

**Spread** the **word**

**Innovation**  
**+ Improvement Science**  
**System Transformation**

AHS Quality & Safety Summit 2018

October 17<sup>th</sup> | 12:30 – 2:30pm | MacEwan Hall

# Today's Speakers:

---

**Christine Quinn**, Director, Canadian Foundation for Healthcare Improvement

---

**Élizabeth Côté-Boileau**, Doctoral Research Student in Health Sciences and Research Professional at the Centre for Research - Hôpital Charles-Le Moyne and the Université de Sherbrooke

---

**Carol Anderson**, Executive Director, Edmonton Zone Continuing Care Programs, Alberta Health Services

---

**Lesley Deucher**, Program Performance & Innovation Manager, EZ Virtual Hospital, Alberta Health Services

---

**Dr. Ron Damant**, Acting Divisional Director, Division of Pulmonary Medicine, Department of Medicine, University of Alberta

# Workshop Objectives:

- Introduce the concepts of spread, sustainability and scale (SSS) and share tools, approaches and lessons learned for successful SSS
- Share practical examples from provider, patient and leader perspectives for supporting adoption and spread of innovations for furthering system transformation
- Explore the CFHI spread readiness assessments through guided application



# Let's make change **happen**

The Canadian Foundation for Healthcare Improvement works **#shoulder2shoulder** with you to improve the health and care of all Canadians.

**SCALE**  **UP** throughout health systems

**Spread**

across Canada

 **Identify** proven innovations

# CFHI Working Definitions

---

## Spread

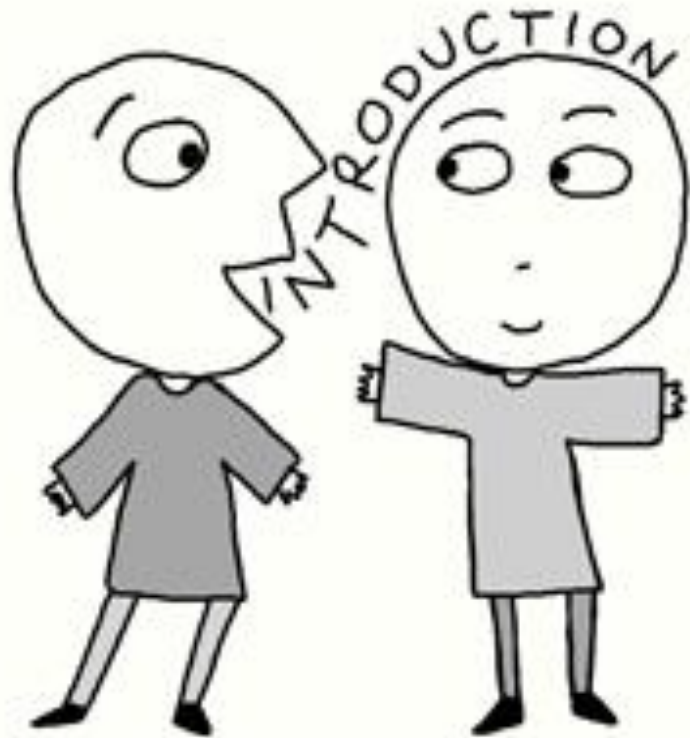
The transfer of a best practice from one site to another (from best to common practice). Spread goes beyond diffusion to actual implementation.

## Scale

Expanding the reach to all who stand to benefit (patients, providers) in a defined jurisdiction. Some might say we spread our way to scale. Doing so requires creating an enabling environment—beyond delivery to policy and system attributes that support optimizing reach.

## Sustain

Holding the gains or cementing the improvements. It's not about the same things—it's about building upon existing improvements to continue to realize gains in health, care and value for money—well into the future.



- 1. Introduce yourself**
- 2. What are you working on?**
- 3. What are you doing in your organization to foster SSS?**

**Leading the unpredictable  
journey of innovation in  
healthcare systems**

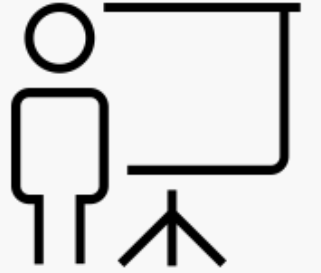
# Collaborators & Acknowledgments

- **Canadian Foundation for Healthcare Improvement (CFHI)**
- **Jean-Louis Denis, PhD, FCAHS, MRSC**  
Full Professor  
Health Policy and Management  
School of Public Health, University of Montreal  
Canadian Research Chair (Tier I) on health system design and adaptation (CIHR 2017-2023)





# Objectives



1

- Why so much interest in SSS?

2

- What is SSS?

3

- How to lead the unpredictable journey of innovation?

