



## QA MINUTES September 23, 2008

### Committee Members In Attendance:

Jessica Mitchell  
Shawna Watts  
Kimberly Blair  
Heather Stevens

Miranda Zircher  
Brad Hedges

### I: MAJOR UNUSUAL INCIDENTS

There were three MUI's reported for the month of August. Two required medical intervention, one required police intervention. All appear to have been handled adequately.

### II: ABUSE AND NEGLECT AND DUTY TO WARN

The committee briefly reviewed four reports of abuse and neglect reported during the month of August. All appear to have been handled adequately.

### III: TRANSFERS FROM STATE HOSPITALS

There were no hospitalizations to be reviewed by the committee for the month of August.

### IV: PLANT/PHYSICAL HEALTH AND SAFETY

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

### V: RECORDS COMPLETENESS REVIEW AND VI: PEER REVIEW

The committee discussed the ongoing use of the new forms. The goal is to finish the high utilization chart reviews by the next meeting. Reviewers are going to give all reviews to the QA Coordinator to be clarified for corrections.

The review committee also discussed that the backlog that the transcription department is experiencing has impacted the completeness of the charts. This has slightly improved since the last discussion; the agency is committed to adding staff to correct the backlog.



## **VII: UTILIZATION REVIEW**

The committee briefly reviewed utilization information. The agency's percentage of scheduled but not fulfilled appointments remains at 32%, this percentage includes appointments that were no-showed or canceled.

The agency's financial summary was provided to the committee.

## **VIII: INVOLUNTARY TERMINATIONS**

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

## **IX: PROFESSIONAL STAFF ORGANIZATION**

The committee briefly reviewed professional staff organization information, including the plan for the agency to provide a CEU training and all staff meeting at the beginning of October for agency staff and interested parties.

The committee discussed the agency's plan to meet CARF's annual training requirements and the plan to meet some of these requirements using the online training program Netsmart.

## **X: REVIEW OF WAITING LIST**

No clients are on a waiting list. The committee briefly reviewed August's client statistics that included 79 new clients. There seem to be more clients no-showing for their first sessions.

## **XI: REVIEW OF SERVICES UNDER CONTRACT**

Daniel DiSalvo, CNP continues to provide services in the Columbus office. The committee previously discussed the fact that his notes do not follow the agency's dictation standards, and that these standards should be reviewed, during a contract meeting on September 11<sup>th</sup>, this was discussed with Daniel. It was agreed that Daniel and Dr. Smith will review the SOQIC format to come up with a version of medication notes that both will use to unify documentation procedures in both agency offices.

The committee also discussed the need to work with Daniel on his ability to de-escalate clients and working on running on time to avoid clients becoming agitated. This information was discussed during the contract meeting with Daniel also.

A clause has been added to his contract to improve his compliance with agency policies and procedures.

## **XII: FOCUSED REVIEW AREA**

The committee discussed the September focused area of review of reviewing a service activity that the agency offers.

The committee discussed various service areas including Forensic Evaluations, Formal Evaluations, the Anger Management Program, the Municipal Court Program, and the Parenting Intervention Program. After discussion of what would be best for the agency in the perspective of improving services, it was decided that the agency already does quarterly reporting on both the Municipal Court Program and the Parenting Intervention Program. It was decided that the Forensic and Formal Evaluation processes were very rigidly applied and would not provide a lot of opportunity for improvement. Based on these eliminations, the best review opportunity for improvement would be the Anger Management Program.

The Anger Management Program has been underway for a few years. The committee will review clients who have been in the program at some point over the past two years. Mike Selegue has agreed to work on this review with the assistance of Heather Stevens. The QA Coordinator will obtain a client list by discussing cases with Joe Dunson, the clinician who works with the majority of the agency's anger management clients.

The review will look at the following questions:

- Should the agency continue to run this program?
- Should we continue with the individual services or move back to a group format?
- Should we focus on a short-term 12 week program like most community based programs to meet the judges sanction or continue with the longer term program?
- What is our definition of an anger management program vs the courts definition of an anger management program?
- Who is making the referrals to our program?
- In a follow-up review of clients who have terminated from our program – is there any new court involvement?

By the next meeting will develop a draft of the data collection form and client list.

## **XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW**

The client's rights, grievances, and staff grievances were forwarded to the board of directors at the last meeting.

## **XIV: CLIENT RIGHTS AND GRIEVANCES**

There were no client grievances during the month of August.

**XV: TREATMENT OUTCOMES REPORTING**

Dr. Hedges discussed plans to integrate Outcomes into CIS, including an alert system for Outcomes that need to be done.

**XVII: GENERAL DISCUSSION**

Brief updates were given regarding the Care Management Scale, 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, each month leads to the addition of resources and materials.

The committee briefly discussed general areas that could use some improvement; staff in charge of these areas will be addressed.

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

MOPS Staff  
QA Minutes Log Book