

## I.M.P.A.C.T. - Quality Improvement Summary Report FY 17

### I. Report on Indicators:

#### 1. Access to Service

##### a. Community volunteerism/community inclusion activities

The standard is (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 rides.

Volunteerism Activities:

(8) Residential programs (Allen, Belle River, Michigan, River Bend 1, River Bend 2, Simpson, Vine and Wells) and administration participated in at least (2) community volunteerism activities.

- a. Volunteer activities include: Agency United Way Campaign, Soup luncheons and pop can drive for United Way, Salvation Army Kettle Drive, Food Drive /Ornament Sale for the local Food Depot, Community Resource Fair, Community Halloween Party, March of Dimes Walk for Babies, Walk for Recovery, collected donated personal care supplies (tooth paste, tooth brushes, diapers, etc.) and toys for foster care children just entering new homes (Algonac Lions Club), Harbor IMPACT sorting toys.

Community Inclusion Activities: individuals from all residential programs participated in community inclusion activities. Examples of activities include but are not limited to:

Various restaurant and shopping outings, movies, church, YMCA, library, bank, theater play, Port Huron Northern football game, Veterans Luncheon at Council on Aging, Elks Club Christmas Party, Christmas Light Tour, Santa Parade, dinner with Santa event, concerts both at auditoriums and in the park, Fall Festival, St. Clair Days, Goodells Park Splash Pad, Port Huron International Day Parade, 4-H Fair, etc.

#### 2. No Show Rate

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

Total No Shows (Intakes/Orientation) = 2017 Q1 = 47.3%; Q2= 37.4%; Q3 = 45.2%; Q4 = 47.9%

Breakdown by referral source (Intakes/Orientations)

Access – Q1 = 50.3%; Q2 = 38.3%; Q3 = 43.5%; Q4 = 49.2%

Other (Traditional Insurance) – Q1 = 38.8%; Q2 = 31.3%; Q3 = 50.9%; Q4 = 51.2%

Qualified Health Plans (Medicaid) – Q1 = 41.2%; Q2 = 42.1%; Q3 = 39.1%; Q4 = 42.0%

Total No Shows (all appointments) = 2017 Q1 = 25.4%; Q2 = 28.0%; Q3 = 24.3%; Q4 = 24.3%

Breakdown by referral source for Total No Shows (All appointments)

Access – Q1 = 31.2%; Q2 = 30.6%; Q3 = 29.5%; Q4 = 28.4%

Other (Traditional Insurance) – Q1 = 21.7%; Q2 = 23.5%; Q3 = 19.6%; Q4 = 25.0%

Qualified Health Plans (Medicaid) – Q1 = 29.2%; Q2 = 35.8%; Q3 = 32.1%;  
Q4 = 27.7%

3. **Group Sessions (both clinics)** – Q1 = 241; Q2 = 269; Q3 = 216; Q4 = 208

4. **Drug and alcohol testing (both clinics)** – Q1 = 130; Q2 = 123; Q3 = 116;  
Q4 = 134.

*Reports are available upon request*

**5. System Accuracy**

a. Medication error rate – A total of 7 medication errors occurred over the past year; (14 errors the previous year). A contributing factor to the decrease in medication errors maybe the consistency in training by the Program Educator.

Of the 7 errors, 1 error had the potential for an adverse drug event (wrong consumer). The chart below lists the location and type of medication error.

**Location and Type of Error**

| Location      | Missed med | Wrong time | Lower dose | Higher dose | Wrong consumer | Wrong med | Wrong Doc. | Totals |
|---------------|------------|------------|------------|-------------|----------------|-----------|------------|--------|
| Allen         |            |            |            |             |                |           |            | 0      |
| Belle River   |            |            |            |             |                |           |            | 0      |
| Michigan      | 1          |            |            |             |                |           |            | 1      |
| River Bend 1  |            |            |            |             |                |           |            | 0      |
| River Bend 2  | 2          |            |            |             |                |           |            | 2      |
| Simpson       |            |            | 1          |             |                |           |            | 1      |
| Vine          | 1          |            |            |             | 1              |           |            | 2      |
| Wells         | 1          |            |            |             |                |           |            | 1      |
| CISD          |            |            |            |             |                |           |            | 0      |
| <b>Totals</b> | 5          | 0          | 1          | 0           | 1              | 0         | 0          | 7      |

The most common error was Missed Medication. In most instances staff scanned the bar code into Quick mar but failed to remove the medication from the package.

In addition to the errors listed above, there were 9 pharmacy dispensing errors. The errors included higher dose and wrong medication. The errors were discovered after delivery and/or during an internal audit. Due to the seriousness of the errors and number of errors occurring within a short time (7). Complaints were filed LARA. An investigation was initiated by LARA and the outcome is still pending. There were 2 more pharmacy errors in the 2<sup>nd</sup> quarter. An action plan was developed by the pharmacy which included conducting onsite medication audits at each location, changes in pharmacy dispensing practices, etc.

Pharmacy services were piloted with Memphis pharmacy at River Bend 1 but this pilot proved to be unsuccessful because the pharmacy was unfamiliar with the Quick mar system and could not handle the large volume of prescriptions. The pilot was discontinued and services resumed with Genoa.

