

ParTI – introducing an extended implementation framework for health service change



Authors and Practitioners

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Why another framework?

■ ParTI

- Participatory action research for Translation and Implementation

■ Research translation into practice

- Slow and sporadic (reach and implementation fidelity)

■ Attempt to link current practice, theory and changed practice by:

- Identifying constructs with reliable support evidence from both practice and theory
- Compiling specific questions in a checklist to support personal reflection



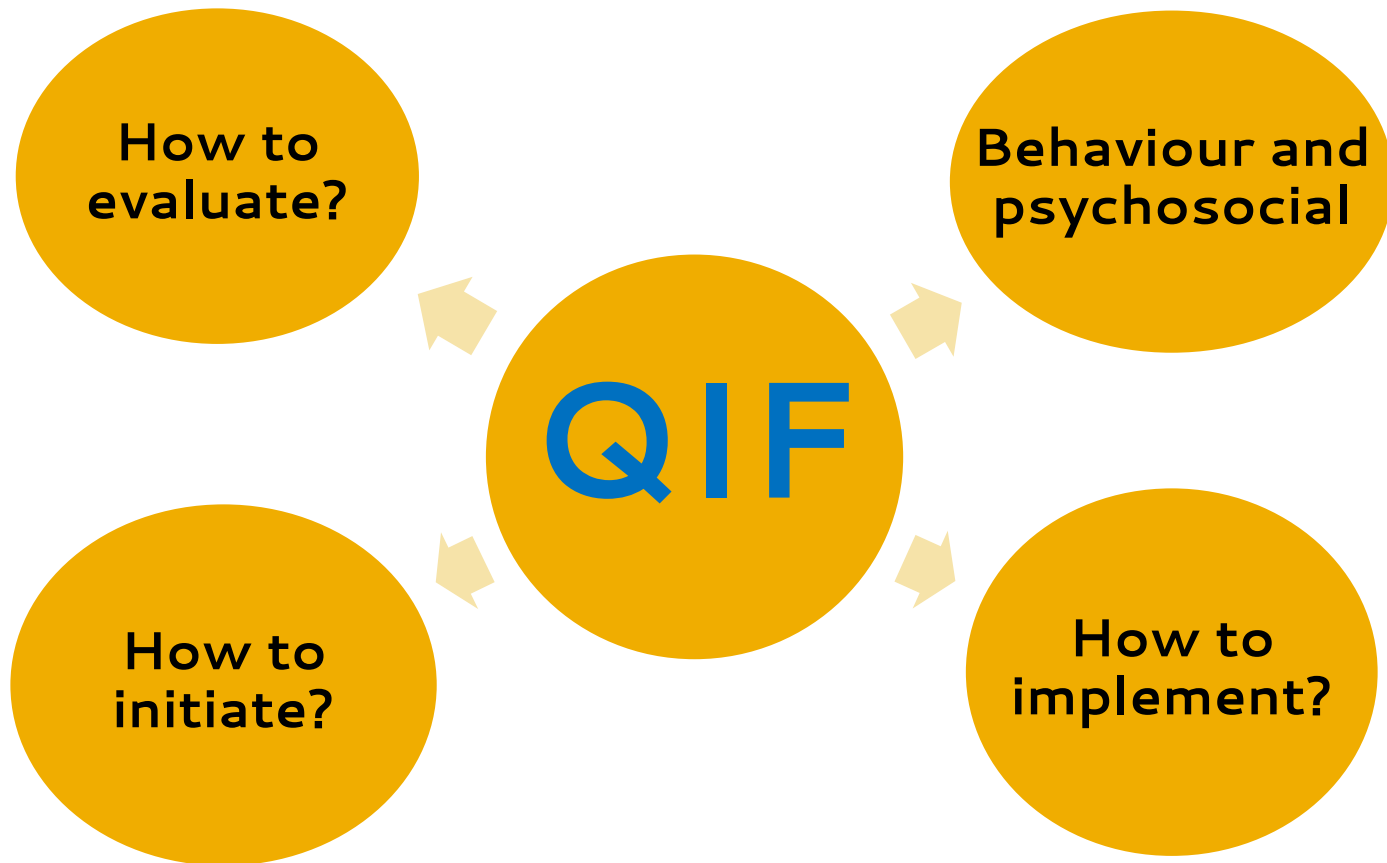
What were we trying to achieve?

- To study the enactment of a model to link idea creation, practice and theory for the co-creation of improved practices
- Use the framework to assert the “tipping point” for the uptake of best practices
 - the moment of reaching an imperative to change and devotion to new and improved practices.
- To ensure sufficient detail is included to facilitate program fidelity

How are we doing it?

