

I.M.P.A.C.T. - Quality Improvement Summary Report FY 22

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: (7) Residential programs (Belle River, Charmwood, Michigan, River Bend 1, River Bend 2, Simpson, and Wells) and administration participated in at least (2) community volunteerism activities.

- a. Volunteer activities include United Way Campaign, Blue Jeans for A Cause (United Way, Community Food Depot, Council on Aging Meals on Wheels, Mid-City Nutrition), Community Food Depot Paper Ornament Drive, Kids in Distress clothing/toy drive, Betty Kearns Little Black Dress, Community Resource Fair, Sanborn Gratiot Memorial Home virtual event, Lake Huron Medical Center Golf Outing for Peoples Clinic, Port Huron High School Victory Day.
- 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, bank, hair salon, visits to the park and waterways, sensory rides.

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. Activities continue to be reduced in the community due to the COVID-19 concerns.

The Agency partnered with Jim and Terry MacMillan to provide Mr. Pita sandwich platters to all Agency locations for staff and individuals served. The Agency also provided individuals served with a \$5 Tim Horton gift card and Jim and Terry MacMillan provided staff's children with a \$5 MacDonald gift card.

We have reserved the exhibit barn at Goodells County Park 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

- a. Medication error rate – A total of two 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 dose
Charmwood		
Belle River		
Michigan		
River Bend 1		
River Bend 2	1	1
Simpson		
Vine		
Wells		
CISD		
Totals	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 88% accuracy (90% Q1, 87% Q2, 90% Q3, 85% Q4). The two key 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 detailed and time consuming. We continue to coach staff on how to correctly document by providing illustrated examples, and consultation.

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 - Annual Results: 142 participants completed the program. Post-tests determined there was an average of .60% improvement in knowledge, attitude, and behavior. Participants reported the program was very helpful. (4.69).

ADE- Alcohol and Drug Education: 366 participants successfully completed this program. Post-test determined there was a plus .59% improvement in knowledge, attitude and behavior compared to pre-tests. Participants reported the program was very helpful (4.76).

RSAT – Residential Substance Abuse Treatment (Jail/Huron House): 328 participants completed this program. Post-test determined there was a plus .51% improvement in knowledge, attitude, and behavior compared to pretests. Participants reported the class was helpful to very helpful (4.66).

Record Compliance (Utilization Review)

- a. Residential – Reviews were postponed in the first quarter due to COVID-19 restrictions. A full review Belle River and River Bend 1 was completed during the second quarter in preparation for AFC License renewal inspections. There were no substantial issues discovered during the internal reviews and both facilities had successful AFC license renewals with zero rule violations. IT converted the I.M.P.A.C.T. survey data base to the new Power BI app.
- b. CISD – A new system was developed to ensure staff are completing training re-certifications within the required timeframes. A new survey was created for the Supported Living Arrangement locations through the Power BI appl.
- c. Prevention Services – Region 10 PIHP conducted a contract compliance audit. We were 100% compliant with all contract requirements.

Reports are available upon request.

Individual Focused Services

- a. Consumer Complaints - Substantiated Recipient Rights violations

Treatment Suited to Condition/Dignity & Respect: River Bend 2. Violation involved a staff discussing personal issues with a resident and inappropriate joking. Involved staff was counseled, received a written reprimand and was re-trained in Recipient Rights.

Abuse Class III/Dignity and Respect: River Bend 1. Violation involved a staff speaking disrespectfully. Involved staff was counseled, received a written reprimand, and voluntarily resigned.

St. Clair County CMH "Rights Champion Award" was awarded to Terry Macmillan (Program Educator) in March 2022 in the category of Service Excellence. The staff at River Bend 1 were named the April 2022 "Rights Champion Team of the Month" in the category of Service Excellence. This nomination was received from multiple guardians as part of the response the Office of Recipient Rights received from the Parent/Guardian Monitoring Program. In recognition of these awards, Terry, and the staff at River Bend 1 were invited to attend the inaugural "Rights Champion luncheon at CMH where they were recognized and presented with the award.

- b. Residential Consumers – Overall satisfaction with services – 98%. Several comments were received regarding food at River Bend 2. Weekly menu meetings are offered for residents to make suggestions/requests. Alternative food options are always available, i.e., leftovers, sandwiches, hamburger, hot dog, salad, soup, etc. Comments about the water temperature. Seems more noticeable since new hot water tanks have been installed (hot water than previously) and is more noticeable when water temperature is cooler. Seems to be a circulation issue and we are working with Watson Brothers to resolve it. In the meantime, water temperatures are monitored, temperatures have been adjusted. Must allow the water to run for a few minutes for temperature to raise. Staff are monitoring and assisting residents as needed.
- c. Residential Guardians – Overall satisfaction with services – 96.5%. Comments noted included communication could be improved at Charmwood. Collaborating with Supervisor/staff to improve communication with guardian(s). Survey reports are available upon request.
- d. CISD Services Satisfaction Survey Results: Overall satisfaction with services is 100%.

Lots of positive comments were received from the surveys, i.e., staff are very helpful, awesome staff, excellent care.

Corporate Compliance Complaints: None reported.

