

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

2/11/10 @ 1:00 pm

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

Absent: Robert G. (excused)

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

II. 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 91.7% (combined) Port Huron = 95%; Algonac = 80%; Lexington = 75%. On average persons are accessing services within 6.3 days at Port Huron, within 6.4 days at Algonac Office and 13.5 days at the Lexington office (average days from ICC to 1<sup>st</sup> treatment session).
  - b. Persons having an IPOS completed within 15 days of intake was 96.4 % (combined). Port Huron = 97.2%; Algonac = 100%; Lexington = 92.9%.

*Reports are available upon request.*

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

Volunteerism Activities:

1. Crawford continues to re-cycle and have reduced the home's garbage by half.
2. A United Way Soup Luncheon was held at Administration.
3. River Bend continues "Blue Jean" Fridays to support United Way.

Community Inclusion Activities:

1. Allen – Martin Luther King event @ SC4 (3); Algosea Ship Viewing @ AV (3); Ice Sculptures (3)
2. Belle River – Riviera Restaurant (6); Martin Luther King event @ SC4 (4)
3. Crawford – Birchwood Mall Walking (3), Bowling Party @ Shelby Lanes (3); Church Services @ Westminster Presbyterian (1); Library (2)
4. River Bend #1 – "Tuba Fascination" concert at SC4 (3)

2. No Show Rate

- a. Appointment cancellations/missed appointments (Clinical)

Total No Shows (w/o Groups) = 28.8%

Total no shows (w/o Groups, not including Intake/Orientation): 23.6%.

### 3. System Accuracy

- a. Medication error rate – (4). Belle River – (1) missed medication; River Bend #1 (2) missed medications; Vine – (1) missed medication.

*In the last (2) months there have been (4) medication errors at River Bend #1. None of the errors were detected during the after pass count. All of the errors could have been avoided if the after pass count had been completed correctly. The Q.I. Committee is recommending the following practice be initiated at River Bend #1: staff administering medications will observe and verify the after pass count staff completes the count. After pass count staff will be subject to the same disciplinary guideline for a medication error if he/she fails to detect a medication error during the after pass count.*

- b. Staff retention rate for December was 97.9%. The turnover rate was 0.70%. Residential Department: (1) termination for Agency policy violation. (3) New employees have been hired (Administration, Michigan and Lexington).
- c. Record Compliance (Utilization Review)
  - i. Clinical – All (11) of the appeals reported last month were over turned. The PIHP audited CMH and choose (3) IMPACT charts for review. Report is pending.
  - ii. Residential – Draft UM survey report is currently being “tested”. The committee will meet to review the “testing” results and make any further revisions.

- d. Refine communication

Exit and post hire surveys: Simpson Road Home – (1) post hire survey was completed. Survey results were positive. No issues or concerns reported.

- e. Informal Consumer Complaints: RB1 staff failed to package a consumer’s medication for a leave of absence. Consumer recognized the medication was missing and contacted the facility. Staff initially failed to detect that the medication had not been sent with the consumer. Because the consumer was persistent, it was further investigated and noted the medication had not been packaged and sent. Staff apologized and delivered the medication to consumer. The incident did not result in a medication error. The facility supervisor developed an action plan to prevent future occurrences which includes verification of all packaged medications by a 2<sup>nd</sup> staff person (after pass count).
- f. Formal Consumer Complaints: None reported.
- g. Corporate Compliance Complaints: None reported.

The next meeting will be held on 3/11/10 @ 1:00 pm