

Oakdale Recovery Center

Aims

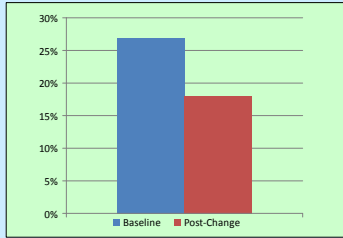
Decrease the no-show rate for intakes, and increase client participation prior to admission.

Changes

1. Clerical staff began making reminder calls for intake appointments.
2. Clerical staff began making follow-up calls to request rescheduling when clients did not show up for their intake appointment.
3. We added new fields to our client database to support these new processes.

Results

No-show rates decreased from 27 percent to 18 percent.



Lessons Learned

- These changes had no effect on revenue.
- There's a need for continued data monitoring.
- Client and stakeholder dialogue is important.

For more information, contact Gale Chapman at gchapman@hegira.net.

University Substance Abuse Clinic

Aims

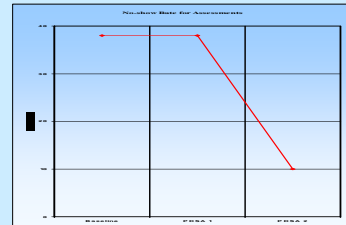
Decrease the no-show rate for assessments, and increase continuation in treatment from assessment through the fourth treatment session.

Changes

- We implemented a contingency management program. Clients received a \$10 reward for attending their scheduled assessment appointment and another \$10 reward for attending their first four scheduled appointments without a no-show, cancellation, or a rescheduled appointment.
- The \$10 rewards consisted of bus tokens and gift cards to local food vendors and local retail outlets.
- After the initial PDSA Cycle, there was no change in the no-show rate.
- For the next PDSA Cycle, staff explained the contingency management program enthusiastically when scheduling first appointments and/or making reminder calls.

Results

The no-show rate for assessments decreased from 38 percent at baseline to 10 percent after the second PDSA Cycle. After the second PDSA Cycle, we met, and exceeded, our goal.



Lessons Learned

- Increased access and retention decreases idle time for therapists and delivers more billable hours and increased revenue.
- Input from clinical staff allowed us to understand why the first PDSA Cycle changes were ineffective.
- Small changes can reap big rewards!

For more information, contact Tom Blackmon at thomas.blackmon@wmich.edu.

Life Guidance Services

Aims

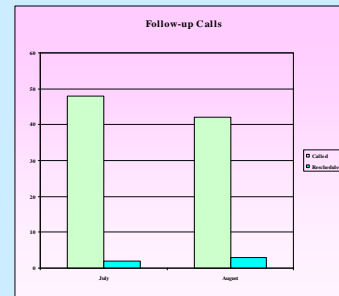
Reduce no-shows for admission appointments.

Changes

We started making follow-up calls for no-shows to admission appointments in order to reschedule the appointments.

Results

These changes did not decrease no-shows or increase rescheduled appointments – as a result, we abandoned follow up calls.



Lessons Learned

The chaotic lifestyle of our clients and their transportation difficulties produce significant barriers to entering treatment.

For more information, contact Tom Moore at tommooore@proactionalliance.org.

Black Family Development, Inc.

Aims

Reduce no-shows, and develop and sustain client confidence.

Changes

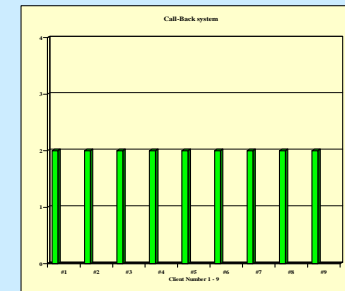
We started contacting clients by telephone on the same day that they missed an appointment.

Results

In the first quarter, there were nine no-shows. Three clients (33 percent) came in as a result of follow-up calls.

Business Case Impact

Our revenue increased by \$270 per week or a projected \$12,960 per year.



Lessons Learned

- Follow-up calls can be a source of encouragement for clients.
- Staff time and other resources invested in intakes are not lost when the client continues in treatment.

For more information, contact Kenyatta Stephens at kstephens@blackfamilydevelopment.org.

Personalized Nursing LIGHT House

Aims

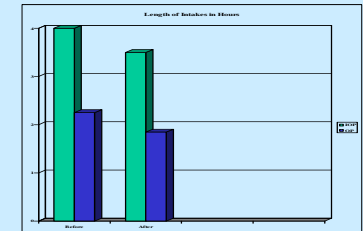
- Reduce time required for intakes in the outpatient (OP) and intensive outpatient (IOP) programs.
- Reduce the waiting time for admissions to OP treatment.

Changes

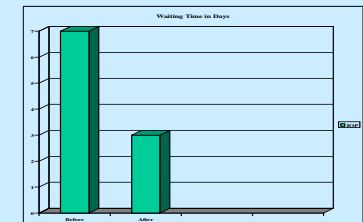
- We flowcharted and conducted a time study on the intake processes.
- We added OP intake counselors on Saturdays.
- We did not take phone calls during intakes (unless from the referring agency).
- We designated other staff to cover urine drops.
- An IT consultant streamlined the computerized assessment form.

Results

- The average length of intakes for the OP program decreased from 2.25 hours to 1.85 hours.
- Average intake times in the IOP program decreased from 4 hours to 3.5 hours.



- Waiting times decreased from seven days to three days.



Lessons Learned

- Some staff members struggled when we changed processes.
- We must study the impact on referrals when case managers cannot access intake department workers directly.

For more information, contact Joe Paliwoda at joe@pnlh.org.