

I.M.P.A.C.T. - Quality Improvement Summary Report FY 21

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 (Belle River, Charmwood, 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, Belle River pop can drive for United Way, Blue Jeans for A Cause (United Way, Community Food Depot, Blue Water Humane Society SNAP program, Harbor IMPACT Ministries), Community Food Depot Paper Ornament Drive, Betty Kearns Little Black Dress, Residential Group Homes (River Bend 1, River Bend 2, Belle River, Charmwood) coordinated a pop can drive to support the Blue Water Area Humane Society, Community Resource Fair.
- 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, YMCA, bank, hair salon, beach, concert in the park, pumpkin picking, sensory rides, visits to the park and waterways, walks in the neighborhood.

Individuals are offered the opportunity to access their greater community a minimum of two times per week. 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.

MDHHS guidelines now allow visitation in the AFC group homes.

Unfortunately, due to COVID-19 restrictions the Agency did not host a Christmas party. Instead, the Agency partnered with Marysville Tire and Auto to provide Mr. Pita sandwich platters to all Agency locations for staff and individuals served. Marysville Tire and Auto also provided gifts for staff's children.

A "Happy Holidays" themed decoration contest was held between the residential group homes. Participating homes posted a picture of their best holiday decoration creation on the I.M.P.A.C.T. Facebook page. The home with the most "likes" on Facebook was Vine who was able to turn in a wish list to "Santa" for their home valued at \$350.00.

The Agency rented the Krafft 8 Movie Theater on two separate days for residents and staff to enjoy a movie. This activity received a lot of positive response, and we look forward to doing this again.

In June the Agency planned to hold its annual picnic for residents and staff but due to inclement weather, food was prepared and either picked up or delivered to the homes. Staff years of service awards were also issued in June.

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: (5 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	Wrong person/ Wrong Med	Documentation
Charmwood			1
Belle River	1		
Michigan			
River Bend 1			
River Bend 2	2	1	
Simpson			
Vine			
Wells			
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 87.5% accuracy (80% Q1, 90% Q2, 90% Q3, 90% Q4). The two main issues staff seem to struggle with is accurately documenting the correct billing code and separating the time for chore services. The new billing method is very detailed and time consuming. We continue to coach staff on how to correctly document by providing illustrated examples, and consultation.

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 94% accuracy. (95% Q1, 95% Q2, 97 Q3, 89% Q4). Issues needing correction by staff included wrong dates, missing dates, missing times of service. There were also some issues with staff submitting documentation in a timely manner, causing billing delays. Importance and requirement for accurate and timely documentation was reviewed with staff.

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 - Annual Results: Class was delayed and did not restart until December 2020 via Zoom therefore there are no results to report in Quarter 1. For the remaining quarters, 15 participants completed the program. Post-tests determined there was an average of .63% improvement in knowledge, attitude, and behavior. Participants reported the program was very helpful. (4.61)

ADE- Alcohol and Drug Education: 126 participants successfully completed this program. Post-test determined there was a plus .64% improvement in knowledge, attitude and behavior compared to pre-tests. Participants reported the program was very helpful (4.79).

RSAT – Residential Substance Abuse Treatment (Jail/Huron House): 106 participants completed this program. Post-test determined there was a plus .55% improvement in knowledge, attitude, and behavior compared to pretests. Participants reported the class was helpful to very helpful (4.71). This program was paused at the jail November 30, 2020, thru January 18, 2021, and March 29, 2021, thru March 31, 2021, due to COVID-19 restrictions.

Record Compliance (Utilization Review)

- a. Residential – Reviews were not started until the end of the 2nd quarter due to COVID-19 visitor restrictions. Full Utilization reviews were conducted on site at Simpson, River Bend 2, Michigan, Charmwood, and Wells Street. Overall compliance was noted with a few minor findings addressed, i.e., IPOS and Periodic Review absentee signature form missing, SMO and prescriptions needing updates. Plans of correction were completed along with education/training of new supervisors. All locations listed had successful AFC License renewal inspections.

St. Clair County Community Mental Health contract compliance review was completed with zero recommendations for a corrective action plan.

- b. CISD – There were no reviews conducted at Supported Living Arrangement locations due to COVID-19 restrictions. The CISD Supervisor position is currently vacant. The Program Educator has assisted when needed.

Reports are available upon request.

Individual Focused Services

- a. Consumer Complaints - Substantiated Recipient Rights violations

Neglect Class III: (1) Dorchester 2. Violation involved a staff not properly extinguisher a cigarette which resulted in a small fire outside the apartment. Occupants of the apartment were safely evacuated by staff; the fire department extinguished the fire. There were no injuries but some minor property destruction which the Agency paid to repair.

Dignity and Respect: (1) River Bend 2. Violation involved a staff not speaking appropriately to a resident.

Treatment Suited to Condition: (2) River Bend 2. Violation involved a staff sleeping on shift. Dorchester 1. Violation involved staff leaving individuals unsupervised in a car while the staff went inside the store to make a purchase.

Disclosure of Confidential Information: (1) Dorchester 2. Violation involved staff's failure to notify the guardian and seek approval after the staff's babysitter dropped their children off at the apartment and left due an emergency. The staff's small children stayed inside the apartment until the staff could be relieved.

Treatment in Unsanitary Environment: (1) River Bend 2. Staff failed to assist resident in cleaning of the resident's bathroom which resulted in the bathroom becoming heavily soiled.

