

# *LifeSpan...A Community Service*

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2016

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## *Outcomes Report*

The 2016 Outcomes Report contains an annual overview of performance and quality improvements for LifeSpan programs including: LifeChoices, PICC, Rewards Hope House, Fowler House, Seymour Home, and Myer In/Out of Home Respite

<b>Content</b>	<b>begins on page:</b>
<b>Introduction</b>	3
<b>Agency Clients Served</b>	3
<b>LifeChoices Programs: <b>Community Living Supports (LC &amp; PICC) and Employment (Rewards)</b></b>	4
<b>Hope &amp; Fowler House, and Seymour Home: <b>Both Licensed and Non-Licensed Residential Services</b></b>	12
<b>Myer Respite and HomeCare: <b>In and Out of home Respite Services</b></b>	18
<b>Health &amp; Safety</b>	22
Incident & Accident Data	
OSHA Data	
<b>Quality Improvement</b>	25
Health & Safety Team	
Fundraising Team	
Biggest Loser Challenge for Staff	
Go Forms	
<b>Employee Demographics and Analysis – See attachment A</b>	
<b>Consumer Incident/Accident 2016 data and Analysis – See attachment B</b>	

## Introduction

LifeSpan's Quality Improvement (QI) Program generates information that is reviewed by agency Management, staff, board members and other LifeSpan stakeholders. The QI Program generates data based on identified performance indicators in order to monitor, influence, compare and contrast, and report on service delivery. The ultimate goal is to provide the best services, learning experiences, care, love and support to all LifeSpan stakeholders.

For each of LifeSpan's program areas, information is collected regarding:

**Effectiveness** – how much of an impact our services have on the people we support

**Efficiency** – how well our processes and resources provide services

**Accessibility** – how easily those supported are able to get the services they need

**Satisfaction** – what the people involved with our programs think about services

### Methods used to collect data:

Surveys - Satisfaction surveys are delivered to a variety of stakeholders including: guardians, clients served, case managers, client's employers and staff of all programs. Surveys are a combination of agency wide questions, program specific questions, and open-ended questions asking for suggestions.

Record Reviews - Reviews of consumer files, progress notes, tracker sheets, quarterlies and other existing documentation, in order to measure quality, progress and outcomes on objective information allowing leadership to identify trends and ensure corporate compliance.

GO forms - LifeSpan's informal complaint process that can also be utilized to share a unique idea or way of improving services.

Incident/Accident Reports - Documents that inform involved parties of incidents/accidents that occurred while LifeSpan was providing services.

Data/Charts – Other data collected from forms or participation information

The Outcomes Report describes agency activity over the designated year. Each section describes the outcomes for that specific program, highlights accomplishments, offers insights from the analysis of the data, and lists plans for upcoming actions determined by leadership and the Strategic Plan.

	Agency Service 2016			
Program	Intakes	Discharged/Moved	Continuations	Total Served
LifeChoices (Jackson)	65	43	191	299
PICC (Hillsdale)	10	13	37	60
Rewards	18	8	77	103
Hope House	2	3	13	18
Fowler House	3	3	12	18
Myer Respite In/Out Home	22	15	30	67
Seymour Home	1	0	2	3
<b>Total</b>	<b>123</b>	<b>86</b>	<b>360</b>	<b>568</b>

## LifeChoices – *Community Living Supports (CLS) & Employment Services*

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### **Overview**

LifeChoices represents both CLS and Employment Services, and provides supports in both Jackson and Hillsdale counties. PICC continues to be the name representing CLS services in Hillsdale County. Additionally, PICC has begun offering Employment and Respite Services in Hillsdale.

LifeChoices and PICC are two of the largest providers of Community Living Supports (CLS) services in Jackson and Hillsdale counties. They provide Community-Based services specializing in working with youth through adults with Developmental Disabilities (DD) and also dual diagnosis clients with Mental Illnesses (MI). The program encourages clients to become a part of the community in which they live, by using local resources, to become familiar with their surrounding environment. Individual goals are created annually, updated as needed, and are worked on during each service outing. Time during the outing is spent learning/practicing skill obtainment based on client interests and their safety needs.

The Supported Employment program, Rewards, is Jackson County’s largest provider of supported employment services to people with Intellectual and Developmental Disabilities. The program focuses on obtaining placement that compliments the interests, desires and skill set of each potential employee. Many program participants are volunteers in the community, which allows for skill practice and further exposure to work environments, while paid positions are sought, negotiated and developed.

### **Demographics**

In 2016, a total of 359 program participants throughout Jackson and Hillsdale Counties were supported by the Community Living Supports programs. This displays a small decrease in total clients for these programs. Some of the more geographically southern clients switched to the PICC program in Hillsdale, to receive services in the area in which they live their daily lives.

<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
298	301	343	374	368	359

### ***Total number of CLS Clients Supported in Jackson and Hillsdale Counties***

The most common Primary Diagnosis of LifeChoices program participants remain Intellectual/Cognitive Disability then Schizophrenia, Mood Disorders and Autism are the next most common Primary Diagnosis’s respectively.

The Rewards Employment program also saw a slight decrease in its number of clients in 2016. The Rewards program has a number of typical challenges in obtaining competitive employment for people with disabilities, but 2016 also represents the 3<sup>rd</sup> minimum wage increase since 2014. The final increase will take place January 1, 2018.

