Objectives

- Apply key concepts and strategies for taking innovations to full scale
- Consider a sequence of activities to plan and guide scale-up initiatives
- Learn about and apply lessons to your context from specific case examples
Our Mission:
To improve health and health care worldwide

Institute for Healthcare Improvement

We will improve the lives of patients, the health of communities, and the joy of the health care workforce.

IHI Strategy

**Mission**
Improve health and health care worldwide

**Vision**
Everyone has the best care and health possible

**Strategic Approach**
IHI applies practical improvement science and methods to improve and sustain performance in health and health systems across the world. We generate optimism, spark and harvest fresh ideas, and strengthen local capabilities.

**How We Work**
- Convene
- Innovate
- Partner for Results

What We Do
- Safe & High Quality Care
- Health of Populations
- Joy in Work
- Value
- Improvement Science
API’s Model for Improvement

- What are we trying to accomplish?
- How will we know that the change is an improvement?
- What changes can we make that will result in improvement?

Plan → Do → Study → Act

Leading the Way

Thought leadership and innovation
- Triple Aim
- 100,000 Lives Campaign
- 5,000,000 Lives Campaign
- WiHI
- Breakthrough Series College
- Global Trigger Tool
- Bundles
- Patient Safety Officer Training

Ground breaking initiatives
- STAr Preventing Avoidable Readmissions
- Open School
- Project Fives Alive!
- Maternal and Child Health (Malawi)
- IMPACT
- The Conversation Project
- 100 Million Healthier Lives
Partnersing to Achieve Big Aims

A Passionate Staff
Key Concepts and Strategies

Expanding the Scope of Change
A Path to Better Outcomes using a Learning Approach

“Some is not a number, soon is not a time....”
Don Berwick

Creating a New System

Improvement → Hold Gains → Results at Scale

Hold Gains → Improvement

Design for Scale → Get Results at Scale
The Scale-up Framework


QI: An Engine for Adaptable and Scalable Improvement

Core elements included in the design:
1. Phased Approach

Hunches Theories

Very Small Scale Test
The Improvement Guide, Langley, Nokes... et al.

Changes That Result in Improvement at scale
Implementation of Change
Wide-Scale Tests of Change

PDSA “ramp” testing under different conditions (API)

The Scale-up Framework

Leadership, communication, social networks, culture of urgency and persistence
Learning systems, data systems, infrastructure for scale-up, human capacity for scale-up, capability for scale-up, sustainability

Best Practice exists
New Scale-up Idea

Set-up  Build Scalable Unit  Test Scale-up  Go to Full-Scale

Phases of Scale-up
Adoption Mechanisms
Support Systems

Challenge Question for Today!

There are five frogs on a log....five decide to jump in....how many frogs are left on the log?

Adoption Mechanisms

Leadership
- Topic is a key strategic initiative
- Goals and incentives aligned
- Executive sponsor assigned
- Day-to-day managers identified

Better Ideas
- Develop the case
- Describe the ideas

Set-up
- Target population
- Adopter audiences
- Successful sites
- Key partners
- Initial spread strategy

Social System
- Key messengers
- Communities
- Technical support
- Transition issues

Measurement and Feedback

Knowledge Management

Communication Strategies (awareness & technical)


9
The Scale-up Framework

Leadership, communication, social networks, culture of urgency and persistence

Learning systems, data systems, infrastructure for scale-up, human capacity for scale-up, capability for scale-up, sustainability

Support Systems

5x’s Thinking

<table>
<thead>
<tr>
<th>Number of people</th>
<th>System issues to address</th>
</tr>
</thead>
</table>
| 5                | 1. Form a team of volunteers  
                  | 2. Find people through referrals |
| 25               | 1. Full time team  
                  | 2. Redesign of practice  
                  | 3. Cooperation of hospitals for data  
                  | 4. Assess outcomes |
| 125              | 1. Grant funding for operations  
                  | 2. Consistent population outcomes |
| 625              | 1. ?? |
| 3125             | 1. ?? |
| 15,625           | 1. ??? |
The Scale-up Framework

