

CPSI National Webinar Series

Knowledge Translation and Implementation Science Education Series

Webinar 3: Who needs to do what, differently, to promote implementation?

Jeremy Grimshaw

Senior Scientist, OHRI
Full Professor, uOttawa
@GrimshawJeremy
jgrimshaw@ohri.ca

Justin Presseau

Scientist, OHRI
Assistant Professor, uOttawa
@JPresseau
jpresseau@ohri.ca



**The Ottawa
Hospital**

RESEARCH
INSTITUTE

**L'Hôpital
d'Ottawa**

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RECHERCHE

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Webinar 3 overview

- ▣ Situating our progress in the webinar within key frameworks
- ▣ Identifying evidence-practice gaps
- ▣ Approaches to identifying who needs to do what, differently
- ▣ TACT-A

A behavioural perspective to KT and IS

- ▶ Successful implementation of patient safety programs needs key actors (patients, healthcare providers, managers and policy makers) to change their behaviours and/or decisions whilst working in the complex (ordered chaos) of health care environments
- ▶ There is a substantial evidence base in behavioural sciences that can support the development of patient safety programs and increase the likelihood of success

The webinar series – overview

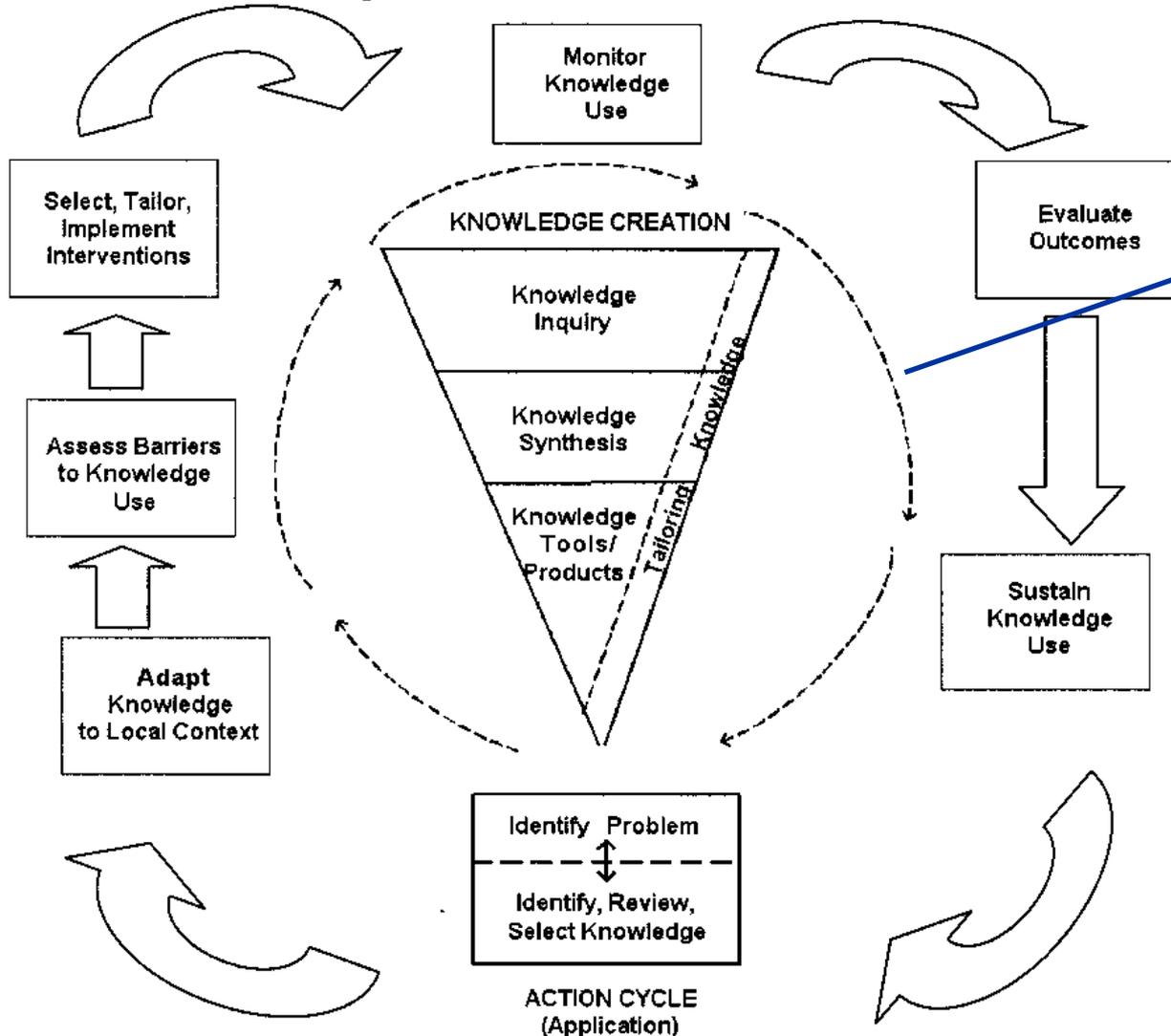
Aim: build capacity in the basic principles and practice of Knowledge Translation and Implementation Science to inform your own patient safety initiatives

