

2021 PI Overview

2021 YEAR OVER YEAR (“YOY”) COMPARISON TO 2020 AND 2019; PERFORMANCE IMPROVEMENT SURVEY OUTCOMES AND BY DEPARTMENT ADMISSIONS, CLINICAL, OPERATIONS, AND MEDICAL





2021 Performance Improvement Overview
BRIEF INTRODUCTION

This annual summary aims to show outcomes summarized with a look back to prior years 2019, 2020 and 2021 to attempt to identify trends and solutions to problems and/or to implement improvements to Wayside House programming based on collected outcomes. For a more detailed look at each section, one may reference monthly reports for Outcome, Satisfaction Surveys, and BAM, and Monthly reports for each department.



2021 Performance Improvement Overview OUTCOMES – VARIOUS CLIENT SURVEYS

This section will show YOY comparisons for 2021, 2020 and 2019 for each outcome survey Wayside House collects from clients: Client Outcome Survey, Client Satisfaction Survey, and BAM. Each survey also has an individual 2021 report containing more detail.

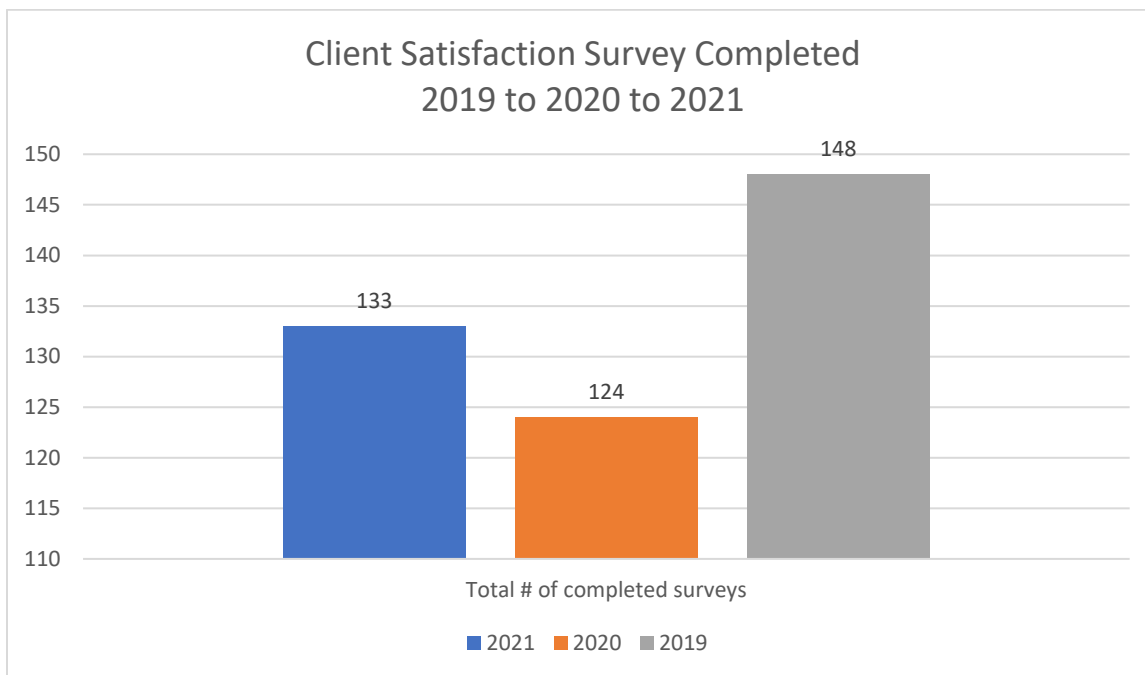
WAYSIDE CLIENT SATISFACTION SURVEYS

2021/2020/2019 YOY SURVEY COMPARISON

2021 saw a 7% increase in overall Client Satisfaction Surveys completed from 124 in 2020 to 148 in 2019. This is partially attributable to a slight increase in census at the Residential and PHP LOC due to Covid restrictions dwindling. The PHP program began in May 2021. IOP and OP clients attending services by telehealth after Q1 2020 due to the Covid-19 pandemic. IOP and OP clients and therapists reported experiencing technical difficulties with KIPU messenger function which sends a link to clients for survey completion. This technical difficulty improved in 2021.

Observation: IOP and OP Clients appear to be less likely to complete surveys outside of scheduled session time and/or if the survey is not completed in a physical therapy session.

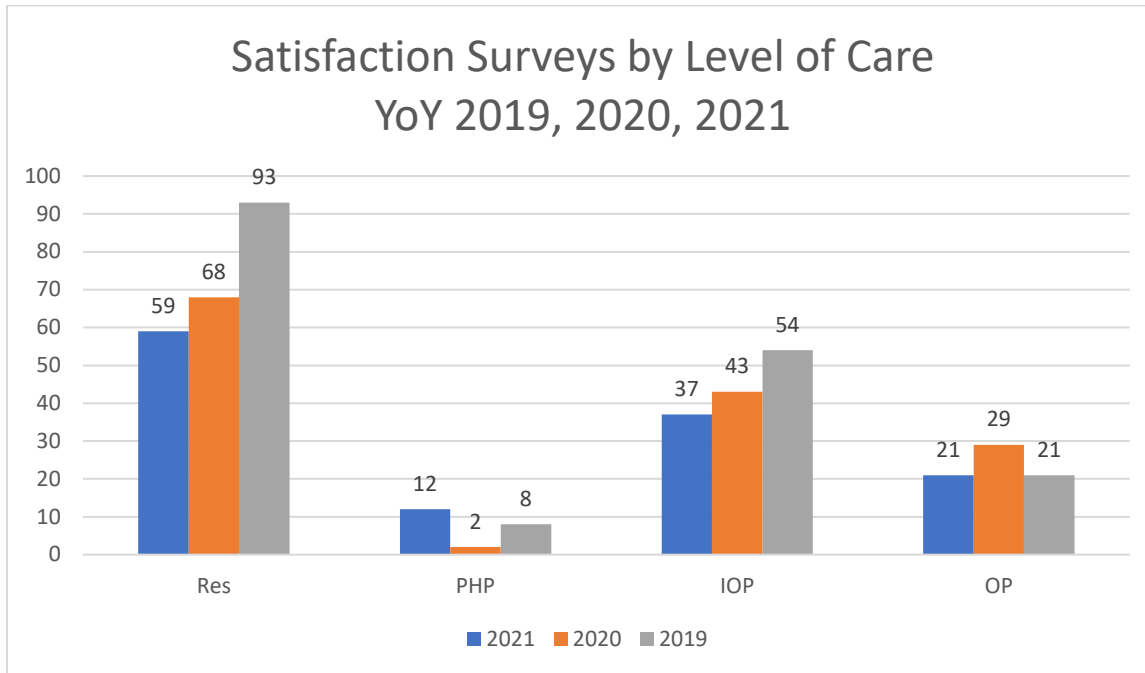
Recommendations/Actions: Therapists serving IOP and OP levels of care were encouraged to take time during final session to ensure clients received the survey link and to allow session time for clients to complete and return surveys to be sure that data is being collected.





