



Acadia *Paths to Recovery* Project Team Members—(Front row) Paul Tisher, MD; Simon the therapy dog; Annette Adams, LCSW; Scott Farnum, LCPC, LADC; Dave Prescott, PhD; Brent Scobie, LCSW. (Back row) Bill Wypyski, LCSW, MPA; Lynn Madden, CHE, MPA; Debbie Macaulay; Eileen Byram, MSB; Lynne Gagnon, RN, BSN, MS; Rick Redmond, LCSW.

## Description of Organization

The Acadia Hospital is a private, non-profit psychiatric and chemical dependency hospital located in Bangor, Maine. A member of Eastern Maine Healthcare Systems, Acadia serves a patient catchment area of 450,000 individuals, and is the first psychiatric hospital in the nation to earn the Magnet Hospital Nursing Excellence Award.

## DETOX

### Goal

To improve access to treatment by standardizing our medical detoxification approach and therefore reducing inpatient length of stay.

### Measure of Success

Reduced inpatient length of stay.

### The Change

Two standards protocols (1 for alcohol and 1 for opioids) were developed and introduced to nursing staff. The protocols tied nursing assessment on CIWA-AR or the COWS to a standard medication order sheet.

### Successes

- LOS declined from 8.50 days to 5.25.

Change Process #2 Comparison Chart Audits from 3 Time Periods			
	Audit 1 Pre-Intervention 8/16/03–9/9/03	Audit 2 Post-Intervention 9/22/03–10/17/03	Audit 3 Post-Intervention 10/18/03–11/12/03
<i>Average LOS (days)</i>	8.50	6.73	5.25
<i>AMA Discharges</i>	16%	22%	20%
<i>Discharge Referral to Another Level of Care</i>	81%	80%	90%

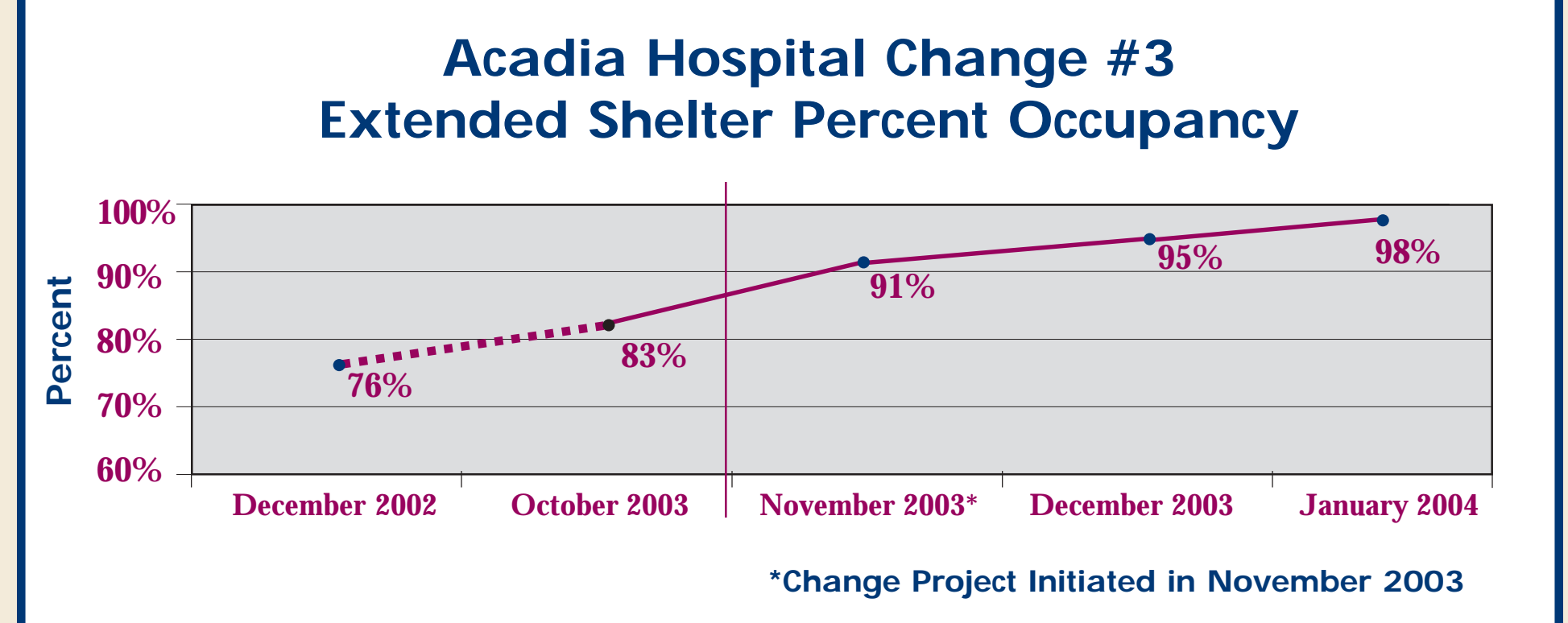
- Staff expressed increased feelings of competency in their own ability to assess patient needs.

Staff Self Evaluation of Competency		
	Pre-Change	Post-Change
Etoh Low	9%	0%
Etoh High	69%	79%
Opioid Low	9%	0%
Opioid High	45%	74%



**Simon the  
therapy dog**

## SHELTER



### Goal of Change Exercise

To increase access to the Extended Shelter ten-bed residential substance abuse treatment program.

### Measure of Success

Improved utilization of available beds.

### The Change

- Centralized admission process.
- Administrative stop on all “for cause” discharges.

### Challenges

- The patient population has shifted to the more acute edge of the ASAM criteria for residential treatment.
- Need to increase amount of weekend programming.
- Need to provide more clinical communication and informational tools to line staff to facilitate increased admissions.
- Staff resistance to change.



### Successes

- Greater staff satisfaction with level of clinical care provided.
- Eliminated unnecessary and duplicative referral paperwork.
- All patients received face-to-face comprehensive assessment.
- Increased cooperation and trust between off-campus facility and hospital.
- Increased satisfaction by inpatient units and other referral sources with more rapid admission process.

**What's Next?—Change #4 is focused on improving the no-show rate.**