



QA MINUTES April 15, 2008

Committee Members In Attendance:

Kimberly Blair	Shawna Watts
Jennifer Schwind	Chris Johnson
Mike Selegue	Jessica Mitchell
Brad Hedges	Miranda Zircher

I: MAJOR UNUSUAL INCIDENTS

No MUI's were discussed.

II: ABUSE AND NEGLECT AND DUTY TO WARN

No report was given to the committee.

III: TRANSFERS FROM STATE HOSPITALS

No hospitalization information was discussed with the committee.

IV: PLANT/PHYSICAL HEALTH AND SAFETY

There were no plant/physical health and safety items to report to the committee for the month of March.

V: RECORDS COMPLETENESS REVIEW AND VI: PEER REVIEW

No reviews were presented to the committee at this meeting.

Dr. Hedges discussed the revised forms process for QA and the need to begin using these forms soon. He also discussed that the forms will be used for the first month without any instructions for the instrument in order to find the items that need to be clearly defined by the committee and to see if other items need to be added. Discussion was also had regarding the need for the QA letter notifying the clients to include all of the comments made on the QA forms because the clinicians being reviewed do not get a copy of the actual review forms. The committee will consider including a copy of the entire review form once the revised QA process is in place.



VII: UTILIZATION REVIEW

Utilization tables were not presented at this meeting. The committee discussed the impact of the resignation of clinical staff on clients. Clinical active client lists were discussed and the fact that all clients on that list should have some type of contact with their therapist each month, whether it is in person or via other means. If there is no contact, the therapist should indicate why, including suspending the client if it has been an extended period of time since they were last seen.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the month of March 2008.

IX: PROFESSIONAL STAFF ORGANIZATION

The "Clinical Report Card" measure was discussed by the committee. Dr. Hedges asked for feedback regarding current measures including addressing some prior issues with the Care Management measure. Dr. Hedges reminded the staff that they should actively work to correct problems that they discover by follow-up and not disregarding any measures listed as flawed.

Dr. Hedges discussed with the committee and asked for feedback regarding additional measures that are being added to the "report card" including client satisfaction and outcome results from the client. There was discussion that not all measures would be present on every "report card" and that it is likely that they will be distributed on a quarterly basis. Dr. Hedges also discussed that the "report card" will be included in the discussion and revision of the agency personnel evaluation process.

X: REVIEW OF WAITING LIST

No clients are on the waiting list.

XI: REVIEW OF SERVICES UNDER CONTRACT

The contract services being provided by Daniel DiSalvo, CNP in Columbus continue to be going well. A brief review of his case notes highlighted some documentation issues that have been addressed with him.

XII: FOCUSED REVIEW AREA

No Focused Reviews were discussed.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

The clinical staff members responsible for the Sexual Survivor's group are continuing to work on integrating the recommendations from the review. These changes will be

adapted into the agency's Standards of Care Website. The Case Management Supervisor is also continuing to work to integrate the recommendations from that focused review.

XIV: CLIENT RIGHTS AND GRIEVANCES

There were no client grievances that were discussed with the committee from March. However there was one verbal complaint made and resolved in March, the details will be reported in the QA report.

XV: TREATMENT OUTCOMES REPORTING

Time was spent discussing the addition of client outcome results in the "report card"

XVI: CARF QIP ACTIVITIES

The agency has received notification that a three-year accreditation was obtained from CARF. Activities are progressing to address the plan of correction; the report will be turned into CARF by the deadline.

XVII: GENERAL DISCUSSION

The reduction of staff serving on the QA committee and completing record reviews due to staff turnover was discussed. All staff were asked to complete chart reviews in a more regular and timely fashion. At this point, we will not be recruiting anyone to the QA committee.

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

MOPS Staff
QA Minutes Log Book