Accelerating Improvement: Testing versus Implementation

ARC – Advancing Recovery Collaborative

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Getting to Implementation
Taking what you learn from testing and applying to the whole target population in a long-lasting, reliable manner.
Definitions:

- **Testing**: Trying changes and adapting existing knowledge on small scale. Learning what works in your system.
  - Change is not permanent
  - Failure very useful here, even expected (and needed!)
  - Fewer people impacted than during implementation

- **Implementing**: Making this change a part of the routine day-to-day operation of the system in your pilot population
  - Don’t expect failure here
  - More people impacted than during testing
  - Increased resistance compared to testing
  - Generally requires more time than testing

- **Spread**: adapting change to areas or populations other than your pilot populations

Testing a Change

- Increase your belief that the change will result in improvement in your organization.
- Opportunity for “failures” without impacting performance.
- Document how much improvement can be expected from the change.
- Learn how to adapt the change to conditions in the local environment.
- Evaluate costs and side-effects of the change.
- Minimize resistance upon implementation.
Principles for Testing a Change

1. Test on a small scale and build knowledge sequentially
2. Collect data over time
3. Include a wide range of conditions in the sequence of tests

On the Basis of Learning from Test Cycles You Can:

• Implement as is (adopt)
• Dropped (abandon)
• Modified (adapt)
• Increased in scope (expand)
• Tested under other conditions
Gold Standard for Getting to Implementation

Satisfactory prediction of the results of tests conducted over a wide range of conditions is the means to increase the degree of belief that the change will result in improvement.
Cycles for Implementation

• The change is permanent - need to develop all support processes to maintain change.
• Learning is focused on integrating the change into the specific environment.
• High expectation to see improvement (no failures).
• Increased scope will lead to increased resistance.
• Generally takes more time than test cycles.

Why is Implementation So Hard?

• May not be if doesn’t involve people
• If involves people:
  – Enthusiasm for testing may diminish when people start thinking about the change becoming permanent
  – Testing often with volunteers, implementation with wider group
  – Wider group may not be convinced of merit of change
  – Implementation engages infrastructure of organization whereas testing may have “worked around” it (operational knowledge)
So…What Can We Do?

- Use multiple PDSA cycles to implement the change
  - Testing is not de-facto implementation!
- Redesign support processes for new process
  - Training, getting forms, etc.
- Collect data over time when conditions are expected to change
  - Continue use of run or Shewhart chart
- Address the social aspects of change
  - WIFM, appreciation, publicity, resistance
- Think about and plan for maintenance of the change

ARP Implementation Cycles

- Building Clients’ Hope and Belief: Peer Meets with Clients at Initial Visit
  - Test: Availability of Peers for All Intake Visits
  - Test: Training Process, Content for Peers in This New Role
  - Test: Routinely Scheduling Peer Visits in Coordination with Intake Activities (new policies/procedures)
- Building Clients’ Hope and Belief: Using Success Stories
  - Test: Keeping Available Stories Current and Updated
  - Test: Assuring All Clients Have Access to Stories
- Plan Meaningful Goals: Strengths-Based Group Supervision
  - Test: Scheduling Group Meetings Weekly Attended by All Provider Staff
  - Test: Tracking Tool to Assure All Clients are Discussed
  - Test: Process to Assign Which Clients are Discussed at Each Meeting
Using Multiple PDSA Cycles from Testing to Implementation

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Changes That Result in Improvement

Aim:

Multiple Cycles of PDSAs (part 1)

Aim: Complete Strengths Assessment for All Clients in Team Members’ Case Loads.

10% have SA

Improved care

Cycle #6: Build procedures for SA into job description(s)

Cycle #5: Complete SA with 3-5 other clients

Cycle #4: Use SA to put strengths in usable form (1-2)

Cycle #3: Use the SA to explore what is meaningful and important to their client (1-2)

Cycle #2: Complete SA with 1-2 clients

Cycle #1: Simulation of Strengths Assessment in Clinical Supervision

Assess clients using a Strengths Assessment

DATA

APSD

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Aim:

Strengths Assessment for All Clients in Team Members’ Case Loads.