- ▶ **Webinar 1:** Introduction to KT and Implementation Science
- ▶ **Webinar 2:** Knowledge creation and synthesis
- ▶ **Webinar 3: Who needs to do what, differently, to promote implementation?**
- ▶ **Webinar 4:** Identifying barriers and enablers, and determinants, in theory
- ▶ **Webinar 5:** Identifying barriers and enablers, and determinants, in practice
- ▶ **Webinar 6:** Selecting and evaluating strategies to address barriers and enablers

Key model: KTA Framework

High level model describing steps for moving evidence into practice

Figure 1: KNOWLEDGE TO ACTION PROCESS



Knowledge to Action Framework
Graham et al (2006)

Webinar 2: Focus on the Knowledge Creation funnel

Knowledge creation funnel produces:

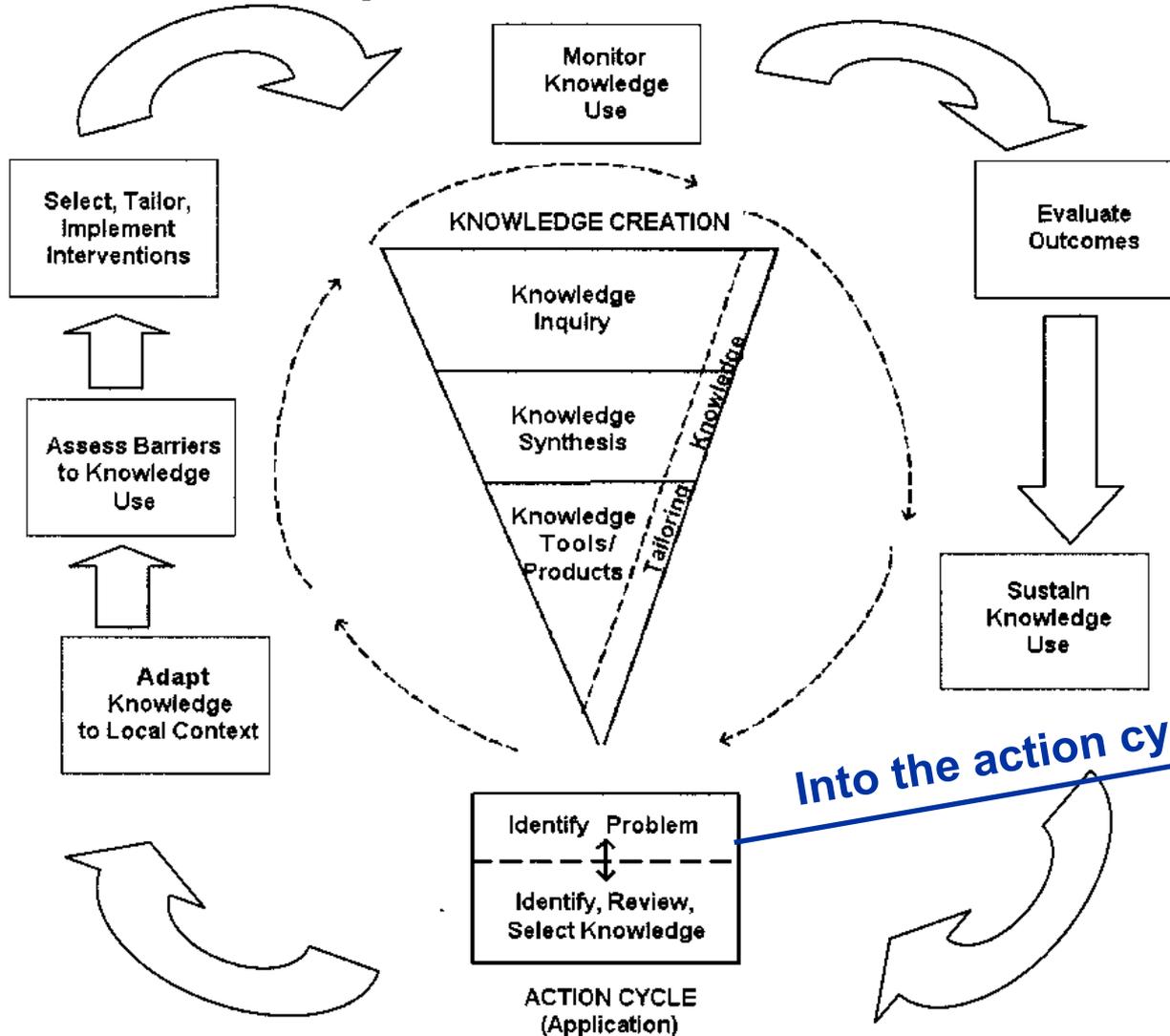
- Systematic reviews (e.g. Cochrane)
- Clinical practice guidelines
- Decision Aids
- Policy briefs

