

## Improvement Collaboratives: Design and Implementation



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#### **Definition of Collaborative**

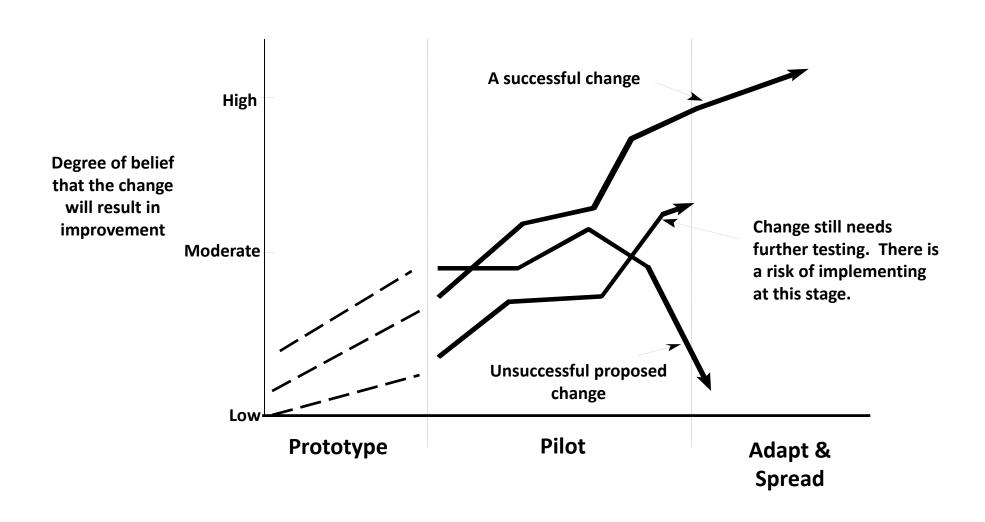
 Done with or <u>working with others</u> for a common purpose or benefit; "a cooperative effort" (The Free Dictionary)

 Working together toward a common end (Answers.com)

# The IHI Breakthrough Series Collaborative: Background

- Educational efforts on improvement training insufficient to drive change.
- Goal: To provide a structure for learning and action that would <u>engage</u> organizations in <u>making</u> real, system-level <u>changes</u> that would lead to dramatic <u>improvements</u> in care.
- BTS Collaborative conceptualized in 1994.

## Project Scoping: Where Should a New Project Begin?



## **Criteria for Topic Selection**

#### "Ripe for Improvement"

- Current prevailing practice deviates from the best scientific knowledge.
- Improvements would produce clearly positive results by reducing costs and improving quality.
- The possibility of breakthrough improvement had been demonstrated by at least some "sentinel" organizations.

## **Key Elements of Design**

- Combine subject matter experts in specific clinical areas with application experts who could help organizations select, test and implement changes.
- Organizations commit to working for 6-15 months.
- Alternate:
  - Learning Sessions: In person to learn about topic and to plan changes.
  - Action Periods: Teams worked in their organizations and test changes in clinical settings.
- Structure
  - Aim & Charter
    - Define the problem and the goal: Close a gap.
      - "50% reduction in adverse drug events."
      - 80% of teams to reach 4 on scale (improved outcomes).
    - Time limited
  - Change Package
    - Known changes based on published evidence and successful work.
    - Includes the "what" and the "how."

From The Institute for Healthcare Improvement White Paper: The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement © 2003 The Institute for Healthcare Improvement. Available at www.ihi.org

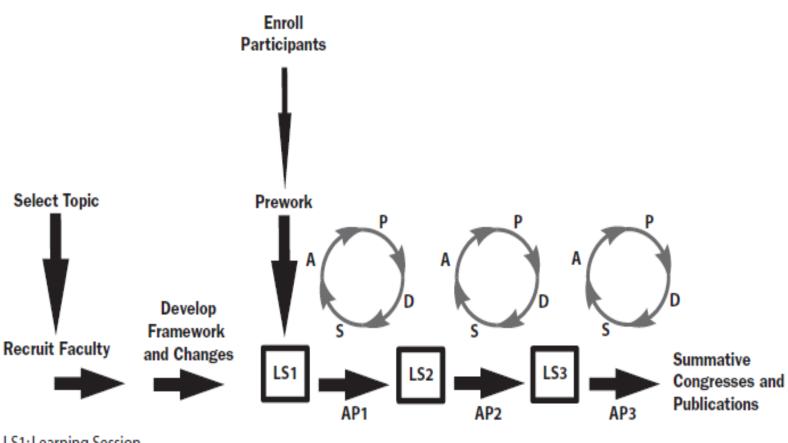
#### **Structure**

- Measurement Strategy
  - Standard measures that align with collaborative aim and goals.
  - Combination of outcome, process & balancing.
- Assessment Scale
  - Linear scale to assess implementation and improvement.
  - Trajectory with goals based on timeline.

