



Instructions

Change Project Form

The following document is intended to document the details of your Change Team's rapid cycle Change Projects.

Note: Please complete **one** form for each Change Project. If you change the aim, level of care, location or population, use a new Change Project Form. If for example, you start by making changes to reduce the waiting time to assessment, and you conduct three separate rapid PDSA change cycles for this particular aim, continue to use the same Change Project Form. Then, when you decide to focus on no-shows to assessment, fill out a new Change Project Form.

Project Charter

Name of Organization

Enter the name of your agency.

1. CHANGE PROJECT TITLE

Enter the title of your change project – feel free to be creative. Essentially, you want your title to be descriptive enough to inform others of what you are trying to accomplish.

2. What AIM will the Change Product address?

Enter the aim on one you plan to focus. Choose one aim at a time, and indicate the baseline data and target.

Many NIATx providers have achieved the following:

- Waiting time from first contact to the first treatment session—within 24-48 hours
- No-shows to assessment appointments—less than 20 percent
- Continuation from the first to the fourth treatment session—more than 80 percent

Stretched targets force the Change Team to think more creatively and often surpass the goal.

Examples

Waiting Time

Reduce the number of days to next available assessment appointment from ___ to ___ days

Reduce the number of days to next available 1st treatment session from ___ to ___ days

Reduce the number of days from 1st contact to 1st treatment session from ___ to ___ days

Reduce the number of days from 1st contact to assessment from ___ to ___ days

Reduce the number of days from assessment to 1st treatment session from ___ to ___ days

No-shows

Reduce the percentage of no-shows to assessment appointment from ___ to ___ %

Reduce the percentage of no-shows to admission appointment from ___ to ___ %

Continuation within One Level of Care

Reduce the percentage of no-shows to treatment sessions from ___ to ___ %

Increase continuation from admission to 4th treatment session from ___ to ___ %



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Reduce the percentage of discharged clients who drop out within the first 30 days of treatment from ___ to ___ %

Continuation between Levels of Care

Increase the percentage of clients referred from residential to outpatient who are admitted from ___ to ___ %

Increase the percentage of clients referred from outpatient to continuing care who are admitted from ___ to ___ %

Admissions

Increase the number of admissions from ___ to ___ each month

3. LOCATION

Enter the physical location (city/state) of the agency that will be participating in the change project, particularly if your agency has multiple sites.

4. START DATE and expected completion date

Enter the date that you started making changes for rapid cycle #1, and the anticipated completion date of the project, which should be less than 6 months from the start date.

5. LEVEL OF CARE

Enter the level of care that you will be focusing on, for example, detoxification (DETOX), residential (RES), intensive outpatient (IOP), outpatient (OP).

6. What CLIENT POPULATION are you trying to help?

Enter in a brief description of the client population you are targeting with your Change Project—for example, the women's program, DUI (driving under the influence) clients, or probation clients.

7. EXECUTIVE SPONSOR

Enter the first and last name of your Executive Sponsor.

8. CHANGE LEADER

Enter the first and last name of your Change Leader.

9. CHANGE TEAM MEMBERS

Enter the first and last name of additional Change Team members, along with their title.

10. How will you COLLECT DATA to measure the impact of change?

Enter a brief description of the data you intend to collect to measure the impact of your rapid cycle Change Project.

11. What is the expected FINANCIAL IMPACT of this change project?

Enter a brief description of the expected financial impact that will result from this Change Project (e.g., increase in revenue, decrease in costs, increase in staff retention). Indicate how the Executive Sponsor will know if the project resulted in improving the organization's financial strength.



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PDSA Cycles

Rapid Cycle

Indicate the cycle number (starting with #1). If your change team attempts multiple rapid cycles for a single Change Project, you would number subsequent cycles #2, #3, etc.

Cycle Begin Date

Enter the date that the change was actually made. (Note that planning the change may begin earlier than the actual begin date.)

Cycle End Date

Enter the date that the current cycle will end, when you will evaluate the impact of the change.

Plan

Briefly describe the change that you will be testing to achieve the aim during this rapid cycle.

Do

Briefly describe the steps you will be taking to test the change idea outlined in the “Plan” column and who is responsible. This is the experimentation stage of the PDSA cycle. It is recommended that you try a change for a short period of time (e.g., two weeks). Remember to make only *one change at a time* so you can track the data associated with the change and determine if the change is actually making an impact on services.

Study

Briefly describe the results. Include both the impact on the aim measure, as well as any other cycle measures. It is in this step that you compare actual results with the baseline data before you implemented the change. Update the graph showing your aim measure.

Act

Briefly describe your next steps. Should the change be increased in scope or tested under different conditions? Decide if you will *adopt* the change, *adapt* the change and test it with another PDSA cycle, or *abandon* the change if it did not help achieve the aim and you will choose another change idea to test. This will lead to the next cycle.

Evaluation and Sustain Plan

Project Outcomes

Complete this section only when the Change Project is finished.

1. What was the project END DATE?

Enter the date that you stopped making changes for this Change Project. Use the MM/DD/YY format (e.g., 3/1/09).



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2. What did you LEARN?

Briefly describe some of the unexpected outcomes and lessons learned from your change efforts.

3. What was the FINANCIAL IMPACT of this change project?

Briefly describe the financial impact of the Change Project, if possible including the actual dollar amount before making the change compared with the dollar amount after making the change. For example, what was the change in billable hours and dollars, and the resulting increase in revenue dollars? Did you meet contract obligations? To what extent were costs reduced? What was the impact on staff retention?

Sustainability Plan

Complete this section only if you are sustaining the changes that you have made.

A. Who is the SUSTAIN LEADER?

Enter the first and last name of your Sustain Leader. This person may or may not be the change leader or another member of the Change Team.

B. What CHANGES do you want TO SUSTAIN?

Enter a list of the specific changes that you tested that you want to sustain.

C. What SUSTAIN STEPS are being taken?

Briefly describe the steps your Sustain Leader will take to ensure that the changes stay in place and it is not possible to revert back to the old way of doing things. For example: update the Policy and Procedure Manual; include responsibilities in job descriptions; schedule activity on the calendar.

D. What is the TARGET SUSTAIN MEASURE?

Identify the point at which the Change Team will reconvene to determine how to get the project back on track.

E. What system is in place to effectively MONITOR the SUSTAIN MEASURE?

Briefly describe the procedure your Sustain Leader will use to monitor data and whether changes stay in place, e.g. data collection, walk-through.