

Adelaide Zero Project Continuous Improvement Framework

Continuous improvement can be applied at all levels of an organisation or a system. The Australian Government's [Aged Care Quality and Safety Commission](#) notes that 'to be effective, continuous improvement must be [...] understood at all levels and accepted by all management and staff'.

This document outlines the Continuous Improvement process which was developed and implemented through the Adelaide Zero Project in 2020 with the aim to reduce the length of time someone experiences an episode of street homelessness. The Framework incorporates learnings gained by Project Partners, and should be considered a living document to continue to capture and share learnings.

This document can be used by all staff members, including frontline workers and managers, to test, track and implement change through Continuous Improvement activities.

The Adelaide Zero Project was established in 2017 with the aim to end street homelessness in the inner-city of Adelaide. Continuous Improvement is one of the Adelaide Zero Project's key principles.

The Adelaide Zero Project receives coaching from [Community Solutions](#), through its partnership with the [Australian Alliance to End Homelessness](#), to implement continuous improvement projects using a Plan-Do-Study-Act approach.

The [Australian Alliance to End Homelessness](#) views continuous improvement as 'enabling data to be used for continuous system and service improvement not judgement'.

What is the purpose of Continuous Improvement?

Continuous improvement, and the Plan-Do-Study-Act approach, aims to:

- test ideas to improve the system, using data and learnings from each test
- use limited resources wisely, by testing ideas on a small scale before widespread implementation
- identify and mitigate unintended consequences before making widespread changes to the system
- advocate for system-wide changes based on evidence and improvements from small-scale tests.

The Adelaide Zero Project uses data from the By-Name List, which provides a real-time picture of the names and needs of each individual sleeping rough in Adelaide's inner-city.

When can we use Continuous Improvement?

Continuous improvement can be useful in many areas of a service or system including:

- Technical operations, including service delivery, interventions and best practices
- Implementation and coordination, including cross-sector integration, service/sector models and client-centred systems
- Structural change, including policies, governance and funding arrangements.

Improvement Opportunities in a System

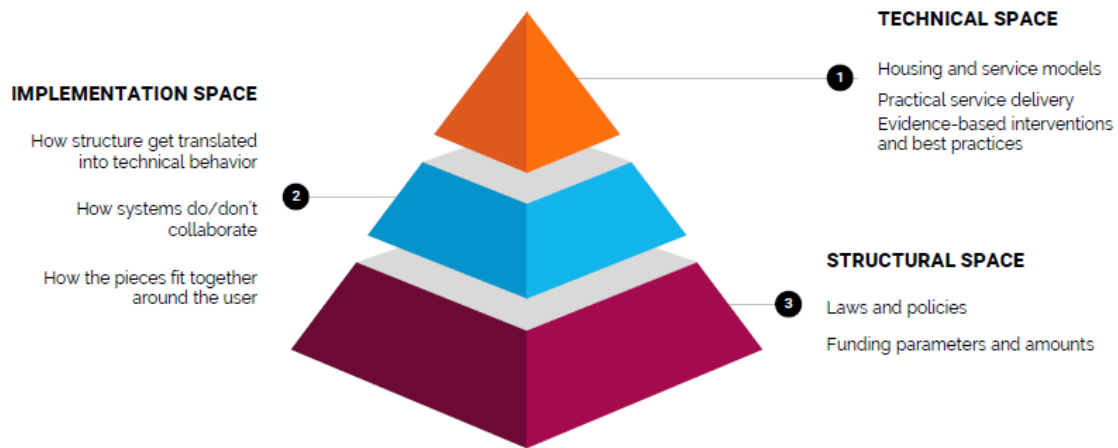


Figure 1 Improvement Opportunities in a System pyramid. Sourced from Community Solutions 2019

What does Continuous Improvement look like?

Continuous improvement, using the Plan-Do-Study-Act methodology, shows that:

- no idea is too small to test
- we can learn something from every test, regardless of whether the outcomes are positive
- a test is trialling an active change – it is not running a survey, a workshop or a meeting.

Examples of tests include:

- using a new client assessment form
- trying a new outreach procedure.

All tests should be able to set an explicit prediction of what will happen. Ask “if we do/change x, then we expect y”.

Test ideas should:

- focus on one element or process
- not require additional approval or resources to run
- initially have limited numbers of participants involved, for example five to ten.

