

ACTION Campaign

Promising Practices



**Create
Seamless Transitions
Between Levels of Care**

*Express Check-in and Check-out
Action Guide*

ACTION CAMPAIGN
Making an Impact on Addiction Treatment and Recovery



Express Check-in and Check-out

Purpose: to help you identify ways that your agency can reduce the paperwork generated when transferring clients between levels of care.

Introduction: Are your clients routinely being admitted—and showing—for their first treatment session in the next level of care? Or are requirements for pre-authorization, discharge and intake paperwork keeping them from progressing through the treatment continuum? Agencies can make the transition to the next level of care easier for clients by promoting express check-in and check-out. Identifying and eliminating duplicative paperwork streamlines the process and keeps clients engaged.

Plan: Identify the level of care transfer within your organization that has the poorest follow-through. It may be from detoxification to residential or from residential to out-patient or from out-patient to recovery support. Walk through the process as though you are a client who has completed one level of care and is moving to another. What are your observations?

- Are you starting all over again as though you had never had prior treatment? Many treatment agencies repeat information collection at each level of care.
- What is this experience like for you as the client?
- How long is the wait between discharge from one level of care to the first appointment at the next level of care? If it is more than a few days, can you identify the cause for the wait? Is there a way to reduce that wait, or to begin the transfer process sooner while in the higher level of care?
- Consider conducting a survey or holding a focus group to ask clients what would make transfers easier. Collect data on the percent of people referred to the next level of care that actually make it to that service. Don't be discouraged if it is low.

Do: Choose a week to begin using the new system for level of care transfers. Begin your change. Changes that have worked for some agencies include:

- Providing the next level of care with a copy of the client's record in advance, to include initial substance abuse assessment, history, treatment and progress notes, and discharge summary
- Using an electronic medical record system that allows information sharing across levels of care, eliminating the need to close and then open a new case file
- Reducing the paperwork necessary for admission; completing additional forms over the first few treatment sessions





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- Making sure that the treatment agency at the next level of care has everything it needs to begin services immediately upon client discharge from the prior program

Collect data on the percentage of people that are referred that have at least one appointment at the next level of care.

Study: Using data collected before and after implementing the express check-in and check-out system, assess the change in number of clients discharged who had a first appointment at the next level of care. Look at reasons why a transfer was unsuccessful. Discuss with clinical staff what they think didn't work and what may work better. If the number of client transitions and/or time between discharge and the next appointment improved, then:

Act: Develop a system for implementing the express check-in and check-out for the selected level of care transition. Discuss with staff, implement rapidly, and continue to monitor the impact of the system on client no-shows.

Measuring the Impact of Change

The length of time necessary to test a change will vary depending on an agency's size. Scientifically, the preferred sample size is at least 40 clients. However, since you are testing a hypothesis, what you need are just enough clients before and after the change to see a trend. Pilots should not last more than a month, or they tend to lose their pilot status. We recommend that you run your change project pilot long enough to have at least 20 clients experience your new way of operating. For smaller agencies, depending on the change, this may take a month. Larger agencies probably should run a change for at least a week, even if that gives a sample larger than 40.

Practice Measure: Number of people who actually attend at least one session at the next level of care.



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Central New York Services

Syracuse, NY 13202
www.cnyservices.org

Central New York Services, Inc. (CNYS) is a non-profit behavioral health organization, providing services over a four-county area. CNYS offers a wide range of services including IOP and OP programs, a full spectrum of residential programs, vocational, and forensic mental health and case management. CNYS specializes in providing services for individuals who are most at risk and under served in our community.

Project Aim Reduce Waiting Time in Transfer between IOP and OP
Change Leader / Executive Sponsor Kim Aichner

Goals & Measures

We were receiving complaints from program participants and staff regarding a long wait time for internal referrals, occurring between IOP and OP levels of care. After a walk-through of our internal referral process, we identified the following issues:

- Wait time: our average wait time for internal referrals was eight days
- Frustrations: participants were being referred to other agencies due to frustrations with the system
- Lengthy assessments: clients were required to complete an entire second assessment process, 90 minutes in length
- Lack of information: counselors in our centralized intake department completed the internal referral process, often with no current information on the client
- Paperwork burden: a cumbersome and repetitive paperwork requirement took 45 to 60 minutes to complete

As a result, the entire process was overly difficult for the program participants and staff. We recognized the need to revise the internal referral system. Earlier, we had accomplished a 0-day wait time for external referrals through a process improvement project for walk-in intakes. We set a similar goal to reduce internal referrals from eight to 0 days.

Changes Implemented

Our Change Team, with continuous feedback from program participants, tested two PDSA Cycles and adopted the following changes:

- The IOP referring counselor first updated and completed the assessment and referral paperwork with the program participant.



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- The assessments and referral paperwork were then sent to the centralized intake department.
- The intake specialist would then meet with the program participant for 30 minutes after receiving the referral, and admit to the OP clinic the same day. (60 minutes total time.)
- Paperwork was condensed or eliminated for the internal referrals.

Business Case Impact

As a result of this project, we reduced wait time and positively affected other outcomes:

- Wait time was reduced from 8 days to 0 days within the first two weeks.
- The number of admissions to OP over a two-month period increased from an average of 12 per month to 17 per month, resulting in a profit of \$645.00.
- Continuation rates for internal referrals in OP increased from 50 to 100 percent

Lessons Learned

- Reduced system and paperwork burdens make it easier for counselors to refer within our agency rather than to outside agencies. As a result, the internal referrals have increased, thereby increasing admissions and keeping revenue intra-agency.
- A vital component during both of the PDSA Cycles was the contribution of the program participants, who provided feedback during the changes. This factor, when combined with reducing the wait time and eliminating unnecessary paperwork, resulted in continuation rates increasing to 100 percent.
- Interaction of system components and acceleration of process improvement when vital system processes were affected resulted in multiple positive outcomes in wait time, admissions, and continuation.

