



Workshop 16 – 2018 Nordic Implementation Conference

Practice-Research Partnerships for Implementation

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Presentation 1: Community- University partnerships to improve implementation (Lauren Hodge)

Background

Partnership models are beneficial for implementation because they build upon a community or organisation's pre-existing capacity and provide a support system to help them perform at their optimal level. Partnership models can build upon previously developed infrastructures for the provision of training, technical assistance, and other resources needed to enhance capacity for implementation.

Project aim

This research examined a number of factors to determine which factors are correlates and predictors of evidence based program implementation. The presentation will outline the partnership model and focus on the partnership's association with implementation. The partnership was between a university program-development and research team, training organisation, Indigenous child protection peak body, and the management, team leaders and practitioners within the organisations.

Project methods

The partnership involved tailored training and program resources (by the training organisation) to practitioners, ongoing technical support (by the University research and program development team) including site visits (e.g., staff project briefings and logistics), coaching (e.g., modelling and co-facilitation), and help with clinical issues (e.g., collecting and interpreting outcome measures). Spearman rho correlations and regression analysis were evaluated between Partnership support and program implementation at 18 mos., and supportive coaching and implementation at 36 mos.

Project results

The bivariate relationship indicates that partnership support is significantly related to implementation ($r = 0.31$, $p < 0.05$). The regression analysis indicated that partnership support is not a predictor of implementation at 18 months. However, supportive coaching, provided by the university as part of the partnership, was a significant correlate and predictor of implementation at 36 months. Respondents who received supportive coaching during the implementation phase of the project were 15 times more likely to sustain use of the program at 36 months [OR =15.63, 95% CI (1.98–123.68)].

Preliminary or final conclusions/discussion

Universities, communities and provider agencies can work better together to support the uptake of evidence in practice and promote practice implementation in low resource settings by forming partnerships. In order to provide the necessary proactive support new modes of collaboration are needed. Integrating a partnership model that involves the community, program developers, researchers, intermediaries and community-based providers will be essential to improve implementation globally.



Presentation 2: Spreading evidence-based practice in health: lessons from an academic-provider partnership approach (Jo Day)

Background

A recognised challenge for health systems worldwide is the variation in effective and acceptable evidence-based practices so they are accessible to all who need them. One difficulty is achieving a wider spread beyond just the one organisational setting. Another is the overwhelming influence of local context. Further understanding is needed of the influential factors to spread effective practices.

Project aim

We set out to understand the process of spreading the implementation of evidence-based practices and improvements within acute care settings. We wanted to gain insights into what helps and hinders the spread of effective initiatives. Recognising the challenges noted above, efforts have been made by the Government and funders in the UK to close the gap between the production and the use of knowledge in the National Health Service. Within the south-west of England, a university-provider partnership model has sought to promote and accelerate the translation of research knowledge into practice.

Project methods

We focus on 2 time-limited projects initiated by the university-provider partnership. The stroke project aimed to spread improvements to the time-critical thrombolysis treatment pathway. The PIC project aimed to widen implementation of patient-initiated clinics to improve patient follow-up care. Each has been shown to be effective and acceptable in an acute setting and considered suitable for spread to others. We conducted a focused ethnography, informed by the Consolidated Framework for Implementation Research (CFIR), to generate overarching insights into the process of spreading practices.

Project results

We found these projects shared the following influential contextual factors, both helping and hindering, the spread of improvements to the stroke pathway and the PIC implementation (1) at the macro-context level peer pressure and patient focus, (2) at the meso-context level the implementation climate and readiness for implementation, (3) at the micro-context level key individuals' knowledge and beliefs about the improvement and initiative. We found two further influences (4) perceived quality of evidence, (5) engaging appropriate individuals in the improvement and implementation process.

Preliminary or final conclusions/discussion

Academic-provider partnerships provide one model for achieving the spread of effective practices. We identified 18 lessons from studying two efforts seeking to close the second gap in translation. CFIR was equally helpful and challenging to apply. We found a need to understand the influence of psycho-social factors ('soft intelligence'), and collate 'hard data' on performance and outcomes. Our findings are transferable to similar time-limited university-provider partnership approaches.



Presentation 3: How collaboration enhances the implementation of FFT in Denmark (Dagfinn M. Thøgersen & Kittie Carlsson)

Background

Implementation efforts need effective monitoring and feedback systems to result in long term success. Purveyors can and should actively engage provider organizations and program developers in addressing barriers related to effective implementation and sustainability of EBPs through the use of comprehensive implementation feedback systems (IFSs).

Project aim

The Danish government launched a larger implementation initiative of Functional Family Therapy in the years 2015-2017. In this initiative, the National Board of Social Services planned the project through the use of the Active Implementation Frameworks and engaged both an experienced purveyor organization and available Danish clinical and training expertise in the FFT model. The National Board of Social Services also engaged an external evaluator to evaluate the implementation process, program effectiveness and cost-benefits of the program.

Project methods

This project capitalized on a close cooperation between government, purveyor and developer when implementing FFT in Denmark. Three types of evaluations were made: a formative implementation evaluation based on qualitative data (site readiness assessment and semi-structured interviews), and these data was used for adjusting the implementation-process. The program effectiveness was evaluated using a pre-post design with three standardized measures and demographic information. Cost-benefit analysis were completed using budgets from the municipalities and data from FFT case management data base.

Project results

The implementation evaluation report resulted in 10 clear recommendations to improve the implementation process. This report was ordered to be ready half-way through the implementation process, and its recommendations were actively used by the government, purveyor and developer to improve and adjust the remaining implementation activities in the project. The program effectiveness evaluation showed high levels of data entry and completion, and preliminary analysis show moderate to strong treatment effects. The cost-benefit analysis is not yet completed, but will be at the time of presentation.

Preliminary or final conclusions/discussion

The implementation of FFT is one of the more successful roll-outs of EBPs in social services in Denmark to date. The investments made by the National Board of Social Services to be actively engaged in the implementation and partnering with both an experienced Danish purveyor organization and FFT-program experts in Denmark has been an important part of this success. Such implementation teams with complementing capacities and bases of influence could be a key factor to include in future projects.