### Comisiwn Bevan Commission

### **CAAI METHODOLOGY**

IN ACTION



organisations, adoption site teams and

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FIRST EDITION

## **About this Toolkit**

The Connecting for Adoption and Adaptation of Innovation (CAAI) methodology Toolkit brings together guides, frameworks and How To resources. CAAI was developed for leaders and innovation/improvement/research leads in health and care organisations or networks that work over a large geographical area or for services that look after a sizeable population.

When running a support programme, there are often economies of scale, and this toolkit puts forward guides which are best applied to a number of innovations and/or adoption sites at the same time. This means that there is an opportunity for peer learning and sharing experiences from different care settings and work contexts. Greater benefit may be observed when this can take place across organisations or wider networks, especially within health and care systems supporting 3 to 5 million people..

This guide is one of four that has been developed as part of the CAAI Methodology Toolkit and authored by a team from the Bevan Commission, working closely with Professor Nick Rich, Swansea University. For more information, please visit our online resources at <a href="mailto:bevancommission.org/caai-methodology">bevancommission.org/caai-methodology</a>.

Authors and Acknowledgements for this guide: Dr Rupa Chilvers, Siôn Charles, Helen Howson and Johanna Brown all as part of the Bevan Commission team and Professor Nick Rich, Swansea University working with Dr Lauren Barr and Eleanor Shaw (editorial support) and Katie Shelley (illustrator).

## **About this Guide**

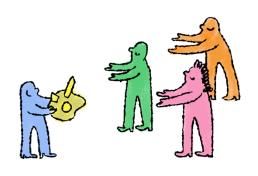
There are four major steps to follow and a series of mini steps within each major step when applying the CAAI methodology. This guide provides an outline of the mini steps and details the key areas for consideration for a programme of work. These steps can be used to inform discussions about initiating and running a programme aimed at innovation adoption and spread in health and care. How the steps are implemented and the length of time required for each step will differ for each programme.

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# The people involved



Innovators are part of the team that developed the innovation and are passing it on because it is known to work. They may or may not be working with a team.



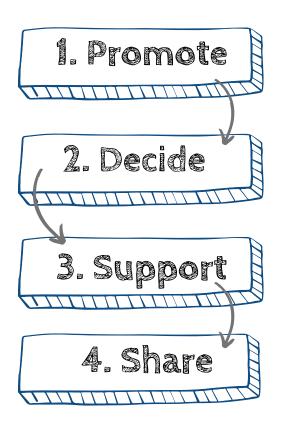
Adopters (usually working with their teams) at the practice level have seen the benefit of the innovation and want to make it work in their Adoption Site. Working with multiple adoption sites helps maintain the momentum for the spread of innovation.



Leads work in the establishments and entities including networks who are seeking the benefits from the innovation and want to increase the likelihood of successful uptake.

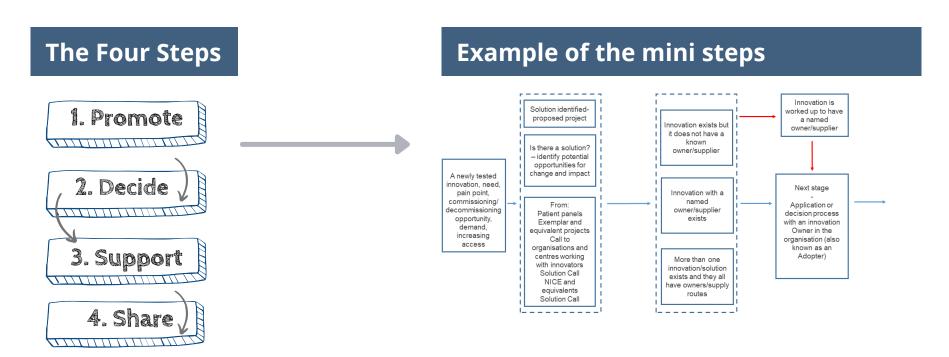
# The Four Steps

There are four major steps that need to be followed when applying the CAAI methodology in a health and care system. These steps are usually applied by an organisation or a network working to improve care for a given population or for a common goal of improving or transforming care and services.



