



Spread Your Surgical Improvements

February 8, 2019

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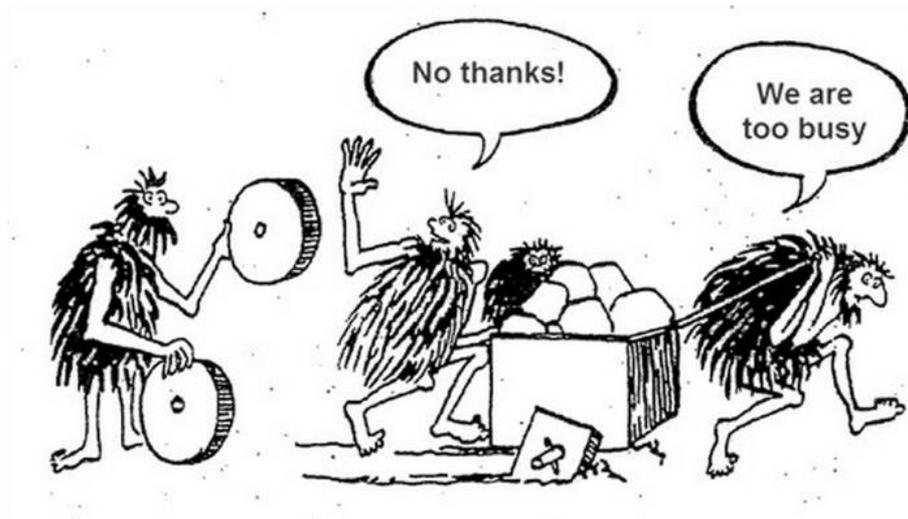
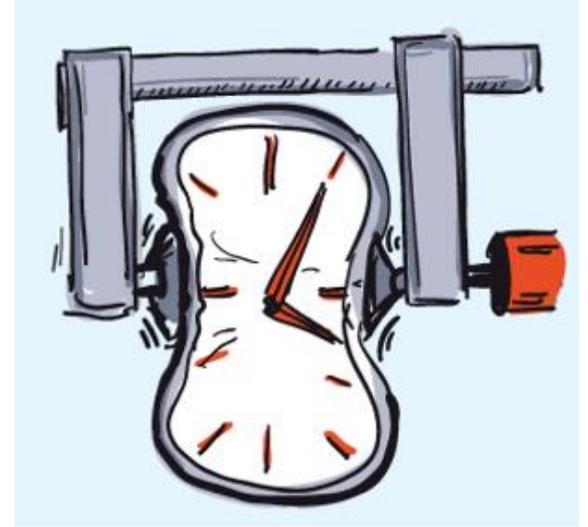


Outline

- Context
- Theory and Frameworks
- 7 “Spreadly Sins”
- Best Practices and Tools



Context



Spread vs. Sustainability

Spread – *“when best practice is disseminated consistently and reliably across a whole system, and involves the implementation of proven interventions”*

Sustainability – *“when new ways of working and improved outcomes become the norm”*

* Jeffcott, S (2014). [The spread and sustainability of quality improvement in healthcare.](#)
NHSScotland Quality Improvement Hub.



Technical Aspects

Social Aspects

Change

Disseminate
Information

Overcome
Barriers

[Institute for Healthcare Improvement \(2018\). IHI Psychology of Change Framework to Advance and Sustain Improvement](#)





