

# Quality Improvement Committee (QIC) Meeting

09/26/2013

11:00am-12:00pm

Shasta Room, Health Dept.

**Meeting called by:** Amie Miller, QI Manager

**Facilitator:** Ben Bunyi, Sr. Psychiatric Social Worker; Courtney Vallejo, Psychiatric Social Worker

**Attendees:** Please refer to sign-in sheet for QI Committee Meeting dated 06/26/13

## Minutes

<b>Agenda item:</b>	Post-Hospitalization Follow Up Data	<b>Presenter:</b>	Ben Bunyi
<b>Discussion:</b>	QIC discussed that this information needs to be broken down further to ensure a more accurate reflection of the services provided post hospitalization.		
	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Conclusions:</b>	QIC agreed that this item would be tabled until the data is processed further. This item will be revisited during the next QIC meeting.		
<b>Action items</b>	<b>Person responsible</b>	<b>Deadline</b>	
✓ Further processing of post hospitalization data	QI Team	ASAP	
<b>Agenda item:</b>	New Policy 319; Attachments A (Informed Consent), B (Consumer Rights) & C (Notice of Privacy Practices)	<b>Presenter:</b>	Ben Bunyi
<b>Discussion:</b>	After in-depth consultation with Monterey County Counsel as well as our risk management consultant, current MCBH onset of services documents have been revised to ensure compliance with the most current versions of regulations, laws, and statutes.		

- Policy 319 was introduced and discussed. It essentially outlines what needs to be provided to clients at the onset of services and provides detail regarding what should be explained to clients with regard to mental health treatment. There is also specific review of client signatures and the ways that client signatures can be obtained.
- The attachments below include significant changes from the previous documents:
  - Discussed Attachment A (Revised informed consent) This document was restructured to focus on the risks and benefits of mental health treatment and to ensure that the client can make the most informed decision as it relates to consenting to mental health treatment.
  - Discussed Attachment B (Consumer Rights) This document was thoroughly updated to ensure that all applicable client rights components are present. Additionally, it was made into a freestanding document as we need to be able to provide this document on its own as necessary.
  - Discussed Attachment C (Notice of Privacy Practices). Completely revised with input from risk management consultant.
- Question was posed regarding client rights being posted in provider lobbies. Once these documents have been updated, finalized, and approved they will be added to lobby materials, posters, etc. to ensure that clients have access to them as necessary.
- Question was posed regarding "risks and benefits" of mental health treatment and how in depth we should go in terms of discussing this with clients. QI clarified the importance of keeping this piece more general in the document so teams can have the latitude to explain risks and benefits specific to their programs. Discussion amongst attendees that team-based trainings to clarify specific risks and benefits might be most appropriate approach.
- An attendee raised a question regarding what format documents are provided to clients. The attendee raised a concern that documentation provided in electronic format was not secure. Discussion amongst attendees that a client has a right to receive their documents in whatever format they choose from available types as long as clients are informed regarding the risks and benefits of that format. Suggestion by attendees to ensure that clients were being informed of these risks and benefits and signing off on what format they would like to receive the documents. QI reiterated that all documents released to clients (with some exceptions such as copies of treatment plans) should be processed through QI.
- The "restraints" portion of the "Consumer Rights" document was discussed at length and suggestions were made with regard to how to word this to best reflect the County's stance on restraints. It was agreed upon that long-standing outpatient behavioral health practice is not to use restraints unless if the safety of the client is in jeopardy. The medical necessity of having to restrain a client must be document thoroughly.
- Corrections suggested: Adding elder abuse to paragraph 4 of the Informed Consent document; Making sure that language is consistent throughout the documents (i.e. change of provider/change of clinician); The end of the Consumer Rights document (Line 237) needs the language clarified; Line 207 of Consumer Rights has a typo that must be corrected.

<b>Conclusions:</b>	Documents reviewed during this meeting will be updated to reflect agreed upon edits/modifications. Additionally, there will be a 1 week "open period" for any additional feedback to be provided to QI regarding these documents. At the end of the 1 week open period, policy 319 will be become effective.	
<b>Action items</b>	<b>Person responsible</b>	<b>Deadline</b>
✓ Revise policy 319 and accompanying documents to reflect changes decided upon today by the QIC	QI Team	ASAP
✓ Send electronic copies of all documents reviewed today to QIC meeting attendees	QI Team	ASAP

<b>Agenda item:</b>	3 New Authorization for Use, Exchange and/or Disclosure of Confidential Behavioral Health forms & Policy 320 (Minor Consent)	<b>Presenter:</b>	Ben Bunyi
<b>Discussion:</b>	3 new Authorization for Use, Exchange and/or Disclosure of Confidential Behavioral Health forms have been developed to support communication between providers and other individuals; between multidisciplinary teams and within Monterey County Behavioral Health.		
<ul style="list-style-type: none"> <li>• Discussed 3 new Authorizations for Use, Exchange and/or Disclosure of Confidential Behavioral Health (See below): <ol style="list-style-type: none"> <li>1. Authorization for Use, Exchange and/or Disclosure of Confidential Behavioral Health (<u>WITHIN</u> Monterey County Behavioral Health).</li> <li>2. Authorization for Use, Exchange and/or Disclosure of Confidential Behavioral Health (GENERAL).</li> <li>3. Authorization for Use, Exchange and/or Disclosure of Confidential Behavioral Health (MULTIDISCIPLINARY TEAMS).</li> </ol> </li> <li>• A question was posed regarding whether or not consents are needed for exchanging information with Probation. Discussed obtaining releases of information is a must regarding Probation is not considered part of the "behavioral health treatment system".</li> <li>• Note: If a contractor is part of the "behavioral health treatment system" then the release of information is not necessary as long as it is related to the treatment of the client. Additionally, we can freely speak with physicians without consent as long as it is related to the treatment of the client as physicians (and other medical staff connected to the physician) are part of the client's medical treatment team. Consents/authorization to release confidential behavioral health information can still be obtained for the sake of transparency in our work with clients.</li> <li>• Discussed that authorizations can be revoked by the client at any time in writing or by verbally informing their MCBH provider. Avatar must be immediately updated with the revocation.</li> <li>• Discussed the time limits for Authorizations as there are two options (at the end of the County's record retention period OR 90 days after treatment ends or when there is no longer a need for access by MCBH treatment providers—whichever is sooner).</li> </ul>			
<b>Conclusions:</b>	Policy 320 (Minor Consent) will be tabled until the next scheduled QIC meeting. Hard copies of this policy were provided to QIC attendees for review before next month's QIC meeting.		
<b>Action items</b>	<b>Person responsible</b>	<b>Deadline</b>	
✓ N/A	N/A	N/A	
<b><i>Other Items</i></b>			
<b>Next Meeting:</b>	Thursday October 24th from 11am-12pm		