The Agency will continue to implement strategies to reduce incidents of medication errors by but not limited to the following:

- i. Supervisors monitor staff administering medication.
- ii. Supervisors administer medication once per week.
- iii. Completion of monthly manual clicking vs scanning the barcode of the medication container. Medication must be scanned for the Quickmar system to alert staff if a medication is not scheduled or has not been administered.
- iv. Initial introduction/training for medication administration and use of the Quick Mar System by the Agency Program Educator.
- v. Annual employee performance reviews include a recertification in medication administration.
- vi. Strong disciplinary guidelines imposed on staff that makes a medication error.
- vii. Quarterly Zero Medication Error Reward.

## **6. Record Compliance (Internal Utilization Review)**

- a. Clinical – 27 records were reviewed. Overall, satisfactory compliance was observed. Some of the areas needing improvement, i.e. coordination of care, completing treatment plans within 14 days, and consents have been addressed.
- b. Residential – Reviews were conducted at all locations except Simpson. This location was missed in the schedule. Of the reviews completed, overall compliance was observed. Areas identified as needing improvement, i.e. updating resident Personal Profiles, copies of prescriptions and employee evaluations have been addressed.
- c. HOYO – Reviews were conducted at 4 of the 5 locations. Overall compliance was observed. Areas needing improvement have been addressed, i.e. having copies of the current Periodic Review on site. A recommendation was also made to standardize the record format.

*Reports are available upon request*

## **7. Refine communication**

- a. Formal Consumer Complaints (Substantiated Violations):  
Dorchester 1 – Family dignity and respect and treatment suited to condition. Staff received verbal counsel and completed training on professional boundaries in the workplace.
- b. Corporate Compliance Complaints: None reported.
- c. Satisfaction Surveys:
  - a. Residential Department: Consumer – 100% (48 respondents); Designated Representative – 100% (31 respondents)
  - b. CLS/HOYO – 95.5% (23 respondents)
  - c. Clinical (overall satisfaction with services on a scale of 1-5)  
CHR – 4.89 (58 respondents); LC3 – 4.85 (23 respondents)
  - d. Prevention (overall satisfaction with services on a scale of 1-5)
    - i. Alcohol and Drug Education – 4.44 (134 respondents)
    - ii. Alcohol and Drug Recovery – 4.69 (51 respondents)
    - iii. Anger Rage Management (ARM) – 4.69 (118 respondents)
    - iv. Parenting – 4.73 (60 respondents)

- v. Relationship Smarts – 4.50 (8 respondents)
- vi. Residential Substance Abuse Treatment (RSAT) – 4.53 (225 respondents)
- vii. Teen Anger Management (TAM) – 3.84 (20 respondents)
- viii. Teens at Risk (TAR) – 3.63 (36 respondents)

Men's Domestic Violence (35 respondents) – Do you think that the class or presentation that you attended will benefit you? Yes = 97.1%; No = 2.9%

- e. Huron County In-jail Substance Abuse Treatment Program – (overall satisfaction with services on a scale of 1-5) - 4.29 (42 respondents)

## **8. Critical Incidents/Sentinel Events/Serious Accident or Illness**

There were no Critical or Sentinel event. There were 3 serious accident/illness events. All events occurred at River Bend 1 Assisted Living facility.

River Bend 1 – Choking incident. The individual was known to be at risk for choking. At the time of the incident staff were implementing the meal plan as directed by the physician (ground diet/direct supervision). Despite these measures a choking incident occurred. Staff initiated first aid procedures, the food was dislodged and the individual was transported to the ER to rule out aspiration. Aspiration did not occur and the individual returned to the facility. Further follow up with the physician resulted in a diet change (pureed food), a swallowing study and consult with a speech therapist.

River Bend 1 – Fall with injury (hip fracture). Individual sustained a fractured hip resulting in hospitalization. Individual ambulated using a walker with stand-by assistance provided by staff. Individual was not always compliant in using the walker and waiting for staff assistance. For this reason, an alarm pad was used to alert staff when the individual was ambulating on their own. Staff immediately responded to the alarm, followed proper procedures and obtained medical treatment. The individual was discharged from the hospital and returned to River Bend 1.

River Bend 1 – Fall with injury (fractured leg). The individual fell as they were being seated at the dining room table. Staff immediately responded, followed proper procedures and obtained medical treatment. The individual was discharged from the hospital and returned to River Bend 1.

## **9. Staff Training**

St. Clair County Community Mental Health Authority finalized the required training requirements for Residential and CISD staff. Online training was made available via the SCCCMHA website for Cultural Diversity, HIPAA, Blood borne pathogens, etc. The direct care staff orientation and evaluation forms were updated. All current staff received training in the new requirements within a 6-month timeframe.

In addition to Recipient Rights, residential and CISD staff are attending Positive Behavioral Support and CPI (non-violent crisis intervention) training at CMH. Positive Behavioral Support training is required for all staff. CPI is only required for staff working in Residential II homes (Wells) but is optional for all other residential group homes, specialized foster care, HOYO and CISD staff. Staff at these locations will attend CPI training only if clinically indicated.

Training/Orientation for the Clinical/Prevention staff was updated to include all Region 10 PIHP contract required trainings.