0% have SA

10% have SA

Multiple Cycles of PDSAs (cont.)

Aim: Complete Strengths Assessment for All Clients in Team Members’ Case Loads.

10% have SA

Assess clients using a Strengths Assessment

100% have SA

Improved care

Cycle #7: Train Team Staff on SA

Cycle #8: Use SA to put strengths in usable form (documentation)

Cycle #9: Develop procedures and tools to insure that SA is used with all new clients

Cycle #10: Adjust hiring and training of new staff to support SA

Strategies for Implementation

• “Just do it”:  
  – Simple change, tested successfully  
    • Do use at least one cycle to implement

• Parallel Approach  
  – Phase in change by operating it side by side with existing system  
  – More complex. Plan on needing more PDSA cycles to implement

• Sequential Approach  
  – Think about implementing in your pilot  
    • Will all elements of the change be made in all of pilot  
    • Or all elements in part of pilot  
    • Or some elements of change be made in all of pilot  
    • Or some elements of change be made in part of pilot

Engage the Infrastructure

- Document the flow of the new process
- Provide training on the new process
- Address development of new skills if required
- Make changes to job descriptions, policies, and procedures, forms
- Address supply, equipment, design issues
- Assign day-to-day ownership for improvement and maintenance work of the new process
- Senior leaders held responsible for the efforts to sustain the change and remove inhibitors that might allow slippage back to the old system
Successful Test of Change

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Use PDSA Cycle to Engage Infrastructure

MODEL FOR IMPROVEMENT

Full, Sustained Implementation

AP

SD

AP

SD

DATA

AP

SD

AP

SD

Policy changes
Documentation changes
Hiring procedure changes
Staff education/training changes
Equipment purchasing changes
Information flow changes


PROJECT TEAM WORKSHEET: Redesign of Support Processes for Implementation of Change

<table>
<thead>
<tr>
<th>Cycle No.</th>
<th>Change Tested or Implemented</th>
<th>Lead</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
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<td>Staff education/training</td>
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<td>Equipment Purchases</td>
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## Project Team Worksheet: Redesign of Support Processes for Implementation of Change

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<td>Policies:</td>
<td>Process to Have Each New Client Meet with A Peer</td>
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<td>Scheduling:</td>
<td>Schedule Peer to Meet with Each New Client</td>
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<tr>
<td>Documentation:</td>
<td>Develop Process to Document Peer Visit</td>
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<td>Staff Education/Training:</td>
<td>Train Peers of Process to Engage Client, Share Stories</td>
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<tr>
<td>Job Descriptions:</td>
<td>Revise Peer Support Job Description With New Activity</td>
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<tr>
<td>Information Flow:</td>
<td>Develop Process to Document Peer Relationship</td>
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### Collect Data Over Time When Conditions Are Expected To Change

- **Baseline**: Begin implementation on target pop
- **Successful Testing**: Evidence of improvement during implementation

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Bringing Implementation to Life

O.M.I. Family Center
The Evolution to a Wellness and Recovery Clinic

Pre-Implementation

• Participation of senior leaders essential
  – ARP Collaborative paved the way by:
    • Shared understanding of W&R principles
    • Shared language
    • Shared belief in recovery
    • Shared commitment to begin work of shifting the treatment paradigm
    • Recognizing the data can inform treatment
Pre-Implementation

- Open door brainstorming session
  - Six weekly sessions
  - What would your ideal W & R clinic look like?
  - All ideas welcomed and accepted
  - Clinic redesign slowly emerged from these work sessions
- Presented all ideas to staff during staff meeting and further refined strategy until a shared agreement was reached.
Launch - July 1, 2013

• Sr. Leadership funded an all day off-site meeting to launch new model.
  – Clear commitment Sr. Leadership support
  – Opportunity for celebration / team building
    • Strengths Finder 101 group exercises. All strengths equally important.
  – Final roll-out of staff-created model
  – Each staff volunteered to be a steward for a particular part of the model (all staff – not just clinical).

