Client Feedback Process to Inform FIT Implementation: A Quality Improvement Project

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Abstract

Feedback Informed Treatment (FIT) is a transtheoretical model for integrating client feedback into care and improves cost-effectiveness of treatment. FIT tools such as the Outcome Rating Scale/ Session Rating Scale (ORS/SRS) and A Collaborative Outcomes Resource Network (ACORN) are designed to improve mental and behavioral health outcomes, and fidelity to the FIT model requires organizational responsiveness to client and staff needs in a 'culture of feedback'. This quality improvement project engaged administrative staff and clinicians (Psychiatric Mental Health Nurse Practitioners, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers) at an outpatient mental health organization in a needs assessment (NA) of client feedback processes between September 2023 and December 2023. The implementation site serves over 1,000 diverse clients. The NA's surveys and semi-structured interviews increased staff engagement in discussions about FIT implementation and provided a greater understanding of staff needs, perceived barriers, and strengths relevant to FIT implementation. The NA resulted in a proposed process to receive client feedback about organizational processes and initiatives: a client focus group. Increased staff satisfaction and positive expectations of organization-level client feedback practices indicated alignment between the proposed client focus group and staff priorities. Given limited evidence regarding eliciting client feedback about organizational processes in outpatient mental health contexts, this project applied principles from emerging client engagement models and may have relevance to other outpatient mental health organizations and stakeholders.

Keywords: Feedback Informed Treatment, FIT, Routine Outcome Monitoring, Patient Engagement, Quality Improvement

Introduction

Problem Description

An emphasis on evidence-based care and cost efficacy in mental health care has grown in response to mandates of the US Affordable Care Act, changes in healthcare reimbursement systems and patient expectations (Miller et al., 2016). In psychotherapy, divergent theories and heterogeneity of practice pose challenges in standardizing the evaluation of treatment efficacy. Many clinicians providing psychotherapy do not improve treatment efficacy over time, overestimate the effectiveness of care, or fail to recognize deterioration of patient symptoms (Goldberg et al., 2016). The intervention site, Outpatient Clinic (OPC), is a privately run outpatient mental health organization that aims to provide quality, innovative care. However, OPC lacks a system of evaluating client experience or efficacy of treatment.

Available Knowledge

Therapist factors likely account for 5-8% of variability in treatment outcomes (Delgadillo et al., 2022). Patient-specific, relationship, and other factors may also contribute to outcome variability (Goldberg et al., 2016). Routine outcome monitoring (ROM) is used to elicit client experiences of care and quantify client outcomes (Tilsen & McNamee, 2014). ROM is included in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (Miller et al., 2016) and is associated with improved treatment efficacy and equity of care (Delgadillo et al., 2022). Feedback Informed Treatment (FIT) is a type of ROM that is designed to improve outcomes in psychiatric and mental health care. FIT is considered "transtheoretical" due to compatibility with diverse treatment approaches and theoretical frameworks (Miller et al., 2015). FIT is characterized by a client-centered focus and strategic data collection. FIT questionnaires including A Collaborative Outcomes Resource

Network (ACORN) and Outcome Rating Scale/ Session Rating Scale (ORS/SRS) are used to track data regarding therapeutic alliance and patient-reported outcomes of care (Miller et al., 2015). Several randomized controlled trials have found that FIT decreases patient symptom intensity, treatment drop-out rates, risk of symptom deterioration, and length of treatment (Janse et al., 2020; Tam & Ronan, 2017). However, recent meta-analyses have concluded that FIT effect sizes are small in adult and youth psychotherapy (Østergård et al., 2020; Tam & Ronan, 2017; Pejtersen et al., 2020). Heterogeneity of included studies limits the strength of these findings. More research is needed regarding contexts in which FIT is most effective (Tam & Ronan, 2017; Pejtersen et al., 2020). Stronger evidence supports that FIT improves cost-effectiveness of mental health care and promotes care system reliability, stakeholder and team engagement, and organizational adaptability (Delgadillo et al., 2021; Miller et al., 2015). FIT facilitates a "culture of feedback" (Tam & Ronan, 2017, p. 41), which includes improving clinicians' capacity to incorporate client feedback into care. Client feedback regarding healthcare organizations' practices is associated with improved safety and quality (Agency for Healthcare Research and Quality [AHRQ], 2018). Complaint forms or surveys are associated with superficial organizational improvement. More intensive client involvement and partnership are associated with transformational change (Bombard et al., 2018; Carman et al., 2013). There is little evidence regarding implementation of organization-level client feedback in outpatient mental health settings (AHRQ, 2018).

Rationale

The Institute for Healthcare Improvement approach to Quality Improvement (IHI-QI) is a strategy for making targeted change in a system using Plan, Do, Study, Act (PDSA) cycles (Scoville & Little, 2014). IHI-QI was chosen for this project for its compatibility with other

quality improvement (QI) frameworks and facilitation of iterative improvement in healthcare settings. IHI-QI interventions rely on “profound knowledge” of an intervention context, including understanding systems, theory of knowledge, psychology, and sources of variation (Scoville & Little, 2014). A logic model (Appendix A) illustrates the goals, expected effects, and contextual and methodological aspects of this QI project.

FIT is a Six-Sigma QI methodology. An implementation tool called the Feedback Readiness Index and Fidelity Measures (FRIFM) is used to identify readiness for FIT implementation and outlines five stages of enacting FIT: exploration, installation, initial implementation, full implementation, and sustainment. Eliciting client feedback about organizational processes is an exploration-phase requirement, preceding implementation of ACORN or ORS/SRS tools (Miller et al., 2015). The FRIFM does not define the required level of client engagement, or what specific feedback should be elicited. A root cause analysis (Appendix B- fishbone diagram) indicated that OPC has no system to elicit feedback from patients about organizational processes, and indicated differing staff needs and practices. A needs assessment (NA) defines a need to be addressed and identifies assets and barriers pertinent to addressing the need (Altschuld & Watkins, 2014). A NA approach to this project facilitated staff engagement in exploring what is currently being accomplished, desired outcomes, and the gap between these states.

Specific Aims

The QI project described in this paper aimed to improve patient care and support FIT implementation at OPC, by developing a proposed process to elicit client feedback about organizational processes. This project was designed to improve staff satisfaction with feedback

processes and sought to engage 80% of staff in a needs assessment (surveys and semi-structured interviews) to inform the development of the proposed process.

