Improve Care Transformation Sustainability: Learning from the CARE Award

For three years, 10 children’s hospital teams worked together in the national Coordinating All Resources Effectively for Children with Medical Complexity (CARE) Award to inform sustainable change in health care delivery through new payment models supporting better care, smarter spending and healthier children with medical complexity (CMC).

Payment reform teams worked with payers to develop new payment models, while quality improvement (QI) teams implemented change concepts to the care model. The teams were successful at decreasing inpatient days, emergency department discharges, and medical spending while improving patient experience for the 8,000 enrolled children. Five of the hospitals implemented new payment models during the project.

But sustaining these positive changes was a challenge; federal funding dissipated, and long-term success was dependent on sustaining care model improvements. Across the health care industry, 70% of QI projects fail to sustain long-term change, so the goal was for the new ways of working to become the norm.1,2 Over half of the CARE Award teams reported success in planning for care model sustainability. The standardized planning approach used for this project (see Four-Step Sustainability Planning Toolkit on page 10) was recognized as important to this success.

This paper provides the sustainability framework for care model implementation, and shares the sustainability planning approach, participant insights, lessons learned, and results from a 12-month post-project implementation survey.

Insights relate to the process and QI work with the CMC population. The findings can be adapted to support other collaborative sustainability planning efforts in children’s hospitals.

This paper offers:
- A sustainability planning framework
- Participating team insights
- Lessons learned from implementation
- Care model sustainability results
A Four-Step Sustainability Planning Framework
Theoretical and practical sustain models from a literature search informed the CARE Award sustainability planning process. Survey and sustainability planning worksheet design was adapted from existing resources. A four-step framework (see page 10), developed to help teams address sustainability challenges, was initiated one year into the collaborative.

**STEP 1** Use Critical Success Factors as Analysis Tool (CSFAT) to recognize strengths and gaps.

**STEP 2** Analyze and summarize survey findings for team analysis and consensus on findings and recommended actions.

**STEP 3** Define change concepts that effectively support improvement to update and strengthen the quality improvement plan.

**STEP 4** Draft plan for sustaining change to gain and retain support for moving forward.

Teams used this process to develop a sustainability plan over a six-month timeframe. Faculty and staff were available for coaching support. Planning required them to:

- Understand organizational systems affecting their ability to sustain work.
- Determine which change concepts were most essential to sustaining work.
- Identify resources within organizational systems necessary for long-term improvement sustainability.
- Draft a comprehensive sustainability plan.

**Insights from Participating Teams**
The planning exercise helped teams apply critical thinking skills that followed a standardized team-based process. Completing this exercise helped teams:

- Recognize project success is dependent on monitoring and reassessing several organizational systems at regular intervals.
- Identify under-resourced factors key to sustaining improvement.
- Realize resource gaps that may result from competition for a limited resource pool.
- Understand system resources that improved ability to proactively identify gaps and communicate project needs to leadership.
- Recognize sustainability success heavily depends on leadership cultivating a culture of persistence and urgency.

Teams engaged decision-makers early in the process, communicated success regularly to leadership, and established leader commitment to maintain resources. Teams then proactively solicited leadership engagement to evaluate the system’s ability to implement change concepts and deploy resources for sustaining and spreading improvements.
Nine Lessons to Improve Framework Implementation

Teams recognized the value in a strong sustainability plan and a team-based approach to document the plan. Findings can improve the process for future QI sustainability planning and benefit other QI teams.

LESSON 1
To introduce a sustainability exercise, develop a business case that aligns with your organization’s priorities. Many teams struggled to understand the value of the exercise until late in the planning stage. For example, some teams reported concern over the time commitment and substantial learning curve necessary to complete their plan. In the end, most realized the plan was a valuable tool that ensured changes remained in place.

LESSON 2
Involve senior leadership early. Collaborate with senior leaders to perform a systemwide CSFAT assessment prior to, or early in, the next QI initiative. Encourage leaders to tap into frontline staff insight, as teams felt it was difficult to influence leadership for additional resources.

LESSON 3
Ensure a broad array of stakeholders are involved. Use the CSFAT as a multidisciplinary exercise to ensure all team members and leadership levels, incorporate varied role viewpoints in strategic sustainability initiatives.

