

Informing Implementation

A practical guide to implementing new practice
as informed by the experiences of the SCI KMN



SPINAL CORD INJURY
Knowledge Mobilization
Network

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ABOUT THE SCIKMN AND BEST PRACTICE IMPLEMENTATION

The SCI KMN, formed in January 2011, is a spinal cord injury (SCI) rehabilitation community of practice funded by, and in collaborative partnership with, the Rick Hansen Institute (RHI), the Ontario Neurotrauma Foundation (ONF) and the Alberta Paraplegic Foundation (APF). It is comprised of 6 rehabilitation hospitals across 3 provinces in Canada, with a mission to improve health outcomes for persons with SCI with demonstrated economic impact through implementation science leading to innovations in clinical practice.

The SCI KMN established a partnership with the National Implementation Research Network (NIRN), an implementation science group whose theoretical frameworks and practical tools were designed for Best Practice implementation (BPI). Using implementation science, the SCI KMN community of practice systematically implemented best practices in Pressure Ulcer assessment and management. The concept of adaptation and contextualization is imperative to the dynamic process of BPI. As such, the SCI KMN adapted the NIRN Active Implementation Frameworks and tools to meet the unique, evolving, and immediate needs of the network towards implementing best practices into active service in SCI healthcare, nationally. In addition to these strategies, extensive collaboration, dissemination and a common data collection platform were created to support the necessary infrastructure for BPI sustainability and scalability.

If you would like further information about SCI KMN, its vision, mission, and members please go to www.scikmn.com. If you are seeking implementation support please email info@scikmn.com for further information.

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INTRODUCTION

Using the SCI KMN Implementation Guide

The aim of this guide is to provide a practical, evidence-informed, comprehensive resource to support the effective implementation of best practices in health care settings.

The guide describes processes that help achieve sustainable implementation of best practices. It is designed to be used by those responsible for planning and supporting implementation. The guide is best used with the support of someone with expertise in applying implementation science.

This guide leads you through the five stages of the SCI KMN Implementation Process. For each stage we offer a selection of activities and tools that you may use to promote effective implementation. Following a systematic and rigorous process allows you to make the process more effective and optimize outcomes.

Introduction to Implementation Science

Implementation Science (IS) emerged in the late 1970's when the quality of the implementation process was identified as a requirement to achieve intended outcomes and innovation (i.e. new knowledge uptake). Dissemination of evidence-based practices through single efforts such as training alone, changing standards and guidelines, dissemination of information, or only additional funding contributed to poor uptake and sustainability. IS systematically addresses the gap that exists between evidence and practice and goes beyond traditional dissemination activities.

What is Implementation Science?

Implementation Science (IS) is the scientific study of variables and conditions that impact the effectiveness and sustainability of evidence-based programs and practices (Fixsen et al., 2010). It is important to look at these variables and conditions at the practice, organization and systems levels. This integrated, fulsome and comprehensive approach facilitates greater likelihood of sustainability of efforts.

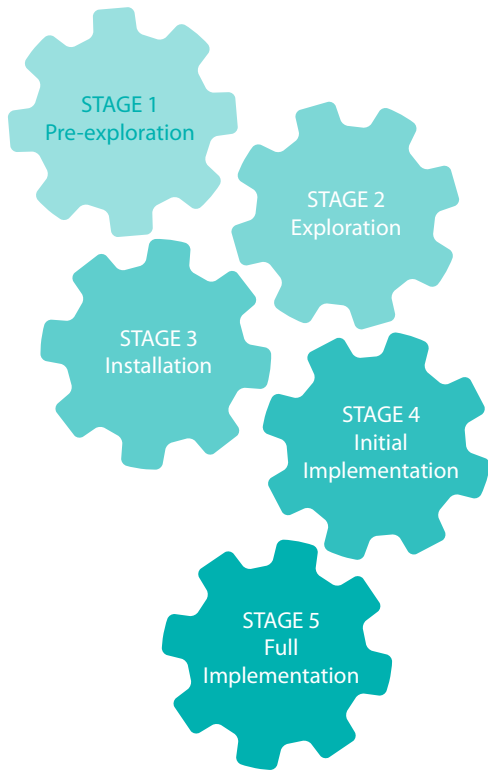
Working in partnership with the National Implementation Research Network (NIRN), SCI KMN chose to be guided by the NIRN evidence-informed IS active frameworks. These frameworks systematically address barriers and facilitators (e.g. implementation drivers) required for evidence-based practice adoption. NIRN defines Implementation as, "A specified set of purposeful activities at the practice, program, and system level designed to put into place a program or intervention of known dimensions with fidelity" (Fixsen et al., 2005).

The SCI KMN applied the following NIRN active frameworks to guide successful implementation:

1. **Implementation Teams** – are a core group of selected individuals accountable to promote effective, efficient and sustainable implementation of the selected practice.
2. **Stages of Implementation** – provide a systematic way to help guide teams vvtthrough implementing best practices. Each stage has associated activities that must be considered and/or completed within each context or setting.
3. **Implementation Drivers** – are processes that can be leveraged to improve competence and to create a more hospitable organizational and systems environment for evidence-based programs or practices or other innovations (Fixsen et al., 2005). They include Competency Drivers, Organizational Drivers and Leadership drivers.
4. **Improvement Cycles** – use the information from data collected through the implementation process to improve the systems that were put into place. This will ultimately help improve practice outcomes.



Overview of SCI KMN Implementation Process



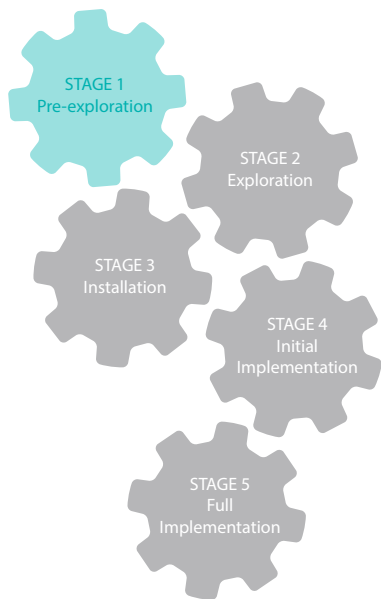
The SCI KMN Implementation Process guides teams, organizations and communities of practice to move through five stages:

1. Pre-exploration
2. Exploration
3. Installation
4. Initial Implementation
5. Full Implementation.

These stages are based on the Active Implementation Frameworks – Stages of Implementation NIRN, 2010.

As you read the guide, you will notice that each stage contains a set of important activities that you and your colleagues may consider using. For each activity, there is a description that includes the **purpose** of the activity, **what** the activity includes, **who** might undertake the activity, **how** the activity might be approached, as well as supporting **tools** and **resources**. These descriptions are not intended to be step-by-step instructions but rather to guide you through activities known to promote effective implementation.

As you move through the stages of implementation it is helpful to reflect on your progress within each stage. The Stages of Implementation Checklist (Appendix A – page 47) is a tool that you can use in your reflections. Since practice implementation is an iterative process that is adjusted to meet current needs and contexts, activities may take place in several stages at the same time and in some cases you may need to return to some activities and redo them.



STAGE 1: PRE-EXPLORATION

The pre-exploration stage is mostly directed at leadership parties. If you have already developed the project’s scope, engaged stakeholders/partners, and identified functions and an initial organization structure you may want to begin at Exploration.

Pre-exploration is the stage through which partners are engaged, scope of project is clarified and roles and commitments are developed. Many of the activities in this stage may be most relevant for large scale, multi site projects.

- OBJECTIVES**
- ✓ Develop the project’s scope
 - ✓ Engage key stakeholders
 - ✓ Engage active partners
 - ✓ Identify functions and initial organizational structure

KEY ACTIVITIES TO ACHIEVE THESE OBJECTIVES

Objective 1: Develop the Project’s Scope

Determining the scope of the project and developing a written project description will clarify the project and result in a resource that provides consistent information to Stakeholders and potential partners.

Identify the implementation project

PURPOSE: Clarify the intent of the implementation project and gain support for proceeding with it.

WHAT: Develop a written document (“Project Scope”) that briefly outlines the need (a gap in service or adoption of an innovation) for the project; and in broad terms the intent (purpose or goal).

WHO: Initiating individual, team or organizational leaders

HOW: Leaders from the initiating organization endorse and approve the project based on the “Project Scope”.



Write implementation project description

PURPOSE: Provide a description to inform and engage potential stakeholders.

WHAT: An Implementation Project Description document, written in plain language so that it is accessible to a broad audience of stakeholders. It should include:

- Descriptive title
- Project Purpose
- Desired Outcomes
- Key roles
- Funding
- Timeframe

WHO: Initiating individual, team or organizational leaders, potential stakeholders

HOW: Develop the Project Description through ongoing consultation with leaders from the initiating organization.

This document may be revised and expanded into a project charter as partners are engaged and Partnership Agreements developed.

Objective 2: Engage Key Stakeholders

The success of the project will be dependent on many Stakeholders. It is important to identify and build relationships with all potential key stakeholders.

Identify and engage key stakeholders

PURPOSE: Identify and engage key stakeholders for the proposed implementation project.

WHAT: Develop a list of all key stakeholders for the implementation project - those who will influence or be impacted by the changes generated. They should include stakeholders from the internal and external context (e.g. policy makers, funders, service providers, service users, and organization leadership).

WHO: Initiating individual, team or organizational leaders

HOW: Assess which stakeholders will have an influence or be influenced by the project. Reach out and build connections through personal contact, meetings, and presentations. Be informed by already existing project documents.

When engaging stakeholders with whom a pre-existing relationship is not in place, it is best to connect through the equivalent position or perspective e.g. director to director or consumer to consumer.



EXAMPLE

Stakeholder Analysis & Engagement

As sponsors, we believed balanced stakeholder representation was a critical principle for initial site selection, and long-term success. The key was to facilitate engagement that would continue to evolve throughout the implementation process. There are many suitable strategies for stakeholder analysis – we used a model proposed by Mitchell and colleagues (Mitchell, Agle, & Wood, 1997) that involved assessing prospective participants in the categories of power, urgency, and influence. We also used this model more explicitly in later stages of the implementation process (e.g. the Exploration Stage). It supported consensus building activities that employed Delphi methodologies to determine specific practice targets for implementation.

Sponsors: ONF & RHI

Key Lesson

Utilize consensus seeking methods that facilitate engagement to reach agreement on the project purpose, scope and role of each active partner. The results of this process should be clearly articulated in the Project Scope, Project Description, and Partnership Agreement.



Objective 3: Engage Active Partners

Active partners are directly responsible for planning and operationalizing the implementation project. In many cases, active partners are usually a subset of key stakeholders. When identifying the active partners it is important to determine whether the context in which they operate has the potential to be an enabling environment for effective implementation.

Identify active partners

PURPOSE: Identify potential active partners (individuals and/or organizations) who will be directly involved in the project.

WHAT: Create a list of potential active partners.

WHO: Initiating Project Leaders

HOW: Review the list of key stakeholders (developed above) that are mandated or involved in activities aligned with the project purpose.



Assess the feasibility of each partner participating in the project

PURPOSE: Identify which of the potential active partners are a good match for participating in the project.

Design a transparent selection process to assess implementation enablers.

WHAT: Use a decision making tool, such as a matrix that includes key selection criteria, to assess each of the potential active partners.

Values, experience, openness to innovation and other elements may be included in the assessment criteria.

WHO: A “Selection Committee” that involves key stakeholders or representation of specific sectors or expertise may be valuable.

HOW: There are a number of ways to assess feasibility. It is helpful to have a process or tool that promotes and reflects a transparent process. Develop key selection criteria to guide the process.

Engage partners and finalize commitment

PURPOSE: Secure commitments to participate in the project.

WHAT: Familiarise leaders from the partner organizations with the Project Description and the potential impact of participating in the project (e.g. resource requirements and personnel participation).

WHO: Decision-making members of all active partnership organizations.

HOW: Face-to-face discussions between all active partners.

Partnership Agreement (e.g. Memorandum of Understanding, Terms of Reference, etc.) that clarifies the commitments of partner organizations.

Finalize project plan with active partners

PURPOSE: Establish a clear Project Plan agreed upon amongst the active partners

WHAT: Discuss and articulate a clear understanding of the project and the terms of participation for each active partner. Include the following in The Project Plan:

- Outcomes agreed upon by all partners
- A description of time commitments
- A preliminary project implementation team structure that supports planning, decision-making, management and operationalization of the project
- Financial agreements and processes.

WHO: Decision-making members of all active partnership organizations.

HOW: Face-to-face discussions between all active partners.

Objective 4: Identify Functions and Initial Organizational Structure

To successfully move forward with a multi-partner project there will be key functions that must be addressed. It is useful to identify how the key functions will be realized and governed in an organizational structure.

Identify key functions

PURPOSE: Ensure management is in place to support the project

WHAT: Identify key functions and how they will be addressed. Some key functions may include:

- Governance and leadership
- Financial reporting and monitoring
- Administrative support

WHO: Decision-making members of all active partnership organizations.

HOW: Face-to-face discussions between all active partners.

Develop the initial organizational structure

PURPOSE: Ensure consistent and streamlined decision making

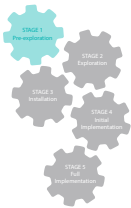
Ensure representation of all active partners.

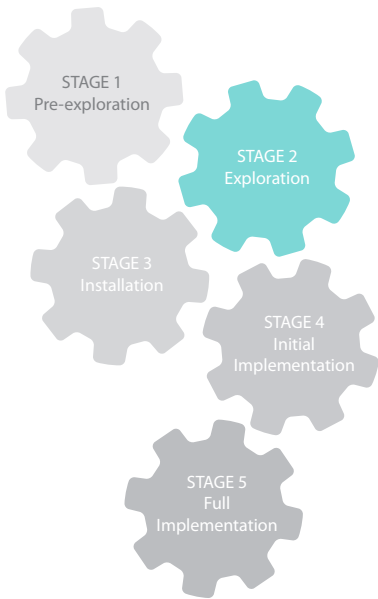
WHAT: Develop the initial organizational structure around the key function previously identified

WHO: Decision-making members of all active partnership organizations.

HOW: Discuss and develop an agreed upon initial organizational structure and develop initial role and responsibility descriptions.

It should be noted that this will likely change as the project proceeds and it is helpful to identify a review process for the organizational structure.





STAGE 2: EXPLORATION

In the Exploration Stage the team decides **what** will be implemented by **whom**. You will also assess the implementation environment by examining previous implementation initiatives.

- OBJECTIVES**
- ✓ Assess the implementation environment
 - ✓ Develop the structures and teams to support implementation.
 - ✓ Selecting practice(s) for implementation
 - ✓ Define the practice(s)
 - ✓ Identify the expertise and resources required to support implementation.

KEY ACTIVITIES TO ACHIEVE THESE OBJECTIVES

Objective 1: Assess the Implementation Environment

All organizations have experience exploring innovations and implementing change. There are known factors that contribute to a hospitable implementing environment. It is useful to assess previous implementation experience to identify strengths and vulnerabilities.

