



QA MINUTES February 19, 2008

Committee Members In Attendance:

Rick Gehlbach	Shawna Watts
Adrienne Felts	Kimberly Blair
Jennifer Schwind	
Mike Selegue	
Brad Hedges	

Meeting Discussion

1. Shawna gave a status report on the written QA reports and monthly chart reviews.
2. The next QA committee meeting will be held on March 18, 2008.

I: MAJOR UNUSUAL INCIDENTS

The committee reviewed the MUI's that were verbally presented for January. One incident that was reviewed in detail was a bomb threat that occurred in the Columbus office. The staff involved in the incident followed agency procedures during the incident and the proper authorities cleared the site. Dr. Hedges indicated his only concern in reviewing the incident was that staff failed to return to business as usual in the days following the incident. He indicated that fear is the root of most bomb threats, so it was important to return to business as usual to discourage further activity.

II: ABUSE AND NEGLECT AND DUTY TO WARN

Abuse and neglect report statistics were presented to the committee. A brief description was given of each report.

III: TRANSFERS FROM STATE HOSPITALS

There were no discharges from a state hospital and three discharges from community hospitalization during the month of January. All clients were seen within seven days.

IV: PLANT/PHYSICAL HEALTH AND SAFETY

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



V: RECORDS COMPLETENESS REVIEW AND VI: PEER REVIEW

No reviews were presented to the committee at this meeting. In the previous month's discussion the need to revise the QA forms was discussed. The forms are currently being revised to reflect indications of quality client care. The revised form is expected to be shorter in format, and make obtaining a passing score in QA more difficult than the previous format that gives many points under various sections for things the agency's clinical information system does for the clinician.

VII: UTILIZATION REVIEW

Utilization tables were not presented at this meeting, but will be posted to the agency's website when they are completed.

VIII: INVOLUNTARY TERMINATIONS

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

IX: PROFESSIONAL STAFF ORGANIZATION

No clinical staff reported attending training during the month of January.

X: REVIEW OF WAITING LIST

An increase in the number of new clients being seen has been noted over the past couple of months. Reasons for this were discussed with the committee, one of the reasons is that we are getting clients in a timelier fashion; we have cut almost a week off of the time it takes to get a new client in to see a counselor. This trend coupled with client retention is the key to returning the agency to a better financial picture.

XI: REVIEW OF SERVICES UNDER CONTRACT

The contract services being provided by Daniel DiSalvo, CNP in Columbus continue to be going well. At this time, we are providing only 8 hours of psychiatric service a month in Columbus.

XII: FOCUSED REVIEW AREA

Multiple focused review areas were discussed by the committee. The oldest project, the CSP services review final report was presented to the committee. The CSP indicated areas of weakness, such as all appropriate documentation being completed and present in client files, as well as the consistent documentation of collaboration between and across treatment providers, emphasizes ineffective delineation and/or enforcement of appropriate guidelines as well as a lack of compliance with those guidelines by clinical staff. This information was reviewed with the committee and will be reviewed with the supervisors of the clinical staff to implement changes.

The focused review area for the Survivor's Program final report was presented to the committee. Results from this report indicate that clinical staff need to collect more complete data at the start of the treatment program. A form is being designed to collect this information, and the form used to do data collection for this report will provide a start for the form. Data that needs to be collected includes the age at intake as well as the age when entering the group should be collected, the information on the offender should be as detailed as possible, including whether or not the offender was convicted of the crime, charged with the crime, or in the court process, the age of the offender should be stated, the relationship to the offender should keep the existing criteria of father, mother, brother, sister, other family member, or non-family member; however, the non-family member section should be broken into sections, non-family member known to the victim and non-family member not known by the victim or victim's family. The current program facilitators will take the results of the study and attempt to implement the other recommendations

A waiting room survey final report was presented to the committee. Many of the suggestions made by clients during this survey were not actionable by the agency. They included suggestions for groups that would not be sustainable due to lack of clients to participate. Other responses included clients' stating that the agency needs to find a psychiatrist; the agency is currently pursuing all leads that are presented to restore services in Lancaster.

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 no client grievances that were discussed with the committee from January.

XV: TREATMENT OUTCOMES REPORTING

Discussion was had by the committee regarding some of the challenges that have been discovered in using the data available in the ODMH Data Mart. Dr. Hedges has developed a report to track Provider Outcomes submitted for each client seen by the agency.

XVI: CARF QIP ACTIVITIES

The agency has received notification that a three-year accreditation was obtained from CARF.

The agency has been in the process of making correction since the survey team reviewed material in the exit interview. This includes developing a committee to change the QA review process, a committee to change the employee evaluation form, a report card has been developed for clinical staff to indicate key items such as the number of case closures needed, productivity numbers, and provider outcomes compliance.

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

MOPS Staff
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