# **Description of Organization**

- South Central Rehabilitation Center, (a satellite of an inner city community health center—Hill Health Center)
- New Haven, Connecticut
- Funding sources:
  - 76% SAGA;
  - o 10% Medicaid T19;
  - o 12% Commercial;
  - o 2% Self pay/uninsured
- Adults: 18 years and older
- Self-referral 90%; also referred by health providers, family, friends, legal system, shelters
- Services: Residential Detox, Level III.7D
  - o Opiate, ETOH, Benzo detoxification
  - $\circ$  3 to 5 day inpatient care
  - Mid-Level Practitioner monitored
  - Physician supervised



Hill Health Center Team L to R, 1<sup>st</sup> row: Nancy Navarretta, Elda Gonzalez, Lynne Boomer, 2<sup>nd</sup> row: Dan Iead, Kathy Gauthier



Hill Health Center inpatient detox facility

## Aim Addressed

- Decrease the wait time from patient presentation to 1<sup>st</sup> medication
- Why this problem?
- Multiple patient complaints about waiting "too long" for care
- Patients presenting 1/24/05 to 2/4/05 waited for 1<sup>st</sup> medication as follows

  the range was 2 to 20.5 hours
  average wait was 9.8 hours
  mode for wait was 7, 8.5 and 11 hours
  45% waited 10 to 25 hours

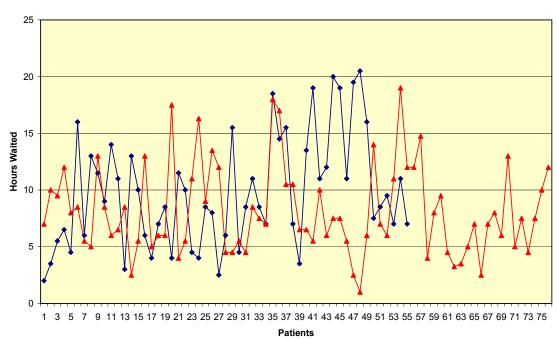
## **Changes** Made

- Freeing nursing time from insurance tasks would help shorten patient wait time.
  - Receptionist to do insurance eligibility verification <u>at</u> patient presentation.
     (Previously, the Triage RN accomplished insurance verification <u>after</u> assessment)
  - Assistant Nurse Manager to do morning insurance call-backs. (Previously, the Triage RN accomplished call-backs which stalled patient assessments)

List 1 Key Event That Was Particularly Instrumental in Making This Project A Success

• Executive sponsor, change leader with team, and PI coaches met with receptionist requesting assistance to decrease patient wait time. Rationale for change and trial effort was discussed. This allowed staff to collaborate with management and team about change.

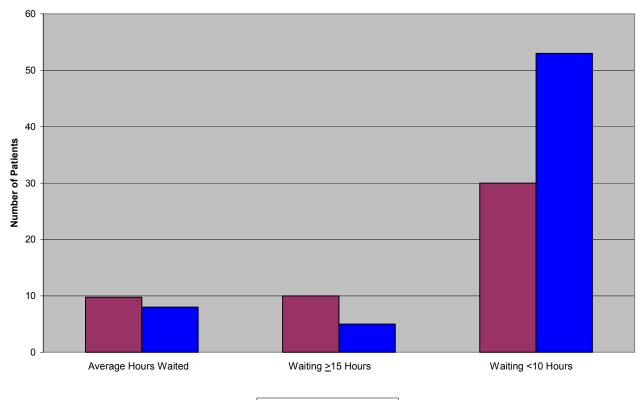
Pre- and Post-Change Comparison		
	Pre-Change	Post-Change
Patients presenting at triage	74	99
Patients admitted/rec'd med	55	76
Average hours waited	9.75	8
Mode for hours waited	7, 8.5, and 11 hours	5.5
Range of hours waited	2 - 20.5 hours	1 - 19 hours
Patients waiting ≥15 hours	10	5
Opiate	9	2
ETOH	1	3
Patients waiting ≥10 hours	25	23
Opiate	18	12
ETOH	6	11
Patients waiting <10 hours	30	53
Patients waiting <2 hours	0	1
AWOLS at registration	2	6



#### Pre- and Post-Change Comparison of Hours Waited

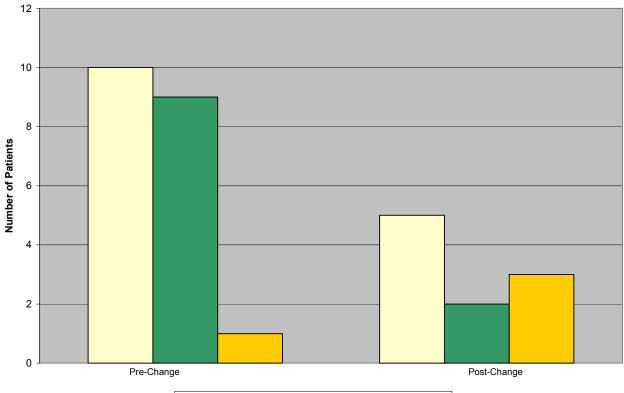
Pre-Change --- Post-Change





Pre-Change Post-Change

Patients Waiting ≥15 Hours



□ Patients waiting ≥15 hours □ Opiate patients □ ETOH patients

## Future Plans

- Aim #1 (Reduce Waiting Times): Reduce time from patient presentation in triage to presentation in acute care
- Aim #3 (Increase Admissions): Strive for 100% of walk-ins to be admitted or referred with 0% patients "AWOL" from triage waiting area.
- Aim #4 (Increase Continuation Rates): Address 2<sup>nd</sup> level referral completion rates.