

# **Accelerating Improvement: Testing versus Implementation**

**ARC – Advancing Recovery Collaborative**

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and  
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**Sacramento, CA  
June 25, 2014**

## **Getting to Implementation**

**Taking what you learn  
from testing and applying  
to the whole target  
population in a long-  
lasting, reliable manner.**

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## Definitions:

- **Testing:** Trying changes and adapting existing knowledge on small scale. Learning what works in your system.
  - Change is not permanent
  - Failure very useful here, even expected (and needed!)
  - Fewer people impacted than during implementation

★ **Implementing:** Making this change a part of the routine day-to-day operation of the system in your pilot population

- Don't expect failure here
  - More people impacted than during testing
  - Increased resistance compared to testing
  - Generally requires more time than testing
- **Spread:** adapting change to areas or populations other than your pilot populations

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## Testing a Change

- Increase your belief that the change will result in improvement in your organization.
- Opportunity for “failures” without impacting performance.
- Document how much improvement can be expected from the change.
- Learn how to adapt the change to conditions in the local environment.
- Evaluate costs and side-effects of the change.
- Minimize resistance upon implementation.

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## Principles for Testing a Change

1. Test on a small scale and build knowledge sequentially
2. Collect data over time
3. Include a wide range of conditions in the sequence of tests

## On the Basis of Learning from Test Cycles You Can:

- Implement as is (adopt)
- Dropped (abandon)
- Modified (adapt)
- Increased in scope (expand)
- Tested under other conditions

## Are We Ready to Implement?

### Appropriate Scope for a PDSA Cycle

Staff/Clinicians Readiness to Make Change

Current Situation		Staff/Clinicians Readiness to Make Change		
		Resistant	Indifferent	Ready
Low Confidence that change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
	Cost of failure small	Very Small Scale Test	Very Small Scale Test	Small Scale Test
High Confidence that change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Small Scale Test	Large Scale Test
	Cost of failure small	Small Scale Test	Large Scale Test	Implement

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## Gold Standard for Getting to Implementation

Satisfactory prediction of the results of tests conducted over a wide range of conditions is the means to increase the degree of belief that the change will result in improvement.

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# Cycles for Implementation

- The change is permanent - need to develop all support processes to maintain change.
- Learning is focused on integrating the change into the specific environment.
- High expectation to see improvement (no failures).
- Increased scope will lead to increased resistance.
- Generally takes more time than test cycles.

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## Why is Implementation So Hard?

- May not be if doesn't involve people
- If involves people:
  - Enthusiasm for testing may diminish when people start thinking about the change becoming permanent
  - Testing often with volunteers, implementation with wider group
  - Wider group may not be convinced of merit of change
  - Implementation engages infrastructure of organization whereas testing may have “**worked around**” it (operational knowledge)

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## So...What Can We Do?

- Use multiple PDSA cycles to implement the change
  - Testing is not de-facto implementation!
- Redesign support processes for new process
  - Training, getting forms, etc.
- Collect data over time when conditions are expected to change
  - Continue use of run or Shewhart chart
- Address the social aspects of change
  - WIFM, appreciation, publicity, resistance
- Think about and plan for maintenance of the change

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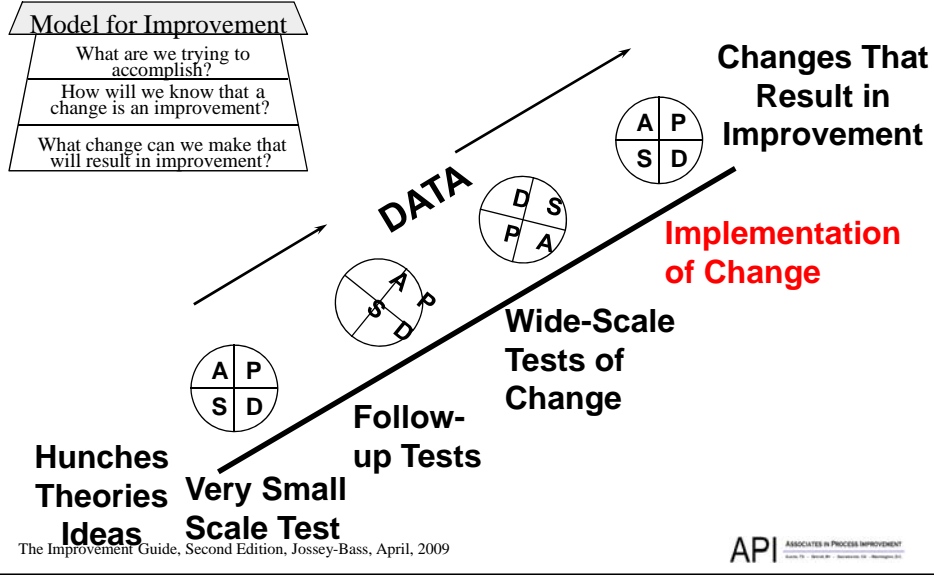
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## ARP Implementation Cycles

