The 'Documentation, Monitoring and Evaluation, Reporting, Training, Teamwork, and Supervision (DMERTTS) Framework: Supporting implementation fidelity in community-based settings

Presenter: Stewart Redshaw PhD
Research and Practice Development Manager
MERCY FAMILY SERVICES
stewart.redshaw@mfsq.org.au

1st Biennial Australian Implementation Conference
Melbourne Convention and Exhibition Centre, 25-26 October, 2012

Mercy Family Services

Presentation Outline

- Personal Introduction
- PART 1: Introducing the ‘DMERTTS’ framework
- PART 2: The Issues and barriers to achieving *Implementation Fidelity* in community-based settings

Mercy Family Services

Personal Introduction - *a 20 year journey*

- Currently work as Mercy Family Services' (MFS) ***Research and Practice Development Manager*** – since 2003
- **21 years experience with MFS in a range of capacities** including direct care, program coordinator, manager/director, and research & practice development (including 16 years as a member of the Leadership Team)
- **The never-ending struggle between day-to-day service delivery and the need to ensure that what we do is best practice** (based on the literature), documented (*Models of Practice*) and monitored and evaluated in a valid and timely manner … not to mention the effort of maintaining quality staff and high-functioning teams
- The **DMERTTS Framework** has emerged and evolved from within this practice, research and management experience