Methods

Context

OPC is a private outpatient mental health care organization serving children and adults in individual and group contexts. OPC's ten psychiatric mental health nurse practitioners (PMHNPs), eight licensed professional counselors (LPCs), two licensed marriage and family therapists (LMFTs), and two licensed clinical social workers (LCSWs) specialize in a range of modalities and interventions. Clinicians have flexibility in scheduling and caseload. OPC employs four administrative specialists, an operations specialist, an operations coordinator and a billing specialist. Clinical and administrative staff work in-office and remotely, sharing online communication systems and an electronic medical record. Recent personnel changes have resulted in one leader having responsibility for a greater proportion of organizational decisions.

OPC has developed as a Learning Organization (Senge, 1990), characterized by team learning, shared vision, mental models, personal mastery, and systems thinking (Al-Abri & Al-Hashmi, 2007). This framework is compatible with the "profound knowledge" required in IHI-QI. OPC is a "horizontal organization" emphasizing collaboration and interdependence instead of hierarchy. The organization is committed to anti-racism and anti-oppression, striving to provide equitable mental health care.

OPC is in-network with commercial insurances as well as Medicaid coordinated care organizations (CCOs), and currently serves over 1,300 patients in Oregon. OPC works with two CCOs that promote FIT implementation by providing support, training, and incentive payments.

The OPC FIT workgroup consists of three people during the current “exploration” phase. The workgroup’s membership is expected to grow at the beginning of the next “installation” phase.

Interventions

All OPC staff were invited to a 15-minute informational session held at a virtual staff meeting (see Appendix C- project timeline). This session (session 1) featured a presentation by the study author that anchored this QI project in the Learning Organization culture, contextualized the project’s goals in relation to FIT implementation and discussed a model of client engagement drawn from the available evidence. Staff participation in the NA was elicited: a post-session survey was emailed to all staff and purposive sampling was conducted to invite eight staff, representing a variety of clinical and administrative roles, to participate in semi-structured interviews. Twenty-minute interviews were conducted to maximize participation. Data from the NA were then used to develop a recommended process to elicit and manage organization-level client feedback. In a second (20 minute) all-staff presentation (session 2), NA results and the proposed process for eliciting organization-level client feedback were described .

Study of the Interventions

Progress in meeting FRIFM criteria was monitored to determine whether the proposed process for organization-level client feedback represented progression in FIT implementation. To measure the intervention’s effect on staff attitudes regarding feedback practices, staff were surveyed after session 1 and session 2 (Appendix D). Close-ended questions regarding satisfaction with the utility of current processes and priorities for future use of organization-level client feedback were included in the surveys. Session 1 survey results were also used in the NA process to identify gaps in OPC’s client feedback processes and informed the foci of semi-structured interviews. Interviews explored current practices, needs, and assets in receiving and

managing client feedback about organizational concerns (Appendix E). Participants were surveyed regarding the expected utility of the proposed process after session 2 (Appendix D).

Measures

The primary outcome measure of this project was fulfillment of FRIFM exploration-phase criteria (Appendix G) of developing "consumer feedback mechanisms to identify strengths, needs, and areas for potential improvement that, in turn, are used to refine the agency's rationale for adopting FIT practice" and identifying how to include "consumers or a consumer representative in the exploration process" (Bertolino et al., 2012, p.13).

Surveys given after each informational session (Appendix D) used a 6-point Likert scale to assess staff experiences, attitudes, and expectations of organization-level client feedback. Questions about participants' satisfaction with the NA process and satisfaction with project outcomes were included in the session 2 survey (Appendix D). The validity of surveys was optimized by adherence to Likert Scale constructs including conceptual clarity and readability of questions (Jebb et al., 2021). Surveys and interviews used established constructs of system utility (Kendall & Kendall, 2018) and patient/family engagement (Carman et al., 2013) which were explained in plain language at the informational sessions. Total attendance and roles of participants in session 1, session 2 and semi-structured interviews were recorded.

Analysis

Progress in FIT implementation was determined by the FIT workgroup, who assessed achievement of FRIFM exploration-phase criteria. Semi-structured interviews followed grounded theory procedures, iteratively analyzing and refining interview procedures to explore relevant concepts related to organization-level client feedback. Emergent themes in qualitative data were verified with participants when possible. A framework was developed to identify

themes and their relationships. An interview guide specifying interview topics (Appendix E), concurrent note taking of interview data, and theoretical sampling to explore areas of uncertainty were used to support the validity and reliability of qualitative data analysis.

Histograms were used to examine staff evaluation of the current utility of organization-level client feedback and priorities for the future, as well as attitudes and expectations. Data regarding satisfaction with the proposed process for organizational feedback was used to examine staff support for possible future PDSA cycles. To examine staff engagement and data quality, the percentage and roles of OPC staff surveyed and interviewed were considered.

Ethical Considerations:

Data gathered during this QI project was de-identified and securely stored in a private cloud storage application. Participants were informed of the data management plan. To prevent conflicts of interest within the organization, identifying information was not associated with quantitative or qualitative data. Interventions were scheduled in advance and adhered to planned time to minimize interference with OPC's operational and clinical functions. This project was deemed not to be research involving human subjects by Oregon Health and Science University Institutional Review Board (ID: STUDY0002616).

Results

Based on the 26 staff actively working during the project timeline, the session 1 survey response rate was 62%, and the session 2 survey response rate was 50% (results listed in Appendix D). Seventy-five percent of session 1 survey respondents (N=16) and 92% of session 2 survey respondents (N=13) rated the importance of using client feedback in team and organizational decisions highly ("4" or "5" on a Likert scale rating from 0 [not at all important] to 5 [highly important]) (Figure H4). On a 6-point Likert scale ("never", "rarely", "sometimes",

"often" & "always"), session 1 survey respondents most frequently reported "sometimes" receiving client feedback in a useful format (56.3%) and in a timely way (37.5%). Session 1 survey results also indicated interest in continued use of current methods of receiving client feedback, and 50% of respondents reported interest in using a new method: client surveys or focus groups (Figure H1).

