Application of Implementation Science In Organisations

Australian Implementation Conference
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With thanks to the sponsoring organisations:

UnitingCare Burnside

Wanslea
with families, for children since 1943

Intended Outcomes

- Increased familiarity with Implementation Science
- Increased fluency with contextualising and applying implementation science
- Increased adoption of EBP/EIPs

- Others….what would you like to achieve by attending this workshop?

Introductions…and what will suggest a successful experience this afternoon

Name

Perspective (manager, practitioner, supervisor, administration

Outcome from attending the workshop

From Implementation Science to Implementation Practice

- A Circuitous Journey…an organisational transformation process – Kinark Child and Family Services
- Two Distinct Applications
  - Teaching and Coaching Implementation Science
  - Facilitating and Coaching the ***use*** of implementation science
- A Stage-based approach
- Choosing the practices – Youth Horizons, NZ
- What is being implemented?
- What needs to be in place to implement and sustain?
- Implementation Coach/Facilitator
- Replicating the Implementation Process
  - Triple P – evidence-based programmes and practices
  - Spinal Cord Injury Knowledge Mobilisation Network – a Common Interest Network
  - SMH ASSIST – an Ontario Ministry of Education Initiative
  - Majority World/Low and Middle Income Countries e.g. Jamaica
- Discussion

Has Your Organisation Adopted EBP/EIPs?

Setting the scene for the information from today's workshop….

Table Discussion:

- Has an EBP/EIP been implemented in your organisation?

  Some questions to consider…..

  - How do you define an EBP/EIP?
  - Why did you decide to adopt EBP/EIPs?
  - Why have you decided not to adopt EBP/EIPs?

Two Distinct Approaches

Learning Implementation Science and applying it

Primary Objective:
Through an experiential process the participating organisations will develop **fluency in Implementation Science** and the capacity to apply it

Support and Coaching Required:
Implementation Science Specialists

Length of Involvement:
2 – 3 years

Outcome/Output
Personnel/Organisation has acquired fluency in Implementation Science

1 EBP at full implementation

Tailored tools for each EBP

Using implementation science to inform the process of adopting an EBP

Primary Objective:
Implementation of EBP to meet a service target objective using effective implementation strategies

Support and Coaching Required:
Implementation Coach with knowledge of Implementation + EBP and organisation experience

Length of Involvement:
Determined by organisational need, funding proposal and resources

Outcome/Output:
Organisation is familiar with effective implementation process and strategies

Full implementation of one or more EBPs

Implementation Process tailored to implementing organisation

A circuitous journey…..

- Kinark Child and Family Services
  - Provides services to children, youth and families
  - 11,000 clients per year
  - 800 staff dispersed over 8 Communities
    - Children's mental health
    - Autism
    - Youth justice
    - Supervised access
    - Child care

- EBPs 1998 - 2005
  - SNAP
  - IBI
  - COPE
  - Incredible Years
  - MST
  - Triple P

Flavour of the Month

- No intentional implementation
- No systematic adoption
- No sustainability
- No evaluation

Until MST….but the implementation did not reflect the context

Kinark Child and Family Services: Clinical Transformation 2007 - 2011

- Intentional Process
- Based on National Implementation Research Network's Active Implementation Frameworks
- Project Charter:
  - Increase effective use of EBPs
  - Increase use of expertise available in the organisation
  - Sustained capacity for evaluation and revision of services as new EBPs become available

Key Elements of Implementation Process

- Designing a process – 4 Active Implementation Frameworks
  - Project Charter
  - Board of Directors and Funder approval
  - Communication to the organisation

- Implementation Teams
  - Clinical Services Team (Clinical Decisions)
  - Clinical Transformation Team (Process Design)
  - Working Groups (Exploration)
  - Implementation Teams (process for each EBP)

Key Elements of Implementation Process cont'd…

- Stages
  - Exploration – Involved 3 teams
    - Clinical Services Team (CST) determined the target population and chose practices from Working Group Recommendations (Content)
    - Working Groups completed lit. searches, assessed EBPs and made recommendations to CST (15 operating concurrently)
    - Clinical Transformation Team guided the development of implementation plans (Process)
  - Installation
    - Implementation Teams – one per practice
      - Using an adaptation of the Drivers Assessment
      - Developed an initial implementation plan
      - Determined the Transformation Zone
      - Created an EBP specific Implementation Team to refine the initial implementation plan