2021 Performance Improvement Overview

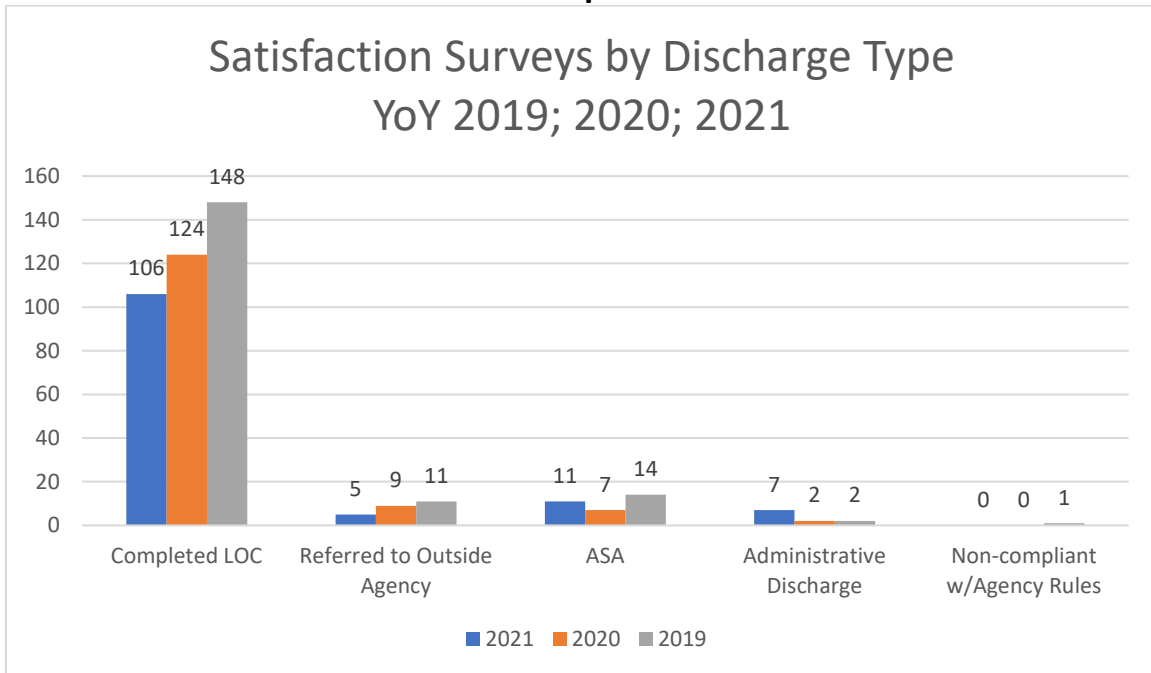
Those who successfully complete a LOC continue to be the most likely to complete Satisfaction surveys, with 148 in 2019, 124 completed in 2020, and 106 completed in 2021. There are very few completed by those clients who are discharged for other reasons as shown below.



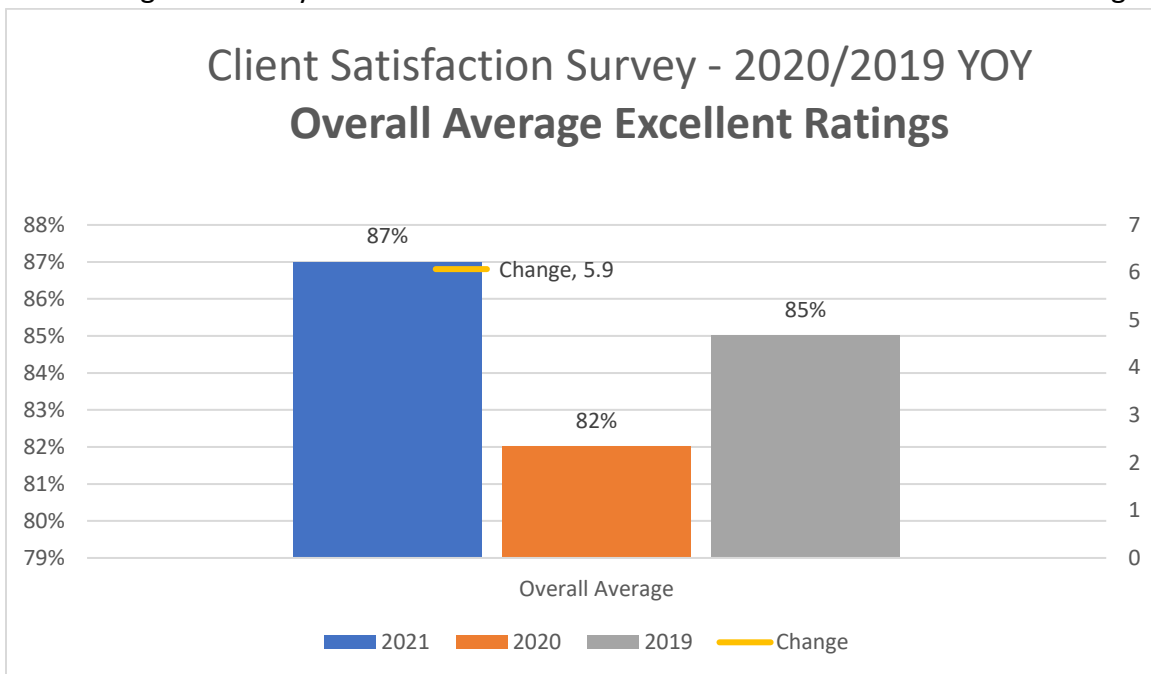
Level of care analysis shows a 14% decrease for the residential LOC, a 143% increase in PHP, a 15% decrease for IOP, and a 32% increase for OP from 2020 to 2021 for Satisfaction Survey completion for reasons discussed in the previous section. The increase in IOP/OP LOC surveys may be attributable to IOP/OP therapists applying recommendation to complete surveys during session.



2021 Performance Improvement Overview



Clients continue to rate Wayside’s overall services at Excellent over 80% of the time on average across all categories surveyed. 2020 to 2021 saw a minimal 5% increase in excellent ratings.





2021 Performance Improvement Overview WAYSIDE CLIENT SATISFACTION SURVEYS

The Surveys consist of 31 Questions across 10 categories: Admissions, Safety, Education, Treatment Planning, Counselor's Competency, Continuity of Care, Staff, Clinical Individual & Groups, Facility and Overall Impression. Each question asks the respondent to rate their response as follows: Excellent, Very Good, Good, Fair, Poor. This survey helps us track client levels of satisfaction (by self-report) with the services they received while in our care. The results are analyzed with the goal of continual improvement in the quality of the services and programming we offer to clients.

2021 saw all categories consistently range in the Good, Very Good and Excellent between 80-90% all year. It was noted that the questions are not specific enough for us to directly improve in each category. In 2022 the Performance Improvement Committee will be creating a more department specific survey to better capture areas of improvement.

WAYSIDE CLIENT OUTCOME SURVEYS

RISK VS. INSIGHT 2021/2020/2019 YOY OVERVIEW

This survey is to help better serve our clients by tracking how they perceive their progress (self-report) in decreasing symptoms of risk and increasing levels of insight as a result of treatment.

