

I.M.P.A.C.T. - Quality Improvement Summary Report FY 20

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.

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: United Way Campaign, Soup Luncheons for United Way, pop can drive for United Way, Salvation Army Bell Ringing (Belle River, Charmwood, Michigan and Vine), Community Food Depot Paper Ornament Drive, Blue Jeans for United Way and the Food Depot, Belle River collected pop cans and donated dolls to Kids in Distress, Wells Street collected pop cans for the Food Depot. Blue Jeans for a Cause donations to Blue Water Humane Society and Kids in Distress, Betty Kearns Little Black Dress, Sanborn Gratiot Memorial Home fund raiser, Shop with a Cop.
- b. 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, music concerts, parades, 4-H Fair, apple orchard, hockey games, Elks Club Christmas Party, sensory rides, visits to the park, waterway, walks in the neighborhood.

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. This year activities in the community were reduced due to the COVID-19 pandemic and Governor's Stay Home/Stay Safe Executive Order.

In addition, no outside visitors have been allowed into the AFC group homes by MDHHS mandate. To help residents maintain contact with family/friends, technology was updated at several Agency locations (new tablets, cameras, microphones) so that residents can visit via teleconference or video calls.

The Agency hosted its annual Christmas Party for family/friends at Alexander's Banquet Center in Marysville in December 2019. 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.

Unfortunately, due to COVID-19 restrictions we had to cancel all plans for the Day Camp, Annual Picnic and Fall Harvest events.

The Agency held a “Vacation Destination” contest between the residential group homes. Participating homes posted a picture of their vacation destination creation on the I.M.P.A.C.T. Facebook page. The home with the most likes on Facebook won their choice from several prize options. Belle River was the winner and chose a “kitchen package” that consisted of small appliances. We plan to hold more contests in the future.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

- a. Medication error rate – A total of 5 medication errors occurred over the past year: (10 errors the previous year). The types of errors are 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 | Higher dose | Wrong person/ Wrong Med |
|---------------|------------|-------------|----------------------------|
| Charmwood | 1 | | |
| Belle River | | | |
| Michigan | | | |
| River Bend 1 | 1 | | |
| River Bend 2 | | | 1 |
| Simpson | | 1 | |
| Vine | | | |
| Wells | 1 | | |
| CISD | | | |
| Totals | 3 | 1 | 1 |

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. Retraining of staff making an error by the Program Educator.
- viii. Quarterly Zero Medication Error Reward.
- ix. Internal medication audits completed by the Program Educator.

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 prior to submission to the funding source. On average WANs were completed with 99.7% accuracy (99% Q1, 100% Q2, 100% Q3, 100% Q4). There was a temporary pause in CLS services from March 23 thru June 20 due to the Stay Home/Stay Safe order because CLS services were not deemed as essential. However, during this order services continued at the Supported Living Arrangement locations. At the start of FY 21, billing for SLA services changed from a daily rate to a 15-minute rate, making this goal even more important to ensure all units of service are documented and appropriately billed for.

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%

100% of all WAN were reviewed prior to submission to the funding source. On average WANs were completed with 95.2% accuracy. (95.5% Q1, 100% Q2, NA Q3, 90% Q4). Minor corrections were needed Q1, Q2, and Q4 with the main issue being incorrect dates of service. Importance and requirement for accurate documentation was reviewed with staff. There were no services provided during Q3 due to the Stay Home/Stay Safe order.

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.

ARE- Alcohol Recovery Education - This program was not implemented during the 4th quarter because of a staffing issue. During the Stay-at-Home Order, Two Prevention staff did not return to work, so we did not have anyone available to facilitate this class in the jail. Annual Results: 20 participants completed this program from October 2019 Thru March 2020. Post-tests determined there was an 11% improvement in knowledge, attitude, and

behavior compared to pre-tests. 89% of participants reported the program was helpful to very helpful. (4.45)

ADE- Alcohol and Drug Education: 104 participants successfully completed this program. Post-test determined there was a 10% improvement in knowledge, attitude and behavior compared to pre-tests. 98% of participants reported the program was very helpful (4.91). This program was paused during the Stay Home order.

RSAT – Residential Substance Abuse Treatment (Jail/Huron House)
66 participants completed this program. Post-test determined there was a 5.8% improvement in knowledge, attitude, and behavior compared to pretests. 91% of participants reported the class was helpful to very helpful (4.55). This program was paused during the Stay Home order.

Record Compliance (Utilization Review)

- a. Residential – Full Utilization reviews were conducted in Michigan, Belle River, and River Bend 1. A quarterly review was conducted at Vine. Overall compliance was noted with a few minor findings addressed, i.e., adaptive equipment not included in the IPOS and IPOS absentee signature form missing. Belle River and River Bend 1 both had successful AFC license and Special Certification renewals. Due to COVID-19 restrictions, reviews were unable to be conducted during the 3rd and 4th quarters. A committee is being established to review the case record format and work with IT to develop a plan to complete virtual reviews.
- b. CISD – There was one review completed at Glenview. There were two significant findings; Weekly Activity Notes were not current, and one medication label did not match the medication administration record (MAR). These areas were immediately corrected. In addition, the Agency hired a full-time Supervisor to oversee daily operations of all SLA locations. We will also explore the possibility of conducting a virtual review at the SLA locations.

Reports are available upon request.

