Maximize the Potential to Sustain Your Improvement

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Disclosures

Dr Lynne Maher- Nothing to disclose

Professor David Gustafson- Nothing to disclose
Objectives for the session

By the end of the session you will be able to:

• Identify and understand the key factors that affect sustainability of improvement
• Assess your own improvement project identifying the areas which are most in need of action to increase the likelihood of sustainability
• Implement sustainable change within your own organisation

Plan for this section of the session

• Share with you our learning on Sustainability
• Provide an overview of the evidence base that was used to develop the NHS Sustainability Model
• You use the Model to score assess your current improvement initiatives
Language, words and phrases

We will try to be clear
Stop us if we are not
We know there are differences between American and English versions
For example……
  Trolley ‘v’ Gurney
  Process ‘v’ Process………and
  PDSA ‘v’ …………………
Sustainability

‘Holding the gains and evolving as required, definitely not going back to the old way’

Context

- Organisations of today live in a changing environment
- Today we have an imperative to increase quality, improve patient experience and reduce cost.
- Improvement initiatives have demonstrated benefits for patients, staff and organisations
- There is a massive challenge in spreading this good work and ‘holding the gains’ of improvements
Our improvement frustrations…….

- The “islands of improvement effect” (lack of spread/dissemination)

- The “improvement evaporation effect” (lack of sustainability)

What is Meant By Sustainability and Spread?

- **Sustainability** means holding the gains and evolving as required, definitely not going back

- **Spread** means that the learning which takes place in any part of the organisation is actively shared and acted upon by all parts of the organisation

- **Resulting in** improvement knowledge that is generated anywhere in the system becoming common knowledge across the system leading to improvement action.

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Table Task

1) Think about any change that you have been involved in or have witnessed that has sustained over time

Make a list of the factors that you think contributed to that success

2) Think about a change that you have been involved in or have witnessed that has not sustained over time

Make a list of the factors that you think contributed to that none sustainability

Evaluation of Improvement Initiatives in England showed:

- In England we found that around 33% of improvement projects had reverted to their previous way of working when evaluated 1 year after the project had formally ended.
- Around 33% had maintained the improvement but it had not been adopted by others in the organisation.
- Around 33% had maintained the gain and there was evidence of adoption out side of the core change area.
Are these frustrations unique to the NHS?

- PriceWaterhouseCoopers surveyed 200 leading companies (Global)
  - They ran a total of 10,640 projects per year
  - Only 2.5% (254) delivered the desired business benefits
  - Source: Boosting Business Performance through programme and Project

- There is considerable evidence of high failure rate in projects sustaining their efforts (as much as 70%)  
  Daft & Noe 2000

- Within Fortune 100 companies success rates of projects reported to be between 20% & 50% (Strubel 1996)

Key Learning from UK improvement projects

- Sustainability is the result of effective preparation and implementation.

- Sustainability will not ‘just happen’; you need to plan for it.

  “Improvement programmes will only succeed if the same effort is put into their sustainability as their launch”.

Health Service Management Centre 2002

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Key Learning – Winners and losers

- Improvement projects will not work unless clinicians can be persuaded to take part

Where there are powerful ‘winners’ from change, sustainability may be high, but not where there are powerful ‘losers’. (Plant 1995)

Key Learning – Influence

I think the moral of the story is that it isn't influencing the medical person, you may have to influence their support staff, who in turn will influence the medical person’ (Lead Consultant)

"You see, the secretary can then influence the decision of the consultant, because the consultant needs to keep the secretary sweet” (Lead consultant)
Key Learning - Leadership

There is an optimal leadership triangle (Ham 2001, MA 2003)

Key Learning - consider the Rogers curve

Starting with enthusiasts is a good way of making progress but those at the far end of Rogers curve will help you to understand what can go wrong. They will essentially help you to develop your risk assessment so do not ignore them!
Laggards- table task

“Describe an area in your life where ‘you’ are a laggard. Something that most other people have or do, but not you!”

Work in twos or threes and explain your reason

Key Learning - staff must be able to see that ‘they’ will benefit (WIIFM) if the scepticism is to be tackled

“The all-too-common consequences of poor employee engagement during change programmes - the reduced magnitude of the benefits achieved, drawn-out timescales for their achievement, and the failure to sustain them beyond the immediate implementation phase - should be compelling enough to encourage the adoption of a bold new approach.”

(Corven Consulting, 2005)
What is in it for patients, for the organisation and what is in it for me?

Staff must be able to see that ‘they’ will benefit (WIIFM) if scepticism is to be tackled.

