

## Applying implementation theory to evaluate a quality improvement project in Indigenous primary health care

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# Implementation Science



“The scientific study of methods to promote the uptake of research findings into routine healthcare in clinical, organizational, or policy contexts.”

<https://implementationscience.biomedcentral.com/#aimsscope>

**175** health centres

38 community controlled

137 government, other

10 years data collected

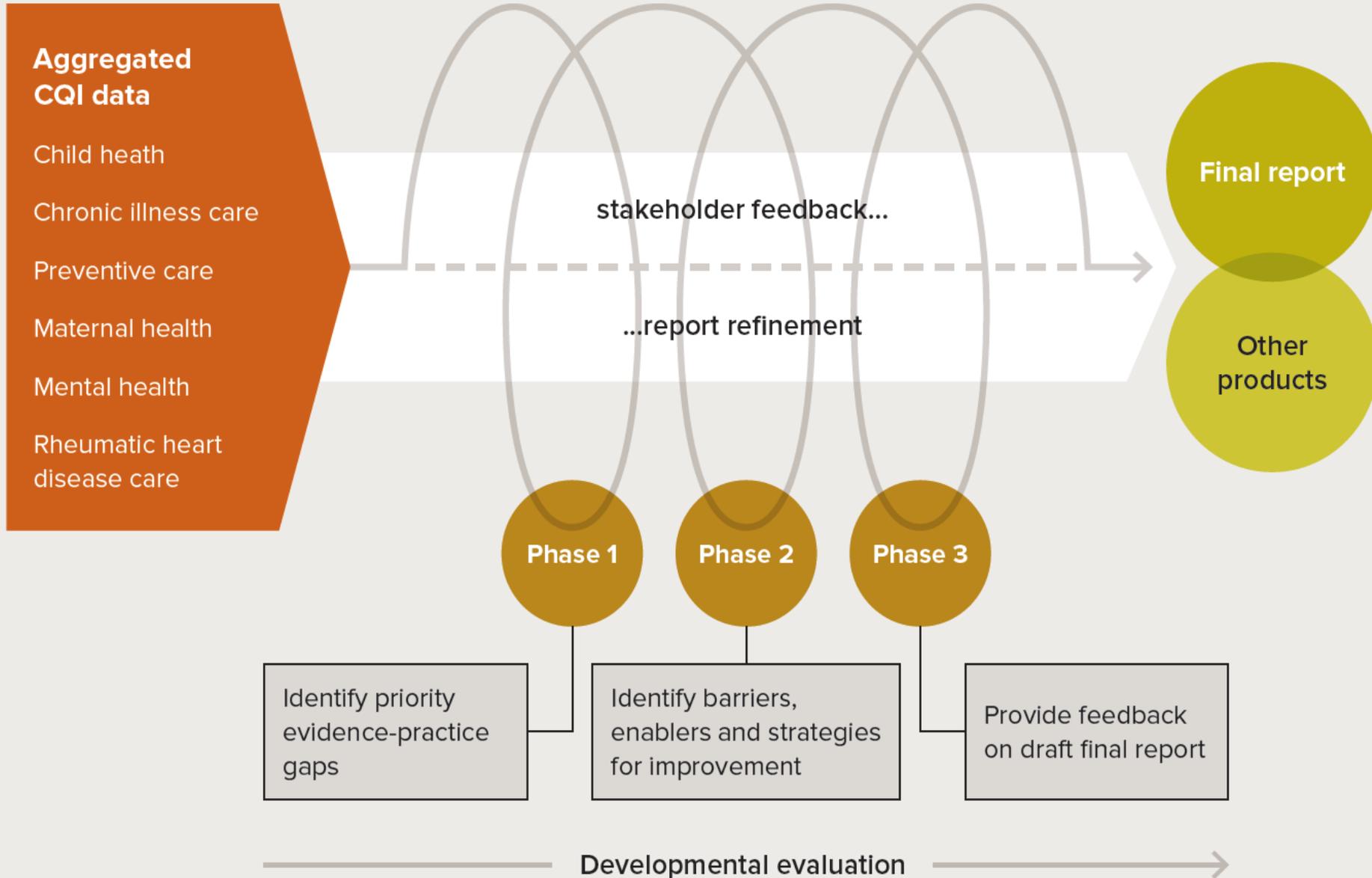
60,000 audited patient records

492 system assessments



Engaging Stakeholders in identifying Priority evidence-practice gaps and strategies for improvement' (ESP) project (2014 – 2017)

