

Quality Improvement Committee (QIC) Meeting		4/24/2014	
		11:00am-12:00pm	
		Shasta Room, Health Dept.	
Meeting called by: Amie Miller, QI Manager			
Facilitator: Ben Bunyi, Lucero Robles			
Attendees: Please refer to sign-in sheet for QI Committee Meeting			
Minutes			
Agenda item:	Revisions to Policy 322 Protected Health Information (PHI) Breach Notification and Mandatory Reporting	Presenter:	Ben Bunyi
Discussion:	<ul style="list-style-type: none"> • Facilitators and attendees discussed the revisions the policy previously approved by this committee on 1/16/2014. The revisions to the policy are to include language to address the breach reporting requirements referenced in the County contract with the California Department of Health Care Services (CA DHCS) for MediCal services. • Provided information to attendees regarding requirements for timely reporting to U.S. DHHS (annually) and CA DHCS (within a 3-calendars from knowledge of the potential breach). • Facilitator clarified meaning of “breach” to include all “potential” breaches regardless of level of disclosure. All potential breaches must be reported to CA DHCS and then further investigated by MCBH QI • Attendees provided feedback on areas that needed further clarification, specifically on attachment 1: PHI Breach Reporting Procedures. These procedures are to be followed by staff (County or Provider) when an actual or potential breach has occurred. Informing Behavioral Health (BH) Director of potential breach does not seem to be efficient or timely. <ul style="list-style-type: none"> ○ >suggested changes include staff inform QI who will inform BH Director ○ >policy needs some clarification in order to avoid confusion • Attendees identified need to include “special incident form” as an attachment as this form is used for reporting to QI and MCBH Administration • Attendees identified need for staff training, on all levels-from direct service staff to administrative staff across behavioral health system in order to provide education and further comply with reporting requirements. Attendees suggested the following: <ul style="list-style-type: none"> ○ >training via video may be helpful ○ >training provided by QI during all-staff meetings as QI team capacity permits • Facilitator indicated upcoming changes to Confidentiality policy <ul style="list-style-type: none"> ○ >Attendees suggested clear policy and procedure around sending client information via email, among staff members, among providers, and among other adjunct service providers; clarification on use of PHI information in the field; clarification around texting, laptop use and security, and security with smart phones. 		
Conclusion	Policy 322 approved by committee with recommended changes.		

Agenda item:	HIPAA Breach; review of trends	Presenter:	Ben Bunyi & Lucero Robles
Discussion:	<ul style="list-style-type: none"> Facilitators and attendees discussed trends. Identified 4 breaches have occurred in 2014. Trends identified include theft of items from vehicles. Some information, although taken by itself may not have been a reportable breach, however, the totality of the document taken during such as Employee badge, business cards, or calendars/agenda, lead to a breach. Discussion around other identified issues, which include the use of mailing envelopes that contain Behavioral Health name as part of the return address labels. Identified need include having uniformity in such mailing envelopes as it relates to sending mail to clients. 		
Conclusion	<ul style="list-style-type: none"> Update the confidentiality policy to address ways to minimize risk of unauthorized disclosures, especially as it related to staff that require using some PHI information in the line of their work while working in the community. 		
Agenda item:	Grievance, Appeals, and Change of Clinician; review of trends	Presenter:	Ben Bunyi & Lucero Robles
Discussion:	<ul style="list-style-type: none"> <u>Grievances:</u> <ul style="list-style-type: none"> 4 in 2013 and 5 in 2014 (thus far) Trends generally include personality differences between the client and staff. No patient's rights were violated. <u>Appeals:</u> <ul style="list-style-type: none"> 0 in 2013 and 1 in 2014 (thus far) Appeal was reviewed and decision was upheld. No patient's rights were violated. <u>Change of Clinician:</u> <ul style="list-style-type: none"> Facilitators presented trends that include the majority of Change of Clinician forms received in 2013 and 2014 have come from adult services. Another trend includes issues with prescription patterns. Meaning, 1) client's felt the psychiatrist may not have been open to continuing a particular medication and 2) client's felt the timeliness of prescription refills was inadequate. One other trend is positive outcomes when Supervisors and Services Managers mediate the change by working directly with the client and staff member involved. Attendees' suggestions for the future the inclusion of percentages in looking at the data. 		
Conclusions:	<ul style="list-style-type: none"> Continue to monitor for trends and report any significant trends to QIC 		
Items Tabled	Person responsible		
✓ No items tabled			
<i>Other Items</i>			
Next Meeting:	May 22, 2014		