



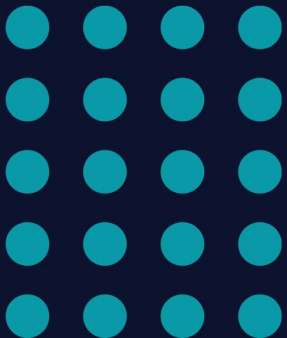
# INNOVATIONS INSTITUTE

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## Effective Implementation of Evidence-Based Practices 101

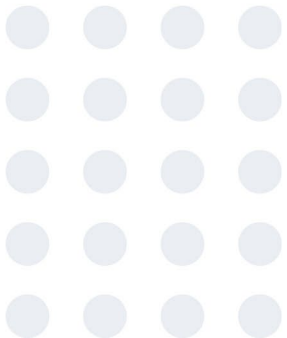
Angela Weeks, DBA

Jill Farrell, PhD

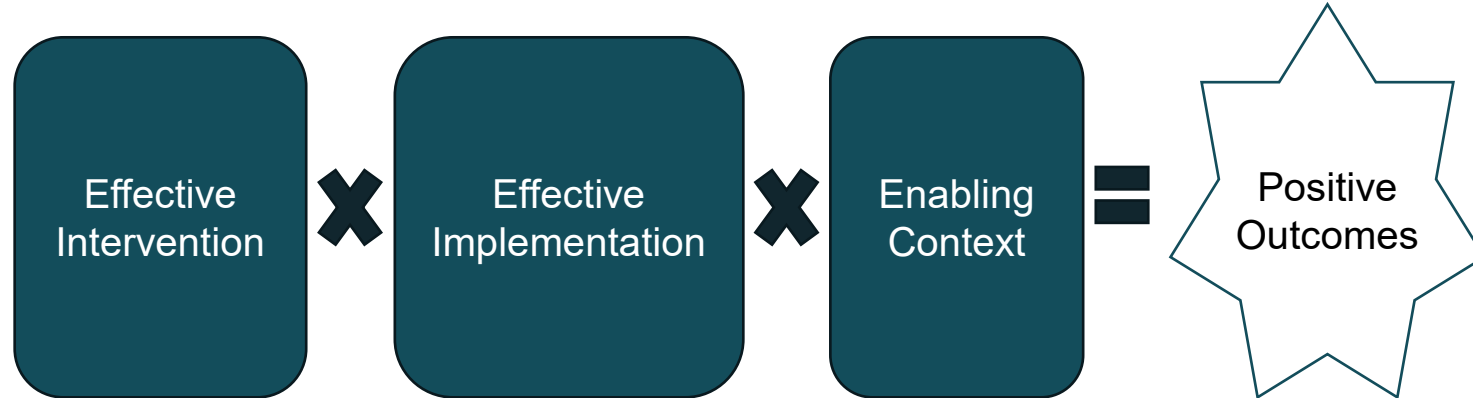


# Learning Objectives

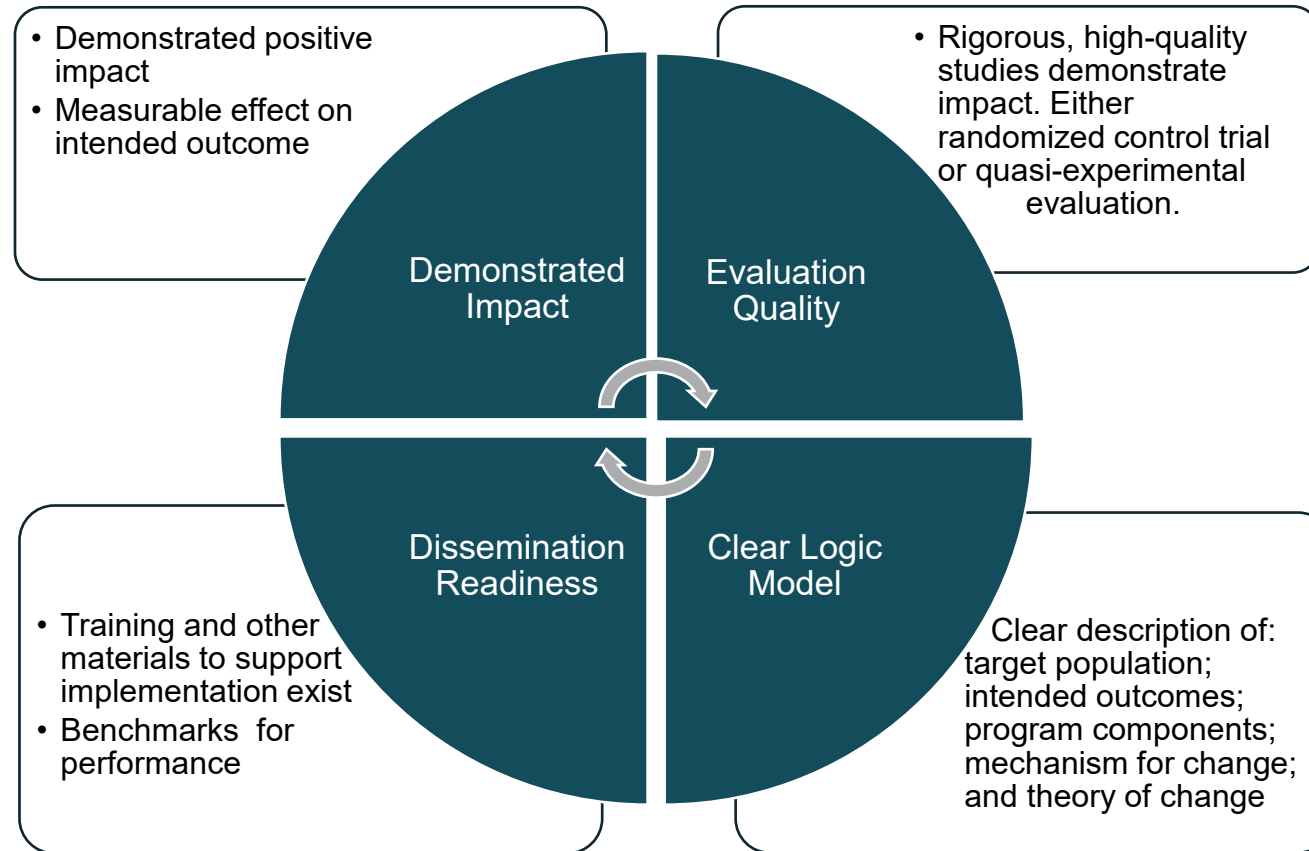
- Explain what is an evidence-based practice and the value of using EBPs
- Understand the purpose of using an implementation framework to guide your efforts
- Gain important methods for measuring readiness
- Apply continuous quality improvement processes to practice