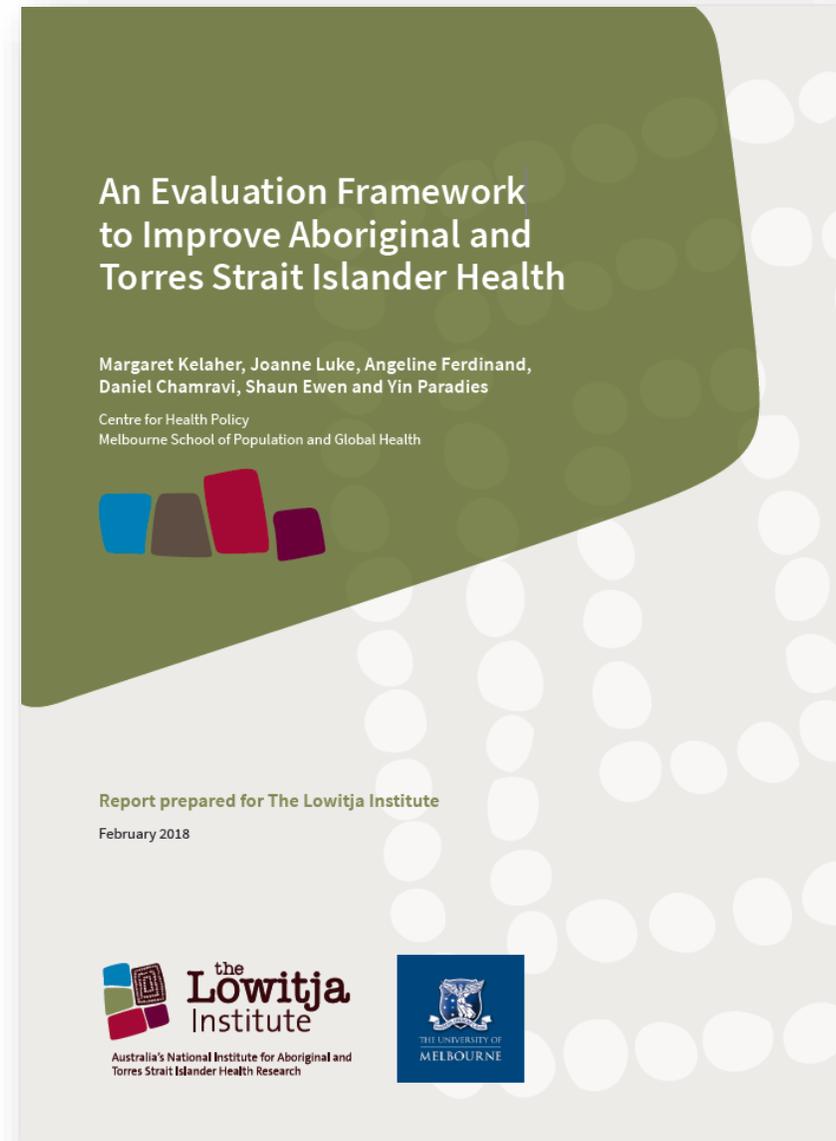
# Interactive dissemination





# Developmental evaluation of ESP project

Example of good evaluation  
practice

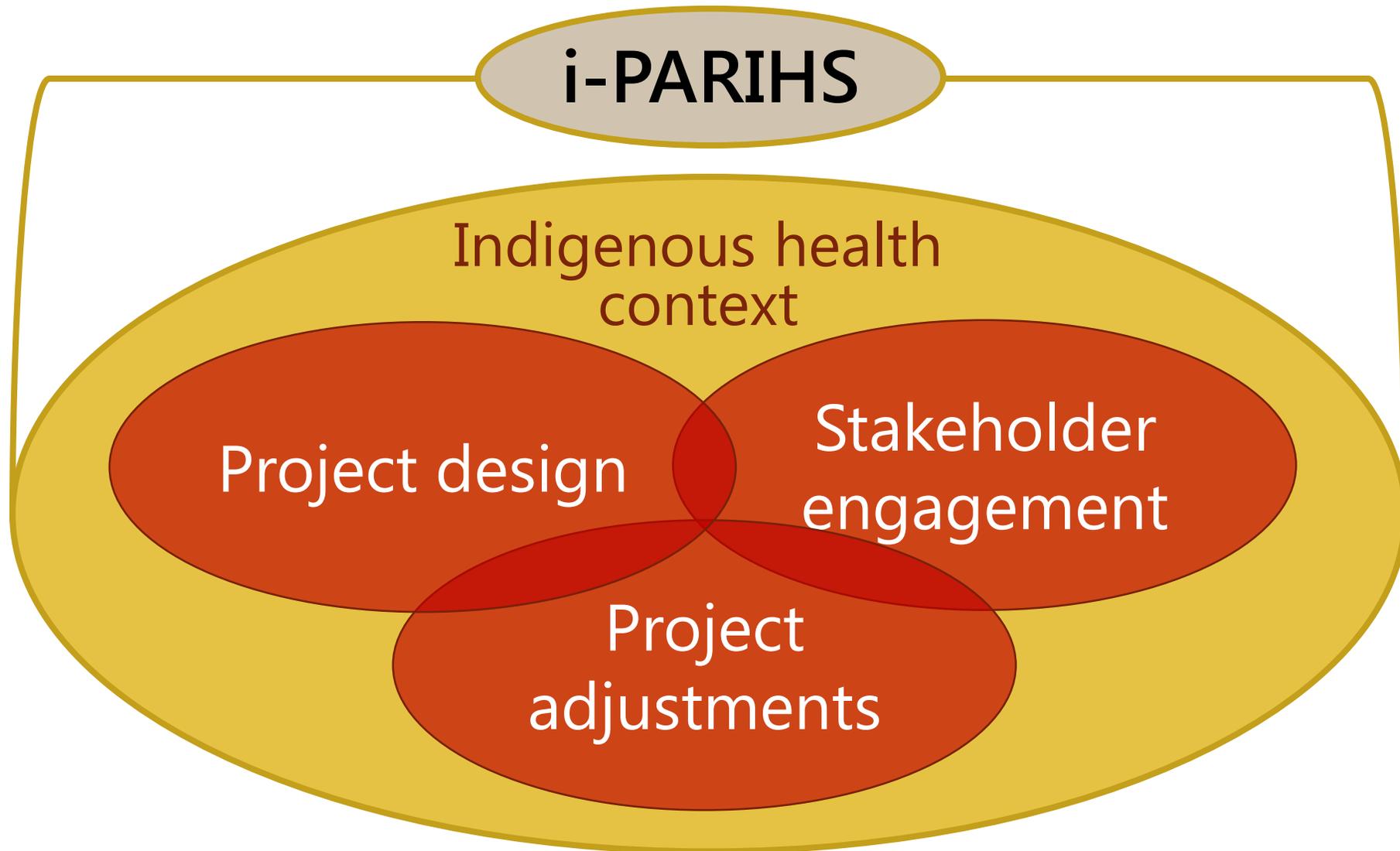


How well did interactive dissemination work?

Which aspects were essential for success?

Does it offer new knowledge about knowledge translation?





$$SI = Facn(I + R + C)$$

*SI* = Successful implementation

*Facn* = Facilitation

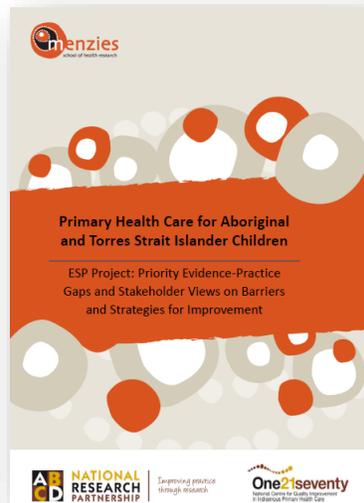
*I* = Innovation

*R* = Recipients (individual and collective)

