

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. An additional domain entitled “Community Relations” is added per Minnesota Department of Human Services requirements. 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.

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.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Access</u>
Objective 1A:	Increase clinic admissions referred by CADT’s Pathfinder Program
Indicator:	% pathfinder admissions of total admissions
Sample:	100% admissions (active or inactive)
Timing:	Quarterly (Q1 - Jan 1 - Mar 31; Q2 - April 1 - June 30; Q3 - July 1 - Sept 30; and Q4 - October 1 - Dec 31)
Data source:	Pathfinder Log (R drive) and Patient List by Site Group report in Methasoft
Obtained by:	Jadrienne LaTulip (keeps Pathfinder log) and Brenda Smith (Intake Coordinator at clinic who enters referral source at admission)
Target:	10% of total admission per quarter will come from Pathfinder

ACTION PLAN:

- Collaborate closely with the Pathfinder Unit to fast track referrals to Clearpath as openings arise at the clinic - Clearpath will keep an open slot for any Pathfinder referral each week

- High risk patients that come through Pathfinder (pregnant women and patients recently released from incarceration) will be admitted to the clinic immediately on an emergency basis
- Intake coordinator will keep accurate referral information on Pathfinder referrals on each patient profile page so that these patients are identified
- Review data from the Pathfinder Log to compare with Clearpath’s report (“Patient List by Site Group” report in Methasoft) to ensure accuracy and consistency

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Access</u>
Objective 1B:	Increase number of intakes to Clearpath Clinic
Indicator:	number of admissions
Sample:	100% of complete admissions
Timing:	Quarterly
Data source:	Waiting list in methasoft (“2019 Admitted”); methasoft report “Intakes and Discharges”
Obtained by:	Brenda Smith, Intake Coordinator
Target:	54 admissions quarterly (18 per month)

ACTION PLAN:

- Intake Coordinator will retrieve messages daily and have a back-up support staff person in the event she is out of the office
- There will be a new email group created (“Clearpath Intake”) for Clearpath Clinic to ensure there are multiple back-up people that receive messages pertaining to intakes and referrals, and can respond quickly to referral agents and patients
- Intake Coordinator will maintain a waiting list with detailed information on all interested admits – this will include an “IV” indicator for intravenous drug users as well as identify pregnant and incarcerated patients
- Intake Coordinator will funnel referral questions to Clinical Supervisor and Program Director to review for eligibility
- Intake Coordinator, Clinical Supervisor and Program Director will work together to admit high risk patients as priority intakes
- Human Resource Manager will implement new recruiting methods to increase staff numbers – particularly LPNs and counselors – this is imperative for Clearpath Clinic to increase intakes

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.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Efficiency</u>
Objective 2A:	Enhance training to improve Clearpath Clinic staff’s ability to provide quality services for persons served
Indicator:	trainings per “department” (clinical, medical and support staff)
Sample:	100% of trainings occurring in the clinic
Timing:	Quarterly
Data source:	Clearpath supervisors (Sharon Ruthford; Jenn Villa; Ginny Tuominen)
Obtained by:	Supervisors and reported to PD
Target:	3 “mini-trainings” each quarter per department

ACTION PLAN:

- Each supervisor (Clinical, Medical and Support Staff) will provide the Program Director with a list of “mini” trainings relevant to persons served based on the department (i.e., Nursing will have trainings related to reducing med errors, monitoring for diversion, assessing for withdrawal, etc... Counselors will have trainings on clinical documentation; positive drug screen protocol, person-centered treatment planning, etc... Support staff will have trainings on ROIs, CFR 42, customer service, etc...)
- CADT as an organization will promote ongoing continuing education by paying for professional licensing and offering specialized trainings (for example, bringing in trainer from Essentia Health Hospital to train on Emotional Intelligence, Leadership training; specialized trainers for cultural diversity competency, etc..)
- Clearpath will utilize the required reading program to help train staff on policies, procedures and plans
- Hiring of Josette Church since last report (Director of Clinical Operations and licensed social worker for CADT) to provide trainings at the clinic such as motivational interviewing, topical and relevant mental health issues, trainings on treatment planning techniques for special populations at Clearpath Clinic, etc...
- Program Director will monitor outcomes as well as identify trends that should be addressed through training and improving staff competencies