# Positive Outcomes For Youth & Families Requires Effective Implementation



# Components of Evidence-Based Practices



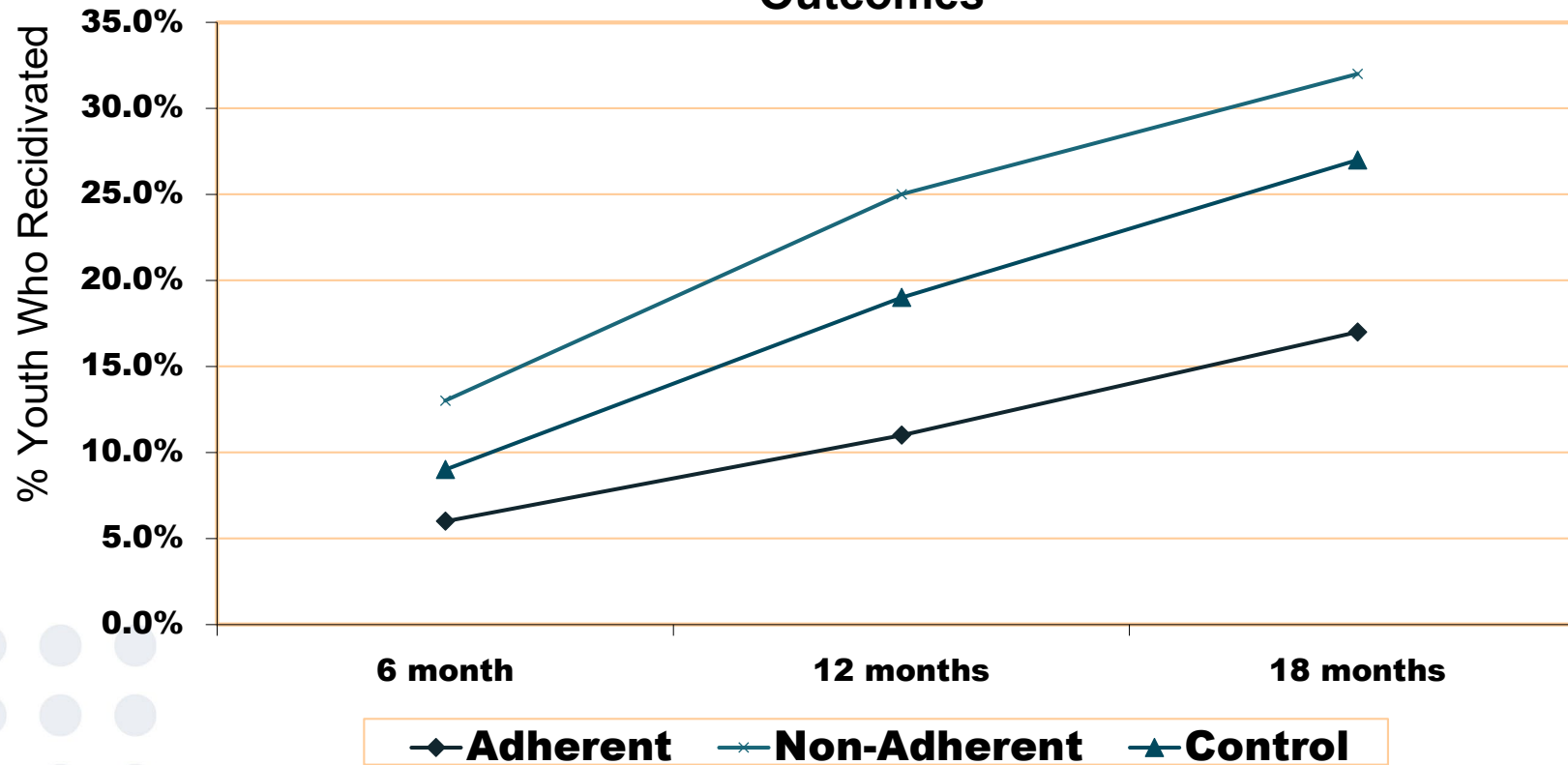
# Fidelity

- "Fidelity assessment is defined as indicators of doing what is intended. This definition requires a) knowing what is intended, and b) having some way of knowing the extent to which a person did what was intended."  
(NIRN)
- Fidelity is an important measure of effective implementation.
- It requires both **adherence** to the model as well as **competence** in practice delivery.
- Fidelity standards and monitoring reduce the potential for "model drift."

