



## Quick Start: Read this first

Process Improvement 101 (PI 101): Learn by Doing

Welcome to PI 101. We are glad you joined us and we look forward to working with you on your first project.

*Aim:* PI 101 is designed to give participants a quick start in applying approaches, principles, and tools for successfully improving processes within substance abuse treatment organizations. These techniques have been successfully used by over 50 substance abuse treatment organizations as members of NIATx.

*Audience:* PI 101 is designed for people who are new to process improvement and are seeking guidance in how to conduct their first project.

*Format:* PI 101 meets once a month for four months on a 60-minute telephone conference call. Half of the conference call is spent offering guidance based on the experience of members of NIATx. The other half is devoted to discussion, questions and answers.

*Facilitators:* Ally Evans and Don Holloway, two of NIATx's coaches.

*Schedule:* Mondays, 11:00 a.m. to noon, Central Standard Time, on December 4, 2006, January 8, 2007, February 5, 2007, and March 5, 2007

*Enrollment:* Open enrollment. Send an email to [Don@Holloway.org](mailto:Don@Holloway.org), include "PI 101" in the subject field, and he will reply with a "quick start" packet. We encourage participants to attend all four sessions because sessions build on each other.

*Directions:* At the scheduled time, call (877) 326-0011, then enter the meeting number: \* 6185935 \*. Please press the \* key before and after the number as shown.

*Work assignments between meetings:* At the end of each conference call, you will receive a work assignment to complete before the next call. These work assignments guide participants through an actual improvement project selected by the chief executive of their organization. Results of each work assignment are discussed on the follow-up call. What worked? What didn't? What barriers had to be overcome? How was it done? What barriers were not overcome?

*Tip of the Week:* Each week for four months, starting December 4, 2006, participants in PI 101 will receive a "Tip of the Week" via email describing one factor that will increase the chances that a change will be sustained.

*Web site:* Each topic in PI 101 is linked to the appropriate document on the NIATx Web site: ([www.NIATx.net](http://www.NIATx.net)).

*Email:* Participants can email questions to [Don@Holloway.org](mailto:Don@Holloway.org) and expect answers within 24 hours. **Please include "PI 101" in the subject field.**

*Based on the work of Dave Gustafson, Director of NIATx, five key principles lead organizations to successful change.*

## PI 101 Topic Outline

### 1. What's it like to be our customer?

*Principle 1: Understand and involve the customer*

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, meet the receptionist, etc. Assume this is your first time ever. What's it like? How does it feel? What works? What doesn't?

[Click here](#) for more guidance on conducting a "walk-through."

### 2. What are we trying to accomplish?

*Principle 2: Select a problem important to the chief executive*

For PI 101, select **one** of these four aims:

- Reduce waiting time between first request for service and first treatment session
- Reduce the number of patients who do not keep an appointment (no-shows)
- Increase admissions to treatment
- Increase continuation from the first through the fourth treatment session

STAR-SI participants in PI 101 should focus on:

- Outpatient care

Advancing Recovery participants in PI 101 should focus on **one** service or treatment from one of these categories:

- Medications for a specific diagnosis
- Brief intervention in a primary care setting
- Specific psychosocial clinical interventions
- Continuing care
- Case management, wrap-around and supportive services

**Business Case for Project:** What is the business case for the project? The stronger the business case, the more support the chief executive will give the project.

The strongest case is usually based on increasing revenue, decreasing expenses, or increasing the positive difference between the two. However, there is almost always a direct connection between

these financial measures and staff retention, improved relationships with referral sources, improved relationships with payers, improved treatment outcomes, and reduced waste in duplication, excessive paperwork, and rework.

Email [Don@Holloway.org](mailto:Don@Holloway.org) for more guidance on selecting an aim or building a business case.

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

*Principle 3: Rapidly pilot test all changes*

Try the change and see if it works.

Use one or more Plan-Do-Study-Act (PDSA) Cycles to learn what works and what doesn't. If a change works, implement it. If it doesn't work, either make modifications and try again, or abandon the change and try something else.

[Click here](#) for more guidance on making a change using PDSA Cycles.

To know if a change “works,” collect *baseline* data before making the change. Then track the data during and after the change. For example, (and these are only examples):

- 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 refills 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
- If the aim is to reduce missed appointments, calculate the percent of appointments that are not kept

[Click here](#) for more guidance on collecting data and measuring improvement before and after a change.

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

*Principle 4: Look outside the organization for ideas*

NIATx has catalogued promising practices that reduce waiting time, reduce no shows, increase continuation, and increase use of a service or treatment.

To date, the focus has been on the use of appropriate levels of care, such as detox, residential, intensive outpatient, outpatient, and methadone treatment. The Advancing Recovery program is extending the list of promising practices to the use of medications, use of brief interventions in primary care settings, use of psychosocial clinical interventions, use of continuing care, and use of supportive services.

We recommend you skim through the following list of promising practices already catalogued. Some may come very close to what you are trying to accomplish, and you may get an idea you can use. These are called “promising” practices because they have worked elsewhere and hold promise for your organization. These practices still need to be tested in your setting before they are implemented.

Here is a list of the most promising practices, (and to avoid any confusion, in all cases we are referring to the use of a service or treatment, NOT the use of drugs and/or alcohol):

- Five Promising Practices for [Increasing Initial Patient Use \(Admissions\)](#)
- Seven Promising Practices for [Increasing Continued Patient Use](#)
- Three Promising Practices for [Increasing Continuation Between Levels of Care](#)
- Five Promising Practices for [Reducing Waiting from Initial Request until Initial Use](#)
- Five Promising Practices for [Reducing Missed Appointments](#)
- Seven Promising Practices for [Single State Agency and Provider Collaboration](#)

## 5. How can we make changes so they are sustained?

Follow the principles above, repeated here for emphasis:

*Principle 1: Understand and involve the customer*  
*Principle 2: Select a problem important to the chief executive*  
*Principle 3: Rapidly pilot test all changes*  
*Principle 4: Look outside the organization for ideas*

Plus

*Principle 5: Appoint an influential change leader, and after implementing an improvement, appoint an influential sustain leader, (usually a different person)*

Ask the chief executive to appoint a Change Leader who has the power and prestige to influence all levels of the organization; and has the time to provide day-to-day leadership, energy, enthusiasm, and project coordination.

The chief executive and Change Leader invite selected people to be members of the change team, including a representative for customers. The chief executive is usually not on the team. The change leader leads the first project and at most six more people are invited to be on the team.

[Click here](#) for further guidance on establishing a change team, assigning key roles, and common pitfalls Change Teams should avoid.

## Work Assignment 1: Project Charter

The Change Leader and Change Team should complete the attached Project Charter by January 5, 2007. It will be discussed on the January 8, 2007 conference call at 11:00 am to noon, Central Standard Time.

The Project Charter asks you to:

1. Complete a walk-through and record two salient observations
2. Decide on the aim and the subset of patients it will benefit
3. Decide on the tracking measure and collect baseline data
4. Build the business case
5. Appoint the change leader
6. Appoint the change team
7. Obtain the chief executive's signature assuring his/her support of the Project Charter
8. Email the Project Charter to [Don@Holloway.org](mailto:Don@Holloway.org) by January 5, 2007.

And again, thanks for joining us. Please email [Don@Holloway.org](mailto:Don@Holloway.org) with any concerns, questions, or feedback. You're our customer! What's it like?