

Welcome!

1

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2

Please also rename yourself so we know what organization you’re from. This will help facilitate discussion and follow-up. To rename yourself:

- ✓ **Find the participant list:** Go to the bottom of your Zoom window and click on the word **Participants**
- ✓ **Hover/click:** Once the participant list pops up, hover over your name on the participant list; you may be able to click **rename** or you may have to click the **more** button and then click **rename**
- ✓ **Enter your new name:** Enter your first name and your clinic’s name (e.g., Briana – CCI, or Shelly – ATSH coach)

Webinar Reminders

1. Everyone is muted.



*6 to **unmute**



*6 to **re-mute**

2. Use the chat box for questions and to share what you're working on.

3. **This webinar is being recorded in the main room.** The slides and webinar recording will be posted to the ATSH program page.



ATSH Webinar: Adjusting the Sails – Refining and Sustaining Our Work

August 19, 2020

Bridget Hogan Cole, MPH
Executive Director

Chris Hunt, MPH, LSSBB
Program Director

Agenda

- Reflecting on our current state – confirming or readjusting our program course
- Explore tools to help identify which of our project components to sustain and how to build operational supports to help sustain this work
- Review a Standardizing Change Checklist



**Reflecting on
Where We've
Been,
Where We
Are Now, &
Where We're
Going**

Where are we now? *Looking Internally*

- Staffing – navigating hiring freezes, layoffs, staff working remotely
- Seeing less patients within the four physical walls of our organizations
- Building/Expanding internal support systems and oversight/management
- Programmatic and/or budget challenges – thinking about how do we sustain this program beyond the ATSH program lifecycle
- IT system updates, data capture and reporting challenges

Where are we now? *Looking Externally*

- Navigating a pandemic
- Implemented and/or expanded use of telehealth across the sector
- Patients have lost jobs, experiencing financial difficulties, hardships, housing and food insecurity.
- Concerned about the impact the pandemic will have on our communities' mental health, higher risk for substance use.
- Shifting budgets and financial supports/priorities from Payers (state, health plans, foundations)

Project SWOT Analysis



Source: Minnesota Department of Health - <https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html>

Project SWOT Analysis

| Internal (Team/Project-Specific) | Helpful | Harmful |
|-------------------------------------|--|---|
| | Strengths (e.g. resources that are accessible; time, funding, staff, leadership, systems, facilities, infrastructure) | Weaknesses (e.g. staff skills/capabilities not yet present; lack of management/team leadership; lack of support/buy in from key stakeholders; missing resources) |

Source: Minnesota Department of Health - <https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html>

Project SWOT Analysis

| | | Helpful | Harmful |
|-------------------------------|---------------|---|--|
| External (Environment/Org) | Opportunities | (e.g. health plan priorities/interests; funding sources; external partnerships and collaborations; social, cultural, and technological factors that you could leverage) | Threats |
| | | | (e.g. uncertainty of current health policy; withdrawing funding sources; impacted projects as a result of diverted resources; social, cultural, and technological factors that could put your project efforts at risk) |

Source: Minnesota Department of Health - <https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html>

Sample SWOT – Patient Engagement & Satisfaction Project

| Strengths | Weaknesses |
|--|--|
| <ul style="list-style-type: none"> • Recently launched patient advisory councils • Priority area for leadership and providers (low pt. sat. scores) • CMO is interested in patient reported outcomes | <ul style="list-style-type: none"> • Recent provider turnover • Don't have budget for tech (tablets) to collect patient feedback • Ability to track improvement in Patient Engagement |
| Opportunities | Threats |
| <ul style="list-style-type: none"> • Health plan is also interested, could be \$ tied to improvements • Funders and Foundations are investing in Pt Engagement Initiatives • Potential to improve patient retention, increase pt. volume | <ul style="list-style-type: none"> • If we focus on Pt Engagement will we lose potential P4P funding? • If we focus on Pt Engagement how will it impact other improvement efforts? • Would patients get frustrated and leave our practice if we over-survey? |

SWOT Reflections from Across the ATSH Teams - *Internal Factors*

Programmatic Strengths

- ❑ Routinely screening for OUD
- ❑ Increasing number of X-waivered Providers
- ❑ Senior leadership and internal support for our MAT program
- ❑ Use of telephone/telehealth visits helping to improve show-rates
- ❑ Established weekly case review with multidisciplinary care teams
- ❑ Reduced stigma with staff
- ❑ Established, well-attended group visits

Programmatic Weaknesses/Challenges

- ❑ Provider hesitance starting patients on medications without in-person visits.
- ❑ Ability to contact patients timely
- ❑ Clarity around team roles and responsibilities
- ❑ Coordinating care across multiple departments and/or organizations
- ❑ Standardized, automated data collection and reporting still requires some manual collection and analysis.
- ❑ Financial sustainability

SWOT Reflections from Across the ATSH Teams

External Factors

Program's External Opportunities

- ❑ Leveraging telehealth for expanded support and use in MAT programs
- ❑ Stronger collaborative relationships with community partners
- ❑ Opportunities for reimbursement with telehealth
- ❑ Potential for continued funding to address overdose prevention and MAT

Program's External Threats

- ❑ COVID – patient hesitance to come to clinic to visit provider and/or pick-up MAT prescriptions; staff juggling challenges of working from home
- ❑ Broader financial difficulties faced by organizations that have led to or may result in layoffs.
- ❑ Concerns about the pandemics effect on our communities' mental health - potential increase in patient volume for patients with SUD and/or behavioral health needs.

*Proactively
address these
program
“Weaknesses”
& “Threats”*

*(and take
advantage of any
new opportunities)*

| Weaknesses |
|---|
| <ul style="list-style-type: none">• Provider hesitance starting patients on medications without in-person visits. |
| <ul style="list-style-type: none">• Ability to contact patients timely• Clarity around team roles and responsibilities |
| Threats |
| <ul style="list-style-type: none">• COVID – impact on patients and staff |
| <ul style="list-style-type: none">• Broader financial difficulties• Concerns about the pandemics effect on our communities’ mental health - potential increase in patient volume for patients with SUD and/or behavioral health needs. |

**High Probability/
High Impact Risks**

- **Create Action Plan -**
Determine actions the team can take address these risks (reduce occurrence, plan around, overcome, etc.)

ATSH Team Story:

Karlie Tepley, LCSW Hill Country Community Clinic & Addressing Provider/Staff Burnout

Dr. Stephen Campbell, Dmin
Founder & Director,
Center

A spiritual guide for more than 25 years, Stephen founded Center to be a resource that helps individuals and organizations live from their Purposeful Center.

He developed Decompression Sessions as a tool for helping people deal with their stress and anxiety in ways that lead to greater personal resiliency.



www.findmycenter.net

Contact Stephen: scampbell@findmycenter.net or 530.945.3643

Creating an Action Plan to Address These Challenges

| High-Impact Risks | Action Plan <i>(How team plans to reduce likelihood of occurrence of, or plan around, or overcome that risk)</i> |
|--|---|
| Program Weaknesses/Challenges | |
| <ul style="list-style-type: none">• Provider hesitance starting patients on medications without in-person visits.• Ability to contact patients timely• Clarity around team roles and responsibilities | <ul style="list-style-type: none">• Action Item 1• Action Item 2• Action Item 3 |
| External Threats | |
| <ul style="list-style-type: none">• COVID – impact on patients and staff• Broader financial difficulties• Concerns about the pandemics effect on our communities' mental health - potential increase in patient volume for patients with SUD and/or behavioral health needs. | |

SWOT Analysis Activity

- Randomly assigned into breakout rooms
- Chose two program challenges or external threats, and identify 3+ actions that could be taken to address these project risks.

