

# 2013

## Quality Improvement Annual Report



- Outcome Measures
- Overtime Tally
- Consumer Satisfaction Survey
- Quality Improvement Plan

Renaissance Community Homes Inc.  
Outcome Measure Report  
October 1, 2012 ~ September 30, 2013

**Annual Outcome Measures Executive Summary 2013:**

1. Consumer satisfaction with services. All consumers from all programs twice a year will be offered a CONSUMER SATISFACTION SURVEY. All responses to each item will be compiled. Programs will report the number of surveys distributed, number of surveys collected, and percentage of consumers reporting overall satisfaction. Average response score per item will be over "3". Response rate will be over 85%. Surveys showed overall satisfaction with each question asked.

2013 Questions that scored highest were: Scale: 1-4

- Staff help me find transportation when I need to go somewhere. – 3.72
- I feel that my safety needs are met. – 3.70
- I can make decisions on my services. – 3.70
- I am allowed privacy when I want it. – 3.67

2013 Questions that scored lowest were:

- Home is accessible and meets my needs – 3.41
- Home repairs are done timely- 3.46
- Staff help me find outside relationships – 3.51
- Program offers fun activities – 3.52

2012 Questions that scored highest were: Scale: 1-4

- I like where I live. – 3.62
- Staff treat me with Dignity and Respect. – 3.58
- Staff help me find transportation. – 3.57

2012 Questions that scored lowest were:

- I can make decisions on my services. 3.46
- Home repairs are done timely. - 3.47
- Program offers fun activities - 3.47 (tie)

2011 Questions that scored highest were:

- My home is accessible and meets my needs.
- The things we do for fun are relevant to me.
- I have choices in how I decorate my room.

2011 Questions that scored lowest were:

- Staff help me understand my medications.
- Staff help me be more independent.
- I can talk to staff when I have a problem & I feel that my safety needs are met. - 3.47 (tie)

2010 Questions that scored highest were:

- I feel that my safety needs are met.
- Staff listen to my problems.
- Staff treat me with Dignity and respect

2010 Questions that scored lowest were:

- Staff help me be more independent
- Home repairs are done timely
- Staff help me plan activities

**The response rate was 88%. Last year we achieved 87%.**

**100% of consumers average response score was either satisfied or very satisfied**

Administration/efficiency: District Managers will review with the Finance Director how each program did financially over the prior six months. A rating will be determined on a scale from 1-5 (5 being highest). The overall financial picture of the program will be looked at including: payroll, overtime, consumables, cost of care income, & more. **2013– 67% 18 of 27 departments a 3 or above.** 2012– 67% 18 of 27 departments a 3 or above. 2011– 86% 25 of 29 departments a 3 or above. 2010 – 71% 20 of 28 departments a 3 or above. 2009 – 86% 26 of 30 departments a 3 or above. 2008 – 70% 21 of 30 departments scoring a 3 or above. In 2007 - 51.6% 16 of 31 departments scoring a 3 or higher 2006 - 70.9%. 2005 was 80.6%. 2004 was 71.4%.

Medication Errors and Client-to Client aggression. Programs will be categorized as an A, B, or C class home. Depending on the potential of medication errors and client-to-client aggression. Data will be compared to category thresholds then shared with the program manager.

**A Medication error is defined as any deviation from the specific medication passing procedure. Renaissance Community Homes Inc. had 322 medication errors in 2012 out of 180,310 medication passes. 247 clients receiving medication twice a day for 365 days comes to 180,310 medication passes. This is a 99.93% medication passing accuracy rate in 2012.** A Medication error is defined as any deviation from the specific medication passing procedure. Renaissance Community Homes Inc. had 336 medication errors in 2011 out of 174,470 medication passes. 239 clients receiving medication twice a day for 365 days comes to 174,470 medication passes. This is a 99.91% medication passing accuracy rate in 2011. Renaissance Community Homes Inc. had 418 medication errors in 2010 out of 180,310 medication passes. 249 clients receiving medication twice a day for 365 days comes to 181,770 medication passes. This is a 99.87% medication passing accuracy rate in 2010. . 99.87% medication passing accuracy rate in 2009. 99.92% medication passing accuracy rate in 2008.