Key Elements of Implementation Process contd…

- Initial Implementation
  - Restructured and repurposed the Implementation Team to support Initial Implementation in the determined Transformation Zone
  - Communications process for practitioners in Transformation Zone
  - Practice Lead

- Full Implementation
  - Review of data to determine effective outcomes
  - Ongoing support from Practice Lead (coaching)
  - Inclusion of information from data collection in performance reviews
  - Inclusion of information from data collection in quarterly QA report

Key Elements of Implementation Process contd…

- Implementation Drivers
  - Development of SharePoint Site
  - Consideration of all Drivers by Implementation Team
  - Inclusion of Head of Human Resources, Head of Communications, Head of IT, Head of Research and Evaluation on Implementation Team

- Improvement Cycles
  - Evaluation process developed for all EBPS
  - Common framework
  - Minimal burden on practitioners
  - Report back system in timely fashion

What was achieved

- Review of effectiveness and efficacy of existing practices
- Adoption of 10+ EBPS
- Development of new Clinical Supervision model
- Process for practitioners to develop and evaluate innovations or new practices
- Organisational structure to support ongoing review and implementation of new practices
- Ongoing evaluation process
- Reduction of waiting list (time and numbers)
- Quicker access to service
- Adoption of evidenced practices/best practices for all organisation functions

The Voice of the Service Provider is….

the link between Implementation Science and the application of the Science of Implementation

An example to use through the workshop

Individual consideration:

- Identify a programme implementation that your organisation has completed within the last 3 years:
    - How did your organisation decide to implement this programme?
    - What actions and activities did you undertake to implement the programme?
    - Has the programme been sustained?
    - Have the desired outcomes of the programme been achieved?
    - Can the programme be replicated to achieve the outcomes?

Three Governing Principles

Intentional

Explicit

Systematic

How Many 'Stages'?

- Determining the journey that will be embarked upon
- Choosing the Practices or Programmes 'The What'
- Identifying the components of the 'The What'
- Determining what you have to do to enable the practitioners to deliver the service effectively to achieve the outcomes - The Who and The How
- Monitoring that it all works
- Sustaining all the pieces that make it work

Shall we adopt EBP/EIPs?

- Has the organisation explicitly decided to engage in programmes and practices that have been proven to work?
- Who in the organisation has decided this?
- What is the motivation?
- Is there agreement on what constitutes an 'evidenced' practice?
- Has this been communicated to the rest of the organisation?

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Chosing our EBI's: The Start

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STRONG COMMITMENT TO EVIDENCE BASED INTERVENTION & EXCELLENCE:

1997: ALISTAIR PETER McGEORGE, Psychiatrist, **JOHN SCOTT WERRY**, Professor, **THOMAS ALLAN GUILD**, Psychologist and three other trustees, drew up a Trust Deed - a commitment to develop specialist services for young people with Severe Conduct disorder.

- They established our first residential group home.
- The organization grew quickly

The 1st EBI - Five years of MST

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- 2001 1st MST Teams established in New Zealand - a response to an **IDENTIFIED NEED** for clinically effective and cost-efficient evidence-based treatment for at-risk youth. We aligned with a national process
- **Strong evidence base** – our academic beginnings meant there was a careful look at the research
- It **had also been successfully replicated**
- There was **FIT** for our client group: Youth with severe conduct disorder.
- There was a NZ licensor – a practical consideration
- Justine Harris YH Clinical Leader took the lead and was NZ's first MST Consultant – we had a **CHAMPION**

Early 2006 NZ had a suite of MST services, of which YH had four teams.

