

Spreading Effective Practices

Toolkit

December 2010, *revised September 2013*



Acknowledgements

Special acknowledgements to the Kaiser Permanente Program Offices *Kaiser Permanente Innovation, Incubation and Spread* (KIIS) workgroup members for their support, dedication, and development of these materials:

Care Management Institute

Jim Bellows (Sponsor)
Denise Myers
Estee Neuwirth
Jann Dorman

Department of Care & Service Quality

Doug Bonacum
Hannah King

Office of Chief Finance Operations

Leslie Francis

Strategic Optimization

Al Ibrahim

Center for Health System Performance

Lisa Schilling (Sponsor)
Kristene Cristobal
Dennis Deas
Gerald Linnins

National Transplant Services

Ruth Brentari

The Permanente Federation

Tracy Cameron

Production Credits:

Graphics, layout, and formatting design by Stephanie Lim, Care Management Institute

© 2010, Kaiser Permanente, Care Management Institute, National Performance Improvement. All Rights Reserved.

Table of Contents

Spreading Effective Practices Toolkit

Section I:

Introduction

Introduction	4
Why a Spread Toolkit?	4
What you will find in the Toolkit	5

Section II:

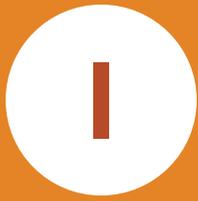
Nine Steps for Spreading Effective Practices

Determine Organizational Readiness for Spread (Steps 1-4)	6
Develop a Plan (Steps 5-6)	7
Execute the Plan (Steps 7-9)	7
Spread Approaches in Operations	8
Stacey Metric	9
Definitions	10

Section III:

Readiness to Spread & Receive Assessment

Identify Practice Readiness to Spread Tool	11
Identify Site Readiness to Receive Tool	15
Assessment Scoring Sheets	18
Resources to Identify Effective Practices	20
References	21



Section I: Introduction

Introduction

Welcome to KP's Spreading Effective Practices Toolkit. We developed these tools to help teams across KP spread effective practices from sites where they have been developed to sites that could benefit from receiving them. When we use and refer to the term "spread" we mean a *series of planned efforts to implement a practice, product or process broadly within an organization in all applicable work units*. If you are planning to receive an effective practice from another site, or hoping to spread an effective practice from your site to others, we invite you to use these tools.

The Toolkit is intended primarily for Program Office, Permanente Federation staff and regional leaders involved in supporting identification and spread of effective practices. We imagine some early applications will be in the spread of Lawrence Award and Vohs Award winning practices, or perhaps transfer between regions of improvements generated by facility level efforts.

Why a Spread Toolkit?

KP has always been a rich source of innovation with some local KP innovations becoming standard practice program-wide or externally. However, that doesn't always happen. In our experience, KP has sometimes spread innovations too soon, when they needed further development to be ready for prime time. At other times, KP hasn't spread practices that are ready. We believe KP's structure and resources should enable us to be absolutely world-class in spreading the most effective practices throughout our system if we keep developing people and processes that support spread. We have developed these tools which we hope can help.

Experience and published research tells us that practices may fail to spread either because of aspects of the practice or its documentation or because the receiving site is not fertile ground. This Toolkit can help identify either situation while the tools point toward solutions. It can also provide KP with a common language and some common processes for assessing readiness-to-spread and give readers appropriate methods to support, plan and execute a successful spread effort.

Section I: Introduction

What you will find in the Toolkit

In nine steps, the tools focus on three phases of spread: identifying effective practices, assessing how ready a practice is to be spread from one site to another, and assessing how ready a site is to receive an effective practice, and moving a practice from one place to another. The toolkit is organized into three sections, each providing detail to help address your situation.

This Toolkit is the product of many dedicated, insightful people who took on the challenge of translating the concepts of successful spread into practical tools. We are so grateful for these contributions by the collaborators listed on the acknowledgements page. We also know that the tools need to be used and revised to be as helpful as possible to KP. We invite future users of these tools to contribute to further refinement. Please contact us with your suggestions for making the tools simpler and better. This tool can be found on the National Performance Improvement wiki site at <https://wiki.kp.org/wiki/display/BIGQ/Spread+of+Effective+Practices>.

We wish you success in your efforts to adopt promising practices from other sites and sharing your own innovations.

Jim Bellows

Care Management Institute
Senior Director, Evaluation and Analytics
510-271-5622
jim.bellows@kp.org

Lisa Schilling

Vice President, Healthcare Performance
Improvement
Center for Health System Performance
510-271-5982
nationalPI@kp.org

care management | institute

IMPROVEMENT
INSTITUTE



Section II:

Nine Steps for Spreading Effective Practices

Determine Organizational Readiness for Spread:

Step 1

Start with the End in Mind

- Determine what is being spread*
- Define target population and end state
- Establish timeframe to achieve scale
- Identify system level metrics and outcome
- Define “sites” participating in effort

Step 2

Determine how improvement links to organization’s strategic objectives

- Determine whether linking to a strategic goal aligns with initiatives
- Craft a compelling message and cascade
- Charter team

Step 3

Assess practice readiness to spread

- Ensure host site completed readiness to spread assessment tool with team
- Plan for sites based on learning
- Revisit scale, scope, and speed

Step 4

Assess site readiness to receive

- Complete readiness to receive assessment tool with team
- Plan for sequencing based on learning
- Create monitoring and review plan

For **Step 3** and **Step 4**, please refer to Section III, “*Identify Practice Readiness to Spread Tool*” and “*Identify Site Readiness to Receive Tool*” for detailed guides in completing bullet points. The tools found there will help you observe, rate and determine action on the remainder of **Step 5** through **Step 9**.

