

I.M.P.A.C.T. - Quality Improvement Meeting

6/9/10 @ 1:00 pm

In attendance: Denise F., Robert G., Kris C., Lori Ganiatsas

Absent: Lori Gamble

Meeting minutes – the meeting minutes from May 2010 were reviewed and approved as written.

I. Report on Indicators:

1. Access to Service

- a. percent of persons having intake within 14 days
- b. percent of persons having an IPOS completed within 15 days of intake
- c. community volunteerism/community inclusion activities

a. The rate for persons having intake within 14 days of initial request was 93.6% (combined). Port Huron = 93.9%; Algonac = 100%; Lexington = 88.9%. On average persons are accessing services within 5.8 days at Port Huron, within 5.4 days at Algonac Office and 8.3 days at the Lexington office (average days from ICC to 1st treatment session).

b. Persons having an IPOS completed within 15 days of intake was 100% (combined). Port Huron = 100%; Algonac = 100%; Lexington = 100.0%

Reports are available upon request.

c. Community volunteerism/community inclusion activities

*number of consumers participating is in ()

Volunteerism Activities:

- 1. Cystic Fibrosis Foundation – River Bend residents are selling “65 Roses” pledge cards in Marine City in support of this organization. They have collected \$40.00 to date and the goal is to reach \$100.
- 2. Terry M. volunteered to help at the Run for Recovery.

Community Inclusion Activities:

- 1. Crawford – Library (3); May Ball (5)
- 2. Belle River – Helping Hands Farmer’s Market – (6)
- 3. Michigan – May Ball (2)
- 4. Simpson - Secretary of State – (1)

2. No Show Rate

- a. Appointment cancellations/missed appointments (Clinical)

Total No Shows (w/o Groups) = 27.7%

Total no shows (w/o Groups, not including Intake/Orientation): 22.6%

3. System Accuracy

- a. Medication error rate – (1) total. Crawford – Wrong Consumer/Wrong Medication. Staff set prepared medication down and called consumer to come take medication. Reported hearing consumer coming to area. Turned to lock med cupboard and when she turned back around observed the wrong consumer taking the medication.

Supervisor has reviewed with all staff that medication must remain in his/her control and direct observation at all times.

- b. Staff retention rate for April was 99.3%. The turnover rate was 3.5%. Residential Department: (4) Voluntary resignations; Clinical Department: (1) Lay off. (1) New employee was hired in the Residential Department.
 - c. Record Compliance (Utilization Review)
 - i. Clinical – The Agency received 100% compliance on the PIHP audit conducted in March. The next PIHP audit is scheduled for 6/24 & 6/25. Internal UM audit will be completed/reported on in the next quarter.
 - ii. Residential – NA
4. Refine communication
- a. Exit and post hire surveys: (1) Post hire (Simpson) – results were positive
 - b. Informal Consumer Complaints: None reported.
 - c. Formal Consumer Complaints: A complaint has been received from AAA-1B regarding an out of home respite stay at River Bend #1. The complaint is currently under investigation.
 - d. Corporate Compliance Complaints: None reported.
5. 2010-2011 Strategic Plan: Performance Indicators that have consistently been within the established standards will be monitored informally. Indicators for the new fiscal year will focus on content rather than process. The following areas were discussed and will be finalized.
- a. Improving access to services by streamlining the intake process and decreasing the amount of paper work for clients.
 - b. Reporting specifically on the no show rate for intake appointments.
 - c. Revising the clinical UM survey to measure content rather than process.
 - d. Training/materials for clinical staff to meet educational requirements.
 - e. Researching other methods of medication administration management, i.e. bar code system.
 - f. Compliance with standards of care at River Bend.