# Designing a programme with the Four Steps

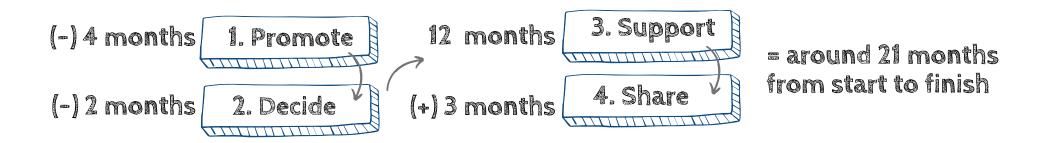
Each of the four major steps have a series of mini steps that detail the processes and actions that need to be taken and highlight key decision points. These mini steps can be used to support partner/stakeholder discussions, as part of creating programme documentation, or for detailed project planning and reporting to a national or relevant Advisory Board.



# Timings for a programme

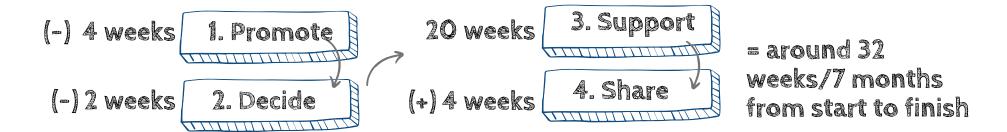
Supporting innovation takes time, whether that's days, weeks, or months. This process can be rapid, but it cannot be hurried. Time is needed for reaching the decision to adopt (and carrying out the due diligence), and then the work needs to take place for the introduction and uptake, followed by sharing for wider impact.

Timings for a programme should take into account the notice periods required by clinicians and practitioners to schedule this work into their day-to-day commitments without impacting on service delivery. The sequential major and mini steps also need to be considered alongside the number of adopters and innovations and the time required to complete the structured activities. This is an example time sequence for a 12-month programme with a set of tested innovations. A shorter cycle can be applied for smaller-scale adoption projects.

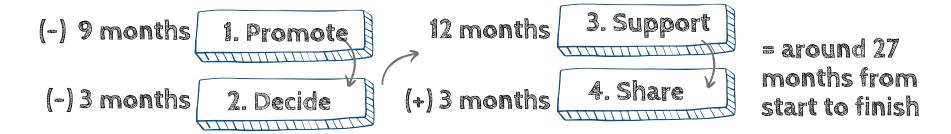


Depending on the innovation and the scale of the programme, the CAAI methodology can be applied over a shorter or longer time scale.

1. Shorter Timescale - fewer innovations and a focussed area of care/need



**2. Longer Timescale** - including the innovator pathway and some research and development activities as part of the Promote Step

