in the future as more data is available, the agency has been compiling this information for one year.

TRANSFERS FROM STATE HOSPITALS

There were seven transfer to a state psychiatric hospital this year, an increase from six in fiscal year 2006. There were sixteen incidents of clients being hospitalized for psychiatric care in community hospitals, a decrease from twenty seven incidents in fiscal year 2006.

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

During the month of July, the basement area of the 624 building flooded due to a sewage backup. The agency contracted with ServPro and the carpet and furniture with water damage was disposed of. The floors were disinfected and dried.

During the month of November, a fire inspection was conducted of the Lancaster offices, the 624 and 632 building passed, the 630 building required a re-inspection due to an exit light malfunction, the building passed during re-inspection.

RECORDS COMPLETENESS REVIEW

An average of eighty-two percent of clinicians are meeting the 95% threshold for records completeness reviews in the past three quarters. This is down seven percent from last fiscal year, however, this could be due to shortened time span included in the review period. The QA Committee continues to look for ways to improve the usefulness of the records review process.

PEER REVIEW

An average of ninety-five percent of clinicians are meeting the 90% threshold for peer review, which is up four percent over last fiscal year. There seem to be no trends contributing to failing of peer review.

UTILIZATION REVIEW

There were a total of 1009 new clients to the agency during the year. Sixty-four percent of the new clients were from Fairfield County.

There were a total of 20,303 units of service rendered in the agency for this fiscal year. The chart below shows a 5 year comparison of core services. This chart shows the trend of agency growth.

Service Area	FY2003	FY2004	FY2005	FY2006	FY2007
Diagnostic Assessment	1368	1720	2057	2122	2235
Individual Counseling	7085	9644	10718	11587	11601
Group Counseling	2327	1785	2483	2634	3320
CSP	5800	5749	3673	2702	2466
Medication/Somatic	332	591	560	613	681
AOD Group	268	126	8	0	0
Total Units	17,180	19,615	19519	19686	20303

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 and the average wait from intake to the first scheduled appointment.

	2005	2006	2007
Average Mean Wait 1 st Session	31.16	34.90	37.44
Average Mean Wait 1 st Scheduled Appt.	25.00	28.36	28.98

GENERAL COMMENTS

The overall QA process continues to improve, the committee meets monthly to discuss issues related to QA including PSO and agency wide improvement activities, and strives to improve the overall QA process through monitoring of concerns, processes, and forms. The completion of the QA reports has fallen behind, but increased efforts are being made to improve the timeliness of the reports.

CLIENT RIGHTS AND GRIEVANCES

One client issued an email statement to a clinical staff member regarding displeasure with the services the client was receiving from the agency. This issue was resolved informally with the client and it was deemed no change in service was necessary at the time.

There was one client grievance filed. Becky Edwards, the Clients Rights Officer for the Fairfield County ADAMH Board called on 6/8/07 at 12:30pm to say that she had spoken to client #06091105 regarding concerns over the diagnosis given by agency staff. She had directed the client to contact the agency Client Rights Officer (CRO) regarding these concerns. The client did contact the CRO on 6/8/07, however the CRO was unsuccessful at returning the client's call until 6/11/07 due to a weekend and failed attempts at reaching the client. The client addressed concerns with the CRO regarding diagnosis and guardianship. The CRO conducted an investigation regarding what services the client had received and diagnosis by speaking with the client's therapist. The client was provided with a treatment summary with diagnosis information and informed the agency had done nothing in regards to guardianship of the client.

Client#06091105 met with Becky Edwards and Orman Hall of the Fairfield County ADAMH Board numerous times over the next few weeks.

The agency was contacted by Becky Edwards on 8/1/07, she informed the CRO on this date that client #06091105 was filing a formal grievance against MOPS, New Horizon's, and Twin Valley. She indicated to the MOPS CRO that this meeting would occur on Monday, August 6th and that the agency needed to provide any information regarding the client's guardianship status and diagnosis.

On 8/1/07 the CRO emailed Becky Edwards inquiring about the contract she has with the Fairfield County ADAMH Board and a release of information for client #06091105's file. She provided the CRO with a copy of the contract and a release that was not HIPAA compliant on 8/2/07. The MOPS CRO faxed to her a release for client #06091105 to sign for Fairfield County Family, Adult and Children First Counsel and the Fairfield County ADAMH Board. The client signed the release and the file was delivered to the Fairfield County ADAMH Board. The client was provided with information from the file by Becky Edwards and the client was still not satisfied with the information provided. Becky Edwards provide the client with information regarding filing a formal grievance at the state level, however the client has not pursued this option. The client has not been seen at the agency since 3/30/2007.

TREATMENT OUTCOMES REPORTING

The agency completed "Outcome Reviews" during FY2007 as required by ODMH standards. The agency has looked at various areas of client satisfaction with services and quality of life using the ODMH data mart as well as review the Outcome process and continues to look for ways improve and use the information being reported.