

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

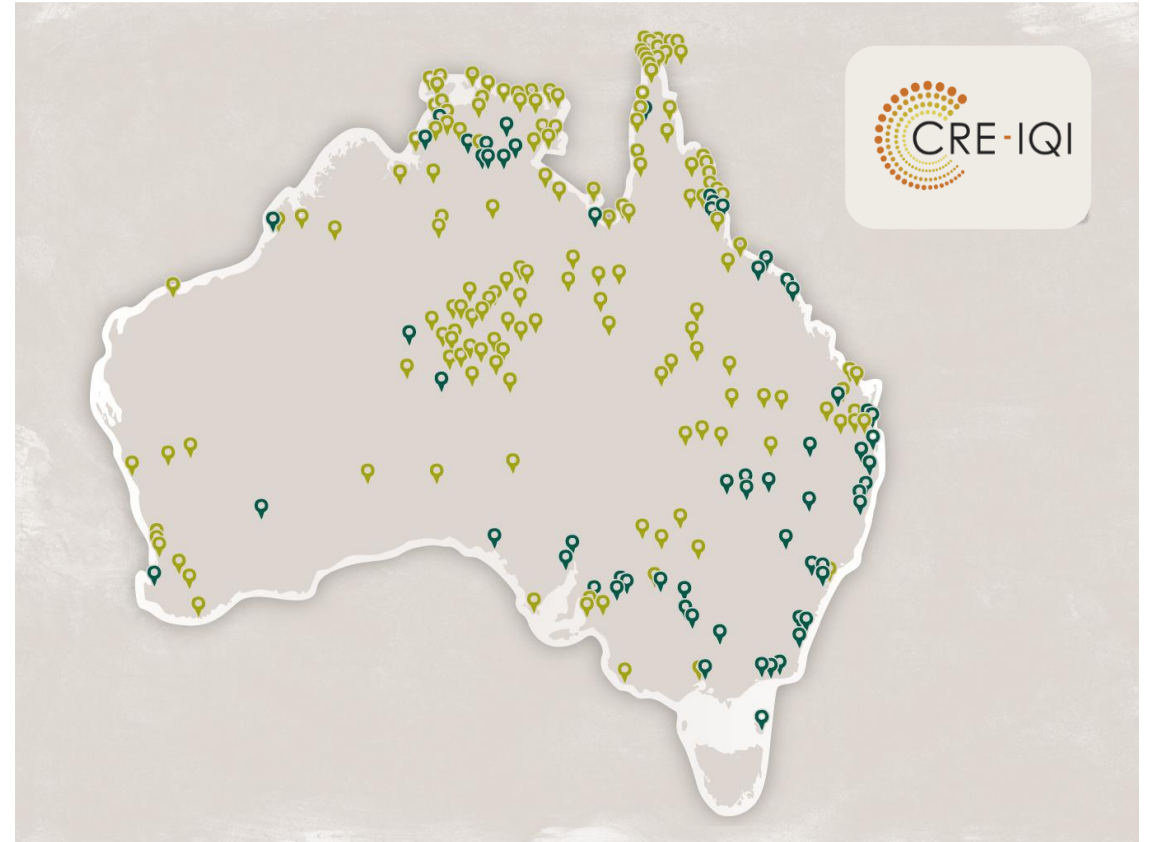
38 community controlled

137 government, other

10 years data collected

