

Substance Abuse Prevention and Control Reaching the 95% Capacity Building Service Design: Customer Walk-Through (2H)

CUSTOMER WALK-THROUGH GUIDE and Templates required to receive funding

Welcome, R95 Service Design participants!

This Customer Walk-Through Guide will provide you with the information necessary to gain insight into the customer experience. Following the steps outlined in this document will help to identify areas in existing organizational processes that might benefit from a customer perspective and lead to reduced barriers to services, and improved engagement and retention in services.

The Customer Walk-Through Guide includes templates that will assist you in conducting the walk-through, noting critical observations, and allow you to study and summarize the results.

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Section 1: The Importance of the Customer Walk-Through

What is it like to be our customer?

An important first step in any patient service design initiative is to have a clear understanding of the needs of the customer. One of the most effective tools to help agencies understand what it is like to be a customer is the walk-through.

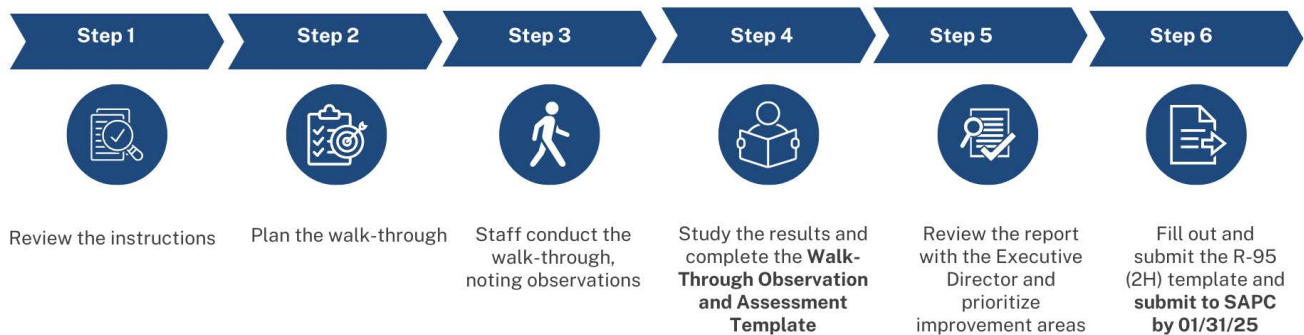
**Customer - means the party to which the goods are to be supplied, or service rendered by the supplier. May also be referred to as the 'User'. A patient is one type of user in a behavioral health setting.*

In a walkthrough, staff members take the roles of a new patient and a family member or care giver (if that is typical) and literally walk-through the treatment processes just as a patient would. The goal is to see the agency from the patient's perspective.

Taking this view of the treatment services from ***the first call for help, to the intake process, and through final discharge*** helps staff understand how the customer experiences the process of treatment and their feelings about it.

Resource: <https://chess.wisc.edu/niatx/Content/ContentPage.aspx?NID=146>

Overview of Walk-Through Action Steps



Reaching the 95% (R95) Initiative

Patients with better care experiences lead to better outcomes. In the case of the Reaching the 95% (R95) Initiative, the purpose of this customer service walk-through exercise is to experience the process from the patient’s perspective and to identify changes that will improve the quality of care provided to patients and will have a positive impact on patient recovery outcomes and the business. The goal is to increase access and become more patient-friendly, more efficient, and improve patient satisfaction. This is the lens in which agencies should pursue this walk-through as part of the R95 Initiative.

Customer Walk-Through Requirements

For the R95 Access to Care Service Design: Customer Walk-Through deliverable, a walk-through is considered from a patient’s first contact to discharge. **Therefore, to satisfy this requirement, the walk-through must include:**

<ol style="list-style-type: none">1. First Contact – must be conducted as a staff role-play.2. Intake/Screening/Assessment3. Admission	These steps must be completed as a role-play exercise. Complete as a patient would. Complete all process steps, and assessments and fill out all forms required.
<ol style="list-style-type: none">4. Billable treatment/counseling service (including but not limited to group therapy, individual therapy, MAT, case management)5. Discharge/Transition	Complete a walk-through for at least 2 additional treatment services. For these steps, do a role-play or “shadow” a patient. (Request patient permission to do so).

