

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

07/14/20

In attendance: Kris Curtis, Aaron Foote, Pam Motte, Terry MacMillan

Absent: Kim Moore

Meeting minutes – The meeting minutes from January 2020 were approved as written.

The April 8, 2020 Quality Improvement Committee Meeting was cancelled due to the COVID-19 pandemic and the temporary closure of some programs.

## **Report on Indicators:**

### **Residential Community Housing**

1. Goal: Residents will participate in community volunteer activities annually and be offered weekly community inclusion activities (\*per choice and as clinically appropriate).

Objective: Increase access and participation in the residents' greater community.

Performance Target: Two community volunteer activities annually and two weekly community inclusion activities.

- a. Volunteerism activities: Blue jeans and soup luncheons for a cause raised \$249 for the Blue Water Human Society, supported the Sanborn Gratiot Memorial Home fundraiser and the Betty Kearns Little Black Dress events.

- b. Community Inclusion Activities:

Belle River – Various shopping and restaurant outings, library, YMCA, Salon, bank, sensory rides

Charmwood – Various shopping and restaurant outings, sensory rides, park, Lakeside beach

Michigan – Various shopping and restaurant outings, sensory rides, park, Great Clips, Family Video

River Bend #1 – Various shopping and restaurant outings, library, sensory rides

River Bend #2 – Various shopping and restaurant outings, library, bank, movie theater

Simpson – Various shopping and restaurant outings, Birchwood Mall, parks, sensory rides

Vine – Various shopping and restaurant outings, walks in the neighborhood, movie Theater, bowling, sensory rides

Wells – Various shopping and restaurant outings, sensory rides, PetSmart, Great Clips, YMCA

Volunteerism and community activities were reduced this quarter due to the COVID-19 pandemic, social distancing requirements and the Governor's Stay Home/Stay Safe Executive Order. In addition, the Governor issued an Executive Order not allowing outside visitors into licensed AFC group homes.

To help assist our residents, technology was updated at several locations so communication could be maintained by teleconference or video with family, friends and physicians. Extra activity and craft supplies were also purchased to help occupy our residents extra time at home with meaningful activities.

Unfortunately, the "Day Camp" themed event scheduled for May and Agency Picnic scheduled for June were cancelled also due to COVID-19. The annual picnic is tentatively scheduled for October depending on COVID-19 restrictions.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

Charmwood – Missed medication.

River Bend 1 – Missed medication (4). Individual refused medication but staff failed to document refusal.

Previous quarter – (2) errors

The errors did not result in an adverse drug event. At Charmwood, the error was detected during the next shift count and should have been discovered immediately following administration had a count been completed. This would have avoided a missed medication. At River Bend 1 – it was reported by staff after the fact the resident had refused to take their medication. Staff did not document and there was no means to verify the refusal therefore the incident is considered a missed medication.

Consultation, re-training and disciplinary action with responsible staff was taken in accordance with Agency guidelines.

**St. Clair County Community Integration Services**

3. Goal: Weekly Activity Note Compliance

Objective: Authorized services will be accurately documented on the Weekly Activity Notes (WAN) to support individual plan of service goals and claims reimbursement. 25% of WANs will be reviewed each month.

Performance Target: 95% compliance.

100% of all WANs were reviewed January thru March 22. There were no major issues needing correcting. During the period of March 23 thru June 20, CLS services were temporarily stopped during the Governor's Stay Home/Stay Safe order as these services were not deemed essential. Services continued without interruption in all (5) Supported Living Arrangement locations (essential services). WANS for the SLA programs were reviewed and 100% compliance found.

## **Sanilac Respite**

### 4. Goal: Weekly Activity Note Compliance

Objective: Authorized services will be accurately documented on the Weekly Activity Notes (WAN) to support individual plan of service goals and claims reimbursement. 25% of WANs will be reviewed each month.

Performance Target: 95%

WAN compliance score was 100% for the period of January 1 thru March 22. Respite services are not considered an essential service and were temporarily stopped during the Governor's Stay Home/Stay Safe order. Services resumed the week of June 6. All but 1 staff has returned to work (voluntary resignation) and services have resumed with all but one family who decided to wait until August 1, to resume in home respite services.

## **Prevention: Alcohol & Other Drugs/Addictions**

### 5. Goal: 100% of consumers will be given the opportunity to complete a Pre- and Post-test at the beginning and following completion of Alcohol & Other Drugs/Addiction classes.

Objective: Pre- and Post-tests will help the Agency improve the quality of services and increase knowledge of the participants. Results may determine the need to modify how the material is communicated to increase retained knowledge.

Performance Indicator: Pre- and Post-test results will be collected and analyzed on a quarterly basis and reported to the Quality Improvement Committee.

Performance Target: On a scale of 1-5, 4+ consumers will report that services were helpful.

Alcohol and Drug Education: January-March: 68 post tests were completed. 4.78 found the program very helpful. April-June: 18 post tests were completed. 5.0 found the program very helpful. Knowledge was improved in all surveyed areas.

Alcohol Recovery Education – January-March: 34 post tests were completed. 4.61 found the program very helpful. April-June: zero post tests due to the temporary program closure related to COVID-19

RSAT – January-March: 42 post tests were completed, and participants improved in all areas. 4.66 found the program very helpful. April-June: zero post tests due to the temporary program closure related to COVID-19.

These programs resumed shortly after the Stay Home/Stay Safe Executive Order was rescinded.

## **Record Compliance (Utilization Review)**

- a. Residential – Full Utilization review was conducted at Belle River and River Bend 1. Overall compliance was noted. Both facilities also had successful AFC License/Special Certification renewals.
- b. CISD – Glenview survey conducted. Weekly Activity Notes were not up to date. Emergency procedure drills were not completed. Medication Record did not match pharmacy label. Plan put in place with SLA supervisor to ensure these areas remain in compliance.

