

QUALITY ASSURANCE
2009 Annual Report

Public Health has a three level Quality Assurance Program.

- Level 1 utilizes the standard Chart Component List. The staff ensures the charts are complete prior to discharge. The Assistant Director reviews all the charts at discharge as well for completion.
- Level 2 utilizes peer input with the intention of sharing creative interventions amongst staff and streamlining documentation.
- Level 3 utilizes subjective input from community referral sources on appropriateness of services and care rendered to families.

2009 UR Committee members:

Thank you for your participation and dedication to Public Health.

Mary Anne Allen PNP, Moreau Family Health

Robin Andre PHN, MOMS/MCH Program*

Pat Auer RN MA, Director Health Services

Pat Belden PHN, Communicable Disease

Janet Cicarelli, Case Manager at GFH

Stacie Dimezza PT, Glens Falls Rehabilitation Center at GFH

Karen Doering RN Lactation Consultant, GFH Snuggery

Judy Fortini RN, EI Program*

Nedra Frasier RN, MCH/MOMS Program*

Nancy Getz RN, MOMS/MCH Program*

Pat Hunt ADPH, Washington County Public Health

Joan Grishkot RN MS Past Director Health Services

Ginelle Jones RN, MSN FNP Assistant Director Public Health

Dr. Dan Larson, Medical Director, Provides Oversight to QA/UR Program

Patty Myhrberg PHN, Child Find Program

Maureen Schmidt CS, Supervisor Preventive Services, DSS

Pat Tedesco PHN Clinic Nurse

Sandy Watson, Registered Dietician, WIC Program

* Public Health Program Staff rotate attendance at the meetings.

Charts Reviewed in 2009

Meeting Date	MOMS	MCH	Synagis	Child Find
3/11/09	2	13	0	2
6/10/09	2	10	4	0
9/16/09	5	14		
12/10/08	(No meeting in December)			
Total	9	37	4	2

Summary of Findings: Appropriate

52 charts were reviewed and overall the findings were appropriate. The QA policies that were changed several years ago are now apparent in the documentation. The charts are well organized and documented in a professional manner. The committee found interventions and documentation of efforts to be appropriate. Strengths included staff persistence in contacting clients, referring to appropriate agencies, and rendering adequate intervention in regard to contacts and frequency.

Patty Hawley, Warren County's Record Consultant, reviewed a sample of charts from each program March 13, 2009.

Areas Needing Improvement:

A few areas were found by the committee to need improvement. Most were not a reflection of care rendered to the client, but demonstrated an issue with the documentation.

1. MOM'S
 - a. Add information to drop down menus to include more choices.
2. MCH
 - a. Staff need to double check chart contents before discharge. One chart lacked signature. This was an isolated incident, but provided opportunity to reinforce case manager review prior to discharge.
 - b. One chart was found to have no follow up documentation regarding a Mental Health concern. In speaking with the nurse, interventions were made, but not documented. At a MCH nurse meeting, this was discussed and nurses were encouraged to document all interventions. It is recognized nurse schedules have been hectic with covering CHHA. Documentation should not be compromised. Nurses were encouraged to seek guidance and assistance if needed.
3. Synagis
 - a. Organization of charts when client is in multiple programs.

2010 GOALS

1. Continue with the current QA Program- It appears to be working.
2. Have all staff review applicable policies, program forms, and packets every January, to ensure updates are made.
3. Continue with Synagis chart reviews.
4. Expand scope of committee to review findings from CSHCN, STD, CDC and WIC programs. Programs will start to review charts quarterly and present findings to committee.

(Will be Presented to: Dr. Larson 3/09/10, UR Committee 3/10/10, Health Services Co 3/26/10)