

2022 PERFORMANCE MEASUREMENT AND MANAGEMENT PLAN

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 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 qualified medical provider. 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

CADT's 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 CADT's Clearpath Clinic is to improve personal, family and community health through addiction prevention, treatment and recovery services.

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

The major goal of 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 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 business function, 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 reports 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.

Business Function: *Business function is separate from service delivery objectives. Business Function is also addressed in a number of related standards in the annual analysis such as financial performance, the testing of emergency procedures, analysis of critical incidents and analysis of formal complaints; business function is also addressed in objectives 2A, 4B and 4C in this plan.*

Domain:	<u>Business Function</u>
Objective:	Ensure staff turnover is less than 25% annually
Indicator:	% of staff turnover
Sample:	All staff allocated to Clearpath Clinic
Timing:	Annually
Data source:	HR reports
Obtained by:	John Ball, HR Manager
Target:	Less than 25% turnover

METHODS:

- The Human Resource Manager will monitor and report turnover quarterly and develop succession plans for key positions
- Clinical Supervisors will utilize supervision sessions and team development in order to improve staff satisfaction and retention
- Program Director will communicate weekly with the Human Resource Manager regarding staffing needs
- Human Resource Manager will conduct exit interviews with staff leaving the clinic in order to obtain feedback for ways we can improve staffing conditions
- Data is received from HR and calculated at the end of the year for overall turnover rate, this information is provided to the Program Director

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.

Domain:	<u>Access</u>
Objective 1A:	Minimize patients waiting on Clearpath Clinic Waiting List
Indicator:	# of completed admissions
Sample:	New patient admissions/intakes
Timing:	Quarterly
Data source:	Waiting list in Methasoft; Methasoft report "Intakes and Discharges"
Obtained by:	Jennifer Villa, Program Director
Target:	75 admissions quarterly (25 per month)

METHODS:

- Intake Coordinator will retrieve messages daily and have a back-up support staff person in the event she is out of the office
- 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
- Intake Coordinator will utilize a weekly outreach list for calls/emails to referents about openings (this includes weekly contact with insurance companies who need to transfer OTP patients, contact with SLC and CADT assessors, checking detox/withdrawal management rosters)

Domain:	<u>Access</u>
Objective 1B:	Reduce barriers to services by ensuring all Clearpath patients incarcerated in area correctional facilities continue to receive MAT services
Indicator:	% patients who become incarcerated in SLC Jail, Carlton County Jail, or NERCC
Sample:	Incarcerated Clearpath patients
Timing:	Quarterly
Data source:	"Incarcerated Patients" Spreadsheet
Obtained by:	Jenn Villa, Program Director
Target:	100% of Clearpath patients who are placed in St Louis County Jail, Carlton County Jail or NERCC will continue to receive MAT services

METHODS:

- Patients are given the option to sign an ROI for local county jails at intake and annually (and are educated as to why this would benefit them)
- Clinical Supervisor assigned as point person to jails checks jail rosters daily
- In the event an active clinic patient is identified as being incarcerated, the clinical supervisor will check to ensure proper ROIs are in place and then reaches out to jail contacts (typically nurses from the jail)
- The CS lets the jail nurse know that we have a patient in their jail and then nurse at the jail schedules a transport to come and pick up the bottles (typically the sheriff or a nurse)
- In the event there is no ROI, then the CS sends an ROI over to the nurse at the jail to have the nurse review and sign with the patient
- The CS and the jail contact then review case records to determine how many bottle are needed and whether or not telehealth sessions need to be scheduled as well
- The CS completes the paperwork to request the number of bottles, and if necessary, Program Director will submit a federal exception request (if patient doesn't meet time in treatment requirements)
- The counselor is alerted to arrange telehealth with the jail when needed

Efficiency: CARF's definition of efficiency is the relationship between resources used and results or outcomes obtained.

