Provincial Geriatrics Leadership Ontario

The Center for Implementation

Implementing Alternative Levels of Care Leading Practices

Summary report and recommendations

Prepared for Provincial Geriatrics Leadership Ontario by The Center for Implementation

Summary

Alternative Levels of Care Leading Practices

At the request of the Provincial Geriatrics Leadership Ontario (PGLO), The Center for Implementation (TCI) held a two-hour interactive workshop on March 7, 2024 for approximately 50 people from various parts of the Ontario health care system.

This workshop aimed to connect various partners to discuss how to effectively implement the Alternative Levels of Care Leading Practices.

About this report

The first two sections of this report summarize the activities and discussions from the March 7, 2024 workshop related to roles in the system, as well as the inner and outer setting factors affecting change.

The final section provides high-level recommendations to support the implementation of the Alternative Levels of Care Leading Practices, drawn from the discussions summarized in sections 1 and 2 and TCI's experiences supporting implementation across multiple settings.

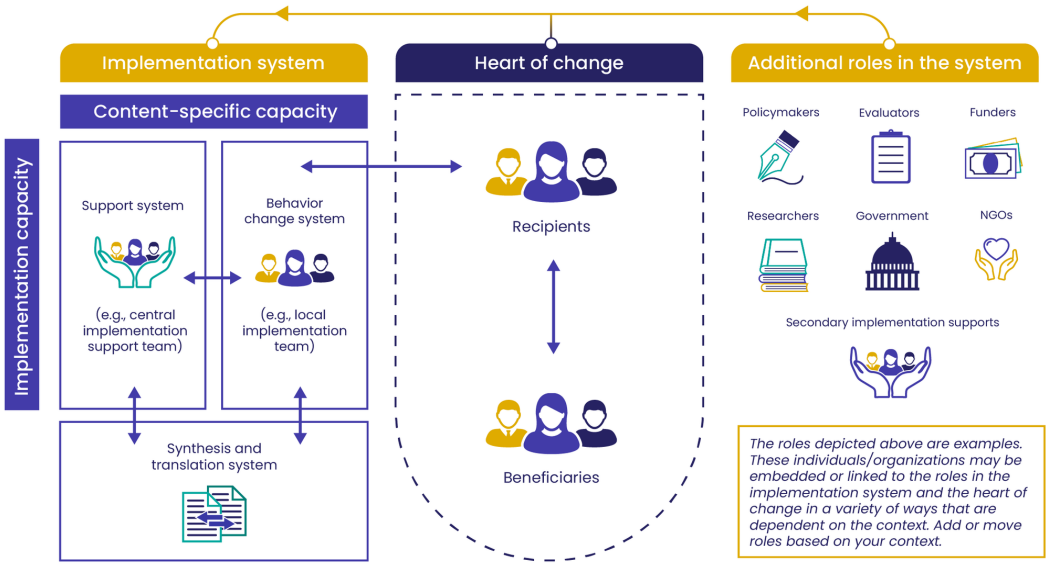
1 | Roles in the system

2 | Inner and outer factors affecting change

3 | Ideas and recommendations

Roles in the system

Using the Interactive Systems Framework to identify key implementation roles



Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., Blachman, M., Dunville, R., & Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41(3-4), 171–181. https://doi.org/10.1007/s10464-008-9174-z

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Figure adapted by The Center for Implementation

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TCI provided participants with an overview of a useful framework that describes a functioning implementation infrastructure, and the roles that contribute to this infrastructure - the Interactive Systems Framework.

In an interactive activity, participants shared where they thought specific organizations or people currently fit in the implementation system. Various answers were provided, the most common ones are highlighted here (along with role definitions according to the Interactive Systems Framework).

- **Beneficiaries** (the people who benefit from the change): patients, clients, caregivers and communities
- **Recipients** (the people who need to make the change): care providers, clinicians, nurses, and front-line staff.

- **Behaviour change system** (people working locally to make the change happen): Most participants mentioned OHTs and hospital leadership. Other responses included quality improvement leads, champions, hospital implementation teams, and hospital leaders.

- **Support system** (helps the local behavior change system with support): Ontario Health, Provincial Geriatrics Leadership Ontario, Rehabilitative Care Alliance, Specialized Geriatric Services.

