

MAY 2009

FOCUSED REVIEW AREA

The focused area of review for May was to review the agency's QA process.

Review QA plan's overall goals and objectives and revise

The agency's current goals and objectives are listed below. No changes were made to the goals or objectives, as they are still consistent with current QA activities.

Goal: Meet State requirements

Objectives: Clinicians, and other agency staff as applicable, must consistently complete documentation that is required by this agency, the State and the accrediting agencies that this agency is associated with.

Comments: The agency continues to meet all state requirements for ODMH as well as maintaining the requirements of our national accreditation through CARF. The agency has implemented a Standards of Care Website and Clinical Information System to continue to improve the documentation provided in support of each client's care.

Goal: Continuing Education

Objectives: Clinicians must continue to meet the standards of the State toward maintaining their licensure, developing competencies, and improving the quality of care for our clients.

Comments: The agency continues to improve in this area by utilizing an on line service called NetSmart and offering agency sponsored CEU trainings, using both agency staff and outside presenters for the trainings. Staff have been assigned multiple Netsmart trainings and CEU trainings are being offered on a weekly basis in the Columbus office for all staff.

Goal: Clinical Accountability

Objectives: Quality Assurance staff will work with clinicians to make sure that they are providing a thorough assessment, accurate diagnoses, and services that are consistent with the philosophies and standards of this agency and the state of Ohio.

Comments: The QA Committee has implemented an new set of forms for the QA chart and peer review. However general chart reviews are behind. There have been some focused chart reviews for the APPIC interns.

Goal: Provide feedback about utilization of services

Objectives: QA staff will develop an understanding of what services are sought at this agency, how these services are accessed, if these services meet the needs of our clients, what other services are needed, are we attempting to meet the needs of our clients when we don't have the available service (if so how?), and what external services are we as an agency utilizing and what external services are our clients utilizing.

Comments: The agency continues to monitor utilization of services by clients by monitoring clinical caseloads and high utilization reports and statistical reports on the amount of time a client waits to be seen for the first session. The agency strives to see clients within 30 days of intake.

Goal: Ensure a safe environment free of hazards for staff and clients

Objectives: QA staff will conduct monthly physical plant inspections, quarterly fire drills, and monitor MUI's to provide re-education or preventative training to avoid future incidents.

Comments: The agency continues to monitor all of the agency facilities for health and safety issues and general up keep. Most maintenance tasks are completed within 48 hours of request, depending on the supplies and equipment needed.

Review the achievement of accepted professional standards of practice

The QA Coordinator continues to review /monitor training through Monthly Summary Reports as well as monitoring license expirations for all clinicians. The agency continues to use e-training, Netsmart, and is a certified CEU provider for State of Ohio Psychology Board and the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.

Review the resolution of identified problems

The agency has developed several tracking reports to help clinicians improve in areas that have been raised as areas for improvement by the QA process, CARF standards, and ODMH rules. Clinical staff receive timely feedback reports in the following areas:

Provider Outcome Completions
Care Management Scale Completions
Percent of Active Charts That Need To Be Closed
Production Ratio
Billing Ratio
5 Day Rule Compliance For Timely Documentation and Billing
“True Production Ratio”

Feedback reports could be developed in the areas of Client Satisfaction using the ADAMH Board information and QA compliance through chart reviews if information could be obtained in a timely fashion.

Assess the efficiency of QA activities

The QA Committee still struggles to complete the QA reports in a timely fashion. QA activities are conducted monthly as required, however the reports are running behind by a few months. Chart reviews are significantly behind, some focused reviews have occurred for specific clinical staff, but not the agency as a whole.

Review the adequacy of corrective actions

Verifying that corrections have been made to charts continues to be a challenge for the QA Committee.

Review methods for improving the service delivery system

Reminder calls continue to be made, and the agency continues to strive to get clients in within 30 days for services. Formal evaluations are being scheduled up to six months in the future due to a shortage of qualified staff and an increase in the number of requests for evaluations.

Current QA reporting activities could allow for scheduled proficiency and missed appointments to be reported to the agency's clinical staff.

Conduct a bomb threat drill

The bomb threat materials were reviewed with the support staff that would be most likely to receive the call.