2007 - Review

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- MST is a great answer but there is no one size fits all
  - crisis-responsive 24x7 service **(SUSTAINABLE?)**
  - NZ geography posed challenges (dispersed population, small centres) **(FIT?)**
  - We couldn't downsize the teams when necessary when referral demand was too low

Challenge:

- We had many more services that weren't evidence-based than were.
- Were we relevant to Maori? **(NEED?)**

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Weaving the strands

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Like the red black and white threads of Maori designs we would need to weave together

- a strengthened **organization** with good management, IT systems and financial governance
- Bring in strong **cultural input by Maori** leaders, working in a Maori way and weave this in at all levels
- Evaluate **the clinical evidence** and choose the right models

(this last process had already begun, senior staff had been keenly reading the published evidence and examining the science for several years

"Kotahi ano te kohao o te ngira e kuhu ai Te miro whero, te miro ma, te miro pango"

"Eye of the needle through which the red, white and black threads must pass"

How did we choose FFT and MTFC – …

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Due diligence and more due diligence and more…

What is best internationally?:

Youth Horizons had pursued training and learning in internationally successful EBP models for the population at risk with which we work. We already had significant knowledge **(literature and exposure)**

Blueprints Conference Denver 2008 - primary reference point of all evidence-based programmes for 'juvenile delinquency' internationally with clear standards for evaluation of international research. **(International evaluators of EBI's)**

Discussions with the model licensors and disseminators including FFT and MTFC

Site visits of providers in these models and MST **… MTFC and FFT**

Due Diligence and more due diligence and more

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Were these models were right for us?

- Steering group created questions – MTFC and FFT answered every one of those.
- We interrogated all aspects of implementation – cost and practical factors are important
- **Before deciding** we did cultural due diligence **(FIT)**

Cultural due diligence

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As for operation and clinical/evidence based due diligence we needed a stronger foundation:

Kaumatua or senior Maori leaders were made part of our organization and accorded standing with the CEO

A Maori strategy was developed

Cultural due diligence needs to be done in a culturally appropriate way.

Kahotea Marae at Otorohanga became the centre of our world – the source of our heartbeat – and we brought the model developers there to meet kaumatua, so they could ask their questions and do the due diligence on the Marae.

Dr Robyn Mildon gave us a picture for our process

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All up over 5 years of due dilligence

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This allowed us to successfully implement in 2009

Functional Family Therapy, an alternative in home intervention that met many of our geographic, cultural and sustainability demands and allowed higher caseloads and still met the needs of young people with conduct problems and the goal of keeping them in home and

Multidimensional Treatment Foster Care – that met our need to work in an evidence based way with those already in the care system, with multiple failed placements –

But what about our residential programmes????

Is 3 models enough?

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- Our residential homes were still not evidence based.
- We had new regional treatment foster care contracts where full MTFC implementations were not practical.
- Was there a model that would meet those needs?

Teaching Family Model - Our fourth model

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Again we applied due diligence:

- a visit to Hawaii in 2008, questions and doubts
- a conference in 2009 doubts being answered in part.
- a meeting with an alternate implementation provider in 2010
- Our national manager and a house parent (expertise form the floor) visit a site and work in the model
- We do a business plan
- We choose a provider CTH
- They assess readiness
- 2012 CTH visit the Marae – training – implementation (the last step)
- **As part of our implementation we restructure to create TFM management structure – there are no half measures**

Then we forgot what we had learnt…

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- "to provide services that are preventative or designed to address the needs of children and young people at risk of developing CP or other social or mental health problems"
- To meet this NEED we responded to a
- Request for Proposals (tender) from governement in November 2011

EBIs pre-selected

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We picked four of the interventions endorsed as appropriate evidence-based interventions:

· **Watch, Wait and Wonder**

· **Incredible Years**

· **Primary care or level 4 and 5 Triple P**

·· **Cognitive behavioural therapy (CBT)**

· Trauma Focused-Cognitive Behavioural Therapy (TF-CBT)

· Abuse Focused-Cognitive Behavioural Therapy (AF-CBT)

· Parent-Child Interaction Therapy (PCIT)

· Two-day group PCIT program with foster parents

-Range of medications with evidence-base for mental health conditions in children and young people (e.g. anti-depressant for depression).

Tripped up

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- Too much pressure
- Too fast
- Not our usual approach of deliberation and choosing what we do ourselves.
- Implementation is the last phase, not the first
- 2 ½ years later we are ironing out the issues.

