Learning Objectives

1. Accelerate improvement efforts by learning and applying the skills to support improvement.
2. Understand the difference between testing a change and implementing a change with the healthcare environment.
3. Enhance effectiveness in implementing sustainable improvements in your healthcare system.
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
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

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.

CCC Implementation Cycles

• Building Case for Care Coordination at First Contact with Client: Peer Meets with Clients at Initial Visit
  – Test: Availability of Peers for All CC Contacts
  – Test: Training Process, Content for Peers in This New Role
  – Test: Routinely Scheduling Peer Visits in Coordination with referrals (new policies/procedures)
• Building Clients’ Confidence for Self-Management: Using Success Stories
  – Test: Keeping Available Stories Current and Updated
  – Test: Assuring All Clients Have Access to Stories
• Plan Shared Goals: Sharing Goals with Partners
  – Test: Scheduling Regular Multidisciplinary Meetings Staff
  – Test: Tracking Tool to Assure All Clients’ Goals are Shared
  – 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?

**Wide-Scale Tests of Change**
**Follow-up Tests**
**Very Small Scale Test**
**Hunches Theories Ideas**

**Changes That Result in Improvement**
**Implementation of Change**

**Concept Design**
Multiple PDSA Cycle Ramps To Test & Implement

**Define Care Coordination Population**
**Design and Develop Roles**
**Engage Client in Care Planning**
**Screen 4 Whole Health**
**Medication Reconciliation**
**Use CIS**

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

Use PDSA Cycle to Engage Infrastructure

Full, Sustained 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?

Successful Test of Change

APSD

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

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
Executing on Improvement Projects

- **Testing a change** - Evaluate a change on a temporary basis

- **Implementing a change** – Make a change an integral part of the day to day operation of the system

- **Spread**: *Have people adopt the changes beyond some initial locations*

- **Scale-up**: *Overcoming the infrastructure issues that arise during spread*

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Address the Social Aspects of Change

...to create a new system of care
Bringing Implementation and Spread to Life

Jerry Dennis and Peter Currie