*C* = Context (inner and outer)

## 1. Defined successful implementation -*SI*

- Wide distribution of reports
- Diverse stakeholders engaged
- Priority evidence–practice gaps, barriers and strategies for improvement identified
- Reports seen as accessible, useful
- Findings used



## 2. Defined each ESP 'construct' for analysis, e.g.

i-PARIHS constructs	Comparable ESP project constructs
<b><i>Facn</i> = Facilitation</b>	<b>ESP implementation processes</b>
<ul style="list-style-type: none"><li>• Active element that integrates <i>I, R, C</i></li><li>• Action learning techniques</li><li>• Improvement approaches</li></ul>	<ul style="list-style-type: none"><li>• Used networks, snowballing recruitment</li><li>• Reported data and cumulative findings</li><li>• Encouraged engagement with data</li><li>• Gathered input - surveys</li><li>• Used repeated processes based on CQI</li><li>• Concurrent developmental evaluation</li></ul>

3. Deductive on-coding of qualitative data, aligned with constructs
4. Synthesis with other data types
5. Analysis, systematically working through each framework construct

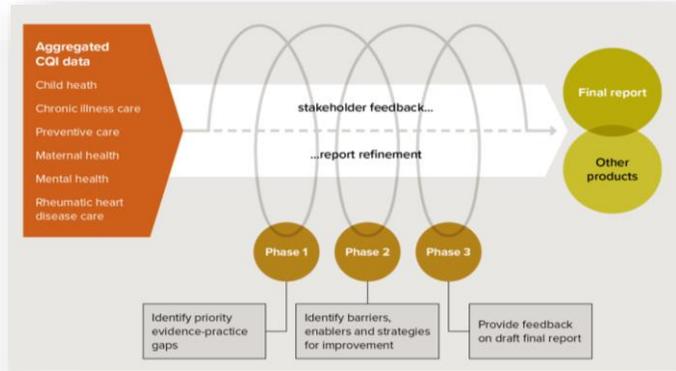
## Constructs

*Facilitation*

*Innovation*

*Recipients*

*Context*



- ✓ Wide distribution of reports
- ✓ Diverse stakeholders engaged
- ✓ Priority evidence–practice gaps, barriers and strategies for improvement identified
- ✓ Reports seen as accessible, useful
- ✓ Findings used

$$SI = Facn(I + R + C)$$

## And what we've learnt...

- 'Listen' to the data. Be sensitive to context
- See past labels, e.g. 'recipients'
- Gather support ... ask advice ... have a go!



## Use of implementation theory ...

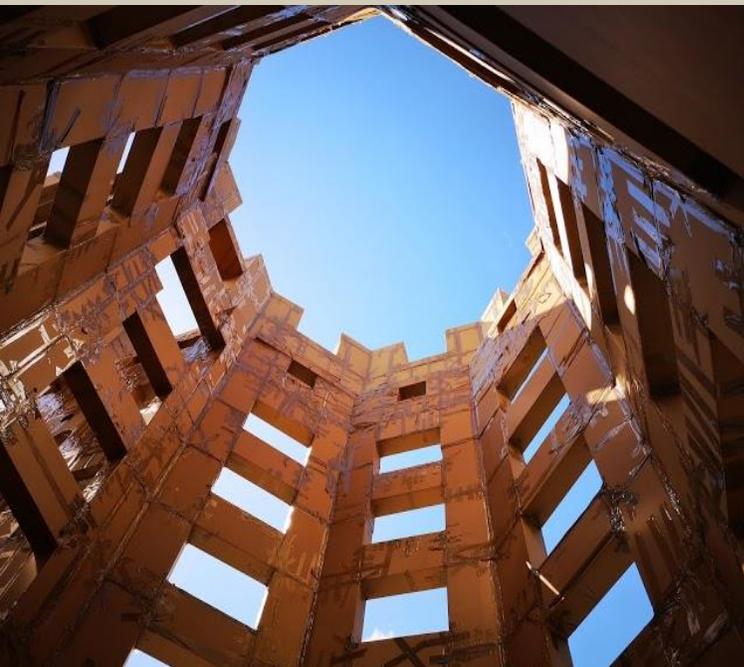
- framework to guide data analysis
- better understanding of how well 'interactive dissemination' worked, what contributed
- new knowledge about knowledge translation

... strengthened the evaluation



# Knowledge translation

- 1** CQI processes can be scaled up
- 2** Participatory research is feasible at scale
- 3** Developmental evaluation had a facilitation role
- 4** i-PARIHS has broad applications



More beyond the box ...