# Why so much interest in SSS?



“↓ 40% of health care innovations SSS<sup>1</sup>”



↑ Challenges in ↑ institutionalized contexts<sup>2</sup>



↕ Limited ability to adapt, innovate & improve<sup>3-7</sup>



Tensions ↑ the impact of innovations<sup>8,9</sup>

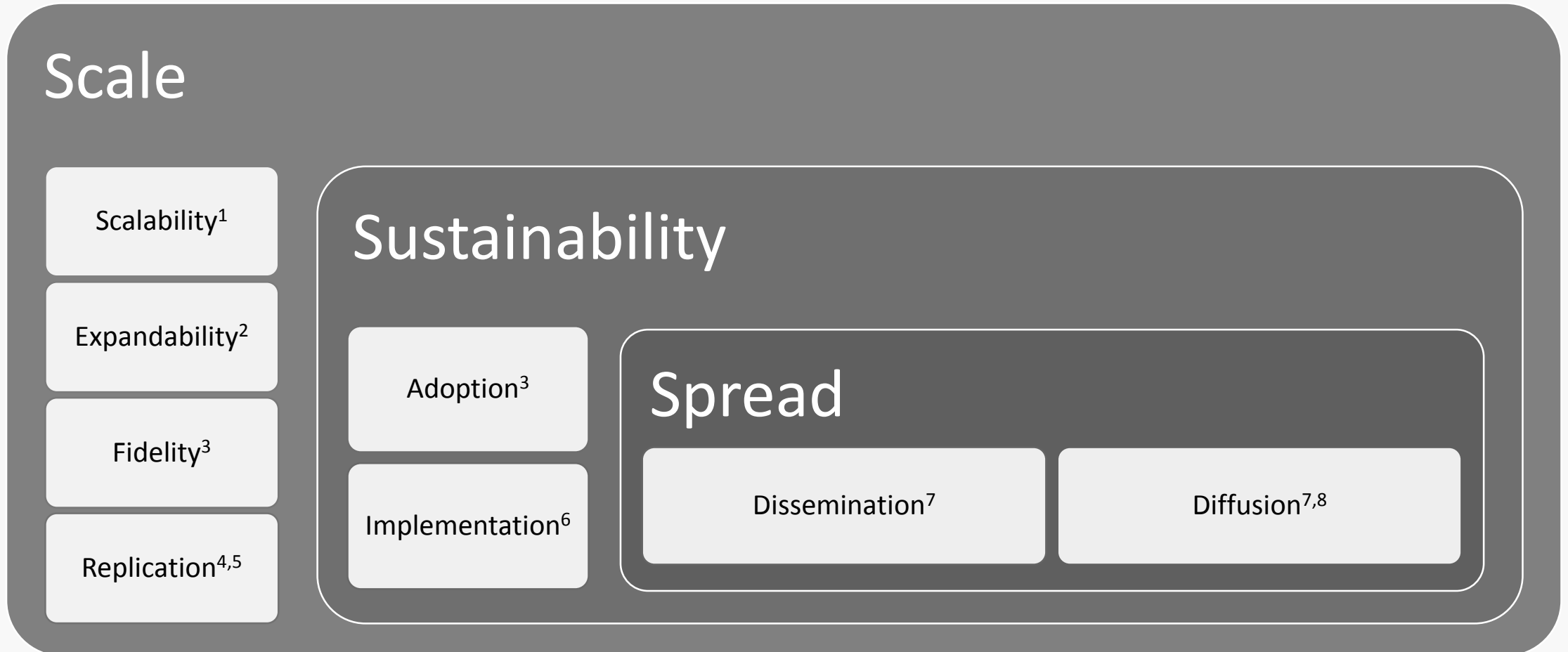


↑ Growing interest for the SSS<sup>10-13</sup>



"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

# What is SSS?

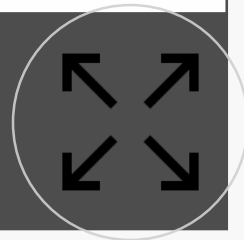


# What is SSS?



- “The **process** through which new working methods developed in one setting are **adopted**, perhaps with appropriate modifications, in other organizational contexts”<sup>1</sup>.

Spread



- “The **process** through which new working methods, performance, enhancements, and continuous improvements are **maintained** for a period appropriate to a given context”<sup>2</sup>

Sustainability



- “The **process** of **expanding** the coverage of health interventions, but can also refer to increasing the financial, human and capital resources required to expand **coverage**”<sup>3</sup>

Scale

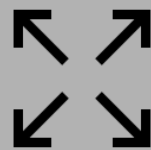


# What is SSS?



- “While it is possible to offer general guidelines on how the spread narrative can be managed, that advice has to be **translated into tailored action informed by local knowledge and judgement**”<sup>1</sup>.

Managing  
spread



- “Managing sustainability can be regarded as maintaining the narrative, **keeping the storyline going**, preventing sub-plots and diversions from taking over”<sup>2</sup>.

Managing  
sustainability



- “When thinking about the scaling-up of innovations, **it is essential to balance insights** derived from studying ‘hard’ components alongside the ‘soft’ components”<sup>3</sup>.

Managing  
scale





# What is SSS?

## *Key Learnings*

Processes

- Social
- Dynamic
- Intertwined
- Iterative
- Contextual
- **Unpredictable**



# Leading an unpredictable journey?



“Researchers who wish to understand how improvement works, and why and when it fails, **will never succeed if they regard context as experimental noise and the control of context as a useful design principle.**”  
– Donald Berwick



# Leading an unpredictable journey?

## Mechanisms



### Recommendation

#### 1. Increase awareness of policy activity.

- 1.1 Educate health scale-up and
- 1.2 Provide professional
- 1.3 Convene an I of research, p
- 1.4 Convene a m research, prac
- 1.5 Educate the c

#### 2. Facilitate better implementation

- 2.1 Synthesize ex spread practi
- 2.2 Develop and stakeholder g
- 2.3 Increase clinic Health Resour
- 2.4 Create a Cent and progress
- 2.5 Create an onl engage with

#### 3. Develop, evaluate and monitor

- 3.1 Develop new (e.g., natural e
- 3.2 Develop new
- 3.3 Identify and s
- 3.4 Develop taxo