- **Synthesis and translation system** (takes the findings and makes them understandable in different contexts): Provincial Geriatrics Leadership Ontario, hospital leadership

- **Policy/Government**: Ministry of Health, Ontario Health, Ministry of Long-term Care

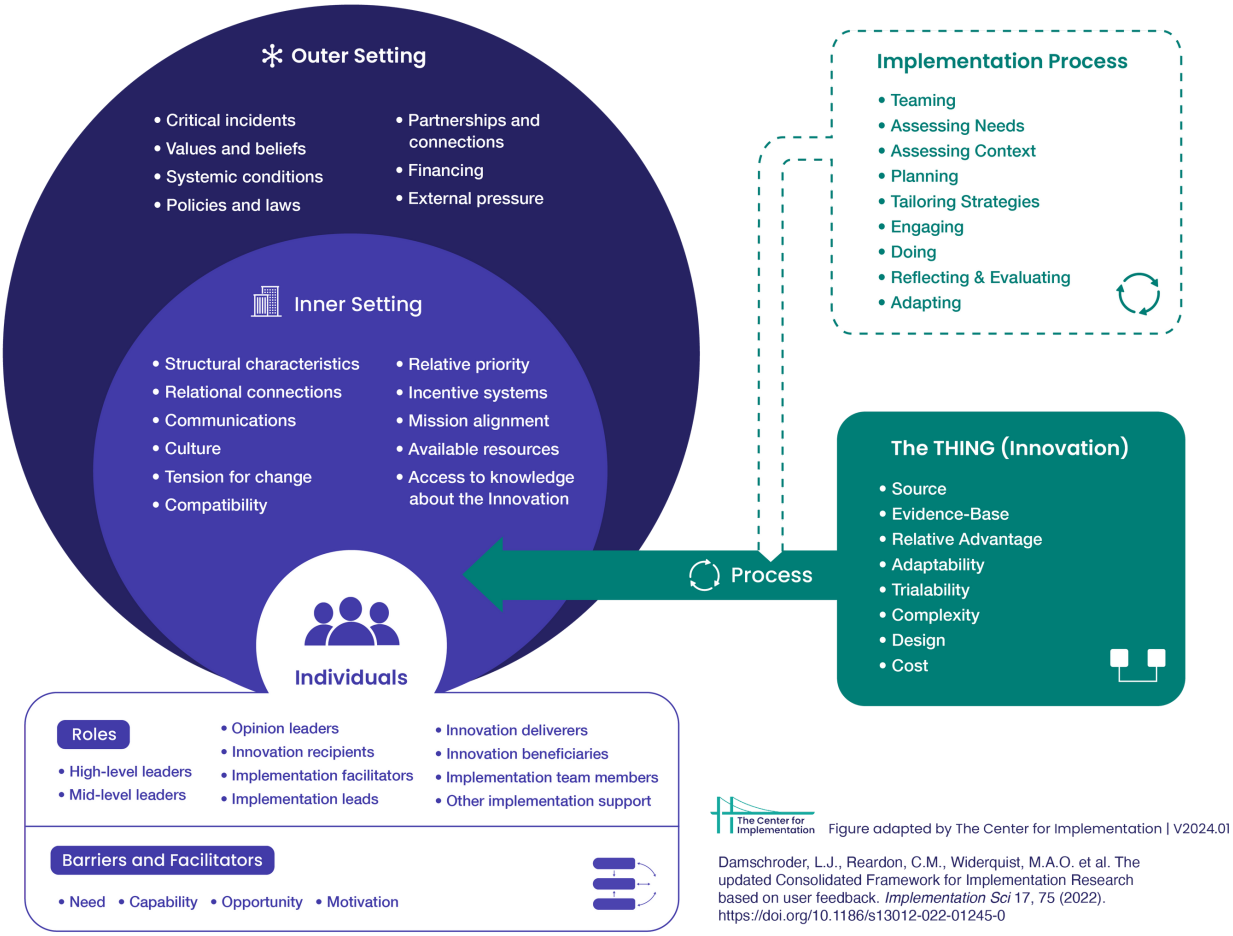
- **Evaluators**: Provincial Geriatrics Leadership Ontario, academic researchers, local community partners, Ontario Health

- **Secondary implementation supports** (specific implementation expertise to support the support system): Provincial Geriatrics Leadership Ontario, Ontario Health (other parts of the system)

- **Other organizations in the system to leverage**: Ontario Hospital Association, educational institutions, Accreditation Canada

Inner and outer factors affecting change

Using the Consolidated Framework for Implementation Research 2.0 (CFIR) to identify factors affecting implementation



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This figure is a diagram adapted from the updated The Consolidated Framework for Implementation Research (CFIR). The CFIR is a comprehensive framework that provides a structure for understanding and analyzing contextual factors and other factors affecting implementation.

