
ClearPath Clinic

Medically Assisted Treatment & Recovery
A Program of the Center for Alcohol & Drug Treatment

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).

Patients enter the program through a comprehensive outpatient assessment and physical examination by a program physician. The ClearPath Clinic offers pharmacotherapies in combination with psychosocial interventions and integrated treatment services to individualize treatment according to needs. Services not provided onsite are available through referrals to community services. A complete description of these can be found in the applicable Program Description.

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

In order to accomplish this mission, the ClearPath Clinic has developed the following agency goals:

- The major goal of the ClearPath Clinic is to help patients identify problems in their lives and how they relate to their use of chemicals.
- The patient should improve his/her level of functioning and prevent future use and its negative consequences by experiencing:
 - Resolution of legal and social problems and lessen the probability of future problems;
 - Decrease use of emergency medical and mental health services;
 - Improved financial stability, work/school attendance and performance;
 - Improved family relationships; and
 - Development of healthy social networks and improved ability to access and use appropriate social support groups such as AA or NA.

As the ClearPath Clinic works toward achieving these goals, the organization is committed to the principles of continuous performance improvement in all programs, services and operations. To this end, ClearPath has developed this Performance Improvement Plan that incorporates the CARF Standards on *Performance Measurement and Management and Performance Improvement*.

The purpose of the Performance Improvement Plan is to establish a methodology for collecting and analyzing information for business improvement and service delivery improvement in the domains of effectiveness, efficiency, satisfaction, and accessibility. Data will be collected from a variety of sources including patients, staff and other relevant agency reported identified herein.

A performance analysis will be 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.

Performance indicators have been identified as follows:

1. **Accessibility:** CARF's definition of accessibility is a measure of individuals' and community members' abilities to procure services with relative ease. ClearPath has identified barriers to services. ClearPath plans to implement measures of accessibility to evaluate the success in meeting individual, community and stakeholder needs.

Area Needing Improvement:

Due to lack of staff resources, a patient may wait up to one month to be admitted to treatment. During this "waiting" period, many factors may contribute to a failed admission/intake: the patient may become unmotivated to seek services; the patient may continue to use illicit substances, which increases risk for overdose or other medical problems; the patient may seek services elsewhere; the patient may lose funding; or the patient may experience similar events that can derail the admission/intake to the program. In 2016, ClearPath scheduled 318 intake appointments, of which 252 patients showed for appointments.

Retention of the nursing and clinical staff is a problem that hurts the efficiency of the ClearPath Clinic. Turnover increases training costs and overtime pay, strains staffing schedules, and dissolves productive relationships with coworkers and therapeutic relationships with patients. This also leads to being short of staff, which affects the Clinic's ability to increase intakes, affecting accessibility to services. Staff retention is currently at 53%. 50% of the staff that did not stay with ClearPath in 2016 were in the front desk position.

Objective:

- Increase number of admissions/intakes to three per day on Tuesdays, Wednesdays and Thursdays.
- There will be an annual retention rate of 80% of all ClearPath Clinic staff.

Action Plan:

- High risk patients such as pregnant women and patients recently released from incarceration will be admitted immediately on an emergency basis.
- Admit three intakes per day on a consistent basis. When three intakes cannot be completed per day, track reasons and management staff will develop further actions for increasing intakes as soon as possible.

- Nurses will schedule annual physical examinations in the early morning hours, between 6:30am to 8:30am. This will give the physician and medical staff adequate time to complete intake appointments.
- Staff will be given a thorough orientation prior to performing job responsibilities independently.
- A required reading program will be developed and implemented to help train staff on policies, procedures and plans.
- CADT provides training for licensed employees to meet requirements of continuing education. In addition, CADT pays license renewal fees for licensed employees.
- Supervisors will have an open door policy, allowing for staff to discuss concerns and develop a solution/plan as needed.
- Managers and the Physician will be available to discuss concerns/complaints directly with patients. All unresolved patient complaints/grievances will be forwarded to the Chief Compliance Officer (CCO) and shared with the QI Committee.
- Minutes will be taken at each staff meeting and shared with all ClearPath staff to include those staff not in attendance.
- Managers will use a multidisciplinary team approach when decision making occurs and will document the results immediately.
- All resigning staff will be asked to conduct an exit interview with Human Resources staff prior to leaving.

2. **Efficiency:** CARF's definition of efficiency is the relationship between resources used and results or outcomes obtained. Resources can include time, money, or staff/FTEs. This can apply at the level of the person served, program, or groups of persons served, or at the level of the organization as a whole.

Area Needing Improvement:

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.

ClearPath has a large number of patients prescribed Suboxone. This increases wait time, as it can take up to 20 minutes for some patients to dissolve the pill at the dosing window. Average dosing wait times for 2016 was 14.8 minutes.

Objectives:

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

Action Plan:

- Review hours the clinic physician is available and the impact this has on serving patients in an efficient manner.
- Determine whether or not more medical resources are needed to meet patient needs, potential for a physician's assistant or nurse practitioner.

- Utilize nursing resources throughout CADT as well as cross train nurses between programs.
 - All dosing nurses will be required to be dosing patients at peak times.
 - Suboxone patients will be dosed and then observed in the observation room via camera until the dose dissolves.
3. **Effectiveness:** CARF's definition of effectiveness is results achieved and outcomes achieved for persons served. ClearPath utilizes the Minnesota Self-Sufficiency Matrix to measure the level of functioning of the patients. The Matrix is an assessment tool used to measure needs, target services, and evaluate supportive service provision. The Matrix can be an excellent engagement tool and will provide valuable information on participant needs and outcomes, as well as program benchmarks and outcomes.

