

it's happening **now** > ça se passe **maintenant**

Canadian Strategies for Scaling Innovation in Healthcare

CHSPR 2017 Taking the Pulse of Primary Health Care Reform Conference

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March 10, 2017



Canadian Foundation for
**Healthcare
Improvement**



Fondation canadienne pour
**l'amélioration des
services de santé**

cfhi-fcass.ca
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The Canadian Foundation for Healthcare Improvement > Our strategy

Our aim

Accelerate healthcare improvement.



Patient & family experience of care



Health of populations



Value-for-money

Our focus

Build improvement capacity and provide on the ground support to spread and scale proven innovations.

Appropriate care closer to home

Frail elderly

Palliative care

Mental health and addictions

Indigenous health

Northern and remote

Population health

What we do

We work shoulder-to-shoulder with you to improve health and care for all Canadians.



Enable patient, family and community engagement



Build leadership and skill capacity



Apply improvement methodology and coaching

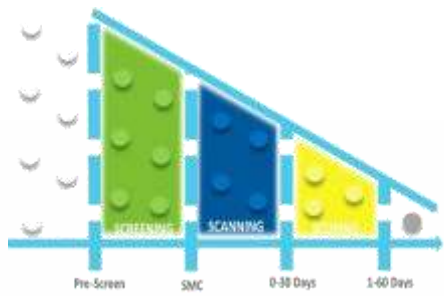


Create collaboratives to spread evidence-informed improvement

Choosing the Right Initiative

- With so many good improvement initiatives , how do you choose the right ones to spread?





CFHI Screening for Spread & Scale

SCREENING	SCANNING	SCOPING
<p>Market/Stakeholder Needs Assessment:</p> <ul style="list-style-type: none"> • What is the initial idea / case? • Is there strategic alignment? 	<p>30 Day Rapid Review</p> <ul style="list-style-type: none"> • Are there any others already doing it? • What is the problem and opportunity? • Is there readiness? 	<p>Innovation Assessment- Practicality/ Readiness</p> <ul style="list-style-type: none"> • Strength of the evidence • Compatibility • Observability • Simplicity • Relative Advantage • Is the innovator committed? • Is there a viable market?

Scoping

Strength of Evidence: the quality of evidence supporting the innovation

Compatibility: the degree to which the innovation is perceived as being consistent with the existing values, experiences, beliefs, and needs of potential adopters

Observability: the degree to which the use of the innovation and the results it produces are visible to those who should consider it

Simplicity: the degree to which an innovation is perceived as simple to understand and use

Relative Advantage: the degree to which the innovation is perceived as better than the idea or process it supersedes

Readiness to Spread Assessment

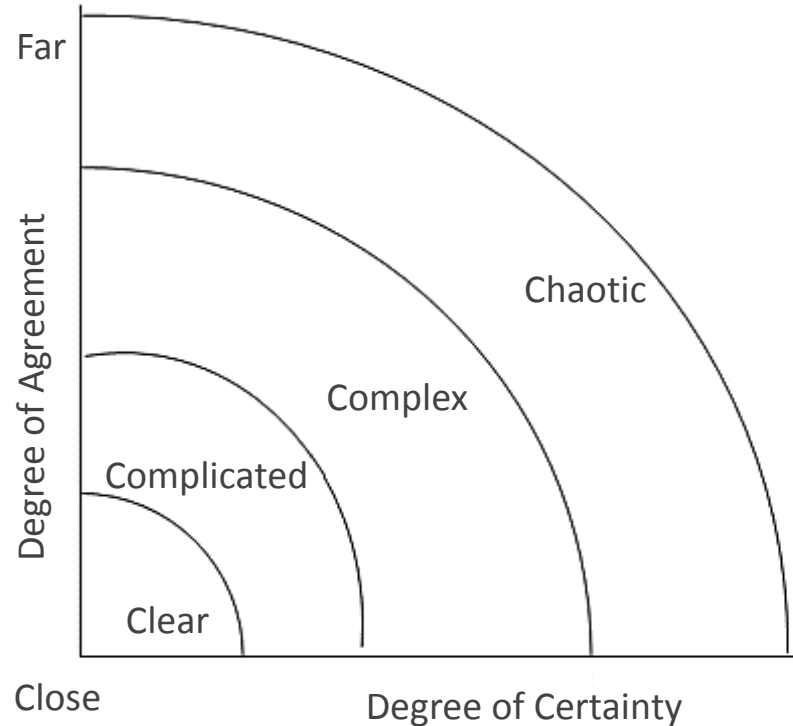
1. Does the practice accomplish performance objectives?
2. How does the practice work?
3. Will the practice work elsewhere?
4. Will the practice spread?