Ongoing Fidelity to Model

• Importance of Monthly Stewardship Meeting:
  – Maintains fidelity to model
  – Maintains staff engagement
  – PDSA formulation
  – PDSA tracking
  – Review of data tracking
Importance of Infrastructure

• Simple tracking systems = lots of data
  – Creating one Excel spreadsheet has allowed our lead clerk to track data for our Medication Orientation Class:
    • Date of offered appt;
    • Date of accepted appt;
    • Date of attendance;
    • Requests to reschedule appointment;
    • No show / no call.)

• This one Excel Spreadsheet has allowed us to track the following data:

![Impact of Implementation Stages on Missed Appointments](chart.png)
Impact of Implementation Stages on Appointment Cancellations vs No Call/No Show Rates
PRE-, POST-, and March-PDSA Stages

Impact of Medication Orientation Class: Comparison of Time to Offered & Attended Service, PRE- & POST-MOC

*p < .05
THE WHAT IFS
(Increasing the Odds of Success)


I: Infrastructure -- Do you need to make changes to the clinic and/or systems to support the change?

F: Fidelity -- How will you ensure fidelity to the change and to the overall model?

S: Sustainable -- Is this change sustainable? Will it survive staffing departures, budget changes, etc.?

Implementation of Change and Its Social Consequences

Address the Social Aspects of Change

- **Provide information on why change being made**
  - Empathize w/anxiety-don’t expect to eliminate it
  - Show how change supports aim of organization
  - Put it in historical perspective
  - Link to needs of patient/family/community
  - Reframe as opportunity
  - Provide hot line for questions/comments

- **Provide specific info on how will affect people**
  - Share results from testing
  - Be prepared for questions
  - Study rational objections and be prepared to address them
  - Include members of team who tested in presentations

- **Get consensus on resources and other support for implementation**
  - Define plan with milestones/dates
  - Ask leaders and key people to publicly support
  - Express confidence in those asked to carry out the change

- **Publicize the change**
  - Use symbolism, stores, pictures, etc.
  - Summarize key points and agreements as made
  - Show appreciation for those developing and testing change
  - Take advantage of significant events (crisis, inspection, complaint) and tie to implementation

Attributes of the Change that Affect the Rate of Adoption

- **Relative advantage -WIFM**
  (evidence from testing that idea is better)
- **Compatibility with current system –think cell phone**
  (reflects beliefs, values of adopter, structure, practices)
- **Simplicity of the change and transition**
  (how easy to understand idea)
- **Testability of the change-test drive!**
  (how easy to test the idea)
- **Observability**
  (how visible is the change and results)
- **Reversibility**
  (how easily can adopter go back to old ways)
Reactions of People to Change

- **Resistance**: An emotional or behavioral response to real or imagined threats to the work routine because of the change.
- **Apathy**: Feeling or showing little or no interest in the change.
- **Compliance**: Publicly acting in accord while privately disagreeing with the change.
- **Conformance**: Changing behavior as a result of real or imagined group pressure.
- **Commitment**: Becoming bound emotionally or intellectually to the change.

Mitigating Resistance to Change

- Provide information on why the changes are being made (Aim)
- Have key leaders publicly support and drive the changes
- Continue the communication through visual displays, newsletter articles, etc
- Describe how the changes will affect people
- Publicize the various people in the organization involved in developing and testing the change
- Publicize the positive results of tests of the change
Address the Social Aspects of Change

...to create a new system of care

Improvement

Measurement cuts across all phases

Holding the Gains

Spreading Results

After Implementation: Hold the Gains

Old System

New System

Some Inhibitors

• “We met our goals”
• “We assumed the improvement would hold”
• Other priorities took all resources away
• (not on senior management’s radar screen)
• Did not learn how to hold the gains
• Infrastructure not in place
After Implementation: Hold the Gains

- Use run charts to monitor measures for performance/outcomes from the collaborative

- Design effective Control System
  - Use your internal QA resources and integrate activities into system-wide control system

- Plan to standardize new process and verify conformance to the standard