

2016 PERFORMANCE MEASUREMENT AND MANAGEMENT ANALYSIS

January, 1st 2016- December 31st, 2016

INTRODUCTION

ClearPath Clinic is dedicated to a process of continuous improvement of our program and services based on the collection of information and data that are reliable, valid, and specific, and linked to the indicators contained in this report.

The performance analysis is conducted on an annual basis in order to:

- Identify areas needing performance improvement;
- Develop an action plan to address the improvements needed to reach or revise established outcome measures and improve the quality of programs and services;
- Facilitate organizational decision-making with regard to progress toward fulfilling the mission and achieving goals; and
- Create a summary report that can be shared with patients, staff and other stakeholders in appropriate and meaningful ways.

This report is intended to satisfy the CARF requirement for an annual "performance analysis" and will be used in the annual review of the organization's strategic plan. Copies of this report are distributed to members of the organization's leadership and made available to patients and staff.

Completion of this report included the review of a number of different performance indicators (summarized below) and, a formal review of the organization's mission statement by leadership.

This summary also includes a written description of the organization's outcomes management system, Performance Improvement, Strategic Planning, Organizational Advocacy, and Financial and Resource planning.

BACKGROUND

ClearPath Clinic functions operate on a fiscal year which begins January 1 and ends December 31st. Under normal circumstances, the organization will compile end of year data, summarize it in an annual management summary (performance analysis) during the months of January-February the following the fiscal year and use the summary for strategic planning purposes for the following year.

GENERAL PROGRAM DESCRIPTION

The Center for Alcohol & Drug Treatment (CADT) is a nonprofit, community-based organization in operation since 1961. The Center's main purpose is to provide chemical health, substance abuse, addiction treatment, and recovery services. The Center offers outpatient medication assisted treatment through the ClearPath Clinic, located at 1402 East Superior Street in Duluth. This program is designed for adult men and women, ages 18 years and older, with a one (1) year history of opioid addiction, according to medically accepted definitions (DSM 5).

PROGRAM VISION / MISSION

The ClearPath Clinic's vision is a community in which people's potential and quality of life are not limited by addiction and its consequences.

The mission of ClearPath Clinic is to improve personal, family and community health through addiction prevention, treatment and recovery services.

OVERVIEW OF THE DATA COLLECTED BY THE ORGANIZATION

ClearPath Clinic collects and analyzes data/information, all dedicated to Performance Improvement, from a number of different sources including, but not limited to:

1. Financial information including monthly reviews of the organization's financial performance by the organization's leadership;
2. Accessibility status reports as a way to monitor any potential barriers to treatment and to identify necessary corrective actions;
3. Annual risk management assessments to identify potential risks and opportunities for the organization;
4. Analysis of personnel (human resource) trends related to recruitment, retention and turnover;
5. Technology assessments to ensure that the organization benefits from information technology and possesses the "hardware necessary to support the accomplishment of the organization's mission;
6. Reports from internal and external health and safety inspections and tests of emergency plans and procedures;
7. Outcomes management patient satisfaction questionnaires completed by patients;
8. Informal feedback from patients and staff;
9. Formal patient complaints and grievances;
10. Incident reports;
11. Feedback/results from national accreditation surveys; and
12. Feedback/results from regulatory/licensing visits and inspections.

PRIORITIZED STRATEGIC TARGETS AND OBJECTIVES – 2017 -2018

During our 2016 survey CARF recommended that the Strategic Plan set goals and priorities and that it be shared with persons served, relevant to their needs. ClearPath Clinic established the following strategic goals and objectives for 2017-2018:

PRIORITY 1: Maximize capacity to meet demand for services

- A. Objective: Accelerate transfers for patients living in our service area but receiving services out-of-area
- B. Objective: Develop additional resources (physician time) to support expanded patient census

PRIORITY 2: Integrate/collaborate with primary medical care and regional health systems

- A. Objective: Utilize outpatient, detox, residential and support service to improve access by primary care physicians to medication-assisted treatment
- B. Objective: Develop Vidyo telehealth system to support regional health care providers