CADT employs the Partners for Change Outcome Measurement System (PCOMS), an evidence-based practice (NREPP) that measures patient engagement and improvement. This is referred to as FIT (Feedback Informed Treatment) Outcomes. FIT Outcomes specifically is a pantheoretical approach for evaluating and improving the quality and effectiveness of behavioral health services. It involves routinely and formally soliciting feedback from patients regarding the therapeutic relationship and outcome of care, and using the resulting information to inform and tailor service delivery.

Area Needing Improvement:

Routine collection and analysis of patient progress during treatment. Counselors need to be entering data from the ORS and SRS data results into FIT Outcomes after each treatment session with a patient. Currently FIT Outcomes measures effectiveness for the entire agency and ClearPath is not able to be measured as a separate entity from the rest of the Center for Alcohol & Drug Treatment; however, each counselor who works for the agency does have data points based on data entered by each individual counselor.

ClearPath rarely has medication errors but when this does occur, it is serious due to the type of medication as well as possible interactions with other medications the patient may be taking. The EHR ClearPath has caused at least one medication error due to it not adequately notifying the staff that the patient had returned early.

Objective:

- 80% of new admissions will show improvement on the DHS HMIS Self-Sufficiency Matrix. In 2016, 82% of patients showed improvement in scores on the Matrix when measured from initial intake and at a six month follow-up.
- Maintain the effect size of .85 or better with active patients, maintain a dropout rate below 25% and improve service delivery costs.
- Reduce medication errors to 0.

Action Plan:

- Patients will complete the Self-Sufficiency Matrix at admission and again at six month intervals following admission.
- Counselors will routinely and at each visit, engage the patient using the outcome tools. Counselors will continue to input FIT Outcomes data into the management system. Periodic results will be reviewed and shared with clinicians and others. Outcome data will be shared with the Board of Directors, Community Advisory Group, QI Committee, and other stakeholders.

- The Clinical Supervisor will provide training to ClearPath clinical staff on the use of FIT Outcomes.
 - If a medication error occurs, staff will complete the Medication Error Report form and file appropriately. In addition, a copy of this form will be given to the Compliance Officer.
 - Medical staff will contact EHR support as issues are happening within the EHR so that the support can adequately determine a cause and solution.
4. **Patient Satisfaction:** ClearPath values and uses the input from patients in the evaluation of the quality and effectiveness of services and operations. ClearPath uses this information in a number of activities, including program/service modification and development, and performance improvement. On an annual basis, ClearPath leadership meets, reviews, and analyzes input and feedback data from the patient satisfaction surveys and shares this information with agency staff.

Area Needing Improvement:

In 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 continue to try to contact for a two-week time period, which is when the EHR system will discharge. Patients discharged without an adequate discharge plan are at a higher risk for physical complications related to their use, relapse, overdose, and death.

In 2016, ClearPath compliant/grievance resolution was 85%. The grievance process has been handled in a timelier manner in the last six months of 2016, which resulted in more informal resolution.

A new satisfaction survey was developed early in 2016 and since implementation we have received more feedback from patients. The Patient Satisfaction Survey results for the third quarter of 2016, patients rated average to above average 90% of the time.

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

- Reduce the number of patients leaving treatment without a referral or plan by 30%.
- Get patients to attend Patient Advisory meetings.

Action Plan:

- Patient satisfaction surveys will be provided in the patient lobby for easy access and patients will be informed of these surveys upon admission to the program. In addition, every six months ClearPath staff will collect data on client satisfaction through a pencil and paper survey. This data will be analyzed and reviewed with managers and staff for ongoing patient improvements.
- Client grievances are currently monitored as part of the agency's QI activities. ClearPath's grievances will be analyzed by the Quality Improvement Committee and shared with managers quarterly. ClearPath's quarterly goals will need to consist of at least one patient improvement recommendation.
- Clinical staff will implement FIT Outcomes, ORS and SRS with every patient and at each treatment session to measure patient engagement in treatment and response as trained.

- Promote the Patient Advisory meeting by posting meeting times and dates around the clinic, counselors talking to patients about attendance at meetings, and provide patients with a flyer with meeting information.
5. **Community Relations:** The Minnesota Department of Human Services requires that the following be addressed in a quality improvement plan:
- a. 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.
 - b. A goal concerning community outreach, including but not limited to communication 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.

Areas Needing Improvement:

ClearPath will develop a goal addressing Diversion Control in compliance with MN DHS requirements. ClearPath does have a diversion control policy (attached). ClearPath will develop a goal addressing community in compliance with MN DHS requirements. ClearPath does have a Community Relations Plan (attached).

Objective:

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

Action Plan:

- ClearPath contracts with a security company that provides a security officer during hours of clinic operation. The security officer completes rounds and monitors both the inside and outside of the building continuously during hours of operation.
- All suspected diversion and/or suspicious activity is reported to the Program Director and an incident report is completed.
- Camera footage is reviewed as needed when suspicious activity is reported.
- Community outreach contact forms are kept in the Program Director's office and are reviewed quarterly by the Program Director to ensure community outreach goal is met.
- ClearPath staff will attend the Northeast Minnesota Opiate Abuse Response Strategies meeting. The mission of this group is to create community based solutions for victims of substance use disorders.
- ClearPath Program Director will respond to any community complaints/concerns within 72 hours of receipt of the complaint/concern.
- Educate people who work at other community agencies such as local law enforcement and human service agencies regarding ClearPath programming, our mission, as well as patients served.