Step 2: Mobilise the right leadership

Implementation is a social process that relies on people to drive commitment.
Enlist support from influential leaders and champions from key disciplines who will guide, make decisions, learn, share, actively problem solve, and stay involved to make your iCOPE Program happen.

The success of implementing a new or innovative clinical practice, frequently relies on individuals and relationships. This is why implementation is in part, a social process, requiring champions, networks, and people to initiate the process, legitimise the change and drive commitment.

Stakeholders with the most influence and interest in digital screening are the key people you will want to identify and overtly engage as project committee members, sponsors and champions for the program.

Consider starting by canvasing departmental heads and senior players from key departments for their views on current screening practice and identify those interested in supporting change. Then expand your reach.

The ultimate structure of your iCOPE leadership arrangement must match the size and degree of change you might expect from your implementation. For example, if your facility currently undertakes routine PNMH screening using the ANRQ and EPDS tools, and you're not planning to integrate clinical reports into your record system, then you may be able to treat your

iCOPE implementation as a Departmental initiative with relatively low support required from other disciplines.

Alternatively, if your facility is not currently undertaking routine screening, if there are evidence-practice gaps to rectify or if you plan on integrating the iCOPE Platform into your EHR/EMR system for optimal outcomes, more decisions and other stakeholders will need to be involved.

A Project Steering Committee, cross-functional project team and champions network, may be the best approach. Along with leaders from key departments, consider securing participation from influential colleagues from areas like IT, medical records and allied health as appropriate.

By enlisting support of, and creating 'roles' for influential leaders decision-makers, this enables them to model new behaviours and champion the program.

Great change leadership is known to be the most critical single factor of successful initiatives. It also has the added benefit of lightening your workload.

Quick Tips:

- Enlist support of senior leaders who can assist in gaining the necessary clinical, administrative and IT resources to make the project happen.

- Identify practice networks and committees that could be used to raise the profile, priority and importance of iCOPE screening.

- Find and harness an interest in PNMH among senior clinicians who are opinion leaders.

- Fully involve influential members of the groups whose practice or day-to-day will need to change, including to involving them in designing the program.

- Ensure leaders and champions will commit their time, effort & support to making change happen. Promote their contributions and results to reinforce positive behaviour change and promote positive outcomes.

Helpful definitions:

- ❖ **Steering Committee.** A group, chaired by the Project Sponsor, that provides high level advice, decision-making and oversight of your iCOPE project. This also helps manage risk and resolve any potential conflict between stakeholder groups should it arise. Speak to your unit's Director and IT team for further advice.

- ❖ **Project Sponsor.** A highly influential, senior decision-maker responsible for providing active leadership for and championing iCOPE in all forums. Along with others, they can promote iCOPE to other leaders, authorise release of resources and help the project make decisions.

- ❖ **Champions.** Influential people (from any level) who believe in digital screening and want to help make it happen. Whilst they may lack formal authority to drive change, they can still help to influence within their circles and across a setting.