PRIORITY 3: Collaborate with existing community housing and other service providers to support positive change for patients

- A. Objective: Assess and document identified services needs among the ClearPath patient population
- B. Invite service providers to educate, screen, and initiate services to patients at ClearPath

PRIORITY 4: Develop a pathway for Suboxone patients to move out of ClearPath to office-based continuing care

- A. Objective: Refer 30% of current Suboxone patients at ClearPath to outpatient care in 2017.
- B. Objective: Develop referral relationships with at least 10 primary care providers through CADT's outpatient MAT program

ANALYSIS OF STRATEGIC TARGETS AND OBJECTIVES FROM 2016

While ClearPath was working toward many of the above identified goals since we opened the goals and objectives were more clearly defined and prioritized in January 2017 as a result of recommendations from the 2016 CARF survey. In 2016 the ClearPath Strategic Plan was written in S.W.O.T. (strengths, weaknesses, opportunities, and threats) format and in early 2017 the format was revised.

The opportunities in the S.W.O.T. while not prioritized were identified as follows:

- **Expansion of MAT to include buprenorphine coordinated with outpatient treatment through DHS waiver.**

In 2016 CADT/ClearPath had obtained a waiver from DHS to be able to integrate our intensive outpatient services at 26 East to meet the needs of our ClearPath patients. As ClearPath began prescribing more patients Suboxone than traditional OTPs in the state of MN we discovered our patient needs and clinic accessibility would be better addressed by developing outpatient Suboxone services which our ClearPath patients could transition into when it is determined they do not need to dose daily at the clinic. A program director for outpatient Suboxone services was named and is currently working to provide and expand services for this group of people.

- **Integration with primary care and health systems.**

CADT/ClearPath's CEO has been collaborating with the Essentia Health Care doctors during 2016 in efforts integrate services both at ClearPath and throughout CADT. In 2016 our CEO attended 20 meetings with Essentia Health System to develop principles and a care model for patients on long-term opioid medication who are showing signs and symptoms of an opioid use disorder. He now sits on the system-wide Opioid Oversight Committee to work on implementing a consistent policy for primary care physicians which include access to Suboxone. ClearPath Clinic is proposed as the hub in a hub-and-spoke model to provide primary care physicians with consultation and problem-solving with their patients. In addition, CADT/ClearPath collaborated on three grant proposals: SAMHSA, NIH and Minnesota DHS. These proposals were designed to obtain grant support for the expansion of MAT within Essentia Health. Similar efforts are underway with Wilderness Health System which includes St. Luke's and other unaligned primary care clinics and hospitals in our region. Numerous presentations by CADT staff were made in 2016 including a regional Opioid "Summit" hosted by Essentia for all primary care doctors in their system.

- **Innovation through new levels of care.**

With ClearPath as the hub, we have included a proposed opioid-specific residential withdrawal management unit in a successful federal grant proposal through the Minnesota 6th District Court. This provides an entry point for individuals through the court system needed stabilization, assessment and induction on medication assisted treatment. The proposed unit is designed to meet the requirements of an ASAM level 3.2 Withdrawal Management Unit. This level of care does not currently exist in Minnesota and existing detoxification facilities are not equipped to provide it. Whether the service is developed under DHS Rule 32 (detox) or Rule 31 (treatment) is currently under consideration, but is planned for 2017. ClearPath, outpatient with Suboxone, abstinence with Naltrexone, or traditional residential treatment with medical support are all potential referrals from the Opioid Withdrawal Unit.

- **Expansion of clinic dosing capacity (remodeling).**

In 2016 ClearPath was remodeled in stages. The first remodel was to create more private office areas for counselors. The second remodel was completed in December 2016 which added two more dosing stations for a total of 5 dosing stations. This helped to decrease waiting times to dose. We have also added equipment to one of the exam rooms so that it is a fully functioning exam room, increasing our exam rooms from 2 to 3. This helps to keep the medical appointments moving at a pace to meet the needs of our expanding patient population.

