

Spreading and Holding the Gains of Improvements

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Disclosures – Clemens Steinbock

- No Disclosures
- No Disclosure of Commercial Support
- No Conflicts of Interest to Report
- Mitigating Potential Bias - Consulting Fees Are Administered by the BC Centre for Excellence in HIV/AIDS

Human Diffusion Curve Exercise

- 1-2 volunteers to sell an idea

Let's see what we learn....



What's the Sequence?

Improvement



Hold Gains



Spread



???

more like ...

Improvement



Hold Gains



Spread



Source: Institute for Healthcare Improvement (IHI)

Holding the Gains After Implementation: Inhibitors

Old System

New System

“We met our goals”

“We assume improvements will hold”

“We can only focus on one QI project at the time

“It takes too many resources to maintain the improvements”

“Did not learn how to hold the gains”

“Infrastructure not in place”

Holding the Gains After Implementation: Readiness

Old System

New System

“We need to plan for holding gains”

“During the project cycle, we have start
planning”

“Holding gains is an expectations”

“Integration into existing data systems is routine”

“I know simple steps how to hold gains”

“I can work on the next project”

Holding the Gains After Implementation



- Communication
- Documentation
- Measurement
- Education and Training
- Leadership

Communication

- Document the improvements
 - Understand the benefits for patients and staff
 - Gather best practices
 - Develop a storyboard with data points over time
 - Realize the affects of sliding back to old ways
- Communicate throughout the organization
 - Share project results, measures and improvements
 - Present successes during staff meetings
 - Inform senior leadership within the organization

Channels of Communication

SHARE
INFORMATION

SHAPE
BEHAVIOR



<u>General</u> <u>Publications</u>	<u>Personal</u> <u>Touch</u>	<u>Interactive</u> <u>Activities</u>	<u>Public</u> <u>Events</u>	<u>Face-to-Face</u>
flyers newsletters videos articles posters	letters cards postcards	telephone email visits seminars learning sets modeling	road shows fairs conferences exhibitions mass mtgs	one-to-one mentoring shadowing

Documentation

Update (or write)

- Job descriptions
- Orientations
- Policies and procedures
- Flow charts...



.....to reflect the new way of doing things.....

Measurement

- Routinely measure and analyze the data to ensure gains are sustained over time
- Integrate routine performance measurement into existing data collection efforts
- Review data routinely, and follow-up, if indicated
- Develop a threshold-to-revisit indicator



Education and Training

- Routinely educate and train staff to support improvements—both the “what” and the “why”
- Update staff on additional changes
- Provide competency training as necessary
- Provide cross-training as needed

Leadership

Engage the leadership in their role to sustain changes

- Support the newly implemented improvement
- Remove inhibitors or barriers
- Assign ownership to maintain the gains
- Maintain the priority of the new improvements in the context of multiple and competing priorities

What the Improvement Teams Can Do to Help

Make the case for change

- Clarify the benefits
- Demonstrate that your changes provide these benefits
- Share the evidence supporting the changes (literature and experience)
- Data – especially annotated run charts