Assess the implementation environment

PURPOSE: Identify strengths and challenges demonstrated by previous implementation experiences so these can inform the implementation process being embarked upon.

WHAT: Report summarizing implementation experience

WHO: Experienced implementers at the implementing organizations. The organizations determine who they would like to be involved, however it is useful to include participants from all the perspectives: management, practitioners, and support services.

HOW: Structured, facilitated interviews and written report using the Implementation Mapping Tool (Appendix B – page 56)



EXAMPLE

Assessing Implementation Strengths & Weaknesses

To assess the strengths and weaknesses demonstrated by previous implementations many stakeholders were involved in sharing their opinions about successful implementations, as well as initiatives that have not been sustained. Stakeholders discussed local strengths that support practice implementation and challenges that interfered with or reduced sustainability. Key lessons learned were to integrate new practices into existing ones and, when possible, replace existing processes rather than adding more. Staff buy-in, ongoing coaching, close monitoring of outcomes, and strong leadership support including allocation of required resources characterized prior successful implementation efforts. The insight gained from the implementation mapping process was invaluable, and the successful strategies were incorporated into the implementation plans at our site.

Site: Lyndhurst Centre, Toronto Rehabilitation Institute, UHN

Key Lesson

Understanding how practices were implemented in the past provides valuable information when planning a new implementation process.



Objective 2: Develop the Structures and Teams to Support Implementation

Implementation Science shows that:

- a clearly developed implementation support structure is an essential factor for effective implementation
- Implementation Teams, with clear roles and responsibilities, should be in place and should be linked with each other. Implementation Teams can take many forms. Typically there are three levels of Implementation Teams: Overall Project Leadership Team, Site/Organization Leadership Team, and Implementation Team. The Leadership Teams are focused on providing leadership and facilitating the required processes at the system level. The Implementation Team is the team responsible for planning and operationalizing at a practice level.
- It is useful to explore what existing teams or committees are in place to assess whether they can be re-purposed or whether implementation responsibilities can be added to existing Terms of Reference. This approach will address duplications and may overcome barriers related to the time and resources required to develop a new implementation team.



Form implementation teams

PURPOSE: Create the decision-making and support structure to ensure effective implementation.

WHAT: Leadership and Implementation Teams
Terms of Reference for each team

WHO: Those with the authority to do so, facilitate the development of the teams e.g., leadership.

HOW: Select members that:

- represent different system levels (e.g. a front line clinician, Director, etc.)
- have a good understanding of the current system
- have dedicated time to support implementation efforts
- be ready and willing to do the work

The Terms of Reference (see Appendix C for examples – page 66) should include:

- purpose, membership, and responsibilities.
- source, nature, and frequency of any communications.



EXAMPLE

Building a Successful Site Implementation Team

The team - comprised of leaders, early practice adopters (clinicians), and implementation science support personnel - efficiently addressed organizational, competency and leadership drivers. Leaders include a senior administrator (site director), as well as clinical/administrative leads such as the nursing manager for SCI, the team lead, and the physician lead. This strong leadership representation on the Site Implementation Team meant that many issues were quickly resolved. Early practice adopters representing key front line staff disciplines (e.g. nursing, OT, PT and Psychology) played key roles. Team members' expertise in implementation science evolved and several team members participated on other site implementation teams. Regular meetings, always held at the same time and location meant that it was easy to remember when and where to be!

Site: Glenrose Rehabilitation Hospital

Key Lesson

Careful consideration and selection of the implementation team(s) facilitates progress and practice adherence.

Develop communication links between the implementation team(s)

PURPOSE: Support effective and timely communication between teams.

WHAT: Communication processes are explicitly articulated.

WHO: Implementation team(s)

HOW: Identify and adapt existing communication channels and processes within the system.

Objective 3: Selecting Practice(s) for Implementation

The decision making process includes facilitating a common understanding and achieving consensus about WHAT will be implemented among active partners.

Identify needs and gaps

PURPOSE: Establish understanding and agreement on the needs and gaps that are to be addressed by the new practice(s).

WHAT: A description of needs and gaps

WHO: Key Stakeholders and active partners

HOW: Analyze data reflective of current state

Gather information through focus groups, discussions, and questionnaires

Gather evidence

PURPOSE: Identify evidence-based practices with the potential to address needs and gaps and have the potential to improve outcomes.

WHAT: A list of potential practices.

WHO: All participating active partners

HOW: (Select the one(s) that you believe are the best fit)

- Scientific and grey literature search
- Expert Panel Recommendations
- Consulting with experts and other organizations





Identify criteria for practice selection

PURPOSE: To determine criteria for selecting practice(s)

WHAT: A list of criteria that will be applied to the evidence (e.g. acceptable level of evidence, information from replications, costs, implementation support available, training, resources, values/principles)

WHO: All participating active partners

HOW: Examine literature to identify existing tools/criteria (e.g. the Hexagon tool - Appendix D – page 72)

Select practice(s) for implementation

PURPOSE: Choose which of the recommended practices will be implemented

WHAT: One or more practice(s) that will be implemented

WHO: All participating active partners

HOW: Apply the criteria identified above within a participatory process that leads to consensus. The consensus process may involve multiple rounds to narrow down the practice selection.



EXAMPLE

Consensus Seeking Process

Reaching consensus on best practices that six sites in three provinces would adopt was foundational to the SCI KMN project. A central Executive Team managed the agreed upon Delphi Process (Murphy et al., 1998). All Sites developed a team of at least six members who participated in a four-stage Delphi Process. The process included three rounds of decision-making and consensus building to narrow the range of practices to three core practices; and in round four, participants identified key indicators to measure effective adoption of the practices.

Example from Central SCI KMN

Key Lesson

Having a thorough, representative, legitimate, and fair consensus seeking process for selecting practice(s) for implementation facilitates engagement of key stakeholders and future success of the implementation.

Objective 4: Define the Practice(s)

It is necessary to break down the practice into core components relevant to your context. These include the actions that need to be taken, the manner in which they need to be taken and by whom. It is essential to measure both the effectiveness of the implementation process and the outcome. Establishing feasible and acceptable performance standards enables consistent achievement of desired outcomes and informs monitoring and on-going evaluation. Although the detailed evaluation plan will be finalized later it is helpful to have initial agreement on the nature of the evaluation approach at this point. It is beneficial to align this approach with the existing organizational capacity and systems.

Identify core components of chosen practice

PURPOSE: Identify and reach agreement on the core components of the practice that will be implemented.

WHAT: A list of core components of the practice which may include the context, required actions, and how the actions are taken, by whom and when

WHO: Implementation Team

HOW: Use a representative consensus seeking process to analyze the practice.

Complete the Practice Profile Core Components Activity (Appendix E – page 79)



EXAMPLE

Identifying Core Components

This team agreed to continue using the Braden tool for pressure ulcer risk assessment. Upon analysis of the existing practice it became apparent that this measure was not conducted in a standardized manner. In addition, it was not clear that this needed to be supplemented with information about other risk factors. The SIT broke down the pressure ulcer risk assessment practice into several core components one of which was the Braden tool. This enabled the SIT to more easily establish timelines, responsibilities and training for completing each core component of the pressure ulcer risk assessment practice so that it would be completed in a standardized manner.

Site: CIUSSS de la Capitale-Nationale - Institut de réadaptation en déficience physique de Québec

Key Lesson

Breaking down the practice into specific core components ensures consistency, clarity and enables the development of a better sense of who will do what and when.



Determine acceptable performance standards for core components

- PURPOSE:** Reach agreement on the standards considered feasible and acceptable for effective practice implementation and outcome achievement.
- WHAT:** Ideal, acceptable and unacceptable standards of performance for each core component.
- WHO:** Implementation Team
- HOW:** Use a representative consensus seeking process to complete the Practice Profile Core Components Activity (Appendix E – page 79)

Obtain endorsement from the Leadership Team(s)

Identify practitioner implementers (people carrying out the practice) and their required knowledge and skills

- PURPOSE:** Identify who the implementers will be

Define the required knowledge, skills and abilities of the implementing practitioners
- WHAT:** Align practitioners with the practice and process requirements.
- WHO:** Implementation Team
- HOW:** When identifying the core components of the practice, it will become evident which practitioner role is responsible for each activity and what knowledge and skills are required. All identified implementers should be actively engaged in the planning process.

Use a representative consensus seeking process to complete the Practice Profile Core Components Activity (Appendix E – page 79)

Develop process indicators

- PURPOSE:** Establish indicators that will enable you to monitor and inform the performance of each core component (e.g. practice fidelity)
- WHAT:** Indicator(s) for each of the identified core components (e.g. % of times the practice was delivered)
- WHO:** Implementation Team
- HOW:** Use a representative consensus seeking process to complete the Practice Profile Core Components Activity (Appendix E – page 79)

Seek input from Quality Assurance and Monitoring and Evaluation experts

Develop outcome indicators

PURPOSE: Establish indicators that will enable you to monitor the effect of the practice

WHAT: Indicator(s) for each relevant core component (e.g. Is the patient satisfied with the practice delivered?)

WHO: Implementation Team

HOW: Use a representative consensus seeking process to complete the Practice Profile Core Components Activity (Appendix E – page 79)

Seek input from Quality Assurance and Monitoring and Evaluation experts

Determine the desired evaluation approach

PURPOSE: Obtain initial agreement on the nature of the evaluation approach.

WHAT: An initial evaluation approach that enables monitoring of the processes and outcomes

WHO: Implementation Team

HOW: Use a representative consensus seeking process to complete the Practice Profile Core Components Activity (Appendix E – page 79)

Align the evaluation approach with existing evaluation systems and standards found in the organization

Seek input from Quality Assurance and Monitoring and Evaluation experts





Objective 5: Identify the Expertise and Resources Required to Support Implementation

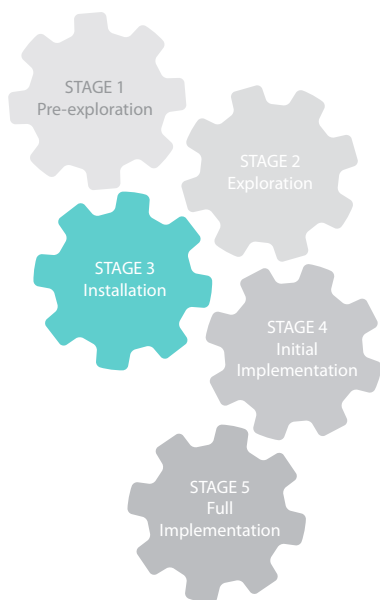
The implementation team(s) should consider what additional expertise and resources they may require and involve these as needed (e.g. development of data collection processes may require input from Information Technology resource, Leadership Team(s) may benefit from membership in a Community of Practice, etc.).

Explore what resources are available

- PURPOSE:** Develop a broad set of resources available to contribute and inform the implementation process.
 - WHAT:** A list of potential resources that might be utilized.
 - WHO:** Implementation and Leadership Team(s)
 - HOW:** Discussion at various levels that considers both internal expertise and external practice networks and/or communities of practice
- Required expertise and resources may be identified by examining the completed Practice Profile Core Components Activity

Engage experts and resources

- PURPOSE:** Facilitate timely access to required expertise and resources through the implementation planning process.
 - WHAT:** Commitment from identified experts and resources to assist with implementation efforts.
 - WHO:** Implementation Team(s)
 - HOW:** Communicate and obtain commitment from those identified.
- Provide information about the upcoming implementation and when their expertise will be required.



STAGE 3: INSTALLATION

In this stage the implementation team develops an informed (and contextualized) implementation plan. The main activities in this stage focus on planning **how** to do the practice rather than **doing** the practice. This stage contains some typical key activities that any organization would need to consider for successful implementation. There may be some additional activities unique to your local context that will need to be addressed. These activities will become apparent as you are completing a self-assessment of the implementation drivers.

- OBJECTIVES
- ✓ Determine the implementation action plan to address changes needed to the key organizational functions
 - ✓ Establish communication mechanisms
 - ✓ Prepare implementers for initial implementation
 - ✓ Plan to evaluate

KEY ACTIVITIES TO ACHIEVE THESE OBJECTIVES

Objective 1: Determine the Implementation Action Plan to Address Changes to the Key Organizational Functions

To effectively support the implementation process and the implementers, key organizational functions must align with the practice requirements and performance levels. Through conducting a self-assessment, the implementation team members develop a common understanding of what is already in place and what requires further action. By considering feasibility and priorities the implementation team will develop and enact an implementation action plan to support the necessary changes required for initial implementation.



Assess key organizational functions

- PURPOSE:** Determine the current level of alignment between the practice requirements and the organizational functions.
- WHAT:** Conduct a detailed self-assessment to identify strengths and gaps related to the key organizational functions such as staff competence, organizational supports and leadership.
- WHO:** Implementation Team
- HOW:** Review, discuss and complete the Implementation Drivers Analysis (Appendix F – page 82)

Develop and enact an implementation action plan

- PURPOSE:** To create an action for the key activities and changes identified through the Implementation Drivers Assessment process.
To enable changes required to support initial implementation
- WHAT:** Based on the outcomes of the Implementation Drivers Assessment, identify and prioritize functions and actions on which to focus
- WHO:** Implementation Team
- HOW:** Use the Implementation Action Plan Tool (Appendix G – page 92) to list priority functions and actions, to determine timelines and who is responsible to address these
Put in place the changes outlined in the action plan



EXAMPLE

Developing an Action Plan

Our Implementation Team took considerable time to complete a self-assessment of each of the key implementation drivers. This was a fairly challenging, yet an essential exercise. Following our reflection on which practices were in our “control” and were most important, we developed an implementation action plan based on four priority drivers: staff training, coaching/mentoring, data management and performance assessment. This action plan had a set of very specific activities we needed to do which resulted in a feasible starting point for our road map for sustainable practice change.

Site: Parkwood Institute - St. Joseph's Health Care London

Key Lesson

The Implementation Driver Analysis is key to identify the system gaps and inform the development of an implementation action plan to address those gaps. Once the plan and upcoming changes are identified it is important to engage those who will be implementing the practice and process changes.



EXAMPLE

Addressing Key Implementation Drivers

We introduced a new Pressure Ulcer Risk Assessment, the SCI Pressure Ulcer Scale (SCIPUS), which required significant system intervention before implementation. The changes made included: the SCIPUS was added to the Pressure Ulcer Prevention policy, the form was approved by Health Records, and admission blood work orders were standardized on all units. In addition, communication systems between nursing shifts needed to be in place to ensure the SCIPUS was completed. The SCIPUS was included in team rounds and the electronic communication boards at the nursing station. These tools communicated the pressure ulcer risk to the team and provided a regular check that the form was completed. Identifying key system and process action items allowed a smoother initial implementation, improved buy-in from staff and fidelity of the practice.

Site: Lyndhurst Centre, Toronto Rehabilitation Institute, UHN

Key Lesson

The Implementation Driver Analysis is key to identify the system gaps and inform the development of an implementation action plan to address those gaps. Once the plan and upcoming changes are identified it is important to engage those who will be implementing the practice and process changes.



Objective 2: Establish Communication Mechanisms

Effective and timely communication is essential for the success of the implementation. The purpose of a communication plan is to convey key messages to all involved in the implementation process. It is important to develop a two-way communication mechanism that gathers and uses information from all relevant stakeholders to influence the implementation plan.

Identify everyone who will be involved in the implementation

PURPOSE: To establish proper communication links with any relevant stakeholders depending on their level of involvement.

WHAT: Identify the primary implementers (those who will deliver the full practice), disciplines or roles who will deliver part of the practice, leaders of those who are involved, and other key stakeholders (directly or indirectly involved e.g. Leadership, Information Technology Services, Human Resources, etc.).

WHO: Implementation Team

HOW: Discuss and record what each stakeholder needs to know, how they will receive information and how often.



Develop a multi-faceted communication plan

- PURPOSE:** To ensure all key stakeholders at multiple system levels are informed of the implementation process and implications for their roles.
- WHAT:** A communication plan is developed that outlines key stakeholders, frequency of communication, person responsible for communication, method of communication, level of information required and purpose of communication.
- WHO:** Implementation team
- HOW:** Create or tailor an existing communication plan template. Assign one team member to update the communication plan document throughout the implementation process.

Enable feedback loops to get input from all implementers

- PURPOSE:** To gather information for improvements and decision making throughout the implementation process and to facilitate buy-in.
- WHAT:** A feedback loop is a two-way communication system between the implementation team and the implementers.
- WHO:** The Implementation Team and the implementers
- HOW:** Determine the best processes and methods to enable two-way communication



EXAMPLE

Effective Two-Way Communication

Throughout the project, we used a variety of approaches to communicate and elicit feedback from staff, such as newsletters, online/paper surveys, informal one-to-one conversations with staff and group discussions in program meetings. Using multiple approaches helped to draw out rich feedback from as many staff as possible. This also laid the foundation for our feedback loops (effective consistent two-way communication between the implementation team and front-line staff), and informed ongoing improvements to the practices and processes. The following example demonstrates how we used some of our online surveys. Prior to implementing the “Under Pressure” training workshop, we asked front-line staff to complete an online survey to assess their perceived level of knowledge and skills with the required practices. This helped the workshop educator tailor the education and emphasize components of the practices that staff had indicated they had little to no knowledge or skills. Several months after staff completed the workshop, we administered a second feedback survey to elicit feedback about the workshop and also to assess for any changes to their perceived level of knowledge and skills. This provided us with the information to continually update and improve the workshop.

Site: Foothills Medical Centre

Key Lesson

Communication is not just informing but also gathering and using information.

Inform implementers of the upcoming implementation

- PURPOSE:** Engage primary implementers and help them stay informed of the who, what, when, where, why and how of the implementation process. This in turn can help build implementer buy-in.
- WHAT:** An implementation message that describes the implementation plan and how everyone will be engaged.
- WHO:** Implementation Team
- HOW:** Create and distribute the message. Determine the most effect method of communication that will reach all identified implementers and assign appropriate member(s) of the implementation team to deliver the message.



EXAMPLE

Launching the Practice

Our Implementation Team organized an implementation “launch party” for the spinal cord injury interdisciplinary team. The “launch party” was located near the unit, was set up for 24 hours to capture all nursing shifts, and offered light snacks and coffee. In addition, we set up interactive educational displays that represented each best practice change being implemented. For example, practitioners could complete a quiz and then enter their answers in a draw for a prize. The purpose of the “launch party” was to inform the primary implementers about the practice changes, allow first implementers the opportunity to ask questions and interact with management and the implementation team, emphasize the importance of communication, and have some fun learning about the practice changes.

Site: Glenrose Rehabilitation Hospital

Key Lesson

To help gain buy-in from implementers, it’s important to inform and engage them in unique ways that differ from usual communication approaches.



Facilitate ongoing engagement of implementers

- PURPOSE:** Facilitate ongoing participation (or engagement) of those responsible for implementing change throughout the process.
- WHAT:** Support implementers to make agreed upon changes
- WHO:** Implementation Team
- HOW:** Using the mechanisms established in the communication plan and the feedback loops.



Objective 3: Prepare Implementers for Initial Implementation

Training and mentorship are key priority functions to prepare implementers to carry out the practice. Developing a clear, comprehensive training and coaching plan is foundational to setting expectations about the knowledge, skills and abilities. Once trained, implementers require ongoing support in the application of these skills.

Develop a training plan and train implementers

- PURPOSE:** Provide implementers with learning opportunities to develop the knowledge, skills and abilities required to deliver the practice the way it was intended.
- WHAT:** A training plan that consists of: the content, who will deliver the training, how often will the training be provided, the resources needed to deliver the training, and fidelity measures.

Training sessions where implementers will learn their role, how that will fit in with their job expectations and other obligations, expected initial implementation timelines, and the process for rolling out the practice.
- WHO:** Implementation Team and content experts
- HOW:** Use the Training Driver in the Implementation Drivers Assessment (Appendix F – page 85) to identify activities to prepare and conduct the training.

Use the Knowledge, Skills and Abilities from the completed Practice Profile Core Components Activity to help inform the training content.

Develop a coaching/mentoring plan

- PURPOSE:** Provide implementers with ongoing support to master the practice as intended.
- WHAT:** A mutually agreed upon coaching/mentoring plan with clear learning goals and a set of strategies to achieve these goals.
- WHO:** Implementation Team, coaches and implementers
- HOW:** (1) Identify coaches e.g., practice experts (2) develop learning goals (3) identify coaching strategies e.g., observation and (4) develop a feedback mechanism based on multiple sources of information

See Appendix H (page 96) for a Coaching Plan Template and examples



EXAMPLE

Coaches Supporting Implementers

Each unit at this site has clinical nurse educators (CNE) who support unit staff with ongoing knowledge, skill and process development. They are often considered to be expert coaches amongst their peers and as such, it was essential they be included on the Site Implementation Team (SIT). This not only provided a key linkage between the SIT and front-line staff, it empowered the CNEs to be directly involved in developing and executing the change plans and strategies required to implement new best practices. Engagement strategies included a 4-hour workshop that was offered to introduce the best practices to staff prior to initial implementation and “booster training” sessions to support in-the-moment coaching opportunities.

Site: Foothills Medical Centre

Key Lesson

A coaching and mentoring plan should identify key individuals and multiple strategies that can be utilized to provide ongoing support for implementers.

Objective 4: Plan to Evaluate

The purpose of evaluation is to ensure the practice is being carried out with fidelity. The evaluation and monitoring process must be agreed upon and developed prior to initial implementation to ensure data sets, data collection and storage processes, responsibility and capacity and feedback loops are in place. It is important to monitor process to assess whether the adopted changes support the practice effectively.



Refine the evaluation plan

PURPOSE: Ensure mechanisms for monitoring outcomes are clear and align with what you need to measure i.e., process and outcome indicators determined in the exploration stage.

WHAT: An evaluation plan captures the outcomes, database creation and storage, data collection process, responsibilities, and feedback mechanisms.

WHO: The Implementation Team with support from evaluators and decision support within the implementing organizations.

HOW: Review the Expected Outcomes from the completed Practice Profile Core Components Activity and align with the data collection, responsibilities and feedback mechanisms.

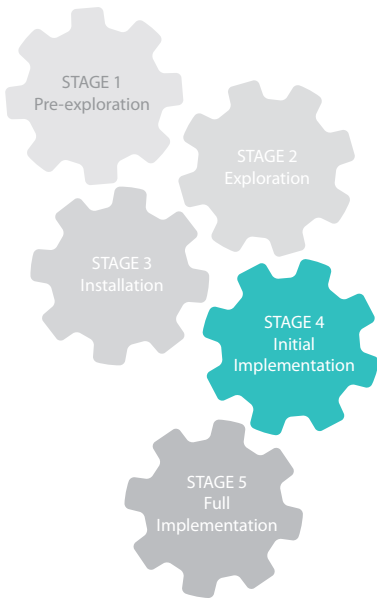
Share the evaluation plan with implementers

PURPOSE: Inform implementers of the desired outcomes and monitoring strategies

WHAT: Communicate the evaluation plan to the implementers

WHO: Implementation team

HOW: Utilize communication mechanisms/ methods established in the communication plan.



STAGE 4: INITIAL IMPLEMENTATION

In this stage the implementers deliver the practice as planned. The implementation team will monitor and evaluate all aspects of the practice and processes to determine if the practice is successfully delivered. The implementation team will use Plan-Do-Study-Act (PDSA) cycles to refine the implementation plan and processes.

- OBJECTIVES
- ✓ Deliver the practice
 - ✓ Assess the effectiveness of processes and delivery of the practice
 - ✓ Revise processes based on new information gathered

KEY ACTIVITIES TO ACHIEVE THESE OBJECTIVES

Objective 1: Deliver the Practice

When the primary implementers initially deliver the practice, the experience is closely monitored and assessed and feedback is gathered. This information will identify the successes and strengths of the implementation process, as well as areas for improvement.

Determine the timeframe to assess the initial practice delivery

PURPOSE: Identify the timeframe that enables data-informed decisions and process improvements in a timely fashion.

WHAT: Define the time period for data collection. Allow enough time to gather sufficient information for decision making.

WHO: Implementation Team

HOW: Discussion with Team using existing program time frames or general guidelines (e.g., monthly)

Deliver the practice

PURPOSE: Determine if the processes and systems put into place effectively support the delivery of the practice as intended.

WHAT: Deliver the practice for the first time using the processes decided upon.

WHO: Primary implementers

HOW: Apply the knowledge and skills necessary to deliver the practice.



EXAMPLE

Collecting & Analysing Data

Collecting and analysing process and outcome data specific to the site was instrumental in refining the practice changes. The team selected the most appropriate indicators (e.g. reflecting the local context) of success for each process (quantitative and qualitative). We selected a database system that allowed for efficient data entry. We entered data regularly so that it could be analysed and reported at specified intervals (e.g., monthly/quarterly). We fostered accurate data entry by providing training and support; and by performing routine audits to identify and correct errors. The implementation team consistently reviewed the data and reports to flag areas that required attention.

Site: Foothills Medical Centre

Key Lesson

This is a learning stage where teams are using new processes for the first time. Do not rush this stage. Allow time to identify what is working well and what needs to be improved.



EXAMPLE

Early Monitoring & Feedback for Implementers

This example reinforces the importance of early monitoring and feedback to support practice implementation. For the newly implemented SCIPUS tool, completion rates were reported at weekly rounds, to ensure on-going monitoring. Audits were done following implementation (at 1, 3 and 7 months); and results on successes, errors and omissions were fed back to nurses collectively and individually. There was a good response from nurses and individual feedback was greatly appreciated. Monitoring also identified challenges and barriers early, allowing the team to adapt processes and respond to concerns, increasing staff engagement. Comprehensive coaching, early monitoring and feedback were important to integrate the tool into nursing practice.

Site: Lyndhurst Centre, Toronto Rehabilitation Institute, UHN

Key Lesson

This is a learning stage where teams are using new processes for the first time. Do not rush this stage. Allow time to identify what is working well and what needs to be improved.



Objective 2: Assess the Effectiveness of Processes and Delivery of the Practice

Monitoring the practice informs decision making by allowing the team to assess if the planned processes are working well, if the practice is being delivered the way it was intended, and if outcomes are being achieved. This ongoing activity promotes continuous improvement.

Put feedback loops in place

PURPOSE: Enable the right information to get to the right people at the right time to inform decision-making.

WHAT: Functioning feedback loop(s) to facilitate communication flow between the implementation team and the implementers.

WHO: Implementation Team

HOW: Apply the feedback loop mechanisms previously agreed to when the communication plan was developed.



EXAMPLE

Evolving Communication Strategies

During the initial implementation stage, this site used their communication plan as a key tool to reinforce the adoption of the practice. Focusing on the communication started on day one of practice implementation and continued throughout the initial implementation stage. At first the plan focused on communicating through existing program meetings, program days, etc. but as initial implementation approached it became apparent that additional methods for communicating with practitioners was required. These additional approaches were added to the communication plan and this helped confirm the right practitioners had received the required knowledge and skills during the training process. In addition, it enabled all identified stakeholders on the communication plan, especially the practitioners, were aware of the practice changes and received the right information at the right time to deliver the practice the way it was intended.

Site: CIUSSS Centre-Sud-de-l'Île-de-Montréal - Institut de réadaptation Gingras-Lindsay de Montréal

Key Lesson

Multiple communication strategies may be required to reinforce the new way of working.



EXAMPLE

Sharing Meaningful Feedback to Implementers

This site established a regular data sharing feedback systems with first implementers to provide information on how practice implementation was progressing. Once the implementation team reviewed and analyzed the data, a specific best practice area was targeted and a smaller working group transformed that data into infographic posters. The posters included data results in a visual format, identified what was working well and what was not working well, and a take away key message for first implementers to focus on. The purpose of the posters was to highlight the practice areas that were achieving ideal implementation and the practice areas that required improvement. Posters were placed on information and message boards on the unit in high traffic staffing areas. This regular feedback process enabled data to be shared in a simple and meaningful way and informed first implementers which core components of the practice required improvement.

Site: Glenrose Rehabilitation Hospital

Key Lesson

Multiple communication strategies may be required to reinforce the new way of working.



Gather and analyse information

PURPOSE: Determine if the delivery of the practice and the processes supporting the practice are being used as intended.

WHAT: Collect data from all sources and apply data analysis methods decided upon in the evaluation plan

WHO: Implementation Team and/or an individual designated to analyse the data/ feedback and report back to the Implementation Team.

HOW: Use feedback loops and other evaluation strategies. Review the information to determine if improvements are needed.

Objective 3: Revise Processes Based on New Information Gathered

Here the focus is to review and revise the processes used to implement the practice based on information from primary implementers and collected data.

Revise processes in need of improvement

PURPOSE: Improve processes to facilitate the delivery of the practice as intended.

WHAT: Revise the processes that have been previously identified in need of improvement.

WHO: Implementation Team and primary implementers

HOW: Use a rapid improvement cycle model, such as the Plan-Do-Study-Act (PDSA), to adjust and revise the “Plan”.



EXAMPLE

Using PDSA Cycles to Improve the Practice

The Glenrose historically functioned with multi-disciplinary teams. Each discipline contributed to integrated decision-making, but assessment and intervention documentation was completed separate discipline-specific records. During our best practice implementation process, we introduced a new inter-professional team pressure ulcer risk assessment form. This form allowed all disciplines to record and review each other's pressure ulcer assessment results and intervention plans. The implementation team created several iterations of the form, trialing and reassessing each version for several months, using multiple PDSA cycles. We made improvements to address issues identified by the interdisciplinary team. At the same time, we refined the processes for completing the form because inconsistencies were a stumbling block for data collection.

Site: Glenrose Rehabilitation Hospital

Key Lesson

Multiple PDSA cycles may be necessary to achieve ideal implementation.

Implement the revised processes

PURPOSE: Improve processes to facilitate the delivery of the practice as intended

WHAT: Communicate the process revision to the primary implementers and active partners

Put revised processes in place and monitor process revisions for time period established.