* When trying to identify practices, see “*Sources to Identify Effective Practices*” in Section III for more information.

Section II:

Nine Steps for Spreading Effective Practices

Develop a Plan:

Step 5 **Choose a spread approach**

- Use results from **Step 3** and **Step 4** to determine alignment/transferability
- Choose spread approach*
- Plan resources

* When choosing a spread approach, see “*Spread Approaches in Operations and Definitions*” for more information (on the next page).

Step 6 **Develop a plan for spread**

- Create full description of change package
- Create a measurement plan including impact on system performance
- Plan to monitor extent of spread - both the change package and scale achieved
- Plan infrastructure and resources - elements to scale, new role requirements, technology
- Identify experts who will teach others regarding practice
- Determine physical and relationship linkages/proximity

Execute the Plan:

Step 7 **Prepare for testing and implementation**

- Implement practices to share learning and progress
- Monitor rate of adoption and determine adjustments needed:
 - Messages
 - Capable messengers
 - Transition issues

Step 8 **Gather information over time to allow for adjustments to spread plan**

- Ensure managers support adequate time to test and implement
- Ensure adopters understand methods
- Provide technical support

Step 9 **Identify sites in need of support**

Section II:

Nine Steps for Spreading Effective Practices

- Ensure middle management (or process owners) engaged throughout
- Determine sustainability metrics; thresholds that trigger specified remedial actions
- Plan content, technical, and implementation support

Spread Approaches in Operations

When deciding which spread method to choose, the following diagram may be helpful. It is based on Ralph Stacey's Agreement & Certainty Matrix, from "Complexity and Creativity in Organizations".

The Stacey Matrix was developed to help select the appropriate actions in a complex adaptive system based on the degree of certainty and level of agreement on the issue.

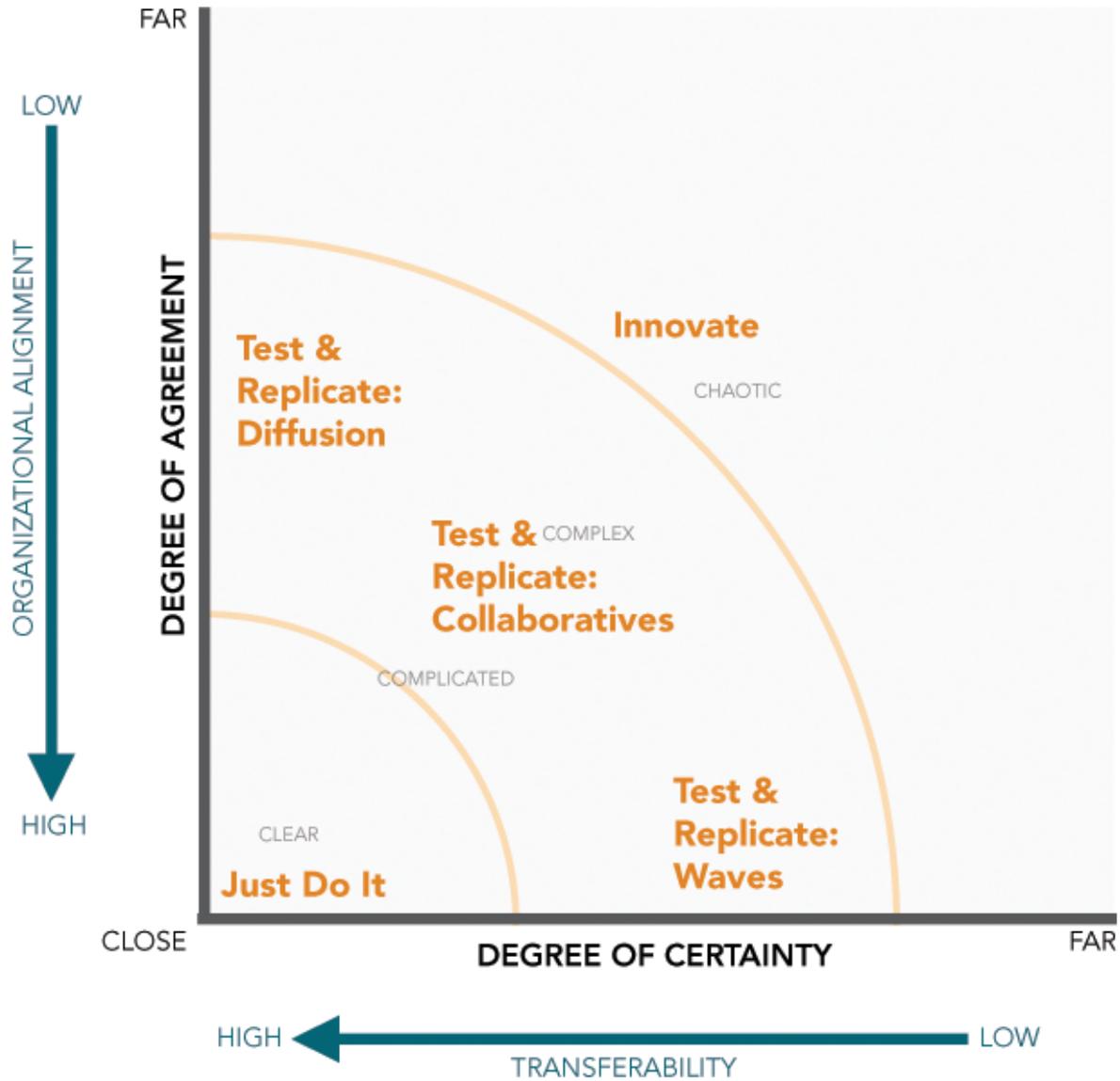
- Issues or decisions are **close to certainty** when cause and effect linkages can be determined. One can then extrapolate from past experience to predict the outcome of an action with a good degree of certainty.
- At the other end of the certainty continuum are decisions that are **far from certainty**. The cause and effect linkages are not clear. Extrapolating from past experience is not a good method to predict outcomes in the far from certainty range.
- The vertical axis measures the **level of agreement** about an issue or decision within the group, team or organization. As you would expect, the management or leadership function varies depending on the level of agreement surrounding an issue.

