



QA MINUTES October 28, 2008

Committee Members In Attendance:

Jessica Mitchell	Miranda Zircher
Shawna Watts	Brad Hedges
Kimberly Blair	Mike Selegue
Heather Stevens	Jennifer Schwind

I: MAJOR UNUSUAL INCIDENTS

There was one MUI; the client was hospitalized due to suicidal ideations. The MUI was reported to the Fairfield County ADAMH Board within 24 hours and appears to have been managed appropriately.

II: ABUSE AND NEGLECT AND DUTY TO WARN

The committee briefly reviewed five reports of abuse and neglect reported during the month of September. The reports that were made were made in a timely fashion to the appropriate county's CPS office. The committee reviewed one report to Fairfield County APS, a report was made to MRDD in a timely fashion, however the report to APS was late according to the agency's procedures. This appeared to be a function of the low frequency of these reports and a need for additional staff training that occurred when the oversight was identified.

III: TRANSFERS FROM STATE HOSPITALS

There were two hospitalizations to be reviewed by the committee for the month of September. Both were community hospitalizations, and the clients were seen within 14 days of their release.

IV: PLANT/PHYSICAL HEALTH AND SAFETY

There were no plant/physical health and safety items to report during September.

The agency had a two-day long power outage. The agency was able to maintain core services by transferring telephone service to the Columbus office and keeping the Lancaster office open using ambient light to provide services to the clients who reached the agency for services. The agency has added to its disaster recovery plan based on this event and will be working on being able to provide remote computer access to vital data.



The plant/physical health and safety reviews have not been happening as scheduled in the Franklin County Office, the support staff have now been trained that completing them is a monthly requirement.

V: RECORDS COMPLETENESS REVIEW AND VI: PEER REVIEW

The committee discussed the ongoing use of the new forms. The committee members were provided with clarification on reviewing court-referred files. It was clarified that all charts must stand on their own; materials cannot be used from closed charts to make a currently active chart complete. The committee was also informed that only one clinical staff member per case must complete a CMS, all should, but to meet the QA standard, only one is required.

The committee discussed the current high utilization review. There are five chart reviews still in process, and there are four charts that still need to be reviewed. The QA Coordinator is checking corrections on the cases that have completed reviews. The agency's Medicaid Audit is expected to occur in the next 30 days or so.

VII: UTILIZATION REVIEW

The only utilization information that was reviewed by the committee was that there were 710 clients seen during the month of September.

VIII: INVOLUNTARY TERMINATIONS

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

IX: PROFESSIONAL STAFF ORGANIZATION

The agency has been approved by both boards to provide CEU credits until 2010. Dr Hedges queried the committee members regarding whether or not they had been audited by their boards, two of the members have been audited, both of them from the social worker profession.

The committee briefly discussed the requirements of record keeping for the boards. One bonus feature of the Netsmart program is that the program maintains a transcript of all of the trainings taken through that system.

The committee discussed the agency's plan to meet CARF's annual training requirements including the "Understanding and Valuing Diversity" and "HIPAA Series: Behavioral Confidentiality and Privacy for the Behavioral Healthcare Providers" trainings recently assigned to all agency employees who have not taken the agency's e-trainings as part of employee orientation in the past year.

X: REVIEW OF WAITING LIST

No clients are on a waiting list. The committee briefly reviewed September's client statistics that included 86 new clients. There was an increase of 4% in the number of clients who were from Fairfield County.

XI: REVIEW OF SERVICES UNDER CONTRACT

Daniel DiSalvo, CNP has signed the contract extended to him. The Administrative Coordinator has been working with Daniel on an issue the staff has been having with him using non-standard abbreviations in his documentation. This is an important issue related to the goals of standardizing the medication services documentation.

XII: FOCUSED REVIEW AREA

The committee discussed the October focused area of review of conducting a fire drill and review of continuity of services regarding the numbers and characteristics of person who are discharged from a psychiatric inpatient hospital and who do not receive necessary services within two weeks of requesting such services. The review will be conducted using the monthly summary reports completed by each clinical staff member for the previous year.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

The committee discussed the September focused area of reviewing the agency's Anger Management Program. Dr. Hedges and Mike Selegue met and created a data collection form for this review. Joe Dunson has provided an active and inactive client list for the program. The plan is to begin collecting data by the end of the week.

XIV: CLIENT RIGHTS AND GRIEVANCES

There were no client grievances during the month of September. Two informal client issues were discussed with the committee from this month.

XV: TREATMENT OUTCOMES REPORTING

Dr. Hedges discussed plans to integrate Outcomes into CIS, including an alert system for Outcomes that need to be done. Outcomes have been integrated into the system, however the alert system has not been implemented.

Dr. Hedges also discussed with the committee the fact that the ODMH is no longer making Outcomes mandatory, however our agency will continue to require them due to CARF standards and the ADAMH Board that require these measures. We may change the schedule on which they are required or make other adjustments in the future, however at this point they are required on the same schedule that ODMH previously required.

XVII: GENERAL DISCUSSION

Brief updates were given regarding the Care Management Scales; the agency continues to collect the data and will do so through the end of the year at which point a review will be conducted.

The standards of care website continues to be developed, this month standards were added for Sex Offender Programs and Forensic Care. There are also links to training resources and other care strategies and directions for managing self-mutilation. The continued development of this resource will improve QA reviews and consistency in treatment of clients and client care training for new staff.

Daniel and Dr. Smith have begun peer reviewing the charts of clients receiving medication services. This is a CARF plan of correction requirement.

The committee was presented with a draft of the agency's Training policy and procedure. The agency has compiled all of the agency procedures and currently used training information into one document in order to comply with the requirements for the JSO certification. This information will be presented to the supervisory staff and then the agency's governing board for approval.

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

MOPS Staff
QA Minutes Log Book