#### 4. Develop and app

- 4.1 Develop, eval research and
- 4.2 Convene a pl spread in the
- 4.3 Convene con processes and strategies and
- 4.4 Convene a pl and other ch

#### 5. Expand capacity

- 5.1 Identify fundi credentialing,
- 5.2 Identify exper
- 5.3 Develop our programs (e.g
- 5.4 Develop non-on scale-up a
- 5.5 Convene a gr

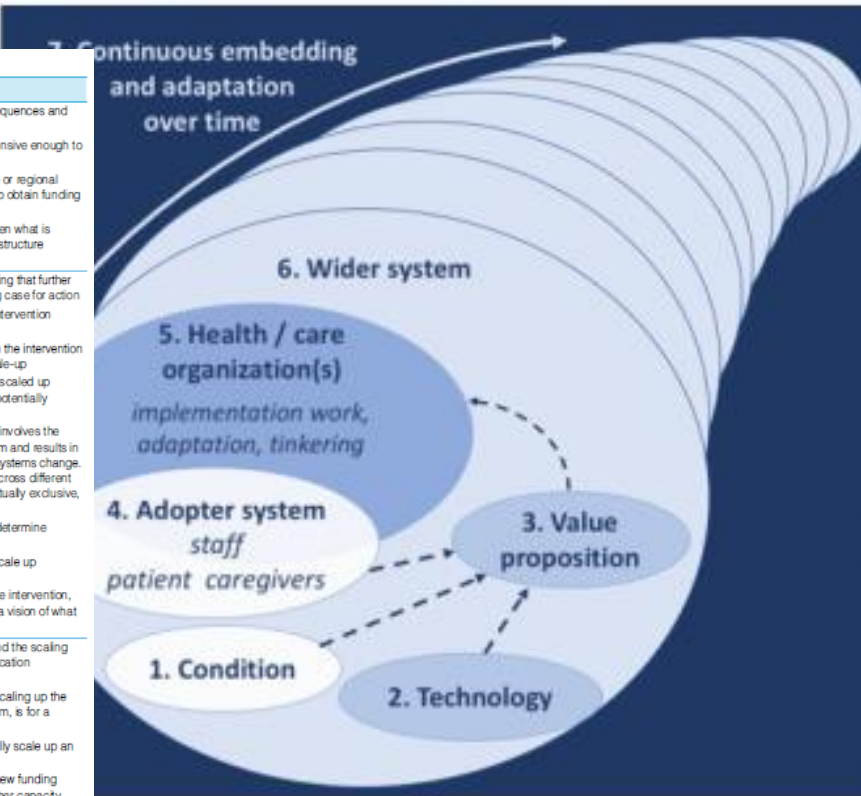
Note. Response option: importance of recomm lowest score (i.e., lowest

Table 1. Steps in the scaling up process

Step	Action	Description
Step 1. Scalability assessment: assess the suitability of the intervention for scaling up	1.1 Assess effectiveness	Determine effectiveness, intervention effect size, unintended consequences and differential effects
	1.2 Assess potential reach and adoption	Determine if the likely reach and adoption of the intervention is extensive enough to have a population impact
	1.3 Assess alignment with the strategic context	Determine whether the intervention is consistent with national, state or regional policy directions. Even highly effective interventions may struggle to obtain funding if they are not aligned with the priorities of funding agencies
	1.4 Assess acceptability and feasibility	Judge whether the intervention could realistically be scaled up, given what is known about its costs, workforce requirements, time required, infrastructure requirements and acceptability to stakeholders
Step 2. Develop a scaling up plan: outline a vision of scale-up and a compelling case for action	2.1 Document a rationale for scale-up	Draw up a rationale for scaling up from the information in Step 1, noting that further investigation and analysis may be necessary to provide a compelling case for action
	2.2 Describe the intervention	Describe 'what' will be scaled up and where possible the original intervention should be simplified and streamlined
	2.3 Complete a situational and stakeholder analysis	Map the social, political and organisational environment(s) in which the intervention will be scaled up and identify potential barriers and enablers to scale-up
	2.4 Determine who could be involved in scale-up and what their role will be	Consider who might perform key functions when the intervention is scaled up by mapping key functions and matching them to those who could potentially be involved
	2.5 Select an approach to scaling up	There are two main approaches to scaling up. A vertical approach involves the introduction of an intervention simultaneously across a whole system and results in institutional change through policy, regulation, financing or health systems change. A horizontal approach involves the introduction of an intervention across different sites or groups in a phased manner. These approaches are not mutually exclusive, and a combination of approaches can be used
	2.6 Consider options for evaluation and monitoring	Determine what variables are important to measure over time and determine feasibility and associated cost of these systems
	2.7 Estimate resources required for scale-up	Estimate the human, technical and financial resources needed to scale up the intervention
	2.8 Write up the scaling up plan	The plan should present a clear and concise case for scaling up the intervention, as well as an overview of how this will be brought about, including a vision of what scaling up will look like if successfully completed
Step 3. Prepare for scale-up: secure resources and build a foundation of legitimacy for the scaling up plan	3.1 Consult with stakeholders	Assess the appropriateness and acceptability of the intervention and the scaling up plan and use this information to design advocacy and communication strategies
	3.2 Legitimise change	Gain the support of decision makers who must be convinced that scaling up the intervention is a credible and superior solution to a pressing problem, is for a priority population and that it is affordable
	3.3 Build a constituency	Mobilise the broader 'community of practice' required to successfully scale up an intervention
	3.4 Realign and mobilise resources	Mobilise financial resources through existing channels or through new funding streams. Ensure that resources are directed to address skill and other capacity deficits in delivery organisations
Step 4. Scale up the intervention: implement the scale-up plan, making necessary adjustments based on performance data	4.1 Modify and strengthen organisations	When scaling up interventions, most organisations need to adapt. Manage organisational change through processes such as staff retraining, mentoring, leadership development and coaching
	4.2 Coordinate action and governance	Develop and implement concrete and detailed agreements about how, when, where and by whom resources are to be used, and the governance structures that will be used to identify issues and resolve any disputes that may arise
	4.3 Monitor performance and efficiency	Develop systems that have an ongoing focus on measuring effectiveness, reach, fidelity, acceptability and costs, with a particular focus on the efficiency of intervention delivery
	4.4 Ensure sustainability	Implement organisational and cultural changes to institutionalise an intervention so that it becomes part of routine practice

