



## QA REPORT

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

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

**SUBJECT:** Quality Assurance Activities Fourth Quarter Fiscal Year 2007  
April, May, June

**SUBMITTED:** December 17, 2007

### MAJOR UNUSUAL INCIDENTS

There were five major unusual incidents during the fourth quarter of FY2007. The majority of incidents were related to facilitating emergency service evaluations and hospitalizations. One of the reports made during this quarter was sent to the state due to being a report of inappropriate behavior by an employee by a client. The incident was investigated, however the report could not be substantiated. The number of incidents was a decrease of two from the same time frame a year ago.

### ABUSE AND NEGLECT AND DUTY TO WARN

The agency made twenty-two reports to Children Services during the fourth quarter of FY2007. All reports were made within twenty-four hours of the report to the appropriate agencies.

County of Report	Number of Reports
Fairfield County	13
Franklin County	1
Ross County	1

No reports were made to Fairfield County Adult Protective Services.

There were no duty to protect reports filed during the fourth quarter.



## **TRANSFERS FROM STATE HOSPITALS**

There was one transfer from a state hospital during the fourth quarter of FY2007. There were five clients who were hospitalized for psychiatric care in community hospitals. The state hospitalization decreased by one and community hospitalizations increased by one compared to those made in the same time frame one year ago.

Clinicians are complying with requirements that clients be seen within fourteen days of discharge after hospitalization; in most cases clients are seen within seven days of discharge.

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

There were no plant/physical health and safety issues to report during this quarter.

## **RECORDS COMPLETENESS**

The third quarter results are being reported during the fourth quarter. The fourth quarter results will be in a later report.

An average of 89% of clinicians met the 95% threshold for record completeness.

Areas contributing to missed points included:

- Twenty 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 15% of the clinicians.
- In 13% of the records reviewed there was at least one session recorded that did not match the billing record.
- Eighteen percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Five percent of the records reviewed did not have a reviewed health assessment.

## **PEER REVIEW**

The third quarter results are being reported during the fourth quarter, the fourth quarter results will be reported at a later date. An average of 98% of clinicians are meeting the 90% threshold for peer review. There seems to be no pattern for any one clinician failing peer review at this point.

## **UTILIZATION REVIEW**

There were a total of 228 new clients seen during the fourth quarter, which represents a 10 percent decrease from the third quarter of FY2007. Sixty-eight percent of the new clients were from Fairfield County.

The table below shows the total number of units of services that were billed under each services area for FY2007 for all of Mid-Ohio Psychological Services Inc.

<b>Service Area</b>	<b>1st Quarter FY2007</b>	<b>2nd Quarter FY2007</b>	<b>3<sup>rd</sup> Quarter FY2007</b>	<b>4<sup>th</sup> Quarter FY2007</b>
Diagnostic Assessment	628.9	524.3	591.1	490.2
Individual Counseling	2901.8	2766.1	2926.2	3007.3
Group Counseling	983.6	791.5	757	787.7
CSP	412.9	616.9	727.7	708.3
Medication/Somatic	169.3	173.7	174	164.2
AOD Group	0	0	0	0

The units produced for the fourth quarter of 2007 continue to be below that agency's budget projections.

### **AOD UTILIZATION REVIEW**

There are currently no AOD groups active within the agency. AOD clients continue to be seen on an individual basis. However, clients seen by the agency are dually diagnosed.

### **INVOLUNTARY TERMINATIONS**

No involuntary terminations were conducted during the fourth quarter of FY2007.

### **REVIEW OF WAITING LIST**

MOPS does not maintain a wait list. Clients continue to be scheduled in the next available time slot as they request services. The agency strives to schedule within 30 days.

<b>Service Area</b>	<b>1st Quarter FY2007</b>	<b>2nd Quarter FY2007</b>	<b>3<sup>rd</sup> Quarter FY2007</b>	<b>4th Quarter FY2007</b>
Days from Intake to First Session	<b>35</b>	<b>40</b>	<b>36</b>	<b>33</b>

### **GENERAL COMMENTS**

A fire drill was conducted in the Franklin County office on 04/25/2007. There were six participants in the drill that lasted two minutes. All agency procedures were followed.