(7 minutes)

Breakout Activity: pick 2 project risks (program weaknesses or external threats) and discuss 3+ actions that could be taken to address these project risks.

| High-Impact Risks | Action Plan <i>(How your team plans to reduce likelihood of occurrence, or plan around, or overcome that risk)</i> |
|--|---|
| Program Weaknesses/Challenges | |
| <input type="checkbox"/> Provider hesitance starting patients on medications without in-person visits. <input type="checkbox"/> Ability to contact patients timely <input type="checkbox"/> Clarity around team roles and responsibilities <input type="checkbox"/> Coordinating care across multiple departments and/or organizations <input type="checkbox"/> Standardized, automated data collection and reporting still requires some manual collection and analysis. <input type="checkbox"/> Other: | |
| External Threats | |
| <input type="checkbox"/> COVID – patient hesitance to come to clinic to visit provider and/or pick-up MAT prescriptions; staff juggling challenges of working from home <input type="checkbox"/> Broader financial difficulties faced by organizations that have led to or may result in layoffs. <input type="checkbox"/> Concerns about the pandemics effect on our communities' mental health - potential increase in patient volume for patients with SUD and/or behavioral health needs. <input type="checkbox"/> Other: | |

Audience Feedback

What action items and activities did you come up with?

Type these action items into the chat box now.



SWOT Analysis Template

Instructions: Use the SWOT Analysis template below to brainstorm the Strengths, Weaknesses, Opportunities, and Threats that would affect your project.

| | Helpful | Harmful |
|----------|---|--|
| Internal | Strengths <i>Team characteristics that help achieve outcome/ goals</i> (e.g. staff skills/capabilities that contribute to success; existing management/team leadership; support for area of focus; resources that are accessible – time, funding, staff, systems, facilities, infrastructure) • • • • • | Weaknesses <i>Team characteristics that hinder achievement of outcome/goals</i> (e.g. staff skills/capabilities not yet present; lack of management/team leadership; lack of support/buy in from key stakeholders; missing resources) • • • • • |
| External | Opportunities <i>Environmental factors that facilitate success</i> (e.g. health plan priorities/interests; funding sources; external partnerships and collaborations; social, cultural, and technological factors that you could leverage, such as the increase in social media use) • • • • • | Threats <i>Environmental factors that prevent success</i> (e.g. uncertainty of current health policy; withdrawing funding sources; impacted projects as a result of diverted resources; social, cultural, and technological factors that could put your project efforts at risk) • • • • • |

Following the SWOT analysis, consider:

- Which strengths you can use to your advantage to address/minimize weaknesses.
- How your team could take full advantage of the opportunities.
- How realistic are the threats, and how you might plan for/address those threats.

SWOT Template Available on the ATSH Resources Webpage

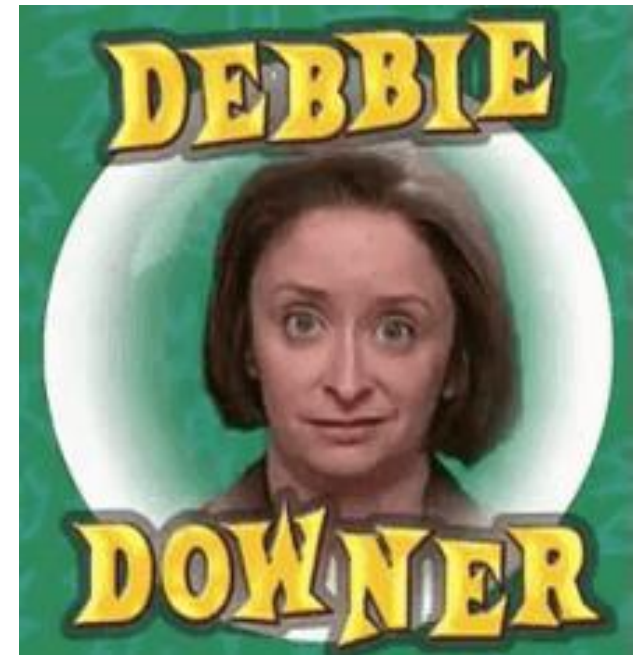
Building the Operational* Supports to Help Sustain Our ATSH Project

**Note: we won't be exploring the financial component of this work in today's webinar. Instead, we'll focus on the operational considerations.*

We've Heard About Many Successes from Your ATSH Projects

Will these programs and improved outcomes continue on after the program ends?

If we were to check back in on you all in 12 months, will you have sustained these gains?



Research suggests it's going to be a challenge



- Only 33% of QI projects in the UK are not sustained >1 year after completion¹
- Only 30% of innovation projects at Fortune 500 companies actually stick²

Source: (1) Maher L, Gustafson D, Evans A.: Sustainability model and guide 2010.
(2) John Kotter. The 8-Step Process for Leading Change. 2013

Why aren't successful projects sustained?

- Lack of support systems developed to help sustain work;
- Lack of communication and intentional effort to help staff understand and manage changes brought by the program;
- Changes in the financial drivers and organizational budgets;
- ***Staff turnover and challenges backfilling project leads.***

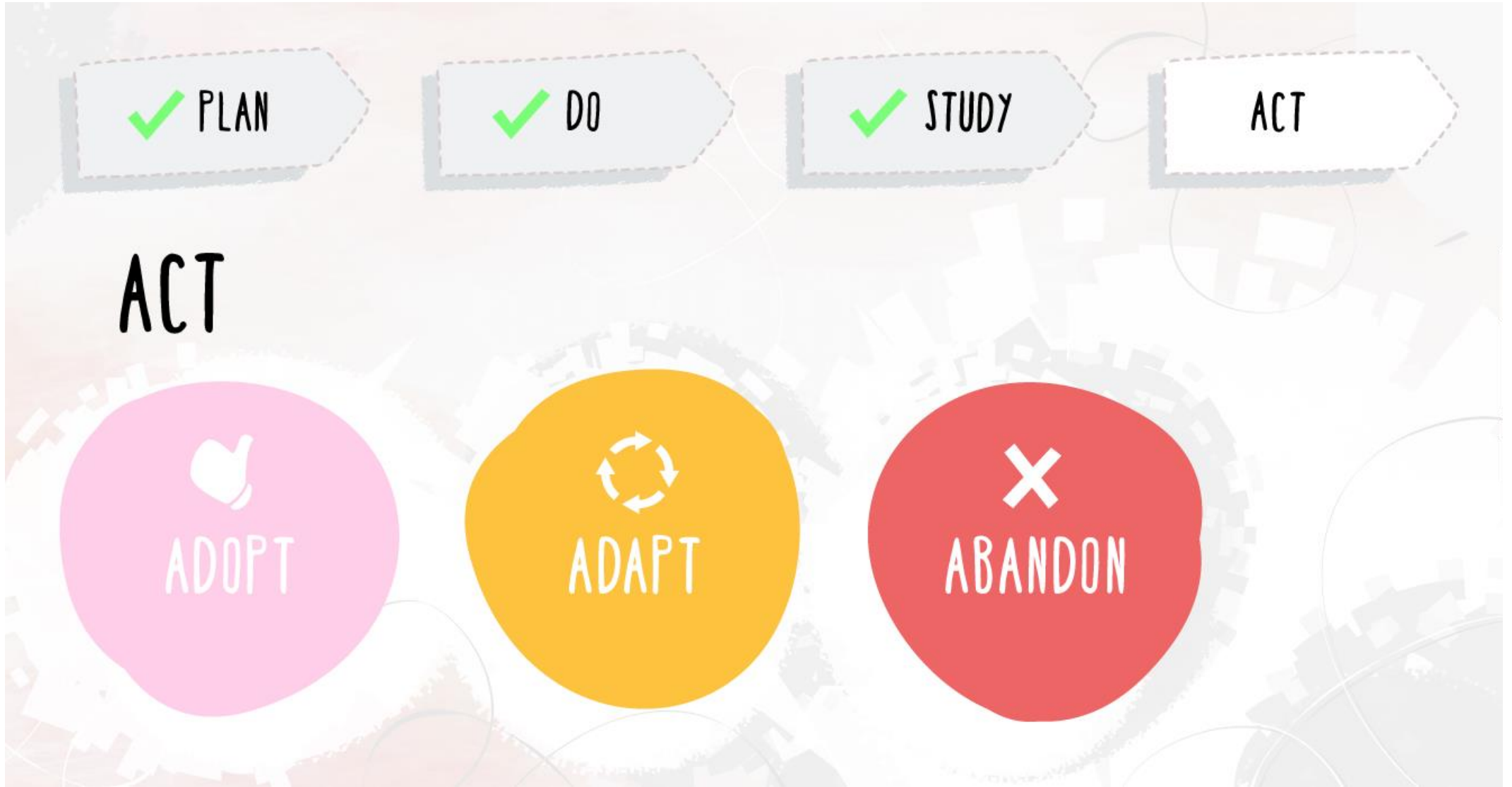
Project teams need to be very intentional and strategic about