WHO: Implementation Team and primary implementers

HOW: Use a rapid improvement cycle model, such as the Plan-Do-Study-Act (PDSA), "Do" or execute the identified changes outlined in the revised "Plan".

Reassess new processes

PURPOSE: Assess whether revisions made to the processes have improved the delivery of the practice

WHAT: Collect data and feedback within the defined time period, and review and analyze it.

WHO: Implementation Team and/or an individual designated to analyse the data/feedback

HOW: Use established data collection and analysis methods (see Objective 2). This represents the "Study" of the PDSA method. If the data and feedback demonstrate a practice improvement, "Act" or implement the changes.



EXAMPLE

Involving Implementers in Feedback Loops

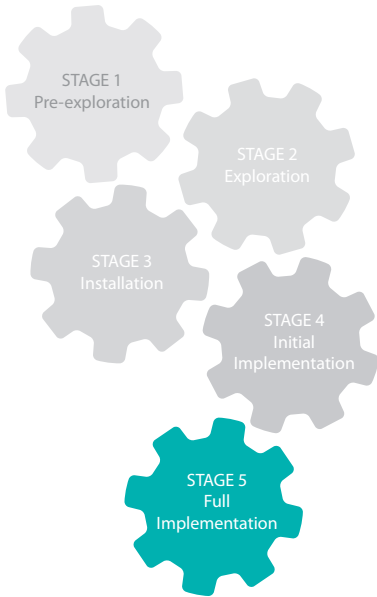
This site established a regular feedback system with first implementers to inform practice improvements. Participants at discipline-specific meetings (e.g. Physical Therapists, Social Workers, etc.) and program meetings gave feedback that helped inform important changes. For example, they recommended several changes to the risk assessment form including more space for staff to write the patient-specific intervention instead of a check box; adding a date for follow-up and the “not applicable” option. This feedback loop led to improvements to the practice and increased practitioner participation. In addition, we put in place a data system to regularly collect data. This allowed the implementation team to analyse the data and share the information back to the clinical team about the implementation process and clinical outcomes.

Site: CIUSSS de la Capitale-Nationale - Institut de réadaptation en déficience physique de Québec

Key Lesson

Implementers greatly appreciate being actively involved in the feedback loops.





STAGE 5: FULL IMPLEMENTATION

This is the final and on-going stage of implementation. In this stage the practice(s) and processes are consistently delivered, within the acceptable variances of performance standards, to achieve the desired outcomes over the long-term. Please note that this is not a static state.

Full Implementation means that the system is robust enough to sustain the agreed upon performance standards. Internal and external factors may put pressure on the delivery of the practice and some adaptations may be required. Sustainability for the effective life of the practice is a critical indicator of good implementation.

- OBJECTIVES
- ✓ Institutionalize practice(s) and processes
 - ✓ Monitor and evaluate practice(s) and processes of the practice
 - ✓ Adapt practice(s) and processes

KEY ACTIVITIES TO ACHIEVE THESE OBJECTIVES

Objective 1: Institutionalize Practices and Processes

Once teams establish the most effective implementation processes during the Initial Implementation stage, the processes and practices must be institutionalized i.e. integrated into “business as usual”. Many practice change activities start as “projects” with a fixed timeframe. However, practice changes do not have an end date and deliberate activities are needed to sustain the established processes and desired outcomes.

Ensure all processes are agreed upon and replicable

PURPOSE: Sustain the processes and practices that are achieving the desired outcomes.

WHAT: Agreement that the practice delivery processes are effective and can be or have been successfully integrated.

WHO: Implementation Team, Primary implementers and relevant stakeholders.

HOW: Dialogue about how organizational structures support the effective delivery of the practice.

Generalize the processes across the organization

PURPOSE: Sustain the integration of practice changes, i.e. business as usual.

WHAT: Organizational functions (e.g., policy change) reflect and support the new processes and practices

WHO: Organizational leadership i.e., senior decision-makers and/or policy makers within the organization

HOW: Explicit support from Organizational Leadership to institutionalize processes and practices. For example, through policy and procedures improvement process



EXAMPLE

Institutionalizing Practices & Processes

This example illustrates the goal of “business as usual”. Facilitating the shift of practice responsibility from the Implementation Team to an existing infrastructure is a necessary part of “business as usual”. The Implementation Team identified the existing SCI Shared Leadership Council as an existing mechanism for overseeing the new practice. This council makes decisions about program development and quality improvement. The implementation team consulted with the council so that it could take over monitoring and sustaining pressure ulcer practices.

Site: Parkwood Institute - St. Joseph’s Health Care London

Key Lesson

Maintenance and sustainability should be considered throughout the implementation planning process



Objective 2: Monitor and Evaluate Practice(s) and Processes

Diligence about evaluation and feedback loops tends to wane over time. If this occurs, practices and processes are more vulnerable to “drift”, as unplanned and unapproved adaptations creep in. The continuous use of Improvement Cycles will help maintain the practice as planned. Ongoing confirmation that the established practice(s) continues to achieve the desired outcomes is critical.

Refine and implement evaluation plan

PURPOSE: Provide information about how well the implemented practice(s) achieves the desired outcomes.

WHAT: Approved evaluation plan with clear outcomes, indicators and data elements

WHO: Implementers and research and evaluation departments

HOW: Use an agreed upon and approved evaluation process

Put a system in place to support the regular use of improvement cycles

PURPOSE: Promote systematic approach for ongoing improvement

WHAT: Continued collection, review, and analysis of data to provide feedback at an agreed upon frequency to inform improvements.

WHO: Implementers and others who are responsible for monitoring, evaluation and quality improvement within the organization.

HOW: Regularly collecting and recording required data using existing processes or developing new ones

- Analysing and reviewing the data
- Making informed decisions based on the data
- Providing feedback using established communication mechanisms.

Put into place feedback processes to support sharing of the information

PURPOSE: Provide timely information to implementers and decision-makers.

WHAT: A set of processes to share information from the data analysis at the right frequency to the right people

WHO: Implementers and others who are responsible for monitoring, evaluation and quality improvement within the organization.

HOW: Through established process for sharing of information

Objective 3: Adapt Processes

As noted in Improvement Cycles activity section above, processes, practices and outcomes must be regularly reviewed, analyzed and adapted. Consistent data sets will identify trends and issues that need to be addressed to keep the practice change on track. There are many circumstances that suggest adaptations to the practice or processes may be needed. These may include policy changes, new research, updated best practice guidelines, or new models of care. Intentionally planned adaptations based on good information from monitoring and evaluation strategies and on-going Improvement Cycles will go a long way to sustain practice.

Maintain a process to assess the impact of system changes

PURPOSE: Ensure the practice and processes continue to reflect best practice and the changing context (e.g. policy, patient populations, revisions to best practice guidelines, staffing models).

WHAT: Review, on an on-going basis, the internal and external context in which the practice is being delivered.

WHO: Identified by the organization (e.g. practice subject matter experts and/or broader organization resources for all practices and innovations).

HOW: Review processes, practice outcome data and feedback.

Monitor best practice guideline updates and recent research.

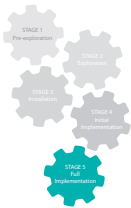
Adapt the processes in response to system changes

PURPOSE: Modify processes and practice(s) in response to organizational changes and health system context.

WHAT: The process that allows effective adaptation, if needed, due to changes in context and environment

WHO: Team of people who can make decisions and influence change in the organization

HOW: Use knowledge of changes in the environment to adjust processes, practices and/or tools to sustain the practice.





EXAMPLE

Closing the Feedback Loop

This example illustrates a case of closing the feedback loop. The Implementation team set a benchmark of 80% practice adherence. The practice is monitored by chart audits, and a summary of the findings are reviewed by the SCI Shared Leadership Council and sent to the individual disciplines involved in the practice (in 3 month increments). We noticed a trend that some disciplines are better than others at compliance. This led us to add practical strategies to cue completion of requirements by the target deadline. Reminders of this deadline are placed on weekly Rounds sheets, a notice board on the unit and we are trailing an email alert system.

Site: Parkwood Institute - St Joseph's Health Care London

Key Lesson

On-going monitoring and feedback sessions, ongoing support to implementers and ongoing communication through the organisation will help maintain outcomes and promote sustainable practice change.



EXAMPLE

Adapting to System Changes

As the IRGLM spinal cord injury program was completing an Improvement cycle that had allowed organizing a systematic and structured interdisciplinary discussion occurring during the rounds and intervention plan, a major provincial health system change occurred. In addition to physically merging SCI programs and clientele of two rehab centres, a 100% occupancy policy at all times was put forward. Therefore, some SCI patients were admitted in other specialized programs (for instance TBI or stroke programs), which had rarely occurred before. Rapidly, an improvement cycle was organised to ensure that the same level of care was maintained for the patients.

1. A communication plan was rapidly organised between the two programs to ensure data collection, to invite the patients to all the activities and education program occurring in the SCI program and to have a link with all the specialised clinics in place at IRGLM.
2. A general training session on SCI was organised for the clinicians. A review of SCI, as well as all the secondary impairments was given.
3. A coaching system was put forward. One coach per discipline from the SCI program was named. The therapist from the other program would then have a resource person for questions and specific treatment.

Site: CIUSSS Centre-Sud-de-l'Île-de-Montréal - Institut de réadaptation Gingras-Lindsay de Montréal

Key Lesson

On-going monitoring and feedback sessions, ongoing support to implementers and ongoing communication through the organisation will help maintain outcomes and promote sustainable practice change.

SUMMARY TABLE FOR IMPLEMENTATION STAGES, OUTCOMES AND ACTIVITIES

The following table summarises the Stages, Outcomes and Activities that contribute to effective implementation and sustainability of evidence-based practices.

Stage	Outcomes	Activities	
PRE-EXPLORATION	1) Develop the project's scope	Identify the implementation project Write implementation project description	
	2) Engage key stakeholders	Identify and engage key stakeholders	
	3) Engage active partners	Identify active partners Assess the feasibility of each partner participating in the project Engage partners and finalize commitment Finalize project plan with active partners	
		4) Identify functions and initial organizational structure	Identify key functions Develop the initial organizational structure
EXPLORATION	1) Assess the implementation environment	Assess the implementation environment	
	2) Develop the structure and teams to support implementation	Form implementation teams Develop communication link between the implementation team(s)	
		3) Selecting practice(s) for implementation	Identify needs and gaps Gather evidence Identify criteria for practice selection Select practice(s) for implementation
	4) Define the practice(s)		Identify core components of chosen practice Determine acceptable performance standards for core components Identify practitioner implementers (people carrying out the practice) and their required knowledge and skills Develop process indicators Develop outcome indicators Determine the desired evaluation approach
			5) Identify the expertise and resources required to support implementation



Stage	Outcomes	Activities
INSTALLATION	1) Determine the implementation action plan to address changes to the key organizational functions	Assess key organizational functions Develop and enact an implementation action plan
	2) Establish communication mechanisms	Identify everyone who will be involved in the implementation Develop a multi-faceted communication plan Enable feedback loops to get input from all implementers Inform implementers of the upcoming implementation Facilitate ongoing engagement of implementers
	3) Prepare implementers for initial implementation	Develop a training plan and train implementers Develop a coaching/mentoring plan
	4) Plan to evaluate	Refine the evaluation plan Share the evaluation plan with implementers
INITIAL IMPLEMENTATION	1) Deliver the practice	Determine the timeframe to assess the initial practice delivery Deliver the practice
	2) Assess the effectiveness of the processes and delivery of the practice	Put feedback loops in place Gather and analyse information
	3) Revise processes based on new information gathered	Revise processes in need of improvement Implement the revised processes Reassess new processes
FULL IMPLEMENTATION	1) Institutionalise practices and processes	Ensure all processes are agreed upon and replicable Generalize the processes across the organization
	2) Monitor and evaluate practice(s) and processes	Refine and implement evaluation plan Put a system in place to support the regular use of improvement cycles Put into place feedback processes to support sharing of the information
	3) Adapt processes	Maintain a process to assess the impact of system changes Adapt the processes in response to system changes



APPENDICES – IMPLEMENTATION SCIENCE TOOLS

Tool used by the Implementation Team to facilitate the implementation of an evidence-based practice through the stages of implementation.



Appendix A: Stages of Implementation Checklist

PURPOSE: This tool can be used to help a team assess and re-assess where they are in the implementation process and determine if they are ready to move onto the next stage of implementation. If an Implementation Team is not ready to move onto the next stage, this tool allows them to identify key action items before progressing to the next stage.

HOW: Use the tool as a checklist at any time during a particular stage to identify what activities need to be completed or at the “end” of the stage to confirm all major activities that have been addressed.

- As a team, assess stage-related activities for the particular stage of implementation the team is currently in.
- It is helpful to provide tangible, observable or measurable evidence or data sources for each element that is identified as “Completely in place”.

NOTE: The Implementation Stages are not linear. Implementation Teams can engage in activities that take place in multiple Implementation Stages simultaneously.