It is best to engage in the walk-through in the same way most patients would experience it, so you can combine processes in any way that works for your site, so long as all six processes are part of the walk-through – it can be completed in one session or completed over several days.

CONSIDERATION: When you conduct the walk-through, ask yourself if this process is designed to make it easier and engaging for the **PATIENT** or is this process designed to make it easy and efficient for the **ORGANIZATION**.

Section 2: Planning the Walk-through

Overview

Think about how you will conduct the walk-through so that it includes the required processes. Will they all be role playing (see below)? Will they be conducted all at the same time or different times? Will you use the same staff to complete?

It is up to you to determine the best way to complete the walk-through. Using the *Walk-Through Recording & Observation Template* found in Section 6 of this guide will help you plan and take notes.

How to Prepare Staff

Let the staff know in advance that you will be doing the walk-through exercise. Staff might be on their best behavior, but it is far better to include them than to go behind their backs. This is **not a secret shopper exercise**. Ask staff to treat you as they would anyone else. You are observing the process not specific staff performance. You want staff to do the best job that they can, so that you know what the agency systems and operations are capable of.

Role Playing Walk-Through

Select Staff to play the roles of “patient” and “family member/caretaker” and “observer/note taker”. They will need to be detail-oriented and committed to making the most of this exercise. The person playing the part of the “patient” **should present themselves as dealing with an addiction treatment service they are familiar with**. This will ensure that their experiences will be as realistic and informative as possible and consider all the patient’s needs. If you would like assistance with deciding on a role, see the customer scenarios section five.

- Role playing may be uncomfortable, do the best you can, providing answers to questions and describing symptoms as a patient/support person typically does. As part of the R95 service design effort, there are specific processes identified which will require staff to role play. However, processes that have not been so identified may be performed by observing a patient.
- Staff **must** conduct the walk-through using role play for **first contact, first appointment, and admission**.
- The notes are an important part of the process. Everyone playing a role (plus the staff) may want to take notes, which is OK, include one person who is only observing and

taking notes. Ideally, this person will see the process from an objective lens and typically can focus on additional attributes, such as the length of time the process takes, and observations about the facility overall (see *Walk-Through Recording & Observation template in Section 6*).

Walk-Through by Patient Observation

- When conducting the customer walk-through by observing a patient experiencing the process, it is important **to ask permission first and inform** them that you are trying to improve the customer experience by observing how it is conducted. **During this process, it is equally important to remain quiet and fully engaged in the observation.**
- Notes will be important for the staff who observe the patient process. Since this is an observation, efforts should be made not to interrupt the process being observed. After the process is complete, check in with patient on attributes, such as the length of time the process takes, and observations about the facility overall (see *Walk-Through Recording & Observation template in Section 6*).

Section 3: Conducting the Walk-through

Overview

When role playing the walk-through, go through the experience just as a typical patient would. Try to think and feel as a patient or their family/caregiver might. What are they thinking? How do they feel at any given moment? Is the process something that would engage patients and as patient friendly as possible? What aspects of the process could be improved, streamlined, or made better from the perspective of the patient? Note your observations and feelings.

After each step, ask the staff to tell you what changes (other than hiring new staff) would make it better for the patient and what changes would make it better for the staff. Write down their ideas as well as your own.

Below, you will find an outline of activities you may include in each process from first contact through discharge. Additional guidance is provided in the *Walk-Through Recording & Observation template* found in Section 6 of this Guide.

You can customize these activities to align with your existing processes.

Walk-Through Activities by Process

Note: Processes with a double asterisk (**) MUST be conducted via role playing.