Plans of correction were completed for each violation which included but not limited to consultation with staff involved, policy review, Recipient Rights training, transfer to another shift, and disciplinary action.

- b. Residential Consumers – Overall satisfaction with services – 100%. Comment noted was a decrease in activities inside/outside the home due to COVID-19 restrictions and staffing shortages. We continually work on retention and recruitment of staff. Residential Guardians – Overall satisfaction with services – 100%. Comments noted included not knowing who to contact if you have a complaint (Home supervisor contacted the guardian and provided contact information), resident not being provided a mask when leaving the facility (all residents are provided with masks and staff provide reminders about the importance of proper mask wearing), questions about visitation (supervisors provide updates to residents/guardians on COVID-19 visiting restrictions whenever changes occur). There were many positive comments made by both residents and guardians about services. Survey reports are available upon request.
- c. CISD Services Satisfaction Survey Results: Overall satisfaction with services is 100%. Positive comments were noted. There was one unsatisfactory comment about a Sanilac Respite staff being undependable. The Program Director followed up with both the guardian and supervisor to address concerns. Survey report is available upon request.

Corporate Compliance Complaints: None reported.

Critical Incidents/Sentinel Events/Serious Accident or Illness: None reported.

Staff Training: Training continues to be offered both virtually, in person individually and in small groups to maintain social distancing requirements. Training videos were provided on face masks (surgical and N95). A stream app was added for training videos. Trainings were developed for the virtual platforms used by the agency (Zoom, Lifesize and Teams). The COVID-19 Preparedness and Response plan was updated and reviewed by all staff.

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%, September 94% (staff who left the agency vs staff who remained). 2021 annualized retention is 95.85% which is a slight decrease from 95.93% in 2020. The following strategies were implemented toward recruitment and retention of staff:
 1. Staff received a \$2.00 per hour wage increase.
 2. Starting wage was increased by \$2.00 per hour.
 3. Staff received a \$150.00 Christmas gift card.
 4. Job openings are now posted through a platform called OnShift which sends the job postings to multiple job recruiting sites vs one.
 5. Started a financial wellness program called PayActiv which gives staff the capability of early payment of wages.
 6. I.M.P.A.C.T. funded an additional \$1.00 to all direct care and River Bend support staff April thru September 2021. Direct Care starting was also increased by \$1.00.
 7. Created a QR code for a direct link to our employment opportunities.
 8. Staff received a 5.5% Summer bonus.
 9. Initiated a \$.75 per hour afternoon shift premium and \$1.00 per hour midnight shift premium for direct care staff in August.
 10. Celebrated Direct Support Professional week with special food, raffle prizes, \$25 gift card and Agency logo baseball cap.
 11. Provided all staff with a free YMCA membership.
 12. Staff received a 4.4% Fall bonus.

2. **HCBS Medicaid Rule Transition (Residential Programs):** Residential Programs continue to follow HCBS rules. A plan of correction has been submitted for the one Heightened Scrutiny. 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. Full implementation is set for 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

Prevention staff participate in the SPEAK Coalition Leadership Committee (Substance Prevention through Early Awareness and Knowledge). Prevention staff participated in a weekly video series "Parents Perspective with Mike and Amy" which was aired on the SPEAK Facebook page. Staff are also active in the Adolescent Workgroup, a sub-committee of the CSCB (Community Services Coordinating Body).

Short videos based on the Teen Healthy Communication modules were produced and posted on I.M.P.A.C.T.'s YouTube channel.

The Community Foundation approved a grant in the amount of \$3,500 in February 2021 for the new 24/7 Dad program. The first class was held in April. A second class began in July. The grant funding allows us to offer the program to participants at a reduced rate.

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.

Prevention staff participated in the Community Resource Fair in July. We donated 500 brochures and sewing kits. Staff volunteered at the food give away.

ENDS (Electronic Nicotine Device Systems) – All Prevention staff received ENDS training. ENDS training was presented to youth/parents at Day Treatment Night Watch and staff at the Huron House. Presentations were made possible by a grant from Region 10.

Region 10 contract compliance review was completed with zero recommendations for a corrective action plan.

Successful SUD License renewal/review was conducted by LARA with no citations.

4. **IT:** Residential supervisor computers have been updated. A second VM host server was rebuilt. Work continues on the new IMDATA app. IT equipment was purchased and installed for the new conference room. New terminal server set-up and in production. Researching third-party IT service company to use as backup in case IT becomes unavailable for any reason. Obtaining quotes for new call system at River Bend because current service provider will be shutting down in early 2022. Researching multi-factor authentication program for key administrative positions to strengthen cyber security.

5. **Capital Improvement Plan:** Projects completed include the boilers and hot water system at River Bend, new dining room tables/chairs at River Bend, replacement of (1) 5-ton A/C unit at River Bend, conference room project (update flooring, tables/chairs, window blinds), remodeling

project (new larger meeting room), and an additional \$10,000 was paid on the River Bend land contract. Due to a chip shortage, we were unable to purchase a new passenger van. A van was ordered in late summer, delivery expected in December.

Projects identified for FY22 include the purchase of a Transit van (in addition to the one currently on order), resurfacing the River Bend parking lot, River Bend front porches/entry doors, River Bend roof will need replacing in approximately 1-2 years, and development of a schedule to replace carpet in offices at administration.

The Capital Improvement Plan will be presented to the Executive Board for review in April.