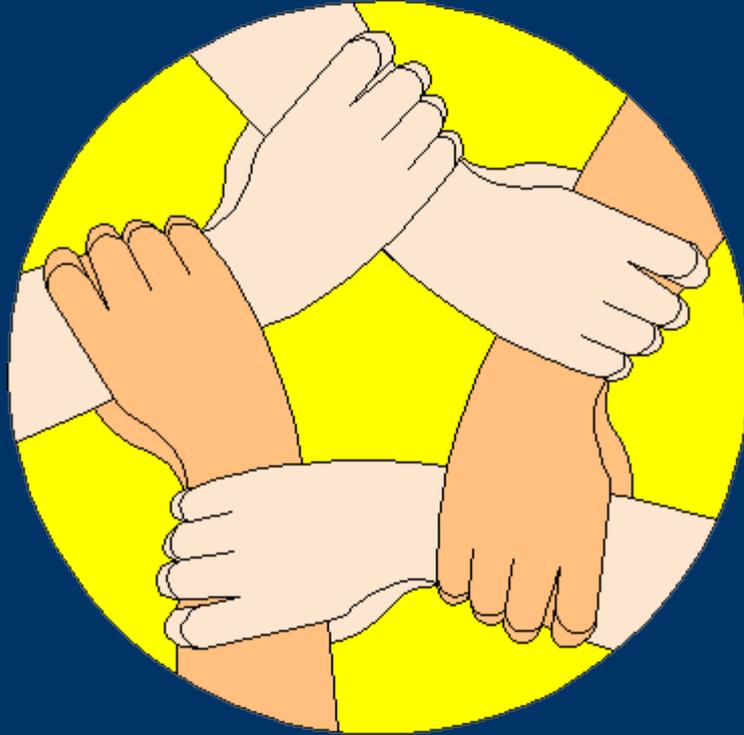


WARM HANDS



A Process Improvement
Intervention

The Problem: Detox Recidivism

- The number of patients who accept the referral from detoxification (detox) to outpatient services is small. The number who keep the first outpatient appointment and continue in treatment is even smaller. The failure to make the transition from inpatient to outpatient services results in poor treatment outcomes and in the phenomenon of “revolving door detox.”
- Analysis of New York State Medicaid data indicated that approximately 80% of detox patients did not make it to outpatient treatment and for 20% of patients, the next treatment episode was another detox.

An Opportunity for Improvement

“Warm Hands” was a process improvement intervention designed to strengthen the connection between inpatient and outpatient services by encouraging the early development of a treatment relationship between the detox patient and the outpatient counselor.

The Goal: Improve Transition from Inpatient to Outpatient Services

The Objectives:

1. to increase the number of patients who accepted the referral to outpatient treatment and kept the initial appointment
2. to increase the number of patients who returned to treatment after the initial outpatient appointment
3. to increase the number of patients retained in treatment at 30, 60, 90 and 120 day intervals

The Warm Hands Team

- Outpatient counselors with excellent engagement skills, outgoing personalities and interest in the project were asked to join the “Warm Hands” Team.
- A Team Leader who was passionate about championing the cause and who had expertise in Motivational Interviewing (MI).

The Interventions

- Outpatient counselors, including a Vocational Counselor, conducted daily groups on the detox unit to emphasize the role and importance of aftercare in the recovery process and to describe the full range of services available in the outpatient program.
- The Team Leader tracked referrals to the outpatient program, confirmed the Intake appointment using an "MI script", and followed up with patients who broke their appointments.

The Interventions, continued

- The Intake protocol was expanded to include two “MI” tools. The Decisional Balance Sheet and Importance Rating Scale were added to elicit and address treatment ambivalence.
- Once admitted patients participated in specialized Motivational Interviewing groups, which were developed to address treatment ambivalence, to facilitate engagement in treatment and to promote stage change.

Results

Results were positive and promising:

Percentage of patients who kept the initial outpatient appointment:

Baseline: 38%

2007: 54%

2008: 53%

2009: 53%

Percentage of patients who kept the subsequent appointment:

Baseline: 47%

2007: 99%

2008: 83%

2009: 100%

Percentage of patients retained in treatment once engaged:

2009: 68% of patients were still in treatment 30 days post admission

51% of patients were still in treatment 60 days post admission

41% of patients were still in treatment 90 days post admission

33% of patients were still in treatment 120 days post admission