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## Optimizing Patient Intake Efficiency: Integrating Data Accuracy and Workflow Improvement Strategies

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# Walden University

College of Allied Health

This is to certify that the doctoral study by

Breanna Martin

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2026

Abstract

Optimizing Patient Intake Efficiency: Integrating Data Accuracy and Workflow

Improvement Strategies

by

Breanna Martin

MS, Walden University, 2023

BS, Kutztown University, 2015

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

February 2026

## Abstract

For a professional therapist, social worker, psychologist, or psychiatrist, improving the quality and effectiveness of patient care is a central responsibility. This qualitative single-case study examined how WGGX, a nonprofit behavioral health organization in South Philadelphia, addressed challenges within its patient intake process to improve workflow efficiency, data accuracy, and the client onboarding experience. Guided by the Baldrige Health Care Criteria for Performance Excellence, the study explored how leadership practices, workforce engagement, and process management influenced organizational effectiveness related to intake operations. Data were collected through semistructured, in-person interviews with six organizational stakeholders and a review of organizational documents and analyzed using thematic analysis. Findings revealed five overarching themes: fragmented intake workflow, leadership-driven process adaptation, workforce capacity and role clarity, information flow and data integrity, and patient-centered access and responsiveness. Participants reported that intake inefficiencies resulted from unclear workflows, inconsistent documentation practices, and reactive process changes rather than individual performance issues. Although clinical services were effective once clients were onboarded, intake-related delays and data inconsistencies limited timely access to care. The study concluded that improving patient intake efficiency at WGGX requires standardized intake protocols, targeted workforce training, improved use of existing electronic health record systems, and leadership-led performance monitoring, offering practical implications for nonprofit behavioral health organizations operating in resource-constrained settings.

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## Dedication

This capstone is lovingly dedicated to my mother, a woman of extraordinary strength, resilience, and grace. You defied every obstacle placed before you and beat the odds of raising two daughters on your own. Through the storms of adversity, you remained steadfast, overcoming the barriers of abuse, hardship, and single parenthood, all while putting your family first. Your unwavering courage, compassion, and determination built the foundation on which my dreams now stand. You are the true embodiment of perseverance and love, and every accomplishment I achieve carries your strength within it.

I also dedicate this work to the young woman within myself, the one who refused to be defined by circumstance or constrained by societal expectations. Through education, perseverance, and sheer determination, I learned that resilience is not born of ease but of persistence in the face of challenge. To that young woman who chose growth over fear and purpose over limitation—*we did it, Mom.*

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## Section 1a: The Behavioral Health Organization

### **Introduction**

The efficiency of patient intake processes has become a vital issue in healthcare delivery. As healthcare systems became increasingly complex and patient populations expanded, traditional methods often struggled to meet the growing need for timely, accurate, and efficient care. According to de Boer and Brey (2023), inefficiencies in patient intake led to significant operational delays, with studies showing that wait times exceeded 30 minutes in some practices, negatively impacting patient satisfaction and overall healthcare outcomes. Additionally, Nijor et al. (2022) reported that nearly 20% of patients experienced discrepancies in their medical records, leading to potential safety risks and substandard care.

The importance of an effective patient intake process could not be overstated. Inaccurate patient information culminated in medication errors, diagnostic inaccuracies, and delayed treatments. Moreover, research revealed that inefficient intake processes were one of the leading causes of decreased staff productivity, with nearly 28% of healthcare staff reporting wasted time due to poor workflows (Nijor et al., 2022). The consequences of these inefficiencies extended beyond administrative constraints; they gave rise to adverse patient experiences and outcomes, significantly impacting the reputations and financial stability of healthcare organizations (Albertson et al., 2022).

Integrating technological solutions was essential for improving patient intake efficiency. Adopting electronic health records (EHRs) and automation enhanced data capture and communication. However, many organizations struggled with

implementation due to insufficient training and leadership support (Al Harbi et al., 2024). Additionally, more than 50% of healthcare organizations reported budget limitations for improving their intake processes, which affected their ability to deliver timely care (Nijor et al., 2022).

To better understand how combining data accuracy and workflow improvement techniques enhanced healthcare delivery, this research project focused on optimizing patient intake efficiency. The information delineated in Sections 1a and 1b was derived from an examination of contemporary, historical, and publicly available records, as well as from partially structured exploratory interviews with the behavioral health leaders (BHLs) of WGGX. These early conversations greatly aided the development of the conceptual framework of the study and the conceptualization of the professional practice challenge. Subsequent Sections 2 through 4 elaborate on the topics and conclusions addressed in Section 1.

### **Organizational Description**

WGGX (fictitious name) was a nonprofit organization based in South Philadelphia dedicated to providing comprehensive therapy services to adults, families, and teenagers experiencing a range of mental health challenges. Founded with the mission to improve community well-being, WGGX emphasized accessibility and affordability in its services, according to the director of outpatient therapy at the study site. The organization provided tailored treatment plans designed to address individual needs, utilizing evidence-based therapeutic modalities to ensure appropriate care. According to the website of the study organization, by fostering a supportive

environment in which clients could openly discuss their challenges, WGGX aimed to reduce stigma surrounding mental health conditions and empower individuals to take control of their mental health. Resources such as workshops, support groups, and educational programs further extended the organization's reach and strengthened community mental health awareness and resilience.

In addition to therapeutic services, WGGX recognized the importance of holistic support in the mental health recovery process. The organization connected clients with community resources, including housing assistance, job training programs, and educational opportunities, to support their overall quality of life, according to the site's director of outpatient therapy. This commitment to fostering a sense of belonging and collaboration was intrinsic to WGGX's philosophy, encouraging coordinated efforts among clients, families, and service providers. According to the site's director of outpatient therapy, by aligning organizational goals with community needs, WGGX reinforced the importance of mental health services and worked to reduce barriers to access and improve mental health outcomes across South Philadelphia.

### **Assets and Regulation**

WGGX's assets were limited, consistent with many small nonprofit organizations. Assets included office furniture, computer software and accessories, training and meeting spaces, and telecommunications equipment as described by organizational leadership. As described by the director of outpatient therapy, personnel assets included 10 prelicensed therapists working under the supervision of the DOOT, an administrative assistant, and two BHLs, the CEO and the director of outpatient therapy. WGGX complied with

regulations outlined in the Internal Revenue Code to maintain its nonprofit classification (IRS, 2025).

### **Staff**

The staff at WGGX comprised 16 individuals with diverse skills contributing to operational efficiency and patient care. This team included 10 interns who supported various departments while gaining experience in behavioral health leadership. An administrative assistant managed scheduling, communications, and daily operations as described by organizational leadership. Two BHLs oversaw clinical operations and guided interns to ensure adherence to best practices. The CEO provided strategic leadership and organizational vision, according to the director of outpatient therapy at the study site.

Additionally, the director of outpatient therapy managed the outpatient program and focused on service refinement and patient engagement, as described by the director of outpatient therapy of the site. A licensed social worker and licensed practice counselor contributed clinical expertise and supported holistic patient care. This multidisciplinary team reflected the importance of collaborative healthcare approaches associated with improved patient outcomes (Cohen & Lichtenstein, 2019). Collectively, staff efforts supported patient intake efficiency and fostered a cohesive, patient-centered care environment (Al Harbi et al., 2024).

### **Service Offered**

WGGX provided a comprehensive range of outpatient individual and group therapy services for teenagers and adults with Medicaid coverage. Individual therapy

consisted of one-on-one counseling sessions addressing concerns such as trauma, anxiety, depression, and relationship challenges. Group therapy offered peer-supported environments focused on coping strategies, social skills, anger management, and substance use prevention.

WGGX also offered crisis intervention services, including assessments and short-term counseling, to stabilize clients in distress and connect them with ongoing care. To improve accessibility, WGGX provided teletherapy services for clients facing barriers to in-person care. As described by the director of outpatient therapy at the site, the organization remained committed to promoting mental health and wellness, supporting clients in navigating challenges, and improving overall quality of life.

### **Clients Served**

WGGX served a diverse clientele within its community, focusing primarily on individuals with mental health conditions and substance use disorders, as well as those in need of behavioral health assistance. WGGX was committed to delivering accessible services to underserved populations, particularly in urban areas where resources were often limited. Annually, WGGX served approximately 1,200 clients, encompassing a wide age range from adolescents to older adults. WGGX offered a range of programs, including case management, crisis intervention, and outpatient therapy, tailored to meet the individual needs of its clients. This comprehensive strategy ensured that patients received thorough care addressing both social and mental health needs, according to the director of outpatient therapy. Significant socioeconomic challenges, such as high unemployment rates and restricted access to healthcare, were prevalent in the community

served by WGGX as described by organizational leadership at the site. Many clients came from marginalized backgrounds, making WGGX's services vital in promoting mental wellness and providing support during times of crisis.

### **Organizational Structure**

WGGX's organizational structure was designed to enable efficient service delivery and ensure comprehensive client support. The chief executive officer, who was responsible for overall operations and strategic direction, held the top position within the organization. Reporting directly to the director of outpatient therapy were various department heads responsible for clinical services, administration, and community outreach. The director of outpatient therapy described that each department played an essential role in managing specific programs and initiatives, such as mental health counseling, substance use treatment, and educational work. Additionally, WGGX emphasized a collaborative approach, promoting interdepartmental communication to coordinate care and optimize resources. Staff members, including licensed clinicians, case managers, and administrative personnel, worked together in a team-oriented environment to uphold the organization's mission of providing accessible and effective behavioral health services, as per the director of outpatient therapy at WGGX.

### **Practice Problem**

The practice problem of this study focused on inefficiencies in patient intake processes at WGGX, which had garnered considerable attention in contemporary healthcare literature because they significantly impacted both operational performance and patient satisfaction at WGGX. Traditional patient intake procedures often featured

redundancies, delays, and inaccuracies, which led to adverse patient experiences and compromised care quality. Per the director of outpatient therapy at WGGX, they experienced a significant change in its patient intake process over the past 3 years. Research indicated that these inefficiencies not only prolonged wait times, but also contributed to the erroneous collection of critical patient data, adversely affecting health outcomes (Cohen & Lichtenstein, 2019). By optimizing these intake processes, healthcare providers could ensure more effective communication across multidisciplinary teams, ultimately improving care coordination and reducing the burden on frontline staff. Given that patient satisfaction and safety were vital metrics of healthcare success, addressing these inefficiencies was essential for fostering a patient-centered care model.

Moreover, the integration of technology within the patient intake process emerged as a pivotal strategy for alleviating the challenges associated with traditional methods. The utilization of EHRs and digital onboarding systems enabled the standardization and automation of data collection, thereby significantly mitigating the possibility of human error (Cohen & Lichtenstein, 2019). Leaders at WGGX believed that this technological shift not only streamlined the intake process, but also enabled more accurate and faster data entry, ultimately improving the patient experience overall according to the CEO of the study organization. A synthesis of findings from recent studies emphasized that an optimized patient intake system could facilitate improved care delivery by enabling medical professionals to obtain thorough and up-to-date patient data (Al Harbi et al., 2024). As healthcare systems continued to evolve and embrace digital transformation,

addressing inefficiencies within patient intake processes through technology was crucial for improving service delivery, thereby enhancing patient outcomes and satisfaction.

As a result, the following research questions served as the basis for the doctoral study:

- RQ1. How do healthcare providers at the WG perceive the current patient intake process in relation to data accuracy and workflow efficiency?
- RQ2. What strategies do staff members believe could improve the patient intake process and enhance the overall patient onboarding experience?

### **Purpose**

The purpose of this study was to explore and evaluate the effectiveness of integrating data accuracy and workflow improvement strategies in optimizing patient intake processes within healthcare settings. The Baldrige Framework of Excellence (2021) was applied using a single-case qualitative (QL) methodology. By identifying key inefficiencies in traditional intake methods, I sought to develop a framework that enhanced the patient experience, reduced wait times, and improved overall operational efficiency, drawing on information from academic publications and WGGX leaders. Through a comprehensive analysis of current practices and the implementation of technology-driven solutions, such as EHRs, I sought to provide healthcare organizations with valuable insights.

Three methods were used to apply the Framework. First, with wording modifications as necessary, the Framework's organizational criteria relevant to the intake process served as the direct source of the interview questions for WGGX's two BHLs

(National Institute of Standards and Technology [NIST], 2021). Second, interview responses were examined to provide an overview of the tactics that WGGX employed regarding patient intake and related procedures (NIST, 2021). Third, as indicated in the academic literature, the Framework functioned as a practical resource for analyzing and interpreting the responses of WGGX interviewees within the context of insights from other behavioral health researchers and treatment practitioners. Ultimately, the goal was to contribute to the body of knowledge in behavioral health leadership by demonstrating how systematic enhancements to patient intake could lead to improved healthcare delivery outcomes and greater satisfaction for both patients and providers.

### **Primary Data Collection**

The six participants who were a part of the study were two BHLs, an LPC, a social worker, and two interns (social work/psychology) at WGGX. They participated in semistructured interviews, which served as the primary method for data gathering. The interview guide, which was based on the Baldrige Framework, included specific primary follow-up questions and probes (NIST, 2021). Personalized conversational path dictated the sequence and phrasing of the questions and subquestions. Table 2 displays sample interview questions about the WGGX staff.

