

Quality Improvement Committee (QIC) Meeting	07/25/2013
	11:00 to 12:00
	Shasta Room, Health Dept.

Meeting called by: Amie Miller, QI Manager

Facilitator: Amie Miller, Lucero Robles, Ben Bunyi

Attendees: Refer to sign-in sheet for QI Committee Meeting dated 07/23/2013

Minutes

Agenda item:	Policy 494 Service Verification	Presenter:	Amie Miller
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Discussion: QI Team presented policy to QIC. QI Team also presented to QIC results of initial small scale testing of telephone satisfaction surveys as a means of service verification.

- QI discussed Policy 494 Service Verification was in response to a new State mandate for mental health plans to utilize whatever method was appropriate to verify services provided to consumers.
- QI summarized the discussion from the 04/25/2013 regarding QI's proposal to utilize telephone surveys as Monterey County Behavioral Health's method for service verifications and how this proposal was accepted by the QIC after changes were made to the proposal based on QIC recommendations.
- QI also provided the following clarifications regarding the service verification calls (some in response to questions from attendees):
 - If a client reports that a staff member or provider did not meet with them on the date specified in a survey, QI does not operate on the assumption that the staff or provider falsified their billing. QI makes an additional effort to call another client seen by the staff or provider that day and asks that client to participate in the service verification process.
 - Based upon laws, statutes, and regulations regarding consenting for services and confidentiality, QI speaks to the parents only if the client is under 12 years of age but will speak to the client directly for a client 12 years or older.
 - The QI team is still analyzing the data to see the exact numerical size of the sample pool will be.
- QI discussed the outcome of the service verification calls that the QI have conducted as part of small scale testing. QI found that clients have been open and receptive and that many of the feedback regarding services received were very positive. However, QI also acknowledged that there have been issues encountered during the small scale testing, including the following:
 - A misconception amongst certain staff and clients that the calls are part of an investigation being conducted on the staff member.
 - Difficulties in implementing the satisfaction surveys with certain client populations, such as teens or young adults in residential programs.
- Attendees from Door-To-Hope commented that it was difficult for their clients in residential programs to participate in a telephone survey. They indicated that certain clients were restricted from utilizing the phone per instructions from the Department of Probation or Department of Social Services. They added that since some of their groups have alternative structures, clients can also misconstrue when a service is being provided or not provided.
 - Attendees from other programs echoed concerns that services not provided in a traditional clinical structure, such as home-based or unscheduled interventions, may not be interpreted by clients as a service.
 - QI Team clarified that the question asked during the survey is general and plain language and focuses on whether or not a client met with provider (versus asking if the client participated in a specific service with a provider).
 - QI Team also informed attendees that the QI Team would be willing to consider a mailed survey as an alternative method for service verifications if special circumstances warrant it, such as restricted telephone use for clients of a residential program.
- QI presented the posters being placed in all Behavioral Health clinic to inform clients of the service verification calls and other means client could provide feedback regarding Behavioral Health services (i.e. SHARE feedback cards)
 - Copies of these posters and SHARE cards by were provided QI to community partner agencies who

<p>wanted to utilize them.</p> <ul style="list-style-type: none"> • Attendees suggested additional, on-going efforts need to be made to educate both staff and clients of these service verification calls. Some suggestions on how this could be accomplished were the following: <ul style="list-style-type: none"> ○ Including service verification calls in informed consent practices and documentation. ○ Discussing service verification calls during all-staff and team meetings. 		
Conclusions:	<ul style="list-style-type: none"> • QIC approved Policy 494 Service Verification as presented. 	
Action items	Person responsible	Deadline
✓ Upload Policy 494 to QI Web site	QI Team	As soon as reasonably possible
Agenda item:	Improve Quality (IQ) Report 2012	Presenter: Amie Miller
Discussion:	QI presented the most recent version of the IQ Report.	
<ul style="list-style-type: none"> • QI explained the purpose, function, and content of the IQ Report. QI indicated that the IQ Report served to present data regarding Behavioral Health's key performance indicators. • QI also added that the IQ Report will be part of the information provided to the External Quality Review Organization (EQRO) site visit occurring in August 2013. • QI asked attendees to review data regarding timeliness of Behavioral Health services provided post-hospitalization (pg. 14 on the IQ Report 2012), to discuss the data, and to provide feedback/suggestions on how to address the issue. • Attendees posed questions regarding the data, such as: <ul style="list-style-type: none"> ○ Does the data capture clients receiving post-hospitalization services from other providers other than Behavioral Health or its contract partners? (No, as QI cannot access that type of data at this time). ○ Does the data capture post-hospitalization services from peer navigators (i.e. Interim, Inc. OMNI staff) or contact by Behavioral Health teams conducting outreach work not necessarily captured in Avatar? (No, data is pulled from what is available in the Avatar Electronic Health Records system). ○ Questions regarding if program specific data is available regarding this issue (i.e. how many Adult System of Care clients did or did not receive post-hospitalization service within 7 days?). • Some of the suggestions made by attendees to improve the timeliness of post-hospitalization services included: <ul style="list-style-type: none"> ○ The development and implementation of "gap services" to provide short term, intensive treatment to post-hospitalization clients as they transition to long-term outpatient services. Discussion regarding how these gap services were already being developed by a committee involving Dr. Kurtz, ACCESS Unit Supervisor Heald, and several other members. ○ Increasing the use of peer navigators/support and finding a way to document these efforts so they are reflected in the data. Acute, Legal, and Substance Abuse Services Manager and Interim, Inc. indicated there have been discussions regarding re-starting a peer support program in the Natividad Medical Center (NMC) Mental Health Unit (MHU) to help connect clients discharging from the MHU to peer support in the community. ○ Utilizing new medical coverage resources, such as ViaCare, to provide coverage to clients so they can more readily access post-hospitalization services. Discussion amongst attendees regarding a drive within Behavioral Health teams to educate uninsured clients or potential clients as much as possible regarding ViaCare. Attendees from community partner agencies indicated that they would also drive towards educating as many uninsured clients or potential clients as possible regarding ViaCare. ○ A suggestion was made to obtain as many informed consents for referrals as possible prior to discharging clients from the NMC MHU. Developing a referral consent form was discussed. ○ Discussion on how current Behavioral Health work flows could be adjusted to give the system better "agility" in responding to post-hospitalization clients. ○ 		
Conclusions:	<ul style="list-style-type: none"> • QI raised the question of setting a measurable goal for improving the timeliness of services provided to clients post-hospitalization. <ul style="list-style-type: none"> ○ Attendees requested that more granular/specific data regarding timeliness of post-hospitalization services be provided before measurable goals are set. ○ QI requested in return that each attendee prepare a suggested solution on how to improve the timeliness of post-hospitalization services. 	
Action items	Person responsible	Deadline

✓ Prepare more specific data regarding timeliness of post-hospitalization services.	QI Team	Next scheduled QIC meeting
✓ Prepare a suggested solution on how to improve the timeliness of post-hospitalization services.	QIC attendees	Next scheduled QIC meeting

Other Items

Next Meeting:	<i>Thursday, 08/22/2013, 11am @ Shasta Rooms A & B</i>
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