

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

01/19/22

In attendance: Kris Curtis, Aaron Foote, Terry MacMillan, Mike Thomas

Absent: Denise Ellery

Meeting minutes – The meeting minutes from October 13, 2021, were approved as written.

FY 21 Annual Quality Improvement Summary Report – Report was reviewed and approved as written. Report presented to the I.M.P.A.C.T. Board of Directors at the January 10, 2022, meeting.

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 \$112 for the Community Food Depot. The Community Food Depot Paper Ornament drive also raised \$198. The Agency also held a drive for Kids in Distress, donating a van load of consumable items and toys.

- b. Community Inclusion Activities:

Belle River – Various shopping and restaurant outings, sensory rides

Charmwood – Various shopping and restaurant outings, sensory rides

Michigan – Various shopping and restaurant outings, sensory rides

River Bend #1 – Various restaurant outings, sensory rides

River Bend #2 – Various shopping and restaurant outings

Simpson – Sensory rides, shopping, and restaurant outings

Vine – Various shopping and restaurant outings, sensory rides

Wells – Various shopping and restaurant outings, sensory rides

Volunteerism and community activities have continued to be reduced due to the COVID-19 restrictions and staffing limitations.

For Christmas the Agency partnered with Marysville Tire and Auto to provide Mr. Pita sandwich platters, chips, salad, and cookies to all Agency locations. The Agency provided each staff with a \$200.00 Visa gift card, residents with a \$5.00 Tim Horton's gift card and Marysville Tire gave a \$5.00 McDonald gift card to staff's children.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

Medication Errors – Zero medication errors during the quarter. Goal met this quarter.

Previous quarter – (1) 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 October thru December. 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. Efforts continue to educate the staff on correctly documenting services, i.e., as much information is filled in ahead of time as possible, extra examples have been provided, consultations, etc.

Prevention: Alcohol & Other Drugs/Addictions

4. 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 – 16 post surveys. Improved knowledge in all evaluated areas with a plus .72. Participant reported the class was very helpful - 4.75 and 4.71 reported they will use the information learned in class.

ADE- Alcohol and Drug Education -38 post surveys. Improved knowledge in all evaluated areas with a plus .62. Participants reported the class was very helpful – 4.82 and 4.49 said they will use the information learned.

RSAT – Residential Substance Abuse Treatment

39 post surveys. Improved knowledge in all evaluated areas by .63 and 4.69 participants reported they will use the information learned in class.

ARM – Anger/Rage Management – There were 24 post surveys completed. Participants improved knowledge in all evaluated areas with an average of plus .56. Participants found

the class very helpful – 4.58 and 4.71 said they will use the information they learned. We have added a 2nd class so there is now a morning and night option for the 2nd quarter.

DV -Domestic Violence – 7 post surveys. Improved knowledge in all evaluated areas with an average of .97. Participants found the class very helpful – 4.57. We have added a 2nd class for men to allow for a morning and night option during the 2nd quarter.

Parenting Groups – 4 post surveys. Participants reported an average score of 4.75 saying they will use the information learned from the class.

Record Compliance (Utilization Review)

- a. Residential – Reviews were scheduled for Belle River and River Bend #1 but were postponed due to COVID restrictions. Both locations are due for AFC license renewal inspections. Reviews will be completed prior to license renewals.
- b. CISD – There are currently no reviews scheduled at Supported Living Arrangement locations.

Individual Focused Services

- a. Consumer Complaints: N/A

Corporate Compliance Complaints: N/A

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

Staff Training: Staff received training on the Agency Respiratory Program and PAPR Hood use/care. A recommendation was made by Terry to transition the CISD staff to the more updated MDHHS Direct Care Staff training modules. The current training curriculum is outdated.

Business Goals

1. **Staff Recruitment/Retention:** The retention rates are as follows: January 97%, February 98%, March 96%, April 97%, May 95.2%, June 92%, July 95%, August 95%, September 94%, October 88%, November 95%, December 93% (staff who left the agency vs staff who remained). The 4th quarter retention rate was 80% with a turnover of 19%. The annual retention rate was 61% and annual turnover 37% *both the 4th quarter and annual rates include the closure of Sanilac Respite Department (11 staff). Recruitment continues to be a challenge. We continued the temporary \$1.00, .75 afternoon shift premium, \$1.00 midnight shift premium and an additional .50 per hour wage increase for Direct Care and SLA staff in FY22. Management is brainstorming ideas to help recruit and retain staff, i.e., shortening length of time for training and on-boarding new hires, using DocuSign for ease of paperwork, using Insta-gram and Twitter for recruitment, developing and Agency “brand”, etc.

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 – Group 2 ended in October. Three dads showed growth in knowledge over pre-test scores. Group 3 started in October with 2 participants. Marketing was done via an EBW.TV interview with the Lead Prevention staff and a radio ad on WGRT to increase participation. Consideration is also being given to request that this program be funded in FY2023 by Region 10, similar to Active Parenting in an effort to shift men to this program and women to Active Parenting.

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.

Teen School Programs – Port Huron High School and Day Treatment Night Watch have agreed to start Teen Anger Management programs (2 at PHHS, 1 at DT/NW) plus a separate TAR program at DT/NW which will start in the 2nd quarter once COVID protocols are cleared (estimated mid-February). This is a reconnection with agencies we served in the past that discontinued programming during COVID protocols from 2020-2021.

TAR – Teens at Risk – 3 agencies were approached in the first quarter and agreed to start TAR programming at their agency effective 2nd quarter. They are MDHHS foster care program (MYOI), Harbor for Youth and Day Treatment/Night Watch. We have discontinued programming at Administration to focus on these outreach opportunities. This is the first time our agency will partner with MYOI and Harbor for Youth. These opportunities will increase our youth presence in our community.

SPEAK Coalition – Coalition did not operate during the first quarter. Looks to be absorbed by the CSCB's Substance Use Prevention/Treatment/Recovery sub-committee. Lead Prevention staff attended the sub-committee's December meeting and will act as a liaison for the S.P.E.A.K. coalition transition to this group. Also staying active with the CSCB's Adolescent Workgroup.

4. **IT:** A third-party IT service company has been selected to use as backup in case IT becomes unavailable for any reason. New call pendant system was installed at River Bend 1. Researching a multi-factor authentication program for key administrative positions to strengthen cyber security. Working to replace/upgrade all three domain controller servers to Windows Server 2022.

5. **Capital Improvement Plan:** The new sign for River Bend has been installed with lighting. A new door buzzer entry system was installed at the Administration office. A list of proposed Capital Improvements will be presented to the Board of Directors after review of the finalized financial audit, most likely in March 2022.

Adjournment/Next Meeting: The meeting was adjourned at 11:00 am. The next meeting will be on April 13, 2022, at 1:00 pm.