

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:

During a "waiting" period to enter treatment at ClearPath, 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 2018 ClearPath sought to improve access to by helping to eliminate some of the barriers described above through utilization of CADT's Pathfinder unit, a grand funded opioid withdrawal unit. This unit helps to stabilize patients medically as well as provided assessment and treatment coordination to assist clients during a waiting period prior to admission to ClearPath. In 2018 ClearPath average number of patients prescribed Suboxone is at 23% which is much higher than the average MAT clinic. Many are not being discharged to an OBOT program as timely as anticipated. In 2018, CADT's OBOT capacity was reduced to 50 patients due to the workforce issues. CADT developed a plan at the end of 2018 to hire a .5 LPN and 1 full-time LADC to increase capacity to 70-75 patients.

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 decrease in 2018 with providers being the highest level of turnover. In 2018, additional leadership staff will be added to help increase clinical training provided to all staff.

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

- 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.
- Evaluate need for additional clinical and medical trainings to be added to the training agenda for the year.
- 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. Development and utilization of a supervision form that can help to address staff concerns, solutions, plans/steps to take when 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 all staff meetings 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. Results will be shared with management staff.

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 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. In 2018, 68% of patient were in Phase 0 and dosing daily. 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. Nurses get pulled from the dosing windows for patient evaluation when patients are absent from the clinic.

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.

- 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.
 - Continued collaboration with Essentia Health and St. Lukes to help improve access to all medical services provided to clients.
 - 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.
 - RN supervisor will complete bottle checks on Suboxone patients on a consistent basis to determine that the patient is compliant with take home doses so we can move them to another level of care as soon as possible.
 - Weekly multidisciplinary meetings will continue to be held to address clients eligible for phase up/take outs.
 - The Program Director will have a representative from each departments meet weekly to discuss issues
 - Upper management meetings will be held on a PRN basis to clarify and update policy and procedures.
 - 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 employed the Partners for Change Outcome Measurement System (PCOMS), an evidence-based practice (NREPP) that measures patient engagement and improvement during the first 3 quarters of 2018. This is referred to as FIT (Feedback Informed Treatment) Outcomes. It was determined that the tools were not being applied consistently by clinical staff due to lack of training and a cumbersome data entry process. A new measure for effectiveness was developed and implemented during the 4th quarter of 2018.

Area Needing Improvement:

68% of new admissions shown improvement on the DHS HMS Self Sufficiency Matrix during 2018. This is a decrease from 2017 where 71% shown improvement at the 6 month follow-up In 2018 we measures improvement for new patients only (did not include transfer patients) which may account for the change. During the first quarter of 2018 the Matrix was not administered and scored consistently; this was addressed and corrected for the remainder of the year. 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 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.

FIT Outcomes measures were removed as noted above. As withdrawal symptoms increase a patient's likelihood of continued use of illicit substances, ClearPath will monitor for effectiveness by measuring improvement in patients rating of withdrawal symptoms. This measurement began at the end of 2018 and will continue into 2019.

ClearPath had 0 medication errors reported by the RN Supervisor in 2018. When errors occur, it is serious due to the type of medication as well as possible interactions with other medications the patient may be taking. Due to the potential serious consequences of medication errors, this goal will remain in plan to help with increased awareness. RN Supervisor has provided additional training and supervision during the year which appears to be effective in reducing medication errors.

Objective:

- 80% of new admissions will show improvement on the DHS HMIS Self-Sufficiency Matrix.
- Patients will experience improvement in overall withdrawal symptoms along with decreased need to use illicit substances for coping with withdrawal discomfort
- Reduce medication errors to 0.

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 complete worksheet with patients during mandatory orientation group to measure withdrawal symptoms. This group is held bi-weekly on the 1st and 3rd Mondays of the month. Data will be input into a spreadsheet by program director and followed up as needed.
- 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 2018 are 91%. 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. Staff collected more data in 2018 as compared to 2017. Adjustments were made throughout the year to ensure we were receiving patient feedback. Patients also use this form to submit written comments which are reviewed by staff each quarter.

In 2018, ClearPath 18 compliant/grievances were submitted and 12 were resolved informally, 4 resolved formerly and 2 reviewed by the quality improvement committee. The grievance process was handled in a timely manner throughout 2018. 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.

In 2018, ClearPath had 291 discharges, 118 of which had left against staff advice or treatment was incomplete due to absenteeism. This is a 19% decrease from 2017. Discharge categories were made more specific in 2018. Some patients that left ASA have returned to treatment when their level of instability decreases. Patients have continued to complain about their dose levels not being adequate and at times have left and sought services elsewhere.

In 2018, 31 patients signed up or attended the Patient Advisory meeting throughout the entire year and 87% increase from 2017. Additional communication methods were added throughout the year to inform the patients of the meetings. Information has been posted throughout the clinic. 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.
- 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.

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 basis 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 through quarterly attendance and participation in the Opiate Abuse Response Strategies group.

Action Plan:

- The security officer completes rounds and monitors both the inside and outside of the building continuously during hours of operation. Increase security presence has been added.
- 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 tracks and reports on attendance at meetings held with other community and state agencies/associations.
- The CEO 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.
- ClearPath Program Director and other staff 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. This is recorded on community outreach forms.

Reviewed and Revised
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