For the **First Contact**** process, steps may include:

- ✓ Call the agency or fill out a request for services using the information provided on your agency website.
- ✓ Schedule an appointment.
- ✓ Arrival at the facility.

For the **Screening/Intake/Assessment**** process steps may include:

- ✓ Waiting in the lobby/reception area.
- ✓ Complete the Initial screening (phone and/or in-person).
- ✓ Complete the Assessment.
- ✓ Fill out the intake paperwork.

For the **Admission**** process steps may include:

- ✓ Complete the initial admission process.
- ✓ Staff going through your belongings (for residential only).
- ✓ Meet with the clinician and discuss next steps if typical for first appointment.**
- ✓ Share accommodations for individuals with disabilities.
- ✓ Other agency steps.

For the **Treatment/Counseling** identify at least one (1) counseling session, either one that presents the greatest pain point or one that would benefit from initiating a R95 service design change. The steps may include:

- ✓ Identify whether this is a role-play or observation (with patient permission).
- ✓ Participate in group counseling session.
- ✓ Reevaluation of the treatment plan
- ✓ Other Agency specific steps.

For the **Discharge/Transition** steps may include:

- ✓ Complete and discuss discharge plan and planning.
- ✓ Assess transition in care/referral and follow-up care needs (e.g., next level of care, medication management, etc.).
- ✓ Connect to Recovery Services.
- ✓ Crisis intervention, as needed.
- ✓ Complete all documentation requirements for each step.

REMEMBER: When you conduct the walk-through, ask yourself if this process is designed to make it easier and engaging for the **PATIENT** or is the process designed to make it easy and efficient for the **ORGANIZATION**.

Section 4: After the Walk-Through, Study the Results:

Each agency site location that participates in the customer walk-through process should complete 1-4 below.

1. **Meet with the team** and as a group, 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, include agency leadership in this discussion.

Note: If you observed patients as they engaged in a process(es), make sure that you get input from them on what the process was like.

2. **Use the Summary Results template** (found in Section 6) to help document the results of the meeting. This document will also be helpful when submitting the R95 Access to Care Service Design: Customer Walk-Through (2H) Deliverable. Meet with the Director and review results; identify key priority improvement areas.
3. **Make a list of the areas that need improvement** along with suggested changes to attempt. Include the perspectives of the patient, family member, and staff. Sort the ideas into those that you want linked with your team's improvement project and those that are unrelated.

Example "Just in Time" Change: Arranging the furniture in the reception area, picking up trash around the building, making repairs and painting. This does not require a lot of processing and can be changed right away or "just in time".

Example Improvement Project: Improving the wait time from first contact to first treatment episode or reducing the paperwork at first appointment will likely require changes to workflows and staff responsibilities. Therefore, would benefit from a process improvement plan.

4. **Complete and submit** the R95 Access to Care Service Design: Customer Walk-Through Summary (2H) Template by 1/31/25.

Questions and Assistance

- CIBHS is available for one-to-one coaching, please reach out to:
 - Amy McIlvaine, amcilmvaine@cibhs.org and Pranab Banskota, pbanskota@cibhs.org.

REMEMBER: When you conduct the walk-through, ask yourself if this process is designed to make it easier and engaging for the **PATIENT or is to make it easy and efficient for the **ORGANIZATION**.**

Customer Scenarios

Sometimes it helps to have an example to start. The following scenarios can be used (or adapted) for the walkthrough exercise. However, you do not have to use these examples, if you prefer you can use a customer scenario that you have recently experienced in your organization, **add a brief description in your notes** so you will recall the scenario later.

For convenience, we have identified which type of walk-through this works best:

A. Maria (or Mario):

Meet Maria (or Mario), a 26-year-old seeking treatment for opioid addiction at your facility. They were born in Guatemala, are monolingual, and speak K'iche'. They came to the States with their uncle and brother, when they were in their early twenties. They no longer know where their uncle is. Maria (or Mario) works odd jobs and has been unhoused with their brother for 1 year. Maria or Mario and their brother both use multiple substances. Their possessions were all ruined in the last rainstorm. Maria (or Mario) suffers from depression and three years ago were hospitalized for attempting suicide. They decided to get help, when earlier a field case worker gave them her number to call if they wanted to consider treatment. Maria (or Mario) would like to cut down on their drug use and find a better job, so they can find stable housing.