Sustaining Changes

&

Spreading Changes

Adopt, Adapt, or Abandon

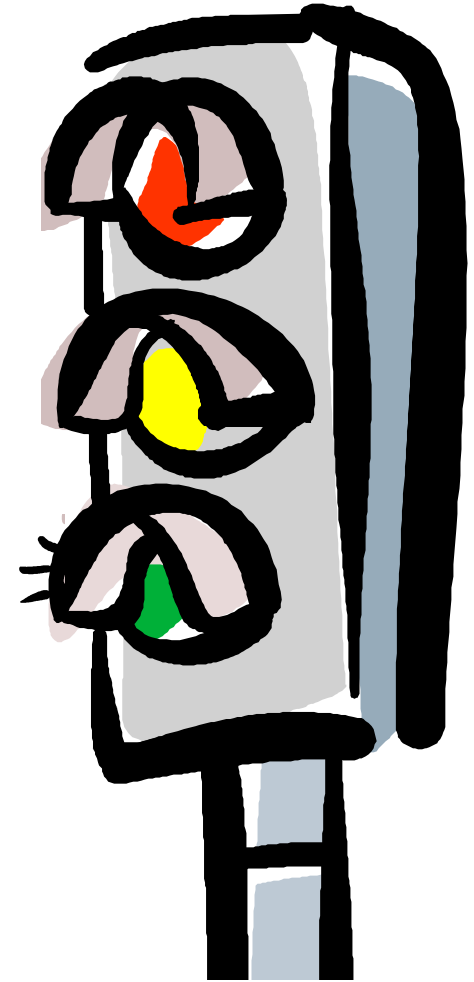


Traffic Light to Sustaining Change

RED LIGHT: Abandon - What Should We Stop Doing?

YELLOW LIGHT: Adapt - What Should We Adjust & Refine?

GREEN LIGHT: Adopt - What Should We Continue Doing? What should be embedded & sustained?





Abandon: What Should We Stop Doing?

- *Despite multiple attempts & testing under multiple conditions, outcomes are not improving, staff don't like it, or it's not worth the staff time/resources*
- *Avoid seeing this as a failure - you still learned many important lessons from these efforts*
- *Opportunity to redirect time, resources, energy to something else that we're excited to work on*

What to do if your team decides to “abandon” an aspect of your project?

Consider taking the following steps

- ❑ **Communications** – Team, Leadership, & Key Stakeholder
 - Highlighting what’s changing *and* what’s staying the same
- ❑ **Knowledge Management** - File Management and Project Documentation
 - Documenting lessons learned and organizing relevant documents and resources for future reference.

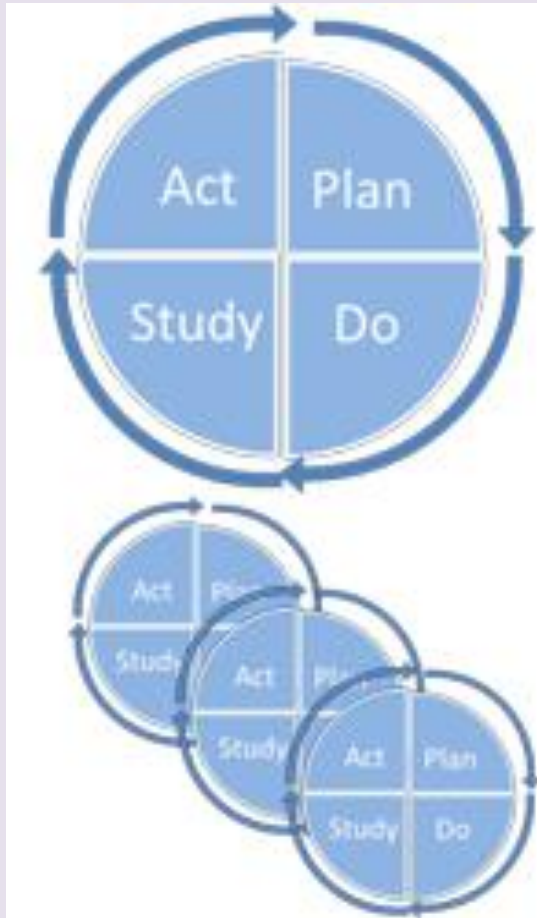
Adapted From: <https://q.health.org.uk/news-story/resource-guide-to-hibernating-quality-improvement-projects/>



Adapt – What Should We Adjust & Refine?

- We're not confident that we've optimized this change
- We still think this effort will lead to improvements, we just need more data and continue to test and streamline
- How can we optimize this aspect of the project? What can we alter/refine to make this change even better? Continue to do PDSA's.

PDSA's and Small Tests of Change



***Small
Scale
Experiments***



***Iterate
&
Iterate***

Reminder: One of the reasons why changes don't stick is because they are challenging for staff to adopt/remember.



ATSH Team Story:

**Ginny Eck, SUD
Program Manager
JWCH**

**Policies and
Procedures (P&P's)
and Cheat Sheets**





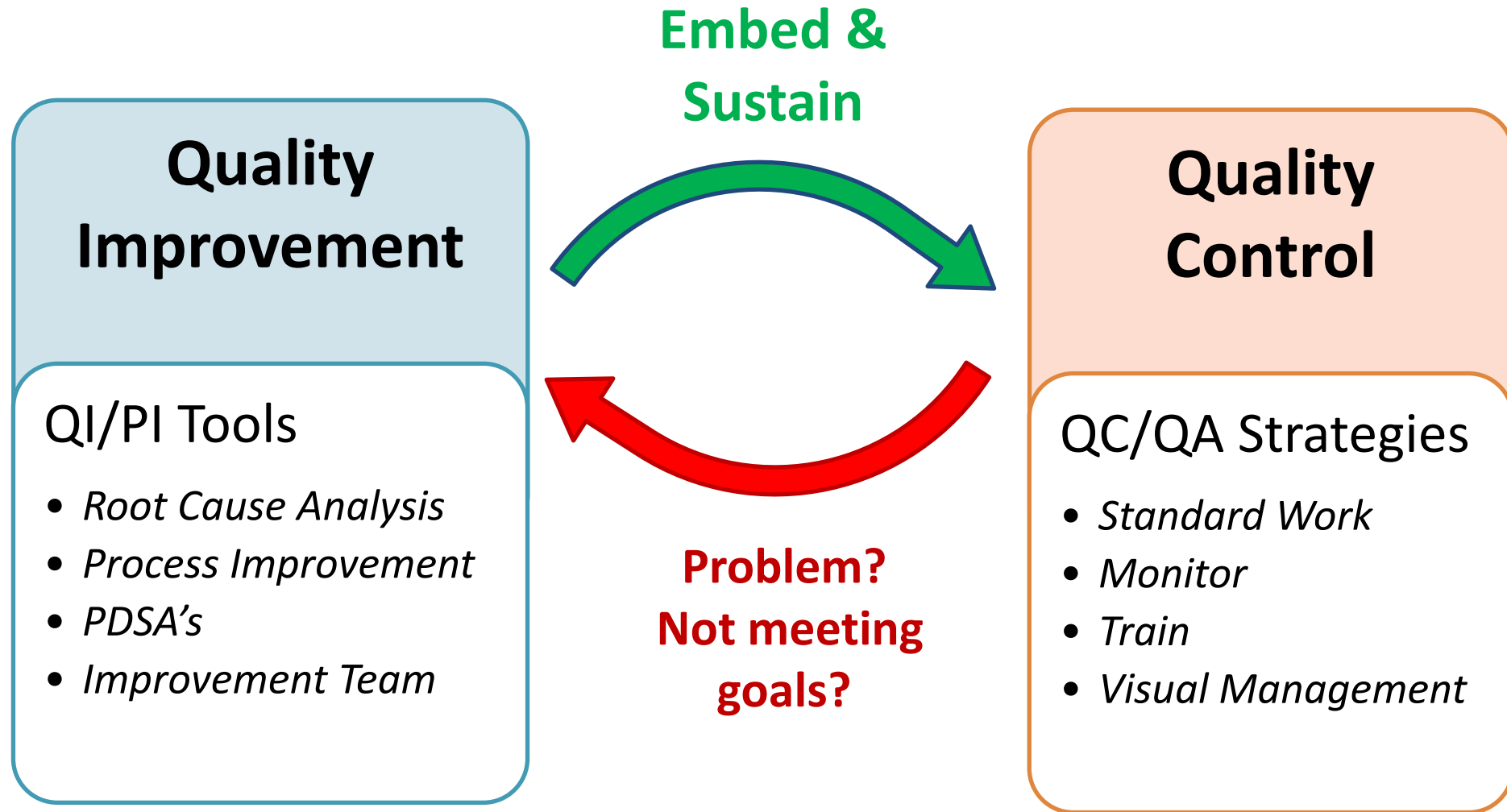
Adopt: What should we continue doing? What should be embedded and sustained?

- Which components of our MAT program have been proven effective? Which have been optimized to ease staff participation in these changes?
- How can we build supports and position this project component to be sustained over the long-term?

Sustaining Change Requires...

- **Project Ready to Be Embedded/Sustained**
- **Staff Capacity**
 - Skills, bandwidth, interest in adopting the change?
 - Champions (Change Agents) closer to the front lines to help monitor and troubleshoot
- **Organization/Leadership Capacity**
 - Infrastructure
 - Increased leadership engagement
 - Systems in place for escalating questions and issues

Moving from Quality Improvement to Quality Control



Helpful Quality Control Strategies and Tools

WORKFLOW DESIGN

Standard Work

Workflow Maps

Integrate into existing workflows

Error Proofing

TOOLS

(To Help Staff Adopt & Sustain Changes)

New Staff Orientation

Training Materials

Checklists

Kits of related materials

Forms

ACCOUNTABILITY

Policies and Procedures

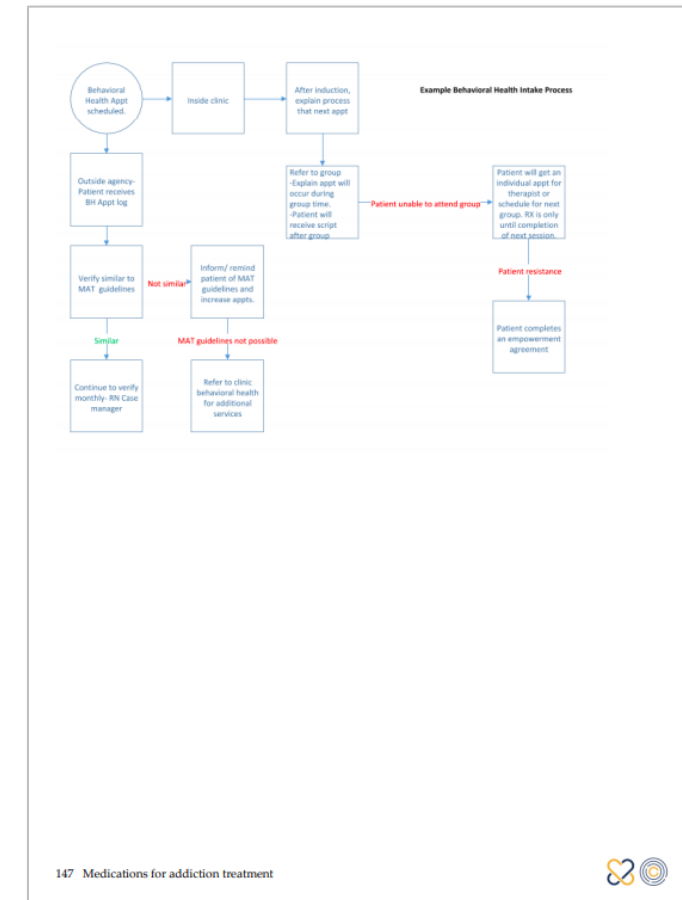
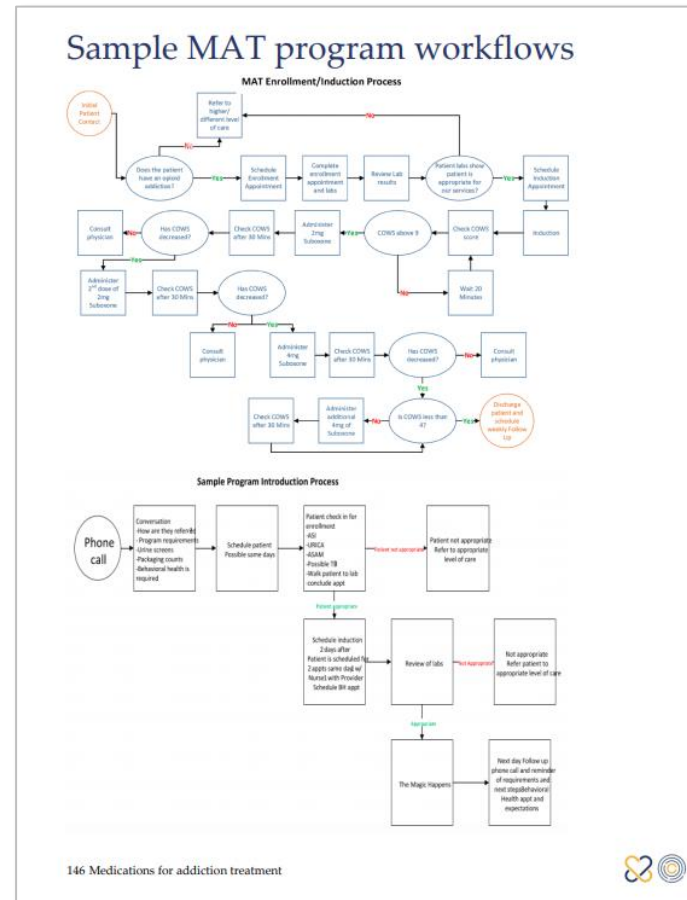
Guidelines

Job Descriptions

Performance Evaluations

Performance Data Reports

1) Workflow Design: Workflow Maps

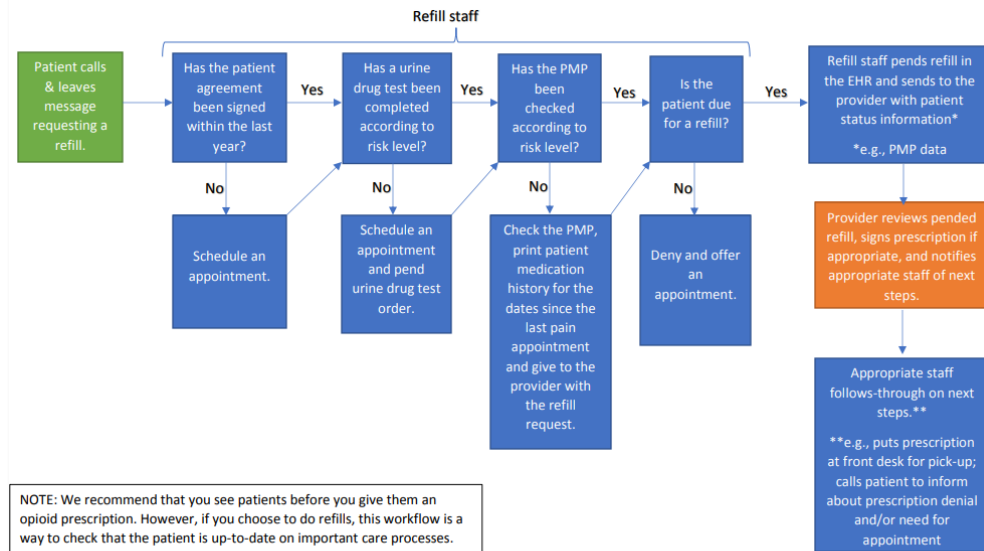


Source: Medications for addiction treatment: Providing best practice care in a primary care clinic. Camden Coalition.
<https://www.nationalcomplex.care/wp-content/uploads/2019/09/Medications-for-addiction-treatment-FINAL-9.20.19.pdf>

1) Workflow Design: Workflow Maps

Process Owner:
Date Issued:
Reviewed by:

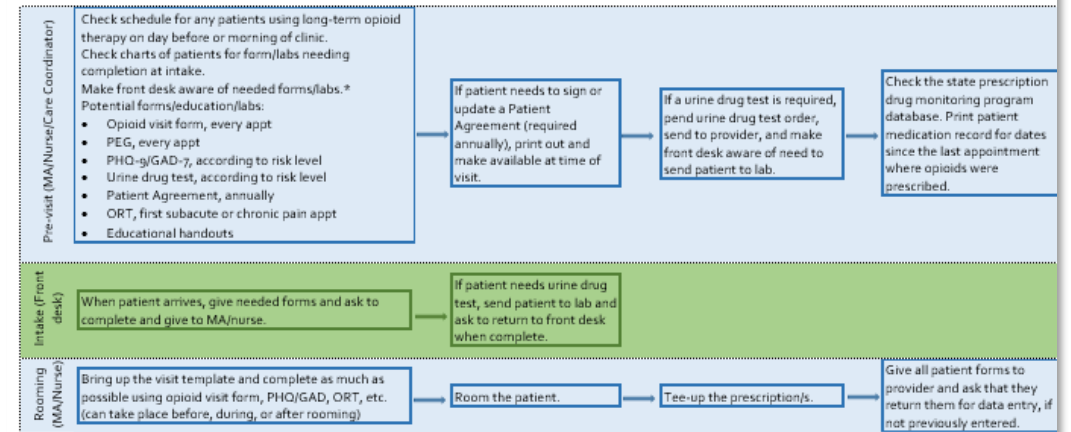
Opioid Refill Workflow



SIX BUILDING BLOCKS: OPIOID REFILL WORKFLOW | VERSION 2019.05.30
LICENSED UNDER A CREATIVE COMMONS BY-NC-ND 4.0 INTERNATIONAL LICENSE

Process Owner:
Date Issued:
Reviewed by:

New or Chronic Pain Appointment Workflow



SIX BUILDING BLOCKS: CHRONIC PAIN APPOINTMENT WORKFLOW | VERSION 2018.05.15
LICENSED UNDER A CREATIVE COMMONS BY-NC-ND 4.0 INTERNATIONAL LICENSE

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1) Workflow Design: Standard Work

Providing clarity about what is expected of each team member and how the team should be operating/functioning

1. Standardized tasks
2. Standardized sequences
3. Standard timing
4. Standard documentation
5. Standard expected performance/behavior

Why Standard Work?



- Teams are juggling a lot right now and it can be tough to remember every step, tool, and protocol.
- We don't want to lose any institutional knowledge and expertise **when** there is staff turnover

Samples of Standard Work from the ATSH Teams

Santa Cruz County Health Services Agency MAT WEEKLY FOLLOW-UPS

1. Case Manager will continue to call patients every week to check on patients:
 - a. Check in should be on topics such as:
 - Medication checks: does patient have enough, are they running out?
 - How are patients coping with the current COVID19 situation?
 - MAT COVID19 handout to patient by paper or text.
 - Going over Tier promotion packet with patients that qualify we can do them officially once we get back to normal program.
 - Helping patient create a Resume.
 - Checking in on patient Treatment Goals.
 - How's Triggers and cravings and what are they doing?
 - How's their current support system (HTF list)?
 - Online support meetings, etc.
 - Use SMA check in.
 - Do they need Narcan?
 - Do they need to see a provider?
 - Do they need to speak to IBH therapist or Psychiatrist then connect them.
 - Do you need to update their Social Determinants of Health?
 - Any resources or referrals needed?
 - Any SUD counseling and case management needed?
2. Documentation: When doing your telephone encounter make sure you are using the appropriate note. Most of your telephone encounters should be 1x1's because that what's you would have been doing in the office if there was no COVID19.

