Quality Improvement Committee (QIC) Meeting

04/25/2013

10:00 to 11:00

Shasta Rm, Health Dept

Meeting called by: Amie Miller, QI Manager

Facilitator: Amie Miller, Ben Bunyi

Attendees: Refer to sign-in sheet for QI Committee Meeting dated 04/25/2013

Minutes

Agenda item:	Service verification	**Presenter:**	Amie Miller
Discussion:	QI Team presentation of State mandate to establish and utilize a method of verifying services provided to beneficiaries. QI Team solicited feedback regarding utilizing a telephone survey not only to verify if services were rendered as claimed but also to solicit feedback from beneficiaries.		

- The State mandate for services verification was presented by the QI Team and discussed by QIC. It was discussed that services verification would be part of State audits.
- QIC discussed how utilizing mailed letters as the method for services verification might prove confusing to beneficiaries. QIC in agreement that a brief telephone survey might prove more effective.
- QIC suggested that the survey should be brief, no more than two to four questions, including the actual services verification question. It was also suggested the open ended, qualitative question currently in the draft version of the survey is a must have question.
    - QIC suggestion to have a "script" introducing the survey. The script should inform beneficiaries that the survey includes an opportunity to provide open feedback at the end.
    - QIC suggestion that the script emphasize the services verification first and foremost (to meet the mandate) and then to offer the satisfaction components of the survey afterwards as an option.
- QIC discussed making the language of the questions simpler, such as avoiding the use of "practitioner" and replacing it with a phrase such as "the person who provided your services."
- QIC inquired about the sampling strategy. The QI Team proposed that a random sample of a minimum of 1% of all services rendered and billed (including those billed by contract providers) in a given day will trigger a telephone survey in 72 hours. The survey will be completed by a QI Team intern.
- QIC suggested questions be reframed so it also reflects parents or guardians responding to the surveys.
- QIC discussion regarding the importance of respecting a beneficiary's decision not to participate in the survey. QI Team suggested that if a beneficiary refuses to participate in the survey, a procedure should be developed to pull another service from the same staff/provider's billed services from the same day as part of the verification/satisfaction survey process.
- QIC discussion regarding the importance of creating awareness amongst beneficiaries regarding the survey calls to reduce apprehension amongst beneficiaries and to increase potential for participation.
    - QIC suggestion to update documents related to informed consents (i.e. welcoming packets, consent for treatment) to include services verification calls. Additional QIC suggestion to update signage in clinics to reflect surveys.
- QIC discussed what other questions to be asked in addition to the verification question and the open ended question.
    - QIC agreed to keep the questions consistent with other satisfaction surveys by asking "Were the services you received helpful?" and "Were you satisfied with the services?" Both questions will be Yes/No questions.
- QIC suggested that the outcome of the initial version of the survey be reviewed at a QIC meeting within three months to assess the survey's effectiveness.

Conclusions:	QIC agreed that telephone surveys would be the service verification method of choice and will be implemented upon approval of revisions based on QIC feedback. The finalized telephone survey will be reviewed by QIC for effectiveness 3 months after implementation.

Action items	**Person responsible**	**Deadline**
✓ Revise survey questions based upon QIC feedback	QI Team	ASAP

✓ Develop introduction "script" for survey	QI Team	ASAP
✓ Email introduction script and revised survey questions to QIC for review and additional feedback	QI Team	ASAP
✓ Update policies/procedures/documents/signage to reflect surveys	QI Team	As soon as reasonably possible

Agenda item:	Policy 141 Health Service Records Retention	**Presenter:**	Amie Miller, Ben Bunyi
Discussion:	Revised health service records retention policy presented to QIC, including references and background information that contributed to the determination of the length of time proposed in the policy for retention of records.		

