Institute *for* Healthcare Improvement

Implementing Change Packages and Interventions

An Overview

Introductions

Please chat in the following:

- Your Name and Your Pronouns

- Where You Work

- Rate your experience implementing Change Packages or Interventions on a scale from 1-10 with 1 being "I don't even know what a Change Package is and have never tried to implement a specific intervention" and with 10 being "I have experience implementing change packages and/or interventions and can train others on this"

Our Objectives for today

- Learn what we mean by the terms "Change Packages" and "Interventions"

- Learn about assessing your readiness for implementation and improving your readiness

- Begin learning about how to select a Change Package or Intervention

- Learn some general guidance on how to Implement Change Packages and Interventions (including a brief review of a Draft Implementation Guide)

- Answer questions about implementing Change Packages and Interventions

- **Feel more confident and prepared to implement Interventions and Change Packages!**

Institute *for* Healthcare Improvement

What do we mean by Change Packages and Interventions?

Change Concept

A change concept is a **general notion or approach** found to be useful in developing specific ideas for change that result in improvement. Using change concepts will provoke new ways of thinking about how to improve the situation at hand. Some of the concepts have been grouped and packaged by others as a particular approach to making improvements.

By themselves, change concepts are not ready to be applied directly to making improvements. A change concept must be considered within the context of a specific situation and then turned into a change idea.

Source: Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). *The improvement guide* (2nd ed.). Jossey Bass Wiley.

Change Idea

A change idea is **a specific adaptation of a change concept, ready to be applied** to the particular circumstances of a specific system. A change idea should be **actionable**.

Source: Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). *The improvement guide* (2nd ed.). Jossey Bass Wiley.

Examples of Change Concepts and Change Ideas

From the Indian Health Service (IHS) change package:

Change concept:

- Develop agreements that facilitate care coordination within and across organizations.

Change ideas:

- Create organization-wide orientation program to help patients navigate the healthcare system

- Have each care site develop a menu of service options so that patients know what care to expect.

- Create memoranda of understanding with community-based services to provide cost effective solutions to gaps in services (e.g. Exercise programs, specialist care and community education services)

Examples of Change Concepts and Change Ideas

From the Indian Health Service (IHS) change package:

Change concept:

- Visibly support improvement at all levels of the organization, beginning with the senior leader

Change ideas:

- BOD, senior leadership, staff, and community are regularly kept abreast of process and progress through education, reports, storyboards, and presentations.

- Designation of senior executive responsible for the initiative

- Program assistant full time to assist in reports, training, and support daily data collection process

- Orientation program for new staff to include Model for Improvement and Care Model

Change Package

A change package is an **organized collection of change concepts and change ideas**, which are applied to a particular improvement goal in a specific context. A change package can include descriptions of the theory of change (e.g. can include the driver diagram and provide guidance on the execution theory for the improvement project).

Interventions

- A broad term that could me a single change idea or a collection of change ideas

- Often used in conjunction with "evidence-based' or "manualized" to indicate an intervention that has a strong research base with evidence that, if implemented with a high-degree of fidelity, specific results can/will be achieved

- In health and healthcare an intervention can be:
    - A combination of program/service elements or strategies designed to produce behavior changes or improve health status among individuals or an entire population
    - A treatment, procedure, or other action taken to prevent or treat disease, or improve health in other ways.

The Implementation Challenge....

Decide to Implement a Change Package or Intervention → Make Plan → Get to Work → Then a miracle occurs → Successful Implementation

Policies, programs, interventions, and evidence-based practices that are poorly implemented – or not implemented at all – do not produce expected health outcomes.

Source: What is Implementation Science? | Implementation Science at UW (impsciuw.org) (modified above)

Assessing Readiness Across 3 Dimensions

- **Motivation (aka "Will")**

- **General Capacities (aka "Execution")**

- **Innovation Specific Capacities (aka specific "Ideas")**

Readiness R=MC²

R=   **M**   x   **C**   x   **C**

M	**C**	**C**
▪ **Priority**		▪ **Culture**
▪ **Relative Advantage**	▪ **Specific Knowledge and Skills**	▪ **Climate**
▪ **Compatibility/Alignment**	▪ **Evidence-based practices and/or ideas worthy of testing**	▪ **Innovativeness**
▪ **Simplicity**	▪ **Program/Project Champion**	▪ **Structure/Internal Operations**
▪ **Observability**	▪ **Inter-organizational Relationships**	▪ **Leadership**
▪ **Ability to Pilot/test on small scale**	▪ **Intra-organizational Relationships**	▪ **Resource Utilization**
		▪ **Staff Capacity**

Source: The Wandersman Center www.wandersmancenter.org (adapted above)

Readiness Thinking Tool
What can be done to increase readiness?

Motivation	Degree to which an organization wants the (p)* to happen.	Disagree	Partially Agree	Strongly Agree	Unsure
Priority	This (p) has a high level of importance compared to other things we do.				
Relative Advantage	This (p) seems better than what we are currently doing.				
Compatibility	This (p) fits with how we do things.				
Simplicity	This (p) seems simple to use.				
Ability to Pilot	This (p) can be tested and experimented with.				
Observability	We have the ability to see that this (p) is leading to outcomes.				
P-Specific Capacity	**What is needed to make this particular (p) happen.**				
P-Specific Knowledge & Skills	We have sufficient abilities to do the (p).				
Champion	There is a well-connected person who supports and models this (p).				
Supportive Climate	We have the necessary supports, processes, and resources to enable this (p).				
Inter-organizational Relationships	We have the necessary relationships between organizations that support this (p).				
Intra-organizational Relationships	We have the necessary relationships within organization that support this (p).				
General Capacity	**The organization's overall functioning.**				
Culture	We have clear norms and values of how we do things here.				
Climate	People have a strong sense/feeling of being part of this organization.				
Innovativeness	Our organization is open to change in general.				
Resource Utilization	Our organization has the ability to acquire and allocate resources including time, money, effort, and technology.				
Leadership	Our organization has effective leaders.				
Internal Operations	Our organization has effective communication and teamwork.				
Staff Capacities	Our organization has enough of the right people to get things done.				
Process Capacities	Our organization has the ability to plan, implement, and evaluate.				