### ***Total number of Supported Employment Clients***

<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
69	75	78	82	108	103

**LifeChoices-CLS Program  
2016 Performance Indicators**

	<b>Goal</b>	<b>Objective</b>	<b>Target Goal</b>	<b>Target</b>	<b>2016 Results</b>	<b>Target Achieved</b>
Effectiveness	As a direct result of LC services, clients will improve skills in addressing their needs	Staff will offer support, guidance, and helpful suggestions to clients to ensure successful advancement and/or achievement of goals	85% of consumers will report LC services have helped them improve their skills in areas relating to their LC goals	85%	93%	Yes
Efficiency	Staff will document on client goals in a timely manner	Determine how many days staff take to document on client goals	Data will reflect 85% or more of staff are documenting on the same or next day after providing services	85%	July - November  Remaining months	Yes  No
Access	Good communication between client guardians and LC Management/staff	LC will be responsive to guardian concerns, return calls promptly, and have good communication reported by guardians	Score a "4" or better on questions 2, 4, and 5 on guardian surveys	85%	Q2 - 80%  Q4 - 85%  Q5 - 80%	No  Yes  No
Satisfaction	Staff will appropriately acknowledge and address cultural and ethnic backgrounds of consumers	Consumers will feel their cultural and ethnic needs are addressed	Consumers will report 85% or better regarding Q7 on their satisfaction survey	85%	92%	Yes
Satisfaction	Case Managers will be satisfied with the services LC provides to clients	Case Managers will positively recommend LC services to potential consumers.	Satisfaction Survey results will show that at least 85% of Case Managers would recommend LC services	85%	86%	Yes

### **Effectiveness** – *LifeChoices-CLS*

Clients should feel open to ask staff for help anytime during outings/services. LC staff should strive to create situations during outings where clients are both challenged and offered opportunities for success. Consumers should feel in control, to the best of their ability, of the outings, while staff should provide any information and support necessary to advance and hopefully achieve their goal(s). Of the consumers poled, 93% of them reported they had skill improvement as a result of their services from LC.

### **Efficiency** – *LifeChoices-CLS*

Consistent and timely progress note documentation continued to be an on-going challenge for LifeChoices in 2016. Staff continued utilizing the same data sheet, requiring them to have a manager sign off when documentation was complete, which included: documenting the names of all consumers they worked with community, what date they took them out, what the begin and end times of the outings were, and what date they completed their Progress Note. The data was then checked against the actual progress notes and timesheets to ensure consistency and completeness. The QM then enters all of the data to find the percentages for how long it's taking staff to document after their outings.

The goal is for staff to complete Progress Notes the day of, or the day after service is provided, to ensure accuracy, completeness, and to adhere to Corporate Compliance guidelines. The day that service is provided, or the next day after service constitutes “one day.”

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
<b>2016</b> <b>Charting</b>	75%	82%	75%	73%	74%	75%	85%	88%	88%	85%	85%	84%
<b>2015</b> <b>Charting</b>	71%	80%	74%	70%	74%	74%	84%	87%	85%	85%	86%	83%
<b>2014</b> <b>Charting</b>	62%	79%	72%	65%	76%	70%	86%	88%	92%	90%	88%	77%

The chart above reflects how many staff completed their charting for CLS outings within the “one day” guideline. While the majority of staff completed their documentation within the one-day guideline, approximately 10 - 25% of staff took longer. 2016 showed an increase in achieving this goal and improved consistency. Documentation is an area where staff struggle, and should continue to be a focus area for LC. Training at new hire, annually, and as needed in situations of concern should continue, in an effort to see further improvement. LC also has “helpers” for people who find written documentation a challenge.

### **Access** – *LifeChoices-CLS*

LifeChoices Management and staff try keep communication open and in good standings with client’s guardians. Being responsive to concerns, addressing messages promptly, and calling guardians if staff are running late according to the schedule, are all issues that should be communicated to ensure needs

are met. Questions and situations needing attention occur frequently, therefore all parties must have easy access to each other in order to have good communication.

From the 2016 LC Guardian survey, the following questions were focused on to measure the ease of access to LifeChoices management, LC staff, and changes in schedules for their loved ones, on a 5-point scale with “5” being the best. Below are the results from 2016:

Q2 - Staff are responsive to my concerns – 3.98

Q4 - Messages I have left at LC office are returned and addressed promptly – 4.0

Q5 - Staff call me when they are running late for a scheduled outing – 3.9

All of the above scores fell slightly short of the desired result of “4”. Improved communication will allow guardians to feel better informed, and listened to, regarding their loved ones and the services LC provides for them.

### **Satisfaction** – *LifeChoices-CLS Consumers*

LifeChoices consumers were surveyed using the questions listed below, and following are the results.

- Q1 I like the services that I received.
- Q2 I was able to get all the services I thought I needed.
- Q3 Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.
- Q4 I, not staff decide my treatment goals.
- Q5 Staff believed I could grow, change and recover.
- Q6 As a direct result of the services I received, I am better able to take care of my needs.
- Q7 Staff was sensitive to my cultural ethnic background (e.g. race, religion, language, etc.)

<b>Question Number:</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q5</b>	<b>Q6</b>	<b>Q7</b>
2016 - Ave.	4.57	4.48	4.48	4.46	4.5	4.52	4.6
High	5	5	5	5	5	5	5
Low	3	2	2	2	3	3	3
2015 - Ave.	4.63	4.61	4.66	4.56	4.65	4.63	4.76
High	5	5	5	5	5	5	5
Low	3	1	3	2	3	3	3

A focus was placed on whether consumers felt their cultural and ethnic needs were being addressed by staff in a sensitive manner. The goal was to have at least 85% of consumers report positively, and the average ended up being over 92%. While these scores achieved the desired goals, the results across the board were just slightly lower in comparison to the previous year. Further investigation should help to ensure the responses do not lower more.

Special training throughout the year also helps remind staff to be mindful of cultural preferences and differences, and offers ideas on how to achieve consumer’s needs.

**Satisfaction – LifeChoices-CLS Other Stakeholders**

Case Managers were surveyed regarding their satisfaction with the LifeChoices program services, and to determine if they would refer LifeChoices services to potential clients. The goal was to have a positive reporting percentage of 85% or higher, and the result was 86%.

While the goal was met, there is still room for improvement, as shown by the less than satisfied 14% of Case Managers. A focus on communication with CM should help discover what issues are preventing the minor percentage of CM from recommending LifeChoices services.