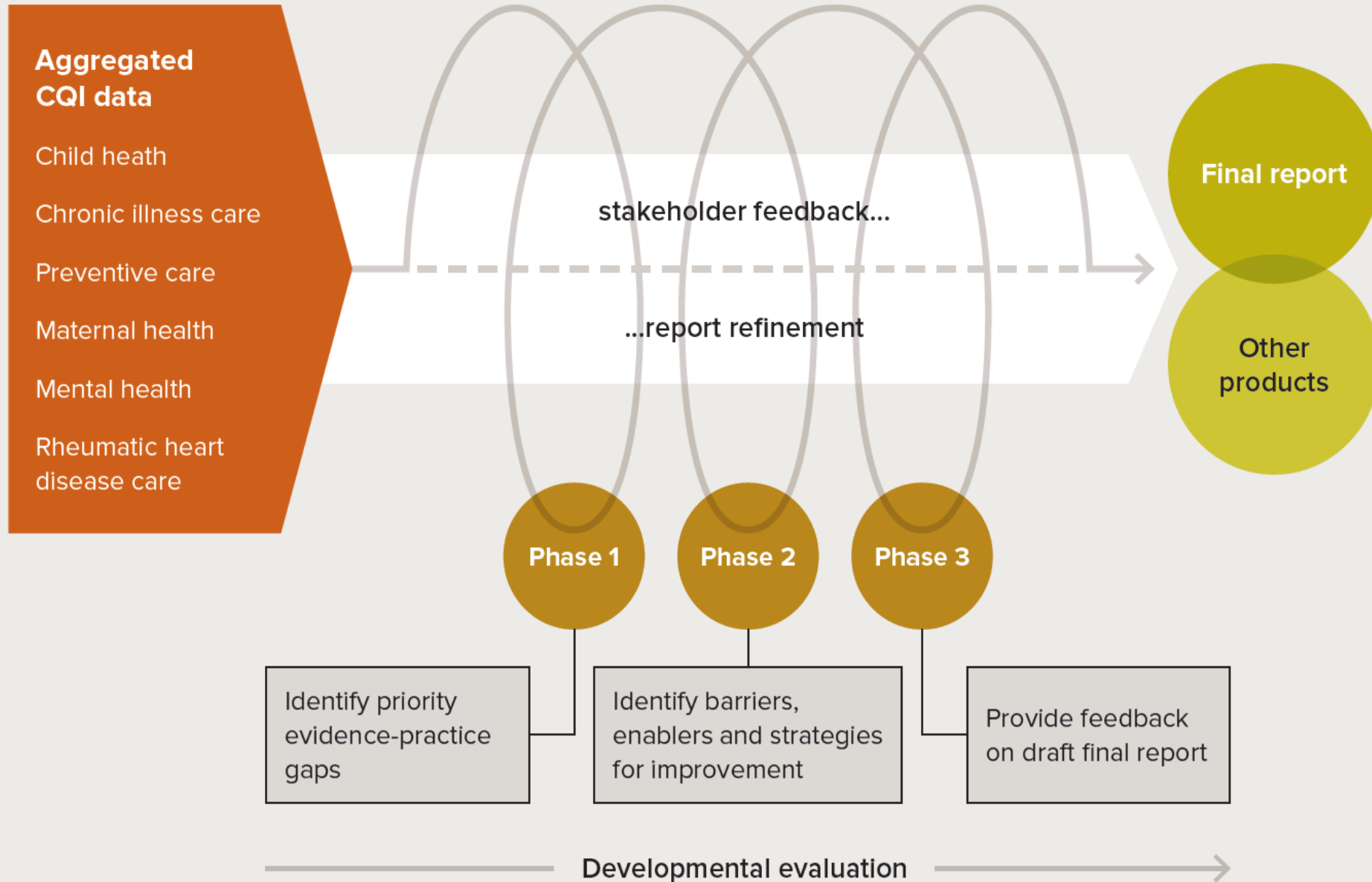
60,000 audited patient records

492 system assessments



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

