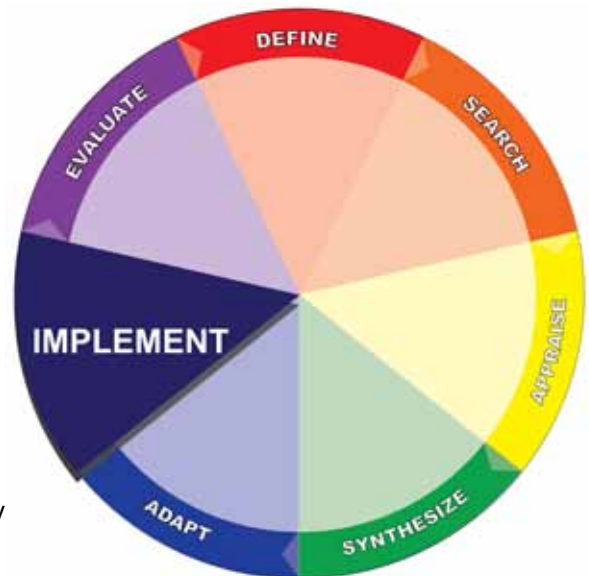




## Webcast:

### Part six: Implement

This webcast is the sixth in a series looking at different stages of the process of evidence-informed public health. This webcast is about implementation. So far we have defined the problem, searched efficiently for the research evidence that exists in relation to the problem, critically appraised that research evidence, made a decision about how to bring that evidence together when it's perhaps conflicting and adapted it to the local context of your own community. Now we're at the implementation stage. How do you plan for and implement new interventions or stop an intervention that you have decided to give up? In this step, it's really important to think about key stakeholders. Who needs to be involved in the development of the plan? Hopefully the really key people have been involved since the very beginning of defining the issue and through the discussion about the applicability and transferability and how to adapt it to the local context for your own community. Key stakeholders in the implementation phase are involved in getting approval from appropriate leadership and identifying what factors are going to be facilitators and which factors are going to be barriers to the implementation of the program. They are also important for thinking about how to support the factors that will improve implementation and take away some of the factors that might impede implementation of the intervention.



It's also critical to create a project timeline and have some specific outcomes in mind, which is part of the evaluation phase. Public health practitioners have tried a lot of implementation strategies. You need to think about the fact that before you can have an impact on the population as a result of some changed programs, you actually have to get health care providers to change their behaviour—do something different than they're used to doing. Everyone tries as a first strategy policy change. Perhaps even legally it's required that people follow the policy. But I'm sure we've all experienced being in a situation where the policy changes and there's some education about the policy change, some written documents about the policy change, but that has not ensured the health care practitioners actually changed their behaviour.

An incredible amount of great research has been collated through a group in Ottawa, the Cochrane Review Group, called the effective practice of organization of care. They have looked at hundreds, maybe thousands of studies about how to change the behaviour of health care professionals. Very little of this research has been done in public health; I think we've identified twelve studies. There may be more, but not many more. Most of the research is with physicians in hospitals, and some with nurses, physiotherapists or nutritionists. As I talk about some of this research, it may be useful for you to keep in mind that not much has been tried in public health. Jeremy Grimshaw and the Cochrane Review Group have actually done a review of reviews. They have taken all the systematic reviews that exist about this area and have tried to synthesize what we now know about changing health care practitioner behaviour. The simple answer is that every strategy has some impact. Every strategy can work and has been shown to work,

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but no strategy has been shown to work in every situation. Different contexts definitely have an impact on whether or not these strategies work.

The primary strategy that we've all grown up with is **education**. A continuing education credits situation where you go to a conference, sit in a lecture and get excited about some intervention but it doesn't go any farther, has not been found to be a very effective strategy. This type of education has very little impact on behaviour change. What does have an impact on behaviour change is a much more intensive, focused, interactive style of educational format. This type of format actually leads to much better outcomes in terms of changing the behaviour of health care practitioners. This type of education includes simple things like **reminders**. For example, in patient interactions or one-on-one client interactions or even in small group interactions, reminders on the file are important, such as asking the person if they smoke and offering them the online smoking cessation program. These kinds of reminders work in some situations.