The Client-to-Client Aggression measure continues to be monitored. Analysis of data is difficult due to a very few clients with aggressive behaviors can skew totals. It is felt that this issue still needs to be looked at. All consumer behavior plans are reviewed by the Responsible Mental Health Agencies at least every 90 days. **Total Client to Client aggression has decreased in 2012 to 187.** 2011 at 294. 2010 at 360. 2009 at 161. 2008 at 234, 2007 at 244, 2006 at 251, 2005 at 267, 264 in 2004 and 338 in 2003.

Recipient Rights - The number of substantiated rights complaints for the program will be tracked each quarter and compared to past complaints on an annual basis. **Renaissance Community Homes Inc. had a total of 28 recipient rights complaints substantiated in 2012. This is a decrease from 2011.** Renaissance Community Homes Inc. had a total of 33 recipient rights complaints substantiated in 2011. . Renaissance Community Homes Inc. had a total of 28 recipient rights complaints substantiated in 2010. Renaissance Community Homes Inc. had a total of 32 recipient rights complaints substantiated in 2009. Renaissance Community Homes Inc. had a total of 37 recipient rights complaints substantiated in 2008. Renaissance Community Homes Inc. had a total of 40 recipient rights complaints substantiated in 2007.

## STATISTICS AND DEMOGRAPHICS

### PERSONNEL

**Total Full-Time Equivalent (FTE) Personnel** 345.00

**Actual number of direct-service personnel**

*Employees* 475

*Volunteers* 0

*Contracted Personnel* 0

**Total Direct-Service Personnel** 475

### PERSONS SERVED

**Total Number of Persons Served Annually**

234

**Race/Ethnicity Number of Persons Served Other Race/Ethnicity Description**

African American/Black 20

Asian

White 208

First Nation/Aboriginal Canadian

Hispanic/Latino (Ethnicity) 6

Native (American or Alaskan)