Individual Focused Services

- a. Consumer Complaints:
 - Substantiated recipient rights violation (Treatment Suited to Condition) at River Bend 1 for cell phone use while providing services/snap chat and failure to monitor when taking medications. Staff received consultation, job performance memo for policy violations. All staff were in-serviced regarding agency cell phone policy and medication administration policy requirements.
 - 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.
 - Substantiated Recipient Rights violation (dignity and respect) at River Bend 2. Staff person failed to treat a resident with esteem, honor, and/or politeness. Staff involved voluntarily resigned from the Agency prior to the outcome of the investigation.
- b. Residential Consumers – Overall satisfaction with services – 100%. Some comments were noted regarding limitations on outings and visitors due to COVID-19 restrictions. Staff continue to keep residents informed of changes and options that are available, i.e., window visits, virtual visits, etc. Residential Guardians – Overall satisfaction with services – 100%. A

lot of positive comments were noted regarding staff. Survey report is available upon request.

- c. CISD Services Satisfaction Survey Results: Overall satisfaction with services is 100%. Positive comments were noted. Survey report is available upon request.

Corporate Compliance Complaints: None reported.

Critical Incidents/Sentinel Events/Serious Accident or Illness: There was (1) serious accident or illness 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: 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. All fire evacuation plans have been updated. Defensive Driving training from Philadelphia Insurance has been add to our staff training curriculum. The COVID-19 Preparedness and Response Plan was updated, and staff have been retrained on the updates.

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%, July 94.6%, August 97%, September 98% (staff who left the agency vs staff who remained). There has been a steady increase since the .50 per hour wage increase which included the starting wage and the addition of paid holidays in October 2019. We have discovered the "When to Work" application has not been as effective as we had hoped because contingent staff are tending to work only at specific locations which is a benefit to the residents. The concept is good, but it seems this software program would be more useful for a larger company with multiple staff working at multiple locations. We will revisit the software program later if needed. The Agency has hired (6) contingent staff, this has helped to fill open shifts at River Bend and Vine, locations where there tends to be more openings. All staff received a \$150 card to Meijer and/or Walmart for Christmas. 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 also picked back up. I.M.P.A.C.T. continued to pay essential staff an additional \$2.00 for worked hours (residential and SLA) until September 30, 2020. In addition, the state also paid Direct Care staff a \$2.00 per hour premium pay for hours worked. I.M.P.A.C.T. advocated and included in its 2021 rates to St. Clair County CMH, a \$2.00 base wage increase for staff. This was approved but the continuation of the \$2.00 per hour premium pay by the state until December 31, 2020, will be retained by the Region 10 PIHP to offset this increase. Sanilac Respite staff did not receive a \$2.00 base wage increase only the state \$2.00 per hour premium pay. Recruitment continues to be a challenge and we are looking at some other alternatives for posting jobs as well as a financial wellness program for staff (PayActiv Wallet program). One of our biggest issues, despite clearly communicating that our Agency must comply with DOT standards is candidates being disqualified for testing positive for marijuana.
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. CMH continues to conduct periodic site visits to ensure continued compliance. The process has been slow. Full implementation is set for March 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

Prevention staff are participating in the SPEAK coalition (Substance Prevention through Early Awareness and Knowledge). I.M.P.A.C.T. staff participate in the Leadership Committee as well as attending monthly community SPEAK meetings. Prevention staff are also participating in the Adolescent Workgroup, a sub-committee of the CSCB (Community Services Coordinating Body). Staff participated in an interview about involvement with SPEAK 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.

In September, one of our Prevention Staff participated as a panel member during the SPEAK Coalition's Vaping Summit on Facebook.

The Covid-19 Pandemic and Governor's Stay Home/Stay Safe Executive Order forced the Agency to temporarily pause services. Services were gradually restarted once the order and/or when we were allowed access to resume in the Jail and Huron House. Our meeting space is limited and can only accommodate a small group of 4-6 people. Prevention staff have blended in person and Zoom together to accommodate more participants. The plan is to remodel and 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. We will hold off filling the part-time position.

New 24/7 Dad program We purchased the curriculum and have trained one of our staff to facilitate the 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.

We have submitted a grant application to the Community Foundation for assistance to offer this program at a reduced cost. The request is for \$7,857 to cover a portion of the program's first year total cost of \$9,957. Participants would pay only \$5.00 per session. The plan was to pilot the first session on November 5th with 5 participants but was postponed due to COVID-19 restrictions.

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.

ENDS (Electronic Nicotine Device Systems) – Our Lead Prevention Specialist is a trained ENDS instructor. Region 10 PIHP had about \$4,000 in special funds to purchase ENDS training materials and to provide community presentations. I.M.P.A.C.T. was awarded this opportunity and completed several ENDS training during September.

Region 10 was impressed with our ENDS presentations and has indicated there could be more funding available for FY21 for I.M.P.A.C.T. to participate again.

4. **IT:** Replace outdated and "end of life" residential supervisor computers and rebuild second VM host server. Supplies to rebuild the VM host server were purchased and two VM host servers were rebuilt. There are still (3) residential supervisor computers that need to be upgraded (Charmwood, Michigan and Simpson). Replacement was delayed due to COVID-19 restrictions and will be completed in the next fiscal year.

5. **Capital Improvement Plan:** An inventory of existing capital assets and a list of capital maintenance/equipment was developed by the Management Team. Projects will be placed in one of the following categories 1) Enhancing Quality of Life, 2) Improving Safety or 3) Maintenance of Facilities & Infrastructure. The plan will also include how the projects will be financed.

Plan projects included the River Bend balloon payment which was scheduled to be due in April 2021. An agreement was reached with DWBH to renegotiate the terms of the land contract effective FY21 for another 5 years.

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 the office remodeling project at administration to convert a cluster of smaller offices into a larger meeting space.

The 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.

A new 2020 Transit van with a wheelchair lift was purchased to replace a van at the Vine Street location. We will continue to evaluate needs and present recommendations for projects to the Board as needed. Estimates for the conference room remodeling project were presented to the Board. Approval to move forward with the project was granted. Work is expected to begin sometime in December 2020.