

# **Beyond 'train and hope': achieving program sustainability with implementation science**

Dr Nicholas Kerswell





# Acknowledgement of Country

Lives Lived Well recognises Aboriginal and Torres Strait Islander peoples as the original inhabitants of the land now known as Australia and their continuing connection to land, air and sea. We acknowledge the traditional custodians of the lands across which we work and live, and pay our respects to elders, past and present.

Lives Lived Well is proud to work in partnership with local Aboriginal and Torres Strait Islander communities. We are committed to reconciliation through our day-to-day work and our Reconciliation Action Plan.





## Recognition of lived experience

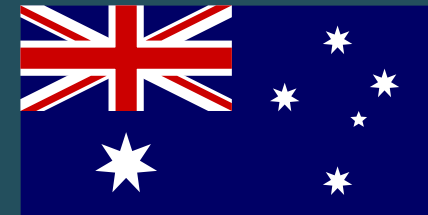
We recognise the contribution of people with a lived and living experience of mental health difficulties, problematic alcohol and other drug use, and suicidality to our work. We value the voice of lived experience, including families, carers and support people.

## Recognition of service

We respect and give thanks to all who have served and are currently serving in our defence force and their families. We acknowledge the unique nature of military service and the sacrifice demanded of all who commit to defend our nation.

## Commitment to diversity and inclusion

Lives Lived Well celebrates diversity and is committed to providing inclusive services and workplaces. Everyone has the right to live well, with dignity and respect. We offer support to all people without judgment or discrimination.



# Map of services

This map displays our service hub locations across Australia. Many hubs also offer outreach to surrounding areas.



\*Locations as of November 2023 and not inclusive of all outreach areas

\*\* Lives Lived Well operates re-entry services and gambling services in Queensland only

\*\*\* Lives Lived Well offers tailored programs specifically for Aboriginal and Torres Strait Islander people while also extending a warm invitation for First Nations peoples to access our other services





# Overview

- ▶ Introduction to Implementation Science
- ▶ Evidence-based frameworks
- ▶ Facilitation and Facilitators
- ▶ Practical Applications of Implementation
- ▶ Considerations and Conclusions



# References

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# Implementation Science

Beyond Train and Hope





# Train and Hope?

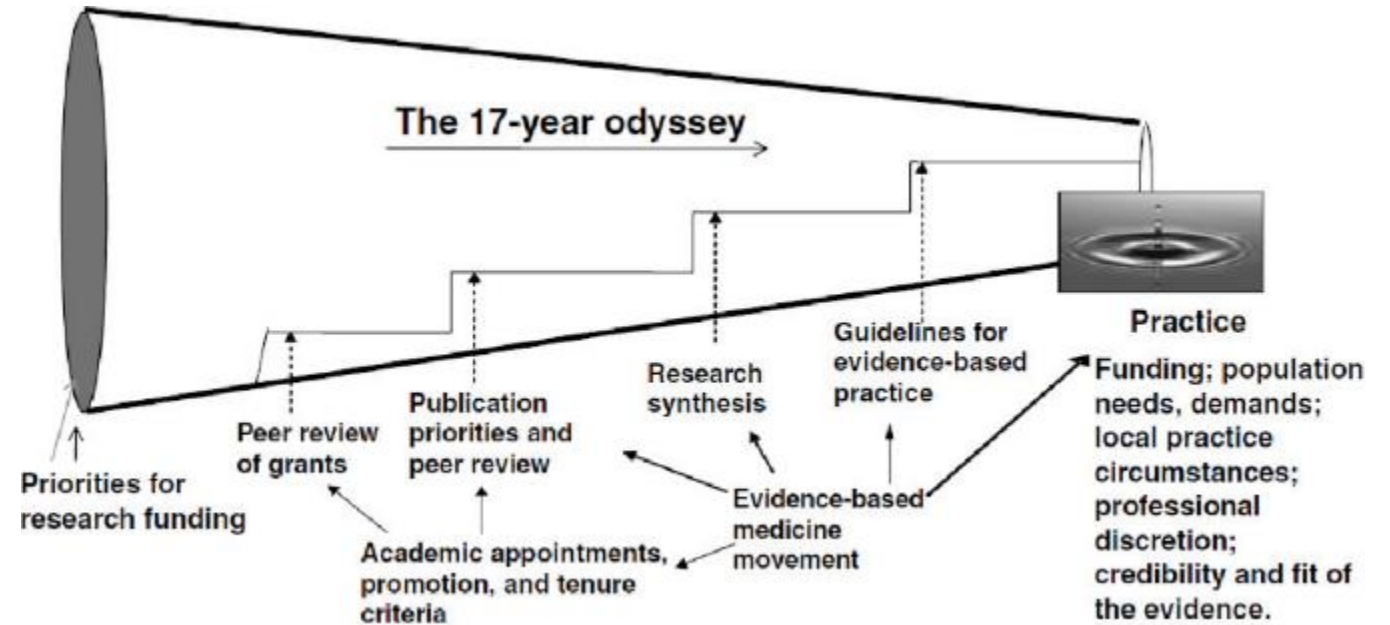
- ‘Build it and they will come’ is a mentality adopted by many unsuccessful businesses
- In the AOD sector we often do ‘train and hope’
  - Identify a need, find and bring in trainer who fills it, hope everyone does it from there
- Over 60% of implementation projects fail
  - Clients don’t receive optimal care
  - Staff become demoralised
  - Organisations suffer lost resources and change fatigue
- Implementation science is an alternative





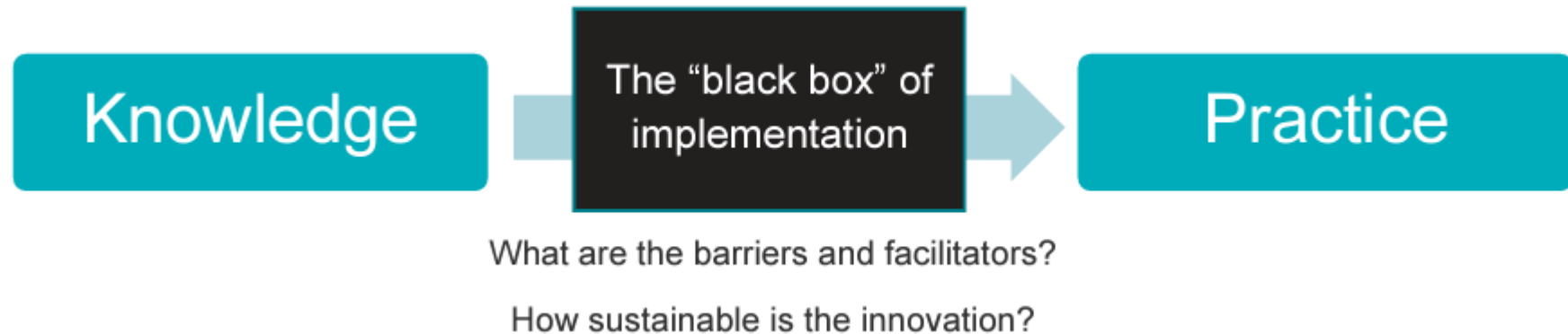
# Lost in Translation

- A 17-25 year gap has been identified from the time evidence is established to the implementation of a psychological intervention in clinical practice
- (Green et al., 2014)
- Helpful practices take too long to be **established**
- Ineffective and unhelpful practices take too long to be **stopped**
- Implementation science can assist both **innovation** and **exnovation**



