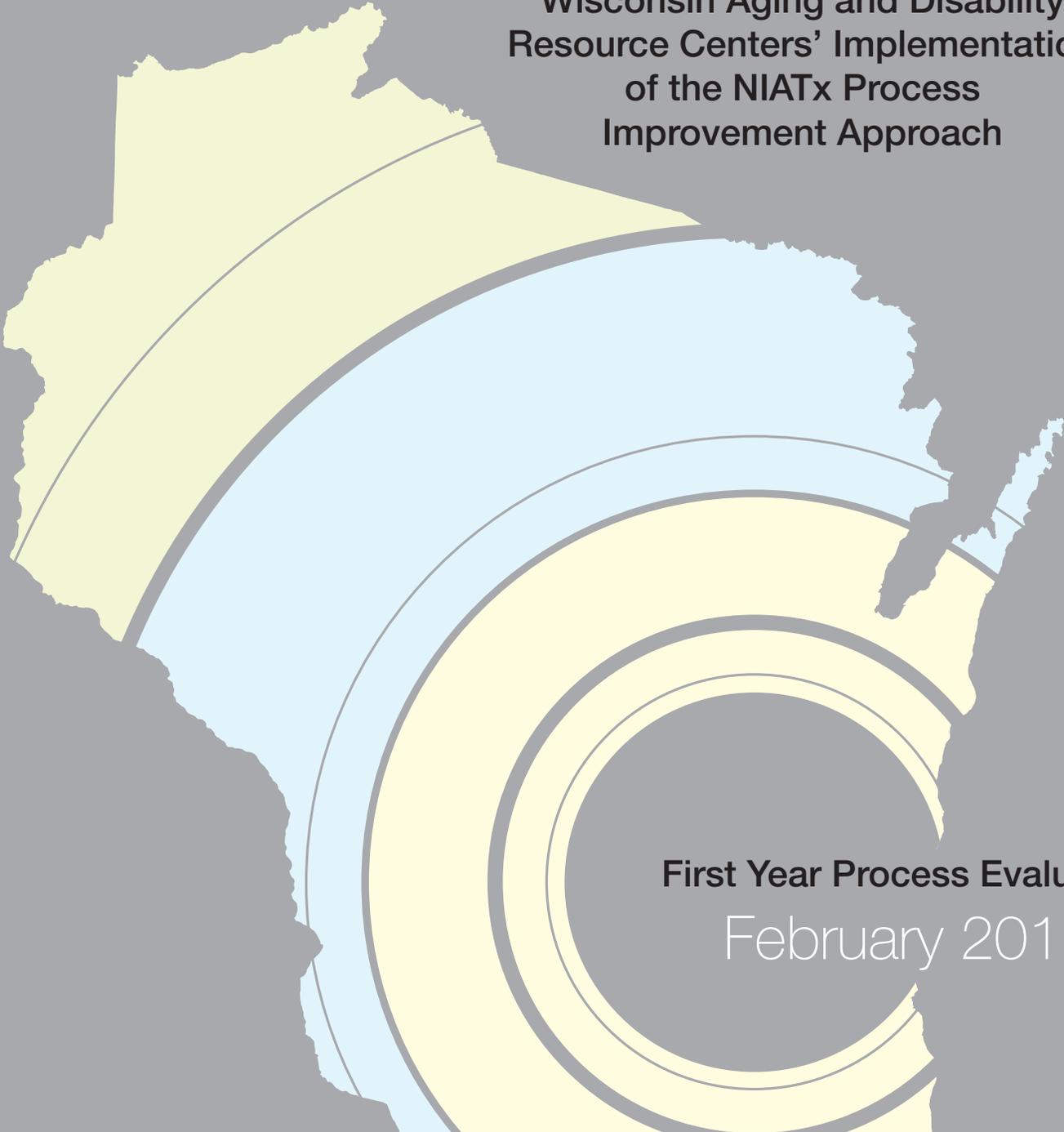


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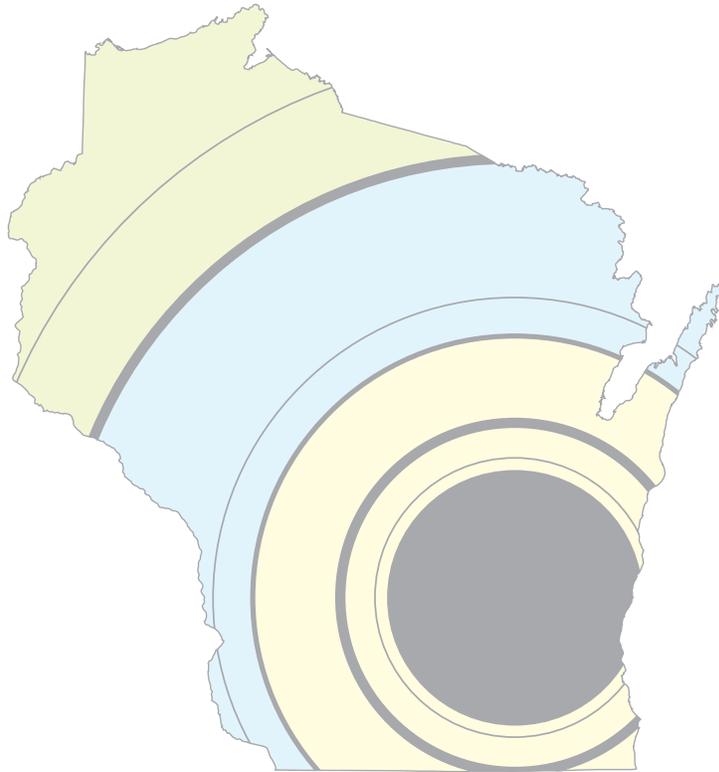


First Year Process Evaluation
February 2012

Janice Wilberg, Ph.D.
Wilberg Community Planning LLC

Aiming for **Excellence**

**Wisconsin Aging and Disability
Resource Centers' Implementation
of the NIATx Process Improvement Approach**



First Year Process Evaluation
February 2012

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SECTION 1: OVERVIEW

In 2010, the Office of Resource Center Development of the Bureau of Aging and Disability Resources, Wisconsin Department of Health Services embarked on a quality improvement initiative focused on the thirty-five (35) Aging and Disability Resource Centers (ADRC) in Wisconsin. The effort employed the NIATx model, a process improvement approach developed by the Center of Health Enhancement Systems Studies at the University of Wisconsin-Madison College of Engineering. NIATx training was provided to all ADRC's in October 2010. Six sites received additional on-site training and technical assistance. Monthly conference calls, convened by NIATx staff and involving ADRC's divided into regions were conducted to provide an opportunity for additional support in the implementation of the NIATx methodology.

The NIATx process improvement is a well-developed approach which has been successfully implemented in a variety of settings, primarily in human service systems/agencies serving people with addictions and/or mental health disorders. The Aiming for Excellence project represented the first application of the NIATx methodology to the aging and disability arena. Information about NIATx including training modules is available at <http://www.niatx.net/Home/Home.aspx>.

