Using Rapid Spread to achieve change in practice

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- When to use Rapid Spread
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Most change projects target “early adopters” but we wanted to include a critical mass of teams since feedback received from nurses in our development phase indicated they were often frustrated by the pace of change. The final part of our challenge was to do all this in three months. This is how Rapid Spread Solutions evolved.

While leading the Department of Health’s programme to reduce healthcare-associated infections (HCAIs), we learned how to make significant changes in practice, achieving an 80% reduction in MRSA bloodstream infections and a 60% reduction in C difficile infections.

We wondered whether it would be possible to take the knowledge and experience gained in this initiative and underpin it with actions associated with a number of change principles. These included spread and sustainability (Maher et al, 2007), reliability of care bundles (Pronovost et al, 2006), mobilising and organising.

Our approach was to develop a clear plan of the activities to be completed before a change goes live that would increase the likelihood of improvements being sustainable. We also wanted to challenge the traditional change method of pilot and roll-out.

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As the evidence-based case for change must be communicated to win staff over, we wanted to include a critical mass of teams since feedback received from nurses in our development phase indicated they were often frustrated by the pace of change. The final part of our challenge was to do all this in three months. This is how Rapid Spread Solutions evolved.

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development of the methodology. After completing the pilot, we produced a revised workbook. In January 2011, four more hospitals volunteered to use the refined methodology: University Hospitals Birmingham Foundation Trust; University Hospitals of Morecambe Bay Trust; Wrightington, Wigan and Leigh Foundation Trust; and Blackpool Teaching Hospitals Foundation Trust. These trusts implemented one or more of the two HIAs and one already used or a third:

» Keeping Nourished, Getting Better – Stopping Inappropriate Weight Loss and Dehydration.

How does Rapid Spread work?
The Rapid Spread methodology is set out in a workbook that gives step-by-step instructions on what organisations need to do and when to implement change using a “big bang” approach.

A three-month intense process ensures that all actions required to achieve adoption, spread and sustainability are completed before the change goes live in week 9 (Fig 1).

Preparation
The preparation phase focuses on creating the case for change, getting the implementation team up and running, setting up data capture mechanisms, gaining board support and ensuring staff are up to speed with the relevant clinical knowledge.

Immersing
An important component of the immersing stage is an event in week 5, which gathers together everyone who has a role in the change and mobilises their support. This event is critical to achieve rapid adoption and new ways of working.

Doing it
Next comes the action phase, in which wards implement the change simultaneously. It is a period of intense activity with lots of people involved. At the end of this phase there is a real sense of success and pride at the change achieved and a will to maintain momentum.

Mobilising staff
The immersion event is a focused staff session aimed at taking people collectively on a journey from initial awareness to full commitment to spreading the initiative.

In the past, information about change has typically been disseminated ward by ward over a longer period; this one-off large event involves all key line managers of staff who will make the changes. The immersion event is also intended to help ward managers and matrons engage in:

» Identifying stakeholders and what needs to be communicated to those stakeholders and when;

» Problem solving: it is important that staff at the event express concerns or talk about possible barriers – some may be resolved during the event but for others action will be taken later;

» Action planning: this is an opportunity to sit with colleagues, think through and agree what actions are needed to support the implementation of change. Injecting energy and enthusiasm into all participants is critical to success in Rapid Spread. Nurse leaders should feel excited and energised and leave the immersion event fully equipped to make the changes happen in their wards.

When to use Rapid Spread
The method is particularly suitable when:

» The change has a proven evidence base;

» The issues being addressed apply across the organisation and a one-size-fits-all approach is appropriate;

» Success can be measured through good data collection.

Results so far
Our experience indicates that Rapid Spread can deliver change across multiple wards in large acute hospitals quickly. The headline achievements are:

» Reduction in pressure ulcers: one trust that used Rapid Spread to implement the Your Skin Matters HIA reduced the number of pressure ulcers recorded from 2.5 to 1.5 per 1,000 bed days in the first month and has continued to sustain this reduction;

» Reduction in high harm falls: the same trust also used Rapid Spread to implement the Staying Safe HIA and has reduced high-harm falls from seven a month to two a month;

» Reduction in food wastage: Another trust used Rapid Spread to implement the Keeping Nourished, Getting Better HIA and reduced food wastage from 25% to 12.5% in three months.

Key learning from Rapid Spread
We have identified several important factors to bear in mind when considering the use of Rapid Spread:

» Preparation is key: This is the point at which those leading the change must win the hearts and minds of all stakeholders and engage them in a process that will change the way they work and expand their skill set;

» Baseline data: Finding baseline data is vital – although its absence does not prevent improvement, it does prevent its measurement. A key outcome of implementing Rapid Spread has been raising the awareness of data and why it is important;

» Engaging all stakeholders: in our experience, there are always more stakeholders than originally thought and a detailed strategy that takes into account the different requirements of all interest groups involved is crucial;

» Experts: Although Rapid Spread focuses on engaging frontline ward staff in making evidence-based changes to improve practice, experts should be considered as well – for the pressure ulcer and falls reduction HIAs, for example, these are tissue viability nurses and falls specialists;

» Winning the hearts and minds of matrons: Matrons have proved pivotal to the success of Rapid Spread – their ownership is vital in cascading and sustaining the initiative. It is important to involve them from the beginning so they can help with the design, preparation and delivery of the scheme.

» Accepting the science: Rapid Spread involves implementing a proven change that does not need to be piloted or refined for local circumstances, so the science behind the initiative must be both proven and convincing – resident experts must feel comfortable and secure with the science.

Conclusion
Our experience of developing and implementing Rapid Spread has shown that, contrary to adverse media reports, nurses are willing to rise to the challenge of implementing change that they can see will benefit their patients, are passionate to provide a positive patient experience, and are frustrated by a slow pace of change.

We have collaborated with hundreds of nurses who have worked tirelessly to make significant and impressive reductions in harm and improvements to patient dignity, experience and care. NT

An example of Rapid Spread being used to introduce care rounds across an acute trust will be published in next week’s issue.

References