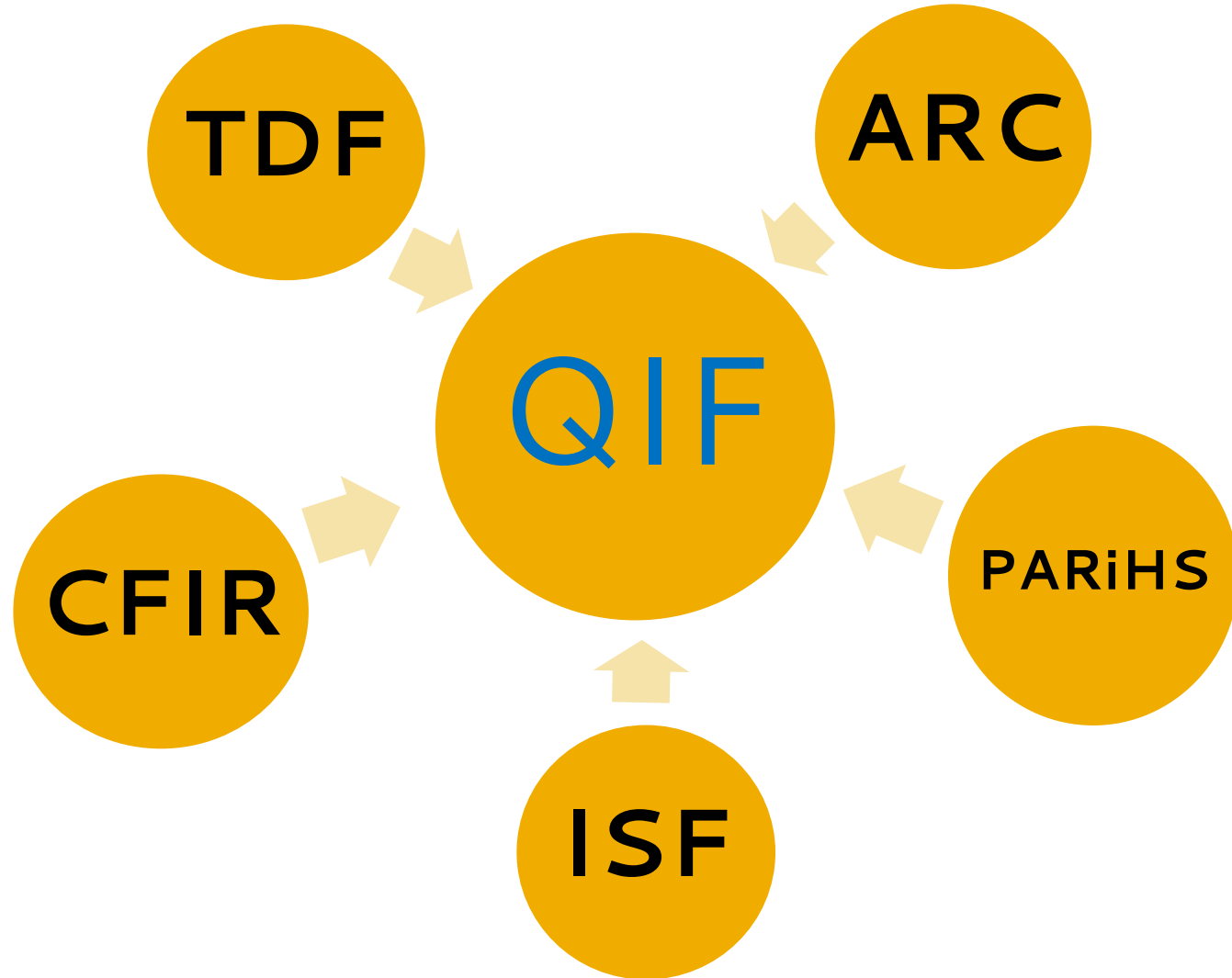
1. Systematic literature review
2. Evaluation of frameworks
 - QIF viewed as strong foundation
 - Identification of implementation constructs
3. Focus group
 - Identified gaps in key areas
 - Snowball sampling of literature from missing key areas
4. Iterative testing with practitioners

Gaps in QIF



Meyers DC, Durlak JA, Wandersman A. The Quality Implementation Framework: A Synthesis of Critical Steps in the Implementation Process. *American Journal of Community Psychology*, 2012.

