

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 1st 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

Rev. 1/18

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: Refer 30% of ClearPath Suboxone patients to OBOT annually
- B. Objective: Develop additional resources (nurses, LADC, physician) to support expanded patient census
- C. Objective: Seek State approval to unbundle reimbursement of psycho-social services from medical/dosing services

PRIORITY 2: Integrate/collaborate with Pathfinder (withdrawal management unit), OBOT, Residential treatment and other programs

- A. Objective: Reduce the number of patients failing to access appropriate care (drop out) between programs/services
- B. Objective: Reduce time between initial contact and program engagement
- C. Objective: Begin care management in CADT's Pathfinder Unit prior to intake at ClearPath to reduce intake no-shows

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

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

ANALYSIS OF STRATEGIC TARGETS AND OBJECTIVES FROM 2017

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 revised objectives are driven by our focus on key variables that will move us toward our long-term goals.

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.

Although this waived approach which was designed to increase capacity at ClearPath was determined to be impractical, we have strengthened our office-based Suboxone program to accept stable patients from ClearPath.

- Integration with primary care and health systems.

The key to integrating opioid disorder treatment with primary is more primary care physicians obtaining the buprenorphine waiver. Primary care physicians have been unwilling to accept opioid SUD patients without participation from a care provider like CADT. Our new Pathfinder Unit (residential opioid withdrawal management, stabilization and referral) has enable us to attract 4 physicians: 2 from primary care and 2 from hospital emergency departments. The direct involvement of these physicians has already begun to improve coordination of care and provide local physicians with an accessible partner to assist in medical management of opioid use disordered patients.

- Innovation through new levels of care.

With ClearPath as the hub, we have succeeded in developing our opioid-specific residential withdrawal management unit with a successful federal grant proposal through the Minnesota 6th District Court, a grant through MN DHS and SAMHSA, and support from St. Louis County. This provides an entry point for individuals through the court system needed stabilization, assessment and induction on medication assisted treatment. The unit is designed to meet the requirements of an ASAM level 3.2 Withdrawal Management Unit. This level of care did not currently exist in Minnesota and existing detoxification facilities are not equipped to provide it. Pathfinder Unit is licensed under DHS Rule 32 (detox) and began operations in December, 2017.

- 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 break even 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 more Counselors and nurses 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 2017 Accessibility plan was reviewed and updated by Management Staff in January 2018. In 2017 ClearPath’s biggest barrier to accessibility remained lack of adequate staffing to meet the needs of the community. It continued to be difficult to recruit medical and clinical staff. Retention of clinical staff improved in 2017; however retention of medical staff declined. Efforts continue at improved communication between the clinical and medial disciplines. 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 2017 our CEO continued to attend 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. In 2017 additional physicians came to work with patients requiring opioid replacement treatment. CADT/ClearPath received as SMHSA grant allowing use to open the “Pathfinder” unit was opened later in 2017. This unit is intended to quickly evaluate patient need for MAT services and allow patients to access treatment at ClearPath and other MAT services in a more efficient manner. Additionally, the program director also collaborated with Essentia to provide weekly obstetric care for pregnant patients at ClearPath Clinic.

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-18 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.

There will be changes to executive leadership in the next 1-2 years. The long standing CEO will be retiring in June and the COO will be taking a provisional CEO/COO position until the end of 2018. During this time the board will determine if the provisional CEO/COO will remain as the CEO for 2019 or whether efforts will be made to obtain another CEO. Additionally, we are reviewing to see if additional clinical supervision and support for the Program Director is needed as the need for services in the community continues to grow.

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

33 incident reports were completed in 2017 a 36% increase from 2016.

Trends

1. Causes of incidents – 6 were accidents, 6 were due to patient aggressions, 6 due to possible patient illness/physical health issues, 3 for lack of training and 3 diversion attempts.
2. 11 of the incidents that were reported occurred at the dosing windows.
3. 15 of the incidents reported were reported by nursing staff.