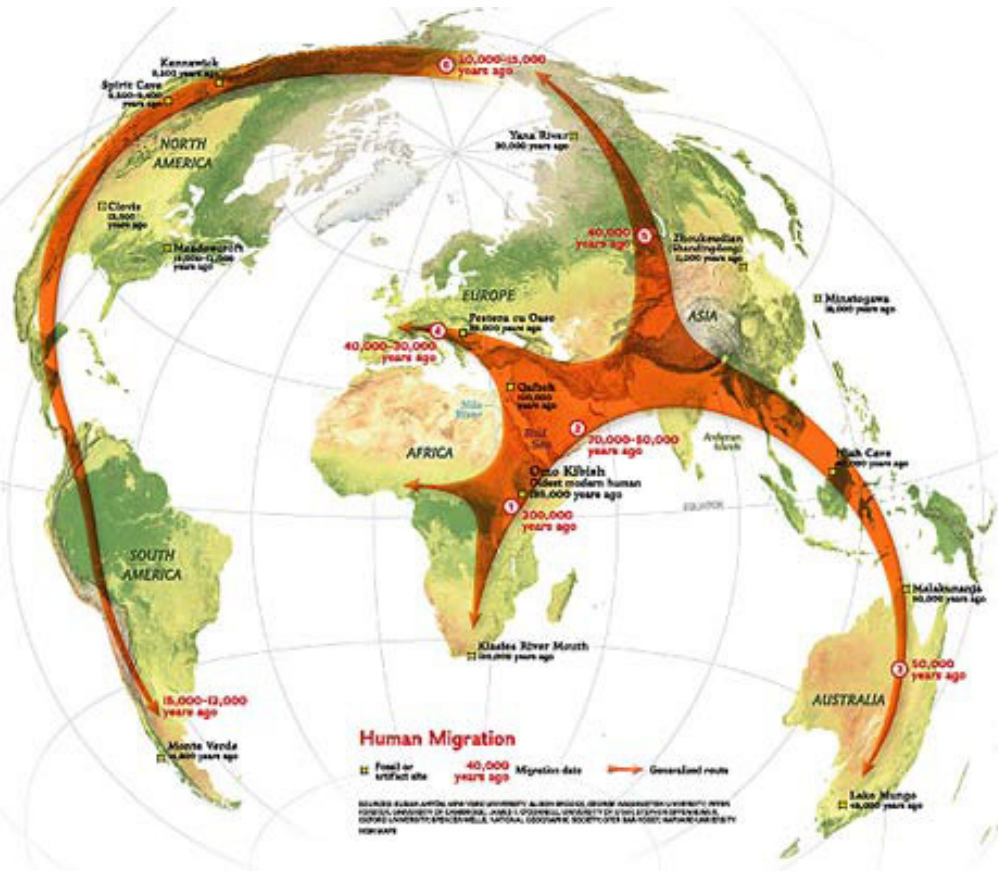
Make it easier for others to do the work

- Describe the change
- Coach how to start doing improvement work
- Highlight where management needs to help

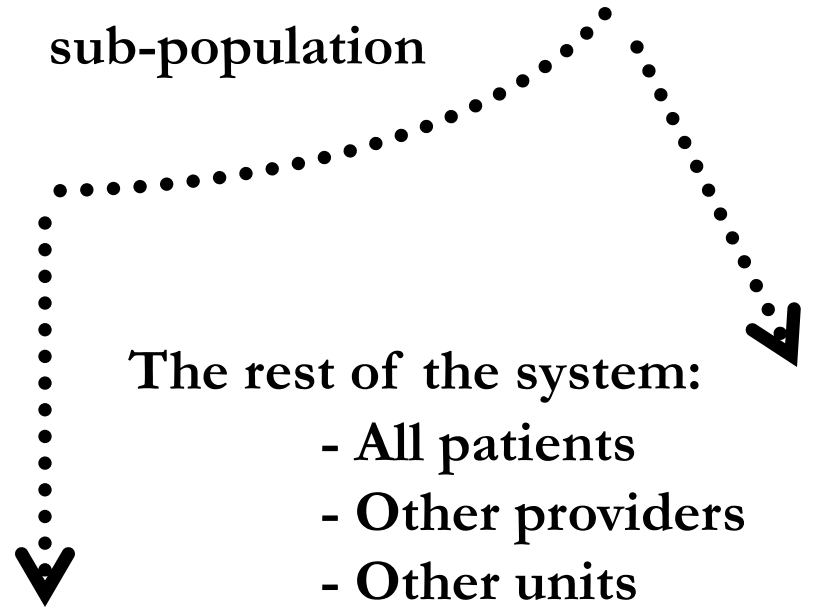
Identify the messengers

- Choose the right messengers (opinion leaders, connectors)
- Educate the messengers to deliver the message
- Include peer-to-peer communication

Getting Improvement to “Spread”



Initial test/clinic/
sub-population



The rest of the system:

- All patients
- Other providers
- Other units
- Other clinics
- Other hospitals

The Tipping Point

The
TIPPING POINT

*How Little Things Can
Make a Big Difference*

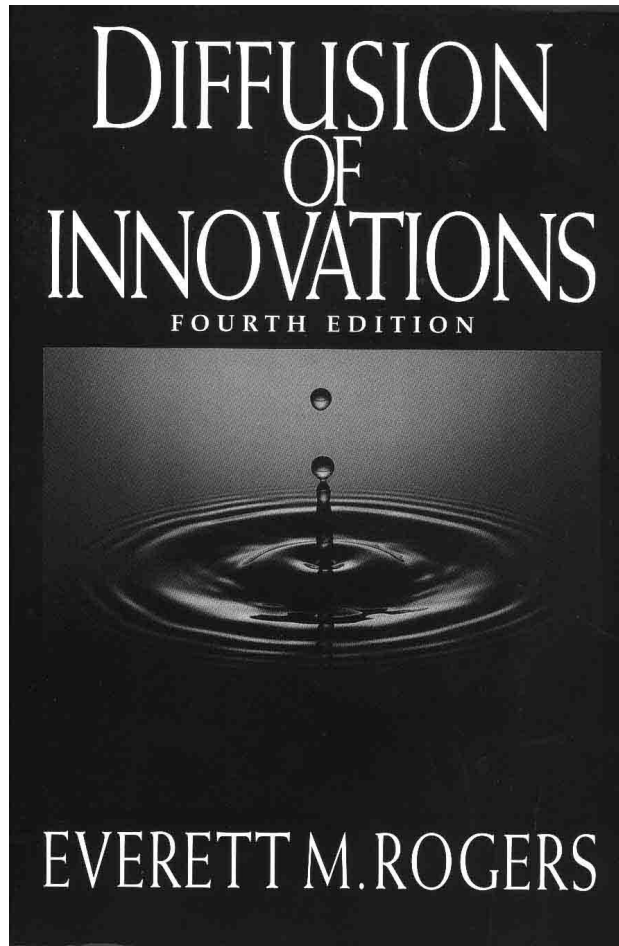


MALCOLM
GLADWELL

“The name given to that one dramatic moment in an epidemic when everything can change all at once.”

*-- M. Gladwell, The Tipping Point
(2000)*

Diffusion of Innovations



'Diffusion of Innovations'

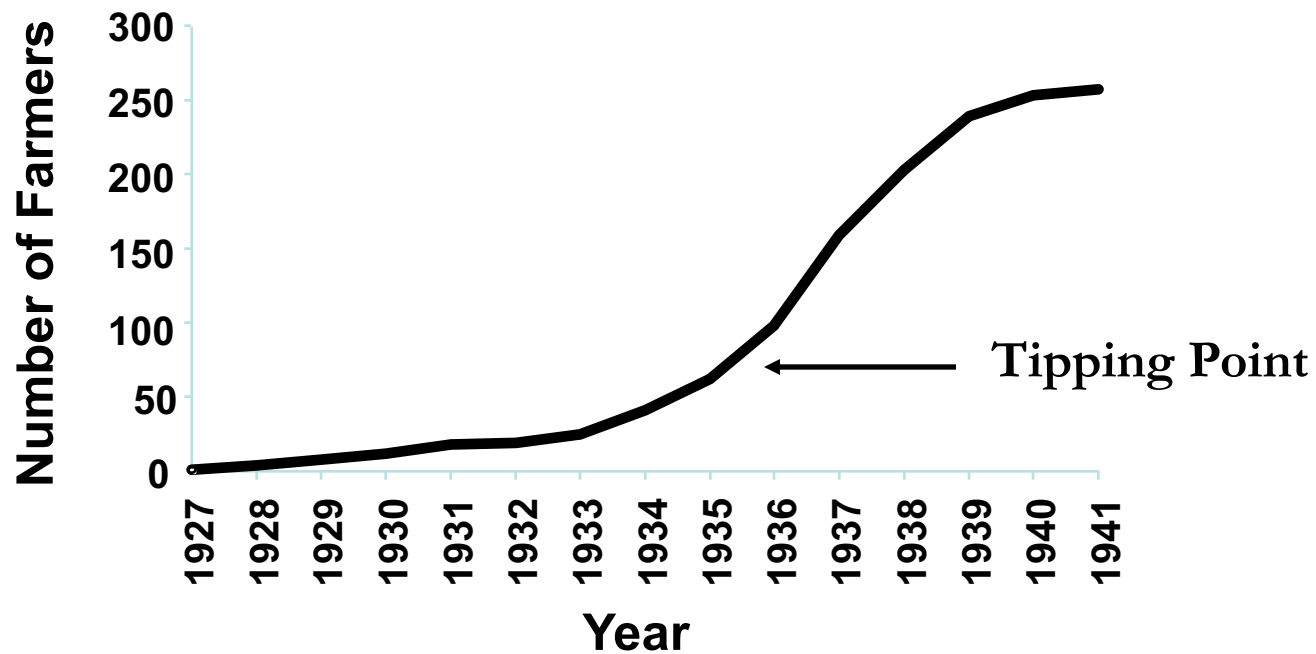
Everett M. Rogers
The Free Press, New York, 1995

Critical Mass and Momentum

“The part of the diffusion curve from about 10 percent to 20 percent adoption is the heart of the diffusion process. After that point, it is often impossible to stop the further diffusion of a new idea, even if one wished to do so.”