In 2020, the Adelaide Zero Project used the Continuous Improvement Framework to focus on reducing the length of time someone spends on the By-Name List before being permanently housed. The Framework can also be used to:

- reduce inflow into homelessness
- increase housing options for people experiencing homelessness
- improve system-level coordination and processes.

How to run a Continuous Improvement project

Identify the need or issue

Mapping a system or process can help you to identify and address blockages to create better outcomes for your clients.

Tip: Use the [Planning and facilitating a process mapping meeting checklist](#) (Appendix 1) from [Community Solutions](#) to help you map your system or process and get input from your sector or team to identify blockages.

1. Plan

Consider the following when planning a Continuous Improvement test:

- What is the problem you want to solve?
- Which part of the problem will the test solve?
- What is currently happening in the process or system? Is there any baseline data that shows this?
- What do you want to change to solve the problem?
- What do you think the outcomes will be?
- What will stop the test from happening?
- Who needs to be involved in the test?
- Who will take the lead in running the test?

Before the Continuous Improvement test begins, the person leading the test needs to identify:

- the baseline data for the test
- what data is already available for the test
- what data needs to be collected before, during and after the test
- the final scope of the test, for example how many people will be involved
- how the test's outcomes will be measured
- how long the test's outcomes will be monitored
- the test's timeline.

Tip: Use the Plan-Do-Study-Act template from the [Institute of Healthcare Improvement](#) (Appendix 2) as an example of how to plan your test.

2. Do

To run the test, the person leading the test needs to:

- check every action required has been assigned to a lead, or responsible person
- uses the plan developed in the planning phase to run the test
- check in regularly with the test team
- record any measurements gained from the test
- record any observations made during the test
- record if any changes were made to the way the test was run, including reasons why the changes were made
- record outcomes.

3. Study

The person leading the test should:

- review the data collected in the 'Do' phase
- contact everyone involved in the test and record any observations they made during the test
- identify what has been learned from the test, including any unintended outcomes.

4. Act

After studying the outcomes, the project team must choose to either:

- **adopt** the test's processes and make the change part of 'business as usual'
- **adapt** the test by making modifications to the test plan, scope or measurement system, and run another testing cycle. Where the test is run again on a larger scale, try and keep the same plan so you can compare the results to previous cycles.
- **abandon** the test if it did not show improvements and cannot be adapted, or if the results showed there were negative outcomes for example a threat to client safety. Close the test and start a new cycle to test a different idea, if appropriate.

In most cases, one Plan-Do-Study-Act test will be adapted and lead to another test.

The person leading the test records the reasons why the decision was made, including any information about:

- what modifications need to be made
- whether the test needs additional resources.

If the recommendation is to adopt or adapt the test, use a new Plan-Do-Study-Act template to document the project plan and its outcomes.

All project planning documents should be saved for future reference.

Suggested citation:

Rowley, C and Jones, R. (2021). Adelaide Zero Project Continuous Improvement Framework, Adelaide Zero Project, Don Dunstan Foundation.

This Framework was developed with the kind support of the Mercy Foundation, through their Grants to End Homelessness program in 2020.

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The Adelaide Zero Project would also like to recognise the coaching received from Community Solutions.

**COMMUNITY
SOLUTIONS**

Reference materials

- Community Solutions, Built for Zero Campaign, <https://community.solutions/>
- The Australian Alliance to End Homelessness, Advance to Zero Campaign, <https://aaeh.org.au>
- The Adelaide Zero Project, www.adelaidezeroproject.org.au
- The Institute of Healthcare Improvement, <http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>

Useful Continuous Improvement Resources

- Quality Improvement in Healthcare YouTube video, <https://www.youtube.com/watch?v=jq52ZjMzqyI>
- NSW Specialist Homelessness Services: Quality Standards Implementation Resource Kit, [Continuous Quality Improvement](#)

Appendix 1 – Planning and facilitating a process mapping meeting checklist

Content sourced via email from Community Solutions, 2020.

