

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

8/11/10 @ 1:00 pm

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

Absent: Lori Gamble (excused)

Meeting minutes – the meeting minutes from July 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 92.2% (combined). Port Huron = 98%; Algonac = 100%; Lexington = 87.5%. On average persons are accessing services within 6 days at Port Huron, within 6.4 days at the Algonac Office and 7 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 = 92.3%; Algonac = 100%; Lexington = 100%.

Reports are available upon request.

- c. Community volunteerism/community inclusion activities
*number of consumers participating is in ()

Volunteerism Activities:

1. Donation of 1999 Ford Van to Volunteer's of America.

Community Inclusion Activities:

1. Crawford – Church (1); Library (1); Marysville Park concerts (2); St. Clair River Speed Boats (4)
2. Michigan – Goodells Park Splash Pad (6)
3. River Bend #1 – St Clair Car Show (5); Band concert (8); St. Clair Fire Works (4); Car Show at M.C. Big Boy (5); Marysville Park concerts (4); Marysville Park concert (5)

2. No Show Rate

- a. Appointment cancellations/missed appointments (Clinical)

Total No Shows (w/o Groups) = 27.1%

Total no shows (w/o Groups, not including Intake/Orientation): 23.7%

3. System Accuracy

- a. Medication error rate – (3) total. Allen, Michigan and River Bend #2. In each incident, staff administered medication at the wrong time. All staff received disciplinary action in accordance with Agency policies and procedures. All staff were re-trained in medication administration procedures.

- b. Staff retention rate for July was 97.9 %. The turnover rate was 0.7 %. There was (1) voluntary resignation in the Residential Department (River Bend kitchen). (3) New employees were hired in the Residential Department in July.
- c. Record Compliance (Utilization Review)
 - i. Clinical – NA
 - ii. Residential – Results will be reported at the September meeting.
- 4. Refine communication
 - a. Exit and post hire surveys: (0) Exit interviews were reviewed.
 - b. Informal Consumer Complaints: None reported.
 - c. Formal Consumer Complaints: Substantiated AAA-1B consumer complaint at River Bend #1. An action plan was developed to address the findings including but not limited to disciplinary action, development of individualized plans of care, modification of the daily logs to include individualized personal care and special needs, and re-training of staff in these areas. A copy of the action plan was provided to AAA-1B and the complainant.
 - d. Corporate Compliance Complaints: None reported.
- 5. Work continues on the Strategic Plan for FY 10-11.
- 6. Residential Stakeholder surveys have been issued. Results will be reported on at a later date.

The meeting was adjourned at 2:00 pm. The next meeting is scheduled on September 8, 2010 at 1:00 pm.