A fire drill was conducted in the Lancaster office on 5/25/2007. There were four participants in the drill that lasted 1 minute 5 seconds. All agency procedures were followed.

A tornado drill was conducted in the Franklin County office on 04/25/2007. There were six participants in the drill that lasted two minutes. All agency procedures were followed.

A tornado drill was conducted in the Lancaster office on 05/25/2007. There were four participants in the drill that lasted 1 minute 45 seconds. There was a volume issue with the intercom in the front office that was corrected after the drill. All agency procedures were followed.

The agency continues to refer people to other agencies for two primary reasons, payment coverage and people being in need of services we do not offer, such as treatment for young children.

The agency continues to refer people seeking services with private insurance to local private providers on the client's insurance panel. This allows the person seeking services to reduce their out of pocket expenses. In the event that they prefer to work with our agency, insurance companies are billed for services, however payment of the client's portion of charges for services are required in advance of the service being delivered.

The agency continues to refer some people without insurance or other coverage to New Horizons for income based fees. The agency does now have some funds available to treat clients with Sexual Abuse, Anger Management or court involvement issues on a sliding scale.

The monthly summary sheet referral area was reviewed for referrals to other agencies made by clinicians during the past year, May 2006 – April 2007. Five clients were referred to the Recovery Center for AOD treatment. One client was referred Children's Hospital due to relocation.

The agency's QA process was reviewed during this quarter.

### **Review QA plan's overall goals and objectives and revise**

The agency's current goals and objectives are listed below. No changes were made to the goals or objectives, as they are still consistent with current QA activities.

**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.

**Comments:** The agency continues to meet all state requirements for ODMH as well as maintaining the requirements of our national accreditation through CARF.

**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.

**Comments:** The agency continues to improve in this area by developing E-trainings for staff and offering agency sponsored CEU trainings, using both agency staff and outside presenters for the trainings.

**Goal:** Clinical Accountability

**Objectives:** Quality Assurance staff will work with clinicians 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.

**Comments:** The committee continues to review charts for appropriate testing and diagnosis. Reviewers provide feedback to clinicians if goals are not supported by diagnosis. Reviews were conducted of high utilization clients and psychiatric clients to ensure that the agency is providing adequate care and that diagnosis supports the use of medication.

**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.

**Comments:** The agency continues to monitor utilization of services by clients by monitoring clinical caseloads and high utilization reports and statistical reports on the amount of time a client waits to be seen for the first session. The agency strives to see clients within 30 days of intake.

**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.

**Comments:** The agency continues to monitor all of the agency facilities for health and safety issues and general up keep. Most maintenance tasks are completed within 48 hours of request, depending on the supplies and equipment needed.

**Review the achievement of accepted professional standards of practice**

The QA Coordinator continues to review /monitor training through Monthly Summary Reports as well as monitoring license expirations for all clinicians. The agency continues to use e-training for the agency and is a certified CEU provider for State of Ohio Psychology Board and the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.

**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 including improving comments and suggestions on how to make corrections. The QA Coordinator communicates problems with the clinical supervisors and the Executive Director. QA updates are shared with the Board of Directors at every meeting. The committee continues to look for ways to improve the process.

**Assess the efficiency of QA activities**

The QA Committee still struggles to complete the QA reports in a timely fashion. QA activities are conducted monthly as required, however the reports of these activities are significantly behind.

**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 e-mail reminders if Correction Letters are not returned in a timely manner and notify supervisors if corrections are still not completed.

**Review methods for improving the service delivery system**

Reminder calls continue to be made, and the agency continues to strive to get clients in within 30 days for services. Formal evaluations are being scheduled within 60 days. The agency is currently working to build the programs for which funding was received for sliding scale fees, this includes a Municipal Court Program, the Parenting Intervention Program, Sexually Abusive Behavior Program, and the Anger Management Program.

**Conduct a bomb threat drill**

The bomb threat materials were reviewed with the support staff that would be most likely to receive the call.

On June 22, 2007 the agency experienced a power outage due to a construction issue. A drill was conducted during this time for a period of 6 minutes. There were 20

participants. All emergency lighting including flashlights and wall-mounted units were checked and were working as intended.

