

Spectrum Health Care, Inc.

2010 Management/Performance Improvement Report

Period

This report covers January 1, 2010 to December 31, 2010

Purpose:

Spectrum Health Care strives for the highest quality of services to be delivered within the program. This report summarizes the organizational activities that impacted the management of the program and should be used to develop, maintain and improve the standards of service delivery. Upon review, all information gathered supports the mission and core values of Spectrum Health Care. The information in this report has been analyzed and used in management decisions and review of the strategic planning process.

Utilization:

Admissions during 2010 averaged about 19 individuals per month for a total of 236 for the year. During the same time period there were 239 discharges which accounts for the “no growth” situation. This could be a problem as we go into 2011. If the average monthly admission rate continues at 19 clients/month, this will have a drastic impact on revenue. The Utilization Review Committee will need to look at this information on a monthly basis to determine if there have been any changes. If the trend continues, the committee will need to offer suggestions for change.

Demographics

AGE	2006	2007	2008	2009	2010
18 – 21	.5%	2.1%	2%	0%	1%
22 - 24	2.1%	1.6%	3%	4%	2%
25 - 29	5.9%	7.1%	5%	12%	10%
30 - 34	14.2%	7.5%	12%	9%	11%
35 - 44	45.7%	40.9%	34%	33%	34%
45 - 54	28.9%	33.2%	33%	32%	32%
55 & over	2.7%	7.5%	10%	10%	10%

RACE/ETHNICITY	2006	2007	2008	2009	2010
White	32.9%	25.2%	28%	39%	44%
Black	34.8%	50.1%	51%	33%	28%
Hispanic	31.3%	21.2%	21%	26%	26%
Other	0%	0.5%	0%	1%	2%
Not Assessed	0.5%	1.4%	0%	0%	0%

GENDER	2006	2007	2008	2009	2010
Male	58.8%	68.2%	66%	62%	63%
Female	41.2%	31.8%	34%	38%	37%

Compared to 2009, the age at admission did not significantly change with 35 – 44 and 45 – 54 as the largest groups to be admitted. There was a change in percentages of race/ethnicity once again. According to the data provided by NJSAMS, there was a decrease in the black population, with a corresponding increase in the white population. Males continue to dominate the admissions to the treatment program.

NJSAMS doesn't collect the information on secondary drug use. However, there is information related to tobacco use, which is now recognized as an addictive substance. Of the total admissions of 236, 84% said "yes" to tobacco use.

During 2010, staff will continue to work with all clients who use tobacco to educate them on the dangers of smoking. Treatment plans should reflect how the education will occur. This will be monitored during peer review.

Unusual or Critical Incidents

In 2010, there were 36 critical incident reports, which is an increase from 2009. There was a significant increase in the number of incidents that involved angry and abusive language. The main reason for the increase was the organization's enforcement of policies around attendance and urine collections. The following represents the findings of the committee:

- There were 10 incidents where clients used abusive and/or threatening behavior/language
- There were 8 incidents that warranted ambulance services. The reason for ambulance services varied from case to case with no trends evident.

Most of the incidents were medical in nature; unconscious, seizure, labor pains, etc. There were no obvious trends that could be addressed as preventable.

In the case of the incident reports about language and behavior, staff has been instructed that the policies have to be applied consistently and fairly. Whether the incidents were preventable will be viewed as 2011 proceeds. Since staff have been instructed to enforce policy and have had training in crisis intervention, it is anticipated that the clients will be more aware of the expectations and that staff will be able to work with clients in addressing behaviors before they escalate.

Environmental Safety

No minor or major events occurred during the year with respect to fire and safety issues. All drills, fire, hurricane, earthquake and bomb threat, were conducted according to schedule and with no outstanding problems.

This year, Spectrum contracted with an outside entity to provide specialized cleaning and sanitation services to better address the health and safety of the clients, staff and others that enter the building. The services are provided weekly and are recognized by the hospital industry as being "best practices". Additionally, hand sanitizers were installed at various places throughout the building.

This was the year of "going green". The organization began its recycling in earnest. Although there has been attempts in the past, there was little buy in by staff so that the efforts had failed. Receptacles have been placed around the organization and are clearly marked.

Spectrum contacted PSE & G to have an energy audit conducted. Due to recommendations of JCP & L, new lighting was installed throughout the building which offers a brighter light while being more energy efficient.

The Health and Safety Committee will continue to meet on a monthly basis to address the issues that arise during the course of the year. It will continue to monitor the changes made in 2010 and determine if those changes accomplished what was desired.

Client Satisfaction

Throughout 2010, there were various mechanisms used to identify client satisfaction.

- Focus groups were held with clients who were newly admitted in order to have input about the admission and orientation process as well as discussion around any other treatment services.
- Suggestion boxes were available. Results were viewed monthly and problems addressed.

- Annual survey went out to 10 clients in each phase that were randomly selected.

Overall, clients expressed satisfaction with the program. (See reports)

It is recommended that in the next year, client surveys are to be done quarterly with ten clients from each phase as this year. The focus groups should continue. While the suggestion boxes did not generate many responses it is still a good avenue to for clients to use for their input.