Seven out of eight invited staff (at least one PMHNP, LCSW, LMFT, LPC, and administrative/ operational staff) participated in semi-structured interviews. Emergent themes from the qualitative data (summarized in Appendix G) related to barriers to using client feedback and assets in managing client feedback. Barriers included the quality of available feedback data, differing staff priorities in using feedback, challenges in sharing and receiving feedback related to relationships and roles, negative impacts of eliciting client feedback, and limited resources for new initiatives. Assets in managing client feedback included OPC's Learning Organization culture, strong communication with clients and among colleagues, client-centered care processes, and current practices (a complaint form, leadership support and collaborative QI processes).

NA data from the session 1 survey and interviews were used to identify a client focus group as a viable method to build client engagement and provide client feedback to inform ongoing QI processes including FIT implementation. The proposed client focus group was presented at session 2, and 84.6% of session 2 survey respondents rated their level of satisfaction with the proposed next step as "very satisfied" ("4" or "5" on a Likert scale rating from 0 [very dissatisfied] to 5 [very satisfied]). In comparison, 31.3% of session 1 survey respondents rated their satisfaction with current client feedback processes as "very satisfied" (on the same Likert scale) (Figure H3). Session 2 survey respondents all reported agreement or strong agreement ("4" or "5" on a Likert scale rating from 0 [strongly disagree] to 5 [strongly agree]) that a client

focus group would provide important information, allow them to improve how they do their jobs, and allow their team to incorporate client feedback about care systems into decisions and strategic planning. Fewer participants (46%) strongly agreed that a client focus group would be practical to implement and use, while 54% indicated slight disagreement or slight agreement ("2" or "3" on the same Likert scale) (Appendix D). After session 2, the FIT workgroup decided to pursue implementation of a client focus group, and identified progress made in FRIFM exploration-phase criteria (Appendix F) including identifying client feedback mechanisms and methods of including clients in the exploration phase of FIT implementation, and improved understanding of staff needs relevant to the FIT implementation process.

Discussion

The NA and development of a proposed client focus group resulted in fulfillment of FRIFM exploration-phase criteria, and the FIT workgroup agreed that OPC is now poised to enter the "installation" phase of FIT. Survey data were contextualized by qualitative interview data, improving the specificity and accuracy of NA findings. The NA indicated limited staff resources and differing priorities and levels of interest in gathering client feedback data (Appendix G). The development of the proposed next step incorporated these considerations, as a client focus group could feasibly be implemented by a small group of interested staff. Lower staff satisfaction with current client feedback practices compared with higher satisfaction with the proposed client focus group indicates that the project outcome was aligned with participants' priorities. Nearly all (92.3%) session 2 survey respondents agreed or strongly agreed that their perspective was considered and understood in the development of the proposed client focus group (Appendix D). This project supported the "culture of feedback" required by FIT, eliciting staff engagement to support next steps in implementing client feedback processes.

Limitations of the study include inability to make statistical inferences between session 1 and session 2 survey results, as paired samples were not used. We were not able to determine the total number of staff engaged in the project (across data collection methods) because the surveys were anonymous. So, it is unclear whether total NA exceeded 62% of staff, falling short of the project goal (80%). Generalizability is limited by small sample sizes, related to the total number of OPC staff and participation. Selection bias in surveys may have resulted in an over-representation of staff with a strong interest in the subject. The response rate to the session 2 survey (50%) was lower than to the session 1 survey (62%), possibly due to meeting attendance and time constraints. The importance of using client feedback in team and organizational decisions was highly rated by most survey 1 respondents, so ceiling effects may also have limited detection of changes in response to this question over the course of the project.

Conclusion

This QI project used a mixed-methods NA to elicit staff engagement in developing a system for client feedback about organizational processes. It was collaboratively designed to support ongoing FIT implementation at an outpatient mental health organization. The project's methods supported a "culture of feedback" and results fulfilled FRIFM criteria. Future PDSA cycles may include implementing a client focus group, and initiatives aligned with installation-phase FRIFM criteria. Incorporation of client engagement and system utility frameworks into a NA may be useful to stakeholders in the development of client feedback systems, including payors and healthcare organizations. Burgeoning interest in models of client engagement and FIT have led to implementation initiatives, and further evidence is needed to support implementation in a variety of care contexts, including outpatient mental health care organizations.

