



ANNUAL QUALITY ASSURANCE REPORT

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

FROM: Shawna Watts-Shumaker, MBA
Quality Assurance Coordinator

SUBJECT: Quality Assurance Activities Fiscal Year 2008

SUBMITTED: August 26, 2008

MAJOR UNUSUAL INCIDENTS

There were twenty-nine major unusual incidents during fiscal year 2008, an increase from twelve in fiscal year 2007. The MUI's continue to be reported to the Fairfield ADAMH Board in a timely manner. Most of the MUI's continue to be related to facilitating hospitalization of clients.

The agency had a bomb threat in January 2008, which resulted in a review of the agency bomb threat procedures.

ABUSE AND NEGLECT

There were eighty-one reports to children service agencies, with sixty-eight percent of them being to Fairfield County. There were three reports to adult protective services and no duty to protect reports.

TRANSFERS FROM STATE HOSPITALS

There were two transfers to a state psychiatric hospital this year, a decrease from seven in fiscal year 2007. There were fourteen incidents of clients being hospitalized for psychiatric care in community hospitals, a decrease from sixteen incidents in fiscal year 2007.

Clients are still receiving scheduled appointments within the appropriate time frame following discharge from hospital care when the agency is notified of the clients discharge and they can be reached for follow-up care.



PLANT/PHYSICAL HEALTH AND SAFETY

The agency passed all fire inspections. A water leak caused by an air conditioner leak in the 624 attic caused damage to the ceiling in an office; the damage was repaired within one week.

RECORDS COMPLETENESS REVIEW and PEER REVIEW

The records and peer review process have run chronically behind during the current fiscal year. The QA committee has spent a large portion of the past year redesigning the forms used in the review process.

UTILIZATION REVIEW

There were a total of 1,164 new clients to the agency during the year. Sixty-two percent of the new clients were from Fairfield County.

There were a total of 21,545 units of service rendered in the agency for this fiscal year. The chart below shows a 5 year comparison of core services. This chart shows the trend of agency growth.

Service Area	FY2004	FY2005	FY2006	FY2007	FY2008
Diagnostic Assessment	1720	2057	2122	2235	2594
Individual Counseling	9644	10718	11587	11601	12453
Group Counseling	1785	2483	2634	3320	2462
CSP	5749	3673	2702	2466	3571
Medication/Somatic	591	560	613	681	465
AOD Group	126	8	0	0	0
Total Units	19,615	19,519	19,686	20,303	21,545

INVOLUNTARY TERMINATIONS

There were no involuntary terminations during the year.

REVIEW OF WAITING LIST

MOPS does not maintain a waiting list, clients continue to be scheduled in the next available time slot as they request service. The chart below shows the annual breakdown for the average number of days that lapsed between a person's telephone intake and initial session and the average wait from intake to the first scheduled appointment.

	2005	2006	2007	2008
Average Mean Wait 1 st Session	31.16	34.90	37.44	27.14
Average Mean Wait 1 st Scheduled Appt.	25.00	28.36	28.98	21.22

GENERAL COMMENTS

The overall QA process continues to improve, the committee meets monthly to discuss issues related to QA including PSO and agency wide improvement activities, and strives to improve the overall QA process through monitoring of concerns, processes, and forms. The completion of the QA reports has improved over the past few months, efforts are being made to maintain this progress.

The agency governing board continues review the QA activities of the agency. The agency QA reports are communicated to all interested parties via the agency's website.

Major revisions were made to the peer and records review forms, the two documents were combined into a more efficient single form that will hold clinical staff more accountable for the agency's standards of care and quality practices. The revised form follows this report.

The agency has worked to improve efficiency and quality in client care throughout the past year, the agency has implemented a standard of care model based on clinical care groupings. A standard of care website has been developed to compile the expertise and resources of all of the agency clinical staff and the best practices of the industry so that they can be accessed and applied easily to cases.

CLIENT RIGHTS AND GRIEVANCES

There were five verbal client grievances filed during the fiscal year.

In early July, the parent of client # 070628H1 contacted the Client Rights Officer (CRO) regarding filing a grievance against a clinician due to the clinician being unqualified and unprofessional. The parent was asked to put the information in writing and to fax or mail it to the CRO. As of the date of this report, no formal grievance has been filed.

On 6/19/2008 a client spoke with the client's rights officer regarding a right to receive medication services with this agency. The client reported that the staff psychiatrist was not willing to prescribe the medications the client was previously prescribed by another physician. The client was then scheduled to see the psychiatrist and was given the opportunity to sign releases to other agency's in town that provide medication services so that coordination of care could occur if the client decided to seek medication and counseling services else where, which the client stated they may check in to. The client was rescheduled with the psychiatrist at this agency, however did not attend this

appointment due to seeking services at a new agency due to moving away from the Lancaster area.

On 6/17/2008, a client spoke with the client's rights officer regarding concerns the client had regarding the therapist who had been recently assigned to their case. The client's rights officer explained to the client that the agency could not guarantee that any therapist would not leave the agency but that we could look at transferring the client to someone who had been with the agency for a longer period of time than the therapist who was newly assigned. The client indicated that they would be more comfortable with this idea because they liked the therapy and case management services that this agency provides; they just felt that they were not making as much progress as they thought they could due to the changes. The client's case manager facilitated the transfer of the client to another therapist. The client was scheduled on 6/30/2008 with the new therapist.

A grievance was taken from the parent of an adolescent client on 6/5/2008. The parent indicated that they were upset by comments the therapist had made regarding the client at the client's last court hearing. The parent said that the therapist had requested that the client be incarcerated and not returned to treatment at the agency. The parent felt that this meant the client was not welcome at the agency anymore and was being terminated from services. The parent said that they were going to get the records from the court and put the complaint along with others in a letter and send it to the CRO to start the formal grievance process. The parent did not follow through with this, however they did call and request the information for the Fairfield County ADAMH Board, which was provided to them. As of 7/14/2008, the client was incarcerated and the parent had not had any further contact with our agency.

The former guardian of multiple agency clients contacted the client's rights officer regarding client care on 03/26/2008. The guardian requested that we review the care provided due to the fact that the clients had been removed from the home. A review of the client's records was completed by Dr. Hedges with the client's rights officer. This review did not disclose any violations of agency policies and procedures related to client care. The former guardian was contacted by the client's rights officer and the information was shared. The former guardian accepted the information and the client's rights officer expects no further contact regarding this issue. The final contact regarding this issue was made on 4/01/2008.

TREATMENT OUTCOMES REPORTING

Our agency has continuously worked to improve our compliance with collecting and submitting consumer outcome data. We are currently using a tickler report provided to us by the PPS at the Fairfield County ADAMH Board to remind staff to complete the required outcomes and updates for the client's they provide services to. Completed outcomes are entered on a daily basis and the data is submitted to the ADAMH Board monthly.

Our agency is currently developing indicators in our clinical information system to track outcomes performance at a client/therapist level. We have plans to create a red flag report within the clinical information system to alert clinical staff of critical outcome indicators, and a tickler system within CIS to identify when outcomes have not been completed. The agency uses outcomes data to develop the client's individual service plans/treatment plans.

Our agency has worked to integrate outcomes activities into our performance improvement reports. Our committee has begun work recently with the agency programmer to develop some agency level reports that will provide the committee with additional agency level outcomes data in a more timely fashion to be used in improvement activities and reporting.