

**Nova House Association, Inc.
Fourth Quarter 2007
Quality Assurance/Quality Improvement
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Clinical Director**

Introduction:

Per the Board of Trustees were made aware of the following performance improvement information as per ODADA Standards the following report is being submitted. Copies will be sent to those funding boards, which require reporting QA and QI activities. This report represents quality assurance for the months of April, May, and up to the 15th day of June 2006.

Completeness of Records

Fourth quarter Findings:

The Quality Assurance Trainer reviews 100% of all open charts each quarter in all units. The unit supervisors and trainers reviewed 100% of the charts weekly. All in-house audits are evaluated on the standards by ODADAS in all areas. The areas evaluated were: Accurate Documentation, Appropriate TX plan, and Services Authorized in the Outpatient Unit.

Accurate Documentation: Quality Assurance found this area to be in 100% compliance.

Appropriate TX Plan: Quality Assurance found this area to be in 100% compliance.

Services Authorized: Quality Assurance found this area to be in 100% compliance.

Compliance: The internal audit resulted in an average of 100% compliance in all the above areas. The peer review team review 5% of the complete audit and found the unit to be in 100% of compliance in these areas also.

Plan of Action/Correction: Reports are given to counselors and unit supervisors. Staff is to correct areas within 30 days and have supervisors sign off on review sheets from both audits. Clinical Director is made aware of any area that is below the 80% compliance goal by peer review and Quality Assurance auditor.

Independent Peer Review:4th Quarter Findings:

Reviewer: Willie Scales, LICDC

Findings: Five charts are randomly chosen from units each month of the quarter. The completed peer review forms were evaluated after peer review to calculate the percentage of quality factors, which met ODADAS standards.

April: 100% of charts reviewed were in compliance.

May: 100% of charts reviewed were in compliance.

June: This review has not taken because scheduling is usually at the last week in the month.

Recommendations from the previous independent peer review: No recommendations were noted.

Plan of Action: Review will be presented to Board of Trustees during annual meeting.

Utilization Review:

Per ODADAS utilization review must include a review of the appropriateness of admission, continued stay, waiting list, discharge and trend and patterns of the use of the program services. Ninety percent of referrals to Nova House come from Montgomery County's, central intake and screening facility Crisis Care. The determination of appropriateness for referrals to any of Nova House unit is determined by agency's appropriate staff/supervisor review with a signature and with a confirmations interview prior to admittance.

SOP productivity level out to 77% from second quarter of 85% and 129% in third quarter. The Residential Units requests dropped within the fourth quarter to making only 1 request pasted the 90 days stay. There was a drastic decline in referrals to Halfway house.

Waiting List:

Residential Programs involving identification of pregnant women, intravenous drug users, and non-emergency status clients and clients with medical and/or psychiatric emergencies as per ODADAS 3793:2-01-04 is maintained at the front as a referral logbook. Maintaining contact, removal from waiting list and procedures for notifying referral sources of client's waiting list status is given verbally to clients during sign in. Signature denotes information received with authorization of release, if applicable.

The waiting list served 88 unduplicated individuals from January until June 15th. Out of these unduplicated individuals 53% were admitted to the residential programs. This amount is possible higher since it does not take into account individuals that received a bed date and no showed for entrance.

Trends and Patterns:

Chart below addresses trend and pattern of initial contact for SOP. The plateau of productivity for outpatient appears to have leveled off to 77% from 2nd and 3rd quarter. IDDT approvals for continued stay showed a trend from 3 days to a maximum 30 days. The most drastic trend noted was the referrals to the Halfway House during the 2nd and 3rd quarter from referral source that shows a direct effect on productivity.

Initial contact for SOP:

	March	April	May
Referrals	43	41	55
Within 7 days	21	10	15
Percentage	49%	24%	27%
No shows	22	21	20
Percentage	51%	51%	36%

Halfway House Referrals

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
REF	12	8	5	16	6	13	13	12	6	4

Program Evaluation:

The AOD programs of Nova House have implemented the evidence-based practices of cognitive behavior approaches within treatment. This treatment approach will be monitored by the peer review of documentation in charts. AOD has entry, mid-treatment, and exit survey for persons served and SASSI.

Per ODMH 5122-23-03 (C) (1) the IDDT unit has implemented evidence-based practices of cognitive behavior approaches. The SAMI CCOE consultant will monitor the IDDT model to meet fidelity and quality improvement of model. IDDT model will use the Ohio Scale Survey and Stages of Change Readiness and Treatment Eagerness Scale to monitor performance.

Agency sent out annual survey to consumers. Responses were reviewed and analyzed by Performance Improvement committee and presented to agency Directors and Executive Director.

MUI:

Agency reported no major unusual incidents report this quarter.

Risk Management:

Per ODADDS meetings are held with members of the governing body (Board of Trustees). Financial by (Brad Wainwright), Internal Quality Assurance, Hazardous Working/Safety Conditions by (Lynette Davis); Major/unusual incidents, Sexual/Physical Abuse, and Death/Injury to client or staff, by (Shelia Morgan (nurse)/Jeannic Motley/Dr. David Long).

Risk Management	Plan
Agency financial status	Agency's financial status was presented to the Board of Directors.
Plan of Action/correction	Board of Directors had Executive Director, Financial Director, and Clinical Director meet with ADAMHSB for proposal for assistance.

Quality Improvement: AOD/MH

A. Access to care:

Initial contact for SOP: The trend stay consistent with initial contact for SOP in March and April and dropped in May with a lower count of no shows.

Residential Waiting List: Residential had 53% of waiting list to enter treatment. Possible higher since unduplicated names did not reflect individuals that were given a bed date and no showed.

IDDT model: The allotted time for continued stay will determine access to treatment.

Peer Review:

Will serve as monitor for maintaining ODDADS regulations for compliance for AOD and monitoring documentation for cognitive behavioral approaches.

The CPST team for IDDT model with the CCOE consultant will monitor the IDDT model for meeting fidelity.

Utilization Review:

The quality improvement committee determined that appropriateness of referrals drastically effected entrance into the Halfway House. Extenuating factors were determined to be referrals and the criteria/diagnosis present on assessment, no show, and inability to have community linkage for medication, if applicable. Nova House supervisors attended the staffing for Crisis Care and presented all needed information and criteria in January so as to keep staff aware of changes. Informed staff of no longer a 90 day waiting period before returning for admittance, it is now 30 days unless otherwise being reviewed by supervision. IDDT CPST noticed continued stay allotment dropped in 3rd quarter to minimum 3 to 30 days.

Continuity of Care:

AOD

The peer review/supervisors/clinical director will monitor the AOD programs for continuity of care.

MH

The IDDT CPST team within Nova House and CCOE consultant will monitor the continuity of care for the IDDT model and fidelity. Report will be submitted to the Executive director.

Major Unusual Incidents:

None noted. Implementation of the 333-COPS helped defrayed any financial cost to agency for calling a ambulance.

Involuntary Terminations:

Were at 15%. Extenuating factors were client choice/ability to delay beyond threshold and inappropriate referrals.

All quality improvements will be done in the PDCA format under the Performance Improvement Plan of CARE. Nova House will electronically submit quarterly reports to ADAMHS and submit hard copy within 5 days. This submission is coming in hard copy first due to computer problems.