

Quality Improvement Committee (QIC) Meeting

04/23/2015

11:00am-12:00pm

Shasta Room, Health Dept.

Meeting called by: Ben Bunyi, Senior Psychiatric Social Worker- Quality Improvement

Facilitator: Ben Bunyi, Heather Freudenthaler

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

Minutes

Agenda item:	Policy 129R- Medical Records Documentation	Presenter:	Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • QI presented Policy 129 - Medical Records Documentation changes and updates. • QI described the minimum requirements of frequency of progress notes by type of services, particularly crisis residential, crisis stabilization, day treatment intensive, and weekly. • QI also described updates to restricted disclosure. As described, clinical progress notes can be marked as restricted disclosure by staff. • If a progress note is marked as restricted disclosure, QI will review the notes. There are certain reasons why health information can be withheld from the client. As discussed, CPS reports are an example documents labeled as restricted disclosure. • Attendees raised questions such as: <ul style="list-style-type: none"> ○ “Is this already in place?” <ul style="list-style-type: none"> ▪ QI explained an email will be sent to staff and providers when it is in place. ○ How does this affect conserved clients? <ul style="list-style-type: none"> ▪ Privacy Officer discussed HIPAA and federal law. She explained she will review this matter further and follow up. ▪ Discussion about HIPAA’s role in emphasizing importance of client obtaining access to records was discussed. ○ Do the policy changes in terms of documentation frequency impact outpatient services? <ul style="list-style-type: none"> ▪ No, the changes are focused on clarifying documentation frequency for residential and day treatment programs. ○ What are Monterey County Behavioral Health standards for frequency of progress notes? What should staff do if they submit late notes? <ul style="list-style-type: none"> ▪ The county policy is 72 business hours (3 working days). If a progress note is late, document reason for late entry. QI encouraged staff to refer to Clinical Documentation Guide for specific examples of acceptable reasons. 		
Conclusion	Policy 129R adopted.		
Agenda item:	2014 Data and Trends	Presenter:	Ben Bunyi

Discussion:	<ul style="list-style-type: none"> • QI provided background information regarding data and trends regarding potential PHI breaches, change of clinician requests, and grievances/appeals. • QI, Privacy Officer, and Deputy Director emphasized importance of reporting PHI breaches and the learning opportunities that take place once reported. • QI explained process of reporting breaches and outcomes from reports. • QI validated Supervisors/Managers for speaking with client about change of clinician requests. QI speculated that the number of grievances filed has been reduced due to fact that Supervisors/Managers resolve matter directly with client. • QI described role clarification for clinical service delivery grievances and administrative grievances. QI explained QI handles grievances for clinical service delivery. • QI spoke about 2015 trends related to PHI breaches, change of clinician requests, and grievances. • Attendees raised questions such as: <ul style="list-style-type: none"> ○ When would an issue be personal professional liability vs. county liability for breach of information? <ul style="list-style-type: none"> ▪ Deputy Director explained each Supervisor has responsibility to notify licensing board, if needed. He also encouraged the Supervisor/Manager to consult with QI and his or her own Supervisor, when needed. ○ Does QI track number of change of clinician requests that turn into grievances? <ul style="list-style-type: none"> ▪ This is not part of the data set presented but could be explored further if necessary to see if a correlation can be established between the change of clinician requests and the grievance data. However, QI clinical staff reviews each change of clinician request made. ○ How many changes were made in 2014 in regards to the change of clinician request? <ul style="list-style-type: none"> ▪ Unknown. This was not calculated. ○ Should contract provider's internal grievance be reported to MCBH? <ul style="list-style-type: none"> ▪ QI to discuss and follow up.
Conclusion	QI and/or Health Department Privacy Officer will follow-up with pending questions.
✓ No items tabled	
<i>Other Items</i>	
Next Meeting:	<i>May 28, 2015.</i>