



**SOUTHWEST**

**FLORIDA**

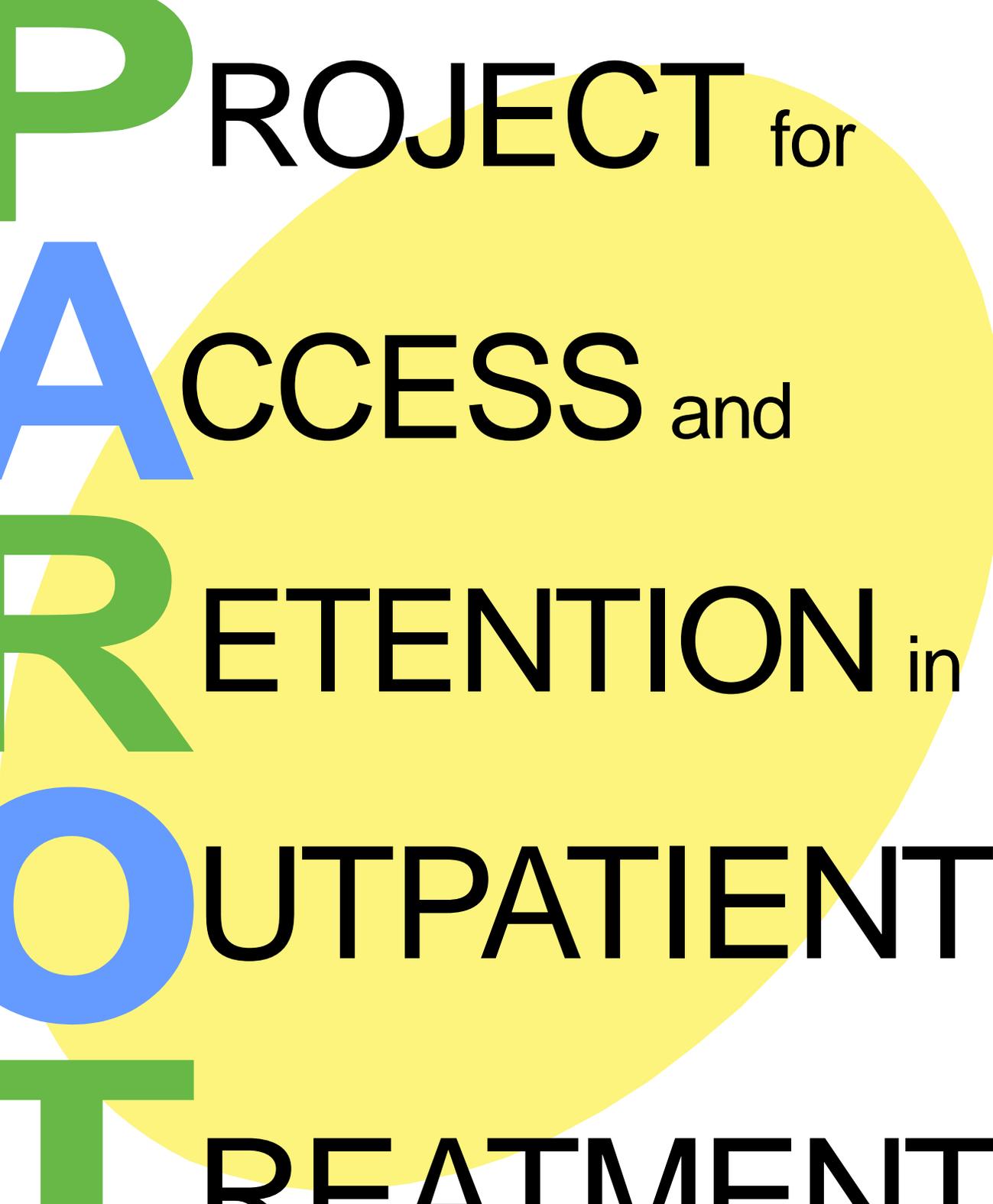
**ADDICTION**

**SERVICES, INC.**

# OUR MISSION

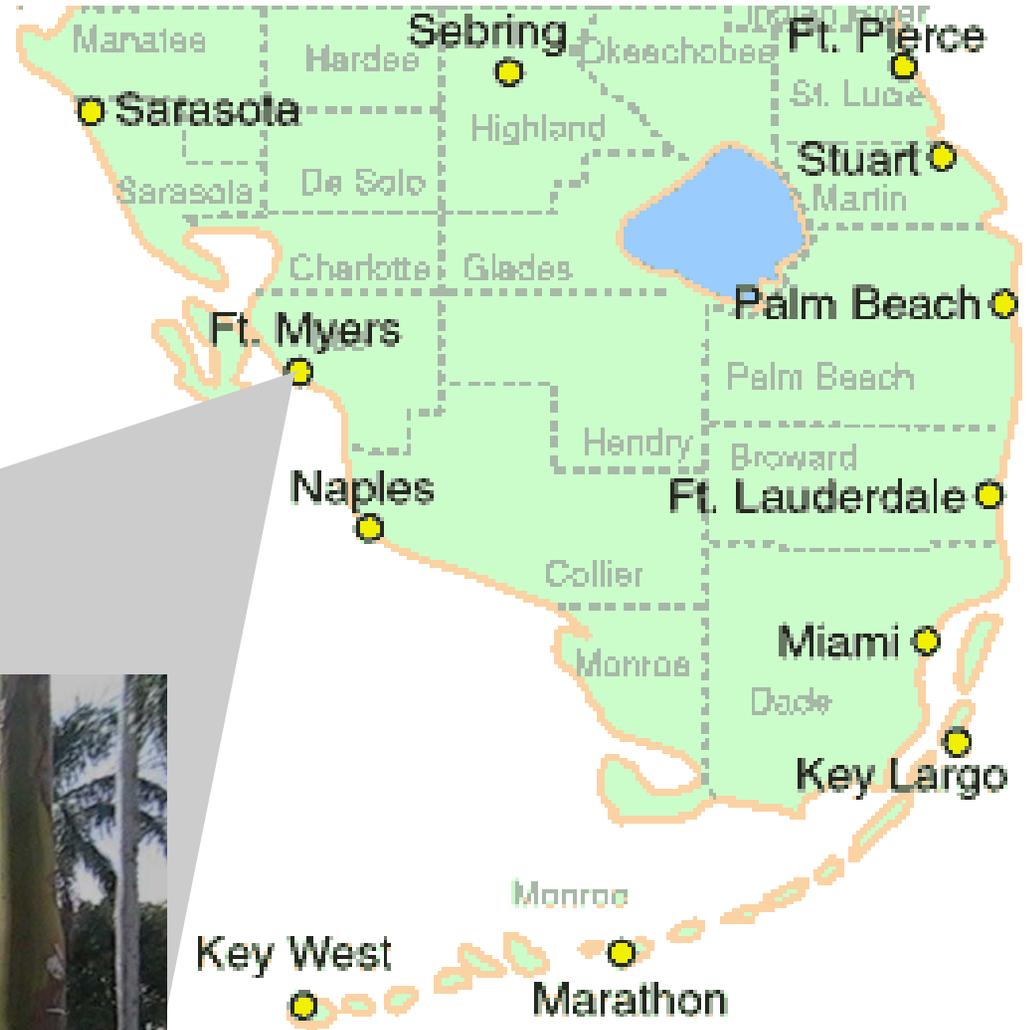
*Southwest Florida Addiction Services, Inc. provides effective, affordable and comprehensive care to individuals and families impacted by addiction and other problem behaviors.*





**P**ROJECT for  
**A**CCCESS and  
**R**ETENTION in  
**O**UTPATIENT  
**T**REATMENT

# THE SWFAS CHANGE TEAM



Left to right:

Kevin Lewis, Executive Director (Executive Sponsor)  
Tim Parham, Information Systems Director  
Gina Paeth, Outpatient Clinician  
Mary Ann Elder, Outpatient Clinician  
Diane Clayton, Outpatient Director  
Michelle Phillips, Executive Assistant  
Chrissy DeWerff, Quality Improvement Manager (Change Leader)

*Not pictured: Chia Mao Hung, Information Systems; Linda Knight, Outpatient Office Manager; Bea McDonald, Intake Specialist; and Liz Dowd, Outpatient Support Staff*

# REMINDER CALLS

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Of the four goals outlined by Paths to Recovery, the Change Leader and staff in the Adult Outpatient Program first decided to focus on reducing no shows, subsequently decreasing the time between the patients' first call and first appointment. Attempts had already been made to address this issue in February 2004. The Outpatient Director hired an assessment clinician who performed assessments two days per week and double & triple booked assessments. This effort resulted in an average increase of 7.3 assessments completed per month and average increase in collections of \$641 in assessment fees.



