

The Conceptual Development & Case Example Applications of Tools for Measuring & Supporting Implementation

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Plan for Presentation

- Our conceptualization of implementation
- Implementation Checklist
- Case example
- Implications

Getting to Outcomes[®] (GTO)



Implementation Strategies

- Step 7 enhancement
- Implementation framework review
 - 6 superordinate categories; 26 action steps
 - Develop an implementation team
 - Foster a supportive organizational climate and conditions
 - Develop an implementation plan
 - Receive training and technical assistance
 - Practitioner/developer collaboration
 - Evaluate effectiveness of implementation

How is Implementation Measured?

- (1) Fidelity
- (2) Dosage
- (3) Quality
- (4) Participant responsiveness
- (5) Program differentiation
- (6) Program Reach
- (7) Adaptation

(Dane & Schneider, 1998; Durlak & DuPre, 2008)

How is Implementation Measured?

- Components can be applied to:
 - Planning for implementation
 - Thinking through implementation dimensions a priori can help systematize implementation
 - Monitoring implementation
 - Use of the checklist during implementation can inform needs for mid-course correction
 - Evaluating implementation
 - Checklist can be used for retrospective evaluation of implementation in relation to outcomes

Preventing Underage Drinking Using Getting To Outcomes

- Supported by Centers for Disease Control and Prevention (R06/CCR921459)
- 6 communities; 3 in GTO
- Implementation of evidence-based environmental strategies for preventing underage drinking

Evidence-Based Environmental Strategies for Preventing Underage Drinking

- **Responsible Beverage Service (RBS)**: a merchant education program designed to reduce sales to minors and intoxicated adults.
 - Alcohol compliance checks
 - Sobriety/traffic-safety checkpoints
 - Social-host liability laws
 - Keg registration

Palmetto Retailers Education Program (PREP)

- **The goal of PREP** is to provide managers and sellers/servers (on/off premise) with the knowledge and skills to comply with state-, community- and establishment-level alcohol and tobacco policies.

Source: South Carolina Department of Alcohol and Other Drug Abuse Services

Implementation Aspect	Application to Implementation of PREP in GTO-UD
Fidelity	<p><u>Planning (prospective)</u>: PREP training was designed based upon components of fidelity checklist.</p> <p><u>Monitoring (real-time)</u>: PREP trainer uses the fidelity checklist to guide training</p>
Dosage	<p><u>Planning</u>: Merchant recertification every two years</p> <p><u>Evaluation (retrospective)</u>: Evidence is needed about whether a two year recertification period is linked to positive outcomes</p>
Quality	<p><u>Planning</u>: Training is tailored to audience characteristics (age, on-premise vs. off-premise outlets)</p>
Participant responsiveness	
Program differentiation	
Program reach	
Adaptation	<p><u>Planning</u>: Development of a Spanish version of curriculum</p> <p><u>Monitoring</u>: Curriculum needed for merchants of eastern Indian descent</p>

Implications

- Why is a checklist helpful?

Surgical Safety Checklist



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

- Yes

Is the site marked?

- Yes
 Not applicable

Is the anaesthesia machine and medication check complete?

- Yes

Is the pulse oximeter on the patient and functioning?

- Yes

Does the patient have a:

Known allergy?

- No
 Yes

Difficult airway or aspiration risk?

- No
 Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

- No
 Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

- Yes
 Not applicable

Anticipated Critical Events

To Surgeon:

- What are the critical or non-routine steps?
 How long will the case take?
 What is the anticipated blood loss?

To Anaesthetist:

- Are there any patient-specific concerns?

To Nursing Team:

- Has sterility (including indicator results) been confirmed?
 Are there equipment issues or any concerns?

Is essential imaging displayed?

- Yes
 Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

- The name of the procedure
 Completion of instrument, sponge and needle counts
 Specimen labelling (read specimen labels aloud, including patient name)
 Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

- What are the key concerns for recovery and management of this patient?

GTO Step 7 Checklist: Getting to Quality Implementation

Future Directions

- Conduct literature review for generic measures of implementation components
 - Program Reach: RE-AIM reach calculator
 - Participant Engagement – Involvement Scale
- Develop guidelines for practitioner customization of implementation components