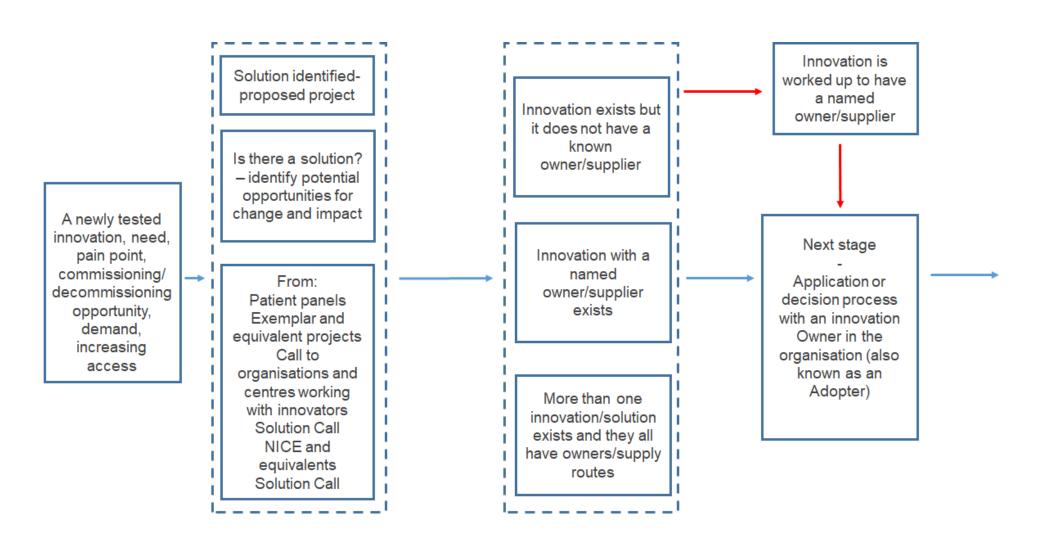


# Following the mini steps

# 1. Promote

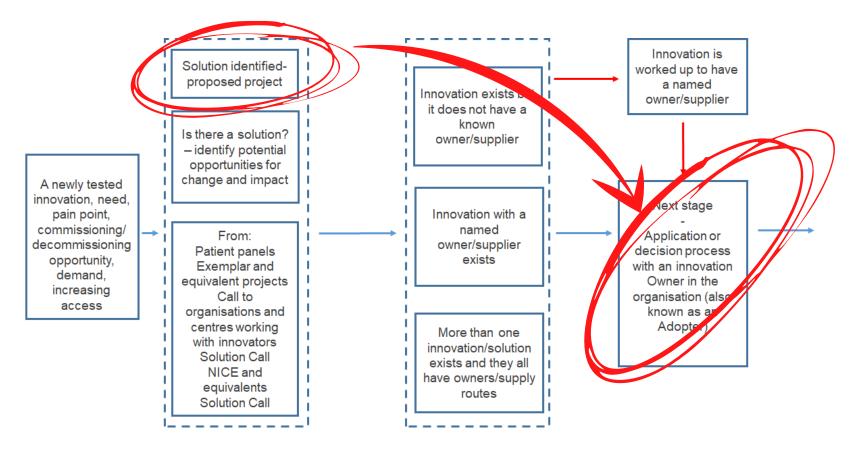
### Kickstarting which innovations go to the 'Decide' stage.

First identify the tested innovations of interest, then follow a process by which a few will be presented and promoted.



#### Variations to the identification of the innovations

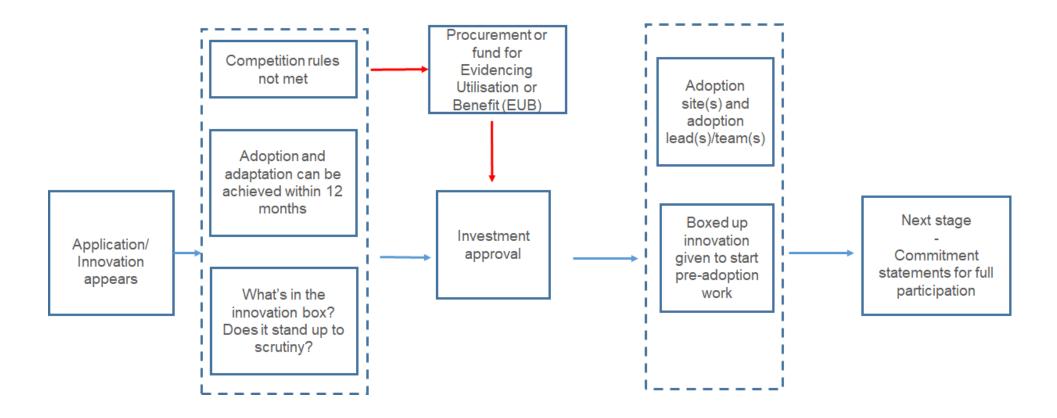
In some cases, the innovator may come forward as part of the Promote Step, or the adopter may have already identified the problem and the potential solution. So a call for solutions may not be required, and there may be an 'owner' in the organisation who will be the adopter. If all the mini steps for Promote are not followed, it will be important to put in some due diligence or checks as part of the Decide Step to make sure that other more appropriate innovations are not missed.



# 1. Decide

# Following a process to select the tested innovations to move into a supportive space.

Start by understanding the likelihood of success within the time period available, then test the information available to adopters. Then complete the approval process for the investment funds and resources.