- Building Clients' Hope and Belief: Peer Meets with Clients at Initial Visit
  - Test: Availability of Peers for All Intake Visits
  - Test: Training Process, Content for Peers in This New Role
  - Test: Routinely Scheduling Peer Visits in Coordination with Intake Activities (new policies/procedures)
- Building Clients' Hope and Belief: Using Success Stories
  - Test: Keeping Available Stories Current and Updated
  - Test: Assuring All Clients Have Access to Stories
- Plan Meaningful Goals: Strengths-Based Group Supervision
  - Test: Scheduling Group Meetings Weekly Attended by All Provider Staff
  - Test: Tracking Tool to Assure All Clients are Discussed
  - Test: Process to Assign Which Clients are Discussed at Each Meeting

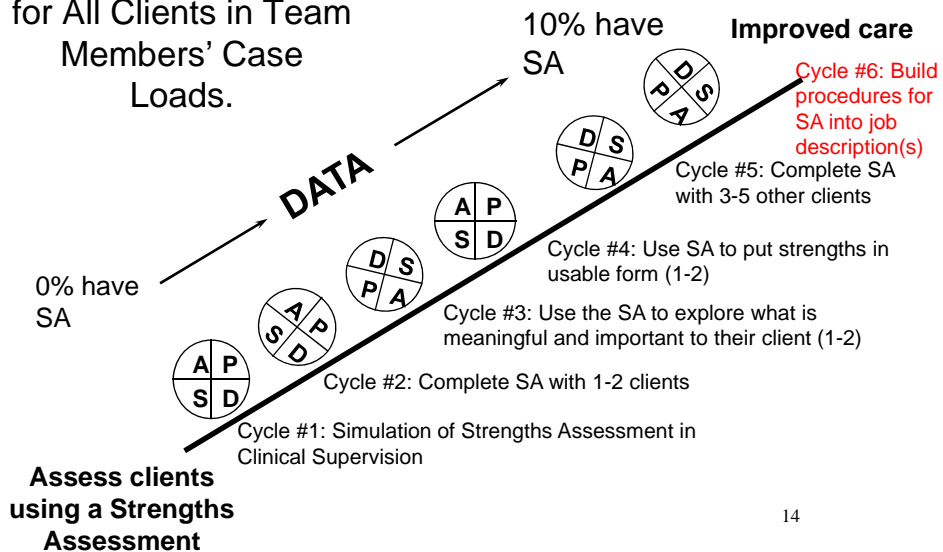
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# Using Multiple PDSA Cycles from Testing to Implementation



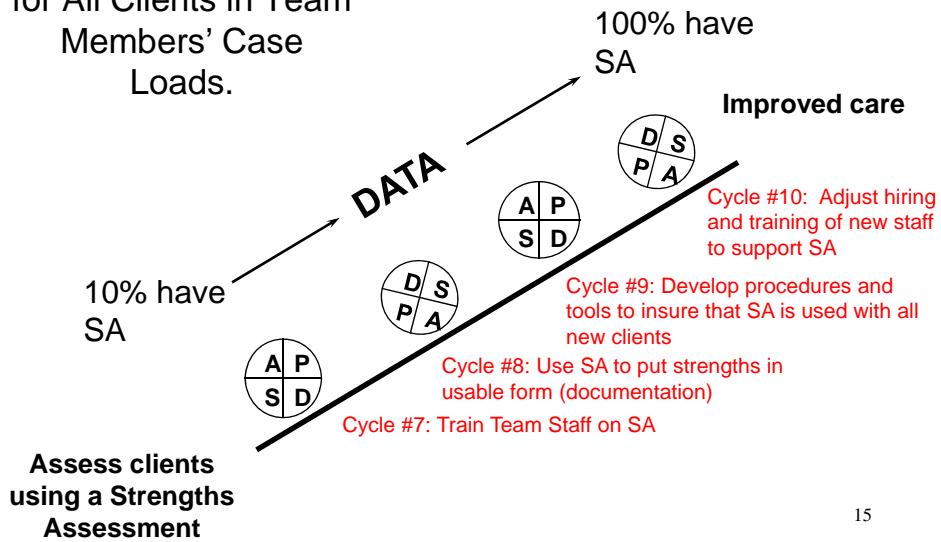
## Multiple Cycles of PDSAs (part 1)

