



Behavioural Education and Training Supports Inventory (BETSI)

Section C - SUSTAINING & EVALUATING THE INVESTMENT

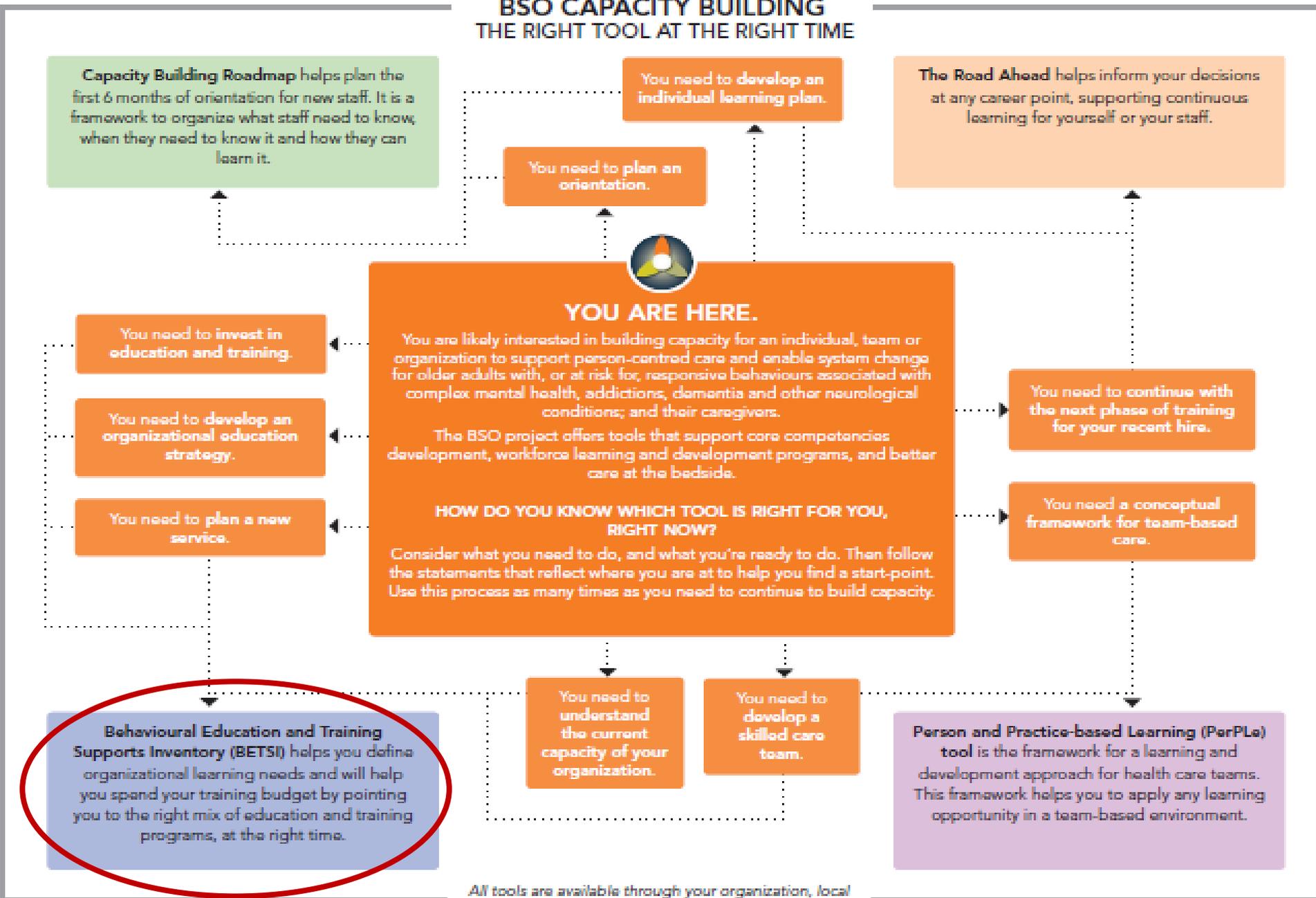
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BSO CAPACITY BUILDING THE RIGHT TOOL AT THE RIGHT TIME



All tools are available through your organization, local LHIN, or the BSO website: www.bsoproject.ca