Adherence + Competence = Fidelity

# EBP Fidelity is Important for Client Outcomes

## Functional Family Therapy Model Adherence & Clinical Outcomes



With high adherence, significant positive outcomes:

**38% reduction in felony crime**  
**50% reduction in violent crime**

Low adherence led to worse outcomes than control condition

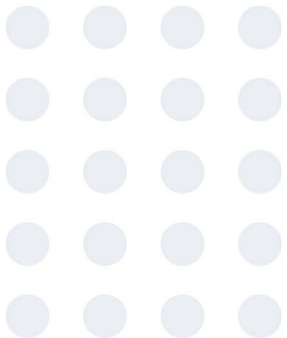
# EBP Resources

- Co-Occurring Collaborative Serving Maine: <https://ccsme.org/ccbhc-maine/>
- National Council for Mental Wellbeing: [CCBHC Evidence-Based Practice Reference Guide](#)
- California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org/>
- Blueprints for Healthy Youth Development: <http://www.blueprintsprograms.com/>
- National Child Traumatic Stress Network: <https://www.nctsn.org/treatments-and-practices>

# What is implementation science?

Implementation Science is the study of methods to promote the uptake of research findings and other evidence-based practice into routine practice and, hence, to improve the quality and effectiveness of health services (Eccles and Mittman, 2006).

[Welcome to Implementation Science | Implementation Science \(springer.com\)](#)



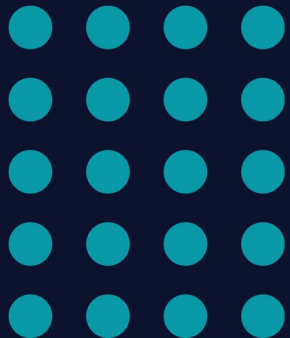


# What is a framework?

A framework gives us a roadmap or checklist to help guide the implementation process.

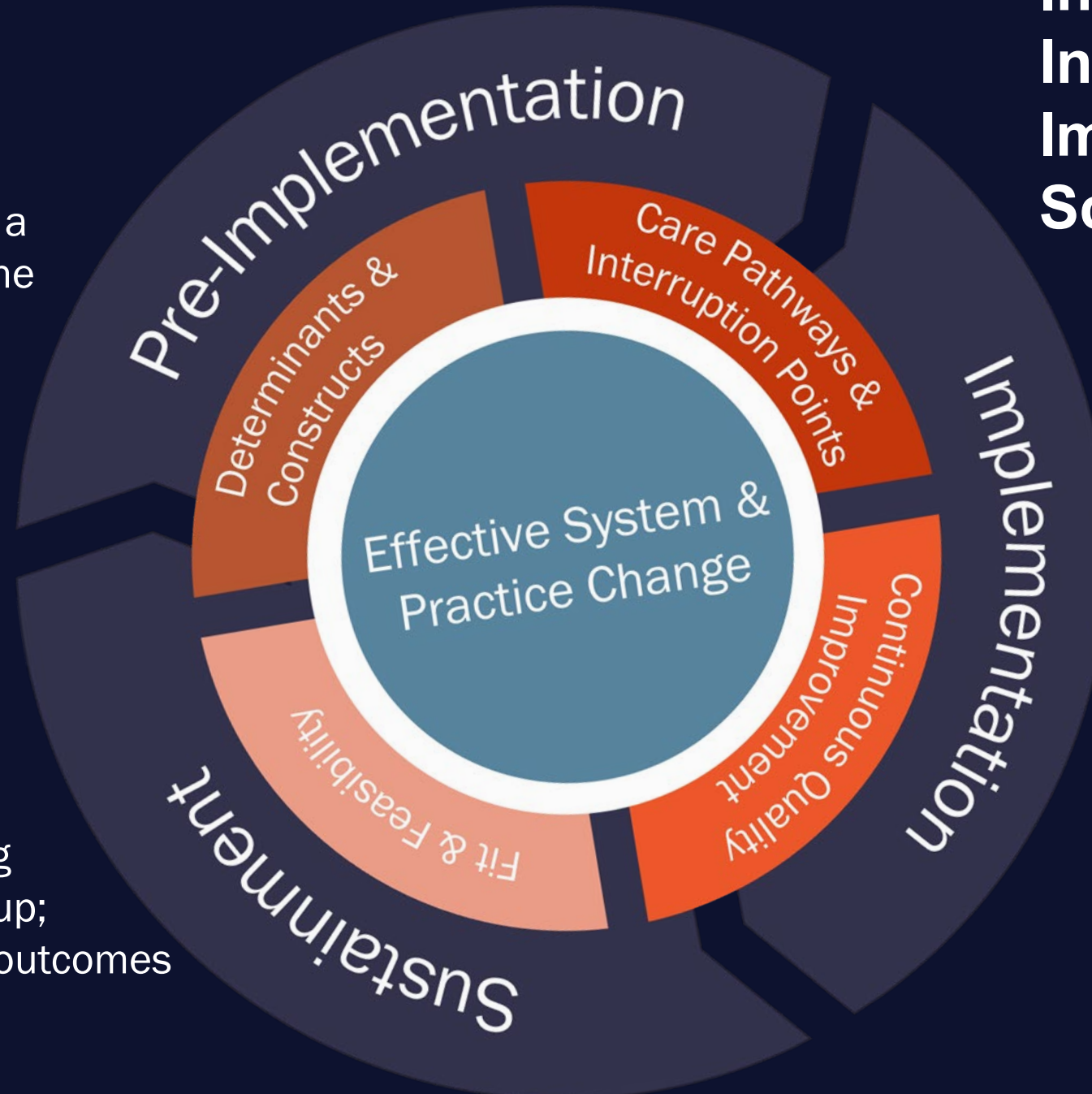
## Frameworks help us do 3 things

- Describe implementation (What is it?)
- Identify benchmarks of implementation (How to do it?)
- Evaluate implementation (Did it work?)