"Organizational Alignment" with "agreement" are overlaid. Organizational Alignment refers to agreement among stakeholders which can be determined from the "*Identify Site Readiness to Receive*" tool. "Transferability" is overlaid with "certainty" and refers to the certainty about a practice's effectiveness, simplicity, maturity and risk level which can be determined from the "*Identify Practice Readiness to Spread*" tool.

Based on level of organizational alignment and transferability of the practice, you can choose from four methods to help spread the practice (Just Do It, Replicate and Test with Diffusion/Early Adopters, Test and Replicate with Collaboratives, or Test and Replicate with Waves.) Please see "*Definitions*" for more information. In cases where there is very little organizational alignment and transferability, applying innovation or performance improvement approaches is suggested. (*Refer to Stacey diagram next page*).

Section II:

Nine Steps for Spreading Effective Practices



Stacey 2002

Section II:

Nine Steps for Spreading Effective Practices

Definitions

Just Do It

- Use project management to implement
- Go fast; replicate with little variation

Test and Replicate: Diffusion

- Implement in a few sites to increase level of agreement among stakeholders
- Encourage spread, go slow, use minimal highly coordinated or centralized effort

Test and Replicate: Collaboratives

- Use IHI's Breakthrough Series Collaborative model
- Focus infrastructure, accountability, learning and sharing to create change package

Test and Replicate: Waves

- Pilot in one to three sites first, then spread to five to ten sites, then to all the rest of the sites
- Drive spread, highly coordinated and planned progression of spread, testing especially in first two sites to implement practice to build will and transferability of practice

Innovate

- Use innovation methods such as IDEO
- Go slow, prototype, replicate, refine and spread
- Anticipate high failure rate to get practice



Section III: Readiness to Spread Assessment

About This Tool

The purpose of this tool is to help KP succeed in spreading successful practices widely. One key factor is picking the ripest opportunities – some practices aren't ready to be spread widely. This tool can help program champions and KP leadership understand whether a promising practice is ripe for successful spread across KP. Using it can prevent wasting energy from trying to spread a practice that has not yet been developed sufficiently. The tool can highlight the aspects of a practice or its documentation that might need to be strengthened to support wide scale spread. It is meant as a discussion tool to support informed decision making and to help set realistic expectations. It is not intended to create “hoops to jump through,” or to interfere with spread efforts that enjoy strong support.

Who To Involve in the Assessment Process

The assessment can be used in two distinct settings, described below along with ideal participants

1. Push – Program champions can use the tool to address the question: “Could my program or practice be spread widely from its current demonstration site(s)? Facilitator: A KP Improvement Advisor or other person, not directly responsible for the program, who is knowledgeable about practice transfer. Participants: Program champion, implementation lead, front-line staff.
2. Pull – Senior leaders can use the tool to address the question: “Is this program or practice ripe for transfer into my area or Program wide?” Facilitator: Leader or staff of a Program Office or Regional unit responsible for supporting spread of successful practices. Participants: Program champion, implementation lead, Improvement Advisor, and two or more “peer reviewers” who can provide an independent perspective.