**Aim:** Complete Strengths Assessment for All Clients in Team Members' Case Loads.



## Multiple Cycles of PDSAs (cont.)

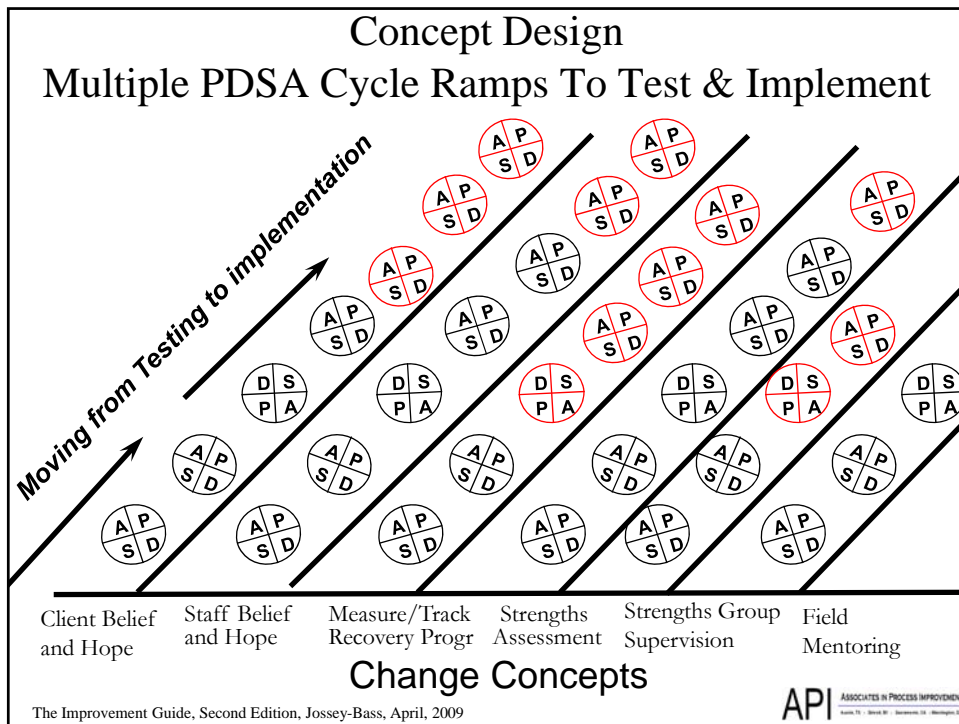
**Aim:** Complete Strengths Assessment for All Clients in Team Members' Case Loads.



## Strategies for Implementation

- “Just do it”:
  - Simple change, tested successfully
    - Do use at least one cycle to implement
- Parallel Approach
  - Phase in change by operating it side by side w/existing system
  - More complex. Plan on needing more PDSA cycles to implement
- Sequential Approach
  - Think about implementing in your pilot
    - Will all elements of the change be made in all of pilot
    - Or all elements in part of pilot
    - Or some elements of change be made in all of pilot
    - Or some elements of change be made in part of pilot