*P = Program, Policy, Practice/Intervention or Process

Source: The Wandersman Center

Readiness

- Not binary (ready/not ready), but rather a continuum

- We are always ready to take the next step

- If your assessment of readiness, shows that one or more dimensions of "motivation", "general capability" or innovation specific capability" are missing or low, your first steps on implementing an intervention of change package will need to be focused on improving readiness

- Assessing Readiness and Building Readiness ARE part of the implementation process

A Few Thoughts to Accelerate Readiness

- Choose interventions/change packages that meet a real need for staff (addresses one or more "pain points" or areas where staff want to improve). Allowing front-line staff to choose the intervention will often boost motivation and instill a sense of ownership

- If innovation-specific readiness is low, consider finding external resources that can help (e.g. an existing collaborative, online resources, or a consultant)

- If general capacity is low, particularly in the areas of resource allocation or staff general capacity (including bandwidth), explore what you can stop doing or slow down doing to free up staff time and resources

- Focusing on improving readiness is the highest-leverage thing you can do to help ensure successful implementation

Selecting Change ideas, Change Packages or Interventions

Which Interventions or Change Packages are right for you?

Two tools (among many) to help prioritize which options to implement

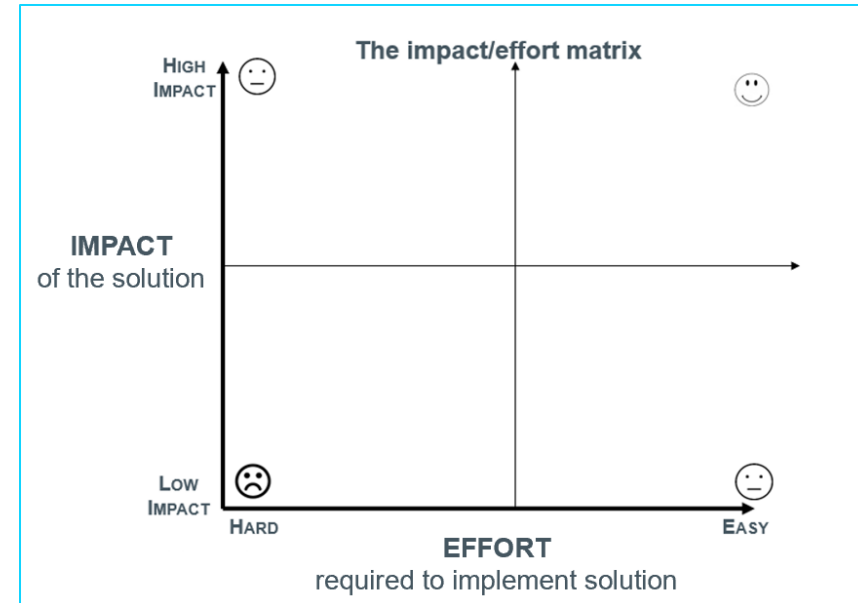- **Impact-Effort Matrix**

- **Prioritization Matrix Diagram**
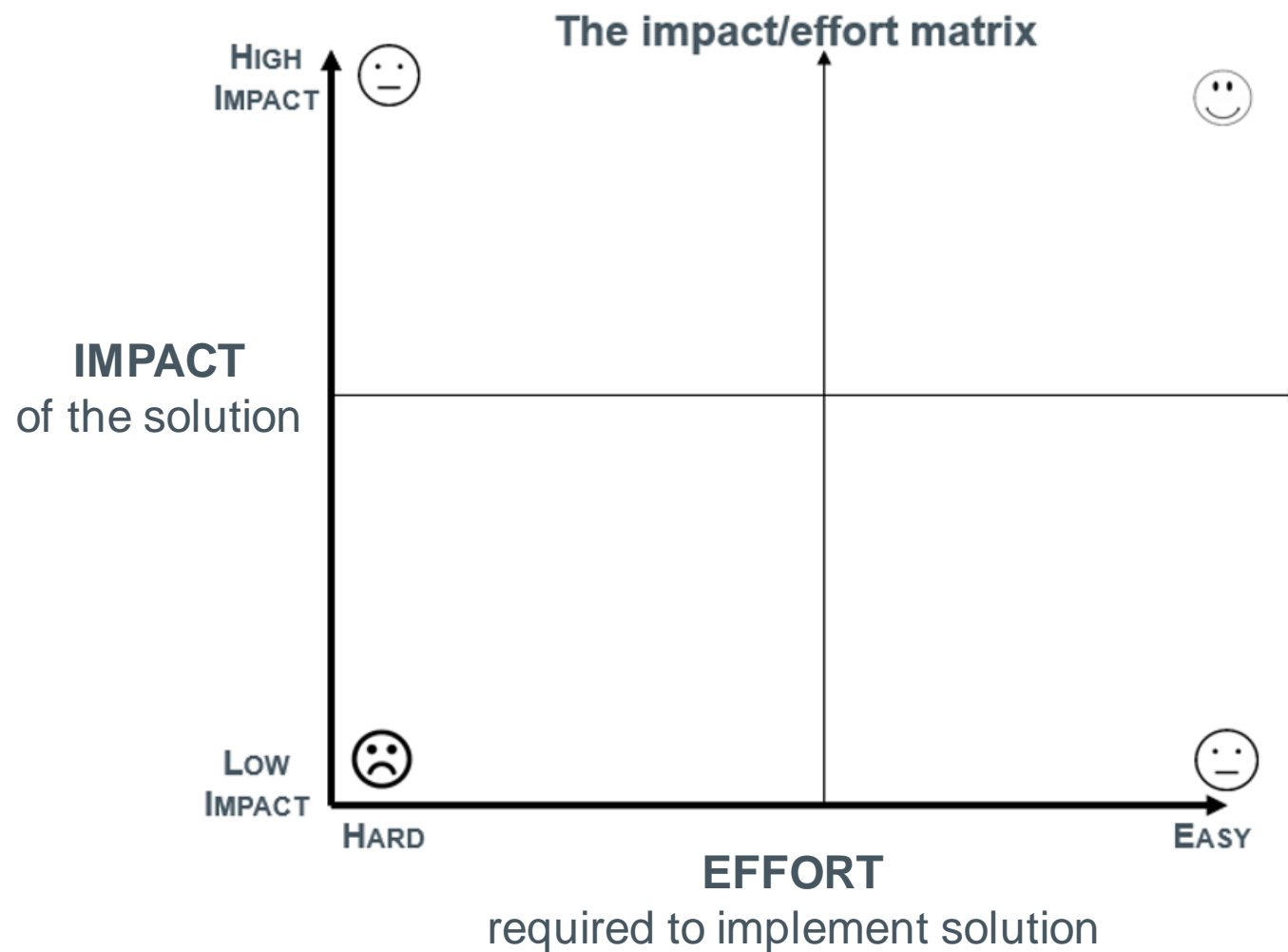
Impact Effort Matrix