Analysis - Risk

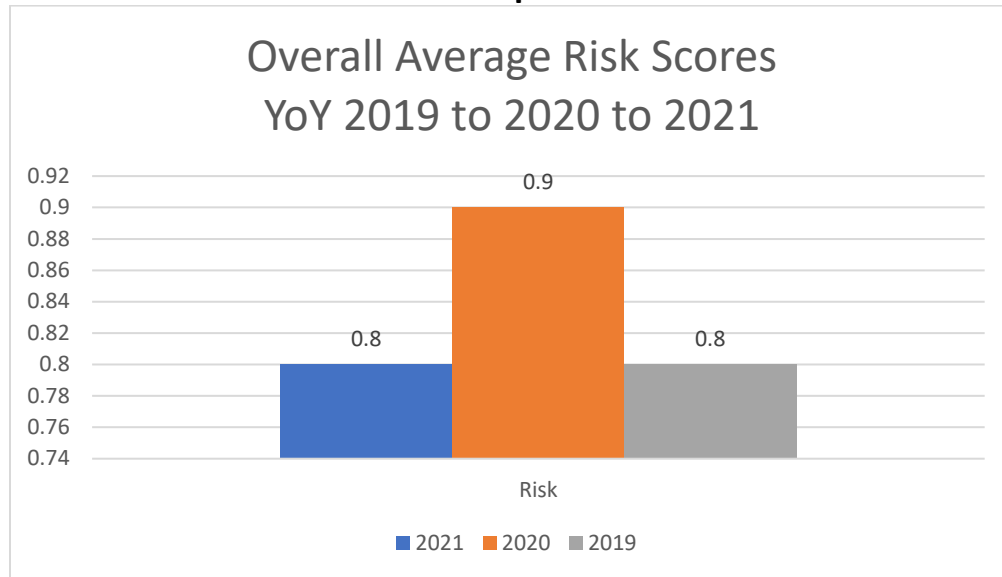
From 2019 to 2020 there is a very small increase from the overall average self-reported risk from 0.8 in 2019 to 0.9 in 2020, indicating a very small increase in overall risk. This is remarkable given the extraordinary stress of the Covid-19 Pandemic. From 2020 to 2021 the overall average risk score in 2021 was 0.8 as it was in 2019 indicating a very small to no overall risk upon discharge from the program.

Risk Questions Measured:

1. Cravings to use
2. Level of anxiety
3. Level of depression
4. Level of pain



2021 Performance Improvement Overview



WAYSIDE CLIENT OUTCOME SURVEYS

Analysis - Insight

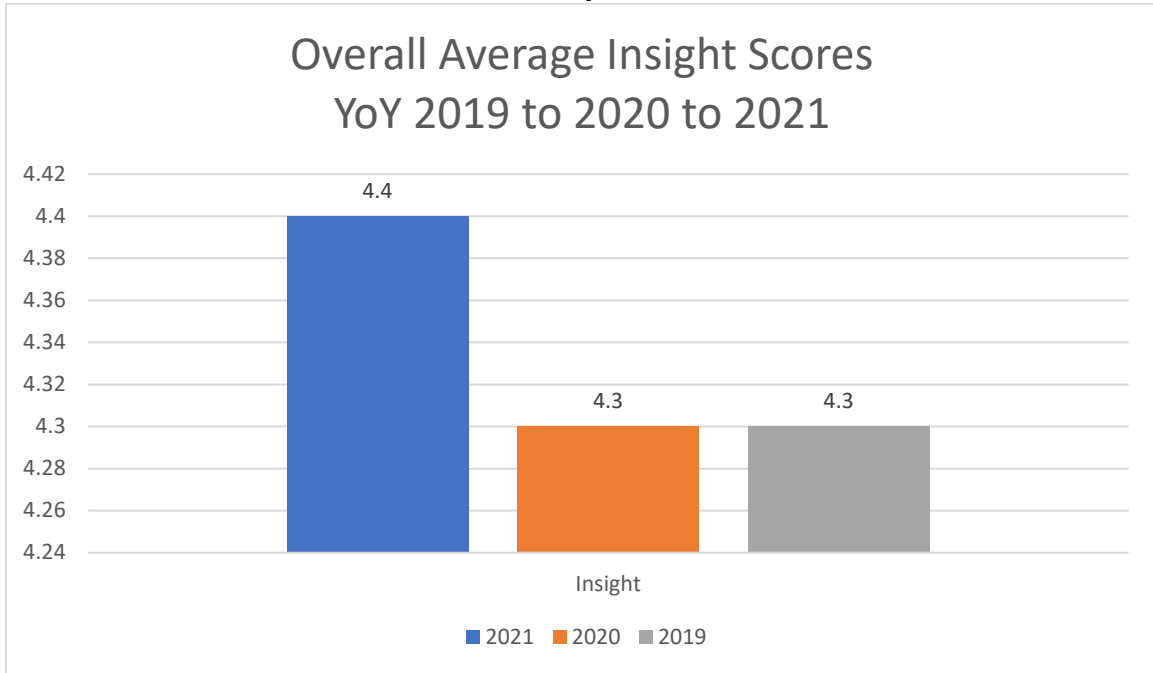
From 2019 to 2020 Clients' self-reported insight was nearly identical YOY with an average of a 1% difference in outcomes. From 2020 to 2021 Clients self-reported a 2.3% increase in their insight. This suggests that Clients are not only continuing to receive quality care that addresses both risk and insight, but also despite the stress of a global pandemic, they are feeling confident in their levels of insight to be able to maintain their recovery as they transfer to lower levels of care or discharge from treatment.

Insight Questions Measured:

1. Level of insight into disease process of addiction
2. Level of insight into relapse process
3. Level of insight into 12-steps
4. Level of ability to share in group
5. Level of insight into need to continue involvement in 12-step program after discharge
6. Level of ability to understand how to maintain long-term abstinence



2021 Performance Improvement Overview





2021 Performance Improvement Overview

PI OVERVIEW by DEPARTMENT

Each department (Admissions, Clinical, Operations, Medical, and Human Resources) is responsible for reporting monthly metrics which are then analyzed and presented in quarterly reports. This annual overview will present outcomes department by department. Each department will have a summary of 2021 followed by a lookback or comparison to 2020/2019 where applicable.



