

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

07/11/17 @ 1:00 pm

In attendance: Herb Wendt, Kris Curtis, Dr. Gamble, Aaron Foote, Pam Motte, Lori Ganiatsas, Lisa Strauss, Kim Moore, Terry MacMillan

Meeting minutes – The meeting minutes from April 2017 were approved as written.

Herb will send an e-mail to all committee members asking for input regarding the organization goals, specifically should the goals be the same, modified, added and/or deleted in preparation for the 2018 Annual Plan.

I. Report on Indicators:

1. Access to Service

Community volunteerism/community inclusion activities - (2) volunteerism activities per year and (2) community inclusion outings per quarter. Under most circumstances (unless clinically indicated), community inclusion activities are defined as outings other than trips to the party store, movies, or van ride.

*if applicable, the number of consumers participating is in ()

- a. Volunteerism Activities: March of Dimes Walk for Babies – Allen, Administration, Belle River and Michigan. Vine – Harbor IMPACT. River Bend 2 and Belle River are collecting pop cans for United Way.

b. Community Inclusion Activities:

- 1. Allen – Various shopping and restaurant outings
- 2. Belle River – Various shopping and restaurant outings, May Ball
- 3. Michigan – Various shopping and restaurant outings, bank, library, mall walking
- 4. River Bend #1 – Various shopping and restaurant outings, library, movie theater, mall, May Ball
- 5. River Bend #2 – Various shopping and restaurant outings, YMCA X5, bank, library, Mall
- 6. Simpson – Various shopping and restaurant outings, Desmond Landing, Thomas Edison Parkway
- 7. Vine – Various shopping and restaurant outings, park, movie theater
- 8. Wells – Various shopping and restaurant outings, bank, sensory rides, beach, Spring Musical, picnic at Pinegrove Park

IMPACT Agency Picnic and Staff Recognition was held on June 23, 2017 at the Goodells County Park. The picnic was well attended and included family and friends.

2. No Show Rate

- a. For individual therapy appointments, the goal will be less than 30% for intake cancellations.

Total No Shows (Intakes/Orientation) – 45.2% (102 attended, 84 no shows).
Previous quarter – 37.4% (142 attended, 85 no shows).

Breakdown by referral source for Total No Shows (Intakes/Orientation)
Access (PIHP) – 43.9% (38.7% previous quarter)
Hospital – 0.0% (0.0% previous quarter)
Other (Traditional Insurance) – 50% (31.3% previous quarter)
Qualified Health Plans (Medicaid) – 39.1% (40.5% previous quarter)

Total No Show (All appointments) – 24.3% (1192 attended, 383 no shows).
Previous quarter – 28% (1186 attended, 460 no shows). Goal is 25%.

Breakdown by insurances for Total No Shows (All appointments):
Access (PIHP) – 29.6% (30.6% previous quarter)
Hospital – 0% (0% previous quarter)
Other (Traditional Insurance) – 19.5% (23.6% previous quarter)
Qualified Health Plans (Medicaid) – 32.1% (35.4% previous quarter)

3. Group Session Clients
 - a. Group attendance increased. Total number of clients attending group session at both clinics was 216 (CHR = 200; LC3 = 16). The previous quarter saw a total of 269 clients attending.
4. Drug and Alcohol testing
 - a. There were 116 appointments scheduled as drug and alcohol tests this quarter. CHR = 109; LC3 = 12. (123 tests completed the previous quarter). The Agency had one clinical position open during this quarter.
5. System Accuracy
 - a. Medication error rate: (1) errors occurred this quarter compared to (0) errors the previous quarter. River Bend 2 – Missed Medication.

The Memphis Pharmacy pilot at River Bend 1 was unsuccessful. Memphis Pharmacy is not experienced in the use of the Quick Mar system and the pharmacy is not inter-faced with the software. There were also issues with dispensing errors and delivery services. River Bend 1 will resume pharmacy services with Genoa Pharmacy beginning 8/1/17.

