

I.M.P.A.C.T. - Quality Improvement Summary Report FY 19

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, Taking a Shot at Breast Cancer 5K/2mile walk, Salvation Army Kettle Drive, Food Drive /Ornament Sale for the local Food Depot, Community Halloween Party, Betty Kearns Little Black Dress event, Imagination Station Re-build.

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

Restaurant and shopping outings, movie theater, church, YMCA, library, bank, high school football game, concerts in the park, parades, festivals, 4-H Fair, Goodells Park splash pad, Farmer's Market, apple orchard, hockey game, May Ball, Port Huron to Mackinaw Boat Race Family Night, cider mill, Elks Club Christmas Party, Pancakes for People.

Individuals are offered the opportunity to access their greater community a minimum of two times per week as required by HCBS waiver rules. Staff assist individuals in making choices by encouraging participation in daily/weekly planning meetings, providing opportunities for unscheduled outings, providing information on community events/activities, posting event calendars, etc.

The I.M.P.A.C.T. annual picnic and staff recognition was held at the Goodells County Park.

River Bend hosted a community Halloween Trick or Treating event and Christmas Party for family/friends.

The Agency hosted its annual Christmas Party for family/friends at Alexander's Banquet Center in Marysville. The party was co-sponsored by Marysville Tire and Auto and included dinner and gifts from Santa. The party was well attended with much positive response from participants who enjoyed the venue, food and day/time of the party.

All events were well received and attended.

The Agency renewed two YMCA memberships to encourage participation in activities promoting health and fitness. Several of our individuals enjoy use of the pool and gym at the YMCA.

2. Out-Patient Counseling Services

Due to continued financial losses, reduction in therapists and service units, a business plan was developed to restructure the counseling department. Unfortunately, with the resignation of the Clinical Director and remaining therapists in February 2019, the clinic was no longer able to accept new clients or continue services. A plan had to be developed to discharge clients to other counseling agencies or treatment. The last day services were provided was on 02/21/19. Recruitment efforts to hire a new Clinical Supervisor and therapists to restructure the out-patient counseling services was unsuccessful.

In April the I.M.P.A.C.T. Board of Directors made the decision to discontinue out-patient counseling services. SUD and Mental Health Service contracts were terminated. Official closing date of the clinic was 07/01/19.

3. System Accuracy

- a. Medication error rate – A total of 10 medication errors occurred over the past year; (8 errors the previous year). Some of the occurrences involved more than one type of error as illustrated in the chart below. None of the errors had the potential for an adverse drug event.

Location and Type of Error

Location	Missed med	Wrong time	Lower dose	Higher dose	Admin Med with no prescription	Wrong med	Wrong Doc.
Allen							
Belle River	1		1				
Michigan							
River Bend 1							
River Bend 2	2			4	1	1	
Simpson	2	1			1		
Vine							
Wells							
CISD							
Totals	5	1	1	4	2	1	0

The River Bend 2 error involving the administration of a prn medication without a current prescription also resulted in a substantiated recipient rights violation (treatment suited to condition) against the involved staff. This incident also resulted in the Agency implementing a plan of correction that included staff re-training, review of both I.M.P.A.C.T. and CMH medication policies, and disciplinary action.

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 including glucose testing and insulin if applicable.
- vi. Strong disciplinary guidelines imposed on staff that makes a medication error.
- vii. Quarterly Zero Medication Error Reward.
- viii. Internal medication audits completed by the Program Educator.

4. Record Compliance (Internal Utilization Review)

- a. Residential – Reviews were conducted at all locations. Overall compliance was observed. Areas identified as needing improvement, i.e. guardian consent for IPOS, HCBS checklist, RCA not signed by licensee, consents, personal profiles not updated. All areas have been addressed and will continue to be monitored.
- b. HOYO – Overall compliance was observed. Issues identified included personnel files (evaluations and recerts not always current) and Periodic Reviews. A program supervisor was hired to oversee the day to day operations of the HOYO locations and will assist in monitoring these areas to ensure compliance.