# Activities to Support Learning & Sharing

- Learning Sessions usually 3
  - Progress towards "all teach, all learn"
- Website for sharing information
- Monthly Reports
  - Use of assessment scale for progress
- All-team calls/webinars
  - Workgroups on focused topics
- Listserve or discussion board

## **Breakthrough Series Model**



LS1: Learning Session AP: Action Period P-D-S-A: Plan-Do-Study-Act

Supports:

Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

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### **Key Aspects of Collaboratives**

- Focus on closing gap of a known problem with known solutions.
- Standard model for the work
  - IHI uses The Model for Improvement
- Fast paced with timeline for goals
- Standard measures
- Working participation required
- Sharing required
- "All teach, all learn"

#### **Needs of Collaborative**

- Structured leadership roles
  - Director, improvement advisor, project manager
  - Faculty, subject matter experts
- Clear aim(s) or context for the collaborative
  - One common aim or set of aims or individual aim(s) within a specific scope?
  - Measurable, quantifiable, with dates
- Improvement Methodology
- Measurement Plan
- Learning System Design
  - Reporting, activities, sharing, assessment

## **Learning System for Improvement**

#### Learning happens:

- At the place where individual sites are working on improvement – they learn what works and what does not to help them reach their objectives of better care and better outcomes for "those" they serve.
- When sites share and discuss with other sites.
- When the changes and results are consolidated, analyzed and synthesized across sites to determine what changes can be implemented effectively in a range of environments.
- When others not involved in the collaborative are exposed to this information.

From: <u>Learning System Standards for Health Care Improvement</u>
USAID Health Care Improvement Project 5 September 2010

#### **Design of a Learning System for Improvement**

If we draw lessons from complexity science, we can see that the <u>design of an effective learning</u> system for improvement must be <u>simple</u>, <u>adaptable</u> in complex improvement environments <u>and capable of being applied in different ways</u>, according to local circumstances.

From: <u>Learning System Standards for Health Care Improvement</u>

USAID Health Care Improvement Project 5 September 2010

## **Learning System Key Activities**

CAPTURE – approaches, lessons, results

SHARE – with each other and Collaborative leaders

PACKAGE – document and organize content

DISSEMINATE – multiple media & approaches

#### **CAPTURE**

#### **Participants**

#### Document learning:

- What is tested
- What works and fails
- Lessons learned
- Strategies (how)
- Results (data)

#### Collaborative Leaders

#### Review and assess:

- Access and review learning and results from participants
- Identify opportunities for sharing

#### **SHARE**

#### **Participants**

- Share learning & results with Collaborative leaders and peers.
- Actively participate in group activities.

Connect with peers for ideas, questions, feedback.

#### **Collaborative Leaders**

- Promote and encourage sharing between <u>all.</u>
- Schedule sharing activities (e.g., webinars, case studies, virtual and in-person events).

#### **PACKAGE**

#### **Participants**

- Document work, lessons and results.
- Share tools and resources.

#### **Collaborative Leaders**

- Harvest participant documentation.
- Assess and organize for commonalities.
- Develop and create packaged content (driver diagrams, change packages, guides, tools, resources, etc.).

#### DISSEMINATE

#### **Participants**

- Share learning & results broadly.
- Participate in dissemination activities.

#### **Collaborative Leaders**

- Identify best practices.
- Organize multiple methods for dissemination (e.g., webinars, conferences, publications, etc.).

### **Questions to Answer**

- How will participants
  - document lessons, results, etc.?
  - share tools, resources, materials?
- How will Collaborative Leaders
  - access participants documentation? review and assess?
  - promote and encourage sharing?
  - schedule sharing activities?
  - harvest and package content?
  - plan for dissemination?

## **Needs of Participants**

- Team roles
  - Who is needed, key roles for the work
- Requirements
  - Reporting what, how often, where/how
  - Activities
- Schedule and timeline of activities
  - Estimate of time involved

#### Recommendations

- Determine aim(s) of collaborative
- Select an improvement methodology it's the blueprint for the work
- Form a team with key roles
- Develop an overall plan that includes all collaborative needs with a timeline of activities
- Prepare materials for participants
- Share widely

## Questions?