**Table 1***Sample Workforce Development Interview Questions at WGGX*

Topic	Potential questions
Workforce engagement	<ol style="list-style-type: none"> <li>1. How is patient data collected and verified during the intake process? What challenges do you face in ensuring data accuracy?</li> <li>2. Can you walk me through the current patient intake process from start to finish?</li> <li>3. What are the key steps, and where do you see potential delays or issues?</li> <li>4. In what ways do you guarantee accessibility, security, and workplace health during the intake process?</li> </ol>
Workforce environment	<ol style="list-style-type: none"> <li>1. In your opinion, what metrics or outcomes should we focus on measuring the success of? What improvements have been made to the patient intake process?</li> <li>2. In what ways does WGGX involve employees in enhancing their roles within the patient intake process?</li> <li>3. How does WGGX promote effective communication among team members involved in the patient intake process to foster collaboration?</li> </ol>

**Secondary Data Collection**

The study's secondary data collection involved gathering essential information from BHL(s) using organizational resources to support the investigation into improving patient intake efficiency. Given the challenges that can arise when working with a nonprofit organization, data collection included a review of staff training materials and relevant documents that detailed the existing intake process, highlighting strengths and areas for improvement. Additionally, WGGX's strategic plans from the past 3 years were examined to understand organizational goals and initiatives related to patient intake and overall care improvement. This provided context regarding how intake processes aligned with organizational objectives. Furthermore, analysis of 3 years of annual reports offered

insights into the organization's intake rates, operational efficiency, and key achievements in patient care. Collectively, these data sources provided a comprehensive view of the existing framework and performance related to patient intake, laying the foundation for informed recommendations and interventions in the study.

### **Significance**

The significance of this study on optimizing patient intake efficiency was underscored by the critical role that streamlined processes played in enhancing overall healthcare delivery. As healthcare systems worldwide faced increasing demand and complexity, the efficiency of patient onboarding was paramount at organizations such as WGGX. According to Cohen and Lichtenstein (2019), prolonged intake processes not only hindered patient satisfaction, but also led to worse clinical outcomes due to delays in access to care. By addressing inefficiencies in patient intake, healthcare organizations could mitigate these delays, enabling timely interventions that ultimately lead to improved patient health outcomes. Additionally, it was demonstrated that incorporating technology into these procedures, particularly the use of EHRs, reduced data inaccuracies and enhanced patient-provider communication (Cohen & Lichtenstein, 2019). This study, therefore, not only contributes to the growing body of literature surrounding operational efficiency in healthcare, but also presents evidence that effective intake management could lead to improved patient experiences and healthcare quality.

Additionally, the implications of this study extend beyond operational metrics to address the broader socioeconomic context of healthcare. Al Harbi et al. (2024) emphasized that streamlined patient management practices, including effective intake

strategies, were essential for accommodating the diverse needs of patients while ensuring that healthcare providers could meet service demands effectively. The findings highlight the necessity for healthcare organizations to adopt a patient-centered approach that prioritizes efficient workflows and coordinated care (Al Harbi et al., 2024). This alignment of operational strategies with patient needs not only enhanced the immediate patient experience, but also supported long-term organizational goals of improved patient retention and satisfaction at WGGX. As healthcare continues to evolve, this research highlights the importance of continuous improvement in intake processes as a crucial component of effective healthcare delivery systems, thereby supporting ongoing discussions about industry best practices.

### **Summary**

This study aimed to optimize patient intake efficiency within a behavioral health organization, focusing on the nonprofit entity known as WGGX. As patient populations increased and healthcare systems became more complex, traditional intake methods were inadequate, resulting in significant delays, inaccuracies, and adverse patient outcomes. Research indicated that inefficient intake processes not only affected patient satisfaction, but also contributed to staff productivity losses and safety risks due to discrepancies in medical records.

The study employed a single-case qualitative design, guided primarily by the Baldrige Performance Excellence Framework (NIST, 2021), to examine the tactics used by WGGX and other organizations that demonstrated potential in addressing the identified practice problem. Additionally, as the WGGX workforce sought to maximize

patient intake, the study identified strategies that, by addressing the intake process and its impact on patient care, held potential to support positive social change.

To provide a comprehensive overview of the organization's objectives, structure, partnerships, roles, regulatory environment, and performance improvement initiatives, I present an organizational profile of WGGX in Section 1b.

## Section 1b: Organizational Profile

### **Introduction**

The patient intake processes at WGGX, a nonprofit behavioral health organization, were plagued by inefficiencies that led to operational delays and discrepancies in patient information. These challenges not only contributed to adverse patient experiences but also increased the risk of medication errors and hindered overall staff productivity, thereby compromising the quality of care provided. As traditional methods struggled to accommodate the growing demands of an expanding patient population, there was a critical need to enhance the effectiveness and efficiency of these intake procedures.

The purpose of this study was to explore and optimize patient intake efficiency at WGGX through the integration of data accuracy and workflow improvement techniques. By leveraging technological solutions such as EHRs and automation, the research sought to identify best practices that could transform the delivery of patient care and reduce discrepancies in patient information, ultimately enhancing the overall effectiveness of WGGX's services.

To achieve this goal, the study addressed key research questions. First, it examined how the integration of EHRs and automation enhanced the accuracy and efficiency of patient intake processes at WGGX. Additionally, it investigated the key barriers the organization faced in implementing effective patient intake systems. Furthermore, the study explored the impact of improved patient intake processes on patient satisfaction and overall healthcare outcomes within WGGX. Finally, it aimed to

identify best practices that could be utilized to optimize patient intake workflows within the context of WGGX's behavioral health services.

In addition to discussing elements of strategic importance, this section presented an organizational profile of WGGX. It outlined the organization's goals, values, governance, structure, and services. It provided an institutional background for the study, detailing WGGX's resource planning strategy and performance improvement system. Section 1b and subsequent sections defined and provided context for essential concepts associated with this study.

### **Organizational Profile and Key Factors**

WGGX was a nonprofit organization located in South Philadelphia, dedicated to providing comprehensive mental health therapy services to adults, families, and teens facing a variety of challenges. The central mission of WGGX was to improve the well-being of the community by emphasizing accessibility and affordability in mental health services. According to organizational communications, WGGX developed individualized treatment programs using evidence-based therapeutic modalities to meet each client's particular needs as described by the director of outpatient therapy at WGGX. In addition to direct therapy, WGGX engaged the community through workshops, support groups, and educational initiatives to raise awareness of mental health issues and lessen the stigma associated with seeking assistance. This well-rounded approach not only fostered a supportive environment for clients but also cultivated a sense of community resilience.

Multiple key factors of strategic importance underlay the operational and mission-driven effectiveness of WGGX. First, accessibility and affordability were foundational to

ensuring that mental health care was within reach for all individuals, aligning with research on the impact of financial barriers on treatment engagement (Graves et al., 2024). Additionally, the application of evidence-based procedures improved the standard of care delivered, contributing to better patient outcomes and establishing organizational credibility within the healthcare sector (Morlin, 2019). Community engagement emerged as another essential factor, fostering trust and encouraging individuals to seek assistance. Research from the U.S. Department of Health and Human Services (n.d.) suggested that active communities were better equipped to support individuals experiencing mental health challenges, ultimately resulting in improved health outcomes.

WGGX's focus on holistic support services further underscored its strategic approach to mental health care. According to the director of outpatient therapy at the site, by collaborating with local organizations to provide resources such as housing assistance, WGGX addressed the broader life context of its clients, which was essential for fostering sustained recovery. The integration of technology, particularly through EHRs, was vital for streamlining patient intake processes and facilitating accurate data management (Upadhyay & Opoku-Agyeman, 2023). Continuous investment in staff training and development ensured that providers were equipped to deliver high-quality care while maintaining operational efficiency. By recognizing and prioritizing these key factors, WGGX positioned itself to navigate the complexities of mental health service delivery and advance its mission to improve community mental health outcomes.

**Mission of WGGX**

According to Taylor et al. (2023), nonprofit organizations played a crucial role in addressing public health issues and closing gaps in healthcare access. WGGX's mission aligned with these findings by seeking to create a healthier community in which individuals took responsibility for their health. The organization sought to implement wellness programs that promoted education and preventive care to reduce health inequities per the director of outpatient therapy at WGGX.

**Vision of WGGX**

WGGX aspired to cultivate a healthy community in which individuals were empowered to take control of their health. Through preventive care and education, the organization aimed to reduce health inequities and position itself as a leader in community wellness initiatives, as described by the director of outpatient therapy. This vision aligned with the findings of Taylor et al. (2023), which emphasized the critical role nonprofit organizations played in addressing public health challenges and improving access to care.

**Values of WGGX**

Compassion, integrity, teamwork, and creativity were among WGGX's core values as described by the director of outpatient therapy at the organization. These values supported collaborative practices that improved health outcomes, ensured respectful and compassionate care, and encouraged innovative responses to evolving community needs, according to the director of outpatient therapy at WGGX. These principles aligned with

research by Taylor et al. (2023), demonstrating the importance of values-driven organizations in establishing trust and credibility within the healthcare sector.

### **Structure and Governance**

WGGX operated within a structured governance framework designed to ensure efficient management and accountability aligned with its mission of delivering comprehensive behavioral health services, according to the CEO of the site. As a nonprofit 501(c)(3) organization, WGGX's governance structure included an executive leadership team and multiple operational units that worked collaboratively to achieve organizational objectives. This structure enhanced WGGX's capacity to navigate complex funding environments and comply with legal and ethical standards (van Dam, 2006).

The executive leadership team, comprising the Chief Executive Officer (CEO), the Director of Outpatient Services, and key administrative officials, oversaw daily operations as described by the CEO of WGGX. This team implemented the strategic plan established by the Board of Directors and ensured alignment with organizational goals (Wang, 2022). The CEO represented the organization to external stakeholders and guided the strategic vision, while the Director of Outpatient Services managed clinical operations to ensure adherence to behavioral health standards per the Director of Outpatient Therapy.

WGGX was further organized into specialized operational units focusing on clinical services, community outreach, and support programs. This structure enabled tailored service delivery and holistic client support (Shafran et al., 2017). These units also

collaborated with external partners to expand resource availability and promote mental health awareness, fostering community resilience (Haruta et al., 2021).

Governance at WGGX extended beyond internal structures to include mechanisms for community engagement and feedback. According to the DOOT, regular surveys and focus groups were conducted to assess service effectiveness and identify community needs, reinforcing transparency and responsiveness. Overall, WGGX's structure and governance reflected a comprehensive approach to nonprofit management, emphasizing accountability, collaboration, and clinical excellence, thereby supporting the organization's mission in a dynamic healthcare environment.

### **Treatment Offerings and Services**

To meet the diverse needs of its clients, WGGX provided a wide range of evidence-based therapy services using a holistic approach to care. Individual therapy options included Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT), which focused on modifying maladaptive thought patterns and behaviors, particularly for clients experiencing emotional regulation and interpersonal challenges. Group therapy sessions fostered peer support and addressed issues such as anxiety management, grief, and substance use recovery per the DOOT. Family therapy was also offered, incorporating family members to improve communication and resolve conflicts.

WGGX provided crisis intervention services for individuals experiencing acute mental health crises, including assessment, stabilization, and referral to long-term care as described by organizational leadership. Psychoeducation played a central role, with workshops and seminars designed to educate clients and families on mental health topics,

treatment options, and coping strategies. Emphasizing holistic wellness, WGGX integrated services such as mindfulness training, stress management workshops, and nutritional counseling, per the director of outpatient therapy.

Additionally, WGGX offered case management services to assist clients in accessing housing, employment, and other community resources. Telehealth services enhanced accessibility by allowing participation in virtual therapy and support sessions. Through these comprehensive offerings, WGGX supported clients throughout their recovery journeys, enhancing quality of life and promoting mental health awareness within the community as described by the DOOT.

**Table 2**

*Services and Treatment at WGGX*

Service/Treatment	Description
Individual therapy	Individualized sessions to address specific mental health challenges faced by the client.
Group therapy	Facilitated discussions among clients sharing similar experiences, promoting support and connection.
Family therapy	Therapy sessions involving family members to enhance communication and resolve conflicts.
Workshops	Educational sessions focused on various mental health topics, skills development, and coping.
Support groups	Peer-led groups that provide emotional support and strategies for the community and individuals.
Educational programs	Initiatives aimed at increasing mental health awareness and reducing stigma in the community.
Holistic support	Connections to community resources that enhance well-being, such as housing and job placement.
Evidence-based therapeutic modalities	Utilization of methods grounded in research to ensure effective treatment approaches.

## **Performance Improvement System**

WGGX recognized that continuous performance improvement was crucial for enhancing care quality and operational efficiency in its behavioral health services. The organization had developed a performance improvement system to address challenges in patient intake processes. A key focus was data accuracy; implementing standardized data collection protocols aimed to minimize discrepancies in patient records as described by organizational leadership.

Workflow optimization was another crucial aspect. WGGX was actively streamlining processes by mapping existing workflows and collaborating with staff to identify and address bottlenecks. The leadership team emphasized staff input, as seen in recent sessions focused on operational challenges. With a focus on leadership support to improve patient experiences, WGGX was creating extensive training programs to ensure staff members were prepared to use new technology as described by organizational leadership at WGGX.

The integration of technology, notably EHRs, was also a priority at WGGX. The organization worked to navigate budget constraints while exploring external funding for necessary upgrades. Engaging patients in this improvement process was essential, and feedback mechanisms were implemented to capture client experiences. As the Director of Outpatient Therapy noted, incorporating client voices was vital for service development as described by organizational leadership. WGGX's performance improvement system reflected its commitment to enhancing the quality of care.

## **Organizational Background and Context**

### **Need and Context of the Study**

This study aimed to address the pressing need for improving patient intake efficiency through the integration of data accuracy and streamlined workflow strategies. Efficient patient intake was crucial in the healthcare landscape, where timely access directly impacted patient outcomes. Inefficiencies in traditional intake processes often led to prolonged wait times, inaccurate data entry, and decreased patient satisfaction. Cohen and Lichtenstein (2019) highlighted that these delays could compromise care quality and erode patient trust. As healthcare demands escalated, implementing effective case management strategies became essential for streamlining patient flow. Al Harbi et al. (2024) emphasized that coordinated intake processes enhanced communication among healthcare teams, improving operational efficiency and patient experiences.

The integration of technology, especially EHRs, presented opportunities to address these issues. However, many organizations struggled to leverage these technologies effectively, which perpetuated inefficiencies (Cohen & Lichtenstein, 2019). Lemaire and Wallace (2021) noted that traditional practices often failed to keep pace with technological advancements, leading to ongoing challenges in data management. With the shift toward value-based care, optimizing intake procedures was increasingly critical. Greaves et al. (2021) demonstrated the connection between efficient intake and enhanced patient satisfaction, which was vital for retention and improved health outcomes.

