



BELIEVE THERAPIES

therapy that works

MEETING MINUTES

TOPIC	Infection Control & Client Care Annual Meeting
PRESENTER	Kinsey Johnson
DATE / TIME	10-25-2021 / 9:00AM – 12:00PM
ATTENDEES	Jenna Thomas, Kinsey Johnson, Sarah Alaway

Meeting was called to order by Kinsey Johnson. All meeting attendees were present to represent the requirements of the meetings listed in the correlating Guidelines for Committee Meetings policy located in the master binder. The meeting proceeded with discussion of Infection Control and then Client Care. The meeting minutes and discussion outcomes have been documented below.

INFECTION CONTROL

1. A review of the new and revised OPT policies and procedures for investigating, controlling and preventing infection in the center and monitoring staff performance to ensure the policies and procedures are executed was conducted. The following documents were reviewed and were approved by the committee.
 - a. Believe Therapies COVID-19 Preparedness and Response Plan
 - b. Believe Therapies COVID-19 Policies and Procedures
 - c. Believe Therapies COVID-19 Compliance Audit
 - d. Updated Emergency Management Plan, now including a section of Emerging Communicable Diseases along with updated EMP Exam to include questions related to new COVID-19 policies and procedures.
 - e. Infections Disease Annual Log – headlice and COVID-19 noted in log; no changes to Communicable Diseases policy needed as headlice is already noted on the current policy. Those symptoms related to COVID-19 are listed on policy, and also would go into effect in the event a state and/or local mandate was in place which would initiate the Believe Therapies COVID-19 Preparedness and Response Plan and The Believe Therapies COVID-19 Policies and Procedures.
2. There are no current changes recommended to the above reviewed documents. COVID-19 will continue to be monitored through state and local mandates to ensure changes are made if new research is presented that justifies policy changes.
3. The above policies and procedures (listed in 1.) have been approved by the committee.

4. The following additional infection control policies have been reviewed and approved by the committee with no changes made.
 - a. Communicable Diseases Policy
 - b. Employee Handbook, Section 5-16. Health and Safety: INFECTION CONTROL
 - c. Employee Handbook, Section 5-16. Health and Safety: FACILITY CLEANLINESS
 - d. Master Binder – Condition IX: Physical Environment and attachments
 - e. Master Binder – Condition X: Infection Control and attachments
5. Meeting minutes were completed and will be logged in the Meeting Minutes Binder. A copy of this meeting will also be provided to the managing members for review.
6. The MSDS binder was reviewed. Prior to this meeting, Leigh Luker, therapy technician, reviewed the MSDS binder and compared it to all chemicals present in the clinic. She found no MSDS sheets missing from the binder. Binder was deemed comprehensive and current per the committee. Current staff was also reminded of the MSDS binder and oriented to in during initial training as a new employee to ensure all staff were trained on Counter Chemical Preparedness. MSDS Binder is located in the front office and is accessible to all employees at all times.
7. Kitchen Cleaning Logs have been verified as completed and current by the committee. An investigation of the client food was conducted by Jenna Thomas and all food was found to be properly labeled and not expired. Client food was being stored separately from employee food. Gloves were present in the food prep area.

No additional topics were presented for discussion in relation to infection control. All Infection Control objectives were completed, and meeting transitioned to address Client Care.

CLIENT CARE

1. The committee reviewed new and revised OPT policies and procedures for monitoring staff performance to ensure the policies and procedures are executed. The following documents were reviewed:
 - a. The Compliance Plan – The Compliance Plan was judged to be current and properly address all client care situations appropriately. Currently, all employees are trained on this document at new hire and continue to have access to this document through Believe's HR and Payroll application, Paylocity.
 - b. The Alert Policy – this policy is located in the HIPPA binder
 - c. Employee Violations – at the time of this meeting, there were no noted incidences of employees violating the Compliance Plan, per Division 4 manager, Sarah Alaway and Clinical Administrator, Jenna Thomas.
2. There were no recommendations for changes to the Compliance Plan at this time.
3. Compliance Plan and Alert Policy have been approved by the committee.
4. No client care policies and procedures were judged to be unresponsive.

