



**Purpose:** Teams should use ECRI's HI-IMPACT™ this tool to assess the potential impact of practice changes and to supplement the steps in a causal analysis or performance improvement process. It is designed to encourage teams to think in a systems-based approach when considering the possible effects of a practice change.

**H:** Will the practice change be assessed to consider potential impacts on the **human users**?

Before introducing any practice change, it is important to consider how the change impacts other system components, including the people in that system. Human factors assessments help reveal how practice changes will impact both staff and patients in health systems, including changes that reach across departments.

**I:** Will the practice change reflect **input from frontline staff** in all relevant departments?

A key element to becoming a highly reliable organization is deference to expertise. Seeking input from individuals who understand the context in which the change will occur helps promote adoption and acceptance. One-on-one conversations, focus groups, and feedback surveys are a few ways to collect input. Additionally, clinical councils and value analysis teams can be important sources of input.

**I:** Will the practice change reduce the risk of health **inequities and disparities** in care?

Safety; quality; diversity, equity, and inclusion; and population health teams should closely monitor health inequities and disparities in care and provide feedback on the potential impact that a practice change may have on specific patient populations.

**M: Will the practice change be measured for strength and impact across systems?**

Tools like the Institute for Safe Medication Practices' [Hierarchy of Effectiveness of Risk-Reduction Strategies](#) or a [systems change hierarchy](#) tool can assist teams in measuring the potential strength, reliability, and system impact of a practice change. Stronger actions with greater potential for impact across multiple system layers are an important aspect of creating total systems safety.

**P: Will the practice change reflect patient and family values or preferences?**

Patient- and family-centered care involves partnering with patients and their families in all aspects of patient safety and care delivery. Patient and family advisory councils are designed to integrate the patient/family perspective into healthcare operations and can provide insight into values and preferences regarding potential practice changes.

**A: Will the practice change be supported by an appraisal of evidence to ensure it is evidence-based?**

Evidence-based practice involves the appraisal and application of research findings into everyday practice. Appraising evidence is critical to ensuring that data and research findings are relevant and unbiased. Teams should adopt an evidence-based practice model (i.e., ECRI's PRC-TIS model) to help systematically appraise, translate, and implement the most current evidence into practice.

**C: Will the practice change be cost-effective when considering both monetary and nonmonetary costs?**

Teams should consider the financial cost of a practice change, as well as additional "resource" costs. Other sources of cost may include an increased work burden on frontline staff, implementation costs, storage needs, maintenance requirements, and additional communication support. These monetary and nonmonetary costs should be compared to the potential cost savings from reduced litigation and improved performance over time.

**T: Will any practice changes that include technology be assessed for usability?**

Before new technologies are adopted, and before people begin to use tools in new ways, it is important to evaluate usability in the context of work as performed. Evaluations must include the intended users in a setting that resembles the intended use environment (e.g., in a patient room that contains other equipment that will typically be used there).

## HI-IMPACT™ Worksheet

Instructions: List each potential practice change in the first column, then score the practice change against each HI-IMPACT criteria on a scale of 1-5, with 1 being not likely at all and 5 being highly likely. These scores can be added (if working individually) or averaged (if working with a group) to identify practice changes that have the greatest potential to improve performance in a sustainable way.

<u>Practice Change</u>	<u>Human Users</u>	<u>Input from Frontline Staff</u>	<u>Inequities and Disparities in Care</u>	<u>Measure for Strength and System Impact</u>	<u>Patient and Family Values or Preferences</u>	<u>Appraisal of Evidence</u>	<u>Cost-Effectiveness</u>	<u>Technology Assessment</u>	<u>Total Score</u>

**Example:** A safety team completed a root cause analysis following a fall that caused severe harm to a patient. They are considering several potential practice changes to recommend as part of the action plan. One of those changes is virtual observation technology. Another idea is to post signage close to the bed reminding patients to use their call lights when they need to use the bathroom. Using the HI-IMPACT tool, they came up with the following scores.

<u>Practice Change</u>	<u>Human Users</u>	<u>Input from Frontline Staff</u>	<u>Inequities and Disparities in Care</u>	<u>Measure for Strength and System Impact</u>	<u>Patient and Family Values or Preferences</u>	<u>Appraisal of Evidence</u>	<u>Cost-Effectiveness</u>	<u>Technology Assessment</u>	<u>Total Score</u>
Implementing virtual observation technology to prevent falls	5	4	4	4	2	4	3	4	30
New signage for patients	1	2	1	1	1	1	5	NA	12

The results show that, aside from being cost-effective, the practice change involving new signage is not likely to be as impactful as the implementation of virtual observation technology. The team should consider this scoring as they prioritize and make a final decision.