In order to assess the implementation of Aiming for Excellence and learn about the process of implementation and adoption at individual ADRC's, the Office of Resource Center Development contracted with Wilberg Community Planning LLC to conduct a process evaluation. **This is the report of the first year process evaluation and includes information gathered by these methods:**



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- 1) **Aiming for Excellence Process Improvement Survey Results** - Pre and post-test surveys of participants in the October/November 2010 trainings (pre-test at the trainings and post-test conducted in November/December 2011 via an online survey);
- 2) **Review of NIATx change project forms** submitted to NIATx and/or ORCD as of August 2011;
- 3) **Telephone survey** of 19 ADRC directors conducted in August/September 2011; and
- 4) **Site visits** with three ADRC's including two that were single counties and a regional ADRC. Each site was visited twice in person with follow-up telephone/email contact. Each site also provided its NIATx Change Project forms for review.



SECTION 2: AIMING FOR EXCELLENCE PROCESS IMPROVEMENT SURVEY RESULTS

Pre and Post Test Methodology: The pre-test survey was administered in person by NIATx staff to participants in NIATx training sessions conducted between October 10 and November 21, 2010. A total of 79 ADRC employees completed the pre-test survey. The survey was a paper and pencil instrument. The post-test survey was administered by the evaluator via an online survey administered in November/December 2011. Each of the 79 persons who attended one of the initial trainings was contacted via email and asked to complete the online survey. A total of 35 ADRC employees completed the post-test survey, representing a response rate of 44.3%. As a consequence, pre and post test results should be taken as informative but not conclusive. The survey, which was developed by NIATx staff, included two sections: 1) Individual Assessment; and 2) Organizational Readiness Assessment. The same questions/format was used in both survey administrations. For each question, the frequency (number) and percentage is provided for each response category. A mean score is also provided.

Individual Assessment

This part of the pre/post-test survey asked respondents to reflect on their own personal knowledge and experience. Overall, the results indicate positive change in respondents' rating of their knowledge and experience related to process improvement.

1. What is your level of knowledge of process improvement principles, practices, and tools?

Level of knowledge	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
1 (Limited)	14	18%	0	0%
2	13	17%	1	3%
3	39	49%	13	38%
4	12	15%	19	56%
5 (Extensive)	1	1%	1	3%



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Total	79	100%	34	100%
Mean	2.66		3.59	

Responses to this question show an **increase in the level of knowledge** from the pre to post test administration with the mean score increasing 28% from 2.66 to 3.59 on a five point scale from limited (1) to extensive (5). While 35% of pre-test respondents described their knowledge as limited (1 and 2) in the pre-test, the percentage dropped to just 3% of post-test respondents.

2. What is your knowledge of the NIATx approach to process improvement?

Level of knowledge	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
1 (Limited)	30	38%	0	0%
2	31	39%	1	3%
3	14	18%	5	15%
4	4	5%	26	76%
5 (Extensive)	0	0%	2	6%
Total	79	100%	34	100%
Mean	1.90		3.85	

Very few participants had prior knowledge of the NIATx process improvement approach (5%); however, their level of **NIATx knowledge jumped to 81%** a year later after completion of training and change project implementation at various ADRC's across the state.

3. How much experience have you had applying a systematic approach to process improvement in your work?

Level of experience	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
1 (Limited)	14	18%	2	6%
2	25	32%	4	12%
3	30	38%	16	47%
4	9	11%	12	35%
5 (Extensive)	1	1%	0	0%
Total	70	100%	34	100%
Mean	2.47		3.12	



Process improvement experience also showed an increase from pre to post-test with the mean score rising from 2.47 to 3.12. It is interesting to note that the percentage of respondents who rated their experience as a 3 or 4 increased from 44% at the pre-test to 82% at the post-test.

4. If you have been a part of an effort to apply a systematic approach to process improvement, how would you characterize your experience?

Effectiveness of Experience	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
1 (Not effective)	4	6 %	1	3%
2	16	25%	3	9%
3	32	50%	8	24%
4	11	17%	19	56%
5 (Very effective)	1	2%	3	9%
Total	64	100.0%	34	100%
Mean	2.83		3.59	

This is a key question because people involved in a new approach sometimes reference an earlier unsuccessful experience to support their lack of interest in new options. Here the pre and post-test results may reflect directly on the experience of implementing the NIATx methodology with only 19% of pre-test respondents rating their process improvement experience as effective (4 and 5) compared to **65% of post-test respondents who rated their process improvement experience as effective**, all of whom were probably directly or indirectly involved in change projects within their ADRC's.

Organizational Readiness

This portion of the pre/post-test survey asked respondents to review eight statements and indicate their level of agreement with each: Strongly Agree (1), Agree (2), Neutral (3), Disagree (4), and Strongly Disagree (5). In this instance a lower mean score represents the more positive direction. All of the organizational readiness indicators showed movement in a positive direction although often the changes



were slight. This is likely a reflection of the ongoing emphasis on quality measurement and improvement in the ADRC system statewide.

Q1: Agency leadership is actively involved in process improvement.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	3	4%	0	0%
4 Disagree	2	3%	1	3%
3 Neutral	9	11%	6	18%
2 Agree	36	46%	15	44%
1 Strongly agree	29	37%	12	35%
Total	79	100%	34	100%
Mean	1.91		1.88	

There was only a slight change in respondents' rating of the extent to which their agency's leadership was actively involved in process improvement with the mean score moving from 1.91 to 1.88 (note the lower the score, the stronger the agreement with the statement).

Q2: The agency takes steps to integrate process improvement into our work.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	3	4%	0	%
4 Disagree	3	4%	3	9%
3 Neutral	13	17%	4	12%
2 Agree	49	62%	16	48%
1 Strongly agree	11	14%	10	30%
Total	79	100%	33	100%
Mean	2.22		2.00	

There was slight movement toward a more positive assessment of this indicator as well. However, the same percentage of respondents stated that they agreed or strongly agreed with the statement (76% at pre-test and 78% at post-test). The ADRC's have been part of a statewide effort to improve quality led by the Office of Resource Center Development within the State Bureau of Aging and Disability



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Resources; the high level of agreement with this statement is likely a manifestation of this multi-year effort.

Q3: The agency understands the importance of using data to measure and evaluate the impact of the process improvement initiatives.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	3	4%	0	0%
4 Disagree	5	6%	2	6%
3 Neutral	13	17%	2	6%
2 Agree	40	51%	18	53%
1 Strongly agree	18	23%	16	35%
Total	79	100%	34	100%
Mean	2.18		1.82	

This is an area of particular importance relative to the NIATx process improvement initiative. Data collection to establish a baseline and evaluate impact of a change project is fundamental to the NIATx approach (this is also an area that has been difficult for many ADRC's to master). Here there is a larger change in the mean score from 2.18 down to 1.82. This positive movement may be the result of ADRC staff learning how to use data effectively in process improvement because of the NIATx methodology.