6. Record Compliance (Utilization Review)
 - i. Clinical – An internal review of 11 records was conducted. Cases selected were clients receiving dual services. The review was good and identified the following issues:
 - Coordination of Care – This requirement is challenging and difficult to work with. Many clients do not have a primary care physician. We try to make referrals but clients do not always follow through. A few cases were missing the consent to release information. We must identify who the physician is to send a release and care coordination letter. Primary care is also supposed to be notified of medication changes. Need to pursue clients on who was the physician they last seen to send a letter. We need to also clearly document refusals in the record.
 - 2). Psychiatrist Records – Do not meet CARF standards. Will develop a system to meet CARF standards.
 - ii. Residential – Full Surveys were completed at Wells and Michigan. Quarterly Review was completed at Belle River. The survey identified the need to update the Personal Profile form to include a review/revision date. This will be reviewed at the next Supervisor's Meeting.
 - iii. CISD – There were no surveys conducted this review period.

7. Refine communication
 - a. Consumer Complaints: None reported.
 - b. Corporate Compliance Complaints: None reported.
 - c. CHR Satisfaction with Initial Services – (04/01/2017 thru 06/30/2017) – On a scale of 1-5 with 5 being the most satisfied: CHR = 5.0 (17 respondents). LC3 = 4.5 (4 respondents). Previous quarter: CHR = 4.77; LC3 = No Surveys

 Residential/CISD overall satisfaction with services:
 Residential Consumer = 100% (48 respondents)
 Residential Guardian/Designated Representative = 100% (31 respondents)
 Stakeholder – Transportation = 83.3% (6 respondents)
 Stakeholder – Day Program/School/Workshop = 87.5% (8 respondents)
 Stakeholder – Medical/Dental Service Provider = 100% (13 respondents)
 CISD = 95.5% (23 respondents)
 - d. Prevention – (04/01/17 thru 07/11/17) – Using a scale of 1-5 (5 being the most satisfied), the following results are based on the question: *This program helped me.*

 Alcohol & Drug Education = 4.51 (76 respondents)
 Alcohol & Drug Recovery = 4.81 (27 respondents)
 ARM = 4.65 (46 respondents)
 Families in Action Parent = 3.84 (20 respondents)
 Families in Action Teen = 4.0 (6 respondents)
 Parenting = 4.63 (19 respondents)
 Relationship Smarts = 4.14 (136 respondents)
 RSAT = 4.53 (78 respondents)
 TAM = 4.0 (10 respondents)
 TAR = 3.52 (32 respondents)
 - e. Huron County In-jail Substance Abuse Treatment Program – (04/01/17 thru 06/30/17) There were 7 respondents. On a scale of 1-5; the average score was 4.43
 Previous quarter = 4.33.
8. Critical Incidents/Sentinel Events/Serious Accident or Illness – There were no critical or sentinel events. There was one serious accident/illness event involving a fall with injury at River Bend 1 (hip fracture). The individual has a diagnosis of dementia. At the time of the incident the individual used a walker with stand-by assistance provided by staff. Due to cognitive decline, the individual is unable to use a call pendant. Staff complete wellness checks every 30 minutes. Additionally, because the individual was not always compliant in using both the walker and waiting for staff assistance, an alarm pad was in use to alert staff when the individual got out of bed or up from a chair. Upon hearing the alarm, staff immediately responded, followed proper procedures and obtained medical treatment. The individual has been discharged from the hospital and has returned to River Bend 1.
9. Staff Training – Residential and CISD staff are being scheduled for Positive Behavioral Support Training (PBS) as required by SCCCMHA. Classes are through CMH and are booked until September. There is an influx of individuals from all Agencies trying to schedule staff for the training to be in compliance with the 6-month timeframe (new training requirement).

The meeting was adjourned at 3:00 pm. The next meeting will be held on October 10, 2017 @ 1:00 pm.