

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

10/13/21

In attendance: Kris Curtis, Aaron Foote, Terry MacMillan, Pam Motte, Denise Ellery, Mike Thomas

Meeting minutes – The meeting minutes from July 14, 2021, were approved as written.

## **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 for A Cause at Administration raised \$100 the United Way campaign, Residential group homes coordinated a pop can and coin drive which raised \$448.88 for the Blue Water Human Society; the participating homes were rewarded with a one-year subscription to Disney Plus, Prevention staff participated in the Community Resource Fair with a paid ad, brochures, donation of goodie bag sewing kits and assistance with the food bank.

- b. Community Inclusion Activities:

Belle River – Various shopping and restaurant outings, sensory rides, beach, concert in the park, hair salon

Charmwood – Various shopping and restaurant outings, sensory rides

Michigan – Various shopping and restaurant outings, sensory rides, parks

River Bend #1 – Various restaurant outings, sensory rides

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

Simpson – Sensory rides, shopping, and restaurant outings

Vine – Various shopping and restaurant outings, sensory rides

Wells – Various shopping and restaurant outings, sensory rides, park

Volunteerism and community activities have continued to be reduced due to the COVID-19 restrictions and social distancing requirements. Most community activities consisted of sensory rides, visits to the park, and restaurants (drive-thru, take-out and dine in).

Mask and gathering restrictions have been lifted for the public but requirements for masks, etc. continue to be required in healthcare settings.

We continue to assist our residents to maintain communication with friends and family through teleconference or video calls and support both outside/inside visitors in accordance with the MDHHS visitation guidelines.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

Medication Errors – (1) missed medication error at Belle River this quarter. Staff failed to administer a scheduled dose of Tylenol. There were no negative effects noted because of the error. The involved staff was consulted, re-trained in medication administration procedures, and received disciplinary action in accordance with Agency policies.

Previous quarter – (0) error

### **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: 100% compliance.

100% of all WANs were reviewed July thru September. 90% of WANs were found to be completed accurately which is the same as the previous quarter. The remaining 10% required corrections before submission to the funding source. Issues included using the wrong billing codes, not separating times for chore services, incorrect times, etc. The new method of documenting is detailed and specific. We will continue to educate staff on the correct method of documenting services.

### **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 WANs were reviewed with a compliance score of 89% for the period of July through September. This is a decrease from the previous quarter score of 97%. Weekly Activity Notes were found to need some sort of correction by staff prior to being submitted to the funding source. Common errors were missing dates/times of service.

On September 20, 2021, the I.M.P.A.C.T. Board of Directors made the decision to discontinue the Sanilac Respite program. The program has been unable to resume the previous levels of staffing/services provided prior to the Michigan Stay Home/Stay Safe order. There was a loss in cases, loss in staff returning to work and some families choosing not to receive services due to COVID-19 concerns. There are also two other Respite Service providers in Sanilac County. The program is no longer financially feasible to operate. We will offer the remaining (8) staff positions in other locations and will assist Sanilac CMH in a transition plan.

## **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 – 13 post surveys. Improved knowledge in all evaluated areas with a plus .67. Participant reported the class was very helpful - 4.85

ADE- Alcohol and Drug Education -39 post surveys. Improved knowledge in all evaluated areas with a plus .57. Participants reported the class was very helpful – 4.73

RSAT – Residential Substance Abuse Treatment  
44 post surveys. Improved knowledge in all evaluated areas by .56. Participants reported the class was very helpful – 4.68.

ARM – Anger/Rage Management – There were 27 post surveys completed. Participants improved knowledge in all evaluated areas with an average of plus .57. Participants found the class very helpful – 4.63.

DV -Domestic Violence – 11 post surveys. Improved knowledge in all evaluated areas with an average of 1.16. Participants found the class very helpful – 4.82.

Teens at Risk - 2 youth graduated. Their posttest and satisfaction survey were submitted to link that was no longer usable so the data from the surveys was lost. This issue has been corrected and will not be a problem in the future.

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

- a. Residential – Full reviews were completed at Vine, Charmwood, and Wells. The pre-license renewal audits identified some areas needing correction such as but not limited to missing clinical reviews, guardian absentee signature sheets for IPOS and Periodic Reviews, SMO and prescription updates etc. All areas were corrected prior to the AFC onsite license renewal inspections. The Plan of Correction is to remind the Supervisors to place a reminder in their Outlook Calendar and follow up with CMH using the correspondence letters as necessary to receive the signature sheets. Supervisors were reminded also to ensure written prescriptions are up to date and match the pharmacy label. A follow up visit will be conducted in 30-45 days. During the next quarter full reviews will be completed at Belle River, Michigan, and River Bend 1. A quarterly review will be completed at Simpson and River Bend 2.

- b. CISD – There are currently no reviews scheduled at Supported Living Arrangement locations.