Q4: The agency infrastructure promotes successful organizational transformation by providing resources, e.g. time, financial, to support process improvement efforts.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	3	4%	0	0%
4 Disagree	7	9%	3	9%
3 Neutral	27	34%	3	9%
2 Agree	32	41%	19	59%
1 Strongly agree	10	13%	7	22%
Total	79	100%	32	100%
Mean	2.51		2.06	



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There is a similar positive change in this key indicator. Critical to the success of process improvement efforts is management's commitment to providing staff with the time and resources to do a change project well. This may be especially true in ADRC's where staff is heavily involved in direct client contact, assisting people with significant and immediate needs to identify and use appropriate resources. A key element of the NIATx approach, however, is the designation of an Executive Sponsor and Change Leader. The impact of this element may be expressed in this improved mean score.

Q5: Agency leadership takes steps to involve and empower staff in improving processes of delivering care to customers.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	1	1%	0	0%
4 Disagree	3	4%	0	0%
3 Neutral	15	19%	3	9%
2 Agree	44	56%	20	59%
1 Strongly agree	15	19%	11	32%
Total	78	100%	34	100%
Mean	2.12		1.76	

Along the same lines, this indicator looks at the extent to which staff is not only supported in process improvement but empowered to make process improvements that will enhance services to customers. Here again, there is movement in a positive direction from a mean score of 2.12 to 1.76. Stated another way, 75% of pre-test respondents said they agreed/strongly agreed with this indicator compared to 91% of post-test respondents.



Q6: The agency understands the importance of obtaining and using customer input to improve the quality of services.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	0	0%	0	0%
4 Disagree	3	4%	1	3%
3 Neutral	14	18%	2	6%
2 Agree	35	45%	17	52%
1 Strongly agree	26	33%	13	39%
Total	78	100%	33	100%
Mean	1.92		1.73	

Customer feedback is already an important part of the ADRC quality assurance/improvement environment as gathered through regular customer satisfaction surveys (2008 and 2010) with results reported in detail for each ADRC (Amy Flowers Report). ADRC's seemed to be aware of their customer service performance and interested in improving their scores prior to NIATx; this may explain the relatively small change from the pre to post-test.

Q7: The agency does a good job promoting (communicating) the evidence of process improvement effectiveness.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	0	0%	1	3%
4 Disagree	14	18%	4	12%
3 Neutral	35	45%	9	27%
2 Agree	22	28%	14	42%
1 Strongly agree	7	9%	5	15%
Total	78	100%	33	100%
Mean	2.72		2.45	

There was slight improvement between the pre and post-tests on this dimension, although scores were not as good as in many of the other areas. Communication of results appears to be an area for improvement. Communication about successful process improvement efforts was also a concern raised



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in telephone interviews with ADRC directors conducted by the evaluator in fall of 2011. Most often this concern related to knowing what other ADRC's were doing, having an opportunity to learn from others' successes, and overall, being able to access the knowledge gained by other ADRC's process improvement experience. Here the higher mean score (2.72) and the modest drop (2.45) might indicate an ongoing desire to know more about process improvement effectiveness.

Q8: Agency leadership understands the importance of establishing a business case (cost/benefit) for process improvement before engaging in a change project.

Level of Agreement	Pre-Test		Post-Test	
	Frequency	Percent	Frequency	Percent
5 Strongly disagree	1	1%	0	0%
4 Disagree	11	14%	2	6%
3 Neutral	24	31%	7	21%
2 Agree	35	45%	17	52%
1 Strongly agree	7	9%	7	21%
Total	78	100%	33	100%
Mean	2.54		2.12	

There was some improvement in this dimension with the mean score dropping from 2.54 to 2.12 pre/post test. Also informing is the percentage of people who agreed or strongly agreed with the statement (54% at pre-test and 73% at post-test). This seems to reflect a growing interest and capability to approach process improvement from a cost/benefit perspective.

Section 2 Summary: The pre and post-test surveys show a pattern of increased knowledge and experience along with a more positive attitude toward process improvement in general and in their own agency. The low post-test response rate (44.3%) raises a concern about the representativeness of the post-test group. For example, it is not clear whether the post-test respondents tended to be the more positive ADRC staff or the more negative. Because the survey results are consistent with information



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gleaned by other means, e.g. telephone interviews and site visits, the data should be considered as part of the overall evaluation picture.



SECTION 3: AIMING FOR EXCELLENCE FEEDBACK SURVEY RESULTS

In order to gather information to inform Year 2 of the Aiming for Excellence initiative, the evaluator moved up the telephone survey of change leaders originally scheduled for January/February 2012 to occur in August/September 2011.

Telephone interviews were conducted with nineteen (19) of twenty-nine (29) ADRC's (66%) on the interview list provided by ORCD. Five (5) ADRC's were not on the interview list because they were a) not participating in Aiming for Excellence; or b) had been scheduled for evaluation site visits. Interviews were conducted with the ADRC director and/or his/her designee between August 22 and September 15, 2012, and averaged 20-30 minutes in length. Interviews were conducted as 'cold calls' that were preceded by an email from ORCD sent to ADRC's in early August which alerted respondents to the possibility of an interview call. All of those interviewed had attended the fall 2010 training and had been involved in NIATx processes if they had occurred at their ADRC.

The purpose of the interview was explained to respondents; and confidentiality assurances provided. As a result, no identifying information is provided in the responses/comments which follow. Respondents were forthcoming and very helpful.

1. Overall Rating of Aiming for Excellence

Respondents were asked: *I'd like you to rate your overall satisfaction with the Aiming for Excellence process on a scale from 1 to 5 with 1 being not at all helpful for your ADRC and 5 being extremely helpful for your ADRC.*



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The average response rating was 3.4 with the following distribution. Note: a value of 1% was entered



For 1 – Not at all helpful even though no one gave this response to allow discernment of this response category on the chart.

Respondent comments: Following are respondents' comments made in response to follow-up query regarding their ratings.

About the NIATx methodology:

- *It is a good system to help you break things down to do-able steps and show some progress.*
- *It's a really helpful process. Quick easy way to do quality improvement, not labor intensive.*
- *It was beneficial for us. We came together as a group and we had a pretty good project.*
- *It gave us an opportunity to focus on an area for improvement.*
- *Learning about the process and pulling it together worked. But expecting us to do projects, one after the other, is unrealistic.*
- *In our efforts to be compliant, we eventually found a project to do. It was like 'go find an issue and use this process.*



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- *It was really good. A different way of looking at change: made us be thoughtful. One thing at a time makes it clearer.*

About the training/preparation: (Respondents were referring to the initial NIATx training that was provided in fall 2010.)