# Implementation Science

- *“The scientific study of methods to promote the systematic uptake of ... evidence-based practices into routine practice ... to improve the quality and effectiveness of health services”*
- (Bauer & Damschroder, 2015)
- Bridges the gap between research knowledge and clinical practice
- Accelerates the adoption of evidence-based practice into clinical practice







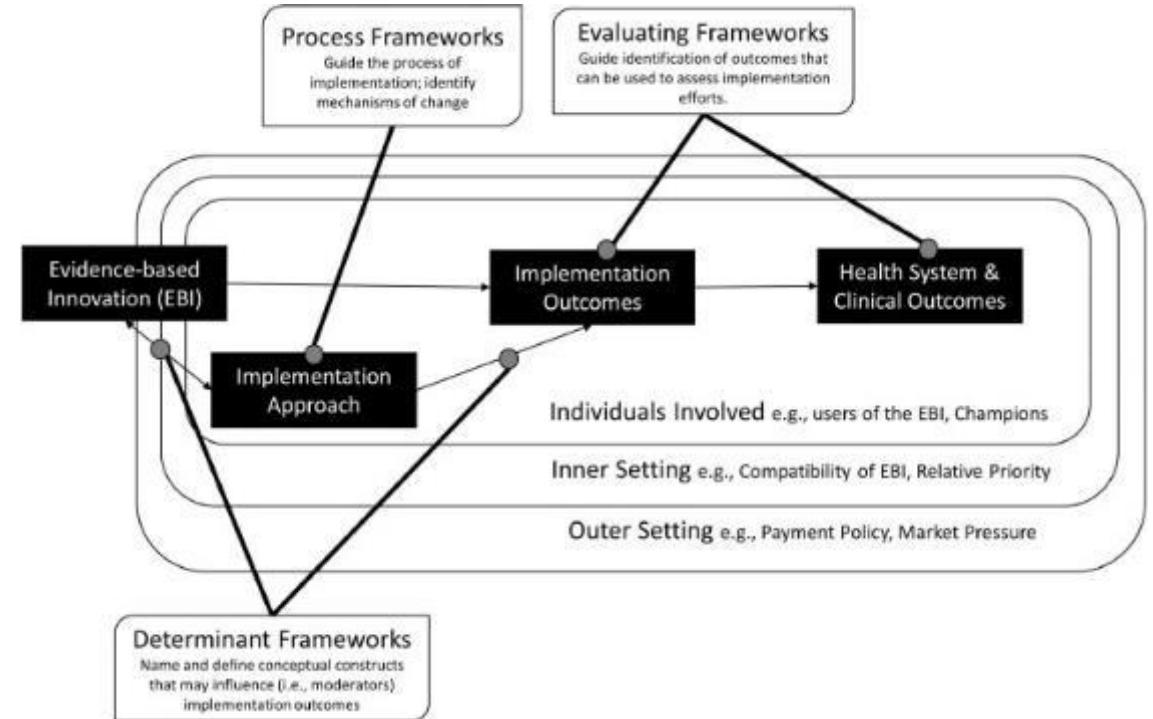
# Implementation Frameworks

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# Implementation Frameworks

- Different frameworks focus on different domains
  - Many are 'hybrids'
- **Determinant Frameworks**
  - Constructs that influence the outcome of implementation
    - Good for planning
- **Process Frameworks**
  - Guide the process of translating research into practice
    - Good for doing
- **Evaluating Frameworks**
  - Measurement of outcomes for assessing and evaluating
    - Good for reviewing



Damschroder, 2020





# Common Factors

- **Innovation/Intervention Characteristics**
  - What is the innovation and its evidence base?
- **Stakeholder Characteristics**
  - Population/clients/practitioners/facilitators – who are they, how do they impact?
- **Setting and Context**
  - **Inner context** (organisation and systems)
  - **Outer context** (policy, regulation, government, funding)
- **Processes**
  - Planning, management, communication, training, evaluation



# Theoretical Domains Framework (TDF)

- A determinant framework
- The TDF identifies 14 domains that impact on the success of implementation
- **Capability**
  - Knowledge, cognitive and interpersonal skills, memory/attention/decision processes, behavioural regulation
- **Opportunity**
  - Social influences, environmental context and resources
- **Motivation**
  - Reinforcement, emotion, identity, beliefs about capabilities, optimism, intentions, goals, beliefs about consequences





# RE-AIM

- An **evaluation framework**
- **Reach**
  - The extent to which the target audience can be engaged and involved in the intervention
- **Effectiveness**
  - Does the intervention achieve its desired outcome?
- **Adoption**
  - Focuses on the uptake and integration of the intervention into services
- **Implementation**
  - Assesses the extent to which the intervention is delivered as intended (focus on **fidelity** and **quality**)
- **Maintenance**
  - Assesses the extent to which the intervention becomes embedded over time



# The Consolidated Framework for Implementation Research (CFIR)

- A determinant framework
- Nineteen theories, frameworks and models of implementation were 'consolidated' into the CFIR
- Identifies various factors to carefully consider when planning an implementation project
- Strong for planning implementation and research, however less informative for guiding the **facilitation** of implementation

