Chapter 3: Strategize the Implementation Plan

CHAPTER OVERVIEW

After gaining an understanding of the project and engaging your stakeholders, it is important to think about how to strategize the PRAPARE data collection so that it will seamlessly fit within your overall organizational vision and future strategy. This chapter provides a step-by-step companion to strategizing PRAPARE implementation at your organization with resources including a suggested timeline, action steps, and readiness assessment tool that you can use and modify for your clinic needs as appropriate.

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IMPLEMENTATION TOOLS

1. Implementation Timeline
2. Readiness Assessment
3. 5 Rights Framework
4. PDSA Materials
5. Workplan/Progress Reports
The following is a suggested implementation timeline with primary activity steps that you can use and modify for your clinic's situation. Please note that the timeframe is estimated based on experiences at clinics, taking into consideration the organizational priorities undertaken by the majority of health organizations. Some activities can also take place simultaneously, decreasing the total time needed for implementation. The timeframe will inevitably vary based on the clinic’s priorities as well as readiness for data collection. Some clinics can implement PRAPARE in as little as one to two months, whereas others may take up to or over four months. It is important to have strategic planning discussions with staff at multiple levels from executive to frontline staff, with clinic champions representing each level, to develop a workplan that is as realistic and feasible as possible. Tools including the Implementation Readiness Assessment within this chapter will help staff work through these decisions and needs for successful implementation.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>APPROXIMATE TIMEFRAME</th>
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<tbody>
<tr>
<td>Strategic priority &amp; needs assessment</td>
<td>~1 week</td>
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<tr>
<td>Change management presentation to key staff</td>
<td>~1 week</td>
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<tr>
<td>Develop/refine template as needed</td>
<td>~1 week</td>
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<tr>
<td>Complete mapping, database, and report template</td>
<td>~1 week</td>
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<tr>
<td>Develop workflow for data input</td>
<td>~1 week</td>
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<tr>
<td>Train staff to collect data</td>
<td>~1 week - 1 month</td>
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<tr>
<td>Train data analysts</td>
<td>~1 week</td>
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<tr>
<td>Complete implementation readiness assessment</td>
<td>~3 days</td>
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<tr>
<td>Implement initial pilot data collection</td>
<td>~1-3 months</td>
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<tr>
<td>Evaluate implementation process</td>
<td>~1 week</td>
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<tr>
<td>Data analysis and reporting</td>
<td>~1-2 weeks</td>
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<tr>
<td>Sharing and dissemination</td>
<td>~1 week</td>
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Total Approximated Timeframe* 2-4+ months
As with any new implementation, PRAPARE requires strong buy-in from leadership and staff champions to carry it out effectively. The **PRAPARE Readiness Assessment Tool** can be used to help identify your organization’s readiness to implement PRAPARE related to the following categories:

1. Culture or Organization
2. Leadership and Management
3. Workflow and Process Improvement
4. Technology

The assessment can inform you where your organization is at and help you decide where you want your organization to be as well as provide guidance on how to become "highly prepared." These suggestions can help initiate conversations among staff about the plans that fit best for your organization.
Completion of the Readiness Assessment will help you understand your organizational workflow needs to implement PRAPARE. The Five Rights of Clinical Decision Support, or CDS, is a key health information technology framework that can help in planning PRAPARE workflow and implementation in your practice. Based on this framework, implementation must provide the following to improve targeted health outcomes, improve quality of care, efficiency, & cost-savings.

The Right information

How will the PRAPARE tool be administered to patients to ensure it accurately captures the patient's social determinants of health (SDH)?

In the Right format

Who will collect the data and who will address the SDH identified?

To the Right people

How will SDH intervention/resource information be organized so that it is readily available and standardized for all?

Via the Right channels

How will the appropriate care team member be notified to address the SDH identified?

At the Right times

When in the patient visit does it make sense to administer the PRAPARE tool and when is the best time to address the identified SDHs?

You can use the **Five Rights worksheet** tool to help guide you through the process. By pre-defining the set of goals and objectives for implementation, your practice can determine the what (information), who (recipient), how (intervention), where (format), and when (workflow) for PRAPARE data collection to best fit your organizational needs.

Additional similar resources may be found online at:
https://www.healthit.gov/providers-professionals/clinical-decision-support-cds
Once you have developed your workflow using the Five Rights Framework, you can test it using the PDSA process - a systematic series of steps that can be applied to understand needed improvements to optimize implementation. The framework will guide you in testing changes in the real world practice setting by planning for the change, trying out the change, observing the results, and acting on what is learned. You first need to address three fundamental questions to help you set aims, establish measures, and select implementation changes.

1. What are objectives that you are trying to accomplish and by when?
   - Who is your population of focus?
   - Be as specific as possible including who will be involved, when it will be accomplished, where it will take place, and by when.
2. How will you know that a change is an improvement?
   - Use objective, quantitative measures.
3. What change can you make that will result in improvement?
   - Be sure to ask those most affected by the implementation.

