HRET HIIN Virtual Event
Accelerating Improvement Fellowship

Spreading and Scaling-Up Improvement

Wednesday, May 9, 2018

12:30 – 1:30 p.m. CT

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Welcome and Introductions

Mallory Bender, Program Manager, HRET

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Agenda

12:30-12:35	**Welcome and Introduction** • Orienting participants to the program and platform • Introducing faculty and agenda for the call	Mallory Bender, HRET
12:35-12:45	**Action Period Discussion** • Review outstanding questions related to run charts, testing ideas, and implementation	Lauren Macy, IHI
12:45-1:15	**Scale Up & Spreading Successful Changes** • Defining Spread & Scale Up • Understanding the core areas in planning for spread • Learning the critical phases of scale up	Lauren Macy, IHI
1:15-1:30	**Assignments, Suggested Tasks & Additional Materials**	Lauren Macy, IHI

Accelerating Improvement Call Topic Schedule

Date	Topic
January 17th	The Model for Improvement & Setting Up Your Team
January 31st	Setting Aims & Developing Your Theory
February 14th	Developing Change Ideas & Testing with PDSA
February 28th	Measuring Changes: How will we know a change is an improvement?
March 14th	Using and Analyzing Run Charts
March 28th	Practical Strategies for Managing Improvement Projects
April 11th	Testing vs. Implementation
May 9th	Scale Up & Spreading Successful Changes
June 6th	Sustainability: Making Your Improvements Stick
July 11th	Celebration!

When Are You Ready for Implementation?

Deciding on the Scale of a Test		*Current Commitment within Your Organization*		
Belief in effectiveness	*Failure Cost*	No Commitment	Some Commitment	Strong Commitment
Low degree of belief that change idea will lead to improvement	Cost of failure large	Very small-scale test	Very small-scale test	Very small-scale test
	Cost of failure small	Very small-scale test	Very small-scale test	Small-scale test
High degree of belief that change idea will lead to improvement	Cost of failure large	Very small-scale test	Small-scale test	Large-scale test
	Cost of failure small	Small-scale test	Large-scale test	Implement

Source: Table 7.1 G. Langley et al. (2009), *The Improvement Guide*, 2nd edition, Jossey-Bass, San Francisco © Associates in Process Improvement, used with permission.

What do these different levels look like?

?

What would a test look like that your team would have **a low degree of belief** that the change would work?

1. it's a new idea
2. The test requires a workflow change
3. Your colleagues are resistant

Source: IHI Open School, QI 103

What do these different levels look like?

?

What would a test look like that your team would have **a high degree of belief** that the change would work?

1. The same process has worked well in another, similar location
2. Previous testing in your location has been successful

American Hospital Association

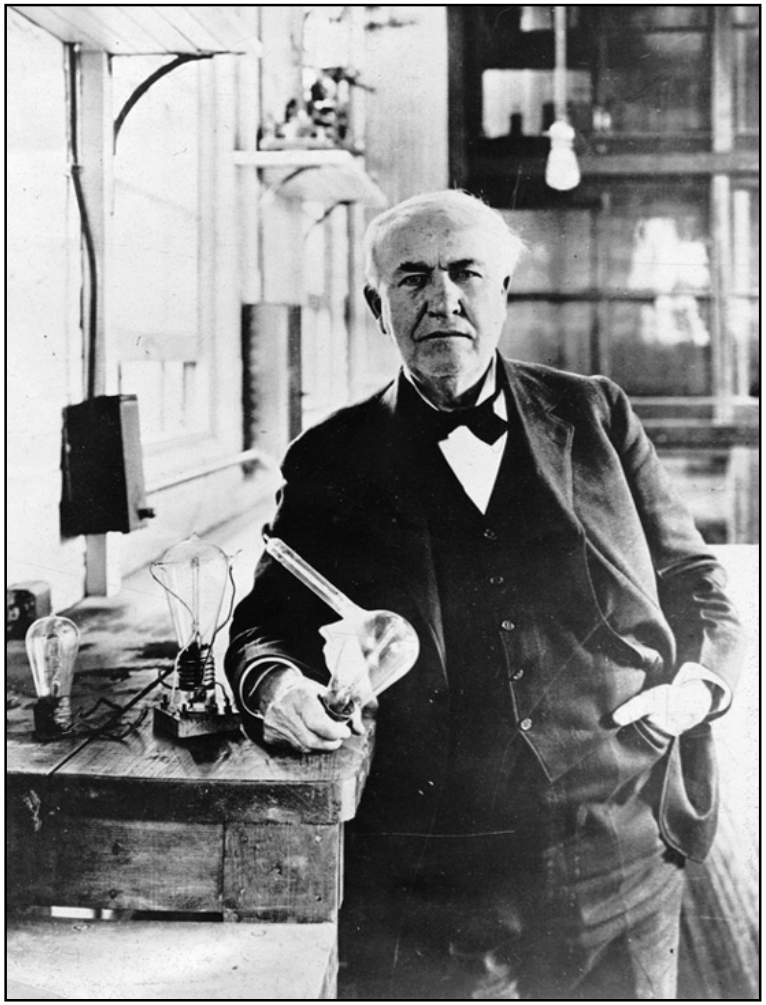
Source: IHI Open School, QI 103

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

What about running tests you think will fail?

"I did not fail one thousand times; I found one thousand ways how not to make a light bulb."

Thomas Edison



Is there a test you could run that you predict would fail?

LiveChat

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Key Concepts for Spreading Improvement

Lauren Macy

Sequence for Improvement and Spread

Theory and Prediction

Developing a change

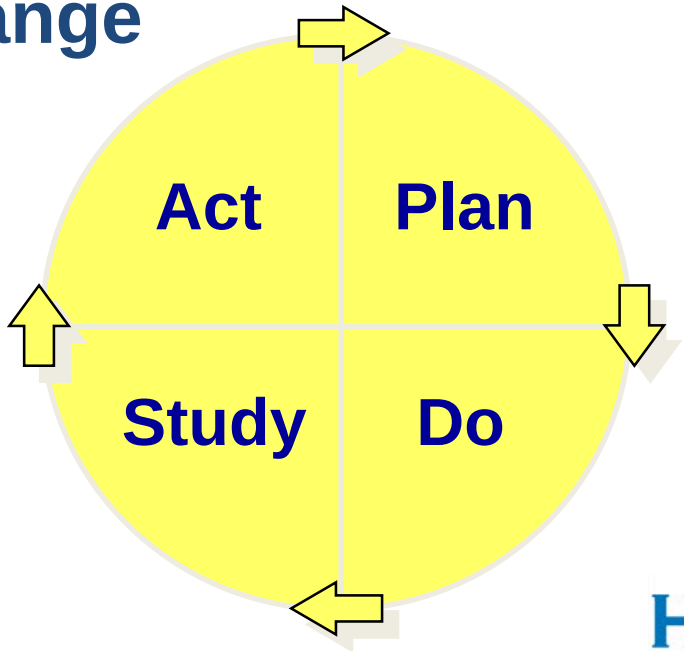
Testing a change

Test under a variety of conditions

Implementing a change

Make part of routine operations

Spreading a change in your community



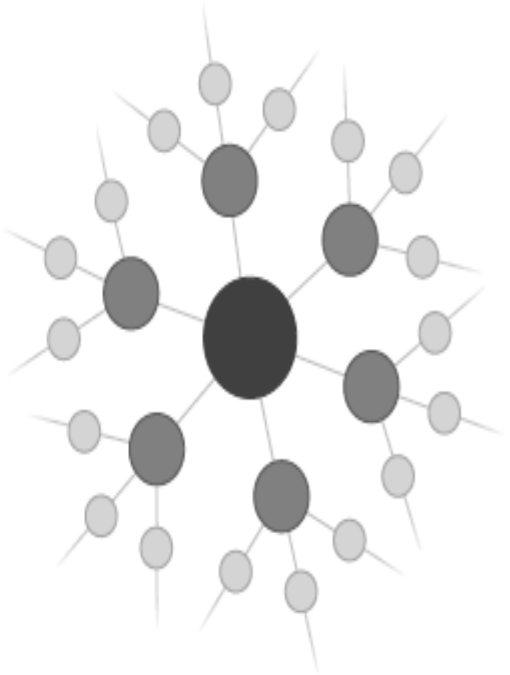
Improvement Sequence

- **Testing:** Trying and adapting ideas to learn what works in your system
- **Implementation:** Making a change a permanent part of the day-to-day operation of the system
- **Spread:** Having individuals adopt the changes
- **Scale-up:** Overcoming the structural issues that arise during spread

Your Project

- **Spread:** Having individuals adopt the changes
- **Scale-Up:** Overcoming the structural issues that arise during spread

Most projects will have both, but weights might be different – how are these at play in your projects?



