



# Preconception CoIN

Preconception IM CoIN Webinar

## PDSAs to Sustainability

Mary Webster, MSN, RN, CPHQ

January 29<sup>th</sup>, 2021

12-1pm ET



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership



# This webinar is being recorded.

- This webinar will be archived on [BeforeandBeyond.org](http://BeforeandBeyond.org), under Program > “Preconception IM CoIN” tab.
- Stay tuned for information about accessing this recording and the additional webinars in this series.



# WOMEN-CENTERED CLINICIAN-ENGAGED COMMUNITY-INVOLVED



**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 ColIN project



## Objectives

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

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Identify at least 2 key factors to sustain improvement that can be incorporated into your ongoing project plans.



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# Sustainability- Hard or Easy?

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# Remember way back...

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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



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From  
PDSAs to  
Sustaining

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PDSAs test your theories or hunches

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Larger scale testing leads to implementation

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

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# 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
  - Greenhalgh, T., & Papoutsi, C. (2019).
- 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).
  - Ilott, I., (2013).
- Spread is actively disseminating best practice and knowledge ... and implementing each intervention in every available care setting.
  - IHI White paper 2007 (ihi.org)

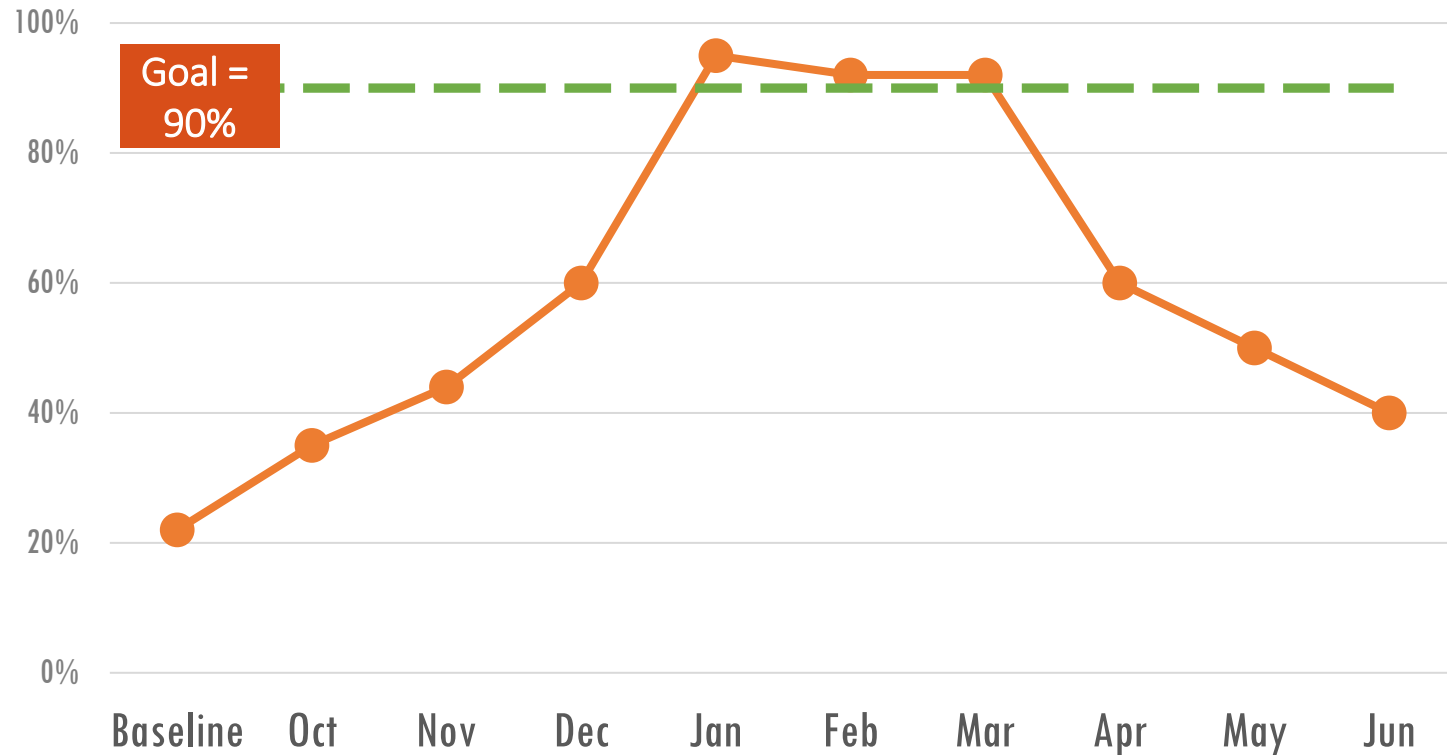
# Sustainability



*When new ways of working  
and improved outcomes  
become the norm.*

Source of definition: [The Sustaining Outcomes Toolkit](#)

# Screening for Pregnancy Intention



# Sustaining for the Preconception CoIIN

- 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?

# 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 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.

## A. Improved Outcomes

What **key outcomes** have improved within your clinic?

## C. Make it the Norm! Identifying Key Sustainability Factors

Which **3-4 key sustainability factors** will you address to ensure your protocol changes and outcomes are sustained? Select **yes** or **no** per factor below.

Consider the following when selecting your top key factors:

❖ **Impact:** Which factors have the highest impact on sustaining the outcomes?

❖ **Influence:** To what degree can you influence the factor?

 **Ownership** *Oversight to maintain & monitor outcomes*  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 assist with ongoing implementation of the new changes*  Yes  No

## B. New Ways of Working

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

## D. Make it the Norm! 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.

Sustainability Factors	Our Plans to Address the Factor	By When?	Who is the lead?
 <b>Ownership</b> How might we: <ul style="list-style-type: none"> <li>Assign one person to be the owner of the new process and changes</li> <li>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 leaders/staff</li> </ul>			
 <b>Perceived Value</b> How might we: <ul style="list-style-type: none"> <li>Celebrate success with staff and patients to show value</li> <li>Use data and staff and patient quotes to communicate value</li> </ul>			

# Sustainability Worksheet and Plan



**What 3-4 key factors will your clinic/agency address?**

1

Impact

2

Influence

# Make it the Norm? Addressing the factors

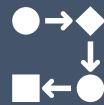
What are you currently doing to sustain the changes?

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 as frequent as before



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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

- Rogers E. Diffusion of Innovations. New York: The Free Press, 1995.
- Gladwell, M. The Tipping Point: How Little Things Can Make a Big Different. Boston: Little, Brown, and Company, 2000.
- Thomas, S. and Zahn, D. Sustaining Improved Outcomes: A Toolkit. (Funded by New York State Health Foundation) July 1, 2011 <https://nyshealthfoundation.org/resource/sustaining-improved-outcomes-a-toolkit/>.
- Langley et. al., *The Improvement Guide: A practical approach to enhancing organizational performance*, 2<sup>nd</sup> ed., Jossey-Bass, 2009.
- IM CoIIN: Webinar 3: *Spreading and Scaling Innovations*. May 14, 2020. Slides, recording, and resource guide available on the IM CoIIN platform until Mar 20, 2021.





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mwebster@improvepartners.org |

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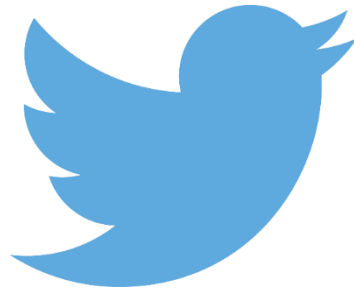
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# THANK YOU!



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