Mercy Family Services

PART 1: The DMERTTS Framework
- The basic components

Documentation

Monitoring &

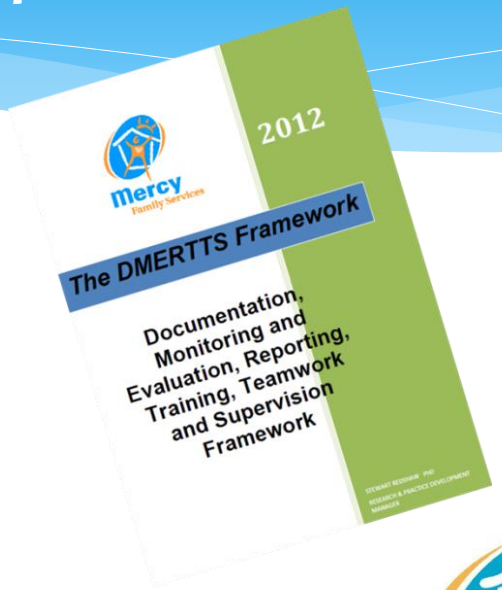
Evaluation

Reporting

Training

Teamwork

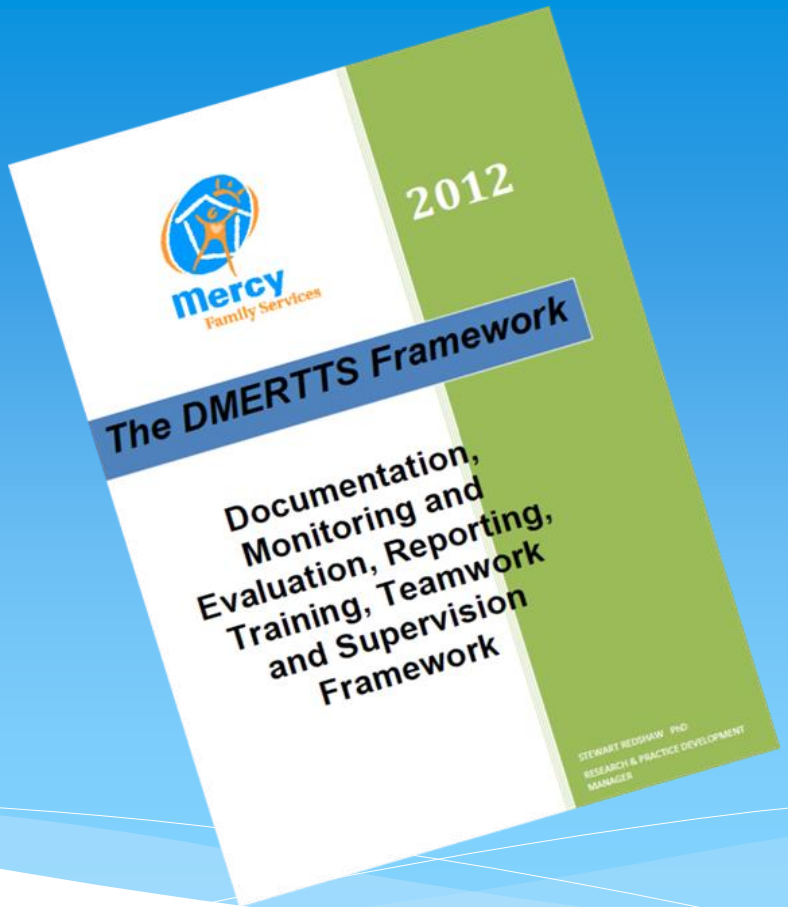
Supervision



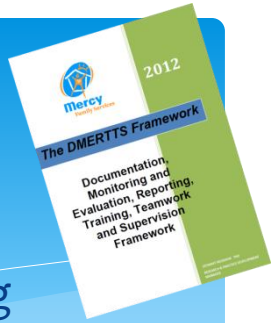
Mercy
Family Services

PART 1: The DMERTTS Framework

Turn to the handout



PART 1: The DMERTTS Framework Implications for effective implementation:



Summary of key points:

- Having a clearly articulated '**Model of Practice**' (clinically-based *and/or* using logic design principles)
- Using a comprehensive range of **monitoring and evaluation strategies** to examine quality and effectiveness of services, programs, and specific interventions
- Monitoring **implementation fidelity** of the Model of Practice
- Reporting back to the funding/practice/academic community (**subjecting practice to peer review**) ***and critically …***
- Giving due attention to **training, teamwork** (developing and maintaining high functioning clinical teams/workgroups), and multi-dimensional **supervision** practices

Essential Conclusion: Without clinical leadership, management & administrative support **and** high functioning staff & workgroups … **Implementation fidelity at the program level is less likely**

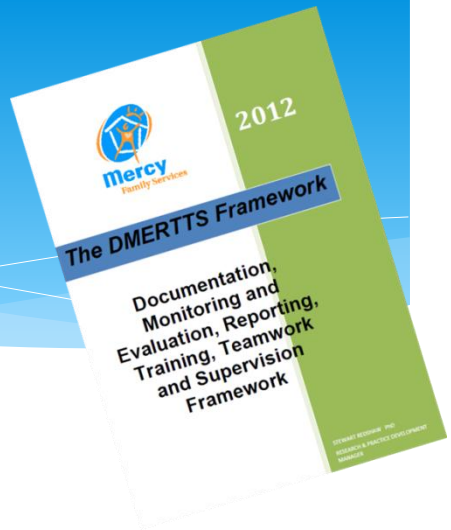
Mercy Family Services

PART 2: The DMERTTS Framework
The implementation – over the next several years:

- The framework provides the **foundation** and **scaffolding**
- The next stage of the process involves **identifying, sourcing or creating a comprehensive collection** of administrative data collection tools, psychometric and psychosocial/clinical evaluation tools etc… for each of the measures in the DMERTTS Framework
- An **audit** will be conducted on each MFS program to determine which DMERTTS activities are currently in place, and which strategies need to be developed …
- A **Tailor-made** DMERTTS will be developed for each program, informed from both the ground-up (current practice), and top-down (recommended contemporary evidence-based research and best practice literature)
- Organisational **structural support** - Senior Practitioners, and Data/ Evaluation support staff across MFS will help support implementation.