Creating Attraction for Change

‘It’s about people and relationships’

• The concept of “resistance to change” is negative and emotionally draining
• We all change naturally; at our own pace with our own rationale
• Stop speaking of “us” and “them”
• Think about how you can make your change more naturally attractive to others.
Reality - changing individual behaviour

“In order to adopt an idea you need to be attracted”

Throwing a Rock or a Bird?

Source: Paul Plsek, based on Richard Dawkins

Paul Plsek
Throwing a Rock or a Bird?
“In order to adopt an idea you need to be attracted”

Source: Paul Plsek, based on Richard Dawkins
How can we create attraction which results in behaviour change?

“Undervaluing and under investing in the human side of innovation is a common mistake”

(Moss Kanter 2006)
Key Learning

“Give high priority to organisational development”

“Fundamentally, no amount of guidance, support, hectoring or cajoling can substitute for the lack of capability and understanding of the need to reshape the provision of health care services”
Every profession has a different leg on it.

- **Influentials and the Intervention (Rogers)**

- **Welcoming environment (PPM)**

- **Processes (NIATx)**

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**The NIATx Story**

- Pretty successful
  - “We got NIATx’d”
  - Over 3200 SUD organizations in US have “adopted” it.
  - NIATx being institutionalized
  - Led to some pretty interesting changes
    - Eliminate appointments
    - Use technology

- **How did it happen?**
- **Take home messages?**
Stages of the Story

- Preparation
- Problem exploration
- Solution exploration
- Solution development
- Adaptation
- Dissemination and sustainability

Prepare

- Visionaries – Victor Capoccia; Fran Cotter
- RWJF and Feds funded
  - Program office of outsiders (U of Wisconsin)
  - Name (Paths to Recovery)
- Marketing
Take home messages

- Support from opinion leaders
- Start up funds w incentives to join
- Market
- Outsider as change leader
- Walk the talk

Problem Exploration

- Walk through (I got admitted)
- Thru site visits we saw agencies first hand
- Created stories and got attention
- Set key goals
  - Reduce time to treatment
  - Increase admissions
  - Patients stay in treatment
Take home messages

Personally experience the problems
Walk through

Stick to a few simple, precise goals

Solution Exploration

Reach outside the field

- Literature review
  - Deeply know your customer
  - Buy into CEO; not CEO buy-in
  - Ideas from outside the field
  - Rapid cycle change
  - Influential change leader

- Outside leaders ID promising practices
  - McDonalds:
    - Two customers; 5 menu items; Fast
  - Mass Communication scientists:
    - Return next time (not whole season)
Take home message

Reach outside the field for ideas

- Analogous problems in other fields
- Find best organization in that field
- What makes them so good.

Solution Development

- Create simple change model
  - Walk through (personally experience)
  - Few aims and measures
  - Fast small changes
  - Coach and learning sessions
- Create Demo Program
  - Day long promotional meetings
  - Small grants
    - Walk through and report
    - Change something in 3 weeks
Take home message

- One simple measure
- Rapid, Cycles testing

Solution adaptation and support

- Tried on ten agencies
- External evaluator interviewed agencies
- Modified our model
  - Not enough cycles
  - Projects too complex
  - Measures too complex
- Had second round of new agencies
Take home message

Seek and celebrate criticism

Force field analysis

More Tests

- Many more demonstrations (200 more sites)
  - Federally sponsored program
  - State led programs
  - Move from administrative to clinical practices (EBPs)
  - With and without financial incentives
- Cadre of coaches
- Change leader academies
- Randomized trial
  - Establish scientific validity
  - Coaching is key
Take home messages

- Must test under multiple conditions
- External evaluator builds credibility
- Continued support from sponsor

Dissemination

- Market the results
  - Annual meeting
  - Trade & scholarly publications & presentations
- Campaign
  - Theme - 55,000 lives (by using NIATx)
- Continued improvement
  - Essential ingredients study (N200)
  - Tool creation
Take home message

Market, Market, Market

OCM tool

Simplicity

Sustainability

- One person in charge - K Johnson
- Continued financial support
- ATTC national coordinating office
  - 14 ATTC programs.
  - Spread evidence based practices.
- Continued Innovation
  - Smart phone - ACHESS and Seva
  - Computerized dissemination system
Take home message

Fit it into an existing program

Innovate & sustain at same time.