*LifeChoices-Rewards Program  
2016 Performance Indicators*

	<i>Goal</i>	<i>Objective</i>	<i>Target Goal</i>	<i>Target</i>	<i>2016 Results</i>	<i>Target Achieved</i>
Effectiveness	To have Rewards clients placed in either a paid or volunteer job	To provide opportunities for Rewards clients to experience community based work	Placement with a reoccurring weekly schedule at the same location	80%	89%	Yes
Efficiency	Rewards clients will meet or exceed job performance expectations	Employers will benefit from Rewards client employees	Employers will report the job performance requirements are achieved “Always” by Rewards clients	85%	75% - Always 25% - Usually	No
Access	Good communication btw Employers and Rewards staff	Rewards staff will be responsive to Employers concerns	Employers will report they have open communication with staff	85%	71% - Always 29% - Usually	No
Satisfaction	Staff will provide support on site to help clients achieve required job duties	Employers will find benefit in Job Coaching services	Employers will report satisfaction with job coaching services	85%	100%	Yes

Satisfaction	Clients will be satisfied with services provided by Rewards	Staff will ensure that clients are getting the services authorized	Clients will report liking the services and support they receive through Rewards	85%	100%	Yes
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**Effectiveness – LifeChoices-Rewards**

The Rewards program strives to have clients achieve placement in a job of their choosing within their community. The optimal situation includes payment for their time. However, many clients obtain volunteer positions if paid ones are not available or suited to their likes & needs. Many of these volunteer positions are not reoccurring, and while they provide necessary experience, they do not offer consistency, repetitive skill practice, and familiarity.

The target was to have at least 60% of all program participants placed in the community at a weekly schedule, and repeating location, to provide consistency and familiarization. The actual percentage of client jobs that met the criteria was 89%. Of the clients placed in a consistent position, 35% of them received payment for their work.

The Rewards program continues to seek out opportunities for its clients to have placements at locations that suite their areas of interest and desired skill set, offer a consistent schedule from week to week, and of course offer competitive payment for their time and skills.

**Efficiency – LifeChoices-Rewards**

LifeSpan’s Rewards program should be a benefit to the clients as well as the Employers. Both parties need to feel expectations are being met for the process to work.

When Employers were asked about the quality of work that Rewards clients produced in 2016, 75% responded that their employees “Always” met or exceed the jobs expectation, while 25% stated that “Usually” the expectation was met. The goal was to have at least 85% of employers report the goal was being met.

**Access – LifeChoices-Rewards**

Rewards Job Developers and Coaches work hard to create and maintain good relationships with Employers. This helps to ensure understanding of expectations of each position, in order for clients to receive useful and accurate guidance from staff. When Employers were polled to see how well they would rate communication with Rewards staff, 71% reported that it is “Always” strong, and 29% responded “Usually.” This goal for 2016 was not met, and showed no change from the previous year.

Good communication affects all aspects of the Rewards program and those it serves. Staff need to find out where the breakdown is occurring and strive to repair it. Strong communication among all parties will ensure good understanding of the job's duties, and will result in better achievement of the job's expectations, and greater success for clients.

### **Satisfaction** – *LifeChoices-Rewards Employers*

This goal focused on ensuring Employers were satisfied with the job coaching service provided, to assist clients in learning and maintaining the required job duties. Staff are first trained on every aspect of the position, and then work side-by-side with the client hired for the position. Gradually, staff provide less and less support to the client on site, in order to eventually have the client work independently with minimal observation by the staff.

Employers all reported feeling that the Job Coaching services were beneficial, and helped the clients succeed. Rewards will strive to continue this excellent 100% goal achievement!

### **Satisfaction** – *LifeChoices-Rewards Consumers*

Rewards strove to have a minimum of 85% of consumers report that they “Liked the services they received.” The 2016 outcome was reported at 100% achievement. This reflects the understanding that staff have of the requirements of the job, and their positive support provided to clients.

Staff receive training for the jobs they support clients in before clients set foot on site. The success in this area reflects staff clearly helping the clients achieve success, and gain confidence in a job well done.

### **Program Analysis for LifeChoices (all programs)**

- A continued challenge was having enough space in vehicles for clients who require a wheelchair, or who require a larger vehicle when needing to climb up into a seat instead of sitting down into a smaller vehicle.
- Staff continued to struggle with sharing personal information with clients and were retrained to keep their information private so as not to overwhelm clients and to provide a friendly yet professional demeanor with consumers of services.
- Documentation was a continuous focus and should continue to be a focus in 2017.
- The Rewards program did not show substantial growth in placing its program participants in paid jobs.
- The aging vehicles remains a challenge. When even one company vehicle is being fixed, it disrupts the schedule, causing some clients to have to change outing days/times. Staff drive clients in their personal vehicles and log their mileage for reimbursement. This is discussed at the time of hire and is understood as an expectation of all staff.
- LifeChoices continues to have goals written by Case Managers, which causes challenges in finding a compromise between what the client wants to work on, and what is chosen for them.
- Attending planning meetings for clients is always a goal. However, short notice of meetings, or no notice makes this practice difficult at times. Due to the high number of clients, fitting in all of the meetings also poses a challenge at times.

- Summers continue to be a wonderful time of fellowship for the LifeChoices programs as they host picnics for all of the clients and staff during warm months. These times allow for friendships and fun among staff, clients, and other LifeSpan stakeholders – these events occur in the community at public venues. Program participants continually request and sight high satisfaction with events whereby they can access peers.
- Communication continues to be an on-going focus regarding all people involved in person center plans, as well as Employers within the Rewards program. Good communication ensures that if problems or concerns arise, they can be addressed quickly and efficiently, and corrected in a timely manner.

### **Recommendations for LifeChoices (all programs)**

- Continue to be creative with the transportation struggles to provide services to all program participants when they request. Possibly obtain more wheelchair vehicles to increase the space available each day to provide services to those utilizing a wheelchair. Offer more opportunities at night and on the weekend when vehicles are available. Access Jackson Area Transportation Authority system as needed.
- Continue to train on the principles of Gentle Teaching through discussing current challenges that staff are facing when out in the community. Also address issues on an individual basis to provide specific training on focused topics.
- Continue to seek out job and volunteer opportunities for Rewards participants, and strive for a higher percentage of consistent, paid positions. Add a vocational coordinator position so more focus can be paid on creation of jobs and job development classes.
- Work toward having all documentation be electronic, to allow for easier sharing of information across a variety of services and providers. This will also hopefully increase timeliness of documentation as it should make the process easier.
- Ensure staff can drive a personal vehicle during the interview process, to ensure less disruption when a company vehicle needs to be fixed. Some staff are not following through on their commitment to utilize their personal vehicles for transportation during service provision.
- Continue attending work groups/team meetings at Lifeways to keep lines of communication open, and to have an active voice regarding procedural changes.
- Continue to over-hire staff for the LifeChoices programs to encounter less chance of having days where management is short staffed. Sharing staff between the programs has not been proving to be a solution to this issue.
- Changing staff who work with clients more frequently could allow for easier adjustment if staff are off work and could lessen the chance of staff sharing personal information from getting too friendly and forgetting their boundaries with clients. Make this a topic at each staff meeting.
- When working through the process of providing less assistance as clients of the Rewards program improve their job performance, ensure that staff are not removed too soon, or too fast. This will help in maintaining the required job performance level and will ultimately create better results for both the client and the Employer.
- Ensure staff are continuing to practice Privacy procedures regarding all client information such as charts, quick glance forms, and Incident Reports. Some staff who utilize the LifeSpan main office for completing paperwork throughout each day, and that poses many opportunities for incidental breaches both vocally, and in written form.
- Restructure the programs to separate LifeChoices from Rewards. Create two managers instead of one for both programs. This will help the focus of each program, create separate staff meetings, culture and goals. Develop another position focused on getting less capable people paid jobs instead of volunteer positions. Vocational Coordinator should be an Employment Training Specialist.

