

**Harmonia Collaborative Care, Inc.**  
**Quality Assurance Committee**  
**Minutes**  
**Zoom Conference, Wednesday July 27<sup>th</sup>, 2022**

**Present – Staff:** Megan Brautlacht, LMHC; Jordan Alston, MHC-P; Tammy Davis, LMHC; Rachael Dudczak, LMHC; Jessica Grobe, PsyD Post-Doc; Julia Lorusso, MHC-P; Lena Rocco, PMHNP; Cherie Ruben, Ph.D; Rachael Ruppert, PMHNP; LuAnn Stevens, LCSW; Elizabeth Walker, LMSW

**Not Present – Board Member:** Christine Kluckhohn, Board Member – conflict.

**Not Present – Community Representative:** Seeking member.

**1. Untoward Incidents.**

**a. New Incidents:** There were five new incidents in the 2<sup>nd</sup> quarter of 2022, these incidents were entered into NIMRS.

**i. Client:** REMOVED

**DOB:** REMOVED (age: 42)

**Type of Incident:** Suicide Attempt, Serious Injury or Harm      **Date of Incident:** 05/09/22

**Diagnosis:** Generalized Anxiety Disorder; Major Depressive Disorder, Recurrent, Moderate

**Medications:** Klonopin 2mg QID PRN

**Admission:** 03/12/2018

**At-Risk List:** No

**Service Providers:** Debra Henderson/Tammy Davis, LMHC; John Napoli MD

**Background:** REMOVED

**Incident:** Therapist became aware of incident occurrence from HealthELink alerts. According to report from ECMC, Client presented to the ER after 2 suicide attempts of OD on various medications (05/08/22) and subsequently waking up and cutting her wrists in the morning (05/09/22). [DETAILS REMOVED] She required sutures and was eventually admitted to psychiatric inpatient treatment on 05/09/22. Client was added to Harmonia’s At-Risk list and will be scheduled appointments with therapist and prescriber when approaching discharge from ECMC.

**MD Recommendations:** At the time of transfer the patient discharged herself from treatment. She was not considered to be an acute suicidal risk at that time. Following her ending services, she made a suicide attempt which resulted in her requiring inpatient hospitalization. She was not actually suicidal at the last visit and did not require inpatient hospitalization at that time. The Harmonia treatment team could not have predicted that the patient would make a suicide attempt on 05/08/22 and 5/8/22. No further recommendations. *PMargulis MD 05/12/22*

**Recommendations:** Since the incident occurred, the client is being seen biweekly and primary therapist reports clients is “doing much better.”

**ii. Client:** REMOVED

**DOB:** REMOVED (age: 53)

**Type of Incident:** Death, Unexplained

**Date of Incident:** 06/06/22

**Diagnosis:** Bipolar I Disorder, Current or most recent episode depressed, Moderate; Panic Disorder; Generalized Anxiety Disorder; and Attention-Deficit Disorder

**Medications:** Seroquel 300mg qd, Ingrezza 80mg qd, Wellbutrin XL 300mg qd, Celexa 20mg qd, Abilify 30mg qd, Klonopin 1mg tid, Ritalin 20mg bid; physical health medications prescribed by non-HCC providers

**Admission:** 09/04/2008

**At-Risk List:** No

**Service Providers:** Cherie Ruben, PhD; John Napoli MD

**Background:** REMOVED

**Incident:** Client's wife called the agency on 06/06/22 and stated that the client had died. On 06/07/22, client's therapist spoke with the wife who stated she did not know how her husband died, that she had come home, and he was unresponsive; she noticed his oxygenator was not attached to his nose, she mentioned his sleep apnea and COPD. Client's wife stated she called 911 a little before 4:00 pm 06/06/22. Autopsy not requested.

