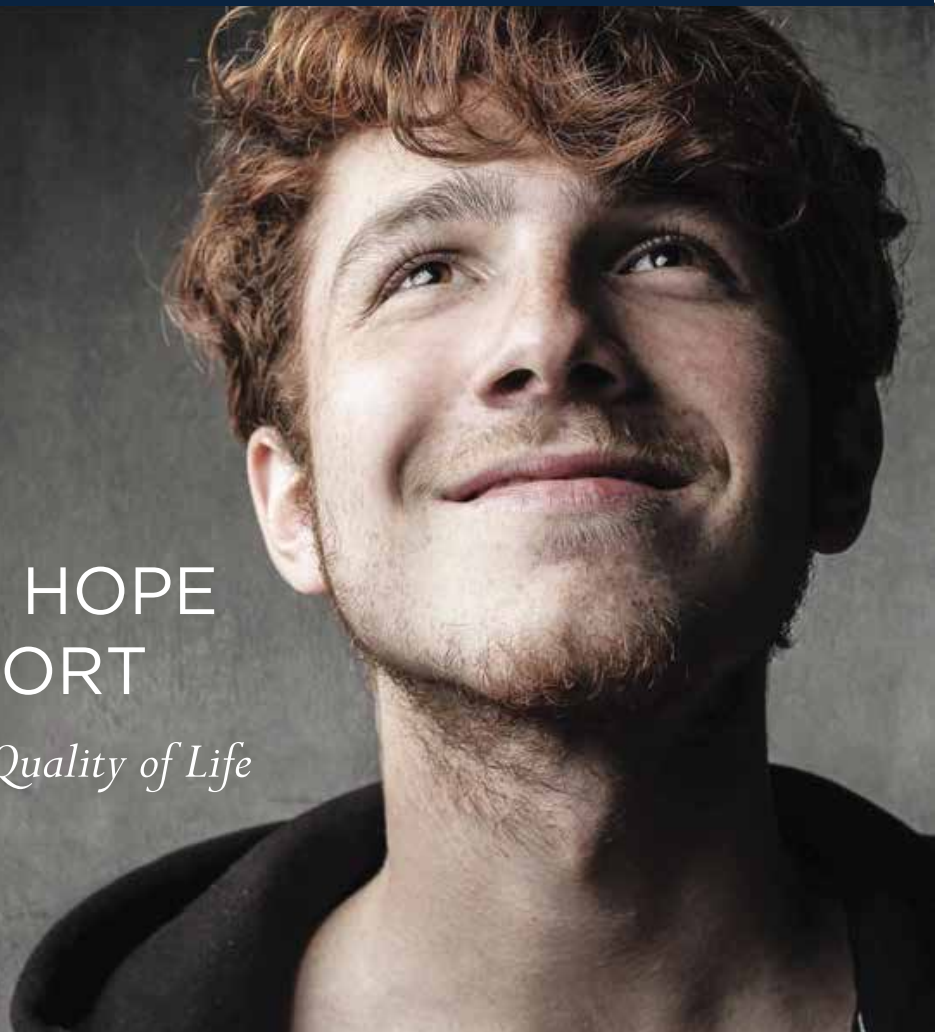


# 2019 ORGANIZATIONAL HIGHLIGHTS



## OFFERING HOPE AND SUPPORT

*And Improving the Quality of Life*



“SOBRIETY WAS THE GREATEST GIFT I EVER GAVE MYSELF. I DON’T PUT IT ON A PLATFORM. I DON’T CAMPAIGN ABOUT IT. IT’S JUST SOMETHING THAT WORKS FOR ME”

- ROB LOWE

# Our Mission, Our Vision, Our Values

Consistent with the mission and vision of Wells House, the agency is committed to establishing, maintaining, monitoring and evaluating informal and formal processes designed to improve our service delivery to patients and their families. The ultimate goal is to impact and improve our business functions and service delivery system to patients and the community.

Wells House has developed standardized methods for collecting and tracking data and generating reports. These reports are generated on a periodic basis on a consistent scheduled and are used to improve performance. For example, the CQI teams meet regularly in Hagerstown and Frederick to discuss incidents, critical incidents and grievances. Satisfaction surveys from patients stakeholders and employees are analyzed and information from these survey's guide our performance improvement activities.

