

Introduction to implementation

AH TRIP stands for Allied health translating research into practice. AH TRIP aims to give allied health practitioners education, tools and resources to take AH TRIP approach to bring about practice change in health care settings.

If you have been following through the AH TRIP steps, you will have spent considerable time understanding and measuring your problem, and getting familiar with the evidence. You should now know precisely what problem you are trying to fix and why, and what evidence-based interventions exist to solve your problem. You probably now feel as though you have spent a lot of time in planning mode, and that you are ready to start implementing?

Well actually, sorry to slow you down but we're going to keep the brake on a bit longer. This will mean that the time you invest in implementing will be targeted on activities and strategies that are just right for your unique situation, rather than wasting time doing something that doesn't get to the core of behaviour or process change.

The first thing you need to consider is: how complex is your change likely to be?

Complex interventions are those that contain several interacting components. This might mean that there are a number of pieces that make up your intervention, and that these are all interdependent or work together in some way. It might also mean that your intervention requires multiple groups, disciplines, or departments to change their behaviours. This is even more complex if you are asking them to change multiple behaviours, and if these behaviours are quite a bit different to usual practice. Complexity also means that it can be difficult to define and measure success because there might be many outcome measures and these are influenced by more than just your intervention, making it hard to determine cause and effect. And finally, if your intervention is flexible to adaptation or tailoring, this makes it more complex, because it can be tricky to know exactly what was implemented when and whether you can attribute success (or failure).

So, an example of a complex intervention may be implementing a new extended scope of practice allied health role within a multidisciplinary team or clinic. It is likely that this will involve change not only for the allied health professional doing the new role, but other health professionals may need to do or think about things in a new way. Different individuals and staff groups may be differing views about the evidence-base and value of this new role and how it should be integrated into the clinic.

What you are implementing might not be complex. It might be a new process within your department which is agreed on by all, and only requires minor changes to behaviours, processes or routines. If this is the case, then complexity is unlikely to be an issue. We can give you the green light for implementation.

Many changes we make in health systems are complex, particularly as we are working in interdisciplinary teams and integrated models of care. If this is the case for you and your intervention, then you need to start thinking about your problem as complex. This is not to discourage you, but to make you aware that one-size-fits-all solutions and approaches that you have seen used before are unlikely to create sustainable change.



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Complex problems are often the important ones and the ones that need fixing, but due to the complexity, you will need time, support from a mentor and a structured approach to guide you through the implementation.

This is where implementation theories, models and frameworks come in. These can be really helpful when you are trying to solve complex problems, but it can be a little confusing trying to understand and apply them if you are new to this.

The next few webinars introduce some core concepts of Theories, Models and Frameworks and how you might select one for your project

Reference: Medical Research Council. (2008). Developing and evaluating complex interventions: new guidance. Retrieved from London: www.mrc.ac.uk/complexinterventionsguidance