Reports are available upon request

5. Refine communication

- a. Formal Consumer Complaints (Substantiated Violations): Class III (Michigan Road). Staff failed to ensure sling hooks were secure on the lift during a transfer. This resulted in the sling detaching and the individual striking their head on the floor and sustaining a laceration requiring medical attention. The staff person was counseled and re-trained in transfer/lifting techniques. A refresher training was provided to all staff at the home. Abuse Class III, Dignity and Respect (Simpson). A staff person was found pushing an individual in their wheelchair too fast knowing this would scare the individual, swearing and using degrading language in the presence of individuals, and failed to provide services. As a result, employment was terminated. All staff at Simpson were re-trained in their obligation regarding dignity and respect of individuals served. Abuse Class II Unreasonable force (Sanilac Respite). Involved staff was removed from the case, retrained in RR, reviewed policies and received disciplinary action. Treatment Suited to Condition (River Bend 2). Staff administered a discontinued PRN medication without a current prescription.
- b. Corporate Compliance Complaints: No complaints.
- c. Satisfaction Surveys:
 - a. Residential Department: Consumer – 95.5%
Designated Representative – 100%
 - b. CLS/HOYO – 100%
 - c. Prevention (October 1, 2018 thru September 30, 2019)
On a scale of 1-5 with 5 being most satisfied.

Active Parenting

40 parents completed classes.

Teen Anger Management

Overall how helpful was this class – 4.2

Anger and Rage Management

Overall how helpful was this class - 4.7

Alcohol and Drug Education

Overall how helpful was this class – 4.8

Alcohol Recovery Education

Overall how helpful was this class – 4.8

Improvement was noted in all testing areas.

RSAT (facilitated at the Intervention Center)

Overall how helpful was this class – 4.7

Improvement was noted in all testing areas.

Teens at Risk (facilitated at DT/NW & CHR)

Class results in July were 3.66. This program is now provided directly by staff at the DT/NW program, however, Prevention staff will be providing one-time sessions on vaping and healthy communication, etc.

Teens at Risk

11 sessions were completed in March. A total of 15 pre and post tests were Administered showing an increase of 13.9%.

Prevention staff are participating in two youth coalition groups, SPEAK (Substance Prevention through Early Education and Knowledge) and an Adolescent Work Group.

SYNAR (8 checks assigned)

7 Businesses did not sell. The 8th business that was assigned was not completed because the youth decoy knew the owner and the employees of the store as the youth lived in the community.

Non-SYNAR (60 checks completed)

45 businesses did not sell (75%)

15 businesses would have sold (25%)

This is an improvement from last year.

Tobacco Vendor Education

45 businesses were provided Vendor Education on Tobacco

Alcohol Vendor Education

49 vendor educations were completed.

Men's Domestic Violence

Overall how helpful was this class – 4.88

6. Critical Incidents/Sentinel Events/Serious Accident or Illness

There were no critical incidents or sentinel events. There were (2) serious accidents at Michigan Road (refer to Consumer Complaints) and River Bend 2 (resident fall/hip fracture. After treatment individual was transferred to River Bend 1).

7. Staff Training

Training for Sanilac Respite was reviewed/updated. The Diabetes and Insulin Training, Introduction to Medication and Medication Administration Toolboxes were reviewed and updated. The Agency purchased an arm cushion and training syringes for insulin training.

All staff who administer insulin have been trained using the new curriculum with the Beacon Home Care nurse.

Conflict Resolution and Team Building components have been added to the staff training program.

Several in-services were provided at group home staff meetings by the Program Educator.

8. CISD Authorized Units of Service

The initial benchmark for this goal was 90% of authorized units of service would be provided each quarter. It was determined this goal was too high. The number of units fluctuates continuously throughout the year as authorizations change, and the use of respite units varies depending on the needs of the individuals receiving services. These factors lead to a discontinuation of this goal. For FY20, the focus will be on the accurate and timely documentation to support the services being provided and billed for.

9. Staff Recruitment/Retention

Retention rates (staff who left the agency vs staff who remained) – Q1 94%; Q2 – 90%; Q3 – 90%; Q4 – 91%. A number of strategies were implemented during FY19 including but not limited to a 3% wage increase plus an additional .16 per hour increase, raising of direct care staff starting wage to \$11.00, implementation of a wage matrix to take into account previous experience/training, summer bonus, Christmas and birthday gift cards, staff appreciation week tote bag and \$25 gift card, Easter and Halloween treats, Time To Work software program for scheduling open shifts, hiring of contingent staff.

10. New Phone System

Comcast Business was the best option and was installed at River Bend in July. The same system was also installed at Administration. Overall, the upgraded system through Comcast will be a cost savings for the Agency and all upgrades to the system are completed by Comcast.