

Clearpath Clinic

Performance Measurement, Management and Analysis Report

Effective Date: January 1, 2024

References: CARF STANDARDS 2022 1.M. and 1.N.

### **Introduction:**

Clearpath Medication Assisted Recovery Clinic is one of the Center for Alcohol and Drug Treatment's (CADT), many programs that provides treatment for substance use disorders in the Duluth, MN and surrounding areas. Clearpath Clinic is an Opioid Treatment Program and complies with all local, state and federal regulations, rules, policies and procedures. Clearpath Clinic is dedicated to a process of continuous program improvement based on the collection of information and data that are reliable, valid and specific, and linked to the indicators contained in this report. Clearpath Clinic is committed to continuous quality improvement, meaning an ongoing effort to improve our services and processes, and to seek incremental improvement over time.

***VISION:*** CADT's vision is a community in which people's potential and quality of life are not limited by addiction and its consequences

***MISSION:*** CADT's mission is to improve personal, family and community health through addiction prevention, treatment and recovery services

***CORE VALUES:*** CADT aspires to demonstrate the core values of compassion, integrity, community, stewardship and joy in its programming, services and organizational decision-making.

As one of the programs at the Center for Alcohol and Drug Treatment, Clearpath Clinic draws from the vision, mission and core values of the agency and additionally supports a harm reduction approach to the treatment of opioid use disorder. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. This focus is reflected in the goals and objectives set forth in our Performance Measurement and Management Plan.

The performance analysis is conducted on an annual basis in order to identify areas needing improvement; develop action plans to address identified needs; reach or revise established outcome measures and goals; and create a summary report that can be shared with patients, staff and other stakeholders in an accessible and meaningful way. All staff are trained annually on the Performance Measurement and Management Plan (1.M.10.), and the leadership team meets annually to review the plan as well as to educate and train on roles and responsibilities with regard to the plan. (1.M.1, 2, 10, and 1.N).

The report is intended to satisfy the CARF requirement for an annual “performance analysis,” and will be used in the annual review of the organization’s Strategic Plan. Our delivery processes are constantly evaluated and improved in light of their efficiency, effectiveness and flexibility. The Treatment Director is responsible for oversight of the Performance Measurement, Management and Performance Improvement Plan function. We believe organizational vision, mission, and core values serve as the foundation of our program evaluation and quality assurance system. Throughout the ongoing analysis process, our leadership team seeks to meet CARF standard 1.M.2., which is to focus on considering where our organization may have gaps and then explore opportunities for improvement.

### **Background and General Program Description:**

The Center for Alcohol and Drug Treatment (CADT), is a nonprofit, community-based organization that has been in operation since 1961. The Center offers outpatient medication assisted treatment through Clearpath Clinic (OTP - Opioid Treatment Program), which is located at 1402 East Superior Street in Duluth, MN. Opioid treatment programs (OTPs) provide medication for opioid use disorder (MOUD) for persons diagnosed with opioid use disorder using any of three FDA-approved medications: methadone, buprenorphine, and naltrexone. OTPs dispense medication and are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), the DEA, and is regulated by the state of Minnesota, and other agencies. The 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).

Clearpath Clinic operates on a fiscal year which begins January 1st and ends December 31st. Under normal circumstances, the organization will compile end of year data, summarize it in an annual management summary (Performance Analysis), during the months of January-February, the following fiscal year and use the summary for strategic planning purposes for that following year.

### **Extenuating Circumstances and Influencing Factors (1.M.2.d.):**

The greatest influencing factor on clinic operations and provision of care during 2023 was the shortage of SUD counselors at the beginning of the year. Clearpath saw a significant decrease in clinical staff in 2022 which continued to have a great effect on the capacity during the beginning of 2023. The staffing shortage put a significant strain on the clinic to meet the current community need and caused a significant wait list. From January – March of 2023 Clearpath was able to hire five counselors allowing the clinic begin regular intakes; including walk-in intakes. However, due to extended time individuals had to wait on the waiting list, the clinic struggled to maintain valid contact information to initiate services.

On July 1, 2023 a temporary change to 245G.22 subdivision 17.f patient to counselor ratio was approved by DHS. This allow the clinic to raise the capacity as the ratio went from 50:1 to 60:1. This change will remain in effect until June 30, 2024. However, DHS met with OTP Treatment Directors in an OTP workgroup throughout 2023 and developed a legislative proposal which will be brought to the next legislative session. This proposal contains several proposed statue changes specifically to 245G.22

including a request to permanently change the counselor ratio to 60:1. The other proposed statute changes would benefit OTPs and allow greater access to OTP services.

In 2023, DHS approved several blanket variances including increased access to take home medications and decreased non-medicated treatment services for individuals transferring their care from one OTP to another.

#### **Characteristics of Persons Served [1.M.2.b. and 1.M.3.a(1)]:**

Our patients are 18 years or older, currently addicted to an opioid, and meet criteria for Opioid Use Disorder according to the DSM 5. The majority of our patients live in Southern St. Louis County and Carlton County, however, patients from Wisconsin, Northern St. Louis County, and as far as 2 hours north or south of the clinic (Big Fork, MN; Sandstone, MN, Virginia, MN for example), find services at Clearpath Clinic due to lack of OTPs in those areas. According to the DAANES (Drug and Alcohol Abuse Normative Evaluation System), we see similar patterns from year to year regarding gender (trend of just slightly more males than females holds steady); between 2017 and 2023, we are seeing some fluctuation in race/ethnicity with a slight decrease in numbers of White patients at admission and an increase in numbers of Native American patients (see appendix charts); we have also noticed that our patients who are homeless at admission has increased – between 2022 and 2023 there was a 22% increase in homeless persons at admission.

#### **Summary of 2023 Program Objectives and Key Organizational Vital Signs:**

- Reduce barriers to services by ensuring all Clearpath patients who become Incarcerated continue to receive MAT services Improve the efficiency of dosing for all clinic patients (Access)
- Improve quality and fit of resources for patients at the clinic who need referrals to services outside of the clinic (resources used to achieve results)
- Improve the efficiency of dosing for all clinic patients
- Reduce illicit opioid use
- Reduce IV drug use
- Improve patient experience and satisfaction with Clearpath Clinic (Experience of persons served)
- Patients will experience meaningful engagement in care
- Clearpath Clinic will demonstrate its value towards stakeholder relationships through community and engagement (Experience of stakeholders)
- Increase coordination of services with and identify areas of concern from local law enforcement and county human services agencies
- Address counselor shortages through the recruitment of interns (Business Function)
- Provide satisfactory resolution for patient complaints
- Improve safety in the community and at the clinic by reducing incidents of diversion of medication prescribed through the clinic

### **Collecting and Utilizing Information/Integrity of Data [1.M.3.a.(5)(6)]:**

Clearpath Clinic is committed to obtaining information from staff, stakeholders and persons served for the purpose of enhancing the clinic's ability to deliver services that promote patient dignity while combating stigma, improve patient self-sufficiency, and better the overall quality of life. The information received from stakeholders, staff and persons served is evaluated as to how it can be used to uphold the clinic's core values of compassion, integrity, community, stewardship and joy; and create meaningful, measurable, goals and objectives that improve patient functioning.

The analysis primarily compares data to percentage change either quarterly or annually. In regard to our plan for communication, the results of the Performance Measurement and Management Plan are shared with staff quarterly through electronic communication methods (emails, Microsoft teams), and departmental team meetings. An annual performance analysis report is sent to stakeholders and posted on the organization's website. Aside from DAANES data, all collecting is done by one person (such as the Treatment Director, Lead Counselor, or the Clinical Supervisor). For data collected by multiple staff members and entering into the same system, annual training on the DAANES is mandatory to ensure integrity of data. Data on characteristics of persons served are entered on Microsoft spreadsheets, from which helpful charts and graphs can be created. Employing charts and graphs to demonstrate change over time are created and submitted to the Executive and Leadership team biannually. The Executive and Leadership teams periodically assess the reliability and validity of the data by asking questions such as:

- "Are we measuring what we need to measure?"
- "Is the data reliable and representative of the patients we serve?"
- "Is the data valid?"
- "Is the data complete and accurate?" and;
- "How can we use the data to improve the organization's performance?"