FINANCIAL AND RESOURCE ALLOCATION PERSPECTIVE

ClearPath is funded through a per diem rate established by the State of Minnesota and adopted by most health plans for both state-sponsored (Medicaid) and commercial products. This rate has been below our breakeven cost at the original design capacity (400 patients). CADT has utilized margins generated by the

other programs and services we offer to maintain the operation of ClearPath while simultaneously working to recruit staff and remodel the clinic, adding 3 additional dosing stations to increase total capacity. Demand for services continues to exceed our design capacity, so the market can support this expansion.

A current proposal by the Minnesota Department of Human Services would “unbundle” the per diem rate to allow for separate billing of psycho-social counseling services depending on the individual level of care. This would enhance the revenue stream and result in a sustainable clinic operation.

We continue to strive for a high quality treatment environment at ClearPath which by necessity requires a greater investment of resources than are required to meet the minimum OTP standards. In turn, our attention to quality has resulted in increased acceptance in our community for medication assisted treatment as well as a safer, richer environment for the patients we serve.

ACCESSIBILITY STATUS

The 2016 Accessibility plan was reviewed and updated by Management Staff in January 2017. In 2016 ClearPath’s biggest barrier to accessibility was lack of adequate staffing to meet the needs of the community. It was extremely difficult to recruit medical and clinical staff. In addition, due to the changes involved in starting up a new program staff retention was also difficult. Wages of staff were reviewed and adjustments were made. Efforts to improve communication were implemented as well as additional dosing windows added and by the end of the year we had obtained a full staff compliment. In effect, we were able to better serve our current patients and better meet the needs of the community. 99% of ClearPath’s patient’s primary language is English and special accommodations have been made for the 1 patient that does not speak English. To counter attitudinal barriers and stigma that come with methadone maintenance treatment, it is important to ClearPath that all patients are treated with dignity, respect and worth. Many efforts were made by management staff to collaborate with and educate other community agencies that serve patients receiving treatment at ClearPath. Most notably, ClearPath is collaborating with Essentia Health doctors and management on how to best meet the needs of our shared patient population by potentially increasing the number of doctors in this area who will prescribe Suboxone on an outpatient basis to patients deemed appropriate for this service. In 2016 our CEO attended 20 meetings with Essentia Health System to develop principles and a care model for patients on long-term opioid medication who are showing signs and symptoms of an opioid use disorder. He now sits on the system-wide Opioid Oversight Committee to work on implementing a consistent policy for primary care physicians which include access to Suboxone. ClearPath Clinic is proposed as the hub in a hub-and-spoke model to provide primary care physicians with consultation and problem-solving with their patients. In addition, CADT/ClearPath collaborated on three grant proposals: SAMHSA, NIH and Minnesota DHS. These proposals were designed to obtain grant support for the expansion of MAT within Essentia Health. Similar efforts are underway with Wilderness Health System which includes St. Luke’s and other unaligned primary care clinics and hospitals in our region. Numerous presentations by CADT staff were made in 2016 including a regional Opioid "Summit" hosted by Essentia for all primary care doctors in their system.

RISK MANAGEMENT

ClearPath Clinic is committed to long range planning to ensure service continuity and to a formal periodic risk management processes part of the strategic planning process. Areas assessed:

1. Identify any loss exposures,
2. Analyze and evaluate any loss exposures
3. Identify a strategy to rectify identified exposures,
4. Implementation of actions to reduce risks,
5. Monitoring of actions to reduce risks,
6. Report results of actions taken to reduce risks,
7. Implement any necessary changes as may be dictated by a changing service and/or business environment to ensure the inclusion of risk reduction in all quality performance improvement activities.

The Corporate Compliance Officer or designee is responsible for conducting an annual risk management assessment and compiling the findings for inclusion in the organization's strategic planning and daily operations. The formal Annual Risk Management Assessment for FY-17 is conducted in accordance with

CARF's national accreditation standards. The CEO reviews the Risk Management Assessment and incorporates results into the Risk Management Plan

The findings or assessment considerations conclude that there were no significant changes in the demographics or cultural characteristics of persons served. The main finding of concern is the lack of personnel needed to effectively complete the mission of ClearPath. It has been difficult to recruit and retain nursing staff and continual efforts are in place to address this concern.