### Acknowledgements

7. EMBEDDING AND ADAPTATION OVER TIME  
7A Scope for adaptation over time 7B Organisational resilience



6. WIDER SYSTEM  
6A Political / policy  
6B Regulatory / legal  
6C Professional  
6D Socio-cultural

5. ORGANISATION  
5A Capacity to innovate (leadership etc)  
5B Readiness for this technology / change  
5C Nature of adoption / funding decision  
5D Extent of change needed to routines  
5E Work needed to implement change

4. ADOPTERS  
4A Staff (role, identity)  
4B Patient (simple v complex input)  
4C Carers (available, nature of input)

1. CONDITION  
1A Nature of condition  
1B Nature of illness  
1C Comorbidities, socio-cultural influences

2. TECHNOLOGY  
2A Material features  
2B Type of data generated  
2C Knowledge needed to use  
2D Technology supply model

3. VALUE PROPOSITION  
3A Supply-side value (to developer)  
3B Demand-side value (to patient)

ation  
ss

icative  
mic  
ent

Institutionalization of Team Reflection

Ke

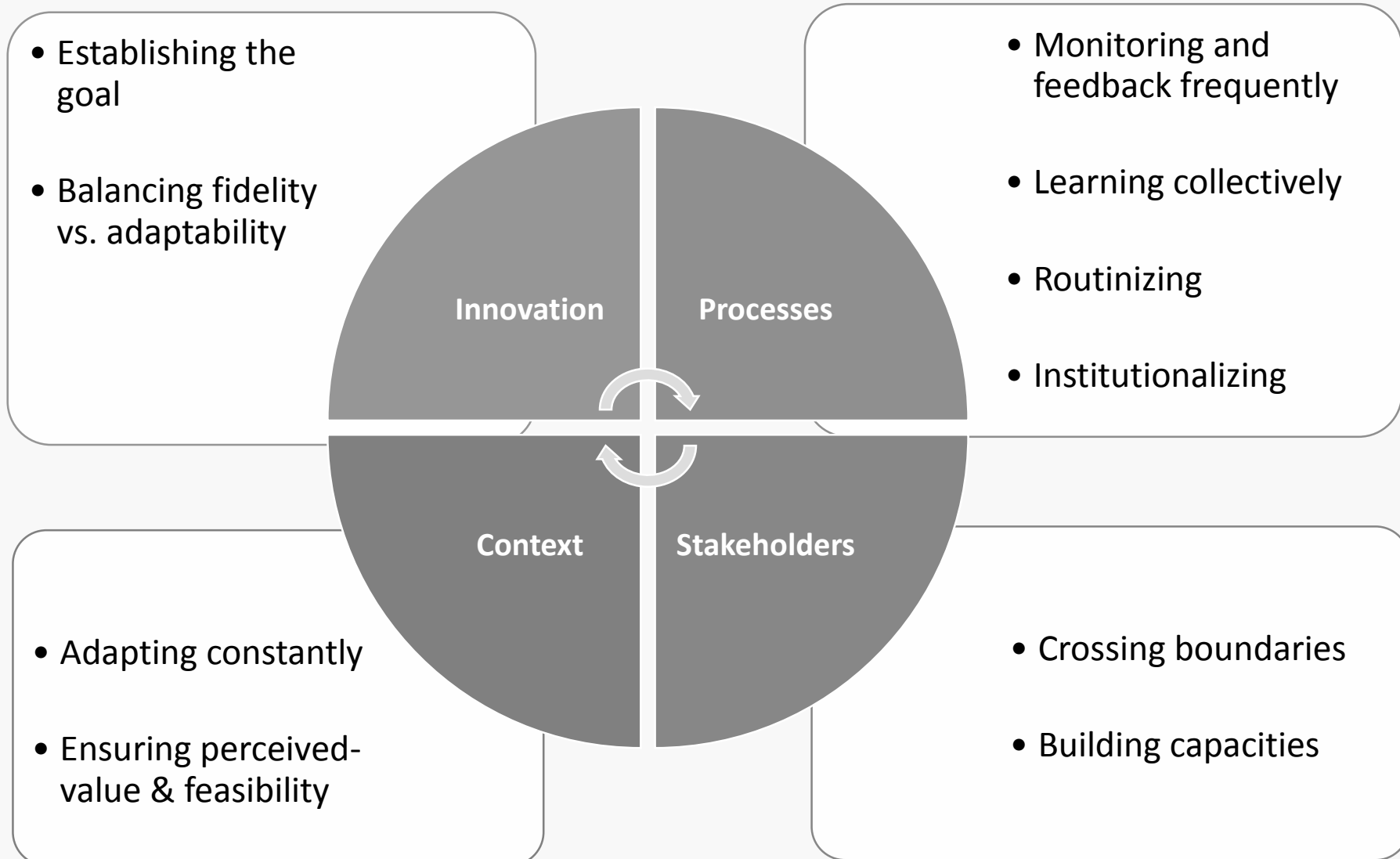


plai



# Leading an unpredictable journey?

## *Mechanisms*



# Leading an unpredictable journey?

## *Key Learnings*



### **Innovation have many meanings**

- Focus on the why



### **Innovation work is demanding for people, organizations and communities**

- Focus on perceived-value and feasibility



### **Pace of the innovation journey is determinant**

- Focus on what people do, rather than what they should be doing



### **The innovation journey as a social exchange process**

- Focus on creating a dialogue between policy and delivery



### **The innovation journey as a political and contested process**

- Focus on inclusivity & capacity building

# CURRENT TRENDS & CHALLENGES OF LARGE SCALE HEALTH SYSTEM TRANSFORMATIONS IN CANADA



**From restructuring to collaborating towards quality improvement**

- « Sustaining and improvement in a consistent and coherent way over time to produce systemic impact<sup>1</sup> ».



