

# Performance Improvement Analysis Report

## 1.N.1, 1.N.2, 1.N.3

Performance Analysis Report (Annual Management Summary) 2020-2021:

Parkdale Center, Chesterton Indiana

**Purpose:** The purpose of this report is to have the nature of continuous improvement in a CARF accredited organization that sets us apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through Parkdale Center's programs and services.

**Introduction:** Parkdale Center LLC. is dedicated to a process of continuous improvements of our organization's business functions, services and programs based on the collection of information and data that are reliable, valid, and specifically linked to the indicators contained in this report. AID of Indiana seeks to:

Address Identified Needs to Improve:

- Improve the organization's business functions and fiscal stability;
- Improve the effectiveness of services and program delivery;
- Improve the access to Parkdale Center's services and programs;
- Improve Customer and Stakeholder satisfaction with our efforts.

### 1.N.3

This report is intended to satisfy the CARF requirements for an annual "performance analysis" used in the annual review of the organization's strategic plan. Copies of this report are distributed to members of the organization's leadership and made available to clients and staff. Completion of this report included the review of a number of different performance indicators (summarized below) and, a formal review of the organization's mission statement and core values by leadership. The current mission statement and core values was deemed appropriate for the current employee climate and current population of persons served by the organization. This includes the demographics and diversity amongst all groups and parties. The mission statement was found to be accurate and without need for revision in 2021, as it was updated in 2020. The mission statement will be formally reviewed in 2022 when the next annual management summary is completed. This summary also includes a written description of the organization's outcomes management system, Performance Improvement, Strategic Planning, Organizational Advocacy, and Financial and Resource Planning.

**Background:** The majority of Parkdale Center's functions, operates on a fiscal year which begins January 1 and ends December 31. The organization will compile end of year data, summarize it in an annual management summary, "Performance Analysis", during January and February timeframe of the oncoming year, allowing the books to close and the data to be gathered and summarized. An example would be the close of 2020, takes place in January and February 2021 and the close of 2021 takes place in January and February of 2022.

**Overview of Data Collected by the Organization:** Parkdale Center collects and analyzes data/information, all dedicated to Performance Improvement, from a number of different sources including, but not limited to:

1. Financial information including monthly reviews of the organization's financial performance by the organization's leadership;
2. Accessibility status reports as a way to monitor any potential barriers to treatment and to identify necessary corrective actions;
3. Resource allocation as needed to maintain continuity of care and ensure that the staff have the tools and resources necessary to provide quality care and execute jobs at a high level of standards;

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4. Annual risk management assessments to identify potential risks and opportunities for the organization;
5. Analysis of personnel (human resources) trends related to recruitment, retention and turnover;
6. Technology assessments to ensure that the organization benefits from information technology and possess the “hardware” necessary to support the accomplishment of the organization’s mission;
7. Reports from internal and external health and safety inspections and tests of emergency plans and procedures;
8. Outcomes management questionnaires completed by clients;
9. Stakeholder input questionnaires completed by clients, staff and other interested stakeholders;
10. Informal feedback from clients and staff
11. Informal client complaints and grievances;
12. Incident reports;
13. Feedback/results from national accreditations surveys; and
14. Feedback/results from regulatory/licensing visits and inspections i.e Indiana State Board of Health and 3<sup>rd</sup> party regulatory contractor of facility safety.

### **Prioritized Strategic Targets and Objectives**

1.N.3.a, 1.N.3.c

Parkdale Center has five Strategic Priorities expanding 2020-2025, which align with the mission, vision and values of the organization and the quality assurance metrics. The performance analysis is used to improve the quality of the programs and guide the future strategies of the organization.

#### **Strategic Priority Area 1: *Clinical Excellence and Quality of Care Improvements***

**Goal:** *Be recognized as a high-quality addiction treatment program and a provider of clinical services that is comprised of the best human and technological resources available.*

#### **Strategic Priority Area 2: *Confidence in Care***

**Goal:** *Be perceived as an addiction program for highly accountable professional attuned to its community, possess a strong public and self-image, and be the provider of choice and the addiction treatment center that highly accountable professionals first think of when they need recovery care services.*

#### **Strategic Priority Area 3: *Organizational and Partnership Development***

**Goal:** *Create a positive work environment and effective care-giving through the recruitment, retention, support and development of staff and organizational leaders, and the establishment of partnerships, collaborations and models of physician- integration.*

#### **Strategic Priority Area 4: *Patient Environment and Infrastructure Enhancement***

**Goal:** *Update facilities and non-clinical technology and equipment to ensure our staff has a physical workplace that supports safe care delivery and patients and their families experience comfort and convenience.*

#### **Strategic Priority Area 5: *Strengthen Financial Health***

**Goal:** *Assure the Parkdale’s financial health so that it may pursue its health care mission on a long-term basis, provide high quality service, and be able to adapt to the changes in the health care*

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*environment.*

**Quality Metrics and Outcomes 2019-2021**

**Service Delivery Indicators: 1.N.3.b.1**

1. 95% of PHP, IOP and OP clients will be admitted within 5 days of first contact.