but... producing and disseminating these products does not guarantee change

Key model: KTA Framework

High level model describing steps for moving evidence into practice

Figure 1: KNOWLEDGE TO ACTION PROCESS



Knowledge to Action
Framework
Graham et al (2006)

Webinar 3: Focus on
identifying the
problem

Scoping the problem

- ▶ What is the behaviour (or series of linked behaviors) that you are trying to change?
- ▶ Who performs the behaviour(s)? (potential adopter)
- ▶ When and where does the potential adopter perform the behaviour?
- ▶ Are there obvious practical barriers to performing the behaviour?
- ▶ Is the behaviour usually performed in stressful circumstances? (potential for acts of omission)

A Case Study to inform our overview: Physician hand hygiene

- ▶ Healthcare-associated infections are one of the top 10 causes of hospital deaths worldwide
 - Affects 10% of all patients in acute-care hospitals
- ▶ Physician hand hygiene compliance is an international problem
 - Average reported compliance rate: 49-57%
- ▶ Reasons for poor compliance not well understood
- ▶ **Our case study:** assume we want to develop a patient safety initiative to improve physician hand hygiene



Identifying the problem: evidence-practice gaps

- ▶ What do we know about discrepancies between what knowledge products suggest and the care that is actually provided?



Identifying the problem: evidence-practice gaps

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Identifying the problem: evidence-practice gaps

- ▶ What do we know about discrepancies between what knowledge products suggest and the care that is actually provided?



Potential sources of evidence of gaps in care:

- National/international organisations (e.g. WHO)
- Research papers seeking to quantify the gaps in particular settings or jurisdictions
- Local audits, observations

Identifying the problem: evidence-practice gaps

Now what?

Traditional approach (ISLAGIATT)

- Set a meeting
- Brainstorm solutions
- Someone decides on a solution
- Implement solution
- Hope it works



Implementation Science- based approach

Before going to solutions,
understand the problem in more
depth to increase likelihood that
the solution fits the problem



Key Process model: The French Model

1

Step 1: *Who* needs to do *what, differently*?

Whose behaviour need to change, and which behaviours? What is the evidence supporting this?

2

Step 2: What factors determine whether or not they do it?

What are the barriers and enablers?

3

Step 3: Which strategies can be effectively used to target those factors?

Which behaviour change techniques are best suited to specifically target the identified barriers and enablers

4

Step 4: How can we robustly measure the outcome?



Key Process model: The French Model

1

Step 1: *Who needs to do what, differently?*

Whose behaviour need to change, and which behaviours? What is the evidence supporting this?