Native Hawaiian or Other Pacific Islander

Other(s), specify

**Gender Number of Persons Served**

Female 86

Male 148

Unknown Gender

**Age Number of Persons Served Other Age Description**

0-5 (Children) 0

06-17 (Adolescent) 0

18-40 (Adult) 50

41-65 (Adult) 152

66-85 (Adult) 30

86+ (Adult) 2

Other Age Group

Unknown Age Group

**Other Characteristics of Persons Served Number of Persons Served Other Description**

Acquired Brain Injury 14

Alcohol and/or Other Addictions 19

Developmental Disabilities 104

Dual Diagnosis - AOD/DD 0

Dual Diagnosis - AOD/MH 1

Dual Diagnosis - MH/DD 29

Hearing Impairments 6

HIV positive/AIDS 0

Homeless Individuals 0

Mental Disorders 139

New Immigrants 0

Other Addictions 0

Physical Disabilities 51

Unemployed/Underemployed 157

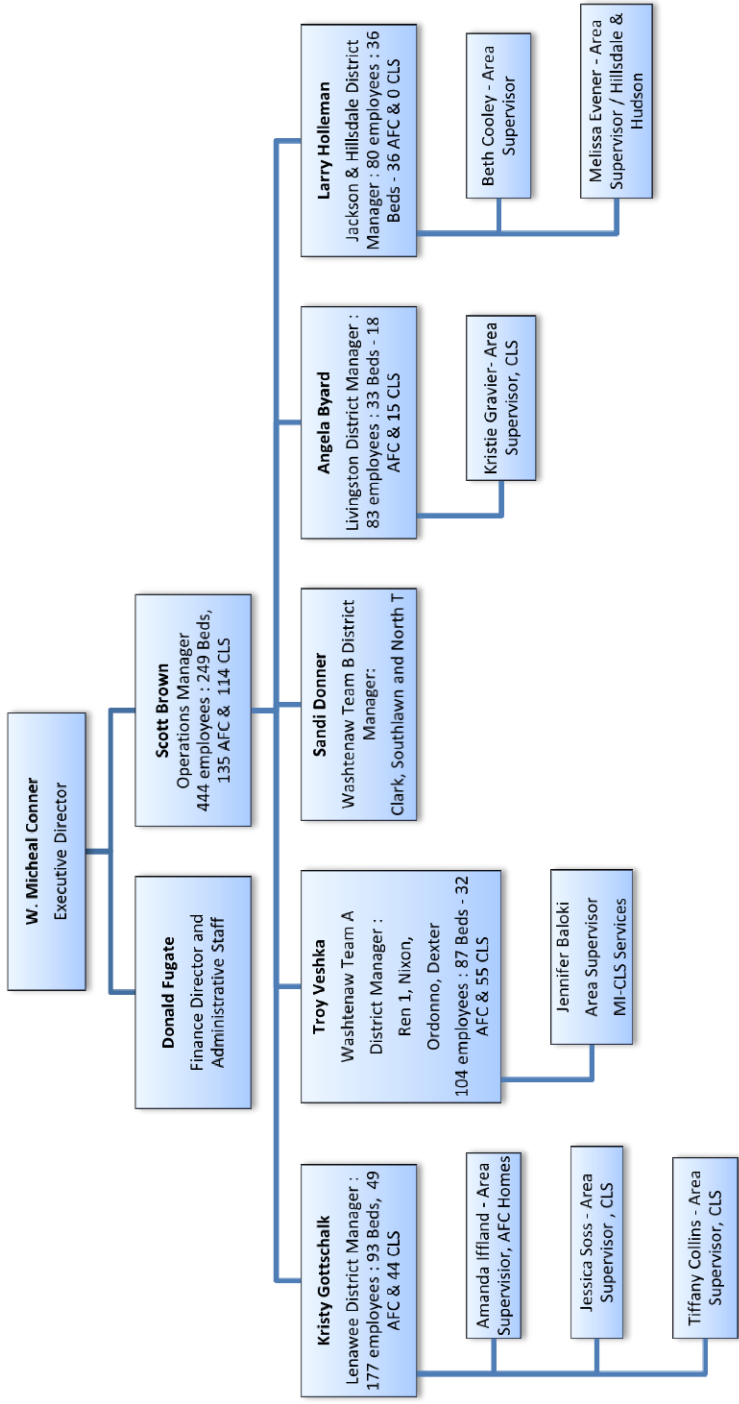
Visual Impairments 52

Other Characteristic 0

Dementia 8

Unknown Characteristics 0

Autism Spectrum Disorder 13



1. Administration/efficiency: District Managers will review with the Finance Director how each program did financially over the prior six months. A rating will be determined on a scale from 1-5 (5 being highest). The overall financial picture of the program will be looked at including: payroll, overtime, consumables, cost of care income, & more.

**Renaissance Program  
Budget : Year End Snapshot  
- Fiscal 2013**

	2013	OT %	Comments	2012	2011	2009	2008	2007	2006	2005
			<b>LifeWays</b>							
Ren II	5	3.1		5	5	5	5	4	5	5
Ren III	5	0.7		3	5	2	4	5	5	5
Bunting	5	0.0		5	4	5	3	2	2	4
Parnall	3	2.2		5	5	1	2	2	3	1
Range	5	0.2		5	5	5	2	3	5	5
Steamburg	1	6.2		5	5	4	3	5	5	5
Jonesville	5	2.9		5	1	-	-	-	-	-
Sunrise	5	2.9	Len program	1	1	-	-	-	-	-
			<b>Lenawee</b>							
Mohawk	5	2.4		1	4	5	5	3	4	5
Len Supports	5	3.8		5	5	5	5	2	3	5
South Main	2	0.8		1	1	5	4	1	3	5
Green Hwy	5	4.3		4	3	5	5	1	2	5
College	4	0.8		3	4	1	3	3	2	2
Oakwood	1	2.6		5	5	4	1	3	4	1
Riverside	2	2.0		3	5	5	2	3	2	3
			<b>Washtenaw</b>							
N. Territorial	3	1.9	Sandi	4	5	5	1	2	1	5
Dexter Supports	1	7.0		5	5	4	5	2	4	4
Southlawn	3	3.6	Sandi	1	5	5	5	5	5	5
Clark	1	4.9	Sandi	1	5	3	5	5	5	4
Nixon	3	6.5		2	3	4	1	2	3	4
Ren I	5			5	5	5	5	2	5	3
Wash SIP (MI)	5	3.4		3	5	3	4	4	3	4
Ordonno	1	6.3		2	3	3	3	3	3	4
			<b>Livingston</b>							
Oak Grove	3	5.0		1	3	5	5	4	5	5
Golfclub	2	2.0		5	3	3	3	2	3	4
Burkhart	5	5.9		3	3	4	2	2	3	2
Westdale	1	6.5		1	5	5	4	4	0	0
<b>Scale 1-5</b>			<b>5= Superior, 3= On Target, 1= Significantly Below Expectations</b>							
<b>Company OT</b>		<b>3.6</b>	Based on gross staffing hours							