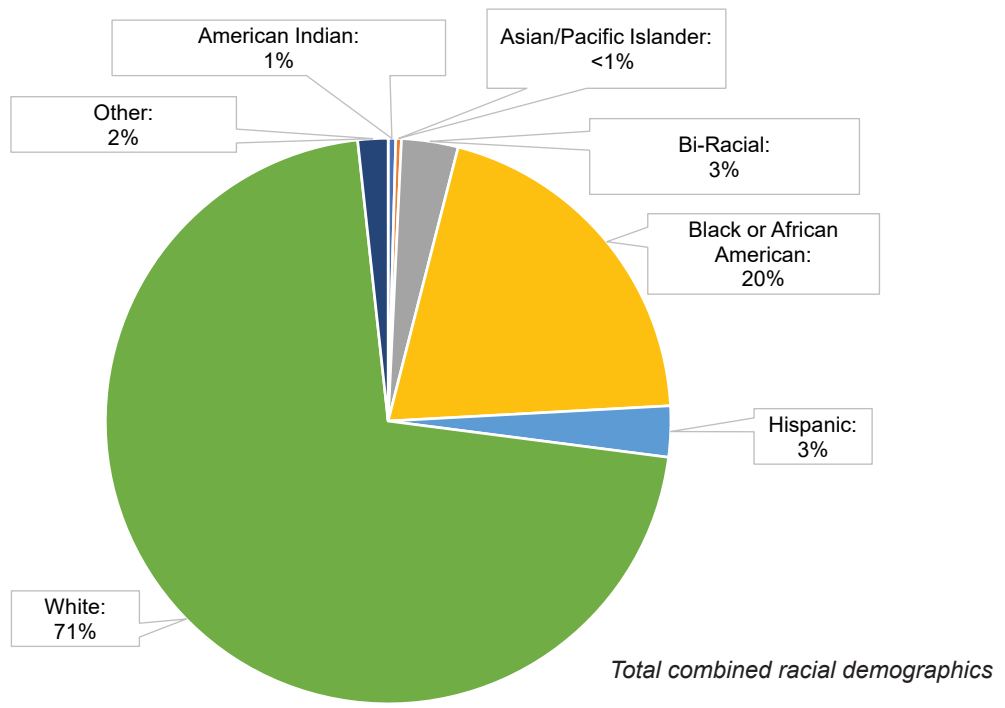
OUR MISSION	OUR VISION	OUR VALUES
<p>We are committed to improving the quality of life of individuals, families and communities by providing effective, compassionate, respectful, and culturally competent substance use disorder services.</p> <p>We aspire to provide a setting where individuals receive care that will empower them to develop hope and healing in a supportive, recovery focused environment while fostering independence and self-sufficiency.</p> 	<p>The vision of Wells House is to become recognized as a leader in the treatment of substance use disorders. Wells House will be at the forefront in its commitment to:</p> <ul style="list-style-type: none"> <li>● Promote activities which enhance the recovery of individuals with substance use disorders and thereby improve the health status of the community at large</li> <li>● Develop and implementing dynamic and unique strategies for the prevention, education, and treatment of substance use disorders</li> <li>● Collaborate with the human service community to deliver and continually improve comprehensive, accessible, quality and cost-effective treatment and education services, with particular consideration for those without recovery capital and those who are disenfranchised because of their disease</li> </ul>	<p><b>ACCOUNTABILITY</b> <b>EXCELLENCE</b> <b>MUTUAL RESPECT</b> <b>RESPONSIBILITY</b> <b>RESPECTFUL</b> <b>EMPOWERER</b> <b>INDEPENDENCE</b> <b>SUPPORTIVE</b></p> <p><b>HEALING</b> <b>INTEGRITY</b></p> <p><b>VALUES</b></p> 

# Demographics: 2019 Summary

The following are demographic statistics on the clients that have been served by our agency during calendar year 2019 in both our Hagerstown and Frederick locations.