Instructions

1. Scan through the four main sections to get an overview of main areas for assessment.
2. The rows within each section present key elements of readiness for successful spread. For each element, simple statements illustrate different levels of readiness, from Start-Up to Well Established.
3. For each row:
 - **First each participant rates the practice** on their own. **Circle all the statements** that describe the practice. **Be realistic** – assess the practice as it is, not how you hope it will be. **Use judgment** in deciding which statements to circle – do your best to capture the spirit of the assessment, not details of the wording.
 - **Then the facilitator leads a brief discussion** to produce a “sense of the group.” Record the consensus on a master copy of the assessment tool. Don't get hung up on unanimity. It's OK to record a range.
4. For each section:
 - **First each participant assigns an Overall score** on their own, using the 1-10 scale. **Circle the score. Use judgment**, considering all the elements in the section. The **Overall score needn't be an average** of scores representing each element. In some cases it might make sense for the Overall score to be based on the lowest score for any element.
 - **Then the facilitator leads a brief discussion** to produce a “sense of the group.” **Circle the consensus score** on a master copy of the assessment tool. If some participants dissent from the consensus, note the range of outliers.
1. When scores are completed for all four sections, **go to the Scoring and Summary page** and follow the instructions. The Scoring and Summary also includes simple recommendations about where to focus energy in strengthening readiness for spread.

Facilitator – Please complete the following information on the master copy.	
Facilitator (name, position)	Date _____/_____/_____
Practice Assessed (title or description)	Participants (name, position) 1. 2. 3.
Regional/Medical Center affiliations	4. 5. 6.

Section III: Readiness to Spread Assessment

Scoring and Summary

Instructions

1. Transfer the Overall score from each section into the summary below.
2. Write in the element(s) from each section that had the lowest score.
3. Consider the recommendations corresponding to the overall score. In most cases spread will be best supported by addressing the earliest recommendations first.
4. Complete the Learnings box by noting the strengths and gaps identified.

Section	Recommendations by Score
1. Does the practice accomplish performance objectives? Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 Focus on improving performance and measurement at pilot site <input type="checkbox"/> 3 Begin assessing impact on other aspects of care delivery while continuing to improve performance and documentation <input type="checkbox"/> 4 Focus on other aspects of readiness for spread (but sustain the gains; don't let performance slip)
2. How Does the Practice Work? Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 It's time to understand the practice more deeply, to understand what makes it tick and what is needed to support success <input type="checkbox"/> 3 Strengthen assessment and/or documentation of the practice's key components, enablers, and risks <input type="checkbox"/> 4 Focus on other aspects of readiness (but keep reviewing the practice and checking assumptions)
3. Will the Practice Work Elsewhere? Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 Focus on demonstrating that the practice is sustainable and can succeed beyond the initial pilot site <input type="checkbox"/> 3 Strengthen assessment and/or documentation of sustainability and transferability; check for unintended consequences <input type="checkbox"/> 4 Focus on other aspects of readiness for spread (but keep monitoring costs)
4. Will the Practice Spread? Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 Assess transferability to identify elements that could be strengthened; tackle those first <input type="checkbox"/> 3 Collaborate with KP units responsible for spreading successful practices – they can help strengthen transferability <input type="checkbox"/> 4 Focus on other aspects of readiness for spread (but keep refining simplicity, business case, and tools)

Learnings from the Readiness to Spread Assessment

Strengths – What are the strengths to build on?	How can <u>you</u> use these Strengths to promote spread?
Gaps – What gaps must be addressed?	What can <u>you</u> do to address these gaps?

Section III: Readiness to Spread Assessment

1. Does the practice accomplish performance objectives? What is the <u>primary</u> objective of the practice? _____ What is the target population? _____ What is the primary measure of impact? _____				
	Well Established			Start Up
Element	4	3	2	1
Comparative Performance	Practice delivers superior performance – Best anywhere			Below KP average
Outcome vs. Process	Improvement in triple aim outcomes – health outcomes, cost, or satisfaction			Process measures, with no sure impact on outcomes
Attributable Improvement	Large, unambiguous improvement associated with practice			Improvement not clearly attributable
Strength of Evidence	Robust measurement with little likelihood of confounding – e.g. run charts w/ significant trend or pre/post w/ comparison group			Great anecdotes, no hard data
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			
2. How Does the Practice Work? In order to spread the practice successfully it must be well understood – What makes it tick?				
	Well Established			Start Up
Element	4	3	2	1
Logic Model	The logic model for the practice is understood, documented, and agreed	3	2	1
Key Components	Key components have been identified; they are the essential ingredients	3	2	1
Specific Processes	Clearly defined processes, roles, and work flows have been developed	3	2	1
Organizational Enablers	Enablers are well understood: systems champions, sponsorship, structures, etc.	3	2	1
Barriers and Risks	Barriers and risks are well understood and mitigations identified	3	2	1
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			

Section III: Readiness to Spread Assessment

3. Will the Practice Work Elsewhere?				
Not every practice that is successful at a pilot site generalizes to other settings. Learning whether it can be transplanted is a precursor to wider spread.				
Element	Well Established	Start Up		
		4	3	2
Demonstrated Sustainability	Data demonstrates sustained, reliable performance for >1 year after pilot	3	2	1
Demonstrated Transfer	Data demonstrates sustained, reliable Implementation at >1 sites beyond pilot	3	2	1
Adaptability	The degree to which key components and processes can be adapted to meet local needs – without compromising performance – has been established and demonstrated	3	2	1
Unintended Consequences	Possible unintended consequences on safety, cost, effectiveness, or care experience have been thoroughly assessed and are negligible	3	2	1
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			

