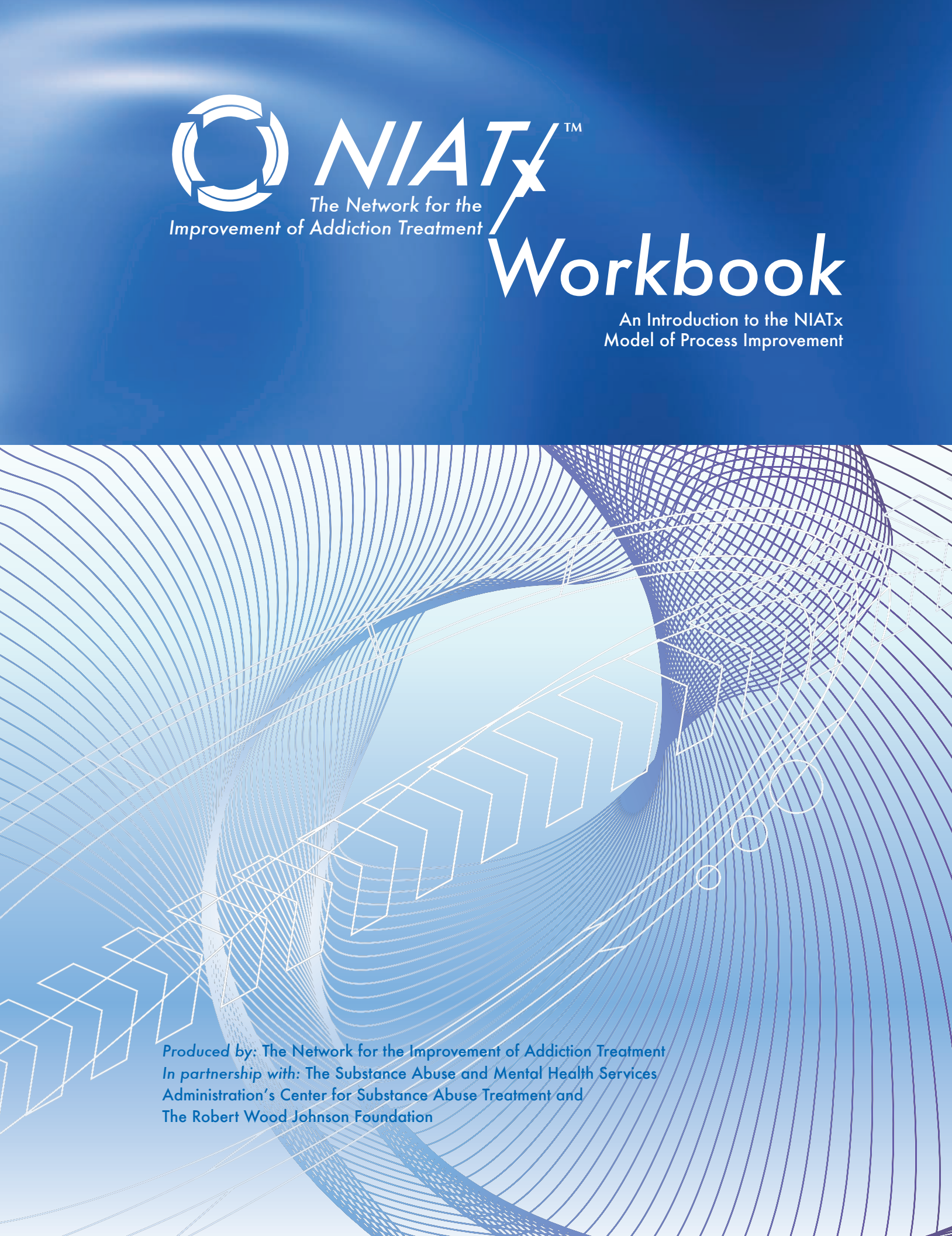
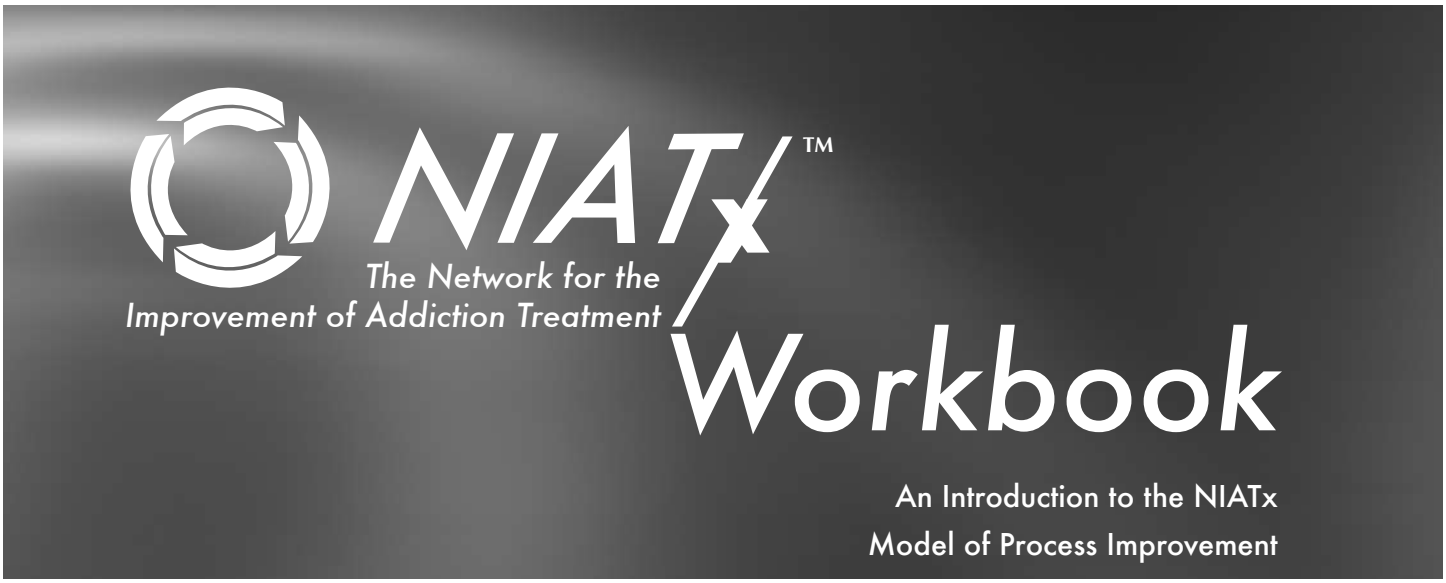

NIATx™
The Network for the
Improvement of Addiction Treatment
Workbook
An Introduction to the NIATx
Model of Process Improvement
Produced by: The Network for the Improvement of Addiction Treatment
In partnership with: The Substance Abuse and Mental Health Services
Administration's Center for Substance Abuse Treatment and
The Robert Wood Johnson Foundation



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An Introduction
to NIATx and Its Process Improvement Model

About NIATx

Founded in 2003, the Network for the Improvement of Addiction Treatment (NIATx) works with addiction treatment and behavioral health care organizations across the country to improve access to and retention in treatment for the millions of Americans seeking help with substance abuse or mental health issues.

NIATx is a learning collaborative within the University of Wisconsin–Madison's Center for Health Enhancement Systems Studies. We promote peer networking and provide research, case studies, and innovative tools that encourage use of our process improvement model. This model is quality-driven, customer-centered, and outcome-focused, and it has proven effective in transforming members' business practices and the quality of care their clients receive. All NIATx initiatives are related to its four aims: reduce waiting times; reduce no-shows; increase admissions; and increase continuation.

NIATx resulted from the unique collaboration of two national initiatives: **Paths to Recovery**, funded by the Robert Wood Johnson Foundation (RWJF); and **Strengthening Treatment Access and Retention (STAR)**, funded by the Substance Abuse & Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). What was particularly notable about these projects was their emphasis on systems and process—using existing resources, not more money—and their shared focus on increasing the rates at which Americans receive and continue through addiction treatment.

In this introduction to the workbook, we will be introducing you to the four NIATx Aims, the five NIATx Principles, the three critical roles for process improvement projects, a proven Change Process, and a special focus on learning from those outside your own organization. We understand you may be eager to proceed to the heart of the workbook, but we feel the more you understand about the NIATx philosophy, the more useful Parts I, II, and III will be.

The Four NIATx Aims

NIATx promotes system change and innovation with a focus on four aims:

Reduce Waiting Times: *Cutting the time between when patients make first contact and when they get true treatment*

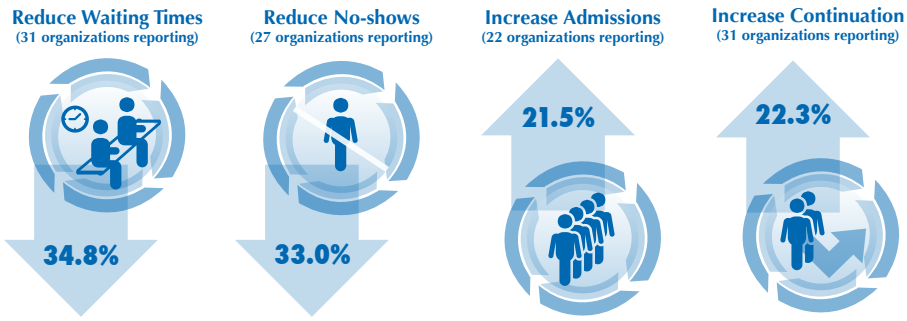
Reduce No-Shows: *Reducing the number of no-shows to assessments*

Increase Admissions: *Increasing the number of admissions*

Increase Continuation Rate: *Keeping patients in treatment longer*

Having clear, precise aims has been incredibly powerful. Our collaborating partners have come back to us and said many times, "Thank heavens you limited what we were allowed to do in this work!"

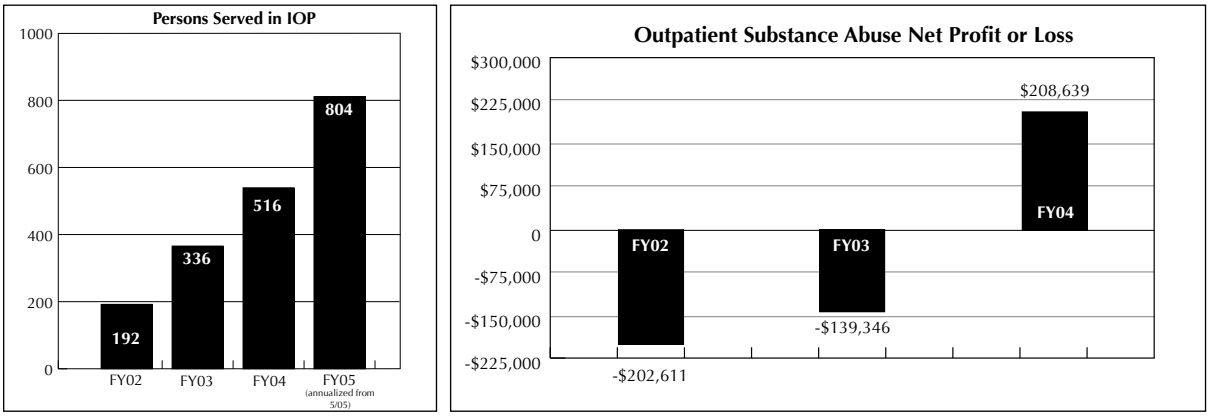
The practices we've helped champion have been proven to work in dozens of organizations just like yours. Typical results have been:



*Data effective March 2006 for Paths and STAR Initiatives.

Equally important, these productivity and effectiveness gains have been shown to translate directly onto the balance sheet. The Acadia Hospital in Bangor, Maine, for example, was able to more than double the number of admissions it handled per month, with a direct translation into net contribution to margin (see Figure 1).

Figure 1: Increased Admissions Linked to Improved Profitability



A similar business impact has been demonstrated by NIATx members for each of the aims we target. Another facility, for example, changed to a walk-in appointment system; with the resulting increase in admissions, it increased annual fees by more than $300,000.

We make these connections because we know that economics drive an organization's ability to offer services. A positive economic position is a better leverage point for clinical and/or organizational change. Programs that drain resources from the organization are rarely expanded.

The specific four aims targeted by NIATx were based on research by the Washington Circle, a multi-disciplinary group of providers, researchers, managed care representatives, and public policy makers. This group pilot-tested a core set of performance measures for addiction treatment services, which show that access to and retention in treatment are the greatest predictors of successful recovery.

The four aims support the NIATx conviction that:

- Addiction is a chronic, progressive disease characterized by the need to change behavior to prevent further decline. Any interruption or delay in a patient's smooth entry into and progress through the treatment system represents a serious threat for exacerbation in this chronic illness.
- To maximize access and retention, treatment organizations must redesign work systems.

- Most treatment agency staff are committed to their jobs, but their work can be frustrating and stressful. Inefficiencies in administrative and clinical practices combine with low pay to create low job satisfaction and high turnover. High turnover makes it difficult to invest in training as the solution to the field's challenges, since the expertise leaves with the employee. The NIATx Process Improvement Model considers staff another customer group. Involving staff in Change Projects and requesting their reactions to and advice about improvements helps addiction treatment agencies implement changes that meet their staff's unique needs.
- Efficient administrative practices that reduce delays, facilitate the patient's entry into the system, minimize stress and task complexity, and maximize rewards to staff improve quality service and staff job satisfaction.

This workbook is designed to help agency staff and their managers apply a simple method for making real progress towards each of the aims, one at a time. This method is built around another of our convictions: that measuring progress toward these aims is fundamentally important to achieving them. Agencies must know how to use data to establish where they are today and whether the changes they make actually make a difference.

The Five NIATx Principles

Before NIATx began, we turned to research on process improvement to find evidence for what we considered essential ingredients to process improvement. We found three studies that had analyzed organizational change by comparing successful and unsuccessful organizations in 13 industries. To differentiate organizations that were successful at improving from those that were not, the three studies looked at 640 organizations total. They examined 80 different factors that might possibly explain why some organizations were great at successful change efforts, while others floundered. (Gustafson and Hundt; 1995.)

Only five factors emerged as significantly important in organizational change. From all these factors, NIATx developed the Five Principles**.**

> *"NIATx asked agencies to conduct a walk-through for the Paths to Recovery grant application process. Over 800 agencies completed the walk-through process, and then focused on one of the four aims to improve on through a Change Project."*

Principle 1. Understand and involve the customer

This factor had more predictive power in discriminating successful from unsuccessful organizations than all other factors combined. In this guide, we encourage you to begin your change effort by taking a walk in your customer's shoes. This workbook will tell you more about how to conduct what we call a "walk-through." In a walk-through, staff members experience the treatment processes just as a customer does. The goal is to see the agency from the customer's perspective. Taking this perspective of treatment services—from the first call for help, to the intake process, and through final discharge—is the most useful way to understand how the customer feels, and to discover how to make improvements that will serve the customer better.

> *"We have tried to inculcate a culture of serving the customer. I use a lot of business metaphors here. The underlying principle is to understand that patients need to be communicated with, engaged, and 'sold' on recovery."*
>
> *Raymond Tamasi, CEO, Gosnold on Cape Cod, Falmouth, MA*

Principle 2. Fix key problems and help the CEO sleep at night

One of the mistakes we made in process improvement when we first started was that we picked "low-hanging fruit." We chose a process that was easy to change, spent nine months changing it, and created yawns from people who looked at it and said, "It took you nine months to do that?"

Thus, the second key principle, supported by research, is to solve a problem that is important to the CEO. And that is usually a problem related to the financial health of the organization—its bottom line. The NIATx model of process improvement, as you will see, helps member organizations improve the quality of care their clients receive as well as the organization's finances, workforce development, or competitive advantage.

"It's helpful to hear from peers, especially their time management strategies.... Getting feedback shows me the value of getting answers from outside the organization. This exchange of ideas and information has opened my lenses—I can adapt what people are doing at other organizations to what I do at Palladia."

Eda Davenport. Senior Director of Outpatient Services, Palladia, New York City

Principle 3. Pick a powerful Change Leader

The person who will be leading change in your organization needs to know the telephone number of the CEO by heart. This person needs to feel comfortable calling the CEO at 2:00 on Sunday afternoon or at 10:00 in the evening to talk about all kinds of issues, including those of business. We will go into more detail about how to select a powerful Change Leader later in this book.

Principle 4. Get ideas and encouragement from others, both inside and outside the organization or field

Getting ideas for improvement from outside the organization was one of the most predictive factors of all those in the literature review that NIATx conducted. The organizations most successful in improvement look outside for ideas—to other fields, and to their peers. Moreover, those organizations tend to participate in multi-organizational relationships that motivate continuous improvement. Because of this importance of this principle, we give it expanded treatment in the coming pages.

Principle 5. Use rapid-cycle testing to test effective changes

Rapid-cycle testing dispels the myth that change is hard. Testing changes on a small scale begins with an organization choosing to work on a problem that keeps the CEO awake at night.