**MD Recommendations:** There is insufficient information to know the exact cause of the patient's untimely passing. It appears that he had serious medical illnesses including COPD and sleep apnea. His illnesses required supplemental oxygen. He did not appear to be suicidal. He was on 2 antipsychotic medications, 2 antidepressant medications, a benzodiazepine, a stimulant and a medication for TD. There is no mention of how long he had been on this medication regimen. Although this is a rather large number of medications, such a regimen can be used to treat multi symptomatic issues and well as treatment resistant mood disorders. From a theoretical perspective, his combination of psychiatric medications could contribute to metabolic syndrome or exacerbate other medical conditions. Additionally, stimulants can affect cardiovascular functioning and benzodiazepines can effect respiratory status. Nonetheless, from the available information it appears that his death was related to medical complications or some other unknown cause of death and did not appear to be directly related to his psychiatric medications or psychiatric treatment. *PMargulis MD 06/12/22*

**Recommendations:** None.

**iii. Client:** REMOVED

**DOB:** REMOVED (age: 41)

**Type of Incident:** Death, Unexplained

**Date of Incident:** 05/17/22

**Diagnosis:** Major Depressive Disorder, Recurrent, Moderate; Generalized Anxiety Disorder; Attention-Deficit/Hyperactivity Disorder

**Medications:** Wellbutrin 450mg qd, Adderall 30mg qd, Vyvanse 70mg qd, Ambien 10mg qd, Valium 10mg tid

**Admission:** 09/22/20

**At-Risk List:** No

**Service Providers:** Debra Henderson/Elizabeth Franklin, MHC-P; John Napoli MD

**Background:** REMOVED

**Incident:** Client did not answer phone calls on 05/19/22 for therapy telehealth appointment with new counselor since previous therapy had left the agency since 04/12/22 session, and again on 06/07/22, client did not answer calls for medication clinic telehealth appointment. Agency front office staff member recognized client's name from the community and shared obituary, stating client died on 05/17/22. Director has attempted to contact client and emergency contact; client's phone is turned off and client's emergency contact (mom) phone rings endlessly without ability to leave a voice message. Director contacted client's primary care physician office at Buffalo Medical Group, staff confirmed client was deceased. No autopsy requested.

**MD Recommendations:** The exact cause of death is not known for this patient. It appears to have been a complication of numerous serious medical illnesses. Nonetheless, and although not likely a direct contributor to this patient's untimely passing, he was on a somewhat unusual regimen of

psychiatric medications consisting of a stimulating antidepressant, 2 controlled stimulants, a sedating sleep medication and a long-acting benzodiazepine. Although the rationale for such a combination is not clearly stated, his psychiatric medications and treatment did not appear to be a contributor to his death. Please note that the combination of the sedating sleep medication and benzodiazepine could contribute to respiratory depression and the 2 stimulants could contribute to cardiac issues. *PMargulis MD 06/12/22*

**Recommendations:** None.

**iv. Client:** REMOVED

**DOB:** REMOVED (age: 29)

**Type of Incident:** Death, Natural Causes, Unexpected

**Date of Incident:** 06/15/22

**Diagnosis:** Generalized Anxiety Disorder, Panic Disorder, Alcohol Use Disorder Severe

**Medications:** Propranolol 160mg qd; Buspar 5mg bid

**Admission:** 04/15/19

**At-Risk List:** No

**Service Providers:** LuAnn Stevens, LCSW; John Napoli MD

**Background:** REMOVED

**Incident:** Client's mother called primary therapist on 07/01/22 and stated that client died on 06/15/22 due to liver failure. Therapist offered support and condolences to the mother. Information obtained via Health-E-Link: Hospital Course Summary – Briefly the patient is a 29-year-old male initially admitted to the medicine service on 05/22/2022 with coffee-ground emesis. Prior to admission he carried a history of alcoholic hepatitis for which she was maintained on prednisone therapy. His hospitalization was complicated by AKI thought to be secondary to ATN versus hepatorenal syndrome. Progressed to the point where he became dialysis dependent. Along with this, he developed hypotension requiring transfer to the ICU and initiation of vasopressor therapy. His ICU course was complicated by achromobactin bacteremia. His liver disease was severe with MELD >40; child Pugh class C. Referral for transplant was initiated and he was ultimately accepted at Mount Sinai, however, in the interim developed a small right intraparenchymal cerebral hemorrhage precluding transplant. Treatment continued in the ICU until the point where the patient became increasingly hemodynamically unstable and acidotic. He required emergent endotracheal intubation, initiation of continuous renal replacement therapy and escalated vasopressor dose. Given his very poor prognosis, decision was made by his family to proceed with comfort measures only. Accordingly, the patient was terminally elevated and pronounced dead 06/15/2022 at 7:56AM.