4. Will the Practice Spread?				
Practices are most likely to spread if they are simple, fit with existing culture, have a demonstrated business case, if at-scale tools are available, and if early adopters share knowledge.				
Element	Well Established	Start Up		
		4	3	2
Simplicity	Requires little modification of current delivery system, beyond a single unit			Many units and handoffs
Cultural Fit	Good fit with existing organizational culture, addresses staff needs and desires			Conflicts with existing culture
Business Case	Business case has been developed with Finance and shows meaningful returns, with attention to short-term vs. long-term returns, hard green vs. light green dollars, and certain costs vs. uncertain savings			Business case is unknown or negative; not accepted by Finance
Tools	Tools suitable for implementation at scale have been developed and made available; particularly includes health information technology tools			No tools available to support transfer
Implementation Support	Active knowledge transfer is underway, with detailed change package and appropriate support structure			Pilot site does not share knowledge
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			

Section III: Readiness to Receive Assessment

About This Tool

The purpose of this assessment tool is to help a site determine its readiness to receive an effective practice from elsewhere. This tool is not a “pass/fail test.” Instead, it is meant as a discussion guide to support informed decision making, to assist sites to be successful in their implementation efforts, and to help set realistic expectations. It may evoke important dialogue regarding issues of sponsorship, culture, resources, or other enabling factors. The intent is to encourage critical conversations at the outset of a spread project, rather than when difficulties arise. In addition to using this site readiness tool, the receiving site should assure that the practice itself is ready for spread, ideally by using KP’s “Practice Readiness for Spread” assessment tool..

Who To Involve in the Assessment Process

This assessment tool is primarily intended for use by the receiving site’s champion(s), project manager(s), and front-line representative to address the question: “Are we ready to receive and implement this effective practice from another site?” The process to complete the tool may best be facilitated by a KP Improvement Advisor or other person, not directly responsible for the program, who is knowledgeable about practice transfer.

Instructions

1. Scan through the four main sections to get an overview of main areas for assessment.
2. The rows within each section present key elements of readiness for successful spread. For each element, simple statements illustrate different levels of readiness, from Start-Up to Well Established.
3. For each row:
 - **First each participant rates site readiness** on their own. **Circle all the statements** that describe the site. **Be realistic** – assess the site as it is, not how you hope it would be. **Use judgment** in deciding which statements to circle – do your best to capture the spirit of the assessment, not details of the wording.
 - **Then the facilitator leads a brief discussion** to produce a “sense of the group.” Record the consensus on a master copy of the assessment tool. Don’t get hung up on unanimity. It’s OK to record a range.
4. For each section:
 - **First each participant assigns an Overall score** on their own, using the 1-10 scale. **Circle the score. Use judgment**, considering all the elements in the section. The **Overall score needn’t be an average** of scores representing each element. In some cases it might make sense for the Overall score to be based on the lowest score for any element.
 - **Then the facilitator leads a brief discussion** to produce a “sense of the group.” **Circle the consensus** score on a master copy of the assessment tool. If some participants dissent from the consensus, note the range of outliers.
5. When scores are completed for all four sections, **go to the Scoring and Summary** page and follow the instructions. The Scoring and Summary also includes simple recommendations about where to focus energy in strengthening readiness for spread.

Facilitator – Please complete the following information on the master copy.	
Facilitator (name, position)	Date _____ / _____ / _____
Site and Practice Assessed (titles / descriptions)	Participants (name, position) 1. 2. 3.
Regional/Medical Center affiliations	4. 5. 6.

Section III: Readiness to Receive Assessment

Scoring and Summary

Instructions

2. Transfer the Overall score from each section into the summary below.
3. Write in the element(s) from each section that had the lowest score.
4. Consider the recommendations corresponding to the overall score. In most cases spread will be best supported by addressing the earliest recommendations first.
5. Complete the Learnings box by noting the strengths and gaps identified.

Section	Recommendations by Score
1. Leadership Alignment Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 Focus on aligning with organizational goals and building sponsorship <input type="checkbox"/> 3 Begin assessing other aspects of site readiness, and strengthening them as needed <input type="checkbox"/> 4 Focus on other aspects of site readiness (but maintain sponsor engagement)
2. Implementation Infrastructure Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 Focus on establishing project management and other infrastructure that will be needed for successful execution <input type="checkbox"/> 3 Begin efforts to assemble any space, equipment, training, or technology that will be needed <input type="checkbox"/> 4 Focus your implementation infrastructure on developing other aspects of site readiness
3. Organizational Culture Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 Consider strengthening the overall operating effectiveness and capacity of key units before trying to introduce a new practice <input type="checkbox"/> 3 Begin putting in place the resources needed to implement the new practice and manage change <input type="checkbox"/> 4 Focus on other aspects of site readiness (but keep effectiveness and morale high)
4. Operational Resources Overall score: _____ Weakest element(s):	<input type="checkbox"/> 1-2 Focus on securing resources that will be needed to implement the practice effectively <input type="checkbox"/> 3 Engage your sponsors to assure that the project is not under-resourced <input type="checkbox"/> 4 Focus on other aspects of site readiness (but make sure resources secured for this practice are not reallocated)

Learnings from the Site Readiness to Receive Assessment

Strengths – What are the strengths to build on?	How can <u>you</u> use these Strengths to promote spread?
Gaps – What gaps must be addressed?	What can <u>you</u> do to address these gaps?

