Session 9
Planning for spread

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Learning Objective

Participants will
- Describe factors that influence the planning for spread

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)

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

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?
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

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

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

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

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?
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

How to organize? (cont’d.)

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

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

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

Successful Spread

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