B. Theresa:

Theresa is a 22-year-old single woman who lived with her parents and is six months pregnant with her first child. During a visit with her obstetrician, she disclosed that she was using drugs. They referred her to your agency and presented her with a history of methamphetamine use disorder. She has been in your residential facility for the past eight weeks; she was doing very well so she was allowed to visit her parents at home. While visiting, her boyfriend stopped by and gave her some unidentified non-prescription pills.

Theresa took them before she came back to your facility. When she arrived, it appeared as if she was high. When the staff checked her purse, they found she had a few pills. Staff reviewed her chart and noted that she talked about cravings earlier in the week but said she would “stay clean” because she wanted a healthy baby. Your organization has historically been abstinence-based and most of your staff are aligned with that philosophy.

C. Mark (or Melissa):

Mark (or Melissa) is a 16-year-old high school student who was recently caught using marijuana on school grounds. School authorities discovered their substance use during a routine inspection, leading to their suspension. Mark (or Melissa) has been truant and misses school 5-6 times a month. Despite concerns raised by school staff, Mark (or Melissa) express strong resistance to stop smoking, stating, lots of “kids do it”. They entered your outpatient treatment facility 3 months ago. During group counseling they repeatedly ask why smoking is a problem since kids do it and in individual sessions argue they do not need to stop. They have been counseled about these statements in group and redirected toward the importance of abstinence.

D. Nathan (or Natalia):

Nathan (or Natalia) is 48-years old and struggling with opioid use. They recently came to the attention of a mobile harm reduction team of healthcare providers during a field-based outreach screening. Nathan (or Natalia) present to your agency expressing reluctance to commit to abstinence and remains hesitant to explore treatment options. Nathan (or Natalia) also has multiple other conditions such as trauma associated with serving in war with an injury that has made it impossible to walk, so they use a wheelchair.

E. Gabbie:

Twenty-two-year-old Gabbie heard about your agency through a friend and decided she needed help with her methamphetamine use, which has gotten her into trouble, including a sexually transmitted infection. Gabbie is worried because while she is a transwoman, her ID and Medi-Cal card list her sex assigned at birth and she knows all of the questions and barriers people will put up against her. This is her first time coming to an SUD provider. She lives with her sister and works odd jobs when she can get something.

TEMPLATES

- A. Walk-Through Recording & Observation Template
- B. Customer Walk-Through Summary Deliverable (2H)

Customer Walk-Through Recording & Observation Template

1. **Walk-through Scribe/Notetaker**, compile all walk-through notes to summarize your walk-through **at each participating site**.
2. Walk through and service staff study the results and discuss with your director.
3. As a team, identify “just in time” changes and process improvements.
4. Submit this form along with
5. Complete the (2-H) Customer Walk-through Summary Deliverable and submit by 1/31/25.

Experience it all from the patient perspective, record your experiences below, by typing into the shaded areas.

Make the First Contact

NOTE: This process MUST be conducted using role-playing.

- ✓ Call the agency or fill out a request for services using the information provided on your agency website. Is the telephone number the same number listed on the SBAT?
 - ✓ Schedule an appointment.
 - ✓ Arrival at the facility.
1. Document the processes and observations.

 2. What were your thoughts and feelings during the experience?

 3. What most surprised you during your walk-through? What two things do you most want to change to make the experience better for the customer?

 4. Write down the things that are working well and add any improvements that the staff (or patients you may have encountered) suggested.

Additional Notes

First Appointment-Screening/Intake/Assessment

NOTE: This MUST be conducted using role-playing.