Innovation Series 2006

A Framework for Spread

From Local Improvements to System-Wide Change

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

The Burning Platform …

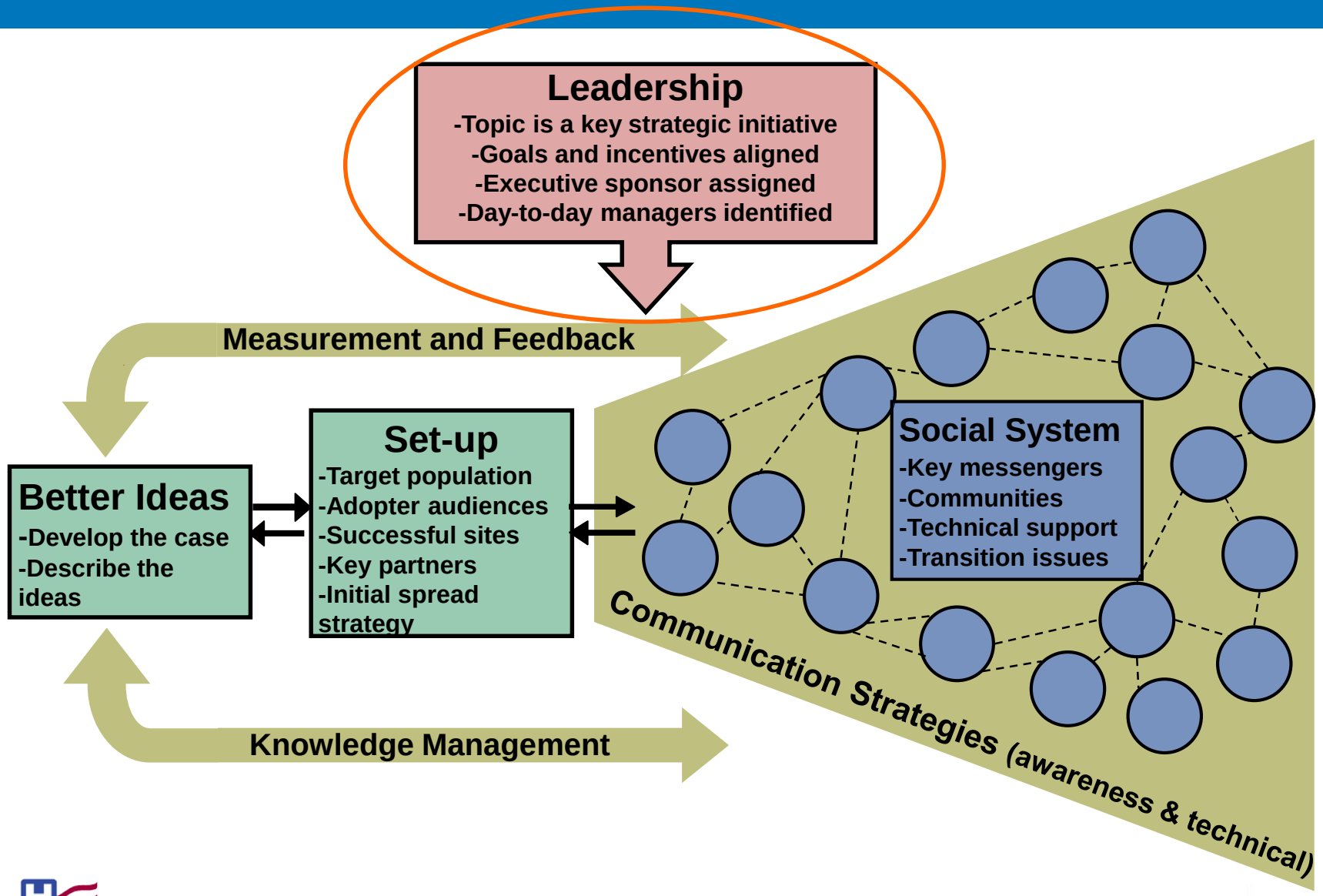
"Pockets of excellence exist in our health care systems, but knowledge of these better ideas and practices often remains isolated and unknown to others…. Too often these improvements remain unknown and unused by others within the organization."

-- A Framework for Spread, IHI, 2006

Planning for Spread

- The responsibilities of leadership (including set-up)
- Identification of better ideas
- Communication
- Strengthen the social system
- Measurement and feedback
- Knowledge management

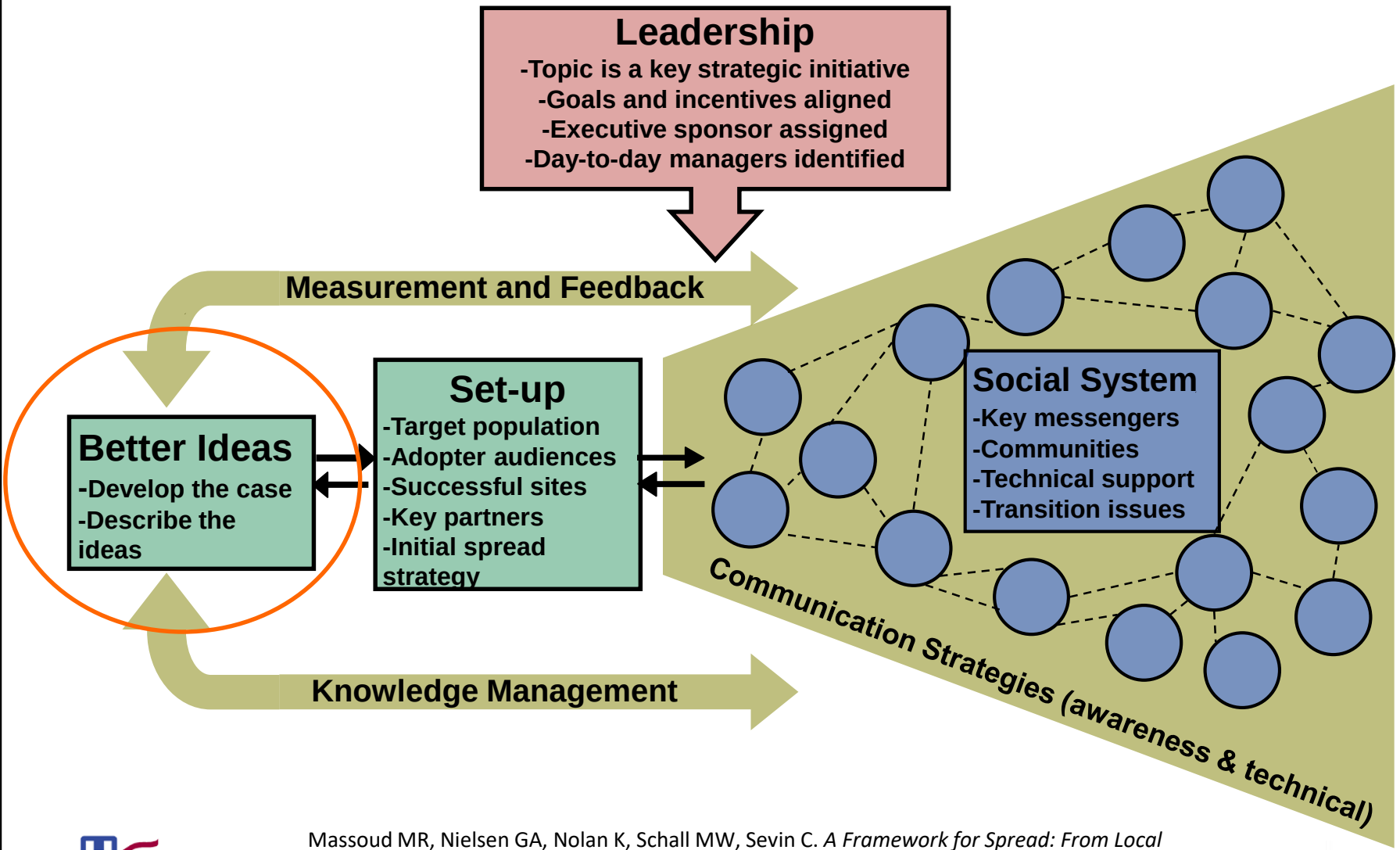
A Framework for Spread



Leadership's Role in Spread

- Send message that topic is a key strategic initiative
- Align goals and incentives – set a "spread" Aim
- Commit funding and staff time
- Assign responsibility at multiple levels
  - Executive to front line leaders
- Develop initial strategy to reach all sites

A Framework for Spread



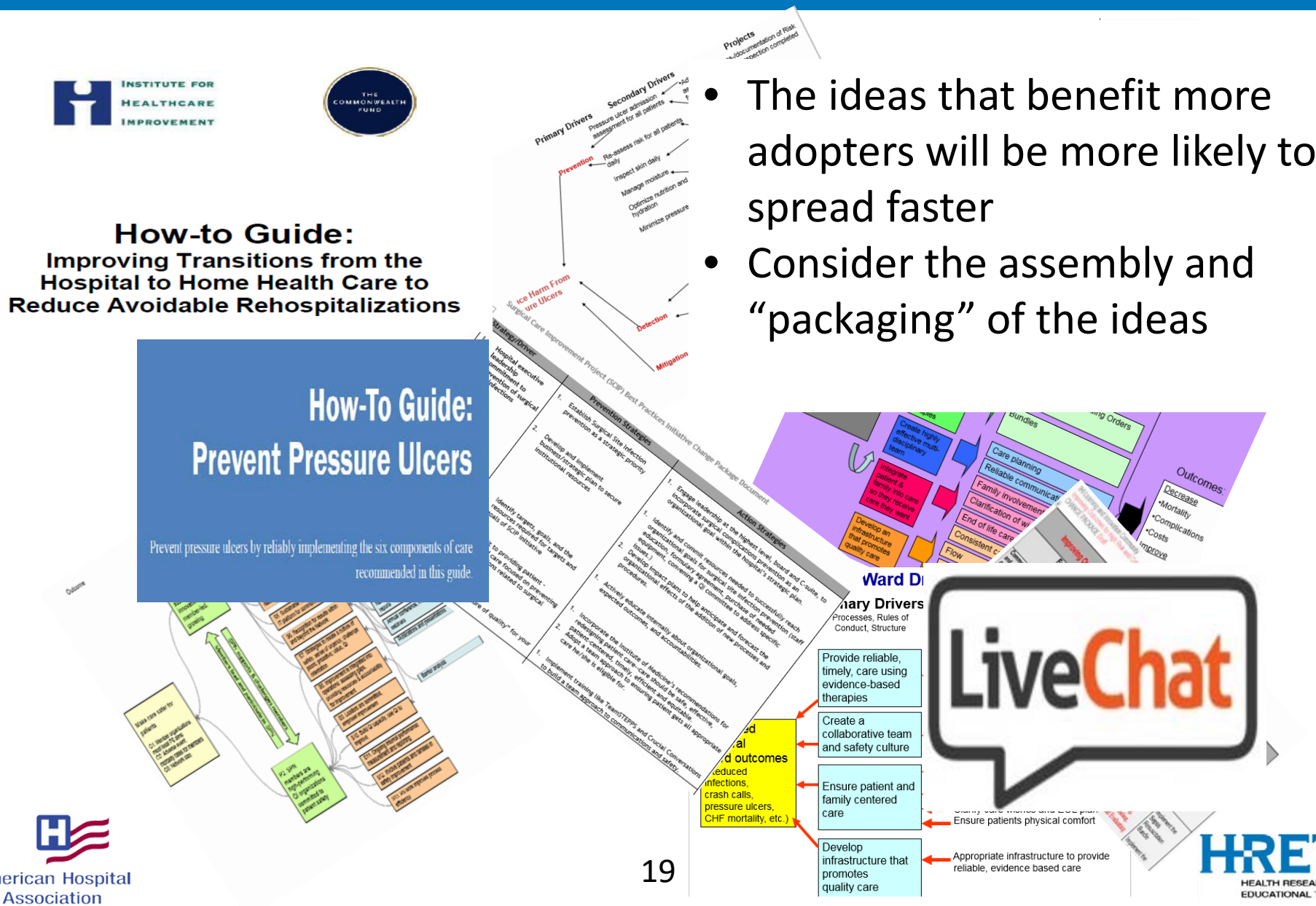
Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. *A Framework for Spread: From Local Improvements to System-Wide Change.* IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006.