PRE-WORK

- Pick the Target for Improvement: Using data and other information, pick the part of your system with the most significant bottlenecks or areas for potential improvement.
- Identify the Perspectives and Users: Identify if you will be improving a system from the perspective of the process administrators or the process users. Select the people that are the most familiar with the target area who will prototype an improvement plan from that perspective. Invite those users to the process mapping meeting.
- Pick a Facilitator: Don't try to facilitate and participate!
- Logistics and Materials: Don't underestimate the importance of a good working space. Spend time inventorying the materials and technology you will need. Lay out a plan for sending "Save the Dates" and invitations – this applies doubly during COVID!
- Get the Data: Identify data to understand the "NOW" and prepare to measure improvements.

THE PROCESS MAPPING EVENT

- Agenda:
 - Establish the objective for the meeting – What are you improving and by when?
 - This will become your Aim**
 - Define the Process: Start and End
 - Identify the Measurement: How will you know a change is an improvement?
 - This will become your measurement plan**
 - Map the CURRENT process and layer in current measures/data.
 - Identify the bottlenecks or areas where there are clear process malfunctions
 - This will surface improvement projects**
 - Pick one or two identified improvement projects. Brainstorm Change Ideas / Select Ideas to test to improve toward an awesome FUTURE state.
 - These are your change ideas**
 - Set up the PDSA
 - What is your plan for running this test? Get ready to go run a test before you leave the meeting. Leave with a plan!**
 - Next Steps / Closing
- Facilitation: Tips and Tricks
 - Where is the fun? Where is the food?
 - What are your "Ground Rules" that establish culture and expectations for the meeting?
 - Where will you capture the visual map, the ideas you will test, and the PDSA cycle?

IMPROVEMENT PROJECT MANAGEMENT

- Identify the Improvement Project Manager – Designate who is holding the big red ball and will convene future meetings and drive the improvement team forward.
- Identify the Timeline: Decide when the improvement team will meet again (at what intervals and for how long) to evaluate and measure if ideas being tested are resulting in improvement.
- Assure that Project Management includes continual data analysis to understand where to focus improvement efforts – when to stop, when to modify the idea, when to scale and codify.

PDSA Cycle

Appendix 2 – Plan-Do-Study-Act Worksheet

Sourced from the Institute of Healthcare Improvement, 2020

Team Name:	Aim:	Cycle #:
① Objective of this PDSA Cycle:		
② The Change or Idea:		
③ What question(s) do we want to answer?		
⑤ Plan to collect data to answer questions:		④ Prediction(s):

Process Mapping Exercise Case Study

The Don Dunstan Foundation, as backbone for the Adelaide Zero Project, ran a process mapping exercise in May 2020 to identify areas for continuous improvement tests. The Community Solutions [Planning & Facilitating a Process Mapping Meeting checklist](#) was used to help plan and structure the meeting and activities.

Pre-work

In consultation with Adelaide Zero Project partners, the backbone team at the Don Dunstan Foundation identified that the system's housing rate may increase if the time taken to support people into a housing placement was reduced. The mapping exercise focused on identifying blockages in the housing allocation process to support an individual on the By-Name List into appropriate housing. The Don Dunstan Foundation nominated its Senior Project Coordinator for the Adelaide Zero Project to facilitate the mapping workshop and convened relevant Service Managers, Case Managers, and Housing Providers to participate.

Due to the COVID-19 pandemic, the mapping exercise took place online using a combination of Zoom and MURAL (online visual collaboration tool).

The By-Name List provided baseline data for the process. In January 2020, the data showed the average length of time someone had been on the By-Name List was 134 days (with the longest being 617 days), and the average length of time to a permanent housing outcome was 106 days.

The mapping workshop

The aim of the workshop was to unpack the current housing allocation process used to find a permanent housing outcome for someone on the By-Name List.

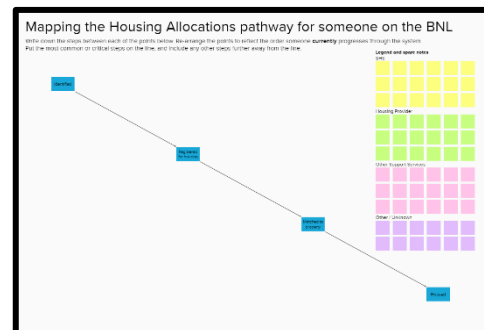
A simple process map was provided to participants, outlining the four checkpoints for the process:

- Identification
- Registration for housing
- Matched to a property
- Permanently housed.