Actions for Improvement

1. Maintenance staff were informed of falls on stairs and instructed to monitor stairways more frequently when whether is more snowy or raining to keep stairway as free as possible for water and dirt being tracked in and making stairway slippery.
2. Staff receives continual training to identify and respond to medical and mental health issues. Staff responded appropriately in each situation.
3. New and bigger light installed in pharmacy on all entrances to Zone 1. The staff locking the area is to ensure all staff is removed from Zone 1 prior to locking and if locking Zone 1 early staff is to notify all staff in the Clinic. Additionally, the alarm system in the pharmacy was updated to using key fob for arming and disarming pharmacy alarm system.
4. Training for nurses on procedures related to infection control and appropriate dosing procedures, RN supervisor has developed a policy regarding this issue.

Results

1. Reduced incidents of slips/trips/fall on stairs at end of year as compared to beginning of year
2. To be further evaluated as training is ongoing
3. Less incidents of staff entering locked area that triggers alarm

Continuing Education and Training

1. All incidents are reviewed and actions for improvement are discussed in Health and Safety committee meetings.
2. Staff will continue to receive training in de-escalation techniques both at formally and continually during staff meetings

Prevention of Recurrence

1. Program director review's incidents with staff and discusses actions for improvement.
2. Lights have been added to each of the doors that enter Zone 1 to indicate that area is looked and should not be accessed. This should alert staff not to enter area as alarm will sound when lights are on.
3. RN addressed health topics in weekly medical group that is offered. Counselors encourage patients with physical health conditions to attend. Nurses will be added into the orientation groups to more thoroughly discuss/educate patients on any medical issues/concerns.
4. Changes in Pharmacy alarm system implemented.
5. Policy regarding dosing procedures and infection control developed by RN Supervisor.
6. Housekeeping staff supervisor meets with staff and review importance of keeping stairwells clean. Housekeeping staff to attend health and safety meetings
7. Improve communication between medical and clinical staff especially regarding dose adjustments

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 was one external reporting requirement an for incident that was reported in 2017, a client death that occurred off site was reported to the ombudsman and state commissioner.

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. 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 and retaining 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.

Our servers are located at ClearPath Clinic as the clinic has a generator that will keep systems operational in the case of a power outage. 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 2018 to optimize patient services and collaborate with community agencies who also utilize Vidyo. ClearPath has utilized the equipment for client education groups.

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. In addition to the measures evaluated below, we also measure 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.

The analysis of patient satisfaction survey completed between January 1, 2017 and December 31st, 2017 illustrates the following performance:

1. ...how staff at this clinic treats you?
Average to Above Average = 96%
2. ...the way you are included in decisions about your treatment?

- Average to Above Average = 92%
3. ...the way you are included in decisions about how the clinic is run?
Average to Above Average = 87%
 4. ...the physical environment for patients at this clinic?
Average to Above Average = 93%
 5. ...the way this clinic responds to complaints from patients?
Average to Above Average = 87%
 6. ...how effective this clinic has been helping you with your problems?
Average to Above Average = 93%
 7. ...the amount of information this clinic gives you about your treatment?
Average to Above Average= 94%
 8. ...Would you recommend this clinic to a friend who needed treatment?
Average to Above Average = 93%
 9. ...Overall Rating of your experience with ClearPath Clinic:
Average to Above Average = 91%

Accessibility Objectives:

1. Increase number of admissions/intakes to three per day on Tuesdays, Wednesdays and Thursdays

Responsible Staff: Administrative Staff. Intake staff.