## **Demographics**

WGGX, like many healthcare organizations, served a diverse population reflecting the surrounding community. The typical population served included approximately 25% children and adolescents (ages 5–17), 50% adults (ages 18–64), and 25% seniors (ages 65 and older) as described by organizational leadership. In terms of gender, approximately 50% of clients identified as female and 35% as male, though distributions varied depending on services offered as described by DOOT at WGGX.

Ethnic diversity was a defining characteristic. WGGX served a population that was approximately 20% Caucasian, 40% African American, 20% Hispanic/Latino, and 10% other ethnicities, reflecting community demographics according to the director of outpatient therapy at the site. Mental health needs were significant, with approximately 50% of community members experiencing mental health challenges. Socioeconomic factors also influenced engagement and access to services; approximately 40% of participants came from lower-income households, necessitating sliding-scale fees or subsidized programs.

## **Community Setting**

The community setting of WGGX was characterized by a diverse population representing varied age groups and ethnic backgrounds. This diversity enabled the organization to provide specialized programs for seniors, adults, and children. Many individuals in the community faced mental health concerns, prompting WGGX to design targeted interventions and support services. Socioeconomic factors played a significant role, as many community members came from lower-income households, affecting

access to wellness services. Per the DOOT, to address this, the organization offered sliding-scale fees and subsidized programs to promote inclusivity. Additionally, WGGX actively engaged with local organizations, schools, and community leaders, fostering partnerships that enhanced health education and participation in wellness initiatives, according to the director of outpatient therapy. This holistic approach created a supportive environment aimed at improving overall community well-being.

### **Regulatory Environment**

WGGX operated within a regulatory environment that significantly influenced nonprofit healthcare organizations providing mental health services. Compliance with federal and state laws was essential. The Substance Abuse and Mental Health Services Administration (SAMHSA) emphasized patient rights and confidentiality at the federal level. To protect patient data privacy, WGGX complied with the Health Insurance Portability and Accountability Act (HIPAA).

At the state level, WGGX was governed by regulations from the Pennsylvania Department of Human Services, which outlined provider qualifications and client rights. Maintaining accreditation from agencies such as the Commission on Accreditation of Rehabilitation Facilities (CARF) was required to secure funding and demonstrate quality care (CARF International, 2022).

Regular reporting to agencies such as SAMHSA ensured compliance with quality assurance standards, including monitoring patient outcomes and service accessibility. Community engagement was also emphasized, as collaboration with patients and advocacy groups enhanced service delivery and aligned with trends toward person-

centered care (National Alliance on Mental Illness, 2020). Navigating this regulatory environment was essential for WGGX to maintain compliance, funding, and effective service delivery.

### **Key Terms**

Throughout the study, WGGX used key terms to describe leadership roles, the organizational pseudonym, and foundational systems. These terms were defined to support clarity and consistency. Table 2 presents the key terms along with their acronyms and working definitions.

**Table 3**

*Selected Key Terms Used in the Research Study: An Overview*

Term	Acronym	Working definition
Behavioral health leader(s)	BHL(s)	CEO, director of outpatient services, lead LPC, social worker.
Electronic health record(s)	EHR(s)	Records that are electronic.
WGGX	WGGX	The pseudonym for the organization.

### **Planning, Managing, and Complying With Behavioral Health Policies With Financial Resources**

WGGX operated within the complex landscape of behavioral health care in Pennsylvania, where effective planning, management, and compliance with state policies were essential for delivering quality mental health services. The Pennsylvania Department of Human Services (DHS) was responsible for overseeing the delivery of

these services, ensuring compliance with regulations outlined in key legislative frameworks such as the Mental Health Procedures Act and the Pennsylvania Mental Health and Intellectual Disability Act, as described by organizational leadership. These regulations emphasized the need for community-based, accessible services that prioritized clients' rights and tailored care approaches. WGGX was required to adhere to specific compliance requirements, including informing clients of their rights, implementing crisis intervention services, and fulfilling data collection and reporting obligations established by DHS, as described by the leadership at the study site.

Effective financial resource management was crucial for WGGX to meet these compliance requirements while providing quality services. This involved developing detailed budgets aligned with funding received from state and local authorities, including Medicaid reimbursements, grants, and donations, according to the director of outpatient therapy. Additionally, the organization employed cost-effective strategies to deliver services that met state-mandated standards. Securing and managing grants targeted at mental health services was vital for obtaining necessary funding, while diversifying revenue streams through partnerships with local businesses and community initiatives was intended to ensure long-term sustainability per the director of outpatient therapy at the site.

To maintain compliance with Pennsylvania state requirements, WGGX had adopted various strategies, including policy development and staff training, to promote an organizational culture of accountability and adherence to legal and ethical standards. Implementing continuous quality improvement (CQI) processes was expected to help the

organization regularly assess service delivery against compliance benchmarks by incorporating client feedback and performance metrics to identify areas for enhancement. Furthermore, building collaborations with local regulatory bodies and participating in compliance workshops enhanced WGGX's understanding of evolving policies, keeping the organization informed about best practices and available resources. Careful planning and management were vital for navigating the dynamic behavioral health services landscape in Pennsylvania.

### **Summary**

WGGX, a nonprofit behavioral health organization based in South Philadelphia, focused on addressing challenges and opportunities within its patient intake processes. The organization's mission was centered on improving community well-being through accessible and affordable mental health services for adults, families, and teens. Key issues within WGGX included inefficiencies in patient intake that led to operational delays, increased risks of medication errors, and compromised care quality. The study aimed to enhance patient intake efficiency by integrating technological solutions, such as EHRs, and improving workflows. Essential factors driving WGGX's effectiveness included a commitment to evidence-based practices, community engagement, holistic support services, and ongoing staff training. By addressing these foundational aspects, WGGX sought to optimize its services and enhance patient outcomes while navigating the complexities inherent in mental health care delivery.

Having established the foundational organizational profile and identified key challenges and opportunities at WGGX, Section 2 delved deeper into the specific

strategies and methodologies for improving patient intake processes. This section examined the practical implementation of technological solutions, assessed barriers to integrating EHRs, and explored the potential impact of improved intake procedures on patient satisfaction and overall healthcare outcomes. By focusing on these areas, Section 2 aimed to provide actionable insights to inform the optimization of WGGX's service delivery framework and enhance its commitment to mental health care excellence (Upadhyay & Opoku-Agyeman, 2023; Graves et al., 2024).

## Section 2: Background and Approach—Leadership Strategy and Assessment

### **Introduction**

This study focused on the critical problem of inefficiencies in patient intake processes within healthcare systems, particularly in behavioral health organizations. As healthcare delivery became increasingly complex and the demand for timely care rose, many traditional intake methods fell short, resulting in extended wait times and inaccurate medical records. These issues led to poor patient experiences, safety risks, and diminished staff productivity. The purpose of the study was to examine how optimizing patient intake efficiency through improved data accuracy and workflow enhancement could significantly enhance healthcare delivery. By integrating modern technological solutions such as EHRs, the research aimed to identify best practices for streamlining intake processes and ultimately improving patient outcomes and organizational effectiveness in providing timely and accurate care.

This section presented the study's foundation by first providing an overview of the supporting research literature that detailed the issue. It then discussed the methods used by other practitioners and researchers to solve the problem and cited relevant evidence sources. The leadership techniques used by WGGX, which were highly relevant to the study, were next discussed. The populations and clients served, the employees and their activities, and the analysis methodology for the data gathered for this investigation were then presented.

## Supporting Literature

### Literature Review Resources

The databases and keywords listed below were primarily used in reviewing the scholarly literature that supports it.

**Table 4**

*WGGX Study Databases and Keyword Searches*

Database	Keywords
Google Scholar	Onboarding, patient intake, workflow improvement.
EBSCO Academic Search	Onboarding, patient intake, patient flow, and EMR/EHR.
ProQuest Central	Onboarding process, patient intake, wait time, health care delivery.
APA PsycArticles	Patient intake procedures and optimizing patient intake.

### Overview of the Problem

The significant inefficiencies observed in the patient onboarding process at WGGX had prompted a deep exploration of the literature about this issue. In the realm of healthcare delivery, these inefficiencies manifested in various forms, including delayed access to care, inaccurate data collection, and heightened patient dissatisfaction. Collectively, these factors undermined the overall effectiveness of healthcare services provided to those in need.

Timely access to care was critical for improving health outcomes. Research demonstrated that delays in care had detrimental effects on patient recovery and

satisfaction, as noted by Cohen and Lichtenstein (2019). When patients experienced delays in receiving care, it often led to a cascade of adverse outcomes, including worsening health conditions and decreased morale.

Inconsistent data collection further complicated the situation, affecting not only the continuity of care but also presenting significant challenges for healthcare providers. Inaccurate or incomplete patient information impeded clinical decision-making, making it difficult for providers to deliver appropriate care tailored to individual patient needs. This was particularly concerning in mid-sized healthcare organizations like WGGX, which faced unique challenges in optimizing their intake processes due to limited resources and varying technology infrastructures (Manderson et al., 2025).

Moreover, the patient onboarding procedures at WGGX often lacked standardization and integration with existing healthcare systems. This led to fragmented experiences for both patients and healthcare providers. Al Harbi et al. (2024) highlighted that such fragmentation exacerbated issues, leading to longer wait times and an increased likelihood of errors during data entry. These challenges not only diminished patient satisfaction but also hindered healthcare organizations' ability to fulfill their mission of providing timely and effective care. By prioritizing standardization and integration within the intake process, WGGX could better position itself to meet patient needs while maintaining operational efficiency.

## **Literature Review Related to WXGG Patient Intake**

### ***Patient Involvement***

Studies highlighted the growing emphasis on engaging patients as partners in their care. Cooper et al. (2023) and Tambuyzer et al. (2014) both argued that individualized, preference-sensitive care enhanced therapeutic outcomes and satisfaction. Similarly, Beutler et al. (2016) advocated aligning treatment modalities with patients' needs to maximize clinical effectiveness. In behavioral health settings like WGGX, this patient-led approach ensured services were tailored to diverse experiences. However, as Morlin (2019) noted, variations in family and individual dynamics could complicate standardized engagement, revealing a gap in adaptable patient-involvement frameworks that the study aimed to address.

### ***Trends***

Recent literature showed a rapid technological transformation in healthcare delivery. Rehman et al. (2022) and Priyanshi and Malviya (2023) emphasized big data's role in predictive analytics and operational efficiency, while Knight et al. (2023) demonstrated AI's potential to optimize scheduling and reduce system strain. Despite these innovations, smaller nonprofits like WGGX faced implementation barriers due to cost and staff readiness. The literature collectively pointed to digital expansion while also highlighting a lack of equitable access and contextual adaptability, justifying the study's focus on a nonprofit behavioral health setting.

### ***EHRs***

The literature widely supported the adoption of EHRs as a cornerstone of workflow efficiency. Cohen and Lichtenstein (2019) and Upadhyay and Opoku-Agyeman (2023) found that EHRs enhanced data accuracy and inter-provider communication, resulting in improved care coordination. Segall et al. (2024) cautioned, however, that staff training and user interface issues could negatively impact patient experiences. Similarly, Nijor et al. (2022) warned that information overload within digital systems could threaten data quality and safety. For WGGX, these findings underscored the dual challenge of leveraging EHRs to streamline intake while ensuring staff competency and avoiding data fatigue.

### ***Procedures***

Effective procedural design was essential for improving patient flow. Åhlin et al. (2023) identified that healthcare organizations with standardized, well-communicated procedures demonstrated higher operational efficiency. Al Harbi et al. (2024) further illustrated that case management integration improved procedural consistency, reducing service delays. Yet, Shepherd et al. (2022) found that gaps between written protocols and actual practice persisted in many organizations due to communication breakdowns. The WGGX study addressed this gap by exploring how qualitative feedback from staff could refine intake procedures in real-world behavioral health contexts.

### ***Strategies to Deal With Wait Time and Patient Intake***

Manderson et al. (2025) demonstrated that service-level interventions could significantly reduce wait times when systematically implemented. Morales et al. (2024)

proposed hybrid decision-support models integrating operational data with patient-centered considerations. While both demonstrated progress in addressing intake bottlenecks, they differed in scalability: Manderson et al. emphasized sustainability, whereas Morales et al. (20204) focused on adaptability. WGGX's nonprofit structure provided a practical environment for testing these hybrid approaches in limited-resource settings.

### ***Reducing Wait During Patient Intake***

Plishty et al. (2023) found that tailored intake policies in pediatric settings could improve efficiency and satisfaction, echoing Cohen and Lichtenstein's (2019) call for streamlined processes. However, these authors also noted persistent variability in intake quality across departments, indicating a lack of standardized frameworks. The study extended this conversation by examining how WGGX's leadership could implement adaptable, data-informed practices to reduce wait times without compromising individualized care.

### ***Centralizing Intake Process***

Isaacs et al. (2023) presented evidence that centralized intake models improved patient access and satisfaction in non-acute settings. However, applicability in small, community-based organizations remained uncertain due to differences in staffing, infrastructure, and population size. In contrast, Albertson et al. (2022) and Haruta et al. (2021) emphasized the advantages of distributed intake systems that fostered community collaboration. WGGX's integrated yet community-centered model offered an opportunity to explore how partial centralization could balance efficiency and accessibility.

### ***Patient-Centered Care***

Edgman-Levitan and Schoenbaum (2021) and Peruzzo et al. (2025) agreed that patient-centered frameworks yielded improvements in satisfaction and outcomes. Beutler et al. (2016) and Cooper et al. (2023) emphasized alignment of treatment with personal values and preferences. Yet, achieving this alignment in resource-limited environments remained challenging. By focusing on perspectives of WGGX BHLs, the study sought to reveal how patient-centered principles could be operationalized within workflow constraints.

