## Innovation at a Glance:
Framework for Spread and Scale-Up

What It Is

A key factor in closing the gap between *best* practice and *common* practice is the ability of health care providers, organizations, and community groups to rapidly scale up new ideas and practices. Pockets of excellence may exist in a system, but knowledge of these better ideas and practices often remains isolated and unknown to others. For example, one clinic may develop a new way to ensure that all diabetics have their HbA1c levels checked on a regular basis, or, on a much larger scale, one community may develop a way to prevent mother-to-child transmission of HIV.

IHI's Scale-Up Framework, pictured below, published online in January 2016 in *Implementation Science,* describes three core components of successful scale-up: a sequence of activities that are required to get a program of work to full scale, the mechanisms that are required to facilitate the adoption of interventions, and the underlying support systems required for successful scale-up.

**IHI Framework for Going to Full Scale**
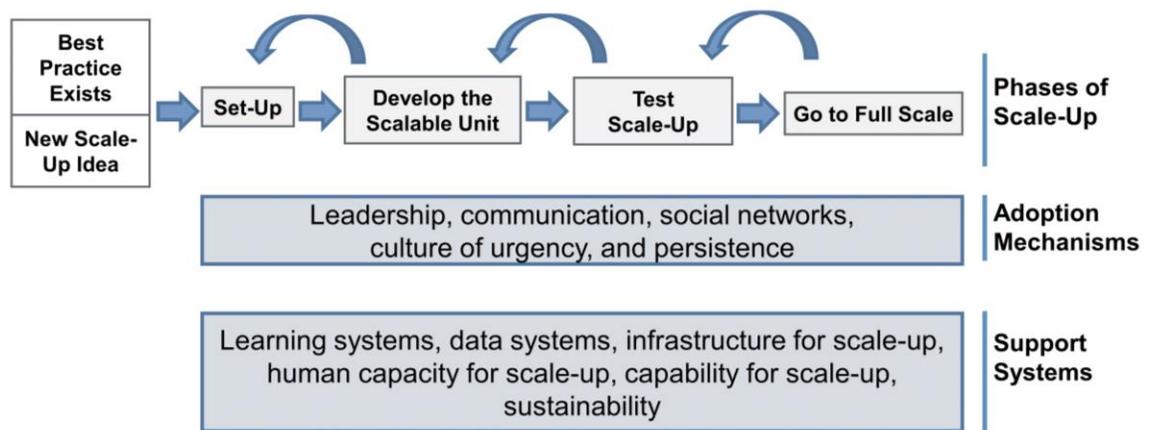
How It Started

In 1999, IHI chartered a team to develop a Framework for Spread. "We had been doing Breakthrough Series Collaboratives and introducing, usually at the last Learning Session, some guidance for organizations about how to expand a pilot improvement project," says Marie Schall, now a Senior Director at IHI. "The guidance was pretty minimal and people were asking for more. That was the impetus for IHI's work to develop a Framework for Spread."

The framework that resulted proved to be a useful starting point. Created by Associates in Process Improvement's Kevin Nolan and IHI's Marie Schall, the IHI Framework for Spread illustrates the strategies and methods shown to contribute to the effective spread of new ideas or operational systems both within and across organizations.

