

STUDYING IMPLEMENTATION CONTEXTS

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Outline

- ▣ Frameworks that assess context
 - PARIHS
 - CFIR
- ▣ Examples
 - Quality improvement
 - Patient safety practices

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What is context?

- ▣ “Context” may refer to the environment or setting in which people receive health care services, or getting research evidence into practice.
- ▣ Context is the “environment or setting in which the proposed change is to be implemented,” where the environment has boundaries and structures that shape the environment for practice.

Why is context important?

- ▣ Context is important as it affects organizational change, dissemination, innovation, implementation, and knowledge translation.

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PARIHS

- ▣ Promoting Action on Research Implementation in Health Services Framework:
 - Evidence
 - Context
 - Facilitation

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The PARIHS framework...

- ▣ Proposes that most successful implementation occurs when
 - The evidence is scientifically robust and matches professional consensus and patient needs;
 - The context is receptive to change with sympathetic cultures, strong leadership, and appropriate monitoring and feedback systems;
 - There is appropriate facilitation of change with input from skilled external and internal facilitators.

Context and Implementation

- ▣ A strong context will increase the likelihood of implementation success:
 - Clarity of roles
 - Decentralized decision making
 - Valuing of staff
 - Transformational leadership
 - Reliance on multiple information sources on performance

Elements of Context

- ▣ Culture
- ▣ Leadership
- ▣ Evaluation

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Context: Culture

LOW

- ❑ Unclear values and beliefs
- ❑ Low regard for individuals
- ❑ Risk-driven organization
- ❑ Lack of consistency
- ❑ Resources not allocated
- ❑ Well integrated with strategic goals

HIGH

- ❑ Culture defined in terms of prevailing values/beliefs
- ❑ Value individual staff and clients
- ❑ Promotes learning organization
- ❑ Consistency of role to value
 - Relationships; teamwork, power and authority, rewards/ recognition
- ❑ Resources allocated
- ❑ Imitative fits with strategic goals and is a key practice

Context: Leadership

LOW

- ▣ Traditional, command, and control leadership
- ▣ Lack of role clarity
- ▣ Lack of teamwork
- ▣ Poor organizational structures
- ▣ Autocratic decision-making
- ▣ Didactic approaches to learning/teaching/managing

HIGH

- ▣ Transformational leadership
- ▣ Role clarity
- ▣ Effective teamwork
- ▣ Effective organizational structures
- ▣ Democratic-inclusive decision-making
- ▣ Enabling/empowering approach to learning/teaching/managing

Context: Evaluation

LOW

- ▣ Absence of any form of feedback
- ▣ Narrow use of performance information sources
- ▣ Evaluations rely on single rather than multiple methods

HIGH

- ▣ Feedback on individual, team, system performance
- ▣ Use of multiple sources of information on performance
- ▣ Use of multiple methods
 - Clinical
 - Performance
 - Economic
 - Experience evaluations

CFIR

- ▣ Consolidated Framework for Implementation Research
 - Outer setting
 - Inner setting
 - Characteristics of the individuals

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Outer Setting

- ▣ Patient needs and resources
- ▣ Cosmopolitanism
- ▣ Peer pressure
- ▣ External policy and incentives

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Inner Setting

- ▣ Structural characteristics
- ▣ Networks and communications
- ▣ Culture
- ▣ Implementation climate
 - Tension for change
 - Compatibility
 - Relative priority
 - Organizational incentives and rewards
- ▣ Readiness for implementation
 - Leadership engagement
 - Available resources
 - Access to knowledge and information

Characteristics of Individuals

- ▣ Knowledge and beliefs about program/intervention
- ▣ Self-efficacy
- ▣ Individual stage of change
- ▣ Individual identification with organization
- ▣ Other personal attributes

Examples

- Patient Safety Practice
- Quality Improvement

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Patient Safety Practice (PSP)

- ▣ Taylor et al. (2011)
 - Many practices have been implemented to improve patient safety, such as the use of a checklist to prevent blood stream infections.
 - The effectiveness of these practices can vary across different settings.
 - Differences in contexts may explain variations in the effects of patient safety practice implementation.