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Efficiency</u>
Objective 2B:	Improve counselor productivity
Indicator:	Treatment Plan Review Sessions
Sample:	100% of treatment plan review sessions per counselor
Timing:	monthly
Data source:	End of month TPR review report
Obtained by:	Amy Anderson (Chief Compliance Officer); Jenn Villa (Clinical Supervisor)
Target:	90% of all active patient's treatment plan review documentation up to date

ACTION PLAN:

- Clinical Supervisor will track treatment plan reviews by counselor on a monthly basis to ensure documentation is compliant with Minnesota 245G requirements
- Ongoing review of Treatment Plan Review format in methasoft to ensure it encapsulates all Minnesota Department of Health and Human Services (DHS) requirements and is therefore efficient in prompting the provider to document required information
- Clinical Supervisor will provide ongoing supervision for counselors struggling with documentation based on TAP 21 Competencies and develop any necessary corresponding action plans as a result of supervision sessions
- Weekly clinical meetings will be held to address documentation needs as a team and to provide any necessary trainings as a result of concerns that result from the Treatment Plan Review audits
- Chief Compliance Officer and Clinical Supervisor will conduct quarterly patient file reviews to assess for “golden thread” and continuity of clinical content and follow up across the breadth of clinical documentation on a given patient – this review is done for both active and closed charts
- Chief Compliance Officer and Clinical Supervisor conduct quarterly Minnesota DHS chart reviews – these charts are also reviewed by medical supervisors and support staff supervisors
- Outcome of chart reviews are used to identify personnel training needs and supervision

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.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Effectiveness</u>
Objective 3A:	Patients will report improvement on the DHS HMIS Self-Sufficiency Matrix
Indicator:	% active patients
Sample:	100% active patients
Timing:	Quarterly
Data source:	DHS HMIS Self-Sufficiency Matrix
Obtained by:	Amy Anderson, CCO
Target:	80% of patients

ACTION PLAN:

- Patients will complete the Self-Sufficiency Matrix at admission and again at six month intervals following admission
- Support staff will provide patients with thorough instruction on completing the self-sufficiency matrix and provide assistance whenever needed
- Chief Compliance Officer will track Matrix data and monitor results for the purpose of identifying areas of training needs for staff as well as clinic and treatment services improvements for persons served

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Effectiveness</u>
Objective 3B:	Patients will report a decrease in withdrawal discomfort/symptoms along with decreased need to use illicit substances for coping with withdrawal discomfort
Indicator:	patients attending orientation group
Sample:	100% of patients attending orientation group

Timing: Quarterly

Data source: Orientation survey and Effectiveness Goal spreadsheet

Obtained by: Data collected by Melissa Latimore (Program Director)

Target: 80% of patients surveyed will report less withdrawal symptoms and discomfort

ACTION PLAN:

- Patients will be required to attend orientation group within the first 90 days of treatment – the Clinical Supervisor facilitates Orientation Group biweekly on the 1st and 3rd Mondays of the month with 2 different time options for patients
- Patients will be given the survey during this group and be directed/instructed through each question by the group facilitator to ensure there is no confusion about the questions
- Program Director will review all counselor caseloads to identify patients who have not attended orientation group and send out notice for counselors to flag these patients
- Program Director will follow up with notable survey results to RN Supervisor to ensure proper trainings occur as a result of any identified trends noted on the surveys

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Effectiveness

Objective 3C: Demonstrate a reduction in alcohol and illicit drug use among program participants

Indicator: % reduction in alcohol and illicit drug use

Sample: 100% patients on the “Positive Drug Screen Plan”