**MD Recommendations:** Patient's untimely passing was related to severe and significant medical illness. His death was not related to his mental health treatment. *PMargulis MD 07/08/22*

**Recommendations:** None.

**v. Client:** REMOVED

**DOB:** REMOVED (age: 64)

**Type of Incident:** Death, Unexplained

**Date of Incident:** 06/06/22

**Diagnosis:** Generalized Anxiety Disorder

**Medications:** Valium 10mg tid

**Admission:** 10/10/19

**At-Risk List:** No

**Service Providers:** Madeline Ryan, MHC-P; John Napoli MD

**Background:** REMOVED

**Incident:** Harmonia front office staff member contacted client's HHUNY case worker, Amber, in response to record request received via fax; Amber alerted Harmonia staff member that client had died. No records present on Health-E-Link to obtain further information. Director reached out to

client's primary doctor, who reported no record of client death. Obituary located online by director, which stated "Donald Esford of Irving entered into rest suddenly June 6, 2022." Director spoke with Amber, who stated "Last I spoke with him, he said he wasn't feeling well, we had an appointment for early June and he didn't show, a week went by without hearing from him so I googled his name and saw the obituary. I called his girlfriend who stated she hadn't heard from him, so she went over to his house after work and found him dead in his bed. Totally unexpected and very sad."

**MD Recommendations:** Patient had not expressed suicidal ideation or made suicide attempts. The cause of his passing is unknown. It does not appear to be related to his Mental health Treatment.

*PMargulis MD 070/8/22*

**Recommendations:** None.

**b. Old Incidents:** None to review.

**2. Child Abuse Reports:** There was one child abuse report made in the 2<sup>nd</sup> quarter.

- i. Marissa Biondolillo, LMSW, reported abuse on 07/13/22 in response to reports by client [NAME REMOVED], DOB [REMOVED]. [NAME REMOVED] reported that her husband has thrown his eldest son to the ground and hit him. CPS report attached.

**3. Clozaril Patient Care:** Four clients are following the protocol without complication. They have been assigned an "at-risk" category within ECR to ensure procedures are followed and monitored regularly.

**4. Suboxone Program:** The current opioid epidemic and concerns in HCC's service area is being addressed. Rachael Ruppert, PMHNP and Lena Rocco, PMHNP are trained and certified to prescribe Suboxone. The clinic is accepting referrals limited to established clients of HCC who are currently in another Suboxone program. These clients must appear on-site, abide by signed program agreement, and submit toxicology screenings. On-site Narcan training was provided to all staff in February. Emergency Narcan Overdose Cabinet Kits have been installed at both clinics, two per site.

**5. Client Satisfaction/Testimonials:**

- There are currently 23 google reviews for the Derby location, accompanied by a 3.9 out of 5 stars rating – increased from 21 reviews and 3.8 stars during 1Q 2022. The Hamburg location numbers remain at 7 reviews and 3.4 stars.
- Client satisfaction surveys continue to be filled out in-person by clients after their initial appointment; average ratings are "Excellent" and "Good" at this time.
- Harmonia continue to explore different ways to obtain anonymous client surveys.

**6. Client Grievance:** There were no grievances filed during this quarter.

**7. Safety:** No report.

**8. Quality Improvement – Clinic Wait Times**

**a) Initial Appointment Wait Time: 04/01/2022 – 06/30/2022**

Days to appt	# of clients	% of client
0-3	5	8%
4-10	15	24%
10-30	23	37%
>30	19	31%

An increase in initial appointments given within 0-3 days increased from 5% to 8% and 4-10 days increased from 7% to 24%. A significant decrease was noted in initial appointments given between 10-30 days from 65% to 37%. The increase in initial appointments given in greater than 30 days increased from 22% to 31%, which contributed to agency going on waitlist for new clients.

