

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

08/02/23

In attendance: \* Due to scheduling conflicts the committee was unable to meet. Each committee member reported on their area of responsibility. Meeting minutes were created and approved by email.

Meeting minutes – The meeting minutes from May 03, 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: \$135 was raised from Blue Jeans for A Cause at Administration and donated to Blue Water Area Humane Society, River Bend 1 stuffed Easter Eggs for a church Easter Egg Hunt and sent letters to military troops. Participated in the Community Resource Fair.

- b. Community Inclusion Activities:

Belle River – Various shopping and restaurant outings, sensory rides, beach, park

Charmwood – Various shopping and restaurant outings, sensory rides, Detroit Tigers game

Michigan – Sensory rides, beach, playground, restaurants, parks, shopping

River Bend #1 – Various restaurant outings, sensory rides, No Limits Fishing charter, concerts at Marysville Park

River Bend #2 – Various shopping and restaurant outings

Simpson – Sensory rides, shopping, and restaurant outings

Wells – Various shopping and restaurant outings, sensory rides, Detroit Tigers game, picnics

We had our first picnic for residents since 2019 at the Goodells County Park. We had games, prizes, good food, and ice cream from Hippy Dippy Creamery. Everyone had a great time.

We have formed a committee to schedule community outings. The first event will be hosting the Rotary International Day Parade at administration which will include pizza.

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 Simpson. Medication missing from home. Pharmacy refilled after receiving a new order from physician. Reported missing medication to law enforcement and initiated corrective action plan. Previous quarter – (1) errors.

### **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 April through June with a compliance score of 85%. Contributing factors were staff forgetting to write in times or sign or initial.

#### **Prevention: Alcohol & Other Drugs Addictions \*All classes received good feedback**

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) – Total certificates issued – 76.  
56 post surveys.  
Improved knowledge – plus 0.50.  
4.86 report the class was very helpful.  
95.08% reported they would use the information learned.

RSAT – Residential Substance Abuse Treatment – Total certificates issued – 48.  
37 post surveys (6 Huron House; 31 Intervention Center)  
Improved knowledge – plus 0.82.  
4.59 reported the class was very helpful.  
91% reported they would use the information learned.

Thinking Matters – Total certificates issued – 42.  
28 post surveys (19 Intervention Center; 9 IMPACT)  
Improved knowledge – plus .62.  
89.2 report they would use the information learned.

ARM – Anger/Rage Management – Total certificates issued 61.  
44 post surveys.  
Improved knowledge - plus 0.81.  
4.87 reported the class was very helpful.

96% reported they would use the information learned.

DV -Domestic Violence – Total certificates issued – 20.

17 post surveys (men and women).

Improved knowledge – 0.60.

4.59 reported the class very helpful.

Teen Anger Management

27 pre surveys

11 post surveys

4.18 reported the class very helpful.

Active Parenting Birth to Five – Total certificates issued – 6.

4 post surveys.

Improved knowledge – plus 1.83.

5.0 reported the class very helpful.

100% reported they would use the information learned.

Active Parenting 6 plus years – Total certificates issued – 9.

3 post surveys.

Improved knowledge – plus 1.48.

4.33 reported the class very helpful.

80% reported they would use the information learned.

24/7 Dad – Total certificates issued – 4.

0 post surveys completed.

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

- a. Residential – Unannounced reviews of resident allowance funds and petty cash were completed at each residential location. All funds balanced and were accounted for.

Reviews were conducted at Michigan and Simpson Homes in preparation for the AFC License renewal. Overall, only a few minor items needed correcting at Michigan. However, Simpson required a more detailed review, reorganization, and training with the new supervisor. The AFC licensing reviews went well, and the license was renewed at both locations.