# Hope & Fowler House (Licensed Homes) and Seymour Home (Non-Licensed) – *Residential Services*

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## Overview

LifeSpan’s residential services are located at three sites in Jackson County: Hope House, Fowler House, and Seymour Home. Hope and Fowler houses provide specialized residential services to adults with developmental disabilities, and Seymour Home will soon do the same as they are in the process of becoming an AFC licensed and specialized residential home. These homes truly are “homes,” that provide a sense of family, and offer individuality in various ways such as: personal choice in room décor such as paint, carpet, shelving, etc., lockable bedrooms and bathrooms, personal items and preferences are part of their home and daily life, meal choices, and have control over who visits their home and when, they can eat wherever and whenever they wish. Staff only intervene when safety concerns arise, for example: following special diets, over utilization of the telephone, or portion control during meals.

Trained staff provide 24-hour supervision in all three homes, and services include: room, board, emotional support, medical and hygienic assistance, skill maintenance and community inclusion activities. All homes take pride in celebrating major holidays and birthdays, as evidenced by the colorful decorations and fun-filled parties that involve residents, staff, other friends and family. Some other activities the homes focus on include: Community parades, taking part in and watching sporting events, Community dances, both outdoor and Fundraising “walks”, a variety of concerts, and many of the residents are involved in Special Olympics both Summer and Winter Games.

## Demographics

Hope House currently has placement for 8 female residents and 8 male residents, Fowler House currently has placement for 10 female residents and only 6 male residents, and Seymour Home is designed to support only male residents with up to 3 bedrooms. Overall, the residents of Fowler House are more medically fragile, and require more one-on-one attention due to health challenges. Fowler House is a barrier free home and allows for the easy maneuvering of wheelchairs that many of its residents utilize. Seymour Home’s residential area is all on one level, but the basement has stairs to reach storage, utility and administrative areas. Seymour residents require a minimum of one-on-one staffing support, for their safety, due to highly challenging and sometimes violent outbursts. Hope House is not a barrier free home, and its residents are more active and require less one-on-one attention on a day-to-day basis. They are more able to address their own personal needs, and do not overall have health challenges that require specialized training. Hope Houses’ residents can maneuver stairs, being that it is a multilevel home. However, recently Hope House has had residents who are aging and requiring services/environments that Fowler house is more equipped to provide, and a few residents have moved from Hope to Fowler house and remain part of the LifeSpan family.

Many Hope & Fowler House residents have resided in the homes for more than 10 years. The true sense of “home” is believed to be a major factor in the longevity of those residing in both Hope and Fowler House. While Seymour Home is a newly established residence, the men residing there are thriving and have expressed satisfaction with their home and enjoy its location and vast areas both inside and out. Seymour Home is located on 6.5 acres of country-side. The men go into the community each day and enjoy daily exercising/sensory activities.

### *Residential Programs 2016 Performance Indicators*

<i>Goal</i>		<i>Objective</i>	<i>Target Goal</i>	<i>Target</i>	<i>2016 Results</i>	<i>Target Achieved</i>
Effectiveness	Services will directly improve residents' self-care abilities	Staff will support residents in skill maintenance or improvement	Residents will report, that services have a “Positive” or “Very Positive” effect on improving and/or maintaining their skills Q6	85%	HH - 100%	Yes
					FH - 87%	Yes
Efficiency	Utilize available units to provide authorized service(s)	Program scheduling will allow for residents to receive their authorized units	95% or better of all available units will be utilized monthly, so designated services can be properly provided	95%	HH – 98%	Yes
					FH – 95%	Yes
Access	Residents will get the services they need	Staff will provide all services that residents are approved for	Residents will report getting all the services they themselves and/or their guardians felt necessary Q2	85%	HH – 91%	Yes
					FH – 90%	Yes
Satisfaction	Residents will be satisfied with quality of care	Staff will work to provide quality services to residents	Residents will report being highly satisfied with the services they receive Q1	85%	HH – 95%	Yes
					FH – 95%	Yes

Satisfaction	Parents/Guardians will feel safe leaving their loved one at Hope or Fowler House, or Seymour Home	All home staff will provide a safe environment for all residents of Hope & Fowler Houses, and Seymour Home	Parents/Guardians will report their loved ones respective home is a safe place for them to live with 100% "Agree" response	100%	HH – 100%	Yes
					FH – 100%	Yes
					SH – 100%	Yes

## **Effectiveness**

Information from residents is obtained through pre-planning, and daily interactions. This inquisitive step is constantly in effect to ensure services are individualized, and to help residents improve and/or maintain their health. Having the capability to take care of one's own needs regarding health and hygiene gives a sense of accomplishment and pride that all people need. Residents reported that the services they received had a "Very Positive," "Positive," or "Just O.K." impact on their lives. The results from 2015 and 2016 are compared below.

### **Residential 2015 vs. 2016 results regarding Question #6**

**Q6:** "As a direct result of the services I received, I am better able to take care of my needs."

<b><u>2016</u></b>	<b><u>2015</u></b>	
62%	73%	of HH residents responded Very Positively
38%	27%	of HH residents responded Positively

<b><u>2016</u></b>	<b><u>2015</u></b>	
63%	63%	of FH residents responded Very Positively
24%	25%	of FH residents responded Positively
13%	12%	of FH residents responded Just O.K.

