Sustaining Outcomes and Programs

Scott Thomas, PhD

April 30, 2020

Learning Objectives

At the end of this presentation, you will have a better understanding of:

- Types of sustainability

- What you actually want to sustain

- Factors affecting sustainability

Types of Sustainability

- Organizational sustainability
  - sustaining the existence and operations of an organization

- Program sustainability
  - sustaining the ongoing activities or services of a program

- Outcome sustainability
  - sustaining the improved outcomes of an initiative beyond the implementation phase
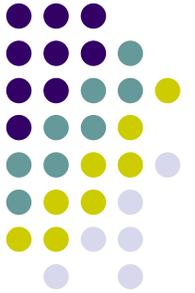
Outcome Sustainability
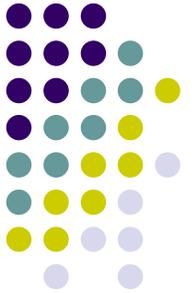
"When new ways of working and improved outcomes become the norm."*

New ways of working
Improved outcomes
Normalized

* Sustainability: Model and Guide – NHS Institute for Innovation and Improvement

Overview of Sustainability

- This framework addresses the sustainability of improved outcomes and programs—not organizational sustainability

- Sustainability is one of the primary ways by which we should make decisions on design, implementation, and evaluation

- Future funding should not be the sole or main focus of a sustainability plan
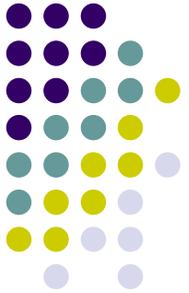
Overview - 2

- Multiple factors framework (versus a model)
  - Provides a menu of options—not a *to do* list
  - Focusing on 3 - 4 factors will strengthen sustainability
  - Funding is just *one* of many factors
  - Factors can be used to strengthen one another (e.g., Feedback and Perceived Value)

- Most factors have subsets – e.g., Perceived Value can refer to clients, providers, or community

What is Being Sustained?

- Sometimes difficult to determine at the start what should be sustained

- It may be a specific activity, a combination of new activities, or a complete program

- As you get clearer on what will be sustained, easier to apply factors

Sustainability Factors
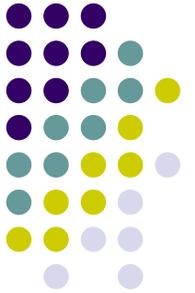
- **Perceived value** – acknowledged value by individuals and groups affected by the new ways of working and improved outcomes

- **Monitoring / Feedback** – monitoring is conducted on a regular basis and feedback is shared in easy-to-understand formats

- **Leadership** – the degree to which leaders (decision-makers and champions) continue to be *actively* engaged

Sustainability Factors - 2
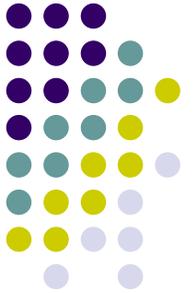
- **Staff** – staff have the skills, confidence, and interest in continuing the new ways of working

- **Shared Models** – continued use of a shared model among those involved in new ways of working (3A's/R) or processes (Plan-Do-Study-Act)

- **Organizational infrastructure** – degree to which internal resources, job descriptions, systems, business model, etc., support the new ways of working
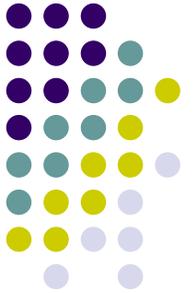
Sustainability Factors - 3
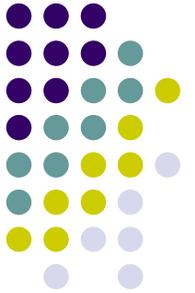
- **Organizational fit** – degree to which the new ways of working match the organization's overall goal and operations

- **Community fit** – degree to which the new ways of working match the communities interests, needs, and ability to take part in activities provided

- **Partners** – involvement of partners who *actively* support new ways of working

Sustainability Factors - 4

- **Spread** – expansion to additional locations or populations (e.g., departments, clinics, communities)