Some Theory

Diffusion of Innovation

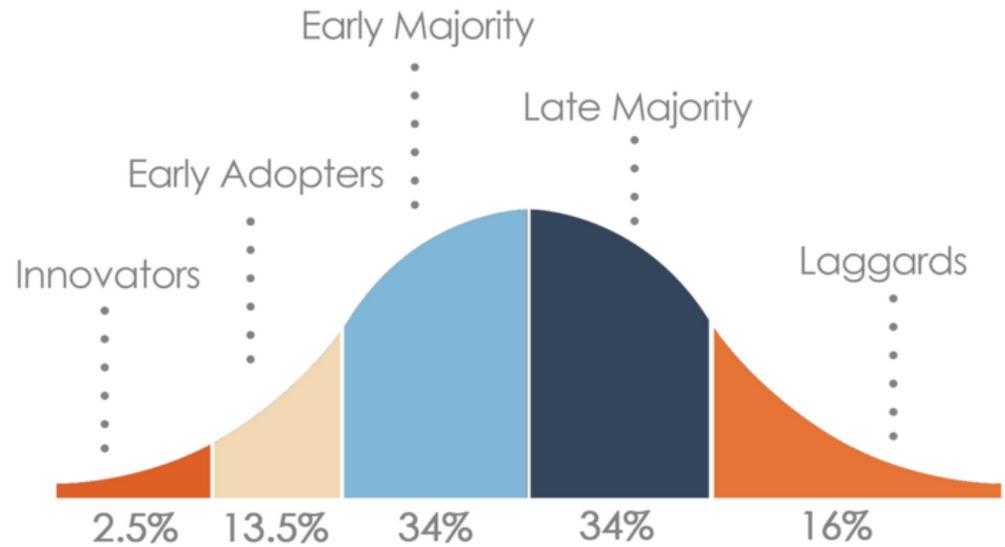
Psychology of Change

Complexity Theory



Diffusion of Innovation

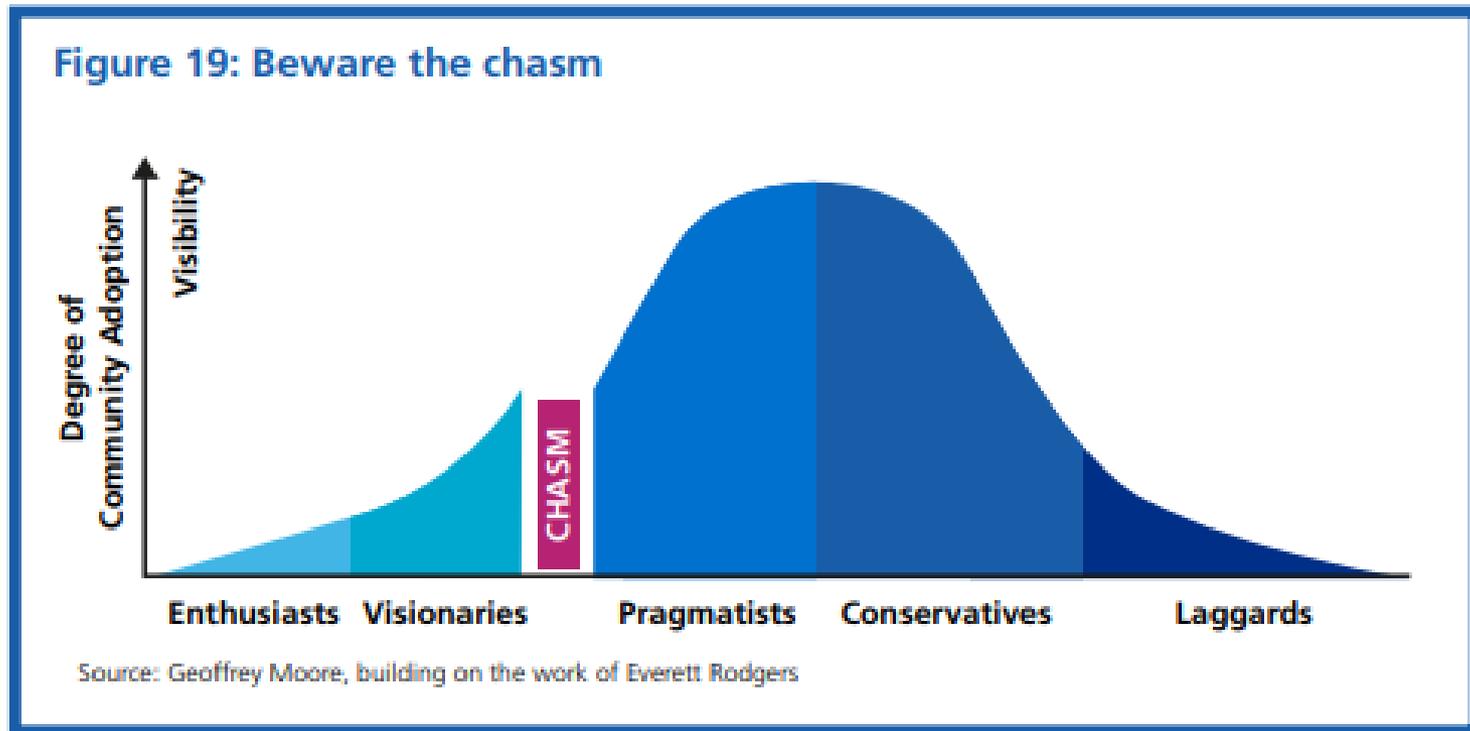
1. Advantageous
2. Compatible
3. Simple
4. Testable
5. Observable