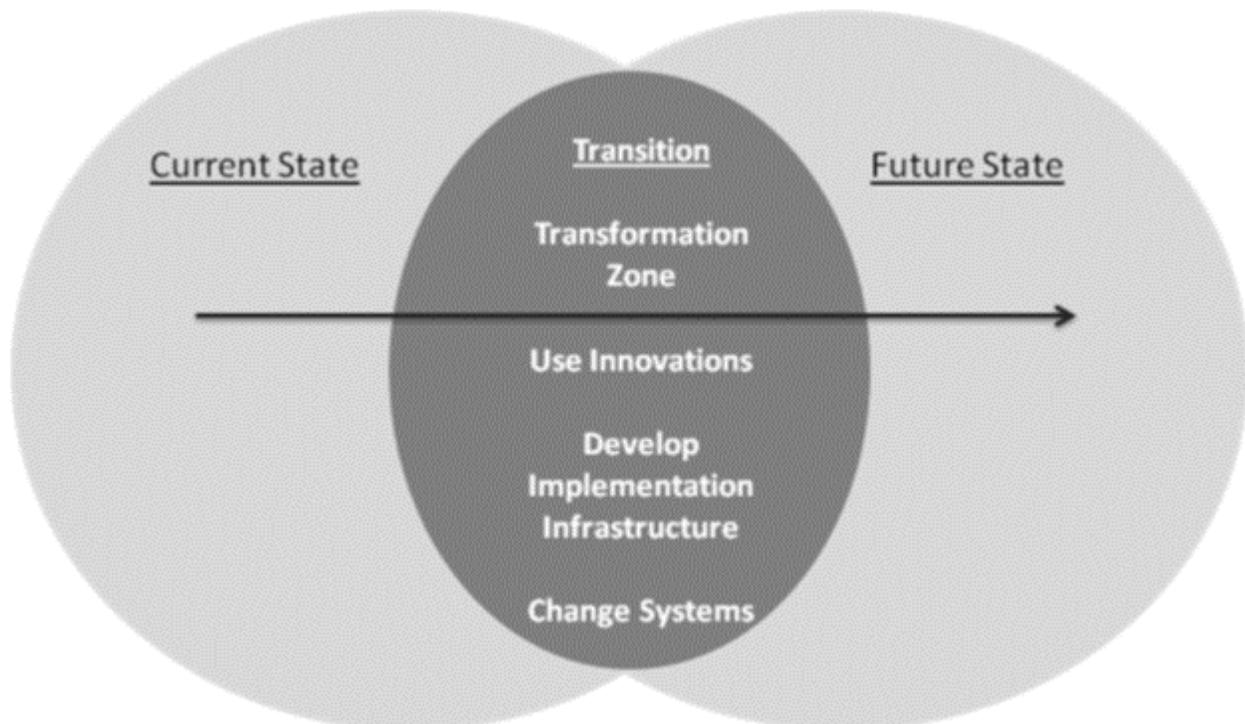
Sustaining the Investment in Education | Program Implementation and Sustainability

The role of implementation science research

It is important that an organization develops a rigorous program infrastructure to support the education and training. This includes an implementation of the program and an evaluative framework. . Recent research in the area of Implementation Science (Fixsen et al., 2005) ,reveals that organizations that only provide employee training without a rigorous program infrastructure will not be successful in sustaining the effects of education or making and sustaining practice changes. The Public Services Health and Safety Association promotes an implementation strategy that uses a step by step process to develop, implement and evaluate a program.

In the field of Occupational Health and Safety there is an expectation that programs are based on current research and are evidence-based. Research however on the science of program implementation has lagged behind. Fixsen et al. (2005), has conducted an extensive literature review on program implementation science.

Far too often innovative programs that are known to be effective are implemented by organizations unsuccessfully. Frequently a large gap exists between evidence based knowledge and practice, and transference to workplace performance. In fact, a sustainable program implementation framework may not have been established. Innovative practices do not fare well in existing organizational structures and systems and a transitional period which is the program implementation phase, is important in moving your organization from current state to a change in practice (future state) that is sustainable.



Implementation - is defined as the process or steps of putting in place a described activity or program into practice to achieve a desired outcome e.g. steps to establish a best practice manual materials handling program. It is the “how to”.