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Better Ideas: Where do they come from?

- The ideas that benefit more adopters will be more likely to spread faster
- Consider the assembly and "packaging" of the ideas

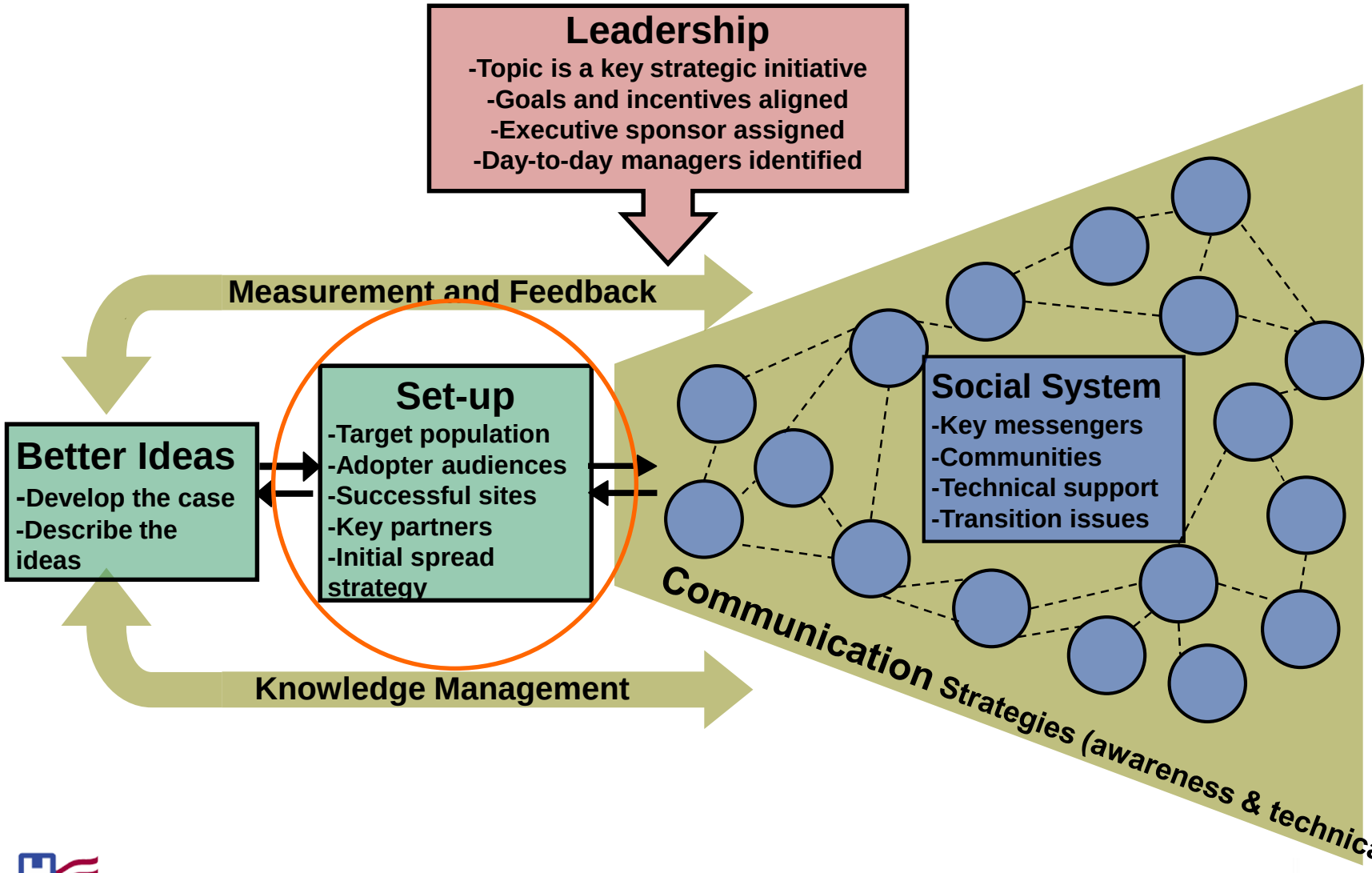


American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Where did you find better ideas for your project?

A Framework for Spread



Set Up

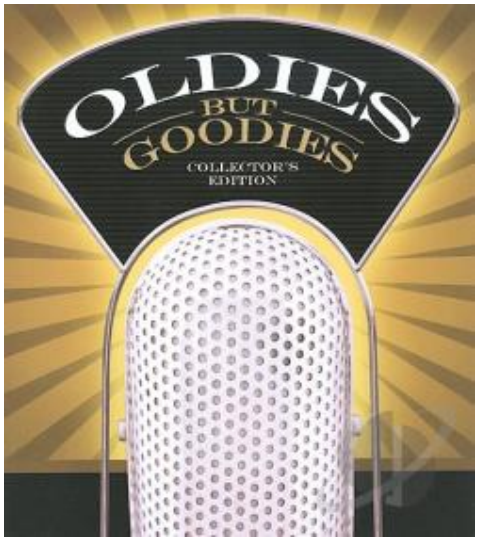
Once…

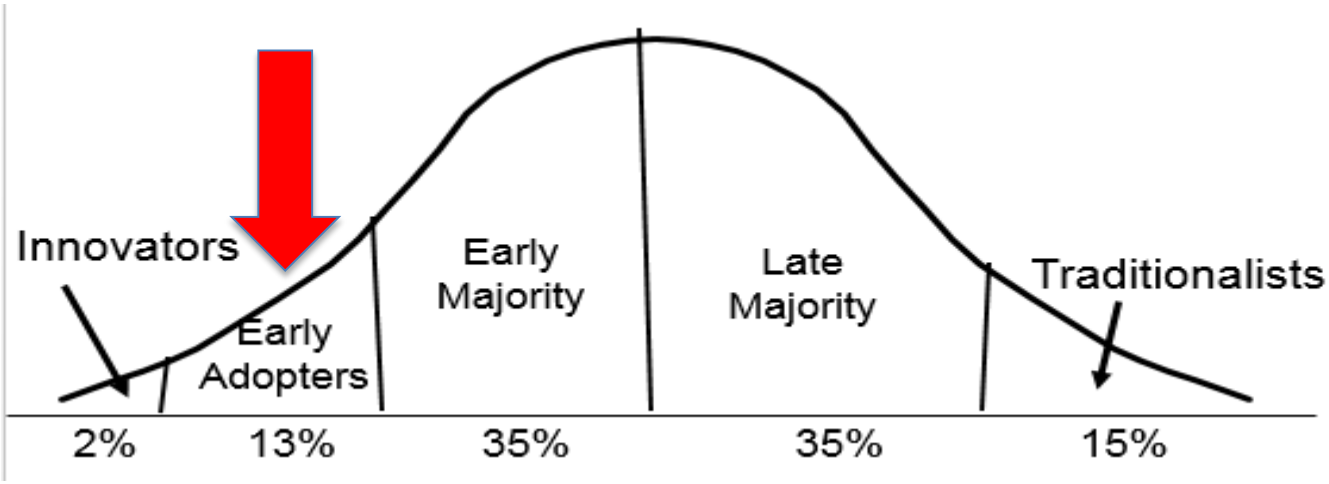
- ✓ **Better ideas are documented**
- ✓ **Successful sites are identified**

Then…

- ❑ **Determine the target population**
  - Who is your target audience? (Nurses, patients, technicians, etc.)
- ❑ **Consider key partners**
  - Who else will be impacted?
- ❑ **Develop an initial spread strategy**
  - Where to start? Why?

Spread Theory: Types of Adopters





What do you know to be true about early adopters?

LiveChat

American Hospital Association

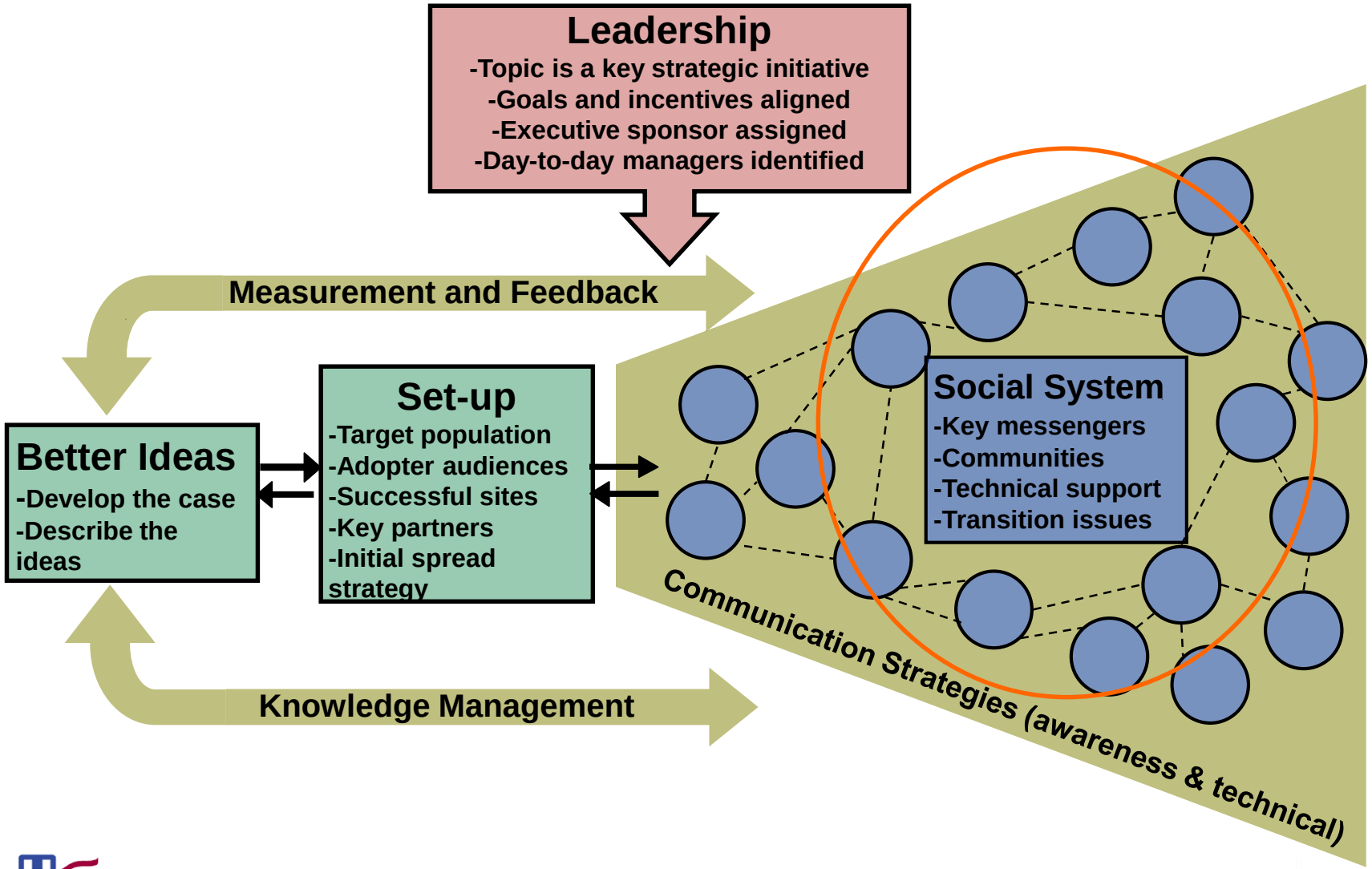
HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Early Adopters

- Often the key to successful change
- More socially integrated than innovators
- Thoughtful risk takers
- Often opinion leaders in the community
- Local missionary for change

The innovator finds or creates the idea, and the early adopter makes it happen!