The group acknowledged that interim processes were in place to respond to the COVID-19 pandemic which may provide ideas for continuous improvement. The start and end of the housing allocations process was defined as boundaries for the exercise. The group collectively identified steps taken during the process to secure permanent housing for a client. This approach helped to identify variations in the housing allocations process that was being used across different services and identify where new ideas or blockages could be tested.

Virtual colour-coded sticky notes were already generated to help the discussion. Colour coding included Specialist Homelessness Services, Housing Providers, Other Support Services, Other/Unknown.

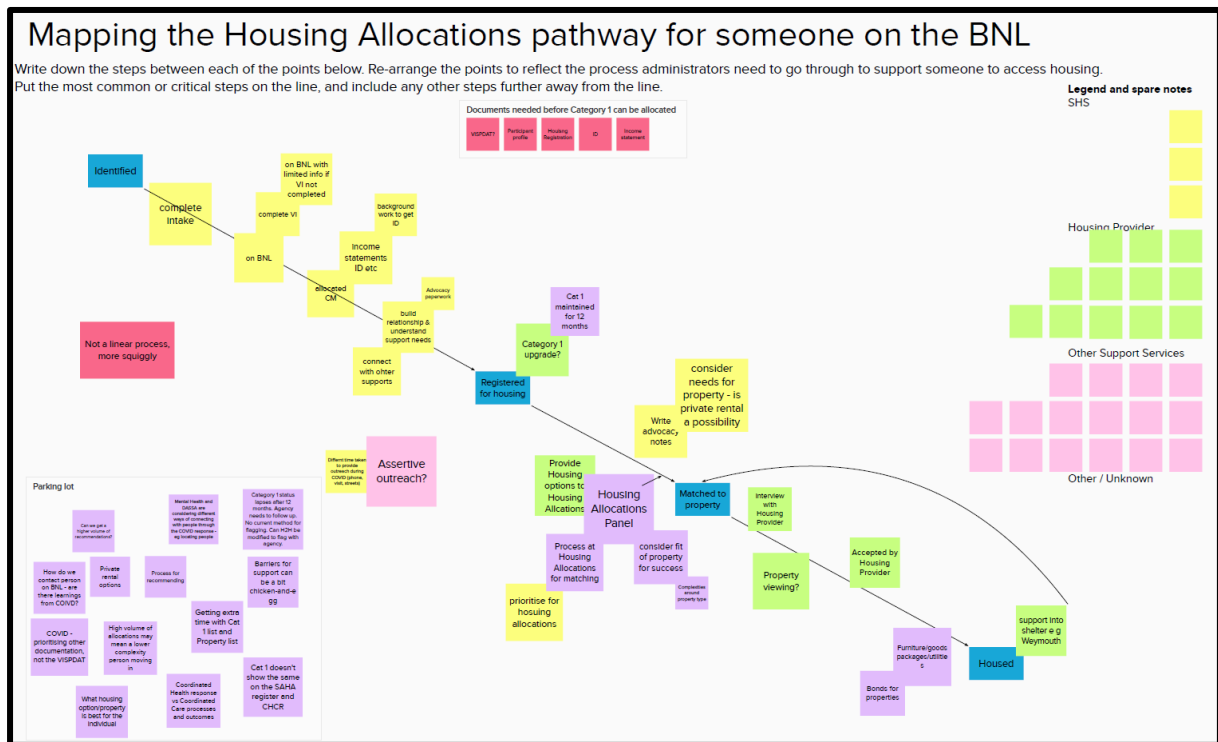
The expectations for the meeting was that all participants should be able to contribute freely and be able to discuss the order of activities, with the aim to find areas for continuous improvement activities that would test how to reduce the length of time someone experienced homelessness.



All participants provided their insights into the processes. All participants agreed that most of the processes were not linear for each individual on the By-Name List. A 'Parking Lot' was also included on the final map, as a place to put comments and process issues that did not fit directly on the line.

At the end of the meeting, the following actions were identified:

- contact needed to be made with other individuals who could provide further insight into the process map
- additional meetings would be needed to determine the continuous improvement projects that could be implemented to reduce the length of time someone is experiencing homelessness.



Continuous Improvement Case Study 1 - Accessing Identification Documents

The Adelaide Zero Project started the continuous improvement projects after first completing a process mapping exercise.

