

## I.M.P.A.C.T. - Quality Improvement Summary Report FY 23

### 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, Blue Water Hospice and Blue Water Area Human Society), Community Food Depot Paper Ornament Drive, clothing & hygiene product drive for Safe Horizons, Betty Kearns Little Black Dress, Community Resource Fair, Lake Huron Medical Center Golf Outing for Peoples Clinic, Fishing Unlimited, Port Huron High School Victory Day, sent letters to military troops, helped stuff Easter eggs for a local church,
- 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, sensory rides, bowling, No Limits Fishing, concerts in the park, Detroit Tiger Baseball game, Port Huron Rotary International Day Parade, Goodells County Park picnic, End of Summer Bash at Lakeside Park, beach, movies, etc.

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. This year the Community Activity Committee was formed to schedule agency wide activities to create more opportunities for individuals and staff to connect with one another.

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 held our annual picnic at the Goodells County Park for individuals served and working staff only due to county Covid 19 level concerns. The event was a huge success and included an all you can eat ice cream parlor.

We are planning to have the Christmas Party for 2023 at Alexander's Banquet Center and will evaluate the county COVID-19 level as the event gets closer to determine if we will invite families.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

Medication error rate – A total of four medication errors occurred over the past year: (2 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	Higher Dose
Charmwood		
Belle River		
Michigan	1	
River Bend 1		
River Bend 2		
Simpson	1	1
Wells	1	
CISD		
<b>Totals</b>	<b>3</b>	<b>1</b>

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.

Performance Target: 95% compliance.

100% of all WANs were reviewed prior to submission to the funding source. On average WANs were completed with 89% accuracy (90% Q1, 90% Q2, 85% Q3, 90% Q4). Contributing factors for not achieving this goal are new staff training, current staff not providing enough detail in the notes, omitting signatures, initials, dates, or times. Last year this goal only achieved 88% accuracy so there was a slight improvement. This goal will be discontinued and monitored through the billing process. Staff training will be on going.

#### **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.

BDE – Basic Drug Education – Annual Results: 268 participants completed the program. Post-tests determined there was an average of 0.57% improvement in knowledge, attitude, and behavior. Participants reported the program was very helpful. (4.86). 97.4% participants said they would use the information learned.

RSAT – Residential Substance Abuse Treatment (Jail/Huron House): 207 participants completed this program. Post-test determined there was an average of 0.61% improvement in knowledge, attitude, and behavior compared to pretests. Participants reported the class was helpful to very helpful (4.66). 92% participants said they would use the information learned.

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

- a. Residential – Reviews were postponed in the first quarter due to COVID-19 restrictions. Full reviews were completed at Charmwood, Michigan, River Bend 2, Simpson, and Wells in preparation for AFC License renewal inspections. There were no substantial issues discovered during the internal reviews. However, Simpson required a more detailed review, reorganization, and training with the new supervisor. All facilities had successful AFC license renewals. Plans for correction were completed for any rule violations. IT converted the I.M.P.A.C.T. survey data base to the new Power BI app.
- b. CISD – A new Utilization Management survey was developed. The plan is to complete surveys with the assistance of the CISD administrative assistant in the upcoming year.
- c. Prevention Services – Region 10 PIHP conducted a contract compliance audit. We were 100% compliant with all contract requirements.

#### **Individual Focused Services**

- a. Consumer Complaints - Substantiated Violations

Recipient Rights

Treatment Suited to Condition: Two incidents of staff sleeping on shift at Charmwood.

Dignity and Respect: Three violations (River Bend 1/River Bend Kitchen).

Restrictions/Limitations: One incident at River Bend 1.

Abuse Class II (Exploitation) – Simpson.

Abuse Class III (Threatening/degrading language): Two incidents at Charmwood.

A plan of correction was developed to address each violation ranging from re-education/consultation to termination of employment. In addition, a representative from the office of recipient rights conducted re-training at staff meetings. Supervisors are conducting unannounced visits two times per month and unannounced audits of resident allowance funds are completed each quarter by the Program Director/Administrators.

#### AFC Licensing

Wells – two complaints related to one resident who exhibited aggressive behavior towards others in the home. Individual was issued a discharge notice and relocated to another home.

River Bend – Improper circulation of hot water. Plan was developed with a plumbing contractor to restore proper circulation of hot water to rooms.

St. Clair County CMH “Rights Champion Award” was awarded to Kris Curtis and Aaron Foote in January 2023 for Service Excellence and the Simpson Road Home in June 2023 in the category of Advocacy.

- a. Residential Consumers – Overall satisfaction with services – 100%. A few food related comments were received. 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. We piloted a new menu system (Grove Menus) at Belle River and Wells. The system works nicely for regular diets but did not meet the requirements needed for special diets. Wells continues to use the menu system. We will continue to research other menu system options.
- b. Residential Guardians – Overall satisfaction with services – 100%. Comments included improvements noted at Charmwood.
- c. 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, great home with great staff, very happy with the support my client is getting, staff are caring and do a wonderful job.

