



# ***GOSNOLD***

**FALMOUTH, CAPE COD,  
MASSACHUSETTS**

***Paths to Recovery***



**Chicago, October 2003**



# **GOSNOLD**

- ✘ 2,846 Admissions to Detox/Rehab    ALOS = 5.9 days**
- ✘ 25% opiates; 62% alcohol**
  
- ✘ Medical Detox & Inpatient Rehab**
- ✘ Long-term residential for adult males and females**
- ✘ Residential for adolescent girls and pregnant and parenting women**
- ✘ Transitional Care Program**
- ✘ Dual Diagnosis Residential Treatment**
- ✘ Intensive Outpatient**
- ✘ Drug Court Treatment Program**
- ✘ Student Assistance & Employee Assistance Programs**
- ✘ Outpatient Mental Health and Addiction Services**





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## ***THE TEAM EXTRAORDINAIRE***

Bill Buckley, Lead Recovery Aides Team

Jim McGrail, Counselor

Priscilla Erickson, Director of Nursing

John Taylor, Program Director

Sharon Dubois, Inpatient Admission Manager

Norine Amaral, Outpatient Account Manager

Executive Champion: Raymond V. Tamasi

Change Leader: Tommie Ann Bower





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## **CONSTRUCTION GOALS**

**As a step in converting Admissions Department to a clinical specialist service for engagement to build a better bridge to families and patients at the Inpatient Admissions Office, clinical staff meets with family and patient**

- Rationale:**
- Each patient affects an average of four others**
  - Family Participation Increase the likelihood of success**
  - Decrease AMA/ACA rates**
  - Increase completion rates**

**Focus group results were overwhelming—patients want to meet with a counselor early in the admission process**



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## INTERVENTION BASICS

### Qualitative:

Reduction in anxiety by increasing communication regarding:

*Admission process*

*Length of stay*

*Options for support*

*Day by day descriptions*

*Contact basics (how do we get in touch)*

*Counselor and team concept*

*Next step options for patient and family.*



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## INTERVENTION BASICS

### Qualitative:

**Predictions:** Patient will want to leave because....

*“I’m not the same as/worse than/they are mean” etc.*

**Structure response to patient distress:** *call “if you can bear it”*

**Length of stay:** *suggested length of stay versus insurance length of stay*

**Family education options .**

### Quantitative value

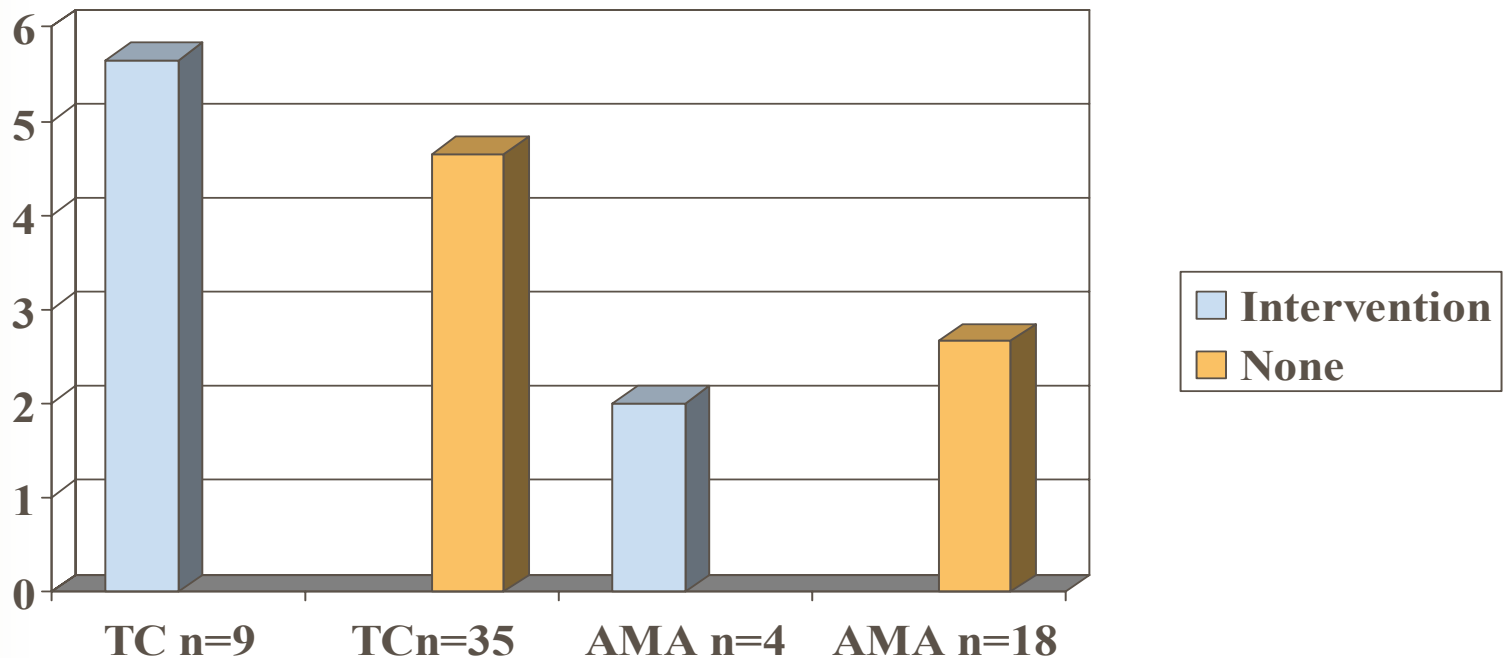
**Notes to fill in ASAM dimensional history often not available from patient:**  
relapse potential, recovery environment, emotional behavioral complications, treatment acceptance resistance



# ✂ SUCCESS ✂

## Intervention vs. No Intervention

(ALOS for Treatment Complete & AMA/ACA)!!!







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## Construction Process

- Family engagement initiated during long proposal project in April. Success noted but not measured.
- Data gathering on AMA/ACA/team discussion lead to decision to study family engagement process.



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## **Future Construction**

### **1) Build an admissions hub so that:**

- **Every call translates to options for help**
- **All families are offered one free consultation**

### **2) ASAM Integration**

- *ASAM Fluency Training*
- *ASAM documentation conversion*
- *Unicare installation (Electronic Record)*