## Consolidated Framework for Implementation Research (CFIR) 2.0

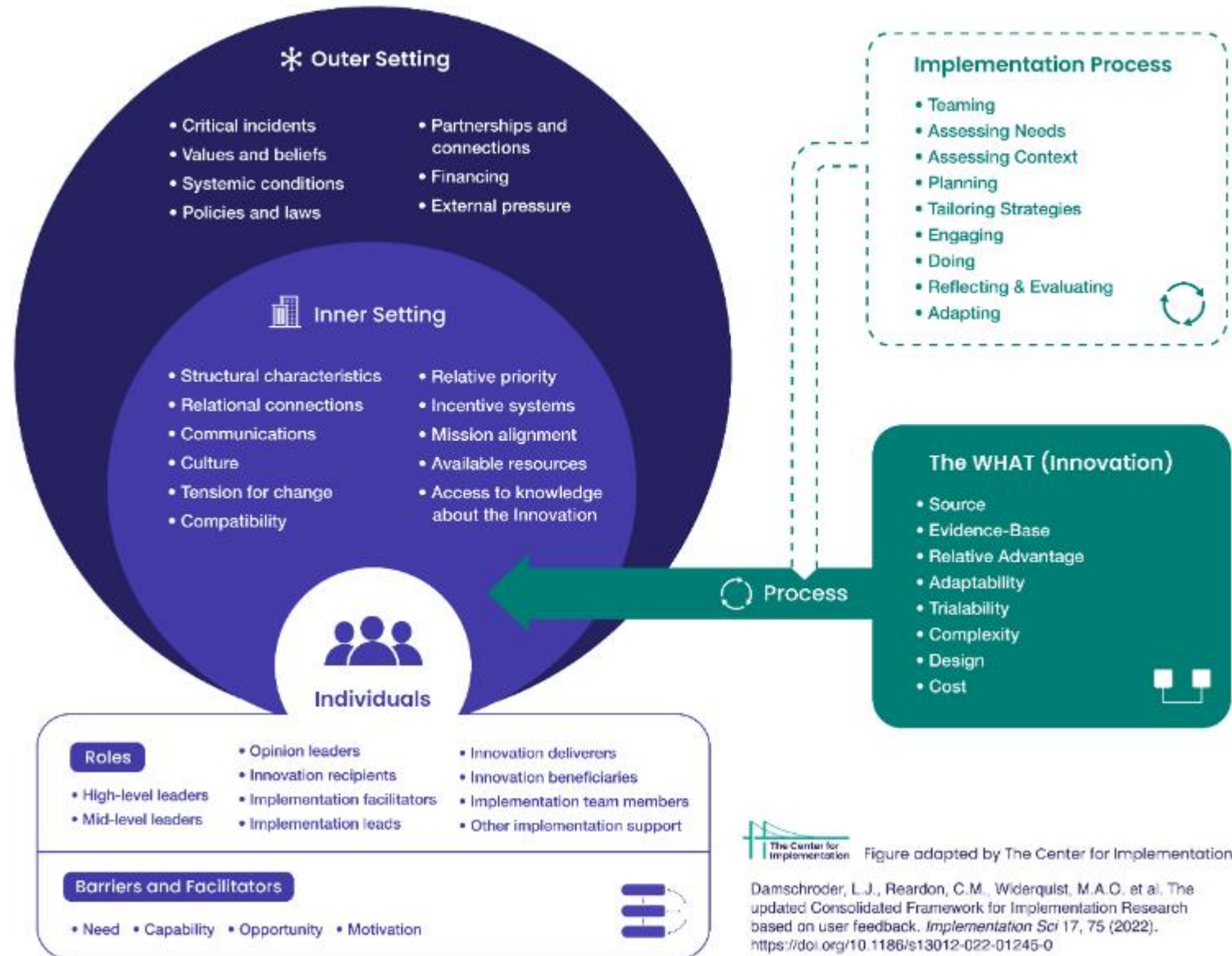


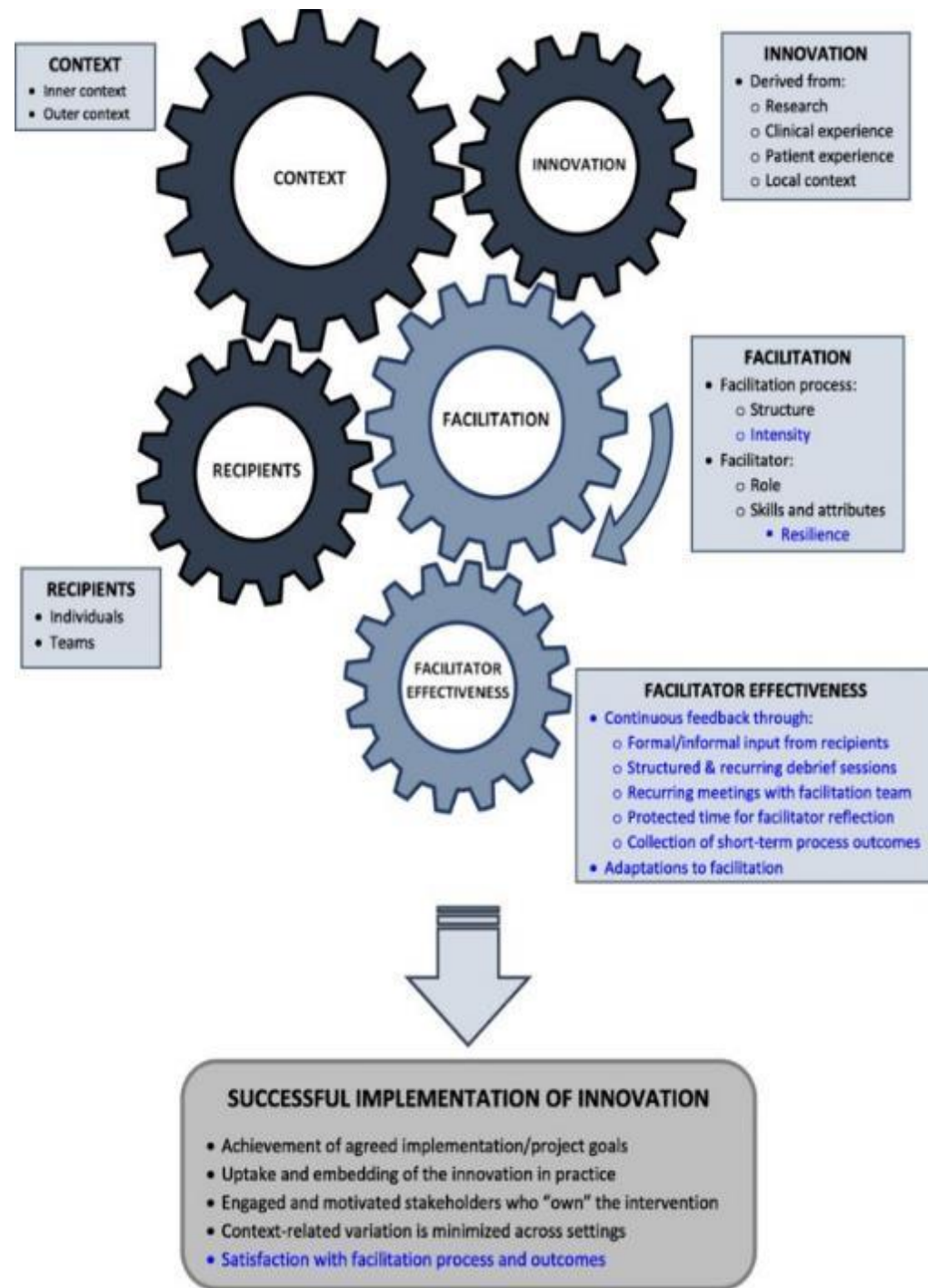
Figure adapted by The Center for Implementation

Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al. The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Sci* 17, 75 (2022). <https://doi.org/10.1186/s13012-022-01245-0>



# Integrated Promoting Action on Research Implementation in Health Services (I-PARIHS)

- A hybrid framework, with elements of a **determinant framework** and **process framework**
  - PARIHS framework was developed in 1998, later revised into the I-PARIHS framework
- Successful implementation results from the **facilitation** of an **innovation** with the **recipients** in their (inner and outer) **context**
  - **Facilitation** is the central 'cog' that drives implementation
- Successful implementation is the function of strong **Evidence**, supportive **Context**, and effective **Facilitation**
  - $SI = f(E, C, F)$





# Facilitation and Facilitators

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# Facilitation and Facilitators

- **Facilitation**

- The process by which a group is helped to achieve its purpose by a facilitator who promotes the improvement of team dynamics and the active involvement of all group members.

- **Facilitator**

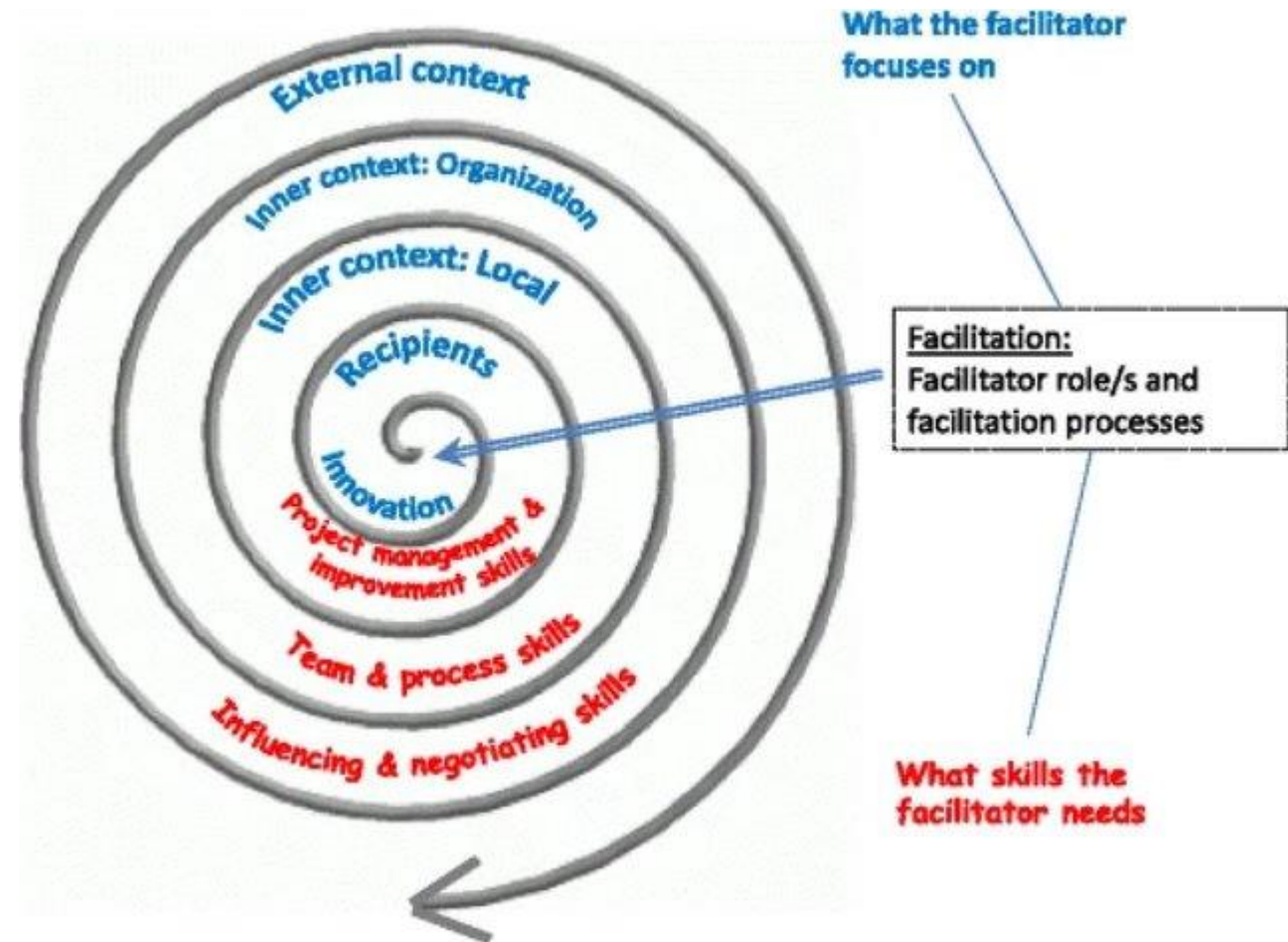
- An individual who works with groups to help them develop team dynamics by improving group processes and achieving active involvement of all group members in the content of the team's efforts.
- Facilitation involves **making things easier**





# Facilitation in Practice

- I-PARIHS distinguishes between the factors a facilitator needs to be aware of, and the actions and processes they need to perform
- Facilitators need to be:
  - adaptable and flexible
  - knowledgeable of the innovation
  - aware of relevant contextual factors
  - capable of building relationships and engaging stakeholders effectively
- Empathy and effective communication are key tools



# Facilitator focus and activity

What the facilitator looks at

What the facilitator does

## Characteristics of the innovation

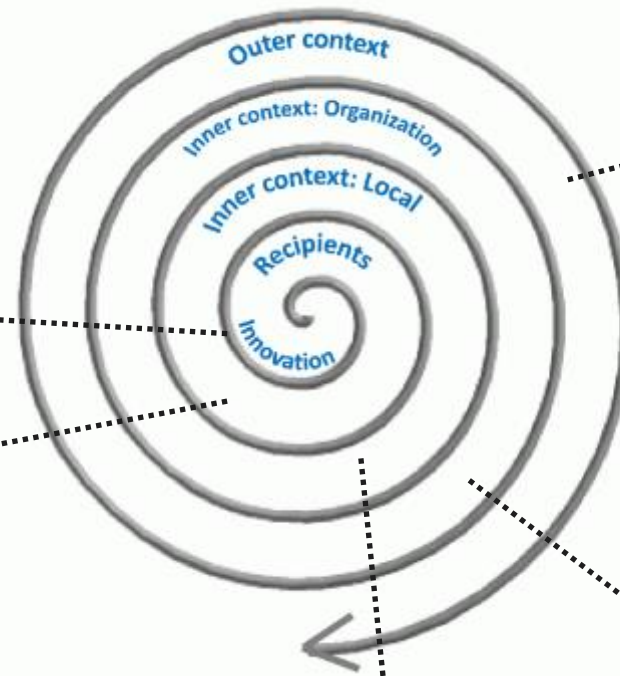
Underlying knowledge sources  
Clarity  
Degree of fit (compatibility or contestability)  
Degree of novelty  
Likely boundaries  
Trialability  
Relative advantage

