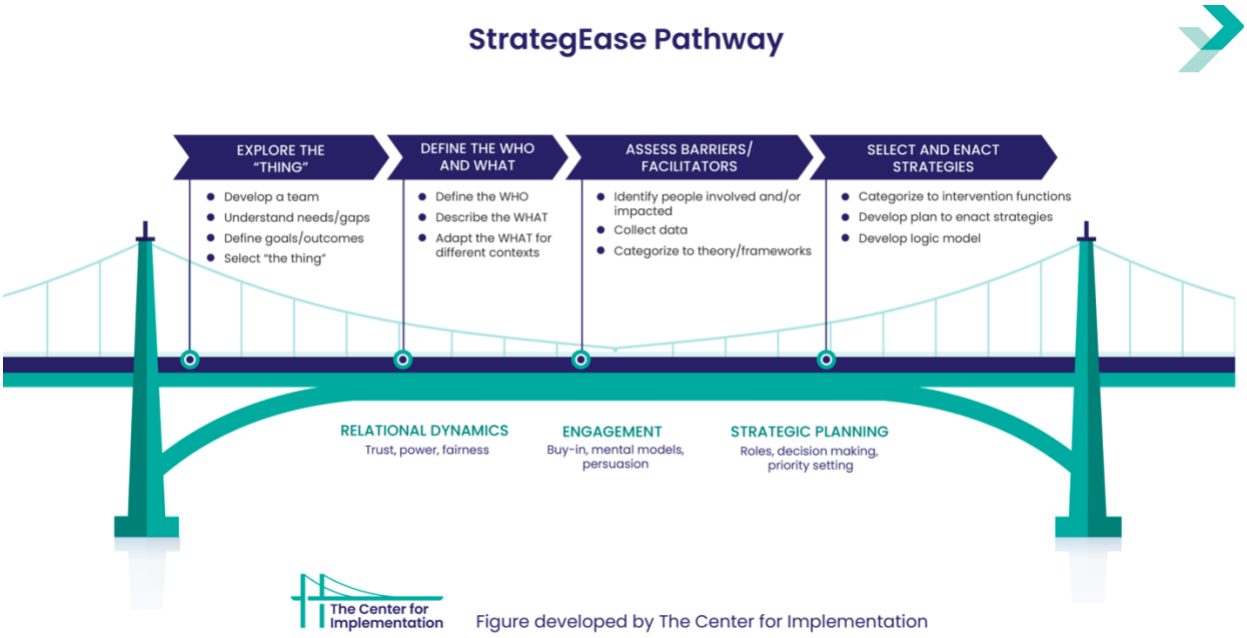
Participant Summary - Resources and Implementation Ideas

Thank you for joining us on March 24, 2022 for an engaging session with The Centre for Implementation on implementing the Framework ***Rehabilitative Care for Older Adults Living With or at Risk of Frailty*** into practice. It was a pleasure to learn with you. You can access the recording and the workbook **here** for a few more months.

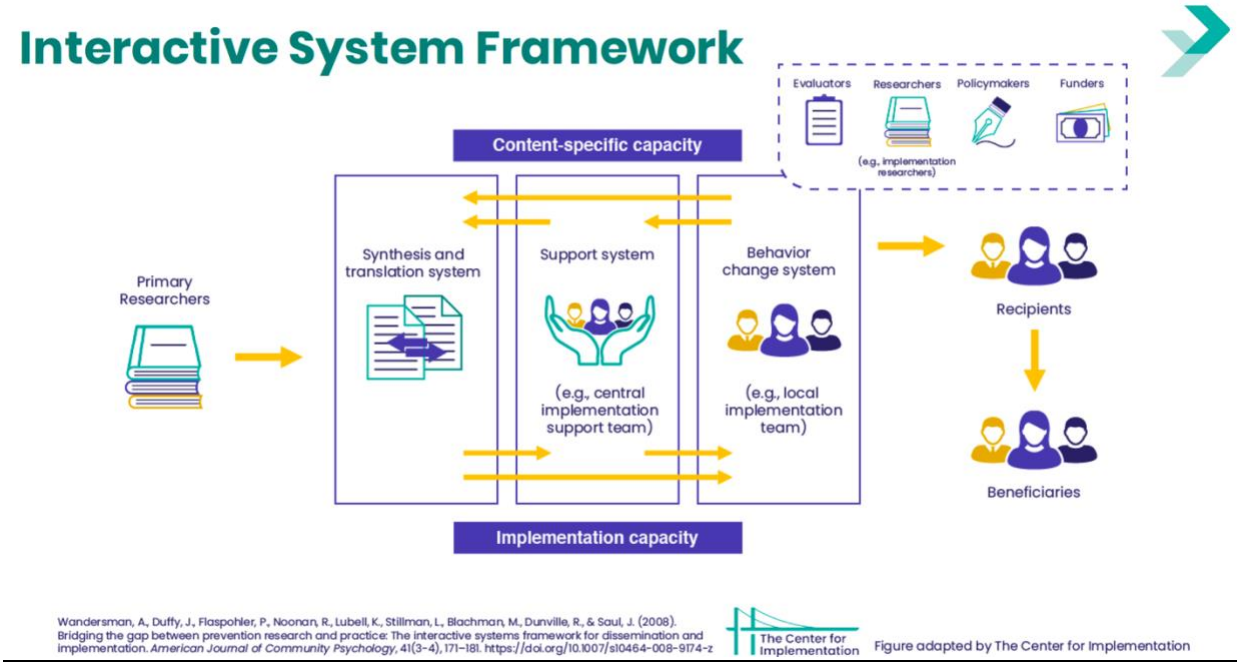
We have also summarized the brainstorming you participated in, as this wisdom is a great start for anyone working on an implementation plan.