RESEARCH

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## Application of the i-PARIHS framework for enhancing understanding of interactive dissemination to achieve wide-scale improvement in Indigenous primary healthcare

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### Abstract

**Background:** Participatory research approaches improve the use of evidence in policy, programmes and practice. Few studies have addressed ways to scale up participatory research for wider system improvement or the intensity of effort required. We used the integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework to analyse implementation of an interactive dissemination process engaging stakeholders with continuous quality improvement (CQI) data from Australian Indigenous primary healthcare centres. This paper reports lessons learnt about scaling knowledge translation research, facilitating engagement at a system level and applying the i-PARIHS framework to a system-level intervention.

**Methods:** Drawing on a developmental evaluation of our dissemination process, we conducted a post-hoc analysis of data from project records and interviews with 30 stakeholders working in Indigenous health in different roles, organisation types and settings in one Australian jurisdiction and with national participants. Content-analysed data were mapped onto the i-PARIHS framework constructs to examine factors contributing to the success (or otherwise) of the process.

**Results:** The dissemination process achieved wide reach, with stakeholders using aggregated CQI data to identify system-wide priority evidence-practice gaps, barriers and strategies for improvement across the scope of care. Innovation characteristics influencing success were credible data, online dissemination and recruitment through established networks, research goals aligned with stakeholders' interest in knowledge-sharing and motivation to improve care, and iterative phases of reporting and feedback. The policy environment and infrastructure for CQI, as well as manager support, influenced participation. Stakeholders who actively facilitated organisational- and local-level engagement were important for connecting others with the data and with the externally located research team. Developmental evaluation was facilitative in that it supported real-time adaptation and tailoring to stakeholders and context.

(Continued on next page)

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COMMENTARY

## Using developmental evaluation to support knowledge translation: reflections from a large-scale quality improvement project in Indigenous primary healthcare

Alison Laycock<sup>1,2\*</sup>, Jodie Bailie<sup>2</sup>, Veronica Matthews<sup>2</sup> and Ross Bailie<sup>2</sup>

### Abstract

**Background:** Developmental evaluation is a growing area of evaluation practice, advocated for informing the effective development of change initiatives in complex social environments. The utilisation focus, complexity of interactive and systems thinking of developmental evaluation suggest suitability for evaluating knowledge translation initiatives in primary healthcare. However, there are few examples in the literature of using developmental evaluation in Indigenous settings. In this paper, we reflect on our experience of using developmental evaluation to implement a large-scale knowledge translation research project in Australian Aboriginal and Torres Strait Islander primary healthcare. Drawing on principles of knowledge translation and key features of developmental evaluation, we debate the key benefits and challenges of applying this approach to quality improvement in using aggregated quality improvement data to identify and address persistent gaps in care delivery.

The developmental evaluation enabled the team to respond to stakeholder feedback and apply findings to successfully refine theory-informed research and engagement processes, tailor the project reports and their responses to the production of robust, useable research findings for informing project management, and lack of experience in using this evaluation approach to positively influence stakeholder observed between features of developmental evaluation and the project's dissemination and knowledge co-creation. It thereby contributed to the project's dissemination and knowledge co-creation. The use of developmental evaluation purposes, balancing facilitative sense-making and project management, and lack of experience in using this evaluation approach to positively influence stakeholder observed between features of developmental evaluation and the project's dissemination and knowledge co-creation.

**Conclusion:** Our experience of developmental evaluation in using this evaluation approach to positively influence stakeholder observed between features of developmental evaluation and the project's dissemination and knowledge co-creation.

## Thank you to

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CRE-IQI for funding support

## Download ESP project reports

<https://www.menzies.edu.au> | [apo.org.au](http://apo.org.au) | <https://healthinonet.ecu.edu.au>

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