

TCOM Implementation Measure: An Introduction

What this Measure is.

The TCOM Implementation – Systems measure is a process. It is a process designed to help all stakeholders in a system work together to always get better at meeting child and family health and well-being goals. The process involves a structured dialogue with diverse stakeholders. This dialogue is structured to identify the supports *already in place* for always getting better, and the supports *which need to be put in place*. Another way to look at this process is that it helps us understand the existing capacity for continuous quality improvement, and the capacity which needs to be built to fully support continuous quality improvement.

The measure walks through a series of steps to making ‘getting better’ a routine part of business. For many organizations, a culture which focuses on learning and growth is not yet fully developed. Having a structured dialogue and agreeing together about how to rate each item helps everyone see what they can do to improve work culture and practice. It also allows people to identify where they are already successful, and provides a forum for sharing successes. Sharing these successes helps everyone see how they can be part of the system’s growing and getting better at helping children and families.

Every system is different. Because of these differences, the exact activities people engage in to cultivate a learning, improving system are somewhat different. This measure lays out a series of activities general enough to apply across different systems, yet specific enough to result in meaningful change. These activities form a development cycle. Over time and through engaging in the activities listed, a system becomes more and more capable of reaching the goal of improving the health and well-being of children and families.

When to Use the Measure.

As Part of a Planned Change Initiative. Planned change usually refers to a targeted, time-limited organizational change effort. Yet it often presents an opportunity to align a time-limited change effort with the development of new infrastructure and social capacity for *ongoing* learning and growth. In this way, you can leverage an opportunity provided by a specific change initiative to provide infrastructure and capacity for a wider range of changes in the future. For example, planned change efforts may allow for capital investments in the quality improvement infrastructure (such as an IT reporting infrastructure) needed to support both current and future practice changes. The TCOM Implementation measure and its structured conversations can be used to guide the planning and roll-out of the change effort. Using this process can also give people familiarity with a structured implementation process which they can employ *across* change efforts.

When Major Change Occurs or will Occur. Systems, like people, exist in a specific context. The development of the capacity to learn and grow as an organization allows you to remain effective even as your system context changes. However, large change can also pose a threat to existing or developing capacities for continuous improvement. Any time a large change to a system’s context occurs or will occur, it presents an opportunity to re-visit these conversations. Talking about what capacities you have for improvement, and what you are developing, can help people in the system think through how they can continue to be successful in the face of change. It can also help you to work pro-actively to insure that with any change, helping children and families reach their health and wellness goals remains the primary goal and activity of the system.

How to Use the Measure.

The measure is designed to be used as part of a structured conversation designed to bring stakeholders to a consensus rating. This rating then guides the extent and urgency of action needed to build the desired quality improvement capability. Completion of the tool should be facilitated by a facilitator whose only goal during the completion process is to understand what stakeholders are saying, identify points of similarity and contrast, and facilitate movement towards consensus. In order to be clear about what is meant by each item's rating, stakeholders are encouraged to write down under each item the activities which have been undertaken to complete it. A working definition of consensus is that at least two-thirds of stakeholders agree on a particular rating. Whenever there is not 100% agreement across stakeholders as to the rating, the core reason(s) for the difference(s) should be noted on the tool and revisited the next time it is rated by the group. This way important differences are not forgotten, but remain represented and open for action. It is important to note that implementation of any new capability in a system is *a process*. The development of TCOM capabilities is not expected to occur immediately; our experience with systems indicates that full implementation of such capabilities is a multi-year process. Thus the measure allows you to understand where on that journey your particular organization is at, and useful next steps to consider taking along that path.