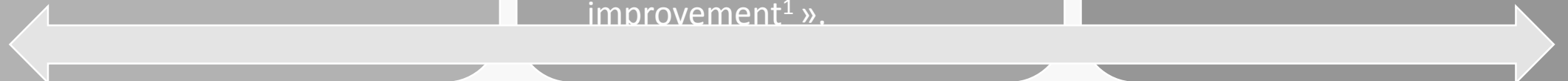
**From decentralizing to centralizing governance capacities**

- « Promote and support the development of clinical governance at a scale that can bring about significant improvement<sup>1</sup> ».



**From contemplating to institutionalizing clinicians' engagement**

- « Increasing accountability for reaching improvement objectives<sup>1</sup> ».



# Conclusion



## The Edmonton Zone INSPIRED COPD Journey

Carol Anderson  
Dr. Ron Damant  
Lesly Deuchar



# Objectives

## The Edmonton Zone INSPIRED Journey

1. Experience as a local/clinical champion – *taking up an innovation in your local context*
2. Experience as a Senior Executive Leader – *moving from a local context/pilot site to wider provincial spread*
3. Patient/caregiver perspective

# What is INSPIRED?

- The **INSPIRED COPD Outreach Program™** began in Halifax, Nova Scotia.
  - Designed to provide exemplary individualized needs and evidence-based interdisciplinary support across care transitions for patients and families living with COPD.
  - Program Components include:



Self Management  
Education



Patient Action  
Plans



Access to  
Helpline



Psychosocial  
Support



Advanced Care  
Planning



# Clinical Champion Experience

The Price of  
Disconnection





# The INSPIRED Journey in Edmonton Zone

## INSPIRED 1.0

### Continuing Care:

- Home Living (HL)
- Facility Living



### Phase 1

- Acute Care Pulmonary Medicine Inpatient Units at RAH & UAH
- Specialist Physician Offices



## INSPIRED 2.0

### Phase 2

- Acute Care medicine units (RAH, UAH)
- Acute Care ED (UAH, RAH)
- Other Acute Care Facilities (MIS, GNH, STURG)
- Primary Care Physician Offices/PCN
- Supportive Living
- Pulmonary Rehab
- Virtual Hospital



