

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

7/14/10 @ 1:00 pm

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

Absent: NA

Meeting minutes – the meeting minutes from June 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
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- a. The rate for persons having intake within 14 days of initial request was 93.9% (combined). Port Huron = 95%; Algonac = 91.7%; Lexington = 88.9%. On average persons are accessing services within 6.4 days at Port Huron, within 5.5 days at the Algonac Office and 9.5 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 96.2% (combined). Port Huron = 94.4%; Algonac = 100%; Lexington = 100%.

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 \$81.00 to date and the goal is to reach \$100.

Community Inclusion Activities:

1. Allen – The Odd Couple Play (4); Boy Scouts; May Ball (4)
2. Crawford – St. Clair Music in the Park (6); Library (4); Church (1) Belle River – St. Clair Music in the Park (6)
3. River Bend #1 – Remote control air show (4); Marysville Park Concert (5)

2. No Show Rate

- a. Appointment cancellations/missed appointments (Clinical)

Total No Shows (w/o Groups) = 27.8%

Total no shows (w/o Groups, not including Intake/Orientation): 22.5%

3. System Accuracy

- a. Medication error rate – (0) total.
- b. Staff retention rate for June was 96.5 %. The turnover rate was 4.2 %. There were (6) voluntary resignations (Residential Department: (4); Clinical Department = (1)

and Administration: (1). (4) new employees were hired in the Residential Department.

- c. Record Compliance (Utilization Review)
 - i. Clinical – (9) records were audited by the PIHP on 6/24 & 6/25, the records were 100% in compliance with standards. Internal UM audit was also completed total compliance was 95.7%. Some areas addressed include (1) group progress note missing; (1) IPOS not completed within 14 days; (1) letter not sent to primary care physician; (1) frequency of service was not provided as written in the plan. A total of 73 records have been reviewed this year. *Report is available upon request.*
 - ii. Residential – Quarterly surveys have been completed. Results will be reported on at the August meeting.
- 4. Refine communication
 - a. Exit and post hire surveys: (2) Exit interviews were reviewed. (1) River Bend kitchen and (1) Clinical.
 - b. Informal Consumer Complaints: None reported.
 - c. Formal Consumer Complaints: Substantiated AAA-1B complaint at River Bend #1. An action plan was developed to address the findings including but not limited to disciplinary action and re-training. A copy of the action plan was provided to AAA-1B and the complainant.
 - d. Corporate Compliance Complaints: None reported.
- 5. The Performance Indicators determined last month for FY 10-11 will be written into the Strategic Plan for FY 10-11.

The meeting was adjourned at 2:00 pm. The next meeting is scheduled on August 11, 2010 at 1:00 pm.