

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

05/03/23

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

Meeting minutes – The meeting minutes from January 24, 2023, were previously approved.

## **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: \$100 was raised from Blue Jeans for A Cause at Administration and donated to Blue Water Hospice.

- b. Community Inclusion Activities:  
Belle River – Various shopping and restaurant outings, sensory rides, cider mill,

Charmwood – Various shopping and restaurant outings, sensory rides

Michigan – 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 had a Valentine's Day and Easter decorating contests for all the residential homes.

We will be having a picnic in June at the Goodells County Park. For our first picnic since Covid-19, we will only offer the event to residents/staff. Plans are underway to develop a menu, games/prizes, etc.

Residents/staff from Wells, Charmwood and Bethuy are planning to attend a Detroit Tigers baseball game in June.

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 Wells. Previous quarter – (0) errors. The medication was stuck in the bubble pack and detected too late to administer. Staff was counseled and re-trained in medication administration.

### **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 January through March with a compliance score of 90%. (Same as previous quarter). Contributing factors were new staff training and current staff not providing enough detail in the notes.

#### **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.

Basic Drug Education (BDE) – 48 post surveys. Improved knowledge – plus 0.69. 4.88 report the class was very helpful. 96.5% agreed they would use the information learned.

RSAT – Residential Substance Abuse Treatment – 28 post surveys (18 Huron House; 12 Intervention Center) Improved knowledge – plus 0.52. 4.72 reported the class was very helpful. 93% reported they would use the information learned.

ARM – Anger/Rage Management – 27 post surveys. Improved knowledge - plus 0.89. 4.87 reported the class was very helpful. 98.3% reported they would use the information learned.

DV -Domestic Violence – 10 post surveys (men and women). Improved knowledge – 0.4. 4.60 reported the class very helpful.

Parenting Groups – Active Parenting Birth to Five – 2 graduates  
Active Parenting 6 plus years – 4 graduates \*Participants from both classes elected not to complete surveys.

24/7 Dad – 2 post surveys. Improved knowledge – 1.0. 100% report the class very helpful. 100% strongly agreed they would use the information learned.

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

- a. Residential – Reviews were completed at River Bend 2 and Simpson in preparation for AFC License renewals. The license was renewed at both locations with minor citations that have been corrected.
- b. CISD – N/A

### **Individual Focused Services:**

- A. Consumer Complaints: Water temperatures at River Bend are improved and have been within the AFC Licensing requirements. Will continue to monitor to ensure consistency prior to follow up with AFC Licensing.
- B. Charmwood – (2) substantiated recipient rights violations for sleeping on shift (Treatment suited to condition) by (2) staff. Both staff were counseled and received disciplinary action. A Recipient Rights in-service was held at the April staff meeting.
- C. Supervisors will schedule a Recipient Rights in-service at an upcoming staff meeting.

**Corporate Compliance Complaints:** N/A

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

**Staff Training:** MDHHS has changed their training approval process. The developers of the Training Toolbox do not want to submit the Training Toolbox for review/approval. We are transitioning back to the MDHHS Direct Care Staff Training Curriculum and will add training supplements to ensure all areas of training are included. We will also begin using any trainings approved by MDHHS that are available through *Improving MI Practices (online)*. This information will be shared with the residential supervisors at the next supervisor meeting.

MDHHS is also working on creating approved trainings online through Improving MI Practices. We have an account set up and have started to utilize the trainings available (Bloodborne Pathogens, Emergency Preparedness).

### **Business Goals**

1. **Staff Recruitment/Retention:** The retention rates are as follows: April 97%, May 100%, June 94%, July 95%, August 99%, September 97%, October 99%, November 99%, December 95%, January 96%, February 96.1%, March 98%, April 98% (staff who left the agency vs staff who remained). We gave all staff a \$5 Tim Horton's gift card for Valentines Day and a 3% bonus in March.
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. Full implementation of the HCBS rules took effect March 17, 2023. We received surveys for all residents at Simpson.
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.

Coalition (CSCB) - Adolescent Work Group- (sub-group). Worked on teen survey and reviewed ideas to share with community.

SYNAR – Will begin next quarter (June).

Non-SYNAR: Teen decoys returned and conducted over 30 checks between the last week of the 2<sup>nd</sup> quarter and first week of 3<sup>rd</sup> quarter.

Teen Anger Management: Programs have started at Port Huron High and Phoenix Academy. No teens have completed the program yet.

Thinking Matters: Thinking Matters class is an 8-week cognitive restructuring program that has participants use a workbook to perform activities that center on identifying past problematic behaviors, learning the thoughts/beliefs/feelings that lead to these behaviors, and finding solutions to these issues for the future. It combines Cognitive Behavior Therapy and other tools to engage participants in making better choices on personal issues like substance use, anger management, financial planning, physical fitness, healthy communication, and criminal behavior. 30 post surveys. Improved knowledge plus 0.35. 4.86 reported the class very helpful. 83.3% reported they would use the information learned.

Tobacco Section Funding – Billboard advertisement with Lamar led to the following impressions per spot: 10<sup>th</sup> St./Lapper Ave. – 89,464; Lapeer Ave./24<sup>th</sup> St. – 40,799; M-25 South of Lyon – 76,107; 1-94 North of Blue Water Bridge – 31,815

Vendor Education- Packets and signs are put together and 4 stores were given information in 2<sup>nd</sup> quarter with a majority of vendor education for tobacco and alcohol to be done April 1<sup>st</sup> – May 15<sup>th</sup>.

4. **IT**: For the Firewall replacement goal. It is recommending the Cisco FirePOWER 1120 ASA Firewall (cost \$2,098.36- \$4,400.00). Waiting to see if TechSoup will add this model but it looks like it is only offered by Cisco Meraki products now.

IMDATA App is currently in development. The basic functionality of the application including permission, access control, logging is implemented. The Incident reporting page is almost complete, just finishing up logging and resolving any issues discovered during testing of the form.

The VMware server is upgraded and the latest version of the Veeam backup server software is installed.

5. **Capital Improvement Plan**: The Board of Directors approved the following capital improvement projects for 2023: Replace windows at River Bend, repair concrete porches at River Bend, update 7-8 bedrooms over the next three years at River Bend and purchase a 2023 12 passenger Ford Transit van. Concrete work is scheduled for mid-June. Windows are being ordered for installation in July-August. Transit van was received and stationed at Charmwood. Bedroom plan is in process of reviewing final quotes for scope of work to be completed.

6. **Health & Safety**: The Health and Safety Committee is creating an inspection form for durable medical equipment. The form will identify various types of equipment with the instructions on how to complete a safety inspection of the equipment and what to do if a piece of equipment is identified as needing repair. The form should be completed by the end of May.

**Adjournment/Next Meeting:** The meeting was adjourned at 3:00 pm. The next meeting will be on July 12, 2023.