**Liz Dowd**  
**Front Desk**

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**Admission to this program divided the administrative intake and the clinical assessment into two separate appointments. To make this process more customer-friendly, these tasks were combined in May 2004.**

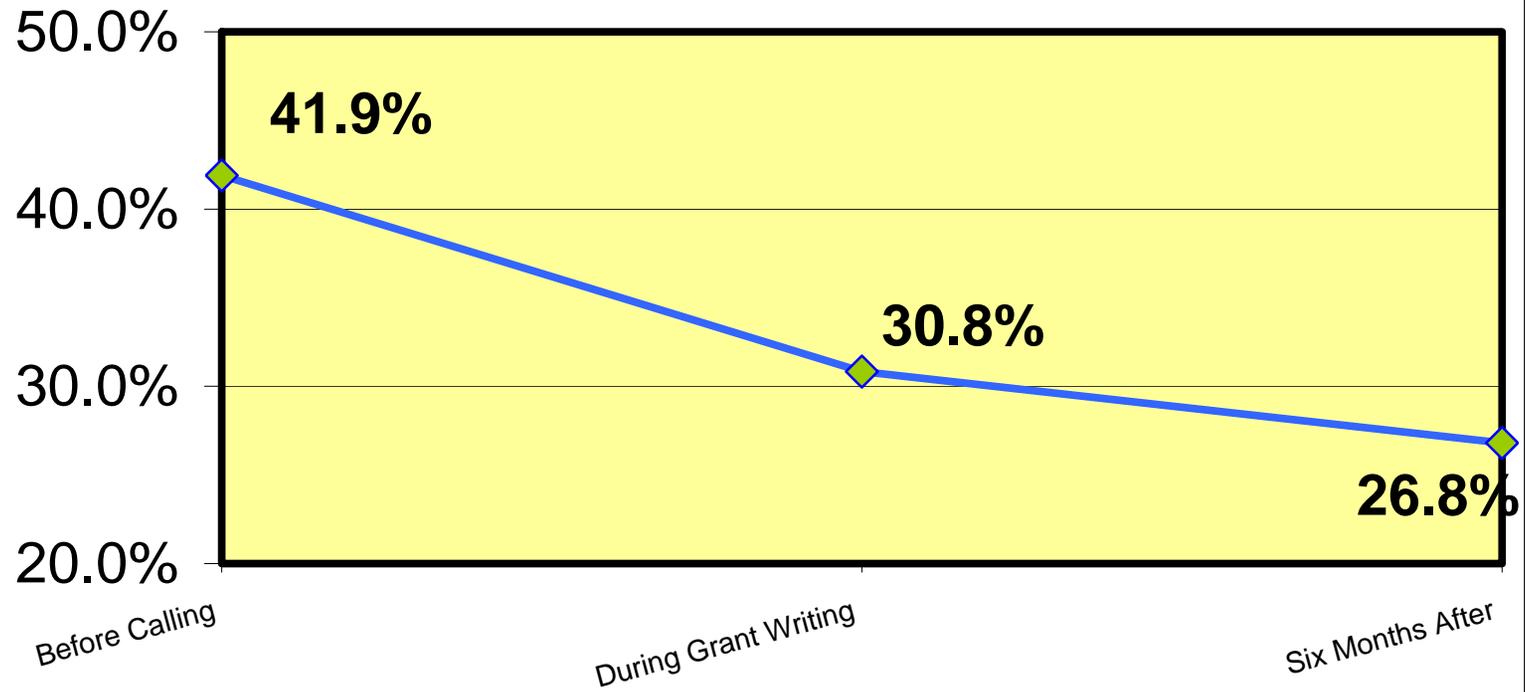
**At about this time, the staff decided to implement another change in the process as part of the Paths to Recovery grant proposal. Support staff would call individuals the day before to remind them of their appointment and to bring necessary documents and the assessment fee.**

**The result of this change was the no show rate fell from 41.9% to 26.8%.**

(based on assessment data from 06/28/04 – 11/28/04).