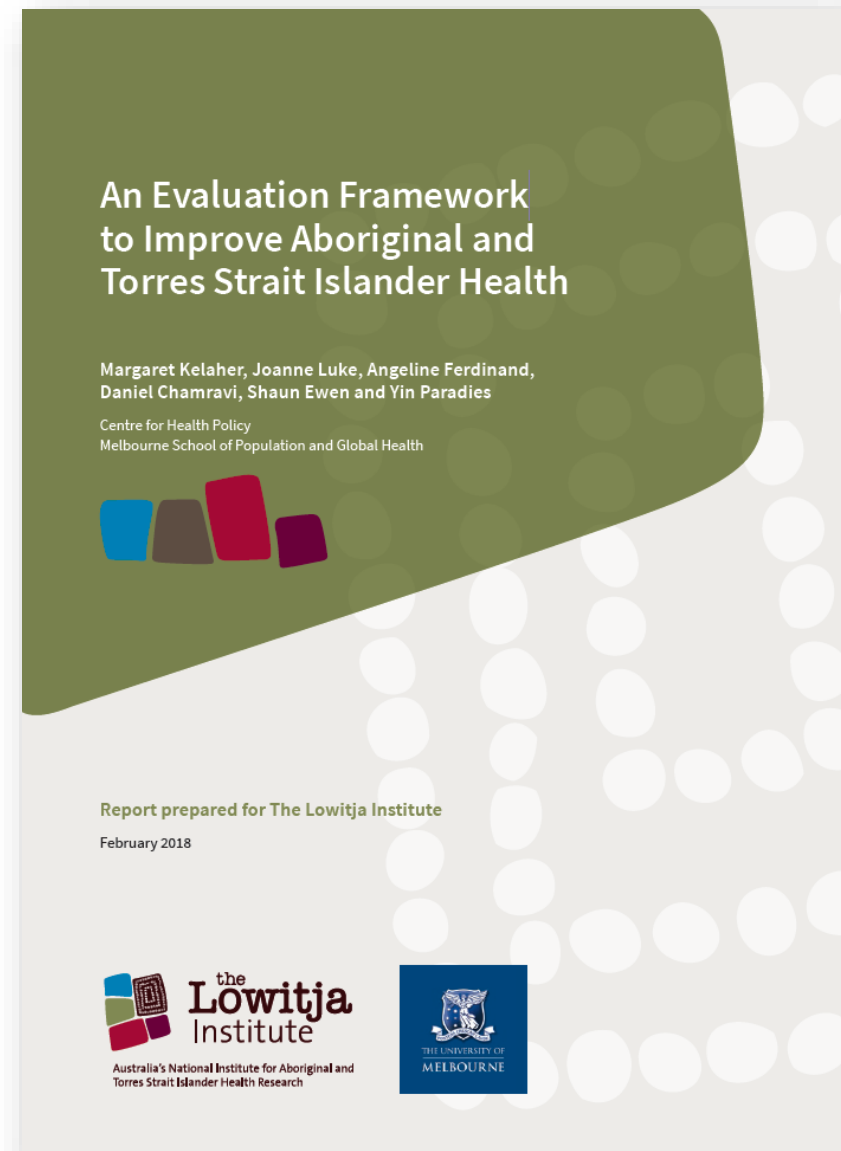
Interactive dissemination





Developmental evaluation of ESP project

Example of good evaluation
practice

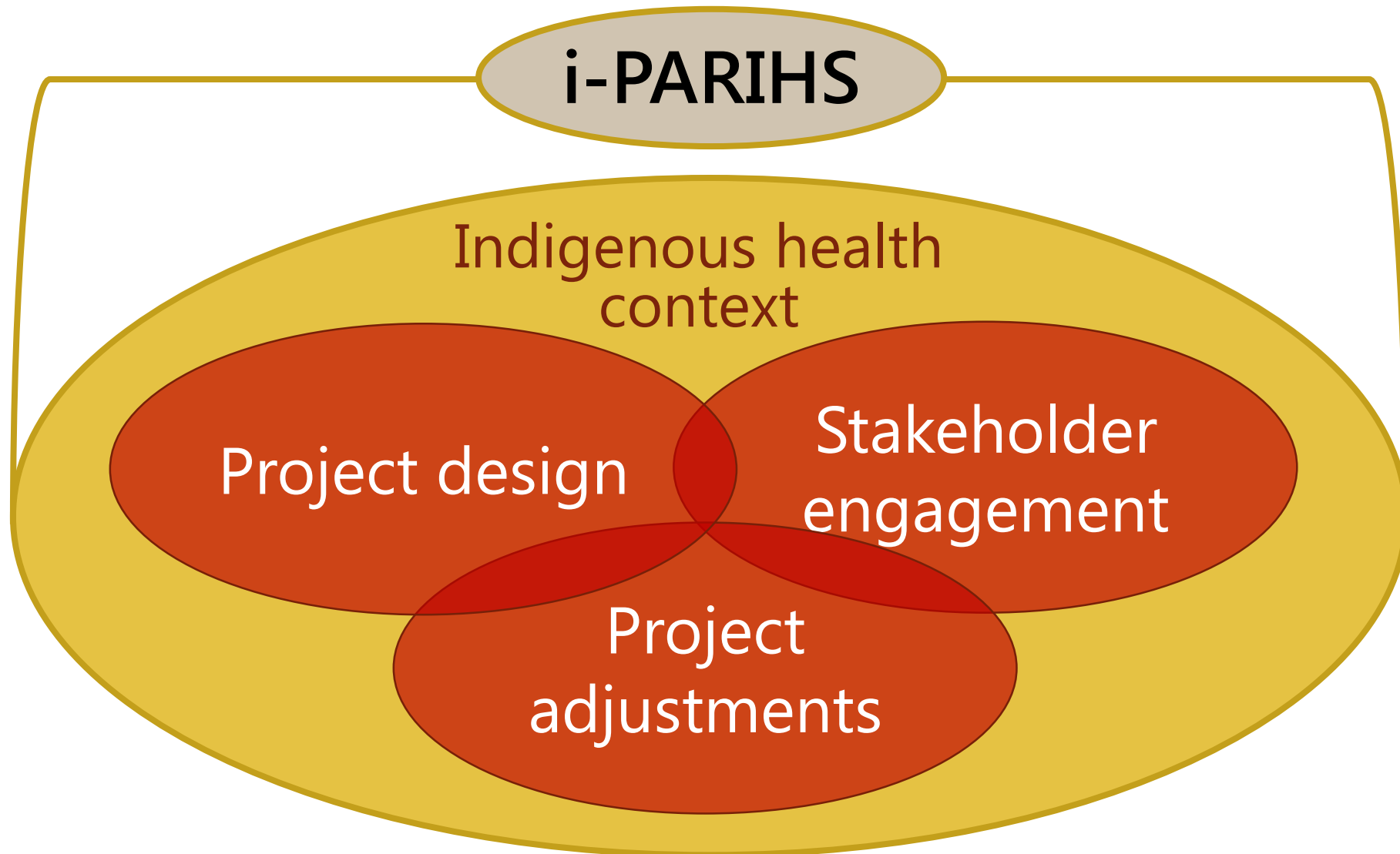


How well did interactive dissemination work?

Which aspects were essential for success?

Does it offer new knowledge about knowledge translation?