## 2019 Summary

	YTD		Hagerstown		Frederick	
Total Admissions:	973		493		480	
Total Discharges:	918		514		404	
# of Veterans:	24	2.47%	10	2.03%	14	2.92%
Average Age						
18-21:	13	1.34%	6	1.25%	7	1.67%
22-39:	625	64.23%	306	63.75%	319	76.32%
40 & UP:	335	34.43%	180	37.50%	155	37.08%
Tobacco Usage:						
Yes:	859	88.28%	431	87.42%	427	88.96%
No:	114	11.72%	62	12.58%	53	11.04%
On Suboxone/Methadone:						
Yes:	231	23.74%	125	30.94%	106	21.46%
No:	742	76.26%	369	91.34%	373	75.51%
Court Ordered to TX:	192	19.73%	92	18.66%	100	20.83%
1st Treatment Attempt:	130	13.36%	64	12.98%	69	14.38%
Co-Occurring Disorders:	350	35.97%	113	22.92%	237	49.38%
Chronic Health Problems:	319	32.79%	165	33.47%	154	32.08%

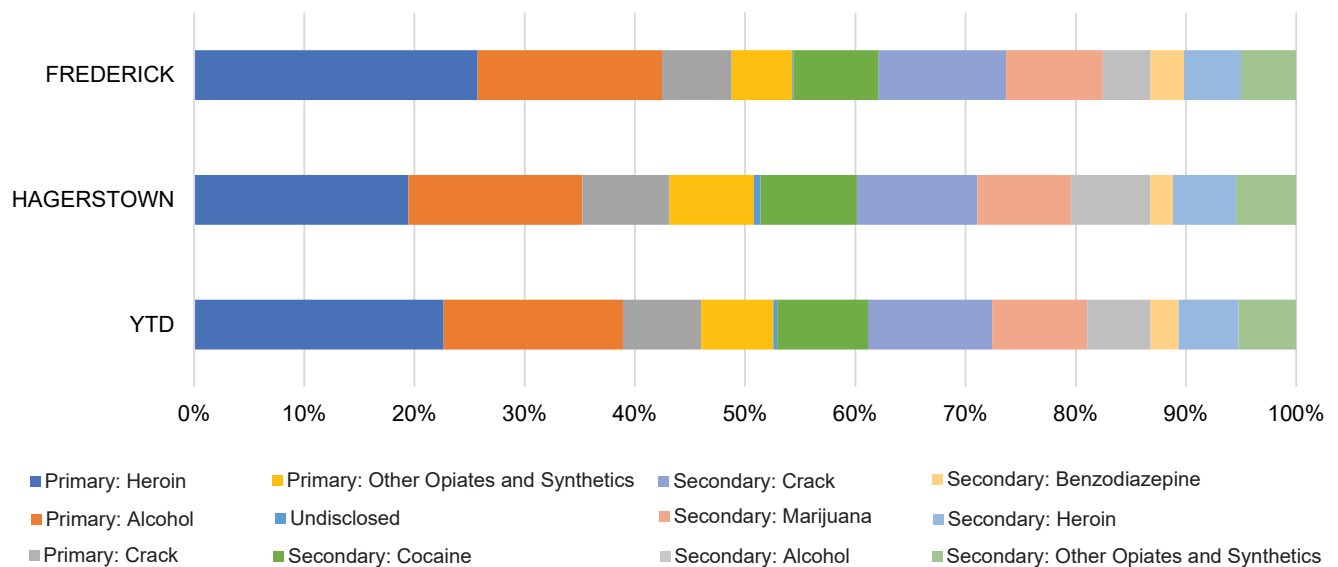


# Wells House Patient Data

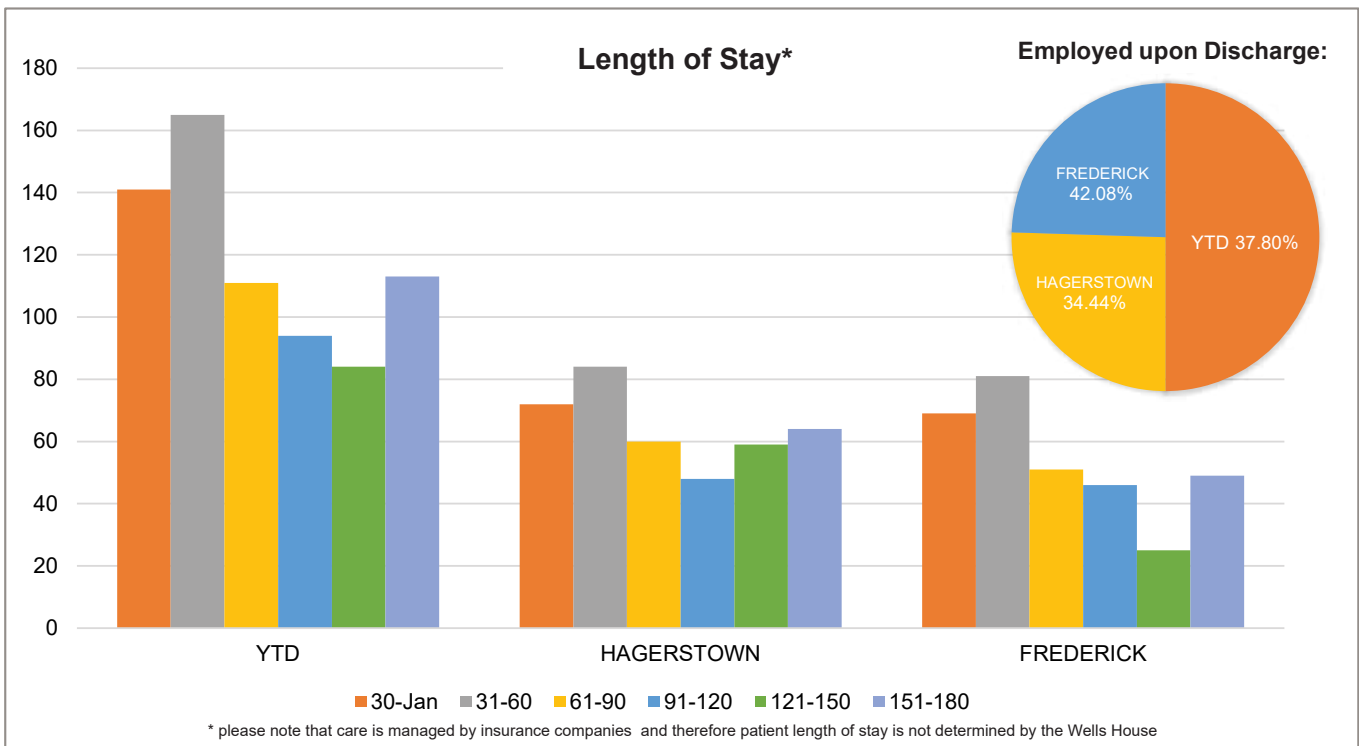
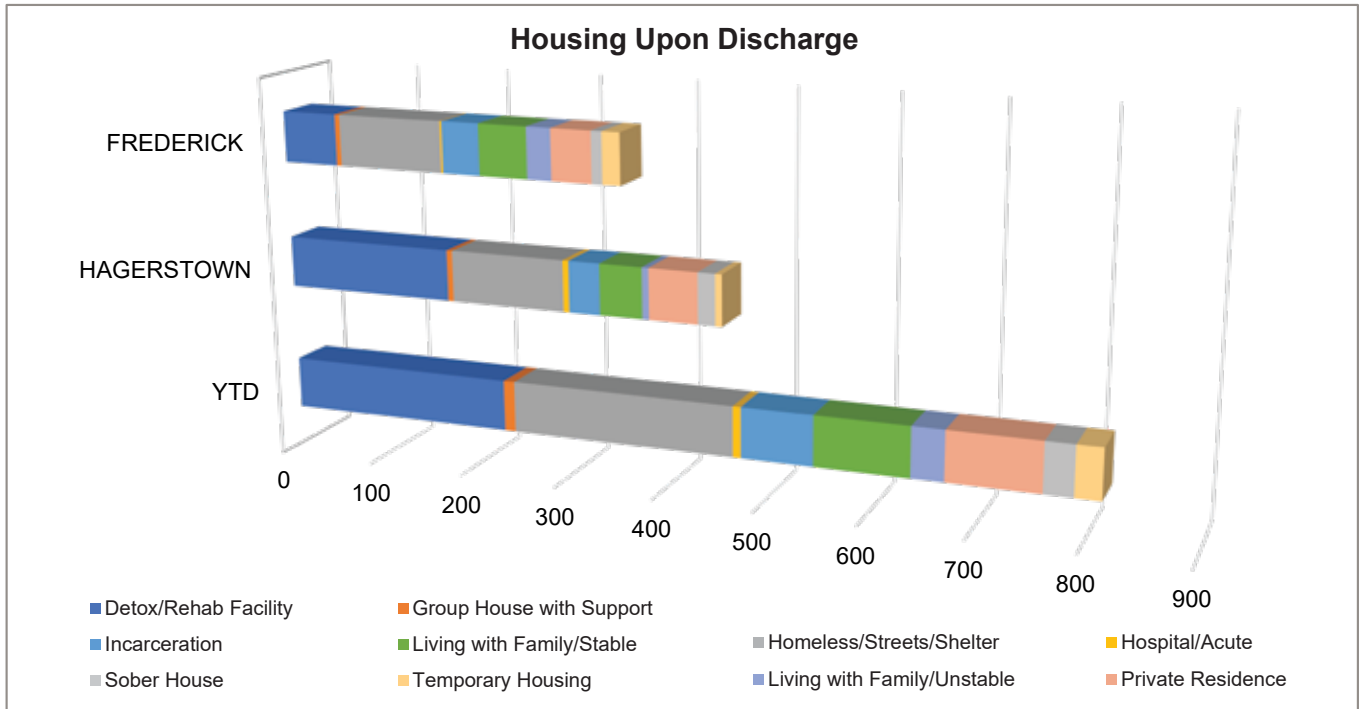
## Highlights Of Organizational Changes In 2019:

- Transition to an in house bookkeeper,
- Purchase of 2 transitional houses that would allow Wells House to expand the number of patients that can be served in Level 2.1 with associated supportive housing.
- Applied for new NPI and Medical Assistance numbers to begin billing for ASAM Level 3.1 services.
- Participated in a learning collaborative focused on workforce recruitment and retention in behavioral health.
- Wells House began serving patients in a somatic care clinic funded by the Maryland Health Resource Commission grant. Services began to patients in February 2019.

### Drugs of Choice



# Wells House Patient Data



# Wells House Patient Satisfaction:

## Summary Snapshot of results for Hagerstown Patients

Spring 2019

Total Respondents: 101

Total Patients: 120

Categories	Satisfied	Somewhat Satisfied	Dissatisfied
<i>Services (helpful, accessible)</i>	65.3% <b>+1%</b>	17.4% <b>+1.5%</b>	6% <b>-0.7%</b>
<i>Staff (knowledgeable, culturally competent, helpful)</i>	85.8% <b>+6.2%</b>	10.5% <b>-2.1%</b>	3.8% <b>-3.9%</b>
<i>Quality of Life Improvement</i>	83.6% <b>+2.7%</b>	13.1% <b>-1.7%</b>	3.4% <b>-0.9%</b>

\*\*Highlighted changes in percentage are the change from the last patient satisfaction survey completed in November 2018.

- Negative means a decrease in % from last survey
- Positive means in increase in % from last survey

## Summary Snapshot of results for Frederick Patients

Spring 2019

Total Respondents: 85

Total Patients: 106

Categories	Satisfied	Somewhat Satisfied	Dissatisfied
<i>Services (helpful, accessible)</i>	69.6% <b>-6.3%</b>	10.8% <b>-0.8%</b>	5.6% <b>-0%</b>
<i>Staff (knowledgeable, culturally competent, helpful)</i>	88.8% <b>+2.2%</b>	9.4% <b>+0.7%</b>	1.8% <b>-2.9%</b>
<i>Quality of Life Improvement</i>	83.9% <b>+0.4%</b>	15.3% <b>+2.4%</b>	1.5% <b>-2.1%</b>

\*\*Highlighted changes in percentage are the change from the last patient satisfaction survey completed in November 2018.