Problem identification  
Acquiring/appraising evidence  
Baseline context & boundary assessment  
Stakeholder mapping

## Recipients

Motivation  
Values & beliefs  
Clinical consensus  
Local opinion leaders  
Existing data sources  
Skills and knowledge  
Time and resources  
Learning environment  
Collaboration and teamwork  
Power & authority  
Professional boundaries & networks

Goal setting  
Consensus building  
Audit & feedback  
Improvement methods  
Project management  
Change management  
Team building  
Conflict management & resolution  
Barriers/boundary assessment  
Boundary spanning



## Outer context

Policy drivers & priorities  
Incentives & mandates  
Regulatory frameworks  
Environmental (in)stability  
Inter-organisational networks & relationships

Political awareness & influence  
Communication  
Marketing  
Networking  
Boundary spanning  
Sustainability & spread

## Inner context: local level

Formal & informal leadership support  
Culture  
Past experience of change  
Mechanisms for embedding change  
Evaluation & feedback processes

Local context assessment  
Communication & feedback  
Networking  
Boundary assessment & spanning  
Negotiating & influencing  
Policies & procedures  
Structuring learning

## Inner context: organisational level

Organisational priorities  
Structure  
Leadership & senior management support  
Systems & processes  
Culture  
History of innovation & change  
Absorptive capacity

Stakeholder engagement  
Communication & feedback  
Marketing & presentation  
Networking  
Boundary spanning  
Negotiating & influencing  
Policies & procedures





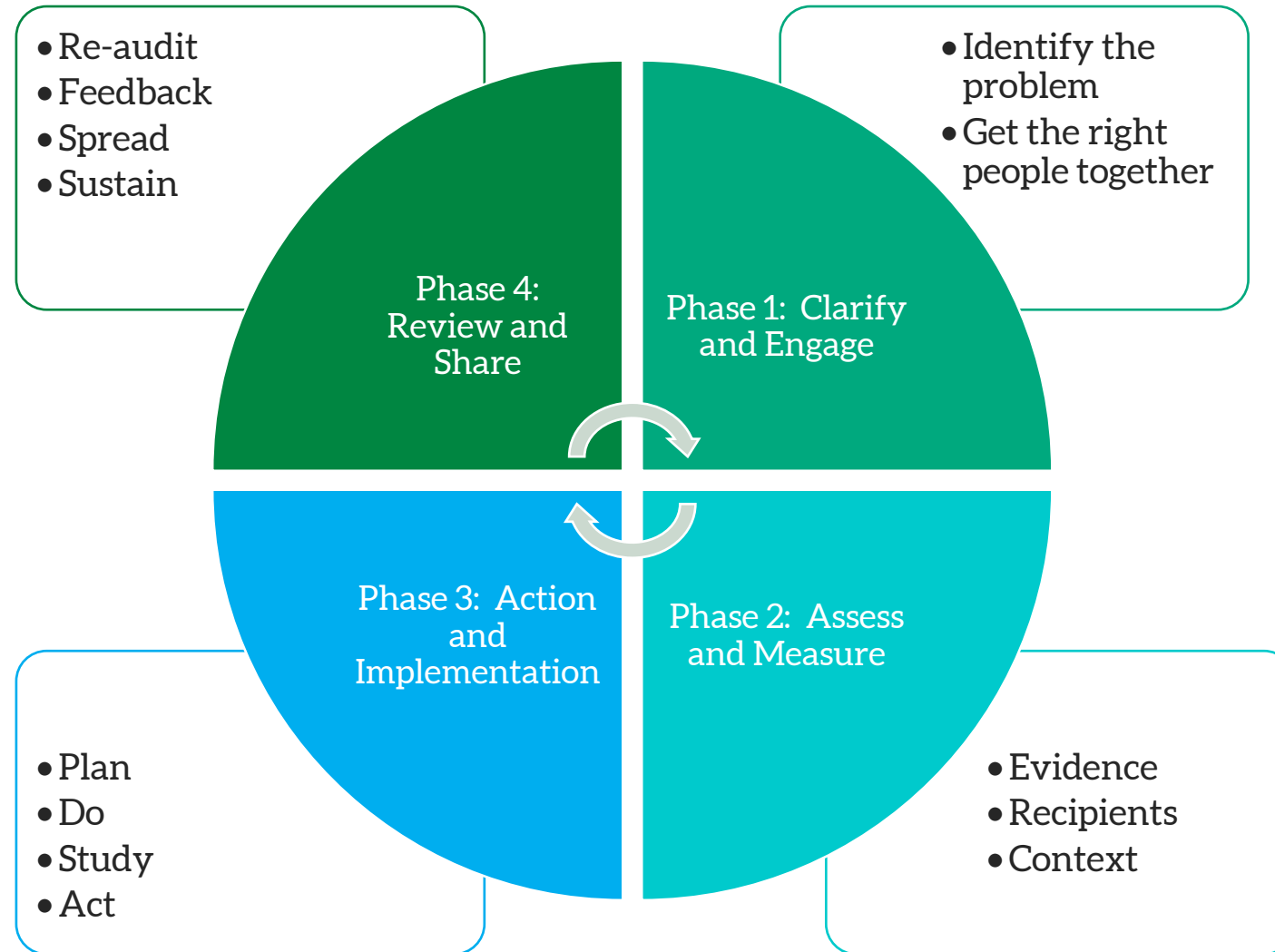
# Phases of Facilitation

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# Phases of Facilitation



# Clarify and Engage

- **Identify the Problem**
  - What is the need and what is the evidence?
  - How interested are people in the topic?
  - Establish a basic plan (project brief)
- **Get the Right People Together**
  - Engage stakeholders
  - Establish stakeholder support
  - Clarify what will be required (project plan)
  - Build the project team