Staff should continuously strive to make sure provision of each resident's services are unique to the individuals' needs. Getting into a routine during documentation, or while providing services is only best practice if the resident needs that type of repetition. Being creative during outings and while working on goals will create more challenging, growth promoting, Gentle Teaching centered and fun experiences for residents.

## **Efficiency**

When an individual's services are authorized, multiple providers/stakeholders have deliberated and given input as to what number of units for a particular service should be provided. An agreement is concluded, an IPOS-Individual Plan of Service is created detailing the results, and the expectation is that all of these authorized units will be utilized so as to provide the services deemed necessary for each resident.

When the total amount of units are not utilized, a disservice is being done to the resident. All homes need to ensure all units are being utilized. However, certain circumstances hinder unit utilization, and are noted by staff when they occur. At times, residents are away from their home while visiting other loved ones, have medical emergencies requiring hospital overnight stays, or choose not to work on their goals on certain days. Thus a less than 100% rating was achieved.

## **Access**

Choice is something all residents should be empowered with on a daily basis within their home. Staff are trained in the Philosophy of Gentle Teaching, and focus on encouraging and supporting residents to live self-determined lives by making choices. Room décor, what to eat, where to go on outings, what to wear, when to bathe, and when/whom to have visit are just a few of the choices empowering residents of Hope, Fowler, and Seymour homes.

One of the most important choices may be what services the residents receive. This is based on what they state they need, as well as what guardians and other key stakeholders in their lives suggest. Receiving the services that are then designated becomes LifeSpan’s responsibility. Below are results from residents’ perspectives pertaining to the availability of choices in their lives.

On a scale from 1 – 5, where “5” is “Very Happy,” and “4” is “Happy,” the results are excellent, and reflect that residents feel they have choice in their daily lives, and received the services they needed.

**Q2-I was able to get all the services I thought I needed.**

	<u>2015</u>		<u>2016</u>	
	HH	FH	HH	FH
<b>High score</b>	5	5	5	5
<b>Lowest score</b>	4	4	4	4
<b>Average score</b>	4.55	4.5	4.46	4.5

Residents reported similarly when comparing 2015 and 2016. There was a slight change in the responses from Hope House’s residents, but not a significant change. Residents report receiving the services they need, which reflects a positive influence of Gentle Teaching practices.

## **Satisfaction-Consumers**

Residents were asked about their level of satisfaction with their quality of life in the homes pertaining to their services. Their responses are reflected in the following chart on a scale from 1 – 5, where “5” is “Very Happy,” and “4” is “Happy,” the results are as follows:

**Q1 - I like the services that I receive.**

	<u>2015</u>		<u>2016</u>	
	HH	FH	HH	FH
<b>Average Score</b>	4.73	4.75	4.62	4.58
<b>High Score</b>	5	5	5	5
<b>Low Score</b>	4	4	4	4

Resident responses for 2015 and 2016 reflect positively that they feel “Happy” or better about the services they’re receiving. This key area is taken very seriously, and directly relates to the Culture of Gentleness LifeSpan encourages in everything it does. It is not enough just to provide the service, they need to be provided in a caring and loving nature, with a focus on ensuring the resident feels Safe and Loved above all else.

### **Satisfaction-Parents/Guardians**

This goal was based on whether parents/guardians felt their loved one was “Safe” residing at Hope, Fowler, or Seymour Home. The goal was to achieve 100% positive response since “Feeling Safe” is the most important of the Pillars of Gentle Teaching, and a basic need in life.

The results reported that all parents/guardians who responded “Agreed” their loved ones reside in a safe environment, yet no one “Strongly Agreed.” This should be a continued area that needs some investigation as the highest level of satisfaction was not obtained and was achieved in other areas. It merits further questioning as to why guardians are not responding “Strongly Agree.”

### **Program Analysis for HH, FH & SH**

- Both Hope and Fowler house continue to support their aging populations and have recognized decreases in the abilities of their residents due to the natural aging process.
- All homes continue to encourage a sense of family within the home, to find opportunities for the residents to be a part of their communities, to be active, and to find time for residents to do their favorite activities both in and out of the homes.
- All homes have shown improvement in how the staff are relating to and interacting with the residents. A Culture of Gentleness continues to be a focus in all homes, and this is reflected in the positive responses from the residents and their guardians.
- Specialized training was continued in the homes for the staff. Seymour Home has residents who need a minimum of one-on-one support, which requires additional intensive training for staff in multiple areas. Fowler House residents require specialized medical attention, and outside specialists come to in-service staff when the need arose.
- Fowler House experienced deaths of residents due to no fault of the home or their staff. Age and medical complications arose that could not be avoided. Staff counseling was offered, however, staff desired to express their grief amongst themselves. They created a memory garden and held memorials for each person who passed away.
- The fact that residents report liking their goals is wonderful. If they enjoy working on them, they will ultimately have a better chance at progression and ultimately success.
- Additional questions reported positively that residents like the staff in their homes. This is a very important area to score well in due to the close proximity that staff are to residents, and the intimate nature of some tasks they accomplish together.

### **Recommendations for HH, FH & SH**

- Continue to find opportunities for all residents to remain a part of their communities, and to offer volunteer support.
- Continue to accommodate the aging populations’ more extensive medical issues and invite specialists in for in-service training when necessary.

- Encourage movement during activities both in and out of the home to ensure that all residents are maintaining if not improving health. Residents seem to respond best when staff are also participating side-by-side with the residents.
- Continue to provide services incorporating a Culture of Gentleness to ensure all residents receive the best services and continue to learn to interact with each other in respectful and loving ways.
- Ensure documentation is timely and complete so all necessary changes and increased needs can be medically justified when asking for increased service authorizations.
- Begin monthly home meetings to assure continued satisfaction for each resident.
- Train staff in new Home and Community Characteristics. Continue to make plans for the future to better meet these standards. Such as, decrease residency so people who do not wish for a roommate are not required to have one.
- Continue to offer ways for family and friends to be involved in the residents' lives. Add them to the list of people to ask for volunteer help at fund raising events.
- Staff coverage and high turnover was an issue at one of the homes in particular. Possibly over-hiring may decrease the frequency of these issues, along with different techniques for staff satisfaction. Continue to provide an opportunity for staff to communicate to upper management such as via "GO" forms, opportunities to evaluate both their supervisors and administration and staff meetings.
- Seymour Home should achieve licensed status in 2017, to create better opportunities for its residents.
- Possibly create an updated method of addressing loss when residents pass away both with other residents and staff. The grieving process affects everyone differently, and can cause a variety of responses/difficulties for those who are close the residents that pass away.
- Expand the focus on healthy lifestyles for residents in all homes, possibly through the addition of outside support/information.
- Brainstorm new ways to "de-institutionalize" staff thinking and create new ways for residents to participate in their community fully.