Domain:	<u>Efficiency</u>
Objective 2A:	Enhance training to improve Clearpath Clinic staff's ability to provide quality services for persons served (this objective also serves as a Business Function as it serves as a metric to mitigate risk to both patients and staff 1.M.9 and 1.M.10 as some of these training include education on all staff roles and responsibilities when it comes to performance management.)
Indicator:	# of trainings occurring in the clinic that improve experience for persons served
Sample:	Trainings per "department" (clinical, medical and support staff)
Timing:	Quarterly
Data source:	Clearpath supervisors (Jen Thompson, Brooke LeClaire; Ginny Tuominen)
Obtained by:	Jennifer Villa, Program Director
Target:	3 outcomes-based trainings each quarter per department

METHODS:

- Each supervisor (Clinical, Medical and Support Staff) will provide the Program Director with a list of outcome-based trainings relevant to persons served based in each respective 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
- Clearpath will utilize the required reading program to help train staff on policies, procedures and plans
- Kristine Swanson, CARF compliance specialist, will monitor outcomes as well as identify trends that should be addressed through training and improving staff competencies and will inform PD

Domain:	<u>Efficiency</u>
Objective 2B:	Patients will experience meaningful engagement in care
Indicator:	% patients reporting feeling listened to and supported by medical staff
Sample:	Patients attending Orientation Group
Timing:	Quarterly
Data source:	Orientation survey (question 4) and Effectiveness Goal spreadsheet
Obtained by:	Jennifer Villa, Program Director
Target:	90% patients will report feeling listened to and supported by medical staff

METHODS:

- 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 Thursday 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
- Clinical Supervisor will review surveys for errors prior to giving surveys to PD for recording
- Program Director will follow up with notable survey results to Lead Nurse to ensure proper trainings occur as a result of any identified trends noted on the surveys

Effectiveness: CARF's definition of effectiveness is the results achieved and outcomes observed for persons served.

Domain:	<u>Effectiveness</u>
Objective 3A:	CMM consults will be perceived as useful to client care & care team members
Indicator:	% care team members who agree/strongly agree that a) CMM consult was helpful to the client's care, and b) CMM consult was helpful to the care team member.
Sample:	Care team members for clients referred for CMM
Timing:	After each CMM consult (reported quarterly)
Data source:	Electronic Survey* sent by email to care team members after each CMM visit
Obtained by:	Keri Hager, PharmD
Target:	80% of CMM consults will be useful to client care (Agree/strongly agree) 80% of CMM consults will be useful to care team members (Agree/strongly agree)

METHODS:

After each Comprehensive Medication Management (CMM) consult with the clinical pharmacist, care team members will receive and respond to a brief survey regarding their perceptions of the usefulness of the consult to the client and the care team member, what went well, and what can be improved.

***Survey:**

Title: CMM Consult Feedback Survey - 5 questions

Description: Thank you for making time to provide feedback on your experience with this CMM consultation to help us continuously improve.

The CMM consult was helpful to the client's care

[Select from one of 5 options]

Strongly Disagree - Disagree - Unsure - Agree - Strongly Agree

The CMM consult was helpful to me as a member of the care team

[Select from one of 5 options]

Strongly Disagree - Disagree - Unsure/neutral - Agree - Strongly Agree

What went well? What was useful?

[paragraph text box]

What could be improved and/or what could be made even better?

[paragraph text box]

Indicate your role

[Select one of the options]

Prescriber - LPN - counselor - lead nurse - counselor supervisor - program director - other

Domain: Effectiveness

Objective 3B: Reduce illicit opioid use

Indicator: % of drug screens unfavorable for opiates at the “9 month-1 year” timeframe indicator

Sample: Drug screen results for patients at the “9-month – 1-year” time in treatment mark

Timing: Quarterly

Data source: Methasoft report – “Drug Screen Results-Summary”

Obtained by: Jennifer Villa, Program Director

Target: Less than 30% of drug screen results will be unfavorable for opiates by the “9-month to 1-year” time frame indicator

METHODS:

- Program Director will run the report “Drug Screen Results-Summary” at the end of the quarter
- Drug screen results for “opiates” “oxy” and “fentanyl” will be highlighted at the “9-month-1-year” time in treatment indicator on the report
- Drug screen results for these opiate categories will be reported separately due to the likelihood that many of these would result in multiple illicit in the same drug screen; so in effort to stay true to measuring drug screen results, we will separate those categories rather than add them all together
- For comparison, the percent of unfavorable drug screens for patients in their first 30 days of treatment will also be reported (for these same categories)

Quarter 1

First 30 days

Opiates
Oxy
Fentanyl

9 month to 1 year mark

Opiates
Oxy
Fentanyl

Quarter 2

First 30 days

Opiates
Oxy
Fentanyl

9 month to 1 year mark

Opiates
Oxy
Fentanyl

Quarter 3

First 30 days

Opiates
Oxy
Fentanyl

9 month to 1 year mark

Opiates
Oxy
Fentanyl

Quarter 4

First 30 days

Opiates
Oxy
Fentanyl

9 month to 1 year mark

Opiates
Oxy
Fentanyl

Consumer and Stakeholder Experience: Clearpath values and uses the input from patients and stakeholders 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.

Domain:	<u>Consumer/Patient Experience</u>
Objective 4A:	Improve patient experience and satisfaction with Clearpath Clinic
Indicator:	% of all clinic patients (active and discharged)
Sample:	All persons served completing patient satisfaction surveys
Timing:	Quarterly
Data source:	Patient Satisfaction Survey
Obtained by:	Angie Lopez, Human Resources; Jennifer Villa, Program Director
Target:	Maintain a 90% favorable level of patient satisfaction

(note to self – provide results both with and without that neutral response)

METHODS:

- 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

Domain:	<u>Consumer/Patient Experience</u>
Objective 4B:	Provide satisfactory resolution for patient complaints (this Objective also serves as a Business Function as it is a metric measured over time that addresses number of complaints received 1.M.9.)
Indicator:	% of formal grievance forms filed
Sample:	All persons served filing formal grievances
Timing:	Quarterly
Data source:	Grievance log in Manual Drive
Obtained by:	Jennifer Villa, Program Director
Target:	100% resolution of formal grievances submitted

METHODS:

- 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

Domain:	<u>Stakeholder Experience</u>
Objective 4C:	Improve community relations and safety by reducing incidents of diversion of medication prescribed through the clinic (this Objective measures risk management and also serves as a Business Function 1.M.9.)
Indicator:	% of episodes due to diversion
Sample:	Discharged patients documented under “Termination/Diversion”
Timing:	Quarterly
Data source:	Methasoft report “Discharge Summary by Reason (termination category)
Obtained by:	Program Director (Jennifer Villa); Clinical Supervisor (Brooke LeClaire)
Target:	0% of discharges due to incidents of diversion

METHODS:

- 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 medical prescriber
- *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)*

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 (see objective 4C).*
- 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 (see objective 5A).*

Domain:	<u>Community Relations</u>
Objective 5A:	Clinic staff will engage in community outreach to improve relations in the community, educate the community about MAT, dispel myths and combat stigma
Indicator:	# of community engagements/outreach activities
Sample:	Community agencies; workgroups; and community members
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

METHODS:

- All Clearpath Clinic staff are expected to engage in community outreach in effort to combat stigma and educate the community about Medication 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.

Domain:	<u>Community Relations</u>
Objective 5B:	Increase coordination of services with and identify areas of concern from local law enforcement and county human services agencies
Indicator:	# of meetings attended through CSSUR group
Sample:	Members of the Community Solutions for Substance Use and Recovery Group (CSSUR)
Timing:	Quarterly
Data source:	CEO attendance report
Obtained by:	Tina Silverness, CEO
Target:	Attend all quarterly CSSUR meetings

METHODS:

- CEO and Director of Community Relations will attend Community Solutions for Substance Use and Recover group (CSSUR) 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