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A behaviour change approach

Guideline
Technique
Medication
Intervention
Policy
Technology
Safety practice



Example:
“Speaking
up” in
clinical
practice to
reduce
power
imbalances

Someone in the healthcare system’s
behaviour need(s) to change

Can draw on decades of behavioural science

- To do so requires us to unpack/clarify the **behaviours** of those who need to change

Patients' and citizens' behaviour as centrally important

Technique
Medicine
Intervention
Innovation
Technology
Safety practice



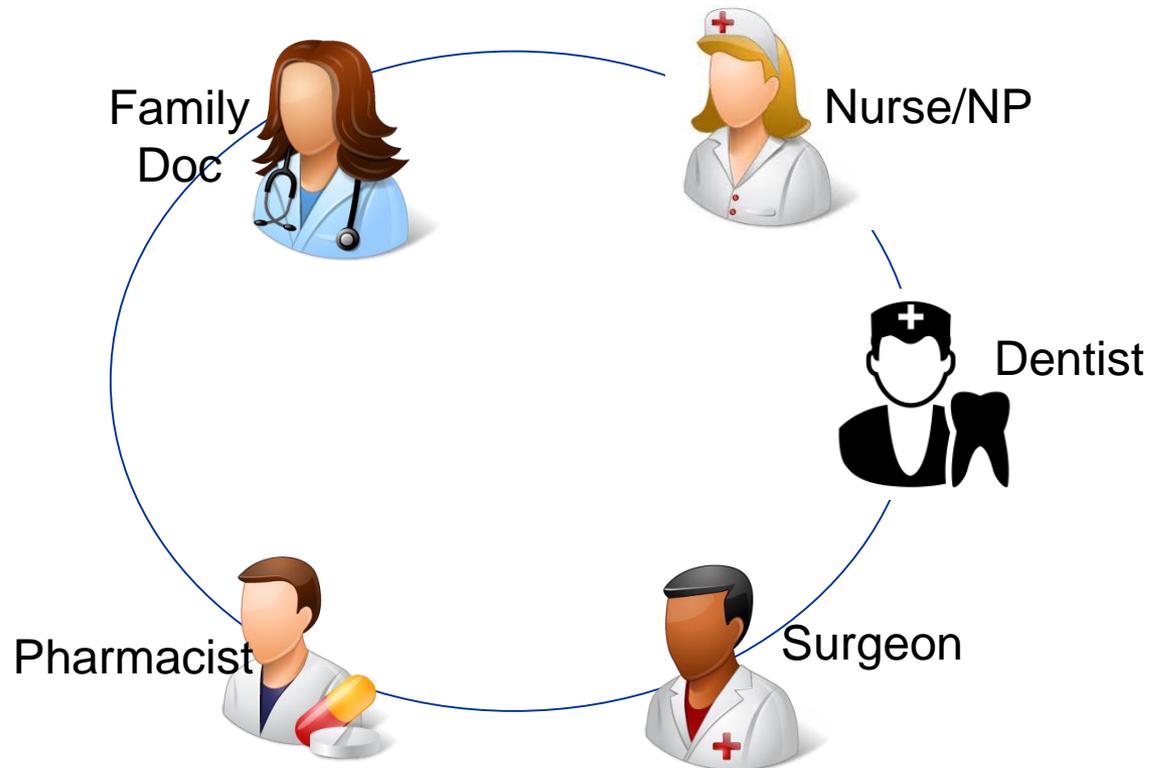
Patient/citizen behaviour(s) need(s) to change

- ✓ **Asking** questions
- ✓ **Attending** healthcare appointments
- ✓ **Engaging** with healthcare team
- ✓ **Requesting** care
- ✓ **Taking** meds