Rogers Diffusion Of Innovation Bell



Beware of the Chasm

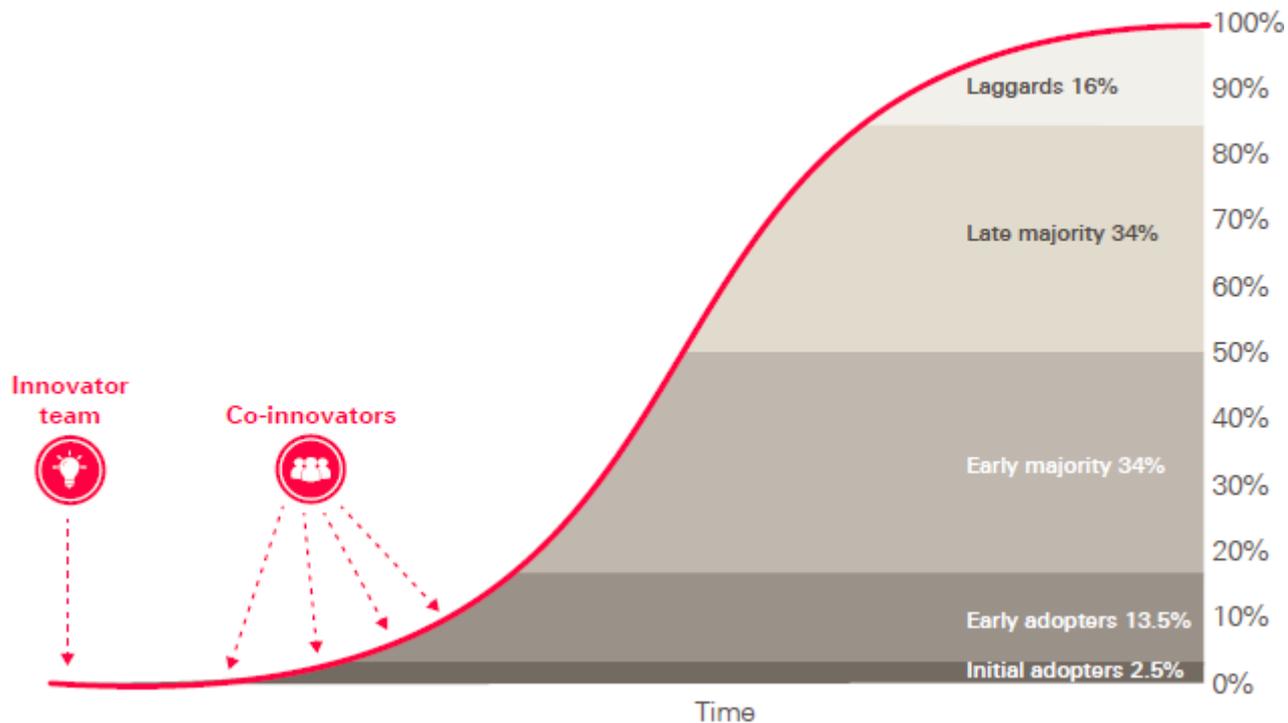


[Sustainable Improvement Team and the Horizons Team – NHS England \(April 2018\).
Leading Large Scale Change: A practical guide](#)



Diffusion to Co-Innovation

Figure 11: The initial spread process as oo-innovation



[The Health Foundation \(September 2018\). The spread challenge: How to support the successful uptake of innovations and improvements in health care](#)



Stages of Change

1. Pre-contemplation
2. Contemplation
3. Action
4. Maintenance



Communication Principles for Spread

1. Involve people early in the process so that you can listen to their needs
2. Enlist change champions
3. Communicate within networks as well as with individuals
4. Communicate closely with opinion leaders

[The Health Foundation \(2015\). Using communications approaches to spread improvement](#)



Dissemination Approach	Summary of Key Findings
Written materials	May increase awareness but less likely to motivate behaviour change
Conferences	May spark awareness, particularly in early adopters
Social media	Has the potential to spread ideas and increase uptake, but may not be being used effectively in health care
Campaigns	Have the potential to spread ideas and increase uptake, but evidence of longer term impacts is lacking
Change champions	Can influence uptake, especially among clinicians
Training	Can improve the knowledge and skills of participants but the impacts depend on the format and may be short term
Train-the-trainer	Can help to share skills but may not always improve uptake of new practices if sufficient resources aren't dedicated to rollout
Action research	HAS the potential to spread practice within wider teams, but the evidence base is lacking
Collaboratives	Evidence is mixed – can help to improve good practice but effects may not be long-lived and may not disseminate more widely
Networks	Can help spread ideas, but the exact mechanisms for this and how to harness networks effectively remains uncertain

Complexity Theory

- Complex system:
 - Process of reinvention through spread
 - Focus on key principles vs. specific solutions
- Environment and context as important as idea/change
 - Degree of exploration and experimentation