Click on any of the following:
 - Intake- If you are doing an intake over the phone
 - 1x1 – if you are doing a 1x1 over the phone, this includes checking in
 - BUP Refill – if you are doing a Bup refill and routing it to prescriber
 - MAT Group – You won't be using this one at this time
 - Case Management (non-MAT patient) – If you are doing this with a non-MAT patient
 - CCN (Case Conference Note) – if you're doing a case conference note
 - CC (Care Coordination for all non-face to face encounters) – if you're contacting pharmacies, Janus, programs, social security, Medi-Cal, any outside resource, etc. Without the patient with you, your contacting resources for the patient to help coordinate care.
 - Phone – this should only be used if there is voicemails, text, and quick communications not 1x1's, not intakes, not Bup refill's
 - ER Referral – If you get a referral from the ER

2) Tools: Training Materials & New Staff Orientation

Substance Use Disorders and Stigma

SHAWNA ADKINS, LCSW; DEBRA MONTOYA; DAVID TIAN, MD;
JESSICA WANG, MD; AND DENISE WILLIAMS-TAYLOR, RN

Alameda Health System,
Eastmont Wellness Center

- ❑ Reoccurring training opportunities for staff to sharpen skills, build interest and exposure of the program
- ❑ Ultimate goal to foster sustainability: building these training materials into staff onboarding plans

ATSH Team Story:

Shannon Shaffer-Killey
Operations and
Compliance Manager
West County Health
Centers
&
Provider and Staff
Training

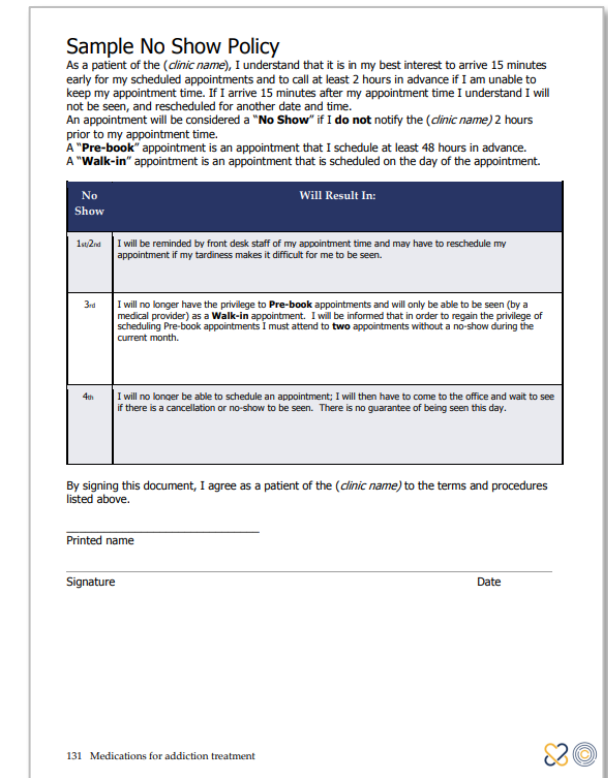
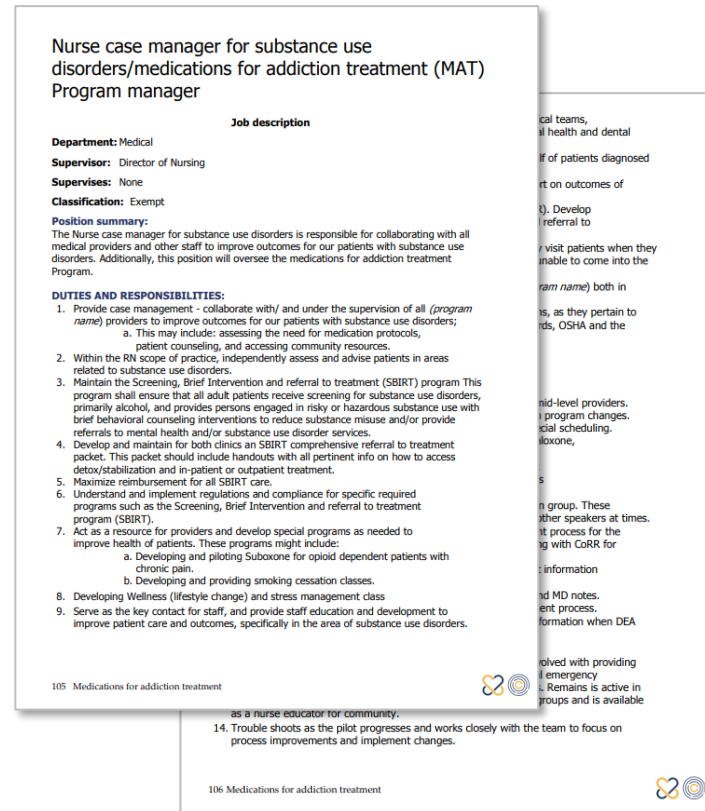


West County Health Centers

Caring for our Communities

a california **health⁺** center

3) Accountability: Formalizing and Updating Job Descriptions & Program Policies



Source: Medications for addiction treatment: Providing best practice care in a primary care clinic. Camden Coalition.

<https://www.nationalcomplex.care/wp-content/uploads/2019/09/Medications-for-addiction-treatment-FINAL-9.20.19.pdf>

ATSH Team Story:

Rheena Pineda, PhD
Behavioral Health
Director
Livingston Community
Health
&
MAT Team Job
Descriptions



3) Accountability: Ongoing Measurement Strategy

Develop a strategy for continued monitoring of select program measures

- ☐ Which measures? Which measure(s) will provide a helpful and timely indicator for how the program is functioning?
- ☐ Is the data collection process standardized/automated?
- ☐ Who is going to monitor this measure(s)? How frequently should this data be pulled and reviewed?
- ☐ If the data is trending in a negative direction, who should be alerted/informed?