In the NIATx model, teams work to solve that problem by testing a change, trying it out with two or three counselors and two or three patients, and then standing back to see what worked and what didn't. The next week, the team tries it out with four or five patients in a revised way; the next week, six or seven. By the end of a few weeks, a team will have a process in place that its members can adopt.

The Key Roles

In the NIATx model of process improvement, staff members work together to improve businesses processes that affect the four aims. An **Executive Sponsor**—typically the director or Chief Executive Officer of an organization—is responsible for authorizing the time and resources needed to complete the project successfully. The Executive Sponsor also designates a staff member as **Change Leader** to improve a process that influences one of the four aims. Together, the Executive Sponsor and the Change Leader agree on a plan for a Change Project: a process improvement initiative that targets one aim, one level of care, at one location, with one population. The Change Leader is responsible for organizing and conducting the project. Together, the Executive Sponsor and Change Leader also assemble a **Change Team**, which includes staff members and, in same cases, consumers. Each of these roles is discussed in more detail in Parts I and II of this book.

"Sustaining the gain in organizational improvements is very similar to sustaining recovery in substance abuse treatment. Once the gain is accomplished, sustaining it is an ongoing process."

Dave Gustafson, Director, NIATx

A Proven Change Process

Through experience with hundreds of addiction treatment organizations, NIATx has developed a model for conducting improvement projects divided into five phases:

1. Complete a walk-through (to understanding customer needs): This step arises from the NIATx principle of paying attention to customer needs. Here, you pretend to be client and experience what it's like to do business with your facility or organization.

2. Decide what you want to accomplish (pick an aim): The walk-through will help you understand which areas of your business are feeling the most pain, and therefore which of the four aims should be addressed first.

3. Identify how you will know if a change is an improvement: Before implementing changes, you need to know how you will evaluate "progress." The answer lies in picking the right metric and gathering baseline data.

4. Select and test changes: Now that you know what problems customers face, what aim you want to improve, and how you will evaluate the impact of a change, you're set to actually make changes. We'll guide you through ways to be creative in selecting and testing changes. As represented by another NIATx principle, the goal here is to pick small changes you can test rapidly.

5. Sustain the gains: Most process improvement projects do not sustain their gain beyond six months. According to Lynne Maher of the British National Health Service, there is considerable evidence that, in general, 70 percent of improvement projects do not survive more than six months. That being the case, you can safely assume yours won't survive either, unless you do something different.

What can you do that would be different? *Answer: Use what you have learned from your patients who sustain recovery.*

You'll find detailed instructions for conducting a project using this model in Part III.

Special Focus: Motivation and Encouragement for Change from Outside the Organization: *the NIATx Learning Collaborative Model*

"At the first NIATx Learning Session, I met colleagues from other NIATx sites that faced the same challenges we did. I probably talk to someone from the original collaborative every month. We learn from and motivate each other."

Dr. David Prescott, Director of Psychology Services and Clinical Research for The Acadia Hospital, Bangor, Maine

Process improvement, innovation, and collaborative learning guide the NIATx mission to help organizations get more people into treatment and keep them there longer. With an emphasis on peer networking and coaching, organizations that follow the NIATx model get help *and* accountability from outside their own walls. Through collaborative learning, organizations learn how others have made and sustained successful change.

Organizations that attempt change projects in isolation often flounder. NIATx members find that a key difference that has really enabled them to accomplish successful change is the inspiration and motivation they receive from other organizations that face similar challenges. With encouragement and support from peer organizations and coaches, and by using NIATx collaborative learning tools, member organizations have been able to make dramatic progress in process improvement projects.

"We have chosen to use the NIATx model as a primary vehicle for cultivating collaboration among providers, and for broader systems change. We are witnessing a significant shift in the attitudes of leaders, as they begin to understand that working in a more transparent manner across organization boundaries in a collaborative can have a tremendous impact on the quality of their services, and the morale of their staff. Central New York Services has been a critical lead agency in the process, and has helped peer organizations to join the effort. We have been utilizing mini-grants to providers, in order to encourage their participation, and have been seeing an excellent return on this modest investment."

– Mathew Roosa, Director of Planning and Quality Improvement, Onondaga County Department of Mental Health, Syracuse, NY

The NIATx Learning Collaborative Model offers members a variety of services for sharing innovative ideas with each other. The main components of the model are:

Learning Sessions

At these multi-day conferences, Change Teams convene to learn and gather support, from one another and from outside experts, on changes to make and ways to make them. Participants also learn about new directions for NIATx.

Interest Circle Calls
During Interest Circle teleconference calls, Change Leaders discuss change-related issues and progress. Participants learn and gather support from one another and from outside experts. Interest Circle Calls focus on specific topics, such as the four aims, women-focused treatment, or other specialty programs.

Coaching
Coaching assigns an expert in process improvement to work with an agency to help it make, sustain, and spread process improvement efforts. These consultations typically focus on executive directors, Change Leaders, and Change Teams. Coaches help agencies think through key issues, offer process improvement training, suggest what changes to make and how, and may help broker relationships with other agencies. NIATx faculty experts provide coaching during site visits, monthly phone conferences, and through frequent e-mail communications.

The NIATx Web site
The NIATx Web site is a storehouse of process improvement resources that includes: a catalog of change ideas, featuring presentations, case studies, and other publications; a toolbox providing just-in-time training on topics such as walk-throughs and group process techniques; online tools to assess organizational (or project) readiness for and ability to sustain change; a Weblog for peer discussion groups; links to relevant process improvement Web sites; and a secure portion for members to report data and track progress.

All-Member Calls
All-Member Calls occur monthly and bring together all members of NIATx to discuss a specific issue via teleconference. Members suggest discussion topics, which may include process improvement tools, change project successes and challenges, or advice and information from a guest speaker.

E-News
E-News is a monthly newsletter to members, as well as other subscribers, which provides valuable information from the NIATx network. Each issue of E-News features a story about an agency's experience making process improvements, explains how to use a tool from the Toolbox, and announces upcoming NIATx presentations and workshops.

Weemail
Weemail is the weekly e-mail correspondence the National Program Office sends to all NIATx members, informing them of important notices, upcoming events, Web site updates, new publications, member accomplishments, and other items of interest to the collaborative. If you'd like to receive this weekly update, please send an e-mail to www.niatx.net.

"As a result of listening to the Workforce Development Interest Circle Calls with [NIATx coaches] Dean Lea and Betta Owens, Gosnold, Inc. initiated a recovery aide training program by a) getting 'customer' feedback from the aides, who developed training priorities; b) getting buy-in from managers for paid attendance; c) setting up a certificate process linked to completion and to a pay increase. The goal was to improve skills for aides, and to improve retention. We'll do a six-month look at retention, plus we will rerun the aide satisfaction survey—to see if we improved! We have over 60 recovery aides in six different programs."

Tommie Bower, Director of Program Development and Quality, Gosnold on the Cape, Falmouth, MA

Learning from Each Other: a NIATx example

Perinatal Treatment Services in Seattle is a private, non-profit organization that provides treatment to pregnant women and women with children ages six and under. As part of the agency's first walk-through, PTS staff began taking note of clients' comments about the physical environment in the reception area. Many clients' first impressions were that the reception area looked "institutional," and "similar to a jail." This information led to PTS's decision to remodel the reception area to make it feel more welcoming to clients and their children. Executive Sponsor Kay Seim spoke about her agency's experience at one of the first NIATx Learning Sessions. Creating a welcoming environment was a quick and inexpensive way to improve treatment delivery services.

Inspired by the presentation and the PTS mission to "treat clients like guests in our own homes," staff from Mid-Columbia Center for Living in Dalles, Oregon, also examined their agency's waiting area. The PTS example sparked a discussion about their office's current waiting room, a long-standing source of dismay among clients and staff. Staff quickly set about creating a warmer and more personal environment by adding plants, floor lamps, new window treatments, artwork, and a ceiling fan to improve air quality.

The PTS presentation also challenged another organization—Central New York Services—to look into making improvements in the waiting area in order to make clients' visits to the agency more comfortable. Central New York Services used information on the NIATx Web site, along with experience with the "nominal group exercise" taught at the first NIATx Learning Session, to brainstorm and prioritize ideas for creating a welcoming environment.

The NIATx Model of process improvement encourages peer networking that allows organizations to look outside "the box" at best practices their colleagues use to implement and sustain change. A continuous flow of ideas among peers inspires and motivates organizations to experiment and test changes in this collaborative approach.

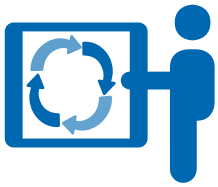
We hope that you will find this workbook to be a useful and informative guide to the NIATx collaborative learning model for process improvement that has proven so effective for organizations across the country. The system we've developed continues to evolve as we involve you—our customer—in testing what works and what doesn't. We've also learned from and been inspired by the NIATx members who have shared their ideas, successes, and challenges with each other as we work together to transform the field.

How to Use This Workbook

This workbook is divided into three main sections, plus support material at the end. Here is a quick overview:

Part I: Prework for Leadership

Though most of this workbook is targeted at the person in charge of leading a Change Project, this first section is targeted at that person's manager. Experience has shown that projects are more likely to produce good results if they are linked to priority goals for the organization—and that linkage is the responsibility of management, not the Change Leader.



Part II: Background Information for Change Leaders

This section will be particularly helpful to novice Change Leaders who have not yet had much experience with either making improvements or leading teams. It focuses on two main topics:

- Introduction to Improvement

  The five-step method that provides the framework for improvement projects is based on several fundamental improvement models and concepts. This section describes those fundamentals.

- Roles and Responsibilities

  Some Change Projects are conducted by a single person, but more often the effort involves a team. This section gives a quick overview of team roles and responsibilities.

Part III: The Change Project Process

This section walks you through the steps needed to complete a project. The basic framework is the same no matter which aim you've selected.

At the end of the book, you'll find additional source material you may find helpful:

- A list of **Resources** (p. 55)
- A **Glossary of Terms** (p. 56)

- **Instructions for Tool/Method Descriptions** (Appendix A, p. 59)
  Detailed instructions for some of the tools and methods that are incorporated into the NIATx Improvement model.
- **Promising Practices** (Appendix B, p. 73)
  Description of changes that have worked in other organizations.

NOTES:

Part I: Prework for Leadership

Think for a moment about typical reasons why projects are considered failures. You've probably seen projects…

- that were labeled a waste of time because the outcome didn't contribute to something important to the business
- where a good result lasted only a short while (then everything reverted to the old way of doing business)
- where staff didn't have time to do a good job on the project and the results were disappointing
- that were staffed based on who was least busy rather than who could do the best job

The Executive Sponsor can help projects avoid those problems and increase the odds of success by:

1. Making sure a team is working on a problem that is important to your agency or facility
2. Selecting an appropriate Change Leader and team members
3. Allocating sufficient resources (time, budget) to do the project right
4. Monitoring the team's progress throughout the project
5. Making sure the gains are sustained

1. Making sure the team is working on an important problem (select the aim)

The key problems that keep the CEO up at night are usually related to the financial health of the organization. Countless studies have demonstrated the importance of management support for organizational change, and improvement projects that have a positive impact on the bottom line are the ones that will receive the support of agency leadership. Without a strong business case, there is little hope of sustaining and spreading changes throughout the organization.

Key Point 1— The senior leader (Executive Sponsor) strategically selects the project: one aim + one level of care + target population + one location.

"No margin, no mission." It's a phrase oft refrained in the world of addiction treatment, and one that rings true given the increasingly tight fiscal landscape in which most addiction treatment providers operate. It is critical that process improvement initiatives not only support treatment access and retention, but also support the organization's core business. Process improvement cannot possibly be sustained if it acts as a drain on an agency's resources. The concepts of clinical interest and business interest *must* be aligned for change to take hold.

A senior leader (CEO, executive director, facility manager) should guide the selection of process improvement projects, taking into consideration both patient and business needs.

A Change Project is defined by its aim, level of care, target population, and location, not by the team assigned to work on it.

Within NIATx, agencies initially focused on reducing waiting, reducing no-shows, increasing continuation, and increasing admissions. The application of these four aims applied to each level of care, for a targeted population at each location, offers the senior leader a wide range of options for selecting process improvement projects. For example, typical projects might include:

- reduce waiting + at the outpatient clinic + for clients transferred from residential treatment + downtown
- increase admissions + at the outpatient clinic + for clients referred by parole officers + downtown.
- increase continuation + at the detoxification facility + for all clients + in the suburb

At one end of the spectrum, you can select a project aim simply by choosing something that keeps you awake at night—typically, a process that has a direct impact on your organization's financial health. NIATx member organizations have shown how a Change Project targeting one of the four aims often provides a business case for process improvement.

If you would like more structure, however, here is a process that lets you involve others in defining and selecting priorities for your organization:

Selecting a project: The "what works, what doesn't" method
Here is a simple method for brainstorming and selecting a project to assign to a Change Team. It works well at this stage to involve other members of your leadership team. If you have a likely candidate for a Change Leader, involve him or her as well.

1. Have each person draw a line down the center of a clean sheet of paper. Label the left side as "What Works" and the right side as "What Doesn't Work."

2. Using as few words as possible, each person lists as many items as possible under each heading in five minutes.
    - Encourage people to consider issues affecting your customers (what works and doesn't work for them) and your staff (what they struggle with or find easy to do internally).
3. Exchange the lists with each other, then discuss where you agree or disagree, and why. Stop after approximately five minutes.
4. List the top five problem areas the CEO/executive director wants fixed.
5. Discuss and agree on the rank order (1 = most important; 5 = least important)

The outcome of this exercise will result in the strategic selection of process improvement projects that will address a key problem in the organization. Once the project is selected, you should *articulate the vision of what the organization hopes to gain from that change*. When that's done, you'll be strategically assigning employees to a Change Team by appointing a Change Leader and soliciting team members' involvement.

2. Selecting an appropriate leader and team members

It is possible for a single person to execute a project, but most often it works better to include a team of people. A Change Team is a small group of employees appointed by the Executive Sponsor to identify business process barriers and determine and implement rapid-cycle changes designed to improve the process. The role of the Change Team in an addiction treatment agency is to coordinate one project and initiate one improvement effort in their organization's access and retention systems.

The first step is to select the Change Leader—the person who will lead the Change Team. This person needs to have the ability (and leverage) to interact with all levels of the organization. She/he also needs to have the time commitment required to get things done—and be able to devote one-third to one-half time every week to this role. She/he also should be a good team leader, communicator, and delegator, have good organizational skills, and experience with making changes.

Ninety-nine NIATx Change Leaders and Executive Sponsors who were surveyed identified the top leadership qualities of an effective Change Leader as:

- Challenges the status quo
- Gets results verified by data
- Persistence
- Respected throughout the organization
- Focuses team on the Change Project objectives

TOOL: See Appendix A, p. 59, for more details on the Nominal Group Technique (NGT), which is the basis for these instructions.

We would add to that list:

- Someone who reports to you, the Executive Sponsor
- Someone who is comfortable providing day-to-day leadership, energy, enthusiasm, and coordination
- Has the power and prestige to influence all levels of the organization
- Instills optimism
- Uses mandates (with time deadlines)
- Is goal-oriented
- Is systematic
- Would make Sherlock Holmes proud

Once you have the team leader selected, you might want to ask him or her to help you identify and appoint the rest of the Change Team:

1) The team should include members from all areas critical to the functioning of the system that is the focus of improvement activities. For example, a Change Team working on access issues would include a person who handles calls from potential clients requesting treatment services as well as a counselor. This may include:
    - Workers and supervisors in the unit (e.g., parts of the organization) where the changes will be implemented
    - Others who are affected by the change (e.g., other departmental staff if the change crosses departments, patients, etc.)
    - People with special knowledge about a specific change (e.g., patients, information technology staff, etc.)
2) Have diverse talents represented. For example, it helps to have people who are creative and insightful and people who can carry ideas through to completion.
3) Include outside perspectives (customers or someone who doesn't work in the area).
4) Keep the size small, no more than seven people—with more that, the team gets too unwieldy and makes slow progress at best.

When the team is selected, send a formal letter inviting each person to work on the project(s) selected. This assignment is a temporary, additional job for the person.

3. Allocating sufficient resources (time, budget) to do the project right

We all know that people pay more attention to what we do than what we say. That's why showing you are committed to the process of change and to providing the resources to make change happen is one of the most important messages you can send to staff.

Key Point 2—The Executive Sponsor assigns no more than seven people to achieve the aims of the selected project.

The goal should be to complete any given project in less than three months, under the assumption that a team meets at least every other week for at least one and a half hours, and people do work between meetings in preparation for the next meeting. The main cost for any project, therefore, is often staff time, including any backup coverage you may need to arrange so that staff can complete the project.

The latter costs are often minimal because, in general, most staff can be expected to do their regular work in addition to the project work. While this may appear daunting at first, it is surprising how the project work becomes more fun, more important, and more satisfying than whatever it was people were doing without the project work. (One exception: counselors are needed for many of the projects, and they still need to see clients, i.e., bill hours. They may need backup.)