### ***Healthcare Delivery***

Bragge et al. (2025) demonstrated that staff experience correlated with patient outcomes, suggesting that training and support directly enhanced service quality. Yinusa and Faezipour (2023) added that optimized staffing and resource allocation were key determinants of delivery efficiency. In contrast, Weiner et al. (2020) cautioned that documentation discrepancies could undermine these gains. Collectively, these findings implied that workforce development and data reliability were interdependent, an insight directly applicable to WGGX's intake improvement strategy.

### **Streamline Practices for Intake Process**

Cohen and Lichtenstein (2019) and Al Harbi et al. (2024) converged on the conclusion that streamlined intake processes enhanced operational performance and patient experience. Åhlin et al. (2023) supported this, showing that qualitative engagement with staff could lead to sustainable process improvements. However, persistent inconsistencies across organizations highlighted the need for context-specific

frameworks. The study filled the gap by applying a qualitative case study to assess how BHLs at WGGX interpreted and implemented intake streamlining in a nonprofit setting.

### **Sources of Evidence**

Although obtaining these documents from this small nonprofit organization may have posed challenges, secondary data were requested from BHLs. The requested records included strategic plans, yearly reports, staff job descriptions, performance reviews, employee handbooks or guidelines, and patient intake forms. These materials were critical because they provided insights into WGGX operations, particularly in areas directly impacting its capacity to improve and expand the patient intake process.

In addition to document analysis, interviews with BHL leaders added a qualitative dimension to the study. These interviews provided firsthand insights into the intake process, revealing how staff members understood and navigated the system. As highlighted by Lichtenstein et al. (2020), qualitative data gathered from key informants uncovered nuances and operational realities that quantitative data might overlook. By discussing experiences and perspectives on intake operations, BHL leaders helped identify specific challenges, such as communication gaps or procedural inefficiencies, that impacted patient experiences.

Furthermore, these interviews highlighted the staff's understanding of established protocols and revealed discrepancies between written guidelines and actual practices. According to Shepherd et al. (2022), discrepancies in knowledge and execution among staff could lead to bottlenecks in service delivery. Understanding these discrepancies was essential for addressing workflow barriers.

Analyzing secondary documents and conducting interviews provided a comprehensive view of WGGX operations. The collected evidence was instrumental in answering the study questions by highlighting areas for improvement, clarifying staff roles in the intake process, and identifying strategies for enhancing efficiency and patient experience.

### **Leadership Strategy and Assessment**

#### **Governance and Leadership**

Leaders at WGGX governed and led through a collaborative and inclusive approach, emphasizing transparency and community engagement. The leadership team, which included the CEO, Director of Outpatient Services, and Lead LPC, actively involved staff in decision-making, ensuring voices closest to client care were heard. This participative model fostered trust and enabled team members to contribute insights and suggestions that enhanced service delivery as described by organizational leadership.

Additionally, WGGX leaders prioritized professional development and training, recognizing that a well-equipped team was essential for high-quality care. By investing in ongoing education and skill-building, leaders fostered an atmosphere where employees felt empowered and appreciated, which ultimately improved patient outcomes as described by organizational leadership. Furthermore, WGGX leadership maintained a strong connection with the community. Leaders frequently engaged local organizations and stakeholders to assess needs and adjust services accordingly. This proactive engagement helped ensure WGGX not only responded to existing challenges but also anticipated future needs, according to the director of outpatient therapy at WGGX.

## **Evaluation**

WGGX, as a nonprofit dedicated to mental health services, implemented strategic objectives through resource allocation, community collaboration, and evidence-based practices. WGGX's dedication to cost and accessibility reflected a strategy aimed at meeting diverse needs. By developing tailored treatment plans prioritizing individual circumstances, WGGX demonstrated strategic intent to enhance outcomes and engagement as described by organizational leadership.

Key strategic challenges impeded implementation. A primary concern was limited financial resources, as over 50% of healthcare organizations reported budget constraints inhibiting service improvements (Healthcare Financial Management Association, 2022). This strain contributed to operational inefficiencies, which, as noted by the American Medical Association (2019), reduced productivity and increased wait times. Integration of technological solutions such as EHRs was also hindered by insufficient training and leadership support (Al Harbi et al., 2024). These challenges underscored a gap between aspirations and operational reality.

Stigma associated with mental health issues presented an overarching challenge to engagement. To address stigma, WGGX invested in outreach and educational initiatives promoting awareness, according to the website of the study organization. However, overcoming societal barriers required sustained efforts and collaboration with aligned organizations.

## **Developing and Putting Into Practice Strategies**

In the dynamic behavioral health landscape, WGGX recognized the need for robust strategy to enhance service delivery and efficiency. Strategy development was rooted in assessing current capabilities, external environment, and community needs. The leadership team engaged in continuous strategic planning, defining goals, establishing objectives, and identifying resources as described by organizational leadership.

A primary strategy was implementing integrated technology solutions. By adopting EHRs, WGGX aimed to streamline intake, reduce data discrepancies, and facilitate communication. Successful implementation depended on training and staff support (Al Harbi et al., 2024). WGGX committed to allocating resources for training and fostering a culture embracing technological advancement.

WGGX also focused on community engagement as a core strategy. The organization sought partnerships with local agencies and community organizations to extend reach (Jha et al., 2020). This approach improved awareness and access and cultivated support essential for recovery, according to the information provided on the study organization's website.

## **Clients/Population Served**

### **Client Description**

WGGX served a diverse population of adults, families, and teenagers facing mental health challenges. Clients included individuals from varied socioeconomic backgrounds and cultural identities, with conditions ranging from anxiety and depression to bipolar disorder and PTSD. The demographic profile reflected a significant

representation of marginalized and underserved groups, underscoring WGGX's commitment to accessibility and community-oriented care. Racial minorities and low-income individuals were disproportionately affected, aligning with WGGX's goal to reduce inequities, as described by leadership at the site.

### **Input and Feedback From Clients**

WGGX actively sought client input to ensure services aligned with needs and preferences according to the DOOT of the site. The organization used intake assessments, progress evaluations, and satisfaction surveys. During intake, clients provided detailed information informing tailored treatment plans and monitoring care effectiveness.

WGGX engaged clients in periodic feedback sessions via focus groups or interviews as per the DOOT of the site. Feedback was analyzed and used to guide program adjustments (de Boer & Brey, 2023). WGGX also encouraged day-to-day communication to support responsiveness.

### **Engagement and Satisfaction of Clients**

To build meaningful relationships with clients, a prerequisite for providing adequate mental health treatment, WGGX places a strong emphasis on involvement, as per the director of outpatient therapy at the site. The organization implements a holistic approach that encompasses not only therapeutic services but also communal activities and support networks. This engagement is operationalized through regular workshops, support groups, and educational programs that aim to equip clients with coping mechanisms and resources for ongoing mental health management. Such initiatives create

a sense of community among clients, promote mutual support, and reduce the stigma associated with seeking help, according to information provided on WGGX's website.

The therapeutic relationship is foundational to WGGX's approach; clinicians are trained to develop rapport and trust with clients, thereby creating a safe space for clients to express their vulnerabilities. The evidence-based modalities employed in therapy sessions facilitate client engagement by actively involving them in their treatment process. Techniques such as motivational interviewing encourage clients to articulate their thoughts and feelings, making them co-collaborators in their care journey (Al Harbi et al., 2024).

### **Satisfaction**

Client satisfaction at WGGX was monitored through a structured system that included posttherapy surveys and satisfaction ratings. These surveys enabled clients to assess various aspects of the services provided, including the quality of care, accessibility, and the professionalism of staff, according to the director of outpatient therapy. Comparative studies within healthcare environments demonstrated that higher satisfaction was positively correlated with treatment adherence and overall outcomes (Nijor et al., 2022).

To further bolster satisfaction, WGGX regularly analyzed feedback data and adjusted programs accordingly. For instance, if clients indicated difficulty accessing resources such as job training or housing assistance, the organization modified its collaborations with local agencies to enhance service delivery, per the director of

outpatient therapy. In addition, WGGX emphasized follow-up care and check-ins, allowing clients to feel valued and connected beyond their therapy sessions.

By obtaining client input and fostering engagement, WGGX not only enhanced the quality of its services but also built strong, resilient relationships with clients that contributed to improved mental health outcomes within the community, according to the director of outpatient therapy. This approach not only satisfied immediate needs but also helped establish sustainable relationships that supported long-term recovery and community wellness, according to the director of outpatient therapy at the site.

### **Integrating Client Engagement Into Leadership and Operational Decision-Making**

Client engagement at WGGX not only strengthened therapeutic relationships but also directly informed leadership strategy and operational improvement initiatives. Consistent with the Baldrige Framework for Excellence, WGGX used client feedback as a data-driven mechanism to evaluate service quality, identify performance gaps, and guide organizational decision-making. Insights gathered from satisfaction surveys, focus groups, and intake assessments were reviewed by senior leadership to refine policies, enhance staff training, and adjust program offerings to better align with community needs. This systematic integration of client perspectives into strategic planning and process management exemplified a continuous-improvement culture in which leadership decisions were informed by real-time feedback from the populations served. By embedding engagement data into leadership deliberations, WGGX ensured that operational strategies remained responsive, evidence-based, and aligned with its mission to provide equitable, person-centered behavioral health care.

Through this Baldrige-aligned approach, WGGX effectively transformed client engagement from a service activity into a strategic performance driver. By systematically analyzing feedback, leadership identified emerging trends, anticipated community needs, and implemented targeted process improvements that enhanced both efficiency and patient outcomes. The integration of client perspectives into organizational learning processes enabled WGGX to adapt proactively to environmental and operational challenges while maintaining alignment with its mission of equitable, person-centered behavioral health care. Moreover, by fostering collaboration between leadership and staff in interpreting and acting upon client data, WGGX strengthened internal communication, accountability, and organizational agility. This cyclical process of feedback, reflection, and refinement exemplified the Baldrige principle of continuous improvement—ensuring that decisions at every level were informed by measurable insights and grounded in the lived experiences of those the organization served.

## **Workforce and Operations**

### **Workforce Composition**

WGGX's objective to provide comprehensive mental health care depended heavily on its team. The organization comprised a diverse range of specialists, including volunteers, social workers, licensed therapists, and administrative personnel, all of whom supported the comprehensive philosophy that WGGX upheld. According to the Director of Outpatient Therapy, the team was specifically trained in various evidence-based therapeutic modalities, underscoring the organization's dedication to providing high-quality care that was customized to meet the needs of each client.

The diversity in the workforce not only enhanced the range of services offered but also created a nurturing atmosphere that promoted teamwork and creativity. Peruzzo et al. (2025) emphasized that diverse teams could enhance problem-solving and creativity, which was particularly crucial in behavioral health, where client needs were often complex and multifaceted. Furthermore, the organization recognized the importance of ongoing professional development and provided regular training workshops to ensure that staff members stayed abreast of the latest practices in mental health treatment, as described by the director of outpatient therapy.

### **Operations Management**

Operational efficiency was crucial for WGGX, particularly in managing client intake and service delivery processes. Despite the inherent challenges faced by nonprofit organizations with limited resources, WGGX utilized standardized procedures to enhance workflow and client experience. Effective operations management was vital in a sector where service delivery time could significantly impact patient outcomes (de Boer & Brey, 2023).

WGGX had adopted a semistructured, automated intake model that incorporated elements of EHRs to improve data accuracy and streamline processes. However, as noted by Al Harbi et al. (2024), the successful implementation of such technological solutions often hinged on comprehensive staff training and robust leadership support. Consequently, WGGX worked actively to bolster its operational framework by providing additional training sessions and ensuring that leadership was engaged in the integration of these technologies.

## **Challenges and Opportunities**

Nevertheless, WGGX's operations were not without challenges. Budget constraints, a common issue within many nonprofit organizations, limited the capacity for technological upgrades and the hiring of additional staff (Nijor et al., 2022). The organization continually explored partnerships and grant opportunities to enhance financial stability while maintaining service quality during times of fiscal restraint.

Conversely, these challenges presented opportunities for WGGX to innovate. By leveraging community resources and forging collaborations with local organizations, WGGX expanded its operational capabilities without incurring high costs. For instance, partnerships with educational institutions provided interns and volunteers, effectively increasing workforce capacity while also fostering community engagement, according to the director of outpatient therapy at the site. WGGX remained foundational to its objective of enhancing mental health services in South Philadelphia. The organization's commitment to diversity, continual training, and operational efficiency reflected a strong framework aimed at addressing the complexities of mental health care.

## **Analytical Strategy**

This doctoral study employed a qualitative case study design, providing a process-oriented framework that was crucial for generating in-depth and meaningful insights (Nijor et al., 2022). Through qualitative methods, the research captured the rich, contextualized narratives of participants at WGGX, uncovering their unique experiences with mental health services. This qualitative approach not only deepened understanding of complex concepts in healthcare delivery, such as patient intake (de Boer & Brey,

2023), but also allowed the findings to resonate across diverse settings. In psychological research, trustworthiness and credibility were foundational to methodological rigor (Albertson et al., 2022). Therefore, this section outlined the research design and methodology, detailed the participant selection process, described the data collection strategies supported by methodological triangulation, and explained the measures taken to ensure the study met high standards of quality, trustworthiness, and credibility.

### **Triangulation**

To facilitate cross-verification and increase the dependability of study findings, methodological triangulation entailed using several data collection techniques (Arias Valencia, 2022). In this study at WGGX, triangulation was implemented by combining semistructured interviews with data gathered from both primary and secondary sources. This multi-method approach captured leadership viewpoints on the overall efficacy of the patient intake process and provided a comprehensive understanding of it. By examining the experiences of both staff and clients, the study identified key challenges and barriers within the intake workflow and investigated how these factors impacted the quality of patient care (Nijor et al., 2022). Furthermore, triangulation helped identify organizational changes needed to improve data accuracy and enhance the patient experience—critical components for increasing operational efficiency at WGGX (de Boer & Brey, 2023; Albertson et al., 2022).

Ultimately, this approach enhanced the credibility of the research and provided evidence-based insights for optimizing patient intake.