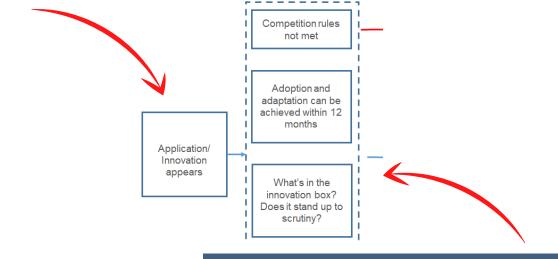


### Taking into account the variations in the Promote Step

If some of the mini steps are missed during the Promote Step, this can be taken into account in the Decide Step. An example of this is the mini step of seeking input from the wider stakeholder groups or using internal and external intelligence to understand the range of solutions available. This can be applied as part of the Promote Step or as shown here as part of the first few mini steps in the Decide Step.

It may be possible to give people a chance to test their intended solutions with a group of knowledgeable or well-networked individuals.

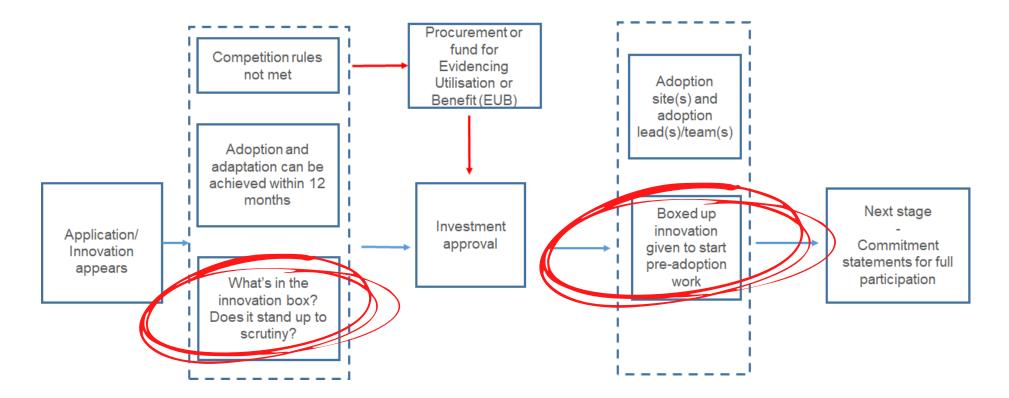
This may be informal depending on how quickly the Promote and Decide Steps need to be worked through..



Or a formal process such as requiring the innovator to follow the Box up your Innovation may be included to support the Decide Step (instead of the Promote Step) to cover any information gaps.

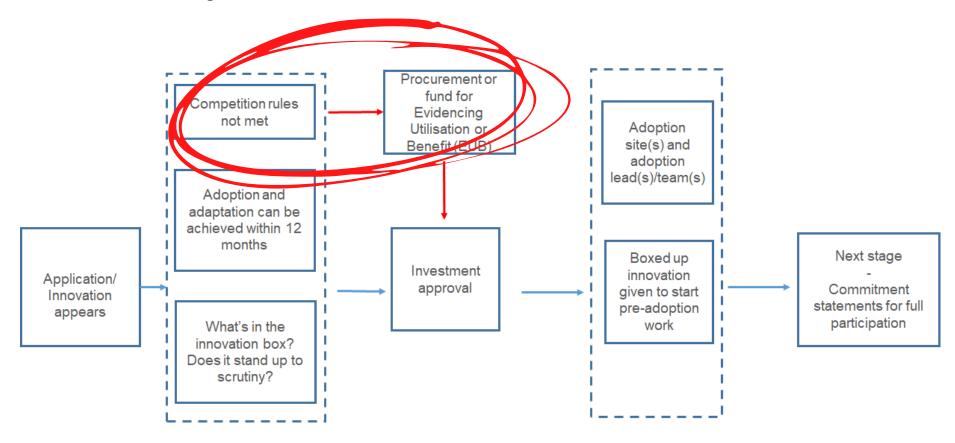
### **Boxing up your Innovation**

Missing information and not having the right information to hand about a particular innovation can delay adoption. The structured exercises completed as part of Boxing up your Innovation (ideally as an interactive/guided workshop) can be used to give enough information to the innovation adopter and decision-makers. This will help them understand what is needed, already available, or needs to be brought together by the team adopting the innovation. The aim is to have a real or metaphorical box to hand over to the innovation adoption team.