Filling the gaps in the QIF = ParTI



ParTI: 6 stages (DRAFT)



The tipping point

- The moment in time when a clinician decides to:
 - embrace,
 - accept,
 - permit,
 - advocate for and
 - adopt changed behaviour**CAUSING** practice change.



Stage 1 – Pre-implementation planning, preparing PEOPLE

- a) Champion Identification
- b) Needs/Resource Assessment
- c) Stakeholder Identification
- d) Create PAR environment
- e) Develop group understanding of current state
- f) **Prioritising**
- g) Selection of prioritised issues
- h) Readiness for Selection
- i) Decision



Stage 2 – Creating the Implementation Environment, preparing PEOPLE

a) Plan

b) **Prioritising**



c) Social interaction and exchange activities

Stage 3 – Embedding Processes, Preparing the site

- a) **Preparing the environment** (i.e. changing policies, structure, procedures, access, support, implementation teams, time, training)



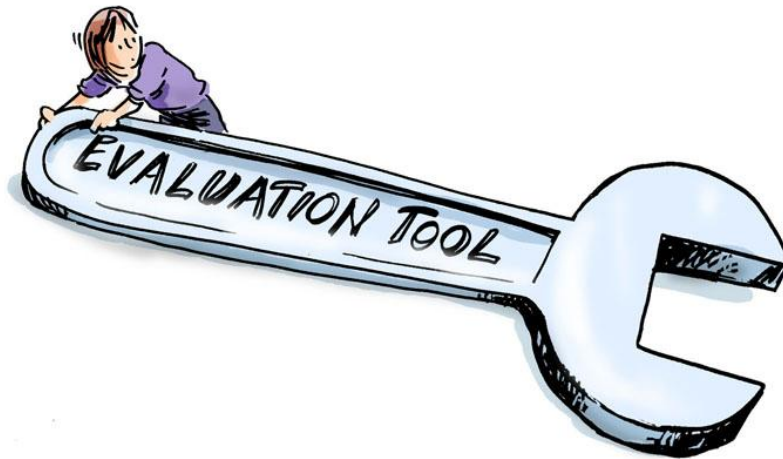
Stage 4 – Doing IT (process enactment)

- a) **Monitoring** (pre-empt problems and address any potential issues)
- b) **Concurrent evaluation** (supportive feedback mechanisms) as part of PAR



Stage 5 – Evaluation

- a) Reflection
- b) Lessons Learnt
- c) Prioritising
- d) New State



Stage 6 – Closing the Loop



loop

Operationalising ParTI Framework

- Participatory action research
 - Involving researchers in process
- Checklist to prompt reflection



Introspection questions

1. Sustainability, Quality of Care and patient centred care.

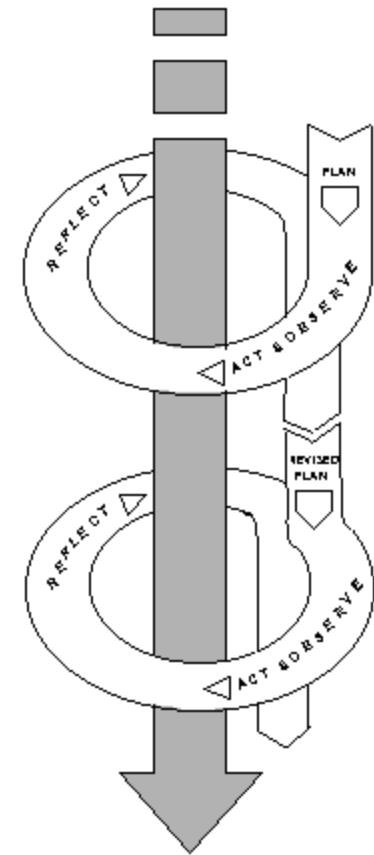
- What will the future look like if no changes are made now
 - What is my responsibility to ensure sustainable health system
 - Do I care about the overall health system and its sustainability
- What is my moral responsibility in terms of benevolence?

2. Trust and courage, role of intrinsic volition

- Is the risk of changing my behaviour greater than the risks associated with doing the same as I do now
- Will I be a winner or loser when adopting new ways of practising
- Can I give myself permission for the change to take place (passively)
- Can I support this change, Can I be a leader of this

Contribution to health management research and practice

- Extends existing assessment tools
- Focus is on 'tipping point'
 - preparing people
 - preparing environment
- Clear guidance to innovation implementers
 - Ensure delivery fidelity
- Use of participatory action research
 - To operationalise framework
 - Moving from:
 - theory \Rightarrow practice to practice \Rightarrow theory





Thank You

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