

Implementation Science and Improvement Science Blended Approach Proposal

WHAT IS THIS TOOL?:

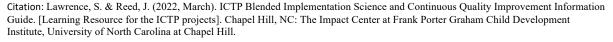
This tool is a summary document of a proposal for how to integrate Implementation Science and the Improvement Science, Model for Improvement. It outlines the steps and activities needed to integrate the approaches and identifies which ICTP learning objectives and resources and tools are connected to this proposed approach.

HOW TO USE IT:

This tool can be used as a job aid or conversation starter to discuss with LIAs and/or CITs how to work together to co-create an organized approach for using data to learn from newly tested implementation strategies and activities.

CONSIDERATIONS:

This is a proposed approach and requires the Implementation Specialist and LIA/CIT to work together to decide what will work for them and their context and capacity. This approach is also data-led it will require the LIA/CIT to either pull from existing data or collect their own data, qualitative or quantitative. It is important teams recognize that and are willing to use data more consistently and in real time. Implementation Specialist can also use the <u>Blended Implementation</u> Science and CQI approach slides for adult learning presentation.









Imp Sci/Quality Improvement Approach Proposal

Adapting intervention using a QI approach -- when an evidence-based intervention does not fit the context

Purpose:

Test a more structured approach to testing new adaptions of implementing Triple P in different contexts and use data for learning for future spread and scale

Test of Change idea:

TPOL hybrid pilot and/or Women's Correctional Facility pilot

Broad plan:

We propose organizing our work together around the "Model for Improvement and Implementation"

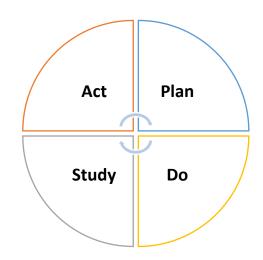
Roadmap for Change

The Model for Improvement and Implementation

What are we trying to accomplish?

How do we know that a change is an improvement?

What change can we make that will result in improvement?



What implementation goals are critical to implementing the

change?

What factors affect the achievement of these goals?

What implementation approaches are the most appropriate to address these factors?



The Model Breakdown:

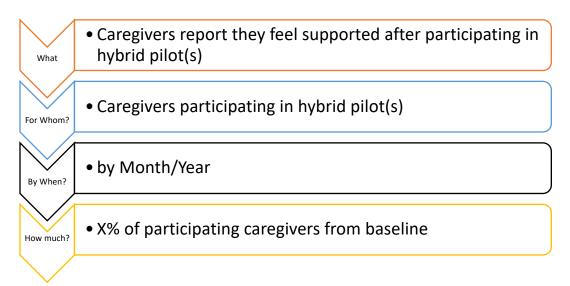
The steps we will take to move through the proposed approach

Q1. "What are we trying to accomplish"

Creating a measurable aim for implementation goal

What	• What do you want to happen?
	Target population
For Whom?	Target peparation
By When?	 Deadline for when the aim will be achieved
How much?	Measurable concreate goals

For Example:





Sample Aim Statement:

By Month/Year(by when), increase(what) by X% from baseline (how much) the proportion of caregivers participating in hybrid pilot(s) (for whom) who report they "feel more supported" (what) as a result of participating in the Triple P hybrid pilots

Q2. "How will we know a change is an improvement" - What are the indicators of success or how will be know, using data, that we have met our aim?

Outcome measures:

- •System level performance, or the clinical outcome
- •"The what"
- •Did we achieve what we set out to?

Process measures:

- •Relate to how this happens, the processes that change to bring about improvement
- •"The how" it is done
- Are we going in the right direction?

Balancing measures:

• Relate to unintended consequences of improvement

Three Types of Measurement

Outcome measure- can be the aim statement

Process measure - reaching target population, program implemented as intended, completion of program, engagement in program, satisfaction with program, etc.

Balancing measure - intensity of time/support needed for implementation

Measurement Considerations for CQI A few key measurement

Measurement Considerations for CQI

- •A few key measures that clarify a team's aim and make it tangible should be reported on a regular basis (e.g. monthly, quarterly, etc.)
- •Six to eight measures ideal, maximum of ten
- •Usefulness not perfection- does not need to be super rigorous
- Make sure the data can be easily collected
- •Integrate measurement into the daily routine.
- •Make use of available data systems for measurement
- •More frequent data the better- promotes timely and real-time decision making



- Well defined
- Useful variation to guide improvement and test changes

Q3. "What changes can we make that will result in an improvement" – determine what implementation strategy we want to test

Are you interested in making changes to the whole service/program or just specific components?

For example, does the "test of change" make it easier for caregivers to participate or providers to deliver?

How to determine the "test of change"

Get input from people working on the ground and those receiving the services/program (e.g. caregivers, practitioners)

Learn from others doing the same or similar work (e.g. other LIAs or similar program models) Learn from the evidence in the field or similar program model that have been studied

- Is there any evidence or work others have done in the field similar to the "test of change"
- What were the key components to that initiative/program?
- What were the key outcomes and how were they measured?
- Is there anything to be learned from what they did or how they implemented the program that can be apply to your "test of change"

Test of Change/Plan-Do-Study-Act (PDSA)- how to implement the test of change and learn from it?

How will you track and monitor the "test of change"

- Bringing together an implementation/Quality Improvement team to implement the "test of change"
- Using and documenting the "test of change" using a PDSA worksheet and/or checklist (below)

Possible Predictions:

- Supporting the implementation of a hybrid model will be less intensive- time, money, resources (?) than supporting the traditional Triple P model
- More caregivers participate/complete Triple P if they can do most of it online compared to traditional Triple P delivery
- Practitioners will find the hybrid version of Triple P easier to deliver (or are more likely to deliver using a hybrid delivery approach)
- In the 5-year strategic plan this is in the non-scaling counties -- what is the why?
- Is it because it is more attractive to counties/agencies, parents are more likely to participate, it is less of a lift for you all as the implementation support etc.



What will we do with what we learn?

- Adopt- adopt the "test of change" as is and test it again in a different context or in a different condition
- Adapt- make some minor changes to the "test of change" and test it again in the same context or condition
- Abandoned- do not move forward with the "test of change" and try something different

Other considerations

Common Implementation goals¹

Acceptability	Do stakeholders find the change solution agreeable/satisfactory?	
Feasibility	Is the solution feasible to implement given resources?	
Adoption	Are the organization/recipients using the change solution?	
Fidelity Is the solution being implemented as intended?		
Penetration	Is the solution reaching all those targeted?	

Questions about Implementation Approaches

Not Just:

"Does it work?"

But:

"When does it work?"
"Where does it work?"

"For whom does it work?"

"What must be done to make it work?"

"How should solutions be tailored and combined?"

Example of Implementation Approaches

Potential barrier	Strategy
Community Knowledge	Community outreach, communication sessions
Beliefs and preconceptions	Community engagement, opinion leaders
Community Resources	Community volunteers, community collective funds
Practitioner confidence	Coaching, supportive supervision, team
	delivery/implementation
Practitioner motivation	Incentives, supportive supervision, audit and feedback
Leadership support	Communication plan, leadership proles, incentives
Change tolerance	Implementation plan, milestones, collaborative process
Staffing and resources	Sustainability planning, advocacy
Competing priorities	Process simplification, advocacy

¹ Adapted from Proctor 2011

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