The impact effort matrix was designed to help teams decide which of many suggested change ideas to bring to testing.

It provides answers to the question of which ideas seem easiest to achieve (least effort) with the most effects (highest impact).
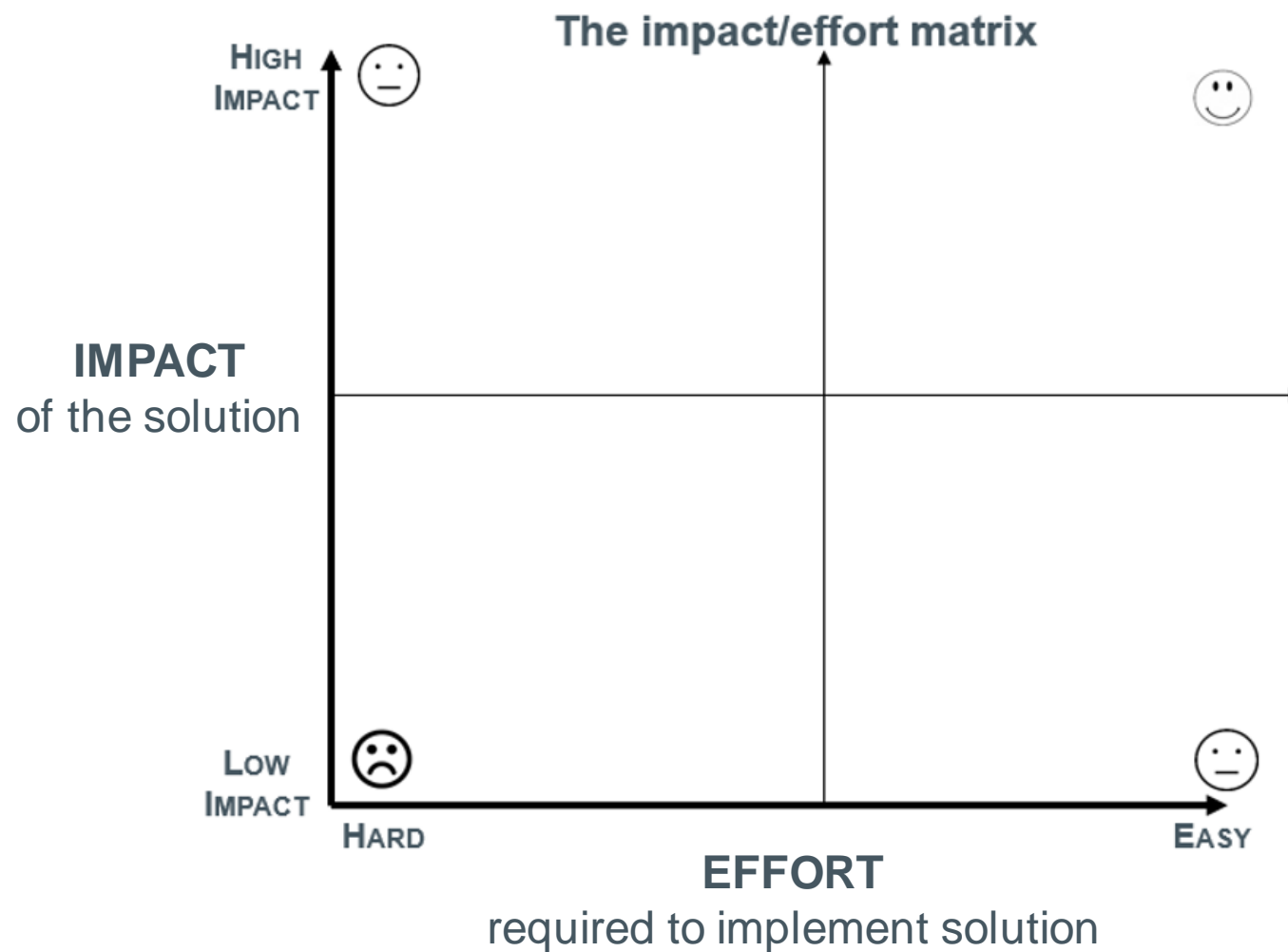
It is useful particularly because we only have so much time and so many resources and thus need to be thoughtful!

