

## **UNDERSTAND AND INVOLVE THE CONSUMER** using the Walk-Through process (NIATx, 2003):

This factor had more predictive power in discriminating successful from unsuccessful organizations than all other factors combined. In a walk-through, staff members experience the treatment processes just as a customer does. The goal is to see the agency from the consumer'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 person feels, and to discover how to make improvements that will serve the person better.

### **5 Phases**

1. Complete a walk-through (to understand person's needs): Pretend to be a client experiencing your program.
2. Prioritize changes: The walk-through will help you understand which areas are most in need of attention and should be addressed first.
3. Describe "improvement": Before implementing changes, establish how you will evaluate "progress." Pick the right metric and gather baseline data.
4. Measure what you change: Identify what problems consumers face, what you want to improve, and how you will evaluate the impact of change. Choose small changes, easily tested.
5. Making it stick: Regularly monitor and ensure that changes have "stuck". Involve staff and consumers in ongoing evaluation and improvements.

### **What is it like to be our guest?**

The walk-through helps you understand the customer's perspective AND the organizational processes that inhibit access to and retention in treatment. Understanding what your customers want and need—and what's working for them and what isn't—is critical if you want to make changes that matter... the changes that 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).

During the walk-through, you will 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?

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, leadership will participate, sometimes doing the work alone before an improvement team is selected. You can do whatever makes sense in your organization given the culture, the timing and resources you have.*

### *Plan-Do-Study-Act*

#### **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.

#### **DO** the Walk-through

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? What is the “phone voice” like? Friendly? Smiling? Terse? Were you offered 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? Did the phone call help you to know what to expect? 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? What if your children or a friend or partner were with you? What is the ambience of the waiting area? Is there something to do? Record your experience.*

##### 3. The intake process

*Continue to make notes of your impressions as a client or family member new to 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 crisis 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. 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 leadership or whoever holds the key to resources.

- Discuss how to incorporate the relevant changes into your project
- Have leadership decide how to handle the ideas that are not directly related to your project
- Use PDSA to implement any change that are chosen for immediate implementation
- Share your lessons with others in the organization and at other sites

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

#### *Walk-through Case Studies*

##### **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 (substance abuse treatment):**

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 EMR.

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 (substance abuse treatment):**

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.

**Another site:**

Leaders and staff who posed as clients during the walk-through exercise uncovered significant problems with the 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 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 program team 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.

“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 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.”

**Another site:**

New appointment:

I called and got a pleasant telephone voice. I explained I was upset after losing my job and husband and that the crisis center had given me this number. The person expressed sympathy and asked about insurance. She didn't ask me for more information about my symptoms, except she did say that if I felt like I couldn't wait the two days, I ought to go to the Walk-In center (she gave me the address) or to an ER. I said I had Medicaid and the person said I could have an appt in 2 days, or whatever after that worked for me. She asked how I would be arriving (by bus) and told me the bus line. I made an appointment for 2 days. No recommendations.

(Submitted by Maggie Bennington-Davis, MD)