A Tool for Sharing Internal Best Practices

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A Tool for Sharing Internal Best Practices

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Introduction:

This tool includes a step-by-step process, tips, case studies and links to additional resources that explain how an organization can more effectively share its own best practices internally. Also available online at http://www.infoforhealth.org/practices/InternalBPs/index.shtml

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Delivery of Improved Services for Health (DISH) Project, Uganda
National Health Services (NHS) Clinical Governance Support Team, United Kingdom

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PART I

Background

In Uganda, a simple newsletter enabled midwives and nurses who run private clinics in isolated rural areas to share good practices (Fischer, 2004; Prefontaine, 2004). Each issue of the Best Practices Bulletin described how a clinic had met a practical challenge, such as networking with community organizations or conducting successful outreach visits. Then a section on "What You Can Do" explained how providers could implement this best practice themselves.

Staff from the Commercial Market Strategies (CMS) Project collected the best practices from participating clinics during regular monitoring visits. Every two months, a staff member wrote up a practice, photocopied the bulletin, which was designed to fit onto a single sheet of paper, and mailed it out to hundreds of providers. By identifying and disseminating effective practices, the bulletin increased providers' knowledge, contributed to success of the private clinics, and ultimately improved the health of the community.

Why share your best practices?

As this story illustrates, a good way to improve performance is to replicate successes in one place throughout an organization. Reproductive health organizations have an untapped wealth of knowledge, skills, and creative practices, all of which could have a tremendous impact on programs and services if more widely applied (O'Dell and Grayson, 2000).

Sharing internal best practices can be an important adjunct to other improvement approaches, many of which focus on identifying and solving problems. A single-minded focus on problems may be demoralizing because it characterizes people and activities by their failures. In contrast, initiatives promoting internal best practices focus on what people are doing right, raise morale by demonstrating faith the staff, and make achieving excellence seem possible (Gallup Organization, 2002). Bottom-up approaches to improvement, such as sharing internal best practices, also encourage more learning within the organization than do top-down approaches, such as setting standards (Gainer, 1998).

Many experts advise health care managers to look outside their own organization for global standards and best practices to improve the quality of care. Yet practices developed inside the organization are not only more readily accessible, but they are also more likely to suit the cultural and organizational setting and thus need the least adaptation (Vitasek and Manrodt, 2005).

This tool is designed to help health care program managers understand what a best practice is, identify best practices within their own organizations, and share them internally. Too often internal sharing is limited to the informal diffusion of common practices through personal connections. Much more can be accomplished if an organization develops systematic processes to identify and share the practices that work best for them.

What is a best practice?

Despite much discussion, there is no universally accepted definition of a best practice—and continuing debate over terminology and definitions can even create a roadblock to action. At a minimum a best practice must:

1. Demonstrate evidence of success,
2. Affect something important, that is, contribute to the organization's mission or program goals, and
3. Have the potential to be replicated or adapted to other settings (Advance Africa, 2005; United Nations Population Fund, 2001).

Some international health and development organizations also believe a best practice must be innovative, sustainable, cost-effective, ethically sound, and/or superior to all other approaches (MOST Clearing House, 2005; UNAIDS, 2005; UN Inter-Agency Committee on Women and Gender Equality 1999).

Deciding what is "best" is not easy. Best practices can vary over time, as new evidence and new possibilities emerge, and from place to place, depending on available resources and infrastructure (Singleton, 2005). What is "best" also depends on what people want: for example, a family planning program manager might value practices that bring more clients to the clinic for services, while clients value the option of being visited at home (Skyrme, 2001). Given this shifting reality, some organizations prefer to talk about "good practices" or "promising practices" rather than "best practices" (Skryme, 2002). Other organizations prefer to look at lessons learned as well as success stories. They contend that an organization can learn as much as or more from its failures and near misses as from its successes (Gainer, 1998). No matter what term is used, everyone involved in identifying and disseminating internal best practices must first agree on a definition that fits the organization's needs. (See the case study on the UNDP Regional Bureau for Asia and the Pacific for an example of how one organization set guidelines defining best practices.)

The best way to learn about a best practice is through a combination of reading, observing, and talking. A report can make you aware of a practice and provide enough information to decide if it is worth investigating further. Observing a practice can show you how it is done. If you want to put a practice into operation, however, you need to talk directly with the people who have already applied the practice, so that you can learn from their experience and know-how (Skryme, 2001). Therefore, best practice initiatives generally employ two complementary strategies to share knowledge:

- Producing and disseminating written records, such as newsletters, reports, and databases; and
- Arranging for person-to-person contacts through meetings, coaching, consulting, communities of practice and the like (NHS, 2001; Skryme, 2002).

What are the benefits of sharing best practices?

Identifying your organization's best practices helps your staff members learn from each other and reuse proven practices. Effective sharing of best practices can help an organization to:

- raise the overall quality of services;
- improve operations at poorly performing units so that their performance more closely approaches that at the best units;
- avoid duplication of effort or “reinventing the wheel”;
- minimize the need to redo work because poor methods led to poor quality; and
- save money through increased productivity and efficiency (NHS, 2001; Skryme, 2002).

Sharing internal best practices is especially useful when organizations include multiple units, divisions, or people that do similar work and thus can learn from one another (Vitasek and Manrodt, 2005). In reproductive health organizations, these might be service delivery points, such as hospitals, clinics, or individual community-based health agents; functional units, such as warehouses and training centers; or district, regional, and country offices. Sharing internal best practices also holds greater benefits for units in scattered locations that have little contact with one another (Skryme, 2002).

What organizational factors aid or hinder sharing?

Experience

Sharing internal best practices seems to work best in organizations that already focus on process or have some experience with sharing successes and failures. Many family planning and reproductive health organizations fit this description, because they are engaged in COPE (Client-Oriented, Provider-Efficient), Performance Improvement, or quality of care initiatives.

Size

Because the best practices approach offers a relatively informal way to improve work processes, it is well suited to small as well as large organizations (Gainer, 1998).

Structure

It is more difficult for people to gain a good understanding of how to adapt a practice and make it work in decentralized organizations, in which people in different units and divisions have little regular contact and no working relationships (O’Dell and Grayson, 2000). Building social networks and lines of communication that cross boundaries within the organization can help.

Organizational culture

Units that have developed a best practice will be less eager to share it with others if the organizational culture values the accumulation and hoarding of knowledge, fosters competitive relationships between units, or encourages “silo” thinking—that is, considering only the needs of your own unit rather than the organization as a whole (O’Dell and Grayson, 2000). Managers instead should foster a climate that values learning, encourages collaboration, and supports knowledge sharing.

Absorptive capacity

In order to internalize and apply new practices, units need positive staff attitudes towards learning and experimentation, the technical competence and resources to carry out a specific practice, and the managerial ability to oversee changes associated with a new practice (CFAR, 1999; Simard and Rice, 2001). Units that develop a practice also need additional resources to oversee its transfer to other units.

Motivation
Staff members will not make an effort to adopt internal best practices if they believe the only credible sources for best practices lie outside the organization, if they are not convinced that so-called "best" practices will really work better, or if they resent the implication that their own practices are inferior. Managers must foster local commitment to and ownership of a new practice, so that people feel motivated to adopt it and do not abandon it when they encounter problems (CFAR, 1999).

How can you get started?

Finding just one important best practice and promoting it to all who could benefit is a big achievement. The next section outlines a simple five-step process to help you do just that—by identifying, describing, promoting, adapting, and implementing effective practices within your own organization. For this process to succeed, you will need to create a supportive environment. Make sure that your organization has:

- ***People*** to facilitate identification and sharing of internal best practices, for example, by training or hiring staff to serve on a best practices team or act as a best practices coordinator;
- ***Processes and tools*** that are designed to share knowledge through reports, electronic discussions, and face-to-face meetings; and
- A ***commitment*** to take the time needed to identify, document, and share best practices.

PART II

Key Steps in Identifying and Sharing Best Practices

To share internal best practices, you first need to recognize and define them and to identify the "experts" within your organization who already know how to perform them. With this information, you can develop and carry out a plan to share knowledge of a best practice and help managers, supervisors, providers, and other staff members adapt and apply the practice within their own context.

Here are five basic steps to identify and share best practices within your organization:

1. Look for successes
2. Identify and validate best practices
3. Document best practices
4. Create a strategic plan to share best practices
5. Adapt and apply best practices

Step 1. Look for successes

Lack of awareness of existing best practices in an organization may be the single biggest obstacle to sharing best practices (Simard and Rice, 2001). Thus the first step is to look for people, sites, and projects within your organization that are performing well in ways that are important to the organization. Assign a best practices team or coordinator to take charge of this process (O'Dell and Grayson, 2000). (See the case study on DISH for an example of this.) Depending on the size of the organization and the resources available, the team or coordinator can try some of the following approaches:

Listen to what staff members say about their own and each other's work. What approaches and techniques are being spoken of highly, featured in newsletters, earning awards, or attracting outside attention (Singleton, 2005)? Look for patterns suggesting that some particular practice is associated with good results (Skyrme, 2001).

Establish routine procedures to look for successes inside the organization. One common approach is to schedule after-action reviews at the end of every event and project to discuss what went well and what did not. (See box on after-action reviews.)

Compare the performance of different people, units, or sites that carry out similar tasks based on routine indicators. Which ones are performing the best? (See box on internal benchmarking.)

If the process seems overwhelming, ***focus your efforts by thinking about where in your organization improvements in practice could add the most value***. One approach is to determine which processes are currently most critical to achieving the organization's objectives and concentrate on them (Vitasek and Manrodt, 2005). Another approach is to focus on performance problems, since best practices might offer a solution (Advance Africa, 2001).

After-Action Reviews

During after-action reviews, participants in an activity, event, or project conduct a structured discussion of what happened and why in order to learn from the experience (NHS, 2001). They ask four key questions: What did we set out to do? What did we actually achieve? What went well? What could have gone better? The reviews are a good way to document what people have learned before they forget what happened. After-action reviews can range from a few minutes of conversation at the end of a meeting to a formal, all-day event capping a large project. Because after-action reviews ask what went well and try to get to the root of the reason, they are a useful way to identify successes and begin defining best practices. After-action reviews also seek to learn from obstacles, mistakes, and other problems. All lessons learned, both positive and negative, are documented and shared with others.

For guidance on how to conduct an after-action review, go to the National Electronic Library for Health (http://www.nelh.nhs.uk/knowledge_management/km2/aar_toolkit.asp).

Step 2. Identify and validate best practices

The second step is to identify which practices account for the success of top performing people, sites, and projects. Here are some possible approaches:

Observe people, sites, and projects that are producing excellent results. What do they do differently from average performers? What do they know that others do not? Consider which part of their approach or methodology makes the difference and thus constitutes a best practice. Internal benchmarking is one way to accomplish this (see box).

Conduct focus group discussions and interviews with top performers to explore why and how they excel. Collect stories and detailed examples illustrating their practices (Gallup Organization, 2005).

Determine whether environmental or personal factors, rather than internal practices, account for a unit's success. For example, a warehouse's outstanding track record might be due to its proximity to roads and rail rather than any special approaches to the storage and distribution of contraceptive commodities. Other successes may depend on the enthusiasm and commitment of the people carrying them out—characteristics that cannot be readily transferred but nonetheless can be inspired.

Use quantitative measures to test whether a practice is truly linked to the desired end result (Singleton, 2005). Staff members sometimes propose best practices based purely on anecdotal evidence. You should probe further. For example, check whether family planning clinics that engage in a proposed best practice offer better quality services, attract more clients, or have higher contraceptive continuation rates than other clinics. When rigorous cause-and-effect analysis is not practical, as is often the case, try to make a considered judgment about what is an effective practice in your organization based on thorough discussion with practitioners and managers (NHS, 2001; Skyrme, 2002).

Avoid outdated and unproven clinical practices. Make sure that any clinical practices under consideration are based on sound research evidence (NHS, 2001).

Internal Benchmarking

Benchmarking is a common business tool that usually compares an organization's performance with that of successful competitors. The goal is to identify, understand, and adopt superior practices and processes from outside the organization (US DOD, 2002). Benchmarking can be done internally, too, by comparing the performance of different units within an organization (PSBS, 2005). It is especially useful when many units perform similar activities—as is the case, for example, in reproductive health programs that operate multiple clinics.

Managers use quantitative measures to determine which units are performing the best and how far their performance exceeds others (Vitasek and Manrodt, 2005). In the case of reproductive health programs, managers could analyze service statistics on key indicators such as contraceptive stock-outs, the quality of HIV/STI counseling, or contraceptive continuation rates. Different facilities could excel on different indicators. Managers choose one indicator to focus on (preferably one that shows wide variation in performance levels) and then compare the methods used by top performers and others in order to identify best practices. This kind of assessment requires good information about the organization's internal processes and practices or a careful examination once the top performers are identified.

CARE turned to internal benchmarking in the early 1990s to improve the impact of its projects, which are scattered around the world and for the most part managed by country offices (Letts et al., 1999). Headquarters staff worked with project managers to identify CARE's most effective and efficient projects in each sector, from agriculture to reproductive health. Then they determined what practices distinguished the best projects from the rest. For example, they concluded that the 15 best water projects shared several key traits: they involved both sanitation and water supply, offered health education as well as infrastructure, and sought community contributions to construction and maintenance. These kinds of benchmarking exercises enabled CARE's project managers to evaluate their own projects and develop self-improvement plans to apply best practices. Internal benchmarking also helped CARE develop criteria to assure greater effectiveness in future projects.

For guidance on how to conduct internal benchmarking, see the Public Sector Benchmarking Service (http://www.benchmarking.gov.uk/about_bench/theprocess.asp)

Step 3. Document best practices

The third step is to document internal best practices so that information about the practice can be disseminated.

Identify people in your organization who have hands-on experience with the practice. Recruit them to help document the practice and, even more importantly, to share lessons learned, tips, and other practical knowledge with potential users.

Write a description of the best practice. (See box on tips for communicating best practices.) Keep it brief: give potential users enough information to decide whether a practice is worth investigating further, and then direct them to experienced practitioners for more information (O'Dell and Grayson, 2000). Try to answer the following questions (NHS, 2001; Skryme, 2002):

- *Title and description*: What is the practice, and who developed it?
- *Context*: Where is the practice applicable, and what problems does it address?
- *Tools and techniques* used?
- *Resources*: What skills or other resources are needed to implement the practice?
- *Lessons learned*: What has proved to be difficult? What suggestions do experienced practitioners have about applying the practice?
- *Links to resources*: What people or documents can a potential user consult for more information about the practice? How can they be accessed?

Create a central repository—which can be a simple as a drawer in a file cabinet or as complex as a computerized database—to house detailed information about internal best practices, including instructions, guidelines, copies of all tools and materials, and contact information for experienced practitioners. This is especially important in decentralized organizations, where sharing ideas is more difficult (Vitasek and Manrodt, 2005). (See the case study on DISH for an example of a central repository.) Make the repository readily accessible, and encourage potential users to draw on its resources.

Tips for communicating best practices

- Keep potential users in mind to ensure that what you write is user-focused.
- Understand the needs of potential users. What problems do they want to address? How do they want to learn about best practices?
- Not sure what to include in your best practice descriptions? Give some brief guidance, but do not write an essay.
- Do not make rules. Rather, stimulate thinking, action, and dialogue.
- Provide enough contextual information to help users understand the conditions in which a practice has worked well and why.
- Direct people to the developers of a practice and to related communities of practice so they can learn from other people's hands-on experiences.

Source: Skryme, 2001

Step 4. Strategically plan to share best practices

The fourth step is to design and carry out a strategic plan to share knowledge about an internal best practice with the potential users who can most benefit from it.

Raise awareness, share information, and promote discussion among potential users:

- Write about internal best practices in newsletters, reports, group e-mails, and electronic discussions (see the case study on the CMS Project in Uganda for an example of this approach);
- Create and tell stories about the implementation and impact of best practices that raise interest, convey experience, and encourage learning;
- Discuss best practices during regularly scheduled staff meetings;
- Plan special events to celebrate and spread best practices, and publicly recognize and reward those who develop and share best practices;
- Organize learning events, such as workshops and knowledge fairs, that bring people from different units and sites together to share knowledge and experience.

Keep records that describe best practices, list contact information for experienced practitioners, and point to other sources of information. This may take the form of written notes or a searchable database.

Actively champion best practices. Sharing information does not change practice by itself (Buxbaum et al, 2004).

Identify and recruit the support of people who can help create demand for a best practice (Advance Africa, 2001; Buxbaum et al., 2004; Rogers, 1962; Simard and Rice, 2001). These include:

- *Opinion leaders* or *champions:* respected employees who can convince others, by word and deed, of the value of a best practice;
- *Change agents:* employees who, because they care deeply about changing an established practice, can effectively lead the effort to bring that change about;
- *Translators:* employees who, because they are knowledgeable about and trusted by multiple divisions, can explain a practice from the perspective of another division; and
- *Early adopters:* potential users who recognize the potential of new practices and are eager to try a practice first, before others adopt it.

Identify and focus on those people in your organization who could benefit the most from a specific practice or who are in the best position to implement it. What positions do they hold, and where are they located? What are the best ways to reach these potential users with knowledge about a practice? Reach out to them:

- Invite them to meetings and workshops advocating a certain practice.
- Use interactive technologies, such as telephones, radio, and email, to link experienced practitioners with potential users at distant locations.

Promote on-the-job learning about best practices. This is the best way to share hands-on knowledge and lessons learned, and it can also a stimulate dialogue from which both experienced practitioners and novices can benefit.

- Organize formal study tours or informal site visits for potential users so they can observe a best practice in action and ask questions of those who use it.
- Assign an experienced practitioner to mentor or coach someone interested in adopting a best practice.

- Arrange temporary job exchanges that permit potential users to spend time at another facility and learn their practices firsthand (Skryme, 2002). Alternatively, temporarily transfer experienced practitioners to other sites. Even if they cannot articulate all of their knowledge regarding a best practice, they can apply it to the task at hand and thus demonstrate what to do (O'Dell and Grayson, 2000; Simard and Rice, 2001).
- Establish an ongoing learning relationship between a unit that wants to adopt a best practice and a unit that is already using it. Twinning of this kind enables the transfer of knowledge and skills that are essential to a best practice.

Step 5. Adapt and apply the practice

The last step is to help people apply best practices in their own settings—which may be different than in the place where the practice was first developed. Consult the box on lessons learned on sharing internal best practices (p.x). Use the following guidelines.

Bring people together in networks to adapt, apply, and improve best practices. Working together and sharing knowledge can help people meet the challenges of adapting and applying best practices. Networking avoids duplication of effort, harmonizes approaches, makes better use of limited resources—and can help create new knowledge about how to implement an internal best practice. One common approach is to nurture communities of practice (see box, p. x).

Compare the setting where the practice was first developed with the setting where the practice will be applied (CFAR, 1999; Simard and Rice, 2001).

- *Consider the work setting*. Can the new practice be easily integrated into existing systems and activities? Does the new practice demand any special technology or workers with particular talents or qualifications? If so, are they available, or can staff be trained?
- *Consider the broader environment*, including language, geography (such as urban versus rural settings), health indicators (such as the incidence of HIV infection), and cultural norms (such as attitudes toward reproductive health services for adolescents). How will any differences affect the application of the best practice?

If the setting is similar in all respects, you may be able to copy a best practice unchanged. For example, a practice developed at one rural clinic can probably be applied as is at other rural clinics that have similar staffing and resources and serve similar communities.

If the setting is different in some way, adapt the practice to suit local conditions before applying it (Vitasek and Manrodt, 2005). Adaptation can range from the simple (for example, translating counseling materials into a different language) to the complex (for example, reconfiguring a service and the associated training so that it can be delivered by rural midwives instead of urban doctors).

Focus on transferring the idea behind a best practice, rather than some specific technique (Gallup Organization, 2005), and engage the local knowledge of the staff to ensure the adaptation will work. For example, it is essential to transfer the idea of letting clients schedule visits with providers when adopting an appointment system to reduce client waiting times. However, local staff members should be responsible for working out the details of how and when clients actually make appointments; this will ensure that the system is feasible for and appropriate to the setting.

Instead of—or in addition to—adapting a practice to fit the local situation, **consider changing the situation to be more hospitable to the practice.** For example, community attitudes towards adolescent sex and marriage might make it difficult to implement a new package of adolescent-friendly reproductive health services. Instead of changing the service package, managers, with the help of opinion leaders, could mount a communication campaign to influence prevailing attitudes.

Think long and hard before implementing a best practice in a setting that is unreceptive to new practices or extremely different from where a practice was first developed. It is not worth investing in adapting and applying a best practice if it is likely to be soon abandoned (Advance Africa, 2001).

Develop guidelines and pointers on how to adapt a best practice to different settings, based on your organization's experiences in transferring the practice. Seek input from

people who have been on the sending and on the receiving ends of a transfer. Try to anticipate the challenges presented by a wide variety of settings.

Monitor the application of a best practice, and assess the results to make sure that users stay on course toward their desired goals. Analyze opportunities for improvements.

- What problems, if any, arose during the implementation process? Are the results as good as expected? If not, why not?
- Be adaptable and make adjustments as needed (Setty, 2004). Get feedback from clients and other stakeholders when making decisions about changes.

Communities of Practice

A community of practice (CoP) brings people with a shared professional interest together to exchange insights and experiences. Most CoPs are grassroots networks that develop informally, but sometimes managers establish or encourage them. A CoP can and often does support the replication and adaptation of internal best practices. It gives people from different units and facilities a forum where they can share written information and practical experience regarding a practice and where they can find help with problems. Over time, their interaction can build a knowledge base of lessons learned, experiences, stories, tools, and guidelines. It can also produce new insights regarding the practice.

The World Bank has nurtured dozens of internal communities of practice, called thematic groups, to link its employees around the world. People with similar skills and responsibilities (for example, in reproductive health or rural development) join together to help one another adapt practices to local circumstances, solve problems, generate knowledge on good practices, and disseminate knowledge to other Bank staff (APQC, 2003). Members meet both virtually and in person.

For guidance on how to develop and sustain internal communities of practice, go to the National Electronic Library for Health (http://www.nelh.nhs.uk/knowledge_management/km2/cop_toolkit.asp).

Lessons Learned on Sharing Internal Best Practices

Experience with internal best practices has generated the following lessons learned:

Actively promote your best practices within your own organization.

Do not expect immediate results. Activities that identify and share internal best practices are not a quick fix.

Pay attention to motivation and organizational culture. If individuals defend doing things their own way rather than sharing and learning, best practices will be slow to spread.

Encourage people to identify and share best practices voluntarily. Never force it.

Start with areas that are least resistant to change and build momentum from your successes.

Focus on sharing people's experiences as well as written documents. Practical knowledge of this kind is best transferred from person to person through direct interaction.

Do not identify best practices just for the sake of it. Focus on how they can be used to improve results.

Demonstrate the benefits and the evidence with examples and case studies. Show how a best practice has contributed to better performance.

Build in feedback mechanisms to create further improvements. Best practices are constantly evolving.

CASE STUDY:

Identifying Best Practices at the UNDP Regional Bureau for Asia and the Pacific

The United Nations Development Programme (UNDP) Regional Bureau for Asia and the Pacific has begun to systematically identify and document best practices for development projects in the region. In preparation for a meeting in 2003, each UNDP country office in the region was asked to identify examples of good practices and to document them as case studies. To guide country offices in identifying best practices, UNDP defined good practices and projects as those that:

- Induce strategic policy changes, accomplish a goal or produce significant results in an area, and are catalytic in nature;
- Are innovative and creative, introducing new approaches and methodologies that have not been used before in that country;
- Have significant impact on broad outcomes, such as a country's development goals;
- Are sustainable, demand-driven, country-led and owned, and build on existing capacities and cultural context;
- Can be replicated in different countries and adapted in response to changing circumstances and the accumulation of experience;
- Encourage dialogue, participation, and collaboration among stakeholders at the local, national, regional, and international levels;
- Pay special attention to underserved groups, such as ethnic minorities, and seek to involve the community;
- Take a rights-based approach to development; and
- Demonstrate successful partnerships that respect national ownership and build capacity among national stakeholders.

In order to emphasize lessons learned, country offices were asked to: think of the challenges faced in designing and successfully implementing the project; consider what worked, what didn't, and why; and present the key lessons from their experiences to help others replicate success. A UNDP selection panel evaluated the practices submitted and decided which ones merited inclusion in a booklet distributed at the meeting and an online database (http://www.undp.org/rbap/BestPrac/Bestpractices.htm).

Sources: UNDP, 2002a; UNDP, 2002b; UNDP, 2003

CASE STUDY:

Documenting and Disseminating Best Practices at the Delivery of Improved Services for Health (DISH) Project, Uganda

DISH was an eight-year (1994-2002) reproductive, maternal, and child health project in Uganda supported by USAID. The project succeeded in improving the quality, availability, and use of reproductive, maternal, and child health services in the twelve districts it served. As the end of the project drew near, DISH managers wanted to document its best practices to facilitate their adoption by other districts in Uganda and by organizations regionally and internationally.

They began by identifying the stakeholders they felt should be involved in compiling best practices. These included representatives from the government, partner organizations, other NGOs, and donors as well as project staff. The next step was to ask staff and stakeholders to nominate potential best practices for review. DISH then hired an outside facilitator to plan and conduct a full-day meeting of staff and stakeholders to define best practices for DISH, select which practices to document, and develop a dissemination plan.

Defining best practices

Participants at the meeting defined a best practice as a model project activity or policy aimed at improving the quality of life of individuals or groups. To qualify as a best practice, they agreed that the activity or policy must:

- Be innovative and/or an improvement and/or set a precedent,
- Make a difference—and there must be evidence of positive impact,
- Have a sustainable effect on the intended audience, and
- Have potential for replication.

Participants then divided into small groups to review each practice nominated. They selected seven best practices to disseminate: (1) a marketing strategy for long term and permanent family planning methods; (2) a promotional strategy for adolescent reproductive health services; (3) a management information system that encourages analysis and use of data at the facility and district levels; (4) a certification system for health facilities; (5) a radio game show on health topics; (6) a training program on contraceptive implants for rural midwives, nurses and clinical officers; and (7) a pre-testing methodology that involves intended audiences in materials development.

Documentation and dissemination

DISH hired a Communication Manager to oversee the documentation and dissemination process. She worked with DISH experts to produce:

- *Information sheets* that describe each practice, discuss results and challenges, illustrate project materials and activities, and name a contact person for more information;
- *Best practice binders* containing all of the support materials needed to implement a practice, including strategy documents, training and implementation tools, counseling and communication tools, and sample project materials;
- *Presentations* on each practice; and a

- *Web site* (http://www.ugandadish.org/practices.shtml) and *CD-ROM* containing all of the resources in the binders.

The print materials were sent to an extensive mailing list of government and civil society representatives in Uganda, distributed in bulk to governmental and nongovernmental agencies, handed out at workshops, and added to library collections. Regional workshops on four of the best practices addressed health officials from districts not served by the project, NGOs working in related areas, health care providers, and Ministry of Health officials. Many of the workshops included study tours to sites that were actually implementing the practices.

◄ **DISH best practice information sheet**

LESSONS LEARNED

Most of DISH's best practices have been adopted elsewhere in Uganda and/or other African countries. For example, the Yellow Star certification system for public health facilities has been expanded to include almost all districts in Uganda and also is being adapted for use with private sector clinics.

However, documenting the best practices proved difficult and time-consuming. DISH had no central location for information, studies, reports, and training manuals. Much of the information needed to share best practices was in people's heads; very little was recorded or documented; and even less was available electronically. It was challenging to get needed information from project staff because they had heavy workloads and did not view sharing best practices as a priority. Also, staff did not always agree on exactly what a best practice was and how it was achieved. In some cases there was little quantitative data to prove that the activity was actually a best practice; it was just thought to be so by staff and stakeholders.

Based on this experience, DISH managers recommend that any organization wishing to collect best practices:

- Create an atmosphere that encourages documentation and establish a central location where information can reside from the start of the program;
- Encourage people to keep electronic records of their work as well as print copies;
- Direct managers and staff to keep a written record of all activities and challenges from the start of the program, so that staff do not have to rely on people's memories to document practices.

Sources: DISH, 2002; Rigby, 2001

CASE STUDY:

Disseminating Lessons Learned at Britain's National Health Service

In 1998 the National Health Service (NHS) introduced clinical governance as a systematic approach to improving the quality of health care in England. Clinical governance works to improve quality in a variety of ways, including transforming organizational culture, strengthening leadership, creating multi-disciplinary development teams to analyze and address problem areas—and recognizing and replicating good practices.

The NHS Clinical Governance Support Team (CGST) (http://www.cgsupport.nhs.uk/) systematically captures learning from local development teams and shares it throughout the country in print materials, online, at conferences, in slide presentations, and in an email bulletin. Most of these resources use storytelling to convey lessons learned. They also link interested people directly with the local team that devised a specific practice and collect tips for success from NHS managers, providers, and patients.

Three series of print materials are especially notable:

***Eureka!* flyers (http://www.cgsupport.nhs.uk/resources/Eurekas/)** briefly describe practical approaches that health professionals, in a moment of discovery, have devised to overcome barriers to change.

***Case Studies* (http://www.cgsupport.nhs.uk/resources/Case_studies/)** offer a fuller account of a team's experiences and achievements, including difficulties faced in carrying the work forward, benefits for providers, patients, and the organization, and lessons learned that could benefit others.

Lesson Cards distill this knowledge base into discrete, practical lessons **(http://www.cgsupport.nhs.uk/resources/Lesson_Cards/)**. Each card retells a story in a single paragraph and draws three specific lessons from the experience; online versions also link to a *Eureka!* or *Case Study*. The three collections of *Lesson Cards* currently available address five broad areas: patient involvement, improving communication, risk reduction, staff development, and ensuring project effectiveness.

Sources: NHS CGST, 2005; Scally and Donaldson, 1998

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Online Resources

Advance Africa Best Practices Compendium

http://www.advanceafrica.org/Compendium/Information.asp

This online compendium of best practices in family planning and reproductive health is designed to facilitate the identification, documentation, and dissemination of best practices *between* rather than *within* organizations. However, the background materials at this site may help program managers learn how to identify and document internal best practices and adapt them to other sites.

Delivery of Improved Services for Health (DISH) Project

http://www.ugandadish.org/practices.shtml

This web site shows how one program identified and documented its internal best practices. Seven best practices are posted online:

- Adolescent friendly reproductive health services (AFRHS)
- Long term and permanent family planning methods marketing strateg
- Using the health management information system (HMIS) for improved planning and decision making
- Improving the quality of health care services through monitoring of standards and recognition of performance: The Yellow Star Program
- Nze N'owange: A community and radio game show for family planning
- Norplant training for health workers
- Pre-testing methodology

EC/UNFPA Initiative for Reproductive Health in Asia (RHI)

http://www.unfpa.org/eu_partnership/phase1.htm

This four-year special initiative for reproductive health in Asia brought together the European Commission, UNFPA, and over 80 NGOs and other organizations to develop and implement projects in adolescent reproductive health, community-based reproductive health services, and quality reproductive health services. To share best practices and lessons learned among the more than 40 projects mounted, published documents on Learning from Partnerships (http://www.asia-initiative.org/pdfs/learning_from_partnerships_complete.pdf) and lessons learned (http://www.asia-initiative.org/pdfs/Lessons_Learned.pdf).

Implementing Best Practices (IBP) Initiative

http://www.ibpinitiative.org/

A collaborative network of more than 20 international partner agencies, the IBP Initiative supports the introduction, adaptation and use of evidence-based practices to improve the quality of reproductive health services. It works through regional- and country-level networks and programs to develop a knowledge-sharing culture focused on harmonizing approaches and reducing duplication of effort to translate evidence into practice.