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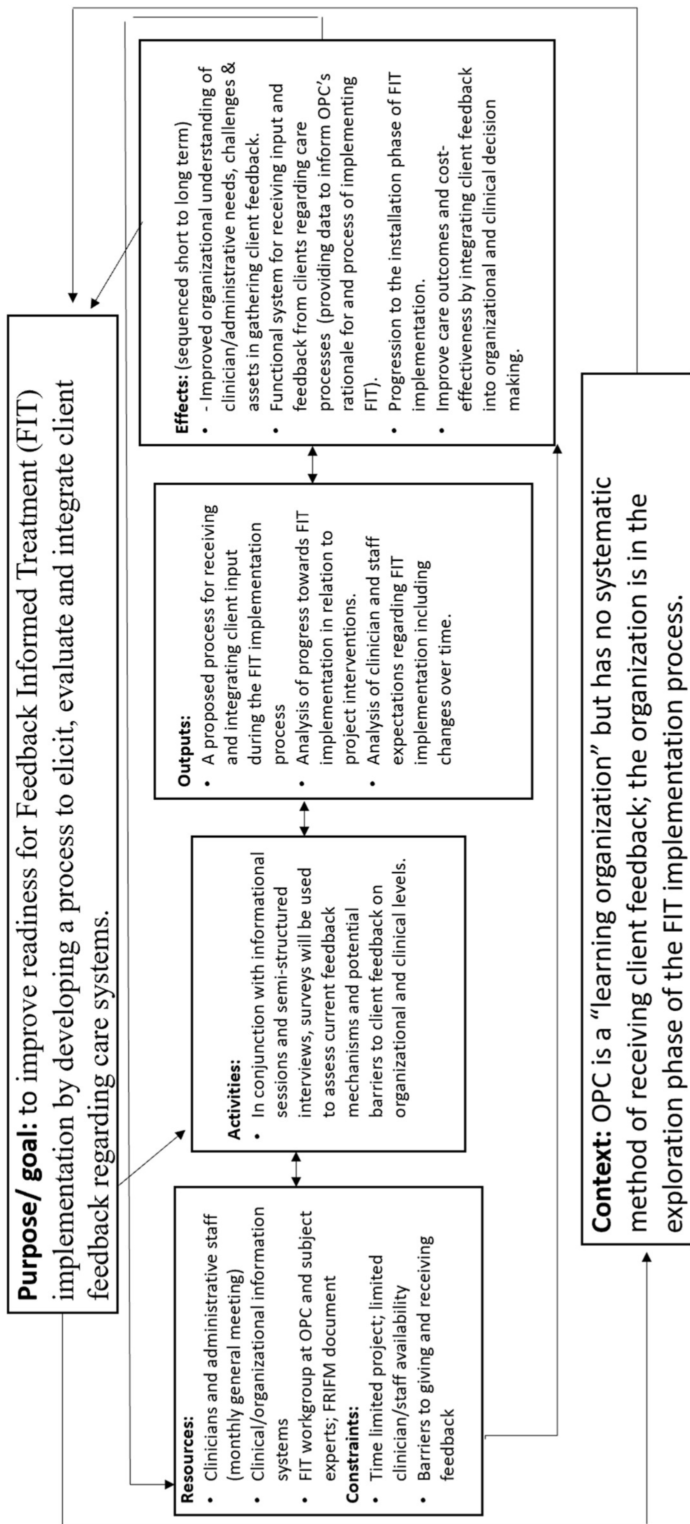
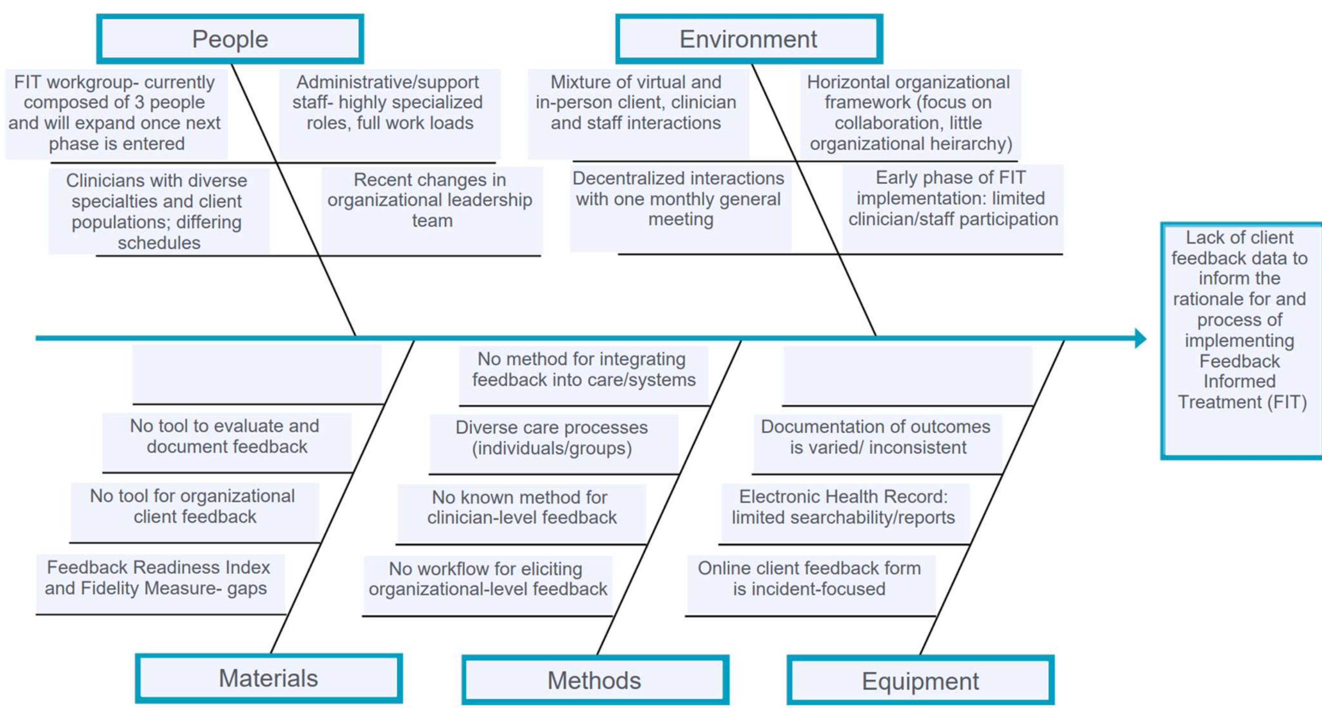
Appendix A:
Logic Model



Appendix B:
Fishbone Diagram



Appendix C:

Project Timeline

June 2023	- Discussed schedule of QI project with organizational leadership - Scheduled informational sessions in all-staff meetings
July 2023	- Explored contextual factors of QI project and FIT implementation
August 2023	- Finalized project proposal/ letter of support - Finalized semi-structured interview questions and data gathering strategy - Finalized surveys and first presentation, received feedback from OPC leaders - Obtained IRB determination
September 2023	- September 7: Completed first all staff presentation and survey - Evaluated and analyzed survey data to inform interviews
October 2023	- Coordinated meeting times with semi-structured interview participants - Began semi-structured interviews
November 2023	- Continued semi-structured interviews - Engaged in continuous evaluation of qualitative data
December 2023	- Completed semi-structured interviews - Analyzed and synthesized results from interviews and surveys - Formulated a proposed process for eliciting organization-level client feedback - Discussed proposed process for client feedback with FIT working group
January 2024	- Second all-staff presentation: summarized NA findings and proposed process and surveyed participants - Analyzed study measures
February 2024	- FIT workgroup adopted proposed process and evaluated progress on FRIFM criteria

Appendix D:

Informational Session Survey Questions and Results

Question Domain	Survey Question	Results Session 1: 16 survey respondents Session 2: 13 survey respondents	Session 1= Session 1 (24 attendees) 2= Session 2 (22 attendees)
Needs Assess-ment	I receive client feedback about team or organizational processes in the form of: *(choose all that apply)* ☐ (Indirect) information shared by my colleagues/supervisor ☐ Verbal feedback from clients ☐ E-mail or other written messages from clients ☐ Official client feedback or "complaint" forms ☐ Reviews (on the internet or elsewhere) ☐ Surveys or focus groups ☐ Consultation with patient advocates ☐ Client advisors or advisory committees ☐ Client co-leadership in organizational projects or work groups ☐ I DO NOT receive any client feedback about team or organizational processes ☐ Other...	Indirect: 81.3% (n=13) Verbal: 93.8% (n= 15) Email: 68.8% (n= 11) Feedback forms: 12.5% (n=2) Reviews: 18.8% (n=3) Survey/Focus groups: 6.3% (n=1) Pt advocates: 0% Client advisors: 0% Client co-leadership: 0% No feedback: 0%	1
Needs Assess-ment	I receive client feedback about team/organizational processes in a useful format	Never: 0% Rarely: 6.3% (n=1) Sometimes: 56.3% (n=9) Often: 25% (n= 4) Always: 0% Don't know/no answer: 12.5% (n=2)	1
Needs Assess-ment	I receive client feedback about team/organizational processes in a timely way	Never: 0% Rarely: 18.3% (n=3) Sometimes: 37.5% (n=6) Often: 25% (n=4) Always: 6.3% (n=1) Don't know/no answer: 12.5% (n=2)	1
Needs Assess-ment	When I receive client feedback, I can use it to improve how I do my job	Never: 0% Rarely: 6.3% (n=1) Sometimes: 31.3% (n=5) Often: 31.3% (n=5) Always: 25% (n=4) Don't know/no answer: 6.3% (n=1) 0: 0% 1: 0%	1

Utility of next steps	Client focus groups will provide client feedback that I can use to improve how I do my job 0 1 2 3 4 5 Strongly disagree ○ ○ ○ ○ ○ ○ Strongly agree	2: 0% 3: 15.4% (n=2) 4: 46.2% (n= 6) 5: 38.5% (n=5)	2
Needs Assess-ment Utility of next steps	When my team decides how a process should work, client feedback is considered Client focus groups will allow my team to incorporate client feedback into decisions about care systems. 0 1 2 3 4 5 Strongly disagree ○ ○ ○ ○ ○ ○ Strongly agree	Never: 0% Rarely: 0% Sometimes: 68.8% (n= 11) Often: 18.8% (n=3) Always: 12.5% (n= 2) I don't know/no answer: 0% 0: 0% 1: 0% 2: 0% 3: 7.7% (n=1) 4: 23.1% (n=3) 5: 69.2% (n= 9)	1 2
Needs Assess-ment Utility of next steps	When my organization makes plans for the future, client feedback is considered Client focus groups will allow my organization to consider client feedback when making plans for the future 0 1 2 3 4 5 Strongly disagree ○ ○ ○ ○ ○ ○ Strongly agree	Never: 0% Rarely: 0% Sometimes: 68.8% (n=11) Often: 6.3% (n=1) Always: 25% (n= 4) I don't know/no answer: 0% 0- 0% 1- 0% 2- 0% 3- 7.7% (n=1) 4- 30.8% (n= 4) 5- 61.5% (n= 8)	1 2
Needs Assess-ment	Client feedback is currently used by my team to improve: *(choose all that apply)*	Meeting each client's individual needs: 87.5% (n=14) Safety and effectiveness of care: 75% (n=12) General client satisfaction: 81.3% (n= 13) Equitable care for the Black community, Indigenous groups and people of color: 37.5% (n= 6) Development of new services to meet needs in the community: 56.3% (n=9) Support and ongoing learning for clinical and/or administrative staff: 68.8% (n=11) I don't know/ prefer not to answer: 12.5% (n=2)	1

Needs Assess-ment	My top future priorities for client feedback are to improve: *(choose top 3 priorities)*	Meeting each client's individual needs: 62.5% (n=10) Safety and effectiveness of care: 56.3% (n=9) General client satisfaction:50 % (n=8) Equitable care for the Black community, Indigenous groups and people of color: 50% (n=8) Development of new services to meet needs in the community: 37.5% (n=6) Support and ongoing learning for clinical and/or administrative staff: 25% (n=4) I don't know/ prefer not to answer: % (n=0)	1
Utility of next steps	A client focus group could provide results that are important to me 0 1 2 3 4 5 Strongly disagree ○ ○ ○ ○ ○ ○ Strongly agree	0- 0% 1- 0% 2- 0% 3- 15.4% (n=2) 4- 38.5% (n=5) 5- 46.2% (n=6)	2
Needs Assess-ment	To address my priorities, the following will be the most useful: *(choose 3)*	Verbal feedback from clients: 62.5% (n=10) E-mail or written messages: 43.8% (n=7) Official feedback or complaint forms: 43.8% (n=7) Reviews (on the internet or elsewhere): 12.5% (n=2) Consultation with patient advocates: 31.3% (n=5) Client surveys or focus groups: 50% (n=8) Client advisors or advisory council: 6.3% (n=1) Client co-leadership in organizational work groups: 12.5% (n=2) Client feedback WILL NOT be helpful: 0% I don't know/prefer not to answer: 18.8% (n=3)	1
Staff Attitudes	Overall, how important to you is using client feedback in team and organizational processes? 0 1 2 3 4 5 Not at all Important ○ ○ ○ ○ ○ ○ Very Important	0- 0% 1- 0% 2- 0% 3- 25% (n=4) 4- 18.8% (n=3) 5- 56.3% (n=9)	1

	Overall, how important to you is using client feedback in team and organizational processes? (see Likert scale above)	0- 0% 1- 0% 2- 0% 3- 7.7% (n=1) 4- 53.8% (n=7) 5- 38.5% (n=5)	2
Staff Satis-faction	Overall, how satisfied are you with the current system of receiving feedback from clients about team and organizational processes? Very dissatisfied 0 1 2 3 4 5 Very satisfied	0- 0% 1- 6.3% (n=1) 2- 18.8% (n=3) 3- 43.8% (n= 7) 4- 12.5% (n=2) 5- 18.8% (n=3)	1
	Overall, how satisfied are you with the proposed next step (client focus group)? Very dissatisfied 0 1 2 3 4 5 Very satisfied	0- 0% 1- 0% 2- 0% 3- 15.4% (n=2) 4- 30.8% (n=4) 5- 53.8% (n= 7)	2
Utility of next steps	A client focus group would be practical to implement and use Strongly disagree 0 1 2 3 4 5 Strongly agree	0- 0% 1- 0% 2- 7.7% (n=1) 3- 46.2% (n=6) 4- 30.8% (n= 4) 5- 15.4% (n= 2)	2
Utility of next steps	My perspective was understood and considered in the development of proposed next steps Strongly disagree 0 1 2 3 4 5 Strongly agree	0- 7.7% (n=1) 1- 0% 2- 0% 3- 30.8% (n= 4) 4- 30.8% (n= 4) 5- 30.8% (n= 4)	2