1

Step 1: Who needs to do what, differently, when, and where

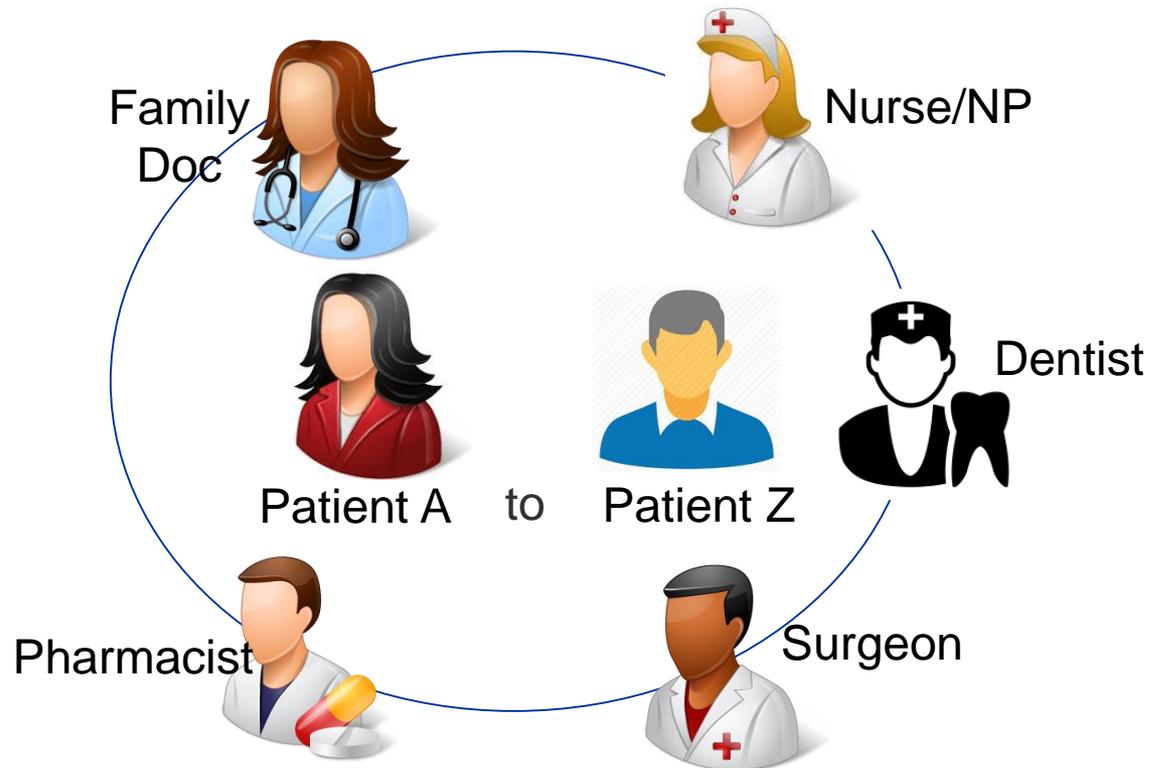
WHO



1

Step 1: Who needs to do what, differently, when, and where

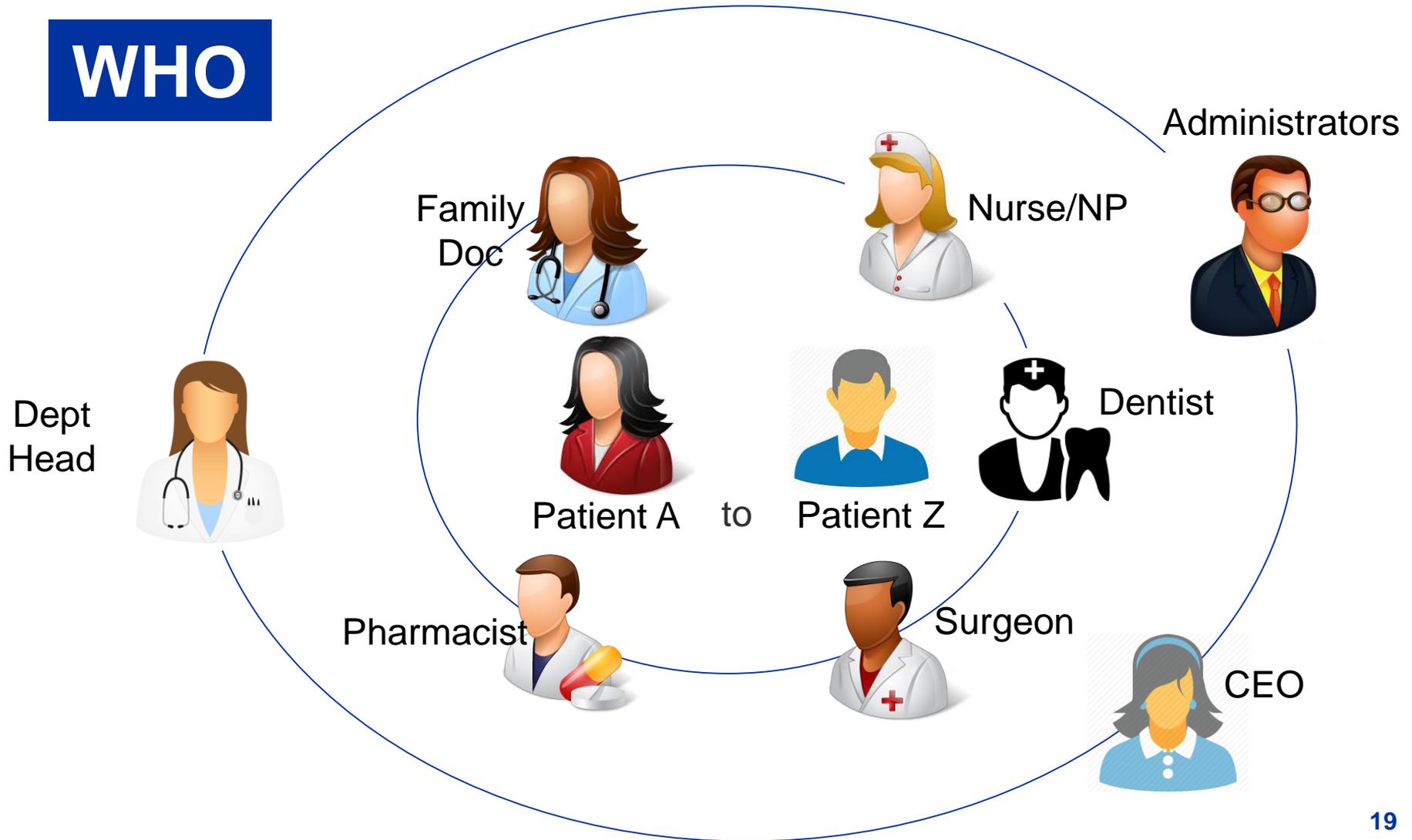
WHO



1

Step 1: Who needs to do what, differently, when, and where

WHO



1

Step 1: Who needs to do what, differently, when, and where

WHAT

(specific, observable behaviours)



'hand hygiene' is not specific enough: what is the behavior?

E.g. "Using alcohol-based gel to sanitize hands"

Health professional

- Ordering test
- Communicating
- Referring
- Scanning
- Prescribing
- Examining
- Providing advice

Dept. Head/Lead

- Setting policy
- Providing infrastructure

Patients

- Asking questions
- Taking meds
- Attending appointments

1

Step 1: Who needs to do what, differently, when, and where

DIFFERENTLY

- Start something *new*?
- Do *more* of something already doing?
- Do *less* of something already doing?
- *Stop* entirely?
- *Replace* existing with something *new*?

Principle: Barriers and enablers to, and solutions for, each may be different

1

Step 1: Who needs to do what, differently, when, and where

WHEN

- ▶ What 'counts' as doing the behaviour? Every day? Multiple times a day? Every week? During each shift?
- ▶ At every opportunity? Under specific circumstances?
- ▶ Before seeing a patient? While with a patient? After?
- ▶ Until when?

1

Step 1: Who needs to do what, differently, when, and where

WHERE

- ▶ In the hallway? In the office? In the bathroom? In a consultation room?