Information from the organization, patients and stakeholders are obtained from the following sources:

- Financial information including monthly reviews of the organization's financial performance
- Accessibility status reports as a way to monitor potential barriers to treatment and identify necessary corrective actions
- Annual risk management assessments
- Technology assessments to ensure the organization benefits from information technology and possesses the "hardware necessary to support the accomplishment of the organization's mission
- Reports from internal and external health and safety inspections and tests of emergency plans and procedures
- Incident reports
- Patient suggestion box
- Patient Post Discharge Survey and Stakeholder Survey
- WHO-5 Well-being Index
- MN DAANES
- Withdrawal Effectiveness Survey
- Patient Satisfaction Survey

- Formal Complaint/Grievance Reports
- IV drug use questionnaire
- Feedback/recommendations from national accreditation surveys
- Feedback/recommendations from regulatory/licensing visits and inspections
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The Drug and Alcohol Abuse Normative Evaluation System (DAANES) has been designed to provide policy-makers, planners, service providers and others in Minnesota with access to current information about chemical dependency treatment activities across the continuum of care. The Department of Human Services is required by statute to collect sufficient information to evaluate the efficiency and effectiveness of treatment for chemical dependency. In addition, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services has mandatory reporting requirements through the National Outcomes Measurements (NOMs) monitoring system. SAMHSA requires that all treatment providers who receive any state or federal funds report on this system for all treatment admissions regardless of funding source. In Minnesota, DAANES is used to meet both state and federal reporting requirements. Clearpath Clinic is able to use data from the DAANES to monitor characteristics of persons served, as well as other important data. Staff who enter information into the DAANES are trained multiple times throughout the year on correct data entry as well as any changes or updates DHS makes to the DAANES.

The Patient Satisfaction Survey is an established patient self-report questionnaire that has been used for years and the questions asked are specific to Clearpath Clinic experiences for patients. The survey is an anonymous, 5-point Likert scale, which allows for degrees of opinion as well as two open-ended questions for patients to expand on any thoughts, opinions, questions or concerns regarding what they would like to see change at the clinic and any other comment they would like to express.

Biannually, information from stakeholders is obtained through a Microsoft Teams survey soliciting opinions and feedback on stakeholder attitudes about harm reduction in the community; the clinic's impact on the community; the clinic's reputability in the community; whether or not they would refer someone struggling with Opioid Use Disorder to the clinic; the accessibility and manageability of the clinic's website; the location of the clinic; and the helpfulness of clinic staff when called upon; as well as an open ended question seeking feedback on what activities and outcomes matter most to them. Results are analyzed and included in the annual Performance Analysis Report.

A Microsoft Teams post discharge survey is sent to patients who have successfully tapered from the program or who have successfully converted to suboxone and transferred their care to a waived physician in the community. This survey is sent twice a year and solicits feedback pertaining to patients' opinions on whether or not they were treated with dignity and respect; satisfaction with the program's focus on their recovery; satisfaction as to how their grievances and complaints were handled; their thoughts on the appearance, hours of operation, and location of the clinic; whether or not they felt they were given the support they needed while receiving services; whether they felt a sense of hope for their future while receiving services; as well as an open ended question seeking feedback on what the clinic

could do better or differently to improve patient care. Results are analyzed and included in the annual Performance Analysis Report.

The Withdrawal Effectiveness Survey is a 4-question patient self-report designed to collect specific information pertaining to withdrawal and patient experience with the medical staff who assist them. Key clinic staff who have a good understanding of the issues intended to be measured, established face validity of the questionnaire as well as checked for double, confusing and leading questions; the questionnaire was then adjusted based on that feedback. One person reads the values (lead counselor) and another enters the data (the Treatment Director), in order to reduce mistakes that may happen if one person both reads and enters the data.

The WHO-5 (World Health Organization Five Well Being Index) is a short self-reported measurement of current mental well-being. The WHO-5 has been found to have adequate validity in screening for depression and well-being and in measuring outcomes in clinical trials. The WHO-5 index is given to patients to complete at their intake, 6 months and 1-year mark in treatment. The intent is to measure whether there is an increase or decrease in a patient's sense of overall well-being between these treatment markers.

The IV drug use survey is a one question self-report for patients at intake, 6 months and 1-year marks in treatment. The question asks patients to indicate the number of days (0-30) of IV drug use in the past month. The intent is to measure whether or not we are seeing a decrease in IV drug use over time.

#### **Communication of Performance Information (1.M.2.f.; 1.N):**

The results of the Performance Measurement and Management Plan are shared with staff quarterly through electronic communication methods (emails, Microsoft teams), and in departmental team meetings. An annual performance analysis report will be sent to stakeholders and posted on the organization's website. Performance Information is also exchanged annually with stakeholders via CADT Board meetings and on an on-going basis in community collaborative meetings. Results of the Performance Measurement and Management Plan are also shared on an annual basis with patients via website and clinic postings in accessible and visible areas; as well in group settings (such as Patient Advisory Group or Orientation Group).

Clearpath demonstrates a culture of Performance Improvement through commitment to proactive and ongoing review; analysis; reflection on results in both categories of service delivery and business function; transparency; and using results of performance analysis to improve the quality of programs and services, and inform decision-making. At a minimum, the entire Quality Improvement Team meets mid-year to review/assess the Performance Measurement and Management Plan, and provide documented education and training in accordance with each person's role/responsibility in performance measurement and management (1.N.). Throughout the year the Clearpath leadership team meets to review performance outcomes.

## **Analysis of Strategic Targets and Objectives from 2023**

**PRIORITY 1:** Increase patient capacity to meet demand for services which will financially sustain the clinic (525 patients)

A. Objective: Place continued focus on recruiting and retention efforts to acquire and maintain staff at ClearPath Clinic (Counselors need 11 FTE and Nurses need 6 FTE to support 525 patients)

B. Objective: Collaborate with local educational institutions to recruit, hire and maintain students in internships.

C. Objective: Develop and implement systems to support of Direct Access for patients.

Analysis: The priority of increasing and retaining staff was critical to Clearpath Clinic's goal of increasing its capacity and meeting the needs of the community. In 2023, CADT's HR leadership team adjusted wages of existing employees, increased sign-on bonuses for LPN and LADC positions, continued to promote clinic positions through a number of external posting sites, Facebook, and Career Services Centers at UMD, LSCC, CSS, UWS and WITC and added repayment opportunities for current employees to pursue their LPN and LADC. Further, HR participated in multiple recruitment activities at area colleges (FDLCC, UMD, LSCC, UWS, WITC and CSS); CADT has a long-standing relationship with FDLCC in which we provide paid internships for students seeking LADC credentials; whenever possible, CADT will hire LADC interns into FT employment.

During 2023, the clinic supported Direct Access by starting to accept walk-in intakes. The intake coordinator is a certified MNSure Navigator and meets with patients to assist in applying for insurance as well as submitting forms to the county for patients who qualify for the Behavioral Health Fund. The Treatment Director has regular meetings with several organizations that would benefit from Direct Access such as SLC jail, St. Luke's OB Department and Essentia Health.

**Priority 2:** Increase education and training specific to MAT/OTP Harm Reduction Model

A. Objective: Develop and provide training module for patients, staff and community members/stakeholders.

B. Objective: Collaborate with all CADT programs focusing on integrating services to provide a complete and comprehensive treatment experience for all patients.

C. Objective: Provide Monthly Treatment Director/Management Meetings to improve processes, communication, and education.

Analysis: Clearpath provides a number of trainings in the community, including presenting at the 2023 National Jail Association Conference. Clearpath has a Clinical Pharmacist on our training team which provides enhanced medical expertise to the MOUD trainings provided both within CADT as well as for the community.

One of the highlights of the Clearpath program is its connection with other CADT programs and the ability to easily transition patients who need additional higher levels of care; this aspect of effective and efficient coordination of care improves access to additional treatment options for patients and reduces traditional

barriers that can exist when referring patients to a higher level of care elsewhere. Clearpath hosts an “all provider” meeting twice monthly where counselors from all CADT programs meet to discuss shared clients and potential referrals between programs.

The Clearpath Treatment Director attends a number of internal CADT meetings including a biweekly all-provider meeting; weekly multidisciplinary team meetings; a monthly management meeting, quality improvement meetings, finance/billing meetings, training and education committee meetings and more. In 2023, CADT continued the use of Microsoft Teams for the purpose of improving processes, communication, and to provide an effective vehicle for trainings. CADT also started utilizing the training platform Relias which improved training processes and the opportunity for employees to obtain CEUs.

**PRIORITY 3:** Collaborate with existing community agencies to support positive change for patients

A. Objective: Provide a wholistic approach to treatment by inviting service providers to educate, screen, and initiate services to patients at ClearPath Clinic.

B. Objective: Utilize Peer Recovery Specialists to connect with patients in crisis to improve access to necessary services.

C. Objective: Ensure any current ClearPath clients that are incarcerated locally receives continued OTP services.

Analysis: Clearpath Clinic is contracted with Erin Bolton, LICSW, for mental health services. Lake Superior Community Health Center educates, screens and initiates medical and dental services for our patients with state funding - CADT clients are provided immediate service through this agreement; the clinic also invites Recovery Alliance Duluth and the Duluth Police Department’s Substance Use Response Team for education and initiation of recovery-related services including peer support; CADT has partnered with a public health nurse to work with families who are on the radar for CHIPS involvement (Walk-Together Program). Clearpath utilizes several community organizations that provide peer recovery support including the Duluth Police Department’s Substance Use Response Team (SURT), Recovery Alliance Duluth (RAD), Human Development Center (HDC), and CADT; RAD meets with Clearpath providers to train on resources and services they provide.

