

Readiness to Spread Assessment

This tool has been slightly adapted from Kaiser Permanente's "Spreading Effective Practices toolkit", (revised Sept 2013) for use in the Canadian context. Refer to the "spreading effective practices toolkit" for further instruction and background about how to complete and use this tool.



Canadian Foundation for **Healthcare Improvement**

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

About This Tool

The purpose of this tool is to help spread successful practices widely. One key factor is picking the ripest opportunities – some practices are not ready to be spread widely. This tool can help program champions and leadership understand whether a promising practice is ripe for successful spread across organizations. 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: An 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** individually. **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 1-4 scale. **Circle the score.** **Use judgment**, considering all the elements in the section. The **overall score need**

not 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.

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.

1. Does the practice accomplish performance objectives?

What is the primary 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 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:
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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:			

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	1
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 –	4	3	2	1
Use judgment, based on all above				
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	1
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 ¹ , 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			No tools available to support
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:			

¹ As defined by the Institute for Healthcare Improvement (IHI), “dark green dollars” are actual savings on the bottom line, as “light green dollars” are theoretical cost savings that cannot be tracked to the bottom line resulting from QI projects.

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 'lessons learned' box by noting the strengths and gaps identified.

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

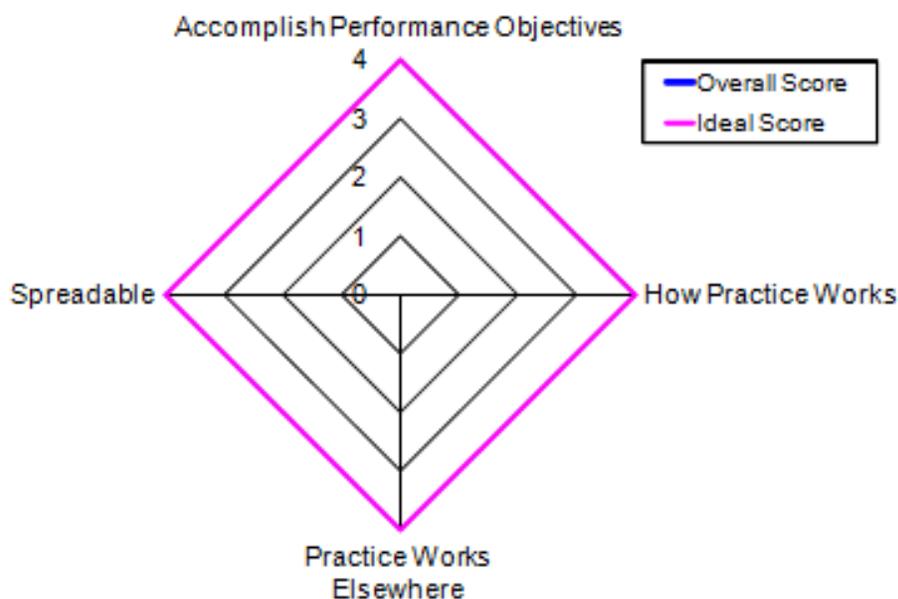
Readiness to Spread Assessment Scoring Sheet

- Fill out the overall score based on the “scoring and summary” table above.

	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

- Chart the overall score on the graph below to visualize your results.



Lessons Learned 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?