Mercy Family Services

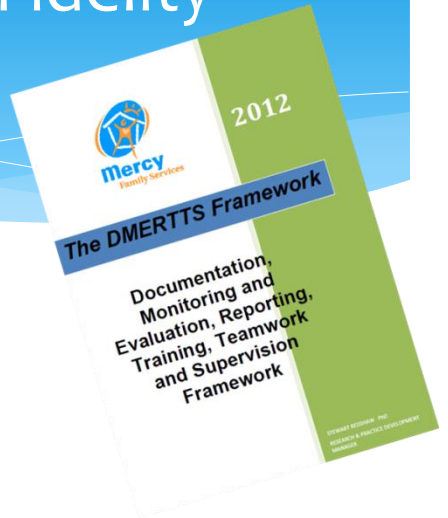
BUT …



Now this is all very well … but in the *real world settings* of many community-based services, there are many issues and barriers to implementing a broad quality framework like this … and (ultimately), achieving implementation fidelity

Mercy
Family Services

PART 3: Barriers to Implementing the DMERTTS and (ultimately) to achieving Implementation Fidelity



A) Community agencies' primary responsibility is *generally* service delivery … not research or advanced evaluation strategies (though this is changing*).

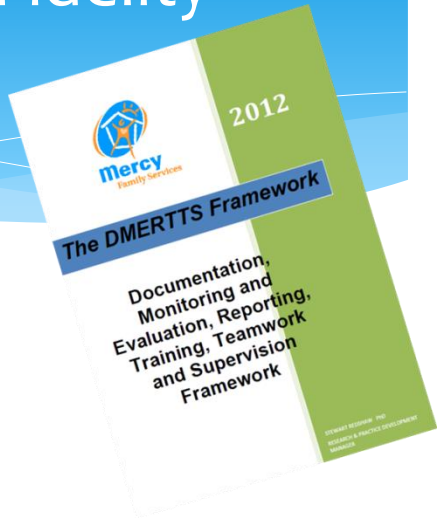
There are so many work pressures on front-line practitioners that meeting the requirements of a framework like the DMERTTS is not on their radar … and understandably so …

Implementing new monitoring and evaluation strategies can face resistance from increasingly time-poor front-line practitioners

Mercy Family Services

PART 3: Barriers to Implementing the DMERTTS and (ultimately) to achieving Implementation Fidelity

B) Community agencies often report to multiple funding bodies and/or stakeholders so they need to draw on multiple practice frameworks, quality frameworks, multiple knowledge types and research and evaluation strategies to meet accountability requirements and work towards implementation fidelity



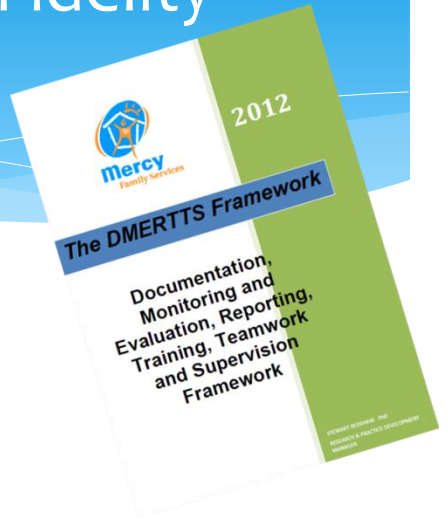
This means that the *combined knowledge & skills* needed (i.e., personnel) to effectively **'be across'** all these areas can be difficult to find in one, or even a handful of staff

It is also unlikely that many community agencies (especially smaller to medium size) have the funding to employ the people needed to fulfil such roles

Mercy Family Services

PART 3: Barriers to Implementing the DMERTTS and (ultimately) to achieving Implementation Fidelity

Now moving from these general issues to those directly related to the DMERTTS Framework …



C) DOCUMENTATION:

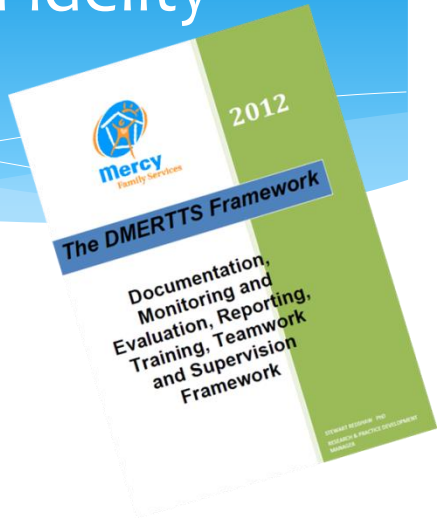
Few Community agencies have comprehensive documented 'Models of Practice' or 'Practice Frameworks' (that are '*logic*' *and/or* '*clinically-based*')

Finding people to research, write, and maintain up-to-date practice frameworks can be difficult

Access to the current research and practice literature is difficult, and can be very, very expensive

Mercy Family Services

PART 3: Barriers to Implementing the DMERTTS and (ultimately) to achieving Implementation Fidelity



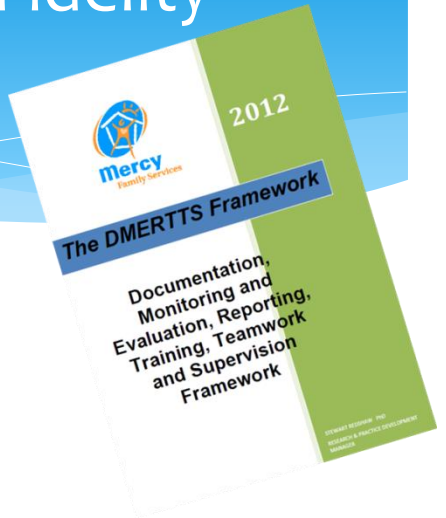
D) MONITORING and EVALUATION:

Where 'Models of Practice' or 'Practice Frameworks' do exist, the **implementation of those models is often not monitored**, or is **inadequately monitored** (often because of competing organisational/service/program activities)

Again, as said previously, **finding staff with the right skill mix** to undertake the complex range of tasks required can be a challenge

Mercy Family Services

PART 3: Barriers to Implementing the DMERTTS and (ultimately) to achieving Implementation Fidelity



E) REPORTING:

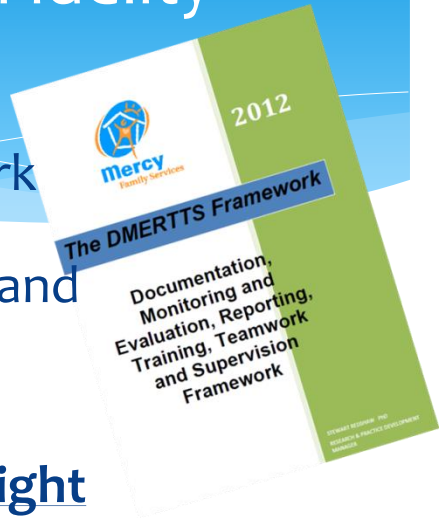
The demands for **accountability type reporting** is becoming increasingly complex and time consuming and understandably takes priority

Finding and supporting practitioners with the time and capacity to develop *additional* **organisational monographs, conference presentations** and/or articles for **peer-reviewed journals** on their excellent work can be a difficult balancing act between the demands of day-to-day work and finding time for these *extra activities*

Mercy
Family Services

PART 3: Barriers to Implementing the DMERTTS and (ultimately) to achieving Implementation Fidelity

F) TRAINING, TEAMWORK & SUPERVISION



Organisational leadership and **support** for training, teamwork and supervision is often limited or inadequate, seriously undermining a program's capacity to deliver quality services and adhere to program guidelines

