

# **-FAYETTE COMPANIES- WHAT WE WANTED TO DO**

Reduce the number of AMA discharges from New Leaf in the first two days after admission. Then we extended our aim to include the 1<sup>st</sup> seven days.

## **WHERE WE LOOKED**

- Walk Through
- Client focus groups
- Survey of clients generated by focus group
- Survey of families generated by client focus group
- Peer Sponsors

## **WHAT WE DID**

### *Changes We Made*

- Enhanced peer support at admission and revision of role of “peer sponsor”
- Addition of day time clinical support position to provide orientation and rapid room assignment
- Support staff combined clients luggage search with helping client “put away her things”
- Provision of client choice: may spend time with staff or a peer, may attend groups with peer or be allowed some time to rest alone

- Allow first night call to family
- Family or friend allowed to be a part of the admission process
- Provision of map and directions to family and friends to assist in finding the facility for visiting days
- Staff report peer sponsors concerns and suggestions at weekly staff meeting
- “Welcome letter” book being built for new admissions to read.

## WHAT HAPPENED?

- **The first five weeks of the change process produced great results**
- In late May, the chaos of the disease broke out in the program and it was necessary to assert a number of controls, producing a series of AMA’s and disciplinary discharges
- We started over with new client focus group and surveys

## THEN WHAT?

- Expanded our target to first seven days
- Brainstormed with all clinical and support of the treatment program as well as central intake to produce ownership by entire staff
- Enlarged our change team to include intake personnel, as well as the manager – receptionist, intake clinician, and outreach worker

- Change Team prioritized staff suggestions

## **THEN MORE CHANGES**

- Total elimination of “blackout” week for phone calls and visitors
- Provision of a welcome package of stationary, envelopes and stamps
- Recovery Vouchers / One a day for seven days redeemable for a gift certificate (a contingency management approach)
- Verbal praise from all program staff for any positive behaviors (A return to confrontation)
- Moratorium on Friday admits (47% of those leaving in the first seven days were admitted on a Friday)
- MI intervention for those thinking about leaving (for clinicians and another for support staff)
- Supportive return visit to New Leaf and to newly admitted individuals by Crossroads staff

<b>AMA DISCHARGES</b>			
Baseline	Total Admits	AMA <7 Days	Percent
4/1/02 – 3/31/2003	266	32	12%
1/1/04 – 3/31/04	79	7	9%
September 2004	20	1	5%

## EXAMPLE OF ONE CHANGE

### Friday Admission Moratorium

<b>AMA Discharge by Admit Day of the Week</b>			
4/7/2003 – 10/31/2003			
	<b>Total Admits</b>	<b>Left &lt;7 Days</b>	<b>Percent</b>
<b>Sunday</b>	0	0	0%
<b>Monday</b>	26	1	7%
<b>Tuesday</b>	22	2	14%
<b>Wednesday</b>	32	1	7%
<b>Thursday</b>	28	4	29%
<b>Friday</b>	26	6	43%
<b>Saturday</b>	0	0	0%

Since the greatest number of AMA discharges occurred with clients admitted on Fridays, we took staff advice and placed a moratorium on Friday admissions. We risked losing bed-days and revenue. The results were dramatic. We increased earning by \$166,000 and bed-days by 1,055 comparing calendar year 2002 to 2003.

## Sustaining the Gains

We ended the first change process that had the AIM of retaining women for the first seven days of residential treatment. We dissolved the Change Team but appointed one member to be the “Sustainer”. We also decided to continue to track the principal outcome of the AIM on the staff bulletin board each month. Consumer surveys will continue to re-ask the same key questions about early retention and the results will be monitored by Elaine Hubble, the “Sustainer,” who will report to the Change Team Leader and the Executive Sponsor.

# PDSA's

Consumer Focus Groups, Admission Walk-through and staff consultation helped us plan the following seven cycles of change. Most are still being studied. Some are already altered. Results are being analyzed:

1. **“Start Now” Group** – daily group for women awaiting treatment.
2. **“Start Now” Group COUNTS**. Change waiting group to level I. Advise child protection, Criminal justice that client is in treatment.
3. **Cell Phone with voice mail** as a contact number for women in IOP all day – can get their messages.
4. **Offering early assessment**: “Are you ready to come to treatment?” If “yes,” then assessment offered within 24 hours.
5. **Increase availability of detox beds** for women – 2 bed room “saved” for female needs for medical detox.
6. **“Graduation” acknowledgement gift** contingent on completion of CONTINUING CARE *not* day treatment.
7. **Articulation of Phases** in residential treatment to serve as **Benchmarks** versus focus on length of stay. **Leaves, credit cards & prize drawings.**

## TWO NEW AIMS HAVE BEEN CHOSEN

### **How?**

We used the techniques of a “Walk Through,” Consumer Focus group and staff brainstorming to make the decision to choose access and what we call GLOBAL RETENTION.

### ACCESS

Data for the period 5/1/2003 to 4/30/2004 revealed that the central intake for women received 1,112 initial requests for service. These resulted in 893 assessments but only 484 treatment admissions. Thus, only 54% of those receiving an assessment received a treatment service.

We initiated three changes to address problems revealed in the initial and most recent walk through exercises. First, we implemented a **“Start Now” group for women** awaiting placement in a residential facility and for persons awaiting an initial assessment. There was a subsequent increase in the waiting list for residential treatment. A longer wait results in an increased probability of losing women to treatment. **Thus, we initiated a daily outpatient group at the central intake location.** This group was offered to all women on the waiting list and **also offered to women calling for an assessment appointment.** The latter group was told that they would receive a **faster assessment if they came to the group.** To **encourage attendance,** a contingency management approach developed by Nancy Petry, Ph.D. was utilized that gave participants **a daily opportunity to draw for prizes.** This has been highly valued by participants and has encouraged attendance.

	Total # of Admits	Avg. Days IRS to Assessment	Avg. Days Assessment to Admission	Avg. Days IRS to Admission
New Leaf Lodge and Retreat Admissions 10/1/03 through 3/31/04	143	12.93	22.30	35.23
Start Now Participants 5/3/04 through 6/25/04 admitted to New Leaf	8	4.25	10.25	14.50

## FAYETTE COMPANIES GLOBAL RETENTION TEAM



Front Row: D.J. Andrews, Kathy Nelson, Tony Rose  
Second Row: Dr. Tom Murphy, Sue Fritz, Pat Kennedy  
*Plus: Mike Boyle, Sandra Gardner & consumer – not shown*

## FAYETTE COMPANIES ACCESS CHANGE TEAM



First Row: Arlene Roberts, Pat Kennedy  
Back Row: Mike Boyle, Dr. Tom Murphy, Vicky Anderson, Deb Oberg, Brian Coon





White Oaks – New Leaf Lodge Retreat