A Framework for Spread



Understand the Social System

Five variables affecting the rate of adoption of new ideas (Rogers):

1. Attributes of the change
2. Type of adoption decision
3. Communication channels
4. Understanding of the social system
5. Promotion efforts (leadership)

Successful Spread Programs Include:

Attributes of an Idea that Facilitate Adoption

Relative Advantage
(evidence from testing that idea is better)

Simple
(how easy to understand idea; less than 5 steps)

Trial-able
(how easy to test the idea)

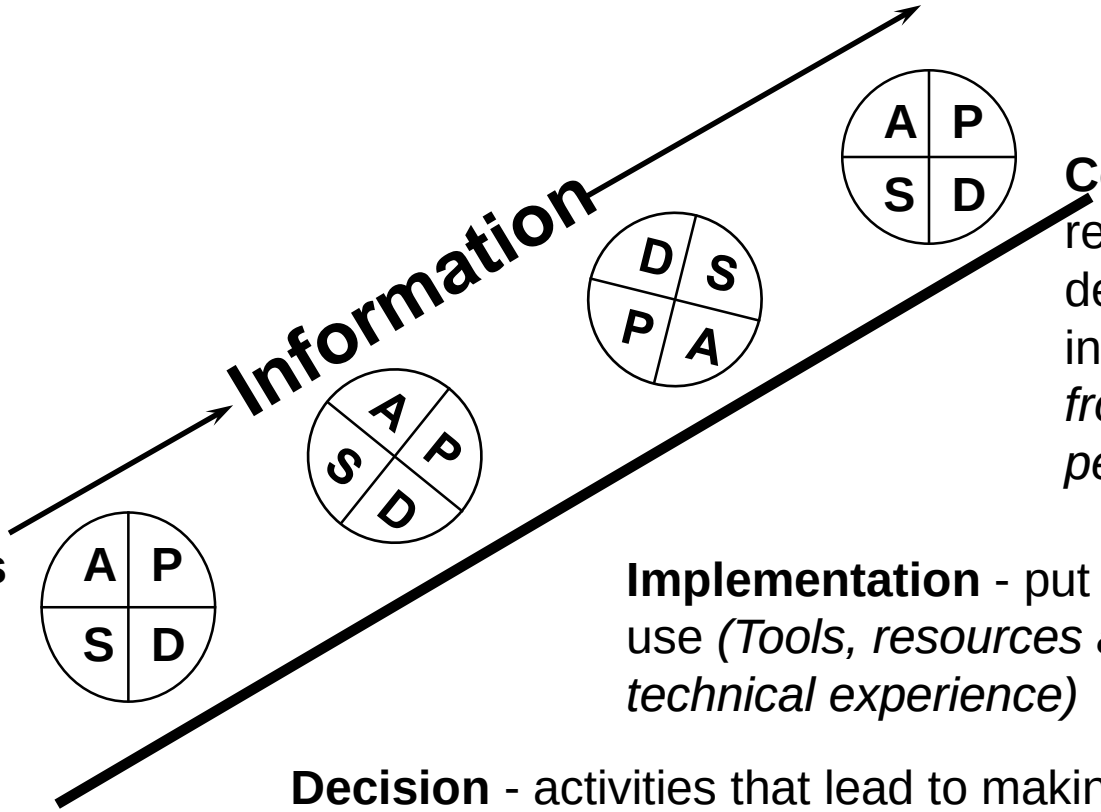
Compatible
(reflects values of adopter, structure, and practices)

Observable
(how visible is the change and results)

American Hospital Association

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST

Spread Fundamentals: The Innovation-Decision Process



Awareness: Individual learns about the Innovation – *broad marketing and communication*

Persuasion - form a favorable attitude toward the innovation *(Data Feedback)*

Decision - activities that lead to making a choice to adopt *(Case studies, individualized communication)*

Implementation - put the innovation into use *(Tools, resources and access to technical experience)*

Confirmation - seek reinforcement of the decision about innovation (*Feedback from leaders, data on performance*)

What is Your 'Go To' Communication?

Poll: When your expectation is a change in behavior, What is your 'go to' communication strategy?

A. Flyers, Newsletters, videos, articles, posters

B. Letters, Cards,

C. Telephone, email, learning sets, modeling,

D. Road shows, conferences, exhibitions, mass meetings

E. One-to-one mentoring, shadowing

The WAY We Communicate is Important

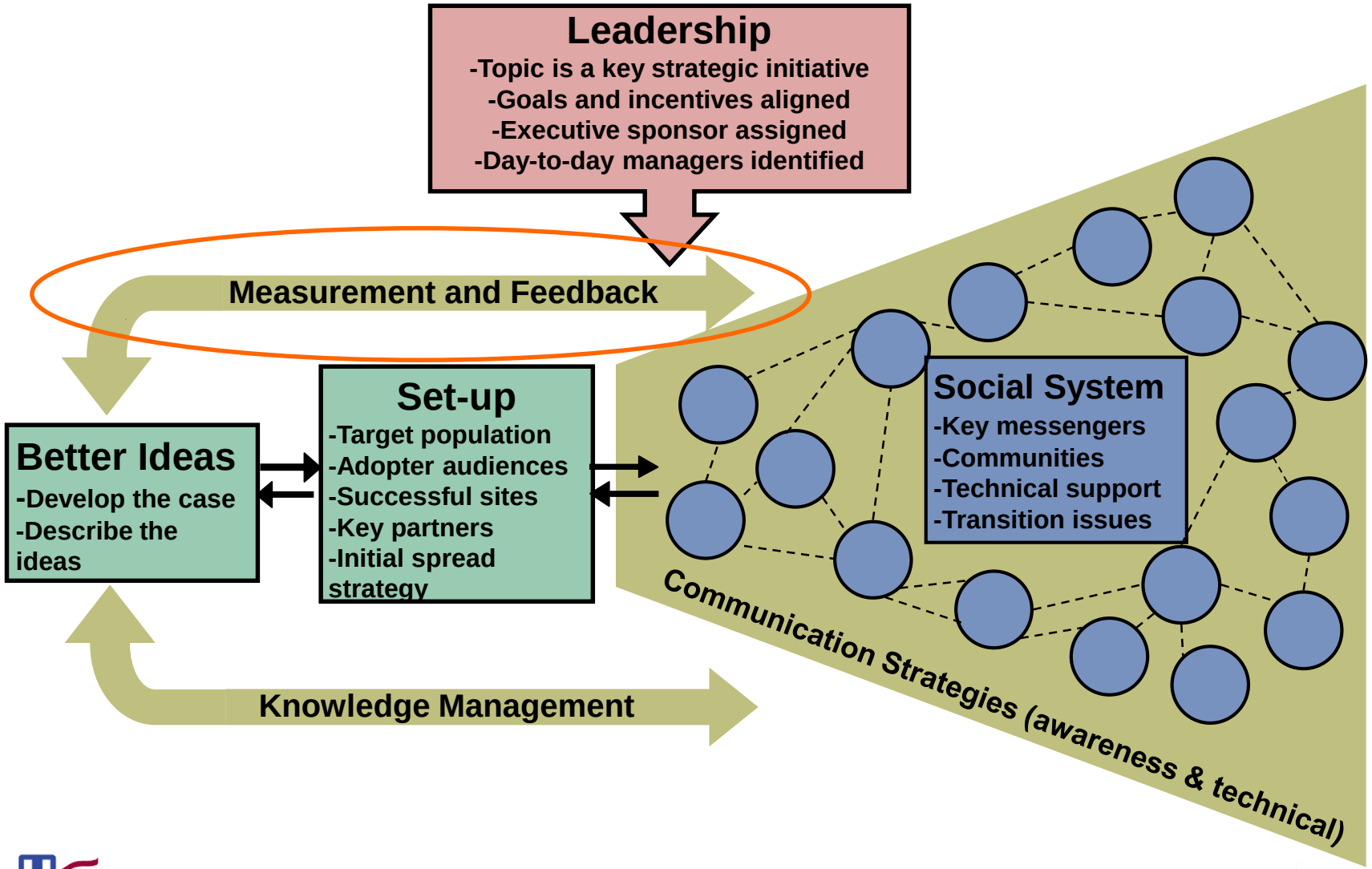
SHARE INFORMATION

SHAPE BEHAVIOR

General Publications	Personal Touch	Interactive Activities	Public Events	Face-to-face
Flyers	Letters	Telephone	Road shows	One-to-one
Newsletters	Cards	email	Fairs	Mentoring
Videos	Postcards	Visits	Conferences	Seconding
Articles		Seminars	Exhibitions	Shadowing
Posters		Learning sets	Mass meetings	
		Modeling		

