the Lowitja INSTITUTE
Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health

Can we do implementation better?

Briefing paper

Applying evidence to the implementation of new programs and innovations in Aboriginal and Torres Strait Islander health care

Summary notes by Jenny Brands and John Øvretveit, March 2013

What is implementation?

- Implementation is the process of getting a 'new better way' of doing something into routine use.
- Implementation *enables* a person or organisation to *take up* the new better way of doing something.

Why is implementation important?

- Money, effort and time are wasted by ineffective implementation of new programs.
- Programs and practices that work well in Aboriginal and Torres Strait Islander health often lapse after pilot programs or research funding ends.
- Doing better at implementation could help 'Close the Gap' more rapidly.

What do we know about implementation in Aboriginal and Torres Strait Islander health?

- In terms of an evidence base, not a lot. A recent review found only 14 studies published between 1992 and 2011 that evaluated or described the transfer and implementation of promising programs or innovations in Aboriginal and Torres Strait Islander health (McCalman et al. 2012). But the nature of Aboriginal and Torres Strait Islander health care means that lots of people are *doing* implementation all the time. Some people and organisations do it very well; others struggle.
- To help build an evidence base about effective implementation, the Lowitja Institute commissioned a research project, *Implementation of Innovations in Aboriginal and Torres Strait Islander Health Care.* So far, the project has included a review of the academic literature on implementation in health care generally, and how that literature might be relevant in Aboriginal and Torres Strait Islander health contexts.

What do we know about implementation generally?

There are a number of principles that emerge from the academic literature as enablers of effective implementation.

Planning

Using a planned and participatory approach to implementation – involving and engaging people from across the organisation/setting(s) in which the implementation will occur, at all stages of the process

Engagement/leadership

Strong engagement in the whole implementation process by leaders and managers.

Building a shared meaning about the change that is being implemented.

Context

Giving adequate consideration to the specific nature and priorities of the local context when planning implementation and reducing any barriers that may impede effective implementation – taking note that local context is influenced by inner (organisational) and external (wider setting) environments and issues.

Strategies

There are many implementation strategies that can be used (see below: Implementation Strategies). There is no magic bullet – strategies need to be selected to suit the change you wish to make, the local context and the resources or capabilities you have.

Using multiple strategies for implementation is likely to be more effective (up to a point).

Adaptation

Adaptability of innovations to suit local contexts in ways that will support adoption without losing core components – including the way that innovations are 'packaged'.

Capacity

Organisational capacity to take on innovations (also called 'absorptive capacity') – this requires human and financial resources, along with facilitation. It includes organisational capacity to be innovative – using implementation as an opportunity to build the longer-term capacity of an organisation or community to create and implement innovations that suit local needs and context.

A sense of self-efficacy or empowerment amongst individuals and groups.

The implementation evidence-base and Aboriginal and Torres Strait Islander health care

- Credibility: The involvement of Aboriginal and Torres Strait Islander people in the development of an innovation, trust in the ethics and quality of work of the producer of the innovation, and the testing of innovations in local contexts will have a strong bearing on its credibility.
- The spread of ideas about new programs and practices in Aboriginal and Torres Strait Islander health care are highly likely to occur through personal relationships.
- Aboriginal and Torres Strait Islander health care almost inevitably occurs in cross-cultural settings, yet cross-cultural issues have received little attention in implementation science or in organisational development studies more generally. This cross-cultural dimension needs to be included when assessing the organisational context and wider environment for implementation in Aboriginal and Torres Strait Islander health.
- Evidence about implementation comes largely from highly developed countries, or, from developing countries. Aboriginal and Torres Strait Islander health care takes place in a

setting that has characteristics common to *both* developed and developing countries, so care needs to be taken in applying what has been learned directly from either field of study.

- Building the long-term capacity of organisations to support innovation is likely to be more attractive and more cost-effective than simply supporting the implementation of a particular innovation.
- Some innovations may diffuse inequitably, spreading unevenly across different settings, or bringing greater benefit to the already advantaged. Well -resourced, mature organisations and communities are able to draw greater value from an innovation than those with underdeveloped structures and few resources. We need strategies to ensure the fair and equitable implementation of innovations.
- Health services and systems are complex adaptive systems, with ongoing change and multiple components interacting. Most of what they do has at one stage been an innovation. The influences of change over time (sustainability, adaptability) and the aggregation of innovations in a workplace or setting are also important aspects of implementation that we need to understand better.