## **Researcher Role**

Qualitative research recognized that both the researcher and participants contributed their own perspectives, experiences, and interpretations to the research process. In the context of this WGGX study, this meant that the scholar-consultant and the BHLs brought unique insights shaped by their professional roles and lived experiences, according to the director of outpatient therapy. Consistent with a constructivist approach, meaning was co-created through the shared exploration of experiences and reflections that informed understanding of patient intake processes (Cohen & Lichtenstein, 2019). As the scholar-consultant, I assumed responsibility for maintaining ethical rigor, ensuring participant privacy, and fostering an environment of trust that valued each leader's expertise in their organizational roles. Recognizing the potential influence of researcher presence, I remained reflexive throughout the study to mitigate bias and enhance credibility in data interpretation (Al Harbi et al., 2024). While I had no direct affiliation with WGGX beyond this doctoral inquiry, I acknowledged that subjectivity was inherent in qualitative inquiry. Thus, throughout the study's design, data collection, and analysis stages, I committed to maintaining methodological integrity, transparency, and adherence to best standards for qualitative research.

## **Collection of Data**

To investigate patient intake efficiency at WGGX, a small nonprofit behavioral health organization, primary and secondary data sources were gathered and examined for this qualitative single-case study. The primary data collection involved six semistructured qualitative interviews with WGGX's BHLs, specifically the Chief Executive Officer

(CEO), the Director of Outpatient Therapy (DOOT), a Licensed Professional Counselor (LPC), a Social Worker (SW), and interns. These leaders were chosen for their direct participation in strategic decision-making, operational oversight of patient intake procedures, and organizational governance. The CEO, who had a long-standing leadership history with WGGX and was responsible for guiding the organization's strategic direction, participated in an interview focused on leadership, governance, and organizational processes. The DOOT, who supervised frontline clinical staff and oversaw daily outpatient operations, participated in an interview emphasizing workforce engagement, service delivery, and workflow optimization. This structure ensured that perspectives were captured at both the executive and operational levels, enabling a thorough understanding of how WGGX's intake efficiency was influenced by staff involvement and leadership approaches.

### ***Primary Data Collection***

In accordance with the two research questions directing the professional practice problem at WGGX, a thorough set of semistructured interview questions was created as the primary tool for data collection in this study. These questions were designed to elicit in-depth insights from the organization's BHLs regarding their perceptions, strategies, and experiences related to optimizing patient intake efficiency through data accuracy and workflow improvement.

RQ1. How do healthcare providers at the WGGX perceive the current patient intake process in relation to data accuracy and workflow efficiency?

RQ2. What strategies do staff members believe could improve the patient intake process and enhance the overall patient onboarding experience?

### **Archival/Secondary Data**

In addition to the primary interview data, secondary data sources were collected to provide organizational context and support triangulation of findings. At WGGX, these materials included staff training documents and internal reports outlining procedures and expectations for the patient intake process, which offered insight into how intake practices were communicated and operationalized within the organization. The study also incorporated WGGX's strategic plans from the past three years to examine the organization's stated goals, priorities, and improvement strategies related to patient intake efficiency and care optimization. Furthermore, three years of annual reports were reviewed to assess trends in intake rates, workflow adjustments, and organizational achievements. Collectively, these documents provided a rich source of contextual and historical data that complemented the qualitative interviews, enabling a more thorough understanding of how organizational procedures and leadership styles affected the efficacy and efficiency of WGGX's patient intake process.

### ***Data Collected Pertinence to the WGGX Practice Issue***

The semistructured interviews were developed using the Baldrige Framework for Excellence, a leadership model that enabled organizations to evaluate performance, achieve strategic goals, and enhance outcomes (NIST, 2021). For this study, the Baldrige Health Care Criteria were adapted to align with the specific context and professional practice problem identified by WGGX leadership. The researcher carefully selected and

modified questions most relevant to examining organizational effectiveness, leadership practices, and patient intake efficiency, ensuring the interview design balanced depth of inquiry with participant time constraints. This approach minimized respondent burden while maintaining alignment with the study's research objectives. The complete set of interview areas and guiding questions was presented in the Appendix. Not all questions were administered to every BHL due to time limitations and the multifaceted responsibilities of WGGX leaders, who managed multiple roles within a small nonprofit organization experiencing ongoing workforce shortages.

### *Participants*

The organizational leaders most directly involved in planning, implementing, and overseeing WGGX's behavioral health programs, services, and operations were purposively selected to participate in this doctoral study. Two BHLs participated: the Chief Executive Officer (CEO) and the Director of Outpatient Therapy (DOOT). The CEO, who possessed extensive historical and operational knowledge of WGGX, provided information related to the practice-focused problem, including leadership strategies, governance, and organizational performance. The DOOT provided extensive insight into clinical operations, workforce engagement, and the supervision of outpatient staff, which were her primary areas of responsibility within the organization. Therapists, social workers, and interns also provided insight into their experiences with the intake process and client service delivery. The DOOT additionally facilitated access to relevant organizational and archival documents, including strategic plans, annual reports, and

training materials, to support data triangulation and deepen the contextual understanding of WGGX's patient intake processes.

### ***Coding for WGGX***

Following data collection, all qualitative interview transcripts, organizational documents, and field notes underwent structured coding and thematic analysis to ensure a systematic and transparent approach to interpretation. The analysis began with data immersion, during which the interviews were repeatedly reviewed to develop a thorough understanding of participants' viewpoints on patient intake at WGGX. Initial codes were clustered into categories reflecting major elements of the Baldrige Framework, such as leadership, customer engagement, workforce, operations, and results. Through this analytical lens, the researcher identified linkages among leadership practices, workforce engagement, and process outcomes related to patient intake optimization.

To enhance reliability, the process involved capturing analytic insights and monitoring the researcher's positionality and potential biases. Once themes were established, they were compared and triangulated with findings from secondary sources, including strategic plans, training documents, and annual reports, to confirm consistency and credibility. This multi-layered coding and thematic process ensured methodological rigor and transparency, providing a clear path from raw qualitative data to meaningful, evidence-based interpretation grounded in WGGX's organizational context.

### ***Procedure***

Procedures were conducted in accordance with Walden University's ethical research guidelines and Institutional Review Board (IRB) approval requirements. All

WGGX BHLs provided their informed consent before the interviews began, ensuring their voluntary involvement and understanding of the study's goals, confidentiality protocols, and the freedom to discontinue participation at any time without penalty. To accommodate the leaders' schedules and minimize disruption to organizational operations, semistructured interviews were conducted in-person and virtually via a secure video conferencing platform between June 2025 and August 2025. This supported a cooperative and positive working relationship. To document contextual observations and researcher reflections, notes were taken during each session. Participants were assigned pseudonyms to protect confidentiality further. In all transcripts and reports, the pseudonym "WGGX" was used in place of any identifying organizational information. In a small nonprofit behavioral health context, these actions respected the leaders' professional roles and time constraints while ensuring the legitimacy, dependability, and ethical integrity of the data-gathering process.

### ***Minimizing Harm***

Measures were incorporated into the research design to minimize potential harm and ensure participant protection. The study received approval from the Walden University Institutional Review Board (IRB), which verified that all ethical procedures were in place. Participants would be protected at every stage of the study. Prior to their involvement, all WGGX BHLs provided their informed consent, ensuring they were aware of the study's objectives, methods, and voluntary nature. The dedication to ethical research techniques and the preservation of participants' rights and confidentiality was

further strengthened by obtaining the agreement of all those granting access to organizational data or paperwork.

### *Shared Experience*

Respecting the shared experiences of participants was a central component of the ethical foundation of this study. As the scholar-consultant and primary data-collection instrument, I recognized the importance of creating a psychologically safe and inclusive environment in which WGGX BHLs could openly share their perspectives and professional experiences without fear of judgment or repercussions. Establishing this trust-based environment required intentional effort to build rapport, demonstrate empathy, and maintain transparency regarding the study's purpose, scope, and confidentiality safeguards. Because qualitative inquiry acknowledges that meaning is co-constructed through dialogue, I approached each interaction with cultural humility and an awareness of the power dynamics inherent in the researcher-participant relationship.

Throughout the data collection process, I remained reflexive, continually examining my own assumptions, biases, and positionality to prevent them from influencing how participants' narratives were interpreted or represented. Reflective journaling and memo writing were employed to document emerging insights and to monitor my internal responses to participant input, helping to separate personal perspectives from analytical interpretation. This practice not only enhanced the credibility of the study but also honored the authenticity of each leader's lived experience. By fostering a respectful, open, and judgment-free space, participants **were** empowered to share candid observations and meaningful insights about WGGX's patient

intake processes, leadership practices, and organizational culture. Such an environment ensured that data collection was both ethically sound and methodologically rigorous, supporting a rich and trustworthy understanding of the study's purpose.

### **Summary**

The sources of evidence for the WGGX professional practice issue were provided in Section 2. This review included an examination of pertinent literature, an analysis of WGGX's leadership techniques and evaluations, a discussion of the clientele it served, and a synopsis of the analytical methodology. Using this framework as a foundation, Section 3 evaluated workforce operations and engagement data to ascertain how WGGX leadership created a supportive and productive workplace that supported superior organizational performance. This section examined how leaders developed, oversaw, and continuously enhanced critical organizational services and workflows. The data were combined to demonstrate how WGGX utilized evidence-based decision-making to monitor, assess, and improve organizational performance. An evaluation of WGGX's use of technology, information systems, and knowledge assets to improve employee recruitment, engagement, and retention, particularly within the mental health workforce, was also included in this section.

### Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

#### **Introduction**

This study explored inefficiencies in the patient intake process at WGGX, a nonprofit behavioral health organization in South Philadelphia. The practice-focused research questions addressed how WGGX leadership and workforce practices influenced the accuracy, timeliness, and overall effectiveness of the intake process. The study also examined how organizational culture, staff engagement, and leadership strategies contributed to optimizing workflow and improving client experiences.

In this section, an in-depth analysis of WGGX was conducted to assess how the organization measured, managed, and improved its performance systems related to patient intake and behavioral health service delivery. This section evaluated how WGGX developed and maintained an organizational analysis and investigated knowledge management practices. Additionally, it examined how leadership ensured that services and processes were continuously improved and aligned with WGGX's mission to provide equitable, person-centered mental health care.

#### **Analysis of the Organization**

WGGX measured, analyzed, and managed knowledge to support decision-making, drive continuous improvement, and achieve organizational excellence. The analysis focused on the organization's workforce environment, staff engagement, service and process design, and operational management. Consistent with the Baldrige Performance Excellence Framework (NIST, 2021), this section examined how WGGX

integrated performance data, employee input, and client feedback into strategic and operational processes. The goal was to understand how leadership and staff collaboration fostered a data-informed culture that advanced patient-centered outcomes and organizational sustainability.

### **Creating a Helpful and Efficient Workplace Environment**

WGGX's workforce environment emphasized safety, empowerment, and professional growth. The organization promoted psychological safety through open communication channels, allowing employees to express ideas and concerns without fear of reprisal, as described by organizational leadership. This approach aligned with Schein's (2017) concept of learning organizations, which emphasizes trust and feedback as foundations for adaptive performance.

Professional development was central to WGGX's workforce strategy. Regular training sessions on trauma-informed care, data security, and EHR management equipped staff with the skills necessary to enhance care delivery (Al Harbi et al., 2024). The Director of Outpatient Therapy (DOOT) ensured that staff development aligned with organizational objectives and regulatory requirements, thereby creating a culture of competence and accountability.

In addition, WGGX prioritized work-life balance and emotional resilience through supervision and mentorship programs, initiatives that were especially critical in behavioral health settings where burnout is prevalent (Maslach & Leiter, 2021). These efforts contributed to staff retention, workforce morale, and improved client outcomes,

reflecting the organization's recognition that employee well-being was inseparable from service quality.

### **Workforce Engagement and High-Performance Culture**

WGGX engaged staff through participatory leadership and recognition-based motivation. Leaders solicited input through regular staff meetings, feedback surveys, and collaborative task forces focused on operational improvements according to the DOOT of WGGX. This approach reflected the principle that relatedness, competence, and autonomy promote intrinsic motivation and improved performance. The organization also applied the Baldrige principle of alignment, ensuring that individual goals reflected organizational priorities. Performance metrics such as patient satisfaction scores, documentation accuracy, and response times to client inquiries were discussed in quarterly reviews. These data served as performance feedback, informing both staff coaching and policy adjustments. Recognition programs highlighted achievements in service delivery, thereby reinforcing engagement and accountability. This culture of recognition contributed to increased retention in a competitive behavioral health workforce market and improved employee satisfaction (Nijor et al., 2022).

### **Service and Process Design, Management, and Improvement**

WGGX employed evidence-based and data-informed methods to design, manage, and improve its services. The intake process, a critical operational function, was structured using standardized protocols supported by EHR integration to ensure data accuracy and continuity of care (Cohen & Lichtenstein, 2019). Continuous monitoring identified bottlenecks and enabled iterative improvement.

Using Plan-Do-Study-Act (PDSA) cycles, WGGX tested workflow innovations and evaluated their effects on patient throughput and satisfaction (Langley et al., 2021). Staff contributed to identifying inefficiencies and proposed improvements, ensuring that innovation remained participatory and sustainable. For example, feedback from clinical interns led to revisions in the telehealth onboarding process, reducing average client wait times by 15% as described by organizational leadership.

Quality assurance was maintained through internal audits, client satisfaction assessments, and compliance checks aligned with state and federal regulations (SAMHSA, 2023). These data were integrated into WGGX's annual strategic review to inform budget priorities, training investments, and technology upgrades.

### **Effective Management of Operations**

Operational management at WGGX was guided by data-driven decision-making and knowledge management principles. The organization systematically collected, analyzed, and disseminated information on performance indicators, including client volume, service utilization, and workflow efficiency. Dashboards summarized these indicators for leadership review, promoting transparency and accountability.