• Adapted from Bjørn Andersen, Tom Fagerhaug, and Mafromrti Beltz, at http://asq.org/healthcare-use/why-quality/impact-effort.html

Use an Impact Effort Matrix to Sort and Select

The impact/effort matrix

HIGH IMPACT

IMPACT
of the solution

LOW IMPACT

HARD   EASY

EFFORT
required to implement solution

Let's try placing a few ideas to improve sleep
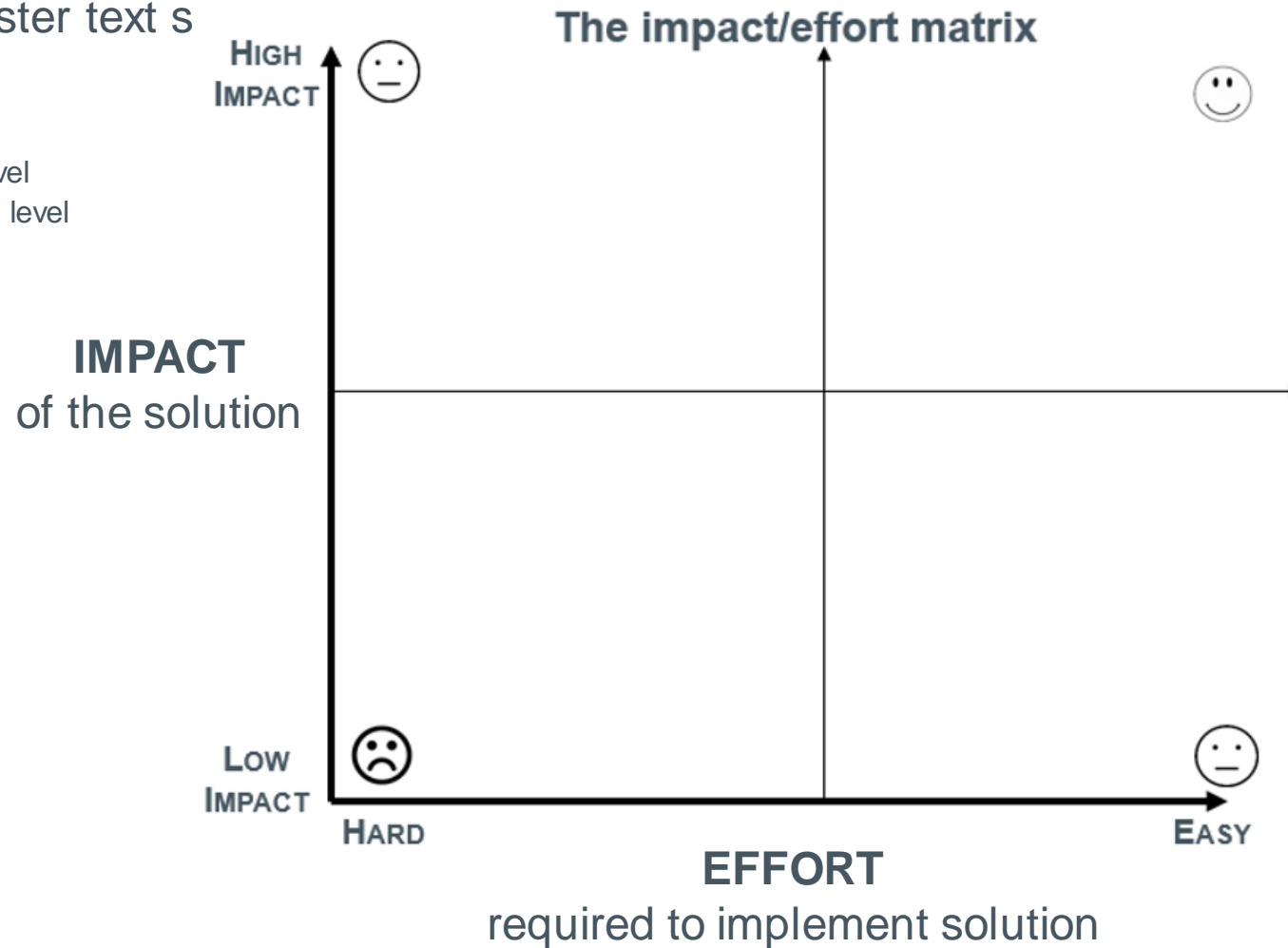

The impact/effort matrix

Idea 1: Install sound proof windows
Which quadrant would this fall − place your arrow

- Click to edit Master text s
  - Second level
    - Third level
      - Fourth level
        - Fifth level

The impact/effort matrix

HIGH
IMPACT

IMPACT
of the solution

LOW
IMPACT

HARD

EASY

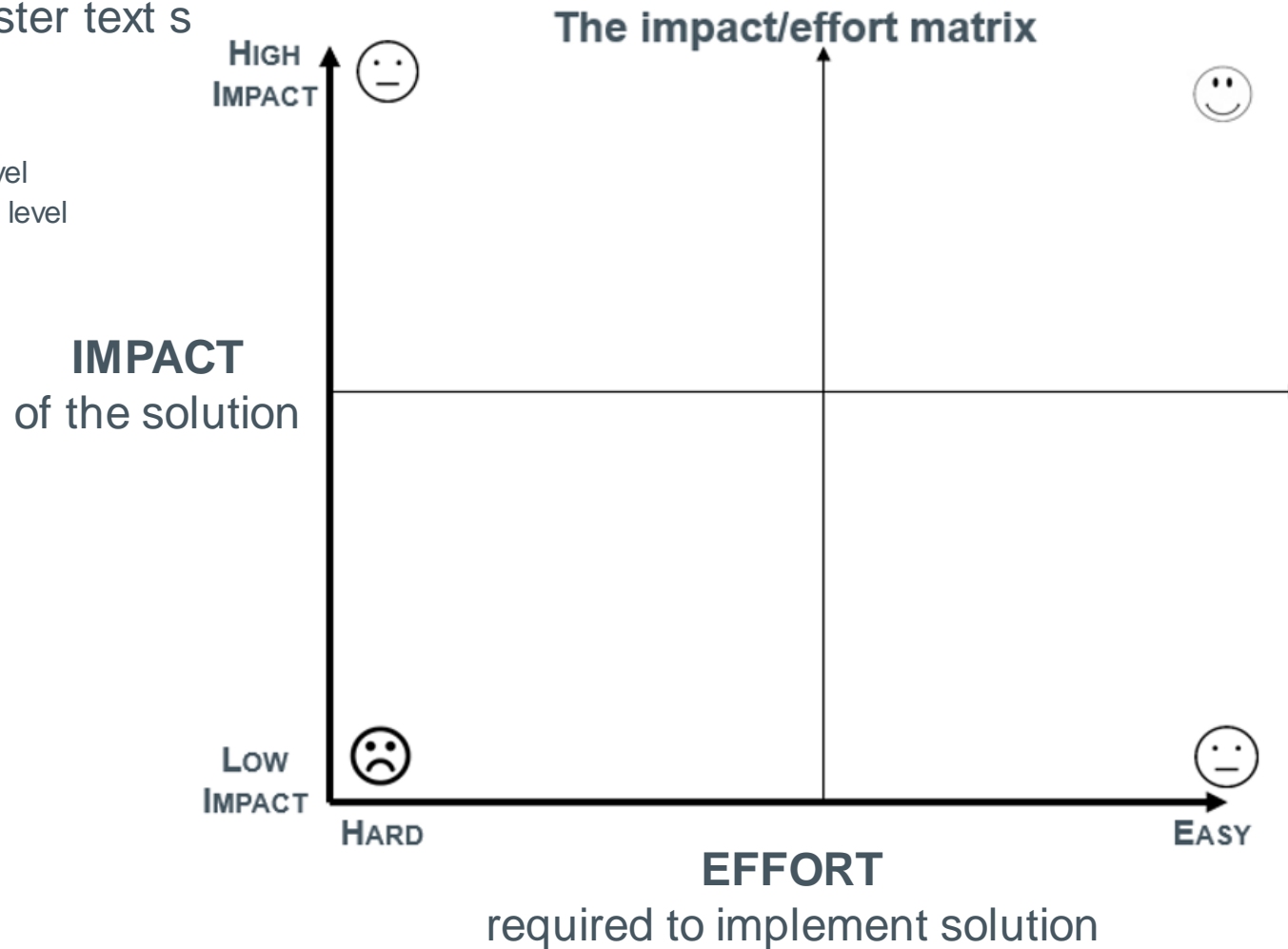**EFFORT**
required to implement solution

Idea 2: See a sleep specialist
Which quadrant would this fall − place your arrow

- Click to edit Master text s
  - Second level
    - Third level
      - Fourth level
        - Fifth level

The impact/effort matrix

HIGH
IMPACT

IMPACT
of the solution

LOW
IMPACT

HARD

EASY

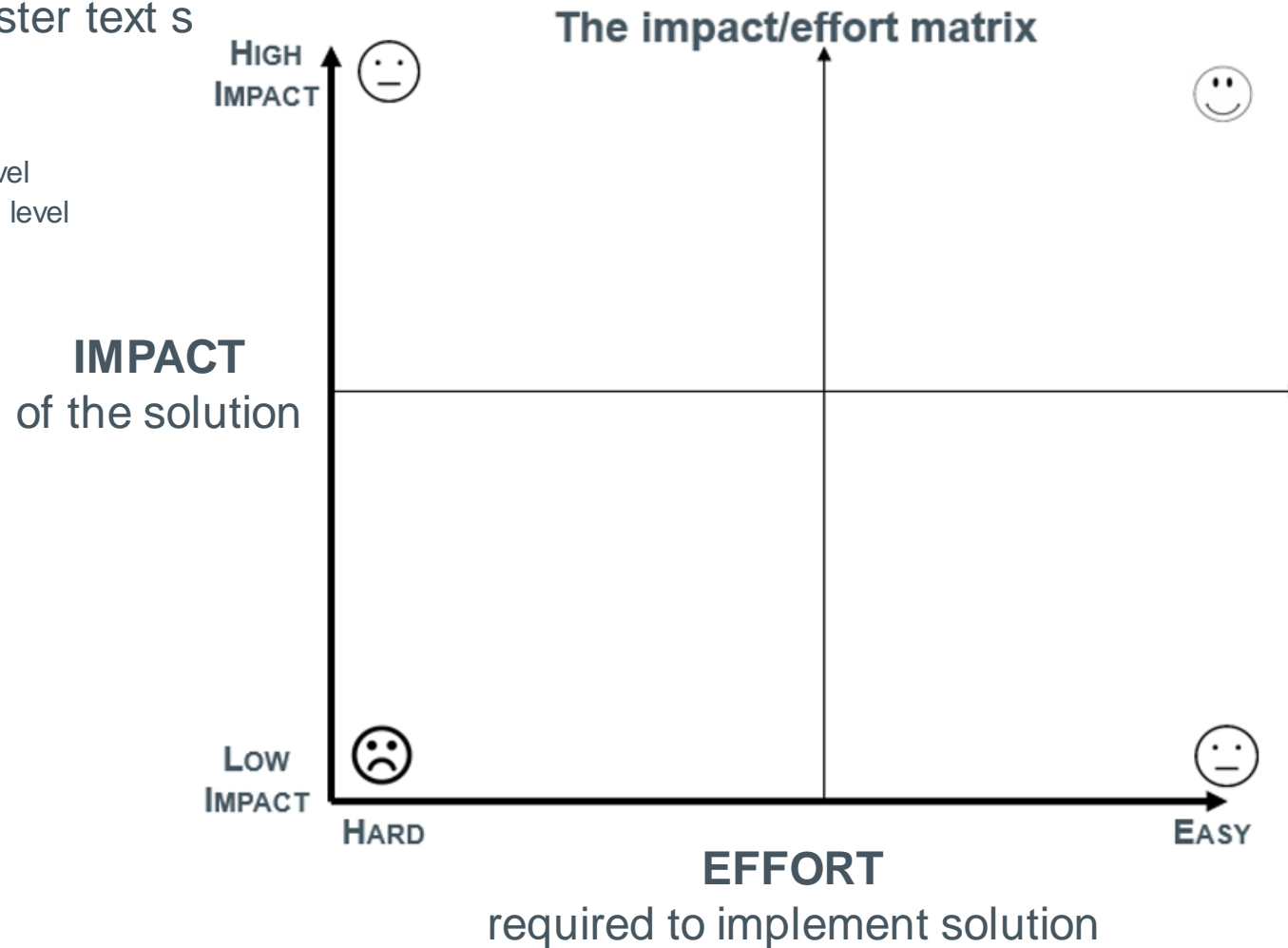**EFFORT**
required to implement solution

Idea 3: Practice progressive muscle relaxation techniques
Which quadrant would this fall − place your arrow

- Click to edit Master text s
  - Second level
    - Third level
      - Fourth level
        - Fifth level

The impact/effort matrix

HIGH
IMPACT

IMPACT
of the solution

LOW
IMPACT
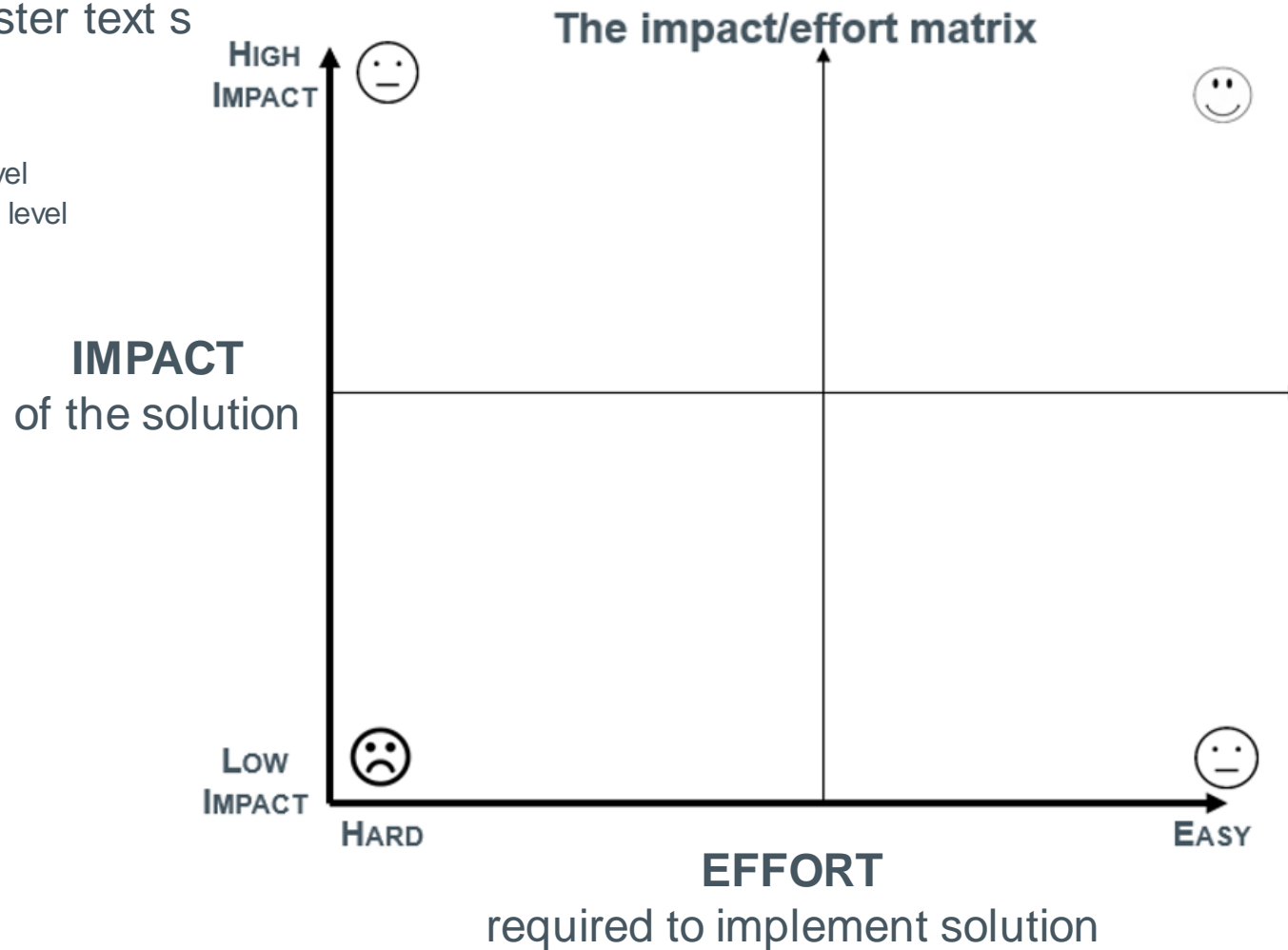
HARD

EASY

EFFORT
required to implement solution

Idea 4: Do mindfulness exercises to ward off worries
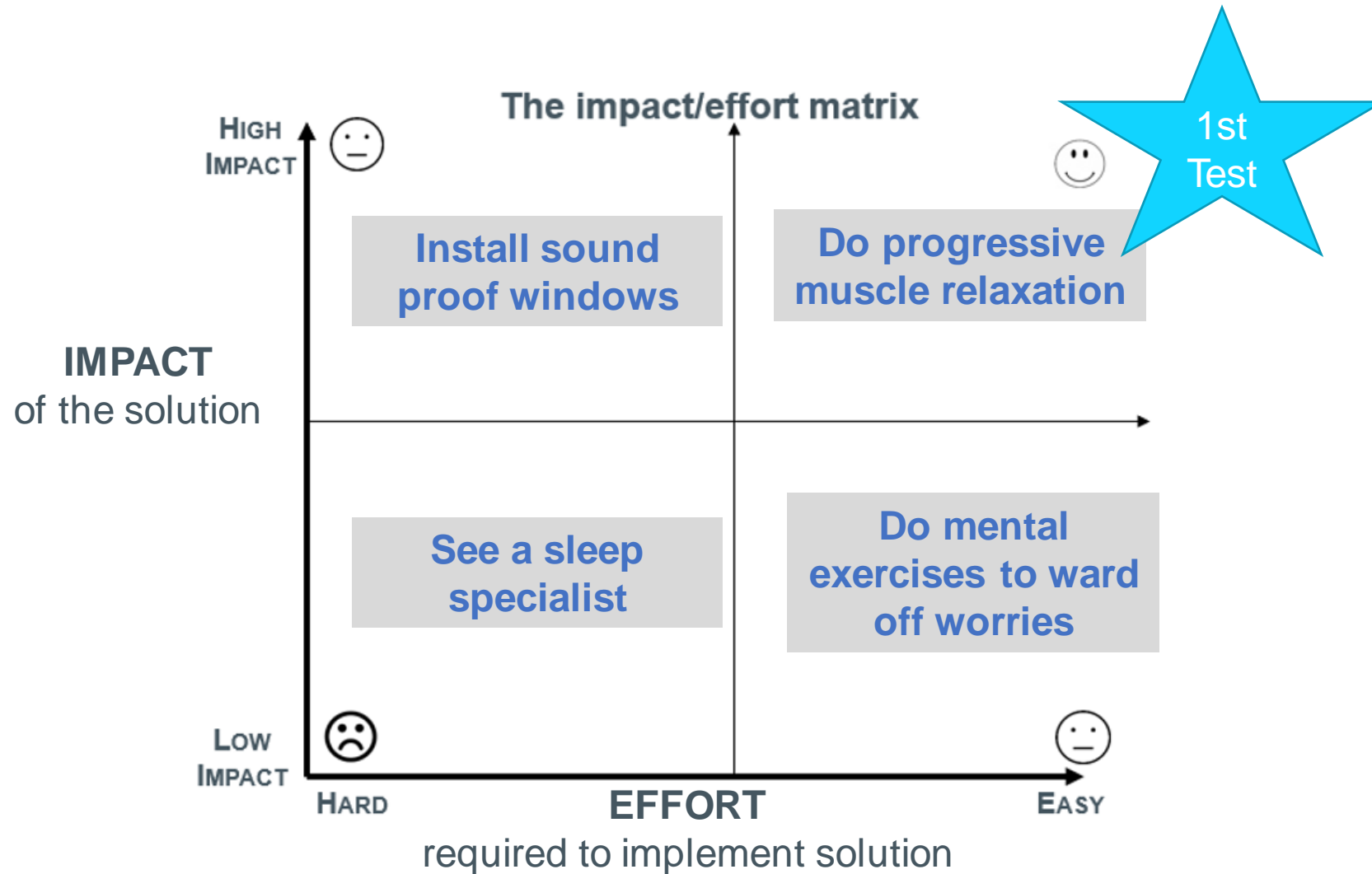*Which quadrant would this fall − place your arrow*

- Click to edit Master text s
  - Second level
    - Third level
      - Fourth level
        - Fifth level

The impact/effort matrix

HIGH
IMPACT

IMPACT
of the solution

LOW
IMPACT

HARD

EASY

EFFORT
required to implement solution

Improving Sleep − Team Consensus

The impact/effort matrix

1st Test

HIGH IMPACT ☺

IMPACT
of the solution

Install sound proof windows

Do progressive muscle relaxation

See a sleep specialist

Do mental exercises to ward off worries

LOW IMPACT

HARD

EFFORT
required to implement solution

EASY

Impact-effort matrix − Quiet at Night

The impact/effort matrix

HIGH IMPACT

Reduce unnecessary interruptions

Develop individualized sleep goals as part of care plans

Develop medication workflow that aligns with sleep goals

Limit the amount of light in patients room

Keep patients awake during day

Respond to call lights during day

Change location of nurses station

Reduce noises from equipment and facilities

Provide access to real time information

Address patient & family worries and concerns

Understand patient/family preferences for nighttime routine

Talk to patients/families about sleep goals

Access to mindfulness tools, e.g. meditation, journals, etc.