LESSON 4
Customize the nomenclature to resonate with your organization’s terminology. For example, teams were asked to “rate the core components of your organization’s current infrastructure operations that support the patient and family-centered, and programmatic outcomes.” Additionally, teams said the CSFAT survey element definitions were ambiguous, e.g., whether the term “organization” referred to the hospital organization or the associated primary care clinic.

LESSON 5
Define the entity being analyzed. Teams expressed confusion over the entity (or organization) being referenced for sustainability, as the planning exercise called for involvement by hospital- and clinic-level organizational department representatives. Their perspectives reflected varied organizational contexts. This was true for those sites working together under the same health system structure.

LESSON 6
Provide training that will resonate with teams. Each of the four sustain planning steps were introduced with a 30-minute tutorial developed by CARE Award leaders prior to beginning the sustain plan exercise. Each team then tackled the plan in an order matching their organization’s logic. Considerations include:

- Reordering the four-step process work sequence. Begin with familiar work. Rate change concepts before getting into more complex planning, allowing teams to define accomplishment goals and connect change concept work to best leverage strategic initiatives that ensure sustainability.
- Helping participants understand the process and check for understanding. Tactics include: 1) staging educational workshops that combine didactic teaching, practical knowledge, and hands-on team planning; 2) providing step-by-step description clarity; and 3) measuring training effectiveness post-session.

LESSON 7
Be creative on collecting and maintaining the information needed. Converting sustainability planning worksheets into a digital format allows data to be stored, compiled, and reviewed longitudinally. When teams are small, or a few individual participants are contributing to the process, information collection can be completed as part of team meetings for a more thorough analysis.

LESSON 8
Focus on top priorities from team analysis. Team analysis revealed system strengths and vulnerabilities within an organization. Some teams recognized that analysis results didn’t always support system work that was otherwise deemed important to sustainability.

LESSON 9
Recognize care settings may require different tactics to sustain improvement. Complex care teams viewed human capacity and capability as the most important success factors to sustaining work (Chart A), while primary care physician (PCP) sites indicated culture of persistence as most important. Another opportunity to understand different settings is to evaluate how teams rate the system domains in terms of their strength, importance and ability to influence decision making. Complex care sites generally rated themselves higher than PCP sites in each, with PCP
rating their strength in Data Collections and Reporting Systems and Monitoring and Communication Systems slightly higher and their ability to influence Culture of Persistence and Urgency higher.

CARE Award Care Model Sustainability Results
One year following the CARE Award’s project implementation, over half (59%) of 49 CARE Award teams completed a survey to understand progress in sustaining the most important CARE Award change package elements. The response was reflective of all 10 geographic sites; nine hospital-based clinics and one virtual-based complex care clinic. More than 40% of respondents indicated that all elements of the change package (see Appendix B) are likely to be sustained, and an additional 40% indicated three or more elements are likely to be sustained. All respondents indicated they would sustain dynamic care team members (DCT), clinic after-hours contact information in the care plan, and shared goal planning. Even if nonresponding teams had no sustainability success, results from respondents suggest over half of CARE Award teams had success in planning for care model sustainability.

Two themes emerged from the survey:
1) The importance of building relationships with families to learn from their care coordination experiences.
2) The importance of leadership support to plan for sustainability and sustain care transformation.

CMC Care Model Learning and Challenges to Sustainability
During implementation, CARE Award teams tackled sustainability challenges in care coordination, PCP support and family engagement. Through this survey process, respondents reflected on what makes sustainability of the care model improvements for CMC possible and challenging. They reported short- and long-term care planning and emergency planning were the most challenging to sustain. Their response is not surprising. This population requires frequent process and protocol updates based on the child’s immediate medical needs and exacerbations, making care planning more time-consuming. Incompatible electronic health records (EHR), work-around communications methods, i.e., fax, email or phone updates to involve other specialty providers, and time constraints are seen as barriers. Electronic information enables sharing of change concept protocols across the DCT. The value of EHR in aiding communication and care coordination was recognized throughout the CARE Award and is addressed in other CARE Award papers.