# Assess and Measure

- **Evidence**

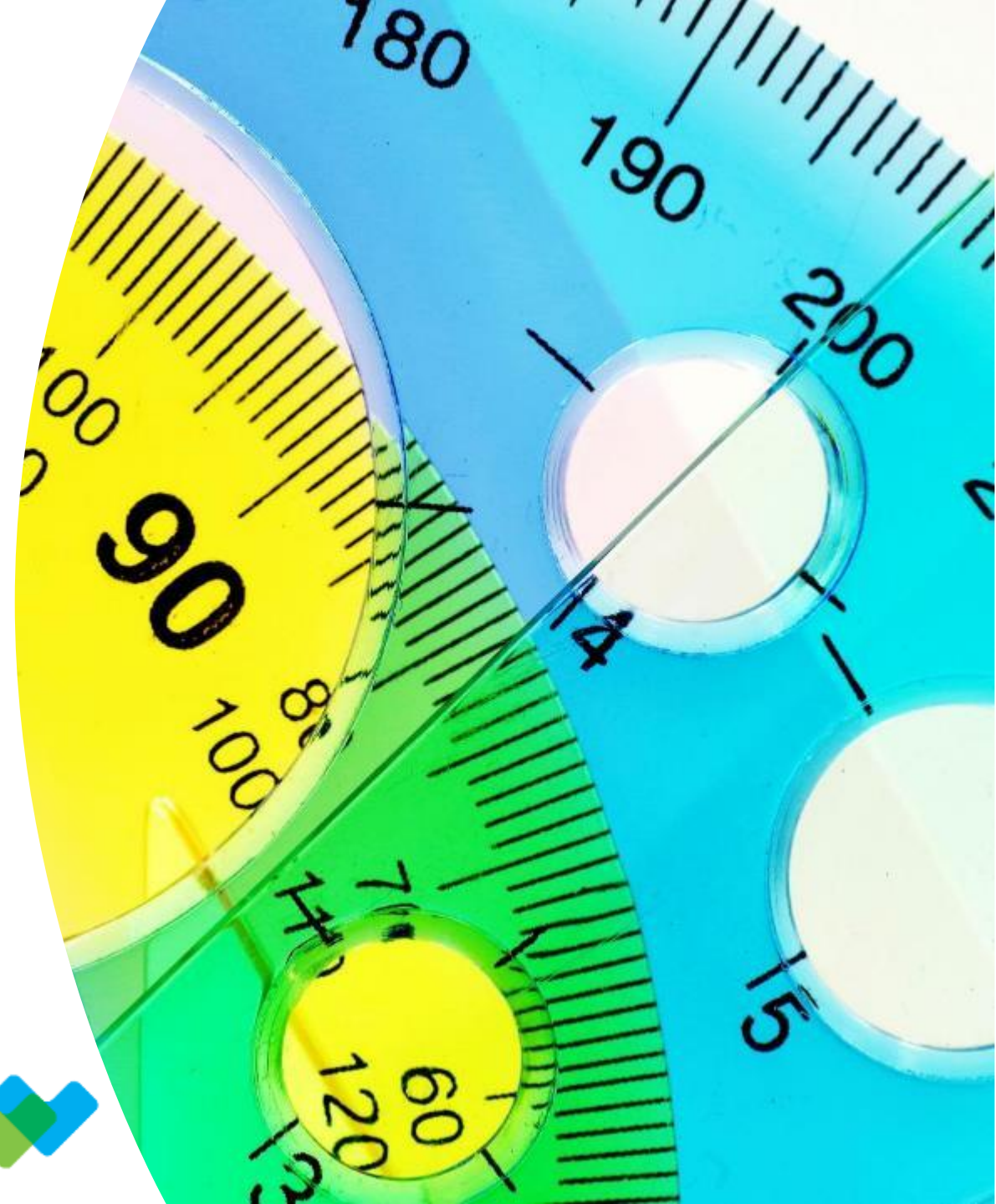
- What is the evidence?
- How well is it likely to be accepted?

- **Recipients**

- What is their likely perspective on the evidence?
  - Do they want it? Are there opinion leaders?
- How can we motivate engagement?
  - Are there local champions for the change?
- How can we work effectively as a group?

- **Context**

- What is the inner **local** context?
- What is the inner **organisational** context?
- What is the **outer** context?





# Action and Implementation

- **Plan**
  - Objective – What do we want to achieve?
  - Predictions – What do we expect in practice?
  - Test – Who, What, Where, When?
- **Do**
  - Small scale test – Where we start
  - Observe and document – feedback, surveys, observations
- **Study**
  - Analyse data – What did we observe?
  - Study results – What does it mean?
  - Compare, summarise, reflect – What did we learn?
- **Act**
  - Refine and modify
  - Prepare for the next cycle



# Review and Share

- **Re-audit**
  - Collect evidence of improvement
  - Use data and participant feedback
- **Feedback**
  - Provide feedback to stakeholders (report)
  - Reflect on outcomes and lessons learnt
- **Spread**
  - Consider how to expand or enhance
- **Sustain**
  - Ensure the implementation is maintained







# Implementation in Practice

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# Implementation at LLW

- As an adopter of evidence-based practice, Lives Lived Well **frequently** implement new clinical practices
  - Routine Outcome Measures
  - QuikFix
  - First Step
  - Trauma-Informed Care
    - Grit, Reframe, Healthy Recovery
  - Cognitive Processing Therapy
  - Red Dust Healing
  - SMART Recovery
  - More in the future?
    - New regions, services, programs?