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

Staff Training: I.M.P.A.C.T. hosted an in-person CPI class for CMH in our new classroom at Administration. Both CMH Recipient Rights and Positive Behavioral Supports trainings remain virtual. The CPR and First Aid training program was updated. IT security trainings were implemented. Training attestations were updated to meet MDHHS requirements.

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). 2022 annualized retention is 95.67% (2021 -95.85%; 2020 - 95.93%)
The following strategies were implemented toward recruitment and retention of staff:
 1. The temporary \$1.00 per hour wage increase was made permanent with an additional .50 per hour added.
 2. Starting wage was permanently increased by \$1.50 per hour.
 3. The temporary .75 afternoon and 1.00 midnight shift premiums were made permanent.
 4. Staff received a \$200.00 Christmas gift card.
 5. Staff received three bonuses.

6. Modified the On Boarding process to keep new hires more engaged and added DocuSign to make it easier for candidates to sign paperwork.
 7. Recognize milestone years of service on the employee's anniversary rather than waiting to give all employee awards at the same time.
 8. Recognize employee milestone years of service and birthdays on the I.M.P.A.C.T. face book page.
 9. Awarded \$79,000 in Staffing Crisis Stabilization Funds from St. Clair County CMH and Region 10 PIHP. The funds were used to intensify our recruitment plan. We were able to temporarily increase both the referral and sign on bonuses to \$1,500, added a non-employee referral program, radio ads, digital billboard ads, and host two hiring events with give aways.
 10. Offered a \$25 gift card for filling out an application.
 11. 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. The plan of correction submitted for the one Heightened Scrutiny case was approved. 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, 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 is now a covered service under our Region 10 PIHP contract and qualifying participants no longer pay to attend.

Teen School Programs – It has been challenging to access Port Huron High School due to COVID-19 restrictions and school staffing shortages. Anger management classes were sporadically held during the school's RED 52 class on Tuesdays and Thursdays. Attempts were also made to offer programming at Day Treatment Night Watch (DT/NW) without much success.

TAR – Teens at Risk – MDHHS foster care program (MYOI), Harbor for Youth and Day Treatment Night Watch agreed to start TAR programming at their agency. We discontinued programming at Administration to focus on these outreach opportunities. Harbor for Youth did not have enough teen participants to sustain programming and the program did not take off with DTNW. However, the MDHHS MYOI program has thrived with an average of 12-15 participants each week. We also completed two one-time presentations at New Shores Academy Recovery High School on Relationship Smarts Plus before the school permanently closed.

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). The Region average is 26% compliance.

Vendor Education – staff contacted all assigned businesses.

Tobacco Section Funding – 3 education programs were completed with staff at the Huron House and Day Treatment Night Watch Program and through an on-line presentation with MDHHS's MYOI youth program.

the CSCB's Adolescent Work Group which meets bi-monthly to address needs for teen programming.

Coalition – The SPEAK coalition ended due after the expiration of grant funding that had been received by the St. Clair County Health Department. Our Lead Prevention Specialist is currently a subcommittee chair for the chair for the community education breakout of the Community Services Coordinating Body (CSCB) Substance Use Prevention, Treatment and Recovery group. I.M.P.A.C.T. Prevention also remain active on the CSCB's Adolescent Work Group.

Prevention staff participated in the Community Resource Fair. We donated 500 brochures and spoon/forks for the goody bags. Staff volunteered to help fill the goody bags.

4. **IT:** A third party IT service was selected as a back-up in the event the IT Director is not available. A new call pendant system was installed at River Bend 1. A new Domain Controller was installed at River Bend. Replaced three Ricoh printers in Michigan, Wells and River Bend 1. Moved satisfaction surveys from old IMPACT survey app to Office 365 Customer Voice (online survey) and Power BI (online reports with more powerful features). The goal to replace the Firewall has been delayed. TechSoup does not have the firewall available. IT is monitoring to see if TechSoup will releases this hardware for a donation as it is far less expensive to purchase through TechSoup. IMDATA App is currently in development. The basic functionality of the application including permissions, access control and logging are developed. The next phase will be starting implementation in April 2023 and complete roll out of the new app in June 2023. IT upgraded our Veeam backup server and re-configured the back-up schedule. A new coded door lock with security camera was installed at administration. Installed a multi-factor authentication program for key administrative positions for remote access to our server. Developed Information Security Awareness training, Phishing 101, Social Engineering, an online Phishing training test, Teams and Zoom training for staff. IT upgraded all three Domain controllers to Windows server 2022 and have raised the Active directory domain functional level up to the latest version.
5. **Capital Improvement Plan:** The following projects were completed at River Bend: new roof, gutters, dining room flooring, concrete pad for dumpster, parking lot resurfacing and sign. An additional \$10,000 was paid on the River Bend land contract. The Ford Transit passenger van order in July of 2021 as part of the FY21 CIP was not delivered until July 2022. The Ford Transit passenger van included in the FY22 CIP has been ordered with an expected delivery date of February 2023. We were not successful in securing a contractor to replace or repair the concrete porches at River Bend. We will continue to work on this project into the next CIP cycle.

Projects identified for FY23 include the development of a schedule to update bedrooms at River Bend, River Bend front porches/entry doors, replacement windows at River Bend.

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