

Quality Improvement Committee (QIC) Meeting	02/26/2015
	11:00am-12:00pm
	Shasta Room, Health Dept.

Meeting called by: Amie Miller, QI Manager

Facilitator: Amie Miller, Ben Bunyi

Attendees: Please refer to sign-in sheet for QI Committee Meeting

Minutes

Agenda item:	Quality Improvement (QI) Bilingual Performance Improvement Project	Presenter:	Amie Miller, Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • QI presented its bilingual performance improvement project, which is to drive the occurrence of bilingual treatment plans being written for clients whose preferred language is not English. • QI indicated that an analysis of data from the Avatar electronic health records system that only 11% of current clients whose preferred language is not English had a treatment plan written in the client’s preferred language, per Monterey County Behavioral Health (MCBH) policy. • The goal is to increase this to 50% in the next 6 months. • As part of this initiative, QI will implement an automated Avatar process that will alert providers that the client’s preferred language is not English and to write the treatment plan in both English and the client’s preferred language. A screen shot of a sample alert was shown to attendees. • Attendees raised questions such as: <ul style="list-style-type: none"> ○ “What if the provider can speak but not write the client’s preferred language? <ul style="list-style-type: none"> ▪ QI discussed the use of electronic aids, such as Microsoft Word’s built in English to Spanish translation function ▪ MCBH does contract with translators and this service can be used if necessary. ○ The provider perception that this process takes additional time and is additional work. <ul style="list-style-type: none"> ▪ It is a State mandate that must be adhered to. ▪ The additional time to produce a bilingual treatment plan is a billable service as long as the additional time being billed is factual, accurate, and reasonable in length. ▪ Providers with bilingual pay are compensated to provide bilingual services. ○ What if the client prefers speaking in a non-English language but prefers their written documents in English? <ul style="list-style-type: none"> ▪ This should be noted in the Cultural/Spirituality section of the Psychosocial Assessment so it is readily available to other providers and to auditors. 		
Conclusion	QI will provide additional updates to the QIC throughout the life-cycle of the Bilingual Performance Improvement Project.		
Agenda item:	2014 Satisfaction Survey Outcomes	Presenter:	Amie Miller, Ben Bunyi

Discussion:	<ul style="list-style-type: none"> • QI provided background information regarding the State mandated annual satisfaction surveys. • QI informed attendees that QI analyzed responses from the 2014 State Satisfaction Surveys. The data and the analyses for each System of Care is available on the QI Website at http://www.mtyhd.org/QI/index.php/data/. • Attendees discussed some of the trends, such as the general satisfaction with the type of services received through MCBH and the feeling amongst respondents that they were not involved in the treatment plan development process. <ul style="list-style-type: none"> ◦ QI discussed that the general dissatisfaction of respondents with participation in the treatment planning process appears to be a reoccurring trend that was also evident in the prior year's survey results. • QI informed attendees that the data was publicized in the February 2015 edition of the QI Newsletter. 		
Conclusion	Attendees agreed that the general dissatisfaction with the level of participation in treatment plan development was a trend that needed additional monitoring. Attendees agreed to inform their respective programs regarding the availability of the data and to investigate how it can be used to improve their particular programs' services.		
Agenda item:	Policy 144 Follow Up	Presenter:	Amie Miller, Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • QI brought back Policy 144 – Disclosure of Unlicensed Status for License Eligible Clinicians back to QIC for additional discussion. • At the least QIC meeting, attendees requested that a standard template be developed and embedded in the policy showing how to format an unlicensed but license-eligible staff member's information in documents in order to comply with State laws and regulations. • The initial template created by QI included the actual supervisor's name but feedback was given after the last QIC that it should simply state the staff member was supervised by licensed clinician [indicating the supervisor's licensure] without explicitly stating the supervisor's name • Attendees indicated they preferred that the template not include the supervisor's name but indicate the supervisor's licensure • A template will be created for County business cards so it includes all the necessary information required by regulations. • Attendees agreed that staff should get new business cards with the updated template conforming to regulations as soon as reasonably possible. 		
Conclusion	Policy 144 adopted with changes as recommended by QIC.		
Agenda item:	Policy 104 – Compliance Plan	Presenter:	Amie Miller, Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • QI presented an updated Compliance Plan policy. • Informed attendees that the modification to the existing policy was as a result of feedback from the California Department of Health Care Services (CA DHCS) regarding a more specific procedure set as to how QI would follow-up on compliance reports. • The changes to the policy primarily impact the QI team. 		
Conclusion	Revised Policy 104 adopted by QIC as presented.		

Agenda item:	Policy 123 – Unusual Incident Reporting	Presenter:	Amie Miller, Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • QI presented the updated Unusual Incident Reporting policy. • The policy was updated to provide better definition as to what constituted a special or unusual incident and to make this policy align better with Policy 146 – Sentinel Events, which is a companion policy. • The main changes include establishing the definition of an Unusual Incident and providing more detail in the reporting procedure. 		
Conclusion	Revised Policy 123 adopted by QIC as presented.		
Agenda item:	Policy 142 – Excluded Providers	Presenter:	Amie Miller, Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • QI presented the updated Excluded Provider policy. • The policy was updated to provide in response to CA DHCS feedback from the last audit. • The main changes include establishing increasing the number of State and Federal excluded provider lists to verify and how MCBH would address billing submitted by an excluded provider. 		
Conclusion	Revised Policy 142 adopted by QIC as presented.		
Agenda item:	Policy 443 – Scope of Practice	Presenter:	Amie Miller, Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • QI presented the updated Scope of Practice policy. • The policy had not been updated since it was originally adopted in 1993. Attendees agreed that there have been significant changes since 1993 to laws, statutes, regulations, and practices regarding Scope of Practice. • The updated policy discusses consequences if a provider is practicing out of their scope. It was discussed that a violation of scope of practice may be addressed through the compliance plan violation process. Attendees asked that the language of the policy be changed to reflect this. 		
Conclusion	Revised Policy 443 adopted pending minor grammatical changes and the inclusion of the language referring to compliance plan violation.		
✓ No items tabled			
<i>Other Items</i>			
Next Meeting:	<i>Due to other commitments, the next QIC meeting will be April 23, 2015.</i>		