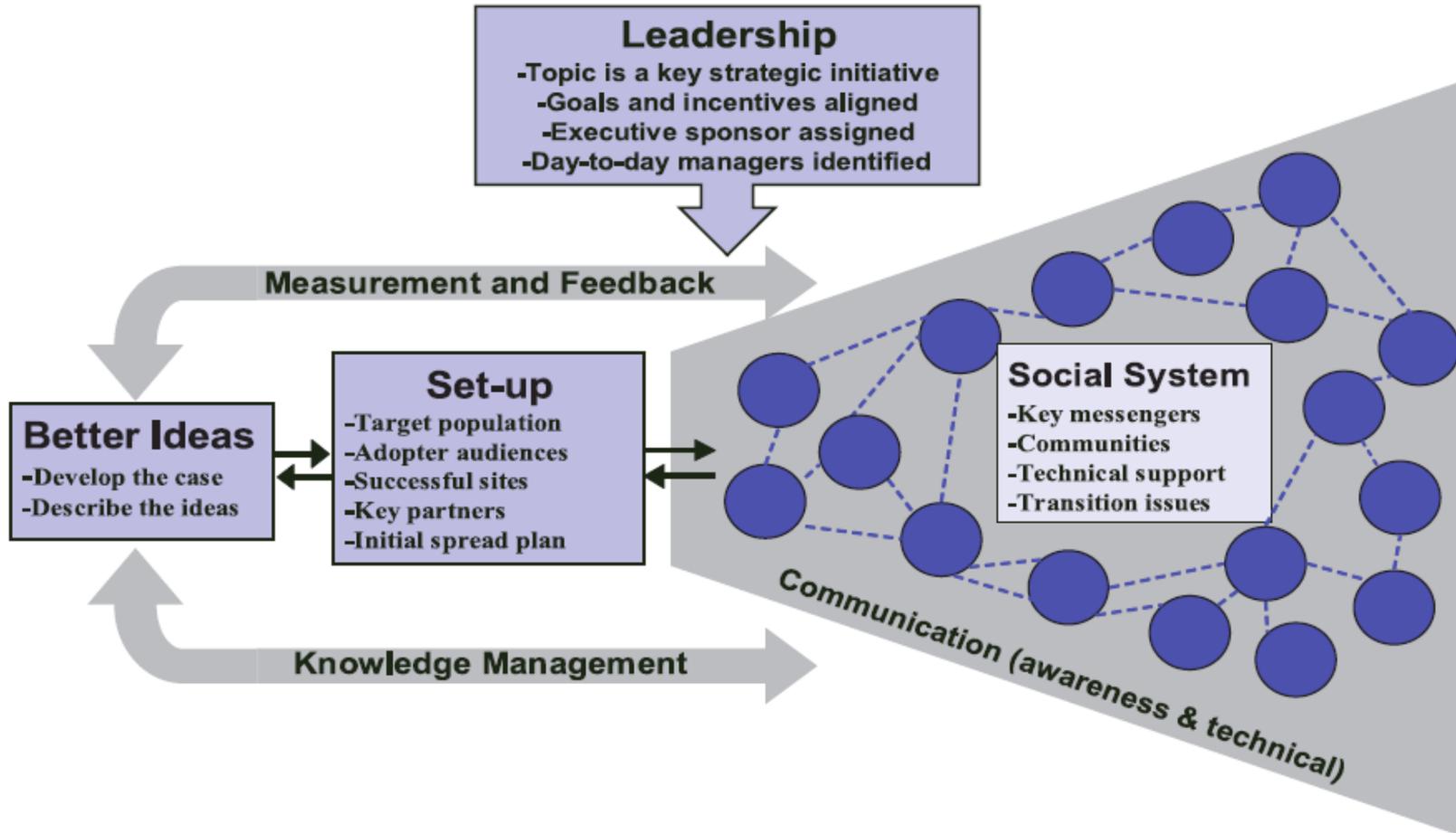


Organizing Your Approach

- IHI Framework for Spread
- IHI Scale Up Framework
- Healthcare Improvement Scotland Spread & Sustainability Framework
- Mayo Clinic Model of Diffusion
- Kaiser Permanente Spreading Effective Practices
- Many more