- b. CISD – N/A

### **Individual Focused Services:**

- A. Consumer Complaints: Substantiated Abuse Class III (threatening/degrading language) Recipient Rights violation occurred at Charmwood. An action plan was developed which included disciplinary action and in-person Recipient Rights training. Employment was terminated after the involved staff had a second violation of recipient rights.  
Simpson – Substantiated Abuse Class II (Exploitation). This complaint was reported by I.M.P.A.C.T. to Law enforcement, Adult Protective Services, AFC Licensing and CMH Office of Recipient Rights. Employment of the involved staff was immediately terminated.
- B. Recipient Rights Refresher trainings are being completed at monthly staff meetings by the CMH Office of Recipient Rights. We are also researching a sensitivity training for DCS.
- C. Supervisors will complete an unannounced check during off shift times at least twice a month. Findings will be reported to the Program Director.

**Corporate Compliance Complaints:** N/A

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

**Staff Training:** All locations are enrolling and are working on completing the first training on Improving Mi Practices: Emergency Preparedness. There will be changes coming up in the next quarter as far as time frame requirements for some of the CMH training so we will need to modify reoccurrence of Person Centered Planning and Cultural Diversity with all programs.

All Training Toolbox has been converted now to Training for Support Staff - IMPACT Training Supplements and modified where needed. That is complete. Information and tests added to: Your Role as A Direct Care Staff-Working with People-Nutrition-Medication

### **Business Goals**

1. **Staff Recruitment/Retention:** The retention rates are as follows: June 94%, July 95%, August 99%, September 97%, October 99%, November 99%, December 95%, January 96%, February 96.1%, March 98%, April 98%, May 98%, June 98% (staff who left the agency vs staff who remained). Staff received a \$1500 retention bonus from Region 10/CMH and a 3% bonus from I.M.P.A.C.T. in June. We are running billboard and radio recruitment ads.

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. A HCBS liaison will be conducting site visits at group homes and 4100 Bethuy Supported Living in August.

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)** - Participating in the Community Health Improvement Plan and the State's SUGE meetings for coalition participation (Substance Use, Gaming & Epidemiology).

**SYNAR Compliance Checks** – 4 formal SYNAR checks were completed with tobacco retailers selected by MDHHS. The goal is 80% or better not attempting to sell. 2 of the 4 retailers attempted to sell cigarettes to our youth decoy. Goal not met (50%).

**Non-SYNAR Checks**– 60 checks were completed at tobacco retailers randomly selected by MDHHS. 83% of stores did not attempt to sell cigarettes to our youth decoy. This is an improvement of 3.3% over our goal for the year (80% or better).

**Tobacco Vendor Education** – 152 checks and tobacco education were completed during the quarter. There are 28 checks remaining to be completed this fiscal year.

**Tobacco Section Funding** – We passed out 149 bags at the Community Resource Fair that included information about vaping hazards and information about our Prevention Education Services (goal #2 PSA)

4. **IT:** For the Firewall replacement goal. It is recommending the Cisco FirePOWER 1120 ASA Firewall (cost \$2,098.36- \$4,400.00). Will be purchasing two new firewalls to replace the older ASA firewalls at Admin and Riverbend.

IMDATA App is currently in development. The basic functionality of the application including permission, access control, logging is implemented. The Incident reporting page is complete, just testing and resolving any issues discovered. Updated staff and data and in the process of updating all consumer data in app before having staff test using the app to record incident reports.

Working on updating all staff Adobe Acrobat Pro software to the latest 2020 version.

Upgrading all desktop computers for Prevention and Training.

5. **Capital Improvement Plan:** Replacement windows are on order for River Bend and should be installed in August. Contractor selected to repair porches at River Bend. Bedroom makeover plan is in process at River Bend.

6. **Health & Safety:** Durable medical equipment maintenance/inspection form has been developed and is in use at the group homes. The form will be reviewed during UM reviews and submitted annually to the Health/Safety Coordinator. LifeVac devices were purchased for each residential home and vehicle. Use of the LifeVac has been added to First Aid training.

**Adjournment/Next Meeting:** The next meeting will be on October 11, 2023.