Ahah’s of System Change

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Simple aim</th>
<th>Very few simple measures</th>
<th>Simplicity in general</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Committed team</td>
<td>Influential change leader</td>
<td>Help the senior leaders</td>
</tr>
<tr>
<td>Prob Exploration</td>
<td>Nominal Group Technique</td>
<td>Personally experience</td>
<td>Make staff lives better</td>
</tr>
<tr>
<td>SoI'n Exploration</td>
<td>Essential ingredients</td>
<td>Why, Why . . . How, How</td>
<td>The best from outside</td>
</tr>
<tr>
<td>Solution</td>
<td>It is a family disease</td>
<td>Ideal systems</td>
<td>Improve customer lives</td>
</tr>
<tr>
<td>Development</td>
<td>Very little training needed</td>
<td></td>
<td>What could ever go wrong</td>
</tr>
<tr>
<td>Solution</td>
<td>Seek/celebrate criticism</td>
<td>Strengths/modifications</td>
<td>Rapid testing &amp; adaption</td>
</tr>
<tr>
<td>Adaptation</td>
<td>Get reactions early on</td>
<td>ID &amp; work w opinion Ldrs</td>
<td>Outside experts endorse</td>
</tr>
<tr>
<td>Implementation</td>
<td>Sustainability leader</td>
<td>Five levers</td>
<td>Market, Market, Market</td>
</tr>
</tbody>
</table>

The Center for Health Enhancement Systems Studies
UNIVERSITY OF WISCONSIN-MADISON
The NHS Sustainability Model

Core Areas and Factors

- Credibility of Evidence
- Monitoring Progress
- Adaptability
- Benefits
- Infrastructure
- Fit with Goals and Culture
- Senior Leaders
- Clinical Leaders
- Attitudes
- Training and Involvement

For further details on the Sustainability Model please refer to the link below:

Source: NHS Institute Sustainability Assessment
• Blue points represent maximum possible numerical score attached to each of the ten factors.

• Pink points represent score assigned by the assessment team to each of the ten factors for a specific project.

• The gap between blue and pink points shows the improvement potential for each of the ten Factors.
How to include Sustainability into your improvement initiative

The NHS Sustain\textit{ability} Model

Maher, Gustafson, Evans 2003

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1) Fördelar utöver patientnyttan
Innebär förändringen, utöver patientnyttan, en minskning av resursslöseri, dubbelarbete och extrainsatser? Innebär den effektiviserade processer; får den saker att fungera smidigare? Märker medarbetarna någon skillnad i sitt dagliga arbete?

a) Den förbättrar effektiviteten och gör arbetsuppgifterna lättare

b) Den förbättrar effektiviteten men gör inte arbetsuppgifterna lättare

c) Den gör arbetsuppgifterna lättare men förbättrar inte effektivitet

d) Den varken förbättrar effektiviteten eller gör arbetsuppgifterna lättare
Where else is the NHS Sustainability Model and Guide being used?

- Norwegian & Danish Improvement Agencies
- Health Systems in Canada (Toronto & Ontario)
- Health systems in New Zealand
- Health Systems in USA
  - Improvement in Addiction Services
  - Improvement in nursing care homes
  - Cincinnati Children’s Hospital
  - Institute for Healthcare Improvement (IHI)
- In the UK-England, Scotland and Wales
  - By the NHS Institute
  - Local & Community Improvement work

“All models are wrong but some are useful”
W Deming
Goal: Develop an easy to use tool to help health service improvement teams:

- Identify & understand key barriers to sustainability for their specific situation
- Know what they can do to overcome those barriers
- Enable teams to monitor progress toward sustainability over time

Sustainability Model Development

Extensive involvement of practical & theoretical experts in change to:
- Identify factors—literature search, panels of experts, improvement leaders in front line positions
- Rate factor importance—over 250 improvement leaders working in front line positions: Bayesian Modeling creating a weighted score system
- Test the model for theoretical robustness
- Test the model practically
- Recommend intervention strategies
- Formally evaluate ‘usefulness’ of model and intervention strategies


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How to use the Model

- Designed for use at the beginning and throughout your improvement project
- Designed for use at the level of a specific planned, or ongoing improvement project
- Not designed to assess whether a department with multiple projects, whole organisation or health community is likely to sustain change in general
- Can be used as a ‘diagnostic’ for the project lead
- Is much better if multiple members of the team use it
- The score is useful, the insight and ensuing conversation from the whole team scores is extremely valuable

How to apply the model

- Identify the factor level best describing your situation.
- Do this for each factor
- Add scores across all 10 factors
- Look at the total score

<table>
<thead>
<tr>
<th>Factor</th>
<th>Score</th>
<th>Factor Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits beyond helping patients.</td>
<td>8.5</td>
<td>Has a wide range of benefits e.g. reducing waste, creating efficiency…</td>
</tr>
<tr>
<td></td>
<td>4.7</td>
<td>Some additional benefits but not a wide range……</td>
</tr>
<tr>
<td></td>
<td>4.0</td>
<td>Only one or two additional benefits…</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Benefits only articulated as directly relating to patients.</td>
</tr>
</tbody>
</table>
The potential for performance improvement

Weighted score system

Adaptability of improved process
Benefits beyond helping patients
Clinical Leadership engagement
Credibility of the benefits
Effectiveness of systems to monitor progress
Infrastructural fit with the org's strategic aims and culture
Senior leadership engagement
Staff behaviours toward sustaining change
Staff involvement & training to sustain the process

The NHS Sustainability Model

Table Task

As we go through the Sustainability Model

1) Think about your project
2) Select (put a tick or cross in the box) the most relevant factor level
Benefits beyond helping patients

- In addition to helping patients, are there other benefits?
- For example, does the change reduce waste, duplication and/or added effort?
- Will it make things run more smoothly?
- Will staff notice a difference in their daily working lives?