Influences on speed and completeness of spread

#1 The degree to which people agree the topic is important

A more homogenous or aligned stakeholder group and simpler effort leads to more rapid spread and greater clarity of practice



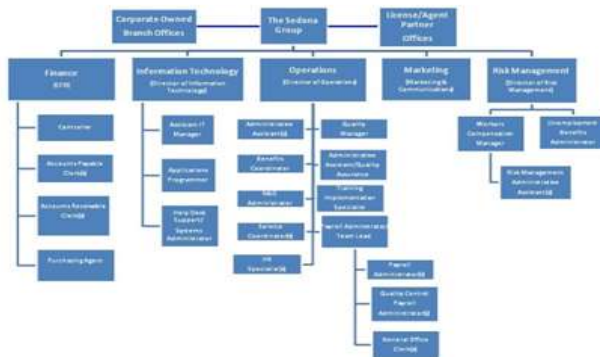
Source: Stacey 2002

A more diverse or less aligned stakeholder group and complicated effort leads to slower spread and less clarity of practice

#2 The degree to which there is certainty the practice is transferrable and has an impact on outcomes

Kotter's Dual Operating System for Large Scale Change

- Many people driving important change, and from everywhere, not just the usual few appointees
- A “get-to” mindset, not a “have-to” one
- Action that is head and heart driven, not just head driven
- Much more leadership, not just more management
- An inseparable partnership between the hierarchy and the network, not just an enhanced hierarchy



Creating the Winning Conditions

- Adapt the innovation to your local environment/context.
- Minimize workload burnout & maximize capacity and value



Dr. Chris Hayes, Highly Adoptable Improvement

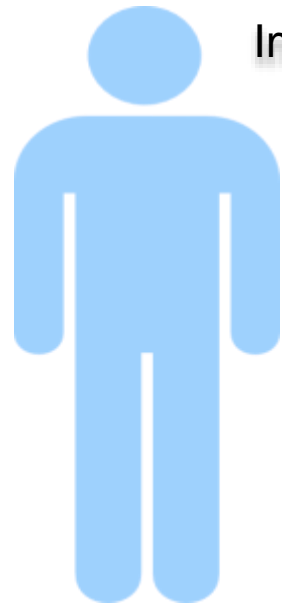
<http://www.highlyadoptableqi.com/background.html>

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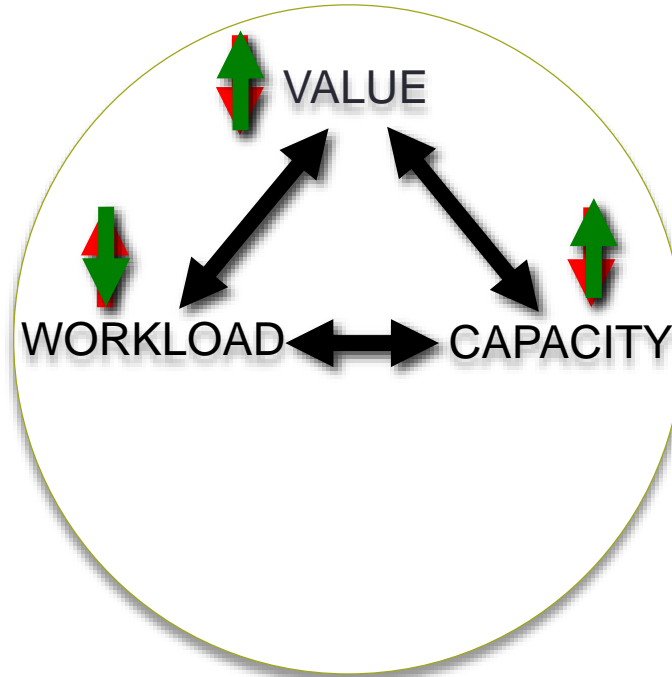


Implementation Strategy

How we are asking people to do it

Intervention Design

What we are asking people to do



Burnout, change fatigue, cynicism, error, workarounds

Sustainably adopt improvement intervention

Intended outcomes NOT achieved

Intended outcomes achieved

* *The person icon represents the collective recipients of the change; those individuals required to carry out the tasks associated with the intervention*

Successful Spread: Lessons Learned



Even the best ideas and practices don't implement and spread themselves.



Patients and families are critical for system transformation.



Change of any size takes time, capacity and dedicated resources.



Leadership, dedicated staffing time, and resources are critical.

Lessons Learned (continued)



Seed funding is critical for change and shifting a system require even more resources, new tools and intensive effort.



Who is and is not at the table matters.



Change happens in teams. Behind every good innovator is a committed team with distributive leadership.



Specificity matters and helps (population, intervention, tools and methods).

Lessons Learned (continued)



Measuring change in real time is critical to improvement and builds momentum to propel change.



Small steps are critical to system transformation. Quality of care gains are achievable in the short term. They build the capacity for improvement and transformation.



Spread and scale of improvement can happen across the country

Key Messages

- › Use data
- › Assess the innovation
 - Practicality
 - Readiness
- › Consider the influences
- › Create the winning conditions

Questions?

