



QA MINUTES August 25, 2009

Committee Members In Attendance:

Miranda Zircher	Heather Stevens
Shawna Watts	Mike Selegue
Jennifer Schwind	Brad Hedges
Cara Sussman	

I: MAJOR UNUSUAL INCIDENTS

The committee discussed three MUI's from July; most were related to the hospitalization and evaluation of clients. The QA Coordinator reported that although most MUI's occur in the Lancaster office, the other two sites do forward reports in a timely manner.

The committee discussed one of the hospitalizations, due to the fact that the client was medically ill when left at the agency by their caregiver.

The committee also discussed an MUI report that was made to the Ohio Department of Mental Health (ODMH) during the month of August. The MUI was to report allegations of abuse made by a client against a therapist in conjunction with a client grievance that was made to ODMH. Although the client never reported the alleged abuse to the agency, they did make allegations to ODMH. These allegations were not substantiated during an internal investigation that was conducted.

II: ABUSE AND NEGLECT AND DUTY TO WARN

There were nine reports made to Child Protective Services during July. The reports that were made were made in a timely fashion to the appropriate county's CPS office. Most of the reports filed were filed with CPS in Fairfield and Franklin counties.

There was one "duty to warn" report filed during July, after a client made threats against the Fairfield County Juvenile Probation Department.

III: TRANSFERS FROM STATE HOSPITALS

There were four hospitalizations to be reviewed by the committee for the month of July. Four were community hospitalizations, and all of the clients were seen within 14 days of their release.



IV: PLANT/PHYSICAL HEALTH AND SAFETY

There were some minor plant/physical health and safety occurrences to report. All appear to have been dealt with appropriately.

V: RECORDS COMPLETENESS REVIEW AND VI: PEER REVIEW

The committee discussed the success of the QA training that occurred; Dr. Hedges reported that the plan is to offer this training annually and to require it of all new staff. This is planned so that we can continue to recruit staff to do chart reviews, but to also improve the quality of the clinical records by providing staff with a look at the requirements and how each one of them should be met.

There has been some progress in chart reviews, there have been ten charts reviewed since the training. All of the lists through July are ready for review. The questions being asked by the newly trained staff are mostly clarification what the forms are asking for.

VII: UTILIZATION REVIEW

Utilization of all service types has remained steady, the intakes for new clients has remained high even during the summer months which have historically seen a decrease.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during July.

IX: PROFESSIONAL STAFF ORGANIZATION

The committee discussed the agency's ongoing efforts to comply with CARF training requirements. The QA Coordinator discussed that we will begin the cycle of APPIC required trainings again in September, which will mean that there will be a training opportunity almost weekly.

Dr Hedges also discussed with the committee an SO Symposium that occurred in August to discuss the changes that have been made to the Sexually Aggressive Youth Program in response to certification requirements. Additional modifications were suggested for forms being used within the program in addition to discussion of how the delivery of treatment has been modified. Another SO Symposium will be held on 10/5/09 to address how the homework assignments are to be completed in the SO program.

X: REVIEW OF WAITING LIST

No clients are on a waiting list. The number of new clients has remained higher than historic summer trends for the agency, there were 123 new intakes during the month of July.

XI: REVIEW OF SERVICES UNDER CONTRACT

Daniel DiSalvo, CNP continues to provide services in the Columbus office. The QA Coordinator discussed some administrative changes that were made recently to improve the flow of paperwork and decrease wait time for clients at the time of their appointments.

XII: FOCUSED REVIEW AREA

The focused area of review for July is to complete the annual QA report and a fire drill. The fire drill has been conducted and the report will be forwarded to the agency board and then all staff and interested parties. The Lancaster office did receive an unscheduled fire inspection and no significant deficiencies were noted.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

There was no discussion of the previous month's reviews.

XIV: CLIENT RIGHTS AND GRIEVANCES

There were no formal client grievances during July. There was one informal grievance discussed with the committee. A client made allegations that their confidential information had been released to another client by an agency case manager. The CRO notified the case manager and supervisor of the allegations but was unable to substantiate any of the client's claims.

Additionally, in August, we were notified of a grievance filed with ODMH as noted above in the MUI section.

XV: TREATMENT OUTCOMES REPORTING

Outcomes requirements were briefly discussed with the committee. The Ohio Department of Mental Health has suspended requiring the forms due to budget cuts, however as an agency CARF requires that we still obtain the feedback.

XVII: GENERAL DISCUSSION

No updates were provided for Care Management Scales or the standards of care website.

Next meeting is scheduled for August 25, 2009.

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

MOPS Staff
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