Knowledge management practices emphasized capturing and transferring institutional knowledge. Lessons from client feedback sessions and staff debriefings were documented and incorporated into training manuals and workflow updates as described by the director of outpatient therapy at the site. This reflective practice fostered organizational learning and adaptability (Upadhyay & Opoku-Agyeman, 2023).

To manage financial and operational constraints typical of nonprofit behavioral health organizations, WGGX employed cost-effective process mapping and academic partnerships. These collaborations expanded capacity while maintaining quality standards. The integration of EHR data analytics enabled predictive insights into staffing needs and patient flow, further optimizing resources and improving care delivery (Upadhyay & Opoku-Agyeman, 2023).

## **Knowledge Management**

### **Measuring and Analyzing Organizational Performance**

WGGX employed a structured, data-driven approach to measure and analyze organizational performance, aligning with the Baldrige Health Care Criteria for Performance Excellence (NIST, 2021). The organization's evaluation framework integrated both quantitative and qualitative measures, such as client satisfaction surveys, staff performance reviews, and operational efficiency metrics, to assess how effectively services met community and organizational goals. The leadership team analyzed intake rates, appointment wait times, and client outcomes to identify trends and areas for improvement according to the director of outpatient therapy at the site. These findings were cross-referenced with data from annual reports and strategic plans to ensure that WGGX's performance indicators aligned with its mission of accessible, equitable behavioral healthcare, according to information provided on the study organization's website.

Continuous performance analysis enabled WGGX to adjust its operational strategies dynamically. According to Al Harbi et al. (2024), integrating real-time data

into decision-making enhanced healthcare quality by reducing inefficiencies and improving patient experiences. Similarly, Cohen and Lichtenstein (2019) emphasized that effective data measurement in healthcare supported the alignment of clinical and administrative processes, leading to improved patient satisfaction and workflow efficiency. WGGX's performance reviews and data audits mirrored these best practices, using evidence-based insights to refine staff training, optimize scheduling systems, and reduce intake bottlenecks.

### **Improving Organizational Performance**

WGGX demonstrated a commitment to continuous improvement through structured feedback mechanisms and quality enhancement initiatives. Using insights derived from client surveys and workforce assessments, the leadership team implemented targeted interventions to address operational inefficiencies and improve care delivery. For example, WGGX's workflow mapping sessions identified redundancies in the patient intake process, leading to the introduction of digital data verification tools that enhanced accuracy and reduced staff workload, as described by organizational leadership. This approach aligned with Åhlin et al. (2023), who found that healthcare organizations with standardized process evaluation achieved greater efficiency and patient satisfaction.

Furthermore, WGGX integrated performance analysis into staff development. By providing professional training aligned with performance findings, the organization ensured that employees were equipped to meet evolving patient and organizational needs. According to Manderson et al. (2025), aligning workforce education with quality improvement initiatives fostered a sustainable learning environment that enhanced both

staff competency and client outcomes. Through this cyclical process of measurement, reflection, and action, WGGX exemplified a learning organization that systematically converted data into performance gains.

### **Managing Organizational Knowledge Assets**

WGGX's knowledge management strategy was centered on the collection, dissemination, and application of organizational knowledge to support evidence-based practice. Key knowledge assets included internal training manuals, strategic plans, and patient data stored in EHRs. According to the director of outpatient therapy, the organization ensured that knowledge was accessible and actionable through shared digital platforms and regular team meetings, where best practices were exchanged among staff members. This system facilitated organizational learning, enabling WGGX to respond efficiently to emerging behavioral health challenges.

Consistent with Upadhyay and Opoku-Agyeman (2023), WGGX recognized that effectively managing knowledge assets fostered collaboration and innovation, particularly when data systems were integrated across clinical and administrative domains. Through secure EHR utilization and centralized data storage, the organization minimized redundancy while ensuring continuity of care. This integration enhanced communication among clinicians and supported timely decision-making in patient management.

### **Information and Technology Infrastructure**

WGGX's technology infrastructure played a vital role in supporting its operational goals and knowledge management system. The organization used a hybrid

model that combined electronic and manual systems to manage client records, workflows, and reporting. Recognizing limitations due to budgetary constraints, WGGX strategically prioritized technology investments that yielded high impact, such as the adoption of electronic scheduling systems and EHR enhancements, according to the director of outpatient therapy. These systems not only streamlined patient intake but also improved the accuracy and security of health information, consistent with the standards outlined by HIPAA and SAMHSA (2025).

However, challenges remained in fully leveraging technology due to limited technical expertise and funding issues common among small nonprofits (Nijor et al., 2022). To address this, WGGX invested in staff training and external partnerships to enhance digital literacy and ensure compliance with data protection regulations. The organization's adaptive technology strategy aligned with the recommendations of Rehman et al. (2022), who emphasized the role of scalable digital tools in improving healthcare efficiency in resource-limited environments.

### **Summary**

Section 3 presented a comprehensive analysis of WGGX's organizational systems, with a primary focus on evaluating and optimizing the patient intake process. This section examined how WGGX measured, analyzed, and improved its operational performance to enhance efficiency, accuracy, and client satisfaction during intake. Drawing on qualitative data from leadership interviews, organizational documents, and strategic plans, the analysis explored how leadership fostered a supportive workforce

environment, engaged staff in continuous improvement, and leveraged technology, particularly EHRs, to streamline intake procedures and reduce delays.

The findings revealed that WGGX effectively integrated staff feedback, client input, and performance metrics to identify inefficiencies and implement targeted improvements. The section also assessed how WGGX maintained its information systems and knowledge assets to facilitate collaboration, long-term learning, and data accuracy. Overall, Section 3 demonstrated that WGGX's data-informed and collaborative approach to patient intake aligned with the Baldrige Framework for Excellence (NIST, 2021), reinforcing its commitment to patient-centered care and sustainable operational improvement.

Section 4 examined the study's results and their implications for WGGX, building on these conclusions. This discussion reviewed the strengths and limitations of the findings and their applicability to practice-focused issues, particularly those related to employee engagement, patient intake optimization, and overall organizational effectiveness.

#### Section 4: Results—Analysis, Implications, and Preparation of Findings

This research study examined inefficiencies within the patient intake process at WGGX, a community-based behavioral health organization serving diverse and underserved populations. Patient intake processes were a critical operational function in behavioral health settings, as they directly influenced access to care, data accuracy, workflow efficiency, and overall patient experience. At WGGX, leadership and staff identified challenges related to fragmented workflows, inconsistent data collection, and capacity constraints that hindered timely patient intake processes. Addressing these challenges represented an important practice-focused problem, as inefficient intake processes negatively affected organizational performance and patient-centered outcomes.

The purpose of this qualitative single case study was to optimize the patient intake process at WGGX. This study explored this purpose through staff and leadership perceptions of the current patient intake process at WGGX and identified strategies for improving efficiency, data integrity, and the overall intake experience. The study addressed a gap in both the scholarly and applied literature by examining intake optimization from multiple organizational roles within a behavioral health setting.

The evidence gathered for this study was examined in Section 4 to answer the following practice-focused research questions:

- RQ1: How do healthcare providers at WGGX perceive the current patient intake process in relation to data accuracy and workflow efficiency?
- RQ2: What strategies do staff members believe could improve the patient intake process and enhance the overall patient onboarding experience?

Findings presented in this section are organized around five emergent themes that align directly with the research questions and reflect shared patterns across participant interviews and document review. These themes include Fragmented Intake Workflow, Leadership-Driven Process Adaptation, Workforce Capacity and Role Clarity, Information Flow and Data Integrity, and Patient-Centered Access and Responsiveness. Together, these themes illustrate how organizational structures, workforce practices, and information management processes shape the effectiveness of patient intake at WGGX.

The analysis in Section 4 drew upon multiple sources of evidence, including semistructured interviews with organizational leaders and clinical staff, internal organizational documents, and intake-related operational materials. The use of both primary and secondary data strengthened the credibility of the findings through triangulation and supported a comprehensive evaluation of WGGX's intake practices. The section concluded with a discussion of implications for organizational improvement, preparation of findings, and consideration of study strengths and limitations.

The analysis of these findings provided a foundation for the practice-based recommendations presented in Section 5, which were intended to support WGGX in optimizing its patient intake processes. Additionally, Section 4 included a discussion of the study's strengths and limitations, offering context for interpreting the findings and their applicability to organizational improvement efforts.

## **Analysis, Results, and Implications**

### **Qualitative Coding**

The six participants were interviewed in person for all semistructured interviews. These participants were purposefully selected because they represented key roles directly involved in or impacted by the patient intake process, including organizational leadership, clinical providers, administrative staff, and trainees. Their positions provided varied yet complementary perspectives on intake workflows, data management, decision-making processes, and patient access, allowing for a comprehensive examination of the practice problem within the organizational context. The interviews were then transcribed and entered into the qualitative data analysis program Delve to facilitate systematic categorization and theme development. Delve was selected for its ability to manage qualitative datasets, support iterative coding, and facilitate transparency and rigor throughout the analytic process.

An initial cycle of open coding was conducted to capture participants' language, experiences, and perceptions related to patient intake workflows, data accuracy, leadership decision-making, workforce capacity, and patient access. This first round of analysis generated 30 preliminary thematic codes, reflecting recurring patterns across interview transcripts.

Following this phase, a second cycle of focused coding was completed to reduce redundancy, resolve overlap, and enhance conceptual clarity. Through constant comparison and analytic memoing, the 25 initial codes were

consolidated into five overarching themes that best represented the data and aligned with the study's purpose and research questions.

### ***Final Thematic Codes***

The final thematic codes used for analysis were the following:

- fragmented intake workflow
- leadership-driven process adaptation
- workforce capacity and role clarity
- information flow and data integrity
- patient-centered access and responsiveness

These five themes reflect a refined synthesis of participant perspectives and the operational realities of WGGX. Theme development occurred through iterative comparison of interview data, during which initial descriptive codes were examined for conceptual overlap, frequency, and explanatory relevance to the practice problem.

During the first cycle of coding, multiple raw codes emerged related to intake inefficiency, including duplicate data entry, unclear intake ownership, intake steps completed out of sequence, and frequent handoffs between staff. Although these codes captured distinct aspects of the intake experience, further analysis revealed that they were not independent issues but rather manifestations of a broader underlying pattern. Through focused coding, these related codes were consolidated into the theme Fragmented Intake Workflow, which more accurately represented the systemic nature of the problem described by participants.

This analytic decision was informed by repeated references across interviews to intake tasks being redistributed based on availability rather than structure, resulting in repeated work and delays in patient onboarding. By elevating these individual codes into a single theme, the analysis moved beyond surface-level descriptions to capture how organizational processes, rather than individual behaviors, shaped intake inefficiencies.

A similar analytic approach was applied across all themes, ensuring that each final thematic code represented a conceptually coherent pattern grounded in participant narratives. Collectively, the five themes provide a comprehensive framework for understanding how leadership practices, workforce capacity, information management, and patient-centered priorities intersect to influence intake effectiveness at WGGX.

### ***Research Question Alignment***

The final set of thematic codes was then aligned with each of the study's research questions to ensure analytic coherence and clarity. While the themes are conceptually distinct, some overlap across research questions was expected and appropriate, given the interconnected nature of patient intake, leadership decision-making, and workflow. For example, leadership-driven process adaptations were frequently discussed in relation to both workflow efficiency and data accuracy, while workforce capacity influenced patient access and responsiveness. This analytic approach was intentionally employed to facilitate the clear presentation of findings and the development of actionable recommendations in the final section of the study.

## **Findings Organized by Research Question**

### **Findings for RQ1: How Do Healthcare Providers at WGGX Perceive the Current Patient Intake Process in Relation to Data Accuracy and Workflow Efficiency?**

#### ***Theme 1: Fragmented Intake Workflow***

Participants consistently described the current intake process at WGGX as disjointed and inefficient, characterized by multiple handoffs, duplicated documentation, and unclear sequencing of tasks. The intake responsibilities were spread across clinical, administrative, and leadership roles without a unified workflow, resulting in delays and confusion.

Participants indicated that intake procedures “varied” depending on staffing levels and daily demands, contributing to inconsistency in how clients’ intake occurred. According to the LPC at the site, “the intake process is nonlinear with information in different locations within the system, and everyone has their system that helps through their intake process”. According to the intern at WGGX, they offered similar sentiments, “I kind of do my own thing. I have created my own intake flow from my training with the LPC and put my own spin on it to help my flow when engaging with patients to not make it seem like a long, dragged-out process”.

#### ***Theme 2: Workforce Capacity and Role Clarity***

Participants perceived staffing limitations as a primary contributor to inefficiencies in the intake process. They described unclear role boundaries between administrative staff, interns, and clinicians, which often resulted in intake-related tasks being completed inconsistently or delayed.

One participant expressed that when staff were covering “multiple roles” simultaneously, intake accuracy suffered because attention was divided between clinical care and administrative responsibilities. Highlighting and demonstrating that inadequate role clarity and staffing shortages negatively impact data reliability and workflow performance in behavioral health settings. According to the DOOT at the site, “The intake inefficiencies were not due to lack of effort, but rather structural constraints that limited their ability to complete tasks thoroughly and consistently”.

### ***Theme 3: Information Flow and Data Integrity***

Participants expressed significant concern regarding the accuracy, completeness, and accessibility of intake data. Information was frequently entered multiple times, not stored properly, or communicated informally rather than through standardized documentation processes.

According to the SW at the site, “You can’t always rely on what’s documented in the chart because there have been times when information has been missing or inaccurate”. As described by the LPC, clinical work was affected, stating, “We end up double-checking everything during sessions because the intake info isn’t always reliable, which increased workload and disrupted continuity of care”.

Participants emphasized that these data integrity issues were not the result of individual oversight but reflected broader process limitations. Highlighting how unclear workflows contributed directly to documentation inconsistencies. According to the social work intern at WGGX, “It’s not that people aren’t trying, it’s just that everyone has

created their own way and process and not abiding by the actual process that is supposed to be in place”.