Adapted from Ashkenas (1995) by Sarah W. Fraser

A Framework for Spread

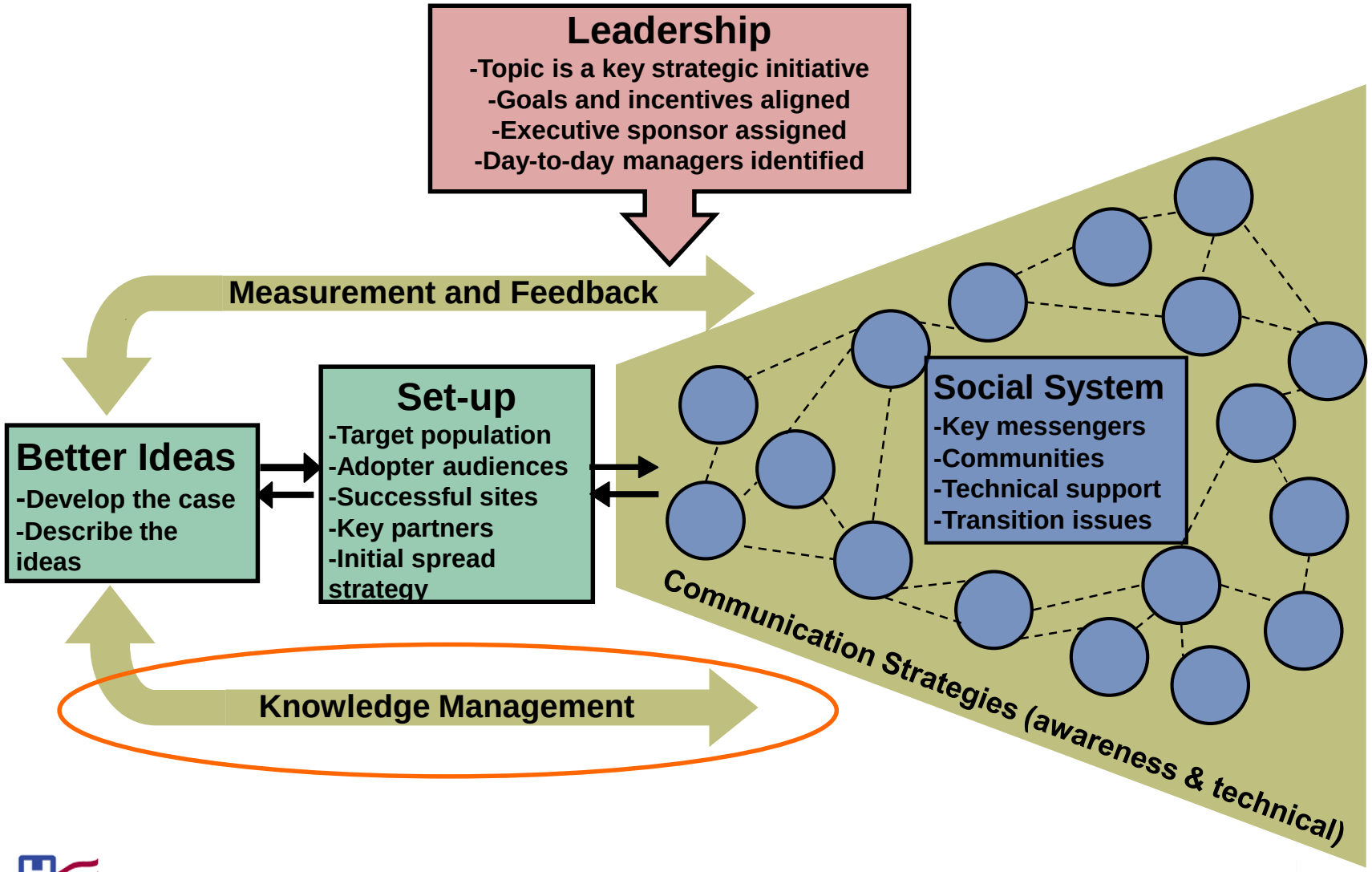


Measurement & Feedback

- Two useful measures of spread:
  1. Measures that demonstrate the **extent of the spread** of the recommended changes – *how far did we spread this?*
  2. A set of measures that demonstrate the **outcome of the changes** implemented – *what impact did the spread have?*

What might you measure to know if your Spread has been successful?

A Framework for Spread



Knowledge Management

- Do not underestimate the importance of KM
- Responsibility of the day-to-day manager
- Every encounter, event, and relationship

The IHI Seven "SPREADLY" Sins

(If you do these things, spread efforts will fail!)

1. Start with large pilots
2. Find one person willing to do it all
3. Expect vigilance and hard work to solve the problem
4. If a pilot works then spread the pilot unchanged
5. Require the person and team who drove the pilot to be responsible for system-wide spread
6. Look at process and outcome measures on a quarterly basis
7. Expect marked improvement in outcomes early on without attention to process reliability

Scaling Up Improvements

New Framework for Scale

Barker *et al. Implementation Science* (2016) 11:12
DOI 10.1186/s13012-016-0374-x

Implementation Science

METHODOLOGY Open Access

A framework for scaling up health interventions: lessons from large-scale improvement initiatives in Africa

Pierre M. Barker[1,2*], Amy Reid[1] and Marie W. Schall[1]

Abstract

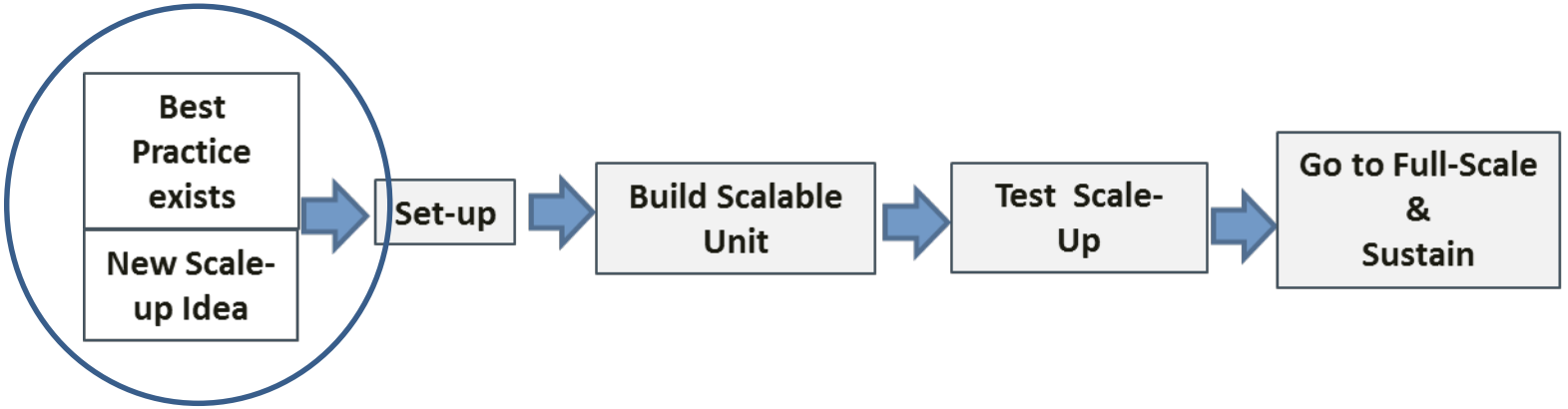
Background: Scaling up complex health interventions to large populations is not a straightforward task. Without intentional, guided efforts to scale up, it can take many years for a new evidence-based intervention to be broadly implemented. For the past decade, researchers and implementers have developed models of scale-up that move

Core Elements Included in the Design:

- "Spread" – *the leadership, social, and environmental factors that promote adoption and replication, with little modification, of an intervention within a health system*

- "Scale-up" - *overcoming the system/infrastructure issues that arise during efforts to scale-up implementation*

Phases of Scale-up

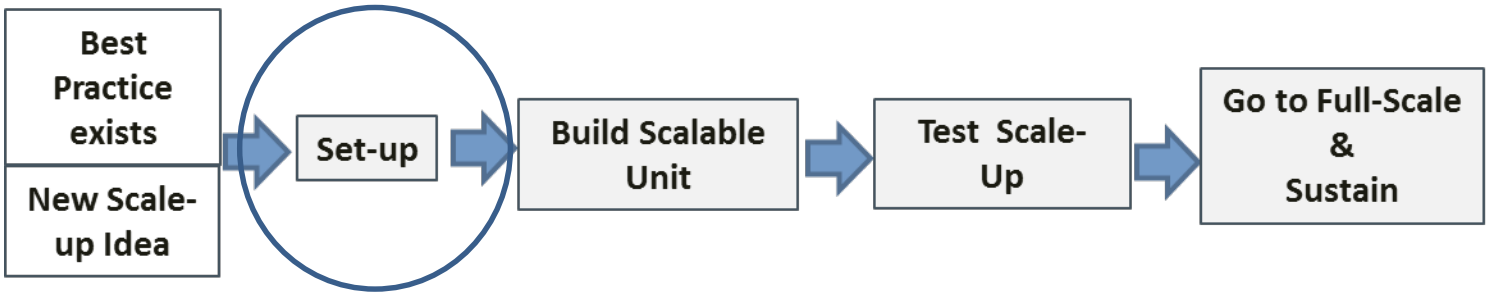


- Introduction of a new evidence based intervention for system-wide scale-up

OR

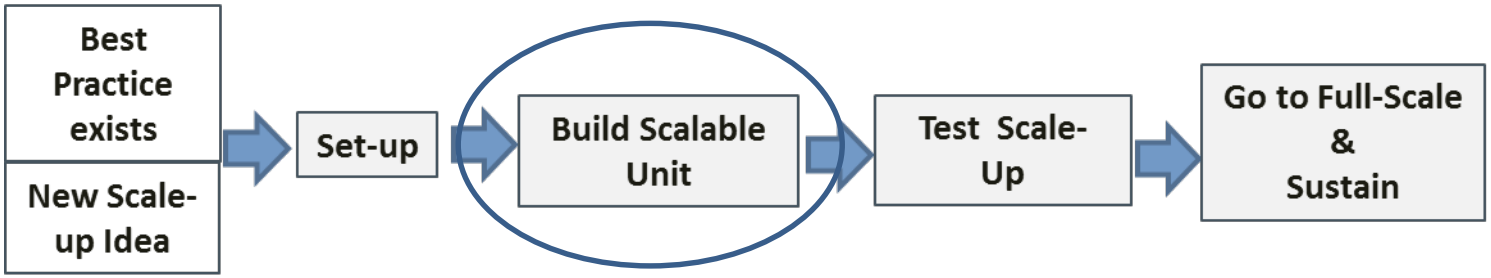
- An adaptation and scale-up of a successful innovation in one part of the system to the rest of the system

Phases of Scale-up: Set-up



- Answer key questions: clear aim, what is full scale, define scalable unit
- Analyze the existing programming strategies and protocols
- Assemble best practices, build change package (expert group)
- Select a baseline data collection method