- QIC discussion of business and practice regulations for psychologist mandating 7 years of records retention.
- QIC discussion of lack of regulation for LMFTs, LCSWs, and LPCCs specifying a mandatory period of records retention.
    - QI Team informed QIC that CAMFT and NASW recommended a period of 10 years for records retention for LMFTs and LCSWs from either the date of discharge of an adult client or after a minor client turns 18 years of age due to statutes of limitations on certain types of allegations of misconduct.
- Discussed concerns regarding QIC attendees about current County practice of maintaining health records indefinitely.
    - QIC discussed benefits of such practice, such as having thorough and complete historical clinical information regarding beneficiaries.
    - QIC discussed disadvantages of such practice, such as maintaining information that may be irrelevant but possibly damaging to beneficiaries in certain situations.
    - QIC also discussed importance of incorporating the health records retention policy into informed consent (i.e. include in welcoming packet information)
    - QIC agreed to further discuss the issue and explore an updated health records destruction policy.
- Question from Kinship/Seneca regarding records retention being affected by adoptions/permanent placement status of client.
    - QI Team agreed to look into the issue.

Conclusions:	QIC agreed to adopt Policy 141 Health Service Records Retention as presented • QIC agreed to revisit policy if adoptions/permanent placement status of client impacts records retention. • Interim, Inc. agreed to revise their records retention policy from 7 years to 10 years to reflect revised County policy.

Action items	**Person responsible**	**Deadline**
✓ Research if adoptions/permanent placement status of client has impact on mental health records retention duration.	QI Team	ASAP
✓ Research possible update to health records destruction policy including adding records retention policy and practices as part of welcoming and informed consent documents	QI Team	ASAP

Agenda item:	Policy 301 Photographing/Video Recording/Audio Recording of Clinical Activities	**Presenter:**	Amie Miller
Discussion:	QI Team discussed how the revisions to Policy 301 Photographing/Video Recording/Audio Recording of Clinical Activities centered on changes to the accompanying consent form.		

- Reason for changes to consent form discussed, including integrating separate forms for audio/video recording and photographing into one consent form.
- QIC requested that Policy 301 specify that the consent form should clearly spell out how pictures/recordings are being secured, their anticipated time of destruction/disposal (if applicable), and method of destruction/disposal (if applicable)
- QIC committee asked that the consent form be updated to include a line indicating an anticipated time of destruction/disposal of the photo/recording (if applicable).
- QIC also discussed how it is important to discuss with clients if the photos/recordings will have no anticipated time of destruction/disposal, such as photos for brochures.
- QIC discussed that clients should be able to revoke their consent in the same manner they would revoke as

consent to release protected health information (i.e. verbal revocation is valid). QIC asked that the policy be updated to reflect his.

- QIC discussion that it is a team takes on its own risks if they decide to utilize a beneficiary's image (for consent) for a brochure and the client decides to revoke their consent after a team spends the effort and money on having brochures developed.

Conclusions:	QIC agreed to adopt policy with feedback and revisions specified by QIC.

Action items	**Person responsible**	**Deadline**
✓ Revise policy and accompanying consent form to reflect changes specified by QIC	QI Team	ASAP

Agenda item:	QI Committee meeting times	**Presenter:**	Amie Miller
Discussion:	QIC members requested a change in time of QIC Meeting from 10am to 11pm.		

- Interim, Inc. and certain Behavioral Health managers and supervisors have regular meetings from 9am-11am on Thursday mornings.

Conclusions:	All agreed to change QIC Meeting times to 11am on every 3rd Thursdays of the month.

Action items	**Person responsible**	**Deadline**
✓ QI Team staff will update room reservations and email notifications to reflect new start time.	QI Team	ASAP

Agenda item:	Establishing QIC Committee policy review subcomittee	**Presenter:**	Amie Miller
Discussion:	QI Team proposed that a QIC subcommittee be formed strictly for the review and approval of policies and procedures.		

- QI Team presented the significant number of policies and procedures needing updating, primarily due to the transition to electronic health records and to address changing regulations.

Conclusions:	QIC agreed to the formation of a QIC subcommittee for the review and approval of policies and procedures.

Action items	**Person responsible**	**Deadline**
✓ QI Team staff will reserve meeting room and send email notifications regarding times and dates of QIC policy subcomittee	QI Team	ASAP

Other Items

Next Meeting:	Thursday, June 27th at 11am