**Findings Aligning to RQ2: What Strategies Do Staff Members Believe Could Improve the Patient Intake Process and Enhance the Overall Patient Onboarding Experience?**

***Theme 4: Leadership-Driven Process Adaptation***

Participants consistently identified leadership involvement as essential to improving the intake process. Staff emphasized that leadership-driven adaptations such as clarifying procedures, standardizing documentation, and supporting workflow redesign were perceived as critical strategies for improvement.

Informal leadership responsiveness also shaped perceptions. Expressing that leadership often adjusted processes reactively rather than through structured planning. While this flexibility was viewed positively, participants suggested that more formalized leadership-led process mapping and evaluation could enhance sustainability and consistency. According to the DOOT, “When something is creating inefficiencies, leadership typically makes it their concern to quickly figure out how to keep things flowing and aligned to meet the needs of the clients and staff”.

From the participants’ perspective, this allowed the WGGX to remain flexible but also resulted in inconsistent practices across time and roles. Intake adjustments were often made in response to immediate staffing constraints or service demands. The LPC explained, “A lot of changes happen on the fly, depending on what’s going on that week”.

### ***Theme 5: Patient-Centered Access and Responsiveness***

Staff members emphasized that improving intake efficiency must ultimately enhance the patient experience, particularly regarding access to care and responsiveness during the onboarding process. Participants described strategies such as simplifying intake steps, reducing wait times, and improving communication with clients as central to patient-centered improvement.

Staff viewed patient-centered redesign not as an added burden, but as a necessary outcome of improved workflow efficiency and data accuracy. According to the SW at the site, “Inefficiencies during intake often make clients hesitant to engage early in treatment, suggesting that if the intake process was more structured, it could improve retention and satisfaction”.

## **Organizational Results**

### **Organization’s Client Programs, Services, and New Initiatives Effectiveness Results**

Based on evidence collected through semistructured interviews and review of organizational documents, WGGX’s client programs and services demonstrate moderate effectiveness, defined in this study as the organization’s ability to deliver clinically appropriate, evidence-based care once services are initiated, while experiencing operational constraints that limit consistency, timeliness, and reach. This assessment is not derived from a quantitative performance scale but from qualitative indicators, including participant perceptions of clinical quality, continuity of care, and barriers to service initiation.

Core services such as individual therapy, group therapy, crisis intervention, and telehealth were consistently described by participants as therapeutically sound and aligned with best practices in behavioral health care. Participants reported that clients who completed the intake process generally received appropriate, patient-centered treatment that addressed presenting needs. In this respect, program effectiveness was evident in the quality of care delivered after the intake process.

However, participants also emphasized that intake-related delays and inconsistencies constrained the overall effectiveness of these programs. Barriers such as prolonged intake timelines, repeated data collection, and unclear intake sequencing limited timely access to services and, in some cases, delayed the initiation of care. These operational challenges reduced the organization's ability to consistently translate strong clinical programming into timely client outcomes.

### **WGGX's Client-Focused Results**

Client-focused results at WGGX reflect a strong commitment to patient-centered care, particularly in therapeutic engagement and responsiveness once services begin. Evidence from interviews indicates that clients generally report satisfaction with clinician interactions, treatment relevance, and perceived emotional support. The organization's emphasis on holistic care, including referrals to housing, employment, and community resources, further strengthens client outcomes beyond clinical symptom reduction.

However, client-focused results are negatively influenced by inconsistencies during intake. Participants noted that delays in initial contact and appointment scheduling occasionally led to disengagement or missed opportunities for early intervention. These

findings indicate that client satisfaction and retention could be significantly improved through streamlined intake processes, clearer communication pathways, and earlier engagement strategies. From a Baldrige perspective, client experience outcomes are closely tied to process management effectiveness, reinforcing the need for operational improvements upstream.

### ***WGGX's Workforce-Focused Results***

The findings revealed a highly committed but capacity-strained workforce. Staff demonstrated strong alignment with WGGX's mission and expressed high intrinsic motivation to serve clients. Interns and prelicensed clinicians contribute meaningfully to service delivery while gaining professional experience, creating mutual benefit for workforce development and organizational sustainability.

Despite this commitment, workforce effectiveness is limited by role ambiguity, staffing shortages, and competing administrative demands. Intake responsibilities are frequently distributed across roles without clear ownership, increasing cognitive load and the likelihood of data inaccuracies. Participants described informal workarounds to manage intake demands, which, while adaptive, undermine consistency and efficiency. These findings suggest that workforce engagement remains high, but workforce performance outcomes would improve with clearer role delineation, targeted training, and leadership-supported workflow redesign.

### ***Leadership and Governance Results***

Leadership and governance at WGGX are characterized by collaborative, mission-driven decision-making that reflects alignment with established nonprofit

governance and accountability standards, including board oversight practices, ethical stewardship of resources, and responsiveness to community needs. Participants described leadership as accessible and engaged, particularly in addressing operational challenges related to patient intake and service delivery. Leaders demonstrated awareness of workflow inefficiencies and regularly solicited staff input to resolve immediate concerns, reinforcing a culture of shared responsibility and organizational commitment.

These leadership behaviors enable short-term intake functioning by allowing the organization to remain adaptable in the face of staffing constraints and fluctuating service demand. Participants indicated that leadership's willingness to intervene and adjust processes helped prevent service disruptions and supported continuity of care. This responsiveness was viewed as a strength, particularly within a resource-limited nonprofit environment.

At the same time, the evidence suggests that leadership practices also constrain the sustainability of intake improvement efforts. Intake-related changes were frequently implemented on an as needed basis, without formal process mapping, performance metrics, or systematic evaluation. While this reactive approach allowed for rapid problem-solving, it limited the organization's ability to standardize successful practices or assess their long-term effectiveness. As a result, intake workflows remained vulnerable to variability and dependent on individual judgment rather than institutionalized systems.

From a governance perspective, the absence of formalized intake performance monitoring reduced leadership's capacity to make data-informed decisions and to embed continuous improvement into routine operations. The findings indicate that leadership

effectiveness in addressing the intake practice problem would be strengthened by integrating structured performance measurement, clearly defined process ownership, and ongoing evaluation cycles. Such approaches would support scalability and sustainability while preserving the collaborative leadership culture currently present at WGGX.

### ***Financial and Marketplace Performance Results***

WGGX's financial and marketplace performance reflects the realities of a small nonprofit operating within a Medicaid-dependent funding environment. Financial resources are sufficient to sustain core services but limit the organization's ability to invest in advanced technology, additional staffing, or large-scale system redesign. Marketplace positioning is strengthened by WGGX's reputation for accessible, community-based care and its responsiveness to underserved populations.

However, intake inefficiencies carry indirect financial implications, including lost revenue from missed appointments, delayed service initiation, and increased administrative burden. While these impacts are not always immediately visible in financial statements, participants recognized their cumulative effect on organizational sustainability. Improving intake efficiency represents not only an operational priority but also a strategic financial opportunity to enhance throughput and service utilization without expanding physical infrastructure.

### ***Findings in Terms of Individuals, Organizations, Communities, and Systems***

At the individual level, intake inefficiencies affect both clients and staff. Clients may experience delayed access to care during critical periods of need, while staff experience increased stress and role strain. Organizationally, workflow fragmentation

undermines data integrity and limits leadership's ability to make timely, data-informed decisions.

At the community level, delays in behavioral health access can exacerbate existing disparities in mental health outcomes, particularly in underserved urban populations. At the systems level, the findings highlight how small nonprofit organizations face structural barriers to operational optimization despite strong clinical expertise and community commitment. These implications underscore the importance of aligning leadership, workforce, and process management to achieve equitable and efficient care delivery.

### ***Implications for Positive Social Change***

The findings support meaningful implications for positive social change by demonstrating how improving intake efficiency can enhance access to behavioral health services for marginalized populations. Streamlined intake processes reduce barriers to care, promote earlier intervention, and support continuity of treatment. By strengthening data accuracy and workflow efficiency, WGGX can improve service equity, reduce disengagement, and increase community trust in behavioral health systems.

Moreover, this study provides a transferable framework for other small nonprofit organizations seeking to balance mission-driven care with operational effectiveness. Enhancing intake systems contributes to broader social change by improving mental health outcomes, reducing systemic inefficiencies, and supporting workforce sustainability in community-based care settings.

### **Strengths and Limitations of the Study**

A key strength of this study is its qualitative single-case design, which allowed for in-depth exploration of organizational processes within a real-world nonprofit behavioral health context. The use of semistructured interviews across leadership, clinical, administrative, and trainee roles provided a multidimensional understanding of intake challenges and improvement strategies. Methodological triangulation through document review strengthened credibility and contextual grounding.

Alignment with the Baldrige Health Care Criteria further enhanced the study's rigor by providing a well-established performance excellence framework to guide analysis and interpretation.

A limitation of the study is its single-site design, which limits generalizability. While findings are transferable to similar nonprofit behavioral health settings, they may not fully apply to larger or for-profit organizations. Additionally, the small sample size reflects organizational realities but constrains the breadth of perspectives

An unanticipated outcome was the extent to which informal workflow adaptations had become normalized. While initially viewed as temporary solutions, these adaptations emerged as embedded practices, complicating efforts to standardize intake processes. This finding may have influenced participants' perceptions of feasibility regarding proposed improvements and highlights the need for careful change management.

## Section 5: Recommendations and Conclusions

### **Introduction**

To investigate professional practice issues linked to inefficiencies in the patient intake process that organizational leadership observed, data gathered through semistructured interviews with six WGGX employees were analyzed and summarized in the previous section. The analysis focused on staff perceptions of intake workflows, data accuracy, workforce capacity, leadership practices, and their collective impact on patient access and onboarding experiences. Findings revealed that while WGGX provides clinically effective, patient-centered services, fragmented intake processes and inconsistent information management limit operational efficiency and timely access to care.

Section 5 presents the final chapter of this study and translates the findings into actionable, evidence-based recommendations designed to address the identified practice problem. The recommendations outlined in this section are intended to support organizational decision-making by providing clear, feasible strategies aligned with WGGX's mission, resource capacity, and performance improvement goals. For ease of review and implementation, recommendations are organized in a numbered format to facilitate discussion among organizational leadership, the BHL's, and other stakeholders involved in planning, oversight, and dissemination of the study's outcomes.

## **Recommendations for WGGX**

### **Standardization of the Patient Intake Process**

Derived from the findings associated with theme 1: Fragmented Intake Workflow, it is recommended that WGGX design and implement a comprehensive, standardized patient intake protocol that governs all stages of client onboarding, from initial referral through the first clinical encounter. The protocol should explicitly delineate sequential intake steps, specify documentation requirements at each stage, and identify responsible personnel to reduce ambiguity and variation in practice. Attention should be given to the establishment of data verification checkpoints, ensuring that critical demographic, clinical, and insurance information is reviewed for completeness and accuracy before service initiation.

Evidence from this study indicates that intake-related tasks are currently completed in a fragmented and inconsistent manner, resulting in duplicated data entry and delayed care. Standardized intake protocols have been shown to improve workflow efficiency and reduce documentation errors in behavioral health settings by creating shared expectations and minimizing reliance on informal workarounds (Cohen & Lichtenstein, 2019; de Boer & Brey, 2023). For WGGX, standardization would serve not only as a mechanism for operational improvement but also as a foundation for equitable client access, ensuring that all clients experience a consistent and timely onboarding process regardless of staffing fluctuations.

### **Role Clarification and Targeted Workforce Training**

Pulling from findings from theme 3: Workforce Capacity and Role Clarity, to address workforce-related contributors to intake inefficiency, it is recommended that WGGX implement a formal intake role matrix accompanied by a structured training plan. The role matrix should clearly define which intake-related responsibilities are assigned to leadership, administrative staff, clinicians, and trainees, including decision authority and escalation pathways. This clarification is particularly critical in environments where staff frequently assume multiple roles due to capacity constraints.

Targeted training should be delivered during onboarding and reinforced through periodic refresher sessions. Training content should focus on intake workflows, documentation standards, use of the EHR, and communication expectations across roles. Findings from this study demonstrate that staff often learn intake procedures informally through observation, contributing to inconsistent practice and reduced confidence. Research indicates that role clarity and structured training improve workforce performance, reduce cognitive overload, and enhance data integrity in healthcare organizations (Bragge et al., 2025; Nijor et al., 2022). Implementing these measures at WGGX would support workforce sustainability while reducing the administrative burden placed on clinical staff.

### **Optimization of Existing EHR Systems**

From the findings associated with theme 3: Information Flow and Data Integrity, rather than pursuing costly technology replacements, WGGX should prioritize optimization of its existing EHR system to support standardized intake practices. This

optimization should include the development of minimum documentation standards for intake, the use of structured data fields to reduce free-text variability, and the integration of prompts or checklists to guide staff through required intake elements.

Leadership oversight is essential to ensure consistent adherence to EHR standards. Participants in this study reported that inconsistent EHR use undermines data reliability and limits the usefulness of intake information for clinical decision-making. Optimizing EHR utilization has been shown to improve workflow efficiency and documentation accuracy when supported by clear policies and leadership accountability (Upadhyay & Opoku-Agyeman, 2023; Segall et al., 2024). For WGGX, strengthening EHR practices would enhance both operational performance and the quality of care delivery by ensuring that clinicians have access to accurate, timely information at the point of service.

### **Leadership-Led Performance Monitoring**

Guided by the theme related to Information Flow and Data Integrity, it is recommended that WGGX leadership implement a formal intake performance monitoring process specifically focused on the accuracy, completeness, and reliability of intake data. Participants consistently described intake information as fragmented, inconsistently documented, and difficult to trust during clinical decision-making, indicating that data integrity is a critical leverage point for improving overall intake effectiveness.

Performance monitoring should include clearly defined indicators that reflect documentation quality and information continuity. These measures may include the percentage of intake records completed before the first clinical appointment, the

frequency of missing or corrected data fields, and the extent to which clinicians must re-collect intake information during initial sessions. Monitoring these indicators directly supports organizational goals related to clinical readiness, care coordination, and patient safety by ensuring that accurate information is available at the point of service.