**b) Average of Days to Intake: 04/01/2022 – 06/30/2022**

Location	Derby	Hamburg	Grand Total
Average DaysToIntake	15	36	22

The total average days to intake remained at 22 from last quarter. Decrease at Derby attributed to new hire accepting clients during quarter. Increase at Hamburg attributed to lower staff numbers and provider cancellations.

**c) No Show Rate: 04/01/2022 – 06/30/2022**

Visit Type	Derby	Hamburg	Grand Total
Checked In	2202	1840	4042
No Show	277	237	514
No Show Rate	11%	11%	11%

No Show Rate is the same for both clinics at 11%.

**d) Referrals, Treatment Sessions, People Served**

		<b>Mental Health Clinic</b>				
<b>Referrals</b>		<i>Jun-22</i>	<i>2022 YTD</i>		<i>2021 YTD</i>	<i>Variance</i>
	Derby	55	150		174	-14%
	Hamburg	-	225		232	-3%
	Total	55	375	-	406	-8%
<b>Treatment Sessions</b>						
	Derby	734	5,234		5,664	-8%
	Hamburg	560	3,857		2,851	35%
	Total	1,294	9,091		8,515	7%
<b>People Served</b>						
	Derby	503	714		827	-14%
	Hamburg	381	707		425	66%
	Total	884	1,421		1,252	13%

In comparing 2022 YTD numbers versus 2021 at this time last year, referrals have a variance of -8%, which reflects the clinic being on a waitlist from 04/21/22 through 06/13/22. The 55 Derby referrals were assigned to the new hire that started 06/06/22. The clinic returned to being on waitlist as of 06/23/22. Compared to YTD at this time last year, treatment sessions are up 7% and number of people served is up 13%.

**Comment:** These statistics reflect the clinicians having high caseload numbers and unable to ethically take on new clients, which attributes to decision for agency to be on a waitlist. Extreme numbers prior to and after new hire in early June produced reasonable averages. Telehealth services continue to allow for shared office space and decrease in barriers to access for clients, which is reflected in continue low No Show Rate.

- **Action Plan:** Hiring plans for 2022 include 1 Clinics Coordinator (one for both sites), 2 FT Derby Clinician, 3 FT Hamburg Clinicians. Harmonia intends to continue hosting interns and externs, with 2 externs planning to start at the end of August.

**9. PSYCKES – CQI – Overdose Prevention Project:** Harmonia participates in PSYCKES CQI initiatives to foster data driven quality improvement and clinical decision making; improve the safety, efficiency, and quality of care; promote best practices; and help clinics build readiness for participation in evolving public health environment. Participation also results in an added percentage to Medicaid reimbursements.

- Megan is QIC Lead for Overdose Prevention Project until clinic coordinator position is filled.
- Project Elements and Progress:
  - Screening – utilizing Rapid Opioid Dependence Screen (RODS).
  - Assessment and Referral – continuing relationship with local CD clinic, TLC.
  - Naloxone & Overdose Prevention Education – staff is trained and kits on-site.
  - Buprenorphine Waiver Training – Rachael and Lena are trained.
  - MAT (Medication Assisted Treatment) Implementation – Rachael and Lena are certified to prescribe Suboxone and treating relevant clients.
  - COD/ODU Training for Therapists – exploring possibility of receiving training from Beacon’s addictionologists.

**10. Value Network Connect:** Harmonia is partner in Value Network, a behavioral health care collaborative. Through VN, Harmonia participates in value-based payment contracts with Highmark BlueCross BlueShield of Western New York and Monroe-Molina.

- Megan is heading up management of PDSA cycles to improve AMM (Antidepressant Medication Management) and IET (Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment) metrics until clinic coordinator position is filled.



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Megan Brautlacht, LMHC  
Director of Mental Health Clinics