Assessment: During the year we were able to meet this goal on a consistent basis. Limiting intakes to only 3 days a week does create accessibility barriers. However, due to the lack of staff resources in our community ClearPath is only able to complete admissions on these days at this time. Additionally, by the end of 2017, ClearPath is near clinic capacity. In 2017, intake scheduled 537 intake appointments (318 in 2016) over 145 days, averaging 3.7 intakes per day on the Tuesdays, Wednesdays and Thursdays. CADT has received a grant and opened a program, "Pathfinder" out of detox to assist in patients in need of MAT access services more efficiently. Additionally, the grant will help to financially support the office based opioid treatment programming offered at CADT. ClearPath has become the primary provider for Suboxone in the area and as a result serves a much higher than average number of clients prescribed Suboxone as compared to other OTP's. As ClearPath is at capacity and the community need for services remains high, in 2018 the goal will be changed to:

- Increase admissions from CADT's Pathfinder program and increase our ClearPath patients that can be transferred to OBOT.

CADT is hopeful that focusing on transferring patients on Suboxone out of ClearPath more efficiently will open up more availability for additional patients in need of MAT services.

2. There will be an annual retention rate of 80% of all ClearPath Clinic staff.

Responsible Staff: Program Director and Administrative staff.

Assessment: This objective was moved from efficiency to accessibility in 2017. Staff retention for 2017 is currently at 75% which is up from 53% in 2016. In 2017, 15 staff were hired and 8 staff left. Of the 8 staff that left 4 LPN's quit and 2 LPN's were let go. 1 of the LPN's that quit returned to work at ClearPath during the year and another returned to work casual hours. In 2017 the staff turnover for LPN's was the highest of any of the staff groups at ClearPath at a 50% retention rate. The goal will remain in

place for 2018 and ClearPath will further evaluate medical staff turnover to determine any additional measures that can be taken to retain medical staff.

Efficiency Objectives:

1. Reduce nursing intake appointment times to no more than 30 minutes per appointment.
Responsible Staff: RN Supervisor and Nurses
Assessment: This objective was added in 2017 and updated during the year to reduce nursing intakes appointments to no more than 40 minutes. Nursing staff have identified that to complete a comprehensive history and physical they need at least of 40 minutes with the patient. During 2017 the nursing intake appointments averages 46.5 with the time decreasing throughout the year and the last quarter averaged 41.4 minutes. This goal will be removed for 2018.

2. Reduce waiting time for dosing to no more than 10 minutes per patient.
Responsible Staff: RN Supervisor and Nurses
Assessment: 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. Average dosing queue wait times for 2017 was 11.9 minutes which is a decrease from 2016.

ClearPath has a much larger average percentage of patients that dose daily as compared to other OTP's in the state. At the end of 2017 approximately 75% of patients at ClearPath were dosing daily at the clinic. Additionally, ClearPath continues to have a much higher than average number of patients prescribed Suboxone. Many are not being discharged to an outpatient Suboxone program as timely as anticipated. A goal will be added in the area of efficiency to:

- Increase the number of patients receiving phase ups/take outs as appropriate to help reduce individual client time spent at dosing window.

Effectiveness Objectives:

1. 60% of new admissions will show improvement on the DHS HMIS Self-Sufficiency Matrix
Responsible Staff: Intake and Front Desk 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. 71% of new admissions shown improvement on the DHS HMS Self Sufficiency Matrix during 2017. This is a decrease from 2016 where 82% of all patients shown improvement at the 6 month follow-up. In 2016 the data gathered was taken from all patients and in 2017 scores for new patients only was included in the measure. This may account for the decrease from the previous year. ClearPath will continue to measure the outcome of this tool for new patients only in 2018 to see if there is an upward or downward trend.

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: Counselors enter data from the ORS and SRS results into FIT Outcomes after each treatment session with a patient. In 2017 FIT Outcomes started measuring effectiveness specific to ClearPath rather than the entire CADT agency as had previously been measured. The measures are compared below will show a more accurate comparison at the beginning of 2019 as the comparison from 2018 to 2019 will include only ClearPath Client; early 2017 data as shown below still included all CADT clients. By the end of 2017 the goal established for effect size is met; however, the dropout rate continues to be higher than the stated goal.