During the process mapping exercise, Project partners identified that access to clients' proof of identity (ID) was a significant bottleneck in the process to house someone permanently. Anecdotal data from staff within the Project indicated it could take approximately 8 weeks to access ID for a person sleeping rough.

One Case Manager from a partnering homelessness service and a Continuous Improvement Project Officer from the Don Dunstan Foundation were involved in the following case study.

Improvement idea

The aim of the test was to reduce the time it takes to access ID for a person on the By-Name List. The improvement idea was to change the consent process by directly asking clients for their consent to access health records through SA Health's Hospital Avoidance Team.

The Case Manager recognised that having correct information and safely obtained consent to discuss the person's history, including asking for copies of previously provided ID, could reduce the time it takes to obtain ID.

Plan

The Case Manager predicted that directly asking clients for consent to access health services would be faster than following the existing standard intake process. Reducing the time to get consent would, in turn, reduce the length of time to access ID and complete applications for housing.

The Case Manager led the project, which planned to start 12 October and finish 30 October 2020.

The Case Manager defined the measurement for the project was the percentage of people who provided consent when directly asked at the initial or next presentation to the Service. This was calculated by dividing the number of people who provided consents by the number of people asked for consent.

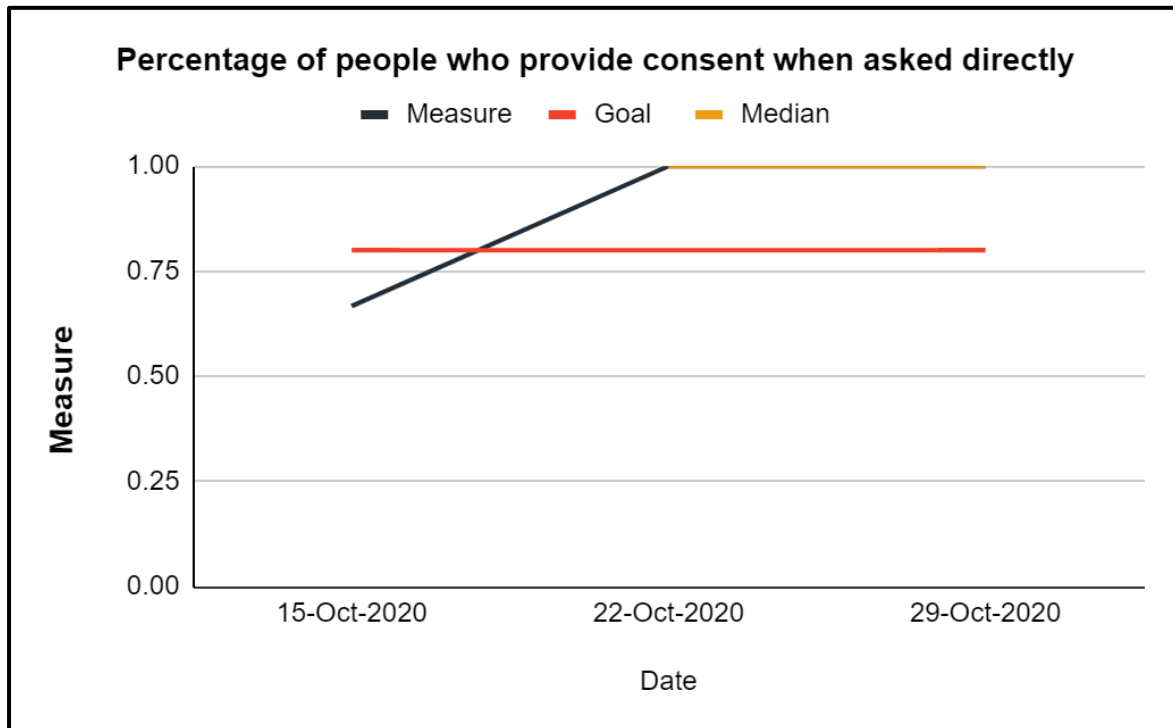
The Case Manager set the baseline through the 'standard' intake process at 40% of people providing consent within the first two weeks of connecting with the Service, with the aim to increase that rate to 80% by the end of the test. Data would be collected by the Case Manager weekly.

Before the test started, check-ins were scheduled between the Case Manager and Project Officer for support and data recording.