Grievances

There were complaints issued by clients during the course of the year that were submitted to the Director of Substance Abuse Services and the Client Benefits Coordinator. All complaints were resolved at the clinical level. No complaint became a formal grievance that was submitted to the Corporate Compliance Officer.

Monitoring/Peer Review

Client care was monitored during weekly clinical staff meetings at which time treatment plans, progress notes and client advancement were reviewed. Peer reviews were conducted quarterly by staff teams. Both open and closed records were reviewed to ensure completion, accuracy and clinical appropriateness. Areas of weaknesses from previous years did not improve. It is believed that the new software system may have compounded the problems due to staff having difficulty adjusting to the new system. Throughout the year, clinical supervision and trainings were focused on staff's development in these areas and several instruments were developed to assist staff. Trainings will continue in this area and will be expanded in 2011 to focus on treatment and discharge planning' and progress notes.

During the course of the year, all charts were reformatted into 3 ring binders. While this was a very time consuming project, it was anticipated that the new system will make filing and auditing easier.

Additionally, staff will be attending the CARF Treatment Planning workshop in 2011. Arrangements have been made with SAMSHA to have their sponsored consultants come to Spectrum and present on clinical documentation (intake through discharge).

Quality Assurance Officer conducted quarterly reviews of clinical services and billing records during random audits of NJAI billing. The focus was to track

service utilization as well as determine accurate billing records. All necessary actions were taken to resolve any discrepancies.

The SHC Clinical Services Team monitored the accuracy and service utilization of WFNJ billing. The Director Clinical Services addressed any discrepancies that were found during the audits.

Staff

Staff development and training took place in the following areas during 2010: Substance Abuse trends; The Role of the Family in Treatment; Addressing Tobacco in Addiction Treatment Settings; Stress Management in the Workplace; Co-Occurring Disorders within the OTP Population, and Motivational Interviewing.

The mandatory annual training curriculum covered Professional Ethics, Customer Service, Cultural Competency/Diversity, Prevention of Workplace Violence; Confidentiality, Client Rights, Child/Elder Abuse, Person and Family Centered Planning, Medication Review, Co-Occurring Disorders, Infection Prevention, Universal Precautions, Emergency Plans/Fire Procedures, Mobility, Personal Privacy, Rights of Personnel, the Safety and Unique Needs of Persons Served, and Critical Incident Reporting.

All Clinical Services team members who are not yet credentialed are expected to complete their certification within three (3) years of hire. All are demonstrating progress towards achievement of CADC / LCADC certification. Progress is being monitored by supervisors and human resources.

SHC staff members, representative of all areas of operations, have been encouraged to serve in CQI Subcommittees to ensure that input is obtained from all departments impacting SHC services and programming.

There were several staff who left during the course of 2010. Some left for other jobs, some due to downsizing, and some were asked to leave. The turnover rate for 2010 was 14 %. While this is under the industry standard, it is still a concern since the turnover rate effects client care and organization's operation.

Inspections

All system inspections (fire alarm system, fire suppression system, sprinkler, security alarm, heating & cooling system) were conducted according to schedule by outside experts. All inspections were reviewed by the Health and Safety Committee to ensure any recommendations were addressed.

Efficiency

In 2010, all staff hired completed the probationary period. This number exceeds the 90% estimated by the Performance Improvement Objectives developed by the CQI Committee. In 2011, SHC will continue to use this measure to demonstrate efficiency.

The turnover rate during 2010 was 23% which did not exceed 50%. Since there was a time that the turnover rate was over 50%, there is concern on an ongoing basis. This has been a problematic area for the agency over the years. As 2011 proceeds, HR will need to be more active in evaluating the reason for staff leaving and develop plans to address the issues that staff may be experiencing.

Effectiveness

Two effectiveness measures had been developed by the CQI Committee for 2010. The Committee determined that 50% of clients entering treatment would successfully complete the detox program. NJSAMS data indicates that effectiveness measure was achieved with clients either entering the Methadone Maintenance program or being discharged as planned. Those clients who did not complete the program did not continue to attend programming and attempts to reach out to them were unsuccessful.

This will continue to be an effectiveness measure for 2011. Plans for 2011 include developing ways to incorporate new clients into additional programming to ensure their continued participation.

The second effectiveness measure was to monitor all new admissions into the methadone maintenance program and their promotion to phase two. This information was not tracked by NJSAMS and due to the changes in the organization's software program, this data was not available. However, in 2011, SHC will continue to use this as an effectiveness measure.

Satisfaction

The client survey indicated that 86% of the respondents would recommend Spectrum Health Care to their friends and/or family who were in need of treatment. This measure did not meet the threshold of 90%. In 2011, we will continue to monitor this performance indicator since it continues to be under the threshold developed by the CQI Committee.

Staff satisfaction has been a challenging area. An Ad Hoc Committee was developed by the Executive Director to review the staff questionnaire and develop a new process for determining satisfaction. Although, the committee met several times, they decided to use the same questionnaire. Results were

similar to the previous year. In 2011, there will need to be a change in this satisfaction performance indicator.

Access

The performance indicator for access was that all clients seeking services would be seen within 48 hours. According to NJSAMS data, all clients were seen within the 48 hour time frame. SHC will continue to monitor this area.