PSP

- ▣ Study objective was to identify contexts likely to influence patient safety practice implementation.
- ▣ Iterative, formal discussions were held with a 22-member expert panel to identify contextual features that impact implementation, focusing on 5 PSPs.
- ▣ The panel reached a consensus on a taxonomy of 4 domains of contextual features important for PSP implementations.

Four domains of contexts important for PSP Implementation

- ▣ Structural organizational characteristics
- ▣ External factors
- ▣ Safety culture, teamwork, and leadership
- ▣ Availability of implementation and management tool

External Factors

- ▣ External factors are the environment in which the health care organization resides.
- ▣ Domain includes:
 - Regulatory authority or accreditor requiring safety practices
 - Public reporting or pay-for-performance programs
 - Sentinel event garnering media attention
- ▣ External factors are generally not under the influence of the organization itself, though they may be influenced by policymakers or payers.

Organizational Structural Characteristics

- ▣ Characteristics include:
 - Size
 - Location
 - Academic status
 - Financial status
 - Organizational complexity
- ▣ These features are mostly fixed, where the organization can influence them only slowly, if at all.

Teamwork, Leadership, Culture

- ▣ These are interrelated concepts that are likely to influence whether and how well the organization can implement and sustain an intervention.
- ▣ These factors are mutable; that is, organizations may change these factors over time.

Management Tools

- ▣ Presence of management tools are easily influenced by the organization.
- ▣ Examples include:
 - Internal audit
 - Feedback
 - Training
 - Financial incentives
 - Designating a local champion or coach
 - External consultants

Examples

- Patient Safety Practice
- Quality Improvement

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Quality Improvement

- ▣ Kaplan et al. (2010)
 - Mixed results of success among quality improvement (QI) initiatives may be attributed to variations in the context.
 - Conducted a systematic review of 47 articles on QI to identify contextual factors that influence QI success.

Domains

- ▣ Environment
- ▣ Organization
- ▣ QI Support and Capacity
- ▣ Microsystem
- ▣ QI Team
- ▣ Other

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Environment

- ▣ Competition
- ▣ Managed care penetration
- ▣ Regulation
- ▣ TQM adoption by other hospitals
- ▣ Accreditation
- ▣ Pay-for-performance

Organization

- ▣ Size
- ▣ QI leadership
 - Top management
 - Board leadership
 - Board structure
 - Organizational support
 - Middle management
 - Strategic planning
 - Manager characteristics
- ▣ Culture
- ▣ Ownership

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Organization

- ▣ QI maturity
 - Years involved in QI
 - QI scope
 - Intensity
 - QI/QA integration
- ▣ Affiliation
- ▣ Location
- ▣ Customer focus
- ▣ Financial health
- ▣ Service mix

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Organization

- ▣ Structure
 - Clinical integration
 - General
- ▣ Physician
 - Involvement in QI
 - Arrangements
- ▣ Implementation approach
- ▣ Motivation to implement QI
- ▣ Innovativeness
- ▣ Supplier relationships

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QI Support and Capacity

- ▣ Data infrastructure
 - Information systems
 - Data feedback
- ▣ Resources
 - Funding
 - Time
- ▣ QI workforce focus

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Microsystem

- ▣ Motivation to change
- ▣ Champion
- ▣ Physician leadership
- ▣ Culture/climate
- ▣ Capability for change

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QI Team

- ▣ Physician involvement on team
- ▣ Group process
- ▣ Team leadership
- ▣ Team QI skills
- ▣ Group climate
- ▣ Support
- ▣ Prior experience
 - With QI
 - Working together

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Other

- ▣ Strategic importance to organization

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In Summary

- ▣ Contextual factors that have been identified in literature as those that contribute to the success of implementation include leadership, culture, organizational structure, and environment.
- ▣ Contexts can lend important insights into the implementation process.