Timing: Quarterly

Data source: Patient drug screen results (Radeas lab reports) and Positive Drug Screen Spreadsheet

Obtained by: Clinical Supervisor, Jenn Villa

Target: 50 % reduction of positive drug screens for patients on the Positive Drug Screen Plan

ACTION PLAN:

- The clinical supervisor reviews drugs screens daily and identifies all patients who tested positive for alcohol or an illicit substance
- Identified patients are then flagged to meet with their counselor and must meet with that counselor or the Clinical Supervisor within a 3 day time frame
- Clinical staff will discuss patient's use, what led to patient's use and develop a plan/intervention specific to that patient. If a patient denies use, Clinical Supervisor can review and request a retest with Radeas if warranted
- Clinical staff will then document this meeting in a specific case note entitled "Positive Drug Screen" case note
- On a bi-weekly basis all patients with positive drug screens are reviewed by the clinical team in the clinical staff meeting which is documented in the clinical team meeting minutes. Patients will continue to be reviewed until it appears interventions are being effective
- Clinical Supervisor will maintain a spreadsheet to monitor patients progress and report results to Program Director

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Effectiveness</u>
Objective 3D:	Patients will receive Comprehensive Medication Management Services
Indicator:	% patients meeting with clinical pharmacist for CMM
Sample:	100% patients met with who have medication questions or concerns
Timing:	Quarterly
Data source:	methasoft appointments scheduled
Obtained by:	Keri Hager, PharmD
Target:	80% of patients referred for CMM will have a CMM appt

ACTION PLAN:

- Patients will be informed at admission during the nursing portion of intake about services available to them with the Clinical Pharmacist who is qualified to assist them in navigating their medication related questions
- Patients will be referred to Keri Hager, PharmD when warranted (i.e., when symptoms of sedation are reported that could be indicated by other medications; when there has been difficulty communicating between clinic doctor and primary care or other outside physician; when the patient has questions or concerns about their medications...)
- Keri Hager, PharmD, will utilize the scheduler in methasoft and meet with the patient for a Comprehensive Medication Management appointment. During this appointment she will comprehensively review all of their prescribed medications, over-the-counter

medications, and illicit substance use to help ensure patients are only taking medications that are indicated, effective, safe and the patient is able to take as intended. Where opportunities for medication optimization exist (i.e., “medication therapy problems” (MTPs) aka “drug therapy problems” (DTPs) are identified), Dr. Hager will collaborate with the patient and their prescribing clinicians to make clinically appropriate adjustments and/or ensure adequate follow-up monitoring. These visit notes will be documented in methasoft for Clearpath Clinic patients.

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.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Satisfaction</u>
Objective 4A:	Improve patient satisfaction with Clearpath Clinic
Indicator:	positive overall satisfaction ratings
Sample:	100% patients (active and discharged)
Timing:	Quarterly
Data source:	Patient Satisfaction Survey; Patient Comment Box; Grievance Reports
Obtained by:	Angie Lopez (Human Resources); Support Staff, Program Director
Target:	Maintain a 90% favorable level of patient satisfaction and complaint resolution

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
- Support staff will collect data on client satisfaction through a pencil and paper survey
- Results of these surveys will be shared with clinic staff and funneled into monthly team meeting to discuss ongoing patient improvement
- This data will also be analyzed by CADT management team and reviewed with managers and program staff for ongoing patient improvement
- Promote the Patient Advisory Group as an outlet for patients to share ideas about clinic improvements, discuss grievances and have the option to meet directly with the Program Director

- Patient grievances will be analyzed by the Quality Improvement Committee and shared with managers quarterly
- Grievance forms will be prominently displayed, fully stocked, and accessible for patients at any time - staff will be available to assist any patient in completing a grievance
- In all instances, staff will attempt to resolve grievances at an informal level