# Innovations Institute's Implementation Science Framework

Explore the problem, including client experiences and data indicators, and create a plan to move toward the desired experience.



Continue reform or installation including replication or scale up; monitor progress & outcomes

Continually assess system, organization, and model needs through QA lens and using both PDCA and PDSA cycles, address barriers and make quick course corrections as needed

# Pre-Implementation: Initial Steps

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- Create an implementation team, including those with lived experience
- Assess needs
- Explore evidence
- Examine intervention components
- Consider implementation drivers
- Assess fit and feasibility, including cultural relevance

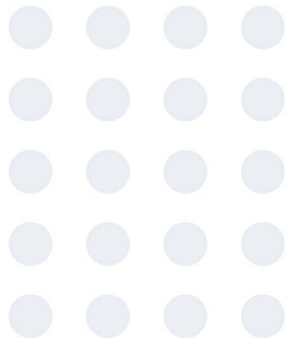
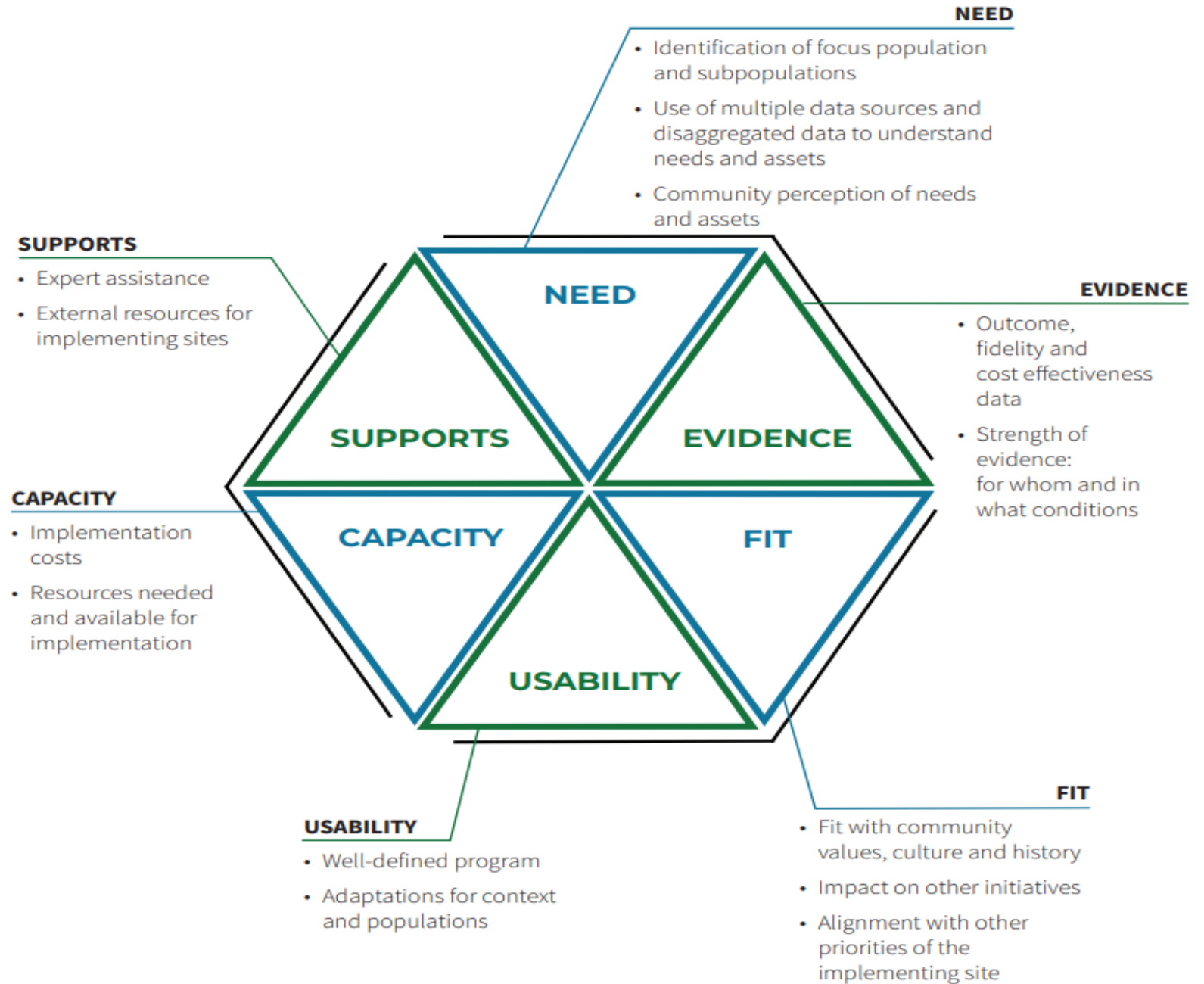


# Implementation Team Responsibilities

- Needs assessment and EBP selection
- Readiness assessment
- Develop, support, and oversee an implementation plan
- Champion the change effort and secure resources
- Plan for sustainability
- Address implementation barriers and identify opportunities for improvement or expansion
  - Include and incorporate youth/family perspective on barriers and opportunities for improvement
- Use data to monitor progress and make informed decisions to ensure success (e.g., PDSA cycle)

# Assessing Program Fit

The Hexagon: An Exploration Tool (NIRN)



# Key Readiness Indicators

- Have you identified the right problem? How do you know?
- Have you identified the right solution? How do you know?
- Do your policies and protocols support the work you are about to do?
- Do you have the right team in place to implement and integrate the message/work?
- Do you have the right financing/resources to support effective implementation?
  - Coaching, supervision, fidelity, and training support for your staff
  - Time needed to scale up a new intervention
- Will your climate support the change?