## **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 grievances 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 6<sup>th</sup> 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.

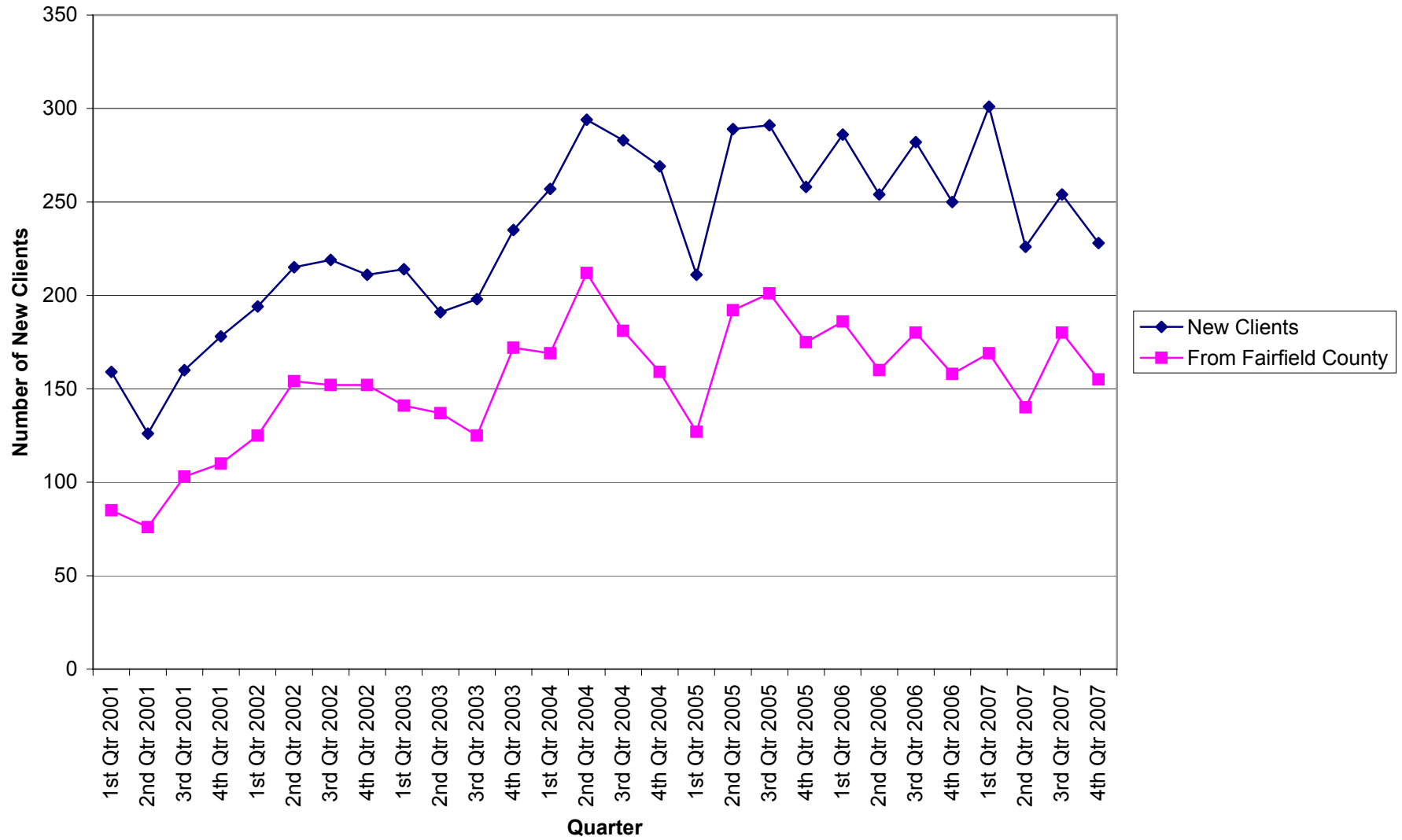
## **TREATMENT OUTCOMES REPORTING**

The agency continues to complete “Outcome Reviews” as required by ODMH standards. During the last quarter, the agency has looked at assessing adult mental health consumers’ symptom distress, symptom prevention, and control over future.

