

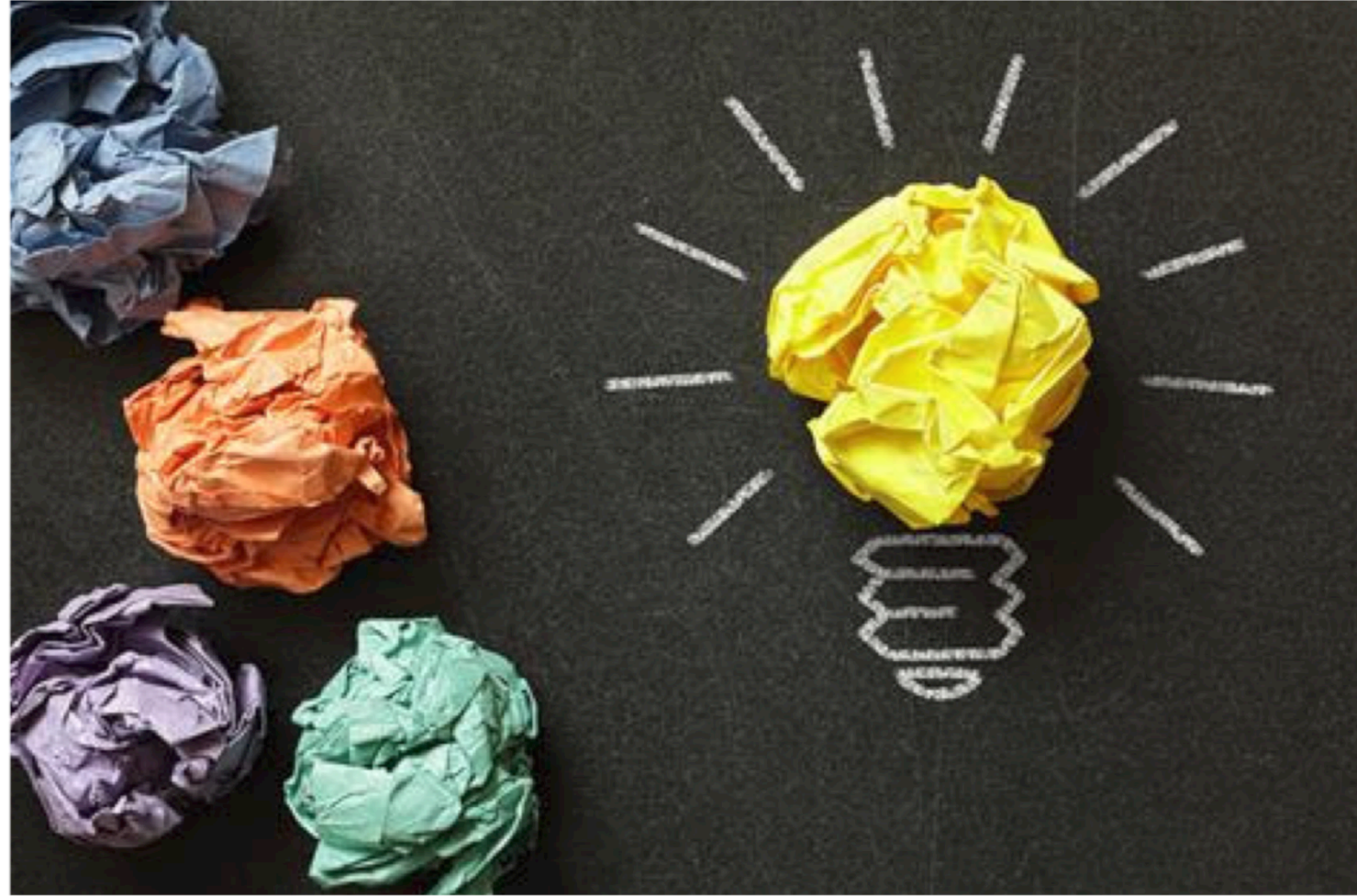
Spreading & Sustaining Population Health Innovations

Dr. Carolyn Shepherd



Spreading and Sustaining PHLN Innovations

It's not the
innovation
that matters
most...