# Readiness Resources

- National Implementation Research Network's (NIRN) [Implementation Stages Planning Tool \(unc.edu\)](#)
- Exploration, Planning, Implementation, & Sustainment (EPIS) site lists several scales measuring different factors/constructs [Measures and Tools for EPIS Constructs — EPIS Framework](#)
- Re-AIM has an interactive planning tool [Interactive RE-AIM Planning Tool – RE-AIM](#)
- The Consolidated Framework for Implementation Research has a list of their constructs that can help conceptualize readiness [CFIR-Updated Comprehensive Matrix Blue.xlsx \(cfirguide.org\)](#)
- Organizational Readiness Assessment Checklist for TeamSTEPPS initiative: [Organizational Readiness Assessment Checklist \(ahrq.gov\)](#)

# Staff Readiness to Change Practice

Psychological safety is key!

- Do staff feel comfortable admitting when they need help? When they've made a mistake? How are mistakes viewed or handled?
- Are staff encouraged to try new things?

How many other new initiatives has your organization started but not maintained? Acknowledge this with staff and describe what you will do differently to maintain their efforts on the new initiative.

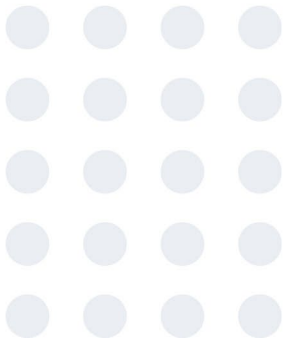
Do staff have a shared interest in changing practice?

- Do staff know the value of data and EBPs?
- Do they believe what you are doing will help their workload?



# **Pre-Implementation, Next Steps**

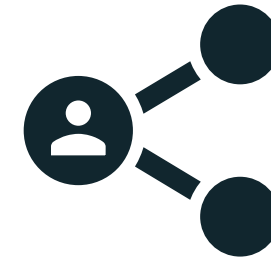
- Acquire resources
- Prepare implementation drivers
  - Prepare organization(s)
  - Prepare leadership
  - Make administrative changes
  - Select and prepare staff



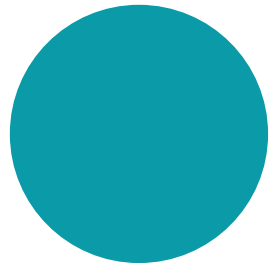
# Individual Readiness Resources



Psychological Safety Assessment:  
[Team Learning and Psychological Safety Survey](#)



Individual Staff Readiness to Change  
Assessment: [2 - change readiness assessment 0426 111.pdf \(ecfvp.org\)](#)



# Most Important Factors that Effect Implementation

## Important Factors for Evidence-Based Implementation in Child Welfare Settings: A Systematic Review

Angela Weeks

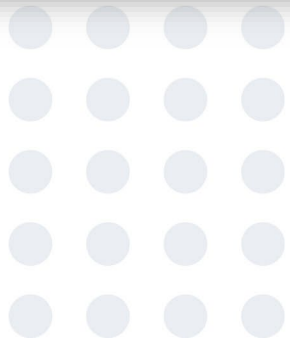
To cite this article: Angela Weeks (2020): Important Factors for Evidence-Based Implementation in Child Welfare Settings: A Systematic Review, Journal of Evidence-Based Social Work, DOI: [10.1080/26408066.2020.1807433](https://doi.org/10.1080/26408066.2020.1807433)

To link to this article: <https://doi.org/10.1080/26408066.2020.1807433>



Published online: 07 Sep 2020.

Studies were primarily mental health programs and parenting programs.



# Is your program ready to implement?

Criteria for Interventions that are Usable and Coachable		(3) Yes	(2) Developing	(1) Not Yet	Notes/Right Next Steps
1	We have clear, written descriptions of the program to include values and principles.				
2	The program has clear information on who is eligible to enroll in the program and who is not.				
3	The core components of the program are clearly defined and we know why each is important.				
4	Each core component is defined with good examples so that interventionists know what they need to say, do, and provide to perform those core components.				
5	We have a fidelity tool that captures the performance of core components.				
6	We have a fidelity tool that can be used in a typical service setting.				
Total Score:                  Average:					

This tool has been adapted from *Blase, K.A. & Fixen, D.L (2019). Practitioner Assessment of Coaching, Active Implementation Research Network, Chapel Hill, NC.*

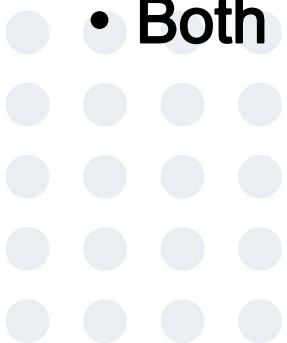
# Readiness to Use Data

- How are you currently using data?
- Do you have someone who can analyze and brief you on data on a consistent basis?
- Do you have a climate that values data?
- Do you already share data with staff and community?
- Do you have the resources (money, people, and time) to collect, analyze, and brief data on a regular basis?