How Many Projects? Some NIATx organizations focus on only one project at a time; others may have three or four going at once. The decision is based largely on the amount of time that staff can devote to improvement work and the urgency of seeing results. In general, a staff member should be assigned to no more than two projects at a time—and often you will make more rapid progress if people can focus on one project.

Other costs are highly variable. A simple process change, for example, may have a huge impact on the goal without involving any out-of-pocket expenses. To deal with this variability, you may want to establish a baseline budget or expense limit that the team can spend without needing further approval, and develop a process for getting approval for any additional expenses.

A last element in resource allocation is setting explicit guidelines for whether and under what conditions the team can call on other staff for support.

4. Monitoring the team's progress throughout the project

Management cannot delegate its responsibility to guide a project to a successful conclusion. That means that an Executive Sponsor cannot simply hand-off a project to a Change Team and then do nothing until the project is complete. Rather, the Executive Sponsor should plan on monitoring progress regularly—at least monthly if not more often, depending on the pace of the project.

For our purposes, "monitoring" means:

- Checking the Change Team's progress against its project plan
    - Make impromptu visits to team meetings
    - Read and comment on team minutes
    - Meet regularly with the Change leader
- Ensuring the team is still in line with the project goal (and, if not, either adjusting what the team is doing or revisiting the goal)
- Identifying barriers or challenges and helping the team work through them
- Verifying that decisions are being based on data

- Reviewing the team's planned next steps
- Managing defensiveness
    - Reinforce that processes, NOT people, are the problems the organization is addressing. When a problem arises, ask, "What went wrong in the *process*?"
    - Expose warts and brainstorm how to address them
- Making sure that gains are maintained
- Working to raise the organization's awareness of the need to improve and progress towards targeted aims
- Mention/ask for updates at management team meetings
- Reward and acknowledge staff who have contributed to projects

If the team has NOT made progress within three months (using the definition "one aim + one level of care + one target population + one location"), wrap it up anyway. DO NOT LET IT DRAG ON. If you want, help the team perform an analysis to identify what kept them from getting the project done. Was the scope too big? Did they have trouble balancing both project work and their other assigned duties? Did they need more training in improvement (or using data, more specifically)? Finding the source can help you better scope and guide projects in the future.

TIP:
The Sustainability Model
The Sustainability Model (SM) is a tool developed by the British National Health Service in collaboration with the University of Wisconsin. Using proven models of change and decision analysis, a panel of nationally respected practical and theoretical experts in change created the SM, and it has been tested for accuracy in over 200 separate change projects. Visit www.niatx.net to view the Sustainability Model.

5. Making sure the gains are sustained

Experience has shown that gains achieved with any project can fade away within six months unless you take positive action to see they are maintained. As an Executive Sponsor, it is your responsibility to see that your organization has the systems in place to embed new methods into the everyday work. This will likely include:

- Appointing a Sustain Leader who will take over monitoring duties once the Change Team has completed its work. This should be the person who already has oversight responsibility for any or all of the processes that were changed as a result of the improvement.
- Making sure teams take appropriate steps to document the changes and train all affected staff in the new procedures.
- Regularly reviewing performance data.

Conclusion

Launching Change Teams in your organization is no different from undertaking any other new endeavor. The ultimate responsibility resides with the leaders: the people who have the authority to allocate staff time, make sure the organization is accepting of the effort, and provide support to help everything go smoothly.

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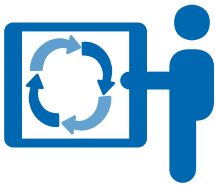
Part II: Background Information for Change Leaders



Before going into a project, Change Leaders should understand:

A) The basics of improvement

B) Their role in leading the project to success

We'll cover the basics of both these topics in this section.

A: Introduction to Process Improvement

Organizations exist and develop processes to serve customers. Processes consist of a series of action steps that convert inputs into outcomes. Poor processes account for 85 percent of the problems that organizations have in serving customers. An organization that wants to serve customers better should solve problems *that will improve its processes*.

- *Customer* is used broadly to include clients, families and friends, referral sources, payers, and the community—people who are external to the organization. (Staff and departments within the organization are sometimes called internal customers.) The focus here is primarily on external customers, although both are critical to the success of an organizational change. We typically view staff as *providers* and clients as *customers*. But from the point of view of the process, staff and clients are both part of the process and are both customers and providers at various steps in the process.
- *Problems* in a process are discrepancies, or gaps, between actual and desired performance, e.g., process takes too long, process does not take long enough, missteps happen too often, or important steps do not occur often enough. Problems are solved by making changes that close the gaps.
- All *processes* have inputs, steps, and outcomes, for which data can be collected, measurements can be made, and changes can be developed and tested to lead to improvement.

There are many, many different improvement models being used in American businesses today. The NIATx model of process improvement combines two essential components:

- **Five Questions** that will help drive improvement
- **PDSA Cycle**, the model for rapidly cycling through tests of improvement ideas.

To help you understand what you'll encounter in Part III of this book, this section provides background information on both of these elements.

Five Questions for Driving Improvement

There's a vast difference between making a change and making an improvement. Making a *change* just means you're going to do something different today than you did yesterday. Making an *improvement* means that the new method you're going to use today either gives you better results and/or is a more efficient way to produce results. Five questions can help you distinguish changes from true improvements, and help you implement those improvements effectively:

1. What is it like to be our customer?

To start any improvement effort, conduct a walk-through to experience what it's like to be a customer of your agency or facility. The walk-through helps you understand the customer's perspective AND the organizational processes that inhibit access to and retention in treatment.

The knowledge that you gain from the walk-through will help you understand where your priorities should be and what kinds of changes will ultimately have the biggest impact on customer perceptions and the budget.

Understanding what your customers want and need—and what's working for them and what isn't in the way you currently do business—is critical if you want to make changes that matter. By "matter," we mean that the changes will improve the quality of care provided to clients and will have a positive impact on the business (by driving up revenues and/or driving down costs).

NIATx members have found that the walk-through is one of the most effective tools for starting the journey to a better understanding of customer needs. Detailed instructions for doing a walk-through are in Part III; you'll also find two case studies in Appendix A.

2. What are we trying to accomplish?

The focus of this workbook is not open-ended. It is specifically designed to help teams make rapid progress on whichever of the four NIATx aims they have chosen to target:

1. Reduce waiting between the first request for service and first treatment session
2. Reduce no–shows

3. Increase admissions
4. Increase continuation from the first through the fourth treatment session

Part of the project will therefore be selecting which aim you want to improve—or, minimally, verifying that customer needs justify the aim selected by your Executive Sponsor.

3. How will we know if a change is an improvement?

Another factor that separates *improvements* from *changes* is the underlying assumption that something is *better* after a change is made. That call has to be based on data, not opinion, so another part of the method is to identify the metrics you'll use to judge success. To accomplish the task, the agency must clearly define the measure, collect a baseline using the definition, establish a clear aim that challenges the agency, consistently collect data after implementing changes using the agreed-upon measure definition, chart progress (one chart—one measure), and learn to ask what the data is telling you to help guide new change cycles.

4. What changes can we test that may result in an improvement?

The first component of this question is finding new ideas you want to try out. In that part of the next section, we'll give you instructions to combine the creativity on your own team with *promising practices*, ideas from other NIATx organizations that have proven useful.

The second component of this question is captured by the word "test." This is a powerful word that implies:

- No change will be launched permanently until it's been tried out first (usually on a limited scale or for a limited time)
- There has to be a way to evaluate the success of the test—did a change produce the desired effect? This involves determining when, where, and under what conditions a team will test a change.

Furthermore, when teams *test* changes before they are implemented full-scale, people feel they have more freedom to try out new ideas.

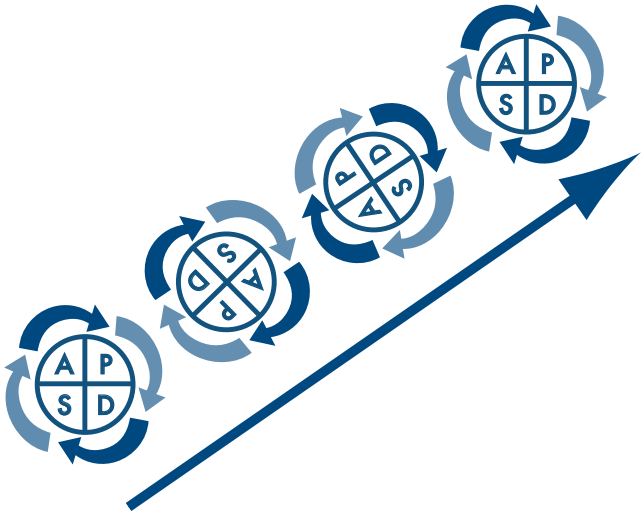
5. How can we make the improvements sustainable?

You may think that it would be easy to **maintain** a change that has proven itself successful. Far from it. One of our faults as human beings is that we find it much easier to stick with something we know—the familiar—than to do something a new way (even if we know the new way is better in some way). Luckily, there are many tricks of the trade you can use to make it easier for new methods to be adopted and used consistently.

Introduction to the Plan-Do-Study-Act Cycle

Plan-Do-Study-Act (PDSA) is a cycle that turns a change idea into action. The value of the PDSA model is that it is simple in structure and natural in execution. It represents the natural flow of information gathering, decision making, action, and assessment involved in a wide range of actions. It uses a series of short rapid cycles, where the goal is to test a particular change on a small scale, learn what you can, and get better in the next application. The results of each change cycle are compared to pre-test measurements to ensure that the change is actually an improvement. Only when the change cycle results in an improvement in the existing process is the change fully implemented.

Figure 2: The Plan-Do-Study-Act Cycle



By testing changes this way, you:

1) Minimize risks and expenditures of time and money

2) Make changes in a way that is less disruptive to clients and staff

3) Reduce resistance to change by starting on a small scale

4) Learn from the ideas that work, as well as from those that do not

Thus, by starting with small changes to test ideas quickly and easily, and using simple measurements to monitor the effect of changes over time, the PDSA model can lead to larger improvements through successive quick cycles of change.

What follows is more detail about what's involved with each phase.

PLAN the Change

The purpose of the PLAN step is to identify the aim of the change, and predict which results will make the change a real improvement. In this stage you should consider what steps you need to take to prepare what needs to be improved. Why is this important to clients, staff, and the agency? Who needs to be involved? When do various actions need to happen? Remember to use what you learned in your walk-through exercise to guide your change plans.

DO the Plan

The purpose of the DO step is experimentation. Try the change for a short period of time (e.g., two weeks) and in a limited area (e.g., for a few patients). Test the change with one counselor, two intake workers, and twenty patients. Increase the numbers as you test the change through successful cycles. In this step, you should document any problems and unexpected observations, as well as analyze the data you are collecting on the change. Remember to change only one thing at a time, so you can track the data associated with the change and determine which change is actually making an impact.

STUDY the Results

In the STUDY step, you should complete the analysis of your data, comparing your predicted results with your actual results. In this step, you should summarize what you have learned. Ask: What worked well and what did not? Did the change result in an improvement? Why or why not?

ACT on the new knowledge

In the ACT step, use the results of the STUDY stage to decide on your next steps. Was the change beneficial to clients, staff, and/or the organization? Should the change be increased in scope or tested under different conditions? Should the change be adopted, adapted, or abandoned? What will be the next cycle?

REPEAT

Consider what barriers you faced, what you would do differently in the future, and what went well and should be repeated. Begin a new cycle, adapting the change as needed, in order to make it a real improvement. Your changes should stay true to the PDSA Cycle.

PDSA Example

To illustrate how PDSA works in practice, here is an example from one NIATx client:

Aim: Reduce New Client No-Shows

PDSA Round 1		PDSA Round 2	
PLAN	Decide to discontinue agency's procedure of giving prospective clients assessment appointments.	PLAN	Decide to continue not assigning prospective clients assessment appointments.
DO	Tell all prospective clients to either come in at 7:30 a.m. the next day, or at their convenience.	DO	Assign managers to work alongside intake and assessment staff to personally experience and solve problems that staff encounter.
STUDY	Evaluate the change. An example: "We found that this change resulted in more clients coming in immediately, and did not result in long waiting lines. The staff could revise their workloads to do more flexible tasks (such as paperwork)."	STUDY	Evaluate the change: "We found that the percentage of clients who show for assessments increased from 25 percent to 65 percent. In addition, the percentage that continues from assessment to treatment increased from 19 percent to 52 percent."
ACT	The change did not work perfectly the first time. "In the spirit of improvement, we initiated a new change cycle."	ACT	Fully implement the change. The improvement benefited clients, who could come in right away; staff, who didn't have as many unexpected no-shows; and the agency, which increased its number of billable hours.

TIP: A simple WWW Chart (Who-What-When) can help the team keep track of responsibilities. See NIATx.net for more information: Process Improvement Tools: Visual Modeling

B: Your Responsibilities as a Change Leader

As a Change Leader, you are the intermediary between the Executive Sponsor and Change Team members, making sure that the Executive Sponsor's priorities are communicated to the team and that the team's ideas are well represented to the Executive Sponsor.

Other Change Leader responsibilities are straightforward:

1. Managing the project
    - Developing a schedule
    - Monitoring progress towards deadlines
    - Arranging meeting times/locations
    - Making sure all team members have the opportunity to participate
    - Supervising measurement, compilation, and review of data
    - Keeping the team moving forward
2. Facilitating team meetings
    - Encouraging participation
    - Documenting key decisions
    - Assigning responsibilities
    - Preventing disarray by staying on task
    - Soliciting opinions, discussing ideas, and reaching consensus
    - Communicating key decisions either in person, over the phone, or through e-mail
3. Promoting change by encouraging people to try out new ideas
4. Supervising change and helping the team with implementation issues
5. Empowering employees to overcome barriers to implementation of change experiments
6 Keeping the Executive Sponsor for your team apprised of Change Team activities

Sample Meeting Agendas

One aspect of your responsibilities will be to develop meeting agendas based on what your team has to accomplish. Here are samples of two agendas: one for the very first team meeting and the other showing a standard format you can adapt for other meetings.

The First Meeting

As you'll discover in Part III, one of the first activities for your team is to answer the question "What's it like to be our customer?" In the first team meeting, therefore, you need to talk about why the team exists and what the Executive Sponsor wants you to accomplish, and you need to plan how to start answering that first question. A typical agenda would look something like Figure 3.

Figure 3: Sample Agenda for First Change Team Meeting

Date: MM/DD/YY Time: _____ Location: _____

Minute taker: name1 Time keeper: name2

Topic	Who	Description	Time
Call to Order & Introductions	Change Leader	Call meeting to order and introduce all participants. (Allow more time if team members have not worked together before.) Ask for volunteers to take notes and keep track of time.	10 min
Walk-through discussion	Change Leader and team	Understand and Involve the Customer: Walk-through results Discuss lessons learned and perspectives on the walk-through experience	15 min
Review of project purpose	Change Leader	Describe the project's purpose and aims. Document questions to take back to Executive Sponsor.	15 min
Review team member responsibilities	Change Leader	Discuss level of participation expected of team members. Cover the following responsibilities of the Change Team: • Participates in meetings • Volunteers to carry out the team's work • Learns what works and what doesn't; collects data to see if changes are an improvement • Applies the PDSA Change Cycle • Communicates with the staff affected by the changes, and assures their input is taken into account • Communicates with the rest of the organization about both the Team's successes and its failures.	5 min
Review improvement principles	Change Leader or others	Discuss the principles, questions, and PDSA Cycle that underlie the project format.	15 min
Review project plan	Change Leader	Present your plan getting the project done. Discuss in general terms what kind of tasks different team members are interested in.	10–20 min
Next steps	Change Leader	Plan a PDSA Cycle. Plan other next steps. Assign responsibilities. Set deadlines. Identify resources (people, materials) that team can access.	10–20 min
Recap	Any team member	Review decisions and assignments. Make sure deadlines are clear. Confirm meeting time and date for next meeting.	5 min
Adjourn			

Agendas for regular meetings

The agenda for all subsequent meetings will largely be the same, incorporating five elements as shown in Figure 4.

Figure 4: Agenda Format for Regular Meetings

Topic	Who	Description	Time
Call to Order review/amend agenda	Change Leader	Review agenda. Ask for additions/revisions. Set time estimates.	5 min
Review previous meeting minutes	Change Team	Ask for questions or edits to minutes from previous meeting.	5 min
Follow up on action items from previous week	Team members (leader facilitates discussion)	The person or people with assignments report on their activities. Document questions, decisions, and next steps as appropriate. Identify problems in getting work done (such as time constraints) and document those to take back to your Executive Sponsor.	5–15 min per item
Next actions	All	Review next steps. Assign responsibilities. Set deadlines. Confirm meeting time and date for next meeting.	5 min
Adjourn			

Getting Comfortable With Data

One of the most important skills that a Change Leader brings to the team is the authority to insist on the use of data to make decisions. Few people have much experience with data unless they have participated in prior improvement efforts. If you are a novice in terms of data collection and interpretation:

- Read the data-gathering instructions in Part III of this workbook.
- Go to the NIATx Web site and review the improvement case studies, most of which show examples of data that the teams collected and what actions they took as a result of what they saw.
- For even more in-depth study, you'll find lots of resources on data collection on the Web and in print. Search under topics such as quality improvement, process improvement, data collection, measurement, and so on.

