

## **DISCUSSION OF QUALITY MEETING**

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**Present:**

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**Introduction:**

The purpose of this discussion was to aid in clarifying how Mid-Ohio Psychological Services defines quality, how quality should be monitored and assessed throughout the agency, and how feedback regarding the quality of the services that are being provided can be articulated to both clients and clinicians. The concept of quality was discussed at length. Quality is not viewed as a uni-dimensional construct, and therefore any attempt at assessing quality must be approached from a multi-dimensional perspective.

**Application of Quality Constructs:**

Mental health services can be viewed as being quality services from two broad perspectives, the outcome that the services have on a particular client and compliance with definitions of what treatment should be. Outcome is essentially a function of whether a client or referral source believes that the services have helped reduce symptoms and whether the client or referral source is satisfied with the services they have received. Symptom reduction and satisfaction can be independent, but are often highly related. Additionally, the perception of the individual may be different from that of the referral source, although again oftentimes the definition of successful outcome is somewhat parallel.

Compliance with expectations regarding treatment is also an important understanding of quality. Compliance can be viewed through the lens of external entities, such as the Ohio Department of Mental Health, CARF, the legal system, Medicaid rules, professional ethics, and various contracts. Internal measures of compliance are largely related to constructs of standards of care, elements of practice, agency policies and procedures, and compliance with program descriptions and standards. External compliance largely is necessary in order to receive validation from external entities that the services are quality, while internal compliance is necessary in order to ensure the fidelity with programming expectations and to move towards aspirational elements of quality treatment.

**Measuring Quality:**

Based on the model outlined above, several specific mechanisms for assessment are necessary in order to determine whether quality services are being provided. Certainly, the easiest measure of quality can be viewed from an outcome perspective. The outcome construct of satisfaction can be measured by the agency at the individual level through client satisfaction surveys, and at the systemic level through referral sources surveys. The outcome construct of symptom reduction can be measured at the individual level through the *Ohio Outcome Scales* as completed by the client, while the systemic reduction outcome can be assessed through *Parent/Worker Ohio Outcome Scale*.

Compliance quality measures can be assessed as it relates to external compliance through a formalized review of clinical records. This process is somewhat akin to our current client records review process. Internal compliance measures can be developed to assess how client care is being related to the agency standards of care as developed through best practice models.

**Areas for Improvement:**

Currently, there is no clear external compliance review process that addresses the broad range of external compliance issues. The current records review process focuses on areas that already reflect adequate performance for the agency, and fails to address critical areas of deficiencies. A new instrument needs to be developed to more completely assess external compliance.

Currently, the standards of care for this agency are only very broadly defined. Therefore, clear criteria for compliance with these standards of care cannot yet be developed. A broad understanding of internal compliance can be developed to assess whether broad domains are being addressed adequately. For example, each standard of care should include a section regarding assessment, intervention, disengagement, and outcome measures. These domains need to be established for each treatment content area as well as all general services. Once these standards are established, a monitoring device can be developed so that reviewers can determine whether compliance with these standards of care has occurred.

Although limited symptom reduction outcome measures are available through the *Parent/Worker Outcome* measures, specific system measures need to be established based on specific treatment content areas. For example, persons who are engaged in services related to their involvement with the Court should have treatment outcomes identified related to recidivism, while treatment content areas related to severe mental illness should utilize outcome measures such as reduced psychiatric hospitalization. These specific system outcomes should be clearly delineated in the standards of care for these specific treatment populations.

**Feedback Mechanisms:**

Once these modifications to our quality assurance process are developed, they can be integrated into the overall performance evaluation of the clinical staff. Specifically, a general “grade card” report can be generated which identifies at the clinician level average client satisfaction scores, referral source satisfaction scores, outcome scores, external compliance scores, and internal compliance scores. These quality measures can be combined with other quality measures already incorporated in the “clinician grade card” including items such as production ratios, client retention, and other broad measures of performance. It appears appropriate for this feedback to be provided to clinicians on a quarterly basis and incorporated into the overall employee performance evaluation process.

Most of these quality measures can be tied to the client level to facilitate corrections regarding the care of a particular individual, facilitating overall improvement in the care provided to our client population.

QA.notes (MISC)