Key Points:

1. When designing for implementation, remember the components of the **StrategEase Pathway**

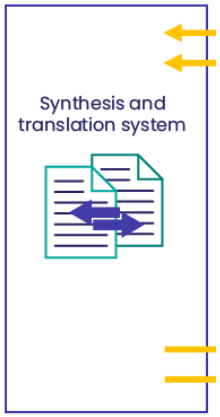


2. a) When developing a team for implementation – consider all of the possible actors and roles. The roles and relationships are reflected below in the **Interactive System Framework.**



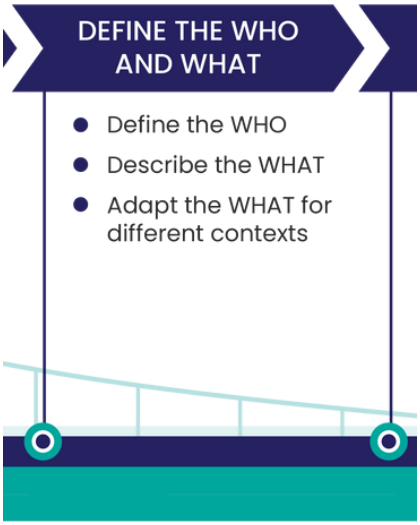
2. b) Participants identified many of the actors and roles relevant to designing approaches to care for older adults requiring rehabilitation

Beneficiaries	• Older adults • Care partners • All public through increased access to care	• Family members • Other rehab recipients • Primary care • Ministry of Health
Recipients	• Clinicians • Directors/Managers	• Family Health Teams • Ontario Health Teams • Primary care • SGS providers

	• Operational Leaders • Educators • Professional Practice • Clinicians • Older Adults	• Nurse clinicians • Senior friendly leads • OHT project teams • RCA and RGPs • Quality teams • SGS Administrators • Health service providers • Community Agencies
	• Evaluators • Professional Practice Leaders • Provincial Organizations: RCA, PGLO • Ontario Health Regional Offices • Decision support	• Ontario Health • Ontario Health Team • RGPs/regional SGS • Implementation team
	• Provincial Organizations: RCA, PGLO, RNAO • Educators • Researchers	• Provincial Organizations: BSO • Regional Organizations: RGPs/SGS Entities • OH regions • Geriatric specialists • SGS Administrators
	• Ontario Health • Ministry of Health • Hospital Foundation	• OHTs • Foundations • HSP discretionary funding • Federal government • Grants
	• Health service researchers • Decision support • Health system performance & accountability roles • Provincial Organizations: RNAO	• RCA • OHT • Ontario Health Analytic Staff
Other Groups	• Regulatory Bodies	• Therapy support staff

	• Professional organizations • Vendors • Colleges/Universities	• Health policy makers • Supportive housing and assisted living • Community partners • Older adults and families/caregivers • Health professionals • Community Support Services • Seniors Mental Health • Palliative Care

3. Participants defined the who (who needs to change/do something) and the what (what change is needed) using one example from the Framework *(Processes of Care: 4. Co-Design a Person-Centered Rehabilitative Care Plan)*. This exercise should be repeated for each change idea and context.