Appendix E:
Semi-structured Interview Question Guide

	Focus of Interview Questions	**Utility or *Needs Assessment* Category** (Kendall & Kendall, 2018)
1	Under what circumstances do clients offer you feedback about team/organizational processes? How frequently do you receive this feedback?	Form utility
2	When you receive feedback from a client about team processes or the care environment, do you have a process for storing or sharing that information in a way you feel is useful? If so, what process?	Place utility, time utility, *organizational assets*
3	How have you seen client feedback used by your team/organization? What type of client feedback has been helpful in team or organizational processes?	Form utility, organizational assets
4	What are your greatest challenges in using client feedback to inform team or organizational processes? What do you think the organization's greatest challenges are in utilizing client feedback?	Possession utility, goal utility, actualization utility
5	In an ideal world, how would you like to see client feedback used by the organization? What do you think would need to change?	goal utility
6	What concerns do you have (if any) about incorporating client feedback into team and organizational decisions?	*challenges/ barriers*

Appendix F:

FRIFM Exploration Phase Criteria © 2005, Miller, Mee-Lee, & Plum (from Feedback Readiness Index and Fidelity Measure (FRIFM) and Instructions [Bertolino & Miller, 2012])

General implementation activities
Establish an Initial Implementation Team (IIT) (FRIFM Realm 2)
FIT knowledge upskilling
IIT gains basic FIT knowledge (attend FIT training and review FIT literature) (FRIFM Realm 1 and 2)
IIT familiarizes themselves with the ICCE Core Competencies and uses to inform process of identifying potential impact of integrating FIT into agency practice (FRIFM Realm 1 and 2)
IIT reviews and completes the FRIFM (FRIFM Realm 2)
IIT mobilizes interest and support of key stakeholders (starting with top leadership) (FRIFM Realm 2)
Gathering information
IIT reviews any prior attempts to implement FIT and lessons learned (FRIFM Realm 2)
IIT develops understanding of practitioner workload, including documentation and productivity requirements (FRIFM Realm 3)
IIT (or designated representative) consults with agencies that have implemented FIT to ask questions and inform planning process (FRIFM Realm 1)
IIT considers options for data collections and management related to FIT (FRIFM Realm 3)
Assess
IIT develops a written document comparing FIT practice with the current agency vision or mission statement (FRIFM Realm 2)
IIT considers how implementation of FIT may facilitate or compete with other organizational change initiatives (FRIFM Realm 2)

IIT reviews current policies and practices for soliciting feedback from consumers, identifying areas of overlap and potential conflict (FRIFM Realm 5)
IIT develops a clear understanding of needs, challenges, and assets of: 1. practitioners, 2. agency, and 3. system of care
IIT uses existing consumer feedback mechanisms to identify strengths, needs, and areas for potential improvement that, in turn, are used to refine the agency's rationale for adopting FIT practice. When no formal practices are in place for soliciting consumer-feedback, informal interviews, focus groups, surveys, and discharge summaries can be used. (FRIFM Realm 5)
IIT investigates agency capacity for taking on the additional documentation and workload related to implementing FIT practices (FRIFM Realm 3)
IIT explores the changes in agency culture that will be required for successful implementation of FIT (FRIFM Realm 1)
IIT explores the financial costs associated with implementation and available resources (FRIFM Realm 2)
IIT identifies ways to include consumers or a consumer representative in the exploration process (FRIFM Realm 5)
IIT considers any barriers to tool access for populations served that may need to be addressed in order to implement FIT (solicit feedback) with all consumers served by the agency (e.g. children, visually impaired, etc.) (FRIFM Realm 5)
Define
IIT develops a shared understanding of the desired outcome of implementing FIT and creates a written document specifying the rationale and goals of FIT implementation (FRIFM Realm 1 and 2)
Decide
IIT determines if FIT is the right practice at this time (does it meet the current needs of practitioners, the agency, the system of care)
ITT determines if there is capacity for FIT. Are there adequate financial resources, organizational commitment, and buy-in so that FIT can be implemented with fidelity?

Note: you need to have completed 20 of the 22 exploration tasks to meet the "90% complete" threshold if indicating your organization is now in installation phase

Appendix G:
Qualitative Interview Data

Needs Assessment Domain	Emergent Themes	Examples
Identified Needs:	Mechanism(s) to elicit client feedback about systems/ organizational concerns	“Organizational or systems related feedback is fairly rare.”
		“I get client feedback once every few months. It is sometimes positive, sometimes a coordination concern, rarely a complaint.”
		“There may be a lack of opportunity for clients to regularly give feedback…there's no regular mechanism.”
		“I get client feedback in session, particularly about what was helpful, or a particularly enjoyable or frustrating experience…often about billing or other things that are not in our control”.
	Mechanism(s) for managing and responding to client feedback	“The time from feedback to implementation is often long just by the nature of team processes. Sometimes efficacy of changes can be lost due to a delay.”
		“The only way I store feedback I get from clients is in my memory and interpersonal communication. Sometimes it's hard to remember to bring up pertinent information…or find the right time to do it.”
Challenges/ Barriers:	Validity and relevance of available information	“It can be hard knowing what to ask a client if they bring up an issue, what information will be useful and what would be consistent with what others are doing”.
		“Challenges- well, identifying outliers while practicing conscientiousness and remaining responsive; weighting information appropriately”.
		“I wonder if we always have enough client feedback to have an accurate picture. Not everyone has the same issues, so making sure that when we get feedback, we want it to be representative of the demographic that we're working with”
		“Most of the time people write reviews when they're upset, but not when they have positive feedback. Bad news travels faster than the good. We don't really have a way of tracking that positive feedback, but we do try to share it in the group.”
		“How valid is this feedback? We want systems to run smoothly and I'm not always sure if one individual's perspective represents the most important aspects of an issue.”
		“Knowing what information is relevant to others can be challenging. I’m not sure what has been most useful for team processes.”
	Different Priorities	“We're trying our best to provide care that is equitable and high quality. But with different priorities within the group, we start with improving individual care and impacting systems through that. People have different priorities in establishing a system to receive client feedback.”
		“As we've become a bigger organization we may not all be on the same page about all our priorities, so prioritization is a real question.”
		“I'm not a really big change person, so when things are working I'm not thinking about changing things. I don’t know what I would want to change.”
	Sharing feedback with peers	“It can be challenging being in the middle between clinicians or staff and the patient. I guess this causes some internal tension, sometimes it's hard to share criticism with peers.”
		“My challenge is giving feedback to the people I work with. With negative information, I don't want to hurt anyone's feelings”.
		“Ideally, we'd increase our comfort level for sharing feedback with each other regarding both organizational aspects like ones pertinent to the support team, and direct client/provider issues”