In this workshop we focused specifically on the inner and outer setting factors of the CFIR to identify and categorize contextual barriers and facilitators. There was a diversity of responses to the CFIR factors; common responses and those that stood out are summarized here. Note that TCI consolidated and recategorized some answers in the preparation of this report.

CFIR inner setting factors

Structural characteristics

- Limited access to one another's documentation
- Long wait for long-term care
- Default to long-term care rather than trying to access rehabilitation
- Space for patients

Communications

- No shared electronic medical records
- Limited information sharing
- Need knowledge exchange and forums to share information

Culture

- Ageism embedded in culture
- Acute care-focused
- Holding individuals accountable to change within a hospital

Tension for change

- There is no incentive to increase the quality of care
- Barriers and challenges are someone else's fault (and problem)
- Overall lack of employee wellness (staff tired and burnt out)
- Change fatigue

Relative priority

- Competing priorities
- Hospitals don't see seniors as a priority population
- Too busy

Available resources

- Limited health and human resources across different sectors, including home care
- Limited funding

Access to knowledge about the Innovation

- Lots of tools and resources, but not getting to the right person at the right level
- Education gaps affect understanding of the benefits of making the change

CFIR outer setting factors

Values and beliefs

- Ageism
- Ableism
- For-profit care of older adults
- Where care should be delivered

Systemic conditions

- Funding not tied to outcomes that matter
- Programs want to sustain themselves (even if not matched to need)
- Demand exceeds capacity
- Critical staffing levels

Policies and laws

- Lack of provincial older adult care strategy

Partnerships and connections

- Community and acute care not recognizing each others needs and priorities

Financing

- One-year funding (even if repeated) means it is hard to maintain gains
- Funding does not follow the patient
- Hospitals get a majority of the funds compared to other sectors
- Funding disincentives to changes

Ideas and recommendations

Important system actors will need to continue to have a focused discussion to identify and prioritize both levers for change and quick wins. Here in recommendations #1 - 3, we recommend topics for discussion on significant system level changes impacting many other system challenges ("levers for change") and those that can have more immediate impact ("quick wins").

1

Recommendation #1 : Sharing tools, knowledge and documents ("quick win")

PGLO (or another organization) can lead the process of facilitating knowledge sharing across the province.

For example, hosting a centralized repository of tools could be helpful. This will prevent duplication of work and allow everyone to go to one place to learn about what exists and could be leveraged.

As part of the strategy, consider highlighting the different tools available in the repository to organizational leads and individuals. This platform can include tools and resources already created and in process so people from different areas can find areas of collaboration and work together towards common goals. We recommend selecting a hosting platform that is updatable and maintainable.

> **"Often unclear where to access the information or too many resources across various platforms."**

2

Recommendation #2: Tackling ageism ("lever for change")

Tackling ageism in the system is perhaps one of the most difficult challenges, but it is likely also one of the most effective levers for change.

Attendees identified this issue at both the outer and inner setting levels as a challenge affecting every part of the system. If this can be improved, it will solve problems across the system, including: clinicians not wanting to take on older patients; funding allocation, and; seniors not being considered a high-priority.

This lever for change likely involves a major shift in mental models for many people and will require a host of different strategies for both individuals and organizations.

Some examples of change strategies targeting individual behaviour that can shift mental models include using champions, having leaders supporting the change, using storytelling, and integrating the topic into staff meetings.

Organizational strategies that can shift mental models may include identifying early adopters, working toward a shared vision, involving older adults in planning for care for their population, and using storytelling

Consider how these and additional strategies could be discussed and defined collectively to operationalize them effectively.

> **"Ageism in society and structure - care for older adults isn't prioritized"**

3

Recommendation #3: Sharing information about patients ("lever for change" and "quick win")

Work towards a compatible provincial electronic medical record system and local interim patient information sharing solutions.