If the assessment usually takes several hours (or days), use your discretion to determine the best way to ensure staff understand the customer experience of sitting through an assessment.

- ✓ Waiting in the lobby/reception area.
- ✓ Complete the Initial screening (phone and/or in-person).
- ✓ Complete the Assessment.
- ✓ Fill out the intake paperwork.

1. Document the processes and observations.

2. What were your thoughts and feelings during the experience?

3. What most surprised you during your walk-through? What two things do you most want to change to make the experience better for the customer?

4. Write down the things that are working well and add any improvements that the staff (or patients you may have encountered) suggested.

Additional Notes

Admission Process

NOTE: This MUST be conducted using role-playing.

- ✓ Complete the initial admission process.
- ✓ Staff going through your belongings.
- ✓ Meet with the clinician and discuss next steps, if that is typical during the first appointment.
- ✓ Share accommodations like those for individuals with disabilities (patients who are blind, deaf, have mobility issues).
- ✓ Other agency steps.

1. Document the processes and observations.

2. What were your thoughts and feelings during the experience?

3. What most surprised you during your walk-through? What two things do you most want to change to make the experience better for the customer?

4. Write down the things that are working well and add any improvements that the staff (or patients you may have encountered) suggested.

Additional Notes

For the Treatment/Counseling Session steps may include:

- ✓ Identify whether this is a role-play or observation (with patient permission).
- ✓ Walk-through the type of session that presents the greatest pain point.
- ✓ Participate in group or individual counseling session.
- ✓ Reevaluation of the treatment plan
- ✓ Other Agency specific steps.

1. Document the processes and observations.

2. What were your thoughts and feelings during the experience?

3. What most surprised you during your walk-through? What two things do you most want to change to make the experience better for the customer?

4. Write down the things that are working well and add any improvements that the staff (or patients you may have encountered) suggested.

Additional Notes

For the Discharge Process steps may include:

- ✓ Identify whether this is a role-play or observation (with patient permission).
- ✓ Complete and discuss discharge plan and planning.
- ✓ Assess transition in care/referral and follow-up care needs (e.g., next level of care, medication management, etc.).
- ✓ Connect to Recovery Services.
- ✓ Crisis intervention, as needed.
- ✓ Complete all documentation requirements for each step.

1. Document the processes and observations.

2. What were your thoughts and feelings during the experience?

3. What most surprised you during your walk-through? What two things do you most want to change to make the experience better for the customer?

4. Write down the things that are working well and add any improvements that the staff (or patients you may have encountered) suggested.

Additional Notes

2-H Customer Walk-Through Summary Deliverable

Service Design: Customer Walk-Through (2H) is designed to plan and develop service design changes to organizational process that increase access and engagement in services that better reach the 95% of individuals who need SUD treatment but who are not accessing it. The purpose of this customer service walk-through exercise is to experience the client's experience as they participate in your agency's process to identify areas for improvement, in particular related to making the experience more patient-friendly, more efficient, and "better" from the perspective of the client. This is the lens in which agencies should pursue this walk-through as part of the R95 Initiative.

As part of your participation in R95 Access to Care Service Design: Customer Walk-Through (2H), you are required to complete a customer service walk-through and submit this summary via email to sapc-cbi@ph.lacounty.gov with subject line "Service Design: Customer Walk-Through (2H)" **FOR EACH SITE LOCATION** by 1/31/2025.

First Contact

Site Location:

Did you use a case scenario?

If not, briefly describe your patient (gender, age, pronouns, primary language, brief history of drug and alcohol usage, etc.)

Using their words, describe why the patient contacted your agency for services.

How did you contact this site?

Did you connect with a staff person on your first attempt? Yes No

If not, describe what happened.

Did the agency offer you an appointment on your first call? Yes No

Were you offered a same day appointment? Yes No

If you were not offered a same day appointment, how long did you wait for your first appointment?

Was a brief screening conducted? Yes No

If yes, how does the screening inform, what happens next? Describe here.