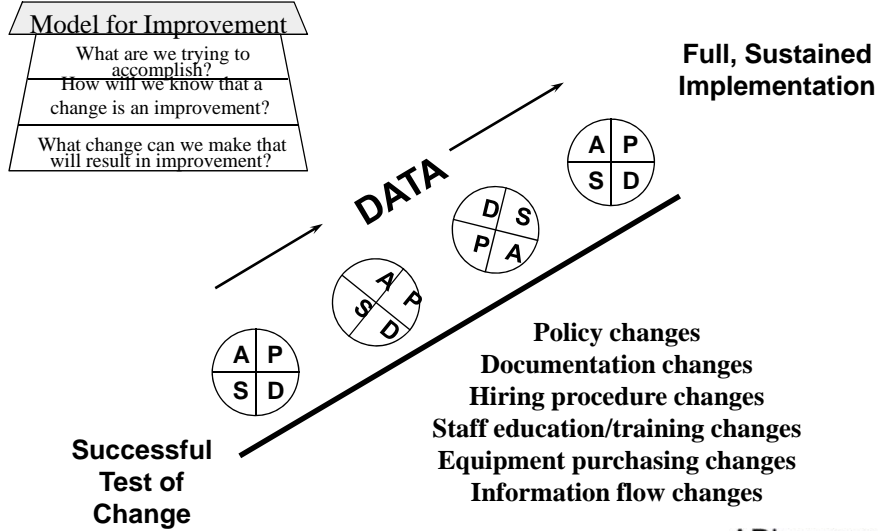
## Engage the Infrastructure

- Document the flow of the new process
- Provide training on the new process
- Address development of new skills if required
- Make changes to job descriptions, policies, and procedures, forms
- Address supply, equipment, design issues
- Assign day-to-day ownership for improvement and maintenance work of the new process
- Senior leaders held responsible for the efforts to sustain the change and remove inhibitors that might allow slippage back to the old system

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# Use PDSA Cycle to Engage Infrastructure



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Cycle No.	Change Tested or Implemented	Lead	July		August			September			October			November		
			27	3 10	17 24	1 8	15 22 29	5 12	19 26 30	3 10	17 24 31	7 14 21 28				
	<b>Policies</b>															
	<b>Documentation</b>															
	<b>Hiring Procedures</b>															
	<b>Staff education/training</b>															
	<b>Job descriptions</b>															
	<b>Information Flow</b>															
	<b>Equipment Purchases</b>															

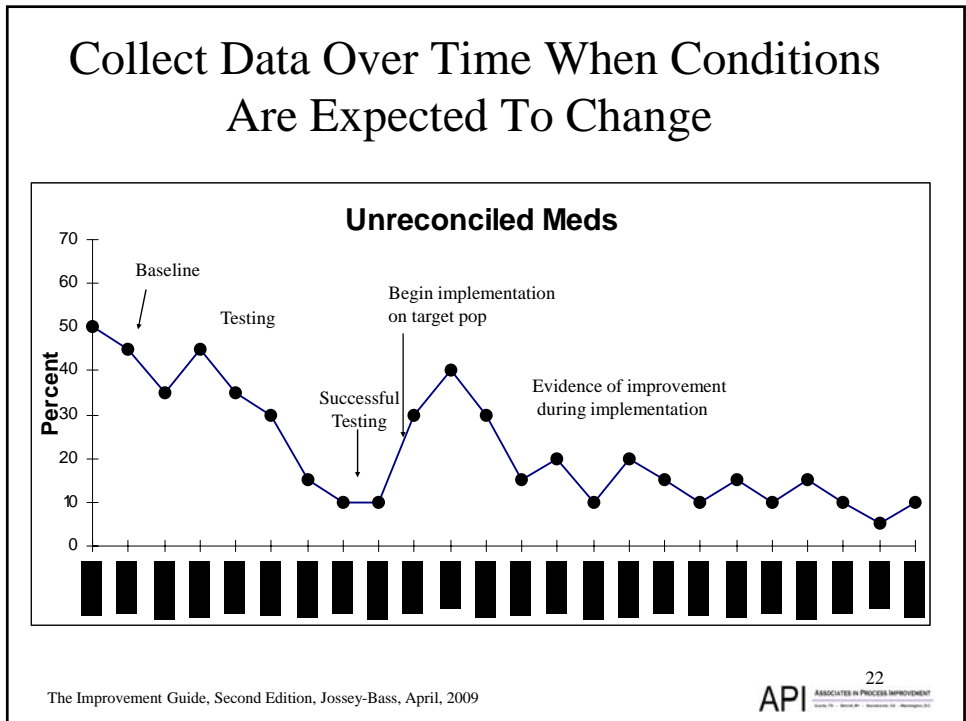
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Cycle No.	Change Tested or Implemented <i>Building Hope: Peer Contact at Initial Intake</i>	Lead	July		August				September			October			November											
			27	3 10	17	24	1	8	15	22	29	5	12	19	26	30	3	10	17	24	31	7	14	21	28	
	<b>Policies:</b> Process to Have Each New Client Meet with A Peer		_____																							
	<b>Scheduling:</b> Schedule Peer to Meet with Each New Client		_____																							
	<b>Documentation:</b> Develop Process to Document Peer Visit		_____																							
	<b>Staff Education/Training:</b> Train Peers of Process to Engage Client, Share Stories		_____																							
	<b>Job Descriptions:</b> Revise Peer Support Job Description With New Activity		_____																							
	<b>Information Flow:</b> Develop Process to Document Peer Relationship		_____																							