### Approving the investment(s) for innovation adoption

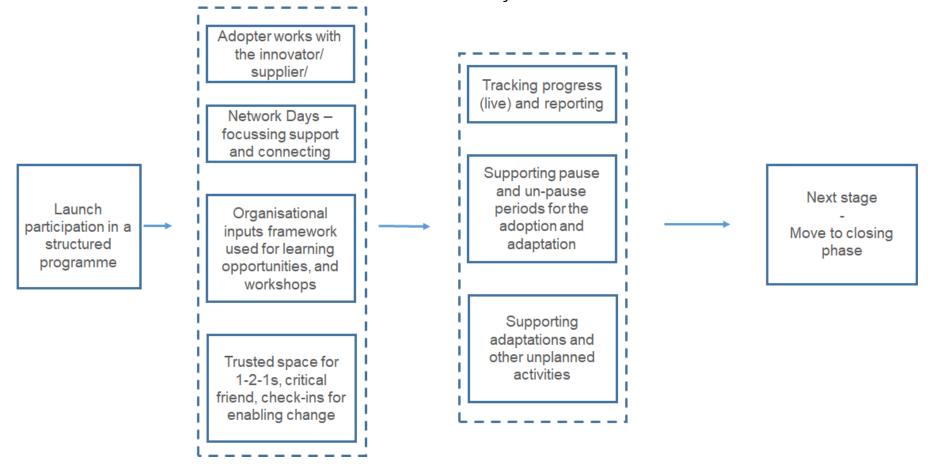
Resources or funding for innovation follow the usual financial approval procedures. For products or services that are purchased, it is important to know if there are alternative solutions and how procurement rules need to be followed. When the innovations are new to market or newly applied in a given context, it may be possible to release funds as part of an evidence generation project. In these cases, procurement exercises may be required at a later stage based on the outcomes of the fund.



# 3. Support

# Delivering a programme of structured activities for the lead adopters and their team members.

This brings together a supportive space that is a trusted environment and accessible to the adopters and their teams. Working with partners, where possible, as part of a multi-organisational approach, gives an opportunity for peer learning. As a result, innovations may be scaled faster across the health and care system.



### **Sequencing the structured support**

The Support Step must have a 'start and 'stop clock' and this is partly to align with how resources and people's time are usually allocated to these programmes. However, it is also important to make an impact as fast as possible, so the sequencing is designed with pace in mind too. This is all brought together as part of a **supportive space** for a programme.



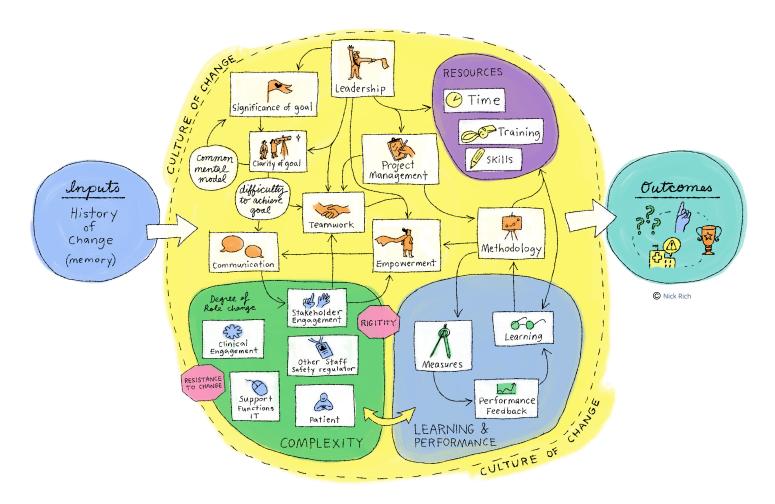
Initiate a supportive space and a set of structured activities and gain the necessary commitment

Start the clock and the structured activities with 1-2-1 support for individuals as they get involved Build in points for connections and for reviewing pauses where they take place Review if national or regional uptake can be applied for greatest benefit

Phase down the structured activities in the supporting space and share, then stop the clock

