Daybreak of Spokane, WA

Reduction of No-Show Rates

This case study describes how the use of data collection and counselor involvement in the change process at Daybreak of Spokane, Washington worked to reduce the rate of no-shows and increase the attendance in outpatient treatment for both individual and family therapy appointments and also for group sessions.

Aim: Reduction of no show rates/increase attendance

Paths: Paperwork, Therapeutic Engagement, Maximizing Revenue Sources

Key Words

No-shows, reminder calls, client incentives, staff newsletters, personal data tracking

Ben wants to go to college and make his parents proud, but the trouble is that at age 16 he is mixed up with a crowd that drinks alcohol and smokes marijuana every day. On weekends, they sometimes use other drugs, like cocaine and Ecstasy. His parents, who only knew that he drinks and smokes, signed him up for counseling and group therapy. But Ben's parents often have to work late, and therefore can't always be there to make sure that Ben gets to his counseling appointments. When Ben doesn't go to his appointments or group therapy, he doesn't think his counselor or anyone else really cares that he's missing a session. Although he wants to be in better control of his life and his future, he doesn't feel engaged in treatment, and therefore doesn't feel like his treatment program is really helping him to do this.

This is certainly not the experience that providers of addiction treatment want people to have. The Network for Improvement of Addiction Treatment (NIATx) is systematically working to implement changes that will increase access and retention in addiction treatment programs. NIATx organizations, such as Daybreak, are working on efforts to decrease no-show rates for clients like Ben. Daybreak's initiative to decrease no-shows serves to increase client attendance at therapy sessions and groups, and it has had the additional benefit of stabilizing the agency's revenue.

Background

Daybreak is a small agency with locations in Spokane and Vancouver, Washington. Founded 23 years ago as a grassroots agency, it was one of the first treatment facilities in the state to treat adolescents with addiction issues. The agency currently operates a total of four sites; two provide outpatient services and two provide inpatient services. The agency serves approximately 500 adolescents annually in the inpatient programs and has about 300 admissions per year to its inpatient component of treatment.

The average client at Daybreak is between 15 and 16 years of age and is poly-addicted. The more common addictions treated at the agency include alcohol, tobacco and marijuana. The instances of methamphetamine addiction and Ecstasy use that the agency sees are also on the rise.

Change Process

After becoming a member of NIATx in the Fall of 2002, Daybreak began the process of forming a change team to develop and implement quality improvement techniques. The change team consists of 8 members headed by the Change Leader Richard Miles who also serves as the Spokane inpatient treatment director. Other change team members include:

Jim, Outpatient Treatment Director Mike, Operations Director Rebecca, Administrative Supervisor Anna, Billing Supervisor Joanne, outpatient counselor Francine, outpatient clinical supervisor Kareen, outpatient administrative assistant As the Change Leader, Richard took responsibility for gathering the initial data regarding the access and retention rates at Daybreak. By comparing information such as the date of initial contact and the date of first treatment session, for example, Richard was able to determine the base-level wait time for clients to get started in treatment. He also used the existing appointment schedules and counselor logs to determine the average rate at which clients were attending their individual, family and group treatment sessions.

The change team initially looked at various components of service at the organization. One figure that stood out in the initial data was the rate of no-shows within outpatient services. Outpatient services are comprised of individual and family therapy as well as groups treatment sessions. At the time when the team was reviewing their data, the rate of no-shows was 28 %. The change team decided that the attendance rate – which was only 72% – could be increased.

After discussing the data that was available, the change team met and set a change goal to:

Increase the attendance rate for outpatient treatment services from 72% to 90%.

The first course of action for the outpatient services was to revamp the method of collecting data about no-shows. The change team and agency administration wanted to gather more detailed information about the no-show rates for individual counselors and specific treatment groups without setting up an overly competitive environment among staff. In other words, Richard wanted the counselors to know what their own no-show rates were and wanted counselors to work to improve them without comparing their numbers to the other outpatient counselors. To accomplish this, Richard adapted a document already used to track all of the information needed for billing (Daybreak's service activity log), which is completed individually by each counselor within the outpatient service division. This served to gather and compile information regarding missed appointments.

Once all counselors were using the new document and no-show rate data was reliably being collected, Richard began sending bi-weekly e-mails to individual counselors to inform them of their personal no-show rates. Overall progress was reported in a monthly newsletter. Not posting or distributing the individual no-show rates publicly within the agency limited competition between counselors. Within a few weeks of compiling and distributing the individual no-show rates, the attendance rates began to improve. When the pattern of decreased no-show rates began to emerge, the team talked to counselors about the efforts they had individually made to increase appointment attendance.