Sustainability becomes more challenging when there are continual process updates, such as DCT protocols, which implies the need for systematic change management. Those change package elements that require significant time and effort, such as short- and long-term goal setting, are difficult to sustain. Respondents also recognized an organization’s culture enables sustainability if its tolerance to change is more constant. This allows learn-
ing to become embedded in operations. Finally, administrative support for operational change is necessary.

PCPs had more difficulty than hospital-based complex care teams in sustaining the care transformation elements, which may be the result of limited access to QI and implementation resources. (See An Important Role: Family-Centered Primary Care Medical Home for Children with Medical Complexity for additional information.) Despite significant opportunities to emphasize QI, there is a need to build and sustain the ability of primary care practices to engage in QI activities in a continuous, effective way.9

The complexity of sustainability in terms of patient and family dependencies make sustainability of the CMC care model improvements challenging as well. For example, updating contingency and access plans require continuous effort to update and inform the patient, which is difficult if providers only see a patient annually. Respondents reported barriers to sustainability, including being under-resourced, waning leadership support, and relying on workarounds that result from underdeveloped health information technology workflow and communication tools.

Sustainability Framework is Key to Maintaining Improvements

The long-term success of transformational changes depend on short-term quality improvement results, and effective planning and implementation to align transformational change priorities and the resources needed to be successful. Using a sustainability framework and organizational results that demonstrate its effectiveness, multidisciplinary teams can re-evaluate, and adjust practices and resources (human and technology), as needed for long-term project success.

CARE Award faculty and staff provided teams this framework to develop and implement sustainability plans. The effectiveness of the CARE Award sustain process was assessed in a 12-month post implementation survey, which showed over half of CARE Award teams had success and agreed the framework was valuable to sustaining the transformational changes they achieved in the project.

Summary of recommendations

• Adopt a systemized approach and commit team time to develop the sustainability plan.

• Review goals and priorities for transformational change.

• Orient on the systemized approach and plan development timeframe, roles and responsibilities.

• Solicit perspectives from multidisciplinary roles on organizational strengths and gaps. Ensure they have context to effectively provide input.

• Evaluate current strengths and gaps from multi-disciplinary assessment, identify recommendations.

• Communicate collective findings and implications for success to leadership.

• Establish regular meetings with project managers and senior leadership to communicate ongoing successes and needs that support sustainability.
CARE Award Defined
The Coordinating All Resources Effectively (CARE) Award is a landmark national collaborative project aimed at improving quality outcomes and reducing the cost of care for children with complex medical conditions enrolled in Medicaid funded by the Center for Medicare and Medicaid Innovation. Children’s Hospital Association partnered with 10 of the nation’s leading children’s hospitals, eight state Medicaid programs and Medicaid managed care organizations, more than 40 primary care practice sites, and 8,000 children and their families.

The CARE Award was designed to transform care through the provision of appropriate, coordinated care in the right setting, and develop alternative payment models that more effectively align with the new care model.

Participating Sites
Children’s Hospital Colorado (Aurora, Colorado)
Children’s Mercy Kansas City (Kansas City, Missouri)
Children’s National Medical Center (Washington, D.C.)
Cincinnati Children’s Hospital Medical Center (Cincinnati, Ohio)
Cook Children’s Health Care System (Fort Worth, Texas)
Lucile Packard Children’s Hospital Stanford (Palo Alto, California)
UCLA Mattel Children’s Hospital (Los Angeles, California)
St. Joseph’s Children’s Hospital (Tampa, Florida)
Children’s Hospital of Philadelphia (Philadelphia, Pennsylvania)
Wolfson Children’s Hospital (Jacksonville, Florida)
CARE Change Concepts Defined

Care transformation in the CARE Award was built on a set of closely related change concepts designed to be developed jointly with families and providers.

1. Each CARE site will have a patient registry
Registries are essential tools for population assessment and management, and quality improvement, both within individual practices and across the continuum of care.

2. Every child/family will have a dynamic care team (DCT)
Care of children with complex needs requires an effective, informed and coordinated team. The family drives the composition of the DCT and is a critical partner to other members of the team. DCT membership is representative of the care continuum that includes health care, and community and educational, providers. DCT members recognize each other by name and role, and have effective systems for timely communication among team members.