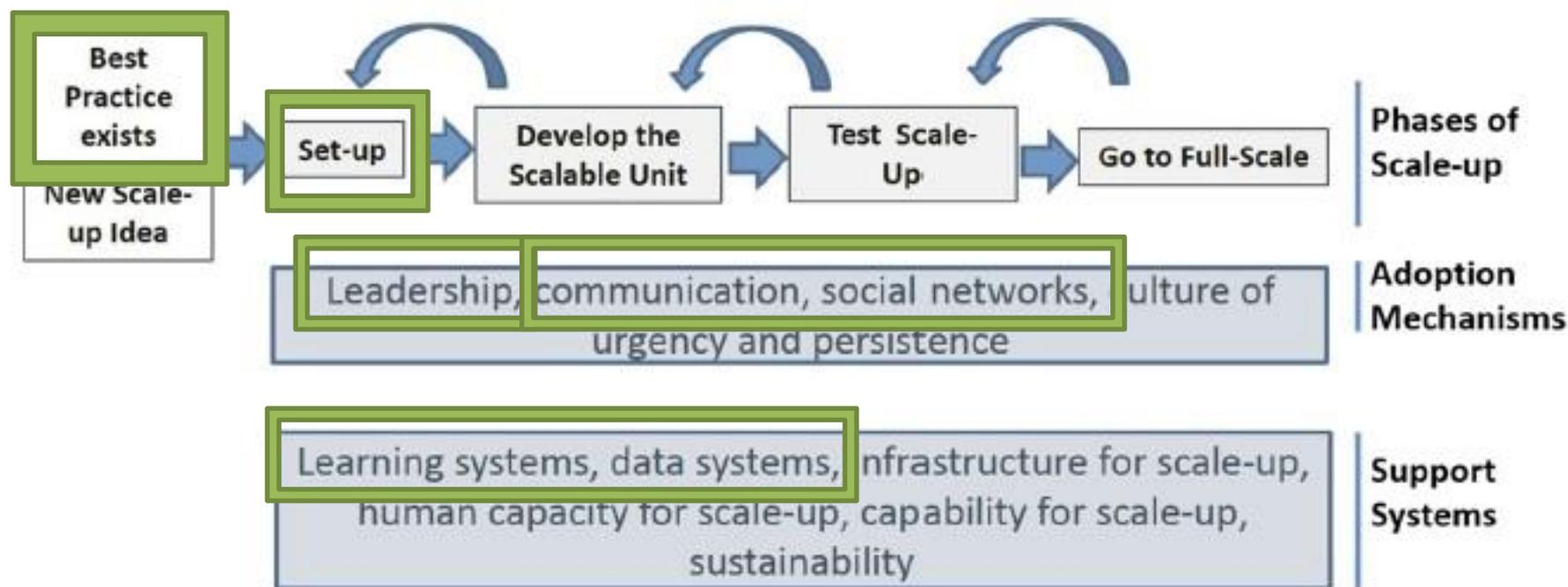
Framework for Spread



IHI (2006). A framework for spread: From local improvements to system-wide change



Framework for Going to Full Scale



Barker et al. (2016). [A framework for scaling up health interventions: Lessons from large-scale improvement initiatives in Africa.](#)



7 Deadly...“Spreadly Sins”



7 “Spreadly Sins”

1. Don't bother testing – just do a large pilot
2. Give one person the responsibility to do it all
3. Rely solely on vigilance and hard work
4. Spread the success unchanged; don't bother adapting
5. Require the person and team responsible for initial improvements to lead spread
6. Check progress/data just once every quarter
7. Expect huge improvements quickly then spread right away



Table Discussion

1. Why are the 'spreadly sins' a problem?
2. How can you avoid the 'spreadly sins' when spreading your surgical improvements?



Experience in Practice

- No simple answer
- Different approaches for different contexts
- Training alone unlikely to be successful
- Best strategies incorporate variety of approaches



Best Practices from Evidence

1. Involve range of people in implementation & dissemination
2. View people as active change agents not passive
3. Emphasize alignment with people's priorities
4. Target messages differently to different audiences
5. Support and train people to understand and implement change
6. Plan dissemination strategies from outset
7. Dedicate time for dissemination
8. Make use of wide range of approaches
9. Evaluate success of innovations and improvements

[The Health Foundation \(2014\). Spreading improvement ideas: Tips from empirical research](#)



Resources

- [NHS Spread and Adoption Tool](#)
- [CFHI Readiness to Spread Assessment](#)
- [CFHI Spread Plan](#)
- [The Health Foundation \(2018\). The spread challenge](#)
- [IHI Psychology of Change Framework \(2018\)](#)
- [NHS England \(2018\). Leading large scale change](#)
- [The Health Foundation \(2015\). Using communications approaches to spread improvement](#)
- [NHS Scotland \(2014\). The spread and sustainability of quality improvement in healthcare](#)
- [The Health Foundation \(2014\). Spreading improvement ideas: Tips from empirical research](#)
- [IHI \(2006\). A framework for spread](#)



THANK YOU!!

Questions?