### Goal:

Scale and Spread **INSPIRED** in the Edmonton Zone

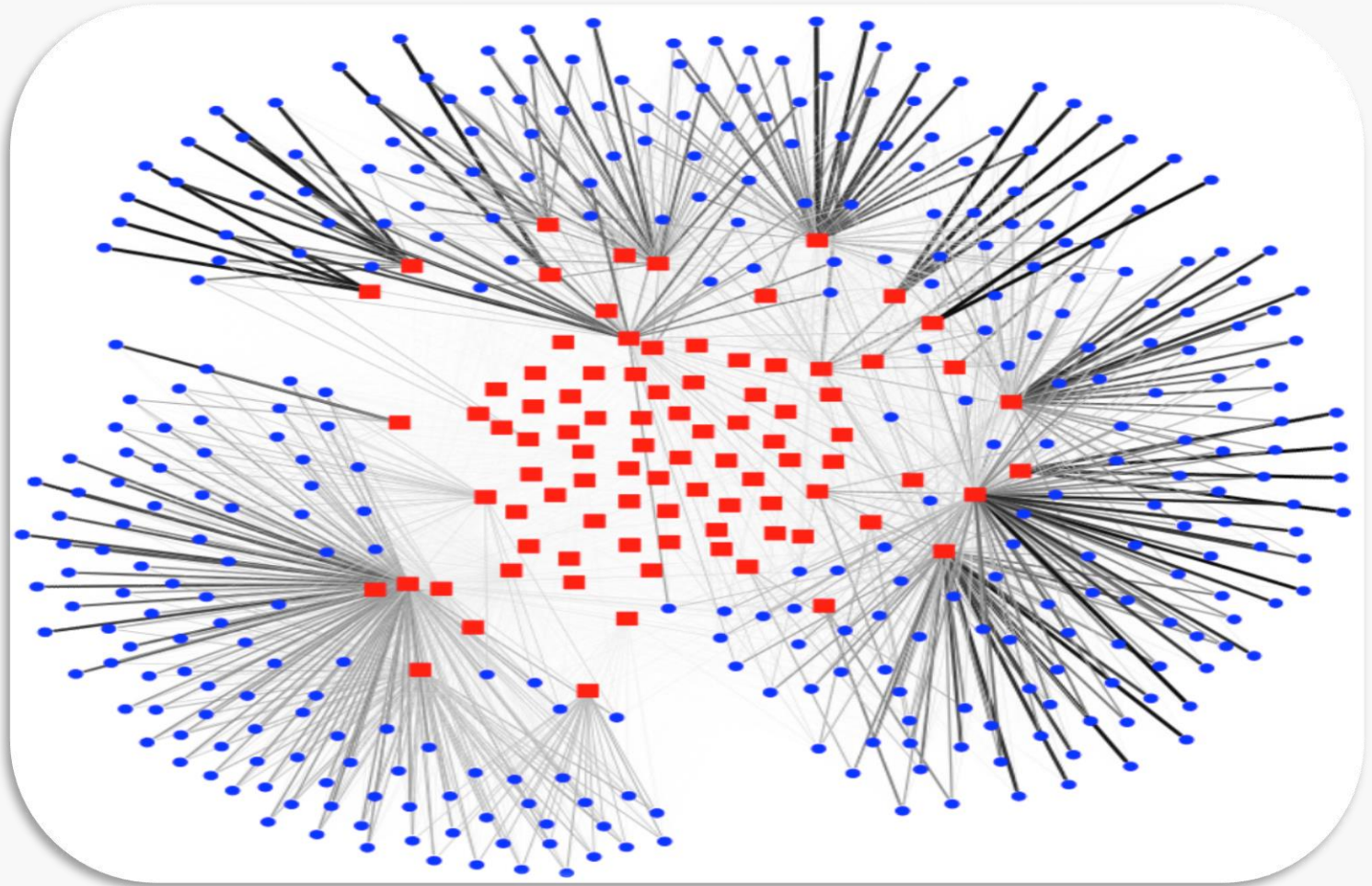
### Aims:

- Improve the care and transitions of care for clients and families living with COPD
- Integrate the COPD care pathway
- Measure the effectiveness of the COPD pathway

RAH = Royal Alexandra Hospital  
UAH = University of Alberta Hospital  
GNH = Grey Nuns Hospital  
MIS = Misericordia Hospital  
STURG = Sturgeon Hospital

# Executive Leader Experience

Integration  
is  
Complex



# Enhancing Care in the Community

*“We are further investing in enhancing community care and **shifting from a focus on providing care in hospitals to more community-based care**, closer to home for all Albertans, ensuring the quality of care received is consistent and focuses on the needs and wishes of Albertans first.”*

Source: <https://insite.albertahealthservices.ca/sh/Page16634.aspx>



Alberta

Mar 20, 2017 [Media inquiries](#)

**\$200 million invested in community health care**

Budget 2017 is boosting home and community care by \$200 million, allowing more Albertans to receive care in their homes and remain independent.