### **Individual Focused Services**

- a. Consumer Complaints: River Bend 2 – Substantiated rights violation for treatment in an unsanitary environment. Residents are generally more independent at River Bend 2 and typically clean their own bathrooms, but staff are required to check and help when needed. Staff did not follow through in this area which resulted in a resident’s bathroom becoming heavily soiled. An action plan was developed that includes the supervisor conducting regular checks of bedrooms/bathrooms, monitoring of staff to ensure compliance and cleanliness is maintained. Involved staff received consultation.
- b. Satisfaction and Stakeholder surveys
  - Residential Consumer – overall satisfaction 100%
  - Residential Guardian – overall satisfaction 100%
  - Comments:
    - i. Do not know who to contact if you have a complaint – Home Supervisor contacted the guardian and provided contact information.
    - ii. Received comment regarding the level of activities inside/outside of the home decreasing these decreased were due to COVID-19 restrictions and staffing shortages.
    - iii. Received comment regarding resident not being provided with a mask when leaving the facility. All residents are provided with masks and staff provide reminders about the importance of proper mask wearing.
    - iv. Supervisors provide updates to residents/guardians on COVID-19 visiting restrictions whenever changes occur.
  - Residential Stakeholder Day Program – 100%
  - Residential Stakeholder Transportation - 100%
  - CISD – overall satisfaction 100%
  - Comment: Cancels at the last minute, no shows, late. Called supervisor and never got a call back. Very undependable. Program Director followed up with both the supervisor and individual served. Relayed proper call-in procedure to supervisor and to ensure guardian concerns are addressed in a timely manner. Listened to guardian’s concerns and will attempt to secure additional staff if available. Provided Program Director’s contact information to guardian for any future concerns.

**Corporate Compliance Complaints:** N/A.

**Critical Incidents/Sentinel Events/Serious Accident or Illness:** N/A

**Staff Training:** The Educator has been focusing on providing recerts in CPR, First Aid as well as training for staff transferring to other locations within the Agency. St. Clair County CMH offered in person training for a very short period and has since returned to virtual for both initial Recipient Rights and Positive Behavioral Supports training.

### **Business Goals**

1. **Staff Recruitment/Retention:** The retention rates are as follows: October 98%, November 97%, December 96%, January 97%, February 98%, March 96%, April 97%, May 95.2%, June 92%, July 95%, August 95%, and September 94% (staff who left the agency vs staff who remained). The quarterly retention rate was 85% with a turnover of 15%. Recruitment continues to be a challenge. The FY22 residential and SLA rates approved by SCCMHA include continuation of the \$1.00, .75 afternoon shift premium, \$1.00 midnight shift premium and an additional .50 per hour wage increase. The FY22 budgets will be presented for approval at the October meeting. The Agency celebrated Direct Support Professional week in September with special food, raffle prizes,

a \$25 gift card and Agency logo baseball cap. The Agency now offers all staff a free individual YMCA membership. Staff also received a 4% bonus on all hours worked between October 1, 2020, thru August 31, 2021, in September.

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. MDHHS visitor guidelines are followed. We have received no updates regarding the Simpson Heightened Scrutiny case. Full implementation of the HCBS rules has been extended to March 17, 2023.

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.

24/7 Dad Program – Three dads recently graduated. Pre-test score – 9.33 and Post-test score – 14. Currently there are no dads registered for class. We will reach out to community contacts and promote the program.

*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 Delivery System) – presentations were completed at Day Treatment Night Watch for parents/youth and for staff at the Huron House.

SPEAK Coalition – Mike T. is the Coalition Chairperson. Mike T. and Sarah M. attended the annual planning conference in August. Plans include a Winter Conference which would focus on alcohol, vaping, opiates, and marijuana use. Would like to work with Port Huron Area Schools to develop a common disciplinary approach for substance use at school. The Health Department is no longer the Coalition Coordinator. We expressed interest in taking over this role to Region 10 and are waiting for a response.

4. **IT:** Supervisor computers have been upgraded. The new Terminal server is setup and in production. Working on selecting a third-party IT service company to use as backup in case I become unavailable for any reason. Getting quotes from three new call pendent companies for Riverbend since our current call pendent company will be shutting down early next year. Purchasing Microsoft Licenses so we can upgrade all three of our Domain Controllers to the latest Windows Server 2019 version. Researching a multi-factor authentication program for key administrative positions to strengthen cyber security.

5. **Capital Improvement Plan:** The boiler and hot water project has been completed at River Bend. We have not been able to obtain estimates from any concrete contractors for the River Bend porches. The River Bend dining room chairs were delivered in August. The new sign for River Bend has been ordered. A new door buzzer entry system will be installed at Administration in October.

**Adjournment/Next Meeting:** The meeting was adjourned at 2:15 pm. The next meeting will be on January 12, 2022, at 1:00 pm.