INSTITUTIONALISING CHANGE — ‘MAKING IT STICK’

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Scaling to sustaining…

Key research questions:
- What is the problem?
- How might it be solved?
- Was the solution effective?
- Can the program be replicated?
- Can the program be disseminated?
- Can the program be sustained?

Program planning and development:
- Epidemiology and demography
- Social, behavioural and organisational research
- Community needs analysis

Program implementation and evaluation:
- Formative evaluation
- Literature searching; theory development; pretesting methods and materials
- Process evaluation
- Impact and outcome assessment

Program maintenance:
- Performance management and monitoring

Process of scaling up

Sustaining/embedding
A 17th -18th century case study of Knowledge Translation

1497
Vasco da Gama Rounds Cape of Good Hope; of 160 crew, 100 die of scurvy

1601
Captain Lancaster sails with 4 ships; Crew #1 given 3tsp lemon juice daily

1747
Dr. James Lind : RCT of six treatments for n=12 scorbutic sailors

1795
British Navy orders citrus fruit in diet for sailors

1865
British Board of Trade orders citrus on merchant marine vessels

The problem: Tentative observation: Efficacy: Dissemination

264 years
Examples of scaling and sustaining…

- Hand hygiene in health services
- Routine assessment of weight status by clinicians
- Healthy school canteens
Scaling up - one year on........

• Is it all done? Is it institutionalised and sustained?

• Could anything go wrong?
Scaling up - one year on

Is it all done? Could anything go wrong?

- **Staff changes**
- **New competing priorities**
- **Resources not available**
- **No information about if it makes a difference**
- **Other implementation issues – changes may be needed**
Its all about implementation processes....

What’s old is new again:

- technology transfer,
- research or knowledge utilisation,
- diffusion of innovation
- research dissemination,
- putting research into practice and
- bridging the research policy gap.
Another phase....

A ‘sustainability phase’ can reinforce implementation efforts – with the objective of embedding the new intervention in each of the recipient organisations.
Sustainability phase may involve:

- Allocating resources
- Ongoing training - addressing staff turnover
- Designated leadership, distributive leadership
- Reporting, data, feedback, checks
- Shared commitments, firm collaborations
- Policies, procedures, systems, roles
- Clarity about core intervention
- Flexibility - situational adaptations
Scaling up/ sustaining costs

- Scaling up is by definition not routine, some dedicated resources are necessary to support adoption and uptake…..
- …until implementation becomes standard practice
- … then, over time, ongoing implementation costs may be absorbed OR financed through routine budgets.
Why is it so hard, so painstakingly detailed?
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- There are commonalities across settings, but each has its own complex system:
  - particular individuals,
  - client groups and characteristics, with distinct needs & responses,
  - own organisational history,
  - specific challenges,
  - strengths and weaknesses.
Why is it so hard, so painstakingly detailed?

Plus, we know from cross-disciplinary research that:

- health service settings are multi-layered, with each professional group having degrees of autonomy within their domain of expertise

- Changes need to be implemented consistently, ‘across the board’ to see results

- there are time lags between process changes and patient results.
Factors promoting scalability – promote sustainability

WHO survey on practical experiences with scaling up projects

N=23 (in ten WHO member states)

Included both upwards and downward pathways of scaling projects

Main promoting factors:

• Personal commitment of partners
• Recognisable benefits for the population
• Political support
• Experience of partners
• Administrative support structures
• Public knowledge / support
• Project evaluation
5 rules of health care organisation change:

- Designated + distributed leadership
- Data, feedback
- Attend to local history
- Engage all professional groups
- Consider patients, constituency

- Best et al 2012
Think BIG, work locally

While scaling up and sustaining are implementation on a broad canvass over time, many details need to be designed, negotiated locally.

evidence-based mechanism + context = outcomes
Change success rule

- Staff readiness / wider context: 40%
- Idea: 10%
- Personalities: 20%
- Adaption / Implementation: 30%