

## **WHO WE ARE**

### **CODA, Inc.**

- Serving adults in the Portland, Oregon metropolitan area for over 35 years,
- Providing 5 ASAM Levels of Care between 3 treatment sites.

## **WHAT WE DID**

At our Methadone Clinic we conducted a

walk-through and identified several barriers to accessing care at CODA:

- chaotic, confusing environment – vague signs and directions, busy waiting areas, too much back and forth traffic;
- very long intake process – sometimes taking up to two weeks before a client can receive a first methadone dose.

In Summer 2004, as part of our Paths to Recovery application, we implemented a *rapid cycle change* process to begin improving our system of care.

- We questioned why it was taking so long for clients to begin methadone dosing. Several hypotheses were developed:

Perhaps it was the required labwork that was taking so long to be completed?

Perhaps we did not have enough medical staff availability?

Perhaps we were collecting too much information in the front end of our process?

We decided to intervene by tightening up on the entire intake process and labwork in particular and predicted the intake process would be shortened.

We formed a change team, planned an intervention, chose a target date and away we went...

## **The Aim Addressed**

REDUCE WAITING FROM INITIAL  
ASSESSMENT TO INITIAL METHADONE DOSING

## **Initial Change Process**

- Help one client access dosing within 24 hours (first contact to dosing),
- Use any necessary resources to admit and dose one client within 24 hours.

## **Intervention & Initial Results**

- On the targeted Wednesday, two clients were identified for the *rapid cycle change* process – “fast track” methadone admissions,
- Both clients received their first methadone dose within 5 hours of their initial assessment.

# **Results**

Data was tracked for baseline or “before” intervention and for “after” intervention. We looked at:

- Increased access – methadone dosing within 24-hours of intake,
- Increased intake capacity – enroll higher percentage of qualified clients in services,
- Impact on overall assessment team productivity.

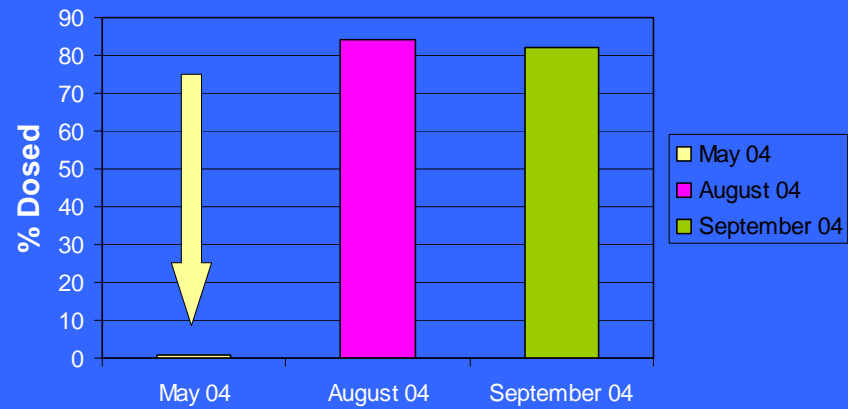
## **Outcomes & Follow-up Actions**

We have continued to look at and work on other barriers to accessing care that have been identified at the initial and subsequent walk-throughs:

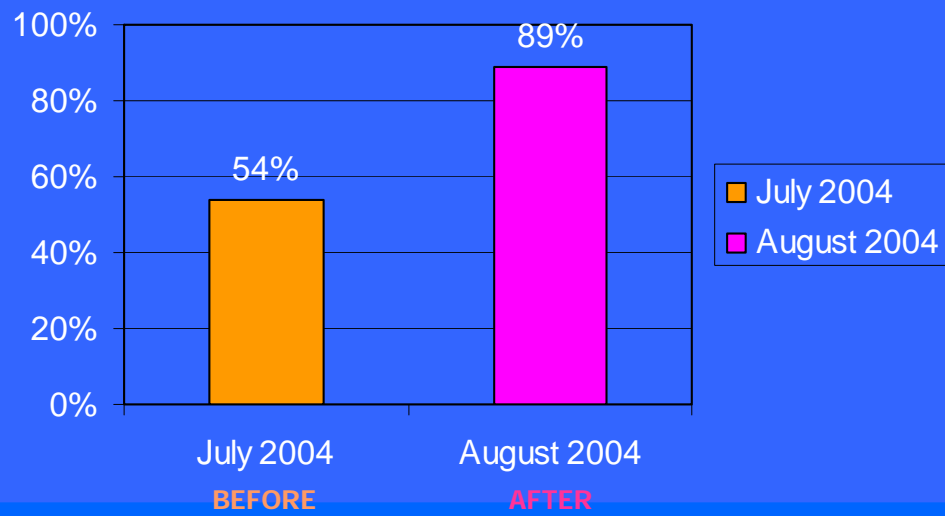
- Phones – documenting returning inquiry calls in a timely manner,
- Dosing line times – reduce unnecessary wait times,
- Client engagement – ensuring a face-to-face “hand-off” between intake team, client and primary counselor.

## Dosing within 24 hours/next Monday- May vs. August & September 2004

Before and after change exercise



## Percentage of qualified clients completing intakes



## Impact on productivity

July= 1.85

August=3.68

- *Productivity doubled as a direct result of the work group activities.*