**Financial incentives** include either giving money to health care professionals who follow an intervention or taking away money if they don't follow an intervention. These incentives don't have much impact until the amount of money becomes fairly significant.

**Patient interventions**, such as interventions for hand-washing in hospitals where the staff wear a tag that says, "Ask me if I washed my hands" has an impact on staff hand-washing and infection rates in some situations where patients actually do ask the staff on a regular basis. It's harder to think about how you might implement that strategy in a public health setting.

"**Opinion leaders**" has been an interesting strategy that has worked in some situations but not in others. This involves going into a unit and saying, "If you had a question about what to do with the client or the population or what you should do in this situation, who would you go to?" and then adding up all of the points to see which name comes up the most frequently. An intensive intervention is then done with that particular person, saying "This is the changing practice that should be happening." When you change the practice of the opinion leader, it spreads to the rest of the group fairly quickly. Again, there have been instances where this strategy worked very effectively and others where it hasn't had an impact at all.

Another strategy is called **audit and feedback**. This involves actually reviewing any written documentation to say, "How are you doing or how's your health unit doing in relation to other regional health authorities? Are you above or below?" In particular, when the audit comes back that you're below, this strategy has an impact on improving at least the charting of the documentation that change has happened.

**Champions** are also really important. Champions are more likely to not to be the opinion leader or the practice person, but are more likely to be at a higher level in the organization. Champions are people who can push the board of health or any larger political group, saying "This is a really important intervention for our community, and we really want to get your support for this."

**Knowledge brokers** are a new but rapidly growing strategy. The idea is that a knowledge broker is someone who has the relevant practice experience—somebody who knows public health who knows your community and who also has the ability to read and interpret the research. That person can keep up with the most recent research and go to your group and say in five minutes or less, "This is a good study. This is why we should consider it, and these are the implications for our own region for why we should

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or should not be doing this kind of intervention.” Knowledge brokers can also help with the interpretation of research in a way that’s meaningful to your group. They can help with translation and interpretation of research for people working in public health programming, to help make decisions about the use of research, the implementation of research and probably most effectively the interpretation of the research. Many public health practitioners may not know, for example, what it means if a study shows an odds ratio of 3.03 in the competence interval from 2.5 to 6.2. Is this a good intervention? Is this a good result? How do you put into words what this odds ratio and competence interval is telling you? And is it clinically meaningful? Is it something that really is statistically and clinically meaningful? A knowledge broker has knowledge of the actual practical frontline workers and how things work in public health and understanding of research to be able to bring those fields together.

As I mentioned before, if you want to find out more about any of this research, the Cochrane Review Group with Jeremy Grimshaw’s group at the University of Ottawa is a great site to go to. It has ideas for how some of these interventions work to help health care professionals change their behaviour. Although not too much of this has been done in public health, I think it will give you some ideas for how you might proceed in your own regional health authority.

The other issue about implementing a change in public health practice is that beyond changing the health care practitioner’s behaviour, how do you develop the plan for rolling that out? John Lavis has done some work with the Institute of Working Health. You can find that information on our registry of methods and tools on our website. He includes five fairly simple questions, but he has shown that if you can answer these questions, you will have gone a long way to the development of a plan. The questions are:

- What’s the message? – What are you really trying to get across to the practitioners where you work or the community at large?
- Who is the audience? – Define which method goes to which audience.
- Who is the messenger? – Who is the best, most credible messenger to get this information to the target group you’re trying to reach?
- What’s the transfer method for this message? – Is it going to be in a public broadcast, a wiki, a public meeting, a joint planning day with your own regional health authority? How is this message going to be transferred?
- What’s the expected impact? – The expected impact brings you to not only how you evaluate the change in practice, but what’s the evaluation for? This will help you determine if it was a good decision or whether or not it needs to be tweaked in some way.

Again, if you go to our Registry of Methods and Tools, you will find the tools by John Lavis. You will also find quite a bit of information about various implementation strategies that have been tried and how they’ve worked and tools that are available for you to use. Then you can go on to the last of this series of webcasts: evaluation.

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