	WHO	WHAT
	• Older adult • Care partners • Community partners • Interprofessional team • System, organizational and clinical leaders • Funders • Planners • Volunteers • Primary care providers • Clinicians	• Collaboration/partnership between providers, clinicians, older adult and care partners • Undertake assessment using domains of the Comprehensive Geriatric Assessment (CGA) • Integrate outcome & experience measures • Conduct care planning and review • Implement Senior Friendly Care • Implement Rehab Care Plans and goal-oriented Care • Develop clear pathways • Prevent functional decline • Enable older adult and caregiver participation in care

4. Participants determined what sort of change was required (7 Ps). The most frequently cited types of change are circled in green. The most popular type of change was “practices” suggesting the kinds of “things” or interventions people saw as a starting place for implementation.

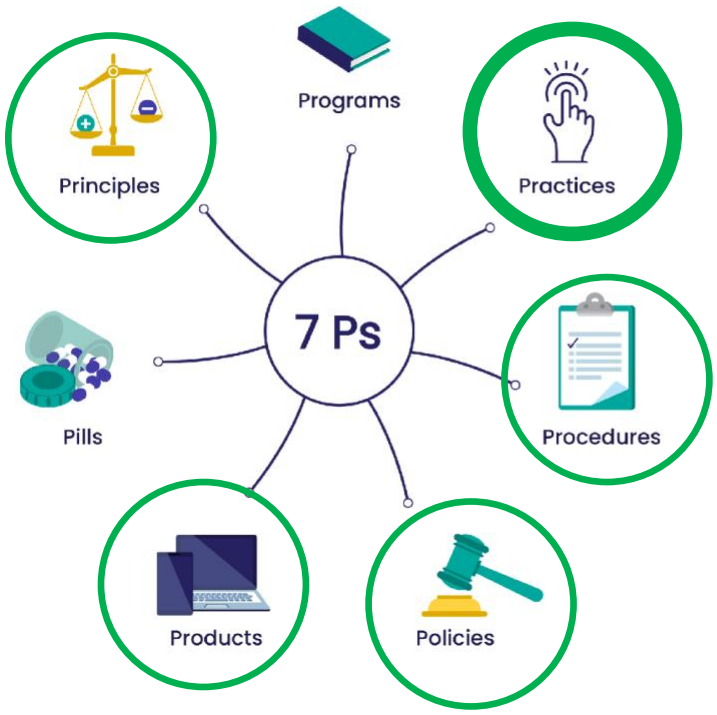
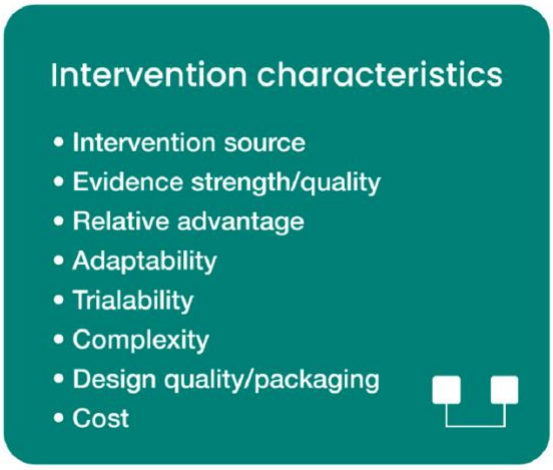


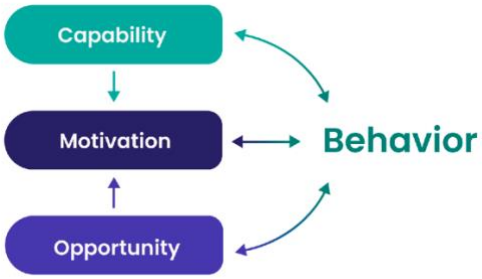
Figure adapted by The Center for Implementation