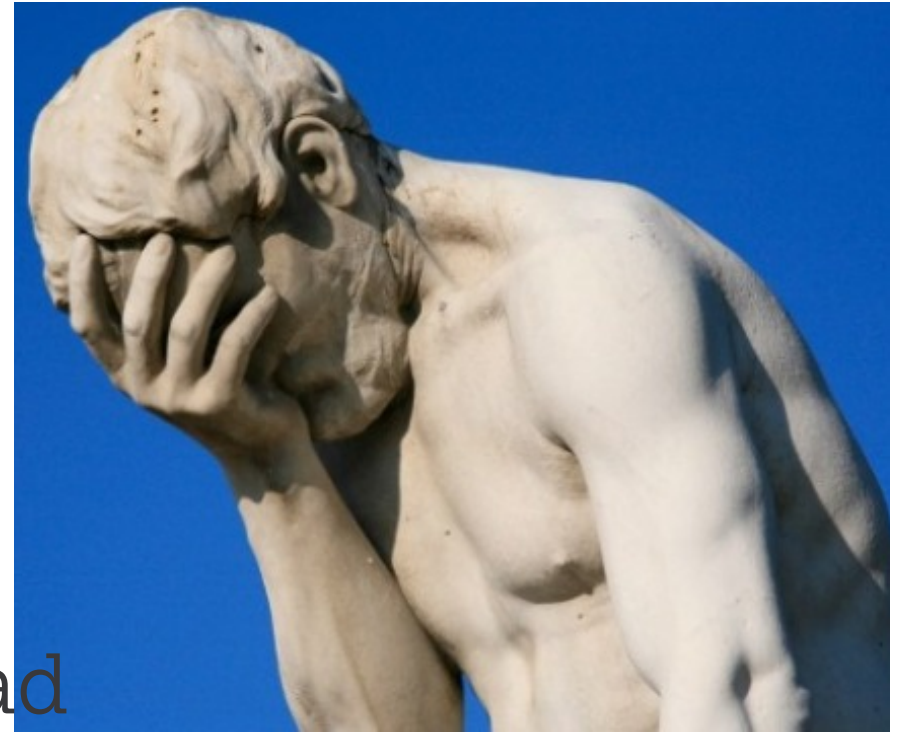


...it's what
happens
after the
innovation.

Dr. Rob Reid,
SNMHI, Univ of
Toronto

What's the Problem?

- Innovation project too big
- Driven by one zealot
- Expect heroics
- Fail to test at scale
- No process reliability
- Require innovators to spread
- Stop checking the measures