2021 Performance Improvement Overview

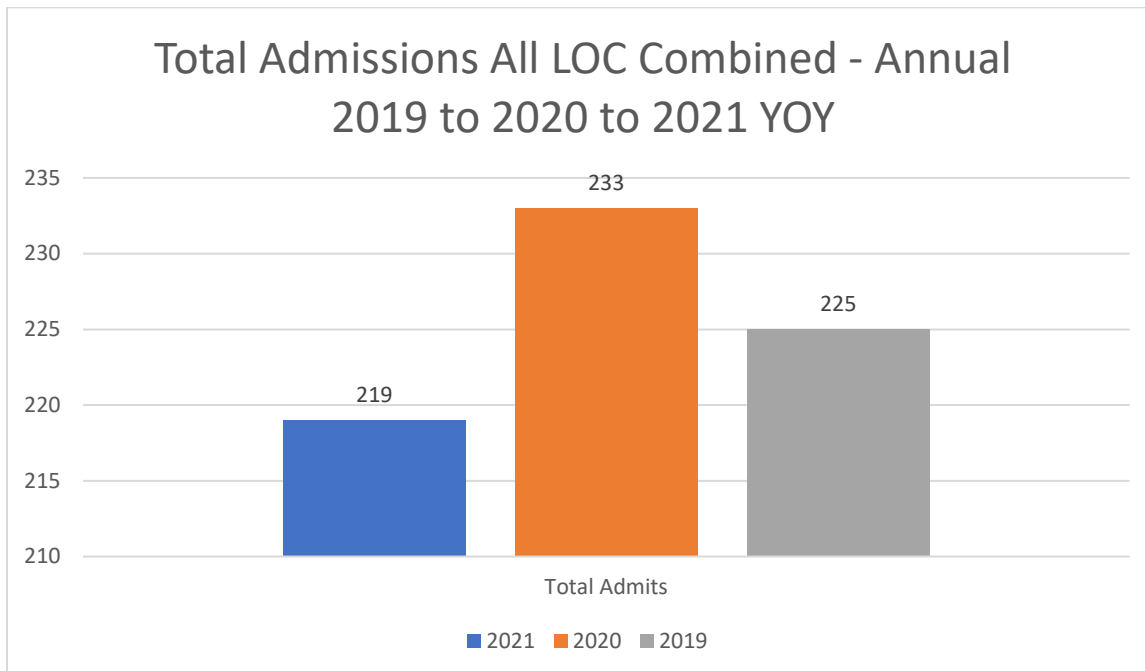
WAYSIDE ANNUAL ADMISSIONS OVERVIEW

Goal for Admissions was to continue maintenance of a healthy relationship with ME for DCF funded treatment at all levels of care while increasing admissions from other payor sources such as insurance and self-pay. As you will see later in this Admissions section, this is coming to fruition in 2020. The CFO has been instrumental in reviewing, renewing, and securing new insurance contracts including Medicaid to help meet diversified payor source goals.

A note regarding the PHP level of care in 2020 and 2021. When the Covid-19 Pandemic hit, it did not make sense to admit PHP clients due to the infection control risk without having a housing component. In 2021 the Covid-19 Vaccine became available and the local health officials began lowering the Covid-19 infection control restrictions. This allowed Wayside to begin admitting client back into the PHP level of care.

ADMISSIONS: GENERAL – YOY 2020 to 2019 Comparison

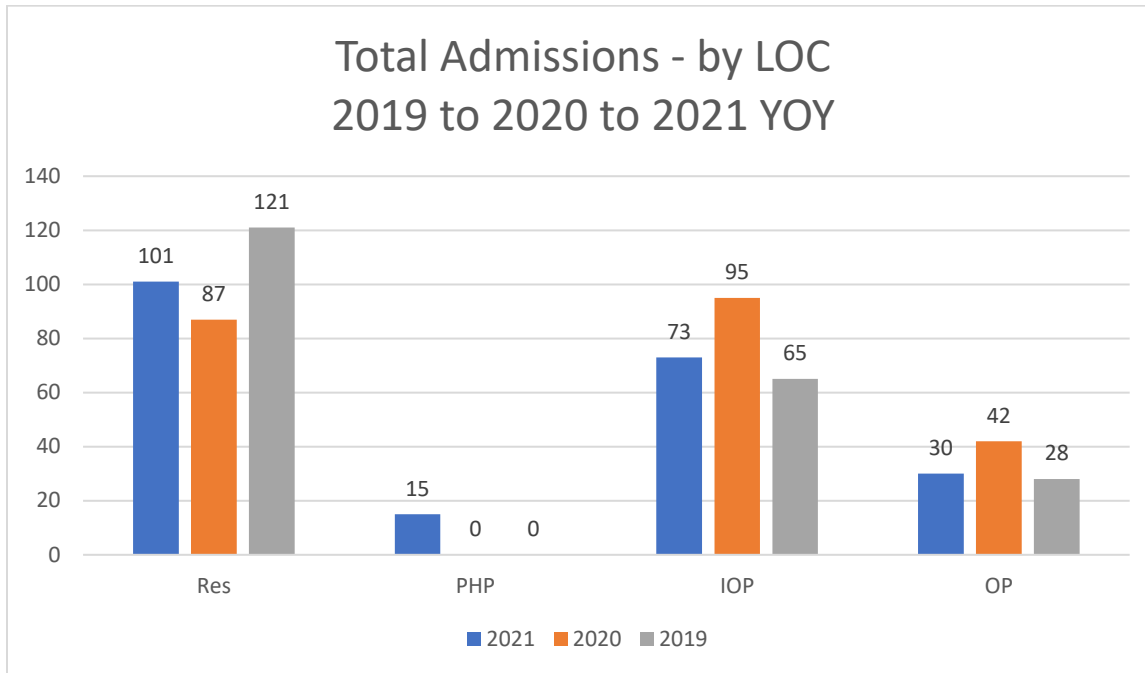
Despite Covid-19 complications and limitations, 2020 saw only a 3% decrease in overall admissions from 233 in 2019 to 225 in 2020.





2021 Performance Improvement Overview

By level of care, both IOP and OP showed a robust increase in total admissions from 2019 to 2020, with IOP increasing 46% (from 65 to 95 admissions) and OP increasing by 50% (from 28 to 42). The 2021 admissions declined slightly due to fluctuating restrictions from Covid-19. Our goal was always client safety. This presented many challenges to providing the best quality care and maintaining infection control.