5. The following additional client care policies were reviewed:
 - a. Creating a Positive Therapy experience (trained at new hire to improve client's experience in therapy)
 - b. Client Payment Responsibilities (used by intake coordinator when bringing on a new client)
 - c. Therapist Billing Reference Sheet – ST/OT/PT (a guideline for therapist who are unfamiliar with CPT billing codes)
 - d. Believe Billing Exceptions (used by the finance division)
 - e. Telehealth Payment Rules for Believe (used by the finance division – was new in 2020 due to COVID-19 and the transition of some clients to telehealth)
 - f. Employee Handbook, Section 5-16. Health and Safety: STAFF TRAINING RELATED
DISASTER PREPAREDNESS
 - g. Employee Handbook, Section 5-16. Health and Safety: INCIDENT REPORTS
 - h. Master Binder – Condition I: Compliance with State and Local Laws and attachments
 - i. Master Binder – Condition II: Administrative Management – Standard Subsection (c):
Personnel Policies and Professional Personnel Qualifications
 - j. Master Binder – Condition II: Administrative Management – Standard Subsection (d):
Client Care Policies
 - k. Master Binder – Condition III: Plan of Care and Physician Involvement and attachments
 - l. Master Binder – Condition IV: Physical Therapy Services and attachments
 - m. Master Binder – Condition VI: Rehabilitation Program and attachments
 - n. Master Binder – Condition V: Speech-Language Pathology Services and attachments
 - o. Master Binder – Condition VI: Rehabilitation Program and attachments
 - p. Master Binder – Condition VII: Arrangements for Physical Therapy, Occupational
Therapy and Speech-Language Pathology Services to be Performed by Others than
Salaried Organization Personnel and attachments
 - q. Master Binder – Condition VIII: Clinical Records and attachments

All policies were read and analyzed based on current clinic practices. All policies were judged to be current and an accurate representation of current clinical client care. All policies were approved by the committee.

6. Meeting minutes were completed and will be logged in the Meeting Minutes Binder. A copy of this meeting will also be provided to the managing members for review.
7. Maintenance binder verification that logs completed. Committee reviewed the following logs and noted findings in the below list.
 - a. Fire Extinguisher Log – found to be current and consistently completed
 - b. Temperature Log – found to be current and consistently completed
 - c. Cleaning Logs – found to be current and consistently completed
 - d. Monthly Logs –
 - i. Exterior Building exterior building – found to be current and consistently completed
 - ii. Infection Control Monthly Maintenance Log – found to be current and consistently completed
 - e. Equipment Logs – found to be current and consistently completed
 - f. MSDS binder updated for all chemicals present in the building JENNIFER ASK JAQUE TO DO THIS

8. Annual Inspections were reviewed.
 - a. Annual Fire Marshal Inspection – completed
 - b. Annual Inspection of the Fire Extinguishers – expires Nov 2021, scheduled for re-inspection prior to expiration
 - c. Annual Biomedical Inspection and Calibration of all existing Modalities – completed
 - d. Pest Control Services – completed quarterly by building manager
9. Meeting minutes from all Clinical Record Review meetings were assessed. No recommendations or changes to the current process were necessary. Current procedure was approved by the committee for continued use.
10. Incident Reports were reviewed. Trend of clients bumping head on corner of desk was identified. Desk had since been replaced to avoid incident in future.
11. Client Complaints Log was reviewed. No complaints noted for 2021 as of the date of this meeting.
12. Committee reviewed the recent updates to the Emergency Management Plan, Risk Analysis Meeting minutes and Condition XI: Disaster Preparedness. Review of staff fire drill and training was completed. Process of training and new hire and annual training was deemed effective training for our employees and was adopted for another year. Emergency Resource Box was properly stored in the kitchen with all components present. Updated EMP was approved by the committee.
13. Committee reviewed the recent HIPPA meeting minutes, risk assessment and current policies. No changes were recommended. Approval for all current policies was given by all committee members.

No additional topics were presented for discussion in relation to client care. Meeting was adjourned by Kinsey Johnson.