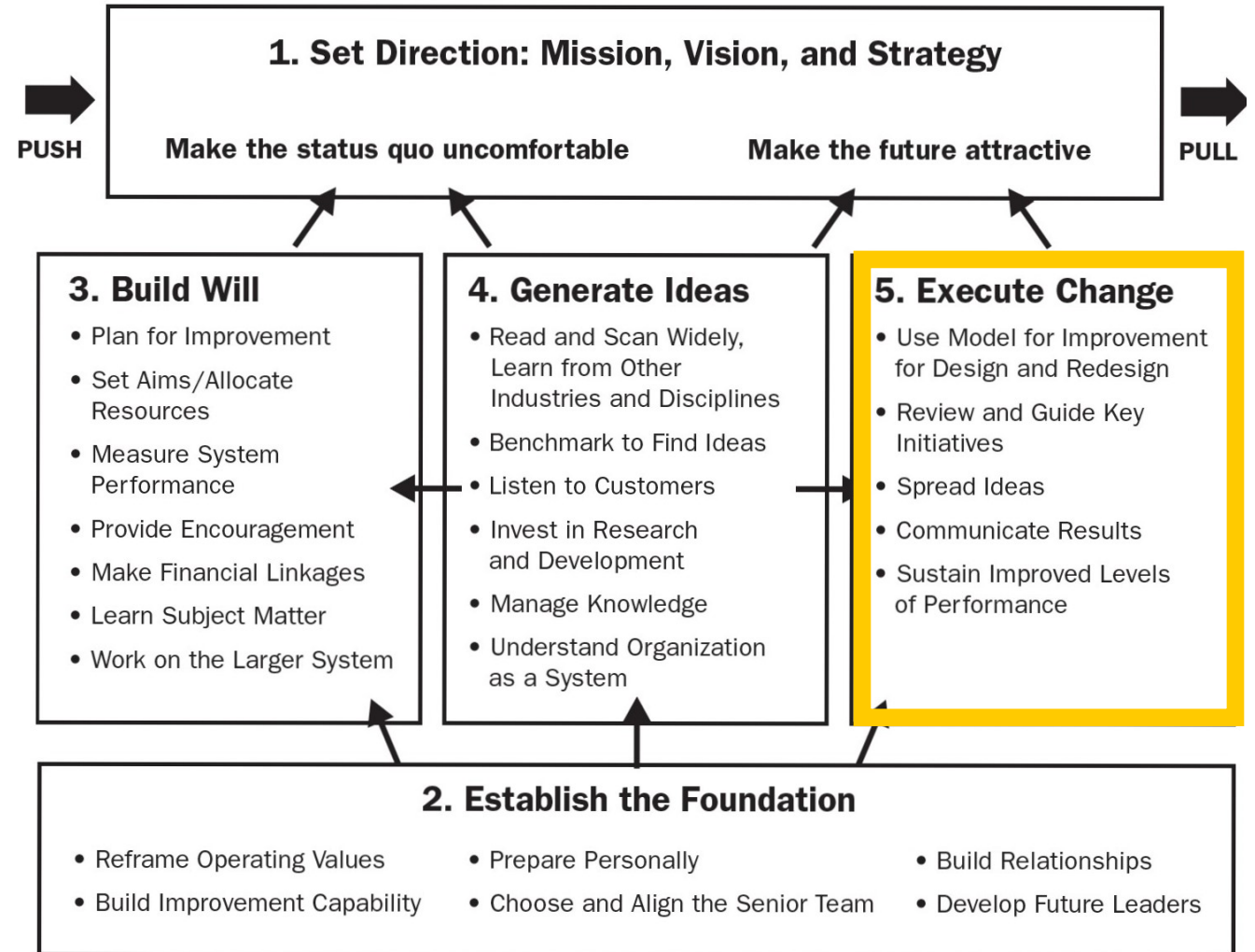


Adapted from: Lloyd R. Applying the Science of Improvement to Daily Work. Chicago: HRET; 2012.

What Happens After?