E.M. Rogers, Diffusion of Innovations (1995)

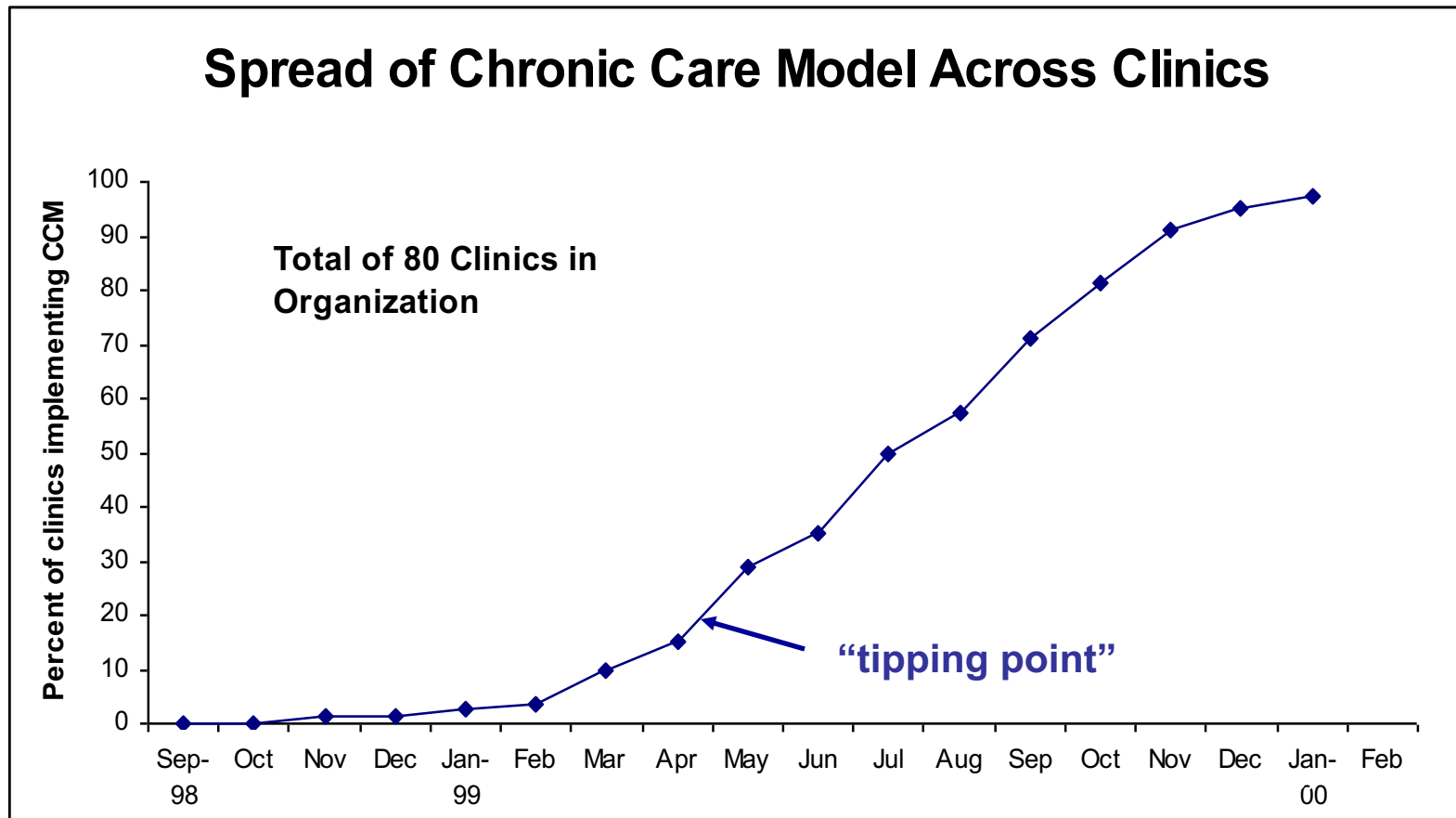
The “Diffusion Curve”: Reaching the Tipping Point



Number of Adopters of Hybrid Seed Corn in Two Iowa Communities

Source: Based on Ryan and Gross (1943)