Best Practice exists
Set-up
New Scale-up idea
Build Scalable Unit
Test Scale-Up
Go to Full-Scale

Leadership, communication, social networks, culture of urgency and persistence

Learning systems, data systems, infrastructure for scale-up, human capacity for scale-up, capability for scale-up, sustainability

Phases of Scale-up
Adoption Mechanisms
Support Systems


Case Examples
Methods for Getting to Full Scale

- Breakthrough Series Collaboratives
- Campaigns
- Executive Mandate/Policy
- Hybrid approach
- Learning Networks
- Extension Agents


Breakthrough Series Collaboratives

- Consider this when:
  - Multiple sites with common aim
  - Shared learning is an advantage
  - Create or strengthen peer relationships
  - Need to demonstrates results
- Design Challenges
  - Resource intensive
  - Build shared learning
  - Reporting and feedback to enhance learning and results
IHI Breakthrough Series
(6 to 18 Months Time Frame)

Select Topic (Develop Mission)

Participants (10-100 Teams)

Prework

Develop Framework & Changes

Planning Group

LS 1

AP 1

LS 2

AP 2

LS 3

AP 3*

Holding the Gains

Supports

Email Phone Conferences
Extranet Visits Assessments
Sponsors Monthly Team Reports

*AP3—continue reporting data as needed to document success

LS – Learning Session
AP – Action Period

Scale-up: HRSA Organ Donation Initiative

Set-up
Goal Structure Scan Prep for BTS Collaborative

October 2002

Build Scalable Unit
OD Collaborative 1
43 OPOs 95 hospitals

September 2003

Test of Scale-up
OD Collaborative 2
50 OPOs 131 Hospitals
Trained Change Agents in each OPO to lead Scale-up

September 2004

Go to Full Scale (and Sustain)
Collaborative 3
OD plus Transplantation
Formation of Alliance

Fall 2005

June 2006

Start Small, Scale up Rapidly with Change Package

<table>
<thead>
<tr>
<th>Total Pop’n:</th>
<th>350,000</th>
<th>5 million</th>
<th>11 million</th>
<th>11 million</th>
<th>22 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 Pop’n:</td>
<td>60,000</td>
<td>500,000</td>
<td>1.7 million</td>
<td>1.7 million</td>
<td>3.3 million</td>
</tr>
</tbody>
</table>

- Nov 2007
- Jul 2008
- Sept 2009
- Oct 2009
- Aug 2012
- Jan 2013

- Start-up: 1 – 8 months
- Wave 1: 9 – 22 months
- Wave 2: 23 – 63 months
- Wave 3: 24 – 89 months
- Wave 1R: 58 – 89 months
- Wave 4: 63 – 89 months

*Referral project launch 41 Referral Teams

No of QI Teams: 30 258 350 369 >1,046

Campaigns

- Consider this when:
  - Immediacy
  - Compelling aim
  - Straightforward steps
  - Aligns w/ other national initiatives
  - Connects with public

- Design Challenges
  - Strong “command center”
  - May need to build structure
  - Fast-paced
  - Get to the field
  - Find and leverage mentors
The Campaign Approach

- IHI and Campaign Leadership
- NODES (approx. 75)
  - Each Node Chairs 1 Network
  - Mentor Hospitals
- FACILITIES (2000-plus)
  - *30 to 60 Facilities per Network

Implementation (with roles for each stakeholder in hospital and use of existing spread strategies)

Introduction, expert support/science, ongoing orientation, learning network development, national environment for change

Local recruitment and support of a smaller network through communication/collaboratives

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Learning and Action Network:
100 Million Healthier Lives

- Has elements of BTS Collaboratives, Learning Networks, and Campaigns
- Compelling aim
- Specific time frame and numerical goals
- Distributed leadership
- Structure that supports dynamic and organic growth
- Builds relationships to enhance shared learning and action
- Develops and builds core skills and behaviors to achieve common aim at scale
- Intention to move to full scale from the beginning
Overview of 100MLives

100 Million Healthier Lives
www.100mlives.org

Identity: An unprecedented collaboration of change agents pursuing an unprecedented result:

100 million people living healthier lives by 2020

Vision: to fundamentally transform the way we think and act to improve health, wellbeing, and equity.