There have been ongoing systemic issues related to harmonizing electronic medical records (EMR) for many years. Continued advocacy for compatible provincial systems is needed.

In the short term, local partners from different organizations who have the flexibility to pivot their systems can develop plans for strategic alignment of EMR platforms (e.g., same vendor or compatible vendors). They can also work through privacy and data-sharing issues collectively.

If sharing the EMR is not feasible, exploring possible workarounds on a small scale can also help facilitate communication.

> **"Information sharing across settings limited by privacy."**

It is important to understand how the different actors in the system interact with one another, who is playing what role in the system, and where role gaps in the system lie. In recommendations #4-6, we offer topics for consideration regarding different roles in the system.

4

Recommendation #4 : Local roles in the implementation system

Implementation infrastructure needs to be defined and/or created at the local level.

Many attendees found it hard to define who the implementation team is at a local/individual organizational level. Attendees did not seem to know who is doing the work at that level, or those teams could not be defined because they do not currently exist (perhaps due to resource constraints or lack of investment in local teams).

One activity that can be completed as part of implementation support is to work with the local sites to help them identify resources and people to set up the local implementation teams.

> **"How do we get partners to buy in to needing to invest in local implementation teams without new funding?"**

5

Recommendation #5: Consider Chains of support

Consider what chains of support are needed to get to the individual level.

A difficulty that participants expressed was that it is hard to reach the individual level of change. A more intentional effort to structure implementation support through "chains of support" can help better target the individual level. For example, a chain of support may be a regional support team that supports quality improvement teams at multiple hospitals. The quality improvement teams are tasked with supporting each hospital unit team that implements the ALC leading practices, and this unit team supports individuals in changing their practices and behaviour to align with ALC leading practices.

Overall, we recommend an exercise in which system roles and supports are mapped, considering what chains of support may be required from the provincial to individual levels.

> **"What level of support is recommended for local implementation teams? Ex. support for each hospital at organization level, at unit level?"**

6

Recommendation #6: Clearly define the role of PGLO

Clearly define the role of Provincial Geriatrics Leadership Ontario (PGLO) for maximum impact.

Attendees put PGLO in 5 different areas of the Interactive Systems Framework. While it is common for organizations to play more than one role in the system, five very different roles (from secondary implementation support to evaluation) may be challenging for a small group to fulfill each of these roles well. Clearly defining where PGLO can make the most impact enables more strategic resource allocation.

For any roles the PGLO is not prioritizing, consider identifying who in the system can take that role.

> **"We need a Beehive Mentality across the board, for better implementation and actioning."**

7

Recommendation #7: Strategically consider diverse sources of change

In this final recommendation, consider how PGLO and its system partners can zoom out and strategically consider what can be done within each partner's locus of control to support this work and stimulate change.

Change doesn't always have to come from the top, and contrary to what we think, in many cases, local change can stimulate system-wide change. Consider leveraging or being the force for change with organizations within your local environment. By building relationships, you can lead the sharing of resources and information effectively in a way that supports patients (and the partnering organizations). If you understand how organizations can support each other and work together, then change can happen quickly and effectively at a small scale.

A coalition of willing organizations can lead this work locally, and then take on advocacy work to scale.

> **"Need for more comprehensive view in planning for and funding of older adult care across populations"**

> **"Framing barriers as levers."**

You can access the slides and handout from the March 7th, session here:

https://geriatricsontario.ca/resources/supporting-the-implementation-of-alternative-level-of-care-alc-leading-practices-in-ontario/

The Center for Implementation

About us

Founded in 2018, The Center for Implementation (TCI) is a social enterprise with a mission and moral imperative to train, support, and empower professionals in using evidence-informed approaches to maximize their impact.

Our vision is to see millions of changemakers worldwide actively applying best practices in implementation science to their initiatives.

In working towards this vision, we prioritize an entrepreneurial and values-based approach that embraces equity, empathy, creativity, and collaboration. Learn more about us and what we do.

Our services

We provide expert guidance and deliver practical solutions to organizations across multiple fields. We develop customized implementation support packages, partner on large-scale initiatives, and design professional development workshops tailored to specific contexts. Learn more about our services.

For teams and individuals, we offer comprehensive online training, Implementation Support Specialist certification, and the Implementing Change Community — a unique online space for changemakers to share knowledge and connect with each other.

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