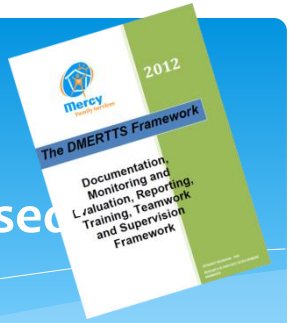
Lack of/or limited understanding of the need for managerial/ organisational support for **quality practice** and **clinical oversight**

Developing and maintaining a **Skilled staff**, **high-functioning teams**, and multi-dimensional & high quality **supervision** is a critical foundation for achieving quality work and (ultimately) **implementation fidelity**, but often suffers because of day-to-day pressures and other priorities

Mercy
Family Services

Basic Conclusion ….

For Community Services to even begin to lay the foundation for *Implementation Fidelity*, it is critical that the following are addressed



Clinical Oversight

Management and Organisational Support

Administrative and Practical Support

Dissemination of Work Throughout the Sector

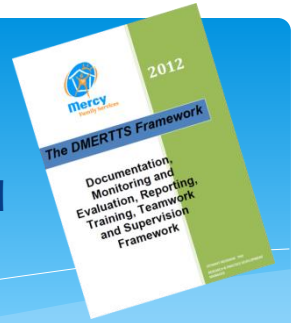
Multi-dimensional Supervision

High Functioning Teams

Training

Mercy Family Services

Where to from here …



Practicing what I preach … (disseminating our work for critical review)… I would love any feedback or constructive suggestions you have about the DMERTTS framework

My job for the next several years is to **negotiate the many barriers** discussed and build on the DMERTTS … both the framework (the associated measures, tools, instruments and evaluative strategies), and the supporting organisational structure (senior practitioners and data support officers)

A parallel process … The Mercy Family Services' Client Information System (CMS) … the computer system that underpins the DMERTTS Framework. Facilitated by Brian Kissell, MFS IT Manager. Soon to be published:

Kissell, B; & Gillingham, P (in-press) 'Reflections on a participatory approach to the design of a client management system in a human services organisation. *China Science and Technology Resources Review.* The paper is being presented at the 7th International Conference on Cooperation and Promotion of Information Resources in Science & Technology (COINFO' 12), Nanjing, China, November 2012.

Mercy Family Services

Selected References

Aarons, G. A., Cafri, G., Lugo, L., & Sawitzky, A. (2012). Expanding the domains of attitudes towards evidence-based practice: The Evidence-based Practice Attitude Scale-50. Administration and Policy in Mental Health, 39(331-340).

Canadian Health Services Research Foundation. (1995). Is research working for you? A self-assessment tool and discussion guide for health services management and policy organizations, June 2011, from http://www.chsrf.ca

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implemntation fidelity. Implementation Science, 2(40), 9 pages.

Eccles, M. P., Armstrong, D., Baker, R., Cleary, K., Davies, H., Davies, S., . . . Sibbald, B. (2009). Editorial: An implementation research agenda. Implementation Science, 4(18), 7.

Franks, R. P. (2010). Implementation science: What do we know and where do we go from here? : Child health and Development Institute of Connecticut Inc. Connecticut Center for Effective Practice.

Frechtling, J. A. (2007). Logic Modelling Methods in Program Evaluation. San Francisco: John Wiley & Sons.

Funnell, S. C., & Rogers, P. J. (2011). Purposeful Program Theory: Effective Use of Theories of Change and Logic Models. San Francisco: Jossey Bass.

Gearing, R. E., El-Bassel, N., Ghesquiere, A., Baldwin, S., Gillies, J., & Ngeow, E. (2011). Major ingredients of fidelity: A review and scientific guide to improving quality of intervention research implementation. Clinical Psychology Review, 31, 79-88.

Gomm, R., & Davies, C. (Eds.). (2000). Using Evidence in Health and Social Care. London: Sage.

Green, J. (2012). Editorial: Science, implementation, and implementation science. Journal of Child Psychology and Psychiatry, 53(4), 333-336.