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Satisfaction</u>
Objective 4B:	Reduce the number of patients leaving treatment without a referral or plan
Indicator:	patients discharged for “excessive absenteeism” “against staff advice” or “IMSW”
Sample:	100% patients discharged for “excessive absenteeism” “against staff advice” or “IMSW”
Timing:	Quarterly
Data source:	Methasoft report – “Discharge Summary by Reason”
Obtained by:	Program Director
Target:	30% reduction in patients leaving treatment without a referral or plan

ACTION PLAN:

- Clinical staff will utilize Attendance Agreements for patients who exhibit struggles with clinic attendance in order to identify possible barriers for patients and to assist with any needs
- Clinical staff will utilize IMSW checklists to ensure that patients have been offered a transfer and a plan in the event the medical director makes the decision to administratively taper a patient
- Medical staff will require patients who missed 2 or more days to provide a urine sample for drug testing in order to alert clinical staff for patient to be part of the Positive Drug Screen Plan and those related interventions
- Clearpath management team will meet regularly to address trends in discharges; minutes will be kept for those meetings
- Medical staff will offer annual physical option in Clearpath Clinic for those patients who have been unable to obtain annual physicals from their primary physician in order to avoid these patients from being put on an involuntary taper
- Counseling staff will utilize transition planning tool in methasoft to document transition plan

- 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.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain:	<u>Community Relations</u>
Objective 5A:	Reduce incidents of diversion of medication prescribed through the clinic
Indicator:	number of reported incidents of diversion
Sample:	discharged patients documented under "Termination," discharge category as having "diverted" medication
Timing:	Quarterly
Data source:	methasoft report "Discharge Summary by Reason (termination category)
Obtained by:	Program Director
Target:	0 incidents of diversion

ACTION PLAN:

- LPNs will be trained regularly at identifying behaviors that could signal potential diversion tactics
- LPNs will be trained in regard to dosing protocol and expectations for patients dosing on either methadone or suboxone
- LPNs will utilize observation room for patients on suboxone when concerns about diversion are warranted
- Program Director will use clinic camera system to view footage whenever warranted
- Clinic will comply with stringent discharge requirements for any patient diverting medication
- Patients will be informed at intake about clinic diversion policies and provided this information in their patient handbook
- Drug screens will be monitored at all times for screens that are missing metabolites or missing medication prescribed by program physician

- *Security and facilities management will ensure oversight and monitoring of the premises around and near the exterior of the clinic 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 medication to others (MN DHS requires that this be addressed in our quality improvement plan)*

OUTCOMES MEASUREMENT SYSTEM GRID (rotated)

Domain:	<u>Community Relations</u>
Objective 5B:	Clinic staff will engage in community outreach to improve relations in the community, educate the community about MAT, dispel myths and combat stigma
Indicator:	community related engagements, projects, trainings, community team involvement and participation
Sample:	# of community engagements/outreach activities
Timing:	Quarterly
Data source:	Community Outreach Binder; report from CEO
Obtained by:	Program Director and CEO
Target:	Clearpath will engage in at least one outreach contact or activity per month

ACTION PLAN:

- All Clearpath Clinic staff are expected to engage in community outreach in effort to combat stigma and educate the community about Medicated Assisted Treatment (MAT)
- 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.

OUTCOMES MEASUREMENT SYSTEM GRID (rotated)

Domain: Community Relations

Objective 5C: Increase coordination of services with and identify areas of concern from local law enforcement and county human services agencies

Indicator: Opiate Abuse Response Strategies group attendance

Sample: # of meetings attended through Opiate Abuse Response Strategies group

Timing: Quarterly

Data source: CEO attendance report

Obtained by: CEO

Target: CEO will attend the OARS group quarterly

ACTION PLAN:

- CEO will attend Opiate Abuse Response Strategies group (OARS) and communicate 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 planning (*MN DHS requires that this be addressed in our quality improvement plan*)
- CEO will share areas of concern and input from stakeholders with Program Director and clinic team
- Clinic team will take into consideration any necessary changes and consequent action plans resulting from the OARS group and our stakeholders input