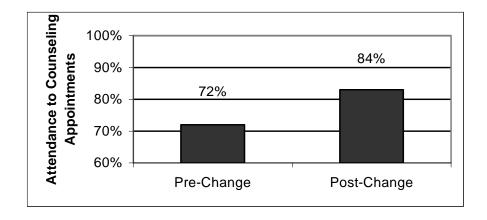
Counselors were sharing ideas with each other and implementing techniques to decrease their individual and overall no-show rates. Counselors reported:

- 1) They were talking more with clients and their families about the importance of making it to scheduled appointments.
- 2) The counselors approached re-scheduling with chronic no-shows in a different way. Clients who had chronic no-shows were told that they would lose their "premium" appointment times if they did not improve their attendance.
- 3) Counselors also began working harder on building strong relationships with clients so that clients would feel more motivation to come in for their scheduled appointments.

These were the three primary modifications in the interactions between counselors and clients that served to stress the importance of keeping appointments and indicate to clients at Daybreak that the staff truly cares about them and their attendance at scheduled appointments.

Change Results

With the implementation of the new data collection system, counselors were motivated to increase therapeutic rapport and engagement while making it clear to clients that it was important to attend scheduled appointments. The practice of gathering and compiling individualized information about no-show rates motivated counselors to interact differently with clients. Those changes had a significant impact on the no-show rates for individual and family therapy appointments at Daybreak. The average rate of no-shows for outpatient individual and family appointments went down from a pre-change figure of 28% to a current level of 16-17%. This concurrently means that attendance rates are up from 72% to almost 84% respectively.



Additional Changes to Decrease Group Treatment No-Shows

Regularly compiling and making counselors aware of the data regarding no-show rates facilitated the three primary methods utilized to increase client attendance at individual and family therapy treatment sessions. Though those improvements were significant, Daybreak found that the improvement in group therapy attendance was less dramatic. With attendance rates for treatment groups hovering between 78 and 80% even after the individual and family therapy rates had significantly improved, additional strategies were applied to group attendance.

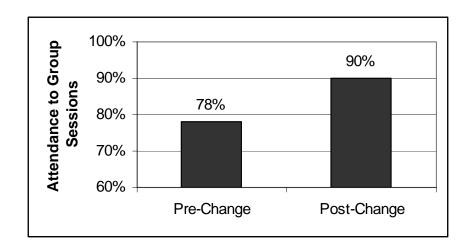
Improvement in the group treatment sessions' attendance rates was accomplished by implementing two further improvement techniques. The first was to introduce a system whereby clerical staff made <u>reminder calls</u> 24 hours prior to appointment times for new clients and clients with a history of missing appointments. This was another way to indicate to clients that Daybreak staff were paying attention and did in fact care if clients did not attend sessions.

In addition to that change, Richard enlisted the assistance of counselors to generate other ideas for increasing attendance at group treatment sessions. The counselors came up with an idea to offer incentives to clients. Counselors told their clients that any group that achieves 90% attendance or better for a month will be allocated \$4.00 per person in that group to have a pizza party, movie night, or other activity of their choosing. A chart with weekly attendance rates was posted on the wall in a common area of the agency.

Daybreak found that the response to the implementation of this strategy was very positive. Many clients were enthusiastic about the idea of being rewarded for attendance and have been excited about the idea of earning a party or special outing for their efforts to attend group sessions. Some groups have even begun planning to save the money for two or more months to do a more expensive activity in the future.

Group Treatment Change Results

Although this reward system has only been in place for less than two full months, 6 out of 8 groups already achieved a month of 90% attendance or better.



With updated information, the change team categorized the reasons for no-shows over a period of time. The agency found that 60% of no-show appointments had been cancelled for legitimate reasons and that 40% did not have "good" excuses. Given the review of that information, the change team revised the goal to 85% attendance. Richard and other staff at Daybreak continue to encourage both formal and informal information sharing among counselors to further increase the rates of inpatient treatment attendance.

Change Leader Richard Miles described the impact of setting the goal, using data collection, and enlisting staff in generating ideas as powerful forces of change. Since Daybreak began their improvement processes, the counselors have become more invested in engaging clients and working to increase attendance in individual and family therapy appointments, as well as in group treatment. Staff has come to view the process of setting and achieving improvement goals in a more positive light as well.

The agency has been able to increase the effectiveness of treatment by increasing client attendance in sessions. Along with this success, the agency has also created a more stable financial situation. Because the agency bills per session attended, the higher the client attendance rates, the <u>higher the revenue</u> generated. Staff is present and paid regardless of no-shows and group attendance; therefore, the more clients attending, the better the use of staff time.

Since the changes have occurred at Daybreak, Ben feels like he is part of something that is positive in his life and he feels a stronger connection to the other youth in his treatment group. They have been given the opportunity to work together for a goal that is related to their treatment, but that is also fun and social. His counselor does care if he misses his individual appointments; she makes a point of saying so, and now Ben believes that she really cares. As for his group, he feels a sense of loyalty to them and doesn't want to let the group down. He has not missed an appointment or group session for almost two months now, and is planning a fun event with the other members in his treatment group.

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