- *In the beginning, we didn't understand and we started a way bigger project than we should have which ended up with frustration with the project. Things are going better now.*
- *The training was great but when we brought it back home, it was hard to share the information with staff with the same knowledge and enthusiasm (as NIATx trainers). We didn't feel we had the knowledge to do the process just from the two-day training.*
- *It's certainly helpful but there are things we want to do but we don't know how to. We get stuck.*
- *It could have been handled differently in terms of including everyone in the training. People who were trained had buy-in but then we had to convince the others who hadn't been at the training.*

About the timing of the initiative:

- *The timing of the project was off. There were other priorities; other things took precedence for us.*
- *We were in the midst of Family Care enrollment. Timing was bad. We didn't really have the time to focus on the process.*
- *Hard to convince workers to do more; buy-in was an issue.*
- *Workers have full schedules, itineraries of calls to make, hard for them to think about projects.*

Summary – Overall Rating: ADRC Directors/Designees generally thought NIATx was a good process; however, they expressed concern about their ability to train staff in the methodology, obtain staff buy-in, select appropriate projects, and fit the Aiming for Excellence activities into the normal ADRC schedule which many felt was already strained by the Family Care enrollment situation (Spring/Summer 2011). This was an issue particularly for regional ADRC's where distance between offices made group meetings necessary to plan and implement a NIATx change project difficult to schedule. ADRC's that had a NIATx



site visit tended to be more positive although it is important to note that even some of these sites indicated knowledge and skill gaps that they felt were barriers to progress.

Several directors referred to the problem of selecting an appropriate NIATx change project. This seemed to be harder for ADRC's that felt that their high scores on the Customer Satisfaction Survey (Amy Flowers report) made it difficult to identify specific areas of improvement that would fit the NIATx approach. The change project selection process was frequently mentioned as a troublesome step in the process.

2. Aiming for Excellence Activities

Respondents were asked to rate several NIATx-related activities as Very Helpful, Somewhat Helpful, Not Helpful, or Did Not Use. The distribution is shown in the following table.

Aiming for Excellence Activity	Very Helpful	Somewhat Helpful	Not Helpful	Did Not Use
NIATx group training (fall 2010)	74%	26%	0%	0%
Monthly conference calls	5%	37%	58%	0%
NIATx site visit	26%	5%	0%	68%
5 x 5 display session at April 2011 ADRC Conference	26%	53%	11%	11%
One on one consultation with NIATx staff	37%	21%	5%	37%
NIATx written materials	74%	26%	0%	0%
NIATx website	11%	37%	5%	47%
Other	11%	0%	0%	0%

NIATx Group Training: Respondents expressed appreciation for the training, particularly noting the knowledge and enthusiasm of NIATx staff. Several respondents expressed a wish that the training had included additional staff from their ADRC. Several respondents indicated difficulty in transferring the NIATx training to their staff, stating that they felt they lacked the depth of knowledge and the level of confidence necessary to assume the role of trainer.



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Monthly Conference Calls: Respondents indicated that while they understood the reasoning behind the conference calls, the calls themselves were not very helpful. There were various reasons cited for this including: ADRC's being in different stages of their projects making communication and sharing difficult (people not being on the 'same page'), participants being unprepared for the call, participants being unwilling to contribute to the discussion, calls being dominated by one or two people, lecture materials being redundant or too basic. Several respondents indicated that the calls were not a good use of time even though the idea of offering people an opportunity to share their progress was valuable. One respondent noted that she disliked the conference calls at the same time that she felt that the calls kept her and her project accountable. In other words, an upcoming call would encourage her to tend to her project and make sure she had progress to report.

NIATx Site Visit: Nearly all (83%) of the site-visited ADRC's thought the visit to be very helpful. Most often, respondents said they appreciated the opportunity for their staff to go through the NIATx process as a group. The visits also seemed to generate enthusiasm for moving forward.

5 x 5 Displays at the April 2011 ADRC Conference: Most (79%) of respondents found the 5 x 5's to be very/somewhat helpful. Cited as reasons were the opportunity to see other ADRC's projects and the 'push' provided by the expectation that each ADRC should showcase a project.

One on One Consultation with NIATx Staff: About two-thirds (63%) of ADRC directors who were interviewed had had one on one consultations with NIATx staff and had generally positive reactions of that experience. Seven respondents (37%) had not used this resource. Several respondents expressed a desire for more one on one support after the group training, i.e. 'someone we could call and talk to.'



NIATx Written Materials and Website: All of the respondents had used the NIATx reference materials which they found very/somewhat helpful. The website was used by 53%; those who used it felt it was somewhat helpful.

Summary – Aiming for Excellence Activities: Respondents expressed satisfaction with the training and written materials; those with site visits and one on one consultation expressed satisfaction with those. The conference calls and the 5 x 5 session were less likely to be rated positively. The conference calls, in particular, were seen as less than helpful although there was an appreciation for the idea behind the calls (getting people together to talk about progress). While two-thirds of the respondents availed themselves of one on one consultation, it is not known how frequently they did so. There was an interest in being able to call someone to get help when needed.

3. Factors Influencing Adoption of NIATx Methodology

Directors were asked to reflect on the factors that influenced how well ADRC's (theirs and others) adopted the NIATx methodology. Follow-up queries asked about possible barriers to implementation and whether some ADRC's were better positioned than others to take on the NIATx process. Following are insights offered directly by ADRC directors:

Factors Supporting Adoption	Barriers to Adoption
<ul style="list-style-type: none">▪ Openness of staff to try new things▪ Very cohesive, committed staff, very motivated▪ Great leadership▪ Capacity to do business in a data-driven man-	<ul style="list-style-type: none">▪ Some ADRC's having a bad attitude toward quality improvement▪ Commitment of management and staff; getting buy-in▪ Some of the newer ADRC's are struggling to



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<p>ner</p> <ul style="list-style-type: none">▪ Seeing the value in quality improvement▪ Previous experience with NIATx in a different environment▪ Choosing the right project▪ The process itself! It makes sense!▪ Being able to devote dedicated staff time▪ Having QI already part of the ADRC philosophy▪ Quality of the training▪ Use by other/related units of government▪ ADRC with additional NIATx training and/or ability to access help from another unit of local government that had NIATx experience	<p>meet minimum standards for an ARDC and do not have their procedures standardized enough to do QI</p> <ul style="list-style-type: none">▪ ADRC's are treading water – the time commitment (for NIATx) is a big thing▪ Having difficulty with the process working in our context▪ NIATx changes are too small to help us justify our existence as an ADRC; we need to show big results to the public and county board▪ Outcomes won't be sufficient to warrant the investment▪ The time involved is a barrier▪ Don't have enough knowledge; we weren't able to get our project going▪ A lot of steps, documentation that is not needed▪ Difficulty in identifying what needs to be improved
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Summary – Factors Influencing Adoption of NIATx Methodology: The interviews support the conclusion that adoption of the NIATx methodology was not an easy process across the board. ADRC's felt pressure to implement the process, appreciated the training and the need for new methods for quality improvement but often expressed feeling inadequate to the challenge. Although implementation was often challenging, both in terms of learning the steps in the NIATx process well enough to go through them unaided and obtaining the time and resource commitment necessary to do the process well, ADRC directors generally viewed the NIATx methodology as helpful and QI as an essential component of their operation.