3. Every family will have an access plan containing three components:
   a. An after-hours access plan that describes how and when to contact the appropriate clinical provider for health care issues. Every patient and family needs to know who to contact and how to contact them to access the right provider for the right care at all times. A provider must be available 24/7. The access plan should include a listing of all DCT members with contact information and preferred method of contact to expedite access to care.
   
   b. A contingency plan that contains instructions for parent action when the child experiences a change in condition. It describes how and when to contact the appropriate clinical provider for health care issues. These plans are developed from scenarios suggested by families that are likely to result in their child going to the ED. The contingency plan should contain actions to prevent an acute exacerbation, actions if an exacerbation occurs, and what to do if the child does not improve, e.g. when to call 911 or take the child to the ED. It would also outline the accommodations needed for other children in the house, notification of family members, etc.
   
   c. An emergency care plan that provides essential information for emergency responders or ED personnel who are not familiar with the child to expedite effective treatment and communication with the child’s medical home/subspecialty providers. This includes a brief medical history and description of child’s baseline condition, current medications, common presenting problems with suggested diagnostic studies and/or treatment, procedures to avoid, important family preferences, a list of the child’s physicians/their contact information and an advanced directive form.

4. Each family will have a care plan based on patient/family goals developed via a shared process between clinicians and child/family
There is a standardized approach (including standardized documents) to care planning used with every child and family. Goals are developed from the assessment of family needs and assets for care planning. Providers and the child/family have the same understanding of roles and acknowledge the same patient goals. Care plan includes action steps to assist child/family attainment of goals. Families and providers across the care continuum have access to the care plan.
References


Sources


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Seek
Gain a more accurate perspective of organizational system strengths and gaps by seeking opinions from multiple roles.

Identify
Identify system-level gaps and strengths to support sustainability of change concepts.

Develop
Develop a structured format to inform sustainability planning, analyze current needs and assets, assign responsibilities for action steps, and set a timeframe for attainment.

Recognize
Recognize gaps in support systems that negatively affect a team’s capacity and capability to develop, implement and improve change concept processes.

Combine
Combine input from multiple team roles that will collectively provide influential evidence to gain needed resources.

Motivate
Influence team culture by motivating members to incorporate change into practice sustainability.

Connect
Find multiple ways to build awareness of this need with project managers and leadership. Meetings aren’t always an option when trying to prioritize and implement sustain activities, and secure ongoing resources.

Sustainability Planning for Children with Medical Complexity

VITAL ACTIONS FOR

7
Sustainability Planning Toolkit for Children with Medical Complexity

Teams learned how to develop a plan for sustaining improvements after implementing the change concepts. Though this process was developed for the CARE Award project, these steps can be replicated to support other quality improvement (QI) projects in children’s hospitals.

**STEP 1**
**Use Critical Success Factors as Analysis Tool**
The Critical Success Factor Assessment Tool (CSFAT) survey helped teams recognize strengths and gaps of organizational systems by rating components critical to supporting sustainability. To capture a broad perspective, teams were encouraged to administer the survey to multiple frontline team members and leaders at each site, including project directors, physician and nurse practitioner QI champions, and practice transformation facilitators.

Respondents rated each system component’s strengths on a 1-5 Likert scale based on:
- Importance of each component in successfully sustaining their work.
- Current strength of the component in their practice setting.
- Respondent’s personal ability to influence procurement of additional resources needed for sustainability.

**STEP 2**
**Define Change Concepts That Effectively Support Improvement**
Teams considered the CARE Award change concepts that effectively supported care transformation improvement during the project. In Step 2, teams:
- Revised their team’s QI aim statement to include sustaining change.
- Ranked the change concepts from most- to least-essential to improved care transformation.
- Considered how each concept supports efforts to sustain the gains.
- Outlined metrics and frequency to monitor change concept status moving forward.
- Listed action steps, timeframe and accountable individuals who will ensure tasks are accomplished.

**STEP 3**
**Analyze and Summarize Survey Findings**
The CSFAT survey analysis led teams through a series of steps to identify organizational system variation, influences, and dynamics critical to sustaining improvement. Factor ratings included current strength in the practice setting, importance of each system component, and staff’s perceived ability to influence leadership support.

Teams analyzed their survey results, capturing comparisons and contrasts of team organizational systems ratings. Based on findings, teams predicted and charted the actions necessary to sustain strong system components, and identified weak components that required leadership support. The written plans summarized:
- Consensus about system findings.
- Action steps, timeframe and accountable individuals for each step.
- Significant survey findings.

**STEP 4**
**Draft Plan to Sustain Change**
Teams addressed challenges associated with sustaining their work by synthesizing what they learned. They then developed a comprehensive sustainability plan that:
- Defined system components to support the change concepts they planned to sustain.
- Described how strengths and gaps in each organizational system affect the capacity for sustaining the gains they made.
- Defined additional resources and action steps required to gain leadership commitment to sustain the gains, including resources that support ongoing success and supplementary resources to address gaps.
- Communicated ongoing sustainability needs through regularly scheduled meetings with leadership.

childrenshospitals.org/care
Step 1 - Critical Success Factor Assessment Tool Survey

YOUR NAME:                                             SITE NAME:

YOUR ROLE:

ASSESS YOUR TEAM’S CRITICAL SUCCESS FACTORS FOR SUSTAINING CHANGE

The purpose of this exercise is to identify critical factors that have most significantly influenced progress toward the CARE Award stated goals and objectives and are foundational to sustaining the success of your program.

Please read each factor's definition, rate each component and provide examples of work within that component that support your patient-centered and programmatic outcomes.

Rate the current strength of this factor to sustain change at your institution

1 Very weak   2 Weak   3 Neutral   4 Somewhat strong   5 Strong

Rate how important you believe this factor is to sustain change at your institution

1 Not important   2 Minimally important   3 Somewhat important   4 Important   5 Very important

Rate how well you believe your current ability is to influence this factor to sustain change at your institution

1 Not at all   2 Little ability   3 Some ability   4 Able   5 Very able

Operational Infrastructure

An organization’s ability to sustain new ways of working depend upon the degree to which its operations support the new ways of working and improved outcomes through system redesign when needed, e.g., rewriting job descriptions and/or review criteria to reflect changes in practice that support the project activities, or allocation of compensation for parent colleagues (in volunteer or paid positions) through the organization’s business plan.

<table>
<thead>
<tr>
<th>Rate the core components of your organization’s current infrastructure operations that support the patient/family-centered and programmatic outcomes</th>
<th>Rate current strength of factor 1-5</th>
<th>Rate current importance of factor 1-5</th>
<th>Rate current ability to influence factor 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Project leaders have reconfigured existing systems to support ongoing work on the project</td>
<td>Example:</td>
<td></td>
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<tr>
<td>• Organization has committed allocation of existing resources and/or addition of key personnel and advisors to support continuous quality improvement and provide analytic support, i.e., QI advisors, parent partners/advisors</td>
<td>Example:</td>
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<tr>
<td>• New ways of working are incorporated into the organization’s strategic plan</td>
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</table>
Culture of Persistence and Urgency

The amount of will and energy needed to stay the course in sustaining results must be supported by a shared belief and mission. Though levels of will and energy may fluctuate over the course of an initiative, key stakeholders must support the new ways of working as an important part of the organization’s identity. Operations must enhance adopters’ ability to sustain their efforts.

<table>
<thead>
<tr>
<th>Rate the core components of your organization’s current Culture of Persistence and Urgency that support the patient/family-centered and programmatic outcomes</th>
<th>Rate current strength of factor 1-5</th>
<th>Rate current importance of factor 1-5</th>
<th>Rate current ability to influence factor 1-5</th>
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<tbody>
<tr>
<td>• This project work is strategically aligned with the organization’s culture Example:</td>
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<tr>
<td>• Key stakeholders see the project as culturally relevant and important to hospital priorities Example:</td>
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<tr>
<td>• Key stakeholders are committed to support the will, energy and resources needed to sustain this work Example:</td>
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</table>

Leadership

Evidence of adoption and engagement must occur at all levels for system transformation to be sustained. Project leaders must ensure system transformation, project development, improvement implementation and planning for sustainability occurs at all levels (team leaders, decision-makers and champions).