Encouraging Positive Team Behaviors

Some teams seem to do more in less time while others fall short. As a Change Leader, you can help your team succeed by encouraging the following values:

AGILITY: A group's ability to learn fast and to get things done, regardless of how many times they fail, is the underlying principle behind PDSA Change Cycles. Most of us hesitate to go beyond our comfort zone, which prevents us from learning and carrying out substantial change.

BELIEVING IN ONE ANOTHER: Respect for and trust in one's colleagues are the foundation of any effective Change Team. Without the fundamental belief in one another's abilities, progress gets bogged down as projects are delayed or redone, wasting time and energy and adversely affecting group morale.

COMMUNICATING WELL: Many teams and many change initiatives falter and fall behind schedule due to ambiguous and inefficient channels of communication. Clear and direct lines of communication—whether verbal or written, electronic or manual—are essential to success.

CURIOSITY: "Why do we do it this way?" Change Teams that have the freedom to exercise their curiosity will challenge the standard response "Because we've always done it this way." Curiosity sparks imaginations, generates creative thinking, and often leads teams to innovative solutions to long-standing problems.

DETAIL-ORIENTEDNESS: Attention to detail distinguishes good craftsmen from artisans. Being detail-oriented implies the pursuit of excellence and, over time, provides competitive advantage in the service sector, where many organizations suffer death by mediocrity.

ENTHUSIASM: Even the most exciting Change Project eventually loses steam. One challenge Change Teams face is to maintain a consistent level of excitement, even during routine meetings. Attitudes towards team meetings can be a good indicator of team morale and productivity.

FEARLESSNESS: Fear of change poses perhaps the biggest threat to the growth and progress of any organization or Change Team. Teams can address this natural tendency by proactively advocating for a paradigm shift towards continuous improvement, thereby minimizing the crippling effects of the fear factor.

GOAL-ORIENTEDNESS: Clear and measurable objectives provide direction for a Change Team, and are essential for getting things done on time. The task of defining strategic, realistic goals, as well as establishing a sense of urgency to meet them, falls squarely on the shoulders of Change Leaders.

HONESTY: Sometimes what we say contradicts what we think or feel. Lack of honesty leads to second-guessing of motives and compromises group integrity. Productivity at the expense of group morale will be unhealthy in the long-run.

INNOVATIVENESS: Creativity gives excitement to Change Projects. Building a work environment that facilitates creative thinking, and adopting processes that encourage team members to practice the skill of "looking sideways," will lead to innovative solutions.

JOKING AROUND: Humor can be a powerful tool for group morale, especially when based on mutual respect. Jokes promote an optimistic view of the change process and help team members accept failure as part of the learning process. Teams may focus on performance, but how they achieve their goals is just as important.

"At the NIATx Learning Session in Baltimore, we heard how another organization had reduced waiting time by eliminating intake appointments entirely. That inspired us to try it at Kentucky River."

Robert Jackson,
Change Leader,
Kentucky River Community Care

Troubleshooting

As Change Teams begin their work, it is common to encounter barriers to change. It is important for the Executive Sponsor and Change Leader to learn to recognize these barriers and common pitfalls when implementing PDSA Change Cycles, and strive to overcome them.

Communication is the key. With an effective communication plan, the Executive Sponsor and Change Leader should: (1) involve staff in every step of the process; (2) get input on how things are going and why; (3) be willing to adapt to changing conditions; and (4) have clear goals and communicate them often to everyone in the organization.

Through effective communication and employee empowerment for and participation in the change process, the Executive Sponsor and Change Leader will build employee commitment to change and begin a successful journey to sustain the change within their organization.

More generally, NIATx members have found that one of the best ways to troubleshoot is to seek solutions from outside the organization. Learning from, problem solving with, and getting a continuous flow of ideas from peers helps organizations to side-step pitfalls and overcome long-standing barriers to change.

The table that follows describes common pitfalls and solutions you can try to overcome them.

Table A: Typical Project Problems and Solutions

Pitfall or Symptom	Potential solutions
Lack of progress; delays Waning enthusiasm	Empower the Change Leader and team to move quickly Make sure the team's time is properly allocated Set a completion date: no more than three months out
Resistance or confusion among staff Lack of support for the Change Team	Communicate constantly to all stake holders to ensure better access to resources, maintain enthusiasm throughout the organization, and enhance sustainability. Have Executive Sponsor reinforce the project's importance.
Customers do not notice any improvement	Work harder to understand your customers' needs; interview customers directly if possible. Make sure their needs help you define priorities and solutions.
Data not collected Incomplete data records	Make data gathering as easy as possible, using whatever method is most convenient for the team—for example, direct entry into a program like MS Excel. Data collection by hand is often easier than automated, especially at first.
A team seems lost Priorities and focus shift	It's possible the scope of the project is too big to be handled by one team in the time allotted. See if you can divide a larger project into more manageable chunks; catch scope-creep early and often
It's taking forever to complete the first project	Look for some easy early successes. Don't tackle the hardest jobs first.Look outside your organization for a solution. What have other organizations like yours done in this situation?
Only minor achievements made	Stick with one aim and do several cycles on it before moving to a different aim
Lack of time to dedicate to testing changes	Ask for support from Executive Sponsor to reallocate work assignments to free up time for Change Team members to work on the Change Project.

Conclusion

An effective Change Leader plays a key role in the success of a Change Project. If you are new to the role, take time to learn about improvement and use the guidelines here to give you a good start. Don't hesitate to ask for help from your Executive Sponsor, others who have led projects in your organization, and colleagues outside your organization. Above all, focus on the task, learn to rely on data, and drive your team to reach decisions that will move it towards the project aim.

Part III: Change Project Process

This section describes an effective approach for identifying and implementing improvement ideas. It is divided into five parts, each built around one of the five core questions introduced in the previous section:
In the Change Project Process, the five questions now become actions that you take to improve your aim.

Action 1. Understand what it's like to be a customer

Action 2. Identify what you want to accomplish

Action 3. Decide how you will know if a change is an improvement

Action 4. Select and test changes

Action 5. Sustain the gains

Detailed instructions for each of these actions follow; a summary appears at the end of the section.

Action 1. Understand what it's like to be a customer: the walk-through

One of the best ways to understand your customers is to walk through the process as they do. Actually make the phone call, drive to the facility, enter the facility, and meet the receptionist. Assume this is your first time ever. What's it like? How does it feel? What works? What doesn't?

In a walk-through, you experience the treatment processes as a customer does. Taking this perspective of treatment services—from the first call for help, to the intake process, and through final discharge—is the most useful way to understand how the customer feels, and to discover how to make improvements that will serve the customer better.

Who participates in the walk-through?
There is a lot of flexibility in choosing a person or people to conduct the walk-through. The instructions are written for two people, but you can have just one person do the exercise or more than two.

Ideally, the Change Leader will participate, sometimes doing the work alone before a Change Team is selected. However, in some organizations, the Executive Sponsor has done the walk-through, and in others, the Change Leader and Change Team worked together on it. You can do whatever makes sense in your organization given the timing and resources you need to work with.

TIP:
If your team has been assigned to improve one of the four aims (vs. being allowed to select an aim after the walk through), be sure to focus on the areas of the process involved in that aim.

PLAN the Walk-through

1. Select two people from your team to play the roles of "client" and "family member." The two will need to be detail-oriented and committed to making the most of this exercise.

To ensure that their experiences will be as realistic and informative as possible, have them present themselves as dealing with an addiction you are familiar with, and thus are able to consider the needs of people with that particular addiction issue.

2. Let the staff know in advance that you will be doing the walk-through exercise. Ask them to treat the team members as they would anyone else.

DO the Walk-through

3. Have the team members go through the experience just as a typical client and family member would. The walk-through should begin with a customer's first contact with your agency: an addict or family member interested in obtaining treatment services making a first call for information.

4. Try to think and feel as a client or family member would. Observe your surroundings and consider what a client or family might be thinking or feeling at any given moment. Record your observations and feelings.

5. At each step, ask the staff to tell you what changes (other than hiring new staff) would improve the experience for the client, family member, and staff. Write down their ideas and feelings as well as your own.

What to note in your walk-through observations and assessments

What you look for in a walk-through depends in part on which process you are observing. Here are some tips:

1. **First contact**

   When you called the agency, did you get a busy signal, voice mail, an automated greeting, or did a live person answer the call? Did the agency offer you an appointment on your first call? How long would a typical client have to wait for an appointment? Would a typical client have to miss work to make the appointment? Would a typical client have difficulty reaching the site? Is transportation available? Record your experience.

2. **First appointment**

   On the day of the appointment, arrive at the clinic or office, with the following questions in mind: What it would be like if you had never been to the site before. Is transportation to your site an issue? Are parking, directions, and signage adequate? Does the site feel friendly and welcoming or cold and harsh? Record your experience.

3. **The intake process**

   Continue to make note of your impressions as a client or family member new to substance abuse treatment. Complete the entire intake process. Fill out all required forms. Does the family member typically accompany the client through the entire intake process? How long does a typical client spend in the waiting room? Wait for that amount of time. If the client is required to undress, you should undress. Is a urine test required? Will you have to wait between your assessment and your first treatment session, and if so, how long? The "client" and "family" member should each record all their thoughts and feelings about this process.

4. **Transfer between levels of care**

   Experience the process of transferring between levels of care; for instance, going from detox to residential, or outpatient to IOP. How much paperwork do you have to fill out? Are you answering the same questions you did in the intake process? Has the transition been smooth, or do you feel like you are starting again from the beginning? How has the family member experienced the transition?

For ALL walk-throughs, summarize your findings by noting...

5. **What most surprised you during your walk-through?**

6. **What two things would you most want to change?**

STUDY the results

6. Make a list of the areas that need improvement along with suggested changes to attempt. Include the perspectives of the client, family member, and staff.

    - Sort the ideas into those that are directly linked with your team's improvement project and those that are unrelated.

7. As a team, discuss what went well with the walk through, what didn't go well or was confusing, and what you would do differently the next time around.

ACT on the results

8. Share the results with your Executive Sponsor.

    - Discuss how to incorporate the relevant change ideas into your project
    - Have the Executive Sponsor decide how to handle the ideas that are not directly related to your project
    - Use PDSA to implement any change that the Executive Sponsor wants to implement immediately
    - Share your lessons learned about doing walk-throughs in your organization

Outcomes:

- Notes from walk-through
- List of practices that seem to work well from walk-through
- List of practices that don't work well/need to be changed

Action 2. Decide what you want to accomplish

Confirm or select the priority target

Most Change Teams will have been assigned one of the four aims to focus on. If this is the case, confirm that choice with your Executive Sponsor, incorporating any lessons or insights from the walk-through.

If you were not assigned an aim, make a recommendation to your Executive Sponsor.

- Reduce waiting time between the first request for service and first treatment session
- Reduce no–shows
- Increase admissions
- Increase continuation from the first through the fourth treatment session

Set a goal

Your Executive Sponsor may have already determined a specific goal for how much improvement in the targeted aim is needed to meet his or her business objectives. If not, here are a few guidelines that can help you develop a benchmark.
The Table below shows a list of ideal values and typical achievements made by NIATx members who have used our method.

*Table B: Ideal and Typical Goals**

Aim	Ideal value	Typical gain	Comments
1. Reduce waiting time	0	– 35%	Ideally, patients could be seen as soon as they requested service, so "wait time" would be 0. On the realistic side, a sample of 31 NIATx members reported an average drop of 35% in wait time.
2. Reduce no–shows	0%	–33%	Ideally, all patients would show up when scheduled. A sample of 27 NIATx members reported an average reduction of 33% in the number of no-shows.
3. Increase admissions	vbl	+ 21.5%	An ideal level of admissions depends on your organization's capacity and revenue targets. A sample of 22 NIATx members reported an average increase of 21.5% in admissions.
4. Increase continuation	100%	+22.3%	Ideally, 100% of patients would continue on through all stages of treatment. A sample of 31 NIATx members reported an average increase of 22.3% in continuation.

**Data are current as of March 2006.*

Visit www.niatx.net for the most current results.

Complete the Change Project Charter

Now that you have selected a project aim and target improvement, you can fill in items #1 to #9 on the Change Project Charter Form (Figure 5). You'll complete item #10 in the next step. You'll need help from your Executive Sponsor to complete item #11, information about the business case.

Figure 5: Change Project Charter Form

1. CHANGE PROJECT TITLE	
2. What **AIM** will the Change Project address? Choose one aim, and indicate baseline and desired goal.	☐ Reduce waiting time from to days
	☐ Reduce no-shows from to percent each month
	☐ Increase continuation from to percent each month
	☐ Increase admissions from to days
3. LOCATION	
4. START DATE and expected completion date	
5. LEVEL OF CARE	
6. What **CLIENT population** are you trying to help? (i.e., IOP clients transferring to detox, or all IOP clients?	
7. EXECUTIVE SPONSOR	
8. CHANGE TEAM LEADER	
9. TEAM MEMBERS	
10. How will you **COLLECT and MEASURE DATA?** (Indicate baseline and target measures—i.e., increase referrals from 20 to 40 or reduce time to assessment from 10 to 4 days)	
11. How does the Executive Sponsor expect improvement on the project's measure to improve the financial bottom line, or show the **BUSINESS CASE** for process improvement? Indicate how the Executive Sponsor will know if the Change Project has improved the organization's financial bottom line.	

Action 3. Identify how you will know if a change is an improvement

As you go about making change in your organization, a few questions will naturally arise: How will you know which changes worked, and which did not? How will you know which changes resulted in an improvement? Which change(s) is/are the most important and resulted in the greatest improvement?

By collecting data before, during, and after the change you implement, you can measure, evaluate, and compare your agency's progress with respect to the goals you set out. The process of measuring change should speed the improvement process; you should begin with simple measures rather than spending time developing a complex measurement system.

Measuring the impact of change is an important aspect of successful organizational improvement. These steps are designed to help guide your agency in the timely and accurate measurement of change.

Define your measures

Change Teams establish clear measures and definitions prior to the start of a change project. The measures should clarify the project objectives and should be agreed upon by key stakeholders.

Think about what results you would see. For example:

- If the aim is to increase *initial* patient use of a service or treatment, count the number of patients who start each month.
- If the aim is to increase *continued* patient use of a service or treatment, count the number of uses per patient within a fixed period of time (e.g., number of treatment sessions per month).
- If the aim is to reduce waiting time from the initial request for service until the initial use, count the number of days for each patient (that is, measure elapsed time from first contact to the first post admission treatment session).
- If the aim is to reduce missed appointments, calculate the percent of appointments that are not kept .

Each of these examples defines the **measure** or **metric** you can use to track the impact of changes.

Collect baseline data

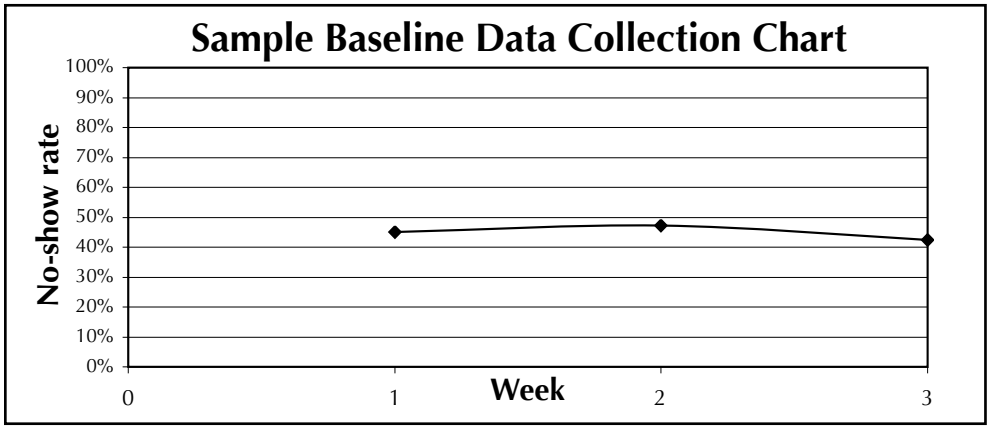
The Change Team defines a starting point for the change and works backwards to collect two to three months of baseline data before making any changes.

- You need a data collection plan: Who will collect the data, when, and how?
- Develop a simple form to help you collect the data. One example is shown in Figure 6.
- Use charts to visually depict the data—they are much easier to interpret than tables of numbers. See Figure 7 below.

Figure 6: Example of baseline data table

Week	Scheduled intake appointments	No-shows to intake appointment	No-show rate
1	40	18	45%
2	36	17	47%
3	33	14	42%

Figure 7: Example of baseline data chart



TIP:
The measures are metrics to indicate your progress on one of the four aims. You'll also be identifying measures specific to the changes you will test.