# First Step

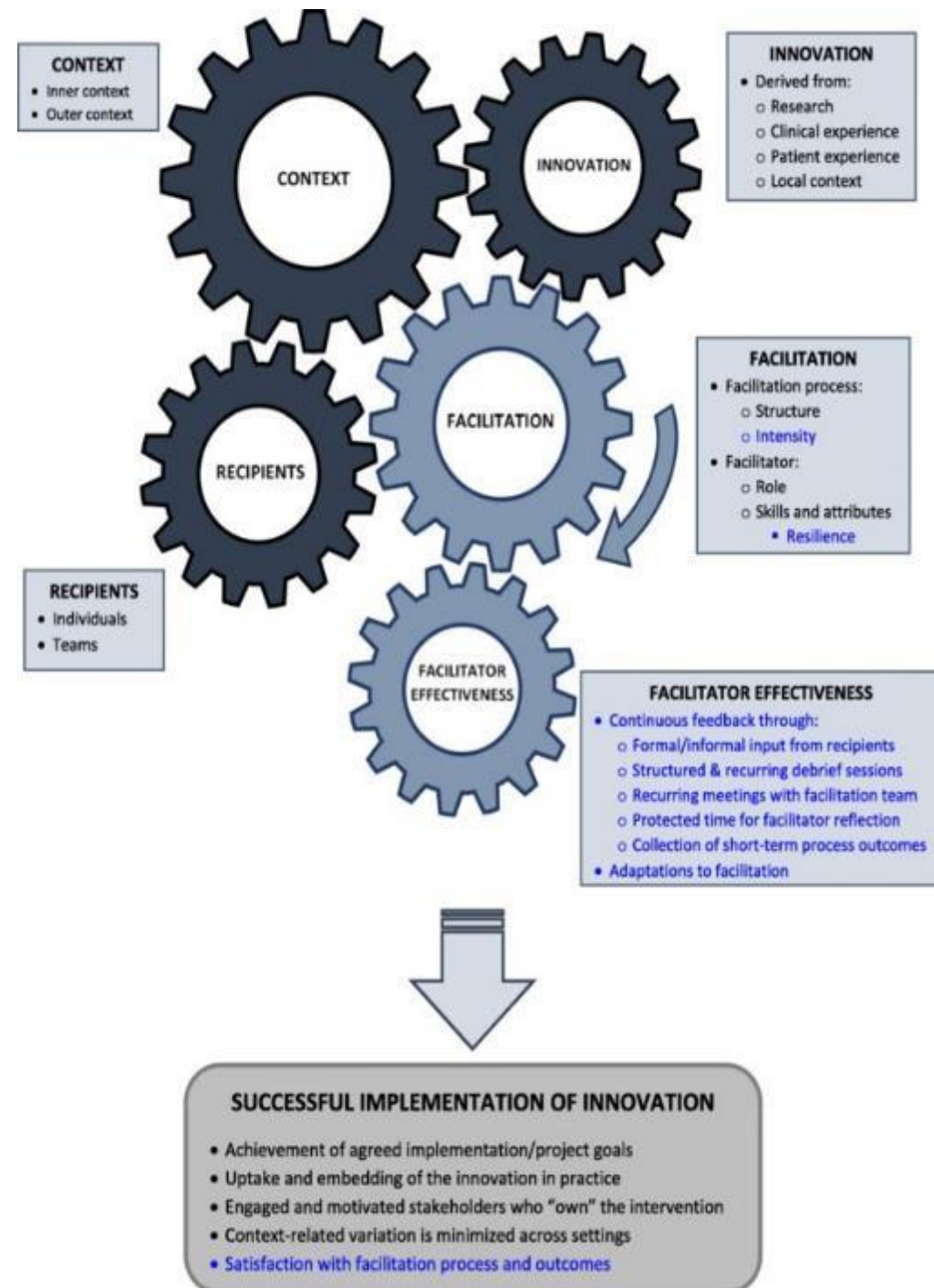
- A major implementation project for LLW
  - Pilot commenced in 2020 within Brisbane North community, expanded in 2022, with organisation-wide rollout in 2023
- A **structured** brief-intervention supported by visualisation of outcome measures
- Accompanied by several significant changes in **processes**
  - Outcome Measures sent directly to clients to complete before accessing treatment (in most cases)
  - Restructured workflows for all program types
  - Focus on repeated OMs and progress feedback
- Rollout occurred alongside a cluster-randomised controlled trial in partnership with UQ LLW Research Group

Edition  
2.1  
2022

## *First Step* *A Guided Manual*

# First Step Implementation

- **Innovation**
  - First Step brief intervention
    - Adaptation of QuikFix brief intervention
    - Is the change clinical practice or business process?
- **Context**
  - Inner Organisational – Strategic plan, systems, leadership
  - Inner Local – Team culture, leadership, readiness for change
  - Outer – PHN and funders, AOD sector, UQ research partnership, growth in demand for services
- **Recipients/Participants**
  - Brisbane North pilot – then organisation wide
  - Values, beliefs, motivations, resources are variable
    - Beliefs about structured brief interventions particularly
- **Facilitation**
  - Planning, developing, communicating, training, supporting





# Gears in Motion at LLW

- A considerable amount of time, effort, consultation and collaboration was engaged in prior to the rollout
- An extensive lessons learnt process following on from the original Brisbane North community pilot, and subsequent Brisbane North 'Cluster 0' pilot
- The support of a comprehensive project team, including significant contributions from support services (i.e. Capability, Marketing, IT, Data and Quality, Clinical Services)
- Continuous engagement of key stakeholders in the implementation – **our clinicians**



## First Step Workbook

This workbook contains relevant content and activities that will supplement and enhance your facilitated two-day training.

Please keep hold of it throughout the training and take it with you for future reference.