Implementation Strategies

John Øvretveit's list of evidence-based implementation strategies

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Strategies directed at the individual

1. Show the patient's experience

   The patient talks about their experience with the old way; another or same patient talks about their experience with the new way.

2. Show the money

   Financial incentives foor new behaviours extra income or loss of income, one-off payments for eg education or changes to computer systems.

3. Show the results (of the new way)

   Routine, timely feedback on compliance or performance in visual and comparative display. Presenting feedback in terms of time saved or the value of the results to the individual or patient (posted daily at main work place centre, eg 'days since last blood stream infection').

4. Training which involves practising new behaviour, with guidance-feedback (eg simulation)
5. Activating patients or carers to expect and ask for the new way of working:

   For example, in the patient's hospital admissions materials: 'Our staff wash hands before touching you: ask them if they have washed their hands or wear this badge'.

6. Summaries or visual 'job aids' at the point of care (simple 1 page)
7. Reminders
8. Peer-based enabling sessions (ideally led by respected leader)
9. Leader actions

   Motivational talks, individual coaching, modelling the new behaviours so all see or hear that they practice it (opinion leaders, clinical champions).

10. Facilitator/coach support

    Academic detailing visits or sessions (on-site, one on one or group discussion about an innovation's use in local setting), easy access to expert to ask questions (eg. quick telephone support).

11. Management actions:

    Supportive supervision; escalating levels of disciplinary action for non-compliance; creating supportive environments using the 'indirect strategies' listed below.

12. Education or training
13. Showing the evidence (of benefit)

    Show how the change has led to benefits elsewhere compared to how things are done now, through media likely to be read by the individual such as professional journal, newsletter, on-line or conventionally or through other media

Indirect strategies – changes to the environment

Strategies to create conditions supporting the new behaviours, and to remove barriers.

1. **Changing organisation** to enable or reinforce new behaviours
   - Changing work-flow or information-flow
   - Providing support staff to take over some tasks, so as to release time for others to learn or practice the new behaviours
2. **Changing systems** to enable or reinforce new behaviours
   - Changing IT to give reminders at point of care or easy access to information relevant to the new behaviour
   - Providing support expertise
3. **Changing physical environment** of practice to enable or reinforce new behaviours
   - Changing organisation or workflow, reducing noise and interruptions
4. **Higher level changes**
   - **Regulatory** (eg accreditation standards, licensing changes)
   - **Financial** (reimbursement or grants)
   - **Policies of professional or organisational associations** and 'good practices' documents including clinical guidelines

Making these strategies work

The **effectiveness** of each type of strategy depends on:

- the type of **change you are aiming for**: eg to enable people to implement a new effective diabetes management method, or a new computer decision support, or a falls prevention strategy in a nursing home, or a procedure to reduce post-surgical infections, etc) **('**fit' with local needs, context, relevance, complexity)
- how **completely or effectively the strategy is carried out** (eg delays in finance slowed the IT system changes needed for the implementation)
- whether the **change is adapted** as a part of implementation (some strategies are better for enabling a proven treatment or model to be copied exactly in routine work, others are better for enabling adaption of the treatment or model to patients, context and available resources, then checking if it is still effective).
- the **particular method used within each type of strategy**, within the categories listed (eg *education* can be done through active problem based adult learning, rather than by lecture; or *feedback* by showing performance every day visually on a graph, with comparative performance, rather than providing a printout of numbers every month).
- **features of the setting and environment**, including expectations, motivations and prior experience of the people, group or organisation 'taking up' the 'new way'.

Note: **Implementation approach** is more than just selecting a strategy. It combines **structure** (who is responsible for leading the change, who do they report to?), **systems** (methods for supporting the people changing and measuring what has changed), and the **strategy** actions taken in different stages (implementation process).

Measuring implementation

- What will you see if the process of implementation is a success, and how can you measure this? (**final outcome metrics**)
- What will you see at different times if the process of implementation is progressing successfully, and how can you measure progress and milestones? (**progress metrics**)

For more information, John Øvretveit's 'Implementation strategies and planning implementation for improving health' is available from Jenny Brands.