



QA MINUTES June 23, 2009

Committee Members In Attendance:

Miranda Zircher
Shawna Watts
Jennifer Schwind

Heather Stevens
Mike Selegue

I: MAJOR UNUSUAL INCIDENTS

The committee discussed five MUI's from February through May; most were related to the hospitalization and evaluation of clients. The committee discussed the requirements for filing an MUI and that it must be faxed to the board when required within 24 hours of the occurrence, this did not happen with all of the MUI's discussed. A review training of the proper procedures will be developed in the near future for all staff.

II: ABUSE AND NEGLECT AND DUTY TO WARN

There were sixteen reports made to Child Protective Services from February through May. 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 an increase in the number of reports made during the report period reviewed, this was attributed to the increase in new client intakes and other services provided to ongoing clients.

There were no "duty to warn" reports filed during this same time period.

III: TRANSFERS FROM STATE HOSPITALS

There were eight hospitalizations to be reviewed by the committee for the months of February through May. Seven were community hospitalizations, and all but two of the clients were seen within 14 days of their release. One client was released to a detention facility and the second client was seen after an extended period after they missed six scheduled appointments.

IV: PLANT/PHYSICAL HEALTH AND SAFETY

There were some minor plant/physical health and safety occurrences to report. The HVAC systems on the 624 and 630 building have required some minor repairs.



The agency contracted for a new cleaning service in the Columbus office due to repeated issues of unsatisfactory work by the previous service.

V: RECORDS COMPLETENESS REVIEW AND VI: PEER REVIEW

A significant amount of time was spent discussing the fact that chart reviews are not getting done. Only seven charts have been reviewed during this fiscal year, this leaves the agency out of compliance.

The committee discussed training six additional staff to complete chart reviews. All committee members in attendance agreed to train at least one new person to do QA.

The current QA staff is going to schedule at least one hour a month to do a chart review and will work to use any additional time to do additional chart reviews. The QA Coordinator will create chart lists that cover clients who have been seen from January to June to be worked on.

The number of chart reviews being done for each month is going to be reduced until timely reviews can occur. We will review a minimum of four charts per month, with the intentions of increasing to ten per month as the new review staff is trained. The lists will rotate through all clinical staff with each clinician having at least one chart reviewed each quarter.

VII: UTILIZATION REVIEW

Utilization of services has increased significantly during the spring months. The agency has seen an increase in intakes and all other services provided. A portion of this increase in services is attributed to the office in Licking county, but all locations have contributed to the increase.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the months of February through May.

IX: PROFESSIONAL STAFF ORGANIZATION

The committee discussed the agency's ongoing efforts to comply with CARF training requirements. A training titled *The History of Community Mental Health and Client's Rights in Ohio* has been assigned to all staff.

X: REVIEW OF WAITING LIST

No clients are on a waiting list. The number of new clients has increased significantly between February and May. Intakes have trended up by 20 to 25 clients each month

during this time. The clients in Licking County are waiting longer than 30 days to be seen for the first time due to significant demand for services.

XI: REVIEW OF SERVICES UNDER CONTRACT

Daniel DiSalvo, CNP continues to provide services in the Columbus office.

XII: FOCUSED REVIEW AREA

The focused area of review for May is to review the entire QA process. The committee was presented with the QA Coordinators draft of the activities that have occurred and changes that have been made during the past year for review. The area that continues to need significant improvement is the chart review process.

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 the months of February through May. Eight informal client issues were discussed with the committee from this month.

There has been an increase in informal grievances during this period, mostly related to the staff psychiatrist. Most of these issues have been investigated and found to be situations in which the referrals to the psychiatrist did not follow the agency's procedures and additional cases were found to be clients seeking specific medications that the psychiatrist did not feel were warranted.

XV: TREATMENT OUTCOMES REPORTING

Outcomes were not discussed.

XVII: GENERAL DISCUSSION

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

Next meeting is scheduled for July 28, 2009.