

ST. CHRISTOPHER'S INN

CHANGE #1

Goal: Reduce Time To Return Phone Calls

Reason: We found it took 2 ½ hours to return a phone call

What We Did:

- Added 2 additional phone lines
- Added phone in Admissions
- Cross-trained staff
- Changed Automated phone system- Admissions menu now has 3 options:
 1. If you are an individual/family member seeking treatment “Press 1”
 2. If you are an agency seeking to make a referral “Press 2”
 3. If you are seeking information “Press 3”

Results: Reduced call back time to an average of under 20 minutes/more calls answered live because calls are now prioritized.





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CHANGE #2

Goal: Increase Admissions/Decrease Destructive Behavior

Reason:

1. 95% of residents in the shelter can benefit from chemical dependency treatment yet only 50-60% entered treatment.
2. Complaints by treatment clients that shelter clients were destructive during Affirmation group time.
3. Increase motivation for shelter clients to get into treatment through treatment exposure.

What We Did: Included shelter residents in morning Affirmations group x3 weekly. Gathered all affected departments to identify barriers. Agreed to test for 2 weeks and re-assess. Shelter residents attended affirmations group x3 weekly. Began reading results of client satisfaction surveys so that treatment and shelter residents could hear the comments of those completing treatment.

Results: Department heads reconvened and tracked increased interest in participation in treatment through 1st week lecture series attendance sheet where residents write whether or not they are interested in treatment. Baseline data indicated that 50% typically interested in treatment. After the change results indicated that over 90% were now interested in treatment. 3 months later- 10 day sample yields 80% interested in treatment.

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CHANGE #3

Goal: Increase Admissions/Reduce Wait Time for Admissions

Reason: One person essentially responsible for clearing referrals-process got slowed down/clients lost. Clients lost when single person responsible was not available

What We Did:

Allowed admission clerks to approve non-complicated admissions (no psych/medical issues). Allowed other RN's to clear more complicated admissions.

Results: Decreased time to review and clear faxes.



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CHANGE #4

Goal: Stagger Admissions Lunch Schedule-Increase Admissions

Reason: Traditionally closed admissions down for lunch- losing time in which referrals can be made.

What We Did: Instead of all admissions staff going to lunch at noon- lunches were staggered at 12:00 and 12:30

Allowed admission clerks to approve non-complicated admissions (no psych/medical issues). Allowed other RN's to clear more complicated admissions.

Results: Too soon to tell- most agencies still know that we are closed down at noon.



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CHANGE #5

Goal: Increase Retention Through Smoking Cessation Program.

Reason: Improve health. We've had clients leave when they don't have money for cigarettes. Clients have asked for assistance to stop smoking in the past and there was none. Clients have wanted to come in on the nicotine patch, and were denied admission.

What We Did: held meeting with key members of departments affected by change. Identified how to test change. Held smoking awareness group and asked for volunteers for program. Initiated program with 1 week of preparation to quit. Next phase- 2 weeks of highest dose of nicotine patch with on-going staff support. Next phase 2 weeks of decreasing doses of patches with less staff support. Clients wore red badges to indicate that they were in the smoking cessation program.

Results: 40% success rate (national average 5-10%). Increased interest in participating in future cessation groups.



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CHANGE #6

Goal: Increase Admissions/Reduce Wait Time for Admission

Reason: Census has been full. Waiting list prevents people from being admitted.

What We Did: Began construction to add an additional 17 beds.

Results: Construction not completed at this time.



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CHANGE #7

Goal: Increase Retention/Reduce Paperwork Through Reducing Movement of Beds.

Reason: We had a dorm for newcomers, and as these beds become full they are often quickly moved to another dorm. This makes it uncomfortable for clients, and increases paperwork on staff responsible for moving clients. With full census, movement of clients was happening much more quickly.

What We Did: Discontinued dorm for newcomers/reduced moving of beds.

Results: Less complaints about moving quickly. Less residents leaving within the first week. Office staff happy to not have to create new badges and do the computer work necessary to move clients around as frequently.



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CHANGE #8

Goal: Increase Admissions By Adding an Additional Night to the Evening Program

Reason: OASAS regulations prohibit group therapy from having more than 15 participants. Census was growing.

What We Did: Added Monday schedule to Tuesday/Thursday

Results: Currently census has risen to 19, with over 80% “show rate”