4. Suggestions for Improvement of Aiming for Excellence

Directors were asked to provide suggestions to improve the implementation of the Aiming for Excellence project in its second year. Remember that the interviews occurred before the second training



took place in fall 2011 where there were many adjustments made in response to the experiences of the first year. Key areas for improvement cited by ADRC directors at that point in time (August/September 2011) included:

- **Choosing the right project:** This was a problem cited by several directors. Being able to zero in on the right-size project amenable to the NIATx methodology was a challenge mentioned by several respondents. Choosing the wrong project had the effect of taking the wind out of an ADRC's sails, making the second project harder to launch. Site observations confirm this as a challenge.
- **Data collection:** Although the ADRC's collect data and many use data to plan and monitor programs, many directors expressed frustration with what they perceived to be their own lack of knowledge and skill around the data requirements of the NIATx process. Establishing baseline and follow-up data strategies were identified as impediments to implementing the process.
- **Training staff:** ADRC directors felt that strategies to expand and deepen the training would be very helpful. Most did not feel able to transmit the knowledge and enthusiasm necessary to train and motivate staff. The fall 2011 training addressed this concern by including more staff from each ADRC.
- **Coaching:** Two-thirds of ADRC's took advantage of one on one consultation with NIATx. Several mentioned that the planned involvement of ORCD regional staff would bring additional resources to them in the implementation process. Many directors expressed the need for more ongoing training/coaching/consultation in order to build their capacity to offer the same level of support to their own staff.



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- **Expectations:** Respondents expressed concern about ORCD's expectations regarding the number of projects to be completed annually; there was also concern about whether all ADRC's would be expected to participate at a minimum level.

Summary – Suggestions for Improvement: ADRC directors generally had high marks for NIATx, the group training, and the NIATx staff. There were some issues raised about expectations, capacity at the ADRC level, and timing of the process. The interviews strongly suggested the need for more staff to be trained, for ongoing support and coaching at the ADRC level, and for recognition and dissemination of successful projects.

Section 3 Summary: ADRC directors were generally supportive of process improvement in general and the Aiming for Excellence/NIATx process in particular. Their support was tempered by concerns about their ability to lead the change process within their ADRC without additional training and support and by concerns about staff buy-in, often influenced by work demands and customer volume.



SECTION 4: CASE STUDIES

This section presents three case studies of ADRC's efforts to implement Aiming for Excellence. Three sites are described: ADRC #1 and ADRC #2 are both single county ADRC's. ADRC #3 is a regional ADRC.

This section includes 1) Implementation Context; 2) Readiness to Implement; 3) Identification and Development of the Initial NIATx project; 4) Institutionalization of the NIATx methodology; 5) Results for Consumers; and 6) Long-Term Commitment to NIATx Model. A summary of findings from the three case studies is presented in Section 5.

ADRC #1

1) Readiness to Implement: ADRC #1 is a well established ADRC. Throughout its existence, the ADRC has had good support from the County Executive and County Board; the current ADRC director was the first worker in the ADRC when it was established and has a long history in adult services. The director stated, "The ADRC is well-supported. DSS (Department of Social Services) is excellent; the director is great, very supportive. The County Executive is wonderful; he was around when the ADRC started and continues to be supportive. The ADRC employees are long-term employees. All are very experienced and invested. The ADRC is very stable."

The leadership of ADRC #1 expressed support for quality improvement in general, noting that their approach has generally been to respond to an emerging problem by brainstorming solutions and quickly implementing a plan. Interest in acquiring new skills in this area and a willingness to use the NIATx methodology was tempered by concerns about whether a specific process improvement process was really needed. The director noted that because her staff was so experienced and stable, it had the ability to quickly identify and resolve problems through a simple brainstorming process. Despite this view,



the director said that the initial NIATx training was useful and that she was happy to accept the offer of having the NIATx training and technical assistance brought on-site.

The director noted several times that she wished she had brought more people to the initial NIATx training (she was the only participant from the ADRC) and had prepared her staff better prior to the NIATx on-site training. She expressed feeling that she had not fully understood the importance of the initial training and did not want to take other staff away from their duties in order to attend.

The director appreciated many elements of the NIATx process; most notably, establishing a baseline to determine whether something really was a problem that needed to be addressed and she cited an example of how she used this technique to determine that something she thought was a big problem actually did not rise to that level. She also said that the process forced her to connect to the four NIATx outcomes which she felt were consistent with the ADRC mission.

Noted as challenging and possible impediments to implementation were: 1) not having staff at the initial training; 2) not fully preparing staff for the on-site NIATx training (many staff, for example, were not aware of the topic of the training or that the training was a full-day when they had only scheduled for a half-day), 3) concerns about the complexity of the process, e.g. walk-through, flow-charting, data collection, and change project form completion, and 4) belief that the director and staff had the capability to quickly zero in and solve a problem without 'going through a long process'. An important barrier was the sense conveyed by the director and staff of being overwhelmed by the training, saying that it was 'too much information too fast.' Staff described feeling lost and confused especially around the flow-charting process but admitted to having shut down and not keeping an open mind about the method. The director stated, "The site visit was very packed. Staff members were shell-shocked. What



would have been good would be to have had more staff at the initial training with a project already in mind.”

Several staff members were adamant that the NIATx methodology did not fit into the reality of an ADRC where roles are very specialized and problems can be addressed by the people directly involved. There was some sense that, the pressure to implement may have created a fair amount of resistance from staff that continues into the second year of the project.

The director expressed appreciation for the NIATx methodology of establishing a baseline to determine if something is really a problem before jumping in with a solution. She was less enthusiastic about other elements of the process like the walk-through (which two of the ADRC board members conducted and which she found useful in terms of identifying issues to be addressed), flow-charting, the change project form, and data collection. A meeting with this ADRC's staff suggested that there may have been issues pertaining to communication and collaboration among staff that pre-dated the NIATx initiative that may have hindered Aiming for Excellence implementation.

2) Identification and Development of the Initial NIATx Project: A change project was conducted for presentation as a 5 x 5 at the April 2011 State ADRC Conference; however, a change project form/charter was not completed and it appears that there was limited staff involvement in the process. The change project had to do with changing the means by which ADRC staff conducted follow-up surveys with customers by dropping the use of the term “survey” when doing follow-up phone calls. The project determined that customers were more willing to provide feedback if they were just asked to talk about their experiences rather than asked to participate in a survey. In the interview, the leadership indicated that it had been difficult to identify a change project so one of the senior staff put the 5 x 5 together to have something to present at the statewide conference.



Difficulty in initial project selection was experienced in many ADRC's as evidenced by the telephone interview results. This problem was exacerbated when the change leadership either had a weak commitment to the process or felt inadequate to the task of leading the project.