- **Funding** – funding beyond original grant period

- **Government policy** – degree to which new ways of working are supported by governmental policies

Planning for Sustainability

- Distinct sustainability conversations and planning sessions

- Staff dedicated to sustainability activities

- Use of a sustainability framework

- Planning tool

Contact Information
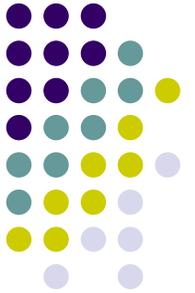
Scott Thomas, PhD

sthomas@sustainoutcomes.com

www.sustainingoutcomes.com

917-658-0988

Please do not distribute slides outside of your agency
without prior permission from the authors.
Thank you.

DC CROSS-PART QUALITY COLLABORATIVE, MANY COLLABORATORS:

ONE MISSION, ONE VISION, ONE GOAL

The DC Collaborative CQM Program is committed to improving the health and well-being of customers by engaging stakeholders in building infrastructure, conducting measurement, and improving service delivery, health outcomes, and customer satisfaction in the DC Eligible Metropolitan Area (EMA).

DC Quality Collaborative

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Collaborative Timeline

Formed in January 2011, at Vanguard Meeting at HRSA in Rockville, MD. First Learning Session was **April 5-6, 2011**

Collaborative continues to sustain, is active In **in+care campaign**. Presentations at various conferences

Projects on Viral Load suppression and Pap smears Regular Learning Sessions Continue

More focus at jurisdictional level: Learning Sessions held in MD and VA. Introduction of Lean and Six Sigma methodologies

end+disparities collaborative enters sustainability phase. HAHSTA and RT conduct thorough **evaluation** of DC Collaborative

| 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |

Response Team officially takes ownership independent of HRSA/HAB and NQC (now CQII)
Presented at IAS A4Q Starts consumer led trainings

Data comes into focus with **introduction of DC CAREWare dataset.**

Revamp of provider Report cards using Tableau.
DC Collaborative wins NQC sustainability award

Joined **CQII Project ECHO end+disparities collaborative**

Oh the Places We'll Go!

Reboot based on community feedback and HRSA site visit

DC COLLABORATIVE KEYS FOR SUCCESS

- Adaptability to Community Needs
- A Dedicated Leadership Team
- Stakeholder Buy-in at Various Levels
- Flexible Measurement
- Strategic Alignment
- Interactive Trainings
- Innovative Communications
- Consistent Evaluation

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

RESPONSE TEAM

THIS IS THE STEERING COMMITTEE FOR CQM IN THE EMA

- Is the Recipient's CQM Committee – equal representation of recipient staff, community partners, and customers.

- Has a mix of both long-term members and new additions

- Meeting frequency – at least quarterly, with additional as needed
  - Typically will meet via ZOOM with some meetings in person at the recipient. Adding more virtual meetings in 2018 removed a huge barrier to participation

- Membership – We seek to empower and grow CQM leaders among community partners

Each response team role has a community and recipient co-lead to split work, ensure backup, and share responsibility

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

REGIONAL QI ACTIVITIES

OPPORTUNITIES TO LEARN & INTERACT WITH THE COMMUNITY

- Annual CQM Summit

- Annual Customer QM Summit

- Quarterly Learning Sessions

- Monthly Virtual Sessions
  - Didactics
  - Case Presentations

- 1-on-1 training, Coaching, and Technical Assistance are provided to all subrecipients
  - Coaches are responsible for assessing subrecipient CQM program and ensuring that community partners have the elements to be engaged in collaborative activities

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

LESSONS LEARNED

- Joining national campaigns and collaboratives has helped us innovative, but also can lead to fragmentation and burnout if we're not careful.

- Quality can be fun, very relevant to daily work, and have an impact on the lives of our customers. Emphasis on celebrating impacts to individual customers, teams, organizations.

- There is always a big need for the basics: building the infrastructure, buy-in, and skills to do QI. We need to teach quality in an inclusive way that can actually be used by a community that has both experts and novices.

- **Passionate leaders and volunteers that listen to the voice of our stakeholders has been the number one key to sustainability.**

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA