Stealing Shamelessly:
Practice Transfer Success Factors

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Organizational leaders might expect that once a successful practice is identified, the practice will be quickly adopted within the organization. However, practice dissemination within firms can require 27 months, even in organizations committed to transferring successful practices.[1]

Introduction

Success factors that improve the likelihood of deciding to transfer and effectively implementing the practice have been identified. Transfer generally occurs when potential practice recipients have a compelling problem to correct[2,3] and there is evidence of a superior practice.[1-5] Having a high level of trust in the person sharing information[2-4] (the "source champion") and clear communications with this person have been identified as transfer success factors.[1,2,4] Practice recipients who have an opportunity to observe a functioning model of the practice have an advantage.[3,5] Practice transfer has also been related to leadership support,[1,2,5] resource availability,[2,4] and the presence of a culture supportive of practice transfer.[1,3-5] Practice recipients have been urged to copy the original practice exactly if they are uncertain which practice features are essential to its effectiveness.[4]

Transfer Study by Care Experience Council

Do these principles of effective transfer apply to transfers in an integrated health care setting? To better understand how to support transfer of successful practices within Kaiser Permanente (KP), the KP Care Experience Council (CEC) sponsored a retrospective study of KP transfers.[6] Ninety-two structured interviews with KP physicians and employees were conducted to identify factors associated with the transfer of 13 clinical and service practices within the organization. The participants included lead implementers at recipient sites who transferred a successful practice; potential implementers at sites who studied but rejected a practice; and source champions. (Source champions are practice experts and/or practice innovators who communicate about the successful practice.) Four transfer outcomes measures were used to subjectively gauge success in transferring a practice from the perspective of the lead implementer or potential implementer. These transfer outcome measures included the following:

The Value of the Visit

To build a rich understanding of the practice, many potential implementers (sometimes with their team) visited the source site or invited the source champion to visit their site. These visits often influenced their decision-making process and helped with the implementation process.

Advance Access Transfers

Many implementers talked about how much they valued having a credible Permanente physician source champion come to their site to describe how to use the practice, answer questions, provide detailed explanations, and allay concerns.

Home-Based Palliative Care Transfers

Some potential implementers visited the source site and observed caregivers as they visited patients. This approach yielded important, but undocumented, information.

Emergency Prospective Review Program (EPRP)

Lead implementers reported that when their physicians spent a day at the source site, they overcame their initial uncertainty about the hospital repatriation practice. They were able to resolve various problems so that the practice could function in the new location.

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- Did the recipient site choose to transfer the practice?
- Did the recipients achieve what they set out to accomplish?
- Was there evidence of improvement following implementation?
- Was the practice maintained over time?

Analysis

The transfer outcome measures were correlated with the presence of factors (conditions, processes, or behaviors) hypothesized to be related to these outcomes. Various hypotheses put forth in the transfer literature were examined. For example, does having a physician champion supporting the transfer improve the odds of a successful implementation? The factors having the strongest correlations with transfer outcomes are described in Table 1.

Source Champions

Having a supportive source champion was related to transfer success. Some source champions spent a great deal of time helping recipient sites with their transfers.

Source champions explained how potential recipients were persuaded to transfer. Some believed that potential recipients were persuaded to transfer by a combination of data and testimonials from peers facing comparable challenges. Typically, evidence alone was not sufficient reason to transfer.

> ### Should we Encourage Sites to "Reinvent" rather than "Transfer" Successful Practices?
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> The assertion that transferred practices should be copied exactly[4] was partially tested in this study. Although none of the recipients made an "exact copy," there were variations in the degree of conformity to the original model. Some borrowed only a concept from the practice, while others preserved most of the features of the original practice. On average, more exact copying did not appear to be related to better outcomes.
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> It appears that operational and structural variations within KP necessitated tailoring the practice to each location. Sometimes sites needed to modify the practice to increase support for the new practice.

The source champions and recipients tended to agree on the factors that supported transfer, with one exception. When explaining why a site chose not to transfer, source champions were likely to attribute a decision not to transfer to "not-invented-here" barriers. In contrast, potential recipients tended to cite competing priorities or lack of perceived value as reasons not to transfer.

Measurement Limitations

Some of the transferred practices lacked objective evidence that the practice resulted in improvements. This did not discourage some sites. Similarly, recipients who adopted practices often failed to collect

Table 1. Transfer success factors: Transfer conditions, behaviors, or processes having the strongest correlations with transfer outcomes		
There was a greater likelihood of successfully transferring a practice when:		
Compelling problem	• The practice addressed a compelling problem. • The practice was aligned with organizational goals.	Because leaders faced competing priorities and limited resources, practices were more likely to be transferred and sustained when there was widespread recognition that the problem was very important, not just a "good idea."
Supportive source champion	• The recipient team went on a site visit to see the practice in operation and learn from the source champion. • The source champion was willing to help throughout the implementation. • Recipient trusted the source champion.	Successful recipients often sent a team of people who would be involved in an implementation to the original site to see a working example of the practice. They built a relationship with the source champion, learned how the champion handled various barriers, and learned how they could adapt the practice to conditions in their site.
Lead implementer	• The lead implementer believed there was evidence of the value of the practice.	The choice to transfer tended to occur when the lead implementer and other team members believed there was solid evidence of the value of the practice.
Role of management	• Sponsors provided behind-the-scenes support with logistics, systems, and removal of barriers.	Sponsors were most helpful when they found: financial resources; carefully selected a physician champion, lead implementer, and steering committee members; and gave people sufficient time to complete the practice transfer. (See How to Find a Sponsor, p 55.)
Implementation practices	• An influential physician champion was involved. • A steering committee was formed. • Multiple stakeholders were involved.	• Better implementation outcomes were observed when a wide cross-section of opinion leaders from multiple disciplines were involved in decision making and planning. • For some implementers, having strong physician champions (where appropriate) was essential to acceptance of the practice and sustaining the practice over time.

measures that would permit full evaluation of the imported practice. The outcome measures used in the study were subjective assessments. Given the resources used to implement any practice, innovators and recipients are urged to work with analysts to collect baseline data and monitor outcomes over time to document the value of the transferred practices.

Summary

In general, the findings of this study are consistent with those of the transfer literature. To foster transfer of successful practices within the organization, potential recipients can overcome some commonly experienced barriers by: choosing practices that address high-priority issues; enlisting multidisciplinary participation during the planning and implementation stages; assigning lead implementers and champions who believe in the value of the practice; and verifying that sponsors will use their influence to assist with obstacles during implementation. Innovators and recipients are encouraged to verify that their practices actually improved performance, and collecting appropriate measures and tracking them at useful intervals sustains the practice. ❖

References

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A Leader's Final Test

The final test of a leader
is that he leaves behind him in other men
the conviction and the will to carry on.

—*Walter Lippman, 1889-1974, American essayist and journalist*