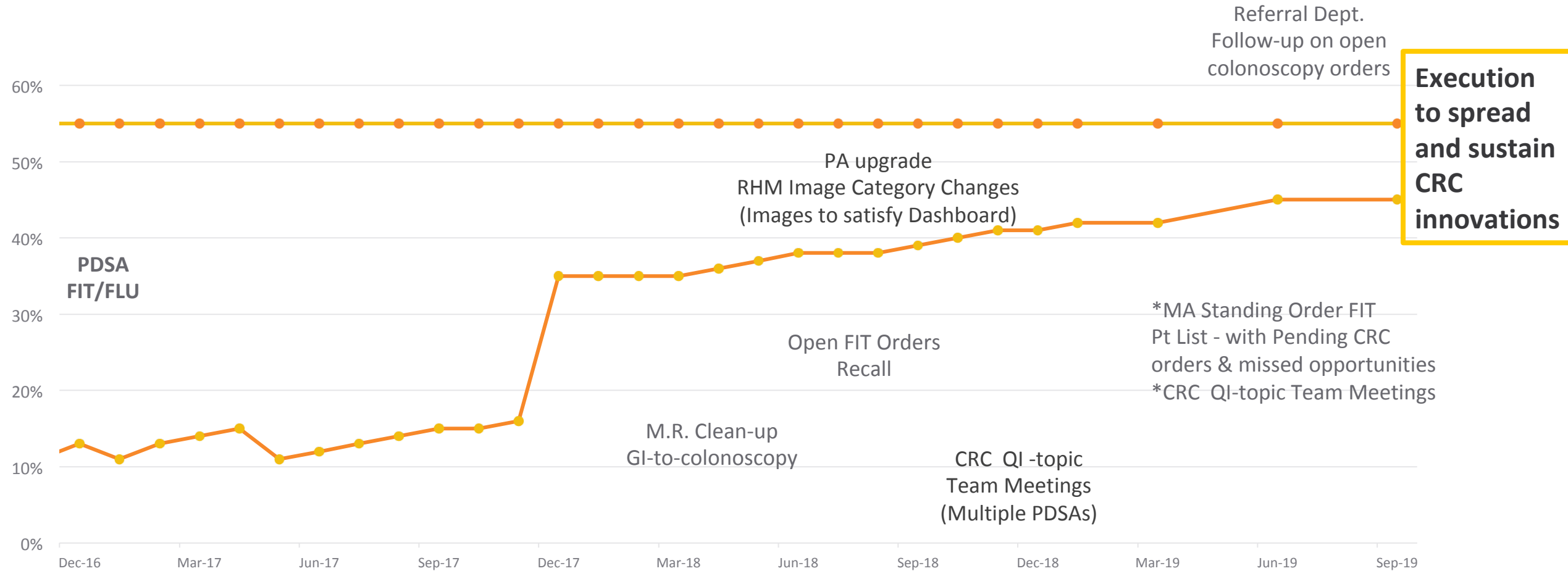
1. Set Direction
2. Establish the Foundation
3. Will
4. Ideas
5. Execution

IHI Leadership Framework for Improvement



Salud Para La Gente

Colorectal Cancer Screening



Key Execution Domains

Communication

- Vision, information gathering and sharing, networking

Infrastructure

- Policies, processes, resources like staffing, space , equipment

Measurement

- Adoption, sustaining and re-evaluation

Leadership

- Formal leaders and informal leaders

Who Leads on Spreading and Sustaining Innovations?



Executive
Leadership

**Strategic
Spread and
Sustaining**



Management
Leadership

**Tactical
Spread**

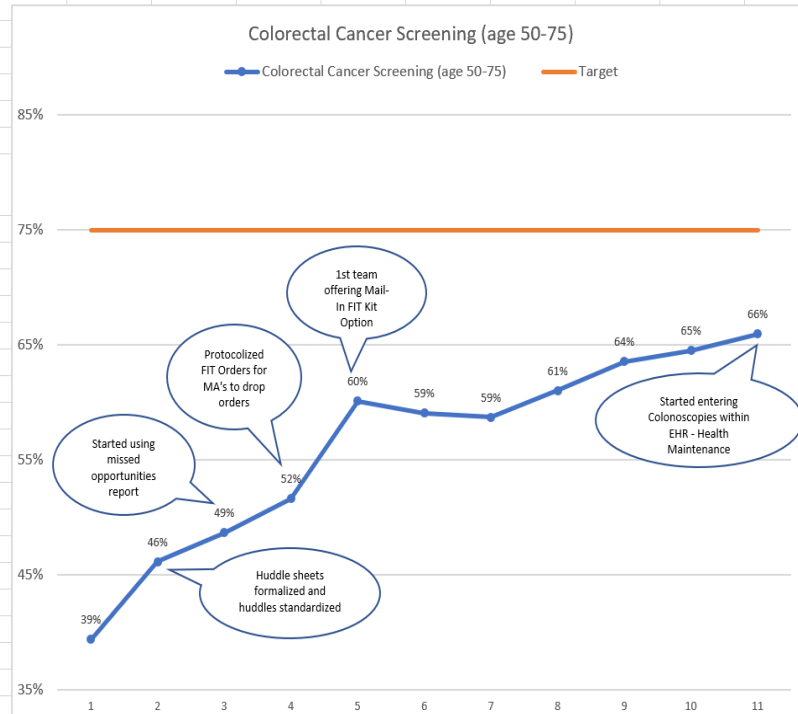


Team
Leadership

LA LGBT Colon Cancer Screening Rates

Planning for Spread and Sustaining Improvements

Population Health Learning Network (PHLN) Year 2
Los Angeles LGBT Center - Project Measures