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APPROX. 10% IMPROVEMENT IN PERFORMANCE



## Bringing Implementation to Life

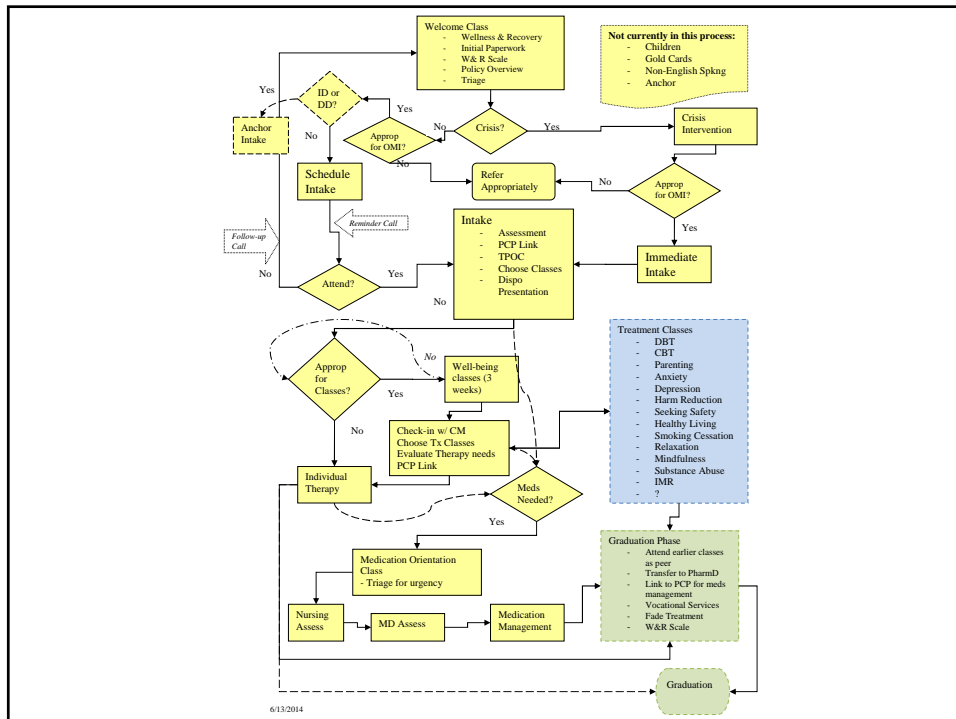
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The Evolution to a  
Wellness and Recovery Clinic

### Pre-Implementation

- Participation of senior leaders essential
  - ARP Collaborative paved the way by:
    - Shared understanding of W&R principles
    - Shared language
    - Shared belief in recovery
    - Shared commitment to begin work of shifting the treatment paradigm
    - Recognizing the data can inform treatment

# Pre-Implementation

- Open door brainstorming session
  - Six weekly sessions
  - What would your ideal W & R clinic look like?
  - All ideas welcomed and accepted
  - Clinic redesign slowly emerged from these work sessions
- Presented all ideas to staff during staff meeting and further refined strategy until a shared agreement was reached.