Intervention - in contrast is quite different and may be defined as the actual prevention endeavor or effort that has a different outcome e.g. training and use of a fork lift to reduce of injuries. It is the “what” that is being implemented.

Ineffective program implementation is not only costly and wasteful to an organization, undesirable outcomes such as incomplete or poor adoption of best practices, harm to workers and other losses to the organization may result. Poor program implementation in turn may affect the outcomes of the good or poorly designed interventions e.g. incomplete control of workplace hazards that could cause worker injury, illness or fatality. It is important to have both effective program implementation and effective interventions to have successful outcomes and sustainable health and safety programs. Table A demonstrates the effectiveness of interactions between program implementation and interventions.

		Implementation “The How To”	
		Effective	Not Effective
Intervention “The What”	Effective	Consistent Sustainable Positive Outcomes	Inconsistent; Not Sustainable; Poor outcomes
	Not Effective	Poor outcomes	Inconsistent ; Not sustainable; Poor Outcomes; Sometimes harmful

Evidence supports that the more clearly core components of an evidence based intervention program or practice are known and defined, the more readily the program or practice can be implemented successfully. (Bauman, Stein, & Ireys, 1991; Dal, Baker, & Racine 2002; Winter

Table A: Program Implementation and Intervention Outcome Effectiveness Matrix

(Adapted from Institute of Medicine, 2000; 2001; 2009; New Freedom Commission on Mental Health, 2003; National Commission on Excellence in Education, 1983; Department of Health and Human Services, 1999)

Levels of implementation

There are various levels of program implementation and these include:

- Paper implementation
- Process implementation
- Performance implementation.

Paper implementation primarily involves the development of written standards such as policies, procedures and safe work practices. **Process implementation** may include activities such training, implementing standard operating procedures, safe work practices and forms etc. **Performance implementation** includes integration of the desired activities and behaviours into observable and functional practice that will affect the desired outcome e.g. injury prevention.

Type of Support	Examples	Rationale for Use
Structure	<ul style="list-style-type: none"> • Policies and procedures • Reorganization of staffing or services • Documentation forms • Clinical pathways • Equipment (as required) 	<ul style="list-style-type: none"> • Provide rationale for change in practice and guide the practice • Ensures sufficient staffing to carry out implementation • Include prompts to perform assessments and specific interventions • Provide a guide to recommended clinical care • If equipment is required for the implementation, then having its availability will promote the action.
Process	<ul style="list-style-type: none"> • Mandatory educational sessions for implementation • Key indicators of application of knowledge to practice are included in the performance appraisals • Information about the results of implementation to manage behaviours is shared with clinical managers and clinical staff on a quarterly basis. 	<ul style="list-style-type: none"> • Supports optimal delivery of an implementation strategy (education to all staff) • Indicates importance of knowledge application to clinical practice • Provides a forum for discussion of relevant outcomes and an opportunity to make changes to implementation strategies if required.

Implementation outcomes

1. Changes in adult professional behavior (knowledge and skills of practitioners and other key employee members within an organization or system),
2. Changes in organizational structures and cultures, both formal and informal (values, philosophies, ethics, policies, procedures, decision making), to routinely bring about and support the changes in adult professional behavior, and
3. Changes in relationships to consumers, stakeholders (location and nature of engagement, inclusion, satisfaction), and systems partners.