<table>
<thead>
<tr>
<th>Rate the core components of your organization’s current Leadership that support the patient/family-centered and programmatic outcomes</th>
<th>Rate current strength of factor 1-5</th>
<th>Rate current importance of factor 1-5</th>
<th>Rate current ability to influence factor 1-5</th>
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<tr>
<td>• Existing high level decision-makers strongly support the project Example:</td>
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<td>• The project has evidence of adoption/engagement at all organization levels Example:</td>
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<td>• The project leadership recognize the need to garner resources Example:</td>
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</table>

Human Capability and Training

QI leaders must ensure project staff have the skills, confidence, and interest in improved outcomes and continuing the new ways of working. QI capability for supporting sustain efforts requires ongoing training and mentoring of the frontline staff in QI change management methodology.

<table>
<thead>
<tr>
<th>Rate the core components of your organization’s current Human Capability and Training that support the patient/family-centered and programmatic outcomes</th>
<th>Rate current strength of factor 1-5</th>
<th>Rate current importance of factor 1-5</th>
<th>Rate current ability to influence factor 1-5</th>
</tr>
</thead>
</table>
• QI leaders use change management models to guide and mentor project team members

Example:

• Organization has the capacity and capability to provide ongoing training in QI methods

Example:

• Organization has the analytic infrastructure and improvement science knowledge to support large scale QI efforts

Example:

Data Collection and Reporting Systems

It is essential to establish systems to track and provide feedback on the performance of key processes and outcomes. Routine data systems must be reliable, accurate, complete and timely.

<table>
<thead>
<tr>
<th>Rate the core components of your organization’s current Data Collection and Reporting Systems that support the patient/family-centered and programmatic outcomes</th>
<th>Rate current strength of factor 1-5</th>
<th>Rate current importance of factor 1-5</th>
<th>Rate current ability to influence factor 1-5</th>
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<tbody>
<tr>
<td>• Department provides timely data collection and effective reporting tools</td>
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Example:

• Department gives regular feedback and data presentations on the team’s improved outcomes

Example:

• Department conducts specific activities to increase target stakeholders’ perception of the value of the work and its outcomes

Example:

Monitoring and Communication Systems

Effective organizations must vigilantly monitor, analyze and communicate measures data to target audiences and stakeholders on a regular basis. During intensive periods of innovation, change ideas must be tested in a variety of settings, then be assembled and disseminated to share knowledge among project team members. This requires a mechanism for collecting, vetting and rapidly sharing change ideas or interventions.

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<thead>
<tr>
<th>Rate the core components of your organization’s current Monitoring and Communication Systems that support the patient/family-centered and programmatic outcomes</th>
<th>Rate current strength of factor 1-5</th>
<th>Rate current importance of factor 1-5</th>
<th>Rate current ability to influence factor 1-5</th>
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<tbody>
<tr>
<td>• Project-wide communication strategies are in place</td>
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Example:

• Project leadership effectively articulates the vision of the project at all organizational levels

Example:

• Key stakeholders regularly receive updates on short- and long-term outcomes to demonstrate project successes

Example:
## Step 2 - Change Concepts Action Plan Worksheet

<table>
<thead>
<tr>
<th>Identify the change concepts you plan to maintain for your patients and families and why. Rank highest to lowest</th>
<th>How will this change concept help to support your aim statement?</th>
<th>What metrics will you use to monitor the change concept status? How often will you monitor?</th>
<th>What supported your success with this change concept? What support was missing that limited your effectiveness?</th>
<th>List the steps to achieve your aim. Include who is accountable for each step</th>
<th>Timeframe for Action</th>
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<td>Ranked #1</td>
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<td>Enter a target date into the appropriate quarter by which each step should be completed</td>
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<td>Q3</td>
<td>Q4</td>
<td>Q1</td>
<td>Q2</td>
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<tr>
<td>Ranked #2</td>
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<td>Ranked #3</td>
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<td>Rank #4</td>
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### Step 3 - Success Factor Survey Results Worksheet

Determine your program’s current capacity for sustainability.