### **Individual Focused Services**

- a. Consumer Complaints: Substantiated Recipient Rights violation (dignity and respect) at River Bend 1. Staff person failed to allow an individual to make choices about how to spend their own money. Staff involved received disciplinary action in accordance with Agency policy, and re-training in Recipient Rights.
- b. Residential Services Satisfaction Survey Results: Surveys have been issued. Results are pending.
- c. CISD Services Satisfaction Survey Results: Surveys have been issued. Results are pending.

**Corporate Compliance Complaints:** None reported.

**Critical Incidents/Sentinel Events/Serious Accident or Illness:** There was (1) sentinel event at River Bend 1. A resident died unexpectedly of cardiac arrest in the care of EMS. Staff followed all emergency medical procedures.

**Staff Training:** Reviewing fire safety evacuation plans. Adaptions have been made to training due to COVID-19. Trainings have been offered both virtually, in person individually and in small groups to maintain social distancing requirements.

### **Business Goals**

1. **Staff Recruitment/Retention:** The retention rates are as follows: October = 90%, November = 92%, December = 94%, January = 98%, February = 98%, March = 96%, April = 97%, May = 98%, June 98.6% (staff who left the agency vs staff who remained). During the Stay Home/Stay Safe Executive Order, the I.M.P.A.C.T. Board of Directors recognized our essential staff and approved an additional \$2.00 for every hour worked to all residential and SLA staff. Respite, CLS and Prevention services were not deemed essential, staff providing these services were temporarily furloughed during the Stay Home/Stay Safe Executive Order. Recruitment during this time was basically at a standstill. There were very few candidates applying or interviewing. All staff returned to work after the Stay Home/Stay Safe order was lifted. Recruitment has also picked back up.

2. **HCBS Medicaid Rule Transition (Residential Programs):** Residential Programs continue to follow HCBS rules. New staff receive training regarding the HCBS rules, current staff receive updates as received. Weekly meetings are held with residents to determine their choices regarding the menu and community activities (limited due to COVID-19). Visitations are restricted. CMH has conducted virtual visits/phone calls, outside social distancing visits. Additional HCBS provider surveys were completed in July for residents at River Bend 1, River Bend 2, Belle River, Simpson, Wells and 4100. Full implementation of the HCBS rules is due March 17, 2022.

3. **Prevention Services (Alcohol & Drug Education):** Continue to identify, promote, and implement evidenced-based programs addressing drug and alcohol misuse/abuse

\*Support and encourage local collaborative efforts to increase awareness

\*Prevention staff participate in coalition groups

The Covid-19 Pandemic and Governor's Stay Home/Stay Safe Executive Order forced the Agency to temporarily stop services. Since the lifting of the Executive Order, almost all services have resumed. Following the current guidelines for in person meetings, our space is limited and can only hold up to (6) people. Prevention staff have blended in person and Zoom together to accommodate more participants. Management is in the process of getting estimates to convert a cluster of smaller offices into a larger meeting room. Ideally, the meeting space would accommodate up to 12 people (following social distancing requirements).

During the furlough, a full-time and part-time staff voluntarily resigned. We have recruited a full-time replacement who is in the process of being trained. We will hold off filling the part-time position.

**New 24/7 Dad** program will be offered in the fall. We purchased the curriculum and have enrolled one of our staff to attend the online training program. Participants will be charged \$15 per session plus cost of the book (like our Men's DV program). Our Prevention staff feel confident there is a need in our community for this program. The program will be marketed to DHS, Friend of Court, Counseling Centers, Churches, Attorneys, etc.

*24/7 Dad is a voluntary, comprehensive fatherhood program designed to help men improve their parenting skills and fathering knowledge. The program focuses on building self-awareness, self-caring, and parenting, fathering, and relationship skills through 12 weekly, two-hour group or individual sessions.*

Staff participated in participated in an interview about involvement with SPEAK (Substance Prevention through Early Action and Knowledge), along with other community members. The videos will be shared throughout the community and once available we will post it on our website and Facebook page.

**ENDS** (Electronic Nicotine Device Systems) – Our Lead Prevention Specialist is a trained ENDS instructor. Region 10 has about \$4,000 in special funds to purchase ENDS training materials and to provide community presentations to be completed by September 30. We are submitting a workplan and budget to Region 10 to be considered for this project.

4. **IT:** Replace outdated and “end of life” residential supervisor computers and rebuild second VM host server. The second VM host server has been rebuilt. There are still (3) residential supervisor computers that need to be upgraded (Charmwood, Michigan and Simpson). Completion date is 09/30/20.

5. **Capital Improvement Plan:** A Capital Improvement Plan was presented to the Executive Board for review in April. Projects will be scheduled starting in FY21. The Board agreed to review and approve as improvements are addressed. We will investigate vans needed for this year if dealership incentives are available. The River Bend boilers can be completed in states to spread out the cost. Natural gas generators for residential homes that do not already have them will be added to the plan at the recommendation of the Executive Board.

Projects identified so far include the replacement of (2) wheelchair lift vans, the boilers and hot water heater system at River Bend, River Bend A/C units, administration windows and conference room project, schedule for replacing carpet in offices at administration and an office remodeling project at administration to convert a cluster of smaller offices into a larger meeting room to accommodate larger groups and maintain social distancing requirements.

**Adjournment/Next Meeting:** The meeting was adjourned at 3:00 pm. The next meeting will be on October 21, at 1:30 pm.