## Overtime Percentage 2012-2013

	<b>OT % 2012.00</b>	<i>March 14, 2013</i>	<b>OT % 2013 so far</b>
Sunrise	<b>7.70</b>	<i>Dexter Supports</i>	<b>7.00</b>
Nixon	<b>7.60</b>	<i>Nixon</i>	<b>6.50</b>
Burkhart	<b>6.50</b>	<i>Livingston CLS</i>	<b>6.50</b>
Golfclub	<b>5.00</b>	<i>Ordonno</i>	<b>6.30</b>
Ordonno	<b>4.70</b>	<i>Steamburg</i>	<b>6.20</b>
Dexter Supports	<b>4.50</b>	<i>Burkhart</i>	<b>5.90</b>
Southlawn	<b>4.30</b>	<i>Oak Grove</i>	<b>5.00</b>
Oak Grove	<b>3.90</b>	<i>Clark</i>	<b>4.90</b>
Lenawee CLS	<b>3.70</b>	<i>Green Hwy</i>	<b>4.30</b>
Wash SIP (MI)	<b>3.70</b>	<i>Lenawee CLS</i>	<b>3.80</b>
Green Hwy	<b>3.60</b>	<i>Southlawn</i>	<b>3.60</b>
<b>Company OT 2013 so far</b>	<b>3.60</b>	<b>Company OT 2013 so far</b>	<b>3.60</b>
Jonesville	<b>3.50</b>	<i>Wash SIP (MI)</i>	<b>3.40</b>
Clark	<b>3.50</b>	<b>Company OT 2012</b>	<b>3.30</b>
Oakwood	<b>3.30</b>	<i>Ren II</i>	<b>3.10</b>
<b>Company OT 2012</b>	<b>3.30</b>	<i>Sunrise</i>	<b>2.90</b>
Riverside	<b>3.10</b>	<i>Jonesville</i>	<b>2.90</b>
N. Territorial	<b>2.90</b>	<b>Company OT 2011</b>	<b>2.80</b>
<b>Company OT 2011</b>	<b>2.80</b>	<i>Oakwood</i>	<b>2.60</b>
Livingston CLS	<b>2.60</b>	<i>Mohawk</i>	<b>2.40</b>
Mohawk	<b>2.30</b>	<i>Parnall</i>	<b>2.20</b>
College	<b>2.30</b>	<i>Golfclub</i>	<b>2.00</b>
<b>Company OT 2009</b>	<b>1.80</b>	<i>Riverside</i>	<b>2.00</b>
Ren III	<b>1.70</b>	<i>N. Territorial</i>	<b>1.90</b>
Ren II	<b>1.40</b>	<b>Company OT 2009</b>	<b>1.80</b>
Steamburg	<b>1.40</b>	<i>College</i>	<b>0.80</b>
South Main	<b>1.40</b>	<i>South Main</i>	<b>0.80</b>
Parnall	<b>0.50</b>	<i>Ren III</i>	<b>0.70</b>
Range	<b>0.50</b>	<i>Range</i>	<b>0.20</b>
Bunting	<b>0.40</b>	<i>Bunting</i>	<b>0.00</b>
<i>2010 OT data unavailable due to switch to electronic payroll</i>			

Renaissance Community Homes Inc.  
Renaissance House Inc.  
Annual Quality Improvement Plan & Evaluation 20012-13

## 2014 Quality Improvement Plan

### I. Introduction

The Renaissance Leadership Committee (comprised of Administrative and top management personnel) constructed the 2013-14 Quality Improvement Plan. The Leadership Committee submits the plan to the Renaissance Community Homes Inc. Executive Board for review and Approval. The Renaissance Quality Improvement plan includes narrative and analysis concerning goal setting and goal attainment. Supported documentation will be presented in a report form.