As a patient, would you have to miss work to attend the appointment? Yes No

At first contact, what was difficult or challenging? Describe here.

At first contact, what did the staff do or say to engage you and increase your chances of showing up for the appointment? Describe here.

Would you have difficulty reaching the site without access to a car? Yes No

Does the agency offer transportation to the site if you don't have transportation? Yes No

If yes, what are the options?

Summarize the reflections from staff providing the service and the walk-through team.

What went well during the contact?

What would you improve?

First Appointment Screening/Intake/Assessment

Was it easy to find the agency? Yes No

Were the directions given to you accurate? Yes No

Was the parking easy to access? Yes No

Was the signage and information accurate and easy to follow? Yes No

If not, what could be improved?

When you entered, how did the site feel?

Describe why.

Describe your observations as you waited for your appointment.

- Were you welcomed to the agency in an open and friendly manner?

Describe observations here.

- How long did you spend in the waiting room? Enter time.

How were you made aware that there were language accommodations? Describe here.

Where in the facility did the intake occur? Enter here.

Summary of the intake paperwork.

- During your walkthrough were you able to complete all the intake paperwork? Yes No
- How long did it take you to complete the intake paperwork? Enter time.
- List the forms that are required to complete upon intake. List here.
- How many times were you required to sign your name? Enter Number.
- As a new patient, do you feel that you would understand the paperwork and all questions asked? Yes No
If not, describe what was unclear or could be improved.
- Was any paperwork outdated or no longer required?
- Is the paperwork filled out at intake required to make a diagnosis and begin treatment? Yes No Some
- Were there redundancies in the type of questions asked? Yes No

Summarize the reflections from staff providing the service and the walk-through team.

What went well during the contact?

What should be improved?

Admission

What level of care were you admitted for? Type in LOC.

When did the admission take place?

Where in the facility did the admission take place?

Was a toxicology test required? Yes No

If yes, did you feel comfortable? Yes No

If yes, what did the staff do to make you feel comfortable? Describe briefly.

How were personal belongings addressed? Describe briefly.

How long did the admission process take? Enter time.

In your role play, did you complete up to 45 minutes of the CalOMS and the clinical assessment? What observations did you have about the staff responses?

For residential levels of care: Did staff go through your belongings? Yes No

Describe that process and how you felt as a patient?

Summarize the reflections from staff providing the service and the walk-through team.

What went well during the admission?

What should be improved?

Treatment Session

Which Treatment Service did you assess? _____

- Did you or does the patient have to wait between their assessment and their first treatment session? Yes No
- If yes, how long did you have to wait? Enter time
- Did the agency contact you to confirm/remind you of your treatment appointment? Yes No
- Describe how the staff prepared you for what was going to happen.
- Describe any questions or concerns that could have been addressed before the first session?
- Was the first treatment appointment with a counselor or clinician?
- Describe what the staff did to develop rapport? Trust?

Summarize the reflections from staff providing the service and the walk-through team.

What went well during the treatment session?

What should be improved?

Discharge Process

Was this a planned discharge? Yes No

If not, briefly describe the reason the patient was leaving.

How was the patient treated?

Was the patient provided a warm hand-off to another treatment or service appointment? Yes No

Which agency or service was provided?

Briefly describe your agency's warm hand-off process.

What did they do to help you feel comfortable about where you would be going and what you could expect to happen?

What questions or concerns should have been addressed?

Summarize the reflections from staff providing the service and the walk-through team.

What went well during the treatment session?

What should be improved?

Post Walk-Through Process:

List the names, positions, and roles of the staff who participated in the walk-through and post walk-through debriefing.

Name	Role	Drop Down: Walk-through, Debrief, Both

What surprised you most during your walk-through? Briefly describe.

List two to three “just-in-time changes” you want to make.

Change 1	
Change 2	
Change 3	

What ideas did patients have to improve agency practices?

Idea 1	
Idea 2	
Idea 3	