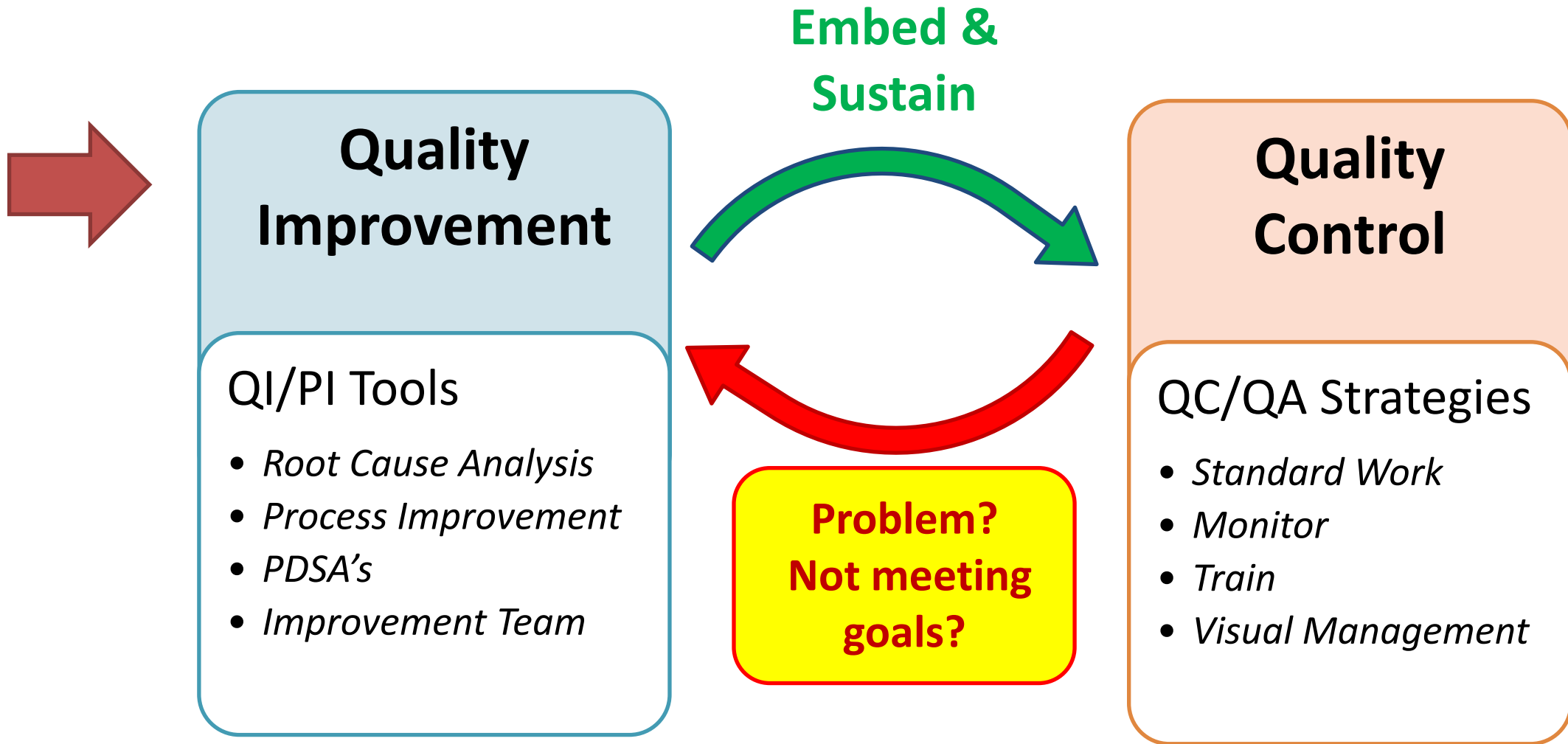
Control Charts



If you see the data trend in a negative direction, it's time to conduct some root cause analysis work to determine what's going wrong

More About Control Charts:

- <https://www.hqontario.ca/portals/0/documents/qi/qi-quality-improve-guide-2012-en.pdf>
- <https://www.isixsigma.com/tools-templates/control-charts/a-guide-to-control-charts/>



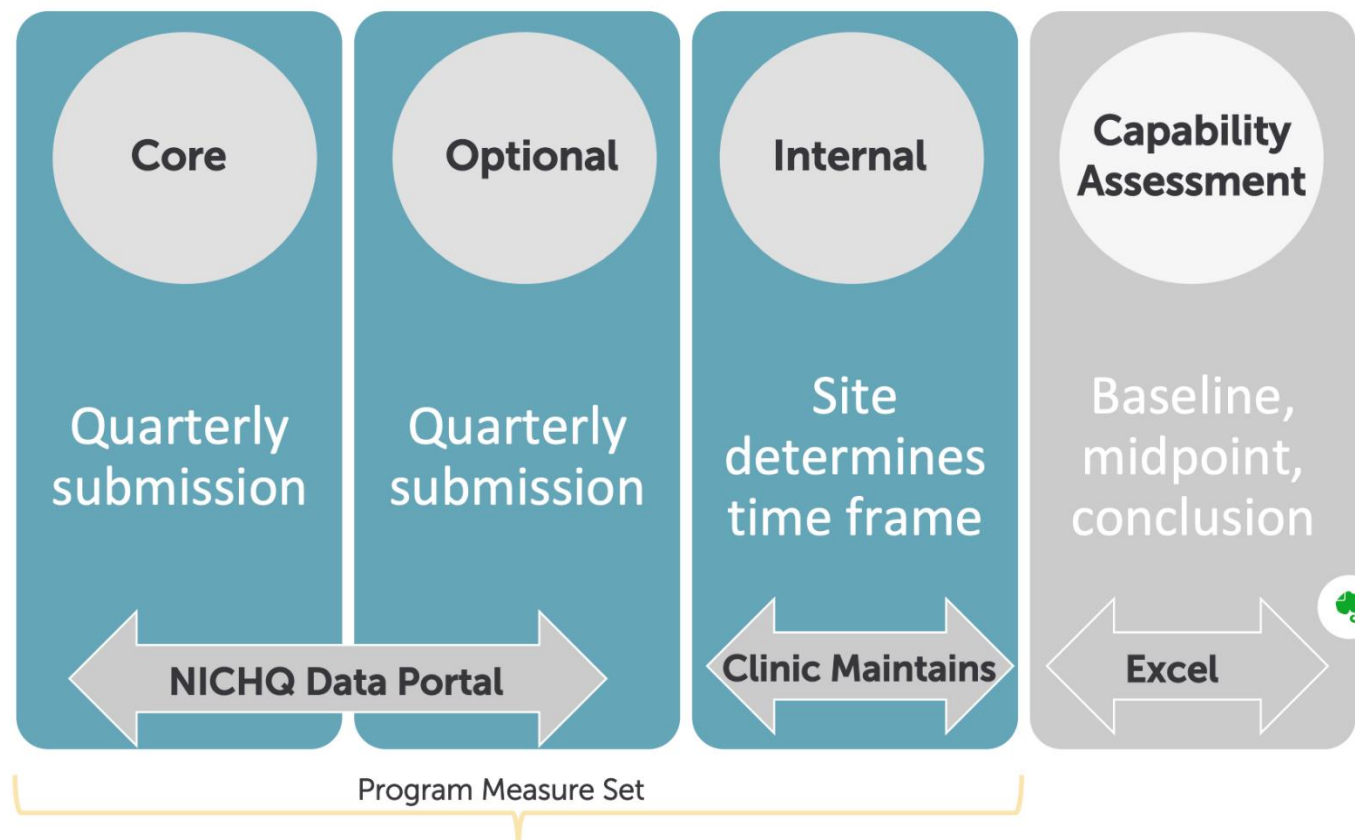
Picking The Right Measure(s) for Longer-Term Monitoring

- **Communication Power** – does the indicator communicate to broad range of audiences?
- **Proxy Power** – Does indicator say something of central importance? And is it a good proxy for other indicators?
- **Data Power** – Is there quality data for this measure that can be collected on a timely, regular basis? And in a way that isn't burdensome for staff to collect?



Based on the [Results-Based Accountability](#) Framework

Which Measures Should We Continue to Track?



Consider identifying a few core measures and internal measures that have solid **Proxy, Data, and Communication Power**

Which Measures Should We Continue to Track?

SAMPLE Ongoing Measures Monitoring Plan

- **Screening:** % of patients screened for Opioid Use.
- **Engagement:** % of patients with 2 follow up visits within 30 days of initial prescription
- **Retention:** % of patients enrolled that adhere to medication/program for 6+ months
- **Internal:** pulse surveys gauging patient and staff experience

Frequency: Collect/Review Monthly through end of 2021, and if all goes well we'll switch to Quarterly collection/review in 2022.

IHQC's Sustainability Checklist

1. Perceived Value
2. Complexity of the Change
3. Measurement, Monitoring, & Feedback
4. Leadership
5. Staff
6. Processes, Equipment, and Technology
7. Organizational Fit
8. Infrastructure for Sustainability
9. External Influences

Individual Activity (5 minutes)

- Consider which of the 9 sections in the sustainability assessment might be challenging for your team and read through those sections.
- Identify 2-3 areas that your team should invest time exploring over the next few weeks to help position your MAT program for longer-term sustainability
- When you're done, type one of those activities into the chat box.