### **Tailoring the structured support**

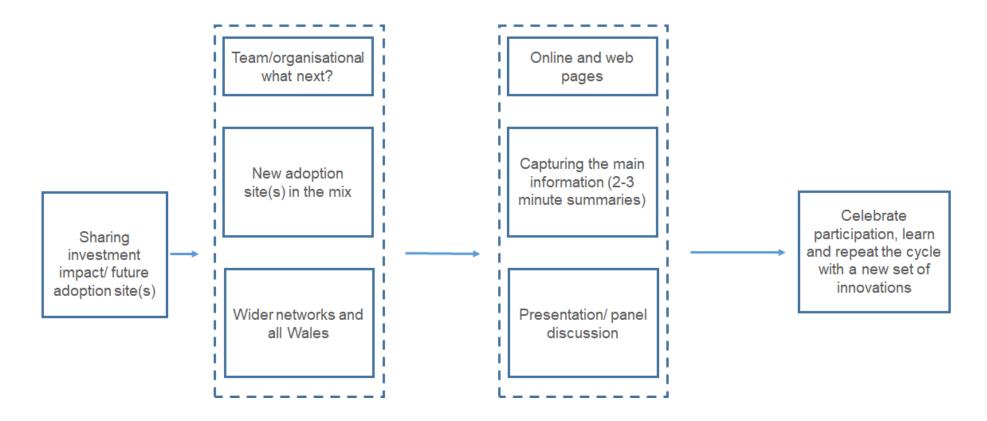
The Support Step can be tailored to the context, the innovation (or set of innovations). Most importantly this tailoring needs to take into account the inputs required for success and outcomes for the adoption project.





## An intensive exercise in communicating the key learning and impact.

Communication, as used here, is about the projects and engaging future adoption sites for wider uptake of innovation. This includes providing 'quick to share' materials and a platform to openly discuss learning and wider uptake by future adoption sites and decision-making.



### **Understanding what to share**

It is important to have an outline for how communication can and will take place, in the same way that there are plans for how the panels will meet and finalise the applications in the Decide Step. This can be a mix of in-person, online or just regular updates from the team. The key here is to communicate the impact so that it is clear how many people are now receiving/using the innovation. This can be translated to the benefits/gains or harm avoided/prevented, and ultimately the positive impact on health and care.

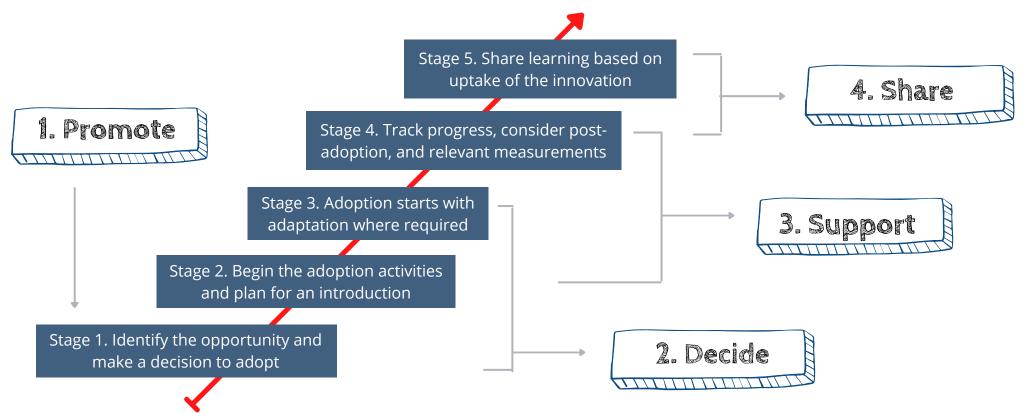
This is a chance to wrap up with key findings and Communication can start with a important learning points simple title, short description and Online and web being shared some technical information. When pages this is published at the start of the programme, it gives an opportunity for future adoption sites to show Capturing the main interest and follow progress information (2-3 minute summaries) Celebrate participation, learn Panel discussions on how the and repeat the cycle with a new set of adoption is progressing, what has innovations gone well, and what has not gone well Presentation/panel can be used at different points of the discussion Support Step and may accelerate wider uptake of the innovation.

# Where do the Four Steps fit in with the innovation pathways?

# The innovation adopter pathway

The pathway moves from the identification of the innovation by the adopter through to sharing learning based on the uptake of the innovation and is fully discussed in the **Getting Started** guide.

The Four Steps can be mapped onto the pathway as follows.



