

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

10/26/22

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

Meeting minutes – The meeting minutes from September 2022, 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 \$65 for the United Way.

- 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

Wells – Various shopping and restaurant outings, sensory rides

We will promote an Agency wide donation drive for Kids in Distress and Safe Horizons during the next quarter. Denise Ellery and Mike Thomas will take lead.

For Christmas, this year we will plan to order food and have it delivered to the group homes and supported living arrangement locations.

The Goodells Park exhibit barn has been reserved for an Agency picnic in June 2023.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

Medication Errors – Missed/wrong dose medication error at River Bend 2. Previous quarter – (0) errors. New medication included instructions to titrate dose over a 3-week period. Week one was followed as prescribed, but the dose was not increased as directed for

weeks 2 and 3. This resulted in a missed/wrong dose medication error. The error involves 3 staff members. The plan of correction includes disciplinary action in accordance with Agency policy, re-training all staff, re-training the supervisor with an additional requirement that a second level review be completed by either the Program Educator or Program Director for medications added to Quickmar.

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.

Performance Target: 95% compliance.

100% of all WANs were reviewed July thru September with a compliance score of 85%. There were several new staff working at one location that required training. Expect improvement next quarter.

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 – 24 post surveys. Improved knowledge – plus 0.52, 4.75 reported the class was very helpful. 100% agreed they would use the information learned.

ADE- Alcohol and Drug Education – 25 post surveys. Improved knowledge – plus 0.68. Of those survey, 4.67 reported the class was very helpful. 100% agreed they would use the information learned.

RSAT – Residential Substance Abuse Treatment – 62 post surveys. Improved knowledge – plus 0.47, 4.57 reported the class was very helpful. 98% reported they would use the information learned.

ARM – Anger/Rage Management – 45 post surveys. Improved knowledge - plus 0.68, 4.67 reported the class was very helpful. 100% agreed or strongly agreed they will use the information they learned.

DV -Domestic Violence – 18 post surveys. Improved knowledge – plus 0.75, 4.72 reported the class very helpful. 100% reported they would use the information learned.

Parenting Groups – Pre and Post-test information was incomplete for this program. New test is now being administered to eliminate future issues. 100% reported they will use the information learned.

Record Compliance (Utilization Review)

- a. Residential – No reviews were conducted during the quarter. Surveys are scheduled in the next quarter at Charmwood, River Bend 2 and Wells.
- b. CISD – No reviews were conducted during the quarter. There was a delay in completing the new survey form. Surveys will be completed soon.

Individual Focused Services:

- A. Consumer Complaints: River Bend 1 - Abuse Class III and Dignity & Respect rights violations were substantiated. The staff involved received a written reprimand and voluntarily resigned. Staff continue to receive ongoing training in recipient rights.
- B. Satisfaction Survey Results:
 - Residential Consumer: 98% report overall satisfaction with services
 - Comments:
 - i. Several comments were received regarding food at River Bend 2, i.e., better food choices, more food, different food choices, more options, etc. Follow-up with Home Supervisor to ensure weekly menu meetings are being offered for residents to make suggestions/requests. Are suggestions/requests from residents implemented. Ensure alternative menu options are still be offered, revise if needed.
 - ii. Comments about the water temperature. Seems more noticeable since new hot water tanks have been installed (hotter water temperature) and is more noticeable when water temperature is cooler. Temperatures have been adjusted. Must allow the water to run for a few minutes for temperature to raise. Staff are available to assist if needed. Working with Watson Brothers to identify problem. Keeping residents and staff up to date on progress.
 - Residential Guardians: 96.5% report overall satisfaction with services
 - Comments:
 - i. Communication could improve at Charmwood. Work with supervisor to improve communication with guardian(s).
 - ii. Lots of positive comments, i.e., staff are very helpful, awesome staff, excellent care.
 - CISD: 100% report overall satisfaction with services
 - Comments: N/A

Corporate Compliance Complaints: N/A

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

Staff Training: IT security training will be implemented. The training will be completed at time of hire and annually. IPOS training log email from CMH sent to all Supervisors. Terry is contacting CMH for more clarification, so we are meeting the requirement. New CPR and FA curriculum is ready. Terry will conduct a “Train the Trainer.” The Training Toolbox folder has also been updated. CMH is updating their training attestation form to include the name of the trainer as a result of their recent audit by MDHHS. Will review I.M.P.A.C.T. attestations and what forms staff need to sign and turn into HR for filing.

Business Goals

1. **Staff Recruitment/Retention:** The retention rates are as follows: October 88%, November 95%, December 93%, January 95%, February 99%, March 96%, April 97%, May 100%, June 94%, July 95%, August 99%, September 97% (staff who left the agency vs staff who remained). The quarterly retention rate was 91% with a turnover of 9%. SCCCMH Provider Staffing Crisis Stabilization Funds – We are continuing to utilize the grant money to run billboard and radio ads, continue the \$1500 referral and sign on bonuses, held two job fairs, and offering applicants a \$25 gift card for filling out an application, etc. In September we celebrated Direct Support

Professional Week with food, embroidered I.M.P.A.C.T. hoodies, bonus, and a Sam's Plus Membership.

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. Simpson Road Home's plan of correction was accepted, and the home is no longer considered a 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 – 2 participants graduated during the 4th quarter with post test survey results showing more than 10% increase in knowledge from pre-test results. This full fill the initial goal for our work plan while missing the overall goal of attendance by 1 person. New referrals from courts have come in since, we anticipate significant increases in participation for FY23.

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 did not have programs in the summer.

TAR – Teens at Risk – This program was discontinued due to a lack of referral sources for teen participation.

SYNAR/NON-SYNAR – (Youth tobacco access) St. Clair County met its goal of 20% or fewer stores being willing to sell to teen decoys for FY22 for both SYNAR and NON-SYNAR checks of the 73 checks completed (2 of 10 for SYNAR and 7 of 63 for NON-SYNAR).

Vendor Education – Vendor Education was completed in the 4th quarter at 100% of goal.

Tobacco Section Funding – 3 education programs were completed in the 4th quarter at the in person with staff at the Huron House and Day Treatment Night Watch Program and through an on-line presentation with MDHHS's MYOI youth program. 78.78% said they strongly agreed they overall found the program to be helpful and overall, with the remaining 21.22% agreeing on post test results.

Coalition – Attendance was decreased during the 4th quarter due to a staffing vacancy and the need to cover classes.

4. **IT:** For the Firewall replacement goal. Currently Techsoup does not have the Firewall hardware we need posted. IT is monitoring the site to see if Techsoup releases this hardware for donation as it is far cheaper to purchase the hardware through TechSoup then pay the normal MSRP price.

IMDATA App is currently in development. The basic functionality of the application including permission, access control, logging is implemented. Next will be scheduling a meeting with key individuals to start implementing the Incident Report functionality.

IT has also identified the need to upgrade our Veeam backup server and is in the process of reconfiguring our backup schedule.

5. **Capital Improvement Plan**: The driveway/parking lot project at River Bend has been completed. We were able to secure a quote for the concrete porches at River Bend, but the contractor would not remove the porch railings and support the roof. The project will be put on hold until next spring in hopes of securing a contractor who can complete the entire project. The management team will make recommendations for capital improvement projects that will be presented to the Board for approval in February (following the financial audit). One area will be to update and remodel the bedrooms at River Bend.

Adjournment/Next Meeting: The meeting was adjourned at 2:45 pm. The next meeting will be on January 11, at 1:00 pm.