- ▶ May seem obvious to those already involved, but may be less so to those newer to the setting
- ▶ Actions may differ depending on setting

TACT-A: A tool for specifying behaviours

▶ Fishbein (1967) proposed the TACT principle:

- **Target** with and for whom action is directed (e.g. patient)
- **Action** being performed (e.g. using hand sanitizer)
- **Context** in which action is performed (e.g. in the hallway outside a patient's room)
- **Time** during which the action is performed (e.g. immediately before entering the room)

▶ **Jill Francis proposed an extension** (Francis et al. 2014; Francis & Presseau 2018)

- **Actor** performing the behaviour (e.g. doctor, nurse)

▶ Provides clarity regarding the behaviour to change importantly, how to *measure* the behaviour as a key process or outcome variable

▶ Can use this tool in your settings to clarify who needs to do what, differently, when and where

TACT-A:

A tool for specifying behaviours

Clear specification of the behavior in terms of TACT-A provides the fundamental basis for:

- Making guidelines behaviourally specific
- Focused assessment of barriers/enablers
- Selection of techniques and strategies
- Measuring behaviour change

TACT-A: A tool for specifying behaviours

Clear specification of the behavior in terms of TACT-A provides the fundamental basis for:

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- Selection of techniques and strategies
- Measuring behaviour change

Action

Specify the *behaviour* or behaviour(s) that need(s) to change, in terms of a behaviour that can be observed and measured.