Leadership review of these data regularly, such as quarterly, would allow patterns in documentation gaps or workflow breakdowns to be identified and addressed systematically. Unlike reactive corrections made after problems arise, this approach enables leadership to assess whether intake processes are functioning as intended and whether staff have the tools, training, and role clarity needed to maintain data integrity.

Study findings indicate that leadership at WGGX is responsive but has historically relied on informal problem-solving rather than structured evaluation. By centering performance monitoring on information flow and data integrity, leadership can move toward sustained, evidence-informed intake improvement. This targeted approach strengthens accountability, supports consistent documentation practices, and reinforces the organization's commitment to delivering coordinated, high-quality behavioral health care.

### **Positive Social Change**

Enhancing WGGX's patient intake efficiency has significant ramifications for constructive social change on multiple levels. At the individual level, streamlined intake processes reduce delays in accessing behavioral health services, particularly for clients experiencing acute need. Earlier engagement and reduced administrative barriers increase the likelihood of treatment initiation and continuity of care.

At the organizational level, improved intake workflows support workforce sustainability by reducing role strain and administrative burden, allowing staff to focus more fully on clinical and supportive functions. At the community level, enhanced access to timely behavioral health services contributes to improved mental health outcomes among underserved populations, addressing longstanding disparities in care access. Systemically, this study highlights how operational improvements in small nonprofit organizations can strengthen the broader behavioral health care continuum, reinforcing equity and responsiveness in community-based care delivery (Edgman-Levitan & Schoenbaum, 2021; Taylor et al., 2023).

### **Implementation and Evaluation Procedures**

Implementation of the recommended solutions should occur over six months using a phased approach. The preparation phase should focus on protocol development, role clarification, and staff orientation. During the implementation phase, standardized intake procedures and training should be rolled out, accompanied by leadership communication reinforcing expectations. The evaluation phase should involve a systematic review of intake performance metrics and staff feedback to identify areas for refinement.

These procedures are intentionally designed to be carried out by organizational leaders without the need for extra planning or external advice. Assigning clear responsibility for oversight and evaluation will ensure feasibility within WGGX's resource constraints and encourage continued adoption of improved practices (Åhlin et al., 2023).

**Table 5***Overview of Implementation Plan for Recommendations*

Phase	Description	Time frame
Phase 1: Preparation and planning	Development of standardized intake protocol, role clarification, leadership review, and staff orientation	Months 1–2
Phase 2: Implementation and training	Rollout of intake protocol, workforce training, EHR optimization, and initial adoption monitoring	Months 3–4
Phase 3: Evaluation and refinement	Performance monitoring, staff feedback collection, data review, and process refinement	Months 5–6

*Note.* Time frames are approximate; evaluation combines performance metrics and staff feedback to support sustainable intake improvement.

**Phase 1: Preparation and Planning (Months 1–2)**

The preparation and planning phase focuses on establishing the structural foundation necessary for sustainable intake process improvement. During this phase, organizational leadership, in collaboration with key administrative and clinical stakeholders, will develop a standardized patient intake protocol that clearly outlines each step of the intake process. This protocol will specify required documentation, role-based responsibilities, and data verification checkpoints to ensure consistency and accuracy before service initiation.

A formal intake role matrix will also be created to clarify expectations across leadership, administrative staff, clinicians, and trainees. This activity is particularly important given the study’s findings that intake responsibilities at WGGX are frequently distributed informally, contributing to role ambiguity and workflow inefficiencies. Leadership review and approval of all intake-related documents will occur during this

phase to ensure alignment with organizational policies, regulatory requirements, and resource capacity.

In addition, staff orientation sessions will be conducted to introduce the revised intake framework, explain the rationale for changes, and reinforce leadership commitment to standardized practice. These sessions will emphasize the connection between intake efficiency, data accuracy, patient access, and staff workload, thereby fostering shared ownership of the improvement effort.

### **Phase 2: Implementation and Training (Months 3–4)**

The implementation and training phase involves the active rollout of the standardized intake protocol and associated workforce supports. During this phase, all staff involved in intake-related activities will participate in structured training sessions tailored to their specific roles. Training content will include step-by-step intake procedures, EHR documentation standards, communication expectations, and escalation processes for incomplete or inconsistent data.

Concurrent with training, WGGX will optimize its existing EHR system to support standardized intake practices. This will include the use of structured fields, intake checklists, and documentation prompts designed to reduce variability and reliance on free-text entries. Leadership oversight during this phase will focus on reinforcing adherence to new standards and addressing operational barriers as they arise.

Initial adoption monitoring will be conducted informally through leadership check-ins and staff feedback to identify early challenges and support adjustment without

penalization. This approach aligns with change management best practices and acknowledges the adaptive demands placed on staff during process transitions.

### **Phase 3: Evaluation and Refinement (Months 5–6)**

The evaluation and refinement phase emphasizes systematic assessment of intake process effectiveness and continuous improvement. During this phase, leadership will review predefined intake performance metrics, such as time from referral to first appointment, intake completion rates, and frequency of documentation corrections. These metrics will be analyzed to determine whether the implemented changes have resulted in measurable improvements in workflow efficiency and data accuracy.

In addition to quantitative indicators, qualitative feedback will be gathered from staff through brief surveys or facilitated discussions to capture experiential insights related to workload, clarity of roles, and perceived impact on patient onboarding. Integrating staff perspectives ensures that the evaluation extends beyond numerical outcomes and reflects real-world operational conditions.

Based on performance data and feedback, leadership will refine intake procedures, training materials, or documentation standards as needed. This iterative process supports sustainability by embedding continuous learning and adjustment into routine operations rather than treating intake improvement as a one-time initiative. The conclusion of this phase will include formal documentation of finalized intake practices and recommendations for ongoing monitoring beyond the study period.

### **Recommendations for Future Studies**

The findings of this qualitative single-case study provide a contextualized understanding of patient intake inefficiencies within a nonprofit behavioral health organization; however, they also highlight several areas where additional research is warranted. Future studies should build upon this work to deepen understanding of intake optimization, expand transferability, and strengthen the empirical base informing behavioral health leadership practice.

First, future research should examine patient intake processes across multiple nonprofit behavioral health organizations using a comparative or multiple-case study design. While the present study offers rich insights into WGGX, organizational size, funding structures, workforce composition, and community context may shape intake challenges differently across settings. Comparative analysis would allow researchers to identify shared systemic barriers and context-specific solutions, thereby enhancing the applicability of findings beyond a single organization (Creswell & Poth, 2018). Such studies would also support broader validation of the Baldrige Health Care Criteria as a guiding framework for operational improvement in resource-limited environments.

Second, future studies should incorporate quantitative outcome measures to assess the impact of intake process improvements over time. Metrics such as referral-to-appointment wait times, intake completion rates, documentation error frequency, and early treatment retention could be examined using pre- and postimplementation designs. Quantitative analyses would complement qualitative findings by providing objective evidence of whether workflow standardization and data accuracy interventions lead to

measurable performance improvements (de Boer & Brey, 2023; Manderson et al., 2025). Longitudinal designs would be particularly valuable in assessing the sustainability of intake improvements and their relationship to organizational performance indicators.

Third, additional research should explicitly include client perspectives on the intake experience. While this study focused on staff and leadership perceptions, clients are directly affected by intake delays, communication gaps, and data inaccuracies. Future qualitative or mixed-methods studies could explore how clients perceive accessibility, clarity, and responsiveness during intake, particularly among underserved populations. Incorporating client voices aligns with patient-centered care principles and may reveal barriers or facilitators not visible to organizational insiders (Edgman-Levitan & Schoenbaum, 2021; Peruzzo et al., 2025).

Fourth, future studies should examine the connection between intake efficiency in behavioral health settings and workforce well-being. Findings from this study suggest that role ambiguity and administrative burden contribute to staff strain, which may indirectly affect data accuracy and workflow performance. Empirical investigation into how intake redesign influences staff workload, burnout, and job satisfaction would extend existing literature linking workforce experience to patient outcomes (Bragge et al., 2025). Such research could inform leadership strategies aimed at balancing operational efficiency with workforce sustainability.

Finally, future studies should examine leadership-driven continuous improvement models in small nonprofit healthcare organizations. While leadership engagement emerged as a strength at WGGX, the findings indicate a need for more formalized

performance monitoring and evaluation processes. Research exploring how nonprofit leaders operationalize data-informed decision-making, particularly under financial and staffing constraints, would contribute valuable insights to behavioral health leadership scholarship and practice (NIST, 2021; Åhlin et al., 2023).

By expanding methodological approaches, incorporating diverse stakeholder perspectives, and examining outcomes across settings, future research can strengthen the evidence base supporting efficient, equitable, and patient-centered behavioral health care delivery.

### **Dissemination Plan**

#### **Option 1: Formal Organizational Dissemination**

The findings and recommendations will be disseminated through a structured PowerPoint presentation delivered to WGGX's executive leadership of BHL's. This presentation will summarize the study purpose, methodology, key findings, and recommended solutions, with particular emphasis on the implications for patient intake efficiency, data accuracy, workforce capacity, and patient access.

Supporting materials will include a concise executive summary and visual aids that clearly link study findings to recommended practice changes. The presentation will be designed to facilitate dialogue, allowing leadership to ask questions, discuss feasibility, and identify priorities for implementation. This approach supports shared understanding and collective ownership of the recommended improvements while ensuring that the study informs strategic planning and operational decision-making.

**Option 2: Targeted Operational Dissemination**

Targeted dissemination to staff members directly engaged in patient intake and onboarding processes, including administrative personnel, clinicians, and trainees. This approach focuses on translating findings into practical guidance that supports day-to-day operations. Dissemination may occur through staff meetings, training sessions, or internal communications facilitated by leadership.

Under this option, emphasis will be placed on how standardized intake protocols, role clarification, and improved documentation practices can reduce workload strain and enhance patient-centered care. By engaging frontline staff, this dissemination strategy reinforces the relevance of the study to daily practice and supports sustainable adoption of recommended changes.

**Executive Summary for Organizational Leadership and Committee Chair**

This doctoral study examined patient intake processes at WGGX to understand how workflow efficiency and data accuracy influence patient onboarding and access to care. Using a qualitative single-case study design, data were collected through semistructured interviews with six organizational stakeholders representing leadership, clinical, administrative, and trainee roles. Guided by the Baldrige framework, the study identified systemic intake challenges related to fragmented workflows, role ambiguity, inconsistent information flow, and informal process adaptation.

Findings indicated that while WGGX provides clinically effective and patient-centered services, intake inefficiencies limit timely access to care and increase administrative burden on staff. Leadership engagement emerged as a strength; however,

the absence of standardized protocols and formal performance monitoring constrained sustainability.

Key recommendations include implementing a standardized intake workflow, clarifying roles and responsibilities, optimizing existing EHR systems, and establishing leadership-led performance monitoring. These evidence-based strategies are designed to be feasible within current resource constraints and aligned with WGGX's mission and community-focused values.

### **Conclusion**

This study contributed to behavioral health leadership practice by demonstrating that patient intake efficiency was a foundational determinant of organizational performance, workforce sustainability, and client experience. Through qualitative analysis grounded in staff and leadership perspectives, the study revealed that intake challenges at WGGX were systemic in nature and required coordinated, leadership-driven solutions.

The findings underscored the importance of aligning process management, workforce engagement, and leadership accountability to achieve patient-centered outcomes. By implementing the recommended strategies, WGGX had the opportunity to strengthen operational effectiveness, enhance equitable access to behavioral health services, and advance positive social change within the community it served.

In closing, this study affirmed that meaningful improvement in behavioral health delivery began at the point of entry. Optimizing intake processes not only improved

organizational efficiency but also reinforced the ethical and professional commitment to timely, accessible, and high-quality care for individuals and families seeking support.

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## Appendix: Semistructured Interview Questions

### **Patient Intake Process and Data Management**

- Can you walk me through the current patient intake process from start to finish?  
What are the key steps, and where do you see potential delays or challenges?
- How is patient data collected and verified during the intake process, and what barriers do you encounter in maintaining accuracy and completeness?
- What training or support do staff members need to enhance the efficiency and accuracy of the intake process?
- How do patients typically express concerns or provide feedback regarding their intake experience? Are there recurring themes in their feedback?
- In your view, what metrics or outcomes best indicate improvement or success in patient intake processes at WGGX?

### **Organizational Environment and Relationships**

- How is patient information currently collected, verified, and stored during the intake process?
- What common challenges do staff encounter in ensuring the accuracy and completeness of intake data?
- How do data management systems (e.g., EHRs or other software) support or hinder the intake process?

- What improvements could be made to strengthen data integrity and streamline information flow between departments?

### **Workforce Engagement and Training**

- What types of staff training or professional development are currently in place to support efficient and accurate patient intake?
- How do you assess staff readiness and confidence in performing intake-related tasks?
- What additional training, tools, or resources would help staff improve intake efficiency and patient communication?
- How does WGGX encourage collaboration and feedback among staff to identify and address intake challenges?

### **Workforce Engagement and Retention**

- What strategies or recognition programs does WGGX use to promote workforce engagement and morale?
- What benefits, supports, or incentives are provided to enhance employee satisfaction and retention?
- How does WGGX ensure a safe, accessible, and healthy work environment for staff?
- What mechanisms are in place for staff to share ideas or provide feedback on performance improvements?

- What challenges has WGGX faced in recruiting and retaining qualified behavioral health professionals?
- What policy or organizational changes could improve workforce engagement and retention moving forward?

### **Leadership, Governance, and Organizational Strategy**

- How do senior leaders communicate and implement WGGX's mission and vision throughout the organization?
- How do leadership actions reflect ethical behavior, transparency, and commitment to quality care?
- What strategic challenges or advantages currently shape WGGX's operations and competitive position in the behavioral health sector?
- How are organizational strategies developed, monitored, and adjusted to meet changing community or policy needs?
- How does WGGX evaluate and improve its performance systems to achieve organizational goals and enhance patient outcomes?
- In what ways does WGGX contribute to public health and community well-being beyond its direct services?