Slide 1

Organizational Readiness for Change and Implementation of Evidence-Based Practices

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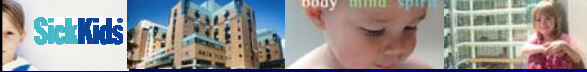University of Toronto

SickKids

Slide 2

SickKids   body mind spirit

Co-Investigators

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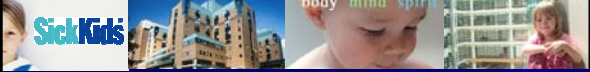Toronto, Ontario, Canada

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WILLIAM T. GRANT FOUNDATION
SUPPORTING RESEARCH TO IMPROVE THE LIVES OF YOUNG PEOPLE

Slide 3

SickKids   body mind spirit

Failing to use available science is costly and harmful; it leads to overuse of unhelpful care, under-use of effective care, and errors in execution.

Donald Berwick, 2003
Institute for Health Care Improvement

Slide 4

SickKids   body mind spirit

Main Messages

Failure to use available science is costly and harmful. A sustained collaborative effort is required to bring evidence-based practice to healthcare.

Slide 5

SickKids   body mind spirit

What progress have we made in getting evidence into practice?

A wee knowledge transfer story…circa 1757

Total elapsed time from Lancaster to adoption: 264 years

104 years   146 years   48 years   70 years

1497   1601   1747   1795   1865

Vasco da Gama: 100 of 160 crew died of scurvy; citrus suspected as cure

Capt James Lancaster sails with 4 ships: crew on Ship #1 given 3 tsps of lemon juice daily: 0% mortality. 40% of crew on other 3 ships perish.

James Lind, British Navy physician conducts random trial of 6 treatments for scorbutic sailors on HMS Salisbury: citrus again proves effective against scurvy

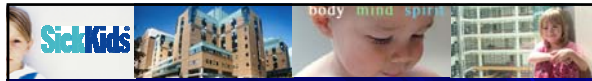British Navy orders that citrus fruits become the diet on all navy ships.

British Board of Trade adopts the innovation, ordering proper diets on merchant vessels.

Slide 6

SickKids   body mind spirit

To implement, transfer, deploy evidence-based practices to the field necessarily requires:
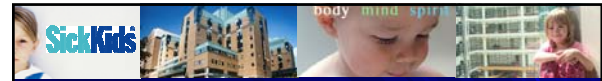
- Resources
- Leadership
- Training
- Practice Change

Readiness
Multiple methods of support
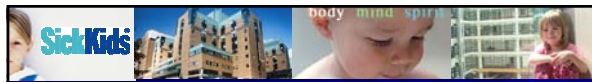Culture of professional development

Main Messages

It is not sufficient to transfer evidence-based practices to the field in the absence of understanding what is needed to prepare organizations and practitioners to receive and implement this new knowledge.

Study Objectives

❖ Review the literature in knowledge transfer, organizational change, and implementation science

❖ Survey leaders and practitioners in 80 CMHCs across Ontario regarding their utilization of research-based information and their readiness for change

❖ Interview 12 experts in implementation science

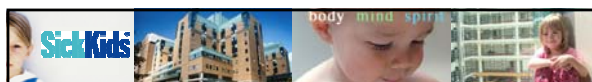❖ Make recommendations for future development in CMH in Ontario

Review Highlights -1

❖ Active strategies, collaboration, leadership are important
❖ Sharing tacit knowledge face-to-face is powerful
❖ Resistance to change – from the system, leaders, and practitioners – needs to be recognized and addressed
❖ Change is complex and requires buy-in from a critical mass – create a tipping point !
❖ Distillation of research knowledge into practice guidelines is insufficient to create practice change
❖ Implementation requires a collaborative effort
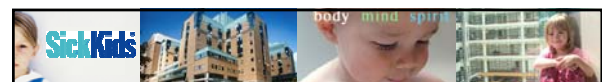❖ Strategize on multiple levels: practice, organization, system, nature of evidence, the support plan

Review Highlights -2

❖ Practitioners need better access to the research base
❖ And, venues for sharing tacit knowledge
❖ Need to develop capacity for life-long learning
❖ Need to strike a balance between treatment fidelity and re-invention in the practice environment