Key Activity/Milestone

- 1 All new staff recruited (LVN Coordinators, Flow Facilitator)
- 2 Core Clinical Care Model (CCCM) new team roles implemented
- 3 Huddle tool and missed opp report report in use
- 4 Implemented standing protocols for MA's to discuss and drop in FIT KIT orders.
- 5 Implemented FIT KIT Mail in Option - 1 Team
- 6 Conducted a pilot to do follow up calls instead of a text reminder to all our patients who received a FIT KIT and had not returned it.
- 7 Pilot Text Reminders Post receiving Fit Kit
- 8 Pilot mail CRS FIT Kits to patients that do not have an upcoming clinic visit
- 9 Implement the Mail-In Fit Kit option for patients - with 2 additional teams
- 10 Pilot Nurse Manager entering Colonoscopy results into Health maintenance within EHR
- 11 Implement the Mail-In FIT Kit option for patients - with all teams

Monthly tracking strongly encouraged! Monthly tracking strongly encouraged!

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
1	NS	NS	NS	IP	IP	C					
2	NS	NS	NS	C							
3	NS	IP	IP	IP	C						
4	NS	IP	IP	C							
5	NS	NS	NS	NS	IP	IP	IP	C			
6	NS	NS	NS	NS	IP	IP	IP	C			
7	NS	NS	NS	NS	IP	IP	IP	IP	C		
8	NS	NS	NS	NS	NS	NS	NS	NS	IP	IP	IP
9	NS	NS	NS	NS	NS	NS	NS	NS	NS	IP	IP
10	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	IP
11	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

MILESTONE STATUS KEY:

NS=Not started, IP=In process, C=Complete

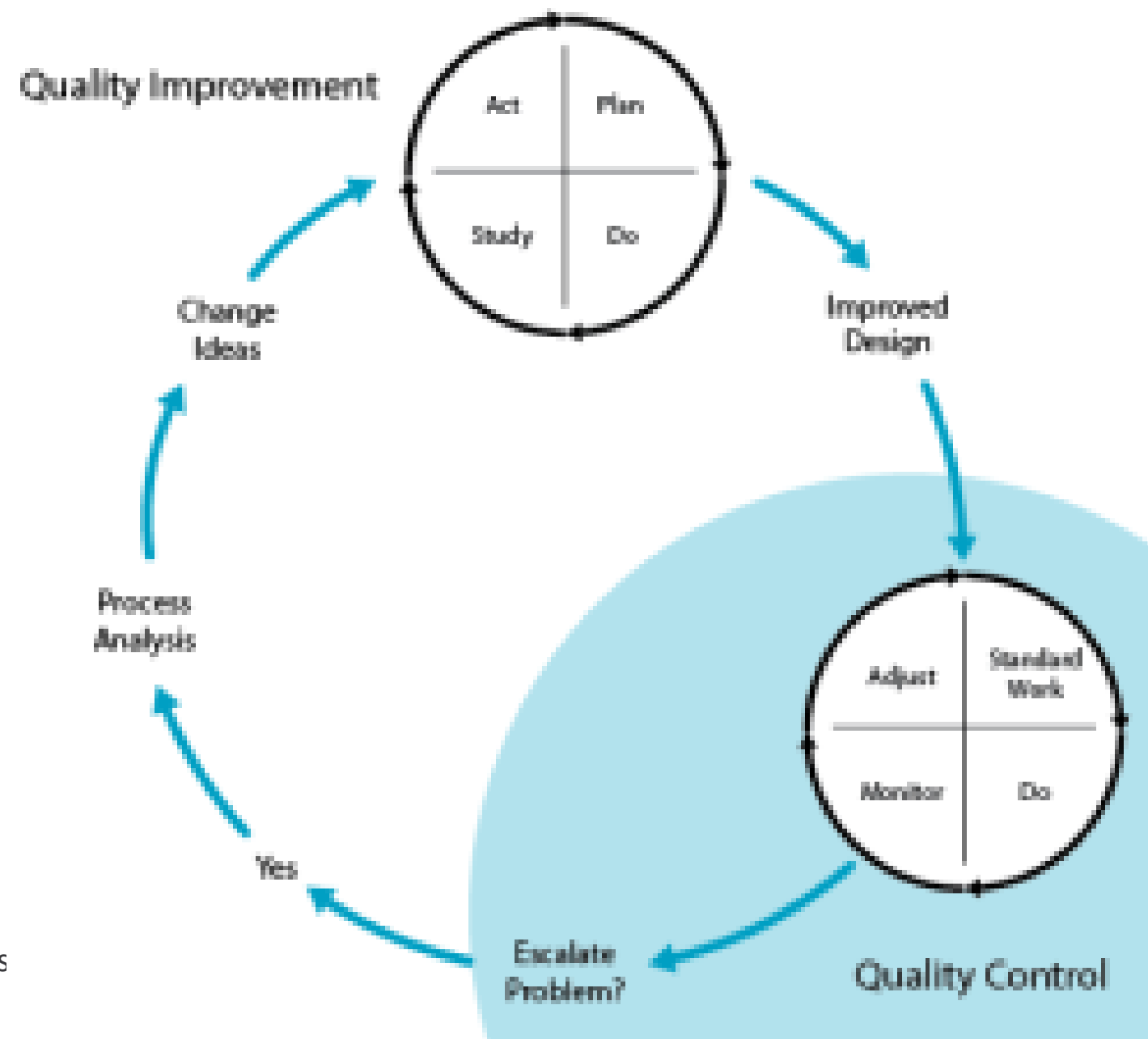
NS IP IP C

PROCESS METRIC

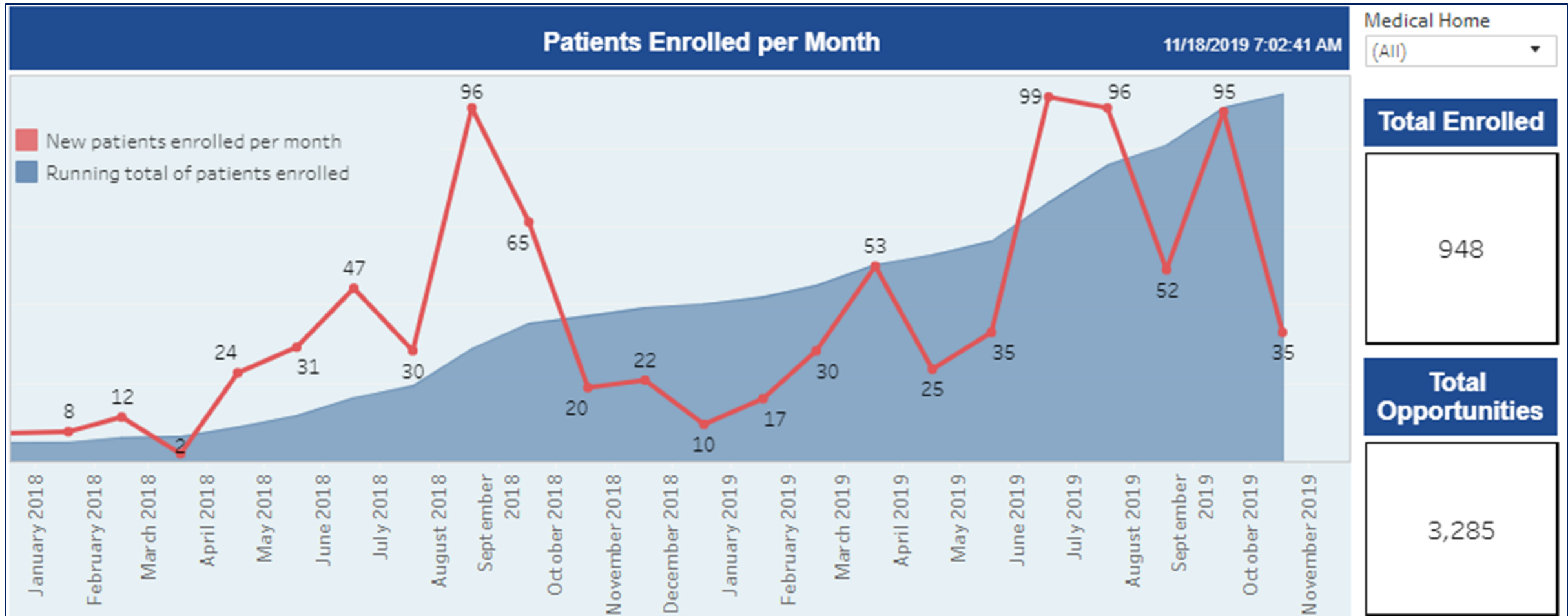
1 # Patients who got CRS via Fit Kit with mail in option (age 50-75)	0	0	0	0	6	20	11	18	13	28	17
# Patients who returned their Fit Kit via mail in option (age 50-75)	0	0	0	0	3	14	4	7	7	11	6
# Patients who