## Launch - July 1, 2013

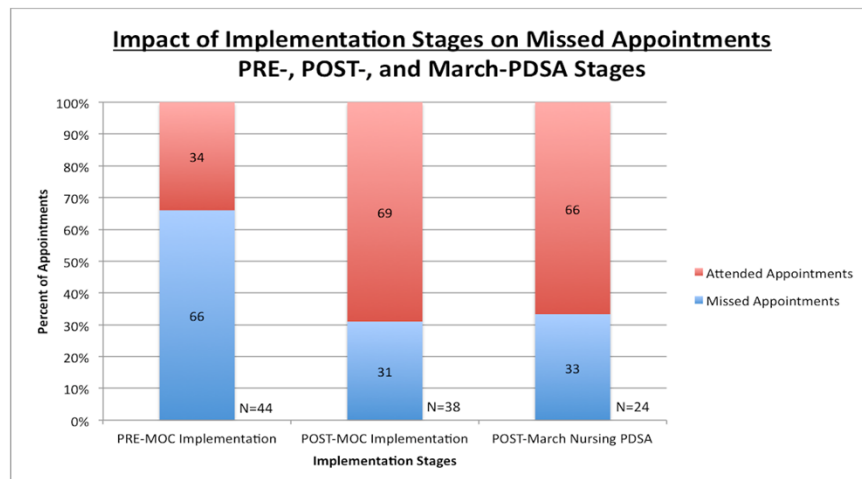
- Sr. Leadership funded an all day off-site meeting to launch new model.
  - Clear commitment Sr. Leadership support
  - Opportunity for celebration / team building
    - **Strengths Finder 101** group exercises. All strengths equally important.
  - Final roll-out of staff-created model
  - Each staff volunteered to be a steward for a particular part of the model (all staff – not just clinical).

## Ongoing Fidelity to Model

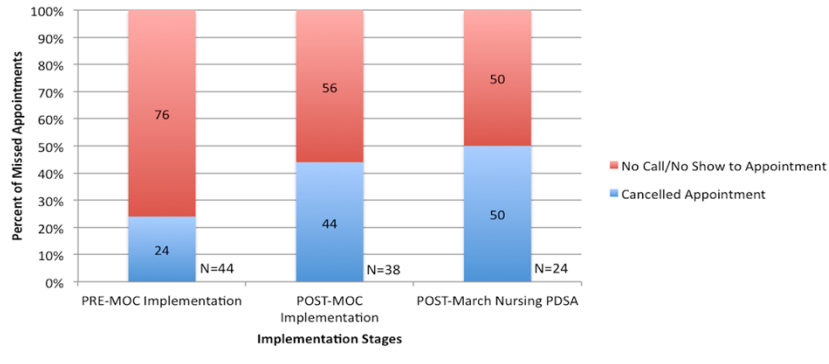
- Importance of Monthly Stewardship Meeting:
  - Maintains fidelity to model
  - Maintains staff engagement
  - PDSA formulation
  - PDSA tracking
  - Review of data tracking

## Importance of Infrastructure

- Simple tracking systems = lots of data
  - Creating one Excel spreadsheet has allowed our lead clerk to track data for our Medication Orientation Class:
    - Date of offered appt;
    - Date of accepted appt;
    - Date of attendance;
    - Requests to reschedule appointment;
    - No show / no call.)
- This one Excel Spreadsheet has allowed us to track the following data:



**Impact of Implementation Stages on Appointment Cancellations vs No Call/No Show Rates  
PRE-, POST-, and March-PDSA Stages**



**Impact of Medication Orientation Class: Comparison of Time to Offered & Attended Service, PRE- & POST-MOC**





# THE WHAT IFS

(Increasing the Odds of Success)

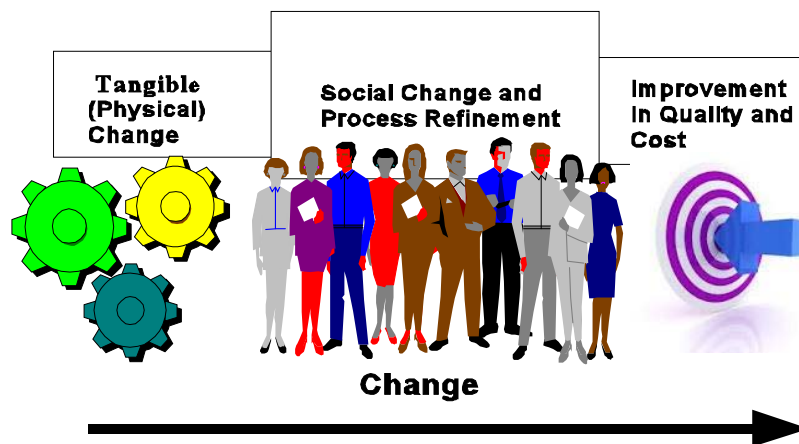
**THE WHAT:** “The Idea. The Change”

