

Brandywine Counseling



Organization

- Wilmington, Delaware
- Outpatient services for adults 18 and over
- Seven locations including 3 methadone clinics
- 1700 clients, 135 staff
- Funding: 86% contracts, 14% client fees

Our Team



Aim Addressed

- Reduce the wait from first contact to intake evaluation.
- Why:
 - The wait for an intake appointment was 4 weeks
 - High no-show rate for scheduled appointments
 - Callers received little information from receptionist about what to expect at intake

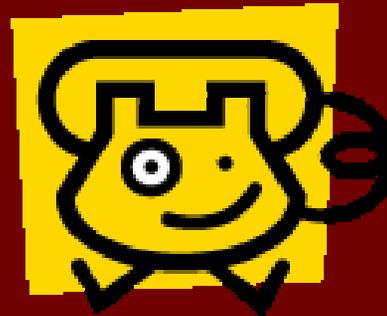


Measures Used

- Time from first contact to intake evaluation
- Mock requests for service: Positive or negative experience?
- Percent of callers requesting service who were transferred to a nurse
- Time spent on the phone when requesting service

Objective Statement

- 1) To provide callers more information about intake by obtaining preliminary medical information from them over the phone
- 2) To reduce the wait for an appointment by 50%



Observation

- Some callers were inappropriate for opioid treatment. They only needed pain management treatment or belonged in drug-free unit.
- If nurses pre-screened callers and obtained preliminary medical information, they could “weed out” inappropriate people.
- At the same time, nurses would provide callers with personalized information about what to expect at intake.

Changes Made

- Receptionist will transfer calls to nurses if caller lists opiates as their primary drug of choice.
- Nurses will keep appointment book and make all appointments.
- Set up a separate phone line dedicated to receiving requests for service.
- Nurses will pre-screen callers using a script of questions

Results: Mock Calls

■ Pre-Change:

- Caller spoke only to receptionist
- Scheduled for appointment in 4 weeks
- Caller not satisfied with answers to her questions
- “Frustrating”

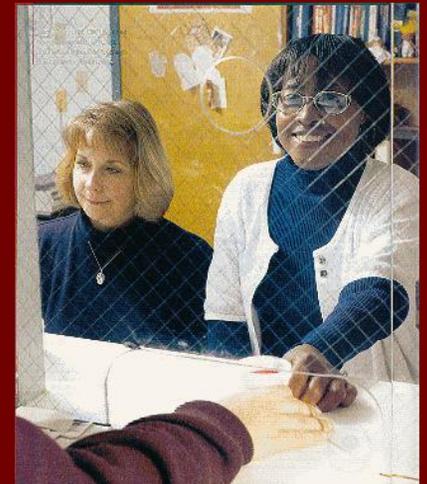
■ Post-Change

- Caller transferred to a nurse
- Total time of call: 7 minutes
- Scheduled for appointment in 2 weeks
- “Friendlier,” “A drastic improvement”



Results: Phone Log

- Pre-Change
 - Calls transferred to a nurse: 13%
 - Calls 3 minutes or less: 74%
- Post-Change
 - Calls transferred to a nurse: 100%
 - Calls 5 minutes or longer: 100%
 - Average time of call: 14 minutes



Challenges

Appointment book

- Non-computerized
- Sloppy and/or incomplete recordkeeping
- Not able to rely on book to measure data
(% of appointment holders who were appropriate for opioid treatment)
- We began effort to improve the book as a data collection tool

Impact

- Positive unsolicited feedback from clients
- Revia clients better prepared for appointments and “less cranky”
- Receptionist had more time to provide service to clients
- Nurses reduced work they had to do at intake by pre-screening
- “Happy clients = Happy staff”

Status

- The change was a success
- The change was left in place
- But still must turn people away
- Appointment book needs to be computerized
- Need systematic procedure for giving appointments
- Should we eliminate appointments?