Renaissance enters into the fourteenth year of its Quality Improvement Program. Renaissance uses the Quality Improvement plan to enhance the services we provide as well as comply with contractual requirements with expectations and standards of accrediting and regulatory bodies.

### II. Purpose

The purpose of the Quality Improvement plan is to:

1. Comply with state and federal laws as well as regulatory and accreditation standards
2. Advance the level of care our organization provides to the people we have the opportunity to serve.

### III. Scope

The Renaissance Community Homes Inc. Quality Improvement Plan addresses the overall operation of the programs. It looks at quality of care, personnel, as well as administrative efficiency. The Quality Improvement Plan is implemented by the employees under the guidance of the Quality Improvement committee and the Operations Manager. The person who has primary responsibility for QI activity will be selected by the Executive Director. That person will have five years' experience with the operations of Renaissance Community Homes Inc. The will have received training on Quality Improvement from Responsible Mental Health Agencies and / or set on the RHMA's Quality Improvement / Performance Improvement Committees. The progress of the Quality Improvement Plan is reported to the Executive Board at each meeting.

### IV. Goals for 2014

#### Short Term Goals

1. Continued improvement in our Outcome Measures as defined by the Corporate Quality Improvement Plan. Our outcome measure should be changing as needed to reflect trends.
2. Continue to identify and increase communication with stakeholders.
3. Increase and assure consistency of employee training as it relates to the requirements from the agencies we contract with.
4. Remain focused on CARF accreditation principles and assure continued compliance with its standards.
5. Increase personnel's knowledge of corporate policies and their ability to access those policies for reference.



6. Continue improvement of our skills to assure accurate compliance to the pre-authorization and electronic billing systems of the agencies we contract with. Including staff compliance in data collection.
7. Increase staff competence in serving people who are diagnosed with a co-occurring disorder.
8. Implement and improve our structured management training system.

#### Long Term Goals

1. To assure consistent quality care in all our programs by:
  - a. Communication with consumers, stakeholders and employees
  - b. Comprehensive staff training
  - c. Securing adequate resources to sufficiently fund programs
  - d. Providing a therapeutic environment
  - e. Proposing realistic, relevant, and measurable goals for the people we assist
  - f. Protecting the confidentiality of the people we assist
  - g. Consistent site review and monitoring
2. To protect and improve the health outcomes of the people we assist.
3. Be alert to the changes in the Michigan mental health system and changes in Medicaid funding, as well as, being an advocate for the people we serve as they adjust to these changes.
4. Promote excellence and accountability in the design and administration of the corporation.
5. Assure contract compliance through site accountability and quality communication with responsible mental health agencies.
6. Assure revenue sources for the corporation, possibly through creative initiatives like private duty care and contracting with other agencies.

These Strategic Plan goals were developed at the annual strategic planning meeting.

#### V. Program Components and Structure

The Renaissance Community Homes Inc. Quality Improvement Plan has six main components. Consumer input, Stakeholder input, Outcome Measures, Personnel Development, Risk Management and Administrative Efficiency. This plan is implemented by the employees under the guidance of the Leadership committee and the Operations Manager.

#### VI. Program Model

The Quality Improvement Plan includes data collection from programs. Programs provide data of specific outcome measures that are compiled and analyzed. This data and analysis are presented to the Leadership Committee as well as Executive Board. Recommendations are made back to the program if needed.

#### VII. Roles of Recipients of Service

Renaissance Community Homes Inc. receives consumer input through satisfaction surveys, Suggestion/Complaint processes, and Consumer meetings at their programs as well as Executive Board representation.