Resource: National Implementation Research Network's (NIRN)  
[Implementation Stages Planning Tool \(unc.edu\)](#)

# The Importance of Communication

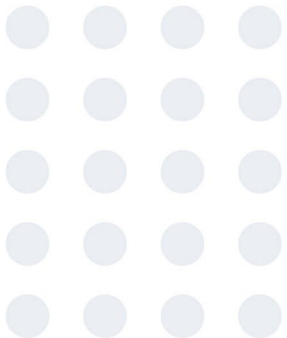
- **Communication for families, staff, and stakeholders**
  - Brochures (particularly directed to key audiences)
  - Social media
  - Newsletters/branded emails
- **Communication for staff**
  - Clear point people
  - Staff talking points to support referring and engaging families; educating partners
  - Written provider/referring agency referral protocols
  - Staff meetings and trainings
- **Both are important and part of strategic planning!**



# Implementation

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- Assess and adjust implementation supports
- Manage change
- Assess fidelity
- Deploy data systems
- Initiate improvement cycles



# Sustainment

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**! Think about sustainability in all stages**

**What does sustained practice look like?**

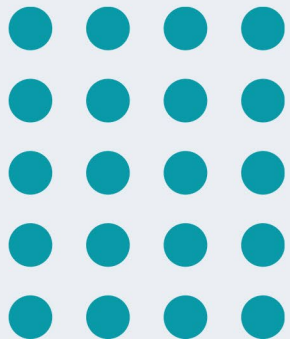
- **Monitor and improve implementation drivers**
- **Achieve fidelity and outcomes**
- **Monitor organization and systems supports**





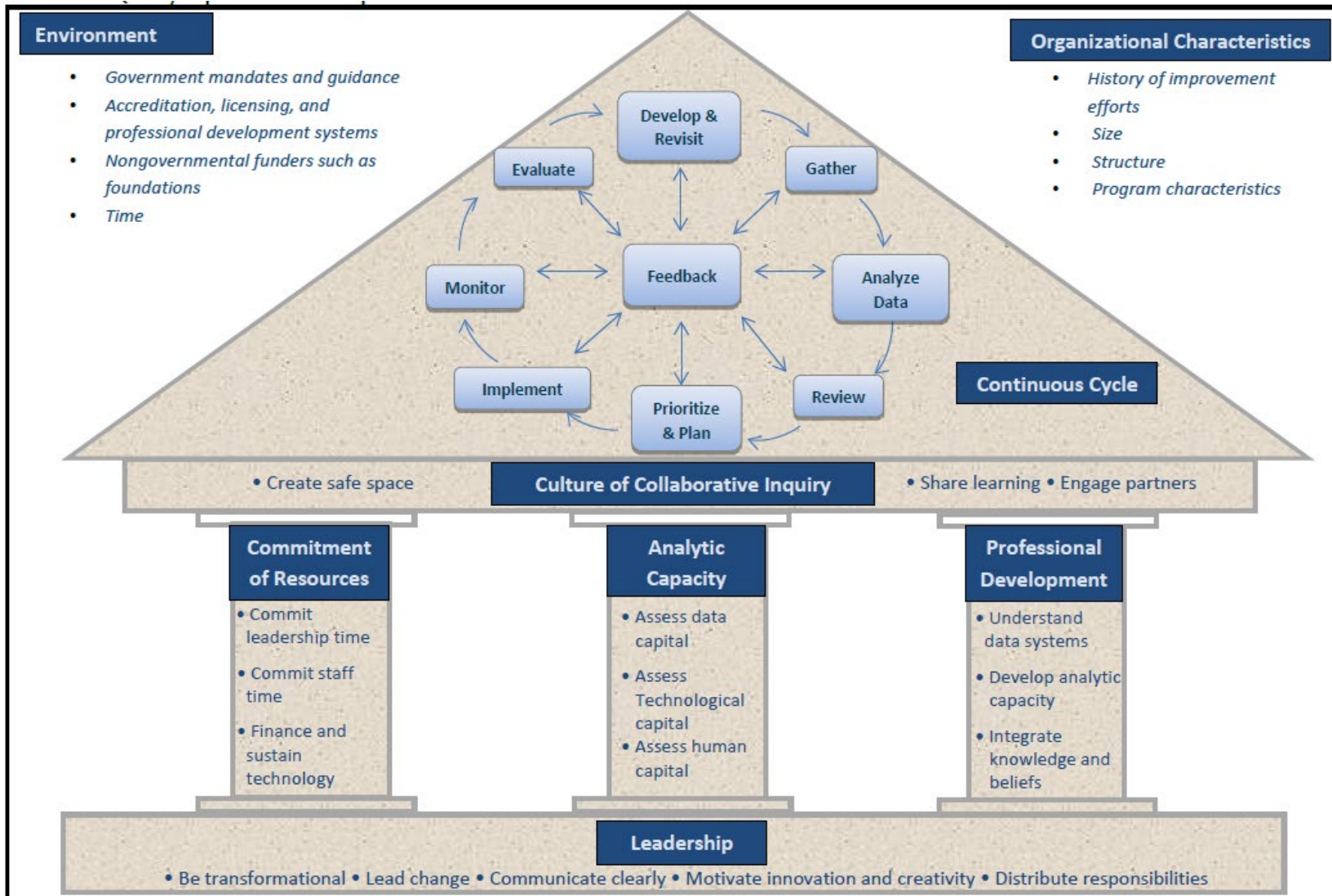
# Continuous Quality Improvement

Use of **teams** and **data**



CQI is an ongoing process to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality for programs/systems

# CQI Conceptual Framework



# Effectiveness of CQI Efforts on Health Care Practice & Outcomes (Hill et al., 2020)

- 28 randomized control trials tested effectiveness of different approaches to CQI compared to non-CQI efforts
- Plan-Do-Study-Act and Model of Improvement were the most common methodologies used for improvement
- Clinical processes measures improved
- Leadership involvement increased impact on outcomes
- Meeting frequency (i.e., weekly) increased impact on outcomes

Hill et al. Implementation Science (2020) 15:23  
https://doi.org/10.1186/s13012-020-0975-2

Implementation Science

SYSTEMATIC REVIEW

Open Access

The effectiveness of continuous quality improvement for developing professional practice and improving health care outcomes: a systematic review



James E. Hill<sup>1</sup>, Anne-Marie Stephani<sup>1</sup>, Paul Sappell<sup>2</sup> and Andrew J. Clegg<sup>1\*</sup>

## Abstract

**Background:** Efforts to improve the quality, safety, and efficiency of health care provision have often focused on changing approaches to the way services are organized and delivered. Continuous quality improvement (CQI), an approach used extensively in industrial and manufacturing sectors, has been used in the health sector. Despite the attention given to CQI, uncertainties remain as to its effectiveness given the complex and diverse nature of health systems. This review assesses the effectiveness of CQI across different health care settings, investigating the importance of different components of the approach.