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No system trapped in the continuous throes of production, existing always at the margin of resources, innovates well, unless its survival is also imminently and vividly at stake.
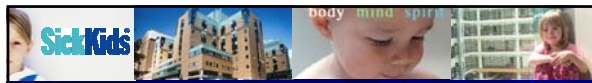
Donald Berwick, 2003
Institute for Health Care Improvement

Survey Highlights -1

Ontario
❖ Canada's second largest province
❖ More than 415,000 square miles
❖ 11 million + people live here

❖ Response Rate: 72.5% ED & 12.2% clinical staff from an estimated population of 3,951
❖ 50% of CMHC had budgets between $1-5million

Organizational Readiness for Change Scale

The literature identifies several important factors that appear to influence the change process. The TCU Organizational Readiness for Change (ORC; Simpson 2002) assessment focuses on the following dimensions and subscales
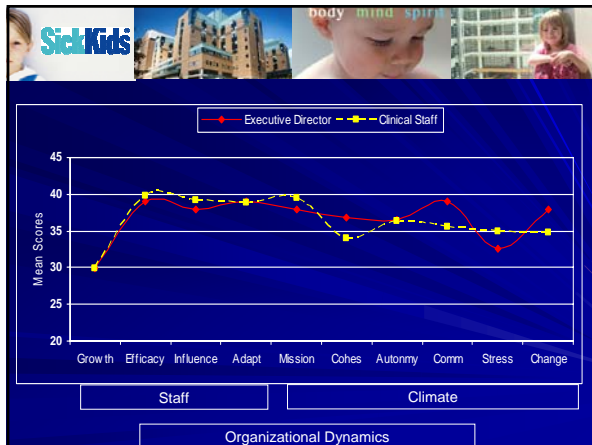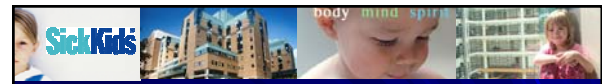
Organizational Dynamics

Staff Attributes
- Growth
- Efficacy
- Influence
- Adaptability
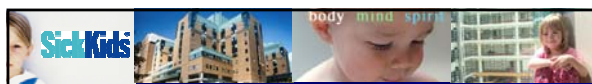
Organizational Climate
- Mission
- Cohesion
- Autonomy
- Communications
- Stress
- Change

Motivation for Change	**Program Resources**
•Program needs	•Offices / Staffing
•Training needs	•Training Needs
•Pressures for change	•Equipment

Chart: Mean Scores for Executive Director and Clinical Staff across categories: Prg Need, Trn Need, Press-Chg, Offices, Staff, Training, Comput, e-Comm. Grouped under "Motivation for Change" and "Program Resources".

Chart: Mean Scores for Executive Director and Clinical Staff across categories: Growth, Efficacy, Influence, Adapt, Mission, Cohes, Autonmy, Comm, Stress, Change. Grouped under "Staff" and "Climate", all under "Organizational Dynamics".

Survey Highlights -2

❖ Connecting to the Evidence
- Over 65% of EDs and staff would likely turn to the internet for resource support
- 67% of staff and 77% of EDs link in some way with a college or university BUT fewer than 40% of CMHCs have access to academic libraries
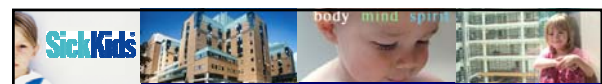

Survey Highlights -3

•Clinical staff sense pressure for change from supervisors/managers (62.5%), other staff (52.6%), ministry/other funders (39%), and board members (28.9%).
•Executive directors perceive pressure for change from supervisors/managers (51%), ministry and other funders (49%), and clinical staff (42.9%).

Fewer than one-third of the respondents from both groups perceive pressure for change from consumers, and fewer than one-quarter of executive directors perceive pressure for change from their board of directors.
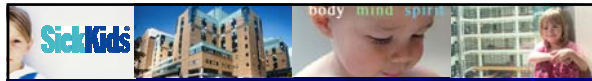
•Groups desire training in different areas: clinical staff see a need for training to improve client engagement with treatment, while executive directors see a need for training in monitoring client progress.