Equity is the “price of admission.”

Convened by the Institute for Healthcare Improvement as a partnership
100MLives Theory of Change

Unprecedented collaboration + Innovative improvement + System transformation

100 Million People Living Healthier Lives by 2020

Core Strategies

1. Create healthy, equitable communities
2. Build bridges across sectors
3. Create a health care system that is good at health AND good at care
4. Promote peer-to-peer approaches
5. Create enabling conditions
6. Develop new mindsets
Who is In Our Growing Movement:
>1100 members in 27+ countries worldwide

Interactive Map
www.100mlives.org/map

SCALE: Spreading Community Accelerators through Learning and Evaluation

- 24 communities nationwide (wave 1) to sustainably improve health and wellbeing, lead complex change, and advance equity together
- Community teams composed of:
  - Institutional leaders across sectors
  - Community members with lived experience
  - Local improvement advisers
- Activities:
  - Community Health Improvement & Leadership Academies (CHILA)
  - Coaching
  - Peer-to-peer learning and support
SCALE has developed through an interdisciplinary partnership of the Institute for Healthcare Improvement (IHI), Community Solutions Communities Joined in Action, and the Network for Regional Healthcare Improvement and is generously supported by the Robert Wood Johnson Foundation.

SCALE Wave 1 (“SCALE 1.0”) Communities
www.100mlives.org/initiatives

- Cheshire County, NH
- Oklahoma City, OK
- Summit County, OH
- Williamson, WV
- Algoma, WI
- Atlanta, GA
- Bernalillo County, NM
- Boston, MA
- Cattaraugus County, NY
- Chicago (Maywood), IL
- Cleveland, OH
- Hennepin County, MN
- Jackson, MI
- Laramie County, WY
- Los Angeles, CA
- Maricopa County, AZ
- North Colorado, CO
- Pueblo, CO
- Raleigh, NC
- Salt Lake City, UT
- San Francisco, CA
- San Gabriel Valley, CA
- Sitka, AK
- Waterville, ME
Are You Ready for Scale-up?

Will
(Is the Environment Receptive to the next phase of scale up)

Execution
(Can the Infrastructure/ Capability support the next phase of scale up)

Ideas
(Degree of Belief: are ideas ready for next phase of scale up)

Readiness
Assessing Readiness for Scale-up

20 questions across 3 core elements of Scale-up Framework.
- Phased Approach
  - Theory of change, evidence, observability
- Receptivity/Will
  - Complexity, relative advantage, testability, priority, urgency
- Infrastructure/Capability
  - Data systems, learning systems, resources, knowledge, skills

Readiness For Scale-up

<table>
<thead>
<tr>
<th>Alignment with Scale-Up Model</th>
<th>Question/Prompt</th>
<th>Strongly Disagree to Strongly Agree (1-5)</th>
<th>Alignment with Will, Ideas, Execution Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Phase of Scale-Up</td>
<td>We have a set of best practices or tested change ideas that are ready for spread to the sites of the next phase of work.</td>
<td></td>
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<td></td>
<td>We have a compelling theory of change.</td>
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<td></td>
<td>We can show the evidence base for our theory from previous studies.</td>
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<tr>
<td></td>
<td>We have results that show how the theory has been applied to our own improvement work.</td>
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<tr>
<td></td>
<td>If we are testing scale or going to full scale, improvement has been sustained in the sites where we are currently testing or implementing changes.</td>
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<tr>
<td></td>
<td>We have identified test/implementation sites most likely to adopt a new approach for the next phase of the work.</td>
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TOTAL Next Phase of Scale-up Score
### Readiness For Scale-up