## Myer In/Out of Home Respite, and HomeCare

### *Center-based and In-home Respite*

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#### **Overview**

Myer Respite provides families center-based or in-home respite services. Families can utilize services for a few hours up to overnights at the center. Myer Respite services help maintain consumer's private home placement, by reducing caregivers' stress offering them a break in caregiving. Caregivers can take part in activities they may not have been able to with their loved one, while their loved one is in a safe and supportive environment. Myer Respite supports clients in a home-like setting at the center, or in the clients' actual home for consumers who are not old enough to attend the center.

Clients who visit Myer Home are offered a variety of activities to entertain them. Crafts are a favorite due to staff's creative nature and desire to keep the home decorated for whatever holiday is next to come. Movies, games, puzzles, books, outdoor space, quiet or napping space, and music are other activities available to clients. Clients are also able to bathe if desired or necessary due to accidents.

Myer Home can provide services morning until night, during weekdays and weekends with minimal notice. Scheduled visits are easier to accommodate, but emergency visits are part of the purpose for the Home's existence, when caregivers have no other options. Overnight stays at the center must be scheduled ahead of time, as well as visitors requiring one-on-one staff support. Due to AFC Licensing rules, personal care and supervision services may not be offered 24 hours a day for 5 consecutive days for 2 consecutive weeks. Therefore, the home is not open on Sunday and Monday nights as well as every other Thursday.

HomeCare offers clients the opportunity to remain in their private homes as long as possible by having help come to them. The staff provide many different services such as light housekeeping, meal preparation, help with laundry, help with personal hygiene, and observation of medication set up. Staff also can transport clients to locations such as grocery stores or medical appointments, places clients would not be able to navigate on their own. Companionship is a focus for many HomeCare clients and being able to have face-to-face contact with staff on a regular basis. HomeCare does its best to keep staff scheduling consistent to allow a familiar face to support clients and trusting bonds to form.

### **Demographics**

The majority of clients for the Respite and HomeCare programs fall into the Caucasian ethnic background designation, 86%. However, 14% of the clients claim an ethnic heritage of something other than Caucasian, with African American heritage holding the majority of this category at 11%.

While the ages of the clients visiting the Myer home vary from youth to the elderly, the in-home respite program supports children of young ages who are not old enough to attend the respite home for safety reasons. HomeCare supports elderly individuals due to the nature of the program and its intent.

Many clients also have illnesses and/or diagnosis which require medication administration during service provision. Staff are all fully trained to pass medications properly and document each time they do so. The 5 Rights are to be utilized each time meds are passed to prevent errors.

### *In and Out of Home Respite 2016 Performance Indicators*

<b>Goal</b>		<b>Objective</b>	<b>Target Goal</b>	<b>Target</b>	<b>2016 Results</b>	<b>Target Achieved</b>
Effectiveness	Services will maintain or improve guest's self-care abilities	Staff will support guests in skill maintenance or improvement regarding self-care	Guests will report, that services have a positive effect on improving and/or maintaining their skills Q6	90%	97%	Yes

Efficiency	Respite programs will operate with an increased positive cash flow	Myer Respite programs will operate with minimal overtime hours to decrease staffing expenses	Decreased overtime staffing hours will show an increase in monthly income for Respite services of 25% from the previous year	90%	84%	No
Access	Guardians will report good communication with staff	Staff will respond to all concerns of guardians, and practice good communication with them	90% of guardians will report positively on having concerns addressed, and having overall good communication with staff	90%	91%	Yes
Satisfaction	Staff will present themselves in a professional manner	Parents/Guardians will report that staff present themselves professionally	90% of Parents/Guardians will report staff are neat and professional “Always” or “Mostly”	90%	86%	No
Satisfaction	Staff will address cultural and ethnic needs of guests	Staff will accommodate guests regarding cultural and ethnic necessities/requests while providing services	90% of guests will report their cultural and ethnic desires and needs are met by staff	90%	94%	Yes

### **Effectiveness**

Guests should feel that respite services provide support in maintaining or improving their self-care abilities. These can be delicate situations, and should be approached gently by staff so as to encourage the guest, not discourage them. This goal was achieved with a 97% success rate, exceeding the 90% goal. This achievement has increased from previous years and is nearly a 100% success.

Guests need to feel self-sufficient, and in control of their own bodies. Taking caring of oneself allows that individual to have a feeling of accomplishment. Staff are seemingly successfully utilizing Gentle Teaching techniques during times of visitor’s self-care, and are ensuring the visitors feel safe and loved.

## **Efficiency**

Due to the variety of contracts with various entities and the variable nature of respite, stable schedules and internal tracking of financial documents is a challenge. An outdated computer system is not flexible enough to support the ever-changing needs of respite. While overtime is not the only issue with increasing monthly income over expenses, it has improved over last year by 20%.

## **Access**

Communication is such an important aspect of service provision. In this program where stressful situations create a need for this service, guardians need to feel that their concerns are taken seriously, and that they are addressed in a timely manner to their satisfaction. With 91% of respondents reporting positively, this seems to be an area where staff are continuing to be successful.

Making the time to have dialogue is staff's responsibility. This helps to ensure the best services are provided and open communication is maintained. Open lines of communication with guardians ensures any problems are addressed quickly to continue providing the best care possible.

## **Satisfaction – Parents/Guardians**

Since Respite services are conducted in and out of guests' homes, it is very important that staff present themselves in a professional manner at all times. They should incorporate the practices of Gentle Teaching in all interactions to ensure LifeSpan's guidelines regarding professionalism are implemented. The way staff conduct themselves, represents the company as a whole; they are a reflection of LifeSpan.