We have experienced positive growth in the collaboration between St. Louis County jail, Carlton County Jail, Douglas County Jail, Duluth Federal Prison Camp and Northeast Regional Correctional Center (NERCC), in providing continuity of care for active clinic patients who become incarcerated. We have successfully provided both medication and telehealth counseling sessions for patients in jail, prison and NERCC. During 2023, Clearpath continued to increase the number of inmates that were able to establish services while still incarcerated at the Carlton County Jail and NERCC.



## **Financial and Resource Allocation Perspective**

Clearpath has made it a priority to create a financially sustainable clinic (2024-2026 Strategic Plan). This requires the clinic to increase patient intake attendance, decrease patient absenteeism and increase collaboration with stakeholders and referral sources.

Clearpath continued to experience staffing shortages in the beginning of 2023. This has impacted Clearpath since the beginning of 2022. As a result, Clearpath Clinic has had to reduce its census by over 200 patients since 12/31/21 due to state requirements regarding counselor-to-patient ratios. In 2023, Clearpath was able to obtain and maintain counseling staff and DHS allowed for a temporary change in counselor-to-patient ratio allowing an increase in the clinic capacity and census. Clearpath has been able to cover expenses based on the services provided, however a revenue decline showed due to the decrease in census.

Clearpath Clinic continues to be funded through a per diem rate established by the State of Minnesota and adopted by most health plans for both State sponsored (Medicaid) and commercial plans. This rate has been below our “break even” cost at the original design capacity (525 patients). Dependent upon census, CADT has utilized margins generated by the other programs and services it offers to maintain the operation of the Clinic, while simultaneously working to build the census. In 2023 Clearpath applied for the 1115 Waiver and it went into effect April 2023. Though these rates were approved, some health plans are having hiccups processing payment of these rates. In turn, that causes cash flow issues and higher accounts receivables.

As noted previously, a proposal by the Minnesota Department of Human Services would “unbundle” the per diem rate to allow for separate billing of psychosocial counseling services, depending on the individual level of care. This has been under consideration at the State level since 2018. This remained unchanged in 2023. There has been discussion surrounding a rate change, lowering the reimbursement rate for doses received via take home versus clinic. There is also currently a variance that allows for an increased ratio of patients to Counselors of 60/1. This is set to expire in July 2024 and is targeted to become a ratio of 50 patients to 1 Counselor. If these events do take effect it could create financial issues (reducing revenue and/or adding expense) for Clearpath due to the proposed rates and service expectations.

Clearpath Clinic is enrolled to bill Medicare Part B recipients. At the time of this update there are 20 Medicare Part B patients. Requirements still remain to necessitate deep knowledge base for Medicare billing. There are many audits and additional work needed related to eligibility and submitted claims. Additional finance staffing was needed in order to accommodate the billing process. If all OTP services follow the Medicare billing guidelines this will create more work on the billing end and would require CADT to add more staff. CADT has not seen issues with getting paid for these services but there are some aged balances related to cross-over claims that are being worked by the finance team.

Intake staff works closely with financial staff to determine a patient's funding source prior to the start of treatment and with potential patients offering possible alternative solutions to explore when a patient is having difficulty obtaining funding for treatment. With the start of direct access in 2023 Clearpath Clinic has been able to forgo the need to obtain a services agreement prior to intake allowing most patients immediate access to care.

Even with the care of intake and financial staff claim issues come up throughout the year that can impact cash flow for this program. Some may include but are not limited to: claim denials for several reasons ranging from documentation, patient follow through and insurance retro terminations. This then affects CADT's ability to get claims paid by health care plans. In turn, the claim may become patient responsibility. CADT works with the patients on how much they can pay but the collection process is slow as most patients do not have excess funds. This is also a risk to CADT from what we have seen once the patient is no longer dosing at the clinic, there is no urgency in paying their balance.

Despite all of the barriers, Clearpath Clinic seeks to reduce and/or eliminate financial constraints that may restrict the ability of all eligible patients to access any services consistent with their needs and preferences while balancing the viability of the program and financial impacts.

## **Health and Safety Report**

As a CARF-accredited organization, the Health and Safety program maintains all internal and external inspection reports for the organization's building. Between the multiple internal and external health and safety inspections, we are reasonably confident that we have a formal system that will continue to address health and safety issues on a regular basis.

For accreditation, CARF requires that there are written emergency procedures and unannounced drills. This will address procedures for:

1. Fires
2. Bomb Threats
3. Natural Disasters
4. Utility Failures
5. Medical Emergencies
6. Violent or other threatening situations

In 2023, unannounced tests were performed and then followed by after-action reports on the response to the emergency drills. Training was conducted that addressed individual roles and responsibilities, notification procedures, emergency response procedures, evacuation and accountability procedures, emergency shut downs, information about threats, hazards, and protective actions.

Overdoses continue to remain high in our community. In 2023 Clearpath continue to add a focus on overdose awareness/recognition and Narcan administration training during drills.

In addition to the required test mandated by CARF, the Health and Safety program continues their commitment with providing consistent and rigorous training annually and as needed. The Health and Safety Committee for CADT/Clearpath meets on a quarterly basis to review and address trends and concerns, and meeting minutes are taken to record trends and necessary follow up actions.

#### **Written analysis of Incidents reported in 2023:**

38 incident reports were completed in 2023 which was a 13.6% decrease from 2022.

#### **Incident details**

1. Causes of incidents: Accidents/trips/falls (6) Behavioral (5) Medical issues (5) Patient death (1) Diversion (0) Medication errors (17) 911/sentinel event (1), Illicit/unprescribed substances (3)
2. Locations of incidents: Accidents/trips/falls (lower parking lot, UA hallway, Detox lobby door, Dosing Window 2, Stairwell, Clearpath front desk), Behavioral (UA hallway/back door, 3 in upper parking lot, main hallway), Patient death (patient's home), Diversion (Not applicable), Medication errors (all dosing windows), 911/sentinel event (off property). Medical incidents (dosing hallway, Men's bathroom, observation room, 2 in counselor's office's).
3. Who completed incident reports: Accidents/trips/falls (Treatment Director (2) nursing (3) support staff (1)), Behavioral (Treatment Director (3), Clinical Supervisor (2)) Patient death (Treatment Director (1)), Diversion (Not Applicable)), Medication errors (nursing (17)), 911/sentinel event (Treatment Director (1)). Medical issues (Nursing (3), Clinical Supervisor (1), counselor (1)).
4. Number of incidents by month: January (4), February (2), March (1), April (5), May (6), June (2), July (3), August (6), September (2), October (1), November (4), December (1)

#### **Comparisons and Trends**

1. **Accidents/trips/falls:** There were 6 accidents/trips/falls in 2023 compared to 4 in 2022, which is a 50% increase. Of the 6 accidents, 1 involved a staff slipping in the parking lot, 1 involved a patient slipping on the wet floor, 1 involved a patient getting their finger stuck in a door handle, 1 involved a patient getting alcohol in their eye from an alcohol wipe, 1 involved a staff member cutting their finger on a fan blade and 1 involved a patient slipping down the stairs.
2. **Behavioral:** There were 5 behavioral incidents in 2023 compared to 10 in 2022, which is a 50% decrease. Of the 5 behavioral incidents, 3 were physical altercations between patients, 1 was a duty to warn due to patient threats and 1 involved a staff member assaulting another staff member.
3. **Medical issues:** There were 5 medical issues in 2023 compared to 11 in 2022, which is a 54.5% decrease. Of the 5 medical issues, 1 involved a 911 call due to sedation/overdose concern, 2 involved 911 calls due to a mental health crisis, 1 involved an EMS call due to patient's erratic behavior/medical concerns, 1 911 call due to a staff being dizzy and throwing up.

4. **Patient Death:** There was 1 patient death (occurring outside of the clinic) in 2023 compared to 7 in 2022, which is a 85.7% decrease. Of the one patient death the cause of death had not yet been determined.
5. **Medication error:** There were 17 medication errors in 2023 compared to 9 in 2022, which is an 88.8% increase. Of the 17 medication errors, 12 involved the incorrect dose being administered, 4 involved unapproved take homes being released, 1 patient was not given a closure dose.
6. **Diversion:** There were 0 instances of diversion in 2023 compared to 2 in 2022, which is a 100% decrease.
7. **911/sentinel event:** There was 1 911/sentinel event in 2023 compared to 1 in 2022, which was no change. 911 was called for a welfare check of a patient.