Survey Highlights -4

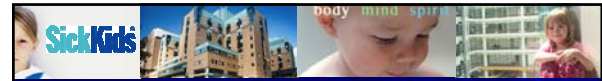*Adequacy of Resources:* Facilities, staffing patterns & training, equipment

- 44% of clinical staff view offices as inadequate for group treatment; this may have implications for future implementation of group-based EBTs.
- Both groups agree there are too few clinical staff to meet client needs.
- The majority of respondents agree their organizations value continuing education and provide opportunities for learning both in-house and at external venues.
- More than 95% of executive directors and clinical staff report having a computer in their personal workspace.

Survey Highlights -5

Staff Attributes: Several individual level characteristics are noted as key to ensuring readiness for organizational change.

- Opportunities for personal growth are seen as relatively low. The majority of clinical staff do not read about new techniques each month, nor do they have enough opportunities to keep up their clinical skills (although half feel they are up on the published journal literature). Executive directors fair somewhat better.
- Upwards of 60% from both groups have confidence in their clinical efficacy and willingness and ability to influence their co-workers, two characteristics that bode well for change.
- Less encouraging is their perceived ability to adapt in a changing environment. More than 65% of both groups feel they try new ideas and adapt quickly, yet half acknowledged they were sometimes too slow or cautious to make changes—curiously contradictory.

Survey Highlights -6

Organizational Climate: several organizational dimensions are identified as key to organizational change.

- *Staff cohesion*—trust and cooperativeness—is high among both groups, as is the impression of *autonomy* or the decision latitude clinical staff perceive in working with their clients.
- There is division within both groups as to whether job pressures impede effectiveness.
- High levels of *stress* and the negative impact of a heavy workload on program effectiveness is perceived by both groups, albeit more so by clinical staff.
- Interests in keeping up with the demands of change vary across groups: two-thirds of executive directors feel procedures change quickly to meet new conditions, while only 30% of clinical staff share this view.
- There appears to be a positive attitude toward and encouragement for trying new techniques among both groups, and this is encouraging.

Interview Highlights -1

- Developing "buy-in" for EBP implementation is necessary at all levels in the system
- Skepticism among practitioners presents a significant barrier to the implementation of evidence-based practices.
- Identifying "champions" for evidence-based practice is important at all levels in the system – the champion can be anybody, but it has to be somebody!

Interview Highlights -2

- Create organizational cultures that foster change
- Change takes time and requires a sustained effort and plan for long term maintenance
- Implementation requires the creation and maintenance of "culture of adherence"
- A more equitable balance must be struck between contending with long wait lists for clinical service and the time and energy required for innovation and professional development.
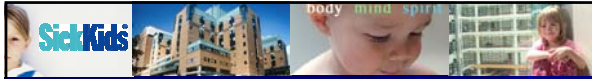
Interview Highlights -3

- Consider system-wide implementation of evidence-based practices
- Inform consumers of the evidence-based treatment options as they become more widely available .
- Partnership between funders, providers and researchers can go a long way to creating opportunities for effectiveness and implementation research, and for the evaluation of field-based interventions that have promise.

Most people are in favour of progress, it's the change they don't like.

Anonymous

Taking Action

- ❖ Connect CMH to the evidence base

- ❖ Encourage continuous professional development as a core activity in children's mental health

- ❖ Develop incentives for change, and opportunities through which innovators and early adopters can showcase their accomplishments, and through which others can learn first hand of their approaches, struggles, and solutions

- ❖ Encourage adoption of Berwick's 7 rules for disseminating innovations in children's mental health care: find sound innovations, find and support innovators, invest in early adopters, make early adopter activity observable, trust and enable reinvention, create slack for change, and lead by example

- ❖ Partner CMHCs with Academia to evaluate promising practices

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Pay special attention to the best of the past and present—in order to ignite the collective imagination of what might be.

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The full report on which this presentation is based can be found on the web at www.cmho.org and www.sickkids.ca and http://nirn.fmhi.usf.edu