**PHP**

2021 Percent Admitted within 5 days if first contact 71% average 4.54 days

2020 Percent Admitted within 5 days if first contact 60% average 5.32 days

**2021 YTD IOP**

Percent Admitted within 5 days if first contact 91% Average 1.8 days

**2021 YTD OP**

Percent Admitted within 5 days if first contact 100% Average 0 days

2. 100% of staff will complete on line education to improve client delivery.

This has been achieved and the report can be seen in 1.M.10

**Business Function Indicators: 1.N.3.b.2**

1. Occupancy rate for PHP, IOP and OP will be at 95% or higher (1.M.7)

PHP occupancy rate for 2019 8.95 people (56%); 2020 9.05 people (57%); 2021 11 people (66%)

IOP Occupancy rate for 2020 9.42 people (78%); 2021 28 people (93.3%)

OP Occupancy rate for 2020 28 people (73%); 2021 42 people (110%);

2. 100% of physician/APP/Counselor charts will be signed and closed in 48 hours. (1.M.9)

This analysis is the summation of the January to June 2021 audit of providers signing and closing charts within 48 hours. The processes and practices of providers signing off on their patients' encounters vary widely regardless of group size, specialty or organizational affiliation. When charts are not closed in a timely fashion, Parkdale Center and the provider lose money from billing delays while leaving the door open to omissions or inaccuracies in documentation. In searching for a universal standard, it was found that many organizations develop elaborate communication strategies to deal with outliers and have penalties for those who break the rules.

In a March 6 MGMA *Stat* poll, 79% of respondents indicated that their providers must sign off on patient encounters within 72 hours. Approximately 59% said that providers must sign off within 48 hours and 30% reported it must be done within 24 hours. It is the practice of Parkdale Center providers (MD, APP and Counselors), that charts will be signed and closed within 48 hours.

In the elements of the Quality Assurance Plan and the Performance Indicators of 2021, the goal states, "100% of the Physician/APP and Counselor charts will be signed off and closed in 48 hours." From January 2021 through June 2021, 2,242 pieces of documents needed to be signed and 2,206 documents were signed within 48 hours making a 98% compliance rate for signing of elements (i.e. assessments, notes, orders, counseling sessions ect.). Only 36 patient chart elements were not signed making a 2% failure rate. The following show the monthly frequency rate of unsigned charts: January-4, February-14, March-5, April-0, May-8 and June-5.

There was a total of 78 individual patient charts were in the audit during the time period January through June 2021. Out of the 78 charts audited, 23 separate charts fell out of the set criteria allowing for only 55 charts being fully complaint, which is a 71% compliance rate. This report is an automated CARF report

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built in the EMR allowing for validity and reliability in the report.

### 3. Bill audits will reflect 100% accuracy rate for PHP, IOP and OP (1.M.7)

#### 1<sup>st</sup> Quarter PHP 2021

The first quarter billing audit consisted of 60 patient days. Of the 60 PHP patient days, 34% of the bills audited were self-pay (cash accounts) and 66% of the audited bills were billed to a third-party insurance company. When compared to the days billed and the days in the program, 100% of the cash accounts and 100% of the third-party insurance accounts matched. In short, 20 cash accounts equaled the documentation of the 20 days billed and 40 insurance accounts matched the 40 days billed to the insurance company. Lastly, 15 urine drug screens were billed and 15 urine drug screens were documented, making a 100% of the audited urine drug screens were documented.

#### 2<sup>nd</sup> Quarter PHP 2021

The second quarter billing audit consisted of 63 PHP patient days. Of the 63 patient days, 25% of the bills audited were self-pay (cash accounts) and 75% of the audited bills were billed to a third-party insurance company. When compared to the days billed and the days in the program, 100% of the cash accounts and 100% of the third-party insurance accounts matched. In short, 16 cash accounts equaled the documentation of the 16 days billed and 47 insurance accounts matched the 47 days billed to the insurance company. Lastly, 14 urine drug screens were billed and 14 urine drug screens were documented, making a 100% of the audited urine drug screens were documented.