Assessment of reasonable security for staff and patients is adequate. The ClearPath clinic contracts with a security agency to employ a security guard. A security guard is on duty during dosing hours and patrols the outside perimeter of the building as well as continuously monitors the busy lobby areas of the clinic. In addition a comprehensive security system is installed and there are monitors in several office areas of the clinic that can be viewed at all times.

Actions being implemented to ensure the viability of ClearPath Clinic, are preparing for the survey for CARF reaccreditation, reviewing patient services, administrative and clinical, for quality control and patient satisfaction.

At this time, there are no expected changes in senior leadership in the next year. Within the last year, a new Program Director and a new Clinical Director were appointed. The Program Director was formerly the Clinical Director at ClearPath and the Clinical Director was formerly a Provider at ClearPath.

HEALTH AND SAFETY REPORT

As a CARF-accredited organization, the Health and Safety program maintains all internal and external inspection reports for the organizations building. Between the multiple internal and external health and safety inspections, we are reasonably confident that we have a formal system that will continue to address health and safety issues on a regular basis.

For accreditation, CARF requires that there are written emergency procedures and unannounced drills. This will address procedures for:

1. Fires
2. Bomb threats
3. Natural Disasters
4. Utility failures
5. Medical Emergencies
6. Violent or other threatening situations.

The unannounced tests were performed followed by after-action reports on the response to the drills. Trainings were conducted that addressed individual roles and responsibilities, notification procedures, emergency response procedures, evacuation and accountability procedures, emergency shut downs, information about threats, hazards, and protective actions.

In addition to the required test mandated by CARF, the Health and Safety program continues their commitment with providing consistent and rigorous training annually and as needed. The Health and Safety Committee for CADT and ClearPath meets on a quarterly basis to review and address trends and concerns.

Written analysis of Incidents Reported in 2016

21 incident reports were completed in 2016.

Trends

1. 10 incidents reported by the security guard during 2016. 4 of the incidents reported may not have needed to be reported as an incident, 2 were patients sleeping in the waiting area, 1 was accidental trigger of the security button and 1 was a report that staff was going to call the police due to a patient action but it was a "bluff." Of these 4 incidents 3 were completed by the security staff.

2. Incidents tended to occur in areas where patients congregate such as lobby/waiting areas and the parking lot.
3. 3 of the causes of incidents were from injury.
4. 9 of the 21 incidents reported were caused by Patient Aggression

Actions for Improvement

1. Security received coaching on reportable incidents.
2. Security staff completes rounds more frequently and attempts to be present as often as possible in areas where patients congregate. Staff has received additional training on de-escalation and will also be present as much as possible during busier patient traffic times. Counselors are to respond when aware of.
3. Patients with mobility issues are able to use the back door entrance to help eliminate possible injury due to slips, trips and/or falls. We also have different sizes of wheel chairs available as needed.
4. Staff to receive more comprehensive training in de-escalation techniques

Results

1. Coaching with Security staff in June and after only 1 incident was reported by security staff during the remainder of 2016. This incident was caused by patient aggression
2. Less incidents occurring in these areas.
3. Less incidents of injury due to slips/trips/falls.
4. To be further evaluated as training is ongoing

Continuing Education and Training

1. Security staff is included in staffing meetings and educated on incident report requirements.
2. All incidents are reviewed and actions for improvement are discussed in Health and Safety committee meetings.
3. Staff will receive training in de-escalation techniques both at formally and continually during staff meetings

Prevention of Recurrence

1. Through continued training and education noted above
2. Program director review's incidents with staff and discusses actions for improvement.
3. Provide annual management report to staff for education and awareness
4. Provide handouts for patients on proper prevention of "slips, trips and falls" ; ensure parking lot is de-iced and salted

Internal Reporting Requirements

1. All incidents are reported internally to the Program Director. After Program Director review, incident report is sent to Compliance Officer for review. If immediate changes are needed PD and CCO work together to implement actions for improvement and educate staff.
2. Compliance Officer compiles data from incident reports to meet CARF requirements

External Reporting Requirements

1. There are no external reporting requirements for the incidents that were reported in 2016

HUMAN RESOURCES

As required by CARF and Minnesota Rule 31, all mandatory trainings have been fulfilled through new staff orientation, annual staff trainings, training conducted by outside professional organizations and professional conferences. This is maintained and accounted for on a training spreadsheet and management will continue to incorporate desired trainings of staff when possible as identified through Staff Training Needs assessments.