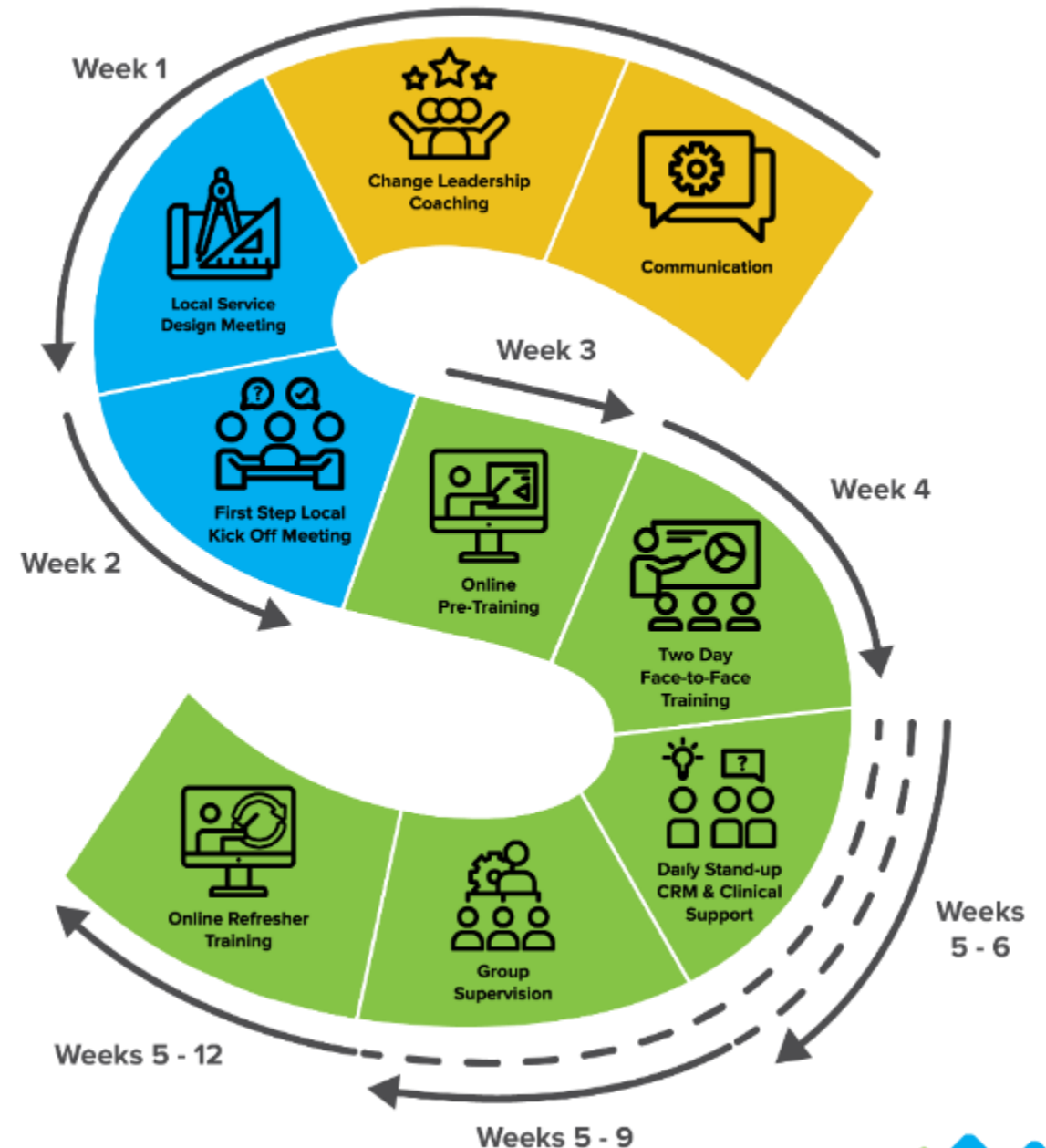
**Lives Lived Well**



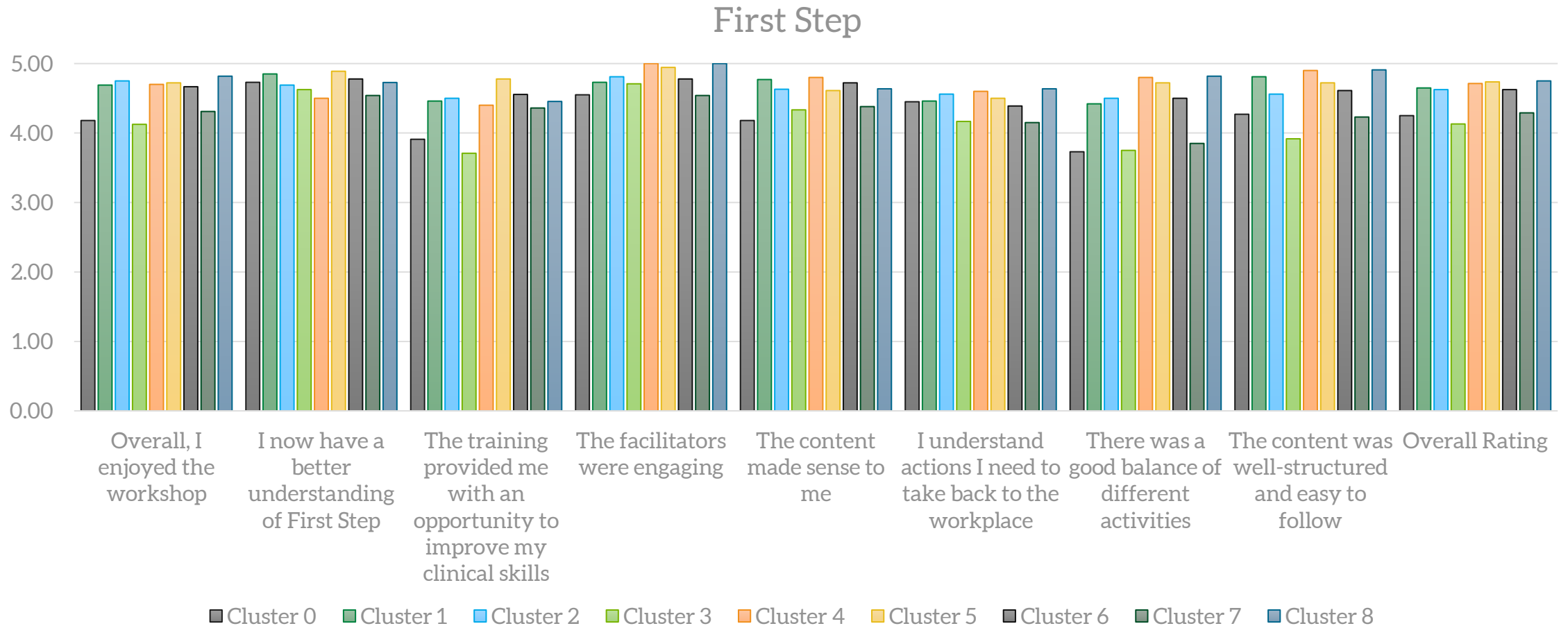
# First Step Support Cycle

Teams were comprehensively supported by the First Step project team via the following roadmap:

1. Change Leadership Support Briefing and Tools for CSM and TL's
2. Change Leadership Coaching
3. Local Service Design Meeting
4. First Step Local Kick-Off Meeting
5. Online Pre-Training
6. Two Day Face-to-Face Training
7. Daily Stand-up CRM & Clinical Support
8. Group Supervision
9. Online Refresher Training



# Training Evaluation Feedback









# Post-Implementation

- **Ongoing Supervision and Training**
  - Weekly group supervision facilitated via Teams for all new starters and those seeking support
  - Online training with some occasions of in-person training (particularly new service start-ups)
- **Monitoring and Audit**
  - Clinicians submit at least two recordings annually for review by their supervisor
  - Reviewed by internal auditor annually for all relevant sites/programs
- **NHMRC Partnership Grant with UQ**
  - Targets improvement in client, staff, and service outcome including development of dashboards and other decision-making tools





# Considerations for Implementation

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# Intensity and Resilience

- Intensive facilitation is associated with better outcomes
  - More demanding on facilitator/s
    - Amplified when facilitation occurs over time
- What one facilitator finds emotionally activating may be of limited impact for another, however confrontation/conflict is consistently identified
  - Active listening and validation helpful in this context
  - Motivational interviewing skills are broadly applicable
- Facilitators can promote their own resilience through positive attitudes toward challenge/conflict
  - Self-care, optimism, adaptive coping essential
- Organisational support of facilitators also essential
  - Space for collaboration, reflection, de-briefing



# Conclusions

- Prepare for implementation before commencing
  - Saves a lot of time and energy down the track
  - You can't avoid every issue, however, best to plan for all that you can and manage skillfully
- Facilitation is fundamentally **relational**
  - Understand what people need to do well, and adapt the facilitation to meet those needs
- Context is critical, and local context and participants have immense influence
  - Identify and engage key people, particularly critics
- With the right support, people can change





# Lives Lived Well

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