Data collection tips

Your decisions based on data will only be as good as the data themselves. Here are some tips for making sure your data are accurate and reliable:

1) Clearly define the data you will be collecting. For example, if you're measuring "time" between first contact and first appointment, when does the clock start and stop? What would count as "one day" of elapsed time?

2) Do a PDSA of the data collection methods you want to use: Plan how to collect the data, Do a small test where team members practice using the instructions, Study the results, and Act to improve your data collection procedures.

3) Check the data periodically during the data collection process to make sure the agreed-upon procedures are being used consistently.

When collecting data: be sure to collect enough data to generate a representative sample. A good rule of them is to collect data on at least 30 clients.

Be mindful of the potential for seasonal variations—sampling today, this week, or this month may not yield the same sample that you would obtain at different points in time. School vacations, holidays, and weather conditions may also affect your data sample.

Consistently collect data and chart progress as your project proceeds

In the next step, you'll be selecting and testing changes to the process. An important part of the Change Project is to continue collecting measurement data on a regular and consistent basis using the agreed-upon definitions and charting progress. Over time your agency will collect both pre-change (baseline) and post-change data. Share the data with the Change Team as well as others in your organization.

> **At this point, complete the Change Project Form [placeholder to repeat the charter form shown earlier] Review and get approval from your Executive Sponsor before proceeding.**

Action 4. Select and test changes

Review the relevant promising practices

NIATx has catalogued promising practices associated with each of the four aims. These promising practices are solutions that have worked for other NIATx organization. Though there is no guarantee that they will work for your situation, they should at least provide inspiration for ideas you may want to try.

There are different promising practices for each of the four aims. Detailed descriptions of these practices, including examples of their application, can be found in Appendix B. A summary list is in Table C. This list is current as of March 2007, but we add to it whenever new practices emerge. Visit our Web site if you want to look for updates.

Table C: List of Promising Practices

Aim	Promising Practices
Reduce wait times	1. Reduce intake and assessment paperwork 2. Offer assessments every day and in the evenings 3. Use open schedules 4. Double-book assessments 5. Allow walk-in appointments
Reduce no-shows	1. Address barriers client faces in attending assessment 2. Clearly explain to the client what he/she can expect at the appointment 3. Model communication with the client on motivational interviewing techniques 4. Get the client to the first appointment quickly 5. Make reminder calls to clients scheduled for assessment
Increase admissions	1. Do targeted marketing 2. Build lasting relationships with referral organizations and measure referrals 3. Build capacity by developing/expanding new or existing programs 4. Reducing admission steps 5. Reduce paperwork
Increase continuation	1. Create client-counselor linkages 2. Eliminate barriers to continuation 3. Introduce peer or counselor learning

Add to the list

The benefit of using one of the promising practices that NIATx has documented is that they have already been proven to work at least in some circumstances. However, do not limit your team to our list. One of the tricks in this step is to be creative in the types of changes you consider testing.

Here are specific ways you could add to the list:

- Ask coworkers who deal with the process every day what recommendations they have
- Brainstorm ideas on the team (See Appendix A, pp. 59, for creativity techniques and p. 71 for the Café Exercise, both of which can help you identify additional changes to try)
- Network with other organizations both inside and outside the addiction treatment field. For example, any business that works via appointments has to deal with no shows. You might find good ideas in any physician's office, legal office, or even beauty salon.

Select a change to test

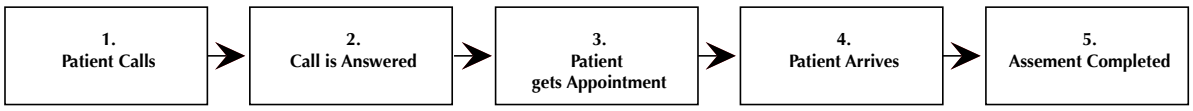
Which particular practice to test in your organization is up to you. You can base the decision on experience or on how closely the descriptions in the examples match your situation.

Case Study

Here is a highly simplified flowchart of the admitting process. The patient calls for service in Step One, the phone is answered in Step Two, the patient is given an appointment in Step Three, the patient arrives for the appointment in Step Four, and an assessment is completed in Step Five. We all know the process is not this simple, but this lesson will show you how to make a flowchart more complex and valuable for identifying changes that can be tested for improvement.

However, we also want you to see how even this simple flowchart can uncover problems, as it did for one organization. As part of their walk-through and flowcharting process, the agency started with Step One: the patient calls for service. They wondered where patients find their phone number. Someone suggested the Yellow Pages. So they looked up the number and called it on their cell phone. It rang...and rang... and rang. They decided they must have entered the wrong number. So they tried again. It rang... and rang... and rang.

To make a long story short, it turned out that the phone line for the number listed in the Yellow Pages was indeed connected to the agency, but the line was not connected to a telephone! The line had never been disconnected when it was no longer used! No one was sure how long this had gone on. Needless to say, connecting a phone to the line was an easy change to make. But just imagine how many patients had called that number with no answer. And wonder what would have happened if the Change Team had assumed it worked and had not tried the number.



Sometimes dumb luck is all it takes to make an improvement, and it only takes one step in a highly simplified flowchart to discover a problem.

Identify the data you'll need to collect

Earlier on, you identified a measure or metric linked to the overall goal for the project (such as elapsed time from contact to first appointment). Now it's time to take that thinking one layer down and identify data that will reflect whether the specific change you're going to make is successful or not.

The table below shows some examples of "process data" that may be useful in tracking different indicators.

Aim	Promising Practice	Example type of data
Reduce Wait Times	1. Reduce intake and assessment paperwork	Time to complete assessments Time to complete paperwork Amount of paperwork (number of pages or questions)
	2. Offer assessments every day and in the evenings	Average # of assessments per day # of evening assessments
	3. Use open schedules	Time from contact to assessment
	4. Double-book assessments	# of double-booked appointments /week (plus the # of clients turned away because of double booking)
	5. Allow walk-in appointments	# of walk-in appointments
Reduce No-Shows	1. Address barriers client face in attending assessment	# of free rides offered/given # of children handled in childcare
	2. Clearly explain to the client what he/she can expect at the appointment	% of clients who report being confused about first appointment
	3. Model communication with the client on motivational interviewing techniques	# and types of barriers identified # of no-shows
	4. Get the client to the first appointment quickly	Time between first contact and first appointment
	5. Make reminder calls to clients scheduled for assessment	# of reminder calls completed (sort by voice mail vs. direct contact) # of client no-shows
Increase admissions	1. Do targeted marketing	$$ invested in marketing compared to # of admissions
	2. Build lasting relationships with referral organizations and measure referrals	# of referrals from each organization
	3. Build capacity by developing/expanding new or existing programs	# of available admission slots
	4. Reduce admission steps	Time to complete the admission process
	5. Reduce paperwork	Time to complete the admission process
Increase continuation	1. Create client-counselor linkages	# or % of client who return for the next group # or % of clients who engage in the next level of care % of clients who receive a fourth unit of service after admission
	2. Eliminate barriers to continuation	
	3. Introduce peer or counselor learning	

Use PDSA to test and refine the change

The key here is to remember that PDSA is based on a cycle of testing changes, learning what works and what doesn't, making adjustments, then testing the revised procedures—and repeating the learning/adjusting change as often as needed until you can conclude that the methods should be implemented full-scale or abandoned because you can't make it work.

The general PDSA Cycle was described on p. 28. Here is what it means in this context:

PLAN the test

Determine how you can test the change on a small scale. That means limiting the test in some way(s)—to only a few work areas or locations, particular shifts, particular types of clients, and/or for a limited period of time.

Prepare a detailed plan for the test:

- Identify which staff will be involved, and dates/times for the test
- Assign responsibilities to team members
- Develop any documentation you will need (describing new procedures, for example)
- Develop data collection forms and procedures

Show the plan to your Executive Sponsor and get approval before taking action. Alert staff to when and where the tests will occur and any changes they will have to make to their regular work procedures.

DO the test

Follow the plan as you have it outlined. If you find that you can't do the test as planned, document any changes you have to make. Be sure to track the data before, during, and after the changes.

STUDY the results

Start by asking questions about the data you've collected. What is the information telling you about change in your organization?

If change is successful (meaning the data have moved in the direction you want them to move), the information you have collected may tell you which intervention had the most success in meeting your aim. For example, one NIATx member sought to reduce the time from first contact to treatment (aim) by increasing professional staff availability. That change reduced the time from first call to first treatment from 18 days to 5 days, and in examining their data, the agency found that only physician and nurse practitioner availability played a role in the improvement.

Unsuccessful changes also afford your agency the opportunity to ask "Why?" Another NIATx member examined the characteristics of clients not continuing through the fourth treatment session and found that clients admitted to treatment on Fridays were more likely to drop out. The organization then stopped offering Friday admissions.

You can also use the matrix below as a simple model for studying the result of any test. The two key questions are whether you followed the plan and whether you got the results you were looking for (in this case a positive change in the metric you're collecting data on). What you should do next depends on the answers to those two questions.

		Did you follow the plan?	
		YES	**NO**
Did you get the desired results?	**YES**	The methods you tried were successful. Document what you did and move on to larger-scale implementation (using PDSA).	Something happened that was unplanned, but it worked. Find out what you did. Document the methods actually used, and then plan another PDSA around those methods.
	NO	The ideas you tried were not as effective as you wanted them to be. Discuss whether there are ways to improve the methods you tried out. If the change had some positive effect (as shown by data), continue to use those methods. If they did not have a positive effect, abandon the change. In either case, you will still need to identify another promising practice to test. Plan another PDSA cycle around the new or improved methods.	Since the plan wasn't followed, you don't know if the methods you originally identified work or not. Figure out why the plan wasn't followed and correct the flaws (develop new plans if the first ones were too confusing, or find ways to encourage use of the plan). Do another PDSA Cycle around the plan.

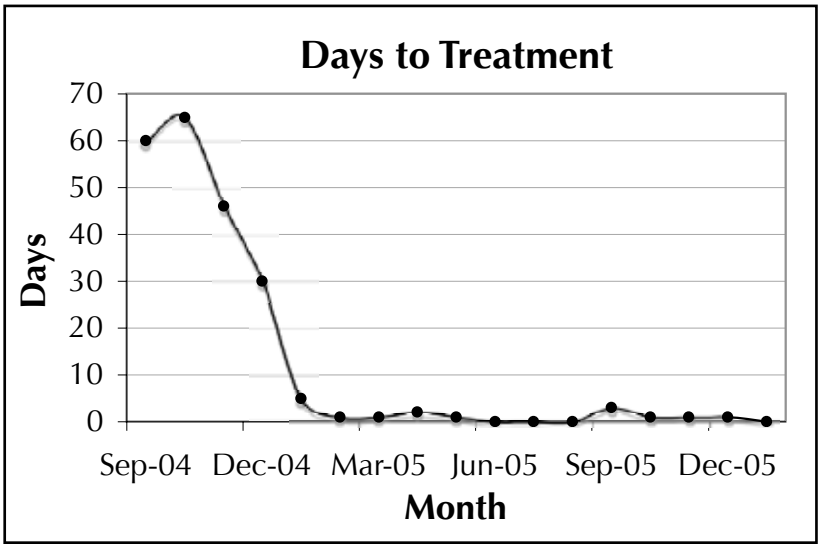
ACT on your conclusions

Use the grid above to help you determine your next course of action. In many cases, you will need to do another PDSA Cycle to test modifications in the methods or different methods entirely.

Verify success

Once you have a change that the test shows is working, document those changes and their effects by updating your data charts.

Figure 8: Updated data chart



This chart is from The Patrician Movement facility in San Antonio, Texas. As you can see, the data shows that the changes they made in late 2004 meant that patients could get into treatment within just a few days of contact, compared to waiting 60 days or more.

Action 5. Sustain the gains

The focus here shifts to making sure the improvement changes are sustained over the long haul. The secret of sustaining changes is to make it as easy as possible for people to use the new methods and very difficult for them to revert to old ways of doing business.

You will need to work with your Executive Sponsor and with other staff in your organization to complete this step. The Executive Sponsor is responsible for identifying the "Sustain Leader"—the person who will be responsible for monitoring the changes out into the future and making sure they are kept in place.

The Change Team's role is to:

- Update all documents and standard operating procedures to make sure they reflect the new methods
- Train all staff that need to use new methods or follow new procedures
- Hold an official "launch" of the new methods
- Make sure the process owner (Sustain Leader)—the person who has daily responsibility for the process or work areas affected—knows and understands the reasons for the change
- Help the process owner develop ways to monitor whether the new methods are being followed

Celebrate Your Success

As you wrap up your work on this change effort, find ways to help celebrate the team's achievement. Publicize the results in an employee newsletter, for instance, or hold a pizza party or informal breakfast with all staff where the team describes what it did. These kinds of public celebrations will not only help your team bring its work to a close, but also educate others about the value of improvement (and, hopefully, encourage them to participate in the future).

5. Make the changes sustainable

- Develop any documentation or training that will help staff understand and follow the new method
- Hand-off monitoring duties to the person who is accountable for the affected process/procedures (the "process owner" or person with authority to make and enforce changes)
- Verify results several months after the project is complete

Resources

Some of the guidance offered here is based on evidence showing what factors lead to successful organizational change, and some guidance is based on the need to create a common framework to allow efficient communication within and among organizations. The improvement process relies heavily on The Model for Improvement in *The Improvement Guide* by Langley, Nolan, Nolan, Norman, and Provost (San Francisco, Jossey-Bass Publishers, 1996). The guidance is also consistent with the approaches found in *The Change Book* by the Addiction Technology Transfer Center (ATTC) National Network, and the "Program Change Model" by D. D. Simpson (*Journal of Substance Abuse Treatment*, 22(4), 171–182).

The description of the Nominal Group Technique comes from: *Group Techniques for Program Planning: a guide to nominal group and Delphi processes,* by Andre L. Delbecq, David H.Gustafson, and Andrew H.Van de Ven, Green Briar Press, 1975.

Resources

Change Process Quick-Take

1. Understand what it's like to be a customer

- Do a walk-through pretending to be a customer
- Notice and document things that go well and things you think could be improved

2. Decide what you want to accomplish

- Select one of the four aims (or ask sponsor which aim he/she wants you to work on)
- Review walk-through notes and document any comments related to the selected aim

3. Identify how you will know if a change is an improvement

- Use one of the suggested metrics or identify your own that is related to the aim
- Collect baseline data—what is the current level of performance around that aim?

4. Select and test changes

- Review the promising practice related to your aims
- Add any other ideas from your own team
- Select the changes you want to test
- Use PDSA to conduct the test
- Cycle through PDSA as many times as needed to refine the change or decide that it should be abandoned
- Document the final recommendations

5. Make the changes sustainable

- Get approval from your sponsor to implement the changes permanently on a full-scale

Glossary of NIATx Terms

Term	Definition
aim, project aim	The specific intent of a project or what you want to achieve. The focus of a Change Project is one of the four NIATx aims: reduce waiting times, reduce no-shows, increase admissions, and increase continuation rates.
aim statement	The aim statement for your project describes the aim you expect to achieve within the specific timeframe of your project. Example: Reduce client no-shows from 50 to 40 percent within four weeks.
business case	The business case describes the financial impact of process improvement on the organization.
business case measure	The business case measure is the measure that a change team uses to evaluate the financial benefit of process improvement on your organization. Example: An organization is conducting a Change Project to reduce no-shows for assessment. Questions to ask are: What is the average reimbursement per assessment? What is the length of the assessment? What is the average hourly wage per counselor? For an organization that receives a reimbursement of $100 for a two-hour assessment conducted by a counselor that earns $20 per hour, the business case measure for each no-show converted to a show would be $100 plus $40 (for lost productivity).
change cycle	Change cycle and PDSA Cycle are used interchangeably.
Change Project	A process improvement initiative that targets one aim, one level of care, at one location, with one population.
Change Leader	In the NIATx model, a Change Leader provides day-to-day leadership, energy, enthusiasm, and coordination. The Executive Sponsor has reallocated work so the Change Leader can dedicate at least one-third of his/her time to the Change Project. The Change Leader has the power and prestige to influence all levels of the organization. He/she motivates and inspires the team to fulfill the Change Project charter.
Change Project worksheet	The change leader and team members use the Change Project worksheet to describe a Change Project.
charter, project charter	The charter is the part of the Change Project worksheet that describes the project's aim, level of care, location, and population the Change Project will target.
Change Team	The staff members selected to work on the Change Project.
Executive Sponsor	The Executive Sponsor is a senior leader in the organization who is passionate about change and who "loses sleep" over issues that need improvement. In the NIATx model of process improvement, the Executive Sponsor appoints a Change Leader and works to remove all barriers to the Change Project. He/she motivates the Change Team through encouragement, attending team meetings, monitoring the progress of the team, and acknowledging and rewarding team efforts. The Executive Sponsor is often the Chief Executive Officer of the organization.
evidence-based practices	Administrative or clinical practice supported by research findings and/or demonstrated application at the state or provider level that has proven effective at improving a specific project aim.
flow chart	A flow chart is a drawing using a sequence of symbols connected by arrows. Each symbol includes a short statement about one state in a process. Flowcharting allows organizations to map a process and, more importantly, is process-minded. Flowcharts force an organizational focus on process and processes, to either diagnose bottlenecks and/or errors, or to describe a new and/or existing process.
key measure	Average wait for assessment; average wait time from first request to first treatment session; no-shows; continuation to the fourth treatment session post admission, admissions.