# Focusing on adoption and adaptation of innovation

The Four Steps may sound very similar to the ways in which innovators (as in those who develop the innovations) are supported in health and care during the research and development phase. It is important to note the differences between the support given for people testing an idea and for people who are introducing and taking up the innovation in their care or service setting.

The innovation referred to here has already moved outside 'the lab setting' and the support is for completing the innovation adopter pathway. The innovation has therefore been tested and is safe for use and is sometimes referred to as mature innovation or as outlined in practice/ service guidelines.

Adopters have different barriers and facilitators that they need to work through.

Adopters are usually new to the innovation itself and are learning how to make it work in their context. They will be working with the knowledge that it has already 'worked' somewhere.

Innovation adoption measurements are usually based on the number of people or cases (or equivalents) benefiting from the innovation. Monitoring for any unintended consequences may take place, and is not an extension of the research and development phase.

# Printable resources

### THE FOUR STEPS

The major steps to follow for applying the CAAI methodology

### 1. PROMOTE

The mini steps for the Promote Step

### 2. DECIDE

The mini steps for the Decide Step

### 3. SUPPORT

The mini steps for the Support Step

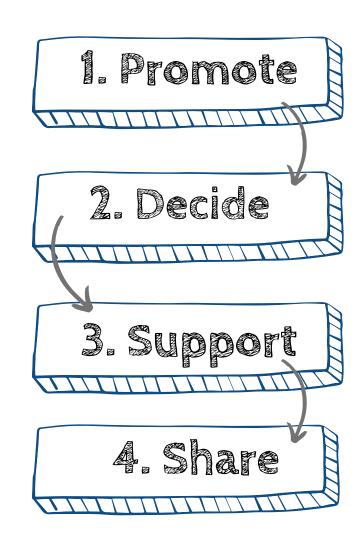
### 4. SHARE

The mini steps for the Share Step

# The Four Steps



Print and use the Four Steps to plan the support you and your partners can give to adopters and innovators in your organisation or as part of your network (best as A3 print).



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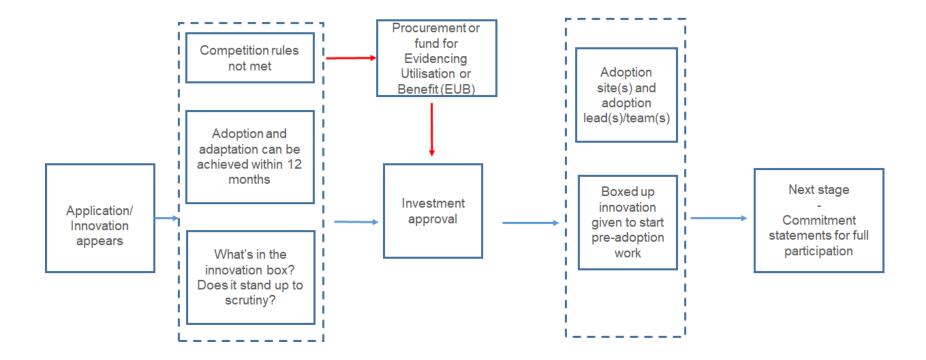
### 1. Promote

Innovation is Solution identifiedworked up to have proposed project a named Innovation exists but owner/supplier it does not have a known Is there a solution? owner/supplier - identify potential opportunities for change and impact A newly tested innovation, need, Next stage Innovation with a pain point, named commissioning/ Application or From: owner/supplier decommissioning Patient panels decision process exists opportunity, Exemplar and with an innovation demand, equivalent projects Owner in the increasing Call to organisation (also access organisations and known as an centres working Adopter) More than one with innovators innovation/solution Solution Call exists and they all NICE and have owners/supply equivalents routes Solution Call

Print and use this framework to plan the support you and your partners can give to adopters and innovators in your organisation or as part of your network (best as A3 print).