**Corporate Compliance Complaints:** None reported.

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

**Staff Training:** The Training Toolbox is no longer vetted for use by MDHHS. Transitioned training back to the MDHHS Direct Care Staff training curriculum with added training supplements to be more current. We are also utilizing any MDHHS approved online trainings through Improving MI Practices. An Agency account has been set up to monitor staff training on this site. Required trainings by St. Clair County Community Mental Health have been updated on the new staff

orientation and annual evaluation forms. One hour of basic drug education has been added to staff training to meet DOT requirements.

### **Business Goals**

1. **Staff Recruitment/Retention:** The retention rates are as follows: October 99 %, November 99%, December 95%, January 96%, February 96.1%, March 98%, April 98%, May 98%, June 98%, July 100%, August 99%, September 97.3%

2023 annualized retention is 97.78% (2022 -95.67; 2021 -95.85%; 2020 - 95.93%)

The following strategies were implemented toward recruitment and retention of staff:

1. Referral and sign on bonuses.
  2. Three bonuses (March, June, September).
  3. \$1.50 hourly wage increase to all staff.
  4. Increased starting wage by \$1.00 for all positions.
  5. Participated in the Assisted Living Wage and Benefit Survey
  6. \$200.00 Christmas gift card.
  7. Tim Horton's gift card for Valentines Day
  8. Continued to work on ways to modify and streamline the *On Boarding process* to keep new hires more engaged.
  9. Recognize milestone work anniversaries (\$25 for each year of service)
  10. \$25 Birthday gift card
  11. Recognize employee milestone years of service and birthdays on the I.M.P.A.C.T. Facebook page.
  12. Offered a \$25 gift card for filling out an application.
  13. Held a job fair, advertised on billboards and radio stations.
  14. In September we celebrated Direct Support Professional Week with food, cozy embroidered I.M.P.A.C.T. blanket, gift basket drawings, bonus, and a Sam's Plus Membership. Recognized and thanked staff on community billboards.
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. Surveys were completed for Simpson. A HCBS Liaison made site visits at the group homes and Bethuy SLA and found all locations to be in compliance.
  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 – Participation in the CSCB Adolescent Work Group and the State's SUGE (Substance Use, Gaming & Epidemiology) coalitions. Activities have included participation in the completion of a Community Health Improvement Plan, teen survey, development of a youth proposal for the committee overseeing St. Clair County's opioid settlement money for community projects and working on developing a toolkit for statewide coalition coordinators.

Teen School Programs – Port Huron High School delayed programs until the second semester. Anger management classes were held during the school's RED 52 class on Tuesdays and Thursdays.

TAR – Teens at Risk – MDHHS foster care program (MYOI) program has continued to thrive with an average of 12-15 participants each week.

NON-SYNAR/SYNAR – (Youth tobacco access) NON-SYNAR retailer compliance violation rate target is 20% or less. 60 retailers were checked, 11 were in violation for a rate of 18.33%. The SYNAR compliance check rate was 50% (2 out of 4) and did not meet the goal of 80% established by Region 10. Of note, the previous year I.M.P.A.C.T. was assigned 10 SYNAR compliance checks.

Vendor Education – 120 total establishments were provided tobacco vendor education with training materials that included YTA signs, birthdate signs, and information on how to properly check ID's and deny service to underage buyers.

Tobacco Section Funding – A public service announcement ad was run on four community billboards about the dangers of vaping. 150 bags were passed out at the Community Resource Fair that included information about vaping hazards and information about our Prevention education programs. Presentations were completed at Day Treatment Night Watch and MDHHS's MYOI youth program.

24/7 Dad – based on low participation, it was decided to pause the 24/7 Dad program in FY24 and direct service units to programs with higher community need. I.M.P.A.C.T. still offers parenting birth-5 years and parenting 6+ classes which are open to both mothers and fathers.

4. **IT:** VMware server was upgraded to the newest version. Veeam backup server software is installed. Reconfigured the backup schedule. Adobe Acrobat Pro software updated to the latest 2020 version. Updated Prevention and staff training computers. New IMDATA app is in the testing phase. Basic functionality of the application including permission, access control, and logging have been implemented. The goal to replace the firewalls at River Bend and Administration has not yet been completed. Cost will be between \$2,000-\$5,000. Firewalls will be purchased and installed in early 2024.
5. **Capital Improvement Plan:** The following projects were completed at River Bend: replacement of concrete porches, installation of a drainage system around porches, replacement of all windows and work on the bedroom update project was completed. An additional \$10,000 principal payment was paid on the River Bend land contract. A new 2023 Ford Transit passenger van was purchased for the residential department. Roofing project and a new awning were purchased for Administration.

Projects being considered for FY24 include replacement of front doors and courtyard makeover at River Bend and the purchase of a new wheelchair accessible van.

The Capital Improvement Plan will be presented to the Executive Board for review in early 2024.