Term	Definition
on-demand service	Service that is available when the customer wants or demands it (e.g., walk-ins).
outcome measure	The outcome measure evaluates the long-term impact of the Change Project for the client by assessing, for example, treatment completion rates, employment, housing, etc.
Plan-Do-Study-Act (PDSA) Cycle	In quality improvement projects, knowledge grows by repeating the Plan-Do-Study-Act Cycle which is designed to answer three questions: • What are we trying to accomplish? • How will we know if a change is an improvement? • What changes can we test that may result in improvement? Each part of the PDSA Cycle has a specific purpose. • The purpose of the PLAN step is to identify the aim of the change and predict which results will make the change a real improvement. • The purpose of the DO step is experimentation. Try the change for a short period of time (e.g., two weeks) and in a limited area (e.g., for a few patients.) • In the STUDY step, you should complete the analysis of your data, comparing your predicted results with the actual results. • In the ACT step, use the results of the STUDY stage to decide on your next steps.
rapid-cycle change	Change on a small scale, rapid-cycle change allows a Change Team to try a change for a short period of time to see if it is an improvement.
spread	Spread is defined as "the diffusion, through adaptation, of innovative ideas throughout the organization." An innovative idea is a simple, tangible change that has been implemented successfully, sustained, and as a result, creates staff excitement for the change idea.
sustainability	Sustainability refers to the continuity of a Change Project and the associated positive performance outcomes beyond a six-month period after implementation. Sustainability largely involves the concept of continuous improvement, where initial changes adapt and evolve as necessary to maintain the gain. Any change reverting to the old work process is not considered to be sustained.
Technical Assistant Report Series (TARS)	The NIATx TARS consists of a compendium of short reports structured around key process improvement topics. Each of the reports provides introductory tools and guidance, poses key questions, and highlights provider and payer experiences that demonstrate effective application of methods to improve access to and retention in addiction treatment.
walk-through	A walk-through is an exercise where staff members walk through the treatment processes just as a 'customer' does. The goal is to see the agency from the customer's perspective. Taking this perspective of treatment services – from the first call for help, to the intake process, and through final discharge – is the most useful way to understand how the customer feels, and to discover how to make improvements that will serve the customer better.

NOTES:

Appendix A: Instructions for Tools/Methods

Nominal Group Technique (NGT)

From *Group Techniques for Program Planning*, by Andre Delbecq, David H. Gustafson, and Andrew H. Van de Ven, 1975, Green Briar Press

STEP 1: Preparation

Prior to using the Nominal Technique, it is necessary for the meeting facilitator to complete a set of sequential preparatory tasks that set the stage for a successful meeting:

- Design preparation
    1. Prepare the NGT question that clarifies the objective of the meeting and illustrates the desired responses in terms of the level of abstraction and scope. Often the leader will pilot-test the question prior to the meeting.
    2. Print the question on worksheets for each participant.
    3. Select the desired voting method (e.g., ranking vs. rating).
- Room preparation
    4. Secure a room large enough to comfortably seat group participants (five to nine persons) at individual U-shaped tables. Note: if the NGT process involves a large number of persons, please provide adequate separation between the tables for each group.
    5. Bring the following supplies: flip charts, masking tape, markers, pens, and paper for each participant and either 3″ x 5″ index cards or post-it notes.
- Meeting preparation
    6. Prepare a welcome statement that explains the purpose of the meeting, outlines individual roles, and describes how the output will be used.
    7. Conduct the meeting following the NGT process.

STEP 2: Silent idea generation

Prior to starting, the group leader should prepare and present, in writing and verbally, the question that the group will consider during their meeting. A well-thought-out question will help generate a wealth of potential ideas. The leader will encourage participants to silently and independently write ideas in brief phrases.

The benefits of silent generation include:

- Allows adequate time for thinking and reflection through recall
- Promotes social facilitation (e.g., seeing others hard at work)
- Avoids interruptions, undue focus on one idea, and competition, as well as status and conformance pressures or choosing prematurely between ideas
- Promotes a problem-centered focus

STEP 3: Round-robin recording of ideas

In this step, the group leader goes around the table and records one idea from each participant on the flip chart. The ideas should be recorded verbatim with little to no paraphrasing by the leader. However, leaders are allowed to ask questions for clarification of the idea. The process continues until all ideas have been recorded. When a participant is out of ideas, he/she should indicate by passing.

The benefits of the round-robin recording are that it:

- Promotes equal participation in the presentation of ideas
- Increases problem-mindedness and the ability to deal with a large number of ideas
- Separates the ideas from the person
- Allows for the tolerance of conflicting ideas
- Encourages hitchhiking on ideas
- Provides written records of the ideas

In the NGT process, "hitchhiking" refers to a process that may stimulate other participants to think of an idea not recorded during silent generation and allows them to record and offer it during their turn.

STEP 4: Serial discussion of ideas

This involves taking each idea one at a time (serially) and discussing or clarifying the idea prior to the preliminary vote. The benefits of this step are that it:

- Avoids unduly focusing on any one idea or a subset of ideas
- Provides an opportunity for clarification and the elimination of any misunderstanding
- Outlines the arguments and disagreements over ideas
- Records differences of opinion without undue augmentation

STEP 5: Preliminary voting

During this stage, the group participants will begin to narrow the list of potential ideas. Building on the discussion of ideas, each member will make an independent judgment about those ideas that they consider most likely to represent the problem to be solved or the potential solution to address it.

The two voting methods typically used are ranking and rating.

Rating method:

When rating the ideas, each participant distributes a set number of points (e.g., 100) across the ideas, as seen in the example table below:

Table D: Rating Method

Idea #	Joe	Sue	Kelly	Jim	Total
1				50	50
2	40		30		70
3	20	100		32	152
4					0
5			30		30
6	20		30		50
7					0
8					0
9	20		5	18	43
10			5		5
Total	100	100	100	100	400

As seen in the table above, each of the four team members distributed their points across the ten ideas they generated during Step 2. Note that participants have the option of assigning all of their points to one idea if they feel strongly that it is truly the best (i.e., Sue). From the table, it can be seen that Idea 3 has the highest point total, and the team can end the NGT process at this point, and choose this option.

In another variation of this method, participants assign colored dots to ideas, using the same process.

Ranking method:

When ranking items, each participant is asked to choose roughly half of the total number of ideas generated, and to rank these from most important to least important. This process will place emphasis on fewer ideas. In preparation for recording the vote, the leader should list the number of each idea on a separate piece of paper. When the actual votes are recorded, she/he will record the rank assigned by each participant to the idea, as seen in the example below.

Table E: Ranking Method

Idea #	Joe	Sue	Kelly	Jim	Total
1	1			5	6
2	5		5		10
3	4	5		4	13
4					0
5		3	4	1	8
6	2	4	3	2	11
7					0
8		2			2
9	3	1	2	3	9
10			1		1

As seen from the table above, Idea 3 has the highest score. In many instances, the NGT process will end after this step. If greater accuracy is desired, and especially if the group has generated a large number of ideas, the group may chose to engage in the following two additional steps (Step 6 and 7), and iterate as many times as needed.

STEP 6: Discussion of preliminary voting

This brief step in the NGT process is designed to examine items with inconsistent voting patterns and provide an opportunity for a discussion of ideas perceived as receiving too many or too few votes. While this step seldom results in radical changes in how the group perceives an idea, it can result in a more accurate final vote.

STEP 7: Final voting

In this final step, individual judgments on the ideas are combined into a group decision. While the leader may chose to follow the same voting technique used in Step 5, he/she also may choose to use a more refined voting technique such as rating.

The final vote helps:

- Determine the outcome of the meeting
- Provides a sense of closure and accomplishment
- Records the final group judgment in relation to the initial question

For more information on the Nominal Group Technique, visit www.niatx.net

NOTES:

Walk-through Case Studies

Case 1: Agency "A"

Scheduling Appointment:

Current process: Call is made to outpatient department where information is gathered, the program is explained, and appointment is scheduled.

Observations/Reactions: I called the main number to set up an outpatient appointment. I was transferred to the outpatient receptionist and ended up in her voicemail. The receptionist answered when I called a second time. I expressed interest in setting up an appointment and asked about what days and times of the week meetings were available.

The receptionist told me group sessions were available Monday and Wednesday from 5:30 to 7:30 p.m. weekly and I would have individual sessions once a week. I told the receptionist I wanted to enroll and she told me that I needed to schedule an intake appointment with one of their intake staff. I was scheduled for my intake appointment on the following Wednesday (seven days after this original call).

I asked if I could be seen sooner and the receptionist informed me that was the earliest appointment available. Then she asked me for my insurance information to which I responded that I would have to get back to her, since I didn't have it at the time. The receptionist said she could not confirm an intake appointment until she had the patient's insurance information. The receptionist was friendly, but seemed a bit rushed, and directions to the facility were not offered.

First Appointment: ASI Assesment

Current process: Information is gathered to complete the client data core; additional demographic information is gathered to complete the financial eligibility forms. The clinician asks demographic information to complete the admission process in AVATAR.

Observations/Reactions: Without a scheduled appointment, I arrived at the main entrance and was surprised by the uninviting condition of the lobby. I approached the receptionist and informed her that I had an appointment for outpatient services. The receptionist instructed me to exit the building through the main entrance and enter a door further down the building marked "Outpatient." The outpatient lobby looked and felt like a medical waiting area.

When I arrived at the Outpatient front desk there was another client being attended to by the receptionist. I could hear their conversation, some of which was very personal, and thought that it was inappropriate for clients to be asked such questions in a public forum. When they finished I stepped to the front desk where I was greeted by the receptionist. She took my insurance information and asked me to complete some forms. When I was finished I returned the forms to the receptionist. She then told me that someone from the business office would call on me shortly.

I waited 50 minutes before the business office employee called on me. When the business office employee arrived she was very nice and professional and she directed me to sit in the glassed-in area behind the receptionist (in plain sight of other clients at the reception window) and recorded my responses to personal financial information (i.e., my job, salary, marital status, intravenous drug use, etc.). This process of disclosing personal information in a public forum made me uncomfortable.

When we were done, the business office employee asked me to take a seat in the lobby and wait for my appt. When the therapist arrived she introduced herself, shook my hand and apologized for my wait; my anxiety dissipated. She took me to her office (which was comfortable and warm) and asked me questions about my medical history, personal information, etc. Some of the information she was gathering was the same as that previously gathered by the receptionist and business office employee. We stopped the process at this time. Information was given explaining that at the next visit I would have a urinalysis and attend group. I was told that the my color is red and that color of the day is posted in the window at the desk. When I come in for each visit I am to check the color; if it is red, I am to submit to a urinalysis. I will have another individual appointment in six days to begin a treatment plan. I was introduced to my group counselor.

Second Appointment:

Current process: All clients have a urinalysis on second visit. The client will usually start group on the second visit.

Observations/Reactions: I signed in and waited while someone was paged to come to outpatient. A very friendly person greeted me and took me to a bathroom where the process of obtaining a urinalysis was done. When we were finished, I was taken back to the lobby to wait for my group leader.

Observations/Thoughts: I was never told that the urinalysis was to be observed or what was going to happen.

Two Recommendations:

Scheduling the First Appointment—Initial Contact with Clerical Staff and Reception Area

1. Improve appearance of lobby (plants, magazines, pictures, etc.).
2. Address patient reception and registration. This process was impersonal and redundant. I was asked the same series of demographic questions by multiple employees.

Case 2: Kentucky River Community Care

Change Team members who posed as clients during the walk-through exercise uncovered significant problems with the Perry County site's phone system and administrative functions:

- Frequently, callers phoning for outpatient services received a voicemail message. Callers who did reach an attendant were told that they would have to wait three weeks for the first available appointment.
- Clients who left voicemail messages often were unreachable at the phone number they left or never returned any of KRCC's follow-up calls.
- Clients appearing on-site to request services could receive an appointment the same day because of the high rate of no-shows for scheduled intake appointments. Clients who had a same-day appointment were more likely to begin treatment.

The Change Team also organized a focus group that included clinicians, staff, and clients. The group identified problems in the registration procedure: Client check-in and checkout, along with intake phone calls, took place in the same office space, leaving staff, clients, and callers frustrated. In this chaotic environment, clients had to wait while staff took calls, and callers often were lost, transferred to the wrong place, or put on hold for extended periods.

Robert Jackson, the team's Change Leader, explains, "When we completed the walk-through and the focus group, we discovered that it took an average of 21 days for a patient to get an appointment for a treatment session after first contacting the Perry County outpatient site. We really never would have examined that process before and, as a result of the walk-through, we set a goal to get people into treatment within 24 hours of their first contact."

Group Flowcharting Exercise

Group flowcharting steps (and Post-it™ rules)

This is a group exercise where up to 25 participants create a flowchart of a process, as a group, with everyone actively placing Post-it notes on a wall. Use three different colors of Post-its: yellow, red, and blue.

Flowcharting Steps	
Step 1	Define objective (e.g., see all clients within 24 hours)
Step 2	Define process (e.g., admission process)
Step 3	Define first and last steps
Step 4 (Quiet Time 1)	Have each person write down process steps on yellow Post-it notes
Step 5	Have everyone place their yellow Post-it notes on wall paper to create a flowchart. Encourage those who finish this step quickly to read what others are placing on the wall paper.
Step 6	Review flowchart
Step 7 (Quiet Time 2)	Have each person use red Post-its to identify and record bottlenecks and blue Post-its to describe suggestions for process improvements
Step 8	Place blue and red Post-its on flowchart
Step 9	Review suggested changes
Step 10 (Quiet Time 3)	Ask each participant to pick the three changes that offer the best combination of ease of implementation and impact on objective
Step 11	Conduct a multi-vote to select changes to initially pilot test
Step 12	Discuss next steps

NOTES:

Getting Ideas from Outside the Field

The Improvement Café

One of the five principles that guide the NIATx model for organizational improvement is to get ideas from outside the field. Organizations that "think outside of the box" or go beyond their own boundaries learn from others' successes and failures and find new and innovative ideas.

At The Improvement Café, a breakout session offered by NIATx coaches Tommie Bower and Don Holloway at the Sixth NIATx Learning Session in May 2006, participants looked at the four NIATx aims through the lens of the restaurant industry. The result? A catalog of creative strategies for rapid-cycle testing.

If your organization were a restaurant, how would you seat your customers?

Examining restaurant seating options generates ideas for reducing waiting times and no-shows.

- Advertise immediate seating. Let consumers know that they can have immediate access through on-demand treatment or walk-in appointments.
- Schedule by demand. Restaurants add staff to accommodate greater demand at peak times-before or after a sold-out cultural or sporting event. Treatment organizations can adopt the same practice to meet demand at peak times.
- Offer a drive-through window. Treatment organizations can offer express service for consumers who want quick access to information: the organization's important phone numbers, insurance coverage options, transportation and childcare services, or a directory of local Twelve-Step meetings.
- Publish your menu options in the yellow pages. Listing your organization's offerings similar to a restaurant's carryout or delivery menu in the local yellow pages increases your customers' access to information about your services-and could influence no-shows.

- Create a comfortable waiting area. Would you rather stand in line for a table at a popular restaurant or take a seat in a comfortable lounge area listening to music or watching TV? Treatment organizations can offer their clients a pleasant and relaxing place to sit while they wait for an intake or assessment appointment.
- Establish a turnover team. Busy restaurants employ staff to clear and set tables as they turnover. A turnover team at a residential treatment organization would be able to keep staff notified of up-to-the minute bed availability.

These are just a few examples of ideas generated at The Improvement Café. Other brainstorming activities at the Café produced restaurant industry-inspired ideas for increasing continuation and admissions.

Appendix B: Promising Practices

The Promising Practices

Several factors, including client base, organizational structure, and staffing, will help determine which of these approaches may be most effective for a given clinic or treatment center.

All practices outlined have shown promise within NIATx. The list is current as of October 2006 and may change based on 1) continued practice evaluation; 2) empirical research; and 3) evolution within the field.

Promising Practices to Improve Timeliness (Reduce Waiting time)

1. Reduce intake and assessment paperwork

This is arguably the most significant change that an organization can make to improve timeliness to assessment. Paperwork can be excessive and duplicative, absorbing many more staff hours than necessary. In addition, paperwork can also consume the first appointment, requiring clients to return for assessment.

For example, within NIATx:

- The Center for Drug-Free Living in Orlando, FL reduced outpatient paperwork by decreasing duplication across forms. In doing so, all counselors were able to double assessment slots, decreasing the time between screening and second assessment by seven days.
- Hill Health in New Haven, CT, trimmed their detox triage form from four to two pages.
- The Boston Public Health Commission in Mattapan, MA, reduced the questions on phone intake forms from 56 to 20, thus reducing average outpatient phone intake time from 45 to 10 minutes.
- MECCA in Des Moines, IA, changed paperwork requirements to allow for existing social history to be accepted. This reduced the time to complete paperwork by 25 percent, from 60 to 45 minutes.