Stages of Implementation Checklist - Pre-Exploration

Objectives for this stage:

1. Develop the project's scope
2. Engage key stakeholders
3. Engage active partners
4. Identify functions and initial organizational structure

For further detail on each activity please refer to the Implementation Brief or Implementation Guide

	Completely in place	Partially in place	Not at all in place	Notes
Objective 1: Develop the project's scope				
Identify the implementation project				
Write implementation project description				
Objective 2: Engage key stakeholders				
Identify and engage key stakeholders				
Objective 3: Engage active partners				
Identify active partners				
Assess the feasibility of each partner participating in the project				
Engage partners and finalize commitment				
Finalize project plan with active partners				

	Completely in place	Partially in place	Not at all in place	Notes
Objective 4: Identify functions and initial organizational structure				
Identify key functions				
Develop the initial organizational structure				

Stages of Implementation Checklist - Exploration

Objectives for this stage:

1. Assess the implementation environment
2. Develop the structure and teams to support implementation
3. Selecting practice(s) for implementation
4. Define the practice(s)
5. Identify the expertise and resources required to support implementation

For further detail on each activity please refer to the Implementation Brief or Implementation Guide

	Completely in place	Partially in place	Not at all in place	Notes
Objective 1: Assess the implementation environment				
Assess the implementation environment				
Objective 2: Develop the structure and teams to support implementation				
Form implementation teams				
Develop communication link between the implementation team(s)				
Objective 3: Selecting practice(s) for implementation				
Identify needs and gaps				
Gather evidence				
Identify criteria for practice selection				

	Completely in place	Partially in place	Not at all in place	Notes
Select practice(s) for implementation				
Objective 4: Define the practice(s)				
Identify core components of chosen practice				
Determine acceptable performance standards for core components				
Identify practitioner implementers (people carrying out the practice) and their required knowledge and skills				
Develop process indicators				
Develop outcome indicators				
Determine the desired evaluation approach				
Objective 5: Identify the expertise and resources required to support implementation				
Explore what resources are available				
Engage experts and resources				

Stages of Implementation Checklist - Installation

Objectives for this stage:

1. Determine the implementation action plan to address changes to the key organizational functions
2. Establish communication mechanisms
3. Prepare implementers for initial implementation
4. Plan to evaluate

For further detail on each activity please refer to the Implementation Brief or Implementation Guide

	Completely in place	Partially in place	Not at all in place	Notes
Objective 1: Determine the implementation action plan to address changes to the key organizational functions				
Assess key organizational functions				
Develop and enact an implementation action plan				
Objective 2: Establish communication mechanisms				
Identify everyone who will be involved in the implementation				
Develop a multi-faceted communication plan				
Enable feedback loops to get input from all implementers				
Inform implementers of the upcoming implementation				
Facilitate ongoing engagement of implementers				

Stages of Implementation Checklist - Initial Implementation

Objectives for this stage:

1. Deliver the practice
2. Assess the effectiveness of the processes and delivery of the practices
3. Revise processes based on new information gathered

For further detail on each activity please refer to the Implementation Brief or Implementation Guide

	Completely in place	Partially in place	Not at all in place	Notes
Objective 1: Deliver the practice				
Determine the timeframe to assess the initial practice delivery				
Deliver the practice				
Objective 2: Assess the effectiveness of the processes and delivery of the practices				
Put feedback loops in place				
Gather and analyse information				
Objective 3: Revise processes based on new information gathered				
Revise processes in need of improvement				
Implement the revised processes				
Reassess new processes				

Stages of Implementation Checklist - Full Implementation

Objectives for this stage:

1. Institutionalise practices and processes
2. Monitor and evaluate practice(s) and processes
3. Adapt processes

For further detail on each activity please refer to the Implementation Brief or Implementation Guide

	Completely in place	Partially in place	Not at all in place	Notes
Objective 1: Institutionalise practices and processes				
Ensure all processes are agreed upon and replicable				
Generalize the processes across the organization				
Objective 2: Monitor and evaluate practice(s) and processes				
Refine and implement evaluation plan				
Put a system in place to support the regular use of improvement cycles				
Put into place feedback processes to support sharing of the information				
Objective 3: Adapt processes				
Maintain a process to assess the impact of system changes				
Adapt the processes in response to system changes				

Appendix B: Implementation Mapping Tool

PURPOSE: This tool is used to gain an understanding of the implementation environment (strengths, gaps and overlaps) within an organization using previous implementation examples. This tool is used prior to implementing the selected evidence-based practice.

- HOW:**
- Select an interviewer to ask questions and gather information from respondent(s) during a 90min interview.
 - Select 3-4 evidence-based practices that were implemented in the organization to discuss with the interviewer.
 - For each evidence-based practice, the interviewer will ask questions related to **what**, **how** and **who** and record the responses.
 - It's important to record the HOW and WHO as it relates to the Implementation Drivers.
 - Once complete, the interviewer reviews the information gathered with the respondents, identifies next steps and provides a summary.



Implementation Mapping (ImpleMap)

Mapping Current Efforts to Use Evidence-based Programs and Other Innovations in Health Care

National Implementation Research Network¹

Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill

With input from
Spinal Cord Injury Knowledge Mobilization Network

Related Information

<http://nirn.fpg.unc.edu>
www.scalingup.org



1

The National Implementation Research Network would like to thank Dr. Marick Tedesco, Oregon Department of Education, for her participation in developing the ideas represented here.

ADAPTED FOR SPINAL CORD INJURY KNOWLEDGE MOBILIZATION NETWORK
Version date: 17-08-2015

ImpleMap

Mapping the implementation landscape

When creating Implementation Teams to provide supports that are effective, integrated, efficient, and sustainable, the first task is map the current implementation landscape. The goal is to build on current strengths and collect information to inform planning the best path toward developing implementation capacity in *this* institution/organization.

To gain a comprehensive picture of the existing implementation and experience of the organisation it is useful to examine previous implementation processes conducted by the unit or institution. A structured interview or series of structured interviews can provide helpful insight into the strengths and challenges.

The structured interview is group interview and typically conducted by the Implementation Consultant. The group should include various practitioners and administrators who have previously been involved in choosing and implementing a best practice, set of guidelines, or other innovation at the institution. It is best to identify 3 or 4 different scenarios preferably including a success and an implementation that is considered unsuccessful.

Alternatively, where an organisation has an already established Implementation Team this team can complete the Implemap Interview Guide recording the results on the Implemap Recording Form. The Interview process would then take the form of an Implementation Team discussion to confirm past experiences.

When conducting interviews, the interviewer should be genuinely curious about what is being done, how it is being done, and who is doing the work of implementation in an organization. There is much to learn and these interviews provide an opportunity to broaden and deepen our understanding of implementation in practice.

Interviewer instruction

The interview will take approximately 90 minutes for the discussion. If additional time is needed or the group feels like additional respondents should be present, it is best to schedule a future session with all key respondents.

Goals and outcomes of the ImpleMapping process:

- ✓ Identify and help to build upon current strengths within the agency/clinic/hospital
- ✓ Inform the planning of pathways to build implementation capacity in current infrastructure
- ✓ Inform the selection of members for the Implementation Team
- ✓ Help the Implementation Team understand the current “state” of how implementation has been attempted (both successfully and not successfully)
- ✓ Conduct a needs assessment to help identify, greatest area of need with respect to implementation, where overlap or duplication may exist and areas of great priority
- ✓ Provide respondents with a forum to reflect on and discuss implementation practices and process within their own organizational context.

Step 1

Ask the respondent to describe the evidence-based programs or other innovations that are being used in the agency/institution to help improve services and outcomes (these are called “interventions” in this paper and in the following Table). Enter the name of each intervention in the Intervention column.

Interventions are not just evidence-based programs or evidence-based innovations. Interventions could also be new data systems, new protocols, and so on – anything that is new to an organization is an “innovation” from the perspective of that organization.

If the respondent provides a long list of interventions, ask them about the most important or most recent 3 or 4 interventions.

Step 2

For each intervention, ask WHAT defines that intervention. Interventions are defined by their essential ingredients, but sometimes the core components are not well known or understood. Thus, ask the question (what are the critical elements of this intervention) and ask a few clarifying questions as needed. Don’t press for too much detail when that detail is not forthcoming. If someone else might know the core intervention components, ask to speak to that person.

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Step 3

For each intervention, ask HOW practitioners are supported in their use of the intervention. Are there methods in place for selecting clinicians to do this work? Is training provided to help auxiliary/support personnel learn how to use the intervention? Is coaching provided to help health care providers use the intervention in a clinic? Continue these questions in a conversational manner as you work through all of the Implementation Drivers.

Step 4

For each intervention, ask WHO provides support for the practitioners who are intended to use the intervention. Are all practitioners using this intervention? How were they selected? Who did the selection? Interventions represent new ways of work. Were the practitioners trained? Who did the training? Is supervision and coaching provided after training to help practitioners use the intervention? Who provides that supervision and coaching? Continue these questions in a conversational manner as you work through all of the Implementation Drivers.

The important thing here is to record the name, position, and location of each person who provides information with respect to previous implementation experiences.

Some cautions

The steps are listed one at a time and correspond to the grid shown on the following page. However, the steps are not intended to be conducted in a linear fashion. Conversations with respondents take on a life of their own. Some respondents will volunteer considerable information about one intervention so the questions proceed from left to right on the grid in no particular order. The goal is to arrive at a good “picture” of how implementation has been attempted in the organization. The goal is not to ask each question in some fixed order.

The mapping conversations are *not* intended to assess the *quality* of implementation. The goal of mapping is to find the strengths, gaps, and overlaps before proceeding with either creating the capacity to use implementation or planning the new implementation.

TIP: As you move through the discussion, regularly repeat back what you are hearing or noting from the respondent(s). It’s important to ensure accuracy, clarity and helps ensure you are covering all of the elements from the ImpleMap.

ImpleMap Interviewer Guide

INTERVENTION	WHAT	HOW	WHO
<p>Enter the name of each intervention provided by the respondent.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p><i>*You may know the intervention by another name, but record the name used in this provider agency</i></p>	<p>List the “core intervention components” <u>for each intervention listed</u> as they are described by the respondent.</p> <p><i>*Core intervention components are the critical functions that define an intervention.</i></p>	<p>List the Implementation Drivers <u>for each intervention listed</u>.</p> <p>Implementation Drivers are components related to:</p> <ul style="list-style-type: none"> ▶ developing staff competency (selection, training, coaching, performance assessments); ▶ organization supports (decision support data systems, facilitative administration, systems interventions); and ▶ leadership supports (technical and adaptive). 	<p>List the person accountable for providing each Implementation Driver <u>for each intervention listed</u>.</p> <p>Record the name, position, and physical location of each person.</p>

TIP: When discussing more than one evidence-based practice, there may be some overlap with some elements, be sure to get clarification for the “WHAT, HOW and WHO”. If there is no response or the respondent(s) are not sure move on. Just make note that there is no information available at this time.

TIP: Avoid the use of jargon. Although the language in the Guide reflects that of the AIFs the language used by the respondents may differ. The Interviewer should reflect the language used by the respondents and in the report note which element of the AIF is being referenced

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Concluding the ImpleMap Interview

It is important to stay within the predetermined time of a maximum of 90 min. The interviewer should ensure that the information that they documented was accurate. Allow the respondent(s) time for any questions they may have and additional comments. Describe the next steps, and ensure that you will send the respondent(s) a summary of the information you gathered from them within 10 business days. Thank them for their time.

ImpleMap Recording Form

Date: _____ Recorder 1: _____ Recorder 2: _____

EBP of Focus: _____
(Use a Separate form for Each EBP discussed)

Who participated in the Interview?

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CORE COMPONENTS OF THE INTERVENTION (WHAT)	HOW WAS THE INTERVENTION IMPLEMENTED		WHO WAS INVOLVED IN THE ADDRESSING THE DRIVER Record the name, position, and physical location of each person	
	Driver	What does it look like?		
1. _____	Selection:			
2. _____				
3. _____		Training:		
4. _____				
5. _____		Coaching:		
6. _____		Performance assessments:		
7. _____				

<p>8. _____</p> <p><i>*Operationally define when possible</i></p>	<p>Decision support data systems:</p>		
	<p>Facilitative administration,</p>		
	<p>Systems interventions:</p>		
	<p>Leadership supports (technical and adaptive)</p>		

Comments:

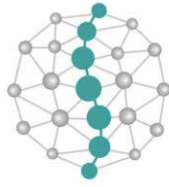
Appendix C: Terms of Reference Examples

PURPOSE: To describe the purpose and structure of team or group who has the responsibility of working together towards a common goal.

- HOW:**
- The Terms of Reference should include:
 - Purpose
 - Membership
 - Responsibilities.
 - Source, nature, and frequency of any communications.

Two example are provided from SCI KMN implementation teams.





SPINAL CORD INJURY
Knowledge Mobilization
Network

Spinal Cord Injury Knowledge Mobilization Network (SCI KMN) Knowledge Mobilization Specialist/Spécialiste de l'application de la généralisation de l'expertise (KMS/SAGE) Team

Terms of Reference

Revised: September 10, 2015

Approved: September 16, 2015

Approved until: March 31, 2016

Purpose

This team provides the link between the individual site activity (Site Implementation Teams) and the collective network activity (Network Leadership Team - NLT) with respect to the application of implementation science and frameworks, coordination of implementation activities at the site level, and the implementation capacity building at each site.

Membership (voting)

Knowledge Mobilization Specialists and SAGEs from each participating site (Quebec City, Montreal, Toronto, London, Calgary, Edmonton, and Fredericton).

Ex-officio Members (non-voting)

Network Lead

Network Manager

Implementation Science Consultant(s)

Sponsor Representatives (RHI and ONF)

Function

- Support the development of implementation expertise within the SCI KMN across sites and at each site.
- Provide leadership with respect to the application of implementation science and frameworks.
- Participate in the development of key implementation activities.
- Support implementation capacity building in each organisation.
- Together with NLT, inform a provincial capacity for scale up across the rehabilitation network.
- Provide communication linkages between the SITs and the NLT, to facilitate clarification / resolution of issues and to support the SITs' contribution to the decisions of the NLT.

Responsibilities

- Share key information about the application of the implementation frameworks at each site. Liaise with implementation science expert to address site specific implementation and use of NIRN tools.
- Identify and/or develop common strategies and activities to enhance the application of the implementation frameworks by all and at each site.

- Develop recommendations for the NLT with respect to implementation and utilisation of the implementation frameworks across all sites and regarding network activities requiring a collective decision.
- Provide updates of progress at each site at the relevant meetings.
- Provide the SITs with updates of the progress across sites.
- Contribute to the operationalization and standardization of selected Best Practices.
- Contribute to the draft documents arising from the work at hand and follow the established process for draft development, circulation and revisions (see below).

Decision Making

It is recognised that there are different levels of decisions, some which require full agreement by all members and some which can be carried by majority. Prior to any decision the NLT will determine whether a decision requires consensus (100%) agreement or majority (more than 66%).

Where it is determined that full agreement (consensus) is required consensus will be achieved through discussion. Consensus is defined as all members explicitly agree that they can "live with" and implement the decision.

Voting privileges

There will be representation for each decision from each site. One vote per site. Although the Ex-Officio members will not carry a vote, their opinions and contributions will be respected and reflected in decisions taken.

Chairperson

This position will rotate among KMS/SAGE members in 3 month terms. Responsibilities of Chair include facilitating the development and circulation of the agenda and management of the meeting, facilitating completion of the action items, and representing the KMS/SAGE at the NLT meeting as a voting member. With the support of the Network Manager, the chair will draft the initial documents arising from the work of the team (or delegate), based on team discussions and manage the drafts through to completion according to the documented timeline. The Chair will vote at the NLT based on consensus/majority opinion of the KMS/SAGE.

Frequency and location of meetings

The KMS/SAGE Team will meet at least monthly or at the call of the Chair. Meetings may be held in person or through virtual meeting capacity such as conference calls, or online dialogue.

Term of the members

Membership term will correspond to the length of the network funding (currently estimated to end on March 31, 2016).

Process for draft development, circulation and revisions

Circulation of drafts should include posting to the relevant SharePoint space with a message to relevant reviewers (e.g. Team members at a minimum and others identified as required such as NLT, etc.) regarding expectations, timelines, and due dates, as required.

- A policy of review, revise or reject is based on: 1) requests for revisions should include the suggested revision (e.g. requests for revisions without an alternate suggestion is not helpful) and 2) requests to reject an element or concept must be accompanied by a rationale.
- In either case, if further discussion is required, the requester should use a discussion board to gain consensus within the assigned timeline.

Administrative Support

Administrative support will be provided by the SCI KMN Network Lead and Network Manager.

Key Linkages

Network Leadership Team

Site Implementation Teams

Implementation Science Experts

Accountability

The KMS/SAGE Team is accountable to the NLT.

Lyndhurst SCI KMN Site Implementation Team (SIT) for Pain Practices
Terms of Reference

Revised Sept 2015.

