

Session 9 Planning for spread

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Planning for spread

Learning Objective

Participants will

- Describe factors that influence the planning for spread

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What is “Spread?”

“BETTER
IDEAS”

COMMUNICATED
In a certain way



Happens
over time

Through a social system

Adapted from Rogers, 1995

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What Are We Talking About When We Say “Spread” or “Scale-up?”

- The science of taking a local improvement (intervention, idea, process) and actively disseminating it across a system
- There are many possible definitions for “a system” (e.g. a hospital, a group of hospitals, a region, a country)
(IHI definition)

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Spread and Spread Collaborative, Defined by QAP

Spread (or scale-up) - The intentional and methodical expansion of the number and type of people, facilities, or organizations who use the improvements

Spread collaborative - A collaborative in which there is an intent to expand (“spread”) the number of facilities, organizations, or other units using the improvements

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Key Questions

- What do we want to spread?
- To whom/where do we want to spread (and by when)?
- How are we going to spread?



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How Do We Spread?

Many possible ways

- Natural diffusion
- Dissemination and outreach
- Resource allocation + training + supervision
- **Collaborative model**
- **Wave sequence**
- Extension agents
- Emergency mobilization
- Campaign model



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Collaboratives as a scale-up strategy

Plan for spread / scale-up from start

- May use key geographic sites as the demonstration sites
- May use a mix of sites across the continuum of care in the demonstration sites – hospital, large health center, small health center, community



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Spread

- During spread, roles and responsibilities and the organizational structures may be modified to ensure adequate support to sites

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Collaboratives as a scale-up strategy

- Collaborative model
 - Ensures relevance of topic and interventions
 - Engages partners' commitment to changes
- Demonstration sites provide tangible results and specific "how to" for achieving improvements
- Champions from the demonstration sites can assist in spread

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Collaboratives as a scale-up strategy

- During spread, roles and responsibilities and the organizational structures may be modified to ensure adequate support to sites
- Demonstration sites need additional training to lead spread activities
 - Coaching / facilitation
 - Technical content – change package
 - QI / PDSA / data
 - Training development
- Demonstration staff doing scale-up need mentoring and recognition

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Collaboratives as a scale-up strategy

- Scale-up can be done through the existing health care system, using existing structures and functions
- Implications for budget
 - new coaches
 - training
 - more coaching visits
 - other?

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How to organize?

- Establish readiness and a foundation – vision
- Develop a spread aim – who/what/where targets
- Develop an operational plan – how to
 - What mechanisms to channel the knowledge
 - Increase perception of “legitimacy”
 - How to identify leaders from first phase

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How to organize? (cont'd.)

- How to
 - Train teams
 - Communicate
 - Knowledge management
 - Monitoring
- Motivate providers
- Implement and adjust the spread

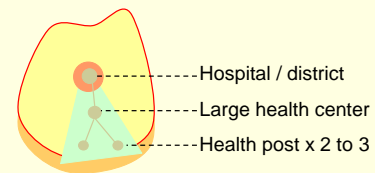
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Organization of intentional spread in Tula Oblast, Russia (PHI - Pregnancy-Induced Hypertension)



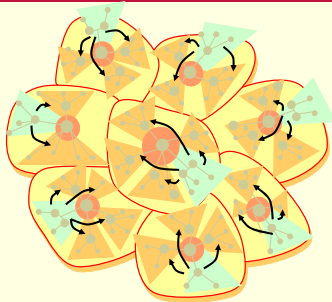
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Organization of intentional spread in Tula, Russia - Wave Sequence Spread



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Organization of intentional spread in Tula, Russia - Wave Sequence Spread



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Successful Spread

- Proven successful innovation or practice
- Leadership sees it as a priority
- Clinical champions identified
- Resources



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Some QAP examples

- Africa, Latin America, Russia
- Uganda ART
- Russia Pedi ARI, PIH, Neonatal resuscitation
- Country to country - Critical Care Maps (pedi) from Malawi to Tz PHI
- LAC EOC to Niger and Benin EONC
- ETAT procedures and tools developed in initial sites Tanzania spread to 3 more regions, one entirely MOH-guided

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