#### January to June PHP Billing Audit Summary

For the first six-months of 2021, 123 PHP patient days were audited for billing accuracy. Of the 123 IOP days audited, 29% of those were cash accounts and 71% of the PHP days were third-party insurance accounts. In all aspects, 100% of the 123 PHP patient days audited for billing accuracy, matched the 123 PHP patient days documented in the EMR. There were 29 urine drug screens audited and all 29 billed matched the documentation in the EMR.

#### 1<sup>st</sup> Quarter IOP 2021

The first quarter IOP billing audit consisted of 51 patient IOP days. Of the 51 patient IOP days, 35% of the bills audited were self-pay (cash accounts) and 64% of the audited bills were billed to a third-party insurance company. When compared to the IOP days billed and the days in the IOP program, 100% of the cash accounts and 100% of the third-party insurance accounts matched. In short, 18 cash accounts equaled the documentation of the 18 IOP days billed and 33 IOP insurance accounts matched the 40 IOP days billed to the insurance company.

#### 2<sup>nd</sup> Quarter IOP 2021

The second quarter IOP billing audit consisted of 51 patient IOP days. Of the 51 patient days, 82% of the IOP bills audited were self-pay (cash accounts) and 18% of the audited IOP bills were billed to a third-party insurance company. When compared to the IOP days billed and the days in the IOP program, 100% of the cash accounts and 100% of the third-party insurance accounts matched. In short, 42 IOP cash accounts equaled the documentation of the 42 IOP days billed and 9 IOP insurance accounts matched the 9 days billed to the insurance company.

#### January to June IOP Billing Audit Summary

For the first six-months of 2021, 102 IOP patient days were audited for billing accuracy. Of the 102 IOP days audited, 59% of those were cash accounts and 41% of the IOP days were third-party insurance accounts. In all aspects, 100% of the 102 IOP patient days audited for billing accuracy, matched the patient days documented in the EMR.

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### 1<sup>st</sup> Quarter OP 2021

The first quarter OP billing audit consisted of 24 OP patient days. Of the 24 patient OP days, 100% of the charts audited were self-pay (cash accounts). When compared to the OP days billed and the days in the OP program, 100% of the audits matched. In short, 24 cash accounts equaled the documentation of the 24 OP days billed to the patients.

### 2<sup>nd</sup> Quarter OP 2021

The second quarter OP billing audit consisted of 25 OP patient days. Of the 25 patient days, 100% of the OP charts audited were self-pay (cash accounts). When compared to the OP days billed and the days in the OP program, 100% of the cash accounts matched. In short, 25 OP cash accounts equaled the documentation of the 25 OP days billed.

### January to June OP Billing Audit Summary

For the first six-months of 2021, 49 OP patient days were audited for billing accuracy. Of the 49 OP days audited, 100% of those were cash accounts. In all aspects, 100% of the 49 OP patient days audited for billing accuracy, matched the patient days documented in the EMR.

### Targeted Program Indicators:

1. 85% of clients completing treatment will display sober living as measured by relapse which is measured at 30-days, 90-days, 6-months and one year. (1.M.4)

Every year, Parkdale Center sends out an annual Sobriety Survey that helps determine which post treatment modalities help in recovery and in living sober. There was a total of 29 participants who completed the 2020 Sobriety Survey, which is down from the 79 that completed it in 2019. Out of the 29 post discharged patients, 93.10% (27/29) maintained sobriety after the first 30-days. 90 days post discharge sobriety rate was 93.10%(n=27/29) and for those that completed the survey, six months sobriety rate increased to 94.73% (18/19) and after one year the sobriety rate was 83.33% (10/12). The three key factors reported in maintaining a sober living were social and community support, affiliation with 12-step organizations such as AA and/or NA. Parkdale Center recognizes that support groups provide many benefits to maintaining recovery. Of those that completed the survey, 79% still attended AA and NA meetings (82.28% in 2019), while 75% participate in community support groups (72.15% in 2019) and 75% are back working in his/her field of choice (70.51% in 2019). A complete summary of 2017-2020 is seen below in the graphs. In short, Parkdale Center has consistently performed high in all four years and in all categories with a 95% Confidence Interval and Standard Deviation +/- 2.