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>Compare and contrast how various roles rated the IMPORTANCE of this factor to sustainability</th>
<th>Compare and contrast how roles rated the CURRENT STRENGTH</th>
<th>Compare and contrast how various roles rated their ABILITY TO INFLUENCE this factor</th>
<th>Summarize your findings</th>
<th>Actions to secure sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Where are the variations among roles? How do various roles influence the ratings? How is that relevant to building support for sustainability?</td>
<td>Where are the variations among your roles and how did your role influence your response? How is that relevant to building support for sustainability?</td>
<td>Where are the variations among roles? How is that relevant to building support for sustainability?</td>
<td>What are the strengths and gaps for this factor? What must happen and who must be involved for this factor to effectively support sustainability?</td>
<td>Based upon your findings, list the sequence of steps necessary to ensure support for this factor.</td>
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<tr>
<td><strong>Operational Infrastructure</strong></td>
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<tr>
<td><strong>Culture of Persistence and Urgency</strong></td>
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<td><strong>Leadership</strong></td>
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</table>

**Step 1:**

**Step 2:**

**Step 3:**

**Step 4:**

**Step 5:**
<table>
<thead>
<tr>
<th>FACTOR</th>
<th>Compare and contrast how various roles rated the IMPORTANCE of this factor to sustainability</th>
<th>Compare and contrast how roles rated the CURRENT STRENGTH</th>
<th>Compare and contrast how various roles rated their ABILITY TO INFLUENCE this factor</th>
<th>Summarize your findings</th>
<th>Actions to secure sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Where are the variations among roles? How do various roles influence the ratings? How is that relevant to building support for sustainability?</td>
<td>Where are the variations among your roles and how did your role influence your response? How is that relevant to building support for sustainability?</td>
<td>Where are the variations among roles? How is that relevant to building support for sustainability?</td>
<td>What are the strengths and gaps for this factor? What must happen and who must be involved for this factor to effectively support sustainability?</td>
<td>Based upon your findings, list the sequence of steps necessary to ensure support for this factor.</td>
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<td>Human Capability and Training</td>
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<td>Data Collection and Reporting Systems</td>
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<td>Monitoring and Communication Systems</td>
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<tr>
<td>What are the strengths and gaps for this factor related to the CARE change concepts targeted for sustainability?</td>
<td>What are the steps/tasks to maintain and/or cultivate a suitable way forward?</td>
<td>Who will make this happen?</td>
<td>What will success look like?</td>
<td>What metrics will you use to monitor the change concept status?</td>
<td>How often will you monitor?</td>
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<td>Which change concepts will this factor support?</td>
<td>Step 1:</td>
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<td>What are the breakthroughs you recognize in your analysis of this factor?</td>
<td>Step 2:</td>
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<td>What challenges you anticipate for this factor moving forward?</td>
<td>Step 3:</td>
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<td>Summarize this factor's gaps for various team member roles.</td>
<td>Step 4:</td>
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<td>Are these gaps relative to your strategy for moving forward/ opportunities for success?</td>
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CARE Award Project Sustainability Follow-up Survey

Now that the CARE Award has concluded, we want to understand how your hospital and primary care provider teams have sustained this work. Your input is essential. Survey insights will complement the achievements being shared more broadly with pediatric providers and the health care industry.

The purpose of your team drafting a sustainability plan was to wholly assess and address challenges associated with sustaining the gains you made during the project. This brief survey will determine teams’ change concept sustainability status at 12 months post-sustainability planning. Please complete just one survey for the hospital-based complex care clinic and primary care provider-based program.

Survey Questions

Dynamic Care Team (DCT)
Please select the answer below that best describes the current sustainability status of each component of the DCT. Our team continues efforts to:

Supply families with a comprehensive DCT list with family and provider generated team members enhancing access to the team through contact information
- Yes
- No

Maintain protocols that state how and when to trigger DCT team communications
- Yes
- No

Maintain protocols that state how and when to update DCT list
- Yes
- No

Access Plan (AP)
Please select the answer below that best describes the current sustainability status of each component of the AP listed below. Our team continues efforts to supply to families:

After-hours information for families, e.g., clinic hours, phone numbers, who to contact for which health issue
- Yes
- No

Contingency plans that define actions to be taken when child is doing well or getting worse
- Yes
- No

Emergency care plan that provides emergency responders or emergency department personnel with essential patient information to expedite effective treatment
- Yes
- No

Care Plan (CP)
Please select the answer below that best describes the current sustainability status of each component of the CP listed below. Our team continues efforts to supply families:

Care plan based on shared goals between clinician and family
- Yes
- No

List of family and provider created long- and short-term shared goals
- Yes
- No
Provide any additional information you would like for us to know about your sustainability status, obstacles and successes:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________