3) Institutionalization of the NIATx Methodology: This ADRC has been exposed to three trainings. The first training, in the fall of 2010, was attended only by the director. The second training was on-site (spring of 2011) and included all staff. The third training, in fall 2011, was attended by five staff. Even though the initial training experience may have been challenging, this ADRC showed a commitment to continue efforts to learn the process by sending five staff to the third training. In interviews, both the ADRC director and change leader indicated interest in continuing with the methodology now that they had a deeper level of understanding and more staff trained. However, as of February 2012, this ADRC had not embarked on a new change project. The change leader indicated that plans to start a new project were delayed because of two social workers being out on leave, resulting in an increased caseload for the remaining three social workers.

Even though this ADRC has not conducted a second project, the director indicated that there had been two other instances of using the NIATx methods to address problems but not documenting them on the change project forms. The director stated, "The change project form is hard. It's not clear what to put where especially when you're not really familiar with the process. We (the ADRC) have always used a lot of data, collected a lot of information, used statistics and graphs, so we like that. But the change project form is really hard. It's a knowledge issue on our part. There's nothing wrong with NIATx. We needed more interaction with the trainer."



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This ADRC's leadership expressed willingness to comply with the expectation of participation in the Aiming for Excellence process but did not embrace the method as an important resource to improve quality at the time of the site visits.

4) Results for Consumers: The results written up for the 5 x 5 presentation at the State ADRC Conference suggest benefits for customers but no data are provided.

5) Long-Term Commitment to NIATx Model: There seemed to be limited organic commitment to using NIATx in the future even though more staff had been trained and there was openness to doing a second change project. There seemed to be a deeply ingrained attitude that the ADRC management and staff already had the capability to identify and resolve problems and that the NIATx process was unnecessarily time-consuming and labor-intensive. Of benefit is the fact that the director and five staff have completed the NIATx training and that the director's supervisor had already been trained in the NIATx method. There was an eagerness to comply with the State's (ORCD's) expectations regarding Quality Improvement and using the NIATx approach specifically. At the time of this writing, ADRC #1 has not evidenced a substantial long-term commitment to the NIATx model.

ADRC #2

1) Readiness to Implement: This ADRC was initially formed as the Center for Aging and Long Term Care as a branch of the Department of Human Services in 1988. This action put aging and disability resources under one roof. During the planning process for Family Care in 2000, the ADRC was established. The ADRC's current director was director of aging services prior to the establishment of the ADRC and has a long history in aging and disability services. The ADRC has good support from the County (administration and board) and strong relationships and considers itself to be 'highly regarded' in the broader community.



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Prior to the NIATx initiative, this ADRC tried to use another quality improvement process but it was very cumbersome and did not yield the desired results. The ADRC hired a half-time quality assurance staff person who developed measures for all contract requirements and monitors on those measures. The director noted that this ADRC was one of just a few to invest in a QA staff person and added that the culture of the organization encouraged going beyond basic quality assurance. She described a 'secret shopper' project conducted several years ago in collaboration with the local University of Wisconsin-Extension.

The ADRC director stated that she was "delighted to get NIATx training," and felt very prepared to lead the process. She indicated that she was familiar with NIATx through participation in process improvement efforts in the AODA (Alcohol and Other Drug Abuse) treatment system. Two staff (the QA staff and one other person) attended the 2010 NIATx training; there was an on-site training/site visit conducted by NIATx staff that was attended by 12 staff; and two staff (QA staff who was trained as a coach and the agency's marketing consultant) attended the 2011 NIATx training. In summary, this ADRC had a pre-existing high level of commitment to quality assurance and quality improvement as evidenced by the investment in a QA staff position and high value placed on developing an organizational culture that would support QI efforts. Noted as potentially challenging to the effort was some disinterest and resistance from staff that the leadership saw as indicative of their concern about the time commitment necessary to engage in the NIATx process. This, however, was not described as a major barrier to implementation. The director noted that staff were invited to participate, not forced, and that this increased their level of enthusiasm for the effort. Overall, ADRC #2 appeared to be well-poised for the NIATx implementation.



2) Identification and Development of the Initial NIATx Project: This ADRC's first change project, The Booster Club, was developed to increase referrals to the Community Living Program from twelve (12) to fifteen (15) per month. The initiative was developed to increase enrollment of participants (over age 60, non-Medicaid, interested in preventing nursing home placement). The change project focused on an immediate need; namely, to meet the service targets of a grant that was due to expire within a year. The identification of this project yielded two benefits: 1) responded to an urgent issue that had already been identified by staff; and 2) if successful, would enable the agency to achieve grant outcomes.

The change project is described in a completed change project form and was presented as a 5 x 5 at the April 2005 ADRC State Conference. The change project which ran from December 1, 2010, to April 30, 2011 included two changes to be tested: increasing outreach to existing meetings and groups which yielded 24 referrals in a month's time and developing a new program message which yielded 5 referrals in a month's time (changes were implemented sequentially so as to differentiate their impacts).

A second change project, ADRC Branding, was initiated November 3, 2011, with an expected completion date of March 31, 2012. This project is focused on strengthening the ADRC's identity through standardization of signage, business cards, brochures, and other materials with the overall goal being to increase the agency's visibility to the community and generate additional customers. Currently in process, this change project is very different from the first project, less concrete, and may be hindered by the difficulty of making the project idea conform to the NIATx framework.

ADRC #2's experience with its second project goes back to the project selection challenge experienced by many ADRC's. Although successful in the first go-round, ADRC #2's second project has been



more difficult to define and launch and team members have expressed concern about whether the project fits into the NIATx method.

3) Institutionalization of the NIATx Methodology: This ADRC has also been exposed to three training opportunities – two off-site and one on-site. The QA staff person has participated in all three opportunities and has been trained as a NIATx coach. The ADRC director noted that it was a challenge to translate the NIATx methodology that was developed primarily in the AODA (Alcohol and Other Drug Abuse) treatment field to the ADRC environment. She noted that, “sometimes the techniques don’t fit an ADRC’s problems,” adding that she felt that the walk-through was not always relevant to an ADRC. At the same time, the director thought many elements worked well. She stated that the method is “a map and it might not work for everything. People need to stop worrying about not being perfect.” She noted that it was a challenge to keep projects narrowly focused, reaffirming the problem of ADRC’s making appropriate project sections. She liked that the process is data-driven even though this presented challenges for staff.

The heavy investment in training including an on-site visit and sending the agency’s marketing consultant to the NIATx training along with the designation of its QI specialist as a NIATx coach is evidence of this ADRC’s interest in using this method in the future. Combined with the director’s prior knowledge of NIATx and the way in which staff were engaged in the process (by invitation rather than mandate), this ADRC seems to be committed to incorporating NIATx into its ongoing process improvement efforts.

4) Results for Consumers: Increased referrals to the Community Living Program were documented by the ADRC’s first change project. The second change project does not use customer-focused results; instead, the project is focused on reducing the number of different logos, taglines, and other different branding tools.



