Preconception CoILN
Preconception IM CoILN Webinar

PDSAs to Sustainability

Mary Webster, MSN, RN, CPHQ
January 29th, 2021
12-1pm ET
This webinar is being recorded.

- This webinar will be archived on BeforeandBeyond.org, under Program > “Preconception IM CoIN” tab.
- Stay tuned for information about accessing this recording and the additional webinars in this series.
OUR GOAL: This Preconception CoIIN will develop, implement, and disseminate a

**woman-centered,**

**clinician-engaged,**

**community-involved**

approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.
Agenda

• Welcome
  • Sarah Verbiest, DrPH, MSW, MPH

• PDSAs to Sustainability
  • Mary Webster, MSN, RN, CPHQ

• Closing Remarks/Evaluation Link
PDSAs to Sustainability: You Can!

Mary Webster, MSN, RN, CPHQ

Senior Program Director for Population Health Improvement Partners and DATA team QI coach for the IM CoIN project
Objectives

Explore current project areas/processes that are being sustained and ready for scale

Identify at least 2 key factors to sustain improvement that can be incorporated into your ongoing project plans.
Sustainability - Hard or Easy?
Remember way back...

When it was May...
We discussed:
• PDSAs during rapidly changing times
• Adaptations & pivoting of your interventions due to COVID19.
• Decided it was possible to continue rapid cycle testing and learn
• Thought about what was ready for scale and spread
• Readiness assessments
From PDSAs to Sustaining

PDSAs test your theories or hunches

Larger scale testing leads to implementation

Consider what you are doing at your site now, what have you been able to sustain?
Change Management

• 4 Basic conditions that are important for success
  • 1) **A compelling story**: staff/patients/population must see the point of the change and agree with it
  • 2) **Role modeling**: they must also see senior colleagues they admire behaving in a new way (internal site innovation/change). How does this translate for patients?
  • 3) **Reinforcing mechanisms**: systems, processes, and incentives must be in line with the new behavior. Is it hard to do the process any other way? Incentives don’t have to be just financial. What about patient satisfaction survey data?
  • 4) **Capability building**: staff must have the skills required to make the desired changes. Think about yearly competencies, mentoring of new staff, orientation skills.
Defining Spread and Scale (refresher)

- Spread is replicating an intervention. Scale-up is building infrastructure to support full scale implementation
- Spread can be thought of as reach, everyone who is eligible for a particular health intervention is receiving it. While scale is often thought of as replication
  - McGahan (IOM report 2015)
- Spread is associated with horizontal diffusion, (e.g. with an innovation spreading along a care pathway). Scale up is vertical diffusion (deliberate, systematic approaches to increasing the coverage, range, and sustainability of services).
- Spread is actively disseminating best practice and knowledge ... and implementing each intervention in every available care setting.
  - IHI White paper 2007 (ihi.org)
When new ways of working and improved outcomes become the norm.

Source of definition: The Sustaining Outcomes Toolkit
Screening for Pregnancy Intention

Goal = 90%
Sustaining for the Preconception CoIIIN

- Before and Beyond Website
- Practice Guideline
- Patient Education Resources
- EMR enhancements
New Ways of Working

What **changes** have you already made to achieve the improved outcomes?
What **key outcomes or processes** have already improved within your clinic or agency?
Sustainability Planner

• Seven key factors:
  • Clarify what you are sustaining
  • Engage leaders
  • Involve and support front line staff (those doing the work)
  • Communicate the benefits of the improved outcome
  • Ensure the change is ready to be implemented and sustained
  • Embed or hardwire it
  • Build on ongoing measures
Make it the Norm!

Ownership
Oversight to maintain & monitor outcomes

Monitor & Feedback
Continuously monitor outcomes to know if the new changes are still working

Leadership
Leaders keep the focus on sustaining the new changes & outcomes

Perceived Value
Valuable to those impacted by the new changes

Staff
Staff have the skills & confidence to continue implementing the new changes

Organizational Infrastructure
Internal operations support the new changes

Funding
Obtaining funding to assist with ongoing implementation of the new changes

Source of Key Factors:
The Sustaining Outcomes Toolkit
CT eLC Sustainability Worksheet

Sustainability Worksheet and Plan

**Sustainability** is when new ways of working and improved outcomes become the norm.

**Instructions:** Use this worksheet to create a plan to sustain your improved outcomes. Work together as a team to review and complete each section.

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### A. Improved Outcomes

What key outcomes have improved within your clinic?

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### C. Make it the Normal Identifying Key Sustainability Factors

Which key sustainability factors will you address to ensure your protocol changes and outcomes are sustained? Select yes on no per factor below.

- **Import** Which factors have the highest impact on sustaining the outcomes?
- **Influence** To what degree can you influence the factor?

#### Ownership
- Oversee the implementing of the new changes?
  - Yes, No

#### Perceived Value
- Valuable to those impacted by the new changes
  - Yes, No

#### Leadership
- Leaders keep the focus on sustaining the new changes & outcomes
  - Yes, No

#### Monitor & Feedback
- Continuously monitor outcomes to know if the new changes are still working
  - Yes, No

#### Staff
- Staff have the skills & confidence to continue implementing the new changes
  - Yes, No

#### Organizational Infrastructure
- Internal operations to support the new changes
  - Yes, No

#### Funding
- Obtaining funding to sustain with ongoing implementation of the new changes
  - Yes, No

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### B. New Ways of Working

What key protocol changes have you implemented to achieve these outcomes?

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### D. Make it the Normal Creating a Plan to Address Key Sustainability Factors

How will you address the priority factors you selected in Section C? Consider the suggested ideas in the below table.

<table>
<thead>
<tr>
<th>Sustainability Factors</th>
<th>Our Plans to Address the Factor</th>
<th>By When?</th>
<th>Who is the lead?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ownership</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How might we:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assign one person to be the owner of the new process and changes</td>
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<tr>
<td>- Define roles of the process owner including reviewing data on a quarterly basis to identify slippage, supporting the team to design improvements as needed, and communicating data to leader/leaders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceived Value</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>How might we:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Celebrate success with staff and patients to show value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Use data and staff and patient quotes to communicate value</td>
<td></td>
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</tr>
</tbody>
</table>
What 3-4 key factors will your clinic/agency address?
Make it the Norm?  Addressing the factors

What are you currently doing to sustain the changes?

What additional things are you planning to do?
Data Collection during Sustainment

What essential data are you still getting?

What measure will tell you the process is still working?

Setting a process for collection

Regular Schedule of reporting, not a frequent as before
Does Sustainability look like this?
Reflect and Discuss

- Leadership is key to sustainability
- Having a structure for each spread, scale, sustainability will be key to success
- Continue to seek feedback from “end users” and frontline staff
- PDSAs will remain your friend
- Measure what matters
- Note ideas to communicate and celebrate each other now
  - Front Line staff
  - Leadership
  - Support Staff
  - Clients/Families
References

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https://unc.az1.qualtrics.com/jfe/form/SV_56YfTPLchzWGYwC
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Closed LinkedIn Group
Search “PCHHC”
Have you been reading our monthly newsletters?

Preconception IM CoIIN focused newsletters are distributed regularly

Archived on
BeforeandBeyond.org/PCHIMCoIIN

If you haven’t received one, email:
SuzanneW@med.unc.edu
ABOUT HRSA IM CoIIN PRECONCEPTION PROJECT: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF3MC31239-Providing Support For The Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality. The grant amount totals $1,494,993. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
THANK YOU!