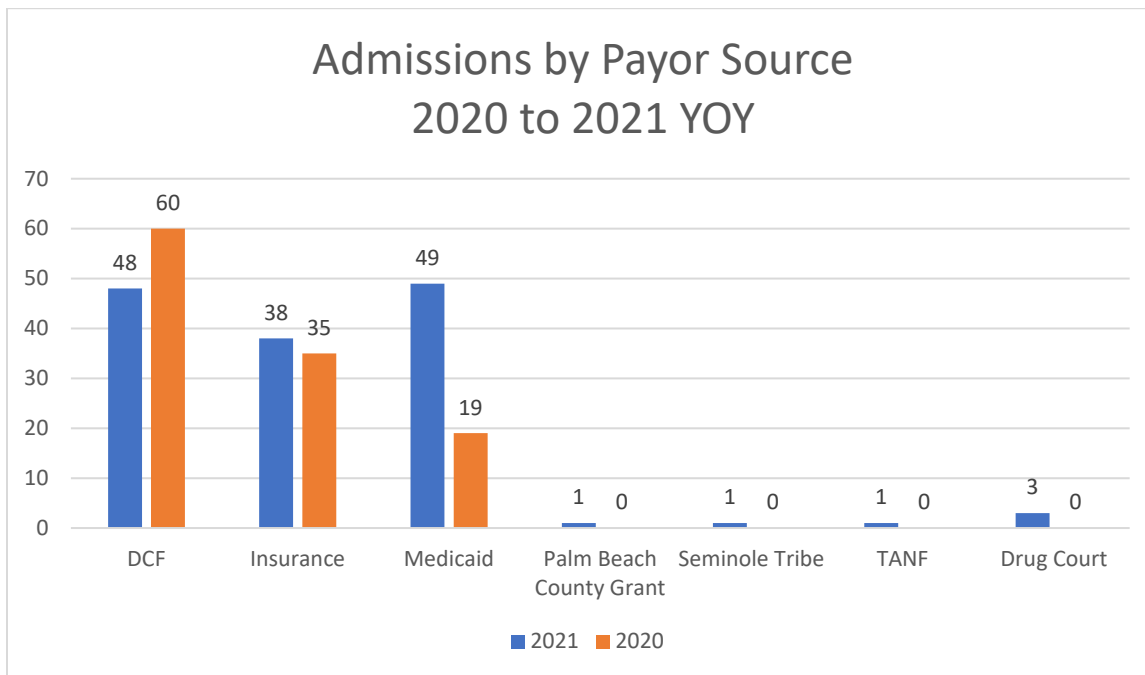




2021 Performance Improvement Overview

ADMISSIONS: PAYOR SOURCE - 2020

2020 is the first full year we have closely analyzed payor source to help track progress on our goal to diversify client payor source to ensure a healthier financial outlook for agency. The charts below show NEW ADMITS only (no transfers). Given the progress shown in 2020 of our ability to diversify payor sources, we were able to continue to expand those source in 2021. For the optimal financial health of Agency it is best to maintain a mix of funding sources.



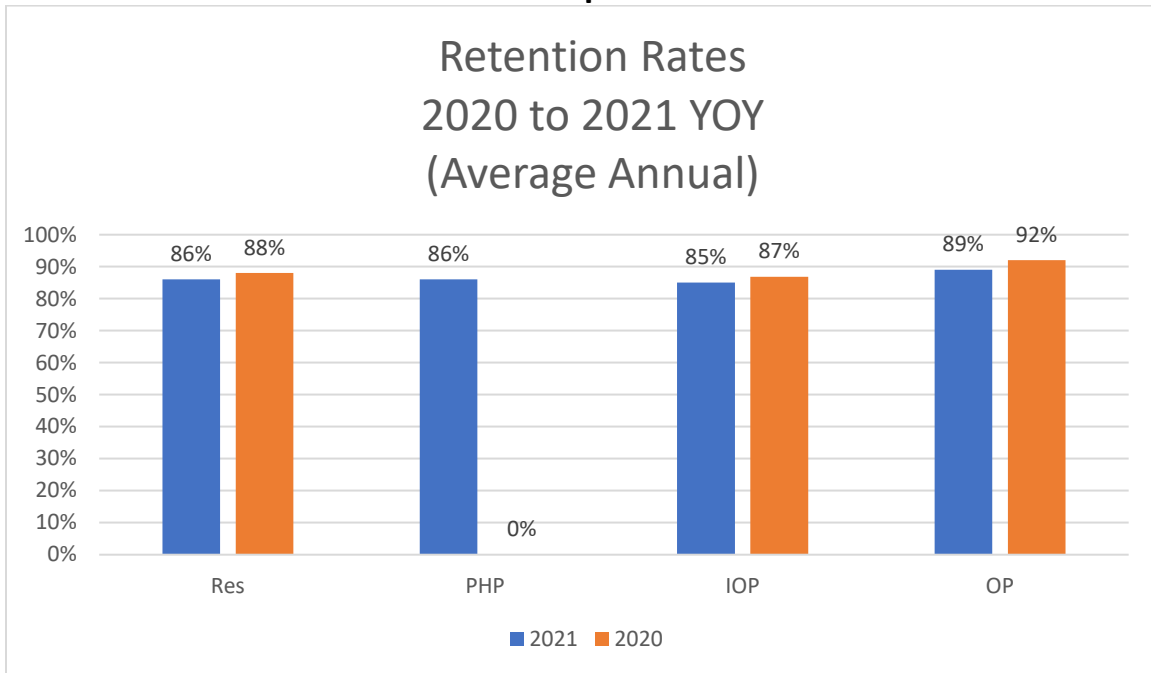
The data show that DCF admissions are decreasing, and insurance/self-pay as well as Medicaid are increasing (see trendlines in both charts).

ADMISSIONS: RETENTION RATES – 2020 & YOY

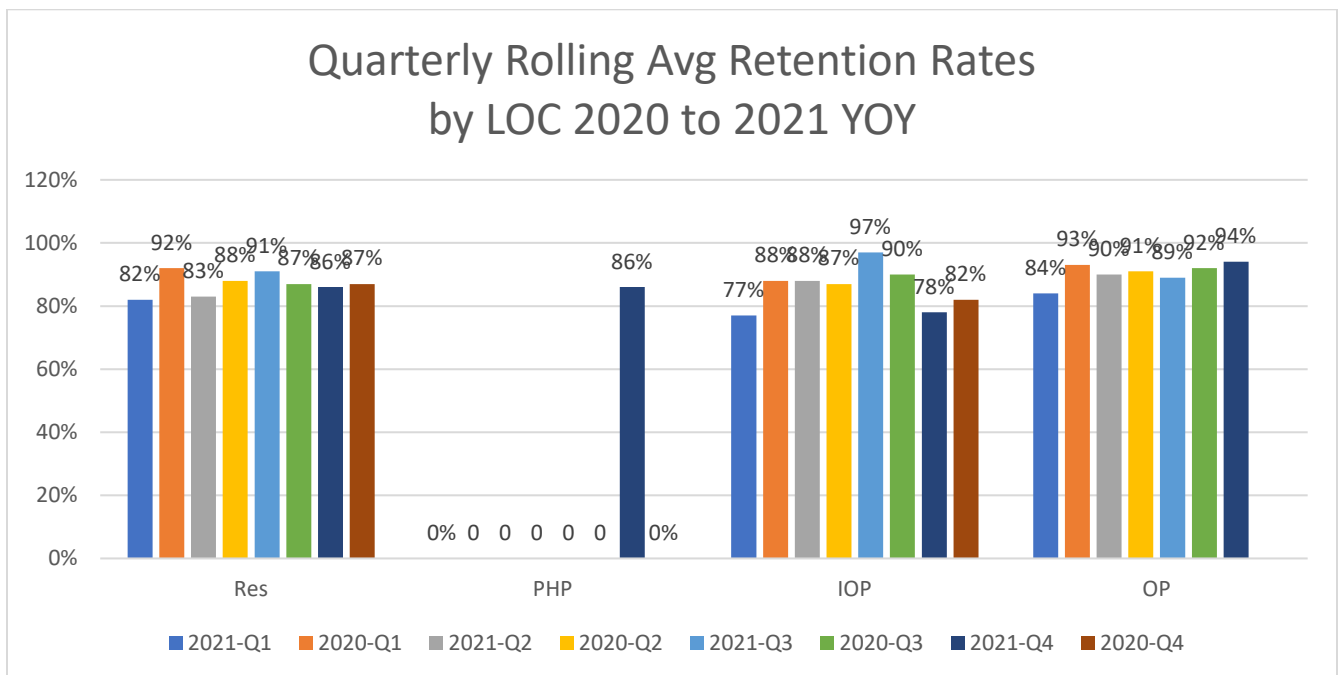
Retention rates started to be tracked by PI and Agency in July (Q3) of 2019, thus a full YOY comparison cannot be made for 2020 however we can still compare quarters for both years.