Implementation Team Membership

Site leads: NAMES

Knowledge Mobilization Specialist (KMS): NAME

Team Members: NAMES

Satellite Members

NAMES

Other SIT and Satellite members may be added as needed during the implementation process.

Term of the members

Membership term will correspond to the length of the project (currently funded to April 2016).

Responsibilities

Site Implementation Team:

- Finalize operational details of pain prevention best practices to be implemented
- Facilitate implementation of practices, through exploration, installation, initial implementation and full implementation
- Collect data for evaluation and feedback of practices implemented, and refine the implementation process as required
- Continue to monitor Pressure Ulcer best practices. Implement improvement cycles as needed to address needs as they arise.
- Disseminate SCI KMN achievements and priorities in Leadership meetings, Best Practice Forums, Conference presentations, posters and publications.
- Seek alignment and leveraging with program, corporate and research initiatives and priorities.
- Attend weekly meetings chaired by the KMS to discuss progress and issues in practice implementation. An agenda will be circulated by the KMS before each meeting.

Satellite Members:

- Provide expertise and support of the implementation initiatives as requested

Decision Making

Decisions are made by consensus.

Accountability:

The SIT is primarily accountable to the Site Leads, with overall accountability to the Brain and Spinal Cord Leadership, the SCI KMN network and ONF/RHI as funders.

Appendix D: Hexagon Tool

PURPOSE: To systematically evaluate evidence-based practices or programs in order to help determine what practice to implement.

- HOW:**
- As a team, evaluate the evidence-based practice using the 6 Hexagon Tool criteria: Need, Fit, Resource Availability, Readiness or Replication, and Capacity to implement.
 - Use the 5-point rating scale (1=low, 3=medium, 5=high) to rate the evidence-base practice for each criteria.
 - Determine an overall average score for each evidence-based practice.
 - The highest scoring practices are brought forward to discuss whether they should be implemented
 - Team members determine what practice(s) to implement through review and discussion.



The Hexagon Tool: Exploring Context

Adapted with permission by
The State Implementation & Scaling-up of Evidence-based Practices Center (SISEP)

Based on the work of
Kiser, Zabel, Zachik, & Smith (2007) and
The National Implementation Research Network (NIRN)

Frank Porter Graham Child Development Institute



State Implementation
& Scaling-up
of Evidence-based Practices

Citation and Copyright

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This document is based on the work of Kiser, Zabel, Zachik, & Smith (2007) and the National Implementation Research Network (NIRN).

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About

The mission of the National Implementation Research Network (NIRN) is to contribute to the best practices and science of implementation, organization change, and system reinvention to improve outcomes across the spectrum of human services.

email: nirn@unc.edu

web: <http://nirn.fpg.unc.edu>

Effective implementation capacity is essential to improving education. The State Implementation & Scaling-up of Evidence-based Practices Center supports education systems in creating implementation capacity for evidence-based practices benefitting students, especially those with disabilities.

email: sisep@unc.edu

web: <http://www.scalingup.org>



The Hexagon Tool helps states, districts, and schools systematically evaluate new and existing interventions via six broad factors: needs, fit, resource availability, evidence, readiness for replication and capacity to implement.

Broad factors to consider when doing early stage exploration of Evidence-Based Practices (EBP)/Evidence Informed Innovations (EII) include:

- **Needs** of students; how well the program or practice might meet identified needs.
- **Fit** with current initiatives, priorities, structures and supports, and parent/community values.
- **Resource Availability** for training, staffing, technology supports, curricula, data systems and administration.
- **Evidence** indicating the outcomes that might be expected if the program or practices are implemented well.
- **Readiness for Replication** of the program, including expert assistance available, number of replications accomplished, exemplars available for observation, and how well the program is operationalized
- **Capacity to Implement** as intended and to sustain and improve implementation over time.

A thorough exploration process focused on the proposed program or practice will help your Implementation Team(s) have a productive discussion related to the six areas listed above, and to arrive at a decision to move forward (or not) grounded in solid information from multiple sources. That information will assist you in communicating with stakeholders and in developing an Implementation Plan.

There are a number of discussion prompts listed under each area of the hexagon. These prompts are not exhaustive, and you may decide that additional prompts need to be added. The prompts direct you to relevant dimensions that your team may want to discuss before rating the factor.

For example, under the area labeled **Fit**, you are reminded to consider:

- How the proposed intervention or framework ‘fits’ with other existing initiatives and whether implementation and outcomes are likely to be enhanced or diminished as a result of interactions with other relevant interventions
- How does it fit with the priorities of your state, district, or school?
- How does it fit with current state, district, or regional organizational structures?

- How does it fit with community values, including the values of diverse cultural groups?

Recommendations for Using the Hexagon Tool

The following are SISEP recommendations for using the tool:

1. Assign team members to gather information related to the six factors and to present the information to the decision-making group or relevant Implementation Team. Following report-outs related to each area and/or review of written documents, team members can individually rate each area on a 1 to 5 scale, where 1 indicates a low level of acceptability or feasibility, 3 a moderate level and 5 indicates a high level for the factor. Midpoints can be used and scored as 2 or 4.
2. You can average scores for each area across individuals and arrive at an overall average score, with a higher score indicating more favorable conditions for implementation and impact. However, cut-off scores should not be used to make the decision.
3. The scoring process is primarily designed to generate discussion and to help arrive at consensus for each factor as well as overall consensus related to moving forward or not. The numbers do not make the decision, the team does. Team discussions and consensus decision-making are required because different factors may be more or less important for a given program or practice and the context in which it is to be implemented. There also will be trade-offs among the factors. For example, a program or practice may have a high level of evidence with rigorous research and strong effect size (Evidence), but may not yet have been implemented widely outside of the research trials¹. This should lead to a team discussion of how ready you are to be the “first” to implement in typical educational settings in your area. Or the team may discover that excellent help is available from a developer, purveyor, or expert Training or Technical Assistance, but that ongoing costs (Resource Availability) may be a concern.
4. We recommend that after reviewing information related to each factor, individually scoring each factor, summarizing ratings, and discussing the strengths and challenges related to each factor of the proposed intervention, that the team members decide on a process for arriving at consensus (for instance, private voting or round-robin opinions followed by public voting

¹ Usable Interventions - To be usable, it's necessary to have sufficient detail about an intervention. With detail, you can train educators to implement it with fidelity, replicate it across multiple settings and measure the use of the intervention. So, an intervention needs to be teachable, learnable, doable, and be readily assessed in practice.

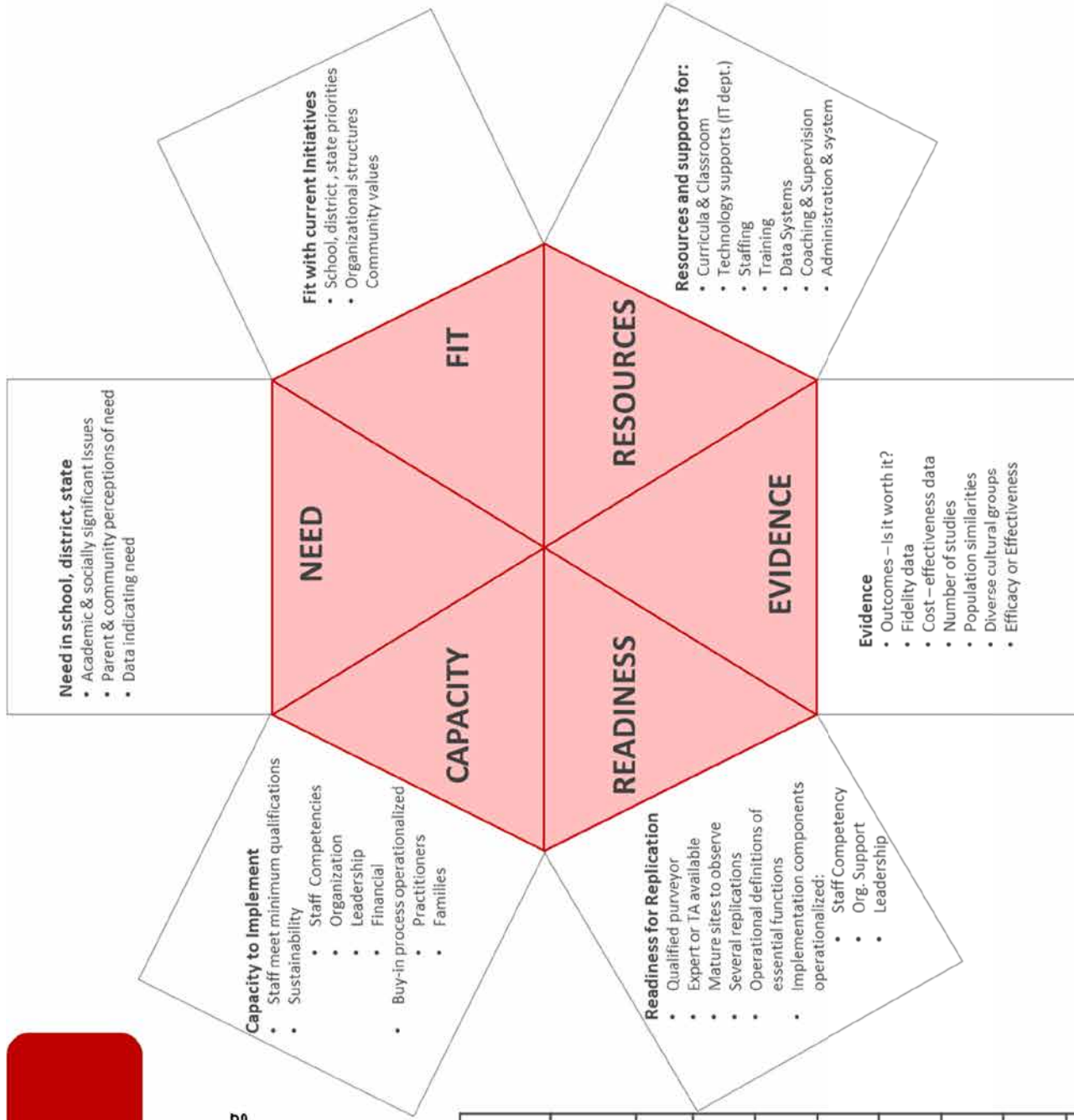
The Hexagon Tool

Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the Active Implementation Hub Resource Library <http://implementation.fpg.unc.edu>

EBP:			
	High	Med	Low
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score			



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Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith (2007)



Appendix E: Practice Profile Core Components Activity

PURPOSE: It is an activity that provides the Implementation Team with a summary of what the implemented best practice may look like with respect to knowledge, skill and ability requirements; how organizational and implementation drivers will support the process; and define practice outcomes. This activity allows the whole Implementation Team to get on the same page.

- HOW:**
- Complete all activities as a team.
 - Select core components of practice to be implemented at your site. Determine what it would look like if it were implemented with some acceptable variations of this critical or core component, some unacceptable variations of this component and finally what some expected outcomes are if this practice is implemented with high fidelity.
 - Knowledge, Skills & Abilities: identify the knowledge, skills, and abilities needed to execute the critical or core component and how to measure the outcomes to determine if practice is in place.

NOTE: It is important to revisit and revise the practice profile as necessary throughout the implementation process.

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Practice Profile – Describing the End-State of the Chosen Practice

The purpose of the Practice Profile activities is to ensure that an agreed upon description of the practice is developed that reflects the context into which it is being implemented.

There are two distinct areas that are addressed through the activities:

- Defining and describing what is being implemented. This is achieved by identifying the core components of the practice (those things that MUST be done if the practice is in place), that standard to which these components will be performed and the outcomes the outcomes expected to be achieved by the practice.
- Defining and describing the knowledge, skills and abilities required by those who are implementing the practice.

It is a useful exercise for the Site Implementation Team to complete the Practice Profile Activities together. This will assist in developing a common understanding of what the practice is, what the implementers need to bring to delivering the practice and what each driver will provide to support the delivery of the practice. This clarity supports effective communication to other stakeholders as the implementation process unfolds.

The Practice Profile activities are not designed to promote a “planning” exercise, but rather to promote developing a clear picture of the end-state once the practice has been fully and successfully implemented.

Practice Profile – Describing the End-State of the Chosen Practice

Define the core components of the practice, the acceptable standard to which the core components will be performed, the knowledge/skills and abilities required by implementers delivering the practice, and the expected outcomes to be achieved by the core components and/or practice.

For the practice being implemented identify the core components of the practice (column 1), define the ideal expectation of the component - the gold standard (column 2); define the acceptable and unacceptable variations of this core component reflecting the operating context in which you are implementing (column 3), describe the knowledge/skills and abilities required by implementers delivering the practice (column 4) and finally what are some expected outcomes if this element is implemented with high fidelity (column 5). It is recommended that you identify all core components (column 1) for the practice before completing columns 2-5.

For this activity you can use a separate table for each core component or list all core components on one table.

Core Component (Non-negotiable) Description of core components of practice and rationale of the importance of this component	Ideal Implementation (Gold Standard) Description of implementer behavior	Variation (Acceptable/Unacceptable) Description of implementer behavior	Knowledge/Skills and Abilities Describe the Knowledge, skills and abilities each implementer must have to implement the core component as described	Expected Outcomes Description of expected outcomes if this component is used with fidelity
		<u>Acceptable</u>		
		<u>Unacceptable</u>		

Appendix F: Implementation Drivers Analysis

PURPOSE: This tool is used to assess and identify strengths and gaps in the current capacity and develop action plans to support the effective implementation of the chosen practice or program. When planning for the implementation of the identified evidence-based practice, the organization can utilize the existing strengths, fill critical gaps or compensate for gaps where they can be compensated for effectively.

- HOW:**
- As a team, review each Implementation Driver table to discuss and address the current implementation climate.
 - After assessing an Implementation Driver, identify action items for the Implementation Team to address. It is suggested to prioritize the action items.



IMPLEMENTATION DRIVERS ANALYSIS

This tool is designed to assist the Site Implementation Team in assessing the current state of each Implementation Driver and determining what changes will be required for the implementation of a specific practice.

Driver Category	Implementation Drivers
Competency Drivers	Selection
	Training
	Coaching
Leadership Driver	Leadership
Organizational Drivers	Facilitative Administrative Support (Logistics)
	Systems Intervention
	Decision Support Data System
	Performance Monitoring and Evaluation

This tool contains three steps for each driver:

1. **Discussion Questions:** Consider the discussion questions. These questions assist in assessing the current processes (how things are done now and who is responsible for doing them) within the implementing organisation and inform any changes to the processes that will be required to implement the practice.
2. **End State:** Describe what will need to be in place to deliver the practice. It is useful to have a picture of the “end-state” when considering what currently exists and what actions may need to be taken to reach the desired end-state.
3. **Checklist:** Complete the checklist to identify processes that require action to support the practice.



Version Date: 08-02-2016

SELF-ASSESSMENT OF PROCESSES FOR THE SELECTION DRIVER

The Selection Driver addresses the processes used to select the practitioners who will be the primary implementers of the practice.