5) Long-Term Commitment to NIATx Model: This ADRC seems to have a strong commitment to the long-term adoption of the NIATx approach as evidenced by the amount of training received and the attitude of its leadership regarding the value of the process. When asked if the ADRC would continue to use the method, the director responded, “Yes, we’ll keep using it. We made an investment. We just need to balance this (NIATx projects) with the realities of the moment in terms of staffing and resources.” The director noted that her ADRC has the staff available to lead projects but that resource is not always available to ADRC’s across the state, noting that the innovation (installation of the NIATx approach) was still at a very early stage developmentally throughout the ADRC network.

ADRC #3

1) Readiness to Implement: ADRC #3 is a regional ADRC formed in 2008 from three Commissions on Aging and one ADRC. There is a regional director and directors of each of the individual county ADRC’s. The planning process for the regional ADRC’s and its ongoing mode of inter-county communication and coordination seem to have provided a basis for the type of teamwork and collaboration required by the NIATx methodology. To build collaboration, the regional ADRC formed ‘function teams’ in which all the people in various classifications meet monthly to coordinate, plan and problem-solve. Quality improvement was built into the policies and procedures when the regional ADRC was formed, all based on one county’s experience as an ADRC; however, there is not a dedicated QI/QA person. Regular meetings of the office directors and the function teams provide a vehicle for replication of positive results/innovations from one county office to the others. The county offices have a solid history of working together.

The ADRC responded to the first training opportunity (fall 2010) by sending six people: the regional director, all four county ADRC directors, and a lead I & A (Information and Assistance) staff person. This



heavy investment by the leadership across the region brought all directors to the table at the beginning so that no office was left out or expected to play catch-up later. Moreover, the leadership quickly embraced the NIATx approach and were experienced enough to see how it could fit into their ADRC setting. The leadership described themselves as very excited at the training and eager to develop a change project, noting that “we had a lot to work on.” In summary, this ADRC seemed exceptionally well-positioned to embrace and use the NIATx methodology.

2) Identification and Development of the Initial NIATx Project: A single county office was selected as the site of the first change project. The regional director and the county director convened a team and took turns leading the group through the process based on the NIATx training they received in fall 2010. Their project focused on the problem of customers not following up on resources and referrals because they were overwhelmed by the amount of information they received. The project was described as follows: “Our project addressed the situation where customers come in, they’re in crisis, they receive a lot of information, and they leave. When staff follows up with the later, they (customers) seemed overwhelmed. They didn’t know how to deal with all the information and so they hadn’t done anything to follow-up.”

The change project established a baseline by asking customers when they left if they had a clear idea of what to do next. Then they instituted the concept of the Action Plan, a list of steps given to the customer that clearly delineates what the ADRC staff will do next and what the customer should do next. After doing this, they re-measured customers’ feelings about knowing what to do next. Though there were slight differences, pre and post-test, the staff was convinced of the value of the new approach and it has since been replicated in all the region’s counties. The project was based on a walk-through done by the regional director as the daughter of elderly parents with a lot of issues. After implementation,



the Action Plan was further enhanced to include checklists for specific benefits; this increased customer satisfaction. Those checklists have been developed at one site and then replicated across the region. Important to note is that even though the data did not document a large positive impact, the ADRC staff's professional assessment was that the impact was larger than measured and very meaningful in terms of improved customer service. This is reflective of the level of observation and discussion that occurred around this project; essentially, staff could see more positive results than their data system was capable of capturing. The success of this initial project, especially the immediate impact on customers and the ability to quickly replicate in the other counties, seemed to be an incentive to initiating a second project even though several months elapsed between the first and second projects.

3) Institutionalization of the NIATx Methodology: Since the initial change project (Deer in the Headlights) this ADRC has initiated six other change projects including a regional project, and projects in the four counties. The projects include efforts to increase options counseling, improve accessibility to the public, improved information-gathering on phone calls, and promotion of early diagnosis and treatment of Alzheimer's disease and related dementias. The projects involve more than twenty (20) staff across the different offices.

The second NIATx training (fall 2011) was attended by ten additional staff. Technical assistance from a county office staff person who was trained as a NIATx coach has been instrumental in helping sites choose the right projects and get the change projects underway. The already established culture for collaboration among the four offices, particularly the emphasis on replicating new approaches that benefit customers, provided the foundation for the implementation of the NIATx process. Also, the ADRC is deeply trained. All of its leadership (regional director and all four office directors) participated



in the first training and felt competent enough on their return to lead staff in a change project. In sum, this ADRC has conducted seven quality improvement cycles.

The ADRC leadership described the process of adoption, stating that when they returned from the NIATx training (fall 2010), they began using the words of NIATx in an effort to incorporate the thinking into the organizational culture. By the time of the second training (fall 2011), staff were already aware and many had already experienced the change project cycle. The leadership also indicated that they were careful about not making NIATx an arduous process, especially the data collection component, and making it easy for staff to participate. Having multiple projects also increased staff skills and comfort level with the process. The ADRC uses Live Meeting to provide staff with opportunities to talk about their project and get ideas and encouragement from their colleagues in the other offices. The regional director states that “this is a very important step in a region to create buy-in for each project in preparation for dissemination.”

In summary, the NIATx process has been complementary to how this ADRC had already structured itself in terms of communication and collaboration among the partnering counties and to its pre-existing commitment to QA/QI. Added to this organizational culture was the leadership’s commitment to training and quickly reinforcing their own training by leading multiple change projects. Having a coach on-site (I & A lead) has been an important asset to all four offices of the ADRC. The result is an ADRC that has already incorporated the NIATx methodology into its QI efforts and shows every indication of institutionalizing the methodology over the long-term.

4) Results for Consumers: The change projects measure increased contacts/units of service or increased customer satisfaction.



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5) Long-Term Commitment to NIATx Model: This ADRC has evidenced a long-term commitment to the NIATx approach by its deep investment in training, designation of one of its key staff as a NIATx coach, rapid development of multiple projects so that each office in the four-county region acquired practical NIATx experience, and the intentional effort to inculcate the NIATx language and way of problem identification/intervention into the organizational culture. It is important to note, also, that this ADRC approaches the NIATx process in a manner that is enthusiastic, upbeat, and interesting and with the expectation that if positive results are achieved, the change will be institutionalized across all four of the region's offices. In this way, NIATx has provided the region with tools to support process improvement in a multi-site environment.



SECTION 5: PROCESS EVALUATION SUMMARY

1. What is the extent to which each ADRC exhibited a readiness to adopt the NIATx model at the start of the initiative? How was that readiness evidenced in the ADRC's personnel, resource, or other commitment?

The site-visited ADRC's are very different in how they initially approached the NIATx opportunity. Of the three, ADRC #3 was, by far, the most enthusiastic ADRC, early on making a commitment to training all of its leadership (regional director and four county directors) and the I & A lead staff as well. This early engagement seemed to build on the region's ongoing efforts to form a strong collaboration that was focused on consistency and quality improvement. NIATx gave the regional leadership a new tool to use toward this end. Beginning with the initial participation in training and into the first project, the ADRC #3 team took a 'can do' attitude that was consistently reinforced by the leadership.