Phases of Scale-up

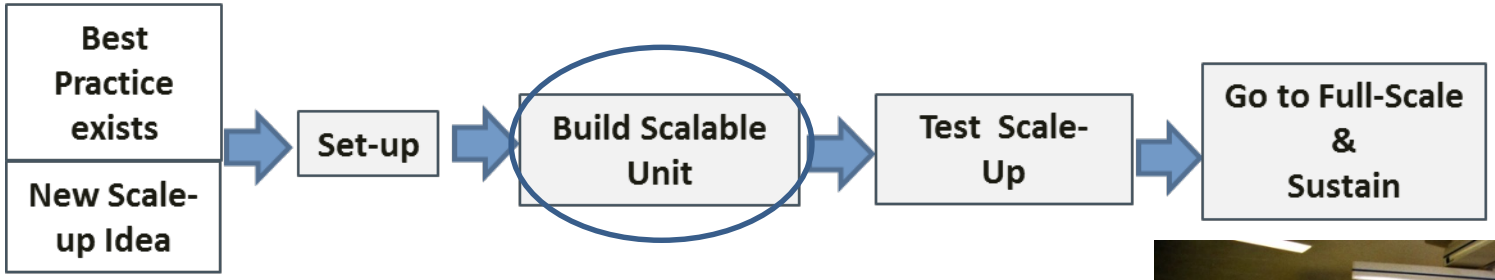


- Administrative unit includes core activities and support systems that need to be replicated in the larger health system
- Intensively test local ideas, generate a set of context-sensitive interventions for the scale-up "change package"

The Scalable Unit

- The smallest representation of full scale that supports the patient journey, and includes components of a self-contained functional unit
  - (i.e., the people, processes and structures) that produces an output that is representative of the whole.
- Questions to consider: *Does it include all the elements that need scaling up? Is it representative enough of the whole system? Can it be scaled up?*
- Why build a scalable unit?
  - Generate change package
  - Test-bed the infrastructure capabilities
  - Generate will and interest for spread

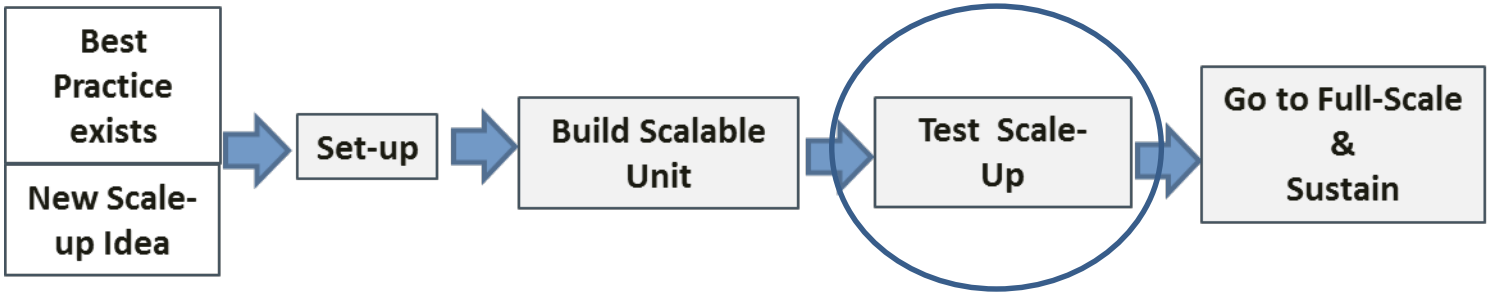
Phases of Scale Up: Build Scalable Unit



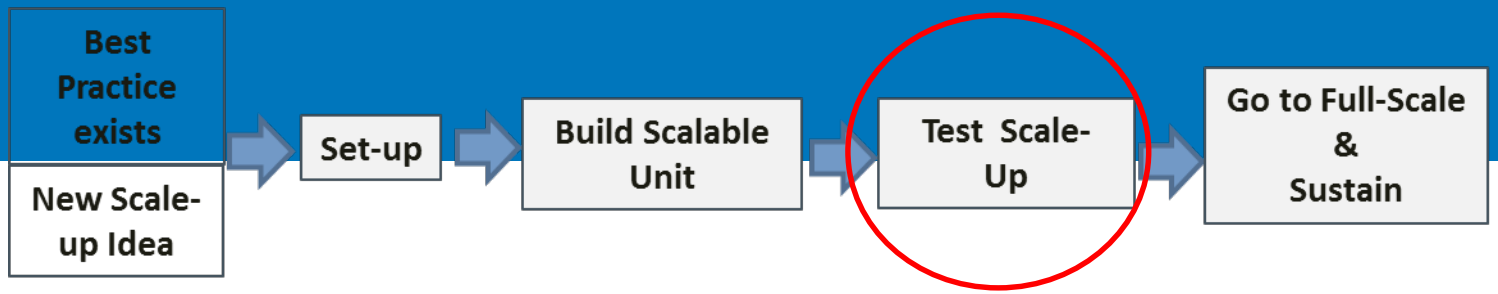
- Local Site Improvement
  - A unit?
  - A floor?
  - A shift?
  - A process?
  - A provider group?

For your project, what might be your scalable unit?

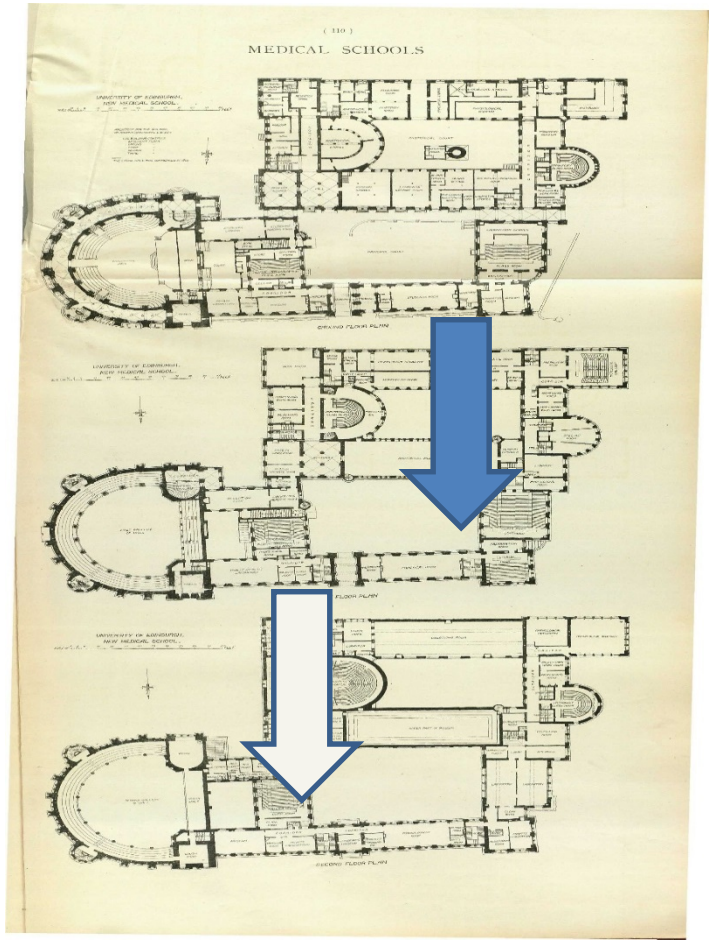
Phases of Scale Up: Test Scale-Up



Test and further develop preliminary change package in a broader range of contexts representing the predicted full-scale environment



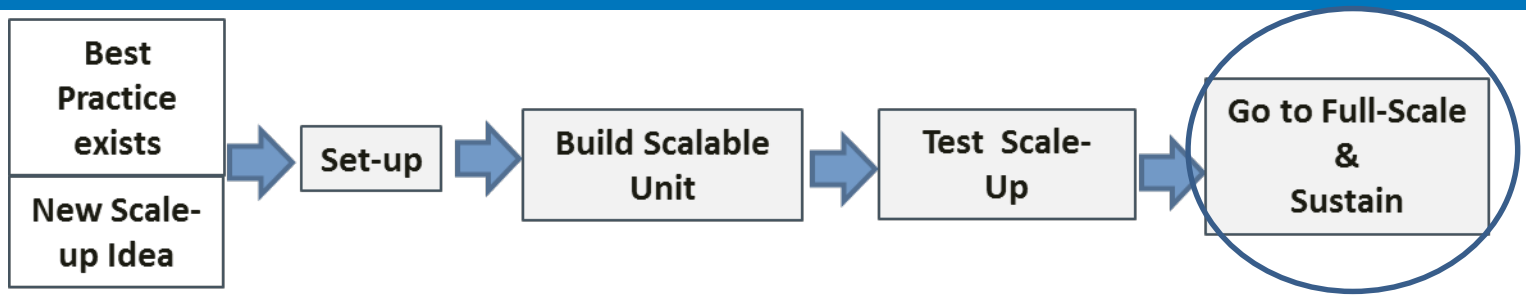
- Local Site Improvement
  - A unit?
  - A floor?
  - A shift?



American Hospital Association

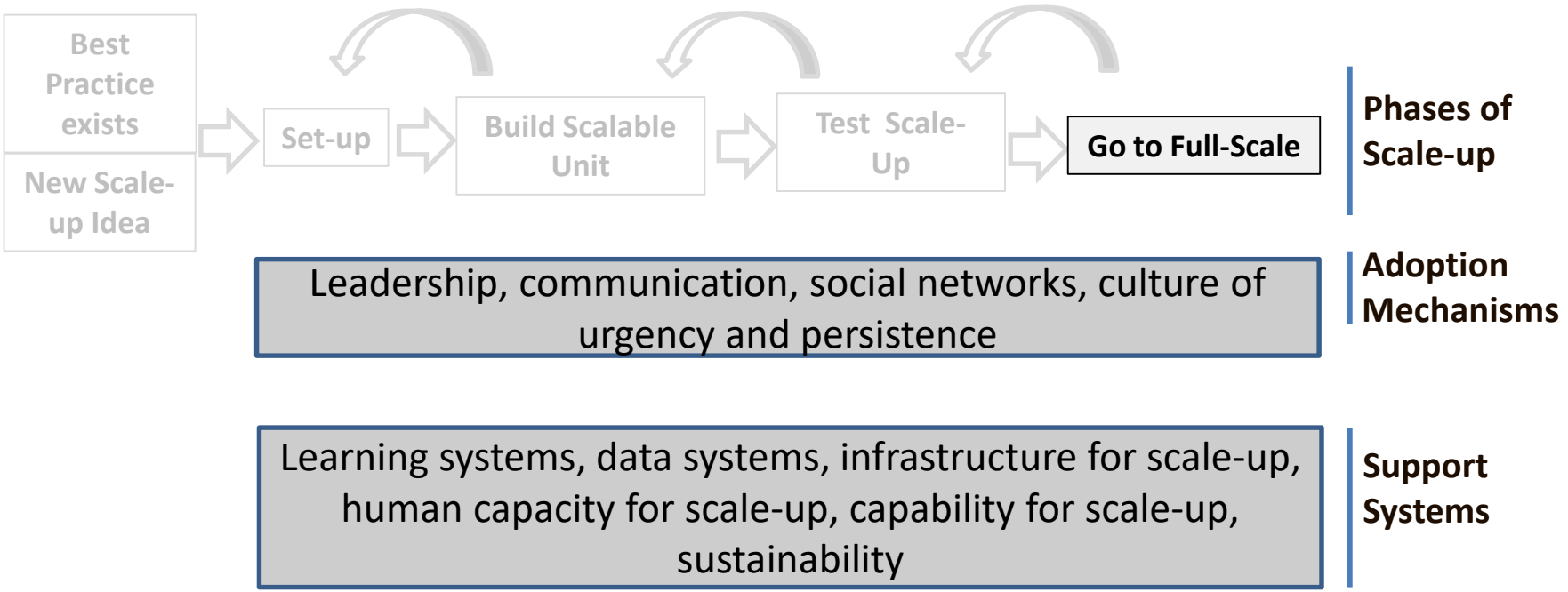
HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Phases of Scale Up: Full Scale and Sustain