**Methods:** We searched 11 electronic databases: MEDLINE, CINAHL, EMBASE, AMED, Academic Search Complete, HMC, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trials, LISTA, and NHS EED to February 2019. Also, we searched reference lists of included studies and systematic reviews, as well as checking published protocols for linked papers. We selected randomized controlled trials (RCTs) within health care settings involving teams of health professionals, evaluating the effectiveness of CQI. Comparators included current usual practice or different strategies to manage organizational change. Outcomes were health care professional performance or patient outcomes. Studies were published in English.

**Results:** Twenty-eight RCTs assessed the effectiveness of different approaches to CQI with a non-CQI comparator in various settings, with interventions differing in terms of the approaches used, their duration, meetings held, people involved, and training provided. All RCTs were considered at risk of bias, undermining their results. Findings suggested that the benefits of CQI compared to a non-CQI comparator on clinical process, patient, and other outcomes were limited, with less than half of RCTs showing any effect. Where benefits were evident, it was usually on clinical process measures, with the model used (i.e., Plan-Do-Study-Act, Model of Improvement), the meeting type (i.e., involving leaders discussing implementation) and their frequency (i.e., weekly) having an effect. None considered socio-economic health inequalities.

(Continued on next page)

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# Key EBP CQI Data/Measures

## Capacity/Utilization *Who and how many youth/families are being served?*

- Capacity (slots)
- Staffing (fully staffed, vacancies)
- Utilization (referred, enrolled, reasons not enrolled, wait list)
- Demographics & other characteristics (age, gender, race/ethnicity, risk/needs, presenting problems)

## Fidelity/Implementation *How well is the program being implemented?*

- Initial case processing time (e.g., # days from referral to start)
- Dosage (sessions, length of treatment)
- EBP fidelity (measures vary by EBP)
- Completion (completed, dropped out, etc.)
- Satisfaction (participant reports)

## Outcomes *What are youth/family outcomes?*

- Changes in behavior, skills, knowledge, and/or attitudes/perceptions; living arrangements
- Subsequent system involvement

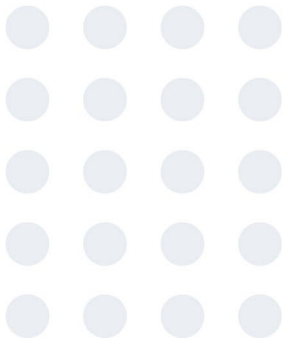
# Methods for Assessing Fidelity

Method	Description
Site visit	Intervention experts conduct structured interviews/observations
Structured observation	Intervention experts code practitioners during live observation, or trained coders rate audio/video recordings
Multi-informant methods	Feedback collected from multiple stakeholders, including youth, families, providers, case files, supervisory review
Self-report checklists	Practitioners complete checklists to describe whether key intervention activities were completed
Secondary data analysis	Researchers analyze existing administrative data
Supervisory review	Supervisors rate practitioners on adherence or competence
Case file review	Intervention experts or trained researchers code case files/progress notes
Key informant survey	An agency representative reports for a unit or organization or a client/family reports on their experience with the program

# Steps to Setting Up Your CQI Data Process

To ensure that data is ready for CQI, create or review:


- ✓ Program's logic model and performance measures
- ✓ Data dictionary
  - Ensure consensus on definitions
- ✓ Data sharing MOUs and consent forms
- ✓ Data collection/extraction process
- ✓ Reporting template(s)/dashboards



# Logic Model

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- Logic models provide a visual snapshot of a program
  - Communicates the intended relationships between program goals and outcomes and a theory of change
  - Consider inputs, outputs, and outcomes
- The practical goal is to get everyone on the same page regarding the program, the approach, and what it will take to produce the intended outcomes.
  - Key data maps onto program logic model components



# Logic Model for CQI

Program Description:					
Primary Program Goal(s):					
INPUTS	OUTPUTS		OUTCOMES		
What we invest	What we do (activities)	Who we reach (participation)	Why we did it: short-term (immediate, weeks-months)	Why we did it: intermediate (months-years)	Why we did it: long-term (impact, years-decades)
-	-	-	-	-	-
Data/Measures					
-	-	-	-	-	-
Assumptions			External Factors		
-			-		