TCOM Implementation Narrative

<p>0: Strongly Present: clear documented evidence of characteristic</p> <p>1: Present: clear description; may be recent state or systems change; not yet mature or robust; supportive of collaborative performance improvement</p>	<p>2: Partially Present: description is unclear; important details or operational aspects are not fully clarified or in place; collaborative process not clearly in place or missing critical stakeholders</p> <p>3: Absent: description is vague, evasive, or tangential; there is a lack of critical functions or operational details; may operate contrary to collaborative performance improvement</p>
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Stage 1: Engagement / Readiness

1 Trained on using the instrument for quality improvement throughout the care process (for access, engagement, service appropriateness, service effectiveness and linkages)

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

2 System values and goals identified

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

3 Between one and three outcome-related goals identified for collaborative achievement

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

4 Tool items (from CANS, ANSA, FAST) chosen to reflect the goal(s)

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

5 Identified decision points at which to first use the tool

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

6 Created implementation team reflecting decision-makers for all key system functions (administration, finance, information technology, supervision, front-line practice)

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

7 Caregiver and youth practice and policy team in place (with coaching supports if new / needed)

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

Number of Actionable Needs:

Percent of Needs Which are Actionable: (/7)*100

Stage 2: Development

8 Created grounded Implementation Model for effective local change, explicitly incorporating lessons from previous practice change efforts

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

9 Created *draft* multi-level implementation plan based on Implementation Model

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

10 Integrated TCOM tool (CANS, ANSA, FAST) with existing assessment documentation

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

11 Drafted policies supporting tool's implementation in service / support process

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

12 Algorithms and automated feedback are specified for each key decision-point in service / support process

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

13 Specified multi-level support structures (regular meetings scheduled, decision-making and support chains formalized) to facilitate implementation

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

14 Collaborative assessment and treatment planning documentation integrated with IT system; reports available with test / simulated data

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

15 Caregivers and youth have provided feedback on locally appropriate adaptations / considerations for collaborative practice training curriculum

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

Number of Actionable Needs:

Percent of Needs Which are Actionable: (/8)*100

Stage 3: Training for Reliability and Practice Integration

16 Stakeholders certified for reliability on the CANS / ANSA / FAST

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

17 Clinicians certified on collaborative engagement practices (collaborative assessment, service planning, progress review, transition planning)

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

18 Supervisors certified on collaborative supervision practices (teaching collaborative practice, collaborative goal setting for supervision, collaborative and self-directed review of clinicians' practice)

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

19 Coaching in place for multi-level teams implementing system-wide collaborative practice change

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

20 Multi-level stakeholders trained on use of automated feedback tools

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

21 Peer and expert collaborative feedback process in place for clinicians, regular meetings set

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

22 Peer and expert collaborative feedback in place for supervisors, regular meetings set

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

23 Peer and expert collaborative feedback in place for administrators, regular meetings set

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

24 Manual demonstrating how to document (and bill for) collaborative practices distributed, and training conducted online or in person

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

25 Multi-year collaborative infrastructure support financing identified and in use

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

26 Scheduled multi-level review of process data at each key decision point in place

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

27 Scheduled multi-level review of outcome data at each key decision point in place

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

28 Policy and procedure for collaborative multi-level practice change reviewed and finalized (communication, decision-making and resources specified)

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

Number of Actionable Needs:

Percent of Needs Which are Actionable: (/13)*100

Stage 4: Implementation

29 Effective practice identification structure operational

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

30 Effective practice codification and communication structure operational

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

31 Multi-level review of collaborative process data regularly occurs

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

32 Multi-level review of outcome data regularly occurs

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

33 Personnel and fiscal supports aligned with review of process

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

34 Personnel and fiscal supports aligned with review of outcomes

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

35 Resources consistently deployed to build on identified effective collaborative practices

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

Number of Actionable Needs:

Percent of Needs Which are Actionable: (/7)*100

Stage 5: Replication and Innovation

36 Evidence of effective internal clinician training

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

37 Evidence of effective internal supervisor training

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

38 Evidence of effective leadership transition management

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

39 Evidence of increasingly effective child and family engagement

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

40 Evidence of increasingly effective harm reduction and functional improvement interventions

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

41 Evidence of Increasing Cost-Effectiveness

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

42 Evidence of Ability to Meet Unexpected System Performance Metric / Accountability Demands

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

43 Mentorship of outside clinician cohort

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

44 Mentorship of outside supervisor cohort

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

45 Mentorship of outside leadership cohort

Relevant Action / Evidence:

Relevant Action / Evidence:

Relevant Action / Evidence:

RATING:

Number of Actionable Needs:

Percent of Needs Which are Actionable: (/10)*100

TRANSFER SCORES TO IMPLEMENTATION PROGRESS VISUALIZATION