- Negative means a decrease in % from last survey
- Positive means in increase in % from last survey

# POST Treatment Data:

Post Treatment - Phone Questionnaire (Patient Discharges March 19' - December 19')								
Total Discharged Patients Called	1650							
Total Contacted Hagerstown & Frederick	187							
Time Frame	1 month		3 months		6 months		1 Year	
Discharged Patients Contacted	75	40.11%	42	22.46%	46	24.60%	24	12.83%
<b>During the past month, how often did you drink alcohol or use drugs?</b>								
Not at all	62	82.67%	37	88.10%	34	73.91%	17	70.83%
A little bit	4	5.33%	1	2.38%	7	15.22%	0	0.00%
Somewhat	3	4.00%	3	7.14%	1	2.17%	2	8.33%
Quite a bit	2	2.67%	0	0.00%	2	4.35%	2	8.33%
Very much	4	5.33%	1	2.38%	2	4.35%	3	12.50%
Other:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Recovery and Functioning:</b>								
<b>I am hopeful about the future.</b>								
Not at all	0	0.00%	0	0.00%	0	0.00%	0	0.00%
A little bit	0	0.00%	2	4.76%	0	0.00%	3	12.50%
Somewhat	3	4.00%	1	2.38%	0	0.00%	2	8.33%
Quite a bit	18	24.00%	3	7.14%	13	28.26%	3	12.50%
Very much	54	72.00%	36	85.71%	33	71.74%	16	66.67%
Other:	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Overall, how satisfied are you with your recovery?</b>								
Not at all	5	6.67%	1	2.38%	5	10.87%	4	16.67%
A little bit	1	1.33%	0	0.00%	2	4.35%	1	4.17%
Somewhat	14	18.67%	4	9.52%	4	8.70%	1	4.17%
Quite a bit	10	13.33%	8	19.05%	10	21.74%	3	12.50%
Very much	45	60.00%	29	69.05%	24	52.17%	15	62.50%



# Performance Improvement:

**Area for Improvement:** *IOP and OP Curriculum is not standardized*

**Description of Problem:** Wells House did not have a standardized curriculum. Counselors were utilizing an outline of curriculum topics and were also implementing various activities to coincide with topics that were previously identified by various counseling staff members based on curriculum topics associated with other treatment programs.

**Goal:** To identify, purchase and utilize a standardized curriculum for IOP and OP so that all patients are receiving consistent exposure to all identified treatment program topics and areas of concern to the patient population served.

**Discussion:** The PI team reviewed options utilized by other treatment providers and explored the use of identified curriculums for the population served.

**Plan:** The PI team purchased the Living in Balance curriculum and developed a subgroup to include both clinical supervisors and counselors to analyze and organize the curriculum for a twelve week pilot program.

**Pilot:** Counselors utilized the twelve week curriculum and are now working to identify necessary improvements to enhance the curriculum. Patients have also offered feedback regarding curriculum content.

**Outcome:** Wells House will continue to utilize the Living in Balance curriculum and continue to improve upon the curriculum content based upon patient needs.

**Recommendation:** The team recommends that monitoring continues and patient and counselor feedback continues to drive improvements.

**Area for Improvement:** *Record Review Process*

**Description of Problem:** The current record review process doesn't reflect what Beacon Health Systems auditors may be looking at, nor does it reflect more subjective measures such as thoroughness of notes, treatment plans, and other clinical documentation. A new way of tracking and focusing on specific content areas is needed rather than just reviewing individual clinician charts.

**Goal:** To develop a new record review system that captures information that Beacon Health Systems auditors will be looking for in their review of records in addition to adding more subjective measures to capture more individualized quality patient treatment.

**Discussion:** The PI team reviewed Beacon Health System's current auditing tool to make additions where needed and also analyzed the current Wells House record review form to determine how subjective measures could be added to identify the quality of treatment services provided to patients.

**Plan:** The team developed a subgroup to make necessary edits to the record review form and then formulated a plan to review records to determine if additional edits were needed.



# Performance Improvement:

**Pilot:** Record reviews were completed using the new form for two months and were reviewed by the clinical supervisor and clinical director. Clinical supervisor also reviewed the record review forms with the counselors during individual supervisions.