# Options for Data Collection

**Electronic health records**

**EBP purveyor data system**

**Excel: worksheet(s)**

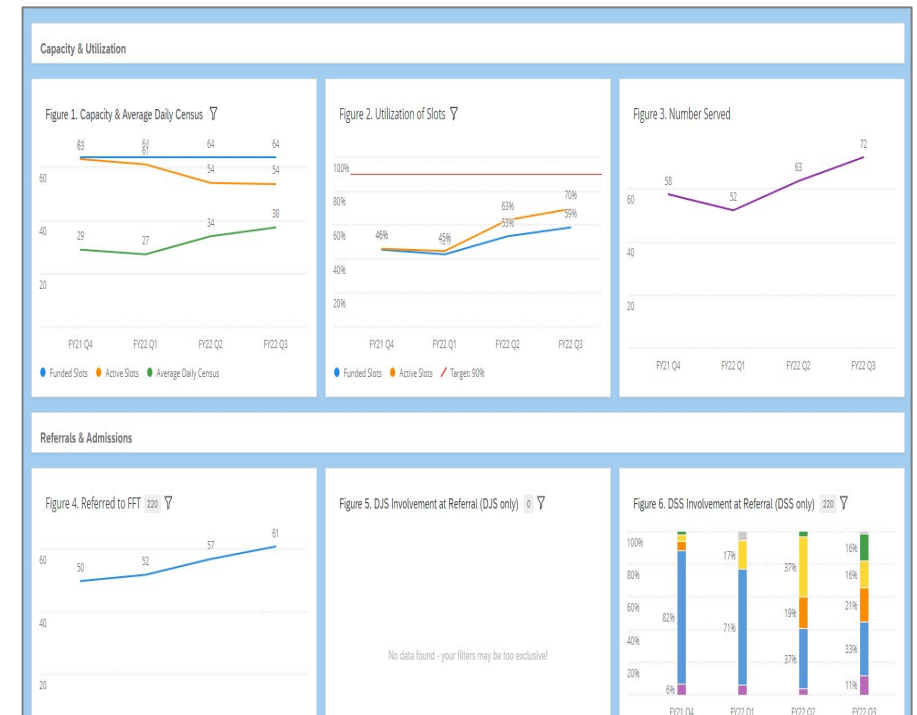
**Access: linked worksheets with data entry forms**

Regardless of the platform, to have actionable data you must think carefully about:

- What you track
- How you track it

# CQI Data Reporting

- Summarize data on program capacity/utilization, implementation/fidelity, and outcomes
  - Are we having the intended reach, program implementation and fidelity, and impact?
  - Data should drive the use of strategies to improve implementation (e.g., PDSA process)
- Report design
  - Establish report content and frequency (e.g., weekly, monthly, quarterly)
  - Show trends over time and important comparisons
  - Include benchmarks determined by the EBP model and/or team
  - **Dashboards are a key tool!**
- Ad hoc analyses to answer implementation team's questions



# Using Data in Your CQI Process: PDSA

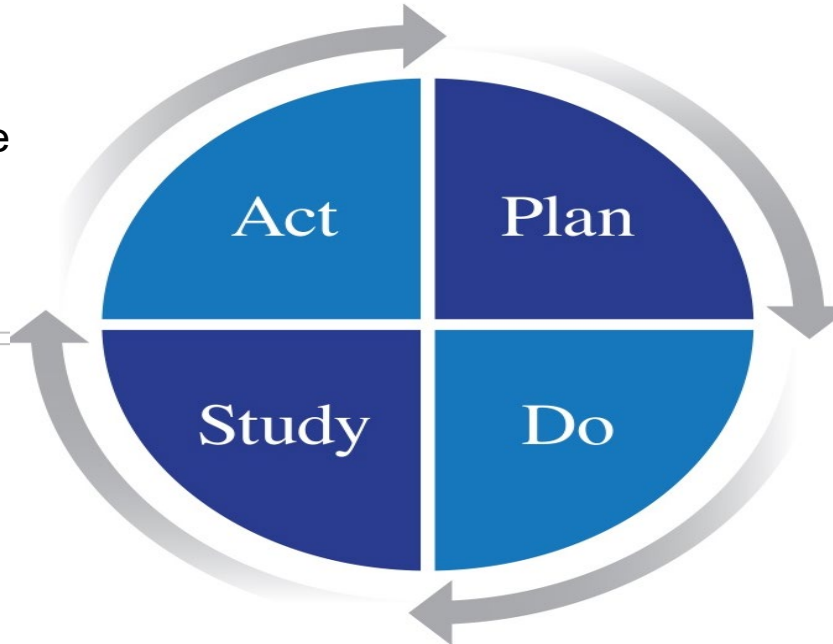
- Data should be regularly used by your Implementation Team as part of the CQI process, guiding the development of improvement plans and celebrating achievements.

## Reassess aims based on data

- Decide on changes to improve the process if desired result are not met
- Plan for next cycle

## Debrief and review data

- Was the plan carried out?
- Barriers to implementing plan?
- Results of the plan?
- Unintended effects?



What are we trying to accomplish?  
How will we know that a change is an improvement?  
What changes can we make that will result in improvement?

## Determine data needed to assess aim

Carry out the plan; actions taken between meetings

## Collect data

# CCBHC-E NTTAC Resources

Home > Our Work > Programs & Initiatives > CCBHC-E National Training and Technical Assistance Center > Evidence-Based Practice Implementation Science Pilot

[www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/ccbhc-ebp-implementation-science-pilot/implementation-science-pilot-resources/](http://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/ccbhc-ebp-implementation-science-pilot/implementation-science-pilot-resources/)

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Evidence-Based Practice  
Implementation Science Pilot

Implementation Science Pilot  
Background

Implementation Science Pilot  
Resources

## Evidence-Based Practice Implementation Science Pilot Resources

The CCBHC-E NTTAC, in collaboration with SAMHSA and NIH and partners at the University of Connecticut's Innovations Institute, Bowling Business Strategies and Michigan Public Health Institute, hosted a learning community for EBP Implementation Science Pilot participants from March to September 2023, providing a space to learn from experts in evidence-based practice implementation and implementation science.

## Past Webinars

View previous [Learning Community session recordings](#) and slides:

- [April: Introduction to Implementation Frameworks and Developing Research Partnerships](#)
- [May: Organizational Capacity and Readiness for Implementation with a Research Partner](#)
- [June: Establishing Continuous Quality Improvements Systems with Fidelity and Quality Monitoring](#)
- [July: Implementation Strategies: Selecting and Tailoring Strategies to Improve Outcomes](#)

## Additional Resources

- [CCBHC Evidence-Based Practice Reference Guide](#)

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## Questions?