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

SI = Successful implementation

Facn = Facilitation

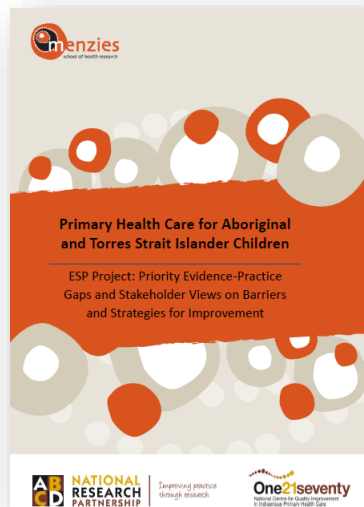
I = Innovation

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

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

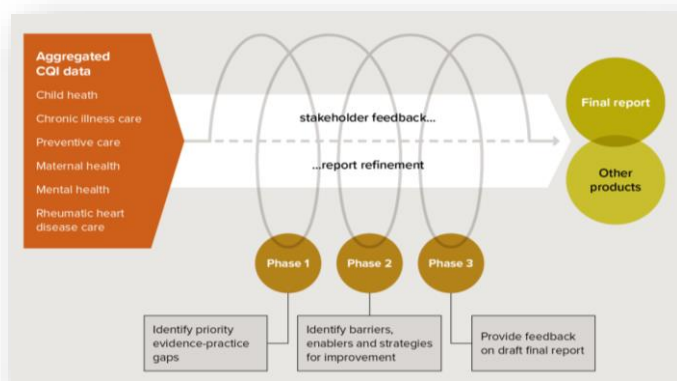
Constructs

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

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

Challenges

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 ...

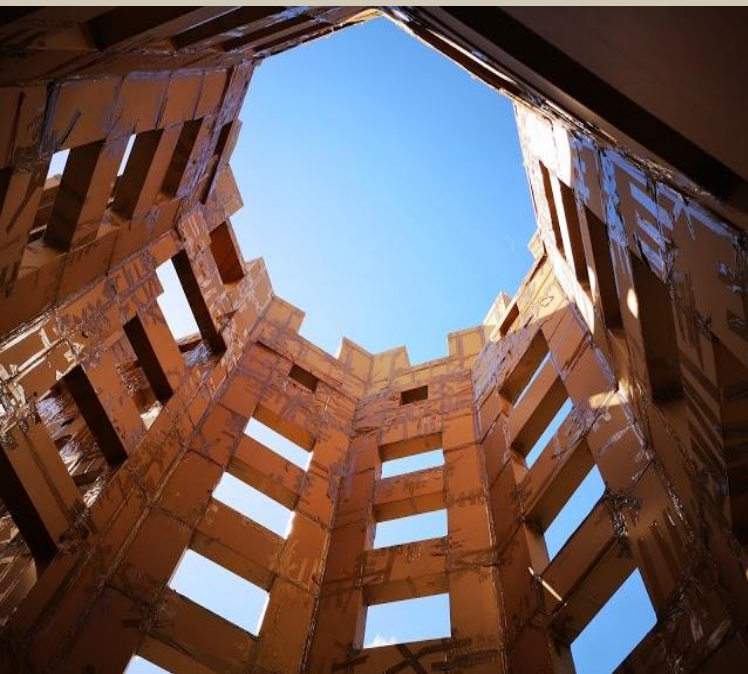
- framework to guide data analysis
- better understanding of how well 'interactive dissemination' worked, what contributed
- new knowledge about knowledge translation

... 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

Open Access



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

Alison Laycock^{1*}, Gillian Harvey², Nikki Percival³, Frances Cunningham¹, Jodie Baillie⁴, Veronica Matthews⁴, Kerry Copley⁵, Louise Patel⁵ and Ross Baillie⁴

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^{1,2*}, Jodie Baillie², Veronica Matthews² and Ross Baillie²

Abstract

Background: Developmental evaluation is a growing area of evaluation practice, advocated for informing the iterative development of change initiatives in complex social environments. The utilisation focus, complexity, 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 engage diverse stakeholders 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 project reports and their responses to the production of robust, useable research findings and knowledge data and multiple evaluation purposes, balancing facilitative sense-making and project management, and lack of experience in using this evaluation approach for strengthening healthcare systems change. It thereby contributed to the project's dissemination and knowledge co-creation. The use of developmental evaluation appeared to positively influence stakeholder engagement, observed between features of developmental evaluation and knowledge co-creation. **Conclusion:** Our experience of using developmental evaluation to support knowledge translation in Indigenous primary healthcare suggests 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 engage diverse stakeholders in using aggregated quality improvement data to identify and address persistent gaps in care delivery.

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