Discussion Questions:

1. Who is responsible for selection (and recruitment) of Practitioners?
2. Is the person responsible for selecting Practitioners familiar with best practise for these functions?
3. Who is responsible for ensuring job/role descriptions support delivery of practice?
4. Is the Leadership of the implementing unit (supervisory and clinical) involved in selection?
5. Will the practice to be implemented by practitioners already employed in the unit/organisation or will recruitment of new employees be required?
6. Will guidance/material/requirements related to selection of Practitioners for this practice be sought from other sources?

End State - Using the Practice Profile you developed, describe how you propose to select practitioners for the practice:

Selection Driver Checklist Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.	Does not need an Action Plan		Notes
	NA	In Place	
Selection processes for Practitioners have been established with appropriate stakeholders (e.g. Manager, Clinical Lead, SIT, and HR Dept.)			
Required skills and abilities for Practitioners are assessed and influence the selection process (see your Practice Profile)			
Pertinent information from selection process is provided to Managers, Trainers and Coaches			

SELF-ASSESSMENT OF PROCESSES FOR THE TRAINING DRIVER

The Training Driver addresses the provision of training for the primary implementing practitioners about the selected practice.

Discussion Questions:

1. Is specific training required to perform this practice?
2. Who is responsible for training?
3. Is the person responsible for training fluent in the use of this practice?
4. Is the person responsible for training Practitioners familiar with best practices for training?
5. Who is responsible for ensuring the Practitioners participate in training?
6. Are there evaluation processes in place for training sessions?
7. Will guidance/material/requirements related to training for this practice be sought from other sources?

End State - Using the Practice Profile you developed, describe how you propose to train practitioners for the practice:

Training Driver Checklist Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.	Does not need an Action Plan		Needs an Action Plan	Notes
	NA	In Place		
Training Sessions are planned including trainer, frequency, venue and preparation of practitioners				
Training sessions are designed to reflect training best practices				
Communication of training sessions is provided to managers and practitioners				
Training evaluation process is in place				



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SELF-ASSESSMENT OF PROCESSES FOR THE COACHING DRIVER

The Coaching Driver addresses the availability of coaching processes to support the competency of the primary implementers of the practice. Coaches/coaching support(s) practitioners in developing competency and confidence in using new practices. Coaching addresses the practitioners' questions and concerns in carrying out the practice.

Discussion Questions:

1. Are there established Coaching practices in place in the organisation?
2. Is Coaching currently provided for any practice or to any practitioners?
3. Are those responsible for coaching fluent in the use of this practice?
4. Are those responsible for coaching familiar with best practice for coaching?
5. Who is responsible for enabling the Practitioners to participate in coaching?
6. How are coaching and supervision delineated?
7. Are there recording and monitoring processes in place for coaching?
8. Will guidance/material/requirements related to coaching for this practice be sought from other sources?

End State - Using the Practice Profile you developed, describe how you propose to coach practitioners for the practice:

Coaching Driver Checklist Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.	Does not need an Action Plan		Needs an Action Plan	Notes
	NA	In Place		
Coaches are fluent in the practice				
Established processes for coaching are in place and understood by relevant stakeholders (including expectations, documentation and assessment of coaching)				
Coaching plans are mutually developed between practitioners and coaches				
Delineation between coaching and supervision is clear				

SELF-ASSESSMENT OF PROCESSES FOR THE LEADERSHIP DRIVER

The Leadership Driver addresses the leadership structure and quality of leadership required to support effective implementation.

Technical Leadership is the style of leadership required to support the adoption of simple practical requirements e.g. the assessment tool will be completed within 72 hours.

Adaptive Leadership is the style of leadership required to support complex, multifaceted requirements that challenge the system more broadly e.g. which nurses be trained to complete the assessment tool? This may include decisions about shifts, full time vs. part time, vacation coverage etc. Leadership in this case needs to balance multiple interests.

Discussion Questions:

1. What are the Leadership structures currently in place?
2. Are appropriate Leadership structures aware of and involved in the implementation of the practice?
3. What role does Leadership play in establishing new practices in the organisation/institution?
4. How does Leadership communicate up, down and horizontally in the organisation?
5. Which Leadership structure communicates and influences the larger system within which the implementing organisation operates?
6. Is Leadership familiar with best practice for technical and adaptive leadership?
7. Will guidance/material/requirements related to Leadership for this practice be sought from other sources?

End State - Using the Practice Profile you developed, describe how you propose that leadership will support the practice:

Leadership Driver Checklist Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.	Does not need an Action Plan		Needs an Action Plan	Notes
	NA	In Place		
The appropriate Leadership structures are aware, informed and supportive of the implementation				
Leadership plays an active role in informing and influencing the implementation process				
Both technical and adaptive leadership is provided				
Leadership supports and communicates the needs of the implementation up, down and horizontally through the system				



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SELF-ASSESSMENT OF PROCESSES FOR THE FACILITATIVE ADMINISTRATIVE SUPPORT (LOGISTICS) DRIVER

The Facilitative Administrative Support Driver addresses the administrative processes that are in place to support the implementation of the core components of the selected practice. Administrative supports must facilitate optimum performance and may include things such as policy support for core components, location of required forms, availability of required equipment/tests, recognition and availability of time required, and other administrative/logistical functions that support the implementers and implementation processes.

Discussion Questions:

1. Does Leadership have a role to play in establishing administrative support?
2. Who is responsible for the administrative functions (this may be more than one person or department)?
3. How are administrative processes and supports communicated to the practitioners?
4. What administrative supports are available for the practitioners to perform the core components of the practice being implemented?
5. Are those responsible for administrative supports familiar with best practice for these functions?
6. Will guidance/material/requirements related to Facilitative Administrative Support for this practice be sought from other sources?

End State - Using the Practice Profile you developed, describe how you propose that facilitative administrative support will support the practice:

Facilitative Administrative Support (Logistics) Driver Checklist Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.	Does not need an Action Plan		Needs an Action Plan	Notes
	NA	In Place		
Administrative supports are clearly established and endorsed by Leadership and the organisation				
Administrative support processes are in place to facilitate effective implementation (e.g. forms, policies, etc.)				
Practitioners are aware of the administrative support processes				
Administrative support processes are consistent with organisation/institutional systems				

SELF-ASSESSMENT OF PROCESSES FOR THE SYSTEM INTERVENTION DRIVER

The System Intervention Driver addresses the position of the implementing organisation within the internal (e.g. implementing unit or department) and external (e.g. entire institution, community, health care system) organisational environment. The “System” has the ability to support effective implementation or create barriers for effective implementation.

Discussion Questions:

1. What are the current linkages between the implementing unit and the internal and external systems?
2. What role does Leadership play in these linkages?
3. Who is responsible for alignment with the internal system?
4. Who is responsible for alignment with the external system?
5. How are these structures/personnel informed of the implementation processes and activities?
6. Are those responsible for System Intervention familiar with best practice for these functions?
7. What opportunities and barriers (e.g. standards, policy, partnerships, community planning process, etc.) might be inherent in the System that would affect implementation of the practice?
8. Will guidance/material/requirements related to System Intervention for this practice be sought from other sources?

System Intervention Driver Checklist		Does not need an Action Plan	Needs an Action Plan	Notes
Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.				
The linkages between the implementing unit and internal and external systems are well understood by the SIT				
Leadership understands its role with respect to gaining System support (internal and external)				
Opportunities and barriers provided by the internal and external systems are explicitly identified				
Ongoing communication processes are in place to inform the internal and external system about the implementation				

End State - Using the Practice Profile you developed, describe how you propose that the system will support the practice:



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SELF-ASSESSMENT OF PROCESSES FOR THE DECISION SUPPORT DATA SYSTEM DRIVER

The Decision Support Data System Driver addresses the processes that are in place to collect, aggregate, analyse, and utilise the agreed upon data elements to inform continuous improvement and evaluation. The indicators are established through the Practice Profile and Performance Monitoring and Evaluation Driver.

Discussion Questions:

1. Are there established Decision Support Data Systems in place in the organisation?
2. Who is responsible for data management?
3. Who is responsible for data analysis?
4. Are there feedback loops currently in place through which all relevant stakeholders get the information that is pertinent to them?
5. Are those responsible for Decision Support Data Systems familiar with best practice for these functions?
6. Will guidance/material/requirements related to Decision Support Data Systems for this practice be sought from other sources?

Decision Support Data System Driver Checklist Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.		Does not need an Action Plan		Needs an Action Plan	Notes
		NA	In Place		
Data source and type of data (quantitative and/or qualitative) is available to inform all indicators					
Decision Support Data System processes are in place and understood by relevant stakeholders (including data collection, aggregation, analysis, reporting and feedback processes)					
Information from Data Analysis is regularly provided to relevant groups with appropriate level of detail					

End State - Using the Practice Profile you developed, describe how you propose that decision support data systems will support the practice:

SELF-ASSESSMENT OF PROCESSES FOR THE PERFORMANCE MONITORING AND EVALUATION DRIVER

The Performance Monitoring and Evaluation Driver addresses the performance of all personnel, processes and systems need to be monitored and evaluated to contribute to successful practice delivery.

Discussion Questions:

1. Are there established Performance Monitoring and Evaluation Processes in place in the organisation?
2. Who is responsible for Performance Monitoring and Evaluation?
3. How is performance of processes monitored and evaluated?
4. Are those responsible for Performance Monitoring and Evaluation familiar with best practice for these functions?
5. How are performance data recorded and reported?
6. Through what mechanisms are performance evaluation data reviewed (e.g. CQI, QA Dept., etc.)?
7. Will guidance/material/requirements related to Performance Monitoring and Evaluation for this practice be sought from other sources?

End State - Using the Practice Profile you developed, describe how you propose that performance monitoring and evaluation will support the practice:			
Performance Monitoring and Evaluation Driver Checklist Use this checklist to identify processes that require action to support the practice. Please reflect on the End State as you complete this checklist.	Does not need an Action Plan		Notes
	NA	In Place	
Performance indicators are established for all core components			
Performance indicators are established for core processes			
Performance monitoring and evaluation processes are in place and understood by relevant stakeholders (including expectations, documentation, analysis and appropriate feedback processes)			

Appendix G: Implementation Action Plan Tool

PURPOSE: To identify action items that need to be completed in order to establish the systems required to support each Implementation Driver.

- HOW:**
- Review the Practice Profile and Implementation Drivers Analysis to identify actions items that need to be completed.
 - Enter the action items next to the corresponding Implementation Driver.
 - Identify stakeholders, person(s) responsible for completing the action item, and timeline.
 - Once all the action items are identified, it is important to prioritize each action item.



IMPLEMENTATION ACTION PLANNING Template

Using the information gathered from the self-assessment of current organisational functions (Drivers) record what actions need to be taken to ensure the implementation context is prepared for the INITIAL IMPLEMENTATION of the practice/programme.

DRIVER	ACTIVITY	STAKEHOLDERS	RESPONSIBILITY/DATE	COMMENT/STATUS
COMPETENCY DRIVERS				
SELECTION				
TRAINING				
COACHING				

DRIVER	ACTIVITY	STAKEHOLDERS	RESPONSIBILITY/DATE	COMMENT/STATUS
LEADERSHIP DRIVER				
LEADERSHIP				

IMPLEMENTATION ACTION PLANNING Template

DRIVER	ACTIVITY	STAKEHOLDERS	RESPONSIBILITY/DATE	COMMENT/STATUS
ORGANISATIONAL DRIVERS				
SYSTEMS INTERVENTION				
FACILITATIVE ADMINISTRATIVE SUPPORTS				
DECISION-SUPPORT DATA SYSTEMS				

DRIVER	ACTIVITY	STAKEHOLDERS	RESPONSIBILITY/DATE	COMMENT/STATUS
PERFORMANCE MONITORING AND EVALUATION				

Appendix H: Coaching Plan Template

PURPOSE: The Coaching Plan is a proactive approach to purposeful and supportive coaching and is the responsibility of both the coaches and the practitioners. It specifies the coaching elements that will serve as the basis for further professional development and promote quality service delivery.

HOW: The coaching plan should identify:

- Coaches e.g., practice experts
- Learning goals
- Coaching strategies e.g., observation
- A feedback mechanism based on multiple sources of information

The elements, frequency, documentation, and timelines for activities in the Coaching Plan should be reviewed regularly for the first year and at least annually thereafter.



Coaching Plan Development¹

Background and Rationale

Professional development, support, and feedback are keys to quality service delivery and to improving service delivery over time and across staff. Coaching has been demonstrated as a key element to ensure implementation, fidelity, and quality of services. A Coaching Plan details the mutual responsibilities of the Coach and the Nurse or Practitioner. Both must participate fully in order for the coaching relationship to be successful. The Coaching Plan is a proactive approach to purposeful and supportive coaching and is the responsibility of both the Coach and the Nurse or practitioner. It specifies the Coaching Elements that will serve as the basis for further professional development and promote quality service delivery. It details the responsibilities of both the Coach and the Nurse or Practitioner.

Sound coaching relies on multiple sources of data including qualitative reports of activities, observations, and issues from the Nurse or Practitioner as well as data related to the effective delivery of the core elements of the practice, and the achievement of the planned outcomes of service provision. The template provided below and the suggested Coaching Elements that follow provide the basis for developing the Plan.

The Elements, Frequency, Documentation, and Timelines for activities in the Coaching Plan should be reviewed regularly for the first year and at least annually thereafter. The effectiveness of the plan should be mutually agreed upon by Coach and Nurse or Practitioner and revised as the competence and confidence of the practitioner develops.

¹ Adapted from the Coaching Service Delivery Plan Development NIRN 2012 ©National Implementation Research Network, 2012 M.A. Duda

Step 1: Identify who will be involved in coaching and define what skills are being coached

Tip: referring to Practice Profile Core Components Activity (Knowledge, Skills & Abilities) may be helpful

EBP/Practice: _____

Who will be receiving the coaching: _____

Who will be providing the coaching: _____

Who will be holding the coach accountable: _____

What are the skills (observable and measurable) that are being coached?

Step 2: Decide how much coaching is necessary?

Use the table below to determine if the skills you are coaching are new or current, and if the content is new or current. It may be helpful to create a list of the all of skills that you are coaching for and match them to the appropriate levels of coaching.

		Skills	
		New	Current
Content	New	High Level Intensity	Mid-level Intensity
	Current	Mid-level Intensity	Low Level Intensity

Frequency and focus of coaching should be tailored according to the intensity required.

Step 3: Review Coaching Elements and Functions

Core Coaching Elements

Examples of core Coaching Elements that are key to successful coaching include: Case reviews; Documentation and Data Reviews; Observation and Feedback; and Stakeholder Feedback. Each of these should be considered and planned for in developing the Coaching Delivery Plan. Within your context and informed by previous successful coaching experiences there may also be other components you want to consider.

Case Reviews

Function or Purpose: Assist the Nurse or Practitioner in problem-solving difficult issues that arise during the work by:

- Developing the Nurse or Practitioner's analytical skills related to problem-solving (e.g. clear problem definition, understanding of the context of the problem, generation of options, consideration of criteria for a positive resolution, consideration of benefits and challenges related to each option, data to be used as indicator of success)

Documentation and Data Reviews

Function or Purpose: to ensure that services (i.e. completion or risk assessment, Interdisciplinary Team action plan, etc.) are being delivered in a timely manner and with quality.