returned their Fit Kit via mail in option after 1 F/U Call (age 50-75)	0	0	0	0	0	0	6	0	0	0	0
% Rate of CRCS Achieved with Mail in Option	0%	0%	0%	0%	50%	70%	90%	39%	54%	39%	35%

IHI- From Improving to Sustaining

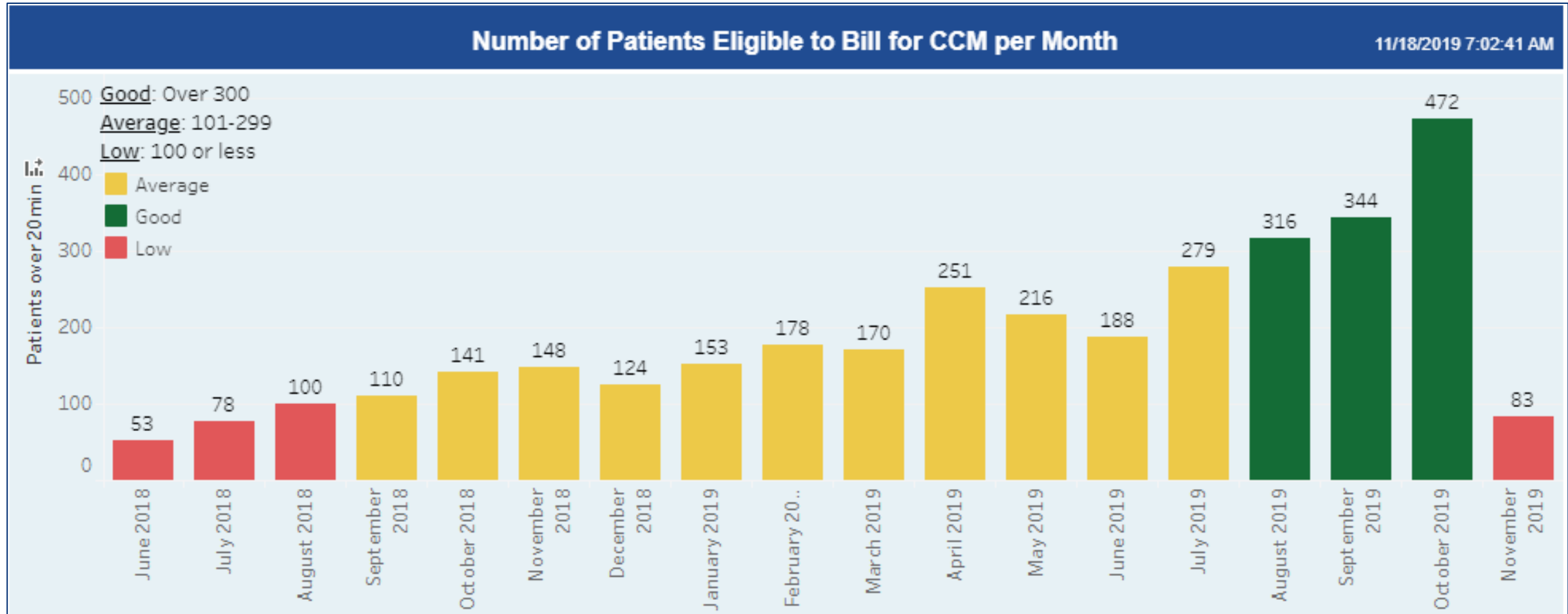
Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts Institute for Healthcare Improvement; 2016.