#### **Actions for Improvement:**

1. Of the 38 incidents reported in 2023, 17 were medication errors incidents. Due to the increase in medication errors incidents, Clearpath recognized the need for an in-depth training regarding trending medication errors. This has been added to the 2024 performance measurement and management plan.
2. Of the 38 incidents reported in 2023, 6 were accidents/falls/trips. Due to the type of falls and trips the Treatment Director reviewed for areas needing immediate attention. Staff involved in the accidents and falls were reeducated on safety procedures regarding their incident. Treatment Director also reviewed patient incidents to verify wet floor signs and stair fans were properly being used.

#### **Continuing Education and Training:**

The Health and Safety training committee sent out flyers with instructions on proper winter walking and way to reduce the risk of falling on ice and snow-covered roads and walkways. In 2024 Clearpath Lead Nurse will complete two trainings each quarter with nursing staff to address medication error trends that were identified from medication errors in 2023. This will be tracked via the 2024 performance measurement and management plan. Regular training on identifying potential incidents of diversion continued to be a regular part of nursing training during 2023 including a comprehensive training that involved mock dosing. Education on signs and symptoms of overdose and how to administer NARCAN is a standing part of the emergency drills training continued in 2023. NARCAN training is provided at orientation and annually. Nursing training during 2023 also included "Needle stick procedures," "diversion training," "Medication errors," and "dosing procedures."

#### **Prevention of Recurrence:**

Due to the two incidents of diversion during the first half of 2022 Clearpath continues to review training opportunities and the physical layout of the dosing windows. In 2023 on going diversion training continued, the water coolers at each dosing window was adjusted for better visibility, and mirrors were added to each dosing window. There have been no incidents of diversion since the 2022 incidents.

## **Human Resources**

As required by CARF and Minnesota Rule 245G, all mandatory training has been fulfilled through new staff orientation, annual staff training, training conducted by outside professional organizations and professional conferences. This is maintained and accounted for on a training spreadsheet by the Director of Human Resources and monitored by the Treatment Director and Clinical Supervisor. The Center for Alcohol and Drug Treatment also works to continue to incorporate desired training of staff when possible as identified through the Staff Training Needs assessments. Training initiatives were a part of the 2021-2023 Strategic Plan. The training calendar was developed based on CADT's Mission, Vision, and Core Values. The aim of this robust training calendar is to further develop all CADT staff in helping those who struggle with addiction in our community and the surrounding area, as well as to assist providers in the development of new skills and/or sharpening skills they already possess.

Clearpath Clinic nursing staffing issues have been improved and Clearpath Clinic in 2023 was able to obtain and maintain treatment providers. Over the course of 2023 Clearpath lost two treatment providers to other CADT programs and were able to hire four. The Director of Human Resources continued to work with Fond Du Lac Tribal and Community College, St. Scholastica College, and Mesabi Range College to promote the availability of treatment provider positions and internship opportunities at the clinic.

CADT leadership regularly evaluates staffing patterns and adjusts our staffing resources in order to ensure high quality service provision. To address the staffing shortage challenge, CADT adjusted its onboarding procedures to expedite the process while continuing to provide comprehensive training for new hires. CADT used biweekly executive team meetings to anticipate and respond to staffing issues that arose.

All open positions are posted at each CADT facility and on several websites on the Internet, including online employment websites. CADT has increased the sign on bonus for counselor positions as well as increased wages. CADT has opened paid internship positions in the effort to help maintain staffing levels and recruit new staff; however, DHS places limitations on interns in an OTP. CADT has added benefits in 2023 for current employees. CADT now offers two education assistance programs, Success In Education and a Dual Training Grant that allows funding assistance for LPN and LADC students. CADT is also helping employees with the Public Service Loan Forgiveness and tuition reimbursement/loan forgiveness through the Minnesota Urban Mental Health Professionals loan forgiveness program.

### **Gaps and Opportunities regarding Human Resources:**

#### Gaps:

During the beginning of 2023 Clearpath remained understaffed, specifically lacking treatment providers.

#### Opportunities:

During 2023 leadership and the Director of Human Resources made it a priority to increase recruitment activities with surrounding area colleges to promote internships and treatment provider positions. By the end of the first quarter of 2023 Clearpath was able to hire enough treatment providers to increase the capacity to allow the clinic to increase the census. In 2023 the Human Resources Department started a development program known as Success in Education Program (SEP). Which offered tuition assistance to CADT employees who are interested in pursuing an ADC License, ADC Temporary permit, or RN. This program will continue in 2024 and will also be providing opportunities for development and growth for current staff.

### **Technology**

CADT contracts with an information technology company, VC3. VC3 provides monthly on-site support as well as remote support services to each of our employees. In addition, CADT has monthly management meetings with VC3 to address any concerns that arise. VC3 provides IT summaries on a regular basis as well as a Business Analysis that address any needs.

Our servers are located at Clearpath Clinic, as the clinic has a generator that will keep systems operational in the event of a power outage. VC3 works closely with Methasoft support (the clinic's EHR system), to implement updates and resolve any issues that may result from the EHR itself. Methasoft has customer support that is accessible and available to any staff 24/7.

Staff receive ongoing training in the event of a power outage, cyber security and use of telehealth systems. Emergency dosing procedures are in place so that patients can continue to receive their prescribed medications in the event that the system becomes inoperable and manual dosing is required.

DHS 256B Statute changes allow Substance abuse agencies to utilize and be able to bill for telehealth services. Staff received telehealth training and will continue to receive ongoing telehealth training in 2024. Federal regulations are due to change in April of 2024 which will allow more access to telehealth services. If DHS adopts these changes it will allow Clearpath the ability to provide telehealth intakes which will specifically impact our ability to provide more services to individuals who are incarcerated.

## **Gaps and Opportunities regarding Technology:**

### **Gaps:**

We continue to utilize two electronic health record systems, Methasoft and Procentive. These systems do not have the ability to interface. Counselors have been trained on how to upload documents from Procentive to Methasoft. This process takes time to execute. Patients may have weak or limited Wi-fi capability or limited data plans which can be a barrier to participating in telehealth services. Due to a lack of ability to complete intakes via telehealth, individuals incarcerated in the St. Louis County Jail have not been able to establish services while still incarcerated.

### **Opportunities:**

The ease in which we are now able to conduct staff training through Microsoft Teams and Relias, services to patients via Microsoft Teams including medical appointments, CMM, peer recovery support services, individual counseling sessions, mental health services and comprehensive assessment. The ability to conduct telehealth sessions has increased opportunities for patients in their first 10 weeks of treatment to be able to go to an inpatient program while continuing to receive MOUD services from our agency; it has also reduced barriers for patients who've become incarcerated while active in the clinic. Federal regulation changes starting in April of 2024 will expand Clearpath's ability to complete intakes, specifically the medical part of intakes, via telehealth. This will open up more opportunities for individuals who are incarcerated to establish services while still incarcerated at the St. Louis County Jail.

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## **RESULTS OF OUTCOME MANAGEMENT/PERFORMANCE MEASUREMENT AND MANAGEMENT PLAN**

### **1. Reduce barriers to services by ensuring all Clearpath patients who become incarcerated continue to receive MAT services (Service Access)**

Performance Indicator: % active patients who become incarcerated in local jails, federal Prison Camp or NERCC

Sample: Incarcerated Clearpath patients

Timeframes: Daily collection of data

Data Source: Local county jail rosters and NERCC contact (collected by Treatment Director)

Target: 90% of Clearpath patients who become incarcerated will continue to receive MAT services from the clinic.

#### Methods:

- Patients are given the option to sign an ROI for local county jail at intake and annually (and educated as to why this would benefit them).
- Treatment Director assigned as point person to jails will check jail rosters daily.
- In the event an active clinic patient is identified as being incarcerated, the Treatment Director will check to ensure proper ROIs are in place and then reaches out to jail contacts. (typically nurses from the jail)
- Treatment Director lets the jail know that we have a patient in their jail and then Treatment Director or the nurse will schedule transportation pending which jail the patient is incarcerated at. (SLC jail – sheriff's deputy, CCJ – CP Treatment Director, NERCC – corrections officer, FPC – corrections officer, and Douglas County – CP Nurse)
- In the event there is no ROI, the Treatment Director will then send an ROI over to contact at the jail and have the contact review and sign the ROI with the patient.
- The Treatment Director and the jail contact will then review case records to determine how many bottles are needed and whether or not telehealth session need to be scheduled as well
- The Treatment Director completes the paperwork to request the number of bottles, and if necessary, the Treatment Director will submit a federal exception request
- The Treatment Director will then alert patient's counselor to arrange telehealth with the jail when needed.

Results: Q1: 100% (31/31); Q2: 100% (41/41); Q3: 100% (38/38); Q4: 100% (35/35) – The clinic met this objective each quarter of 2023.

#### Gaps:

Although we are able to continue services for patients incarcerated in institutions within the same community of the clinic; patients who are incarcerated outside of our community have not always been able to continue services. Another gap included the lack of the ability to complete intakes for individuals currently incarcerated at the St. Louis County Jail due to telehealth restrictions.