- Rapid deployment phase - well-tested set of interventions are deployed at large scale, adopted by frontline staff
- Focus on replication and sustainability

Adoption and Support Systems



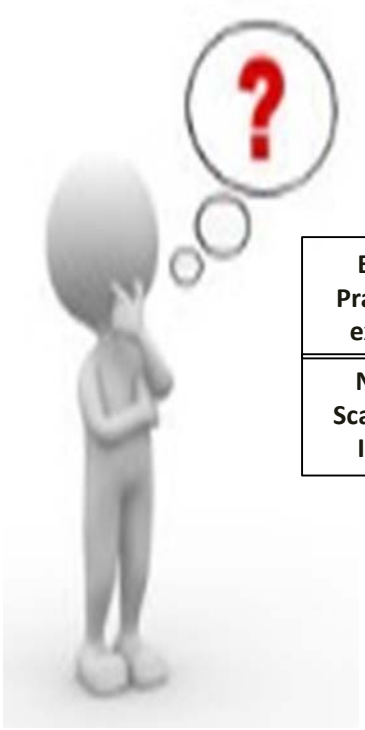
Validate Support Structures

- **Learning system**
  - **How people will be connected to learn improvements**
- **Data systems**
  - **Identify data, collection methods, method for review and accountability**
- **Infrastructure**
  - **Staffing, resources, communication systems, etc.**
- **Capability for scale-up**
  - **What improvement skills and training are needed**
- **Sustainability**
  - **Creating reliable systems (i.e., the train tracks)**

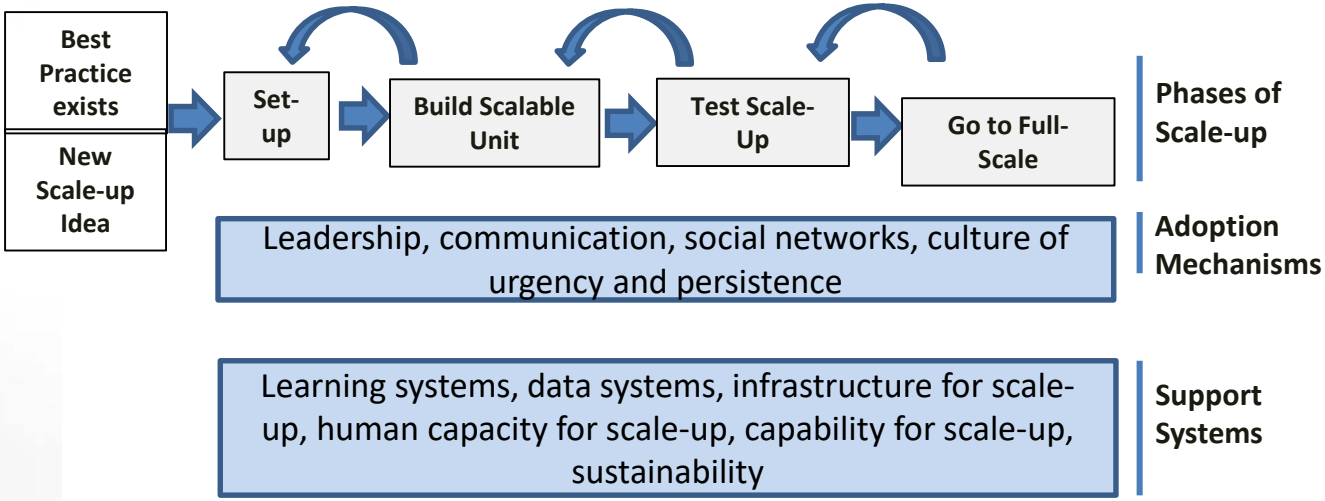
Create Adoption Mechanisms

- **Engage leadership**
- **Build a communication plan**
- **Identify and utilize existing networks and social systems**
- **Foster a culture of urgency and persistence**

The Scale-Up Framework



Can you place each of your projects in this framework?



Do you have the adoption and support systems necessary for scaling your projects?

Action Period Assignments

- Assignments:
  - QI 201: Lesson 1—How Change Spreads
  - QI 201: Lesson 2—Tactics for Spreading Change
- Suggested Tasks:
  - IHI's Sustaining improvement white paper
  - Plan or have the conversation about how and where you will spread the improvements from your project
- Additional Material:
  - Seven Spreadly Sins
  - Is there a secret to sustaining improvements?

Reminders

- Next Office Hours is May 23rd at 11AM CT
  - We are looking for volunteers to share their work, questions, learnings with us!
  - Email Kathy Duncan at Kduncan@ihi.org
- Continue working on your Project Summary and share with Lauren (lmacy@ihi.org) and/or Kathy for feedback.
  - Template is on the LMS page
  - Due Friday, June 8th!

Bring It Home

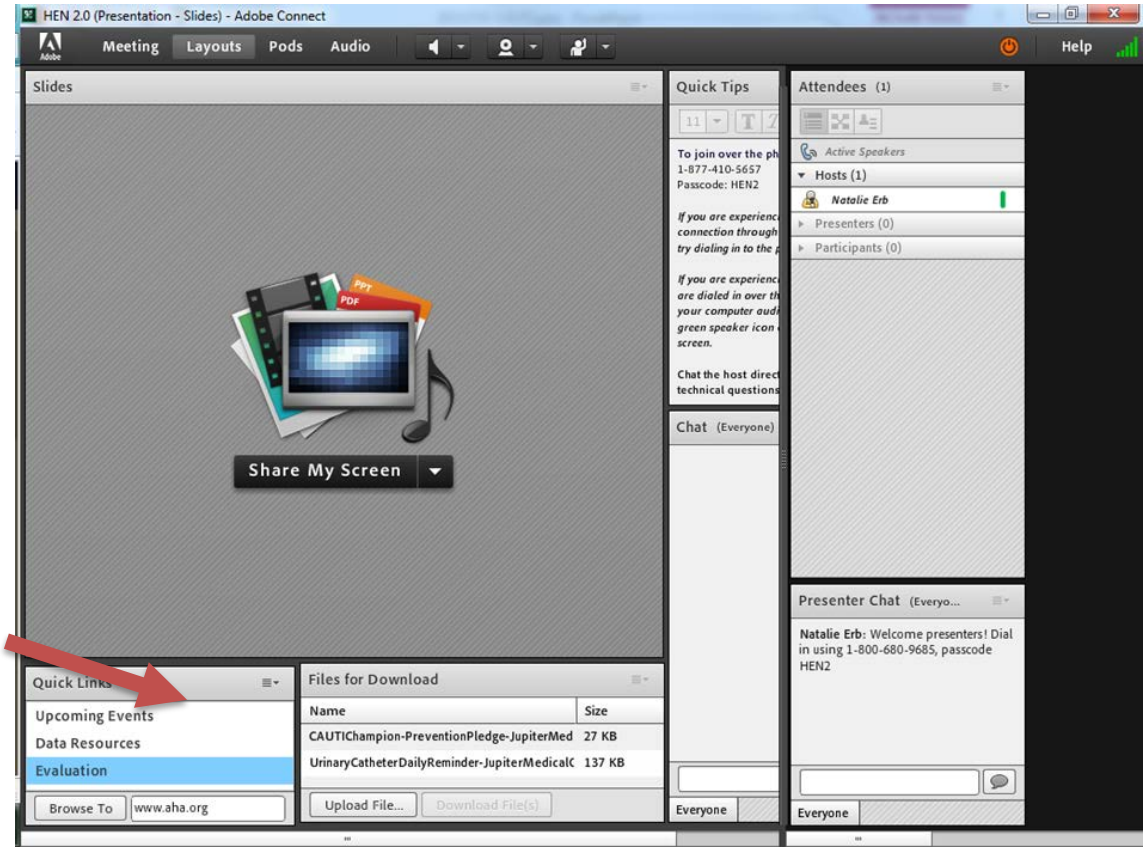
Mallory Bender, Program Manager, HRET

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Continuing Education Credits

- Launch the evaluation link in the bottom left hand corner of your screen.
- If **viewing as a group**, each viewer will need to submit separately through the CE link



THANK YOU!