2021 Performance Improvement Overview



Retention rates have remained above 80% at all LOC and all Quarters in 2020 and 2021, with the highest retention rates at the OP LOC. Higher retention at the lowest LOC is expected given that clients have been in recovery longer and are more stable in their overall life pursuits.





2021 Performance Improvement Overview

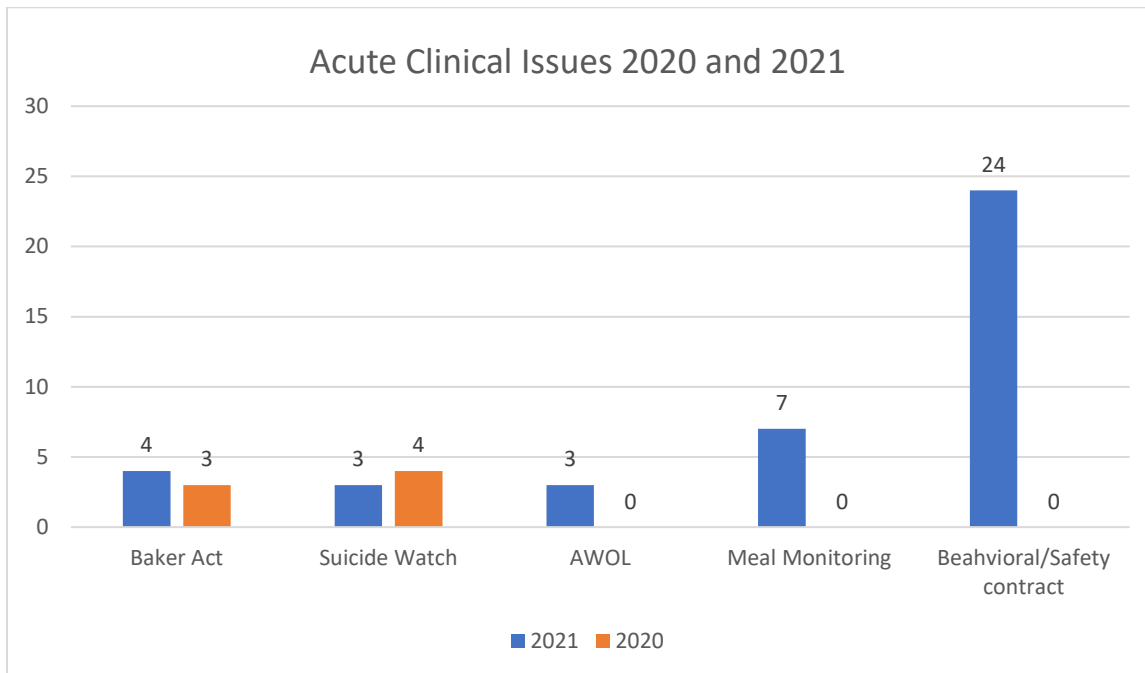
Relatively stable retention in 2020 and 2021 in comparison to 2019 may be attributable to feelings of safety in receiving treatment for SUD during a difficult time in world history, however this is only anecdotal. Wayside will continue to collect retention data for future analysis.

ANNUAL CLINICAL OVERVIEW

CLINICAL: 2021 & YOY COMPARISON

In 2021, Wayside House begin tracking AWOL, Meal Monitoring, Behavioral and Safety Issues across level of care. Clinical data tracking acute events remain low. Relative to the overall census these acute issues remain low and will continue to be monitored as the overall goal is to maintain very low need for acute interventions. Staff continued with training in 2021 for SEFBHN’s adoption of the national Zero Suicide initiative to further increase staff confidence in related clinical interventions such as assessing for suicidal ideation, safety planning, and strategies to reduce access to lethal means. All new hires receive Zero Suicide Training and Clinical Staff.

Overall, in 2021 Agency executed only four Baker Acts, three suicide watches, three AWOL, seven meal monitoring clients, and 24 clients in need of a Behavioral or Safety Contract.





2021 Performance Improvement Overview

In comparison to 2020, the shows a consistent number of clients requiring acute care interventions. At this time, the cause for this decrease or increase in acute events is not fully known. Agency will continue to monitor Acute Events such that meaningful trends can be established in the future.

ANNUAL OPERATIONS OVERVIEW

OPERATIONS: 2020 & YOY COMPARISON

Given that there were 225 admissions in 2020 and 219 admissions over all levels of care, Wayside incidents are very low.

At 23 total incidents for the year, Wayside had an average 1.92 (or less than 2) incidents per month in 2020; a 66% decrease from 2019. In 2021, with 219 admissions there was only 49 incidents. There was an average of 4% incidents per month in 2021. The increase in the number of incidents may be due to the improved ease of reporting the incidents. In 2019 and 2020 the incident reports were tracked using paper forms. In 2021, Wayside implemented the use Kipu the company's EMR Software. Being able to easily complete a report electronically allows staff to more readily report incidents more timely. These can be analyzed and tracked using the report function in Kipu giving Wayside staff more insight and visibility into the incidents.

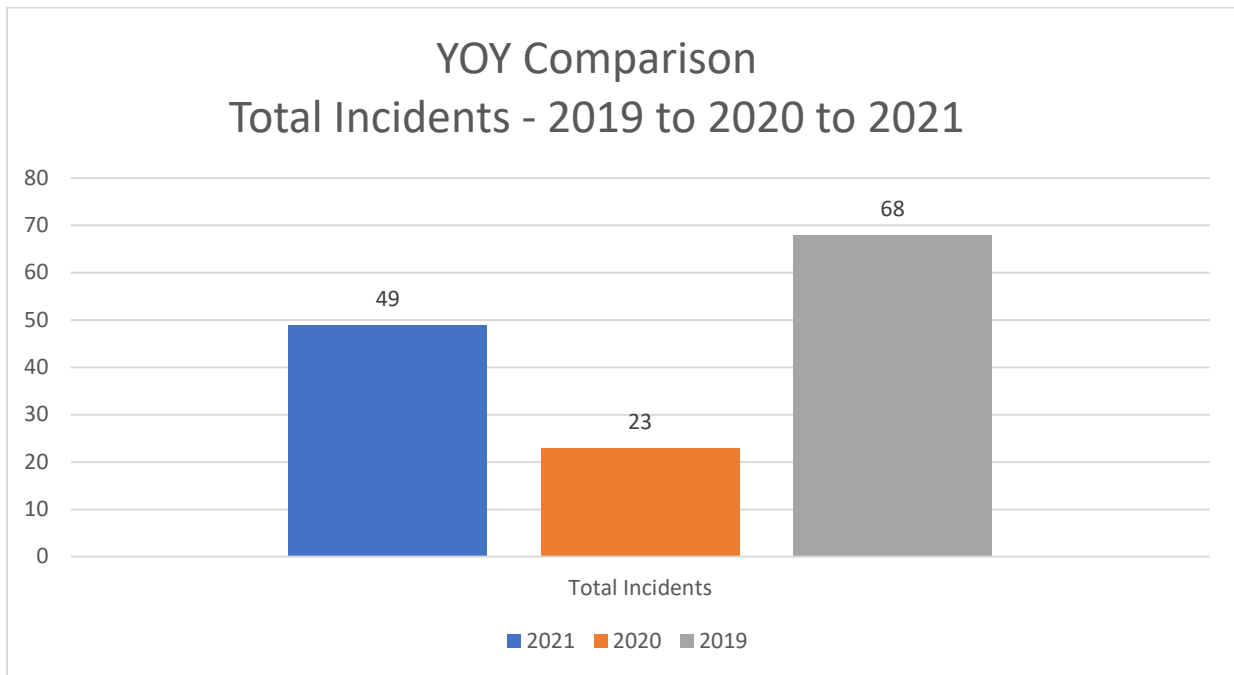
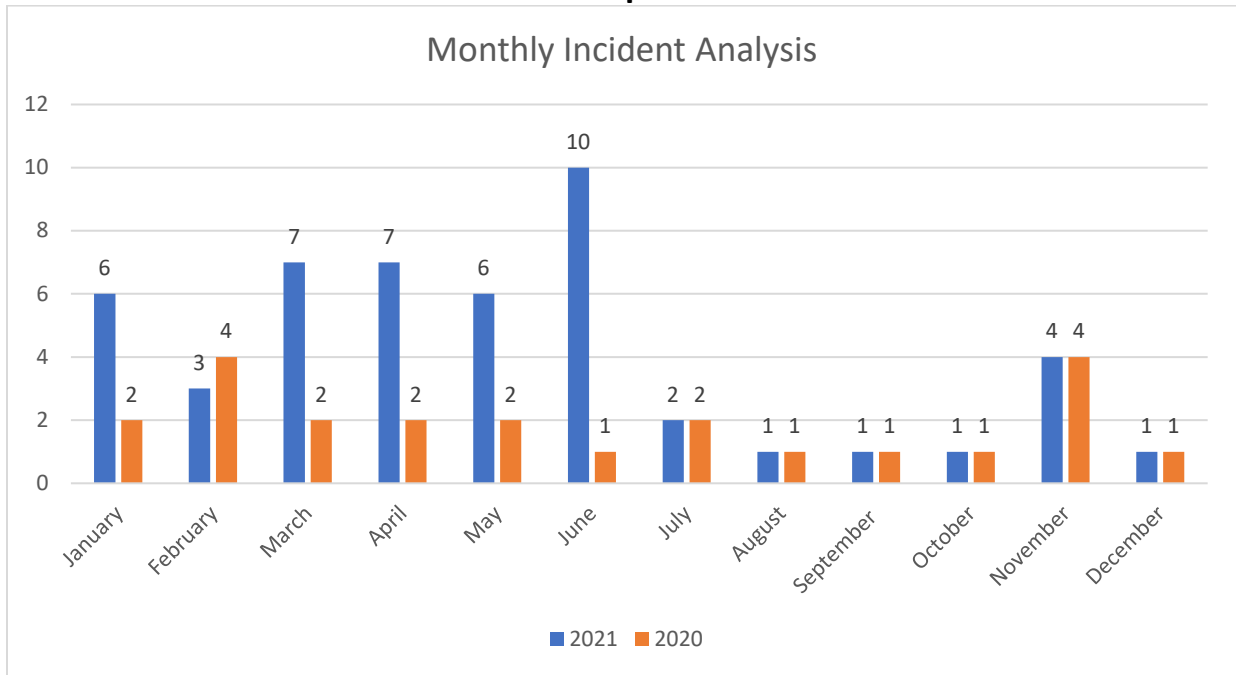
The annual goal for analysis will be to track incidents year-over-year to identify if there are any identifiable trends or cycles. Operations will continue to accurately monitor, report, and correct incidents with an overall goal of reduction in incidents to increase client and staff safety.

Inter-departmental cooperation was identified in 2019 as one of the keys to reduction of incidents. 2020 showed increased inter-departmental cooperation across all departments, especially between admissions, clinical, and all other departments. In 2021, staff continue to be trained on prevention measures and policies regarding all types of incidents. Incidents can be affected by pre-admissions assessments to rule out clients that are not appropriate to our milieu, good client education of rules and expectations upon admission and reinforcement of rules throughout treatment. While pre-admissions assessments appear to show increasing acute co-occurring mental health disorders along with SUDs, it appears that we have been increasingly able to better identify potential clients who would be better served by a co-occurring enhanced care or primary mental health treatment. HR continues to collaborate with each department to ensure an appropriate workforce with up-to-date training, and Clinical leadership is the overarching guidance for all departments to maintain clinical integrity for our primary SUD with co-occurring capable treatment services.

The following charts illustrate operations data for 2021, 2020 and 2019 YOY.



2021 Performance Improvement Overview





2021 Performance Improvement Overview ANNUAL MEDICAL OVERVIEW

MEDICAL: 2020 & YOY COMPARISON

The number of medications to be given and the number of reported errors is important to note here in the analysis. With thousands of medications being observed daily in comparison to the amount of errors each year is presented with a 99% compliance rate. As indicated on prior quarterly reports, zero errors would seem ideal, however the nature of the most common errors “medication refusal” and “forgot to take medication” reflect client autonomy and choice, given clients can refuse medication and may not present for medications as scheduled. Our practices in this area reflect ROSC (Recovery Oriented Systems of Care) which emphasizes client choice. Catching these incidents and good reporting allows for better interventions with clients by medical staff so they can consult with clients to make necessary adjustments in medications. Further, capturing these incidents of refusal or forgetting to take medications also allow clinical staff to intervene in a positive manner to help clients process how they are experiencing their psychiatric/medical care.

Actions supporting improvements will continue to be ongoing staff training, and continuation of education clients regarding the importance of consistency with medication and communicating their needs medical staff.

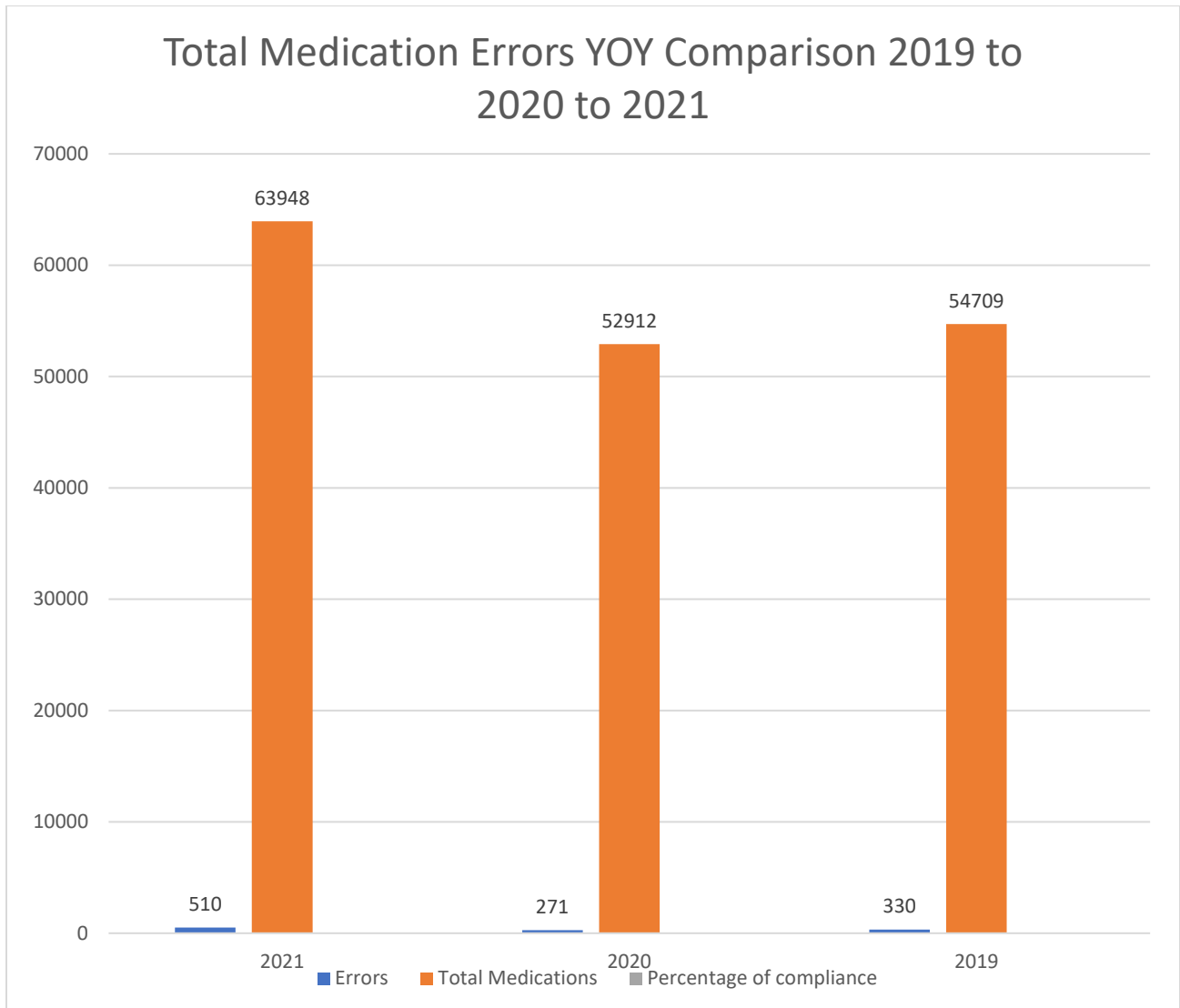
In 2021, Wayside Implemented the use Kipu EMR to document the medication errors instead of paper. This significantly helped in the reduction of errors and increase in reports. When the nurse can have more visibility to the data of the errors in real time the issues can be resolved more quickly.

The following sections are visual renderings of Medication Errors, Events, and reported Infectious Diseases. A separate section shows infectious diseases by type, including Covid-19; further analysis in that section.



2021 Performance Improvement Overview

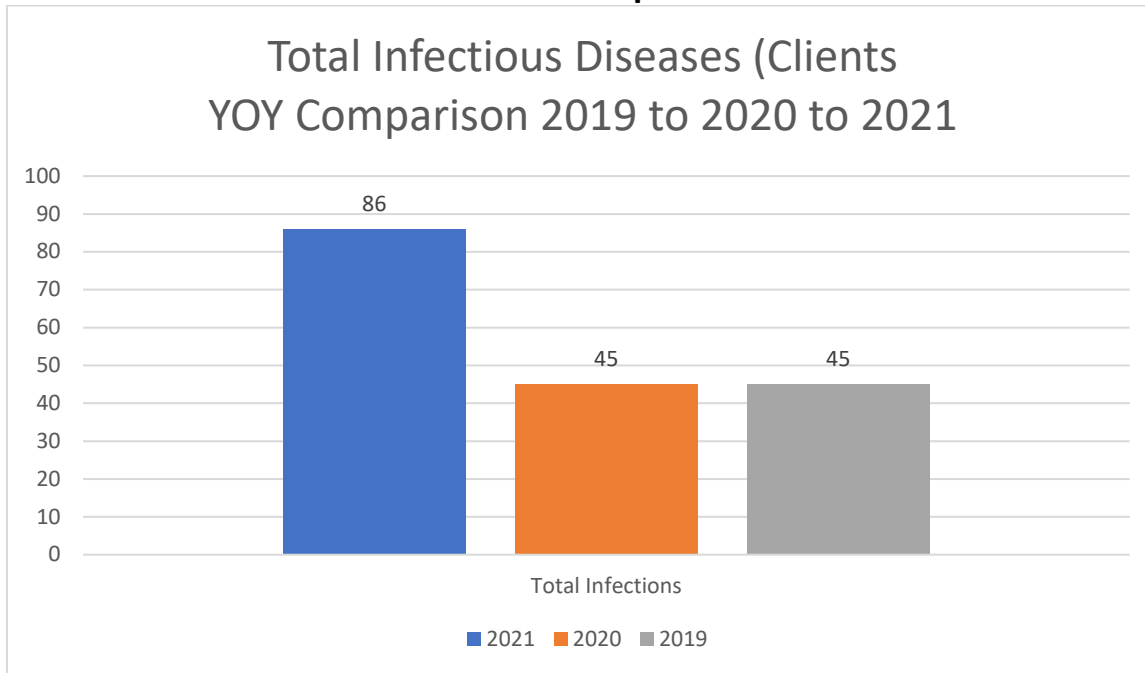
MEDICAL: ERRORS



MEDICAL: INFECTIOUS DISEASES



2021 Performance Improvement Overview



MEDICAL: INFECTIOUS DISEASES AND COVID-19 - 2020

In 2021 the most common infection was dental and cold symptoms. In 2020, the most common client complaints were congestion, sore throat & cold symptoms. Clients had only 2 suspected cases of Covid-19, both negative. Client infections were down drastically from 2019 – a 60% decrease. The low number of infectious diseases overall may be attributable to an extreme increase in infection control measures including limited to no client outings, and limiting extraneous visitors into the building (including family), Covid-19 screening of vendors or adjunct therapists, and continuation of basic hygiene such as hand-washing and sanitizing surfaces. The increase from 2020 to 2021 might be due to the increase in services. With Covid-19 restrictions fluctuating and the vaccination becoming more prominent this allowed Wayside to increase services. New admissions were also required to quarantine per CDC guidelines. YOY comparison by disease type was not possible due to the first few months of 2019 detailed by type was corrupted data.