#### Opportunities:

Clearpath has expanded and looks to continue its ability to provide guest dosing services to individuals incarcerated at the Carlton County Jail and the St. Louis County Jail who attend other OTPs. Federal Regulation changes starting in April of 2024 will allow the ability for all aspects of intake to be completed via telehealth. This will allow the clinic to be able to initiate services for individuals currently incarcerated in the St. Louis County Jail.

## **2. Improve quality and fit of resources for patients at the clinic who need referrals to services outside of the clinic (Resources used to achieve results of persons served)**

Performance Indicator: # of in-services or trainings provided by community partners/referral agencies

Sample: Clinic staff learning about referrals and what resources are available

Timeframes: Measured quarterly – Data collected after each training



Data Source: Excel Spread Sheet and training registration (*collected by Treatment Director*)

Target: 10 trainings or in-services provided to clinic staff by outside community agencies per year

Methods:

- Treatment Director will meet with program staff at the beginning of the year to develop a list of community agencies program staff would like to learn about.
- Treatment Director will reach out to community partners and schedule in-services.
- Treatment Director will keep training logs and meeting minutes.
- Treatment Director will keep an “Inservice 2023” spreadsheet and document all in-services quarterly.

Results: Q1: 2 in-services, Q2: 9 in-services, Q3: 3 in-services, Q4: 5 in-services – The clinic met this objective for 2023.

Gaps:

In 2023 leadership recognized the need to continue to educate treatment providers and our patient navigator on community resources specific to our patient needs. Although Clearpath was able to exceed the goal of the number of in-services we wanted to provide, not all of the providers we wanted to present were available.

Opportunities:

This function for 2024 has been adjusted to focus on tabling events within the clinic. The clinic will be inviting community resources to table during clinic hours to directly reach our patient population.

### **3. Improve the efficiency of dosing for all clinic patients (Resources used to achieve results of persons served)**

Performance Indicator: # of minutes persons served are at the dosing window

Sample: Active clinic patients present to dose

Timeframes: Measured quarterly

Data Source: Methasoft “Check-In” report (*collected by Treatment Director*)

Target: Average number of minutes that persons served will be at the dosing window will be 5 minutes or less

Methods:

- Treatment Director will run the Methasoft report entitled “Check In” at the end of the quarter
- Average time at dosing window for the quarter will be obtained from the bottom of the report.
- The Treatment Director will report data collected to the lead nurse and develop trainings to decrease time spent at the dosing window.

Results: Q1: average time at dosing window 2.32 minutes, Q2: average time at dosing window 2.38 minutes, Q3: average time at dosing window 2.13 minutes, Q4: average time at dosing window 2.67 minutes – The clinic met this objective each quarter of 2023.

Gaps:

Overall, the clinic nursing staff were able to meet this goal each quarter, however the time might not accurately reflect the actual time a patient spent at the window as the data collects the time until the patient signs for their dose.

Opportunities:

Due to meeting this goal with ease each quarter, the leadership team took this as an opportunity to focus on a different goal for 2024 and will be replacing this goal and focusing on improving patient attendance.

#### **4. Reduce illicit opioid use (Results achieved for persons served)**

Performance Indicator: % of drug screens unfavorable for opiates

Sample: All active patients at Clearpath Clinic

Timeframes: Data collected at the time of urine drug screen (Measured quarterly)

Data Source: Methasoft report – “Drug screen results- summary”

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

Methods:

- Treatment 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)

Results: Q1: 54%, Q2: 54%, Q3: 58%, Q4: 46% - The clinic did not meet the goal of less than 30% of drug screen results will be unfavorable for opioids during any quarter of 2023.

Gaps:

There was an increase in fentanyl use amongst patients and individuals in the community. This is reflected in the results of this objective. The clinic did not meet its goal any quarter, however there was a decrease each quarter.

Opportunities:

This objective will remain for 2024 as leadership feels this is an important goal, however the clinic will specifically focus on fentanyl use. The clinic will also look to continue to increase its efforts to dispense fentanyl testing strips to our patients.

## **5. Reduce IV drug use (Results achieved for persons served)**

Performance Indicator: % of patients self reporting IV drug use within the 30 days prior to intake

Sample: Patients at the clinic who use drugs intravenously

Timing: Data collected at intake, at 6 months and at 1-year

Data Source: IV drug use survey and spread sheet (*collected by Treatment Director*)

Target: 90% of patients who used drugs via IV 30 days prior to survey will have decreased IV drug use after 6 months

Methods:

- Support staff will give patients who enter the program an IV drug use survey asking patient's how many days they have used drugs intravenously in the past 30 days. Survey given at intake at 6 months and at 1-year mark
- Surveys will be collected and given to Treatment Director
- Treatment Director will give each patient an identifying number and enter reported data into an IV drug use survey spread sheet.
- Data collected throughout the year will be calculated by Treatment Director at the end of the year for the % of patients reporting a decrease in IV drug use from 30 days prior to admission to 6 months of being in the program.

Results: Q1: 71.5%, Q2: 60%, Q3: 73.3%, Q4: 87% - The clinic did not meet its goal of 90% of patients who used drugs via IV 30 days prior to survey will have decreased IV drug use after 6 months.

Gaps:

The data collected was significantly impacted by the lack of intakes completed during 2022 and the beginning of 2023.

Opportunities:

Intakes greatly increased in 2023 which will allow for more opportunity for data collection for this objective. Therefore, leadership has agreed to keep this objective for 2024.

**6. Improve patient experience and satisfaction with Clearpath Clinic (Experience of persons served)**

Performance Indicator: % of “agree or strongly agree” responses to the last question on the patient satisfaction survey (regarding overall experience rating at the clinic)

Sample: Applied to all patients at the clinic

Timing: Ongoing (posted throughout the clinic and completed every 6 months)

Data Source: Clearpath patient satisfaction survey

Target: Maintain 80% agree or strongly agree responses of reported patient satisfaction

**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
- Patients will complete a patient satisfaction survey through a pencil and paper questionnaire and turned into support staff
- Surveys are sent to an HR specialist who tallies all patient satisfaction survey and returns these to the Treatment Director at the end of each quarter
- 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

Results: Q1: 91.4%, Q2: 86.6%, Q3: 85.5%, Q4: 87.8% - The Clinic met its goal for this objective each quarter of 2023.

**Gaps:**

The Patient Satisfaction Survey contains statements that cross multiple CARF domains (such as statements related to efficiency, statements that would be considered experiential, and statements that address effectiveness), and therefore isn't the true measure of experience of persons served that we were looking for. Also given the timeframe of data collection some feedback made on patient satisfaction surveys would be better to have in a timelier manner than at the end of each quarter.

**Opportunities:**

This objective will remain for 2024 as patient feedback is extremely important to the leadership team and the feedback that is collected from patients is used to make positive program changes that will benefit the persons that we serve.

## **7. Patients will experience meaningful engagement in care (Experience of persons served)**

Performance Indicator: % patients responding to question #4 “feeling listened to and supported by medical staff.”

Sample: All current patients at Clearpath Clinic

Timing: Data is collected after orientation group which occurs 4 times a month

Data Source: Withdrawal survey (question #4) and excel spreadsheet

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 Lead Counselor facilitates Orientation Group biweekly on the 1<sup>st</sup> and 3<sup>rd</sup> 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
- Treatment 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
- Lead Counselor will review surveys for errors prior to giving surveys to PD for recording
- Treatment 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

Results: Q1: 87%, Q2: 100%, Q3: 90%, Q4: 93% - This objective was met for all but quarter one of 2023.

### **Gaps:**

Data collection was affected by the lack of intakes completed in 2022 and the beginning of 2023, as not as many patients were needing to attend orientation group. Another gap was the lack of patients signing up to attend orientation group during the first two quarters of 2023. Due to this the Clinical Supervisor notified each patient who had yet to attend group that they were still needing to attend.

### **Opportunities:**

This is a goal that the clinic will be keeping for 2024. Collecting feedback regarding how patients feel about their medical care and making sure they feel listened to is important to the clinic and leadership team. With an increase in intakes during 2023 more data should be available for review.

## **8. Clearpath Clinic will demonstrate its value towards stakeholder relationships through community and engagement (Experience of Stakeholders)**

Performance Indicator: # of community engagements/outreach activities

Sample: Stakeholders and community partners

Timing: Data recorded after each outreach activity

Data Source: Community outreach binder, report from CEO, and Clinical Pharmacist and other staff participating in outreach activities (collected by Treatment Director)

Target: At least one community engagement 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 for opioid use disorder (MOUD).
- Community outreach contact forms are kept in the Treatment Director's office and are reviewed quarterly by the Treatment 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.
- Clearpath Treatment Director will respond to any community complaints/concerns within 72 hours of receipt of the complaint/concern.
- Clearpath Treatment 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.