Fostering Changes – Back on track a small scale implementation

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- This training programme met the **NEED** of a single service and our **OUTCOME** – caregivers more skilled in evidence based parenting practice and a common language for caregivers and clinical support staff
- It was similar to what we do already - Incredible Years, but for caregivers (**FIT**)
- Good due diligence
- Involved Kaumatua
- Good relationship with an NZ based consultant - knew our field (**CHAMPION**)
- Confronting resistance to change →→Success

Contact details

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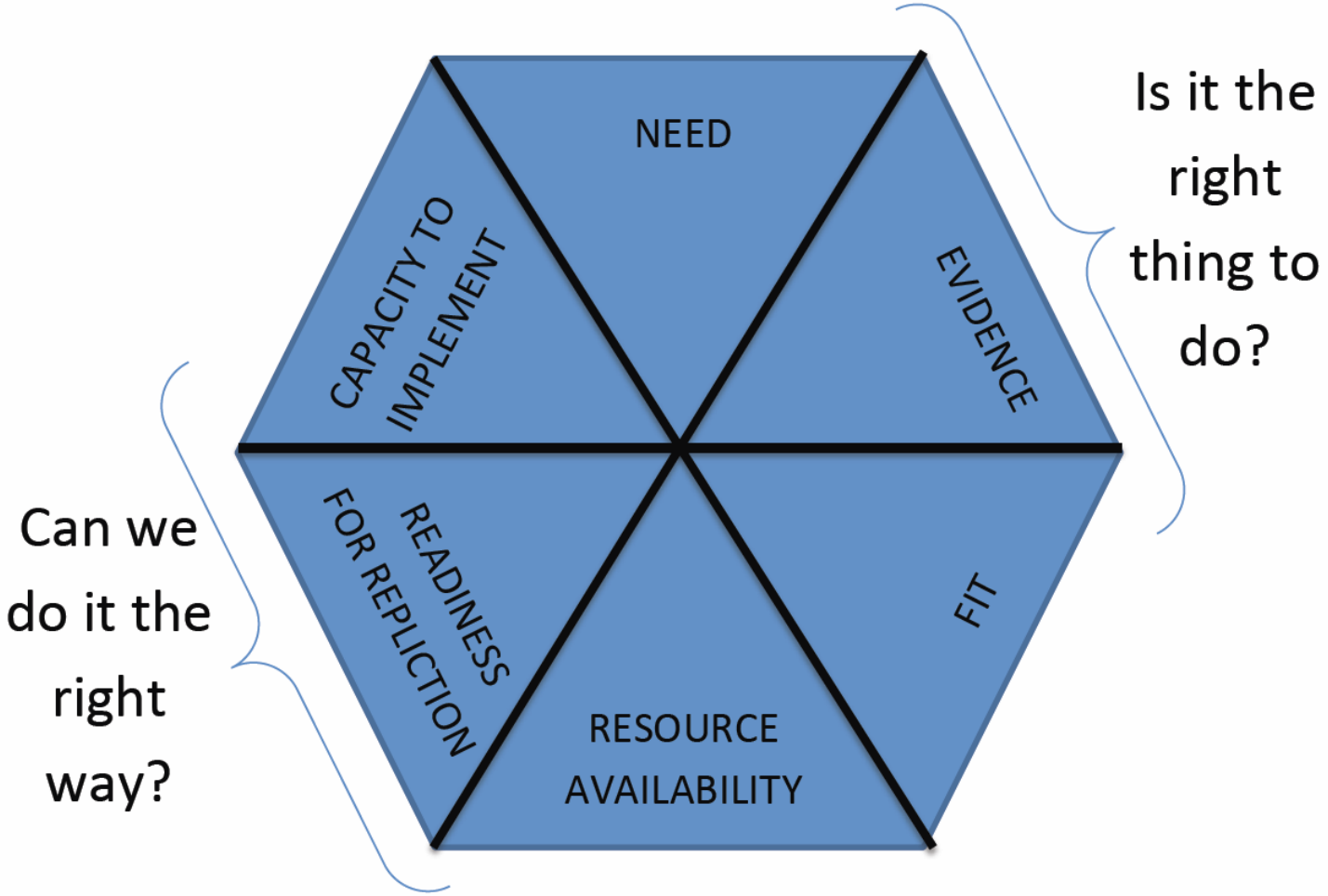
Choosing the Practice(s)

- Is it the right thing to do?
  - Need
  - Evidence
  - Fit

- Can we do it the right way?
  - Readiness to implement
  - Capacity to implement
  - Resources to implement

  - *Exercise using the Hexagon*

the Right Thing, the Right Way



Adapted from Karen Blase, Laurel Kiser, & Melissa K. Van Dyke, 2013

Considerations for The What

- Some practices and programmes highly developed to meet the need of identified target populations
- Are EBP/EIPs available for all populations?
- Is the level of evidence the same for all?
- Practices can only be consistently provided if they have replicable components

- *The Critical Components of the intervention include those things that collectively enable the achievement of the intervention outcomes*

Components of The What

The Critical Components of the intervention include those things that collectively enable the achievement of the intervention outcomes (NIRN)

It is important to identify the critical components of the practice or programme so that is can be implemented successfully

- *What has to be done?*
- *When does it have to be done?*
- *By whom must it be done?*
- *To what standard?*

Using your example….

