

Brandywine Counseling

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Brandywine Counseling, Inc. (BCI) is a non-profit organization with seven sites that has been providing outpatient services for over 20 years. BCI offers a range of outpatient programming, including opiate addiction treatment, case management, criminal justice services, outreach, and prevention. Opiate addiction treatment is the largest program, treating approximately 1,500 clients annually.

REDUCING WAITING TIME

Change Leader: James Harrison, jamesharrison@comcast.net

Team Members: B.Closic, M. Friedman, Ginny L., M. Blancato, E. Dryden, J. Glick, J. Lewis, L. Latzko, D. Purnell, K. Murphy, and M. Smelstoys

Location: Lancaster Avenue site

Level of Care: Methadone clinic

Population: Individuals seeking admission to the opioid treatment program

Aim Addressed: Reduce waiting time

Start Date: January 14, 2004

Project Status: Sustained as of May 1, 2004

GOALS AND MEASURES

We identified the need to reduce the time from intake to first dose of methadone, which stood at 2.3 days for the last quarter of 2003. This wait time was not ideal because it gave clients time to seek opiates and lose motivation for treatment. We found that 8–10 % of clients dropped out during this time, reducing the number of positive outcomes for clients and the agency. The key variable measured was time from intake to first dose, and our goal was to reduce it to zero.

CHANGES IMPLEMENTED

We tested and adopted several interventions during the period from January to March 2004:

- Instant urine tests replaced lab testing.
- We created an orientation video for clients to view on the day of intake, replacing a group orientation that was held only twice weekly.
- We offered “guest dosing” of clients admitted to other sites.
- We held staff meetings after each intake day to reduce stress and address any issues.

IMPACT AND LESSONS LEARNED

The average number of days from intake to first dose decreased from 2.3 days in the last quarter of 2003 to 0.3 days in the first quarter of 2004. The average number of days from first contact to admission decreased from 11.1 days in the last quarter of 2003 to 7.4 days in the first quarter of 2004. As seen in the chart below, wait time for admission has remained at nearly 7 days since this change was sustained. While reducing the time to the first individual session has proven more of a challenge, the program has made progress recently in providing more timely treatment once a client is admitted.

All clients who are qualified for same day medication continue to receive it, with clients admitted to other sites guest dosed at the Lancaster site their first day. The few exceptions are clients who are disqualified from that option due to a positive drug test, and those who choose to wait until the next day.

We reduced the length of the video orientation from 90 minutes to 12 minutes, and clients no longer have to return another day for orientation group.

The reduced wait time for medication encourages clients to stay engaged after intake, which allows for better use of intake staff time. By eliminating the orientation group, intake staff essentially gained three hours per week for other responsibilities. Staff meetings at the end of each intake improved staff morale and team dynamics.

The change team continues to collect and report data on timeliness once a month during meetings. The team will intervene to get the project back on track if time from first contact to first dose rises above 10 days.

James Harrison oversees maintenance of urinalysis testing supplies, updates the orientation videotape as needed, and facilitates communication among intake counselors, nurses, doctors, and outreach staff to ensure efficient coordination of activities. Word got out on the street that our organization offers medication. Clients receive an itinerary that staff sign off on when their part of intake is complete. Videotaping the orientation made the staff aware of unwritten rules, which were then either written into policies or eliminated.

Many of our clients have been honest enough to admit that without same-day intake and first methadone treatment, they would have likely been back on the streets seeking heroin rather than sticking with treatment.