Results: The Clinic met our goal of participating in at least one community engagement activity per month in 2023.

Gaps:

Since the pandemic began in 2020, less community events have been taking place. Several initiative groups also discontinued meeting during 2023. Participation in the initiative groups has appeared to decrease.

Opportunities:

This goal will continue for 2024. The Treatment Director of the clinic currently facilitates the Opioid Work Group which is a community initiative group. Goals for this group for 2024 include organizing several community events that will involve other stakeholder in community.

**9. Increase coordination of services with and identify areas of concern from local law enforcement and county human services agencies (*Experience of Stakeholders*)**

Performance Indicator: # of CSSUR group meetings attended.

Sample: Community law enforcement and county human services agencies

Timing: Data is recorded after each CSSUR meeting (held quarterly)

Data Source: CSSUR meeting minutes and attendance log

Target: 1 CSSUR group meeting will be attended every quarter

Methods:

- Treatment Director and other CADT staff 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*)

- Treatment Director will disseminate pertinent information from the meeting to the clinic team

Results: The Clinic met this goal as the CSSUR group was attended each quarter.

Gaps: The time of day the meeting takes place was reviewed by members. Due to it being a late afternoon meeting, not as many members are able to attend. This was recognized by the facilitator during 2023 and a group survey was taken. Due to the results of the survey the facilitator has changed the time of the meeting to alternate each quarter between a morning meeting and an afternoon meeting in hopes that more members will be able to attend the group.

Opportunities:

This goal will remain for 2024. With the time change of group times this will allow for more stakeholders to connect.

#### **10. Address counselor shortages through the recruitment of interns (Business function)**

Performance Indicator: # of recruitment activities at local colleges

Sample: Counseling staff at Clearpath Clinic

Timing: PD and HR manager will record data after each recruitment activity

Data Source: HR reports

Target: Visit local colleges with LADC and LSW programs once a month

Methods:

- The Director of Human Resources and Treatment Director will communicate monthly regarding scheduled recruitment activities.
- The Human Resource Manager, Treatment Director or delegate will participate in recruitment activities such as attending classes in the LADC and LSW programs at local colleges who offer this type of programming.
- The Director of Human Resources and Treatment Director will report recruitment activities.
- Recruitment activities will be documented in the 2023 recruitment activities spreadsheet kept by the Treatment Director.

Results: The clinic met the goal all but quarter 4. However, at that time the clinic was fully staff with clinical staff and HR did recruit 2 interns to begin internships at Clearpath starting the beginning of 2024.

Gaps:

In the first two quarters of 2023 The Director of Human Resources participated in many recruitment activities and by the end of the second quarter the Clinic was fully staff. The Director of Human Resources

continued to attend recruitment activities during quarter three however, changed focus on the different needs of the company during quarter four.

Opportunities:

Leadership decided to change this objective for 2024 to focus on employee retention. An employee satisfaction survey has been developed and will focus on the needs/satisfaction of our employees.

#### **11. Provide satisfactory resolutions for patient complaints (Business Function)**

Performance Indicator: # of formal grievances

Sample: All clinic patients

Timing: Ongoing – Patients can submit these anytime, data is recorded after any submitted grievance form

Data Source: Grievance forms and grievance log in the Manual Drive

Target: 90% 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 Treatment 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

Results: The clinic met this goal as there were no formal grievances during 2023.

Gaps: The grievance form was updated during the end of 2023. This update now allows for an initial meeting to be documented and remain on the informal level as most grievances patient's writer can be resolved on the informal level.

Opportunities: This objective has been met the past few years and therefore leadership has decided to discontinue this objective for 2024.

#### **12. Improve safety in the community and at the clinic by reducing incidents of diversion of medication prescribed through the clinic (Business Function)**

Performance Indicator: % of discharges due to diversion

Sample: Discharged patients documented under "termination/Diversion

Timing: Data is collected after any incident of diversion

Data Source: Methasoft report "discharge summary by reason (Diversion category)"

Target: less than 10% of discharges will be due to methadone 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
- Treatment 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)*

Results: The clinic met this goal. There was one discharge due to diversion however, that diversion did not take place at the clinic and the clinic was no longer responsible for the take home bottles

Gaps: During 2023 the clinic continued to evaluate the dosing process and the need for more extensive diversion training for the nursing staff. A comprehensive diversion training was conducted with mock diversion to identify any gaps. New signage was created for each dosing window to note that no cell phones or personal items were allowed at the dosing windows, water coolers placement was also adjusted. During the clinic's CARF survey it was suggested that the clinic add mirrors to each dosing window. This suggestion was taken and each dosing window now has a mirror in place for nursing to better view blind spots in their dosing station.

Opportunities:

This is a Minnesota Department of Human Services required goal, and an important goal for the agency to continue into the 2024 Measurement and Management Plan. The clinic has seen a benefit to ongoing diversion training and will continue to do so in 2024.

**In looking back on 2023 and the data and information collected, the leadership team identified key takeaways that will help us improve in 2024:**

\* We saw a need to continue a more comprehensive training on diversion at throughout the year for our LPNs. The water coolers in the dosing window were adjusted, signage was added to note that no outside beverages or items were allowed in the dosing windows and mirrors were added to each dosing room. A

competency based training was also completed in 2023. Clearpath will continue to provide comprehensive training on diversion for our LPNs in 2024.

\* Over the past 4 years, we have noticed a trend in increasing numbers of Native American patients, which also outnumbers Native American admissions across the state. The Treatment Director has been meeting with tribal leadership in order to develop effective ways to meet the needs of our Native American patients. The clinical team, including the patient navigator participated in several in-services and an 8-hour training on historical trauma in an effort to identify resources that our Native American population could benefit from.

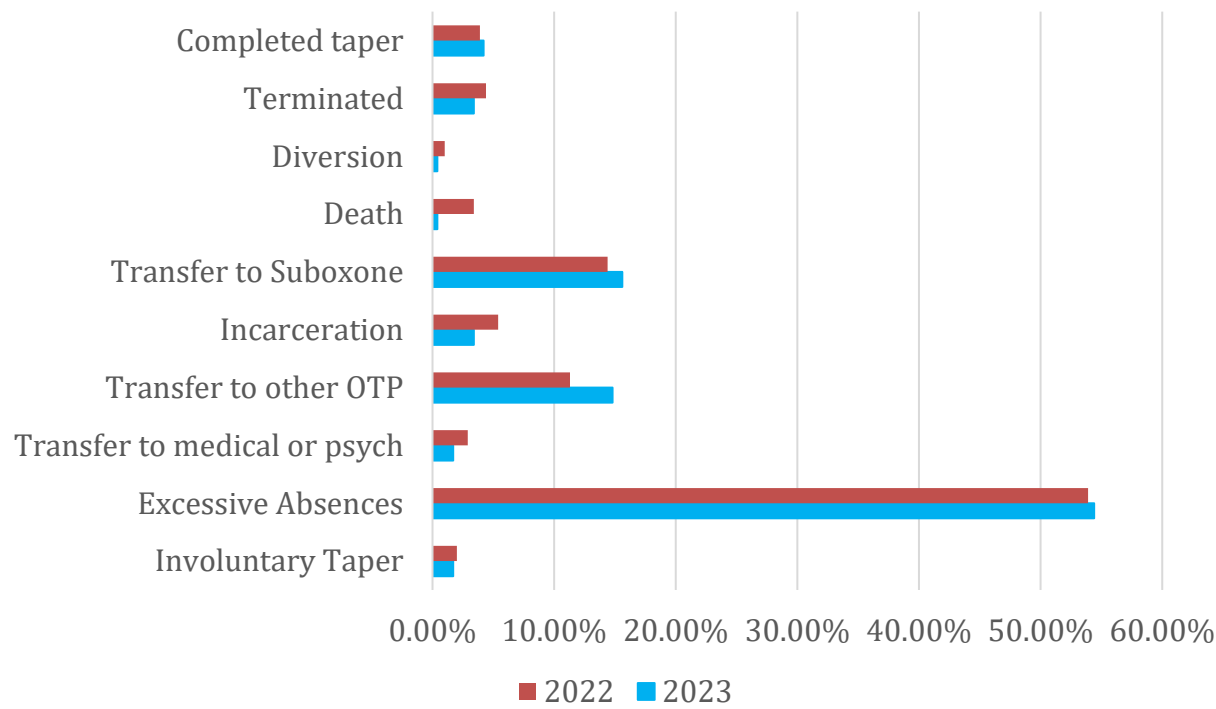
\* Since 2020, Clearpath has noted an increase in new admissions experiencing homelessness. The clinical team met with several community agencies including Grace Place, SLC Housing and Homelessness, Damiano, Runaway and homeless youth program and Safe Haven to learn about services they provide and how to better serve our patients. Due to homelessness continuing to be a trend amongst new and current patients Clearpath leadership will continue to schedule meetings/educational trainings with community outreach workers in 2024.