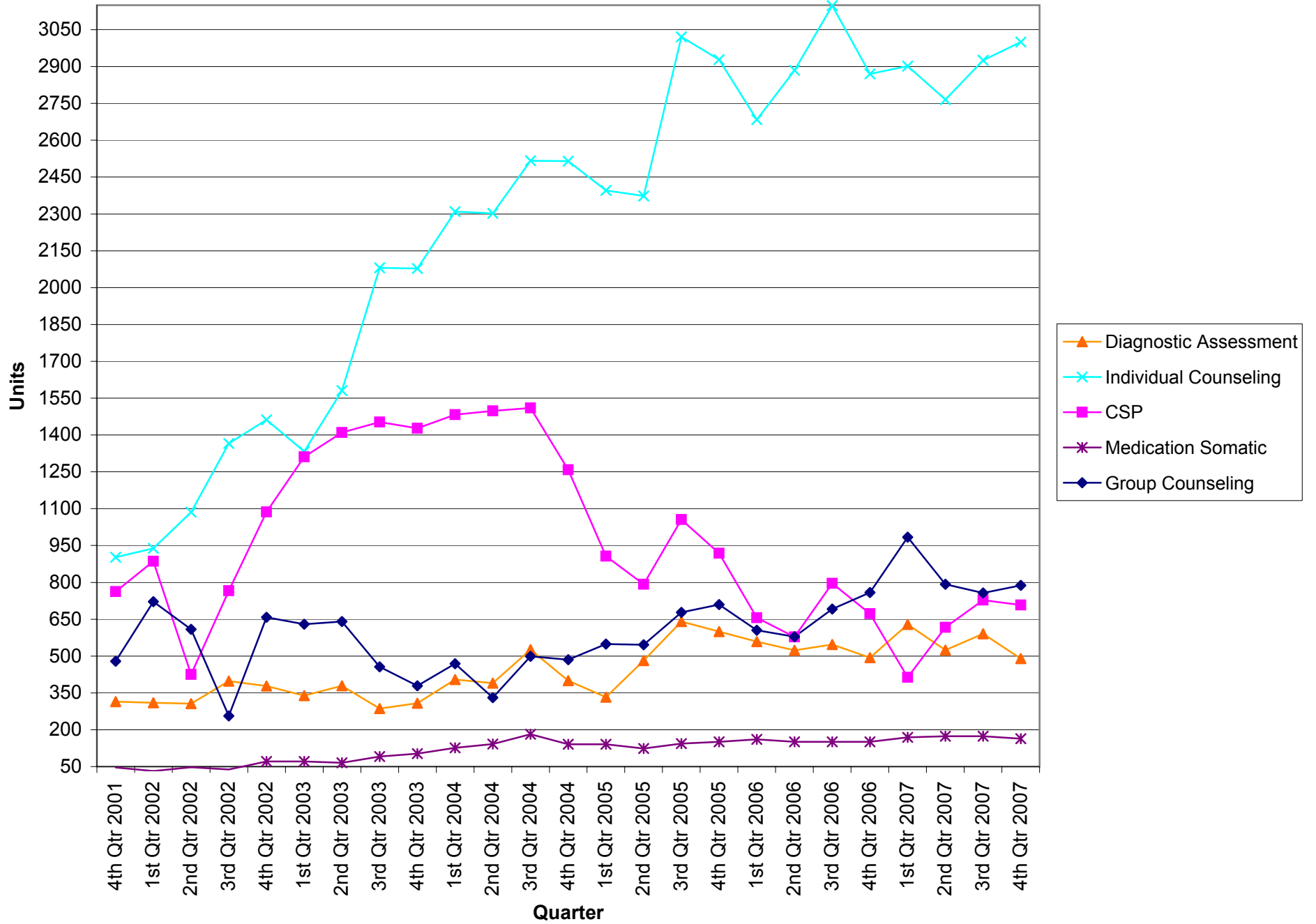
The breakdowns of these areas can be viewed in the monthly QA reports posted to the agency website at [http://www.mopsohio.com/Forms/QA\\_Reports.htm](http://www.mopsohio.com/Forms/QA_Reports.htm).

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

### New Clients



### Quarterly Units of Service



### Total Quarterly \$'s of Service