- Identify the critical components of the practice or programme that you identified

- *What has to be done?*
- *When does it have to be done?*
- *By whom must it be done?*
- *To what standard?*

What needs to be in place?

- *Is your organisation ready to adopt a new practice/programme*
  - *Competence:*
    - *Do you have the right staff?*
    - *Are they prepared to participate in training?*
    - *Have they discussed how they will deliver the practice/programme?*
    - *Who will support them and how will support be made available?*
    - *Are they aware of the data that needs to be collected?*

What needs to be in place?

- *Is your organisation ready to adopt a new practice/programme*
  - *System Supports:*
    - *Are the data collection systems in place?*
    - *Are data analysis and feedback loops in place?*
    - *Are there facilities and equipment available?*
    - *Are the referral mechanisms in place?*
    - *Are there communications processes available?*
    - *Has the service been considered within the context of the community?*

What needs to be in place?

- *Is your organisation ready to adopt a new practice/programme*

  - *Leadership:*
    - *Is the organisation leadership involved and supportive?*
    - *Is the "system" leadership involved and supportive?*

  - *Performance Assessment:*
    - *Can you assess the effectiveness of the processes and the system performance and the practitioners' performance?*

Review an Organisational Readiness Checklist

How is the implementation process supported?

Implementation Teams:

A core group of people knowledgeable in the culture and processes of the organisation, effective implementation processes and familiar with the practices and programmes to be implemented.

Various key perspectives should be available to the implementation team:

- *Leadership*
- *Management*
- *Administration and support functions (IT HR etc.)*
- *Practitioner*

Did you have an "Implementation Team" in place?

- *Who was responsible for planning the implementation?*
- *How was the planning done?*
- *How were plans checked for feasibility?*
- *How were plans communicated?*
- *Were responsibilities assigned according to roles and spheres of responsibility within the organisation?*

Are we consistently doing what we planned to do?

- *Do key people in the organisation know if things are going as planned and the outcomes are being achieved?*

- *What feedback loops are in place…*
  - *For practitioners?*
  - *For supervisors?*
  - *For leadership?*
  - *For funders?*
  - *For policy-makers?*

Can we continue to do the things that need to be done?

- *Can the organisation sustain the practice in the face of typical changes?*
  - Has the practice been integrated as "core business"?
  - Can staff turnover be accommodated?
  - Is ongoing funding available?
  - Are ongoing evaluation and feedback loops in place?
  - Are there systems in place to support the development of innovations?

Implementation Coach/Facilitator

- *What role does the Implementation Coach/Facilitator play?*
- *Should we use an Implementation Coach/Facilitator?*
- *Does the Implementation Coach/Facilitator need to be "external" to the organisation?*

Replicating the Process

What supports the ability to replicate the process?

- Contextual Application of Implementation Science
- Documenting and synthesising the process
- Tools and Guides
- Internal Personnel capacity
- Policies and Procedures

Some examples….

- **Spinal Cord Injury Knowledge Mobilization Network, Canada** – Implementation Science Consultant, Implementation Guide and adapted tools
- **Parents' Places, Jamaica** – adapted processes in which implementation science is embedded
- **Triple P International** – Implementation Consultants, Implementation Framework and adapted tools
- **School Mental Health ASSIST**, Ontario Ministry of Education – Website, Implementation Coaches, Implementation Framework and adapted tools

Discussion

- Core Elements and Functions of Implementation Science
- Role of Implementation Coach
- Real world application – context is paramount
- Good enough?
- Pragmatic application
- Evaluation of impact of intentional implementation processes

THANK YOU TO THE SPONSORS OF THIS WORKSHOP

Thank you!

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