IHI Framework for Spread
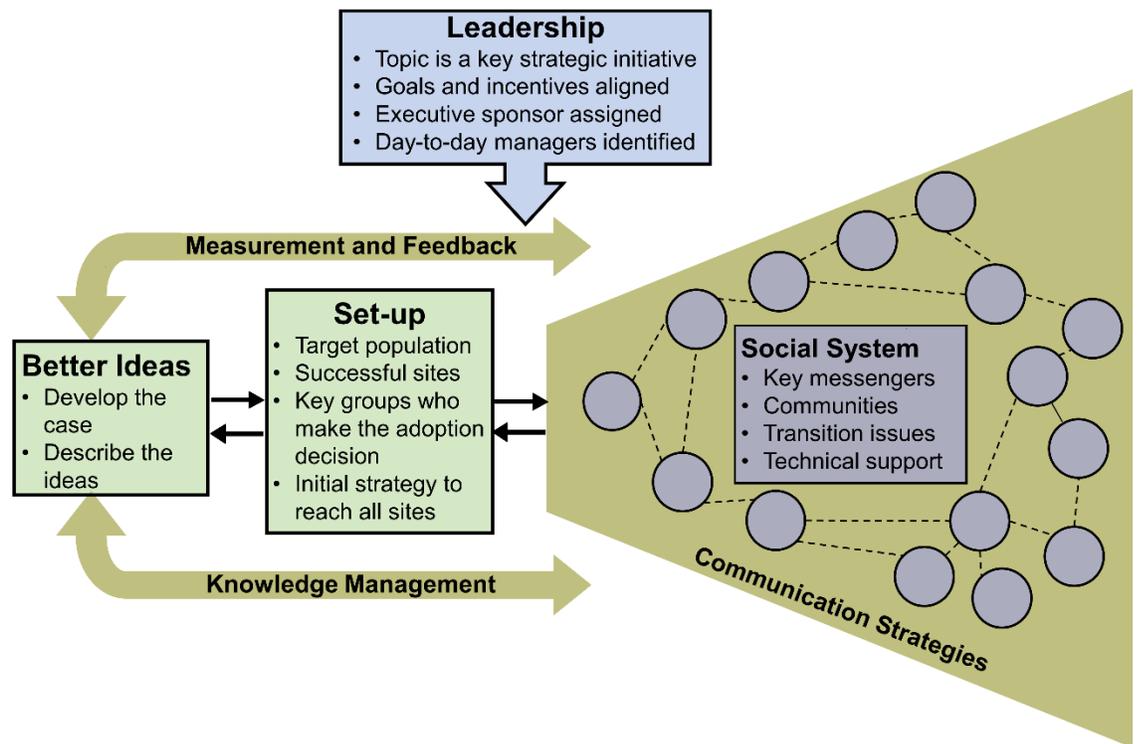
How It Evolved

As IHI continued to use the original spread framework in Collaboratives in the early 2000s, Schall and others at IHI used it to help inform the design of the 100,000 Lives Campaign, which began at the 2004 IHI National Forum. Meanwhile, IHI's Africa team, led by Pierre Barker, MD, who is now IHI's Chief Global Partnerships and Programs Officer, was testing an expanded version of the spread framework. "The challenge here was to take improvements in priority programs in African countries to full scale in a short period of time," Barker says. "The breakthrough was to first undertake innovation in the 'scalable unit' — the smallest administrative unit that could be replicated across a country — then pilot test those innovations in similar administrative units (e.g., districts) in different parts of the system before rapidly going to full scale. This systematic phasing allowed for an explosive pace of scale-up."

Barker adds, "Building on previous IHI frameworks that were focused more on the psychology of change, the new spread and scale-up model provided guidance on how to prepare the environment ahead of planned scale-up, and the infrastructure that is needed to support the work as it moves through each step in the sequence."

Successes and Challenges

Early examples of successful scale-up projects include IHI's work with the US Bureau of Primary Health Care, IHI's IMPACT Network, and Project JOINTS, which replicated the 100,000 Lives Campaign model. Two examples of implementing the most recent iteration of IHI's scale-up framework, as featured in the 2016 *Implementation Science* article, are taken from IHI's work in Africa:

- Improving perinatal prevention of mother-to-child transmission of HIV in South Africa. The South African government used a change package developed in IHI-supported pilot-testing sites to scale up effective care for HIV-infected mothers, contributing to a dramatic decline in HIV transmission rates from 19 percent in 2005 to less than 5 percent in 2010.

- In Ghana, IHI supported the National Catholic Health Service to test, pilot, and scale up effective maternal and child health programs to improve outcomes for children under 5 years. Project Fives Alive! scaled up from 35 sub-districts to 554 sub-districts in six years and reached 80 percent of all public and faith-based hospitals in the country, achieving significant reductions in under-5 mortality.

"In terms of challenges," Schall says, "I would say it's for an organization to understand where they are in the scale-up sequence. You need to know where you are. If you haven't fully developed your change and then try to scale up prematurely, that's an issue."

What's Next

IHI's Results and Evaluation team is developing an assessment tool, a "Readiness for Scale-Up Assessment," that mirrors the scale-up framework and will help organizations and communities understand whether they are ready for the next phase of scale-up. "This tool has already demonstrated its value in helping organizations better understand where they are on their journey, and the work that lies ahead in getting them to full scale," Barker says. "We plan to learn with our partners how an assessment of readiness for scale-up could help organizations better prepare for and address the challenges they run up against during scale-up."

IHI plans to refine the framework and associated tools with initiatives like 100 Million Healthier Lives and ongoing work in Africa, including helping to reduce maternal and newborn mortality in Ethiopia. "We'll continue to apply the framework and learn about how it needs to be adapted and used in different contexts and different settings," Schall says.

Where to Learn More

Massoud MR, Nielsen GA, Nolan K, Nolan T, Schall MW, Sevin C. *A Framework for Spread: From Local Improvements to System-Wide Change*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006.
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McCannon CJ, Schall MW, Perla RJ. *Planning for Scale: A Guide for Designing Large-Scale Improvement Initiatives*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2008.
http://www.ihi.org/resources/Pages/IHIWhitePapers/PlanningforScaleWhitePaper.aspx

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