Treatment agencies can implement various process changes to support a client receiving treatment when he or she is ready. While individual process changes target different aspects of the assessment and admission process, they all move the agency towards open access. The four processes highlighted below represent changes designed to provide open access to treatment.

2. Offer Assessments Every Day and in the Evenings

The times a clinic sets aside for assessment appointments may be inconvenient for clients in need of treatment. Furthermore, limiting the days and/or times that assessment appointments are available also reduce the volume of clients that can be assessed and admitted to treatment. Consider offering assessments every day of the week, and making some time available in the evenings for clients who cannot attend assessments during the day

For example, within NIATx:

- The Jackie Nitschke Center in Green Bay, WI, increased the number of assessment slots for intensive outpatient and trained all staff to fill the schedule, increasing scheduling convenience for clients and reducing average time from first contact to assessment from 8.2 to 4.3 days.
- Kentucky River Community Care in Hazard, KY, trained eight additional staff to conduct outpatient assessments, increasing the number of assessment slots and reducing time from first contact to first treatment by 39 percent, from 22.3 to 13.6 days. Same-day appointments are also offered.
- Axis I, in Barnwell, SC, added six new outpatient assessment slots at the beginning of the week, facilitating a faster transition from request for service to assessment and treatment.
- Cornerstone Counseling added additional intake slots to allow all intakes to be scheduled the week that the client first called. This reduced the time from first contact to assessment by 69 percent from 13 to 4 days.

3. Use Open Schedules

An open schedule means that assessments are available any time a counselor has available. Rather than restricting assessments to a certain time or days of the week, this approach makes scheduling for assessments more flexible for the customer and encourages increased staff productivity by maximizing a counselor's billable hours.

For example, within NIATx:

- Prairie Ridge in Mason City, IA, made all open time slots available for assessment, in all levels of care. This reduced wait time from contact to assessment by 45 percent, from nine to five days.
- Gateway to Prevention and Recovery in Shawnee, OK, opened up counselor schedules making all counselor protected time free for outpatient assessments. This contributed to an 81 percent improvement in timeliness, reducing average wait time from 15 to 3 days.
- Steps at Liberty Center in Wooster, OH, opened counselor schedules by making a set time for an 'assessment clinic' and having all therapists available. Time from first contact to first treatment decreased by 68 percent.
- Asian Counseling increased counselor availability and encouraged same day admissions through culturally appropriate motivational interviewing, appreciative inquiry and education about the benefits of same day admission, reducing the time from first contact to first treatment by 67 percent.

4. Double-Book Assessments

No-shows are common for assessment in substance abuse treatment. Even after implementing changes to reduce no-show rates, a clinic will still have a certain percentage of missed appointments. To make full use of staff time and see more clients for assessment, double-booking assessments is often an effective approach. You may want to double-book only during those time slots that are commonly missed, or double-book only a certain percentage of your appointments.

For example, within NIATx:

- Acadia Hospital in Bangor, ME, double-booked clients for methadone assessment, contributing to a 100 percent increase in monthly admissions.
- Sinnissippi Centers in Dixon, IL, double-booked a portion of intensive outpatient assessment slots, booking four assessment appointments for two time slots.

5. Allow Walk-in Appointments

In some instances, scheduling appointments for intake/assessment can be ineffective. Any time delay may prevent clients from returning to the clinic. Walk-in appointments completely eliminate the time between request for treatment and assessment, so that clients can be admitted to treatment rapidly.

For example, within NIATx:

- Southwest Florida Addiction Services in Ft. Myers, FL, scheduled times for outpatient walk-in assessments; clients can generally be assessed 0–2 days from first contact.
- VIP Community Services in the Bronx, NY, adopted all walk-ins for intensive outpatient assessment, contributing to an 89 percent reduction in time from first contact to assessment; to less than one day.
- Central New York Services implemented all walk-ins for their dual recovery program, contributing to a 57.4 percent reduction in the time from first contact to first treatment, as well as eliminating no-shows.

For more information on the application of these and other promising practices, visit the NIATx website: www.niatx.net

The Promising Practices to Reduce No-shows

1. Get the Patient to the First Appointment Quickly

The greater the delay between first contact and assessment, the more likely it is that the client will forget about an appointment or lose interest in treatment. To reduce the time between the first contact and the assessment appointment, treatment agencies can create relationships with key referral sources (e.g., PCP), implement walk-in appointments, on-demand scheduling, or ensure that appointments are available within 24 hours of the first call (also see Promising Practices: Improving Timeliness).

- Brandywine Counseling in Wilmington, DE, implemented same-day admissions for outpatient methadone clients to reduce the average time to treatment.
- The Center for Drug-Free Living in Orlando, FL, implemented walk-in screenings for all adult outpatient clients, resulting in the elimination of no-shows, which was previously 68 percent.
- At Acadia Hospital in Bangor, ME, clients who are not in need of immediate medical attention (detoxification) are admitted to intensive outpatient treatment at 7:30 a.m. the day after their initial call. The percentage of initial calls that resulted in attendance of at least four treatment sessions increased from 19 percent in March 2003 to 44 percent in May 2003.

2. Address Barriers Patients Face in Attending Assessment Appointment

Improving client attendance at first appointments or subsequent appointments requires understanding the barriers that clients face as they schedule an assessment. NIATx members have found that the following issues, among others, may prevent clients from attending assessment appointments:

- lack of transportation
- lack of childcare
- worry about ability to pay for treatment
- conflicting appointments (i.e., with the criminal justice system)
- work schedule

Many agencies have programs to assist clients with these problems, such as free rides to the clinic. During the first call for scheduling an assessment, intake staff should elicit the client's reservations or concerns about their first appointment and address them directly. This simply helps the client identify and problem-solve

potential barriers. If a clinic does not provide services or scheduling that address their clients' needs, staff may want to consider implementing such services as part of the change project.

For example, within NIATx:

- Perinatal Treatment Services in Seattle, WA, offered transportation to outpatient treatment from a downtown area.
- CAB Health and Recovery in Peabody, MA, offered rides to clients going to detox.
- PROTOTYPES in Pomona, CA, offered an outpatient parent-child group which encouraged women and men without childcare to show up for treatment.

3. Clearly Explain to the Client What He/She Can Expect at First Appointment

A client may feel nervous or uncomfortable about their first appointment. He or she may worry about confidentiality, police involvement, or simply not know what to expect. In other instances, a client may have heard—sometimes correctly—that the first appointment involves no treatment and only paperwork. When scheduling an appointment, customer service staff can go over the different steps that may be included in an assessment: insurance paperwork, health and substance use history, and meeting with a counselor. Letting the client know what information they should bring to the appointment can also help him or her feel prepared.

For example, within NIATx:

- Kentucky River Community Care in Jackson, KY, described the first visit to new outpatient clients over the phone, followed by appointment letters and reminder calls. These changes reduced no-shows to assessment from 65 percent to 39 percent.
- VIP Community Services in the Bronx, NY, designated staff to provide one-hour sessions for 1–5 clients explaining different aspect of the intensive outpatient program, including policies and procedures, and special offerings such as Metro cards and meals.

4. Model Communication with the Patient on Motivational Interviewing/ Enhancement Techniques

Clients are more likely to show if they connect with staff who are supportive, empowering, and accepting. Instead of asking yes/no questions, asking open-ended questions in a conversational manner allows the client to talk about what he or she feels is important. During the conversation, staff can connect with the client by expressing empathy and concern. Reflective listening—including summarizing the situation for the client—also helps him or her feel accepted and supported by staff members.

The Promising Practices to Increase Admissions

1. Targeted Marketing

A useful strategy for increasing the number of people entering treatment involves the marketing of services to specific groups or organizations. Targeted marketing allows an agency to draw attention to its services by providing information tailored to the target, based on pre-determined needs. The target may be a referral organization, the addict, or a family member. The goal is to increase awareness, knowledge, and interest, from which further relationships can develop.

For example, within NIATx:

- Perinatal Treatment Services in Seattle, WA, actively marketed their outpatient program to local Child Protective Services (CPS).
- Boston Public Health Commission in Mattapan, MA, trained staff on outreach strategies and assigned them to specific agencies to do outpatient outreach. Admissions increased by 49 percent to 8.4 per month.
- St. Christopher's Inn in Garrison, NY, utilized a fax referral log to identify targets; targeted unions; and created program-specific brochures. These strategies, plus the addition of 17 beds, increased residential admissions from 260 to 285, generating an additional $600,000 in revenue from 2003 to 2004.

2. Build Lasting Relationships with Referral "Customers" and Measure Referrals

Admissions to addiction treatment come largely from referrals. Establishing strong relationships with major referral institutions will encourage more patient referrals and, subsequently, more admissions. Once an agency has attracted attention by targeting a specific referral organization, it provides a perfect opportunity for the development of a more personal, loyal, and sustainable relationship.

Some considerations for facilitating the formation of such alliances include:

- Understand referral "customers'" needs and involve them in building the relationship.
- Assign one person within your organization to correspond directly with the referral source.

Measuring the number of referrals and the source from which they came allows an agency to identify places where more effort is required to foster relationships that will benefit the agency.

For example, within NIATx:

- Prototypes in Culver City, CA, initiated face-to-face meetings with referrers and communicated the number of available beds. This was associated with a 22.2 percent increase in residential admissions.

- Connecticut Renaissance in Norwalk, CT, provided their top three referral sources with details of the admissions process. Personal communication from the program director helped secure a connection with the major referral source and contributed to an admissions increase of 83.3 percent in outpatient.
- Vanguard Services in Arlington, VA, established relationships with various sources, such as EAPs, conducting site-visits. This contributed to a 112 percent increase in monthly outpatient admissions.

3. Building Capacity: Develop/Expand New or Existing Programs

Treatment organizations often find themselves unable to meet the high demand for services. In such cases, the only suitable means for successfully increasing admissions requires a capacity increase. A popular method for achieving this involves the expansion of existing programs/ resources or the addition of new programs. Usually, this requires some degree of initial investment. However, agencies who examine current capacity will often find that few minor resource and process shifts can uncover "hidden" capacity, creating additional capacity at low cost.

For example, within NIATx:

- Women's Recovery Association in Burlingame, CA, started an evening intensive outpatient program for all clients, resulting in a sustained admissions increase of 53 percent.
- Fayette Companies in Peoria, IL, increased the number of detox beds, and offered daily "Start Now" groups to engage women waiting for a residential bed, contributing to a 52.8 percent admissions increase.
- Sinnissippi Centers in Dixon, IL, opened youth groups at an additional location, increasing intensive outpatient adolescent admissions by 11.1 percent. Subsequent service treatment hours increased to 480 per quarter vs. 45 prior to this addition, boosting revenues from $1000 to $10,000 per quarter.
- Gosnold in Falmouth, MA, introduced a new rehab program for patients in need of 30-day treatment. This resulted in around 750 bed days of care in rehabilitation within a three- month period and opened space in detox that allowed around 100 more people to be admitted to acute care.

4. Reshaping Capacity: Reduce Admission Steps

The number of steps required to admit a client to treatment can substantially influence admissions. Extra steps, such as multiple appointments, prolong the time between first contact and assessment, and promote client dropout. Reducing admission steps gives staff, especially counselors, more time to perform other activities that directly affect admissions and timeliness to treatment.

For example, within NIATx:

- Daybreak of Spokane, WA, eliminated steps in the outpatient assessment process. Combined with other strategies, the number of people assessed but not admitted decreased from 36 to 15 percent.
- VIP Community Services in the Bronx, NY, introduced the idea of completing the ICA and ASI on the same day, thus reducing the intensive outpatient admission process from two to one day.
- Fayette Companies in Peoria, IL combined the assessment and admission process for adolescents, including an opportunity to start treatment immediately. This increased admissions by 10.5 percent.

5. Reshaping Capacity: Reduce Paperwork

Medical and administrative record keeping presents significant challenges to treatment organizations. The volume of paperwork places an extra burden on both staff and patients, often with little justification. Key ingredients to managing this problem include: 1) elimination of duplication, 2) improving forms design, and 3) efficient processing, transmission and storage of information. Reducing paperwork allows organizations to increase capacity by giving clinical staff additional time—previously spent on paperwork—to treat patients

For example, within NIATx:

- Daybreak streamlined paperwork by creating a new discharge form, and combining assessment & admission forms into one. This reduced time spent on outpatient admission paperwork by 50 percent.
- Steps at Liberty Center in Wooster, OH, reduced initial paperwork by eliminating duplication and facilitating support staff to take registration data directly from the diagnostic assessment. This reduced the time taken to complete paperwork from an average of 45 minutes to less than 5 minutes.
- The Center for Drug Free Living in Orlando, FL, reduced and streamlined outpatient admissions and assessment paperwork, contributing to a 57 percent admissions increase, and a 50 percent cut in non-billable counselor time spent on admission paperwork, saving the agency $43 per client admitted.

For example, within NIATx:

- Sinnissippi Centers, Inc., in Dixon, IL, employed motivational interviewing-like techniques in its pre-admission customer service with outpatient and intensive outpatient clients. The no-show rate decreased from 58 percent to 14 percent.
- PROTOTYPES in Pomona, CA, used motivational interviewing-like communication during first contact for both outpatient and residential. This reduced outpatient no-shows from 36 percent to 10 percent.

- Boston Public Health in Boston, MA, used motivational interviewing during intake for outpatient clients, reducing no-shows by 41 percent.

5. Make Reminder Calls to Patients Scheduled for an Assessment

Clients can easily forget to mark their calendars, lose appointment cards, or they may get "cold feet" prior to the first appointment. Agencies typically schedule reminder calls for a day prior to the appointment. These calls can keep clients on track for their appointments, as well as establish a more personal link between the service organization and the client. By notifying the client in a friendly and supportive way that they are expected for an appointment, and asking if they have any questions or concerns, reminder calls can help overcome a client's last-minute reluctance to show for an intake appointment.

For example, within NIATx:

- TERROS in Phoenix, AZ, used reminder calls for all newly-scheduled outpatient clients.
- Island Grove Regional Treatment Center of Greeley, CO, a provider partner of the Signal Behavioral Health Network based in Denver, made reminder calls on the morning of the appointment for clients involved in the child welfare system.
- PROTOTYPES in Pomona, CA, used a combination of approaches to reduce no-shows for intake appointments. Together with motivational interviewing techniques and a revised scheduling system, Prototypes staff made reminder calls to outpatient clients one day prior to their appointments.
- MECCA in Des Moines, IA, called clients to remind them of their appointment, reducing no-shows by 44 percent.
- Port Human Services in Greenville, NC, called clients who missed a methadone dose, reducing no-shows by 50 percent.

The Promising Practices: Increase Continuation

NIATx sites that created more welcoming, positive, and supportive treatment environments and that adopted motivational engagement strategies found that retention in treatment increased. Agencies are now approaching treatment more individually, addressing personal recovery issues and working to overcome barriers related to a patient's particular circumstances and needs. Agencies have implemented systems to help patients develop relationships with peers and be part of a new community that supports them in recovery. As a result, a sense of inclusion, affinity, belonging, and bonding within a peer group develops. The treatment community helps combat the isolation and deprivation that accompanies drug use. Promising practices that contribute to continuation in treatment are described below.

1. Scheduling

Connect the patient to a counselor and other support staff within 24 hours of admission. Building a therapeutic alliance immediately helps engage and retain patients in treatment. Counselors can help instill a sense of hope. Individual sessions with the counselor, casework manager, medical staff, and other support staff who will help meet the patient's treatment needs should be scheduled as soon as possible to allay fears and to expedite legal and social service agency processes. If possible, introduce the patient to these key staff members, particularly his/her counselor, at the assessment appointment. At some sites, this may mean getting the patient into a group session immediately.

Make it as easy as possible for patients to remember appointments and continue in treatment. NIATx members have found that the following scheduling issues may prevent patients from continuing in treatment:

- Treatment schedule is inconvenient.
- Patients forget appointment times.
- Patients have limited ability to choose treatment schedule.
- Sessions are scheduled too far apart for patients to maintain momentum.

Consider adjusting staff schedules so that sessions are available at times most convenient for patients. This may require changing the days that staff work, staff hours, staggering staff start and ending times, rotating lunch breaks, and so on. Additionally, to help patients keep track of their appointments, agencies can make reminder calls and also provide patients with appointment cards that list the next four treatment sessions.

