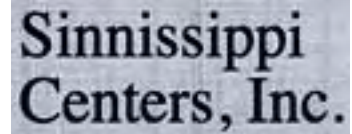


Sinnissippi Centers, Inc.

325 Illinois Route # 2
Dixon, IL 61021
(815) 284-6611
www.sinnissippi.com



Sinnissippi Centers, Inc., provides services to youth, adults, and families who suffer from substance misuse, mental illness, or require other behavioral healthcare. We have received the Ernest A. Codman Award from the Joint Commission on Accreditation of Healthcare Organizations and the American Psychiatric Association's Psychiatric Services Award for our effective treatment of individuals with substance misuse and mental health problems.

IMPROVING CONTINUATION—INTENSIVE OUTPATIENT SERVICES

Change Leader: Natalie Andrews, natalieandrews@sinnissippi.com

Team Members: S. Dockins, K. Buss, and K. Burrows

Location: 325 Route #2 clinic, Dixon, IL

Level of Care: Intensive outpatient (IOP)

Population: Adults referred to IOP services

Aim Addressed: Increase continuation

Start Date: September 1, 2004

Project Status: Sustained as of January 1, 2006

GOALS AND MEASURES

Sinnissippi Centers, Inc is a community based behavioral healthcare center providing services to four counties in northern Illinois. Our process improvement efforts have focused on our intensive outpatient population. Our first Change Project focused on reducing no-shows to assessment appointments and on reducing waiting time to treatment. After addressing these aims, we chose to focus on increasing the continuation rate of the IOP population. Our baseline data revealed a continuation rate, as measured by four sessions after assessment, of 16%. We established a goal to increase the continuation rate to 100% for the first four sessions.

CHANGES IMPLEMENTED

In September 2004, the Change Team began using the following client measurement scales: the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS). These standardized measures assess, respectively, the client's progress during the previous week and how well the clinician met the client's needs during a session. The clients filled out these forms in both individual and group sessions with the clinicians plotting the resulting scores. Clinicians discussed with clients any problems that were indicated by a low SRS score and tracked specific client responses in the clients' records. The project evaluator tracked clinicians' use of the instruments, which was high overall. In order to determine effectiveness of the instrument use, the Change Team calculated client continuation rates by clinician in addition to the aggregate continuation rate.

IMPACT AND LESSONS LEARNED

During the first month (September 2004) in which clinicians used the ORS/SRS measurement continuation was at 0%. However, because of clinicians' focus on continuation for their clients, continuation rose to 100% in October 2004. Only four of the 16 months following initiation of the project (December 2004 and January, November, and December 2005) had a continuation rate below 100%. The 17-month average is 88% continuation for the first four sessions. This dramatic improvement is reflected in the chart below:



We discontinued using the ORS and SRS after six months. We found that the SRS results were predominantly positive and felt that completing the forms was no longer an effective use of the clients' time. However, we still provide clinicians' with data on their individual continuation rates each month and work to develop new continuation strategies. As part of this, our staff received training in May 2005 on methods to improve client engagement.

We concluded that our focus on the importance of continuation, first by using the ORS and SRS measurements and then by tracking client continuation rates by clinician, have helped to sustain this improvement.