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## Overall Percent of No Shows



For those patients that staff are able to reach the day before their appointment, the no show rate is

**12.5%,**

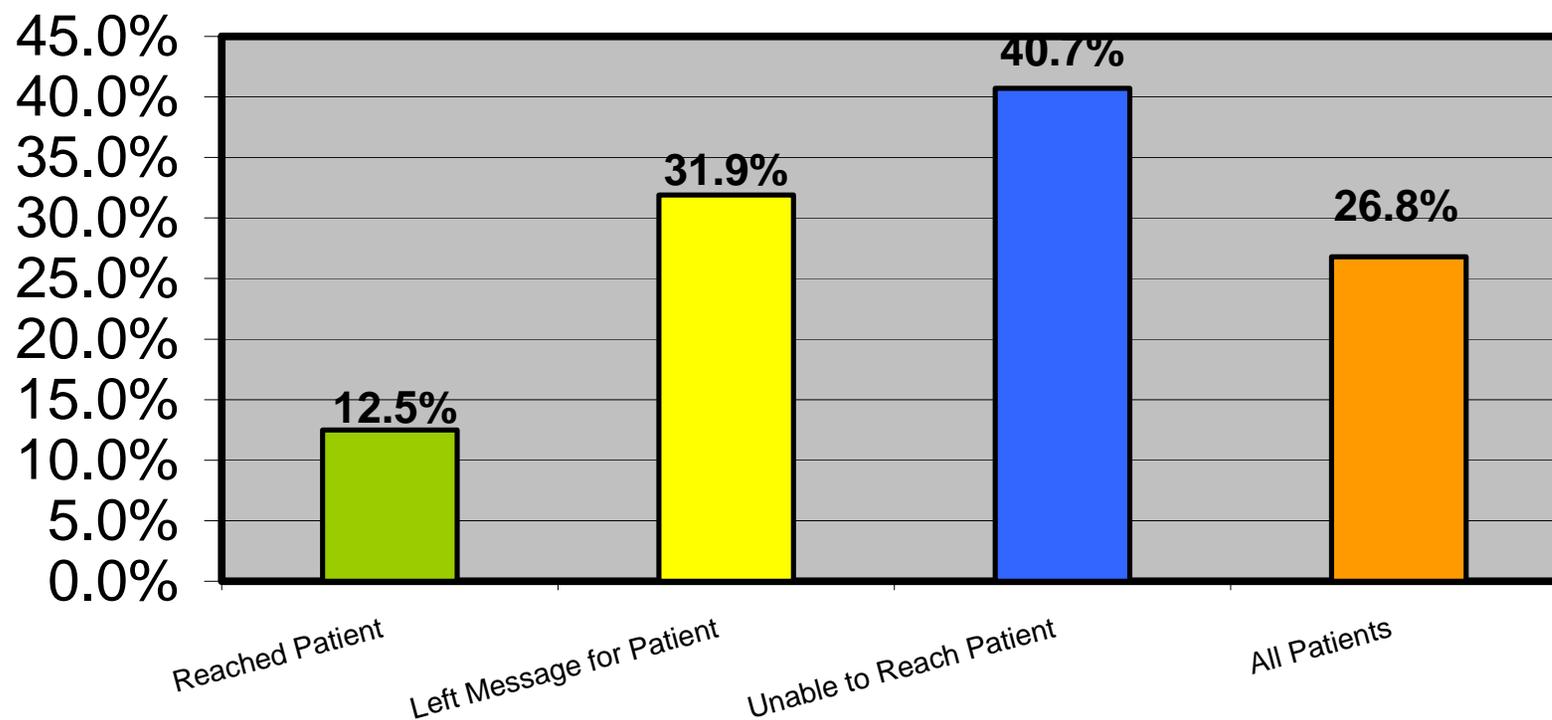
while for those patients staff are unable to reach, the no show rate is

**40.7%.**



Bea McDonald  
Intake Specialist

## No Shows After Reminder Calls





The increase in patients showing for their assessment due to the reminder call has resulted in average increase of 2.8 assessments completed per month and an increase in collections of \$142 in assessment fees.

Another benefit to calling is the increase in cancellations (preferable to no shows). Previously, patients who were unable to make their appointment simply did not show. Now, support staff find out in advance that the patient will not make the appointment. This allows clinical staff to use their time more effectively, and also allows support staff to schedule someone else in that vacated space.