The goal for 2018 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 1-23-17	Effect Size 1-3-18	Dropout Rate 1-23-17	Dropout Rate 1-3-18
	.79	.86	40.9%	35.1%

3. Reduce Medication Errors to 0

Responsible Staff: Nursing Supervisor and Nurses

Assessment: There were 7 medication errors during 2017 (same as 2016). One error was due to an error in the EHR software, tech support was contacted and this type of software error has not happened again. 2 errors were related to counting Suboxone accurately and measures were taken to reduce the likelihood of this happening again. 3 errors were giving a higher dose than prescribed and measures were taken with individual nurses to help prevent this from happening again. All errors occurred during the first 3 quarters of 2017 and the last quarter there were no errors. The Goal added for 2017 will remain the same.

For 2018 an additional goal will be added in the area of effectiveness:

- Nursing staff will accurately chart bottle check and mood checks so the most up to date information is available with interacting with clients and staff.

Patient Satisfaction Objectives:

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: Favorable results on the Patient Satisfaction Survey for 2017 are 93% which is a slight increase over 2016. It is noted that several adjustments to the patient satisfaction survey form and process were made during 2016 and in 2017 the form and process was consistent throughout the year. This goal will remain in place for 2018.

In 2017, ClearPath compliant/grievance resolution was 79%. This includes grievances that were resolved at the informal level. Other grievances were resolved formally with involvement of the Compliance Committee and some Executive staff. The grievance process was handled in a timely manner throughout 2017. Patients most commonly filed grievances regarding concerns of the medication dose and regarding concerns over phase increases/decreases. As a result many multidisciplinary team discussions and decisions were made specific to the concerns addressed in the grievances.

2. Reduce the number of patients leaving treatment without a referral or plan by 30%.
Responsible Staff: Program Director, Clinical Supervisor and Providers
Assessment: In 2017, ClearPath had 298 discharges, 145 of which had left against staff advice or treatment was incomplete due to absenteeism and 2 were system discharges. This is a 6% decrease from 2016. 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. This goal will remain in place for 2018.
3. Increase number of patients attending Patient Advisory meetings.
Responsible Staff: Program Director, Clinical Supervisor and Providers
Assessment: In 2017, four patients signed up or attended the Patient Advisory meeting throughout the entire year. Information has been posted throughout the clinic and towards the end of the year patients that submitted grievances were informed of and encouraged to attend the meetings to address any issues and/or complaints in this format also. This goal will remain in place for 2018.

Community Relations Objectives:

1. ClearPath will reduce incidents of potential diversion.
Responsible Staff: Program Director, RN Supervisor, Clinical Supervisor, Nurses and Providers
Assessment: ClearPath has a diversion control policy in place. In 2017 there were 3 diversion attempts. Each attempt was identified by the dosing nurses. 2 patients attempted to divert methadone by taking it and then spitting it into cup/pop bottle and 1 patient attempted to divert Suboxone by placing a pill in their pocket. Patients were discharged. This goal remains in place for 2018.
2. ClearPath will engage in at least one outreach contact per month.
Responsible Staff: Executive staff, Program Director, Clinical Supervisor and Providers
Assessment: Staff at all levels is engaging in community outreach on a consistent basis. This includes phone contacts, clinic visits as well as involvement on many community committees and initiatives addressing issues surrounding the opioid crisis in

immediate and surrounding communities. The ClearPath Program director records community outreach contacts as they occur. This goal is exceeded every month.

3. ClearPath will increase coordination of services with and identify areas of concern from local law enforcement and county human services agencies through quarterly attendance and participation in the Opiate Abuse Response Strategies group.

Responsible Staff: Executive Staff and Program Director

Assessment: Executive Staff participates in the OARS group both educating the group as well as addressing concerns as they arise. ClearPath has invited local law enforcement into the clinic to educate staff on their processes and initiatives. CADT has always collaborated closely with St. Louis County and is currently the primary provider on a grant St. Louis County received to expand access to opioid treatment and increase services in the community.

USE OF THIS MANAGEMENT SUMMARY (PERFORMANCE ANALYSIS)

CADT/ClearPath views 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.