Section III: Readiness to Receive Assessment

1. Leadership Alignment				
What is the primary organizational goal or strategy addressed by the practice? _____				
Who is the primary sponsor(s)? _____				
What oversight body will be accountable? _____				
	Well Established	Start Up		
Element	4	3	2	1
Alignment with Strategy, Goals, and Priorities	The practice is unquestionably aligned with top-level strategy and goals, and the organization is aligned on these goals	3	2	Alignment is uncertain or incomplete
Sponsorship & Leadership	Sponsor(s) have been confirmed, have sufficient authority and/or influence and a record of successful sponsorship, have demonstrated personal commitment, and will dedicate sufficient time and resources to drive and sustain change	3	2	Sponsor(s) unclear, unproven, uncommitted, and/or overstretched
Oversight Structure	An oversight group is in place that will govern, execute, and monitor all needed changes; the group has a record of successful implementation and has needed structures, processes, and capacity	3	2	Oversight group is not in place or may be ineffective
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			
2. Implement Infrastructure				
Practices rarely spread effectively without supporting infrastructure, such as a champion, project management, training to teach new skills, and a measurement plan.				
	Well Established	Start Up		
Element	4	3	2	1
Champion	A project champion has been identified and has the requisite passion, time, and commitment to lead change	3	2	Champion's ability is uncertain
Project Management	A project manager has been identified, who has a track record of successful implementation and the requisite, effectiveness, time, and commitment to manage the change process. A process is in place to escalate and resolve issues	3	2	Project manager is untested or overstretched; weak problem solving
Training	Any needed training has been arranged for new and existing staff; adequate backfill will be provided during training	3	2	Training will be needed but is not resourced
Measurement and Monitoring	Comprehensive and meaningful metrics have been developed and will be reported frequently to track progress	3	2	Metrics are limited or frequent reporting is not assured
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			

Section III: Readiness to Receive Assessment

3. Organizational Culture				
A site has highest readiness to receive a new practice if all involved units are high functioning, work well together, value accountability and adaptability, and are poised for change.				
Element	Well Established			Start Up
	4	3	2	1
Operational Effectiveness	The units that will be affected have effective structures, management, and processes, and have capacity	3	2	Units have known deficits or lack capacity
Relationships Among Units	Affected units have existing interactions and a demonstrated ability to work across disciplines as needed	3	2	Units do not work together effectively
Organizational Culture	Affected units have a culture that values accountability, adaptability, and a can-do attitude	3	2	Culture of effectiveness is lacking
Readiness for Change	All involved units understand the need for change, eagerly anticipate it, and have successfully implemented other changes	3	2	Affected units are not prepared for change
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			

4. Operational Resources				
Many practices cannot be implemented successfully without specific staff skills, facilities, equipment, or supporting technology; these warrant up-front attention to needed resources.				
Element	Well Established			Start Up
	4	3	2	1
Staff Skills and Capacity	Affected staff have the ability and capacity to learn new skills and to adapt their work as needed for the practice	3	2	Key staff have gaps in skills or capacity
Space and Equipment	Facilities and/or equipment needed for the new practice have been clearly defined; they are available and well maintained or are fully budgeted	3	2	Needed facilities or equipment are not committed
Technology	Technology requirements have been fully defined; all needed technology is available and up to date or is fully budgeted, and sponsors have committed to maintaining or upgrading over time	3	2	Supporting technology is uncertain or unavailable
Overall – Use judgment, based on all above	4	3	2	1
Comments	Note gaps to address and strengths to build on:			

Section III:

Readiness to Spread Assessment Scoring Sheet

Readiness to Spread & Receive Assessment

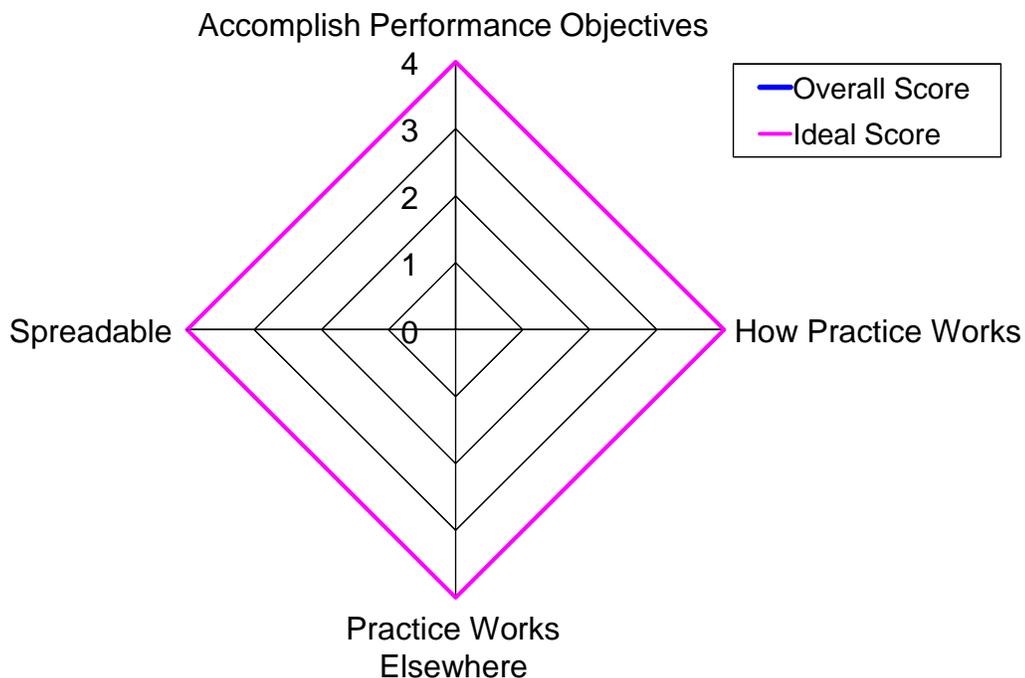
The readiness to spread & receive Excel tool for scoring both assessments is located on the wiki website at:

<https://wiki.kp.org/wiki/display/BIGQ/Spread+of+Effective+Practices>

Readiness to Spread Assessment Scoring Sheet

	Overall Score	Ideal Score	Element(s) With Lowest Score
Accomplish Performance Objectives		4	
How Practice Works		4	
Practice Works Elsewhere		4	
Spreadable		4	
Total		16	

Readiness to Spread Assessment Results



Section III:

Readiness to Receive Assessment Scoring Sheet

Readiness to Spread & Receive Assessment

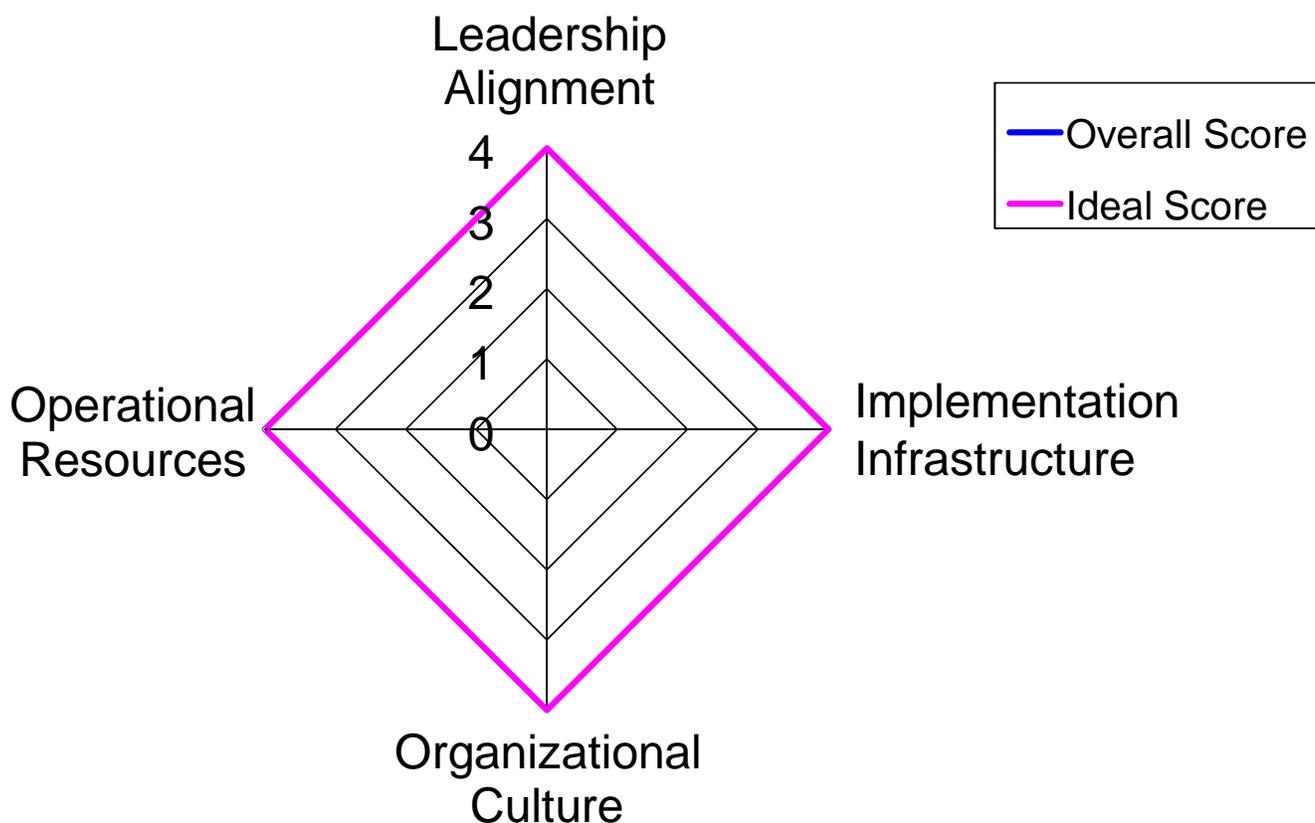
The readiness to spread & receive Excel tool for scoring both assessments is located on the wiki website at:

<https://wiki.kp.org/wiki/display/BIGQ/Spread+of+Effective+Practices>

Readiness to Receive Assessment Scoring Sheet

	Overall Score	Ideal Score	Element(s) With Lowest Score
Leadership Alignment	4	4	
Implementation Infrastructure	4	4	
Organizational Culture	4	4	
Operational Resources	4	4	
Total	16	16	

Readiness to Receive Assessment Results



Section III:

Resources

Sources to Identify Effective Practices

If you look at almost any KP report, you will see variation. This begs the question, “Why wouldn’t every unit want to provide the best possible care and service as the best performing unit?”

We encourage you to look throughout KP and outside to identify better practices that you want to implement in your unit. It would be great if you could go to one central database to find the most effective practices, but that doesn’t exist at KP. So, you’ll have to do a little digging. Here is where we suggest you start:

KP Website:

- **The Permanente Journal:**
<http://www.thepermanentejournal.org/>

Other websites:

- **IHI (Institute for Healthcare Improvement):**
<http://www.ihl.org/ihl>
 - IHI Improvement Map lists change concepts and resources :
<http://www.ihl.org/imap/tool/>
- **The Advisory Board Company**
<http://www.advisoryboardcompany.com/>
- **Institute for Patient and Family Centered Care:**
<http://www.ipfcc.org/>
- **Agency for Healthcare Research & Quality:** <http://www.ahrq.gov/index.html>
- **The Joint Commission:** <http://www.jointcommission.org/>
- **Centers for Medicare & Medicaid Services:** <http://www.cms.gov/>
 - **Innovation Center:** <http://innovation.cms.gov/>

Networking:

- Many administrators/managers, physicians, and union leaders have the opportunity to go to meetings outside of their own facility and learn about effective practices. Ask them for information about successful practices they’ve learned about.
- Talk to your facility’s Performance Improvement Mentors, Improvement Advisors, and Unit Based Team consultants. These people are constantly working with teams engaged in improvement activities. They are in contact with people outside your facility and region and they can help you search for effective practices.
- Feel free to contact employees in National Performance Improvement, Service Quality, Safety or the Care Management Institute for help. They are familiar with many successful practices.

Be creative and tenacious! You will find effective practices and can implement them to increase the care and service we give our members.

Section III:

References

Edgware Aides: Ralph Stacey's Agreement & Certainty Matrix;
http://www.plexusinstitute.org/edgware/archive/think/main_aides3.html

Greenhalgh, Trisha, Robert, Glenn, MacFarlane, Fraser, Bate, Paul, and Kyriakidou, Olivia, "Diffusion of Innovation in Service Organizations: Systematic Review and Recommendations", *Milbank Quarterly*, Vol 82 No 4, 2004 (pp.581-629).

Huberman, Arthur, MD, King, Hannah, MPH, and Tallman, Karen, PhD, "The Transfer of Successful Practices Study", 2003, Care Experience Council, Kaiser Permanente.

Institute for Healthcare Improvement, *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*, IHI Innovation Series white paper, Boston: Institute for Healthcare Improvement, 2003 (available on www.IHI.org).

Maher, Lynne, Gustafson, David, Evans, Alyson, "NHS Sustainability Model," 2007, National Health Service Institute for Innovation and Improvement.

Nolan, Kevin, Schall, Marie, "Chapter 1: A Framework for Spread," *Spreading Improvement Across Your Health Care Organization*, Joint Commission Resources and Institute for Healthcare Institute, 2007.

Plsek Paul, "Complexity and the Adoption of Innovation in Health Care", National Institute for Health Care Management Foundation, National Committee for Quality Health Care. Sponsored by Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Robert Wood Johnson Foundation, Anthem Foundation, eHealth Initiative.

Rashad MR, Nielsen GA, Nolan K, Schall MW, Sevin C. *A Framework for Spread: From Local Improvements to System-Wide Change*, IHI Innovation Series white paper, Cambridge, Massachusetts: Institute for Healthcare Improvement, 2006 (available on www.IHI.org).

Rogers, Everett, "Diffusion of Innovations," fifth edition, 2003, Free Press.

Schilling, Lisa, RN, MPH, Neuwirth, Esther B, PhD, Bellows, Jim, PhD, Skeath, Melinda, RN, CNS, Cristobal, Kristene, MS, Lau, Helen, RN, "Implementing and Sustaining Improvement at Kaiser Permanente," 2009, *Implementing and Sustaining Improvement in Health Care*, Joint Commission Resources.