ADRC #2's experience was similar. There, the director was very supportive of the NIATx methodology, having had previous positive experience with the approach. Also, ADRC #2 had a history of QA/QI investment and was looking for new tools to use that would go beyond contract monitoring. The enthusiastic endorsement of NIATx by the ADRC director, broad training involvement (this site had a NIATx site visit), and her decision to invite staff to participate rather than mandate their participation led to a positive starting point and a readiness to adopt the NIATx method.

ADRC #1 had a different experience. Here, there was much less interest starting out in pursuing formal methods of process improvement. There was a strong belief that staff already was able to spot problems and come up with solutions. There was frustration going in to the process about its perceived complexity, time and labor-intensiveness. Although the leadership indicated support for participation in



the process, the message was mixed at best. Staff had difficulty buying-in to the process and, at times, has been very resistant.

The single most important variable in an ADRC's readiness to adopt has to do with the leadership's belief in the value of the effort and willingness to fully endorse its implementation.

2. How and by whom was the initial NIATx process improvement project identified and developed? How were subsequent projects identified and developed?

The ADRC #3 project was identified via a walk-through conducted by the regional director; ADRC #2's project focused on an urgent recruitment need for a grant that was set to expire; ADRC #1's project was developed in response to problems obtaining feedback information from customers. Of the three, ADRC #3's project identification conformed most closely to the NIATx methodology (being identified via walk-through) and it set the stage for how subsequent projects were developed. Of the three, ADRC #3 seems to have the least difficulty in identifying projects appropriate for NIATx intervention and it may be due to its initial use of the walk-through method and how that process oriented the change teams to identify and define problems.

ADRC #2's project was an urgent situation, a problem that staff had already been worrying about prior to NIATx. So it was an easy first pick. The subsequent project, developing consistent branding for the agency, has had more difficulty fitting into the NIATx framework and there is some feeling that it was not an appropriate project for the approach. Here again, even with ADRC #2's enthusiasm and training commitment, project selection is challenging.

ADRC #1's project selection process seems to have reflected a desire to have a 5 x 5 for presentation at the ADRC state conference and apparently was developed by a very small group of staff.



Of the three sites, only ADRC #3 used the walk-through method to identify process improvement opportunities. In interview, this was the only site that invested a lot of importance in the walk-through; the others tended to feel that the walk-through was not as relevant to an ADRC as it might be to an AODA or mental health treatment provider. This is an important point since it seems that ADRC #3 has continued to find process improvement opportunities (7 in all) while the other sites have struggled with this step.

3. To what extent has the NIATx model established itself as a core quality improvement tool in the ADRC and how is the degree of adoption evidenced within the organization?

ADRC #1 clearly has the weakest level of commitment to the NIATx model and at this point seems to be pursuing its implementation only to satisfy state requirements. However, the fact that ADRC #1 sent additional staff to the statewide training in fall 2011 may be an indication of a desire to use this method over the long-term. ADRC #2 has a stronger commitment and seems to see the long-term value of incorporating the methodology in its QI efforts. Changes in the NIATx training to reflect the ADRC environment have been helpful to this site as has training one of its staff members as a coach. This site seems positioned to adopt NIATx as a core QI tool. ADRC #3 has been the most aggressive implementer with seven projects to date. Here the leadership commitment was early, strong, and sustained. This site is, by far, the most committed of the three.

4. To what extent have NIATx process improvement projects yielded measurable and sustainable results for ADRC consumers? Are results meaningful in terms of the central mission of the ADRC?

This question cannot be answered at this point in time. Data collected for the change projects is minimal and not connected to measurable and sustainable results for ADRC consumers. It also is not possible to determine if the impacts on customers are meaningful in terms of the central mission of the ADRC. As the implementation of Aiming for Excellence/NIATx projects increases, there optimally would



be an impact on the customer satisfaction scores of each ADRC. This is an area that may need further examination, specifically how to connect the results of a NIATx project to larger customer outcomes.

5. To what extent and how has each ADRC demonstrated its intention to make a long-term commitment to the NIATx model in terms of training, resource development, policies and procedures, public awareness, education of governing boards and elected officials, and other mechanisms?

All of the ADRC's made a commitment to training participation. ADRC #2 and ADRC #3 went a step further by having a staff person trained as a coach; this greatly enhances their agencies' likelihood of long-term adoption. All of the ADRC's indicate that their government boards are very supportive of process improvement and the NIATx method in particular. In all three, there were other NIATx efforts underway or considered in other parts of their county government.

However, the strongest evidence of long-term commitment is at the leadership level. Here again, by involving its entire leadership structure in the change process, ADRC #3 shows the strongest potential for long-term use of the NIATx model. ADRC #2, to a lesser extent, also demonstrates strong leadership commitment and the resources, specifically a dedicated QA/QI specialist also trained as a NIATx coach, to shepherd the long-term adoption of the method. ADRC #1 is the most equivocal in its support for the method, sending people to training but not implementing a full change project, indicating support for the method but not convinced of its utility for their ADRC.

Section 5 Summary:

Several factors influence the adoption of a new practice in an organization. The commitment of the leadership is fundamental. This variable was very important in this process evaluation. Early, enthusiastic endorsement by the leadership that was reinforced in words and action paved the way for deeper commitment on the part of agencies and staff. As the previous section indicates, the leadership commitment varied significantly between the three sites.



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Getting off to the right start was also important. The selection of the initial project was accurately seen by many directors as the turning point for their ability to successfully use NIATx and this was an area where many had trouble. An early success on a project that was important to staff seems to be a key step in getting the process incorporated into ongoing process improvement. Part of this first project was also the concept of having fun. Both ADRC #3 and ADRC #2 reported having enjoyed doing their first projects; the enthusiasm had a positive effect on how staff perceived involvement in a change project.

Training, coaching and support are major features of successful implementation and adoption. Here again, ADRC #3 built a strong training support system from the beginning by having all of its leadership trained at once and then moving into a learn by doing mode in the region (7 projects launched in a year). This site also has a trained coach that can assist member counties in their projects. Generally, the same situation is in place for ADRC #2 where there has been significant training involvement and a designated coach on site. ADRC #2 had the added benefit of having a leader with prior NIATx experience. ADRC #1 started off with only one person trained; had an unsuccessful site visit; but sent several people to a second training. However, there has not been a full change project process since the initial training in fall 2010 so the training has not been reinforced by a learn by doing experience.

Last, adoption of the Aiming for Excellence/NIATx model has much to do with how agencies foresee the benefits of its use. If leadership can envision the investment paying off in terms of improved customer service, increased productivity, and better outcomes, adoption of the new technology is greatly facilitated. If the end goal is foggy or perceived to be not relevant to day to day needs, doing the NIATx process is perceived as a chore and it becomes hard to recruit team members and complete a successful project.



First Year Process Evaluation

February 2012

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This is an interim (first year) process evaluation; an examination of the second year of Aiming for Excellence implementation will provide further insight into the process of adoption.

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