In order to retain staff and reduce turnover compensation was reviewed and increased. The clinical staff is compensated well as compared to local substance abuse providers in the area. Despite raising LPN staff

salaries ClearPath does have difficulty recruiting nursing staff as it is difficult to financially compete with large hospitals in the areas in regards to salary. CADT/ClearPath provides an extensive benefit package including health and dental insurance, paid vacation and sick time, and retirement benefits. CADT has had a long standing achievement pay program in which a percentage of the employee's salary is paid out to each employee at the end of the year based on agency, program and individual performance. In addition, CADT pays for professional staff to attend trainings that are needed to maintain licenses and certifications.

TECHNOLOGY

CADT continues to be contracted with an information technology company, CW Technology. CW technology provides remote support services to each of our employees. In addition CADT has monthly management meeting with CW Technology to address and change and concerns. CW Technology provides IT summaries on a regular basis as well as a Business Analysis that addresses any needs.

In 2016 our servers were moved from an off site CADT location to ClearPath Clinic as the clinic has a generator that will keep systems operational in the case of a power outage. Computers throughout CADT were updated to include a timeout system where the computer automatically logs out after 2 minutes of inactivity to comply with HIPPA and CFR 42 standards. In addition, this helps prevent one user from being able to use another users computer without permission due to staff not logging out of the computer on their own. ClearPath continues to work diligently with Methasoft, our EHR system, to implement updates and resolve any issues that may result from the EHR itself. Methasoft has customer service that is accessible and available to all staff 24/7.

During 2016 CADT received a grant from Arrowhead Health Alliance to install Vidyo, a teleconference system, into several of our sites. Vidyo is also utilized by other community agencies who share the same patients as ClearPath. Vidyo was installed in ClearPath clinic during the last quarter of 2016. At this time, payment for services is not available through video conferencing; however, ClearPath will continue to explore ways to utilize video conferencing throughout 2017 to optimize patient services and collaborate with community agencies who also utilize Vidyo.

RESULTS OF OUTCOME MANAGEMENT SYSTEM

ClearPath has developed and implemented a simple outcomes management system that measures (a) accessibility of services, (b) efficiency of services, (c) effectiveness of services and (d) patient satisfaction. In regards to accessibility, an intake survey was conducted for about 6 months and many patients chose not to complete the survey. We recognize the importance of collecting data at intake for the purposes of improving access; however, due to the massive amount of paperwork regulatory agencies require the patient to review and complete both during intake it is not reasonable or productive to ask the patient to fill out additional surveys. In addition to the measures evaluated below, we measure also efficiency by monitoring counselor caseloads. A patient capacity report is submitted to the state weekly which reports how many patients are in treatment, the total capacity based on counselor caseload and whether or not there is a waiting list to access services. The effectiveness, service access and satisfaction "benchmarks" we measure are included in our Outcomes Ratings Scores and Session Rating Scores we request from patients at each counseling session. The data is inputted into FIT-outcomes and provides us with effectiveness scores. Patient Satisfaction and other feedback looks at the patients perception of services received. Satisfaction is a subjective measurement of "self-report" by patients ClearPath collects data for Drug and Alcohol Abuse Normative Evaluation System (DAANES) information and patients complete the Minnesota Self Sufficiency Matrix at intake as well as 6 month intervals. In addition, patient satisfaction questionnaires to collect outcomes data are distributed to each patient at the time of intake and then again a 6 month intervals.