# INSPIRED: Scale and Spread

## Integration and Collaboration

### Scaling for Sustainability across the continuum of care in the Edmonton Zone

- **Partnerships Guided and Supported by the Edmonton Zone Integrated**

#### **Respiratory Care Steering Committee:**

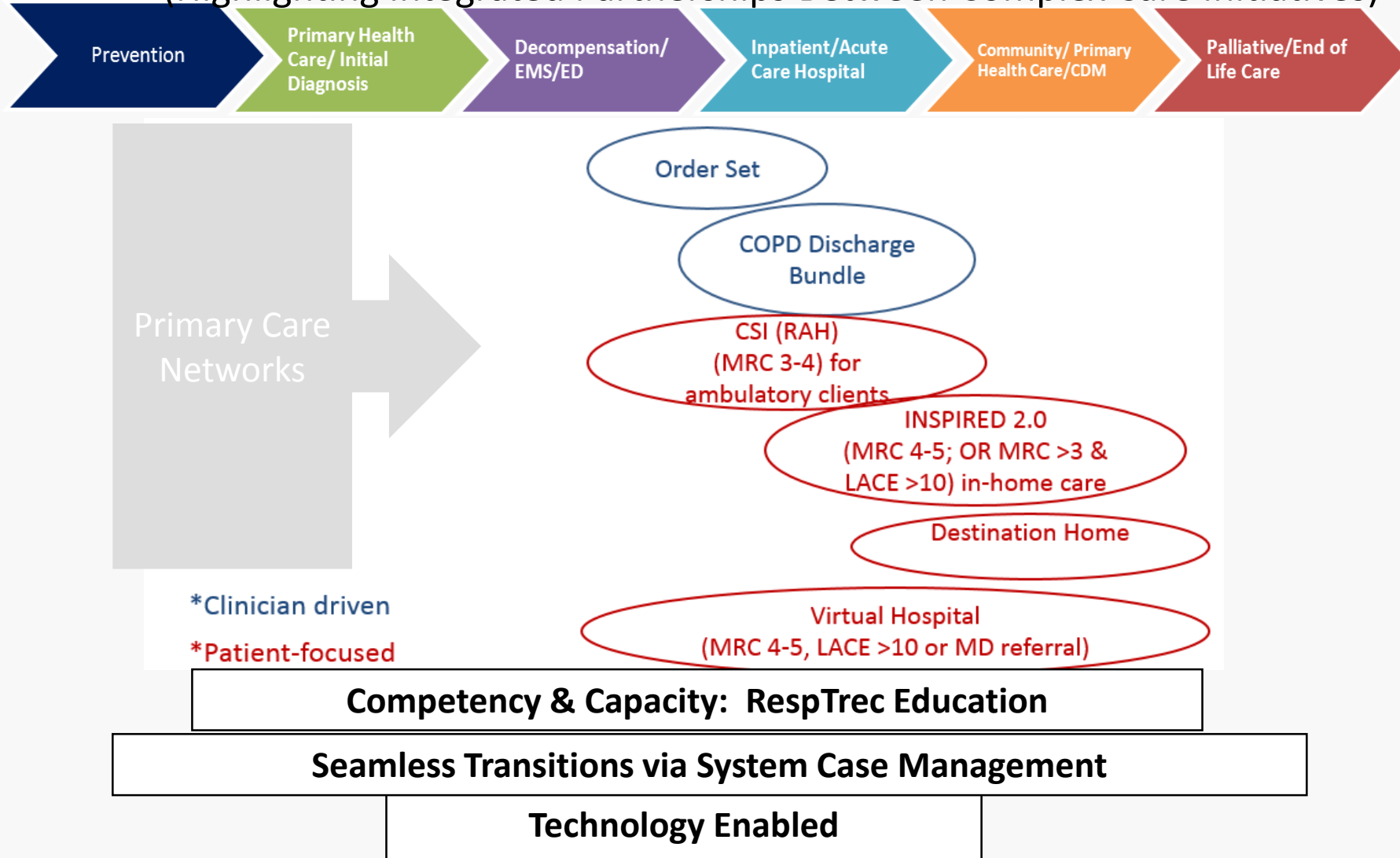
- **Continuing Care** – Home Living, Facility Living and Transition Services
- **University of Alberta Hospital**
- **Royal Alexandra Hospital** (including CSI)
- **Pulmonary Rehabilitation**
- **Edmonton Southside Primary Care Network**



# Leveraging Resources

## COPD High-Level End to End Pathway

(Highlighting Integrated Partnerships Between Complex Care Initiatives)



# Leveraging Resources



**Break down the Silos**

**Make the Invisible, Visible**

**End-to-End Patient Care Pathways**  
Includes: Primary Care, Continuing Care, Acute Care, Community Partners

<https://www.unjudged.com/2194/breaking-down-silos-building-the-museum-of-contemporary-art-africa/>

# Living With Advanced COPD

*The week before you die with COPD begins like all other weeks that you have lived with advanced stages of the disease*



# **Client Videos**

**Option 1: INSPIRED Testimonial (K. Smart)**

**Option 2: Global Video (D. Knights)**



# Project Acknowledgments

- University of Alberta Hospital Chart Audit
  - Chief Medical Officer (CMO) Grant



- COPD Order Set and Discharge Bundle
  - Alberta Innovates
  - Canadian Institutes of Health Research



- INSPIRED funded by CFHI



- Virtual Hospital and Destination Home
  - Enhancing Care in the Community Partnership



# QUESTIONS



# **CFHI Spread Readiness Assessments**



## Laying the Foundation, Readiness assessments inform the work ahead

---

- Lay a solid foundation for success by taking the time at the beginning to understand your strengths and look at any gaps that might affect your spread efforts.
- Readiness assessment tools provide structure and documentation

# Practice Readiness to Spread

## Does it work?

- Comparative Performance

Outcome vs. Process

Improvement Attributable to Practice

Strength of Evidence

## How does it work?

- Logic Model

Key Components

Specific Processes

Organizational Enablers

Barriers and Risks

## Will it work elsewhere?

- Demonstrated Sustainability

Demonstrated Transfer

Adaptability

Unintended Consequences

## Will it spread?

- Simplicity

Cultural Fit

Business Case

Tools

Implementation Support

# Site Readiness to Receive

## Leadership Alignment

- Strategic Alignment with Goals and Priorities

- Sponsorship & Leadership

- Oversight Infrastructure

## Implementation Infrastructure

- Project Management & Championship

- Training

- Measurement and Monitoring

## Organizational Culture

- Cultural Readiness for Change

## Operational Resources

- Staff Capacity & Competency

Space

Technology

Operational Infrastructure; # units involved, relationships

# Tips for using the Readiness tools

Conduct the assessment as a group, with multiple stakeholders

Be honest graders – a low Readiness score is just information

Use ratings to inform your preparation:

- Set expectations
- Plan how you can increase readiness
- Seek needed resources
- Figure out how to work around readiness deficits and still succeed



# Interpreting the Readiness scores

The Readiness tools are **NOT** pass/fail tests

Element	Well Established			Start Up
	4	3	2	1
<b>Costs</b>	No increased staffing and no startup investment	Startup costs only	Costs covered in existing budgets	Substantial new investment

They are planning and discussion tools:

- ✓ Low ratings point to challenges you will face
- ✓ Help set appropriate expectations, shared among all levels of leadership
- ✓ Plan how you will increase practice or site readiness
- ✓ Plan how your spread effort can work around readiness deficits and still succeed



# Your Turn

From the projects you introduced, select one initiative at your table to apply the readiness to receive assessment