Do

The following data was obtained during the test:

Check in date	Percentage who provided consent	Notes
15 October	66.7%	3 current clients were directly asked to provide consent. 2 people provided consent, and 1 provided a tentative response.
22 October	100%	1 new client provided consent during intake. The client who gave a tentative response in the previous week provided consent this week.
29 October	100%	1 new client provided consent during intake.



Study

In the first week, only existing clients were asked to consent to their case manager to obtain ID information on their behalf. The clients' established connection with the Service could have influenced their willingness to provide consent.

Asking for consent helps to identify where people are already connected with other support such as health services, which helps to understand what their situation is, reducing the need for someone to tell their story twice. While this test focused on consent for health services, the Case Manager recognised that the Department for Correctional Services is often involved with people experiencing homelessness, which could be in scope for a future test.

The process may not immediately shorten the length of time to access ID, however it may open doors to access ID already stored by connected services.

Act

Based on the results, the Case Manager and Project Officer determined that the test of change should be **adapted**.

Changes to the test included:

- Setting up additional baseline measures for tracking the effects of obtaining consent on the length of time it takes to get ID.
- Running the test over a longer period of time to see the effects more clearly, as case managers did not successfully obtain client ID within the first two weeks the test was running.

Continuous Improvement Case Study 2 - Increasing the number of people eligible for Category 1 on the Housing Register

The Adelaide Zero Project started the continuous improvement projects after first completing a process mapping exercise.

During the process mapping exercise, Adelaide Zero Project partners identified that completing and submitting paperwork was hindering their ability to assess a client's eligibility for Category 1 Housing (highest priority category) for the Public and Community Housing Registers. Without a Category 1 status, a person is unable to access this type of housing.

One Case Manager from a partnering homelessness service and a Continuous Improvement Project Officer from the Don Dunstan Foundation were involved in the following case study.

Improvement idea

The aim of the test was to see if a new, centralised email address at the SA Housing Authority would make it easier and quicker for services to process housing paperwork for people who are actively homeless on the By-Name List and prioritise their application for Category 1 housing.

Plan

The Case Manager predicted that the new email address would decrease the time for an application for Category 1 housing to be processed, as the mailbox was dedicated for clients on the By-Name List. Having a dedicated mailbox to review the applications was expected to reduce the time to obtain Category 1 status, and therefore increase the percentage of applications which received Category 1 status.

The Case Manager led the project, which planned to start 15 October and finish 30 October 2020.

The Case Manager set the measurement for the project was the percentage of applications submitted through the new email address that resulted in Category 1 status. This was calculated by dividing the number of people who obtained Category 1 status by the number of applications submitted.

The Case Manager was unable to set a baseline figure for how many applications are currently assessed as Category 1 through current processes, but predicted the new mailbox could support 50% of applications to be processed faster for Category 1 status. Data would be collected by the Case Manager weekly.

Before the test started, check-ins were scheduled between the Case Manager and Project Officer for support and data recording.

Do

The following data was obtained during the test:

Check in date	Percentage of Category 1 applications	Notes
15 October	N/A	No applications were submitted using the new email address.
22 October	0%	One application was submitted. The application was not approved as the person was already excluded from housing services.
29 October	N/A	No applications were submitted using the new email address.

Study

The test did not provide enough data to make an accurate call on whether the mailbox allowed applications to be processed faster. The mailbox did provide faster responses to questions and Category review processes, however given the limited number of applications submitted it cannot be proven to be more or less effective than the current process.

During the testing period, staff members from the Public Housing Authority attended the Service Provider's location. The Case Manager identified that clients appeared to be more willing to share their story and information in a familiar environment. The Case Manager observed during the that the application process is seemed more successful through a face-to-face meeting rather than a submission through any mailbox.

The Case Manager identified that there appears to be a disconnect between Service Provider's perspectives of someone's eligibility for Category 1 status matching the Policy Position. It appears that people who have face-to-face meetings receive the Category 1 status faster.

Act

Based on the results, the Case Manager and Project Officer determined that the test of change should be **adapted**.

Changes to the test include:

- Developing a new test for face-to-face appointments onsite at a Service Provider's office to encourage open information sharing.
- Continuing to test the new email address, but with different measurement outcomes centred around the time taken to respond to questions.