\* Clearpath noted that in 2023 54.4% of program discharges were due to excessive absenteeism. Clearpath developed a system to track patient's absenteeism and to complete attendance agreements with patients who have 5 or more absences in one month. Clearpath recognized the benefit of the attendance agreements and has added the objective to improve patient clinic attendance to the 2024 Performance Measurement and Management Plan.

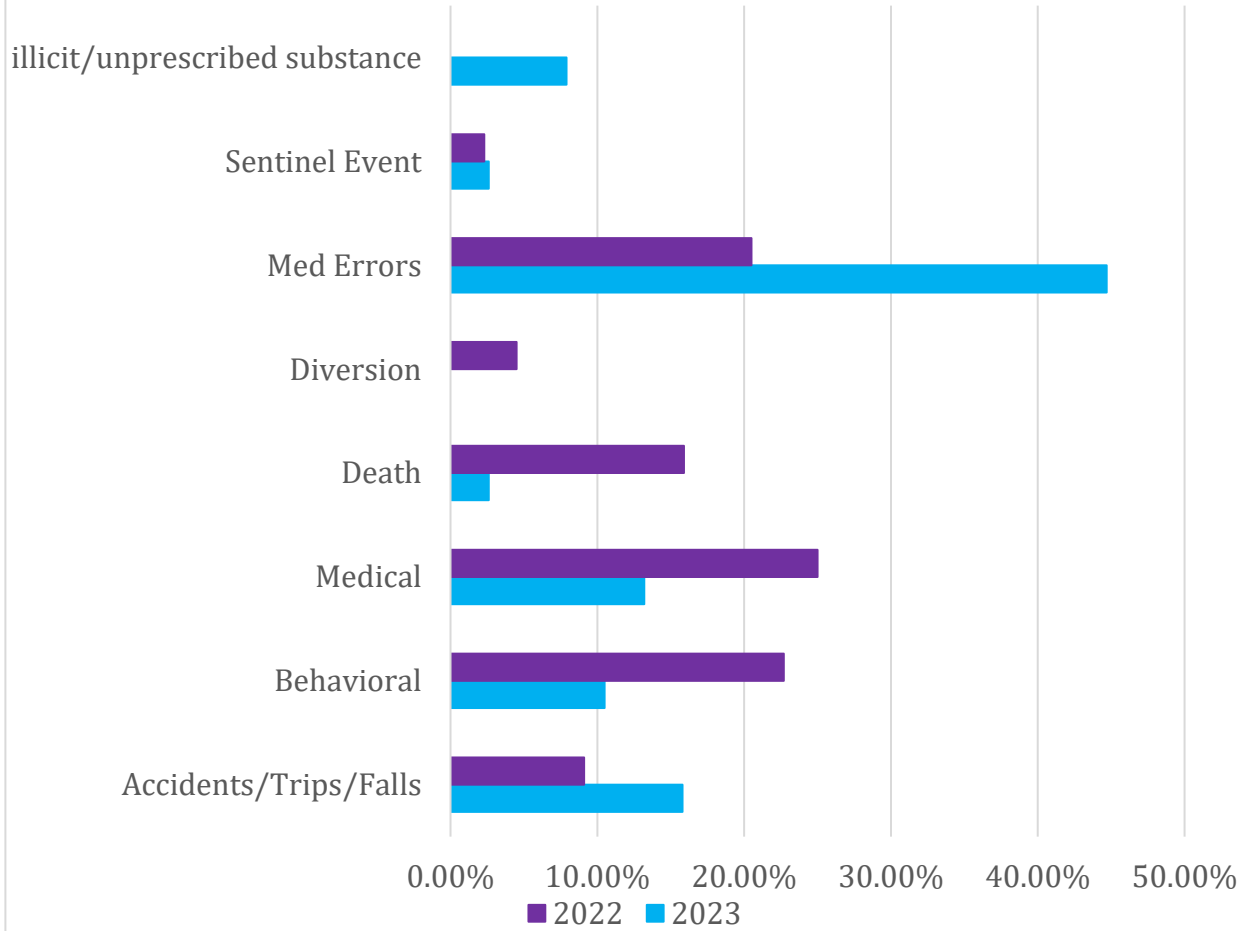
\* Fatal opioid overdoses within the community and nation in 2023 was trending to surpass fatal overdoses in 2022. Clearpath continues to see a need for extensive NARCAN and overdose prevention training. Opioid overdoses appear to continue to increase and therefore Clearpath will continue utilizing in-depth training provided by RAAN and the in-depth overdose prevention training our lead nurse provides at the bi-annual emergency procedures trainings. Clearpath also continues to increase their efforts to distribute NARCAN and fentanyl testing strips to patient including having more access to nasal NARCAN in 2023.

\* Clearpath saw an 88.8% increase from 2022 to 2023 of medication error related incidents. Clearpath identified the need for more in-depth training specific to the medication error trends. In 2024 Clearpath's leadership team saw a need for this to be added to the Performance Measurement and Management Plan with the goal to reduce medication errors by 50%. The Treatment Director will track medication errors and identify trends. The Lead Nurse will then provide training to the nursing staff each quarter based on the trends that have been identified by the Treatment Director.