Actor

Specify the person/people that *do(es)* or *could do* the action targeted

Target

Specify the person/people *with/for whom* the action is performed

Context

Specify *where* the action is performed (the physical location)

Time

Specify *when* the action is performed (the time/date/frequency)

TACT-A:

A tool for specifying behaviours

Example 1: a 'do more' behavior

Hand hygiene



Action

Specify the *behaviour* or behaviour(s) that need(s) to change, in terms of a behaviour that can be observed and measured.

Use alcohol-based hand gel

Actor

Specify the person/people that *do(es)* or *could do* the action targeted

Staff physicians, nurses and residents

Target

Specify the person/people *with/for whom* the action is performed

Patients receiving care at the hospital

Context

Specify *where* the action is performed (the physical location)

Patient rooms and hallways

Time

Specify *when* the action is performed (the time/date/frequency)

Before and after touching a patient

TACT-A:

A tool for specifying behaviours

Example 1: a 'do more' behavior

Hand hygiene



Action

Specify the *behaviour* or behaviour(s) that need(s) to change, in terms of a behaviour that can be observed and measured.

Use alcohol-based hand gel

Provide alcohol-based hand gel at point of care

Actor

Specify the person/people that *do(es)* or *could do* the action targeted

Staff physicians, nurses and residents

Hospital administrator

Target

Specify the person/people *with/for whom* the action is performed

Patients receiving care at the hospital

Physicians, nurses, residents

Context

Specify *where* the action is performed (the physical location)

Patient rooms and hallways

In own office

Time

Specify *when* the action is performed (the time/date/frequency)

Before and after touching a patient

Initial setup + monthly supply

TACT-A: A tool for specifying behaviours

Example 2: a ‘do less’
behaviour

Pre-operative testing in
low-risk patients



Action

Specify the *behaviour* or behaviour(s) that need(s) to change, in terms of a behaviour that can be observed and measured.

Ordering pre-op x-ray and ECG
for anesthesia management

Actor

Specify the person/people that *do(es)* or *could do* the action targeted

Anesthesiologists and surgeons

Target

Specify the person/people *with/for whom* the action is performed

Healthy patients undergoing low-risk
surgery (e.g. cataract removal)

Context

Specify *where* the action is performed (the physical location)

In pre-op assessment office/clinic

Time

Specify *when* the action is performed (the time/date/frequency)

Prior to each surgery

TACT-A

- ▣ Taking time to outline TACT-A parameters helps to clarify
 - Who is involved and what are behaviours they each need to do
 - When, where and how often they need to perform the behavior
- ▣ Being specific:
 - Avoids assumptions
 - Clarifies expectations
 - Sets the stage for a systematic assessment of barriers and enablers (Webinars 4 and 5) and selection of change strategies (Webinar 6) fit for the behaviour(s) required for reducing identified evidence-practice gaps

Summary

- ▶ Producing and disseminating a review or a knowledge tool/product does not guarantee that anyone will change
- ▶ Jumping straight to solutions without fully understanding the problem (i.e. discrepancies between knowledge/evidence and current practice) risks a mismatched solution
- ▶ Instead, start by clarifying:
 - What is the evidence-practice gap?
 - Who is involved?
 - What specific behaviours do those individuals/groups need to change to reduce the gap? And how does this differ from what they are currently doing?
 - When and where do these behaviours need to be performed?
- ▶ **Breaking it down removes the guess work:**
 - Helps implementers to measure and clarifies expectations for those tasked with changing
 - Sets the stage for clarifying barriers enablers and selecting strategies best suited to address them (next webinars)

Next Webinar

**Identifying barriers and enablers,
in theory**

May 2nd, 2018 noon EST

Lead: Justin and Andrea Patey

In the meantime...

Please send us examples of your own planned/ongoing patient safety initiatives so that we can directly inform our examples in the next webinars

Send to: jpresseau@ohri.ca



Thank you

Jeremy Grimshaw

Senior Scientist, OHRI
Full Professor, uOttawa
@GrimshawJeremy
jgrimshaw@ohri.ca

Justin Presseau

Scientist, OHRI
Assistant Professor, uOttawa
@JPresseau
jpresseau@ohri.ca



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