	Receiving feedback from peers or clients	“Ability to incorporate feedback depends on what the topic is- some topics are really activating, where some people don't want to talk about it and others are really passionate about it.”
		“Some kinds of feedback are a lot easier or harder to share and to receive, and it seems different person to person”.
	Possible negative effects of data gathering processes	“As part of an illness, sometimes formalized feedback forms can be unhelpful or set conditions and antecedents for perseveration or unhelpful behaviors.”
		“Some [staff] have experienced poorly implemented [FIT] by past employers which caused pressure from management for productivity”.
		“Different folks are responsive in different ways and so the format could be helpful or unhelpful for different brains and behavior profiles.”
	Limited Resources	“Meeting time is important; we need to use our time efficiently because no one is covering.”
		“Voluntary committees are taking on improvement work and what we're doing might be limited by the fact that we're not being paid to do this. We are enriching each other’s practice by participating.”
Assets/ Strengths	Learning Organization Culture and Practices	“We are a Learning organization- so sharing data is involved in all meetings. Sometimes these group efforts also bring in experts to inform system changes.”
		“It’s important to continue with what already works- we have equality, no hierarchy for the most part, except the director role which is particular. The patient voice matters. Honesty and humility in communication- maturity is key to that one.”
	Communication	“We do get a lot of good feedback. Part of keeping things positive is managing expectations and communicating clearly.”
		“I encourage direct communication about processes- go to the person who can help”
		"Hiccups have been worked out over time using a collaborative process. In meetings and one on one, we are always bringing up experiences and feedback from different perspectives”
		“Informal groups usually form to talk about an issue before bringing it to a larger Admin or team meeting. Often [the Director] will be the sounding board.”
		“People will bring client perspectives forward informally in meetings and conversations.”
		“When we take the time to explain processes, it's easier for them [clients] to follow. Choosing words carefully is important, letting people know what to expect.”
		“I usually send an email to the relevant person, or bring up during a team meeting if it's about a systems issue we are talking about”.
	Client- centered care	“Systems change is a macro version of the process of individual care- getting the patient needs dialed in will improve the wellbeing of the patient, and then ideally we optimize how we are doing that.”
		“In improving efficiency of intakes, that was really driven by client experience. A new expectation was set…that has allowed response time to potential clients to be quicker”
		“I often ask clients to tell me how it goes with processes so that I know if assistance is needed, and I know that any problems have been resolved.”
		“I approach it like- maybe this person was rude, but maybe there's something we can change here- something to improve. With clients, that’s built into how I think about it.”
		“Sometimes I do some coordination if the client can't or if there is a systems issue. I work with the client on problem solving, educating the client, and reassurance.”

		“I get feedback regarding billing, and mutual clients, often regarding medications. I work to empower clients around for example broaching a desire to be taken off medication or talk about decline in mental health with their PMHNP”.
	Existing processes and support in handling feedback	“[Director] takes client feedback seriously, and will look at it from a systems perspective, bring it to team’s meetings. It can take time but is approached thoughtfully, and usually involves more research or bringing in outside resources to solve a systems issue.”
		“We get some, I’m not sure how many comment forms online. Systems team reviews complaints. I know admin team meetings involve qualitative data sharing to improve processes.”
		“Generally, if there is a problem or complaint that goes to [the Director]”.
		“After offering empathy and support, I've always directed interactions where the client really needs to be heard to the Director”
		“I do have support in sharing or dealing with client feedback when I need it. [The director] and [two clinical staff] are filling in the gaps for [previous co-director] who used to focus on that kind of more HR support.”
		“I email admin or [Director]”.
Next steps	Tools	“I think it would be helpful to know how to navigate receiving negative feedback from clients- what questions to ask, and maybe a format or some kind of process for what to do with this information outside of my [clinician] role.”
		“We could have a form for data, that could then be categorized, that could be put into a bin with some kind of running tally that could indicate what areas could use the most improvement. This would be an easy way to record and categorize feedback that is received”
		“Maybe [we need] more opportunity for clients to share, organized into different categories to make better use of specific feedback.”
	Processes	I think we're moving in the right direction, this kind of change is slow, and to integrate FIT into our DNA it has to be incremental.
		“The challenge is to be efficiently making adjustments while maintaining consistency.”
		“It's baked into my practice to ask for feedback and pushback with clients. My concerns are more about standardized processes that don't afford flexibility.”

Appendix H:
Histograms of Select Survey Data

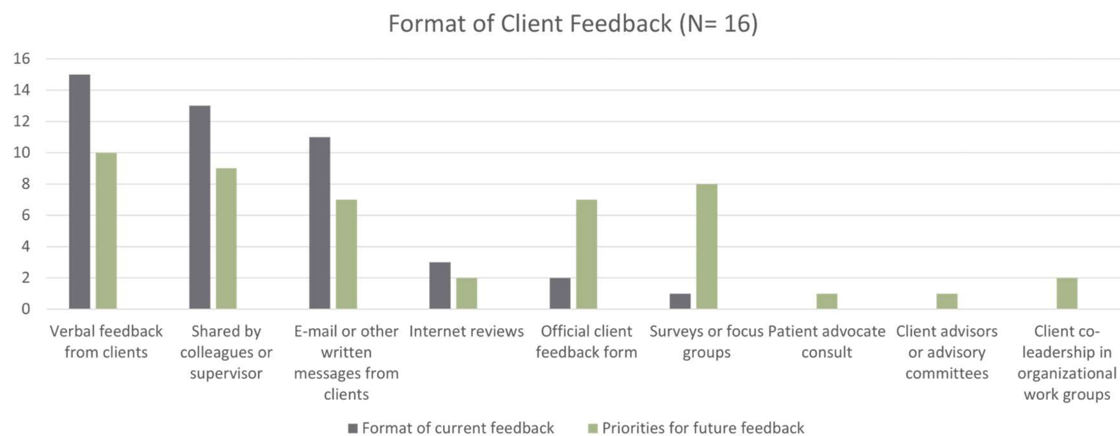


Figure H1: Format of current client feedback and priorities for future feedback (session 1 survey)