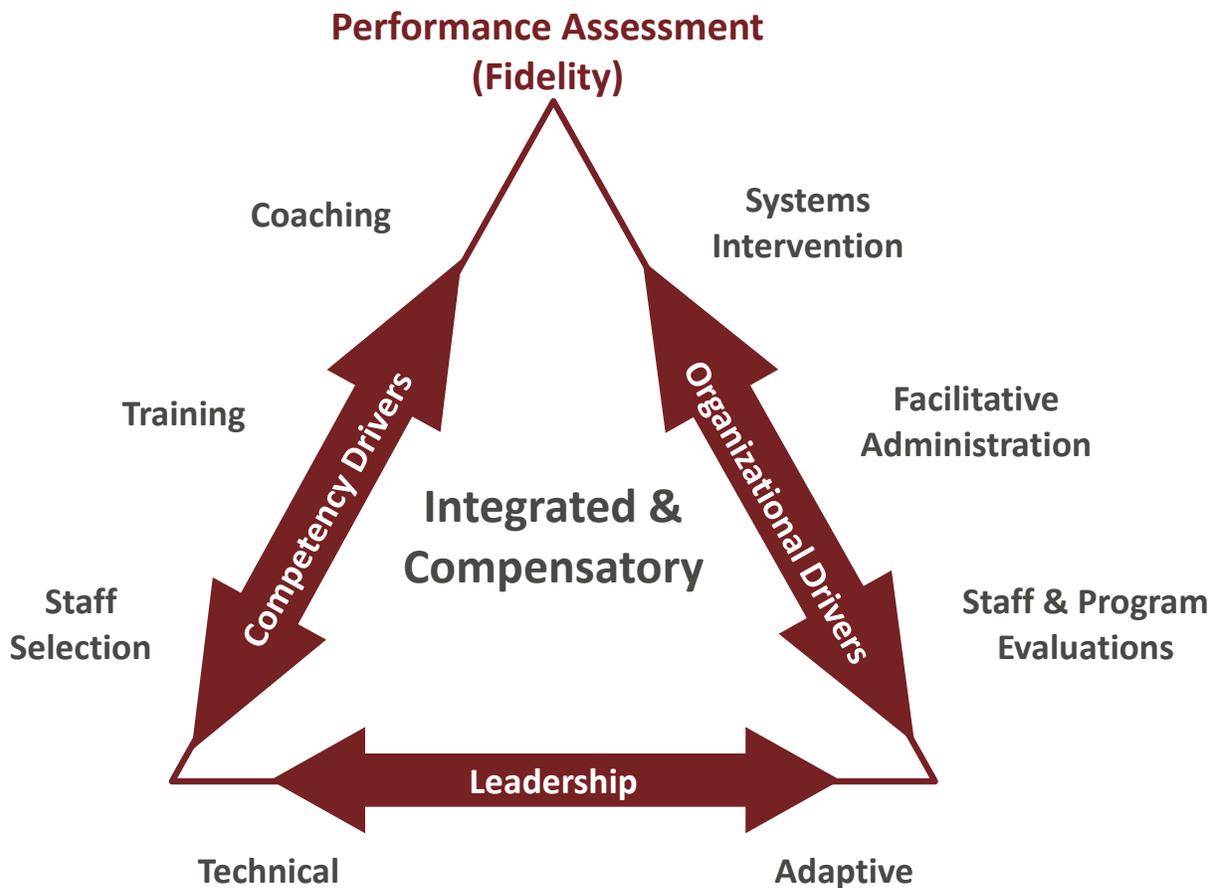
Clear performance expectations	→	clear role guidelines, leadership support, policies and procedures that encourage practice change, clear communication
Essential support	→	e.g the responsibility, resources, time, skills, connections to local resources and authority to do the job requested
Motivation	→	e.g. alignment of incentives and disincentives, on the job reinforcement of new skills, opportunities to learn and problem solve collaboratively, opportunities to explore new ideas and strategies
Opportunities for feedback and reflection	→	e.g. opportunities for reflection (e.g. self-assessments) on individual practice as well as time dedicated to team reflection and subsequent planning of course corrections as a result of the reflective process
Supportive and safe work environments	→	e.g. inclusive of all cultures and abilities and best supports physical and emotional safety and well-being; supported by physical design and organizational policy

Stages of implementation

1. Exploration and adoption – planning groups, needs assessment, commitment, identifying barriers
2. Program installation – what needs to be in place before implementation starts
3. Initial implementation
4. Full operation
5. Innovation – “opportunity to learn more”
6. Sustainability and/or fidelity

Program fidelity

Fidelity is the correspondence between the program as implemented and the program as described (Fixsen; 2005). This means that programs should be implemented in a consistent manner. To ensure that this occurs, checklists or process audit and mapping tools can be developed and utilized to guide the organization through the implementation process and reduce the likelihood of deviations.



Program evaluation

The evaluation will determine whether the organization has the foundation elements to proceed with implementation and to identify gaps to be completed prior to commencing implementation. Equally important is an evaluation of the state of readiness of program leaders and change agents that will lead change in the organization.

The program should utilize tools to assess leader readiness as well as organization readiness. The process includes the development of an action plan for health and safety foundation elements or required prerequisites, and journey elements which are those that can be worked on as part of the implementation process.