# 2. Decide



Print and use this framework to plan the support you and your partners can give to adopters

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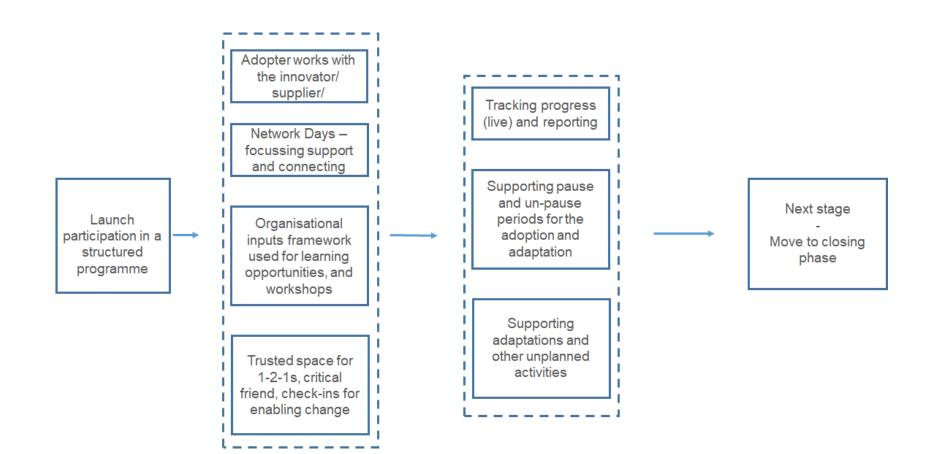
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## 3. Support



PART OF THE CONNECTING FOR ADOPTION AND ADAPTATION OF INNOVATION METHODOLOGY TOOLKIT

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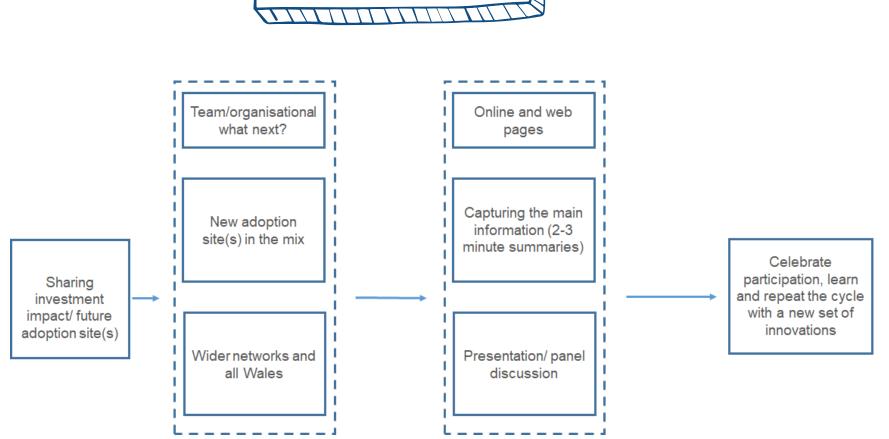
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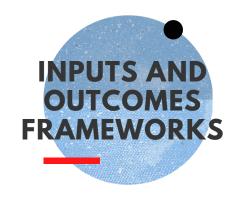


# 4. Share



PART OF THE CONNECTING FOR ADOPTION AND ADAPTATION OF INNOVATION METHODOLOGY TOOLKIT

# Go to the next guide



# Toolkit, how to, and online resources

bevancommission.org/caai-methodology

**Guide 1. Getting Started** - covering some of the definitions and main concepts that are important for applying the CAAI Methodology.

**Guide 2. The Four Steps** - a step-by-step guide, from selecting the innovation, to providing support, and showcasing the learning.

**Guide 3. Inputs and Outcomes Frameworks** - an overview of the evidence-informed conceptual frameworks important for increasing the likelihood of successful uptake.

**Guide 4. Supportive Spaces** - detailed information on how to design and manage a physical/digital space and the structured activities to support the innovation adopters and their teams.

**Resource 1. How to Box up your Innovation** is for innovators and people who work with them. It will help bring together the information that adopters need to get started and use during the introduction and uptake of the innovation in their context.

**Resource 2. How to complete the A3 Project Chart** is for each adoption site to use, and is completed at the beginning and at each key stage of the project.

**Resource 3. How to complete a swim lane** supports the use of the A3 Project Chart, and follows a guided exercise on representing the current (as is) and future (redrawn) sequence of work.

**Resource 4. How to Measure Change using the 'Rich Layer Cake'** is for innovators and adopters to help select the right types of measures, and work through the lessons that can guide implementation.

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