Example

- *Linking Risk Assessment to Action plan development:* The Nurse or Practitioner will complete the risk assessment (Braden or SCIPUS) within the specified time. Depending on the score, Nurse or Practitioner will contact the clinical coordinator to trigger the

Interdisciplinary action planning process. The purposes of reviewing the process of *Linking Risk Assessment to Action plan development* are for the Nurse or Practitioner:

- To work with the Coach to resolve challenging problems
- To ensure that services are timely and appropriate
- To analyze inquiries for the Action Plan Development over time to see if issues continue to arise and where the sources of the changes are. This may require an additional focus on:
 - Skill development for the Nurse or Practitioner
 - Systemic issues that need to be resolved outside the unit

- Administrative issues that need to be resolved by the leadership team (outside

Observation and Feedback

Function or Purpose: to provide feedback on key skill sets required for quality services and may include:

Example

- Coach or other identified individual conducts a reliability check on completion of activities (i.e. risk assessment, IDT Action plan, providing patient education)
- Coach observes the implementers of the Interdisciplinary team complete and execute the action plan
- Meetings with next generation implementers to introduce this new way of work
- Meetings with patient/clients to explain the treatment protocol
- Observation of providing education components as intended
- Meetings or events for which the Nurse or Practitioner requests the support of the Coach

Stakeholder Feedback

Function or Purpose: to assess the satisfaction of key stakeholders with the service, to identify strengths of the service and the Nurse or Practitioner, to analyze challenges and to plan for program adjustments and for further professional development of the Nurse or Practitioner.

Examples of three possible stakeholder feedback elements:

- Biannual stakeholder survey of key personnel who interact regularly with the Nurse or Practitioner
- Biannual survey of patients/ consumers who have been impacted by the services of the Nurse or Practitioner
- And/or Annual Focus group of patients/consumers parents who used the services

Determine Coaching Elements to be included in Coaching Plan:

1)

2)

3)

4)

STEP 4: Coaching Plan established

Coaching Plan Template

Practitioner:

Coach:

Individual or Group Sessions:

Frequency of Coaching Sessions:

Review date for Coaching Plan:

Skill Being Coached	Coaching Elements to be utilised	Notes	Date



GLOSSARY OF TERMS

SCI KMN Terms

Action Plan	The set of steps that an implementation team must undertake in order to complete implementation of a best practice within their site.
Alberta Paraplegic Foundation (APF)	Alberta Paraplegic Foundation, a sponsor of the SCI KMN, funds medical research related to spinal cord injury and the development of rehabilitation, wheelchair sports and awareness programs.
Best Practice	A method or technique that has consistently shown results superior to those achieved by other means. BPs are often accompanied by scientific evidence that support its utilization of that BP.
Best Practice Implementation	In the scope of the SCI KMN, BPI describes implementation of BPs within participating rehabilitation sites. Within SCI KMN, BPI is made possible through an operationalization strategy through a deliberate collaborative and consensus process for each BP selected for implementation.
Communication Plan	A working document, which provides a plan and targets for communication of information related to the SCI KMN. It is to be regularly reviewed and revised in relation to the natural evolution of the network.
Community of Practice	A network of peers with diverse skills and experience in an area of practice or profession. Such groups are held together by the members' desire to help others (by sharing information) and the need to advance their own knowledge (by learning from others).
Delphi Exercise	A multi-round consensus building exercise that provides stakeholders (a diverse, multidisciplinary panel of stakeholders with domain specific relevance, expertise and/or experience) access to available research evidence and other pertinent information to achieve consensus through anonymized voting and group discussion.
Dissemination Opportunities	Conferences, seminars, forums and other potential opportunities that will allow SCI KMN members to promote awareness and document progress of network activities.
Inter-professional Team	A team of health professionals with various and related expertise. The IPT works collaboratively to design and follow-through with the action plan associated with implemented BP within their respective site.
Knowledge Mobilization	Putting available knowledge into active service to benefit society.

Knowledge Mobilization Specialist (KMS)/ SAGE (French)	An SCI KMN subcommittee comprised of TSs from all participating sites, that provides the link between the individual site activity and collective project activity with respect to the application of implementation science and frameworks, coordination of implementation activities at the site level, and the implementation capacity building at each site.
National Implementation Research Network (NIRN)	The mission of the National Implementation Research Network (NIRN) is to close the gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices.
Ontario Neurotrauma Foundation (ONF)	Ontario Neurotrauma Foundation, a sponsor of the SCI KMN, supports research and practice in the field of neurotrauma.
Performance Indicator	Explicit standard of care against which clinical practice is judged with respect to 1) outcome; 2) process; and 3) structure.
Performance Measures	The tools used to assess performance indicators (i.e. markers of healthcare), as pertains to 1) outcome; 2) process; and 3) structure and may address different constructs for the same indicator (i.e. ideally in consideration of the spectrum of the International Classification of Function [ICF]).
	Outcome is the “voice of the patient or customer” and capture system performance reflecting the impact on patients as a result of the intervention. In other words, what are the results? Examples include infection rates, wait times and falls rates.
	Process is the “voice of the workings of the system.” In other words, are the steps in the processes that support the system performing as planned? Examples include bundle compliance rates, supply and demand and high-risk patient intervention rates.
	Structure refers to looking at a system from different perspectives. In other words, are changes designed to improve one part of the system causing new problems in other parts of the system? Examples include staff satisfaction, financial implications and restraint rates.
Pressure Ulcer	Pressure ulcers are localized injuries to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.



Pre-Exploration	SCI KMN adaptation to NIRN stages of implementation in which the network performed an environmental scan to determine the state of readiness of Canadian rehabilitation sites for prospective participation in the network.
Rick Hansen Institute (RHI)	Rick Hansen Institute, a sponsor of the SCI KMN, is a Canadian-based not-for-profit organization committed to accelerating the translation of discoveries and best practices into improved treatments for people with spinal cord injuries.
SharePoint	The on-line collaboration platform used by SCI KMN to overcome challenges such as differing physical locations & time zones, competing priorities, scheduling conflicts and technical restrictions.
Implementation Team (SIT)	A core group of individuals that represents relevant stakeholders employed at a specific SCI KMN affiliated site that promotes effective, efficient and sustainable BPI.
Spinal Cord Injury (SCI)	An injury to the spinal cord resulting in a change, either temporary or permanent, in the cord's normal motor, sensory, or autonomic function. (http://en.wikipedia.org/wiki/Spinal_cord_injury)
Spinal Cord Injury Knowledge Mobilization Network (SCI KMN)	A CoP that has evolved out of a national BPI effort. The goal of the network is to adopt and utilize the best available practices in SCI care to improve outcomes in the areas of pressure ulcers, pain management, and bladder management using an evidence-informed implementation methodology.
Stakeholder	In the case of the SCI KMN, stakeholder refers to individuals from a diverse, multidisciplinary spectrum of practitioners, academics, researchers, healthcare decision-makers and consumers with expertise and experience in SCI.
Terms of Reference (ToR)	An agreed upon "way of work" defined and developed by a team or group who has the responsibility of working together towards a common goal. A "living" document that outlines a groups functions include the following elements: <ul style="list-style-type: none">• Mission and Vision• Scope of work, objectives, expected outcomes• Membership• Leadership, roles and functions• Boundaries and limitations• Authority, accountability and reporting requirements• Decision-making processes

Implementation Science Terms

Capacity	Innate potential for growth, development, or accomplishment.
Coaching Driver	A competency driver that is important to have in place prior to implementation in order to support and monitor the new knowledge, skills and behaviours that were taught to staff. Having a coaching model in place will help further develop the learned skills until they are mastered.
Competence	The level of skill shown by a practitioner in delivering a practice once it is implemented.
Competency Drivers	The core components that address what staff at all levels need in order to use the best practice with fidelity. Competency drivers include: Recruitment and Selection of Staff, Training, Coaching and Fidelity.
Decision Support Data Systems Driver	An organizational driver that promotes use of the data being collected to help inform decision making for continuous quality improvement and observe the relationship of fidelity to outcomes.
Diffusion	In the context of implementation science, the process by which an innovation is communicated through certain channels over time among the members of a social system.
Dissemination	In the context of implementation science, the spread of information pertaining to the effective implementation of a selected practice within the implementation site.
Evidence-based practices (EBP)	Theoretical practices that have been supported with evidence that indicates overall positive outcomes.
Exploration	The NIRN stage of implementation in which WHAT to implement is determined. During this stage implementation sites are: <ul style="list-style-type: none"> • Actively considering implementing a best practice decision has been made to use a certain best practice. • Performing activities to explore what components of a practice are currently in place, assessing needs, finding individuals who would support implementation, creating some buy-in amongst certain staff members, collecting baseline data, drafting communication plan, developing terms of reference, activities #1 & #2 of practice profiles. • Exploring what best practice to implement (e.g. a group of experts going through the Delphi voting process). • Establishing an implementation team. • It is recommended that implementation science consultants visit sites and perform an evaluation of what is currently in place (i.e. “implemapping”).



Facilitative Administrative Supports: Driver	An organizational driver that encourages SITs to work towards aligning policies and procedures with the best practice, stressing the importance of having the administration play an active role to reduce the burden of implementation on the staff and implementation barriers.
Fidelity	How accurate the practice or program is used in practice in comparison to how the practice or program was intended.
Full Implementation	The NIRN stage of implementation that occurs after initial implementation. During this stage: <ul style="list-style-type: none">• At least 50% of staff that are using the best practice are meeting the fidelity criteria• The practice is a part of business as usual.
Hexagon Tool	A NIRN tool that is used to assess and potentially determine evidence-based best programs or practices to be implemented across an organization.
Implementation	“A specified set of purposeful activities at the practice, program, and system level designed to put into place a program or intervention of known dimensions with fidelity” (Fixsen et al., 2005).
Implementation Action Plan	A NIRN Tool that is designed for the SIT to record actions should be taken by to ensure that each driver is in place so that a BP is implemented effectively. It is performed after the Installation Stage Driver Assessment tool is used.
Implementation Drivers	Processes that can be leveraged to improve competence and to create a more hospitable organizational and systems environment for an evidence-based program or practice. These implementation components are categorized into three areas: competency, organization, and leadership. All of the drivers are integrated and compensatory.
Implementation Mapping	Interviews performed by SITs internally during the exploration stage that assess the organization’s implementation capacity by identifying existing strengths, barriers and gaps from past implementation activities.
Implementation Science	“The scientific study of variables and conditions that impact changes at practice, organization and systems levels; changes that are required to promote the systematic uptake, sustainability and effectiveness of evidence-based programs and practices in typical service and social settings” (Fixsen et al., 2010).
Implementation Teams	A core group of selected individuals that promote effective, efficient and sustainable implementation within their organization.

Improvement Cycles	A NIRN tool that provides implementation teams with the opportunity to determine barriers and facilitators for successful and sustainable BPI. Also provides insight for improving through feedback or feed forward mechanisms within the organization involved in the BPI process.
Installation Stage Driver's Assessment Tool	A NIRN tool that SITs may use to analyze each implementation driver and determine if an installation related activity is in place with respect to the given best practice. For those activities that are not in place, it identifies items that will require action planning.
Initial Implementation	The NIRN stage of implementation that occurs after installation and focuses on "WHO are key personnel, HOW implementation process is going". During this stage: <ul style="list-style-type: none"> • The organization begins to utilize best practice • Data collection begins • Fidelity is measured <p>Using the implementation drivers defined in the worksheet</p>
Installation	The NIRN stage of implementation that occurs after exploration and focuses on "WHAT needs to be in place, HOW to implement" During this stage implementation teams are: <ul style="list-style-type: none"> • Actively working to get things set up in order to be able to use the best practice (e.g. hiring necessary people, identify coaches & trainers, set up program to collect data, identify who will do what role, creating or revising standards/guidelines etc.) • Completing practice profile activity #3 & #4 for the risk assessments (Braden, interdisciplinary team) and SCI Education on pressure ulcers. • Establishing a fidelity measure • Completing the implementation driver worksheet
Intermediary Organization	The specific agency that houses, supports, and funds the implementation of a program or practice.
Leadership Drivers	Technical and adaptive challenges that leaders must face and overcome throughout the implementation process. The advantage of having a strong leader supporting this work will help the implementation team move through change and resistance that will be encountered throughout the process.
Organizational Drivers	The core components that address the organizational supports and environment necessary for proper best practice adoption. Organizational drivers include: Systems Intervention, Facilitative Intervention and Decision Support and Data System



Performance Assessment Driver	<p>A newly developed system or set of existing tools that are used to evaluate:</p> <ul style="list-style-type: none">• The staff’s use of the identified knowledge, skills and behaviours taught in training• The skills that will be reinforced through coaching• The effectiveness of the training• The effectiveness of the coaching <p>Monitors the fidelity of implementation and provides information to the implementation on if the established systems are working the way they were intended.</p>
Plan-Do-Study-Act Cycle (PDSA)	<p>A looping framework that is designed to initiate and manage change in a purposeful way in order to achieve and improve the intended outcomes:</p> <ul style="list-style-type: none">• Plan – identify resources and needs, develop goals and policies, plan first steps• Do – begin to use the new plan at the practice level• Study – analyze practice/system impacts, movements toward/away from goals• Act – identify needed policy/practice/system adjustments
Policy Enabled Practice (PEP)	<p>When the policy helps standardize a practice.</p>
Practice Informed Policy (PIP)	<p>When a practice helps create a policy.</p>
Practice Profiles	<p>A NIRN tool that helps implementation teams define the critical component in the best practice and implementation process, explore WHAT needs to be in place to implement the best practice and HOW it is going to be done.</p>
Recruitment and Selection Driver	<p>A competency driver that addresses the importance of defining the skills and knowledge necessary for particular roles, as well as selecting and/or recruiting staff for these roles, in order to carry out the evidence-based practice.</p>
Scalability	<p>A characteristic of a system, model or function that describes its capability to cope and perform under an increased or expanding workload.</p>
Stages of Implementation Analysis	<p>A NIRN tool that can be used to help a team re-assess where they are in implementation process and determine if they are ready to move onto the next stage of implementation. If an implementation team is not ready to move onto the next stage, this tool allows them to identify which activities require attention before progressing.</p>

Supervision and Coaching Driver	A competency driver that is important to have in place prior to implementation in order to support, monitor and continue to develop the new knowledge, skills and behaviours that were taught to staff until they are mastered.
System Interventions Driver	An organizational support driver that promotes the identification of potential facilitators and barriers to implementing the best practice, as well as focuses on the importance of building in buy-in and cultural change if necessary, ensuring sustainability.
Training Driver	A competency driver that addresses the importance of building the skills required to deliver the best practice at the implementation site.

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The background features a soft, ethereal sunburst of light rays in shades of yellow, orange, and white, emanating from the left side. Overlaid on this are several large, semi-transparent gears in various shades of green and teal, creating a sense of interconnectedness and movement.

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