For example, within NIATx:

- Perinatal Treatment Services in Seattle, WA, started scheduling individual sessions with a counselor and casework manager within 24 hours of admission to residential rehab. Continuation beyond four weeks increased from a baseline of 67.5 percent in August 2003 to 85.7 percent in October 2003.
- SSTAR in Fall River, MA, initiated counselor/patient contact upon admission to medical detoxification by placing a counselor in the admissions department to seek out the patient as they waited for admission. This increased retention in treatment beyond the first two days by 48.7 percent.
- CODA in Portland, OR, increased the availability of outpatient groups so that new patients could attend their first group within 24 hours of intake. Continuation through the first four sessions in 30 days post-admission increased from 31 percent in June 2005 to 81 percent in November 2005.
- Prairie Ridge in Mason City, IA, offered new outpatients to join the next group, as opposed to having closed groups with all patients beginning at the same time. They also repeated groups so that patients could attend at the most convenient time and make up missed groups. Weekly attendance improved from 50 percent to 80 percent.
- Racine Psychological Services in Racine, WI, asked outpatients if they wanted to be reminded of appointments by phone. If so, they asked what phone number to call and whether it was OK to leave a message. A very customer-friendly person made the reminder calls. The show rate for sessions increased from 47 percent in August 2005 to 72 percent in January 2006.
- WASTAR in Reno, NV, changed staff schedules from four 10-hour days to five 8-hour days and scheduled more frequent individual sessions, averting crises and making it easier for intensive outpatients to talk to their counselor when a crisis did develop. Continuation through the fourth session increased from 82.4 percent and was maintained at close to 100 percent.
- Bridge House of New Orleans, LA, changed staff hours from 12–8 p.m. to 2–10 p.m. so that residential patients who worked during the day could meet with their counselors during the evening, thereby increasing the amount of time they spent together. Continuation increased from 59.5 percent to 68.2 percent during the first month and continued to rise thereafter.
- Fayette Companies in Peoria, IL, eliminated Friday admits to their residential program because 47 percent of their patients who left against medical advice during the first seven days were admitted on Friday.

2. Provide a welcoming live or video orientation, establish clear two-way expectations, and assign a peer buddy

A welcoming orientation communicates what is expected of a patient and what they can expect from treatment. (See also Promising Practice Five about developing client-driven treatment plans.) For example, patients need to know what the schedule is, the attendance and participation requirements, and how they will progress through levels of care. It is also important for patients to get familiar with the agency environment. Many NIATx sites have matched patients with a peer buddy or mentor, so that someone who knows what a new person is going through can help orient them and introduce them to the others with whom they will share their treatment journey. Assigning a peer sister or brother also helps new patients bond with someone immediately and reminds more senior patients about the progress they have made. The connection and support helps engage patients and continue in treatment with encouragement.

For example, within NIATx:

- Brandywine Counseling in Wilmington, DE, introduced an orientation video. Outpatients view the video at assessment and methadone patients view it prior to intake, instead of at a separate group orientation. This change freed up three hours per week for intake staff to fulfill other responsibilities and increased continuation to orientation from 80 percent to 100 percent.
- Jackie Nitschke in Green Bay, WI, told patients they were expected to attend all of the first five outpatient aftercare sessions. Completion of the aftercare program increased from 38 to 76 percent.
- St. Christopher's Inn in Garrison, NY, provides a homeless shelter where men live before deciding to enter residential treatment. They know what they're getting into before they commit to treatment. A buddy is assigned to all those entering residential treatment. The buddy helps negotiate the environment as well as ensures that the new person knows where to go for group and when to avoid breaking rules regarding lateness and absences from group. Continuation rates through the first four weeks have been sustained fairly consistently above 80 percent.
- The Women's Recovery Association in Burlingame, CA, developed an orientation for new patients, which included a handout written by an individual who had experienced the program. New patients also were connected with a peer mentor who oriented them to the program. Intensive outpatient continuation rates increased from 33 percent, August through October 2004, to 80 percent, November 2005 to January 2006.

- Vanguard in Arlington, VA, introduced a Welcome Committee that included three people who accompanied the new residential patient for the first three days to provide encouragement, have meals together, explain reasons for rules, and bond. Unplanned discharges during the first 14 days decreased from 11 to 6 percent as a result.
- Wood County Unified Services in Wisconsin Rapids, WI, welcomed new intensive outpatients to group and asked group members to introduce themselves and explain why they were in the program. Patients were matched with a more senior patient who assisted the new patient by showing them restrooms and break areas. They also asked new patients if they were willing to commit to returning to treatment the next day. If not, they discussed what kind of support or what else the patient needed to return. Continuation though the first five sessions increased from 70 percent, May through August 2005, to 90 percent, November 2005 through February 2006.
- Fayette Companies in Peoria, IL, created a checklist for both patients and staff to use, to communicate the varied expectations at different stages of residential treatment. They also had peer sponsors assist new admissions and participate in weekly staffing meetings. The agency also eliminated un-welcoming rules and practices; they combined the luggage search with staff assisting patients while they put their things away and allowed patients to call family on the first night of treatment. The number of patients who left against medical advice dropped by 65.4 percent, from 81 in 2003 to 28 in 2005.

3. On an ongoing basis, identify patients at risk of leaving and barriers to continuing in treatment. Resolve barriers to continuing in treatment

A feedback system for both counselors and patients provides useful information that helps identify patients at risk of leaving treatment early and regularly monitors patients' progress in treatment. The feedback can help identify barriers to continuing in treatment, as well as triggers that staff can address before a patient actually leaves. In order to be effective, these feedback systems must be accompanied by discussion of the patient's feelings about treatment, the relationship with his or her counselor, and resolution of barriers such as childcare, other family concerns, and the urge to use.

For example, within NIATx:

- Sinnissippi in Dixon, IL, started using the ORS/SRS (Outcome Rating Scale/ Session Rating Scale) with intensive outpatients and addressed problems that were identified. Continuation rates through the first four sessions jumped from 0 percent to 100 percent. After using the SRS for six months, the counselors found that they could get the same results without the paperwork, by having informal one-to-one discussions about whether weekly goals were being met. They have continued to sustain the high continuation rates.

- Bridge House in New Orleans, LA, implemented weekly check-ins with residential patients. Counselors asked patients to rate the following on a scale of 1–10:

  How willing are you to continue your treatment here?

  How important is it for you to stay in treatment?

  How motivated are you to stay?

  How strong has your urge to use been this past week?

  The counselors used motivational interviewing guidelines to motivate patients to stay in treatment. The counselor planned one specific intervention to motivate the patient to continue and assessed whether it worked, using a PDSA Cycle. Continuation rates increased from 48 percent to 63 percent.

- Daybreak Youth Services in Spokane, WA, asked adolescents to rate their relations with staff and staff engagement with them, in a Client Feedback Survey, providing each staff member with the feedback. They also used a Shift Debriefing Form for staff to assess "How did I/we engage with clients today?" Along with other changes, continuation in the adolescent residential program beyond 30 days increased from 55 percent to 72 percent.

- Gosnold in Falmouth, MA, installed a system that empowered staff to identify detox patients at risk of drop-out and discretely alert all staff of risk. This was associated with a 10 percent improvement in completion rate.

- Axis I of Barnwell, SC, created a case manager position to identify barriers to ongoing treatment and contact outpatients who missed appointments. The case manager also provided transportation and arranged for childcare, if needed. Attendance increased by 28 percent.

- The Center for Drug Free Living in Orlando, FL, counselors called outpatients who failed to attend the first appointment and encouraged them to return to treatment within 24 hours of the missed appointment. Seventy percent of patients who failed to attend the first appointment returned and completed four treatment sessions.

- Brandywine Counseling in Wilmington, DE, sent letters to Probation Officers and Family Service workers so that they could help re-engage their patients in treatment. The re-engagement rate for probation outpatients increased from 41 percent to 53 percent when the P.O. also received a letter. Re-engagement rates for Division of Family Services patients increased from 14 percent to 43 percent in the first month. In addition, case managers started making follow up phone calls to outpatients who did not show to their First Step group and continuation rates increased from 45 percent to 89 percent in three months.

- Fayette Companies in Peoria, Il, implemented motivational interviewing techniques with those identified as at-risk for leaving residential treatment early. They did not discharge patients who returned to use while in treatment. Instead they used relapse as a learning opportunity and encouraged patients to be honest about their use rather than hide it. They gave patients the message that return to use is common and not cause for shame or feelings of failure/rejection. In other words, they did not kick patients out of treatment for exhibiting the behavior for which they were seeking help.

4. Maintain counselor resiliency with staff collaboration and personal care/ development

By focusing on ways to maintain counselor resiliency and exchange ideas, counselors can support each other and prevent burnout. When they feel rejuvenated and enjoy working, they are in a better position to bond and form therapeutic alliances with patients. Supporting counselor resiliency may also reduce turnover, which contributes to a more stable environment for patients. By having counselors focus on their own personal development, in addition to taking care of themselves, they model self-care and recovery for their patients.

For example, within NIATx:

- WASTAR in Reno, NV, started having two staffings per month focused on staying connected and passionate about their work to avoid burnout in outpatient and intensive outpatient programs. They also held weekly clinical trainings focusing on areas in which counselors felt they were weak or expressed interest in learning about. Continuation from the 1st to 4th session increased from 83.3 percent to 100 percent.
- Bridge House began having weekly continuation staffings for counselors to collaborate and discuss engagement strategies when working with residential patients. They used this meeting to discuss "at-risk" patients, described above. Continuation rates increased from 48 percent to 63 percent.
- The Center for Drug Free Living in Orlando, FL, had counselors make audio or video tapes of engagement sessions with outpatients for review and discussion about the use of Motivational Interviewing techniques in staffings. Continuation to the fourth session increased by 27 percent.
- Vanguard in Arlington, VA, started using the "Unplanned Discharges Form" for staff to collaborate on ideas about how to prevent this from happening again for all patients. Continuation rates in their adult and adolescent residential programs have been consistently above 90 percent.

- Gosnold counselors embarked on personal Plan-Do-Measure-Act (PDMA) cycles, which they shared with each other. This increased the level of empathy that they had while also modeling recovery for their patients. Residential continuation rates have been consistently above 80 percent.
- Daybreak Youth Services in Spokane, WA, increased DBT/MET training and coaching of staff with personalized change goals and measures for each staff person. Along with other changes, continuation in the adolescent residential program beyond 30 days increased from 55 percent to 72 percent.
- Prairie Ridge in Mason City, IA, Clinical Supervisors play an active role to ensure that counselors and patients are a good match. They assign the more experienced counselors to the less motivated patients.

5. Tailor treatment to patient's individual circumstances and needs; use individual client-driven treatment plans

By having patients drive their treatment based on their individual circumstances and needs, the patient is empowered to take responsibility for choices and recovery. Patients direct the focus of treatment and participate in skill-building groups and self-care programs based on personal needs, goals and choices. They move to the next level of care as soon as they are ready, rather than after a pre-determined amount of time.

For example, within NIATx:

- Gosnold in Falmouth, MA, introduced a Solution Focused Therapy Group for residential patients to develop their own small scale, rapid-cycle changes using PDMA (Plan-Do-Measure-Act) cycles. Patients made personal changes and tracked their own progress. Continuation rates through four weeks increased from 72 percent to an average of 88 percent.
- PROTOTYPES in Culver City, CA, used Motivational Interviewing techniques during the first contact with prospective outpatients to help them identify their individual treatment needs and subsequently connect them to people who would help them reach their personal goals. Continuation through the first week of treatment increased from of 80.6 percent to 89.6 percent.
- WASTAR in Reno, NV, developed criteria to assess whether patients were at the right level of care and if not, moved patients along in the treatment process, increasing continuation to the fourth session from 77.8 percent to 83.3 percent. They also reduced the administrative paperwork required to transfer patients from intensive outpatient to outpatient, so that patients could move to the next level of care as soon as they were ready, without delay. Patients continuing beyond four months of treatment increased from 80 percent to 90 percent. Following group sessions, patients wrote down what they gained; those who reported that they had not gained anything from the session were moved to a different group.

- Prairie Ridge in Mason City, IA, has outpatient patients select groups to attend based on the subjects they're most interested in.
- Fayette in Peoria, IL, has residential patients develop their own Personal Recovery Plan. They allow patients to decide when it's time to leave treatment and use this as an opportunity to normalize what might otherwise be considered as leaving treatment early. This increases the chances that patients transition to and stay involved in another level of care.

6. Along with a variety of educational and treatment activities, have fun

In order for patients to stay in treatment and continue the hard work towards recovery, they need to have fun. This reinforces the message that sobriety is more enjoyable than using drugs. Patients need to experience treatment as a personal journey rather than as being "processed" as one more patient going through the program. Use of adult learning principles and multiple learning styles, e.g., auditory, visual, kinesthetic, with lessons presented in creative ways, helps patients enjoy and absorb the treatment experience. These activities also help patients build a new community while preparing themselves to be more self-sufficient and lead a healthy lifestyle after they leave treatment.

For example, within NIATx:

- Gosnold incorporates music and art into treatment activities. For example, patients are asked to think of a song that represents their past. Residential patients collaborate to support each other as they pursue their personal (PDMA) change cycles. Gosnold also offers meditation, yoga, and daily exercise programs. Continuation rates have been consistently above 80 percent.
- Fayette Companies turns role playing into an entertaining activity and utilizes drawing for prizes for completing stages of treatment as an activity that reinforces connecting with others in positive ways, for example, drawing a prize like "Take a peer to lunch or to a movie."
- St. Christopher's Inn in Garrison, NY, residential program offers yoga, acupuncture and smoking cessation programs. There was a 94 percent completion rate for chemical dependency treatment patients who completed the smoking cessation program. Continuation rates through the first four weeks have been consistently above 80 percent for all patients.
- Sinnissippi in Dixon, IL, offers recreational activities for adolescents, including experiential adventure therapy that stresses challenge and includes social activities, like bowling.

7. Offer positive reinforcements for continuing in treatment

Once admitted to treatment, many patients simply do not have the commitment or motivation to continue with treatment. Some agencies have implemented contingency management programs, otherwise known as incentives, to motivate patients. Strategies such as the use of gift cards to reward individuals completing four treatment sessions, recognition for completing treatment, and pizza parties for groups with 100 percent attendance have been effective at increasing the length of time people stay in treatment. Rewarding patients encourages them to stay in treatment long enough to experience sobriety.

For example, within NIATx:

- Mid-Columbia Center for Living in The Dalles, OR, gave $10 gift certificates to patients after they had attended four outpatient sessions, and gave groups a pizza party at the fifth-week session if they had 100 percent attendance for four weeks. Group attendance increased from 62–77 percent at baseline to 80–93 percent after the change.
- Boston Public Health Commission in Mattapan, MA, gave $15 gift cards to patients for completing four outpatient sessions. Continuation through fourth session doubled (from below 20 percent to 40 percent.)
- Daybreak of Spokane, WA, rewarded adolescents who were in groups with 90 percent or higher attendance with pizza parties at the end of the month. Attendance improved by 7 percent.
- Fayette Companies in Peoria, IL, gave a "congratulations on achieving another day of your start on recovery" one-dollar voucher for each of the first seven days in residential treatment. At the end of the first week, the vouchers could be exchanged for a seven-dollar gift certificate to a local discount store. When patients moved through the phases of treatment, they drew from a fishbowl for escalating levels of prizes such as gift certificates to a book store or taking a peer from the program to lunch.
- TERROS in Phoenix, AZ, used the fishbowl method to draw prizes based on outpatient attendance. Continuation from the first to the fourth session increased from 47 percent to 77 percent in one program and 31 percent to 60 percent in another.
- Axis 1 in Barnwell, SC, used monthly drawings for patients with excellent outpatient attendance to receive small rewards. Continuation through the fourth session increased 82 percent (from 33 percent to 60 percent).
- The Center for Drug Free Living in Orlando, FL, offered a "get out of group free" or a ten-dollar store gift card for patients who completed the first four outpatient treatment sessions. Continuation rates increased from 43 percent in August to 61 percent in September and 65 percent in October.

For more information on the application of these and other promising practices, visit the NIATx Web site at www.niatx.net

[i] Substance Abuse and Mental Health Services Administration. (2005). Overview of findings from the 2004 National Survey on Drug Use and Health (Office of Applied Studies, NSDUH Series H–27, DHHS Publication No. SMA 05–4061).
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[ii] Office of Applied Statistics. Substance Abuse and Mental Health Services Administration. (2003). DASIS report: treatment completion in the treatment episode data set (TEDS). [i]

[ii] Shewhart, Walter A, and W. Edwards Deming. (1939). Statistical method from the viewpoint of quality control. Washington: The Graduate School, The Department of Agriculture.

We hope that this guide will help you as you in testing and implementing change.

The principles that guide the NIATx Model of Process Improvement can be used to initiate change in any agency. By taking the perspective of the customer and focusing on a key problem, Change Teams can work on transforming work systems that improve both service delivery and the financial health of the organization.

NIATx Mission Statement

To impact the lives of people facing challenges with substance misuse and/or mental health issues by improving consumer access, retention, and outcomes through better treatment delivery systems.

We will accomplish this by:

- Relying on process improvement methods and tools
- Designing, implementing, and sharing innovative solutions
- Building alliances between treatment providers, payers, and policy makers
- Using a collaborative learning model that emphasizes peer networking and coaching

NIATx™
The Network for the Improvement of Addiction Treatment