

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 and reaching clinic census capacity, 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 2017 ClearPath's goal was to increase the number of admissions to at least 3 per day on Tuesdays, Wednesdays and Thursdays. In 2017 ClearPath scheduled 537 intake appointments (318 in 2016) over 145 days, averaging 3.7 intakes/day on the days intake are completed. As we are at capacity and the community need for services remains high, in 2018 the goal will be changed to "Increase admissions from our Pathfinder program and increase our patients being transferred to OBOT." The idea is that this will help to open some availability for intakes at ClearPath.

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 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 50% retention rate.

Objective:

- Increase admissions from CADT's Pathfinder program and increase our ClearPath patients that can be transferred to OBOT.
- There will be an annual retention rate of 80% of all ClearPath Clinic staff.

Action Plan:

- Collaborate closely with the Pathfinder Unit to fast track referrals admissions to ClearPath as openings at the clinic arise

- Share current ClearPath intake staff with both Pathfinder Unit and ClearPath to help facilitate and clearly communicate referrals
 - Further develop clinic processes for clinic patients being prescribed Suboxone so they can be fast tracked to a referred to OBOT more effectively and efficiently.
 - High risk patients such as pregnant women and patients recently released from incarceration will be admitted immediately on an emergency basis.
 - Staff will be given a thorough orientation prior to performing job responsibilities independently.
 - The required reading program will continue to be 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 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, 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. During 2017 the physician began accepting history and physicals completed by the patient's primary care doctor to meet the requirement of the annual history and physical. 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. Average dosing queue wait times for 2017 was 11.9 minutes which is a decrease from 2016.

In 2017 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. Weekly meetings are being held with clinic staff, agency management staff and with the management team at ClearPath to help improve communication, clarify policies and to discuss patients that potentially meet criteria for phase ups/take outs as well as patients that are ready to transfer to a different level of care. A goal will be added of increasing patients phase ups/take outs as appropriate to help reduce individual client time spent at dosing window.

Many additional measures were taken during 2017 to address efficiency in clinic operations including increased utilization of pharmacists, implementing treatment plans in the EHR, and improving medication count procedures. In 2018 ClearPath will be reducing the number of days a patient can be absent from the clinic before being discharged from 14 to 7 days. This measure may also help to address accessibility concerns.

Objectives:

- Increase the number of patients receiving phase ups/take outs as appropriate to help reduce individual client time spent at dosing window.
- Reduce waiting time for dosing to no more than 10 minutes per patient.

Action Plan:

- All dosing nurses will be required to be dosing patients at peak times.
- Continue to accept history and physicals from patient's primary care physician and communicate this procedure to patients in an effort to reduce the clinic doctor completing the history and physical and free up more time for nurses to be available at dosing windows.
- Suboxone patients will be identified and progress or lack thereof reviewed on a more consistent basis with the hope of being able to transfer them to outpatient services outside of ClearPath clinic more efficiently.
- Weekly multidisciplinary meetings will continue to be held to address clients eligible for phase up/take outs.
- Weekly upper management meetings will continue to be held to clarify and update policy and procedures.
- Weekly clinic management meetings will continue to be held to address any concerns and improve communication and teamwork efforts.
- Continue to identify additional measures that can be taken to improve efficiency in all areas at ClearPath clinic.

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:

71% of new admissions shown improvement on the DHS HMS Self Sufficiency Matrix during 2017. This is a decrease from 2016 where 82% shown improvement at the 6 month follow-up. ClearPath will continue to measure the outcome of this tool in 2018 to see if there is an upward or downward trend. Currently, patients are given the tool to fill out and it may be that they need additional instruction on the tool. Additionally, patients are completing a lot of other paperwork both at intake and the 6 month mark of treatment and they may not be taking the time to fully read and comprehend the matrix questions.

Routine collection and analysis of patient progress during treatment. Counselors are to be entering data from the ORS and SRS data 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.

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. There were 7 medication errors during 2017. 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. For 2018 a goal will be added of accurately charting bottle checks and mood checks so the most up to date information is available with interacting with clients and staff.

Objective:

- 80% of new admissions will show improvement on the DHS HMIS Self-Sufficiency Matrix. In 2017, 71% 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.
- 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.

Action Plan:

- Patients will complete the Self-Sufficiency Matrix at admission and again at six month intervals following admission.
- Staff will provide patients with more thorough instruction on completing the self-sufficiency matrix
- 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.
- Nursing supervisor will provide training to nurses on accurate charting of mood and bottle checks
- Nursing supervisor will run Case Note and Pharmacy Medication Count Reports to check for accurate charting of mood checks and bottle check.

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:

Favorable results on the Patient Satisfaction Survey for 2017 are 93%. Patients complete the survey at time of admission and at 6 month intervals of treatment. In addition, the survey is posted throughout the clinic so patients have access to complete the survey at any point in time in treatment. Very few patient comments were received in the patient comments box during 2017 and those that were received, the issues were addressed.

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. At the end of 2017 and to continue into 2018, the Executive team and ClearPath management team have been holding weekly meetings to address and clarify policy and procedures and improve communication and teamwork.

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. Patients discharged without an adequate discharge plan are at a higher risk for physical complications related to their use, relapse, overdose, and death.

In 2017, very few patients signed up or attended the Patient Advisory meeting. 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.

Objective:

- Maintain 90% favorable level of patient satisfaction and complaint resolution.
- Reduce the number of patients leaving treatment without a referral or plan by 30%.
- Increase number of patients attending 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. Educate staff so they can inform patients of the meetings.
- Add information on Patient Advisory meetings to the grievance form, either directly on the form or in a sheet attached to the form.

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 has a diversion control policy (attached). 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.

ClearPath does have a Community Relations Plan (attached). Additionally ClearPath/CADT staff collaborate with other community agencies on a regular basis. The Executive Team members collaborate closely with many community agencies and in 2017 are part of a SAMHSA grant obtained by St. Louis County to address the Opiate Crisis in our area. The management staff as well as counselors and nurses communicate with and educate community agencies and other individuals in the community on and almost daily basis regarding services offered as well as educate on the treatment methodology. In 2017, ClearPath Program Director collaborated closely with Essentia and ClearPath now has obstetric physicians from Essentia at the clinic on a weekly bias meeting with and treating our pregnant patients at ClearPath clinic.

Objective:

- ClearPath will reduce incidents of potential diversion.
- ClearPath will engage in at least one outreach contact per month.
- ClearPath will increase coordination of services with and identify areas of concern from local law enforcement and county human services agencies though quarterly attendance and participation in the Opiate Abuse Response Strategies group.

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.
- The CEO and COO track and report on attendance at meetings held with other community and state agencies/associations.
- 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.

Reviewed and Revised
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