The responses reported that staff are "Always" or "Mostly" professional 86% of the time. Management works with staff to reiterate the practices of Gentle Teaching to promote professionalism and a safe and loving environment for the guests. Staff are many times providing respite services without direct supervision, which increases the importance of success with this goal. In 2016 the goal was nearly achieved but should be focused on in 2017 to achieve an even higher result.

## **Satisfaction – Guests**

Respite services frequently involve assisting with personal hygiene of the guests. Meal preparation is also a common occurrence. Whether services are in or out of home, they should be provided in line with any cultural or ethnic requests or necessities. Special cleansing products, grooming methods, or special foods should be accommodated to the best of staff's ability when providing services.

The goal regarding this area was exceeded and reflects highly on staff. Annual training and ongoing reminders are posed to staff to ensure that cultural or ethnic differences among the guests are treated on an individual basis.

## **Program Analysis**

- Holidays and birthdays are celebrated with enthusiasm and create fun for everyone.

- Tracking hours of use was an issue again in 2016. Guardians did not maintain accurate counts of authorized services, which created frequent requests for additional services and much confusion regarding remaining authorized time. A new master system should be created to better track and document authorized services, schedules and internal progress notes and prepare for billing to various funders.
- Staff frequently had personal cell phones present during service provision. Staff cell phones are to be put away in a safe place during work hours unless on a break.
- Respite staff focused on activity involvement and structured activities to increase movement and promote better health.
- Daily staff coverage did not present problems during weekdays. However, when overnight hours or weekend hours were requested, management frequently stepped in to provide coverage when staff were not available.
- Management changes from the previous year caused some staffing issues due to new leadership styles and guidelines. Keeping consistent and accountable management will increase a sense of a team environment.

## **Recommendations**

- Increase marketing efforts in community for respite services both in and out of home.
- Analyze value of HomeCare program as the Home Help program through DHHS may be eliminated – as minimum wage increases, and other factors have pushed the LifeSpan cost per hour to over \$17 per hour, this contract remains at \$14.50 per hour and has high expectations of staff.
- Continue to focus on healthy snacks and meal options for persons served. Ensure prepared foods are offered as options before additional meals are created. When menus are created to use ingredients available, they should be followed to the best of staff's ability.
- Hiring more support staff for overnight stays and/or weekends will allow management and current support staff to lessen their overtime.
- Hiring a few more male staff may better support certain guests.
- Management should make a strong effort to create a team environment. Hiring a manager who has excellent people skills will benefit both the staff and the parents. The new manager could create a type of advisory committee to help parents and other stakeholders feel involved.
- Create a better method of tracking usage of authorized services hours to prevent overages and help parents/guardians keep current.
- Having a fenced in yard and new driveway will make the outside more usable and accessible, especially for the weekend guests who tend to be younger and with more physically challenging behaviors. Unfortunately, these “regulars” on the weekend place other guests at risk and make their visit less enjoyable. The home also suffers from frequent “accidents” and outbursts.
- Assure funding structures cover the actual costs of services, especially whereby a guest has special/challenging needs.
- Ensure all client files look similar and use identical forms for easier access to common information.
- Create a vegetable garden or other outdoor activity during 2017 to provide a fun group activity that promotes interaction and health.

## Health & Safety – *Incidents & Accidents*

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### **Overview**

LifeSpan believes that a main priority of its agency is to maintain the health and safety of its clients and staff while engaged in services. One way LifeSpan monitors the health and safety of its consumers is through the review and analysis of Incident and Accident (IR) reports.

LifeSpan sends all staff through extensive Incident Report (IR) and Recipient Rights (RR) training both at new hire and annually through LifeSpan and the Community Mental Health agency and organizes refresher training as needed to ensure everyone is correctly documenting adverse occurrences so patterns, trends, or changes can be monitored closely. If issues arise regarding Recipient Rights, an investigation is completed both internally and externally to rectify the situation and take Legal action if deemed necessary.

Staff also receive further health and safety initial and on-going training in Bloodborne Pathogens, First Aid, CPR, to name a few areas. Health and safety occurrences pertaining to staff are monitored and analyzed by the Human Resources Department and other leadership, and the Health and Safety Quality Team. They work closely together to ensure that actions are taken safely, with quick response, to resolve and have positive outcomes when work related accidents occur and contain any incidents that could potentially create company-wide epidemics.

### ***Clients Health and Safety***

While engaged in services, staff are expected to report all incidents that represent a risk to a person's health, safety, mental health or treatment progress on an Incident Report. Reviewing IR's allows agency leadership to identify any trends or programmatic issues and respond to them quickly. Based on results from 2015, below are three key areas of Incident Reports separated by LifeSpan program: Medication Errors (code 410), Suspected or Actual Abuse or Neglect (code 720), and Possible Recipient Rights Violation (code 740). Results from 2016 in these areas, will be analyzed and compared to those from 2015, in an addendum, once the data becomes available on the Electronic Medical Record site all reports are required to be scanned into.

### **2016 Results from all LifeSpan programs who had Incidents in these three areas:**

	<b>Medication errors</b>	<b>Suspected or Actual Abuse II or III</b>	<b>Substantiated Recipient Rights Violation</b>
<b>LifeChoices</b>	0	1	1
<b>Fowler House</b>	4	1	1
<b>Seymour</b>	0	1	1
<b>Respite</b>	3	0	0

The numbers within these categories should all be zero if staff are providing services as they have been trained. All of these types of Incidents are completely avoidable. The Health and Safety Team, Management, and all other staff should strive to have zeros in all of these categories. Extra training, posted reminders, or other methods of review should be implemented to decrease these types of incidents. However, LifeSpan serves over 550 people and families each year. The above cases were of Abuse II or III. Each case was handled fully and either resulted in discharge or not only staff training and coaching but utilized to make changes to the program or integrated into staff training.

### ***Employees Health and Safety***

Work related health and safety issues are monitored as a function of agency compliance with government regulations by the Michigan Occupational Safety and Health Administration (MIOSHA). Employee injury reports negatively affect the quality of service delivery and represent unexpected administrative costs in the form of worker’s compensation cases. For 2016, the annual summary of work-related injuries and illnesses, as reported to the Michigan Department of Labor and Economic Growth is detailed below.