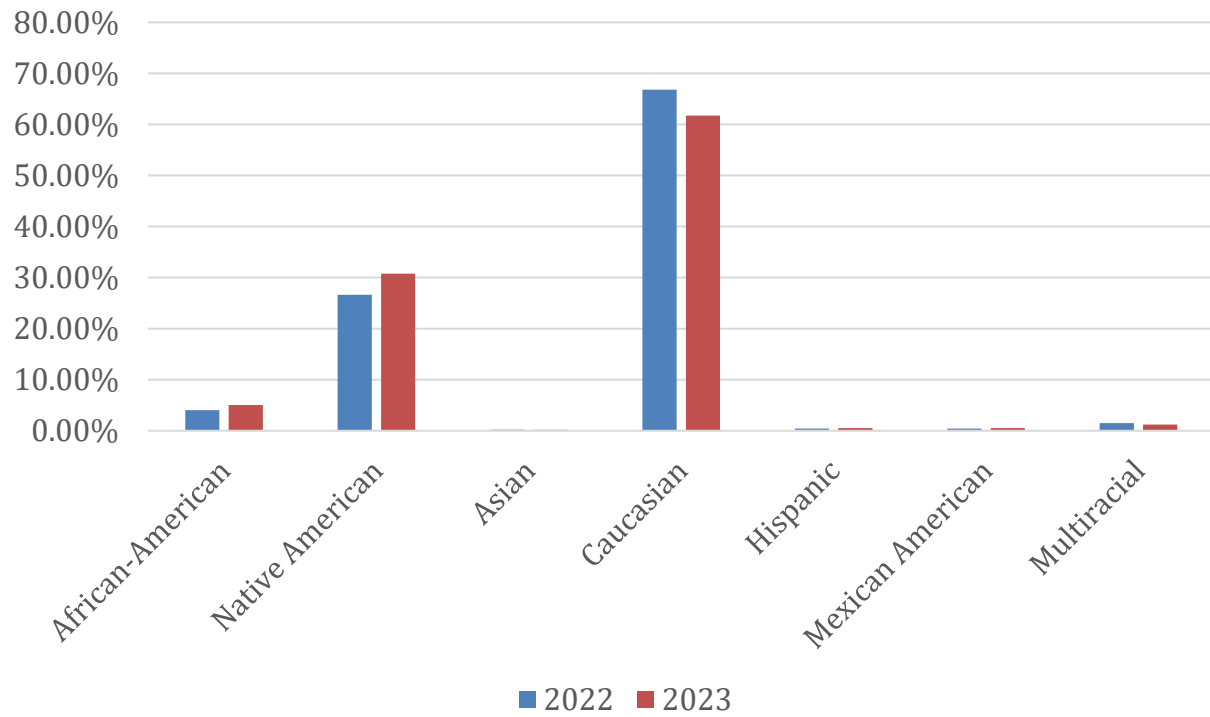
# 2023 vs 2022 % Discharges by Category



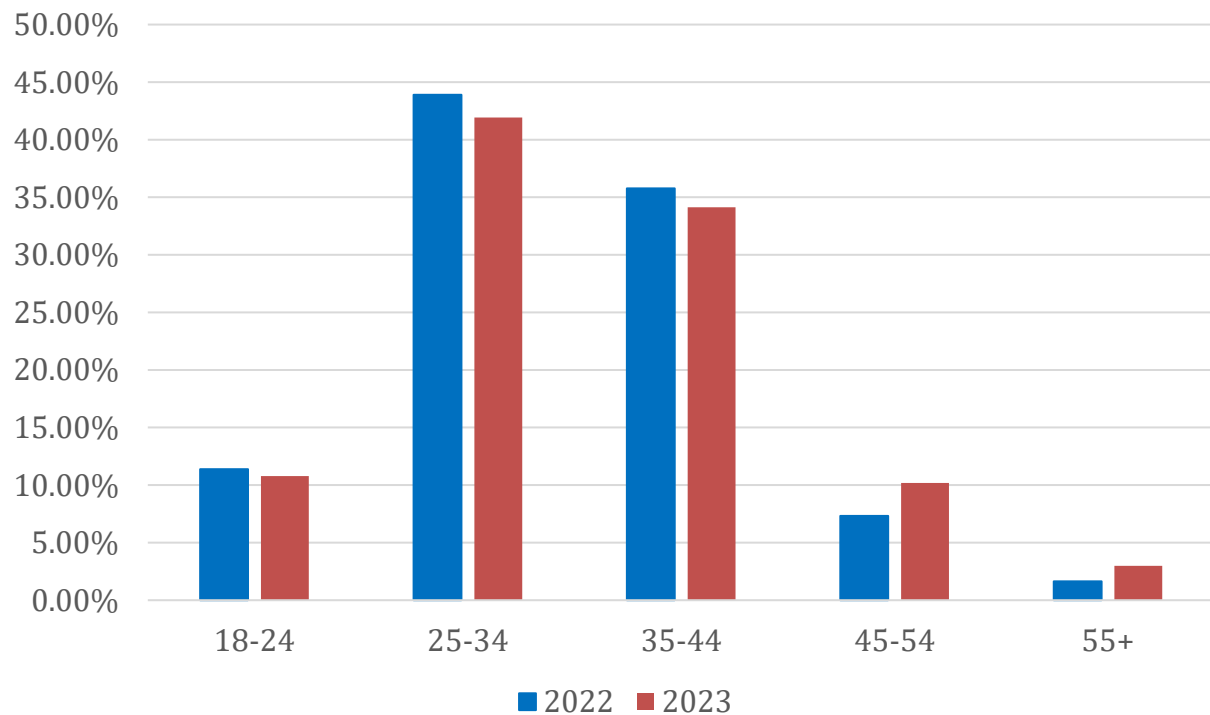
## 2022 vs 2023 % incidents by category



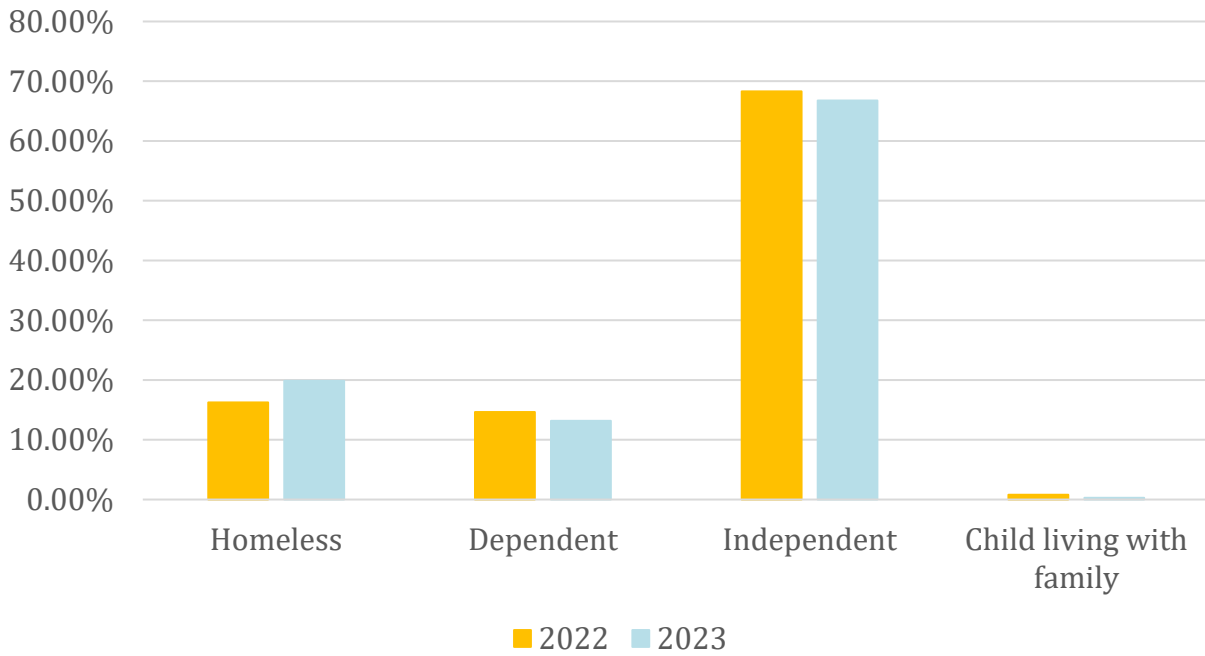
2022 vs 2023 % Race/Ethnicity of Patients



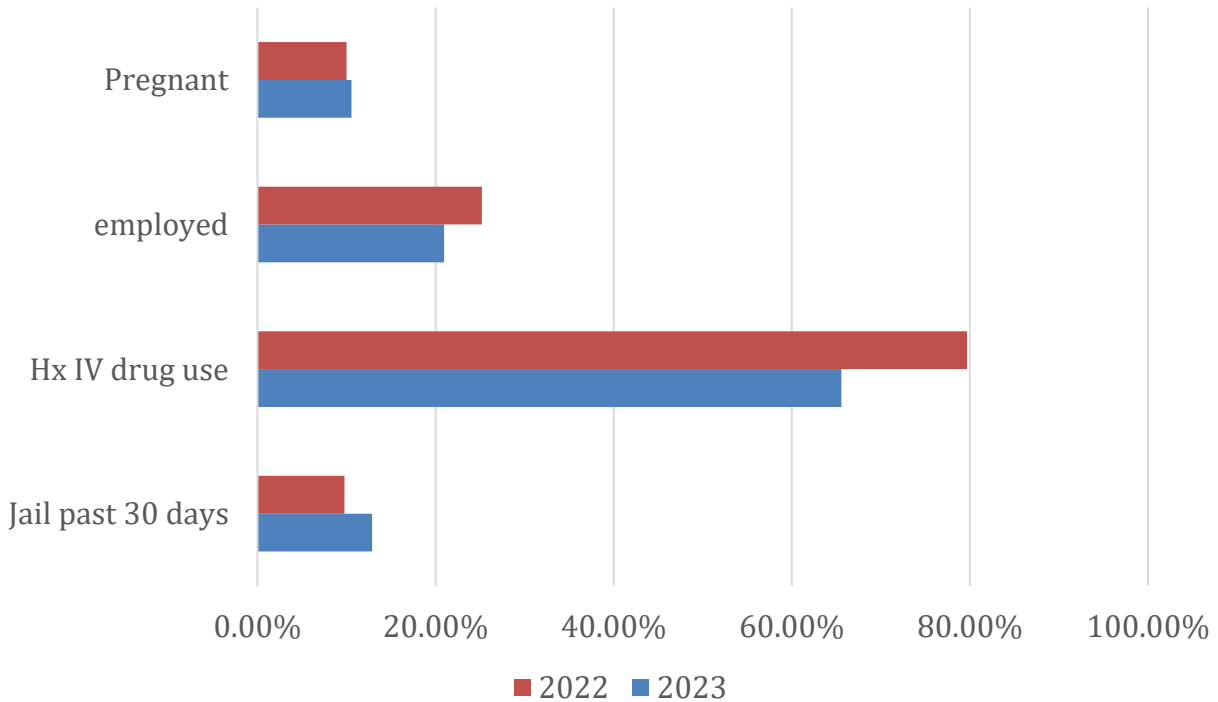
2022 vs 2023 % Age of Patients at Admission



## 2022 vs 2023 % Usual Residence at Admission



## 2022 vs 2023 % Other Admission Data



# CLEARPATH CLINIC 2023 STAKEHOLDER SURVEY RESPONSES

- 1) 95% of respondents “agreed or strongly agreed” to being an advocate of harm reduction;
- 2) 100% of respondents “agreed or strongly agreed” to being likely to refer someone struggling with opioid use disorder to Clearpath Clinic;
- 3) 90% of respondents “agreed or strongly agreed” that Clearpath Clinic has had a positive impact on the community; remaining responses were “neutral”
- 4) 83% of respondents “agreed or strongly agreed” that Clearpath is reputable in the community; remaining responses were “neutral”
- 5) 62% of respondents “agreed or strongly agreed” that the website is easy to navigate; remaining responses were “neutral”
- 6) 80% of respondents “agreed or strongly agreed” that the location of Clearpath Clinic is easily accessible to most patients; remaining responses were “neutral”
- 7) 90% of respondents “agreed or strongly agreed” that Clearpath Clinic staff have been helpful when they have had questions; remaining responses indicated they had never contacted the clinic with any questions