Aim = Reduce Waiting

Todd Molfenter
Susie Finch
Candace Davie-Shim

Reduce Waiting & No-Shows • Increase Admissions & Continuation
Waits are Bad

No-Waits are Good
Longer (Continuation) is Good

Shorter (Waits) are Better
Without Short
You Cannot Have Long
Reducing Wait Times

• The Evidence is Overwhelming!
Reduce Waiting Times


Reduce Waiting Times


Reduce Waiting Times


Reduce Waiting Times


Reducing Wait Times

• The Evidence is Overwhelming!

• It is client-centered.

• Waits are wasteful & frustrating.
The Other 3 Aims

- “Rapid Intake” reduces intake no-shows (by 50%)
- Increases admissions
- Has mixed effect on continuation
Rapid Intake Continuation Effect

Over Time

Rapid Intake Effect

Regular Intake

Capture Rate

Intake
Waits are Bad

No-Waits are Good
Evidence for Evidence?
Implementation Evidence & Promising Practices (for reducing wait times)...

the NIATx Story
Question To Ask

Are next day intakes available? (non-crisis)
Changes to Try

- Do Walk-ins
Walk-ins

• Open v. Limited

• Contact to Trx reduced by 50%
Changes to Try

- Do Walk-ins
- Assessments Available Everyday
Changes to Try

• Do Walk-ins

• Assessments Available Everyday

• 1 Call = Intake Appointment
1 Call = Appointment

- Cross – Train Staff

Jackie Nitschke
Changes to Try (Cont.)

• Centralized Scheduling
Centralized Scheduling
Susie Finch
Program Director
TRACKING CALLERS BEFORE PI

• No documentation at 1st call.

• Casual communication style had a game show quality, “Come on down…”
• Directly enter demographic and program information into data system
TRACKING CALLERS

AFTER PI

Receptionist asks,

"Is there anything that would keep you from getting to your appointment?"
CENTRALIZED APPOINTMENT SYSTEM

*Before PI*

The “1s”

- 1 assessment time
- 1 day a week
- Scheduled by 1 intake manager

*The customer was not the one.*
CENTRALIZED APPOINTMENT SYSTEM

AFTER PI

• The receptionist schedules appointment at initial call (has calendar).

• Appointments on “Outlook Calendar” receptionist notifies staff via email reminder
APPOINTMENTS, APPOINTMENTS AND MORE...After PI

Created appointment slots nearly every hour, Monday through Friday
A caller is asked, “Can you come in **today** we have a 10:00, 2:00 and 4:00 time available?”

If they can’t come in that day, “When can you come in tomorrow, we have...
APPOINTMENTS, APPOINTMENTS AND MORE...AFTER PI

• Walk-in appointments available

• Trained assessment staff from 2 to 7

• The receptionist trained on some assessment paperwork
THE MARRIAGE

• Some processes we kept

• Adopted new processes from other “industries”

• We “borrowed” from other NIATx agencies
“SOMETHING OLD”

• ORIENTATION GROUP
  – It is a multiple client assessment group
  – Families can attend (“A Family Intervention”)
  – Group format is opportunity for multiple, rapid assessments, getting more clients in the door quicker
“SOMETHING OLD”

• TREATMENT READINESS GROUP
  – A place to begin treatment for those in pre-contemplation
  – Continued assessment, and stabilization (which can improve continuation)
  – We use a “stages of change” curriculum
SOMETHING NEW

Doctor’s do it, Hairdresser’s do it...

• Reminder calls:
  – We ask permission for reminder call
  – No show rate has dropped to 22% from a high of 71%
  – Also call back clients who don’t show for their assessment appointment
SOMETHING BORROWED
From One Of YOU

• Double Book Assessment Appointments
  – Maximizes staff resources
  – Assess two clients in the framework of one assessment appointment
SOMETHING BORROWED
From One Of YOU

- Double Book Assessment Appointments
  - When both clients show-up we use a group format for the first half (nothing of a confidential nature is discussed) and then the clients meet individually with the assessment counselor
Results

• 1st request to clinical assessment = 3 days

• IOP Admission ↑168%
Question To Ask

After intake, is same day treatment available?
Changes to Try

• Schedule Treatment at Intake.

• Group/individual appt. mix

• Open Groups
Changes to Try (Cont.)

• Shorten LOS
Timeliness

Candace Davie-Shim
Organizational Affiliation
The Center for Drug Free Living

Reduce Waiting & No-Shows • Increase Admissions & Continuation
October 2003

- 41 days from first request to 1st treatment
- 15 clients admitted to Outpatient
- 10 clients admitted to Intervention
- Client lengths of stay were exceeding 180-250 days
Changes Made

• January 2004 – began all walk in screenings
  – Decreased no shows, easier access
  – Time to treatment 40 days
  – 19 clients admitted to outpatient
  – 4 clients admitted to intervention
  – Wait list for outpatient treatment
Still more changes

• April 2004 – created “interim support group” for clients waiting for outpatient treatment
  – Results: Failed test cycle
  – Time to treatment 43 days
  – Length of stay stayed the same
  – Admissions: 10 clients into outpatient
    16 clients into intervention
July – October 2004

– Revamped client treatment services
  • Motivational Enhancement Group
  • Recovery Readiness – brief therapy group

– Began running length of stay reports to staff with counselors

– Moved individual sessions to every other week
July – October 2004 (cont.)

– Incentives for staff increase of productivity

– Created a shorter assessment process (2 sessions instead of 6)

– Use of ASI-MV for client assessments
Results as of Dec 2004

• Increase in admissions
  – Outpatient clients: 21 clients a month
  – Intervention Clients: 31 clients a month

• Decrease in length of stay: 90-140 days
Results as of Dec 2004

• Increase in Staff productivity: Increased staff productivity by an average of 10 hours a month

• Time to treatment 11 days
Overall NIATx Aim Results

• Increased capacity/admissions 110%

• Decreased length of stay by @ 100 days

• Decreased Time to treatment by 30 days
Lessons Learned

• Just Do It!!!!

• If something does not work it is OK

• This is just a test and only a test
Lessons Learned

• Communicate, communicate, communicate…

• Create a shared vision
Something to Remember

Do not go where the path may lead, instead go where there is no path and leave a trail.

Ralph Waldo Emerson
Question To Ask
(For Residential)

Are beds full everyday?
Changes to Try

Capacity
- Shorten LOS
- Use “Swing Beds”
- Overflow Program (see Admissions)
Changes to Try (Cont.)

• “Start Now” Groups
3 Question To Ask

• Are next day intakes available?

• After intake, is same day treatment available?

• Are beds full everyday?
Future Challenges

• Decreasing Length-of-Stay While Expanding the Continuum
Future Challenges

• Decreasing Length-of-Stay - While Expanding the Continuum

• Feng Shui
Future Considerations