#### VIII. Leadership Committee Structure

The Leadership Committee consists of representative employees from each County/mental health agency Renaissance Community Homes Inc. contract with. Its duties are to review / analyze data, make recommendations, as well as provide vision to future Quality Improvement initiatives. The Leadership Committee meets on a bi-weekly basis and will keep notes of attendance and content of meeting. Membership to this committee is by selection of the Executive Director.

**IX. Identifying areas to Monitor**

Renaissance Community Homes Inc. will use its Risk Management Plan and Consumer input to identify areas to monitor, incorporating high risk, high volume and problem prone activities. The Leadership Committee will prioritize and recommend action on identified areas. The Leadership Committee will review documentation on improvement activities.

**X. Performance Measures for 2014**

1. Consumer satisfaction with services. All consumers from all programs twice a year will be offered a Renaissance Community Homes Inc. CONSUMER SATISFACTION SURVEY. All responses to each item will be compiled. Programs will report the number of surveys distributed, number of surveys collected, and percentage of consumers reporting overall satisfaction. Average response score per item will be over "3". Response rate target will continue to be 85%.
2. Administration/efficiency:
  - District Managers will review with the Operations Manager how each program did financially over the prior year. A rating will be determined on a scale from 1-5 (5 being highest). The overall financial picture of the program will be looked at including: payroll, overtime, consumables, cost of care income, & more.
3. Staff Retention – This data will be obtained by calculating the percentage of staff working in licensed settings and supported living settings, which includes District Managers and others involved in licensed settings who may not provide direct care, who have worked in the identified setting for over 6 months.
4. Staff Turnover – Over the last six years, Renaissance Community Homes Inc. has tracked the turnover rate of employees. The total amount of people employed during the year divided by the current amount of employees. This is data is taken from the last payroll at the end of the calendar year. This is compiled when the administrative office is preparing W-2's for distribution. The turnover rates for past four years are as follows: 2003 – 153%, 2004 – 127%, 2005 – 76%, 2006 – 52%, 2007 – 65% and in 2008 65%. Renaissance Community Homes Inc. will continue to reduce the turnover rate to 55%.
5. Medication Errors and Client-to Client aggression. Medication errors and client-to-client aggression will be tracked overall for the corporation. . Data will be compared to previous years.
  - A Medication error is defined as any deviation from the specific medication *passing procedure*
  - The Client-to-Client Aggression measure continues to be monitored. Analysis of data is difficult due to a very few clients with aggressive behaviors can skew totals. It is felt that this issue still needs to be looked at. All consumer behavior plans are reviewed by the Responsible Mental Health Agencies at least every 90 days.

Recipient Rights - The number of substantiated rights complaints for the program will be tracked each quarter and compared to past complaints on an annual basis.

6. Stakeholder Surveys - Renaissance Community Homes Inc. continues to survey stakeholders to measure satisfaction. The survey asks five questions about the following topics: Home appearance, meeting program expectations, timeliness of handling concerns, Employee knowledge of services, and overall satisfaction of Renaissance Community Homes Inc. Last year, the overall totals were as follows:

	<b>Completely satisfied</b>	<b>Satisfied</b>	<b>Unsatisfied</b>	<b>Not Apply</b>
<b>Appearance of home is acceptable</b>	<b>39.77%</b>	<b>52.27%</b>	<b>5.68%</b>	<b>2.27%</b>
<b>Program meets or exceeds expectation</b>	<b>37.50%</b>	<b>50.00%</b>	<b>11.36%</b>	<b>1.14%</b>
<b>Concerns handled in timely manner</b>	<b>42.05%</b>	<b>46.59%</b>	<b>10.23%</b>	<b>1.14%</b>
<b>Employees knowledge of services</b>	<b>39.77%</b>	<b>46.59%</b>	<b>7.95%</b>	<b>5.68%</b>
<b>Overall satisfied with RCHI services</b>	<b>42.05%</b>	<b>47.73%</b>	<b>9.09%</b>	<b>1.14%</b>
<b>Response Rate</b>	<b>48.35%</b>			

- a. In 2014, Renaissance Community Homes Inc. will set as a target a 50% response rate.
- b. In 2014, Renaissance Community Homes Inc. will achieve over 40% Completely Satisfied in all five questions.