**Outcome:** It was identified by clinical supervisor and counselor that additional edits are required. Recommendation: Subgroup is to make the necessary edits and then review again in the next two months.

**Area for Improvement:** *Increased Patient Overdoses*

## **Description of Problem:**

From June 2017 through February 2019 there have been 6 patient fatalities as a result of opioid overdose. Anecdotally, staff reports 2 patient deaths from 2015-2016. Patient deaths were not tracked closely prior to 2017. This represents a 200% increase in patient deaths in the past two years. Wells House has in the past, had relationships with the Frederick County Health Department and the Washington County Health Department in which they provided some Naloxone administration training (very inconsistently in Washington County) and provided some of our patients with Narcan (Frederick County simply provided the prescription and not the Naloxone). Our residences did not have Naloxone available on an ongoing basis in case of an emergency and it was cost prohibitive for most of our staff to obtain Naloxone through their personal health insurance providers (up to \$60 co-pay depending on the policy and the naloxone product that was prescribed).

**Goal:** Establish an Overdose Response Program (ORP)

**Discussion:** As a result of the significant incidences of non-fatal and fatal opioid overdoses among our patient population, and the inconsistencies associated with outside ORP trainings, there is a need to have a safety policy in effect that assures that, if needed, Naloxone is readily available in each Wells House program site. It was also determined that all patients and staff should be required to be trained on the proper response to an overdose, including the administration of Naloxone. Workgroup members determined that the most efficient way to insure staff and patient training and access to Naloxone is to apply to become a Maryland Overdose Response Program. It was also determined that an Access grant would be applied for. This would enable Wells House to distribute Naloxone at no cost to our patients and staff.

## **Plan:**

- To apply for certification as a Maryland Overdose Response Program (ORP) that will allow us to provide in-house training of individuals to administer naloxone based on their ability to assist someone at risk of dying from an opioid-related overdose when emergency medical services are not immediately available.
- To provide overdose response training to all patients within 30 days of admission and all staff members within 30 days from hire.
- To apply for a Maryland Access Grant that would enable us to provide Narcan and Fentanyl Test Strips to all receiving training as part of our Wells House Overdose Response Program.
- Establish an ORP team in both Hagerstown and Frederick to assure that trainings, Narcan distribution and required Maryland State ORP reporting are completed monthly,
- To ensure access to Fentanyl Test Strips to all patients.

# Performance Improvement:

**Pilot:** Both the ORP certification and the Access Grant were approved early April of 2019. The first shipment of Narcan was received on 4/11/19. The first trainings were held in Frederick on 4/24/19 and in Hagerstown on 5/1/19. A total 158 patients and staff were trained and 158 doses of Narcan were distributed. There was negative staff and patient response to fentanyl test strip distribution during these trainings and as a result that part of the program was suspended until the concerns could be reviewed and addressed. Wells House staff had had to work hard on educating staff and patients around the benefits of harm reduction services such as fentanyl test distribution.

**Outcome:** Through the availability of Naloxone it appears to have reduced unintentional overdoses involving opioids, such as prescription painkillers, heroin and fentanyl. The incidence of non-fatal overdose as a result of Narcan saves appears to be an average of 3 per month for Wells House patients regionally (this information is vague due to non-specific tracking of opioid overdose emergency response vs intoxication due to other substances or mental health emergency response.) From April 2019 through September 2019, as a result of the ORP, 595 patients and staff have been trained in overdose response and each person has received a minimum of one dose of Narcan, additionally, 190 doses of Narcan have been distributed to all residences (minimum of one dose per floor in each program site readily accessible at all times). Over 180 packages of fentanyl test strips have been strategically placed in wall mounted holders throughout our residences and are accessible to all patients at all times.

## Recommendation:

1. To continue to build the ORP team and expand our trainings. Maintain our ORP designation by complying with all associated reporting requirements.
2. Reapply as necessary, for the Access grants to assure the availability of Narcan and fentanyl test strips at no cost to this vulnerable population.
3. Consider tracking non-fatal/fatal overdoses as a separate item on critical incidence reports to better track the success of the ORP program.