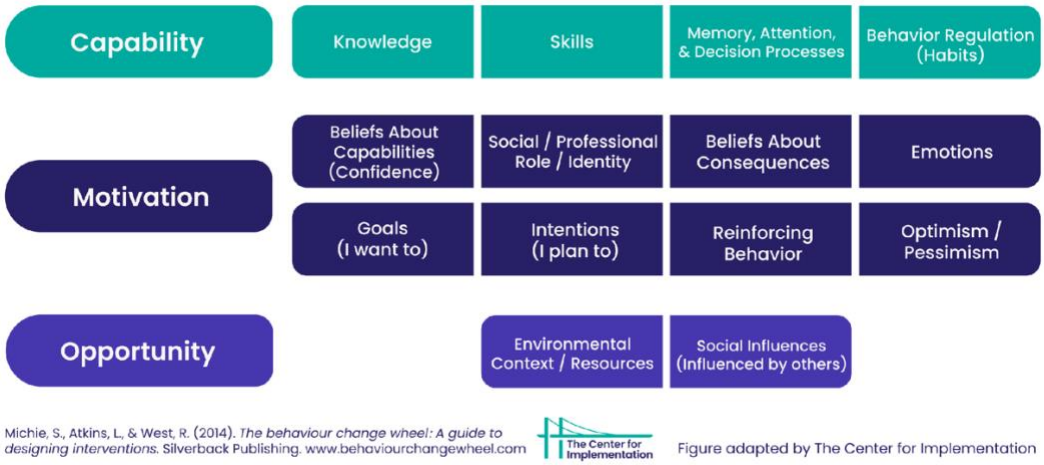
Brown, C. H., Curran, G., Palinkas, L. A., Aarons, G. A., Wells, K. B., Jones, L., Collins, L. M., Duan, N., Mittman, B. S., Wallace, A., Tabak, R. G., Ducharme, L., Chambers, D. A., Neta, G., Wiley, T., Landsverk, J., Cheung, K., & Cruden, G. (2017). An overview of research and evaluation designs for dissemination and implementation. Annual Review of Public Health, 38, 1–22. https://doi.org/10.1146/annurev-publhealth-031816-044215

5. Developing an intervention requires consideration of the following characteristics:



6. Participants identified barriers and facilitators to change, drawing from the Capability, Opportunity and Motivation – Behaviour (COM-B) Framework.





Barriers/Facilitators

Capability	• Knowledge: new guidelines, baseline function, restorative potential, frailty, approaches to older person care • Training needs: goal setting, CGA • Staff burn out • Fragmented team • Ingrained habits • Lack of understanding of how this change fits with their role • Thinking that they do this already • Knowledge and skills to complete the task (don't know what they don't know) • Lack of time • Health human resource challenges • Having authority to act • Peer pressure • Clinical maturity

Motivation	• Staff workload • Inability to staff/lack of access to an interprofessional team • Limited resources/time • Need for leadership support • Shortened hospital lengths of stay • Organizational culture • Funding to make changes (e.g. EMR) • Engagement and support of leadership • Being empowered • Champions • Time for learning new ways • Increased family and patient involvement • Leadership
Opportunity	• Ageism • Competing organizational priorities • Resistance to change • Not mandated • Work with older persons less attractive • Change may reduce LTC pressures • Teams no longer feeling that they are decision makers • Senior leadership support • Incentives • Evidence of and belief in impact • Fear of change • Belief that change is not necessary or desirable • Change fatigue

7. Participants generated change strategies across several intervention functions

 Modeling	• PDSA cycles • Early adopters • Clinicians to shadow experts • Team rounds to include whole team, including older adults/care partners • Showcasing positive change • Team members co-assessing older adults • Public display boards • Team building activities • Super users/champions (in-house) • Engaged leaders providing support and feedback • Practice leaders • Cross functional teams • Guiding principles • Communication lines • Integrated discipline tables

	• Staff task force that is accountable for change
 Persuasion	• Patient stories • Credible opinion leaders • Adopter site that can show outcomes • Ability for staff to know what happens in next step of care (e.g. hospital only sees people who come back, what about those who remain at home) • Patient/ caregiver experiences and outcomes • Publications • Data demonstrating outcomes • Tracking on quality boards • Provider stories
 Enablement	• Protected time to participate • PDSA cycle/process mapping process • Peer/colleague recognition • Exciting QI projects • Suggestions on how to work differently • Audit (including self-directed audit) • Co-design with front line • Leveraging technology to reduce administrative burden • Recognition of positive actions • Engaged leadership • Process optimization – how to simplify processes/tasks (e.g. LEAN) • Alignment with Quality Standards • Data sharing
 Education	• 1:1 coaching • Patient stories/case studies • Certification • Geriatrics learning series • Develop unit standards with team • Change management/rationale for change • Being clear and concise • Cheat sheets/posters/templates • Small group learning – creating care plans • Shadowing • Incentives for knowledge transfer • Certificates for education

 Environmental Restructuring	• Process mapping • Prioritization session • Consideration of staff roles • Have staff office closer to patient area • Leveraging technology to reduce administrative/communication burden • Illustrate how best practice implementation enhances efficiency/quality • Trade-offs – eliminate or streamline tasks and documentation • Consider changes to physical space to support the work (e.g. room for collaborative discussions) • Staff complement