“Diffusion Curve” in Health Care



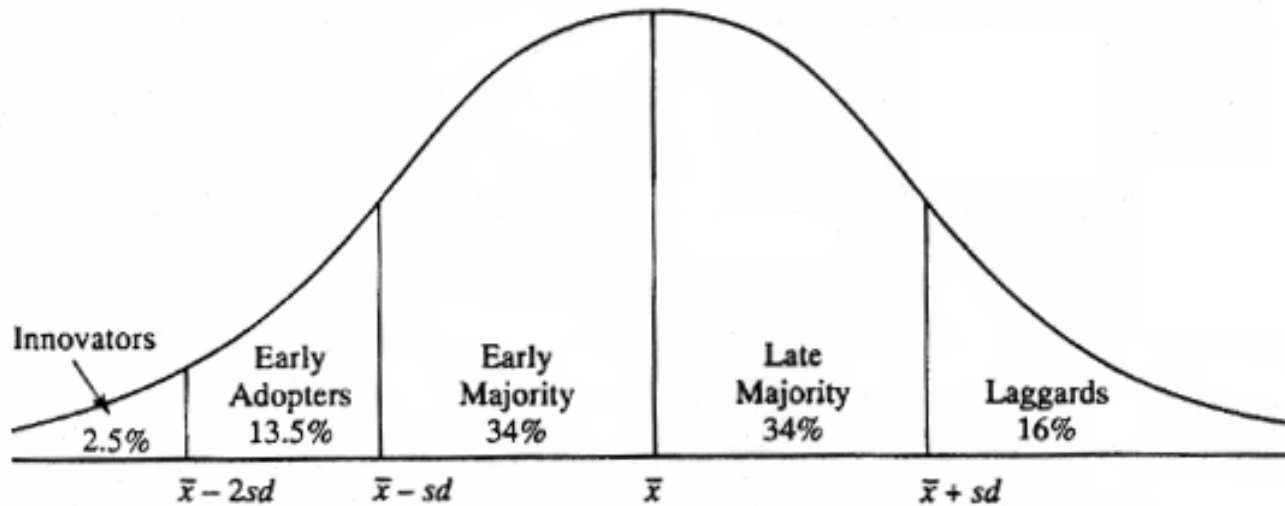
Types of Innovators



- Innovators - Venturesome
- Early Adopters - Respected
- Early Majority - Deliberate
- Late Majority - Skeptical
- Laggards - Traditional

'Diffusion of Innovation'

Adopter Categorization on the Basis of Innovativeness



Source: Ryan and Gross, "Hybrid Seed Among Iowa Farmers," 1940

Rogers's Five Attributes of Change



- **Relative Advantage** - how much better is the new compared to the old?
- **Compatibility** - how consistent is this idea with current values, experiences, and needs?
- **Complexity** - how difficult is the new idea to understand and use?
- **Trialability** - how easy is it to test the new idea?
- **Observability** - how visible are the results of the new idea?

-- E.M. Rogers, *Diffusion of Innovations* (1995)

Rules of Diffusion (by Donald Berwick)



- Identify changes that are ready to spread
- Find innovators and support them
- Invest in early adopters and allow communication with innovators
- Make early adopters observable
- Allow re-invent innovation
- Trust and enable innovation

Closing Thoughts



“We are what we repeatedly do; excellence is not an act, but a habit.”

Aristotle

Resources

- Dixon N. *Common Knowledge*. Cambridge, Massachusetts: Harvard Business School Press; 2000.
- Fraser S. Spreading good practice: How to prepare the ground. *Health Management*. June 2000.
- Gladwell, Malcolm, *The Tipping Point*, Boston and New York: Little, Brown, 2002
- Langley J, Nolan K, Nolan T, Norman, C, Provost L. *The Improvement Guide*. San Francisco, California: Jossey-Bass; 1996.
- Rogers, Everett M., *Diffusion of Innovation*, New York: Free Press, 1995.
- For more information about the IHI's Framework for Spread, see www.ihl.org/IHI/Topics/Improvement/SpreadingChanges/Changes/ or download their white paper on this topic at www.ihl.org/IHI/Results/WhitePapers/AFrameworkforSpreadWhitePaper.htm
- The IHI's: *Improving HIV Care: A Modular Quality Improvement Curriculum*, available on the Institute for Healthcare Improvement's web site at <http://www.ihl.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Tools/ImprovingHIVCareAModularQualityImprovementCurriculum.htm> also has valuable information on spread. Several of the slides in this Tutorial come from the *Modular QI Curriculum*, and we are grateful.

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