After you set the aims, establish the specific measures, and select the changes, you can follow the PDSA cycle below to test the change to determine if the change was an improvement:

1. PLAN
   List the tasks needed to set up the implementation.

2. DO
   Describe what actually happened when you ran the implementation.

3. STUDY
   Describe the measured results and how they compared to the predictions.

4. ACT
   Describe what modifications to the plan will be made for the next implementation cycle from what you learned.

After refining changes through several PDSA cycles as needed, you can implement the changes on a broader scale (e.g. to larger populations or other departments in your organization). The following pages provide real world samples from clinics that implemented PRAPARE.
Aim: Administer the PRAPARE tool to a random sampling of 150 patients by the end of September 2015.

Describe your first test of change: Have one enrollment counselor stationed at one patient care hallway (2 providers) and administer the test to patients that are expected to wait for the provider >15 minutes.

Person responsible: John, supervisor, and Jane, lead enrollment counselor. Ted, project lead.

When - August 1 - September 30, 2015

Where: Diane will first test in Hallway A and B, then schedule other hallways.
Sample PDSA- Plan, Do, Study, Act

Tasks needed to set up this test of change:

1. Further educate and train all enrollment counselors, provider teams, and case managers regarding the PRAPARE project and workflow of administering the test.
2. Develop schedule for each day for enrollment counselor and each team hallway.
3. Develop report to monitor how many PRAPARE surveys have been administered.

Who:

1. John (and case managers)
2. Jane and Joe
3. Paul and Mary

When:

Staff working in each hallway will be educated during pre-session huddles prior to the enrollment counselor being stationed in their hallway. Start on 8-1-15.

Where:

At provider team workstations

Predict what will happen when the test is carried out:

Enrollment counselors should have plenty of time to do the required 150 PRAPARE surveys before the end of September 2015.

Evaluation:

Will need to track how many surveys are done each day. Will need to average 5/day, but will try to do 8-10/day to give some cushion. Will review progress on a weekly basis with PRAPARE committee.
Describe what actually happened when you ran the test:

• Enrollment counselor had time to administer 7 PRAPARE surveys in the 4 hour session.

• Each survey took about 3-5 minutes.

• None of the surveys disrupted the flow of the provider teams, but some staff didn't know what the enrollment counselor was doing.

• 3 of the surveys had needs identified that were passed on to the provider teams to address.
Describe the measured results and how they compared to the predictions:

- Enrollment counselor had more time than predicted and could have done more.

- Need a way to track if and how SDH identified are addressed and determine who addresses the needs.

- Despite some training and education, some staff members are still confused regarding PRAPARE and role of enrollment counselor.
Describe what modifications to the plan will be made for the next cycle from what you learned:

• Enrollment counselor will cover 2 hallways (4 provider teams) each session.

• Only need enrollment counselors to do one 4 hour session a day instead of 2 to complete the 5-10 surveys.

• Need to do separate PDSA on how to respond to SDH identified on survey.

• More education and training is needed with the provider teams.

• Next week, enrollment counselor will work with the same 2 hallways for one session a day until workflow refined. Then roll out to entire clinic.
Goals & Targets: Develop a process to administer PRAPARE surveys and identify possible responses to determinants.

Methods for Reaching Goals: Utilize enrollment counselors to administer the survey to a few patients each day with as many provider teams as possible. PRAPARE committee members surveyed a few patients to become familiar with the tool.

Data Collection: Enrollment counselors easily used the tool and committee members were familiar enough to participate in developing a standard workflow.

Lessons Learned: Care Coordinators showed that use of SDH template was simple, but could be improved. They were able to utilize appropriate resources for interventions as needed.

Action Taken: Need to develop a workflow that will allow all patients to be surveyed annually, need to define how determinants identified are responded to in order to address these at community level by partnering with agencies. Will find ways to use data from survey to advocate for funding and proper reimbursements.
After strategizing PRAPARE implementation, it is critical to put the information in writing into a workplan to formalize roles and responsibilities for the team involved. You can then obtain progress reports from team members to help manage the implementation and schedule. Tracking progress and accomplishments as well as challenges can help initiate conversations about solutions to potential challenges throughout the implementation. The information and regular process of project tracking can help team members share lessons learned, challenges, best practices, and additional materials and tools that can be helpful. The following is a sample workplan in which team members can insert their progress, challenges, and solutions. It is recommended to keep this document on a shared drive where team members can insert their "live" information to keep the information as current as possible and for easy access for all staff involved.
Acknowledgements

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References

National Learning Consortium: ONC CDS4MU Project


https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle

http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

Stratis Health Toolkit, www.stratishealth.org

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