**I: Infrastructure** -- Do you need to make changes to the clinic and/or systems to support the change?

**F: Fidelity** -- How will you ensure fidelity to the change and to the overall model?

**S: Sustainable** -- Is this change sustainable? Will it survive staffing departures, budget changes, etc.?

## Implementation of Change and Its Social Consequences



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## Address the Social Aspects of Change

- **Provide information on why change being made**
  - Empathize w/anxiety-don't expect to eliminate it
  - Show how change supports aim of organization
  - Put it in historical perspective
  - Link to needs of patient/family/community
  - Reframe as opportunity
  - Provide hot line for questions/comments
- **Provide specific info on how will affect people**
  - Share results from testing
  - Be prepared for questions
  - Study rational objections and be prepared to address them
  - Include members of team who tested in presentations
- **Get consensus on resources and other support for implementation**
  - Define plan with milestones/dates
  - Ask leaders and key people to publicly support
  - Express confidence in those asked to carry out the change
- **Publicize the change**
  - Use symbolism, stories, pictures, etc.
  - Summarize key points and agreements as made
  - Show appreciation for those developing and testing change
  - Take advantage of significant events (crisis, inspection, complaint) and tie to implementation

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## Attributes of the Change that Affect the Rate of Adoption

- **Relative advantage -WIFM**  
(evidence from testing that idea is better)
- **Compatibility with current system –think cell phone**  
(reflects beliefs, values of adopter, structure, practices)
- **Simplicity of the change and transition**  
(how easy to understand idea)
- **Testability of the change-test drive!**  
(how easy to test the idea)
- **Observability**  
(how visible is the change and results)
- **Reversibility**  
(how easily can adopter go back to old ways)

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## Reactions of People to Change

- **Resistance:** An emotional or behavioral response to real or imagined threats to the work routine because of the change.
- **Apathy:** Feeling or showing little or no interest in the change.
- **Compliance:** Publicly acting in accord while privately disagreeing with the change.
- **Conformance:** Changing behavior as a result of real or imagined group pressure.
- **Commitment:** Becoming bound emotionally or intellectually to the change.

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## Mitigating Resistance to Change

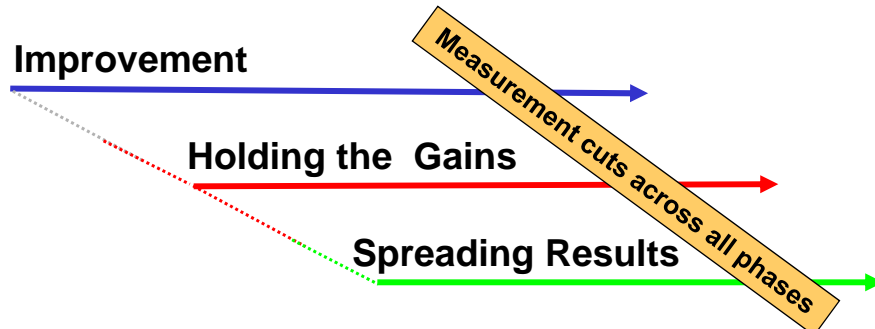
- Provide information on why the changes are being made (Aim)
- Have key leaders publicly support and drive the changes
- Continue the communication through visual displays, newsletter articles, etc
- Describe how the changes will affect people
- Publicize the various people in the organization involved in developing and testing the change
- Publicize the positive results of tests of the change

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## Address the Social Aspects of Change

**...to create a new system  
of care**



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## After Implementation: Hold the Gains

Old System                      New System  
←

### Some Inhibitors

- “We met our goals”
- “We assumed the improvement would hold”
- Other priorities took all resources away
  - (not on senior management’s radar screen)
- Did not learn how to hold the gains
- Infrastructure not in place

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## After Implementation: Hold the Gains

- Use run charts to monitor measures for performance/outcomes from the collaborative
- Design effective Control System
  - Use your internal QA resources and integrate activities into system-wide control system
- Plan to standardize new process and verify conformance to the standard