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<tr>
<td>Receptivity/Will</td>
<td>Compared to other programs and initiatives, the community that we are planning to scale-up into (adopter community) regards the improvement initiative as a top priority.</td>
<td></td>
<td>Will</td>
</tr>
<tr>
<td></td>
<td>The adopter community shares a sense of urgency in closing the gap in performance or outcomes around our main aim.</td>
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<td></td>
<td>The adopter community organization recognizes the benefits of participating in this improvement initiative.</td>
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<td></td>
<td>The adopter community believes the approach we are advocating will reach our goals faster relative to other initiatives.</td>
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<td></td>
<td>The adopter community understands that the approach we are advocating is simple to understand, easy to try out and easy to measure.</td>
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<tr>
<td></td>
<td>The improvement approach we are advocating aligns with the culture and values of our community/organization.</td>
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<td></td>
<td>Leaders and champions of the adopter community have been identified and have shown a willingness to advocate for the improvement initiative in their community.</td>
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<td></td>
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<tr>
<td></td>
<td>TO/Will, Receptivity/Will Score</td>
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### Readiness For Scale-up

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<tr>
<td>Infrastructure/Capability</td>
<td>Adequate human capacity (resources, dedicated time, seniority) is available to support the scale-up of improvements across the community/organization.</td>
<td></td>
<td>Execution</td>
</tr>
<tr>
<td></td>
<td>Adequate improvement capability is available to support the planned work of the next phase.</td>
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<td></td>
<td>Capability exists in managers and leaders to facilitate the changes required for improvement.</td>
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<td></td>
<td>Staff and leadership across our community/organization see improvement and scale-up work as an integral part of their daily work.</td>
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<td></td>
<td>Data collection and reporting tools are available for scale up.</td>
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<tr>
<td></td>
<td>Other anticipated resources are available to undertake this work.</td>
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<td></td>
<td>An existing system exists to spread knowledge from improvement initiatives systematically across the organization; i.e. learning loops back into quality planning.</td>
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<tr>
<td></td>
<td>TO/DL Infrastructure/Capability Score</td>
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</table>
Thank You!
Questions Please!
October 27, 2017 -- Advisory Council Meeting #26

The meeting was held on Friday, October 27, 2017, in Washington, DC. The Advisory Council welcomed its new members and invited them to share their experiences and where they see the Council going over the length of their terms. The Advisory Council also spent some time discussing the process of developing recommendations and how those recommendations relate to the National Plan. The Council then spent much of the meeting discussing the National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers, held on October 16-17. Material available from this meeting is listed below and is also available at https://aspe.hhs.gov/advisory-council-alzheimers-research-care-and-services-meetings#Oct2017.

Comments and questions, or alerts to broken links, should be sent to napa@hhs.gov.

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General Information

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<th>Agenda</th>
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Handouts

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<th>National Plan to Address Alzheimer's Disease: 2017 Update</th>
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<td>Public Members of the Advisory Council on Alzheimer's Research, Care and Services: 2017 Recommendations</td>
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Presentation Slides

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<td>Long-Term Services and Supports Committee Update</td>
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<td>Overview of the NAPA Legislation and the Charge to the Council</td>
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<td>Overview of the National Plan and the Process for Recommendations</td>
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<td>Research Progress for Alzheimer's Disease and Related Dementias</td>
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<tr>
<td>Research Summit on Dementia Care Overview and Recommendations</td>
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**Videos**

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<tr>
<td>Welcome through Overviews</td>
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<tr>
<td>Subcommittees and Fed Workgroups and Future Meeting Discussion</td>
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<tr>
<td>Care Summit Overview and Presentation of Recommendations</td>
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<td>Discussion through lunch</td>
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<td>Marie Schall Presentation and 2017 National Plan Discussion</td>
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Last Updated: 06/07/2018