Guskey, T. R. (2000). Evaluating Professional Development. Thousand Oaks: Corwin Press, Inc.

Keith, R. E., Hopp, F. P., Subramanian, U., Wiitala, W., & Lowery, J. C. (2010). Fidelity of implementation: Development and testing of a measure. Implementation Science, 5(99), 11 pages.

Kettner, P. M., Moroney, R. M., & Martin, L. L. (2008). Designing and Managing Programs: An Effectiveness-Based Approach (3rd ed.). Los Angeles: Sage.

Mercy Family Services

Selected References

Klimes-Dougan, B., August, G. J., Lee, C.-Y. S., Realmuto, G. M., Bloomquist, M. L., Horowitz, J. L., & Eisenberg, T. L. (2009). Practitioner and site characteristics that relate to fidelity of implementation: The Early Risers Prevention Program in a going-to-scale intervention trial. Professional Psychology, Research and Practice, 40(5), 467-475.

Knowlton, L. W., & Phillips, C. C. (2009). The Logic Model Guidebook: Better Strategies for Great Results. Los Angeles: Sage.

Kothari, A., Edwards, N., Hamel, N., & Judd, M. (2009). Is research working for you? Validating a tool to examine the capacity of health organizations to use research. Implementation Science, 4(46), 9 pages.

McAurthur, B. A., Riosa, P. B., & Preyde, M. (2012). Review: Treatment fidelity in psychosocial intervention for children and adolescents with comorbid problems. Child and Adolescent Mental Health, 17(3), 139-145.

Metz, A. (2010). Core components for successful implementation: Applying core implementation components in ECE research, evaluation, and technical assistance: EPG Child Development Institute, University of North Carolina.

Nutley, S. M., Walter, I., & Davies, H. T. O. (2007/2012). Using Evidence: How Research Can Inform Public Services. Bristol: The Policy Press, University of Bristol.

Owen, J. M., & Rogers, P. J. (1999). Program Evaluation: Forms and Approaches (2nd ed.). St Leonards, NSW: Allen & Unwin.

Protor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., . . . Hensley, M. (2011). Outcomes for implemntation research: Conceptual distinctions, measurements challenges, and research agenda. Administration and Policy in Mental Health, 38, 65-76.

Rice, K., Hwang, J., Abrefa-Gyan, T., & Powell, K. (2010). Evidence-Based Practice Questionnaire: A confirmatory factor analysis in a social work sample. Advances in Social Work, 11(2), 158-173.

Richard M. Grinnell, J., Gabor, P. A., & Unrau, Y. A. (2010). Program Evaluation for Social Workers: Foundations of Evidence-Based Programs (5th ed.). Oxford: Oxford University Press.

Schoenwald, S. K., Garland, A. F., Chapman, J. F., Frazier, S. L., Sheidow, A. J., & Southam-Gerow, M. A. (2010). Toward the effective and efficient measurement of implementation fidelity. Administration and Policy in Mental Health, 38, 32-43.

Mercy Family Services

Selected References

.

The Clinical Effectiveness Research Agenda Group. (2009). An implementation research agenda: A report prepared for the High Level Group on Clinical Effectiveness, June 2012, from http://www.implementationscience.com/content/4/1/18

Torrey, W. C., Bond, G. R., McHugo, G. J., & Swain, K. (2012). Evidence-based practice implementation in community mental health settings: The relative importance of key domains of implementation activity. Administration and Policy in Mental Health, 39, 353-364.

Wells, K. B. (1999). Treatment research at the crossroads: The scientific interface of clinical trials and effectiveness research. American Journal of Psychiatry, 156(1), 5-10.

Wilson, M. G., Lavis, J. N., Travers, R., & Rourke, S. B. (2010). Community-based knowledge transfer and exchange: Helping community-based organizations link research to action. Implementation Science, 5(33), 14 pages.

Mercy Family Services