**CFHI Spread Assessments Available at:**

*<https://www.cfhi-fcass.ca/PublicationsAndResources>*

# Readiness to Receive Assessment

---

1. Individuals score your readiness to implement the new initiative using the categories in the tool.

---

2. **Gather more information** from the initiative “owner” related to the assessment categories. *Ask questions to gather a better understanding of your readiness to receive the innovation*

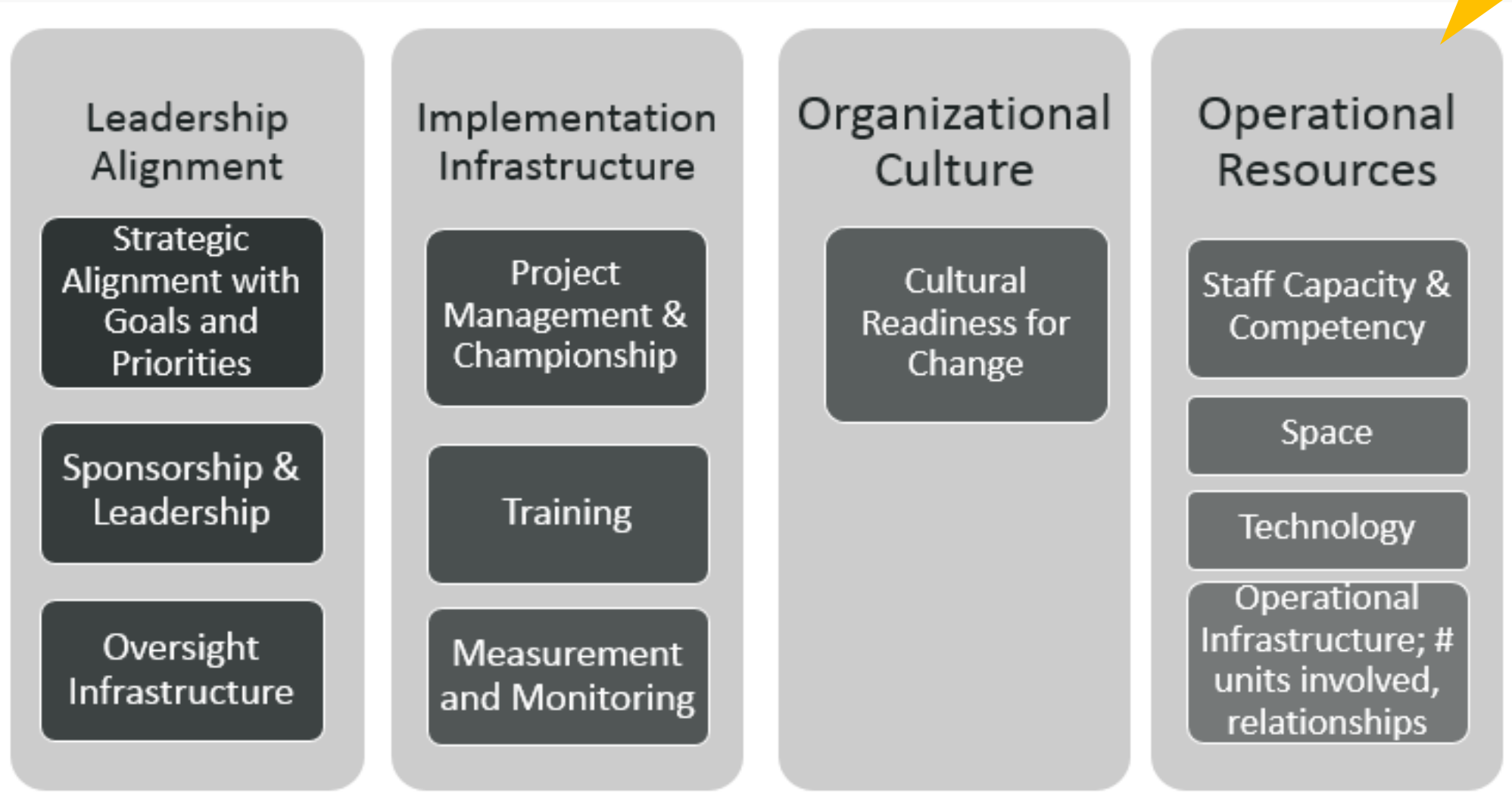
---

3. Individually assign a score based on your assessment and as a group average the scores to arrive at a group score.

# Applying the Readiness to Receive Assessment

1. Score your readiness to implement the new initiative using the tool
2. Gather more information from the initiative “owner” as needed

20 Minutes





## Reflections:

- Key take-away?
- Usefulness of the exercise?
- How can you apply the process in your organization?

Checking In

# Thank you!

## GET SOCIAL WITH US



[@cfhi\\_fcass](https://twitter.com/cfhi_fcass)



Canadian Foundation  
for Healthcare  
Improvement



[@cfhi\\_fcass](https://www.instagram.com/cfhi_fcass)



Canadian Foundation  
for Healthcare  
Improvement



[cfhi/cass](https://www.youtube.com/cfhi/cass)

*The Canadian Foundation for Healthcare Improvement is a not-for-profit organization funded by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.*

*La Fondation canadienne pour l'amélioration des services de santé est un organisme sans but lucratif financé par Santé Canada. Les opinions exprimées dans cette publication ne reflètent pas nécessairement celles de Santé Canada.*

[cfhi-fcass.ca](https://www.cfhi-fcass.ca) | [@cfhi\\_fcass](https://twitter.com/cfhi_fcass)