Improvement Project Sustainability Assessment



| Sustainability Factor | Comments/Action Items |
|--|-----------------------|
| 1. Perceived Value <ul style="list-style-type: none"> <input type="checkbox"/> The change was inspired by credible sources (e.g., evidence-based guidelines, leading research entities) <input type="checkbox"/> Pilot outcomes have been collected. Data, staff testimonials, and patient stories help demonstrate the value of the change. <input type="checkbox"/> Staff believe in the benefits of the change and can clearly describe these benefits | |
| 2. Complexity of the Change <ul style="list-style-type: none"> <input type="checkbox"/> The impact on staff has been assessed. Change either has minimal impact on staff workflows and responsibilities, or the pilot team has taken multiple approaches to streamline new processes, reduce variability, and make these new processes staff/user-friendly. <input type="checkbox"/> Adaptability of the change has been determined and shared to staff. Staff have clear understanding of what can/cannot be changed when implementing this initiative | |
| 3. Measurement, Monitoring, and Feedback <ul style="list-style-type: none"> <input type="checkbox"/> This initiative is accompanied by a measurement plan to capture and monitor improvement measures. <input type="checkbox"/> Measurement plan clearly articulates how data will be collected and monitored. Staff are trained in how to collect/track this data. <input type="checkbox"/> There is a feedback system for staff to share progress and challenges. | |
| 4. Leadership <p><i>Senior Executives</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Senior Leadership have established genuine commitment and support for changes <p><i>Managers and Physician Leaders</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Get involved in the change, understand it, and promote it <input type="checkbox"/> Take personal responsibility and allocate sufficient time and resources to ensure the change is sustained <input type="checkbox"/> Are trustworthy, influential, respected and believable <p><i>Pilot Champions</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Project manager(s) and pilot champion(s) are identified and have the requisite passion, time, and commitment to support the change | |

* This tool was adapted from the Sustaining Improved Outcomes Assessment Worksheet Scott Thomas, PhD and Deborah Zahs, MPH (2010); The NHS Sustainability Model (2005); The NHS Quality Improvement Hub's Spread and Sustainability of Quality Improvement in Healthcare toolkit (Health Improvement Scotland, 2014); Kaiser Permanente Spreading for Effectiveness Toolkit (Kaiser Permanente, Care Management Institute, National Performance Improvement, 2010); and the Highly Adoptable Improvement Assessment (Highly Adoptable Improvement, 2015)

- feedback.
- ☐ There is a process in place for staff to provide feedback and escalate/resolve issues

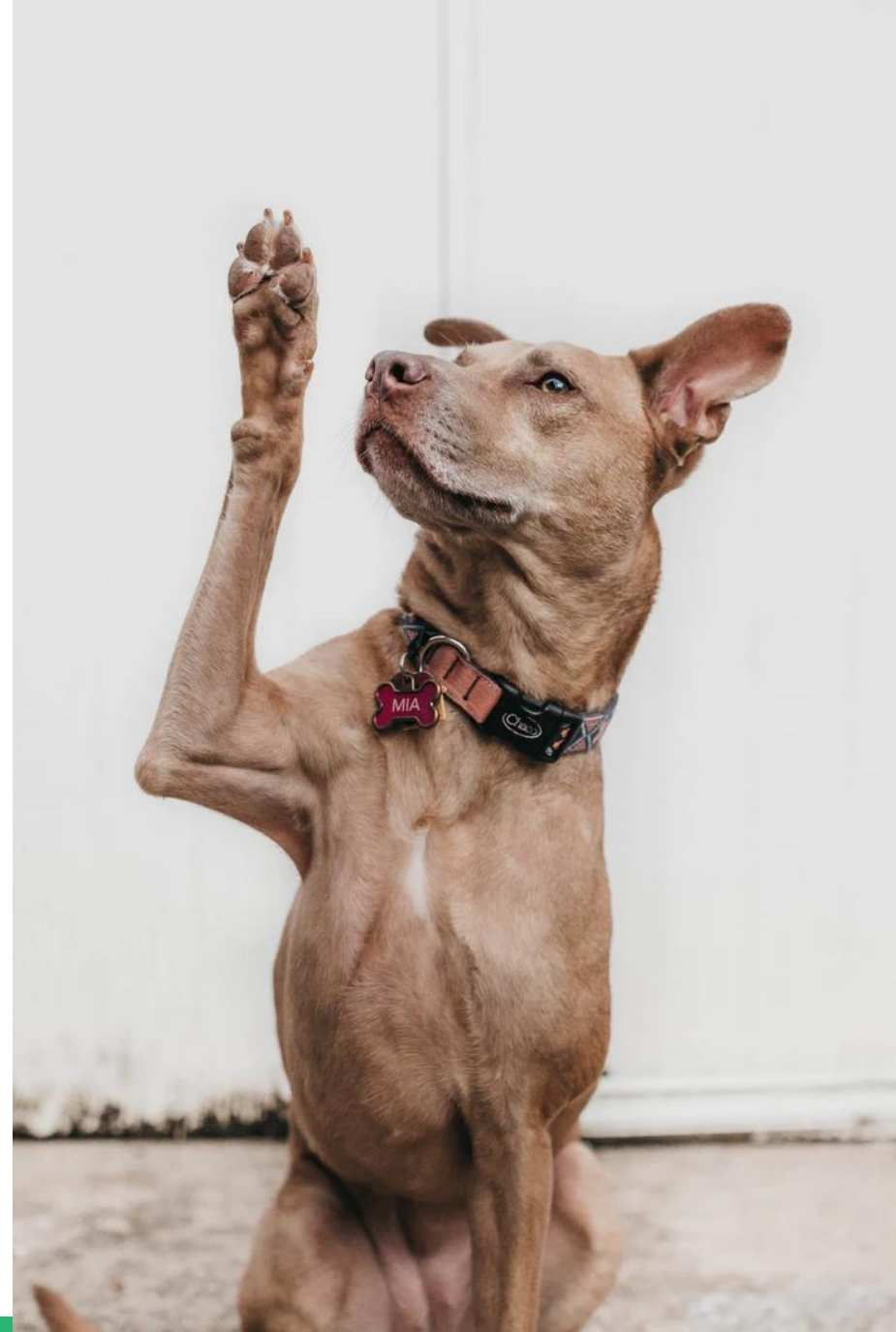
Scale-Up and Sustainability Resources

- IHQC's [Sustainability Assessment](#)
- Spread and Sustainability Toolkit for NHS:
<http://www.qihub.scot.nhs.uk/media/596811/the%20spread%20and%20sustainability%20ofquality%20improvement%20in%20healthcare%20pdf%20.pdf>
- Implementation and Spread Primer from Health Quality Ontario:
<http://www.hqontario.ca/Portals/0/Documents/qi/qi-implementing-and-sustaining-changes-primer-en.pdf>
- Spreading Improvement Primer from Health.org:
<http://www.health.org.uk/sites/health/files/SpreadingImprovementIdeas.pdf>
- Kaiser Permanente Spread Toolkit:
http://ep50.eventpilotadmin.com/doc/clients/IHI/IHI2011/library/M6_presentation_Spreading_Effective_Practices.pdf
- Assessment of Spread Frameworks: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4731989/>

Change Management

- “Made to Stick” and “Switch” by Chip and Dan Heath
- Health Quality Ontario's [Change Management Primer](#)

Questions?





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Poll

1. On a scale of 1-5, please select the number that best represents your overall experience with today's session.



- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

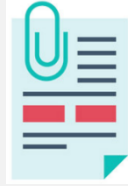
2. Please select the number that best represents your response to the statement:
Today's session was a valuable use of my time



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree



ATSH Coming Attractions



August 31: Final Progress and Financial Reports Due. Endpoint Capability Assessment (IMAT) Due.



September 29: Celebrate & Learn Webinar (11am – 1pm) [Register Here](#)



September 30: Project Conclusion.