

Fayette Companies

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Located in central Illinois, Fayette Companies is a management and consultation corporation with three major operating agencies in the fields of mental health care and substance abuse treatment. Fayette provides substance abuse services for men, women, and adolescents across multiple levels of care at several locations. Fayette specializes in the treatment of pregnant and post-partum women at high risk.

INCREASING CONTINUATION RATES AT NEW LEAF LODGE

Change Leader: Tom Murphy (for this Change Project); for more information, contact Pat Kennedy, pkennedy@fayettecompanies.org

Team Members: P. Kennedy, D. Oberg, E. Hubble, P. Stenson, M. Renteria, K. McMahan, L. Elkins, and two active clients.

Location: White Oaks Companies' New Leaf Lodge for Women

Level of Care: Residential

Population: Adult women (also pregnant and post-partum women at high risk)

Aim Addressed: Increase continuation rates

Start Date: October 1, 2003

Project Status: Sustained in March of 2004

GOALS AND MEASURES

Fayette Companies chose to focus on its New Leaf program, based on New Leaf's high dropout rate compared to dropout rates at two of our other residential programs. New Leaf data analyzed for a 12-month period indicated a premature termination rate of approximately 12% in the first two days, and almost 21% within a week of admission to this program. Of the 12% who left against medical advice (AMA) in the first two days, 43% had been admitted on a Friday.

After conducting a walk-through, multiple focus groups, and client and family surveys, the Change Team set a goal to increase the percentage of women staying beyond the first two days following admission and most importantly to "make new clients feel welcomed rather than processed" and "engage and empower clients in their first steps to recovery." In October of 2003, the team expanded the aim to increase retention for the first seven days of treatment.

CHANGES IMPLEMENTED

Drawing from the information/ data received from walk-throughs, focus groups, and surveys, the Change Team tested the following changes to reduce AMAs in the first 48 hours post admission:

- Enhanced peer support at admission and a revision of the role of "peer sponsor"
- Addition of a clinical support position to provide orientation and quick room assignment

- Staff combined client’s luggage search with assisting client to “put her things away”
- Offering client the choice to rest or participate in treatment activities
- Allowing client to call family on the first night of treatment stay
- Encouraging family or friend to be part of the admission process
- Implementing weekly staff meeting to discuss any concerns regarding new admits
- Giving new admissions a “welcome package” of stationery, envelopes, and stamps, along with a map and directions to assist family and friends in locating the facility

In October of 2003, after experiencing success with the initial aim, the Change Team expanded its aim to “increase retention for the first seven days of treatment.” Changes included:

- Total elimination of “blackout” week for phone calls and visitors
- Distributed “Recovery Vouchers,” one for each of the seven days. These vouchers could be traded for a gift certificate on day seven.
- Provided training in Motivational Interviewing techniques to clinicians and support staff
- Instituted a moratorium on “Friday” admits. (47% of AMAs in first seven days were admitted on Fridays.)

IMPACT AND LESSONS LEARNED

As a result of this continuous change process developed from client feedback regarding actual services, the number of clients discharged against medical advice dropped from 81 in 2003 to only 28 in 2005. Both client satisfaction and staff morale have also improved. New Leaf has seen a 34% increase in length of stay from FY 04 to FY 05. Additionally, the Change Team’s efforts had an impact on the business case: New Leaf saw an increase of 1,055 in bed days for a six-month period compared to baseline. This increase in bed days translated into a \$166,000 increase in revenue.

The New Leaf staff embraced both the initial changes proposed by the team, as well as the change “process.” This is evident in ongoing process improvement at New Leaf. Most importantly, this change effort has truly resulted in increased opportunities for treatment, recovery, and an improved quality of life for the women we serve.