2. Participation in the PHP, IOP and OP will have a completion rate of 95% or higher.

The annual SAMHSA Drug and Alcohol Treatment Program Completion Rates report found that the completion rate for people seeking drug and alcohol treatment was 47%. Within this overall number, the data showed that completion rate varied widely depending upon factors such as substance of abuse and the type of service being offered by the drug and alcohol treatment facility. In 2019 the PHP completion rate was 80% and in 2020 the PHP completion rate was 95% and in 2021 YTD the PHP completion rate is 78%. Parkdale's completion rate is about two times higher than the national average. For IOP in 2020 the completion rate was 88% and in

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2021 YTD we are at 98%. We started tracking completion rates for OP in December 2020. The Completion rate for 2021 YTD for OP is 100%.

**Customer Service Indicators:**

1. 95% of clients in PHP, IOP, OP will rate Program as Agree to Strongly Agree.
2. 95% of clients in PHP, IOP, OP will Recommend Parkdale Center.
3. 95% of Stakeholders will rate the survey question "Overall Program Satisfaction" as Satisfied to Very Satisfied.

The 2020 Patient Satisfaction Survey for PHP was completed and the one goal Parkdale Center really worked on compared to the past previous years was *Patient Involvement in Care Domain*. All elements in the Patient Involvement in Care Domain met or exceed the goal of 4.5, besides *Effectiveness of Our Health Information Materials (4.43)*. This score is not far off from the goal and is associated to information to keep one healthy such as diet, exercise and supplemental intakes. Also, in 2020 we removed the question about Test Results (2017-2019) and added *Your Involvement of your MTP (2020) and Explanation of your patient Rights*. Both of these questions reflect the transparency in care and assure the patient is directly informed and participates in self-care. In the Patient Convenience Domain two elements did not meet the set goal of 4.5; Overall Comfort (4.25) and Adequate Parking (4.22). Parking trending is up compared to 2018 and 2019 post purchase of the front parking lot and in 2020 during the COVID pandemic, overall comfort was compromised as masks were worn all day while in group and then 6-foot distance affected the intimacy of group as well. It will be two elements to monitor in 2021. Lastly, it is a Strategic Goal to have 95% or greater response to Would You Recommend Parkdale Center to Others and in 2019 was at 98.9% 2020 it was at 97.5%, and 2021 YTD is at 100%

This analysis is comparing that Intensive Outpatient Program patient satisfaction survey from 2020 and January to June 2021. So far 2021 January-June outperformed 2020 in all the questions besides question 3, where it stayed the same. The biggest impact in 2020 was COVID-19 and moving IOP to tele-IOP. Communication, information and feeling inclusive with the therapist and the individual MTPs really improved in 2021, as many of the kinks were worked to assure that each patient felt the education elements of recovery, resiliency and wellness. In the elements of the Quality Assurance Plan and the Performance Plan, in 2021 Question 9 "Overall Quality of Program was Very Good" 100% of the participants who answered the survey either agreed (12%) or Strongly Agreed (88%), while in 2020 only 10% Agreed and 75% Strongly Agreed. In the elements of the Quality Assurance Plan and the Performance Plan, in 2021 Question 10, "I Would Recommend Parkdale to Friends and Family", in 2021 100% of the those who answered the survey Strongly Agreed, while in 2020, 90% Strongly Agreed and 5% Agreed and 5% Disagreed.

This analysis is evaluating the Outpatient Program patient satisfaction survey from January to June 2021. So far in 2021 (January-June), all the questions that were answered by those who participated in the survey scored the OP with 100% of the questions being rated at Agreed (3) or Strongly Agreed (4) on a four point Likert scale. The survey helps the Parkdale OP team evaluate the areas of improvement. This will help assure that each patient felt the education elements of recovery, resiliency and wellness while in the OP program. The one question that scored the low was question 2 "I received patient information about the program expectation". Out of those who took the survey, 25% rated that question as a Disagree (2). This is one area to improve on and will be looked at by the QAT and the OP counselor(s). In the elements of the Quality Assurance Plan and the Performance Plan, in 2021 Question 9 "Overall Quality of Program was Very Good" 100% of the participants who answered the survey Strongly Agreed (100%) with the question and in the elements of the Quality Assurance Plan and the Performance Plan, in 2021 Question 10, "I Would Recommend Parkdale to Friends and Family", in 2021 100% of the those who answered the survey Strongly Agreed.