**Michigan Department of Labor and Economic Growth, 2014, 2015 & 2016 Summary of Work-Related Injuries**

<b>Number of Cases</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Total number of deaths</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total number of cases with days away from work</b>	<b>0</b>	<b>1</b>	<b>2</b>
<b>Total number of cases with job transfer or restriction</b>	<b>1</b>	<b>5</b>	<b>5</b>
<b>Total number of other recordable cases</b>	<b>10</b>	<b>2</b>	<b>7</b>
<b><i>Number of Days</i></b>			
<b>Total number of days away from work</b>	<b>0</b>	<b>143</b>	<b>1.5</b>
<b>Total number of days of job transfer or restriction</b>	<b>6</b>	<b>35</b>	<b>100</b>
<b><i>Injury and Illness Types</i></b>			
<b>Injuries</b>	<b>11</b>	<b>8</b>	<b>7</b>
<b>Skin disorders</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Respiratory conditions</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Poisonings</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hearing loss</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>All other illnesses</b>	<b>0</b>	<b>0</b>	<b>0</b>

### **Analysis**

- The continued focus on the Culture of Gentle Teaching therapeutic intervention reduces the incidents of physical/aggressive behaviors, which lessens work-related injuries. LifeSpan has been integrating Gentle Teaching philosophies and techniques into its culture for over a decade.
- The number of employee injuries decreased just slightly from the previous year, which is a continued drop from previous years.

- The number of day's employees were transferred or on restriction greatly increased due to the nature of the injuries.
- Bed bug outbreaks were addressed quickly and efficiently when they occurred in LifeSpan's residential homes, and in homes where LifeSpan consumers reside that are overseen by other providers or where consumers are their own guardian.
- LifeSpan provided a review of proper lifting and transferring of clients to all program sites where this is a possible job duty in an effort to lessen the chances for employee or client injuries.
- Staff were retrained on proper techniques for securing wheel chairs in vehicles, in an effort to prevent vehicle injuries.
- Continue to incorporate Gentle Teaching philosophy in all aspects of interactions among staff, consumers, and other stakeholders

## **Recommendations**

- Continue internal training as needed in regard to staff writing Incident Reports and filling them out properly, timely, and consistently.
- Continue refresher training internally regarding protective safety measures while working with persons served, during interactions in the community, and while driving.
- Staff should continue to receive internal motor vehicle safety training at new hire and as needed. Especially since a large portion of the LifeChoice's programs involve transportation of consumers.
- Continue to educate staff on how to address bed bug issues should they arise in order to contain any instances and help keep consumers calm.
- Possibly ask medical professionals or experts in relevant areas to present on any new health related issues that may affect the consumers or staff of LifeSpan, or any areas that other stakeholders may request information in.
- Provide basic refresher training in Gentle Teaching so employees remember they always have their "Tools" with them where ever they go.
- Encourage Management to document in detail when employee injuries occur while working.

# Quality Improvement Teams – *Quality Projects*

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## Overview

In 2016, LifeSpan had two active Quality Improvement Teams: Health & Safety and Fundraising. Both teams were comprised of LifeSpan staff and persons served. Below is a summary of what the team's overall agendas were, and a list of their accomplishments in 2016.

**Health & Safety Team** – This team strove to address health/safety issues that LifeSpan needed to address. The team discussed external and internal inspection results, current health/safety issues for people in general (as expressed by the Health Department) and concerns LifeSpan's staff or clients had pertaining to health/safety.

In 2016, the team accomplished the following:

- Worked to keep all company vehicles' first aid kits stocked, and emergency procedures easily available.
- Updated Health/Safety training materials for all program sites
- Ensured MSDS were current at all program sites
- Discussed and shared information regarding possible safety concerns.
- Organized re-training when necessary, on how to properly lock down wheelchairs in company vehicles.
- Ensured that all necessary quarterly drills were being done at all program sites.
- Team members shared health/safety information with their LifeSpan programs after HR shared information during the meetings.
- Updated the emergency evacuation plans and bags for all program sites.
- Facilitated re-training on driving larger vehicles when necessary.

**Fundraising Team** – This team strove to create ways for LifeSpan to gain extra funding from sources other than the State. The team organized fundraising events, but also put forth much effort in creating successful events for persons served, and staff alike, to enjoy.

In 2016, the team accomplished the following:

- Provided coverage at fair time for parking income
- Organized and hosted the persons served Halloween party
- Organized and hosted the Persons served & Friends Christmas parties in Jackson and Hillsdale
- Organized a successful Golf Outing Fundraiser
- Organized stakeholder donations at Christmas time to ensure all consumers experienced a joyful holiday.
- Walked much pavement, and knocked on many doors asking for donations
- Discussed new ideas for marketing Fundraisers to encourage greater participation
- Organized food Fundraisers based on staff skills, interests, and donations

## ***Other Quality Projects***

### ***Biggest Loser***

LifeSpan continued to sponsor two Biggest Loser competitions for any staff wishing to participate. Staff committed to a 3-month and/or a 6-month challenge to strive toward better health. The challenges focus on achieving better overall health, not solely on weight loss. Staff shared successful methods they were utilizing and helped keep each other accountable to continue their efforts. Negative weight loss methods were prohibited, and all staff signed statements attesting to their understanding of this extremely important factor during their participation. Each month all participants were expected to weigh-in, and only percentages lost were posted to encourage and inform all staff. In 2016, staff lost almost 700 pounds!

### ***GO Forms***

In total for 2016, LifeSpan received 9 - GO Forms. Below they are categorized to show the general nature of their content. Several of the completed GO Forms detailed issues that could have been addressed on other types of reporting forms such as a maintenance form or communication book within programs. None of the GO Forms required a new policy or a policy change. All were examined by the Human Resource and Quality Managers, and further addressed when needed, by the relating Program Manager, the Facilities Manager, and additionally the Executive Director.

1 – Staff want to have input on new staff being hired, to continue a harmonious atmosphere

3 – Complaint about a manager

2 – Staff complaining about the work ethic of other staff

1 – A staff complimenting another staff's efforts in supporting a community member in need

1 – Complaint about a position not being what they were expecting

1 – Staff felt they were wrongly terminated