PHLN Aim Enroll 1000 by 12/31/19



Quality Control Tool for Quality Control



Execute!

Communication

Infrastructure

Measurement

Leadership



It's not the innovation that matters most, it's how effectively you sustain and spread the innovation.

Sustaining PHLN Innovations-Monitoring Key Organizational Areas

Key Area	Questions to uncover possible conflicts	Yes or No	Possible actions:
Work design and infrastructure	• Are clear roles and responsibilities explicit and aligned with the new PHLN processes?		
	• Are the roles and responsibilities flexible enough to allow people to adjust to the new ways of doing things?		
	• Does the work environment infrastructure encourage sustaining the change?		
Demands from managers	• Are the new PHLN expectations clear to managers?		
	• Do they understand what's new, changed or not required anymore?		
	• Are they clear about their boundaries?		
Performance measurement	• Do performance measures track desired PHLN behaviors?		
Recognition systems	• What gets noticed by leaders and influencers in the organization?		
	• What gets mentioned in formal and informal situations?		
	• On what achievements and conditions are promotions based?		
	• Do employees value current means of recognition?		
Goal setting	• Are individual goals consistent with overall PHLN objectives?		
Skills and competencies	• What new skills and competencies are needed for PHLN innovations?		
	• What skills and competencies are now redundant?		
Management systems	• Do management systems measure the elements of PHLN innovation we wish to pay attention to?		
	• Have new processes been introduced? How will they be measured?		
Communication processes	• What new information and feedback needs to circulate freely?		
Relationships	• Is the new PHLN working environment creating new patterns of interaction among individuals and departments? How can these be supported?		
Leadership	• Does leadership continue to support and communicate the urgency for the PHLN changes?		

Adapted from: The Heart of Change Field Guide Dan S. Cohen

For more information...

1. Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.
<http://www.ihl.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx>
2. Nolan T. *Execution of Strategic Improvement Initiatives to Produce System- Level Results*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2007.
www.ihl.org/resources/Pages/IHIWhitePapers/ExecutionofStrategicImprovementInitiativesWhitePaper.aspx
3. Phillips J, Hebish LJ, Mann S, Ching JM, Blackmore CC. Engaging frontline leaders and staff in real-time improvement. *Joint Commission Journal on Quality and Patient Safety*. 2016 Apr;42(4):170-183.
4. Swenson S, Pugh M, McMullan C, Kabcenell A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2013. www.ihl.org/resources/Pages/IHIWhitePapers/HighImpactLeadership.aspx
5. Hayes CW, Batalden PB, Goldmann D. A “work smarter, not harder” approach to improving healthcare quality. *BMJ Quality and Safety*. 2015 Feb;24(2):100-102.
6. Kotter, John P. 2012 *Leading Change*. Boston, MA: Harvard Business Review Press