Use a standard protocol for nighttime (with individualized exceptions based on preferences)

Explain realistic expectations to patients/families

LOW IMPACT

HARD

EASY

Prioritization Matrix diagram

- A tool used to arrange and display information to help understand important relationships and make decisions

- It displays the relationship between two groupings (e.g., steps in a process and departments that conduct that step, vendors and section criteria)

- Can be used in many ways – we are going to talk about how to use for selecting change ideas to test (because we only have so much time and so many resources!) and want to be thoughtful

Prioritization matrix

Idea	Can be accomplished with existing resources?	Meets identified client needs?	Meets need of staff delivering it?	Senior leaders will actively support?	Total Score (higher is better)
Idea 1	2	4	3	4	13
Idea 2	5	4	4	5	**18**
Idea 3	4	2	1	3	10

1. List the ideas in the row, and the criteria for selection in the columns

2. Rate each idea on a scale of 1-5 (1 being low confidence and 5 being high confidence) for each criterion

3. Analyze which idea has the highest confidence

Before going over the proposed steps…

- Implementation is an **adaptive (complex) challenge** – treating it as a purely technical challenge will result in failure. (Think: Implementing this intervention is like "raising a child", NOT like "baking a cake" – you will need to constantly adjust strategy, process and timelines throughout the implementation process)

- While there may be stages for the implementation process – it is generally **not perfectly linear.** It is normal to go back and forth between stages (e.g. going back to assessing and building readiness when you encounter a barrier or adjusting your learning and measurement system as you learn more).

Step 1: Put Together Your Implementation Team

This should include:

- A **Senior Sponsor** (an executive or similar who can support the work and remove barriers

- An **Implementation Champion/Day-to-Day Lead**

- **One or more Client/Patient Team Members**

- **Staff who will be asked to test and implement the intervention**

Steps 2 and 3: Assess Readiness and Select Intervention

- While technically two steps, it often helps to do these two together

    - Different interventions require different levels of effort (resources, staff time, etc.)

    - Innovation-specific capacity could be high for some interventions and low for others

Step 4: Work on Improving Readiness

- Chances are one or more dimensions of readiness are on the lower end of the continuum

- Making sure all members of the team have a foundational understanding of **quality improvement** methods, is critical

- **Before doing anything else**, work to improve readiness

- Trying to implement an intervention with a low-level of readiness will nearly always result in failure

- Balance the above by <u>not </u>waiting for the perfect time or the perfect level of readiness (we are never perfectly ready and there is never the perfect time)

- Continue assessing and building readiness throughout the implementation process

Step 5: Break Down the Intervention into Smaller Parts

- Often an intervention is organized into components, phases or similar

- Many times, these can be broken down even further to specific "change ideas" or practices

- A Change Package is, by definition, broken down into individual change ideas (and sometimes these ideas can/should be broken down further)

- Explore what a feasible and strategic break down of the intervention looks like for your team/program/organization
  - How much could staff do in one week/month based on current capacity and resources?
  - How might you sequence this implementation (it may or may not match any phases noted in the intervention/change package)

Step 6: Develop a Project Charter and an iterative Work Plan

- The **Project Charter** will detail your aim and overall timeline, how you will work together and who will be responsible for each task/component (consider including a RACI in your charter)

- The **Work Plan** should is meant as a starting point. It is not meant to be followed to the letter and should be continuously updated

- **Paul's "law" of Project Implementation** "Each implementation project will take at least 1.5 time longer than you think it will". Put down the timeline you think is realistic and then extend it.

Step 7: Develop a Flow Chart and Scale-Up Plan

- Develop your theory for **workflow** – how will the intervention fit into an existing or new workflow? Develop a **Flow Map** outlining your theory.

- Begin thinking of **scale-up** from the beginning (IHI's Framework for Scale-Up is one useful tool for this)

Step 8: Develop Your Learning and Measurement System for the Implementation Project

- A simple, yet robust Learning and Measurement System will help you know if the intervention is having its intended effect and how the overall implementation process is going

- Consider the following:
  - What are the process and outcome measures you expect the intervention will improve?
  - What are the first/early indications that the intervention is working?
  - How will you know how the implementation itself is going?
  - What are some balancing measures to monitor (both those for the Intervention itself AND those related to spending time/resources on implementation)?

Step 9: Begin Testing by Using Quality Improvement Strategies, Methods and Tools

- Start with Change Ideas from the intervention for which there is relatively high degree of belief of its effectiveness and is (relatively) easy to test/implement

- Nearly all change ideas (and ALL Interventions) need some adaptation to the local context (regardless of the evidence-base behind them)

- Using Plan, Do, Study, Act Cycles (as feasible)
  - Tests should start as small as possible (e.g. one client or one case manager for one day/session)
  - Tests become larger as your degree of belief in the Change Idea grows

Continue to build readiness throughout this process!

Step 10: Test, Learn, Refine and Scale Your Way to Full Implementation

- Based on what you learn from each test, refine, continue testing. Once you are satisfied with a specific element/change idea, you can move toward implementing it at scale

- Adjust your work plan/timeline, Workflow, Scale-Up Plan and Learning and Measurement system as needed

Step 11: Sustain and Continue Improving

- Many change efforts revert to the former ways of doing things? How will you help sustain the use of this intervention?

- Your workflow and other services may change over time. How we these changes affect the intervention you have implemented?

- The Intervention or Change Package you have implemented can (and should be) improved upon
    - What change ideas do you have for improving the intervention?
    - How can you test these ideas?
    - How will you know if a change is an improvement?

Let's Go Through a Real-Life Implementation Guide!

CQII Client Self-Care Plan

As we review, consider the following:

- How might we assess readiness and build readiness for this implementation?

- How might we implement this?

- How might we break this intervention down into more manageable pieces?

- What is not in this implementation guide that we would need to add/test for this implementation to be successful?

Thank YOU!