EXAMPLE #1:
NC CHILDREN'S HOSPITAL ACCESS TO SUB-SPECIALITY

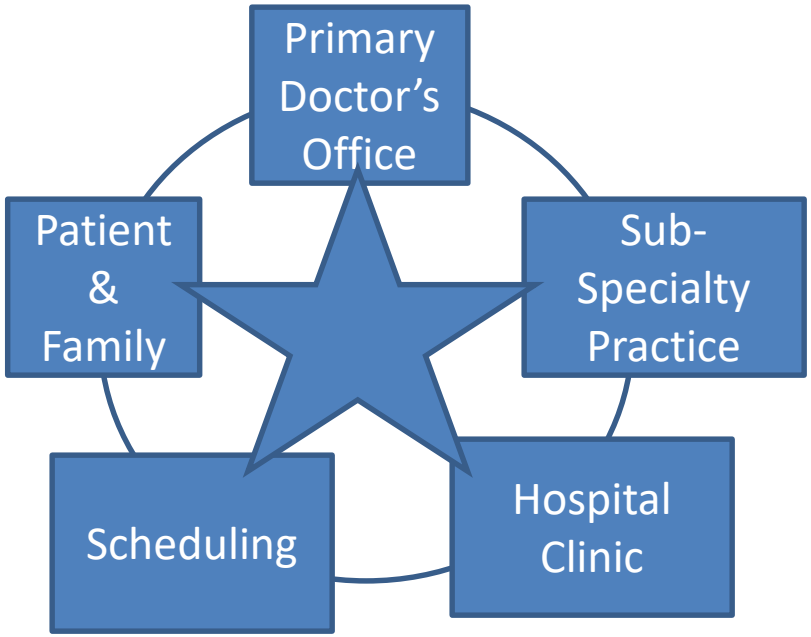
1. Intended outcome at scale
   - Children in the state who need access to subspecialty care should have non-urgent access to UNC subspecialist within 3 weeks
2. Define what full scale looks like (your ambition)
   - All of the 13 sub-specialty clinics in the system, within 2 years

EXAMPLE #1:
NC CHILDREN'S HOSPITAL ACCESS TO SUB-

3. Describe the patient journey for the problem/gap you are trying to solve (start – end)

- **Starts** with primary care provider request
- Involves negotiation around best date for family
- Includes completion of clinic visit at arranged time
- **Ends** with timely communication of plan for management of child with primary care provider

EXAMPLE #1:
NC CHILDREN'S HOSPITAL ACCESS TO SUB-



4. Scalable unit: components of the smallest representation of a functional system that supports that patient journey

- Does it include all the elements that need scaling up?
- Is it representative enough of the whole system?
- Can it be scaled up?

EXAMPLE: REDUCING READMISSIONS

Intended outcome at scale:

30% reduction in avoidable rehospitalizations for a participating hospital within 18 months.

- Define what full scale looks like (your ambition):

Patients discharged from a participating hospital will experience a well-coordinated and person-centered handover to the next care provider, including home health agencies, nursing homes, primary care practices and/or community-based agencies.

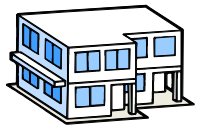
- Describe the patient journey for the problem/gap you are trying to solve (Start – end) and the pathways in-between):

Starts with admission to the hospital; an assessment of post-acute medical, behavioral and social needs; a person-centered care plan; and ends with the coordinated hand-over of patient to the next care provider

- Scalable unit:

Patients discharged from one hospital unit, the hospital care team, one home health agency, one nursing home, a primary care provider, and one or two community-based agencies.

PROCESS CHANGES TO ACHIEVE AN IDEAL TRANSITION FROM HOSPITAL/SNF TO HOME



Skilled Nursing Care Centers

Review Plan (Ready & Capable to Care for Resident?) → Reconcile Treatment Plan & Proactive Planning → Plan for Timely Consultation when Status Changes → LTC or Home ? → Assessment of Needs / Teaching & Learning → Plan post-acute FU Care → Handover Communications

Hospital

Assessment of Needs / Teaching & Learning → Plan post-acute FU Care → Handover Communications

Primary & Specialty Care

Timely Access → Review Plan & Visit Prep → Assess, Plan & Self-Management Support → Coordinate Care

Home (Patient & Family Caregivers)

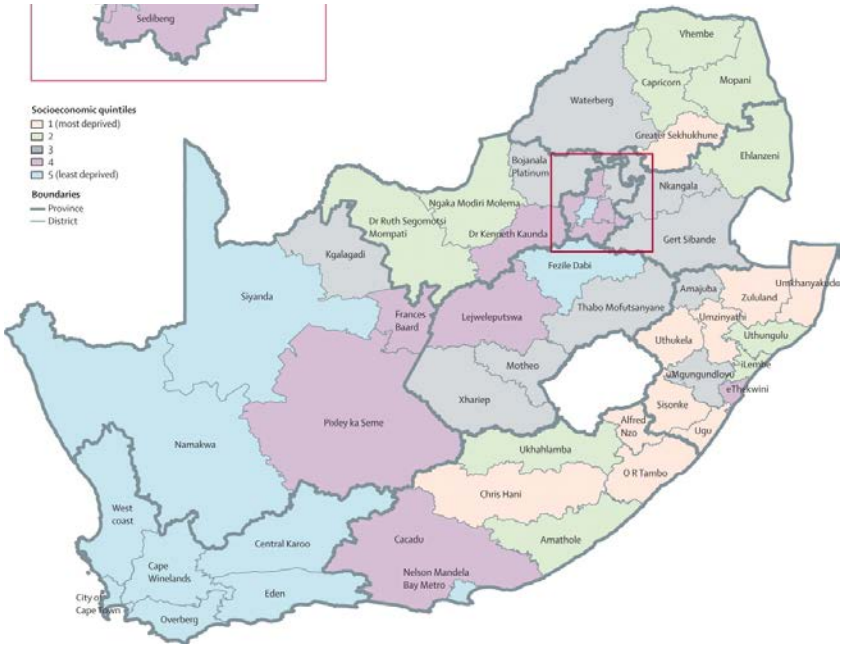
Home Health Care

Review Home Care Plan → Assess, Plan & Self-Management Support → Coordinate Care

STate Action on Avoidable Rehospitalizations

An initiative of The Commonwealth Fund & the Institute for Healthcare Improvement

EXAMPLE: HIV CARE FOR PREGNANT MOTHERS



- Intended outcome at scale:

Decrease the transmission rate of HIV from mother to child in all health facilities in the public health care system across the country. Decrease HIV transmission rate to <5% in 3 years.

- Full scale, i.e., service units, and the population they serve:

All 52 districts, including 350 hospitals and 4000 clinics

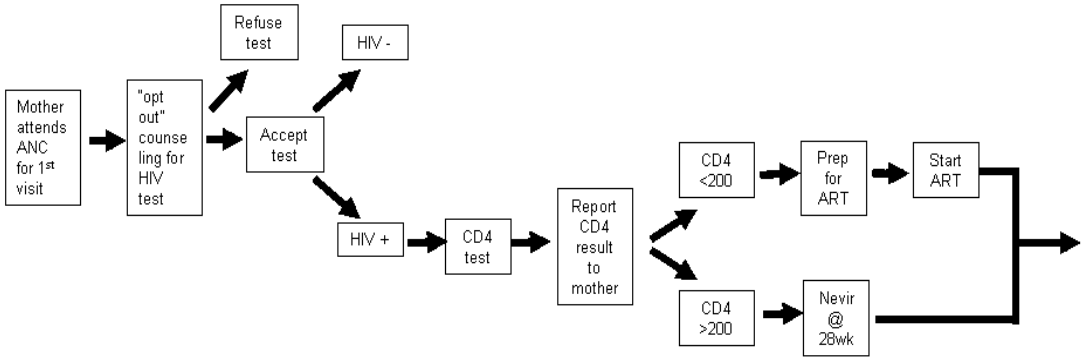
American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

EXAMPLE: HIV CARE FOR PREGNANT MOTHERS P68

The patient journey for the problem/gap you are trying to solve

- Start: first antenatal care visit
- End: discontinue

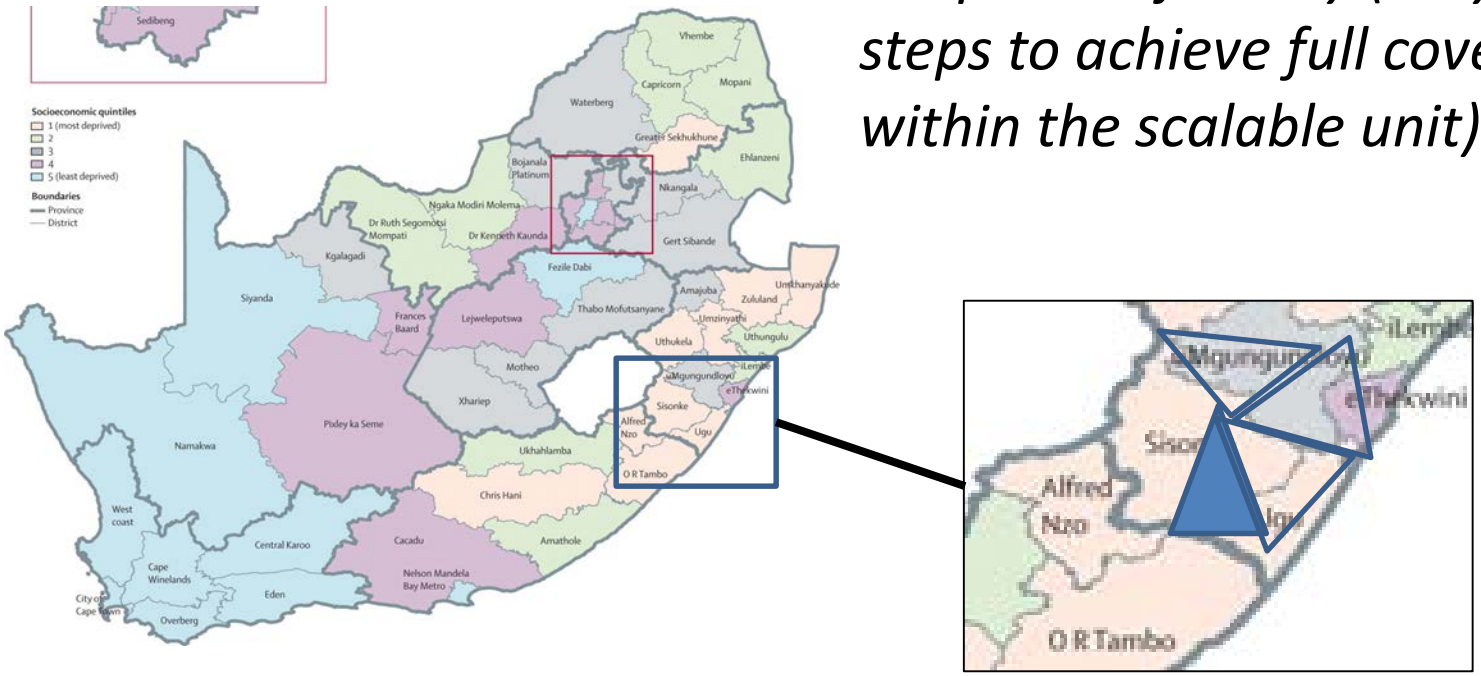


American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

EXAMPLE: HIV CARE FOR PREGNANT MOTHERS

District is scalable unit
Full scale = 52 Districts
3 – 5 sub-districts in each District



Scalable unit:

The smallest representation of a functional system that supports the patient journey (may need steps to achieve full coverage within the scalable unit)

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Bring it Home

Mallory Bender, Program Manager, HRET

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

THANK YOU!