



Top Ten Strategies for Sustaining the Change

- 1. Identify Developmental Screening Office Champion**
- 2. Continue To Prioritize Developmental Screening Work**
 - Making screening a standing agenda item for practice meetings
 - Make aims, successes, learnings, and benefits to all staff clear
 - Document and publicize the improvement efforts and learning
- 3. Established Standardized Workflow for Developmental Screening**
 - Make workflow an office policy
 - Have a standardized referral and feedback process
 - Establish referral relationship
 - Assign an office person to update referral list
- 4. Develop a Control Plan to hold gains**
 - Outline key measures and documentation to be maintained to ensure project gains are sustained
 - Provide plan to monitor key measures
 - Identify person to notify if gains slip
 - Create plan to take corrective action
 - Use Plan, Do, Study, Act (PDSA) cycles
- 5. Monitoring**
 - Continue to use data and graphs
 - QIDA still available
 - Provide feedback data to physicians and office staff
 - Initially blinded data
 - Once screening process is established, switch to “unblinded” data
 - Meet periodically to check in on progress
- 6. Address Barriers and Solutions**
 - Inform why the change is made
 - Address the issue of time
 - Address how the change will affect people
 - Understand and address the causes of resistance
 - Publicize the results and learning
- 7. Provide Incentives**
 - By Individual, Team, or Module
 - Lunch for team or module with completion rate
 - Small amount gift cards

- Physician Bonus

8. Communicate Improvement With Patients

- Ask patients to provide feedback on the process
- Consider a patient survey
- Keep in contact with your team, other teams and your patients
- Share good stories
 - How developmental screening helped a child and family receive needed services

9. Celebrate Successes!! (100 Days, Above Goals, Etc.)

- Show appreciation for people's efforts
- Lunch-time party is always good

10. Utilize the PMAR Approach

- Policy/Procedure (P/P)
 - "How we do it around here" with specific policy and procedures describing the new workflow
 - P/P includes the measures that will be followed
 - Who is accountable
 - Training processes for new staff
- Measurement
 - Systematic approach to gathering data regularly either through an audit process that involves all the data or a sampling process that is designed as part of the P/P
- Accountability
 - Establishes who is accountable for process performance and the frequency of meetings
- Repair
 - Contingency plans for specific changes in performance
 - If performance begins to trend downward by a certain percentage or if the metric reaches a critical level
 - Practice initiates a predetermined contingency plan to improve the measure



3-Step Approach for Spreading the Change

1. Phase One: Start with Pilot Program

- Allow early adopters to finalize the workflow and address issues quickly
- Develop a timeline for implementation of screening and workflow
- Hold an office meeting to discuss new workflow with all the staff including:
 - Physicians, nurses, and other clinicians
 - Front and back office staff

2. Phase Two: Recruit A Willing Group Of Physicians, Other Clinicians, And Office Staff

- Scale up the workflow to identify any additional issues
- Rectify any issues uncovered and update workflow policy appropriately
- Hold another office meeting to update all practice staff prior to practice-wide implementation

3. Final Phase: Implement Practice-wide

- Provide extra support to staff throughout the process
- Assign the most proficient staff as “mentors” to staff having the most difficulty with new workflow
- Listen and document any concerns about screening process
 - Address any concerns
 - Have a timetable to address concerns
- Continue to hold office meetings to provide updates, successes, and challenges