Patient satisfaction surveys were revised during the 2nd quarter of 2016 to make them more user friendly and likely to be completed. During the 3rd and 4th quarter of 2016, 309 surveys were submitted. The analysis of patient satisfaction survey completed between July 1, 2016 and December 31st, 2016 illustrates the following performance:

1. ...how staff at this clinic treats you?
Average to Above Average = 95%
2. ...the way you are included in decisions about your treatment?
Average to Above Average = 89%
3. ...the way you are included in decisions about how the clinic is run?
Average to Above Average = 81%
4. ...the physical environment for patients at this clinic?
Average to Above Average = 94%
5. ...the way this clinic responds to complaints from patients?
Average to Above Average = 82%
6. ...how effective this clinic has been helping you with your problems?
Average to Above Average = 92%
7. ...the amount of information this clinic gives you about your treatment?
Average to Above Average= 93%
8. Would you recommend this clinic to a friend who needed treatment?
Average to Above Average = 91%
9. Overall Rating of your experience with ClearPath Clinic:
Average to Above Average = 89%

Accessibility Objectives:

1. Increase number of admissions/intakes to two per day
Responsible Staff: Administrative Staff. Intake staff.
Assessment: During the first half of the year staffing was not adequate to support the need for increased intakes. In June ClearPath reached adequate staffing levels (clinical and medical) to increase to two admissions per day. With two admissions per day ClearPath was still not meeting the needs of the community in regard to admissions as the waiting list remained large. We also found that it was difficult for different departments to meet some of the current patients' needs with intakes scheduled M-Th (the doctor is only on site M-Th). In August, we implemented a plan to admit 4-6 scheduled intake appointments on Tuesdays and Thursdays, and leave Wednesdays open for emergency admits such as pregnant patients. Medical staff found that they were often pulled from dosing, which increase wait time to dose, when intake were arranged in this manner. During the fall we lost more medical staff and had a difficult time recruiting and had to again decrease intakes. By December, we were able to obtain adequate medical and clinical staffing to again increase intake availability. Goal for 2017 has been revised as follows:
 - Increase number of admissions/intakes to three per day on Tuesdays, Wednesdays, and Thursdays.
2. Decrease the number of patients who do not show for initial intake appointment
Responsible Staff: Intake Staff will contact patients with reminder phone call.
Assessment: In 2015 our no show rate was 13%. We also transferred 180 patients from an existing clinic that was closed in a 6 week time frame and just 1 patient did not show for the intake appointment. After this initial transfer of patients our no show rate was 19%. No show rate for intake appointments in 2016 is 21%. In 2016 staffing levels fluctuated causing us to reduce intakes during the year which in turn affects how long patients have to wait to receive services decreasing the likelihood of them showing for appointment. Reminder calls were made but due to the long wait to get an intake appointment it was often very difficult to reach patients that had been waiting for various reasons and reminders were not able to be delivered. As adequate staffing affected intake availability, therefore affecting patients showing for their intake appointments this goal will be removed for 2017. Staff will however, continue to make appointment reminder calls to patient. In 2017 we will look at another indicator of accessibility which was included under efficiency in 2016:
 - There will be an annual retention rate of 80% of all ClearPath Clinic staff.
 This goal was moved to accessibility as we found adequate staff drastically affects access to and quality of services and seems to be a better fit here than in efficiency at this time. We did have a high staff turnover rate in 2016 which is further evaluated below.

Efficiency Objective:

1. There will be an annual retention rate of 90% of all ClearPath Clinic staff.

Responsible Staff: Program Director and Administrative staff.

Assessment: The staff orientation process has been better organized and a required reading program will be implemented in 2017. Staff training has been implemented throughout the year including all staff including clinical, medical and front desk staff. Since CP opened in 2015 6 counselors, 7 nurses and 13 front desk staff have left. Exit interviews were not completed and will be implemented starting in 2017. Current staff retention rate from July 2015- July 2016 is 63%. From January 1st to December 31st staff retention was 53%. Wage increases were given to clinical and medical staff during 2016. In addition starting wages for LPN's and Providers have also been increased. 50% of the retention issues in 2016 were front desk staff. Several front desk staff quit or were let go within a month of starting with ClearPath. Front desks staff duties have been reviewed and clarified throughout the course of the year and changes have been made. In addition, an exit interview form for staff has been developed and a process for this will be developed and will soon be implemented. The staff retention goal will be decreased to 80% for 2017 and moved to Accessibility Objectives.

ClearPath has limited physician availability, being Monday-Thursday and available by phone at other times. In addition, physician hours limit the time available for patient appointments such as annual physicals or intake appointments. Nurses need to be available to assist with patient appointments and this takes them away from the dosing window during peak dosing times, which in effect increases the wait time for patients to dose. Having increased wait times increases potential for diversion, as more patients are congregating in common areas, both inside and outside of the clinic. Medical staff availability and need will continue to be evaluated throughout 2017.

ClearPath has a large number of patients prescribed Suboxone. It can take up to 20 minutes for some patients to dissolve the pill at the dosing window therefore increasing dosing wait times for others. Measures have been taken to address this issue. Currently patients take their Suboxone at the dosing window and then go to the dosing observation area where they can be observed via camera while waiting for the Suboxone to dissolve. Average dosing wait times for 2016 was 14.8 minutes.

Objectives for 2017 will be as follows:

1. Reduce nursing intake appointment times to no more than 30 minutes per appointment.
2. Reduce waiting time for dosing to no more than 10 minutes per patient.

Effectiveness Objectives:

1. 60% of new admissions will show improvement on the DHS HMIS Self-Sufficiency Matrix

Responsible Staff: Intake and Front Desk Lead staff collects and record data provided by patients.

Assessment: Patients scores on the Matrix were taken at time of admission and again at the 6 month point of treatment. In 2016 scores on the Matrix have increased on average of 9.7 points per new patient indicating improvement. While scores are taken for all patients the scores ClearPath is evaluating for this goal are in relation to new patients only and do include data from patients that transferred from other clinics. In addition, 82% of patients showed improvement in scores on the Matrix between measures taken at time of initial intake appointment and at a 6 month follow up. This goal will be revised for 2017 as follows:

- 80% of new admissions will show improvement on the DHS HMIS Self-Sufficiency Matrix.

2. Improve effectiveness of treatment while simultaneously reducing dropout, deterioration rates, and service delivery costs. In June the goal was revised to: Maintain the effect size of .85 or better with active patients, maintain a dropout rate below 25% and improve service delivery costs. See attached report.

Responsible Staff: Clinical Staff implement and review ORS and SRS tools with patients. Management staff collects and report data

Assessment: The goal was revised in June to be more specific and to be able to effectively evaluate the data generated by FIT-Outcomes. When attempting to gather data from the FIT-Outcomes system it was discovered that several of the counselors needed more training in the actual data entry so that it is accurate. Below is a data comparison between August 2016 and January 2017. Data may not be accurate. The clinical supervisor and clinical director are currently working closely with the providers to train them on the purpose of FIT-outcomes, best practices with patients as well as data entry. In addition the clinical director is working closely with the developers at FIT-Outcomes to separate the data from clinic patients and providers from the data provided from other CADT programs to be able to get more accuracy in data reporting. The goal for 2017 will remain the same.

- Maintain the effect size of .85 or better with active patients, maintain a dropout rate below 25% and improve service delivery costs.

FIT OUTCOMES DATA

All Providers	Effect Size 8-11-16	Effect Size 1-6-16	Dropout Rate 8-11-16	Dropout Rate 1-6-16
	.81	.74	23.4%	33.2%

3. There were 7 medication errors in 2016. 5 errors were the incorrect dose being administered; of these 2 were Suboxone and 3 were Methadone. 1 error was incorrect medication administered; different type of Suboxone pill, orange instead of white. 1 error occurred as the nurse did not verify the guest dosing information. A common reason for errors was noted as distraction and trying to move to fast through dosing process. Methasoft contributed to 1 medication error as it did not adequately notify staff that the patient returned early to dose. The Goal added for 2017 will be

- Reduce Medication Errors to 0

Responsible Staff: Nursing Supervisor and Nurses

Patient Satisfaction Objective:

1. Maintain a 90% favorable level of patient satisfaction and complaint resolution.

Responsible Staff: Program Director ensures Satisfaction surveys are placed in areas accessible to patients. Front Desk staff collects surveys from patients and sends to our HR staff to record data. Program Director is responsible to ensure timely Grievance Process. Management staff review and analyze grievance forms.

Assessment: ClearPath patients were not filling out satisfaction survey on a consistent basis in 2015 and early 2016. A new satisfaction survey was developed early in 2016 and since implementation we have received more feedback from patients. For the first quarter 21 surveys were received and the second quarter 83 surveys were received. For the 3rd and 4th quarter combined 309 surveys were received. Data was evaluated as noted above in Results of Outcome Management System regarding specific questions for the 3rd and 4th quarter of 2016. For all the questions combined in the 3rd and 4th quarter 90% responses were at Average to Above Average.

Patients complete grievance forms and can turn into any staff they feel comfortable turning the form into. During the first and second quarters of 2016 7 of 22 Grievances were documented as unresolved. Grievances will be more closely monitored by management staff. Since Mid-July 2016 the grievance process has been more closely monitored by the Program Director and each grievance was resolved within 72 hours. The number of Grievances submitted by patient reduced significantly during the 3rd and 4th quarters of 2016. During the 3rd quarter 12 grievances were submitted by patients, 2 of which were unresolved in early July as they were not submitted timely. During the 4th quarter 6 grievances were submitted by patients. All grievances submitted during the 4th quarter were handled in a timely fashion and resolved. Goal will remain the same for 2017:

- Maintain a 90% favorable level of patient satisfaction and complaint resolution.

2. Reduce the number of patients leaving treatment without a referral or plan by 30%.

Responsible Staff: Program Director, Clinical Supervisor and Providers

Assessment: Between opening in July 2015 and December 31, 2016, ClearPath has 14 patients that left against staff advice and 0 patients that were system discharges. Between January 1st 2016 and December 31st 2016 ClearPath had 158 discharges, 88 of which had left against staff advice and 0

were system discharges. System discharges are often a result of patients going into the hospital or a high risk patient that may stop showing up and we reactivate continue to try to contact after 2 week time period which is when the ERH system will discharge. System discharges decreased from the previous year. Staff does need additional training in entering accurate discharge information into methasoft. It is common for the population we work with to leave treatment ASA as the patients tend to have a high level of instability in significant life areas. For example, many patients have no stable place to live and/or may be living with people still using, as well as transportation problems, etc. At times, the patients drop out of treatment before we can adequately address the instability factors. Some patients that previously left ASA do return to treatment when their level of instability decreases. In addition, patients have complained about their dose levels not being adequate and at times have left and sought services elsewhere.

Community Relations Objective:

In 2016 Minnesota Department of Human Services conducted a site review and while ClearPath does have a diversion control policy and a Community Relations Plan DHS determined the following goals need to be addressed within our Performance Improvement plan:

1. A goal concerning oversight and monitoring of the premises around and near the exterior of the program to reduce the possibility of medication used for the treatment of opioid addiction being inappropriately used by patients, including but not limited to the sale or transfer of the medication to others.
2. A goal concerning community outreach, including but not limited to communications with local law enforcement and county human services agencies, with the goal of increasing coordination of services and identification of areas of concern to be addressed in the plan.

As a result of the MN DHS compliance review the following objectives are added to our Performance Review included in a new section labeled Community Relations:

1. ClearPath will reduce incidents of potential diversion.
2. ClearPath will engage in at least 1 outreach contact per month.

These goals will be evaluated throughout 2017.

USE OF THIS MANAGEMENT SUMMARY (PERFORMANCE ANALYSIS)

We view the completion of this performance analysis as an opportunity to formally review our mission statement and to improve the quality of services and our program. In the truest sense, this analysis represents a "10,000 foot view" of our organization and provides leadership and staff with the opportunity to "take a step back "and objectively evaluate what we do and how we do it. It also provides a practical reminder to review and/or update our strategic plan each year. Finally, the preparation of this performance analysis provides the impetus for leadership to evaluate its decision-making process and determine if changes need to be made in the organization's policies and/or procedures.

We have specifically attempted to prepare this summary as a "plain language" document that communicates performance information in a timely, accurate and honest manner and in a format that is clear, concise and understandable. We value transparency.