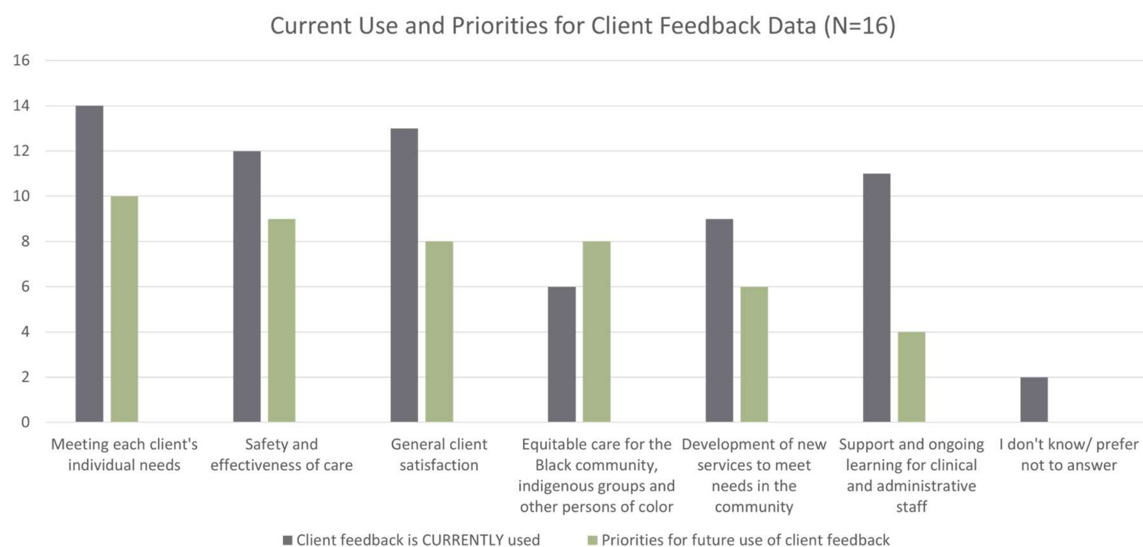


Figure H2: Current uses and priorities for future use of client feedback (session 1 survey)

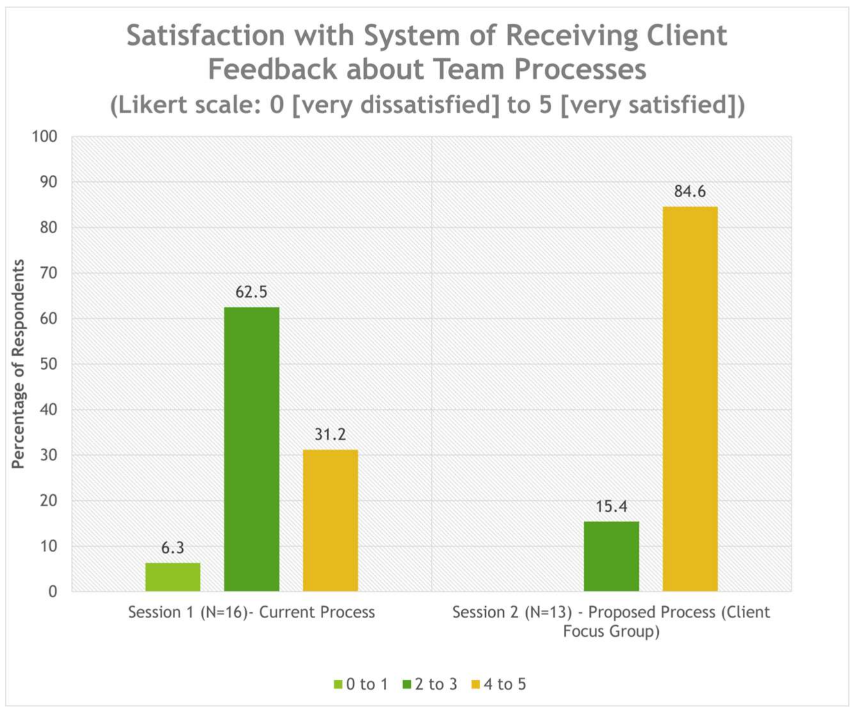


Figure H3: Satisfaction with current system of receiving feedback (session 1 survey) and satisfaction with proposed client focus group (session 2 survey)

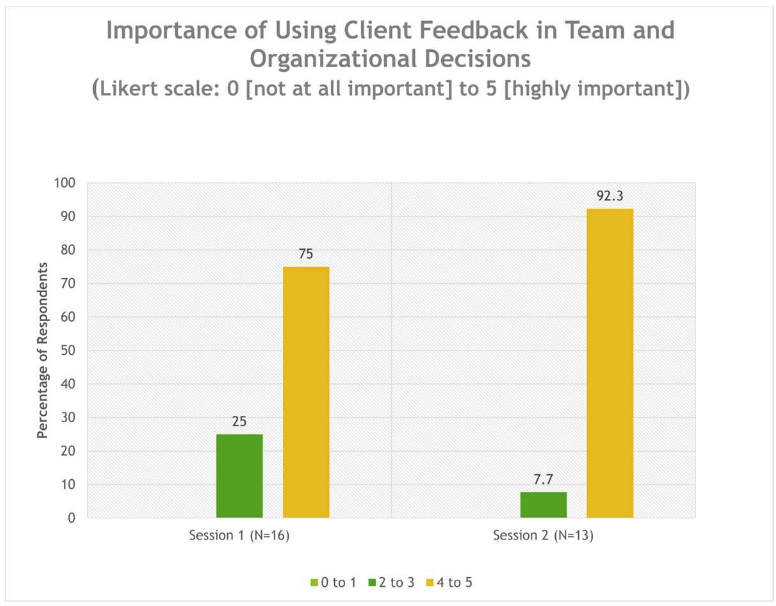


Figure H4: Importance of using client feedback in team and organizational decisions (session 1 and session 2 surveys)