Credibility of the benefits

- Are the benefits to patients, staff and the organisation visible?
- Do staff believe in the benefits?
- Can all staff clearly describe the full range of benefits?
- Is there evidence that this type of change has been achieved elsewhere?
Adaptability of improved process

- Can the new process overcome internal pressures or will this disrupt the change?
- Does the change continue to meet ongoing needs effectively?
- Does the change rely on a specific individual or group of people, technology, finance etc to keep it going?
- Can it keep going when these are removed?

Effectiveness of the system to monitor progress

- Does the change require special monitoring systems to identify and continually measure improvement?
- Is there a feedback system to reinforce benefits and progress and initiate new or further action?
- Are mechanisms in place to continue to monitor progress beyond the formal life of the project?
- Are the results of the change communicated to patients, staff, the organisation and other relevant stakeholders?
“what matters more than raw data is our ability to place these facts in context and deliver them with emotional impact”
Daniel Pink – A whole new mind 2008

“the point is to emphasize that each of the cases involved an actual human being. Describing them as a percentage would dehumanize the physical impact on a real person, someone’s mother, father, sister, or brother”
Paul Levy CEO 2008

Staff

Staff involvement and training to sustain the process

• Do staff play a part in innovation, design and implementation of the change?
• Have they used their ideas to inform the change process from the very beginning?
• Is there a training and development infrastructure to identify gaps in skills and knowledge and are staff trained to take the change/new way of working forward?
Staff behaviours towards sustaining the change

- Are staff encouraged and able to express their ideas throughout the project and is their input taken on board?
- Do staff think that the change is a better way of doing things that they want to preserve for the future?
- Are staff trained and empowered to run small-scale tests (PDSA) based on their ideas, to see if additional improvements should be recommended?

Change is inevitable; success is not, leadership is vital.

“Many leaders are quick to step forward as enthusiastic sponsors of change without really understanding what the role demands”
Senior leadership engagement

- Are the senior leaders trustworthy, influential, respected and believable?
- Are they involved in the initiative, do they understand it and do they promote it?
- Are they respected by their peers and can they influence others to get on board?
- Are they taking personal responsibility and are they giving time to help ensure the change is sustained?

Clinical leadership engagement

- Are the clinical leaders trustworthy, influential, respected and believable?
- Are they involved in the initiative, do they understand it and do they promote it?
- Are they respected by their peers and can they influence others to get on board?
- Are they taking personal responsibility and are they giving time to help ensure the change is sustained?
Fit with the organisation’s strategic aims and culture

- Are the goals of the change clear and shared?
- Are they clearly contributing to the overall organisational strategic aims.
- Is improvement important to the organisation and its leadership?
- Has the organisation successfully sustained improvement in the past?

Infrastructure for sustainability

- Are the staff competent in the new way of doing things?
- Are there enough facilities and equipment to support the new process?
- Are new requirements built into job descriptions?
- Are there policies and procedures supporting the new way of working?
- Is there a communication system in place?
Table Task

6 minutes
1) Go to the Master Score System
2) Calculate your total scores
3) Create your score system bar chart

Scores

• If your overall score is 55 or higher there is reason for optimism

• If your score is below 35, we usually advise that you suspend the project and concentrate on improving the likelihood that it will sustain

• For all; work on improving the two factors that have the biggest potential

• Re score in about 6-8 weeks

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You should now have a completed graph, this shows the potential for improvement.

Table Task

- Using your graph
- Identify the two factors which are of greatest concern - where your actual score is a long way from the potential score. These are the areas that will require work.
- Identify the two factors which are the most positive – where your actual score is nearest to the potential score. These are the areas you should celebrate, maintain and learn from.
Stand up……………………

Move away from your table!
Take your graph and find people with a high score in an area that you are concerned about.

Take some learning from them and share any learning that you have........

We call it ‘hot dating’
The NHS Sustain*ability Model
Maher, Gustafson, Evans 2003

Sustainability: recommended reading


Research into Practice (2002) *From Scepticism to support- what are the influencing factors?*


The NHS Sustainabilite Model
Maher, Gustafson, Evans 2003

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